

Swindon Borough Council

Health and Wellbeing Board

Wednesday, 9 October 2019

The Board Room, The Pierre Simonet Building, North Swindon Gateway,
North Latham Road, Swindon, SN25 4DL

At 2.00 p.m.

Contact Officers:

Shaun Banks (Committee Officer), 07980 752047, sbanks@swindon.gov.uk

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

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 - 12)
To receive the minutes of the meeting held on 10th July 2019.
- 5. Better Care Fund 2019/20** (Pages 13 - 54)
- 6. NHS Long Term Plan and Five Year Operational Plan**
(Oral)
- 7. 2020 Homelessness Joint Strategic Needs Assessment**
- 8. Suicide and Self Harm Prevention Strategy 2019-2023** (Pages 55 - 130)
- 9. Domestic Abuse Strategy**
(Report to follow)
- 10. Swindon Safeguarding Partnership Strategic Plan** (Pages 131 - 136)
- 11. Restorative Youth Justice Plan**
(Report to follow)
- 12. Police and Crime Commissioner' Annual Report 2018/19** (Pages 137 - 168)

13. SEND Bulletin (Pages 169 - 180)

14. Joint Commissioning Group - Minutes for Information and Comment
(To follow)

Date of Despatch: 09 October 2019

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 Chief Legal Officer. 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 JULY 2019

PRESENT: Councillor David Renard (Chair), Councillors Ray Ballman, Brian Ford, and Jim Grant (Swindon Borough Council), Dr Sarah Bruen (Clinical Chair – Clinical Commissioning Group), Ian James (Lay Member – NHS Clinical Commissioning Group), Ian Jeary (Dorset and Wiltshire Fire Service), Gill May (NHS Swindon Clinical Commissioning Group), Kevin McNamara (Great Western Foundation Trust), Keir Pritchard (Wiltshire Police), Karen Tucker (Department of Work and Pensions), Nerissa Vaughan (NHS Foundation Trust), and Carol Willis (Healthwatch Swindon).

Also in attendance were: Michael Ash, Lyn Gardner, Nick Kemmett, Phillippa Lamb, Peter Nathan, Francis Mayes, Ayoola Oyinloye Esther Schmidt, Amy Smith, Phil Smith and Sue Wald (Swindon Borough Council).

Apologies for absence were received from Councillors Mary Martin and Stan Pajak (Swindon Borough Council), Sally Burnett (Swindon Borough Council), Debra Elliott (NHS England), David Haley Swindon Borough Council), Richard Hill (Voluntary Action Swindon), Susie Kemp (Swindon Borough Council), Ian Larrard (Business West), Nicki Millin (NHS Swindon Clinical Commissioning Group) and Angus Macpherson (Police and Crime Commissioner).

1. Appointment of Chair for the Municipal Year 2019/20

Resolved – That Councillor David Renard be Chair of the Board for the Municipal Year 2019/20.

2. Appointment of Vice-Chair for the Municipal Year 2019/20

Resolved – That Dr Sarah Bruen be Vice-Chair of the Board for the Municipal Year, 2019/20.

3. 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.

4. Public Question Time

No public questions were received during the meeting.

5. Minutes

Resolved – That the minutes of the meeting held on 13th March 2019, be confirmed and signed as a correct record.

6. Presentation - Mental Health Trailblazer

Nicki Millin, Director of Strategy and Transformation – Swindon Clinical Commissioning Group), made a presentation to the Board on the Mental Health

Screening Tool Trailblazer (MHST) Programme highlighting:

- The successful bid for £2.3 million to implement three Mental Health Support Teams (MHST) into Swindon Schools.
- That 50% of Swindon Schools (40 schools) would be included in the project.
- That Barnardo's were the lead provider and that the project was on-track to start at the end of the year/January 2020.
- That young people would be seen outside of school lessons, before or after school, including weekends and holidays on or off-site.
- There would be follow-up for young people missing their appointments.
- Self-referrals would be accepted and work would be linked with the Early Help Hub and would follow a graduated response.
- An outline of the schools involved in the current programme.
- Achievements to date including, a fully operational base for MHST's, 10 Educational Mental Health Practitioner (EMHP) trainees in post, 2 managers recruited and Department of Education acceptance that there has been full engagement with FE colleges, level 3 safeguarding and Quality Case Recording training, and a service delivery framework developed for phases 2 and 3 of the project.
- A breakdown of actions to be undertaken in the coming months.

Following her presentation Nicki Millin responded to Member's questions regarding:

- The importance of ensuring that those schools currently not part of the Trail Blazer project would not be disadvantaged.
- Joint working with TAMHS, CAMHS and early help services to maximise the effectiveness of the Trail Blazer Project and help provide further integration of services in Swindon.
- Future links with adult mental health and/or preventative services, including the involvement of the voluntary sector.
- The criteria for schools joining the Trail Blazer project and the sharing of learning with schools not able to participate.
- The recognition that not all Swindon Schools could be included in the project due to financial constraints of the funding available.
- The need to consider which services might need to be commissioned for schools not within the Trail Blazer clusters.
- The recognition that schools in rural areas were not included within the project and that pupils attending these schools would have similar mental health issues.

Resolved – That the presentation be noted.

7. Swindon Borough Council Supported Employment Strategy

The Board considered a report of the Head of Skills, Employment and Lifelong Learning updating the Board on the Council's Supported Employment Strategy. In presenting the report, the Commissioning Manager, Employment and Skills, drew Members attention to the following issues:

- That the Strategy was supporting people with additional health, disability and care needs to seek and maintain paid employment.

- Grant funding was available until September 2021 from the European Union to deliver the strategy and its objectives.
- The role of the Council in supporting people with additional health, disability and care needs to seek and maintain employment.
- The ambitions and objectives within the report and how these linked into the Council's priorities.
- The need for key cultural and transformational change was highlighted together with a drive to be more ambitious for disabled people (particularly those with Learning Disability).
- Engagement and gaining commitment from employers – public, private, voluntary sectors was key to achieving the national ambition and the principles of the Government's Work and Health Programme.
- Work with partner organisations to deliver the Strategy and the differing emphasis on objectives by partner organisations.
- That all staff were costed, regardless of outcomes, rather than upon payment by result.
- The high level of outcomes achieved by the strategy and the constant review of work and outcomes.

Following her presentation Ms Gardner responded to Members questions and comments in relation to:

- The targets set out within the report, how these were calculated locally and how these compared to national figures and locally throughout the South West.
- That the majority of people being helped through the strategy had a disability, were known by Social Services and required additional support.
- Work to ensure the challenging targets set out within the Strategy were achieved.
- Work to support people when they find employment, including support for employers in areas such as staff training and in receiving Access to Work funding.
- Examples of employment opportunities achieved through the scheme.
- The need to co-ordinate people helped by the strategy including those in paid employment, undertaking voluntary work and work experience without pay.
- The recruitment of employers and linking these to people wanting to undertake particular types of work.
- Work to ensure that Board Members were exemplar employers; it being noted that Wiltshire Police are Disability Leaders, the first Police force to obtain this status; this meant that they could advise other organisations on the steps that they had taken. They had also been awarded British Association of Supported Employment Award.

Resolved - That progress to date on delivering the strategy be noted and the Board notes its support to the ongoing commitment to promote the benefits of employing people with additional health, disability and care needs for both the individual and the employer.

8. **Avon and Wiltshire Mental Health Partnership NHS Trust - Update**

Gill May, Director of Nursing and Quality – Swindon Clinical Commissioning Group, gave an oral presentation to update the Board in respect of Places of Safety drawing Members' attention to:

- The closure of the Swindon Place of Safety following concerns raised by the Quality Care Commission (CQC) and its relocation to the Blue Bell Unit in Devizes.
- A consultation undertaken following a petition to return a Places of Safety Unit to Swindon; and the evaluation which was due to be undertaken with a report made to NHS England (expected to be undertaken by September 2019).
- The potential options for the location of Places of Safety in Swindon and Wiltshire (stay as it currently is with a permanent unit in Devizes, the reinstatement the ward based model in Swindon and retain the Blue Bell Unit as a dedicated unit in Devizes, or have one or two units in Swindon and Wiltshire and retain the Blue Bell Unit).
- That the decision would be made in the light of any on-going CQC concerns and the service needed to be fit for purpose and to be safe.

Following her presentation Gill May responded to Member's comments and questions in respect of:

- The number of Swindon residents accessing the Blue Bell Unit which was broadly in line with previous figures.
- The extra resources, including police officers and Social Workers, required to transport people to Devizes for assessment and the corresponding loss of that time to work locally.
- Whether the consultation would include feedback from Councillors serving on Swindon Borough Council.
- The extra stress and damage that might be suffered by people needing to travel to Devizes for treatment and also their families.
- Work that might be undertaken in Swindon to satisfy the concerns of the CQC.
- The current workforce and recruitment issues being experienced by the Avon and Wiltshire Partnership Trust which might impact the decision in respect of the placement of units.
- That not all specialist services were accessible in any given location across Swindon or the wider area and that Places of Safety were intended to be for a 24 hour assessment.
- The success of the street triage programme undertaken by Wiltshire Police.

Resolved – (1) That the presentation be noted.

(2) That an update be presented to the Board in September 2019.

(3) That the Clinical Commissioning Group be requested to formally consult Swindon Borough Council as part of the Places of Safety Review.

9. Swindon Borough Council's Reducing Rough Sleepers Strategy

The Committee received a report of the Head of Housing on the Council's "Reducing Rough Sleepers Strategy". Michael Ash, Head of Housing and Nick Kemmett, Housing Strategy and Development Manager, introduced the report

drawing Members' attention to the following key issues:

- The local and national policies and practice underpinning the strategy.
- The Strategy's five key objectives as set out within paragraph 3.2 of the report.
- The role of key partners in supporting and delivering the strategy including the health and probation services.
- The outcome of the consultation undertaken prior to the drafting of the strategy set out within the report.
- The employment of a dedicate Rough Sleeper Cop-coordinator and three out-reach workers by the Council following the securing of grant funding from Central Government to ensure delivery of the programme.
- Success in relation to support given to rough sleepers to secure and retain housing.
- The provision of Mental Health and First Aid training across the Housing Department and Voluntary and other agencies.
- The creation of a Strategic Board with Swindon Borough Council as the lead and the creation of an action plan to progress key priorities and objectives.
- The work and provision of Services at the Haven Day Centre including the Night Shelter.

Following their presentation Michael Ash and Nick Kemmett responded to Members questions and comments in respect of the following points.

- The delayed discharge of rough sleepers from hospital to ensure support services were in place.
- The preference of most rough sleepers in accessing medical services via the Emergency Department at the hospital rather than their GPs and the discharge process involved.
- The likely recommendations forthcoming from the JNSA within the next six months for the commissioning of general and mental health services which should reduce the need to access medical services through the Emergency Department.
- The general trend for local homeless people in Swindon to have a local connection.
- The co-ordination of work by voluntary groups involved with the homeless in Swindon.
- The potential future funding of homeless related work through Central Government grants.
- How the Council identified and helped the invisible or hidden homeless, such as sofa surfers, including work under the Council's Homelessness Strategy.
- The securing of 12 housing units to support the work to reduce rough sleeping which had been recognised as good practice across the housing sector.
- The need to draw the public's attention to the wide ranging work by the Council and its partners to reduce rough sleeping.
- Access to mental health and substance misuse services to support the reduction in rough sleeping.

Resolved – (1) The Swindon Borough Council's Reducing Rough Sleepers Strategy 2019-2022, as attached as appendix 1 to the report be approved.

(2) That Swindon Borough Council's Cabinet be recommended to adopt the Council's Reducing Rough Sleepers Strategy 2019-2022.

10. Children's Strategic Delivery Group - Terms of Reference

The Children's Strategic Delivery Group's Terms of Reference were submitted to the Board for its information. The Board noted that it would receive a report from the Children's Strategic Delivery Group on a six monthly basis.

Resolved – That the Terms of Reference be noted.

11. SEND Written Statement of Action

The Committee received the SEND Written Statement of Action. Sue Wald, Director of Adult Services updated the Committee that following the SEND Inspection there was a requirement on the Local Authority and CCG to produce a Statement of Action setting out how services for children with special educational needs would be improved. The Action Plan was set out in the agenda papers and OFSTED had written to the Council recognising work undertaken in this area and that the plan had been accepted without changes.

Resolved – (1) That the Action Plan be noted.

(2) That an update report be submitted to this Board in March 2020.

12. Planning and Health

The Board received a report by Mr Philip Smith, Service Manager Planning Policy, regarding Planning and Health. Mr Smith introduced the report drawing Members attention to the following issues:

- The role of planning in achieving healthy communities and on-going work relating to the on-going Swindon Borough Council Plan review.
- Paragraph 91 of the National Planning Policy Framework (2019) which stated that planning policies and decisions should aim to achieve healthy, inclusive and safe places through land use.
- That Swindon's Local Plan is currently under review and this presents an opportunity to strengthen the links between planning and health.
- That planning policy had a key role in achieving Outcome 5 of Swindon's Health and Well-Being Strategy - the creation of sustainable environments in which communities can flourish.

Following his presentation Mr Smith responded to Members' questions and comments in respect of the following issues:

- Work with partner organisations and in particular health in drawing up the sections within the Local Plan to be reviewed.
- The future impact on service providers of future development and expansion of the town.
- The absence within the Local Plan of a specific policy on climate change which was addressed through a number of policies, and whether these can be sign-posted.
- The Motion on Climate Change approved by the Local Government

- Association General Assembly and its relevance to Swindon's Local Plan.
- Health related policies included within the Local Plan and the need to evidence these.

Resolved – That the report be noted.

13. Development of Integrated Care in Swindon

Gill May, Director of Nursing and Quality – Swindon Clinical Commissioning Group, presented a report updating the Board on the development of Integrated Care in Swindon and drew Members' attention to the following issues:

- The next steps in the integration of strategic commissioning by one Clinical Commissioning Group covering BANES, Swindon and Wiltshire.
- That all three Clinical Commissioning Groups had approved the creation of a single commissioning group with one Governing Body and one set of Statutory Duties by 1st April 2020.
- Work to be undertaken with stakeholders as per the CCG Constitution and membership organisations to get their agreement for one CCG.
- That the proposed changes did not impact Better Care Fund nor local relationships and service delivery, or oversight and scrutiny which would retain a local focus.
- Following the consultation and ballots from member organisations a decision will be submitted to NHS England in September to allow the creation of a single organisation in April 2020.

Following her presentation Ms May responded to Members' questions and comments in respect of the following issues:

- That the Cabinet Member for Adults and Health and Officers of the Council had been kept informed of the process throughout its duration.
- The need to maintain the current good working relationship after any change in structure and to ensure that Swindon was not disadvantaged by the proposed change.
- That this change would need to be completed by April 2021.

Resolved – That the report be noted.

14. Prevention Concordat for Better Mental Health

The Board received a report of the Senior Manager, Public Health, regarding the Prevention Concordat for Better Mental Health. In presenting her report Francis Mayes drew Members attention to the following points:

- The concordat as a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across local authorities, the NHS, public, private and VCSE sector organisations, education settings and employers.
- That the Health and Wellbeing Board signed the Prevention Concordat in April 2018 and Swindon was formally awarded the Prevention Concordat certificate in November 2018 and the Time to Change Hub status earlier in 2019.

- Work undertaken during the year to promote the aims and objectives of the concordat.
- The five key steps to deliver the Prevention Concordat as set out in Paragraph 3.1 of the report and progress on the delivery of the four key priority areas and priorities for the coming year.

Following her presentation Ms Mayes responded to Members questions and comments in respect of:

- The priorities for the coming year and the role of partner organisations in their delivery.
- The capacity of the Council and partner organisations to deliver all the priorities set out within the report and work they are currently undertaking to support these priorities.

Resolved – (1) That the report be noted.

(2) That the Priorities identified within the report for 2019/21 be approved.

15. 2018/19 Mental Health Joint Strategic Needs Assessment

The Board received a report of the Senior Manager, Public Health, regarding the Mental Health Joint Strategic Needs Assessment. In presenting the report Ms Mayes drew Members attention to:

- The Mental Health Needs Assessment (HNA) was a systematic way of identifying unmet health needs and gaps in services in the local area. The goal of an HNA is to inform the planning and commissioning of health and social care services.
- The 2018/19 Mental Health Joint Strategic Needs Assessment (JSNA) provides an updated assessment of mental health and wellbeing need in Swindon for 2019/20.
- The objectives of the Mental Health JSNA as set out in paragraph 1.4 of the report.
- That the JSNA makes a number of recommendations which are applicable to the new community mental health and wellbeing service, as well as to wider work.

Following her presentation Ms Mayes responded to members' questions and comments in respect of the following issues:

- New elements of the JSNA and updated information which built on the work of its previous version.
- How the need for mental health services was identified and individuals prioritised.
- Work to reduce the number of young people admitted to hospital for self-harm and the reasons for increases in such admissions; whether there was capacity to treat these admissions and increased funding to commission this work.

Resolved – That the report be noted and the priorities for the 2018/19 Mental Health JSNA, as set out in paragraphs 3.7 to 3.21 of the report, be approved.

16. Joint Commissioning Group - Minutes for information and comment

Resolved - That the minutes of the Joint Commissioning Group meeting held on 26th February, 26th March and 26th May 2019 be noted.

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Better Care Fund 2019/20

Health and Wellbeing Board

Date: 9 October 2019

Author: Sue Wald – Director Adult Social Services, Swindon Borough Council

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 Swindon submitted the Better Care Fund Plan 2019/20 Planning Template (BCF) to NHS England on 27 September 2019 for approval. The plan has been assured by our Regional Better Care Fund Manager. The Better Care Fund provides financial support for the closer integration of health and social care.
- 1.2 The 2019/20 BCF Plan is available on the website. It sets out our local approach for further integrating health and social care in Swindon. The plan provides information on the funding contributions and pooled budgets for 2019/20, describes the planned expenditure and attributes for the BCF Schemes, provides an assessment against the High Impact Change Models and planned levels of implementation by end of March 2020, and an update on the performance plans for each of the BCF metrics in 2019/20.
- 1.3 The Government requires that the BCF Plan 2019/20 is considered by the Health and Wellbeing Board.

2. Recommendations

The Board is recommended to:

- 2.1 Note the Better Care Fund Submission for 2019/20 which is being assured by NHS England.

3. Detail

- 3.1 Swindon has a long and well established history of joint commissioning and integrated working for health and social care. The BCF provides a positive mechanism for bringing together commissioners and providers to work collaboratively to address the challenges of a rising aging population with greater complexity of need within the context of continuing financial pressure in the health and social care system. This Plan sets out our ambitions for the Better Care Fund for 2019/20. It provides a joined up vision for all partners working with individuals, carers and local communities to transform the quality of care provided and improve levels of health and wellbeing for people living in Swindon. Local health and social care partners are working together to improve the delivery of integrated community and acute pathways and our Plan for 2019/20 continues to progress our integration

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

Better Care Fund 2019/20

Health and Wellbeing Board

Date: 9 October 2019

journey and endorses a shared responsibility for the current pressures across Swindon's health and social care system.

- 3.2 The total 2019/20 BCF Pooled budget for Swindon is £55,127,848m. This includes now a 5.3% uplift for social care (previously 1.79%. This will provide an estimated additional benefit of £289k for adult social care supporting further demand from hospital discharge and pre- assessment packages to prevent admission. This money will depend on approval by NHS England before payment to social care can be made. A summary of 2019/20 BCF Funding is provided in table 1 below:

Table 1:Expenditure

Funding Sources	Income	Expenditure	Difference
DFG	£1,151,362	£1,151,362	£0
Minimum CCG Contribution	£13,423,799	£13,423,799	£0
iBCF	£4,467,607	£4,467,607	£0
Winter Pressures Grant	£769,255	£769,255	£0
Additional LA Contribution	£19,517,240	£19,517,240	£0
Additional CCG Contribution	£15,798,592	£15,798,592	£0
Total	£55,127,855	£55,127,855	£0

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£3,813,538
Planned spend	£12,799,419

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£6,499,947
Planned spend	£6,574,097

- 3.5 Table 2 below provides the summary of expenditure against the BCF Schemes for 2019/20:

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

Better Care Fund 2019/20

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Table 2: Scheme Types and expenditure

Scheme Types	
Assistive Technologies and Equipment	£2,191,115
Care Act Implementation Related Duties	£835,574
Carers Services	£1,709,095
Community Based Schemes	£16,511,460
DFG Related Schemes	£1,151,362
Enablers for Integration	£0
HICM for Managing Transfer of Care	£2,087,921
Home Care or Domiciliary Care	£862,365
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£20,310,952
Intermediate Care Services	£5,726,052
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£200,000
Prevention / Early Intervention	£2,463,581
Residential Placements	£78,378
Other	£1,000,000
Total	£55,127,855

3.6 Table 3 below shows Swindon's level of maturity against the High Impact Change Model (HICM) for 2019/20:

Table 3: Maturity Assessment for HICM

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

Better Care Fund 2019/20

Health and Wellbeing Board

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		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Established
Chg 2	Systems to monitor patient flow	Established
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established
Chg 4	Home first / discharge to assess	Mature
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Mature
Chg 7	Focus on choice	Established
Chg 8	Enhancing health in care homes	Established

3.7 The detail of the 2019/20 BCF Plan is available on the website.

4. Alternative Options

4.1 The option of not having a Better Care Fund is rejected as it would mean that there is no agreed plan and no further allocation of funding for Swindon 2017/19.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 The planned expenditure is built into the budget planning process for the Clinical Commissioning Group (CCG) and Swindon Borough Council (SBC) for 2019/20.

Legal and Human Rights Implications

5.2 There are no specific Legal or Human Rights implications arising from this report. The section 256 and 75 agreements are a legal contract that outlines the responsibilities of both the CCG and SBC through the aligned and pooled budget arrangement

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

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

5.3 None identified.

Diversity Impact Assessment

5.4 The BCF Plan 2019/20 will positively impact on vulnerable people living in Swindon's community.

Risk Management

5.5 Risks have been identified as well as mitigating actions of which the detail is set out in the BCF Narrative Plan 2018/2019
(<http://www.swindonjsna.co.uk/strategy/Better-Care-Fund>)

6. Consultees

6.1 Executive Management groups of both the Clinical Commissioning Group and Swindon Borough Council, as well as the Health and Wellbeing Board

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

7. Background Papers

7.1 <http://www.swindonjsna.co.uk/strategy/Better-Care-Fund>

8. Appendices

8.1 None

Further information on the subject of this report can be obtained from Sue Wald, 01793 465713, swald@swindon.gov.uk.

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Better Care Fund 2019/20 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Clicking on the corresponding 'Cell Reference' column will link to the incomplete cell for completion. Once completed the checker column will change to 'Green' and contain the word 'Yes'
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to
6. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and
 2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template
 3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support.
- We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

4. Strategic Narrative (click to go to sheet)

This section of the template should set out the agreed approach locally to integration of health & social care. The narratives should focus on updating existing plans, and changes since integration plans were set out until 2020 rather than reiterating them and can be short. Word limits have been applied to each section and these are indicated on the

1. Approach to integrating care around the person. This should set out your approach to integrating health and social care around the people, particularly those with long term health and care needs. This should highlight developments
- 2 i. Approach to integrating services at HWB level (including any arrangements at neighbourhood level where relevant). This should set out the agreed approach and services that will be commissioned through the BCF. Where schemes are new or approaches locally have changed, you should set out a short rationale.
- 2 ii. DFG and wider services. This should describe your approach to integration and joint commissioning/delivery with wider services. In all cases this should include housing, and a short narrative on use of the DFG to support people with care needs to remain independent through adaptations or other capital expenditure on their homes. This should include
3. How your BCF plan and other local plans align with the wider system and support integrated approaches. Examples may include the read across to the STP (Sustainability Transformation Partnerships) or ICS (Integrated Care Systems)

You can attach (in the e-mail) visuals and illustrations to aid understanding if this will assist assurers in understanding

5. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund (BCF) plan and pooled budget for 2019/20. On selected the HWB from the Cover page, this sheet will be pre-populated with the minimum CCG contributions to the BCF, DFG (Disabled Facilities Grant), iBCF (improved Better Care Fund) and

2. Please select whether any additional contributions to the BCF pool are being made from Local Authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be utilised to include any relevant carry-overs from the
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact England.bettercaresupport@nhs.net

6. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Condition 2 The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

5. Planned Outputs

- The BCF Planning requirements document requires areas to set out planned outputs for certain scheme types (those which lend themselves to delivery of discrete units of delivery) to help to better understand and account for the activity funded through the BCF.
- The Planned Outputs fields will only be editable if one of the relevant scheme types is selected. Please select a relevant

6. Metric Impact

- This field is collecting information on the metrics that a chem will impact on (rather than the actual planned impact on the metric)
- For the schemes being planned please select from the drop-down options of 'High-Medium-Low-n/a' to provide an indicative level of impact on the four BCF metrics. Where the scheme impacts multiple metrics, this can be expressed by selecting the appropriate level from the drop down for each of the metrics. For example, a discharge to assess scheme might have a medium impact on Delayed Transfers of Care and permanent admissions to residential care. Where the

7. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

8. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme from the provider. If there is a single commissioner, please select the option from the drop-down list.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

9. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

10. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the

11. Expenditure (£) 2019/20:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

12. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2019/20 and will inform the understanding of planned spend for the iBCF and Winter Funding grants.

7. HICM (click to go to sheet)

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reducing DToC. In the planning template, you should provide:

- An assessment of your current level of implementation against each of the 8 elements of the model – from a drop-
- Your planned level of implementation by the end March 2020 – again from a drop-down list

A narrative that sets out the approach to implementing the model further. The Narrative section in the HICM tab sets out further

8. Metrics (click to go to sheet)

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and

1. Non-Elective Admissions (NEA) metric planning:

- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not collected via this template.

2. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please include a brief narrative associated with this metric plan

3. Reablement (REA) planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
- Please include a brief narrative associated with this metric plan

4. Delayed Transfers of Care (DToC) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.
- Please include a brief narrative associated with this metric plan.
- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2019/20 for further details.

The Key Lines of Enquiry (KLOE) underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

10. CCG-HWB Mapping (click to go to sheet)

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity figures.

Version 0.1

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Swindon
Completed by:	Sue Wald
E-mail:	swald@swindon.gov.uk
Contact number:	7824550407
Who signed off the report on behalf of the Health and Wellbeing Board:	David Renard
Will the HWB sign-off the plan after the submission date?	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	09/10/19

*Area Assurance Contact Details:	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
	Health and Wellbeing Board Chair	Mr	David	Renard	DRenard@swindon.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->	Clinical Commissioning Group Accountable Officer (Lead)	Ms	Tracey	Cox	tracey.cox1@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	n/a	n/a	n/a	@
	Local Authority Chief Executive	Ms	Susie	Kemp	Skemp@swindon.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Dr	Sue	Wald	Swald@swindon.gov.uk
	Better Care Fund Lead Official	Ms	Phillipa	Lamb	plamb@swindon.gov.uk
	LA Section 151 Officer	Mr	Mick	Bowden	Mbowden@swindon.gov.uk
	Deputy CEO	Ms	Nicki	Millin	nicki.millin1@nhs.net
					@
					@

*Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Strategic Narrative	Yes
5. Income	Yes
6. Expenditure	Yes
7. HICM	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

Checklist

2. Cover

[^^ Link back to top](#)

	Cell Reference	Checker
Health & Wellbeing Board	D13	Yes
Completed by:	D15	Yes
E-mail:	D17	Yes
Contact number:	D19	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	D21	Yes
Will the HWB sign-off the plan after the submission date?	D23	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	D24	Yes
Area Assurance Contact Details - Role:	C27 : C36	Yes
Area Assurance Contact Details - First name:	F27 : F36	Yes
Area Assurance Contact Details - Surname:	G27 : G36	Yes
Area Assurance Contact Details - E-mail:	H27 : H36	Yes
Sheet Complete		Yes

4. Strategic Narrative

[^^ Link back to top](#)

	Cell Reference	Checker
A) Person-centred outcomes:	B20	Yes
B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable):	B31	Yes
B) (ii) Your approach to integration with wider services (e.g. Housing):	B37	Yes
C) System level alignment:	B44	No
Sheet Complete		Yes

5. Income

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	Cell Reference	Checker
Are any additional LA Contributions being made in 2019/20?	C39	Yes
Additional Local Authority	B42 : B44	Yes
Additional LA Contribution	C42 : C44	Yes
Additional LA Contribution Narrative	D42 : D44	Yes
Are any additional CCG Contributions being made in 2019/20?	C59	Yes
Additional CCGs	B62 : B71	Yes
Additional CCG Contribution	C62 : C71	Yes
Additional CCG Contribution Narrative	D62 : D71	Yes
Sheet Complete		Yes

6. Expenditure

[^^ Link back to top](#)

	Cell Reference	Checker
Scheme ID:	B22 : B271	Yes
Scheme Name:	C22 : C271	Yes
Brief Description of Scheme:	D22 : D271	Yes
Scheme Type:	E22 : E271	Yes
Sub Types:	F22 : F271	Yes
Specify if scheme type is Other:	G22 : G271	Yes
Planned Output:	H22 : H271	Yes
Planned Output Unit Estimate:	I22 : I271	Yes
Impact: Non-Elective Admissions:	J22 : J271	Yes
Impact: Delayed Transfers of Care:	K22 : K271	Yes
Impact: Residential Admissions:	L22 : L271	Yes
Impact: Reablement:	M22 : M271	Yes
Area of Spend:	N22 : N271	Yes
Specify if area of spend is Other:	O22 : O271	Yes
Commissioner:	P22 : P271	Yes
Joint Commissioner %:	Q22 : Q271	Yes
Provider:	S22 : S271	Yes
Source of Funding:	T22 : T271	Yes
Expenditure:	U22 : U271	Yes
New/Existing Scheme:	V22 : V271	Yes
Sheet Complete		Yes

7. HICM

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	Cell Reference	Checker
Priorities for embedding elements of the HCIM for Managing Transfers of Care locally:	B11	Yes
Chg 1) Early discharge planning - Current Level:	D15	Yes
Chg 2) Systems to monitor patient flow - Current Level:	D16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Current Level:	D17	Yes
Chg 4) Home first / discharge to assess - Current Level:	D18	Yes
Chg 5) Seven-day service - Current Level:	D19	Yes
Chg 6) Trusted assessors - Current Level:	D20	Yes
Chg 7) Focus on choice - Current Level:	D21	Yes
Chg 8) Enhancing health in care homes - Current Level:	D22	Yes
Chg 1) Early discharge planning - Planned Level:	E15	Yes
Chg 2) Systems to monitor patient flow - Planned Level:	E16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Planned Level:	E17	Yes
Chg 4) Home first / discharge to assess - Planned Level:	E18	Yes
Chg 5) Seven-day service - Planned Level:	E19	Yes
Chg 6) Trusted assessors - Planned Level:	E20	Yes
Chg 7) Focus on choice - Planned Level:	E21	Yes
Chg 8) Enhancing health in care homes - Planned Level:	E22	Yes
Chg 1) Early discharge planning - Reasons:	F15	Yes
Chg 2) Systems to monitor patient flow - Reasons:	F16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Reasons:	F17	Yes
Chg 4) Home first / discharge to assess - Reasons:	F18	Yes
Chg 5) Seven-day service - Reasons:	F19	Yes
Chg 6) Trusted assessors - Reasons:	F20	Yes
Chg 7) Focus on choice - Reasons:	F21	Yes
Chg 8) Enhancing health in care homes - Reasons:	F22	Yes
Sheet Complete		Yes

8. Metrics

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	Cell Reference	Checker
Non-Elective Admissions: Overview Narrative:	E10	Yes
Delayed Transfers of Care: Overview Narrative:	E17	Yes
Residential Admissions Numerator:	F27	Yes
Residential Admissions: Overview Narrative:	G26	Yes
Reablement Numerator:	F39	Yes
Reablement Denominator:	F40	Yes
Reablement: Overview Narrative:	G38	Yes
Sheet Complete		Yes

9. Planning Requirements

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	Cell Reference	Checker
PR1: NC1: Jointly agreed plan - Plan to Meet	F8	Yes
PR2: NC1: Jointly agreed plan - Plan to Meet	F9	Yes
PR3: NC1: Jointly agreed plan - Plan to Meet	F10	Yes
PR4: NC2: Social Care Maintenance - Plan to Meet	F11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Plan to Meet	F12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Plan to Meet	F13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F15	Yes
PR9: Metrics - Plan to Meet	F16	Yes
PR1: NC1: Jointly agreed plan - Actions in place if not	H8	Yes
PR2: NC1: Jointly agreed plan - Actions in place if not	H9	Yes
PR3: NC1: Jointly agreed plan - Actions in place if not	H10	Yes
PR4: NC2: Social Care Maintenance - Actions in place if not	H11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Actions in place if not	H12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Actions in place if not	H13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H15	Yes
PR9: Metrics - Actions in place if not	H16	Yes
PR1: NC1: Jointly agreed plan - Timeframe if not met	I8	Yes
PR2: NC1: Jointly agreed plan - Timeframe if not met	I9	Yes
PR3: NC1: Jointly agreed plan - Timeframe if not met	I10	Yes
PR4: NC2: Social Care Maintenance - Timeframe if not met	I11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Timeframe if not met	I12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Timeframe if not met	I13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I15	Yes
PR9: Metrics - Timeframe if not met	I16	Yes
Sheet Complete		Yes

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Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

Swindon

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£1,151,362	£1,151,362	£0
Minimum CCG Contribution	£13,423,799	£13,423,799	£0
iBCF	£4,467,607	£4,467,607	£0
Winter Pressures Grant	£769,255	£769,255	£0
Additional LA Contribution	£19,517,240	£19,517,240	£0
Additional CCG Contribution	£15,798,592	£15,798,592	£0
Total	£55,127,855	£55,127,855	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£3,813,538
Planned spend	£12,799,419

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£6,499,947
Planned spend	£6,574,097

Scheme Types

Assistive Technologies and Equipment	£2,191,115
Care Act Implementation Related Duties	£835,574
Carers Services	£1,709,095
Community Based Schemes	£16,511,460
DFG Related Schemes	£1,151,362
Enablers for Integration	£0
HICM for Managing Transfer of Care	£2,087,921
Home Care or Domiciliary Care	£862,365
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£20,310,952
Intermediate Care Services	£5,726,052
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£200,000
Prevention / Early Intervention	£2,463,581
Residential Placements	£78,378
Other	£1,000,000
Total	£55,127,855

[HICM >>](#)

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Established
Chg 2	Systems to monitor patient flow	Established
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established
Chg 4	Home first / discharge to assess	Mature
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Mature
Chg 7	Focus on choice	Established
Chg 8	Enhancing health in care homes	Established

[Metrics >>](#)

Non-Elective Admissions	Go to Better Care Exchange >>
Delayed Transfer of Care	

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	462.3851217

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.8

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board: Swindon

Please outline your approach towards integration of health & social care:
When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)
[Link to B\) \(i\)](#)
[Link to B\) \(ii\)](#)
[Link to C\)](#)

A) Person-centred outcomes

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care

- Promoting choice and independence

Remaining Word Limit:247

Working across the partnership, we continue to identify opportunities to improve resilience and prevent long term conditions by promoting health and wellbeing amongst Swindon residents. A key element of the Swindon System Operating Model is the vision for the Main Point of Contact to enable and deliver a holistic, proactive service with a focus on prevention and self-management, shifting away from traditional reactive, clinically-focused models of care. The aim of the Main Point of Contact would be to connect people to local information, services, organisations and groups that can help improve their general health and wellbeing, support to self-manage long-term health conditions and develop wider social networks.

The plan is to build on, rather than duplicating or replace, the existing offer within the system. This model will support improved coordination and communication between services and develop a shared culture across health, social care and voluntary sector provision. From a service user perspective, the Main Point of Contact will offer a seamless pathway to the right information, advice and signposting to support their health and wellbeing and promote choice and independence. This may lead to some one-to-one support, connection with others in the community or an introduction to a group or organisation. The service will be based on the ‘talk or tap before you walk’ ethos and supported by a ‘strength based’ conversation approach to support service users to self-manage where possible, and to help people to maintain independence and manage their own health and wellbeing outside of a medical intervention. This will include a coherent offer of community navigators, training on the three conversation model and making every contact count. This approach is developed and delivered across STP and forms part of our response to the long term plan. A particular priority across the STP is our approach to diabetes care.

The Main Point of Contact will be supported by a robust online offer to enable the digitally literate population to access information at a time, place and means that is right for them. This will build on the existing infrastructure of MIDOS, Mylife and the NHS App. The ‘talking offer’ will be delivered via an enhanced Live Well Hub and strong links with partner organisations including the voluntary sector and support the delivery of integrated care. This may be a one-off intervention, signposting or advice or may require a more in-depth assessment a person’s unique needs and strengths and work with them to develop a personalised support plan within the community.

There has been a focus in 2018/19 in Swindon to further develop and improve Older People experience when in need of care. This has involved closer working with social care, health and providers to improve pathways for older people when they are presenting at acute settings and at discharge. The project included developing the front door Multi Disciplinary Team including social care, therapists a health care professional(specialising in Older People) and for a geriatrician at the front door to support development of Comprehensive Geriatrician model early. The 4 week proof of concept in September 2018 evidenced the length of stay reduced from 5 days to between 0 to 3 days on the Older People Short Stay unit. The project supported right patient right place and improved quality. This evidence enabled a fully funded 4 month pilot to be funded and extended to include pharmacists, additional reablement support workers, social workers, therapy at front door and geriatrician.

This further evidenced the reduced length of stay on short stay unit for Older people, improved flow and supported staff retention and recruitment, management of medication improved enabling review of meds pre- discharge this supports primary care on discharge regarding meds management. Developing the front door model has provided the opportunity to align further projects to the pathway including the Red Bag Scheme, RESpect, Rockwood Score recording and three key questions approach. Evidence has shown it ensures right patient in right place, recued length of stay in short stay unit. The Older pathway has shown continuous improvement. Future developments include working closer with Primary Care to develop further links across Older People pathway and linking with community teams including working on shared care records. The pathway is being considered for a national award.

Although Swindon has low rates of poverty and deprivation and generally our Swindon residents enjoy good health, there is a real gap between the affluent and less affluent areas, which are we working to address. Health inequalities across Swindon continue to be a concern with higher rates of smoking, physical inactivity and obesity amongst our more vulnerable and deprived communities. In the most deprived areas of Swindon, men live on average 14 years less in good health and women 12 years less than those in the least deprived areas. Swindon Borough Council (SBC) and the Clinical Commissioning Group (CCG) jointly commissioning £2.5 million of voluntary sector services to improve health and wellbeing amongst Swindon residents. The Voluntary sector works with some of the most marginalised and disadvantaged people, providing effective early intervention and prevention services, engaging with people that mainstream services struggle to reach, reducing health inequalities and increasing choice for patients and helping to support people to remain independent. The benefit of SBC/CCG funding these groups is that we can shape the market and ensure the offer in Swindon is what evidence, such as JSNAs, tells us we need, and that outcomes and delivery of the service meet these needs. In 2018/19, across the adult’s voluntary sector commissioned providers, volunteers have provided 68,929 hours of volunteer time.Over the next 12 months, we will continue to focus our efforts on embedding our preventative strategy and working with communities with demonstrable health inequalities. SBC and CCG continue to work collaboratively through BCF Schemes to provide services to encourage an increasing number of individuals to live well with their long term conditions within Swindon and Shrivenham area. The Live Well Offer through the Live Well Swindon Hub has recently been extended. The Community Navigators Service, which commenced in 2015/16 as part of the social prescribing initiative, work closely with CCG and surgeries to ensure synergy and partnership in providing coaching and support to people who have one or more long term health condition. The Community Researchers offer support by linking people to social acitivities and encourage participation. Swindon Circles works collaboratively with a range of providers to tackle loneliness through home visiting and outreach support and has successfully recruited 224 volunteers.A strong and focused campaign led by public health through Beat the Street has resulting in an increase in physically active adults whilst we have halted obesity rates amongst 10 year olds. Other services provided by the Community Health and Wellbeing Team to encourage individuals to become more active include the Swindon GoodGym Project whereby Swindon residents get fit by doing good deeds, the Digital Behaviour Change Programme (DBCP), The

B) HWB level

- (i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):
- Joint commissioning arrangements
 - Alignment with primary care services (including PCNs (Primary Care Networks))
 - Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

[^^ Link back to top](#)

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In Swindon, good progress was made in implementing our BCF Plan 2018/19 to integrate community and acute pathways to improve outcomes for service users and carers. During 2018/19, people received more appropriate and timely information/advice at initial contact stage, assessments were more timely, the reablement service supported more people to return home to live independently so fewer people have been admitted to permanent care. Swindon Borough Council (SBC) and the Clinical Commissioning Group (CCG) have a joint commissioning budget of £2.5 million which is used to commission services with the voluntary sector to manage demand and help support individuals to maintain their independence. In line with national and local priorities, integration of the Clinical Commissioning Group (CCG) and Swindon Borough Council (SBC) commissioning health and social care teams is underway. Staff consultation has been undertaken to co-locate our commissioning staff across health and social care as well as the complex care team. This will improve commissioning and contractual management oversight, support a whole system placed based approach to commissioning, reduce silo working and embed a standardised approach to contract management. Shadow pooled budgets are in place for older people, learning disabilities, mental health and prevention. This has led to an increase in the money aligned in the BCF. We are currently testing a risk share proposal across health and care with a report planned for early 2020.

In response to the NHS Long term Plan (2019), work has progressed to bring GP Practices together as primary care networks. These consists of groups of general practices working together with a range of local providers across primary care, community services, social care and the voluntary sector, offering a more personalised and coordinated health and social care to Swindon residents. Our networks were in place by July 2019 and are based around natural local communities and typically serve populations of between 30,000 and 50,000. The GWHFT community services have worked with GP Provider Groupings as well as other providers to develop a Community MDT process. This has looked at a Quality Improvement approach of Plan, Do, Study, Act (PDSA) and has been instrumental in developing Swindon's vision and model. Our agreed vision is: "A shared commitment to provide personalised care responding to the changing needs of individual patients". The aims include: appropriately utilising knowledge, skills and best practice from multiple disciplines and across service provider boundaries to redefine, re-scope and reframe health and social care delivery issues to reach solutions based on an improved collective understanding of complex patient needs. A series of workshops took place with key stakeholders and the following key decisions about the model were made: Community MDT would target patients who are Level 2 of the Kaiser Permanente triangle (this cohort of patients have ongoing care needs, at high risk of disease and would best suit care management); A core team would be required; Set criteria will be identified and agreed for the Patients; and Palliative and EOL patients would be excluded from the project.

The Community MDT project commenced with a short pilot from Dec-18 to Feb-19 involving three practices (each from a Primary Care Network), this included Victoria Cross, Eldene Surgery and Kingswood Surgery. Each NEW MDT took place on a Tuesday and involved 3 patients lasting 1hr and FOLLOW UP two weeks later lasting approx. 30-45 minutes. All the practices had the choice to carry out the MDT face to face at the practice or to dial in. Key specialisms to be invited specific to the patient being discussed on the day. During the pilot phase, a number of key findings were identified, these were: High numbers of complex patients who did not have a TEP (Treatment Escalation Plan) in place; High number of complex patients who were not known to the Community Matron Team; Good engagement received from Primary care, Social care and Mental Healt; and some misunderstanding that the practice and hospital was going to be tasked with all of the agreed actions. Following on from the Pilot phase, a consultation working with each Primary Care Network was developed to work with practices either via their Network lead or directly with the practice in being clear about expectations, and to agree suitable dates to schedule their MDT.

(ii) Your approach to integration with wider services (e.g. Housing), this should include:

- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the (Regulatory Reform Order 2002)

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The Disabled Facilities Capital Grant (DFG) has allocated Swindon £1.151m for 2019-20; £1.151m. DFGs are means tested, but the great majority of grants awarded go to applicants free of contribution. Swindon has a Private Sector Housing Renewal Policy that lays out how housing grants will be allocated. The Borough funds all mandatory DFGs, and has a Policy to inform the grant of further discretionary awards; where the required works outstrip the £30k mandatory grant limit. In 2018-19, Swindon Borough Council approved 112 mandatory grants for a total committed expenditure of £857k. The average grant awarded was £7655, and the most common works include disabled adapted bathrooms and stair-lifts. In addition; 4 discretionary awards totalling £115.5k were also given for projects where the required works exceeded the mandatory grant limit and there were no other funding options available to the applicant. Total DFG spend in 2018-19 was £973k.

Disabled facilities provision is an essential part of enabling those with limiting conditions living in private sector housing to remain at home, and to live as full a life as possible. There is strong evidence that disabled adaptations saves money that would otherwise be spent in the health services, and contributes to the recipient being able to remain at home for years during which they might otherwise need to move to a care setting. Disabled Facilities Grants are administered from within the Public Protection team by a small expert team with strong links with both Adults and Childrens Social Care teams and local building contractors. Stair and through floor lifts are currently provided through a framework agreement by a single supplier. This ensures that delays are minimised, and a consistent service is received. For other works; applicants source their own contractors.

The great majority of applicants receive their first visit from the grants team within 12 weeks or a referral being obtained from Occupational Therapy. The average time between an Occupational Therapy referral being received and the grant being approved is 25 weeks. On average; the works are completed within a further 14 weeks. Recent reviews of the service have led to improvements aimed at eliminating delays. Applicants are initially streamed to Adults or Childrens Occupational Therapy teams so that that minor aids and adaptations may be assessed and provided early in the process, and that a full needs assessment may be undertaken as quickly as possible. Applicants are also given an indication of their liability to contribute to the cost at this point, and so alternative funding routes can be explored where necessary. The occupational therapist's assessment of need is then provided to the grants team, who administer the application to completion.

Further review work is underway to digitalise the administration of the grant, and to increase the efficiency of the grants team further. Consideration is also being given to the possibility of a single supplier agreement for works other than stair and through floor lifts, if possible. The longest delay experienced in the process after the provision of an OT assessment currently is the inability of applicants to obtain suitable quotes from contractors, and the availability of those contractors to begin work.

We have appointed a community navigator focussing on referrals directly from ASC. this has led to positive outcomes for people with Mental illness, LTH conditions using strength based and coaching conversations. The navigators work closely with the CCG and local surgeries to ensure synergy and partnership as the role of social prescribing becomes embedded which has enabled individuals to access community based activities and volunteering opportunities. We have successfully implemented a pilot of the three conversation model in Adult Social Care. Over 700 conversations have taken place in the first four months of 2019/20. We are now rolling the programme out into community services linking with primary care networks and discussion are underway as to how the training can be rolled out across NHS services. We have extended the offer from the Live Well Swindon Hub and Swindon Circles is having a significant and lasting impact on reducing isolation and loneliness. Healthy Lives (Pulmonary rehab) is giving clients diagnosed with COPD/Respiratory disease knowledge to enable them to remain active and better manage their condition. The ESCAPE Pain programme developed and delivered in partnership with the physiotherapy department at Great Western Hospital (GWH) has had positive outcomes with the majority of clients reporting they are 'likely' or 'extreme likely' to recommend the programme to friends and family.

C) System level alignment, for example this may include (but is not limited to):	
- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans	
- A brief description of joint governance arrangements for the BCF plan	
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<p>This plan has been jointly agreed by Swindon Borough Council, Swindon CCG and will be endorsed at the Health and Wellbeing Board 9 October 2019. The plan has been shared with the A&E Delivery Board and the distribution of the funding has been shared across the partnership. Swindon has a long and well established history of joint commissioning and integrated working for health and social care. It provides a joined up vision for all partners working with children, families, adults, carers and local communities to transform the quality of care provided and improve levels of health and wellbeing for people living in Swindon. Across Swindon and the STP there is a growing realisation that health and wellbeing is everyone's business. Swindon has a thriving voluntary sector and wide acceptance that individual and community assets have a major role to play in meeting needs and reducing loneliness and social isolation. Local health, social care and voluntary sector partners are committed to work together to improve the delivery of integrated community and acute pathways and where it is beneficial new pathways are designed across the STP but implemented locally. This plan continues to progress our integration journey and endorses a shared responsibility for the current pressures across Swindon's health and social care system. Our joint vision for people in Swindon is enshrined in the Health & Wellbeing Strategy and mirrored in our STP vision and priority. Health and Care leaders in Swindon and across the STP are working together to develop a plan to deliver the national priorities of the NHS Long Term Plan published in January 2019. The focus of the STP wide plan is on ensuring everyone gets the best start in life, the delivery of world-class care for major health problems (e.g. heart attacks, strokes, dementia and mental health), and primary and community care services being better funded and co-ordinated to support people to age well. Our BCF Schemes will be instrumental in supporting the implementation of Primary Medical, Community and social care strands of the Long-Term Plan.</p> <p>The implementation of the Adult Social Care Strategy (approved by H&W Board March 2018 and adopted by CCG Governing Body May 2018) has been key for managing our challenges in rising demand and ongoing budget pressures. The focus of the strategy is to promote, maintain and enhance people's independence in their communities, so that they are healthier, stronger, more resilient and less reliant on formal social care services. This is supported by the BCF Schemes which drive the prevention and wellbeing agenda and the three way conversation model which is an asset and strength based approach to assessment and care management. This model, which will operate across the STP, involves entering into conversations with people who seek support building on strengths e.g. what they can do themselves and how communities, families and friends can help. Where people need ongoing support to live fulfilling lives, we share this responsibility with the individual, their families and their communities.</p> <p>The three CCGs of BaNES, Swindon and Wiltshire are working as a commissioning alliance to benefit from economies of scale. Many of the services that cover this geographical area will be commissioned at scale. However, locality-based commissioning arrangements will remain in each area to ensure the correct focus on local needs. The three CCGs have also agreed in principle to merge from April 2020 subject to the agreement of the practices and other stakeholders. Subject to this, a merger application will be made to NHS England by the end of September 2019. Becoming one CCG will reduce variation in care, standardise best practice, help us meet financial challenges and free up more money to be invested in frontline services and transformational projects. This narrative BCF 2019-20 plan in draft form has been shared with the Wiltshire and BANES CCGs for the BSW area with a view to understanding opportunities for further alignment in 2020-21 subject to changes in National direction in terms of the Better Care Fund and the NHS Long Term Plan. The Chief Executive, Chief Finance Officer, Director of Nursing and Director of Strategy and Transformation have been appointed and a locality Director has been appointed to the BANES area, with recruitment taking place for Swindon and Wiltshire Localities. The Locality Directors will continue to support close working across health and social care. In June 2019, the three Governing Bodies agreed to pursue full CCG merger by April 2020. A detailed application to merge will be submitted to NHS England end of September. This will ensure the sharing of best practice between a range of providers and reduce running costs, recognising that each locality area on a LA footprint will have its specific priorities. At STP level, an Executive and Sponsoring Board continues to operate with representatives from both Swindon Borough Council, the Cabinet Member for adults, DASS and Swindon CCG. At Swindon Place Based Level, the Health & Wellbeing Board continues to provide strategic oversight of joint commissioning and integrated service delivery. In 2019/20 we are planning to review the governance arrangements and establish a Health & Care Board for Swindon. This will act as a sub committee of cabinet and the CCG Governing Body and provide strategic direction and decision making in relation to our pooled and aligned budgets part of the NHS 2006 Section 75 Agreements. Swindon's Joint Commissioning Group has reviewed its terms of references in light of a new single BSW Executive Team. The JCG now has Director and Executive Member representation and continues to meet and provides assurance to the HWB and the CCG Governing Body. Providers are now members of the HWB. We have strengthened the Integrated Alliance Board which is driving our integrated work across health and social care. In addition, we have also established a Clinical Board which will advise on our plans of integrated health and care as well as pathway development. In 2018/19, the focus across health and social care in Swindon has been to adopt a neighbourhood, local place based system as the care system becomes more integrated. Swindon's BCF Plan is informed by the Health and Care Strategy developed at BSW STP Level which is currently being consulted on with the public, voluntary and community sector.</p> <p>In terms of integrated working, a Swindon Operating model has been developed across health and social care and with clinicians with the aim of improving health, reducing health inequalities and reducing demand on acute services. This includes a single point of access, with strengthened out of hospital community and reablement Services and multi disciplinary working at neighbourhood level. At a neighbourhood level, 5 Primary Care networks have been identified. We have piloted multi disciplinary working with three GP practices covering three of the five PCN. The aim is to roll out multi disciplinary working aligned to PCN involving therapy, community health, primary scare, the voluntary and community sector and social care.</p> <p>A significant number of our outcomes for patients and residents have been maintained or improved in 2018/19. In 2019/20 one of our prioritis is to continue to embed strength based working across Swindon. Our Delayed Transfers of Care for social care have been below target all year and Swindon was identified as the best performing health and social care system in</p>
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Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board:

Swindon

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Swindon	£1,151,362
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£1,151,362

iBCF Contribution	Contribution
Swindon	£4,467,607
Total iBCF Contribution	£4,467,607

Winter Pressures Grant	Contribution
Swindon	£769,255
Total Winter Pressures Grant Contribution	£769,255

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	Yes
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Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Swindon	£19,517,240	Baseline funding
Total Additional Local Authority Contribution	£19,517,240	

CCG Minimum Contribution	Contribution
NHS Swindon CCG	£13,423,799
Total Minimum CCG Contribution	£13,423,799

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	Yes
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Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
NHS Swindon CCG	£15,798,592	CCG baseline allocation
Total Addition CCG Contribution	£15,798,592	
Total CCG Contribution	£29,222,391	

	2019/20
Total BCF Pooled Budget	£55,127,855

Funding Contributions Comments
Optional for any useful detail e.g. Carry over
All existing expenditure has been reviewed and fully identifies social care spending (condition 1 of uplift to 5.3%). Performance, spend and impact of Swindon's BCF Schemes have been monitored throughout the year by the CCG/SBC Joint Commisisoning Group (with minutes of meeting shared with H&W Board) and Adult's Health, Adult's Care and Housing Overview and Scrutiny. We have maintained existing schemes , the detail of which is set out in the BCF narrative plan 2018 - 19 (http://www.swindonjsna.co.uk/strategy/Better-Care-Fund) . The 'Cabinet Member Question and Answer Performance Report' was presented to Scrutiny Committee in August 2019 and

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board:

Swindon

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£1,151,362	£1,151,362	£0
Minimum CCG Contribution	£13,423,799	£13,423,799	£0
iBCF	£4,467,607	£4,467,607	£0
Winter Pressures Grant	£769,255	£769,255	£0
Additional LA Contribution	£19,517,240	£19,517,240	£0
Additional CCG Contribution	£15,798,592	£15,798,592	£0
Total	£55,127,855	£55,127,855	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£3,813,538	£12,799,419	£0
Adult Social Care services spend from the minimum CCG allocations	£6,499,947	£6,574,097	£0

Link to Scheme Type description						Planned Outputs		Metric Impact				Expenditure									
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme	
1	Effective discharge from hospital	Swindon Wheelchair Service	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Low	Other	technology	CCG			NHS Community Provider	Minimum CCG Contribution	£547,000	Existing	
2	Effective discharge from hospital	Integrated Community Equipment store	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Low	Social Care		CCG			NHS Community Provider	Minimum CCG Contribution	£184,204	Existing	
3	Effective discharge from hospital	Equipment and adaptations	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Low	Social Care		LA			NHS Community Provider	Additional LA Contribution	£433,274	Existing	
4	Enhanced community capacity	Voluntary sector adults	Prevention / Early Intervention	Social Prescribing				Low	Low	Low	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£1,654,700	Existing	
6	Carer support	Short term breaks for adult carers	Carers Services	Respite Services				Low	Low	Medium	Not applicable	Social Care		LA			Private Sector	Additional LA Contribution	£635,020	Existing	
7	Telecare	Supporting people service	Assistive Technologies and Equipment	Telecare				Low	Low	Low	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£208,000	Existing	
10	Out of Hospital care	OPPD	Community Based Schemes					low	Medium	Not applicable	Not applicable	Social Care		LA			Private Sector	Additional LA Contribution	£12,727,660	New	
13	Care Act	safeguarding and social work capacity	Care Act Implementation Related Duties	Other	additional social work capacity and			Not applicable	Not applicable	Low	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£555,550	New	
5	Winter Pressures	Assistive technology	Assistive technologies and equipment	Community Based Equipment				Low	Low	Low	Not applicable	Social Care		LA			Private Sector	Winter Pressures Grant	£17,800	New	
5	Winter Pressures	Improve social work capacity	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Not applicable	Low	Low	Not applicable	Social Care		LA			Local Authority	Winter Pressures Grant	£250,370	New	
5	Winter Pressures	Reablement expansion	Intermediate Care Services	Reablement/Rehabilitation Services		Packages	94.0	Not applicable	Medium	Medium	High	Social Care		LA			Local Authority	Winter Pressures Grant	£100,800	New	
5	Winter Pressures	Winter demand management	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	10.0	Low	High	Low	Low	Social Care		LA			Private Sector	Winter Pressures Grant	£400,285	New	
28	iBCF	Workforce transformation	Integrated Care Planning and Navigation	Care Coordination				High	Low	Low	Not applicable	Social Care		LA			Local Authority	iBCF	£564,807	Existing	
28	iBCF	Managing demand and supporting market	Community Based Schemes					Low	Low	Low	Low	Social Care		LA			Private Sector	iBCF	£3,783,800	Existing	
28	iBCF	Reablement services	Intermediate Care Services	Reablement/Rehabilitation Services		Packages	51.0	Not applicable	High	Medium	High	Social Care		LA			Local Authority	iBCF	£119,000	Existing	
58	Additional discharge and admission prevention capacity (pre assessment) funded from 5.3% uplift	Preassessment/hospital discharge	Intermediate Care Services	Other	Supporting timely discharge from hopsital	Packages	90.0	Medium	High	Medium	Not applicable	Social Care		CCG			Private Sector	Minimum CCG Contribution	£289,000	New	

20	Expanding capacity at GWH	7 day service GWH	HICM for Managing Transfer of Care	Chg 5. Seven-Day Services				Low	Low	Low	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£200,221	Existing
21	Care Act	Care Act development	Care Act Implementation Related Duties	Other	Care Act development post			Not applicable	Not applicable	Low	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£49,775	Existing
22	Carer support	Carers Breaks	Carers Services	Respite Services				Low	Low	Medium	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£214,675	Existing
23	Carer support	Carers Breaks	Carers Services	Respite Services				Low	Low	Medium	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£253,900	Existing
24	Prevention of hospital admission and crisis support	CR Team	Intermediate Care Services	Other	Social work capacity	Planned service capacity	3.0	Medium	Not applicable	Low	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£118,280	Existing
25	Effective discharge from hospital	Equipment stor extended opening	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Low	Social Care		CCG			NHS Community Provider	Minimum CCG Contribution	£22,842	Existing
26	Discharge to assess	Fessey House - Discharge 2 Assess	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access				Not applicable	Medium	Medium	Low	Social Care		CCG			Local Authority	Minimum CCG Contribution	£329,800	Existing
27	Effective discharge from hospital	Hospital discharge	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning				Not applicable	High	Medium	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£1,372,900	Existing
29	Managing demand	Managing OP demand - dom care	Home Care or Domiciliary Care			Packages	67.0	Medium	Medium	Medium	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£862,365	Existing
30	Managing demand	Managing OP demand - nursing	Residential Placements	Care Home		Placements	4.0	Low	Not applicable	Low	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£78,378	Existing
31	Prevention of hospital admission and crisis support	Out of Hours	Intermediate Care Services	Rapid / Crisis Response				Medium	Not applicable	Low	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£95,377	Existing
32	Prevention of hospital admission and crisis support	Rapid response	Intermediate Care Services	Rapid / Crisis Response				High	Not applicable	Low	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£624,380	Existing
33	Reablement and technology	Reablement	Intermediate Care Services	Reablement/Rehabilitation Services		Packages	365.0	Low	High	Medium	High	Social Care		CCG			Local Authority	Minimum CCG Contribution	£389,502	Existing
34	Care Act	Safeguarding	Care Act Implementation Related Duties	Other	Ensure Safeguarding referrals are			Not applicable	Not applicable	Low	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£230,249	Existing
35	Carer support	Swindon Carers Centre	Carers Services	Carer Advice and Support				Low	Low	Medium	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£257,500	Existing
36	Effective discharge from hospital	Telecare - Homeline+	Assistive Technologies and Equipment	Telecare				Low	Low	Low	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£143,100	Existing
37	Social Work Capacity	Effective care management	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Not applicable	Medium	Medium	Low	Social Care		LA			Local Authority	Additional LA Contribution	£2,800,520	Existing
38	Reablement and technology	Reablement delivery	Intermediate Care Services	Reablement/Rehabilitation Services		Packages	139.0	Low	High	Low	High	Social Care		LA			Local Authority	Additional LA Contribution	£148,020	Existing
39	Disabled Facilities Group	DFG	DFG Related Schemes	Adaptations				Low	Low	Low	Low	Social Care		LA			Local Authority	DFG	£1,151,362	Existing
40	Prevention of hospital admission and crisis support	Care Home Enhanced Service	HICM for Managing Transfer of Care	Chg 8. Enhancing Health in Care Homes				Medium	Not applicable	Not applicable	Not applicable	Primary Care		CCG			CCG	Minimum CCG Contribution	£185,000	Existing
41	Effective discharge from hospital	CHC assessment service	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				Low	High	Medium	Low	Continuing Care		CCG			CCG	Minimum CCG Contribution	£700,000	Existing
42	Enhanced community capacity	Community Navigator	Prevention / Early Intervention	Social Prescribing				Low	Low	Low	Not applicable	Community Health		CCG			Local Authority	Minimum CCG Contribution	£350,000	Existing
43	Reablement and technology	Health Community Support - Adults - Reablement	Intermediate Care Services	Reablement/Rehabilitation Services		Packages	466.0	Low	High	Medium	High	Social Care		CCG			Local Authority	Minimum CCG Contribution	£497,000	Existing
44	Enhanced community capacity	Health Community Support - Adults - Voluntary sector	Prevention / Early Intervention	Social Prescribing	Support for voluntary sector			Low	Low	Low	Not applicable	Other	voluntary sector	CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£458,881	Existing
45	Effective discharge from hospital	Health Community Support - Adults - extended opening hours	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Low	Social Care		CCG			NHS Community Provider	Minimum CCG Contribution	£12,650	Existing
46	Carer support	Health Community Support - Adults - Carers breaks	Carers Services	Respite Services				Low	Low	Medium	Not applicable	Social Care		CCG			Local Authority	Minimum CCG Contribution	£198,000	Existing

47	Carer support	Health Community Support - Adults - Carers Centre	Carers Services	Carer Advice and Support				Low	Low	Medium	Not applicable	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£150,000	Existing
48	Out of Hospital care	Hospice at Home	Personalised Care at Home			Packages	20.0	High	Medium	Not applicable	Not applicable	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£200,000	Existing
49	Out of Hospital care	Hospice - inpatient services	Other		Hospice care			High	Medium	Not applicable	Not applicable	Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£1,000,000	New
50	Out of Hospital care	NHS community contract (SWICC element - imputed split)	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	60.0	Medium	High	Medium	Medium	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£2,944,408	Existing
51	Out of Hospital care	NHS Community contract (nursing etc)	Integrated Care Planning and Navigation	Other	Community based nursing			Medium	High	Low	Medium	Community Health		CCG			NHS Community Provider	Additional CCG Contribution	£15,798,592	New
52	Effective discharge from hospital	Integrated Community Equipment store	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Low	Community Health		CCG			Local Authority	Minimum CCG Contribution	£238,711	Existing

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

Swindon

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

Early Discharge planning: We have improved early discharge planning particularly in short stay and assessment units with social workers participating in multi-disciplinary discussions and a front door therapy team following patients and ensuring timely discharge. Alamac supporting kit bag/dashboard/daily calls for ED and discharges with daily reports circulated on bed use in GWH.

Patient Flow: Weekly reviews of 14+ day stranded patients by GWH Medical Director to support patient flow and expedite discharge where appropriate. GWH is currently reviewing its patient flow and discharge planning in line with the HICM so that there is a reduction in NHS delays. This will ensure

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Established	Established	
Chg 2	Systems to monitor patient flow	Established	Established	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Established	
Chg 4	Home first / discharge to assess	Established	Mature	
Chg 5	Seven-day service	Established	Established	
Chg 6	Trusted assessors	Established	Mature	
Chg 7	Focus on choice	Established	Established	
Chg 8	Enhancing health in care homes	Established	Established	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

Swindon

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	We have not achieved our ambition to reduce non elective admissions to hospita in 2018/19. In response Ambulatory Care Assessment and Treatment Unit adjacent to ED and Urgent Care Centre in GWH was expanded in December 2018. All GP referred patients are now directed to ACAT for rapid assessment and only those patients needing admission are then transferred to short stay units. NHSI audit and review have identieid that attendances seen in ED and Ambulatoty are appropaite however, the 6C audit reviewing ambulance attendance (small sample) did indicate 7 out of 14 patients could have had an alternative response to conveyance. Palliative care as an example. Additional Therapist and Social Worker functions contribute to early assessments of patients coming to ED and where appropriate additional care will be arranged in patient home without need for admissions. the data has shown that the

Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Plans are yet to be finalised and signed-off so are subject to change; **for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM)** in the first instance or write in to the support inbox:
ENGLAND.bettercaresupport@nhs.net

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	15.0	DTOC target ws met in March 2019. DToC performance is above target for the first quarter 2019/20. NHS delays have been higher due to non acute additional care. social care delays between 1 - 2 beds per day, be;ow target. We have reviewed performance and looked at appropriate pathways to reduce this number going forward. We are recruiting additional reablement capacity and adopting a phased approach to bringing additional D2A beds online in line with HICM Changes in pathways at the front door and short stay assessment units are being implemented to support earlier discharge. In line with the HICM GWH is focusing on improved early discharge planning and multi disciplinary discharge. we will also be learning from the peer review of DTOC taking place at the RUH in 2019

Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.

Please note that the plan figure for Greater Manchester has been combined, for HWBs in Greater Manchester please comment on individuals HWBs rather than Greater Manchester as a whole.
Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments	Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	569	462	In 2018/19 we achieved 145 admissions (low is good). The new target reflects our continued investment in reablement supporting people to regain independence and remain in the community for longer. Local modelling indicates reablement supports people for an additional 82 weeks on average therefore this year we are expecting people previously reabled to may need a placement. There is also additional pressure from hospital discharge. Our target reflects this additional pressure. Current performance of admissions to residential and nursing homes is below target	
	Numerator	200	168		
	Denominator	35,174	36,333		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2016 based Sub-National Population Projections for Local Authorities in England;

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments	Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	87.5%	80.0%	In 18/19 a higher rate than anticipated passed away prior to the 91 days (13.6%). We have reviewed this and are working with GWH to ensure more people access the end of life care pathway where appropriate. The additional funding will enable more people to access this service. We continue to take high numbers of patients for reablement when the hospital is under pressure and in some cases there is a risk of people not being at home for 91 days.	
	Numerator	175	200		
	Denominator	200	250		

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Swindon

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Do the governance arrangements described support collaboration and integrated care? Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?	Yes	None		
	PR2	A clear narrative for the integration of health and social care	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers: - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?	Yes	BSW Five year Operational Plan in development		
	PR3	A strategic, joined up plan for DFG spending	Is there confirmation that use of DFG has been agreed with housing authorities? Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home. In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Yes			
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes			
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care? Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes? Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM? Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system? If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?	Yes			

Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box) Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter? Has funding for the following from the CCG contribution been identified for the area? - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Yes			
	PR8	Indication of outputs for specified scheme types	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes	Scrutiny Committee 12.08.19 Cabinet Member Q&A Session (includes progress and performance for BCF Plan 2018/19 and BCF schemes)		
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric? Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics? Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements? Have stretching metrics been agreed locally for: - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement	Yes	Scrutiny Committee 12.08.19 Cabinet Member Q&A Session (includes progress and performance for BCF Plan 2018/19 and BCF schemes) https://ww5.swindon.gov.uk/moderngov/ieListDocuments.a		

CCG to Health and Well-Being Board Mapping for 2019/20

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
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E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.0%	98.2%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.5%

BSW Suicide and Self Harm Prevention Strategy 2019 – 2023

Swindon Locality

9th October 2019

Author: Director of Public Health

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1** The All Parliamentary Group on Suicide and Self-Harm prevention recommends Local Authorities to undertake a suicide audit, develop an action plan and have a Suicide Prevention Reference Group. The Five Year Forward View for Mental Health for NHS England also recommends that all areas have a shared suicide prevention plan which is reviewed annually. This suicide and self-harm prevention strategy is split into two parts. The first three sections cover suicide and self-harm prevention across the B&NES, Swindon and Wiltshire Partnership and section four onwards looks in more detail at the Swindon locality. Recommendations in the attached draft action plan will be reviewed across the partnership and worked on together where synergies exist.
- 1.2** Suicide is a major issue for society and a leading cause of years of life lost. In England, one person dies every two hours as a result of suicide. When someone takes their own life, the effect on their family and friends is devastating. Many others involved in providing support and care will feel the impact. For every death, another 6 – 60 people are thought to be directly affected and the economic cost is high. For every suicide nearly £1.7 million is lost in things like productivity and caring for those left behind.
- 1.3** In Swindon a suicide audit has been carried out regularly since 2009 and the findings used to inform the suicide and self-harm prevention strategy. This work is overseen by the multi-agency Swindon Suicide and Self Harm Prevention Group. This 2019 - 23 suicide and self-harm prevention strategy has incorporated the suicide/self-harm audit and accompanying action plan. It is based on figures released prior to September 2019.

2. Recommendations

The Board is recommended to:

- 2.1** Note the findings of the Swindon Suicide and Self-harm Audit and Strategy and endorse the strategic recommendations
- 2.2** Recommend to Cabinet and the CCG Board that they note the Swindon findings and endorse the recommendations and adopt the strategy.

Further information on the subject of this report can be obtained from Frances Mayes (FMayes@swindon.gov.uk)

3. Detail

- 3.1** The premise for this document is that at a population level suicide and self-harm is preventable. At a BSW PARTNERSHIP (B&NES Swindon and Wiltshire) level and local level we are committed to reducing the rate of suicide throughout B&NES, Swindon and Wiltshire.

Every suicide is a tragic event and has devastating impacts on families, friends and communities.

All partners within the BSW Partnership suicide prevention network are committed to:

- *Reducing suicide, attempted suicide and self-harm.*
- *Ensuring that no one will think that suicide is their only option*
- *Tackling the stigma associated with suicide*
- *Supporting those who are affected by suicide.*

The national ambition to reduce the suicide rate by 10 per cent by 2020/21 has been set by the Independent Mental Health Taskforce in the Five Year Forward View for Mental Health. The BSW Partnership will strive to achieve this by 2020/21 and exceed this target by the end of the strategy in 2023.

3.2 Key Issues:

3.2.1 Suicide rates

The table and chart below show that for the latest reporting period 2015 -17 all three local authority areas had a lower suicide rate than the regional average for the South West. B&NES had a slightly higher overall rate than the national average although lower than the South West region. This was due to a higher rate of female suicides. In Wiltshire the overall rate was slightly lower than the national average but for females was slightly higher. In Swindon the rates were slightly below the national and regional averages overall and for males and females. None of the differences are statistically significant.

Suicide rates per 100,000 for the latest reporting period 2015 -17 for persons (overall), Males and Females.

Local Authority	Persons	Males	Females
B&NES	10.1	14.3	6.2
Swindon	7.8	11.3	4.3
Wiltshire	8.9	12.5	5.5

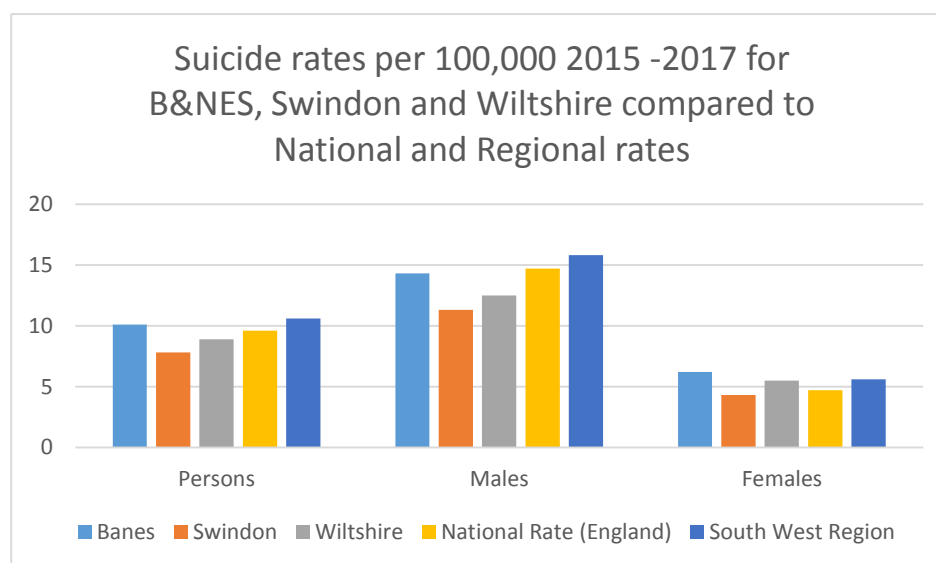
BSW Suicide and Self Harm Prevention Strategy 2019 – 2023

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National Rate (England)	9.6	14.7	4.7
South West Region	10.6	15.8	5.6

A chart showing the suicide rates per 100,000 (2015 -2017) for B&NES, Swindon and Wiltshire compared to the national and regional rates.



Further information on the subject of this report can be obtained from Frances Mayes (FMayes@swindon.gov.uk)

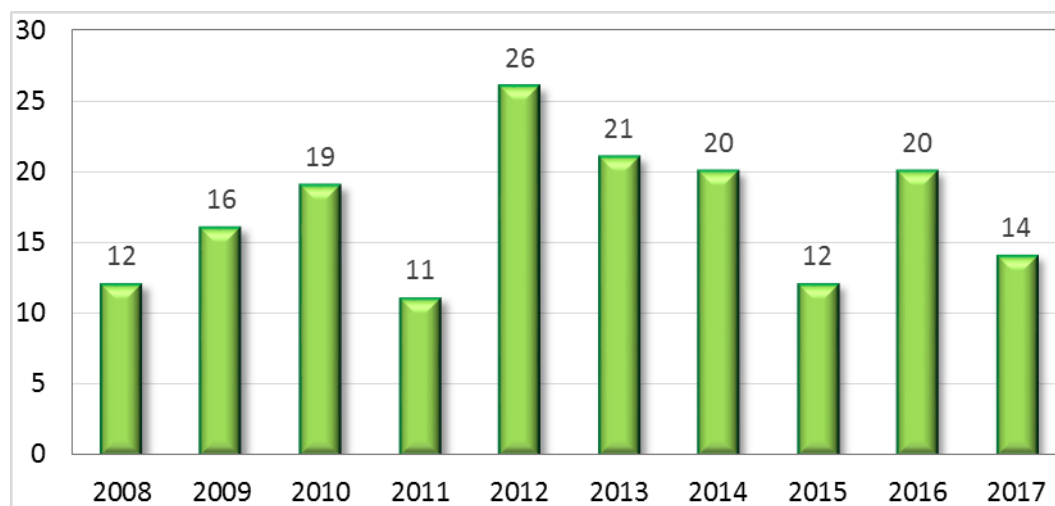
BSW Suicide and Self Harm Prevention Strategy 2019 – 2023

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A more detailed review of Swindon deaths shows that the rate varies year by year but since 2012 there has been a down trend.

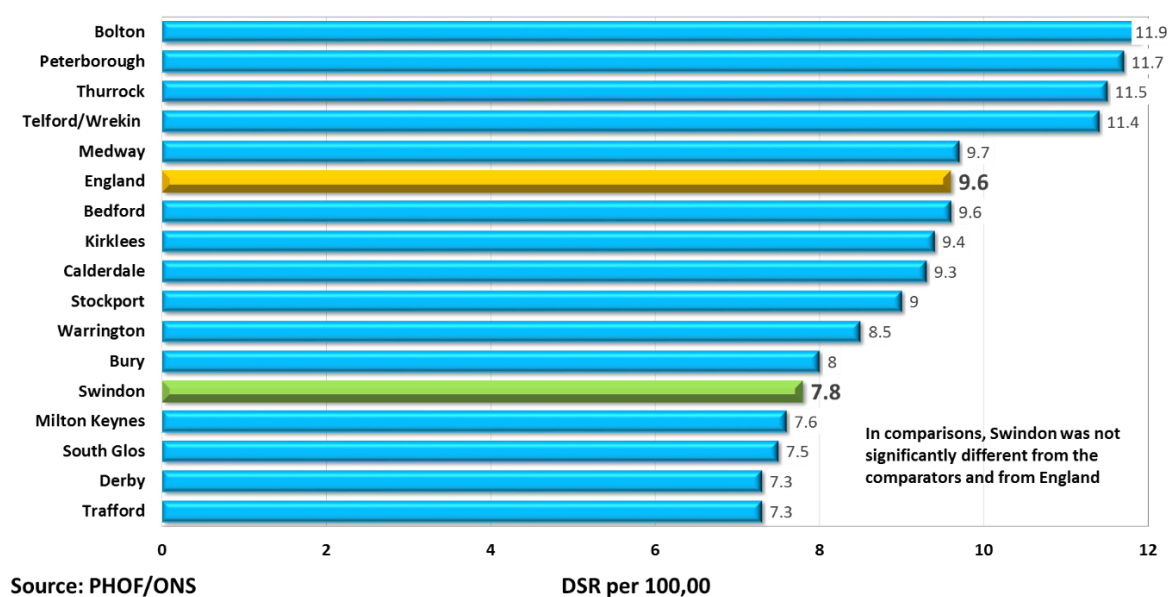
Number of Suicides in Persons in Swindon UA by Year 2008 to 2017.



Source: ONS

The chart below shows the Swindon suicide rate for all ages against Swindon comparator towns. This shows that the Swindon compares favourably to most of our comparators towns with the fifth lowest rate out of 16.

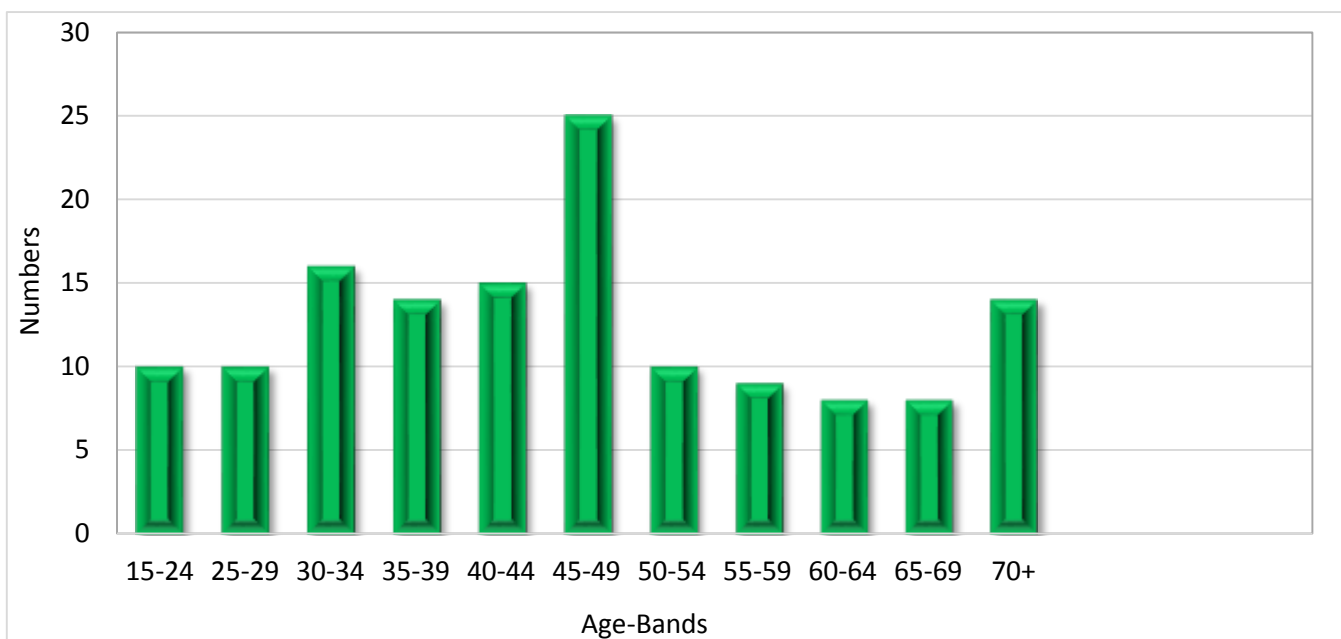
Suicide Rates for 2015-2017 for Swindon UA, Swindon's comparator towns and England. Directly Standardised Rates per 100,000.



Further information on the subject of this report can be obtained from Frances Mayes (FMayes@swindon.gov.uk)

The graph below shows a spike in numbers of suicides in Swindon in people in their forties, with men accounting for the majority of these suicides. Suicide is the biggest killer of men under the age of 50.

Suicide Deaths by Age-bands in Swindon between 2008-2017 (total = 139).



Source: Suicide Audit Database/Wiltshire Coroner

Only 21% of deaths by suicide occurred in those who were married or cohabiting. In line with national figures this appears to be a protective factor with regard to suicide.

The most common method of suicide was by hanging and then self-poisoning. 62% of deaths were by hanging and 20% by self-poisoning. Females are more likely to die by self-poisoning than males.

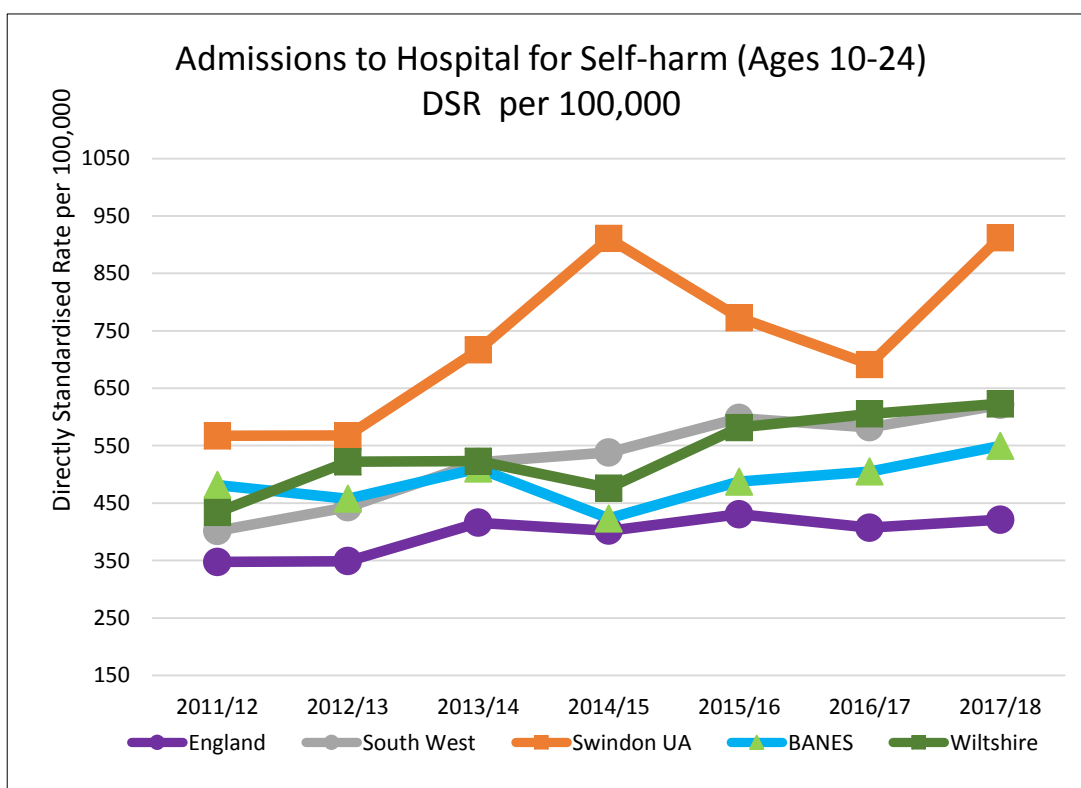
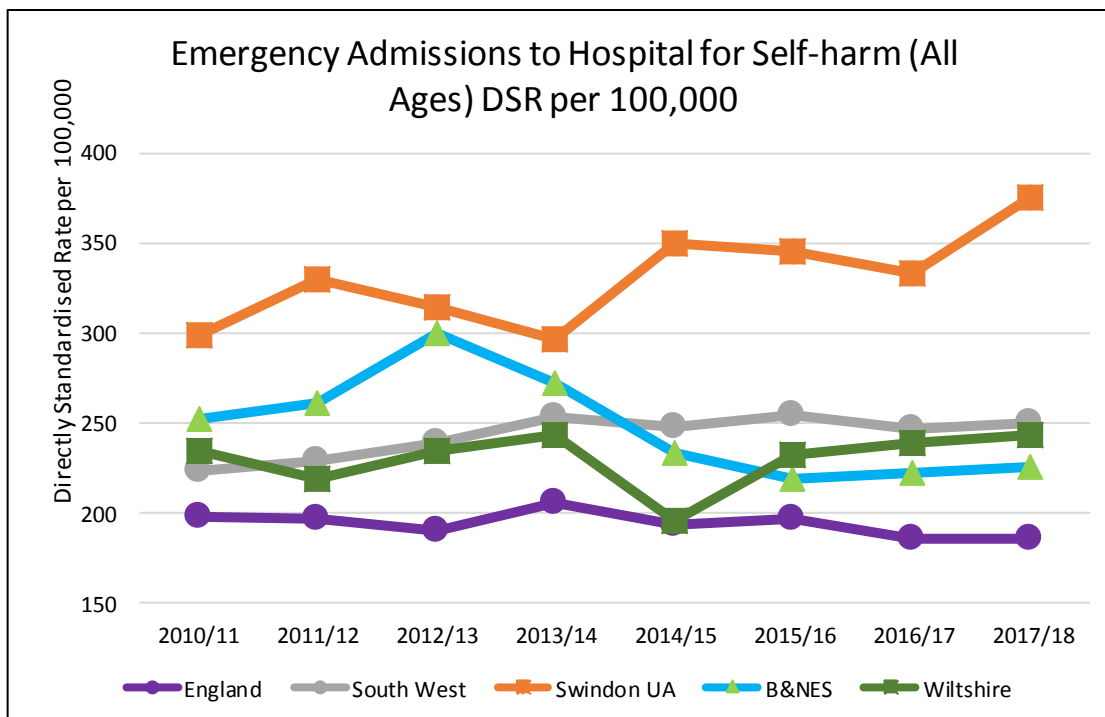
3.2.2 Self-harm Rates

The charts below show the hospital admission rates for self-harm for each of the local authority areas against the national and regional rates per 100,000. It can be seen that the admission rates in Swindon are particularly high and although they had fallen slightly from 2014/15 in the last year they have increased again. The fall in admission rates for those between the age of 10 – 24 years for Swindon fell at a greater rate but again in the last year have increased. Admission rates for all ages for Wiltshire have slightly increased over the last couple of years and there has been a very slight increase in admissions for B&NES.

BSW Suicide and Self Harm Prevention Strategy 2019 – 2023

Swindon Locality

9th October 2019



Further information on the subject of this report can be obtained from Frances Mayes (FMayes@swindon.gov.uk)

4. Priorities and key recommendations

The priority areas for Swindon have been built around the seven recommendations in the national suicide prevention strategy. The following section will outline recommendations to address these priorities. Further detail can be found in the action plan in appendix 2.

4.1 Reducing the risk of suicide in high risk groups

4.1.1 People in care of mental health services

National dataⁱ*Error! Bookmark not defined.* showed that from 2006-2016, nearly a third of all suicides were by mental health patients. Patients are at particular risk in the first two weeks post-discharge.

- Continue to implement the AWP Suicide Prevention Strategy (2017-2020) for adult mental health service patients, and the Oxford Health Self-Harm and Suicide Prevention Strategy (2018 -2021) for children and young people's mental health service patients.
- Following death of a patient by suicide, Swindon CCG, SBC Public Health and service providers should work more closely in partnership to review these deaths and share lessons learned.
- As recommended in the national suicide prevention strategyⁱⁱ, promote the Information Sharing and Suicide Prevention Consensus Statement, published by the Department of Health in 2014, which encourages health professionals to share information about someone at risk of suicide with family members and friends.

4.1.2 Specific occupational groups, such as doctors, nurses, veterinary workers, agricultural workers and construction workers

Risk of suicide and self-harm is higher among those who are unemployed. However, evidence also indicates that certain occupational groups including doctors, nurses, veterinary, agricultural and construction workers are at a higher risk of suicide.

- Raise awareness of suicide risk among high risk occupational groups in Swindon, and signpost to local mental health support available.
- Continue to work with employers through the Mindful Employer Network to promote mental health in the workplace, and continue to promote and expand this network.

4.1.3 Young and middle aged men

Despite an encouraging reduction in suicide rates amongst men over the past four years both nationally and locally, suicide is the biggest killer of men under the age of 50. Men in Swindon are just under three times more likely to take their own life than women. The suicide rate is highest among men in mid-life (35-64 years), particularly among those in their forties, compared to other age groups. Researchⁱⁱⁱ has shown that men are less

likely than women to seek help for mental problems and that stigma associated with such problems acts as a major barrier to seeking help.

- Raise awareness of and tackle the stigma around mental health problems among the public, particularly men, through implementing national and local campaigns in Swindon. Examples of national campaigns to raise awareness around mental health and tackle stigma include Time To Change (led by third sector organisations Mind and Rethink Mental Illness and funded by the Department of Health, Comic Relief and the Big Lottery Fund), and campaigns targeting men specifically such as the Men's Sheds Associations and the Campaign Against Living Miserably (CALM).
- Ensure that these campaigns target settings that are typically frequented by men, such as sport settings (as recommended in the national suicide prevention policy) like football clubs and barber shops. The workplace will also be a key setting in which to raise awareness of and promote mental health, given the spike in suicides in Swindon among men in their forties, and that there are more suicides among working people in Swindon, rather than unemployed people.

4.1.4 People in contact with the criminal justice system, substance misuse services and homelessness services

Although there is no prison within Swindon Borough Council authority area we do have a police custody unit and support those leaving prison through the local probation service. Research^{iv} has shown that 9 out of 10 people in prison have a substance misuse or mental health problem and that those released from prison are vulnerable and at risk. Local findings from Threshold Homelessness Health Needs Survey found that nearly 40% of those who were homeless in Swindon had had custodial sentences and many were using drugs or alcohol or in recovery. Over half of all deaths of homeless people in 2017 were due to three factors: accidents (including drug poisoning) accounted for 40%, suicides accounted for 13% and diseases of the liver accounted for 9%^v

- Continue to raise awareness among staff within the police custody unit, the local probation service, substance misuse services and homelessness services of mental health problems and encourage them to be vigilant for signs of suicide risk among clients/offenders.
- Ensure the above services have mental health, suicide and substance misuse risk assessment procedures in place, and that staff refer individuals identified as being at risk to community-based or secondary mental health support, and/or to Turning Point, Swindon's substance misuse treatment service provider, as appropriate.
- Target and offer people in contact with the criminal justice system, substance misuse services and homelessness services mental health support through outreach workers within community mental health and wellbeing services.
- Ensure that all mental health service providers and substance misuse service providers are aware of dual diagnosis issues, and have pathways and referral routes to work in partnership with individuals with dual diagnosis problems.

4.1.5 Lesbian, Gay, Bisexual, Transsexual (LGBT) people

Evidence shows that LGBT people are more at risk of suicide ideation and suicide. One study in the UK found that 34.4% of trans adults had attempted suicide at least once and almost 14% of trans adults had attempted suicide more than twice.^{vi} This higher risk of suicide is related to experiences of discrimination, including stigma, transphobia and bullying. These negative experiences occur in many trans individuals' everyday lives, whether at home, work or school. This stigma and discrimination, and the fear of it happening, can make individuals in this situation feel unable to reach out for help when they need it. LGBT people are twice as high as heterosexual people to attempt suicide and 1.5 times higher risk of depression and anxiety disorders and alcohol or other substance dependence^{vii}.

- Promotion and implementation of Public Health England and Royal College of Nursing guidance for Nurses on suicide prevention strategies with trans young people^{viii} and prevention suicide among lesbian, gay and bisexual young people^{ix}.
- Promotion of national and local resources for LGBT people
- Develop a workplace toolkit to help staff have informed conversations with LGBT people
- Develop a cross sector steering group to tackle inequalities and barriers to inclusion for the LGBT community.

4.1.6 Black and Minority Ethnic Groups

Nationally and locally there is little evidence on suicide risk in relation to Black and Minority Ethnic Groups. The coroner does not record this at registration of death so it is difficult to collect this data. Nationally they associate the prevalence of high levels of mental health for some BME groups as an indicator that they may be at higher risk of suicide although cultural issues may mitigate or exacerbate this. They point out that those who recently arrived in the country may need more support particularly for some groups such as asylum seekers or refugees. Locally we do not collect data on ethnicity (although we plan to try to obtain this from GP records in the future) but we do collect data on place of birth. Our records show that for 174 deaths currently recorded 27 had no record recorded and 22 were recorded with a place of birth outside England and 15 were outside the UK.

4.1.7 Children Looked After

Children looked after and young people leaving care are recognised as being at higher risk of self-harm and suicide than their peers. Swindon Borough Council has 340 children looked after (CLA) with approximately a third living outside Swindon Borough Council (August 2019). The Designated Nurse for children looked after is based in Swindon CCG and takes the strategic lead on improving the health outcomes for children looked after. There is a CLA Health Team, named nurse for children looked after and 2 specialist nurses. The emotional well-being of children looked after is screened using the Strength and Difficulties Questionnaire which is completed by foster carers, teachers and young people over 11 years of age and all those who have a high

score, indicating emotional difficulties, are discussed at a monthly multi-disciplinary meeting. The CLA health team have close links with the local CAMHS service and there is a process in place for Swindon CCG to commission CAMHS services for children placed outside of Swindon who require a CAMHS service.

4.1.8 People experience socioeconomic disadvantage^x

People who are socioeconomically disadvantaged or who live in areas of socioeconomic deprivation have an increased risk of suicidal behaviour. Features of socioeconomic disadvantage include low income, unmanageable debt, poor housing conditions, lack of educational qualifications, unemployment and living in a socioeconomically deprived area.

Suicide risk increases during periods of economic recession, particularly when recessions are associated with a steep rise in unemployment, and this risk remains high when crises end, especially for individuals whose economic circumstances do not improve. Multiple and large employer closures resulting in unemployment can increase stress in a local community, break down social connections and increase feelings of hopelessness and depression, all of which are recognised risk factors for suicidal behaviour.

The risk of suicidal behaviour is increased among those experiencing job insecurity and downsizing or those engaged in non-traditional work situations, such as part-time, irregular and short-term contracts with various employers.

Suicide rates are two to three times higher in the most deprived neighbourhoods compared to the most affluent and admissions to hospital following self-harm are twice as high in the most deprived neighbourhoods compared to the most affluent.

People with financial problems, including debt, gambling and those in receipt of employment benefits:

- Job Centre Plus are delivering a robust approach to suicide prevention, from training staff to be Mental Health First Aiders and exploring external training such as Assist, to running their own staff learning on mental health awareness and safeguarding and resilience. They are also rolling out Continuous Professional Development sessions on suicide and self-harm for all staff and reviewing and enhancing their internal procedures for handling declarations of intent to attempt suicide and self-harm. Every Jobcentre also has Disability Employment Advisers (DEA) that support frontline staff in working with those with health conditions and disabilities and who often assist during crisis situations.
- Ensure Samaritans and other community mental health and wellbeing services are linked in with the Job Centre to support their clients.
- Guidance on harmful gambling from the Local Government Association and PHE^{xi} highlights that about half of people with gambling disorder (0.7% of the population aged 16 or over) have suicidal thoughts. Recommendations in this guidance for supporting those affected by harmful gambling should be explored.

- Ensure staff and volunteers in services accessed by socioeconomically disadvantaged individuals or groups are aware of the suicide risk and recognise, understand and respond appropriately to individuals who are in distress and may be suicidal

4.1.9 Those affected by the closure of Honda in Swindon

Recent announcements regarding the closure of Honda in 2021 may have a significant impact on the health and wellbeing of those directly and indirectly affected. A health and wellbeing working group has been established to mitigate some of the risks associated with such an economic change not just for Honda workers and their families but also employees and their families of businesses forming the supply chain to Honda.

4.2 Tailoring approaches to improve mental health in specific groups

The national suicide prevention strategy ^{vii} recommends implementing tailored approaches to improving mental health in a range of groups with specific needs and characteristics that may lead to higher risk of suicide. These groups include:

- children and young people
- the lesbian, gay, bisexual and transgender (LGBT) community
- people from Black and Minority Ethnic (BME) groups
- people with long-term physical health conditions
- people with untreated depression
- users of drug and alcohol services
- veterans
- perinatal mental health
- people in receipt of employment benefits.

4.2.1 The following recommendations are made to address mental health needs in vulnerable groups locally:

- Ensure community mental health and wellbeing service provision is inclusive and that vulnerable groups are specifically targeted with support by outreach workers.
- Work with primary care to upskill professionals on recognising and supporting those at risk of suicide.
- Ensure primary care professionals are aware of NICE guidance on depression ^{xii}.
- Continue to work in partnership to prevent mental health crisis where possible and ensure effective response when crises do arise in line with the Crisis Care Concordat throughout Swindon and the B&NES, SWINDON AND WILTSHIRE PARTNERSHIP. The Junction Café will provide additional out-of-hours crisis care support in Swindon from 2019 for those who are known to AWP and are referred by Police or AWP.

4.2.2 Children and young people

- Ensure schools are aware of community mental health and wellbeing service provision, particularly for self-harm given the high rate of self-harm admissions among young people in Swindon.
- Review and promote self-harm resources available for children and young people, including the 'No harm done' resources, a series of films and toolkits that set out practical steps for young people, parents and health professionals to identify, understand and address self-harm that have been developed by the Department of Health and Social Care, the Royal College of Psychiatrists and third sector organisations.
- Roll out of the HarmLess tool developed by Oxford Health NHS Trust which provides guidance for those working with young people on having a conversation about self-harm, developing care plan and knowing when and where to refer/signpost. Ensure SENCo Champions, Designated teachers, Special Educational Needs and Disabilities Information and Advice Support Workers are specifically offered training
- Work with the Healthy Schools programme to have input into PSHE curriculum content around building mental resilience and to promote the use of MindEd web-based mental health educational resources for children and young people (as recommended in the national suicide prevention strategy).
- Implementation of the Trailblazer project which supports schools and colleges to improvement the mental health and wellbeing of pupils, students and staff.
- Continue to work with schools and other educational settings to promote awareness of and tackle stigma associated with mental health problems through training programmes for teachers and other staff, such as Connect 5, Mental Health First Aid (MHFA) and Emotional Literacy Support Assistant (ELSA) training.
 - Training should be guided by Health Education England's Self-Harm and Suicide Prevention Competence Framework for Community & Public Health.
- Ensure the needs of those with Special Educational Needs are considered in the roll out of the actions above. Work with Special Educational Needs Coordinators and educational psychologists in schools to:
 - raise awareness of mental health and well-being of all pupils, particularly those identified with SEN
 - develop whole school approaches that centre around emotional literacy and resilience of all members of the school community, following findings that link these factors with high self-harm / suicide rates
 - provide structured supervision to all staff supporting 'at risk' students to ensure their resilience and emotional vulnerability is safeguarded
 - provide training to all staff to ensure knowledge of risk factors is high
 - ensure all information moves with CLA, due to the high self-harm / suicide rates in this group of CYP; ensure this group is prioritised and advocated for in any individual work being carried out within schools. Currently staff often do not know

histories of these CYP but they are complex and the individuals are at more risk of self-harm and suicide than other groups

- Tackle bullying or discrimination particularly associated with an individual's special educational needs.
- Improve the access for children looked after to specialist support for emotional wellbeing by having a specialist mental health post within the Children Looked after team. Ensure those children looked after with high Strength and Difficulties Questionnaire (SDQ) scores have the appropriate intervention to improve their emotional health and wellbeing. Ensure all foster carers have self-harm and suicide prevention training. All commissioned services for CLA should be trained in suicide and self-harm prevention including accommodation provided for care leavers.

4.2.3 Older people

In Swindon there have been 14 deaths by suicide for those over 70 years since 2008. Several factors related to aging can increase the risk of suicide such as social isolation, loneliness, bereavement and ill-health. These issues are highlighted in the Ageing Well JSNA and will be addressed in the ageing well strategy, currently being developed, entitled "Making a Good Life – a lifetime of healthy ageing". Safeguarding issues with regard to this cohort of the population also need to be considered in relation to suicide ideation and risk.

4.2.4 Users of drug and alcohol services

- Work with Substance Misuse providers to ensure optimal awareness of mental health and suicide risk of clients, and ensure that staff refer individuals identified as being at risk to community-based or secondary mental health support as appropriate.
- As recommended above, ensure mental health service providers and substance misuse service providers are aware of and work in partnership on dual diagnosis issues.
- Implement and monitor actions taken to reduce the harm to children of alcohol-dependent parents Innovation project.

4.2.5 Those experiencing domestic abuse

- Ensure training and support is offered for primary care and other frontline professional staff to improve identification and appropriate referral to support services of those experiencing domestic violence and abuse
- Work with Domestic Abuse Support providers to ensure awareness of mental health and domestic abuse including coercive control and financial abuse and ensure clients are supported and have access to services

- Ensure mental health and Domestic Abuse service providers are aware of and work in partnership around domestic abuse issues

4.2.6 Perinatal mental health

The B&NES, SWINDON AND WILTSHIRE PARTNERSHIP is developing a new, integrated approach to perinatal mental health services.

- Ensure peer-led perinatal mental health support is available in Swindon.
- Raise awareness among the public and health and social care professionals of the risk of perinatal mental health problems and how to recognise and identify such problems.
- Ensure those identified with perinatal mental health problems have access to relevant services.

4.2.7 People with long-term physical health conditions

- Continue to follow NICE guidance (Clinical Guideline 91)^{xii} on depression in adults with a chronic physical health problem by offering group-based peer support to groups of patients with a shared chronic physical health problem through Lift Psychology.

4.2.8 People with Learning disabilities (LD)

National evidence shows that rates of suicide and attempted suicide are lower than the general population for those with severe learning disability but there is some evidence to suggest that the rates are higher in people with limited intellectual function (including mild or borderline learning disabilities)

- NICE Guidance NG 54 (2016) Mental health problems in people with learning disabilities: prevention, assessment and management should be reviewed and implemented as appropriate.
- Ensure those working with people with LD are aware of positive ways to promote mental health and resilience.

4.2.9 People with Autism

Those with autism have been recognised as being at higher risk of suicide than the general population (NICE 2018)^{xiii}. Factors known to increase people's risk of suicide are more common in the autistic community, including social isolation, unemployment, trauma, abuse and other social and biological factors that increase the likelihood of mental health problems. In addition those with autism face other issues that make them more likely to consider ending their own lives. They may also find it more difficult to access services. Women with autism may be at particular risk.^{xiv}

- An autism JSNA and strategy should be developed to ensure that mental health needs of this group are addressed

- Increase awareness of positive mental health for those with autism
- Ensure those with autism have access to services

4.2.10 Service Veterans

Evidence to date is that the overall rate of suicide is not higher for veterans than the general population; however, there is evidence that in male veterans aged less than 24, the rate is 2-3 times the national rate and especially in those who have served a short period in the military, those of lower ranks and those who have attained lower educational achievement. Evidence also shows that many veterans who die by suicide often have pre-service vulnerabilities^{xv}.

- Ensure veterans are highlighted as a risk group in GP training
- As part of implementing the military covenant ensure accessible mental health treatment for military veterans.

4.3 Reducing access to means of suicide

Action to reduce access to means of suicide has been shown to reduce deaths by suicide.

- 4.3.1 Work closely with Police, including the British Transport Police, and other partners to identify frequently used areas, monitor and reduce suicide risk at these places such as multi-storey car parks, bridges and the railway line.
- 4.3.2 Work with colleagues in planning to embed suicide prevention principles in the rewrite of Swindon's Local Plan
- 4.3.3 Work with the CCG and Local Pharmaceutical Committee to continue to reduce the means to suicide through prescribed medication. This will include inappropriate use of repeat prescribing and hoarding of medication

4.4 Providing better information and support to those bereaved or affected by suicide

Providing support for people bereaved by suicide is a key objective of the national suicide prevention strategy. When compared with people bereaved through other causes, those bereaved by suicide are at an increased risk of suicide, psychiatric admission and depression. The risk of friends and relatives of people who die by suicide making a suicide attempt themselves is 1 in 10. Close family members, particularly parents and spouses or partners, are thought to be the most vulnerable groups following a suicide, but there are also risks for extended family, friends and colleagues.

Based on PHE guidance on providing local services to support those bereaved by suicide^{xvi}, and a consultation carried out with members of the Survivors of Bereavement by Suicide (SOBS) peer support group in Swindon, the following recommendations are made:

- 4.4.1** Explore the benefits of setting up a system of real-time suicide surveillance in Swindon. Real-time suicide surveillance involves information sharing between agencies, such as Police, the Coroner and Public Health, on suspected suicides in order to ensure timely identification and referral of people bereaved by suicide to support, as there may be considerable delays between a suicide occurring, and the coroner completing the inquest and issuing an official verdict of suicide.
- 4.4.2** Consider developing a pathway to provide care and support locally to those bereaved by suicide. Based on the pathway developed by PHE which highlights that, on first contact with the bereaved, they should be offered information, advice and guidance, including on local support available such as the SOBS support group and Cruse Bereavement Counselling. A more detailed version of this pathway can be found in the publication, “Support after a suicide: Developing and delivering local bereavement support services”, by the National Suicide Prevention Alliance.
- 4.4.3** Consider commissioning specialist suicide bereavement counselling. The consultation carried out with SOBS members in Swindon highlighted that many of them felt that counselling they had received wasn’t fit for purpose.
- 4.4.4** Develop and distribute post-vention (suicide bereavement support) guidance to schools. Ensure this guidance includes specific guidance for those with special educational needs
- 4.4.5** The implementation of national campaigns such as Time to Change to raise awareness of and tackle the stigma around mental health problems, as recommended above, will also contribute to tackling stigma around suicide and may make it easier for people to seek help following bereavement.
- 4.4.6** Ensure peer support group continues to be available in Swindon.

4.5 Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

Evidence suggests that inappropriate reporting of suicide may lead to ‘copycat’ behaviour among vulnerable groups, particularly young people.

- 4.5.1** Continue to maintain strong links with local media on suicide prevention, and ensure local media are aware of the guidance published by the Samaritans^{xvii} on responsible media reporting of suicide.
- 4.5.2** Work with local media to promote mental health awareness as part of national campaigns, such as Time to Change, Suicide Prevention Day and Mental Health Awareness Week.

4.6 Supporting research, data collection and monitoring

- 4.6.1** Review the local suicide audit system to ensure all relevant data is being collected from all relevant agencies.

- 4.6.2** As recommended above, explore the benefits of setting up a system of real-time suicide surveillance in Swindon in order to ensure timely identification and referral of people bereaved by suicide to support.
- 4.6.3** As recommended above, work with partners including the Police and British Transport Police to monitor suicide risk at high frequency locations.
- 4.6.4** Continue to support PHE-led self-harm research.

4.7 Reducing rates of self-harm as a key indicator of suicide risk

Previous self-harm, including attempted suicide, is the single strongest predictor of suicide. Self-harm admissions to hospital are a particular problem in Swindon - rates of hospital admissions for self-harm are consistently higher than those seen regionally or nationally, especially among young people aged 10-24 years.

- 4.7.1** Continue the work of the multi-agency Task and Finish Group on reducing self-harm among children and young people. The work of this group contributes to sharing learning on and standardising approaches to self-harm assessment and interventions across agencies and the BSW Partnership. The group should look to:
- Roll out the Harmless tool developed by Oxford Health throughout Swindon, including to foster workers, looked after children (LAC), schools, colleges, GPs, school nurses, and third sector youth providers.
 - Review websites and apps available to share with schools and other professionals.
 - Develop post-vention guidance for schools.
 - Promote the Health Education England Self harm and Suicide Prevention Competency Framework to organisations in Swindon.
- 4.7.2** Maintain or increase provision of community self-harm support, ensuring that:
- Young people are specifically targeted.
 - Provision complies with NICE Clinical Guideline 133^{xviii} on the long-term management of self-harm in people aged over 8 years old. This guideline emphasises the importance of:
 - Education of health and social care professionals about the stigma and discrimination usually associated with self-harm and the need to avoid judgemental attitudes, and on when and how the Mental Health Act (1983; amended 1995 and 2007) can be used to treat the physical consequences of self-harm.

- Managing the endings of services, treatments or relationships and supporting transitions between services, through a process of planning with the service user.
- Encouraging primary care professionals to refer people with a history and risk of self-harm to community mental health and wellbeing services or to CAMHS if they are under 18, and to monitor the physical health of these patients.
- Ensuring community mental health and wellbeing services offer an integrated and comprehensive psychosocial assessment of needs, including skills, coping strategies, mental health problems and physical health problems, and risks to understand and engage people who self-harm and to initiate a therapeutic relationship. Needs assessments for children and young people should include a full assessment of the child's family, social situation, and child protection issues.
- Ensuring community mental health and wellbeing services work with the person who self-harms and their family (if agreed with the person) to develop a care plan and a risk management plan, based on the psychosocial needs assessment.
- Ensuring provision complies with Health Education England's Self-Harm and Suicide Prevention Competence Framework for Community & Public Health.
- The guideline also recommends that mental health services, including community services, consider offering 3 to 12 sessions of a psychological intervention that is specifically structured for people who self-harm, with the aim of reducing self-harm. The intervention should be tailored to individual need, and could include cognitive-behavioural, psychodynamic or problem-solving elements.

5. Alternative Options

5.1 Not to endorse the recommendations of the strategy.

6. Implications

6.1 Financial and Procurement Implications

The 2019 -23 Suicide and Self-harm Prevention Strategy will be delivered within the current financial position. Where additional provision has been identified funding has already be identified. Any additional funding requirements arising during the 5 year strategy will be subject to individual business cases.

6.2 Legal and Human Rights Implications

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.

6.3 All other Implications

There are no other implications arising from this report.

6.4 Diversity Impact Assessment

A diversity impact assessment has been completed.

6.5 Risk Management

No specific risks identified at this stage for this report.

7. Consultees

7.1 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

8. Background Papers

8.1 None.

9. Appendices

9.1 Appendix One – Suicide and Self-Harm Prevention Strategy 2019-2023 (Draft)

9.2 Appendix Two – Suicide and Self-Harm Prevention Action Plan 2019-2023 (draft)

ⁱ University of Manchester. Annual Report 2018: *National Confidential Inquiry into Suicide and Safety in Mental Health*. Manchester: University of Manchester; 2018

ⁱⁱ Preventing suicide in England a cross-government outcomes strategy to save lives 2011 (DH)

ⁱⁱⁱ Time to Change. *Be in your mate's corner and change a life – men urged in new mental health campaign*.

Available from: <https://www.time-to-change.org.uk/news/be-in-your-mates-corner> [Accessed 21 March 2019].

^{iv} Department of Health and Social Care. Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives. London: HM Government; 2017.

^v Deaths of homeless people in England and Wales: 2013 to 2017 The first Experimental Statistics of the number of deaths of homeless people in England and Wales. ONS

^{vi} Whittle, S., Turner, L. and Al-Alami, M. Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination: The Equalities Review, 2007

^{vii} Preventing suicide in England a cross-government outcomes strategy to save lives 2011 (DH)

^{viii} RCN and PHE guidance for health professionals looking to increase their skills and knowledge of suicide prevention strategies with trans young people. A toolkit for Nurses (2018) RCN and PHE

^{ix} Preventing suicide among Lesbian, Gay and Bisexual Young People. A toolkit for Nurses (2015) RCN and PHE

^x DYING FROM INEQUALITY SOCIOECONOMIC DISADVANTAGE AND SUICIDAL BEHAVIOUR (2017) MIND

^{xi} Local Government Association and Public Health England. *Tackling gambling related harm – a whole council approach*. London: Local Government Association and Public Health England; 2018.

BSW Suicide and Self Harm Prevention Strategy 2019 – 2023

Swindon Locality

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^{xii} NICE. Guidelines Depression in adults: recognition and management Clinical guideline [CG90] (updated 2018) and 'Depression in adults with a chronic physical health problem: recognition and management' (NICE clinical guideline 91) (2009)

^{xiii} NICE guidance on preventing suicide in community and custodial settings NG66 (2016)

^{xiv} <http://www.nspa.org.uk/wp-content/uploads/2019/07/Autistica-image.png> (accessed 07/08/19)

^{xv} Preventing Suicide in England: fourth progress report January 2019

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772184/national-suicide-prevention-strategy-4th-progress-report.pdf accessed 17/09/2009

^{xvi} Public Health England. Support after a suicide: A guide to providing local services. London: PHE; 2016

^{xvii} Samaritans. Samaritans Media Guidelines. Available from: <https://www.samaritans.org/about-samaritans/media-guidelines/#> [Accessed 21 March 2019].

^{xviii} NICE clinical Guidance 133 on the long-term management of self-harm in people aged over 8 years old. <https://www.nice.org.uk/Guidance/CG133> Accessed 20/08/2019

B&NES, SWINDON AND WILTSHIRE PARTNERSHIP
Suicide and Self-harm Prevention Strategy
Swindon Locality 2019 – 2023 (DRAFT)

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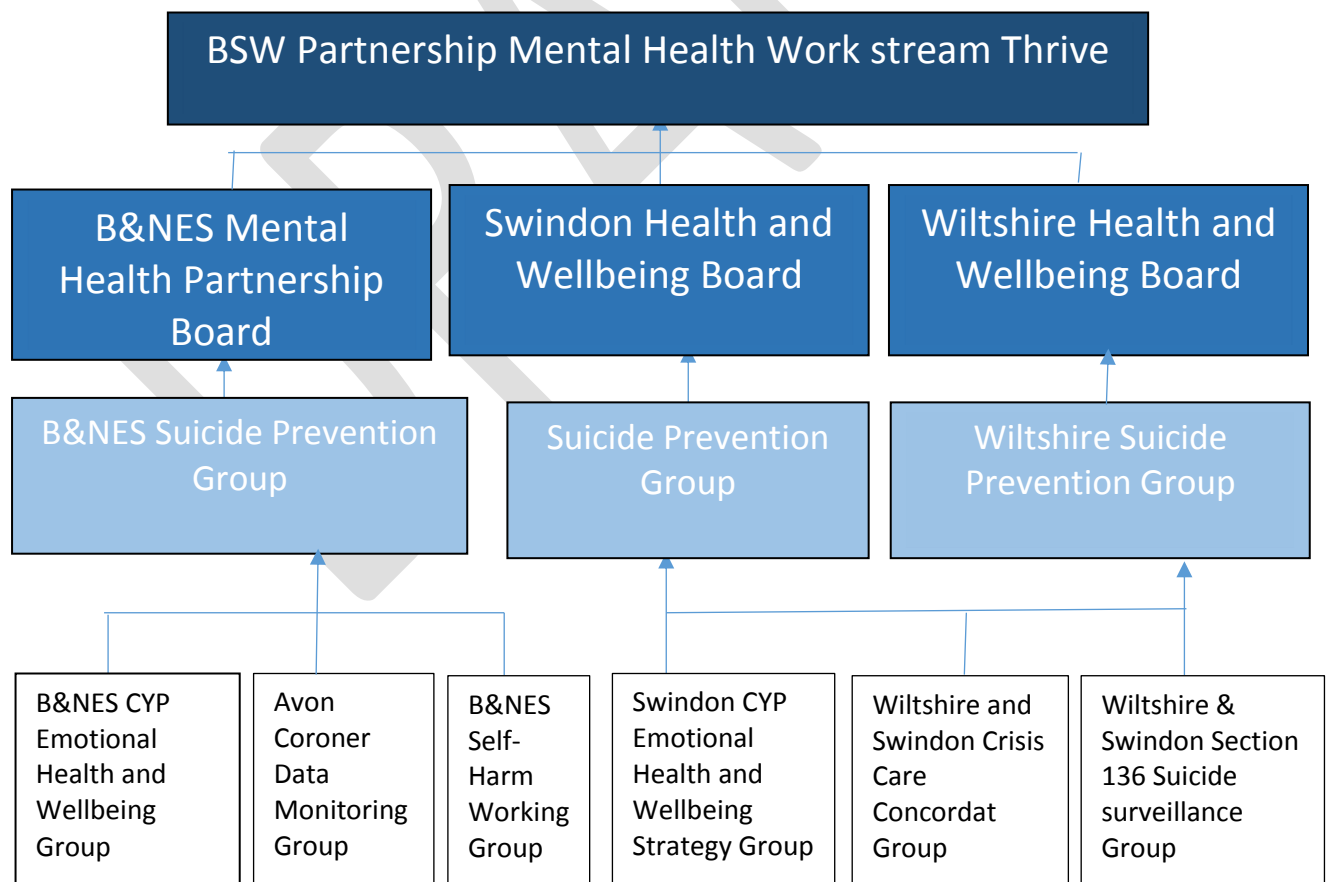
1. Introduction

This document outlines the commitment of B&NES, Swindon and Wiltshire (BSW) Partnership, formerly known as the Sustainability Transformation Partnership (STP) to work together to reduce suicide throughout the area. It acknowledges the benefits of working together to achieve this whilst maintaining a local focus garnering supporting from statutory, private, and third sector organisations, local communities and individuals. The first sections of this strategy reflect the commitments of the BSW Partnership with further local detail and commitment outlined from section 6.

2. Governance arrangements

Each local authority will maintain responsibility for their suicide prevention strategy and report to their own Health and Wellbeing or Partnership Boards. Joining strategies together at a B&NES, SWINDON AND WILTSHIRE (BSW) PARTNERSHIP level will ensure that we work together where synergies exist in a most efficient and effective way. Each local authority will localise the BSW Partnership Strategy and be responsible for their own action plans which can be brought together for reporting purposes.

Chart 1



*Swindon's suicide prevention group also includes a focus on a reduction of self-harm and implementation of the Better Mental Health Prevention Concordat.

3. Background

3.1 Definitions and risk factors for suicide

There are no standard definitions of suicide and self-harm but for use in this document the following definitions may provide clarity.

Suicidal act: Refers to all suicides and suicidal attempts

Suicide: In the UK, suicide is defined as deaths given an underlying cause of intentional self-harm or injury/ poisoning of undetermined intent

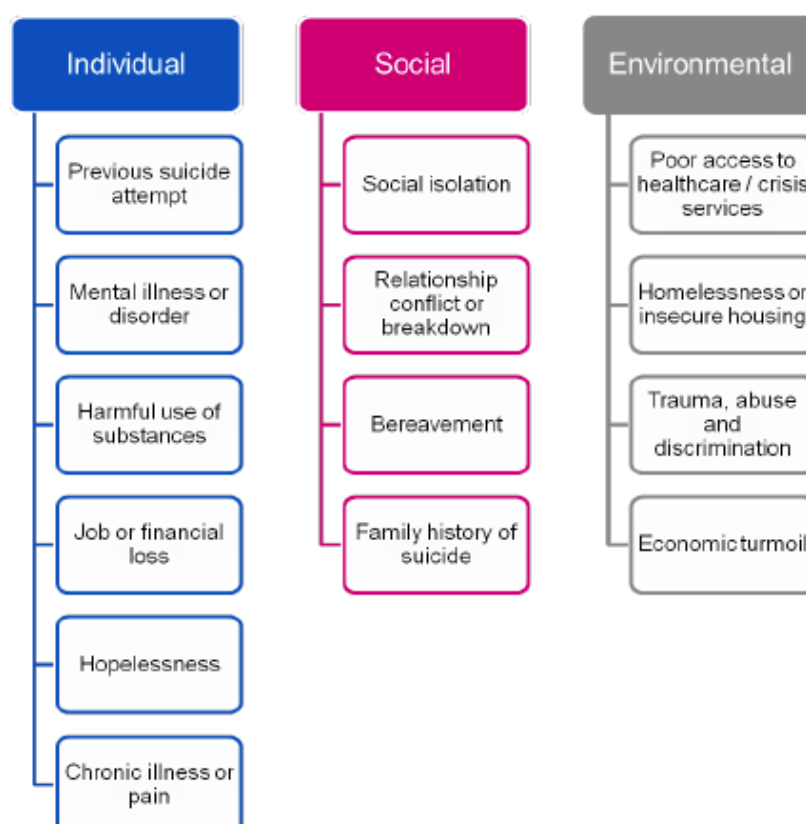
Attempted suicide: Act of self-poisoning or self-injury with suicidal intent, that is not fatal

Suicidal ideation: Recurring thoughts or preoccupation with suicide

Self-harm: Self-harm is defined as an intentional act of self-poisoning or self-injury, self-harm does not include attempted suicide. However, the PHE Fingertips data for hospital admissions for self-harm does not distinguish intent.

There is a great deal of complexity involved with an individual's decision to take their own life. However, these can be broken down into three domains highlighting key risk factors.

Chart 2. Key suicide risk factors, adapted from World Health Organisation, Preventing Suicide: A global imperative¹



3.2 Our vision

The premise for this document is that at a population level suicide and self-harm is preventable. At a BSW PARTNERSHIP level and local level we are committed to reducing the rate of suicide throughout B&NES, Swindon and Wiltshire.

Every suicide is a tragic event and has devastating impacts on families, friends and communities.

All partners within the BSW Partnership suicide prevention network are committed to:

- *Reducing suicide, attempted suicide and self-harm.*
- *Ensuring that no one will think that suicide is their only option*
- *Tackling the stigma associated with suicide*
- *Supporting those who are affected by suicide.*

The national ambition to reduce the suicide rate by 10 per cent by 2020/21 has been set by the Independent Mental Health Taskforce in the Five Year Forward View for Mental Healthⁱⁱ. The BSW Partnership will strive to achieve this by 2020/21 and exceed this target by the end of the strategy in 2023.

Whilst the premise for this strategy is that suicide is preventable this in no way reflects on those who have lost loved ones, patients or clients to suicide. It acknowledges that individuals, be they parents, children, the wider extended family, friends or professionals, strive to keep those who feel suicidal safe on a daily basis. This strategy and accompanying action plan aims to reduce the risk, support those who experience suicidal ideation and those who support and care for them by applying the evidence to develop a strategic approach to reducing risk of suicide and self-harm throughout the BSW partnership area.

3.3 Six myths about suicide

There are a number of common misconceptions around suicide and suicidal ideation. It is important that the facts around suicide are widely understood to allow the appropriate support to be provided when someone is in need.

1. **MYTH:** People who talk about suicide do not intend to do it.
FACT: People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option.
2. **MYTH:** Most suicides happen suddenly without warning.
FACT: The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course there are some suicides that occur without warning. But it is important to understand what the warning signs are and how to look out for them.
3. **MYTH:** Someone who is suicidal is determined to die.
FACT: On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively by drinking pesticides, for instance, and die a few days later, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.
4. **MYTH:** Once someone is suicidal, he or she will always remain suicidal.
FACT: Heightened suicide risk is often short-term and situation-specific. While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long life.
5. **MYTH:** Only people with mental disorders are suicidal.
FACT: Suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental disorders are not affected by suicidal behaviour, and not all people who take their own lives have a mental disorder.
6. **MYTH:** Talking about suicide is a bad idea and can be interpreted as encouragement.
FACT: Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give an individual other options or the time to rethink his/her decision, thereby preventing suicide.

Source: World Health Organization, Preventing suicide: A global imperativeⁱ

4. Policy Context

4.1 National policy context

England's overarching mental health strategy 'No health without mental health' references suicide rates throughout as a key indicator of mental ill-health and states that suicide prevention can only be achieved by improving mental health across the whole populationⁱⁱⁱ.

In September 2012, HM Government published a strategy for the prevention of suicide in England, focusing on six key action areas^{iv}. In January 2017, the scope was extended to include self-harm^v:

1. Reducing the risk of suicide in high risk groups
2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to means of suicide
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Supporting research, data collection and monitoring
7. Reducing rates of self-harm as a key indicator of suicide risk

In the Five Year Forward View for Mental Health the Independent Mental Health Taskforce set a national ambition to reduce the suicide rate in England by 10 per cent by 2020/21ⁱⁱ. This and various other national policy documents such as, The National Suicide Prevention Alliance Public Health England Guidance and Support Manual for Local Suicide Prevention plans (2016)^{vi}, The NHS Long Term Plan (2019)^{vii}, and the All Part Parliamentary Group of Suicide and Self-harm Prevention Report, outline and reference the importance of suicide prevention with the requirement to develop local multiagency suicide prevention Group and develop a suicide prevention strategy and or action plan informed by a suicide audit.

The NHS Long Term Plan (2019)^{vii} states that the NHS will continue to build on the reduction in suicide rates that have been seen in recent years and "reducing suicides will remain an NHS priority over the next decade."

4.2 Regional policy context

The BSW Partnership (formerly known as the Sustainability and Transformation Partnership (STP)) has agreed to adopt the principles of Thrive to improve mental health and wellbeing across the footprint. The Thrive model aims to bring together statutory providers, voluntary services, businesses and communities to raise awareness of mental health, and to prevent mental health problems establishing and persisting. Suicide prevention is a key theme within the BSW partnership Thrive mental health work stream with a commitment to reduce suicide rates across the area by 10% by 2020/21 as laid out in the Five Year Forward View for Mental Health 2016ⁱⁱ.

4.3 Local policy context

Swindon Borough Council has a long established suicide audit or prevention group and Public Health has produced a suicide prevention audit and strategy since 2004.

At the beginning of 2018 the Swindon Health and Wellbeing Board, Swindon Borough Council Cabinet and Clinical Commissioning Group Governing Body signed up to the principles of the Prevention Concordat for Better Mental Health^{viii}. The purpose of the national Prevention Concordat is to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across local authorities, the NHS, public, private and VCSE sector

organisations, education settings and employers. This focus fits well with the Thrive approach. It outlines the three different levels of prevention including:

- Promoting good mental health and wellbeing
- Prevention of mental health problems, suicide and self-harm
- Improving the lives of people experiencing and recovering from mental health problems

In 2018 our suicide prevention group terms of reference were reviewed and amended to include a more holistic approach including responsibility to deliver commitments outlined in the Better Mental Health Prevention Concordat. A decision was taken to focus this work on those over the age of 18. Suicide Prevention for Children and Young People is now overseen by the Children and Young People Emotional and Mental Health Strategy Group.

In addition in 2015 Swindon adopted the Mental Health Crisis Care Concordat. This has resulted in the establishment of a multi-agency Swindon and Wiltshire Crisis Care Concordat Group with a focus of preventing mental health crisis, keeping people safe, improving responses to those in crisis and contributing to the parity of esteem for mental and physical health. Actions achieved by this group have contributed to suicide prevention within Swindon.

The CAMHS Transformation Plan identifies that our local priorities to provide support to our children and young people remain focused on ensuring there is robust provision to deliver early intervention and prevention, building individual resilience and reducing escalation of serious manifestations of poor mental health in self-harm and suicide – issues which continue to have a prevalence locally amongst our younger population.

4.4 Suicide by mental health patients

This multi-agency suicide prevention strategy primarily focuses on those who are not known to mental health services. There has been considerable work that has been undertaken by mental health service providers to reduce suicide and both adult and children and young people's mental health service providers in BSW partnership have their own strategies to reduce suicide. These are overseen by the Health Care Quality Improvement Partnership, however, it is important to summarise the key findings from these strategies to ensure our strategies align.

The Health Care Quality Improvement Partnership produces the National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report. The 2018 report^{ix} found that there were 1,612 patient suicides in the UK in 2016, this figure has fallen in recent years. There were 106 suicides by in-patients in the UK in 2016, around 7% of all patient suicides, continuing a long-term downward trend. However, the fall has been slower in recent years, reflecting the pattern. The report highlighted that the highest risk period for patient suicide was in the first 2 weeks after discharge.

During 2006-2016 there were 909 suicides per year on average by patients who had a history of alcohol or drug misuse, 56% of all patients who died. Only a minority were in contact with specialist substance misuse services.

The national report outlined 10 ways to improve safety for mental health services which are outlined pictorially in the diagram below.

Chart 3



Adult Mental Health Services

Avon and Wiltshire Partnership NHS Trust provide adult mental health services throughout the BSW Partnership area. They have developed their own Suicide Prevention Strategy (2017 – 2020) to reduce the rate of suicide by mental health patients under their care. The focus of suicide prevention is now on the crisis team as this team now intervenes where previously patients would have been admitted. There is also a focus on patients who have been discharged from care, particular within two weeks of discharge where the suicide rate has not reduced to the same extent as inpatients and patients are known to be at risk. AWP have now developed a zero suicide ambition plan.

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)^x provide data for suicide rates in respect of all NHS trusts in England. The rates for 2011-13 and 2012-14 (the most up-to-date figures) for AWP show that, in 2011-13, AWP had a suicide rate of 11.4 per 10,000 people under mental health care, compared to the median of 7.65 for the rest of England.

The AWP strategy outlines actions that will be taken to:

- Reduce the risk of suicide in high risk groups
- Tailoring approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Learn from investigations and review into unexpected deaths
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviours
- Support research, data collection and monitoring.

AWP have produced an action plan to address these 7 priorities in order to achieve their aim of reducing suicide by 10% by 2020.

Children and Young People Mental Health Services

Oxford Health NHS Foundation Trust provide Children and Young People's mental health services across the BSW Partnership footprint. They have developed a Self-Harm and Suicide Prevention Strategy 2018 -2021 for all ages. This strategy acknowledges that suicide prevention is integral to patient care and a fundamental component of clinicians' daily activity. The strategy highlights large scale improvement work such as managing transitions that will impact on suicide prevention whilst identifying key areas for development based on accepted evidence and best practice.

Oxford Health Foundation Trust suicide prevention actions include:

- Safety planning – All patients at risk of self-harm or suicide will have a safety plan in place
- 48 hour follow ups after discharge from inpatients' services – All patients will receive face to face contact from the AMHT within 48 hours of discharge
- All clinical staff will receive suicide prevention training; suicide awareness training will be available for non-mental health and non-clinical staff
- Care interventions and support – Carers managing risk of self-harm or suicide are offered supportive and educational interventions
- Supporting families/carers bereaved by suicide – Families and carers bereaved by suicide are offered appropriate support and signposting
- Staff support – Staff affected by patient suicide are offered appropriate support and signposting.

In 2017 NCISH^{xi} carried out a study into suicide of children and young people in the UK and identified ten common themes:

Family factors such as mental illness	Academic pressures especially related to exams
Abuse and neglect	Social isolation and withdrawal
Bereavement and experience of suicide	Physical conditions that may have a social impact
Bullying	Alcohol and illicit drugs
Suicide related to internet use	Mental ill-health, self-harm and suicide ideas

Based on these themes NCISH developed the key messages below:

- Suicide in young people is rarely caused by one thing; it usually follows a combination of previous vulnerability and recent events
- The stresses the study identified before suicide are common in young people; most come through them without serious harm

- Important themes for suicide prevention are support for, or management of family factors (e.g. mental illness, physical illness, or substance misuse), childhood abuse, bullying, physical health, social isolation, mental ill-health and alcohol or drug misuse.
- Specific actions are needed on groups: 1) support for young people who are bereaved especially by suicide, 2) greater priority for mental health in colleges and universities 3) housing and mental health care for looked after children 4) mental health support for Lesbian, gay, bisexual and transgender (LGBT) young people.
- Further efforts are needed to remove information on suicide methods from the internet; and to encourage online safety, especially for under 20s.
- Suicide prevention in children and young people is a role shared by front-line agencies; they need to improve access, collaboration and risk management skills. A later, more flexible transition to adult service would be more consistent with our finding of antecedents across the age range.
- Services which respond to self-harm are key to suicide prevention in children and young people, and should work with services for alcohol and drug misuse, factors that are linked to subsequent suicide.

4.5 Suicide and Self-Harm Prevention Competencies

The House of Commons Health Committee has produced a report on suicide prevention^{xii}. One of its recommendations is that Health Education England's (HEE) Mental Health workforce strategy should ensure that there are enough trained staff to implement the Mental Health Taskforce recommendations in The Five Year Forward View for Mental Health.

Based on these recommendations the National Collaborating Centre for Mental Health (NCCMH) to develop a self-harm and suicide prevention competence framework.

Three competency frameworks have been developed:

- [Suicide and Self Harm Prevention Competencies – Adults and Older People](#)
- [Suicide and Self Harm Prevention Competencies – Children and Young People](#)
- [Suicide and Self Harm Prevention Competencies – Community and Public Health](#)

The first two (above) will be most relevant to health and social care professionals, some of whom will have had some training in mental health. The Community and Public Health competencies are aimed more at front line staff working with the general population – all ages. This will include professionals working with the public across all spheres of civic life, including health and social care, education, the voluntary and community sector and more, for example the teachers, police, transport workers, community workers, employers, staff and many others.

In addition there is a fourth report: [Suicide and Self-Harm Prevention Competencies – What does the competencies framework mean for my care?](#)

This report is aimed at service users and carers and outlines how the competencies framework relates to the support, care and treatment that service users and carers might expect to receive.

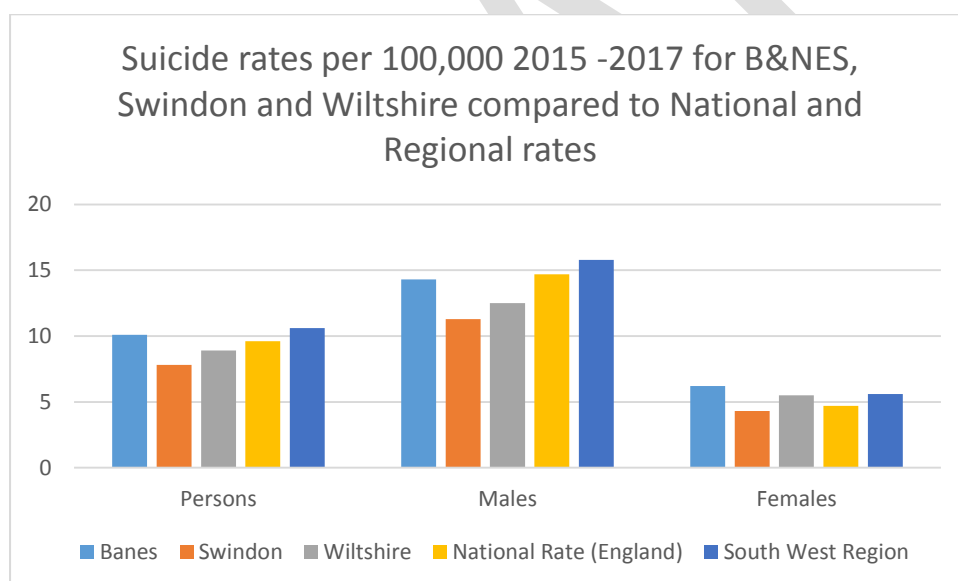
These frameworks are a useful resource for all individuals, organisations and agencies working with the general population.

5 Suicide and Self-Harm Profile for the BSW Partnership area

5.1 Suicide rates per 100,000 for the latest reporting period 2015 -17 for persons (overall), Males and Females in B&NES, Swindon, Wiltshire, the South West and England.

Local Authority	Persons	Males	Females
B&NES	10.1	14.3	6.2
Swindon	7.8	11.3	4.3
Wiltshire	8.9	12.5	5.5
National Rate (England)	9.6	14.7	4.7
South West Region	10.6	15.8	5.6

Chart 4

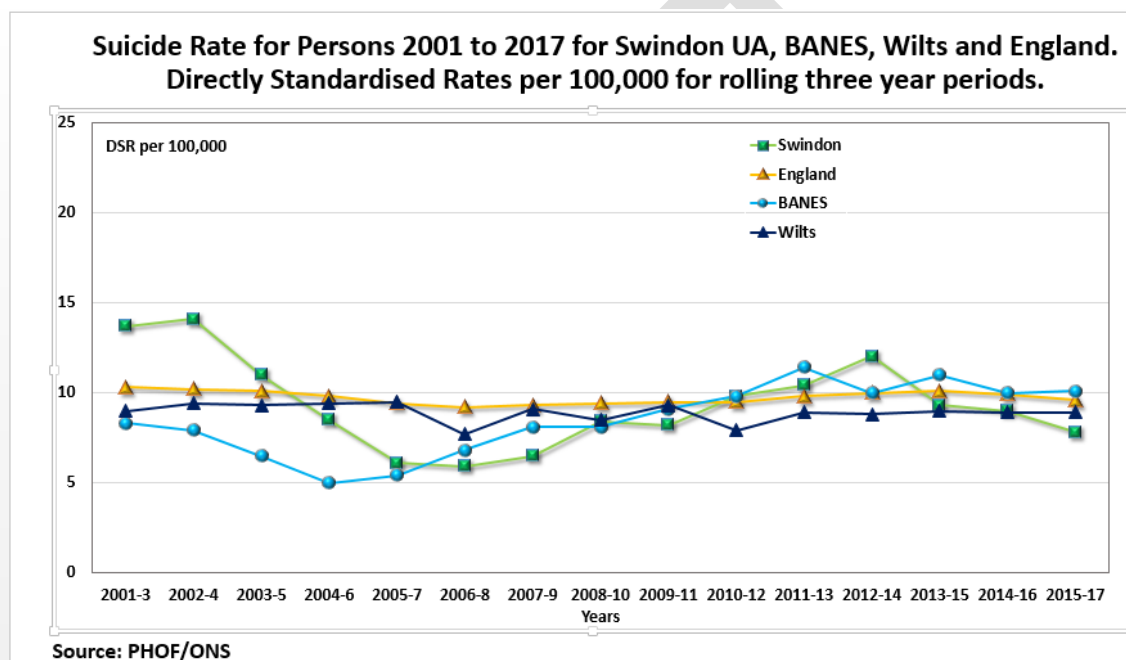


The chart above shows that for the latest reporting period 2015 -17 all three local authority areas had a lower suicide rate than the regional average for the South West. B&NES had a slightly higher overall rate than the national average although lower than the South West region. This was due to a higher rate of female suicides. In Wiltshire the overall rate was slightly lower than the national average but for females was slightly higher. In Swindon the rates were slightly below the national and regional averages overall and for males and females. None of the differences are statistically significant.

5.2 Trend in suicide rates – persons

The charts below show the suicide trend rates from 2001 - 2017 for each of the three Local Authority areas for the BSW Partnership. It can be seen that all three areas have a suicide rate generally in line with the national average. Swindon and B&NES rates have fluctuated over the period probably due to the relatively low numbers within both Authority areas. The rate in B&NES has slightly increased over the period from a very low rate back in 2004 -2006 to slightly above the national average in 2017. In Swindon the rate also rose between 2004 -2006 until 2012 -14 since when it has started to come down and is now slightly below the national average. The Wiltshire rate has been consistently just below the national rate for several years.

Chart 5

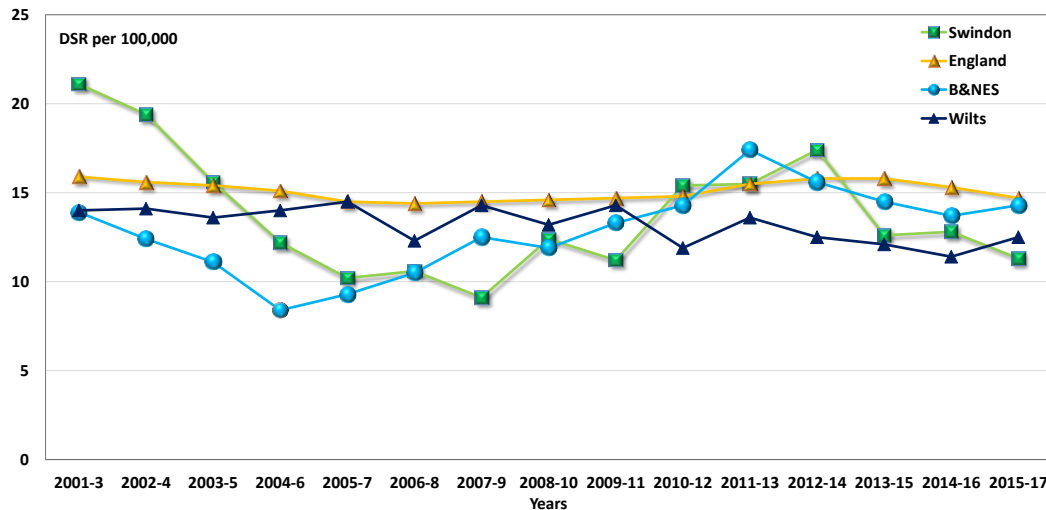


5.3 Trend in suicide rates - males

The suicide rates for males can be seen in the charts below. For all three areas the rates are slightly below the national average. The male suicide rates are very much higher than the female rates in all areas. This is in line with the national profile.

Chart 6

**Male Suicide Rate 2001 to 2017 for Swindon UA, B&NES, Wilts and England.
Directly Standardised Rates per 100,000 for rolling three year periods.**



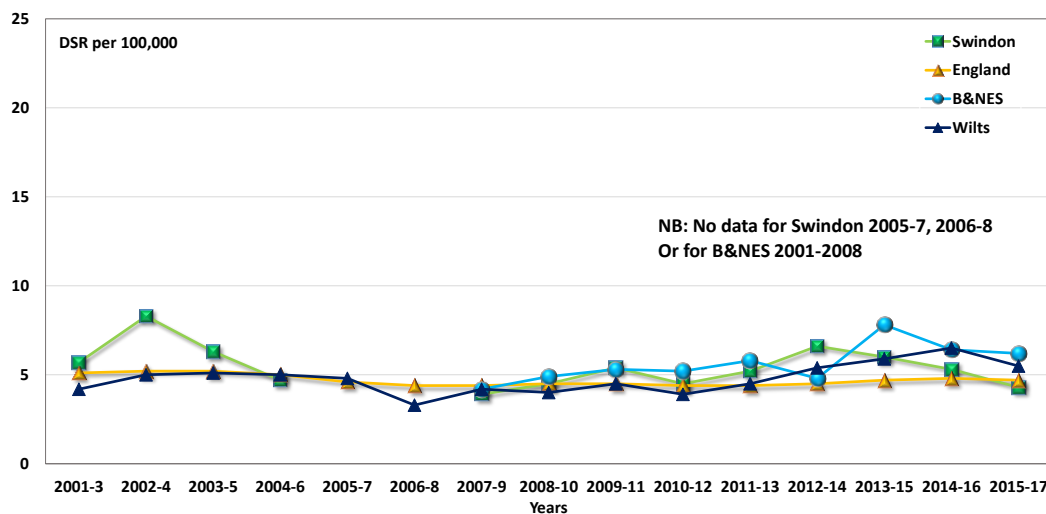
Source: PHOF/ONS

5.4 Trend in suicide rates - females

The charts below show the suicide rates for females for each of the Local Authority areas. The rates for Wiltshire and B&NES are slightly higher than the national average and for Swindon slightly below although again the figures are not statistically significantly different. All three areas saw a decrease in the last reporting period.

Chart 7

**Female Suicide Rate 2001 to 2017 for Swindon UA, B&NES, Wilts and England.
Directly Standardised Rates per 100,000 for rolling three year periods.**



Source: PHOF/ONS

5.5 Self harm profiles

Self-harm has been described by the National Institute for Health and Care Excellence (NICE)^{xiii} as “any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation. This commonly involves self-poisoning with medication or self-injury by cutting.”

Self-harm often goes unreported and it is thought that hospital statistics underestimate overall rates of self-harm by about 60%. However, there are no comprehensive surveys of self-harm in the community at local level. Accident and emergency (A&E) data is of poor quality and lacks detail and therefore the most robust measure available is hospital admissions. They are used in the Public Health Outcomes Framework and other Public Health England tools to compare rates of self-harm between local authorities.

The charts below show the hospital admission rates for self-harm for each of the local authority areas against the national and regional rates per 100,000. It can be seen that the admission rates in Swindon are particularly high and although they had fallen slightly from 2014/15 in the last year they have increased again. The fall in admission rates for those between the ages of 10 – 24 years for Swindon fell at a greater rate but in the last year have increased. Admission rates for all ages for Wiltshire have slightly increased over the last couple of years and there has been a very slight increase in admissions for B&NES.

Chart 8

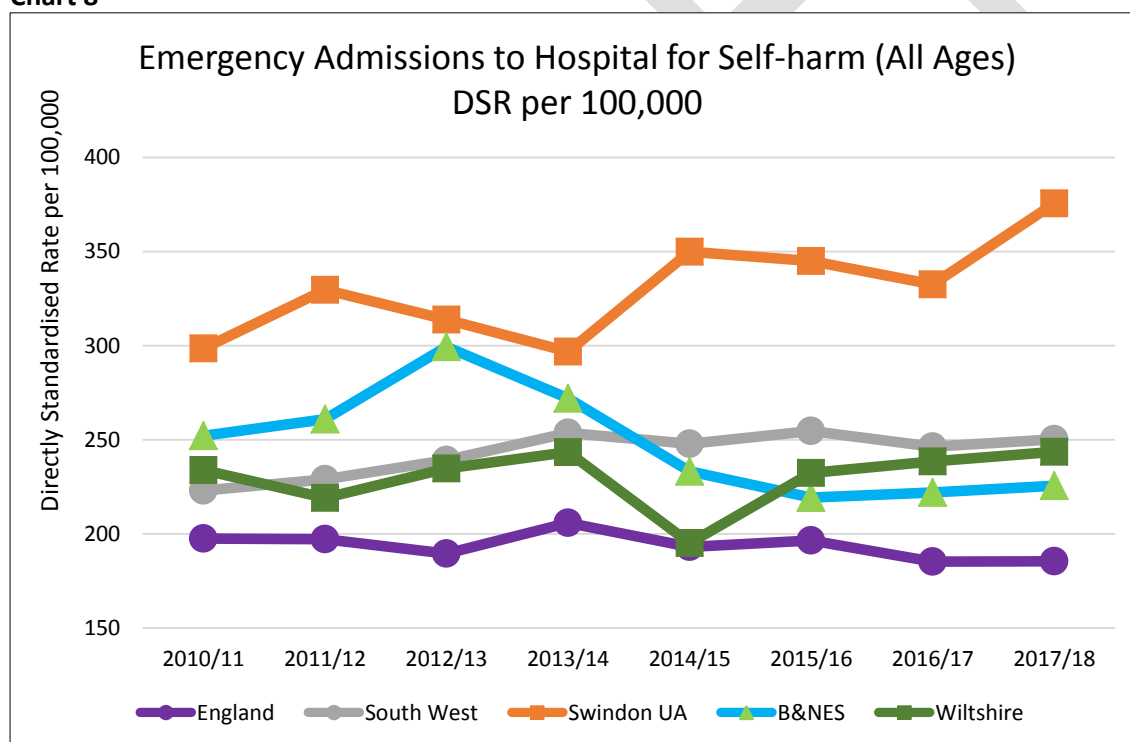
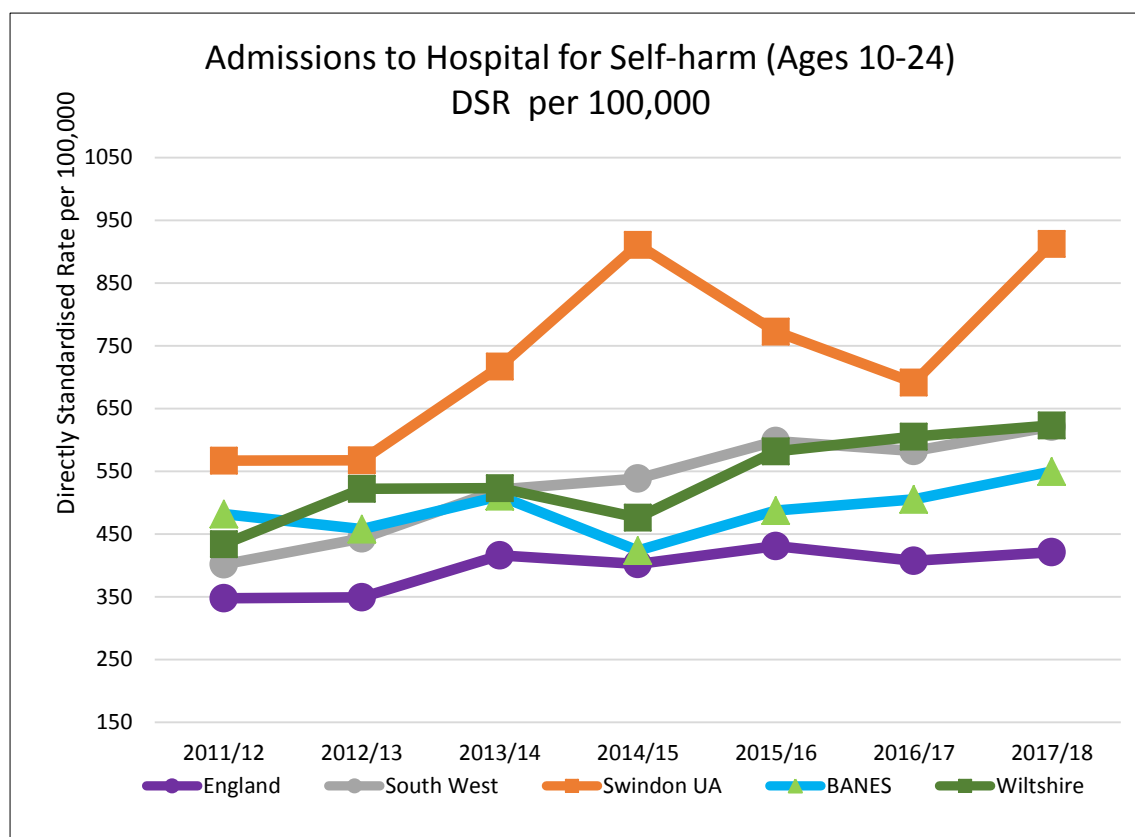


Chart 9



Research into self-harm and hospital admissions

As the rates of hospital admission for self-harm are higher than the national average across the South West Region the Directors of Public Health commissioned Public Health England South West Knowledge and Intelligence Service to carry out a piece of exploratory research into the causes. As Swindon's high rates are particularly high Swindon has been collaborating in this project.

The interim project report highlights a number of findings that are relevant to the BSW Partnership.

- Self-harm can mean many different things. Many people associate the term with cutting and in particular cutting without attempting suicide. Methods of self-harm can be divided into self-poisoning and self-injury. Studies of attendance at emergency departments show that approximately 80% of people have taken an overdose of prescribed or over the counter medication. However, general population studies have shown that for self-harm events that don't result in an admission, self-injury may be more common than self-poisoning.
- There are links between self-harm and other harms, e.g. for alcohol or substance misuse, unintentional injuries or assault, and many areas have high admission rates for more than one type of harm. There is scope for overlap, duplication and miss-recording between these and self-harm.

- Service provision that may be considered best practice may lead to higher admissions rates. For example at GWH, where previously patients who had self-harmed out of hours were invited to return to GWH for an appointment with the psychiatric liaison service are now seen on attendance. However, this has meant that they are admitted to the observation ward. Similarly close adherence to NICE guidance may also necessitate practices that result in more people, especially under 18s, being admitted awaiting psychiatric assessment.
- The England admission rates for self-harm are heavily influenced by the London region data. London has a large population (around 9 million compared to around 5.5m in the South West) and the lowest admission rates by some margin. When London is removed from the analysis of admission rates, the South West is found to be much more in-line with the remaining English regions. For females the South West has the highest admissions rates out of the regions at each age group but the gap to the England average without London is much reduced. For males, the South West is fairly typical of the English regions apart from London. Removing London from the analysis would also bring Swindon's rates closer to the (non-London) national average.
- Self-harm has increased in the South West in the last five years, especially amongst young people, young women and particularly due to overdoses.
- Self-harm is strongly linked to deprivation and studies which look at small area geographies show this more distinctly. It is also apparent that nationally the admissions gap between the most and least deprived has narrowed in recent years and that admissions may be rising fastest in some of the least deprived deciles.

The interim report detailed what is known about self-harm (in relation to admission rates) and explained what the key areas for further research are. These are being progressed by PHE and a report is expected in summer 2019. In the meantime the findings can be used locally as a 'checklist' of issues that LAs and CCGs can investigate depending on the local circumstances.

The priorities for further research include:

- Detailed analysis of A&E data including age and gender specific rates, repeat attendances and age standardised rates by LA and Trust. Followed by a comparison of A&E data with inpatient data.
- A qualitative study, led by the Care Forum, to explore patient journeys is underway in Swindon, Wiltshire, Bath and North East Somerset, Bristol, North Somerset, Somerset and South Gloucestershire. This is intended to find out more about what happens to people who come to A&E but aren't admitted and why do some people are admitted multiple times.
- Descriptive analysis of the crisis and liaison teams in each area including hours of operation and ages catered for and comparison with attendance and admittance rates.
- It is a strongly held view and one supported by some local analysis that a major problem in the South West is the number of young girls overdosing on analgesics. To explore this admission rates for young people (male and female) from intentional analgesic poisoning will be analysed.
- Conducting more detailed analysis into associated harms using age standardised rates and overlaying the rates for the individual harms over the top of the general harm indicator.

Additionally, looking at whether coding in the South West is more comprehensive (either in general or for particular types of harm).

- Investigating coding practices in the South West to show whether coders in the South West are coding differently from other areas.

6. Suicide Profile for Swindon

6.1 Trends in suicide rates for Swindon

Since 2003 the suicide rates in Swindon have tended to be slightly below the national average although they rose above the national average during the period 2012 -14. Since then they have been decreasing slowly and for the latest period 2015 -17 the rate is 7.8 per 100,000. This is below the national rate of 9.6 per 100,000.

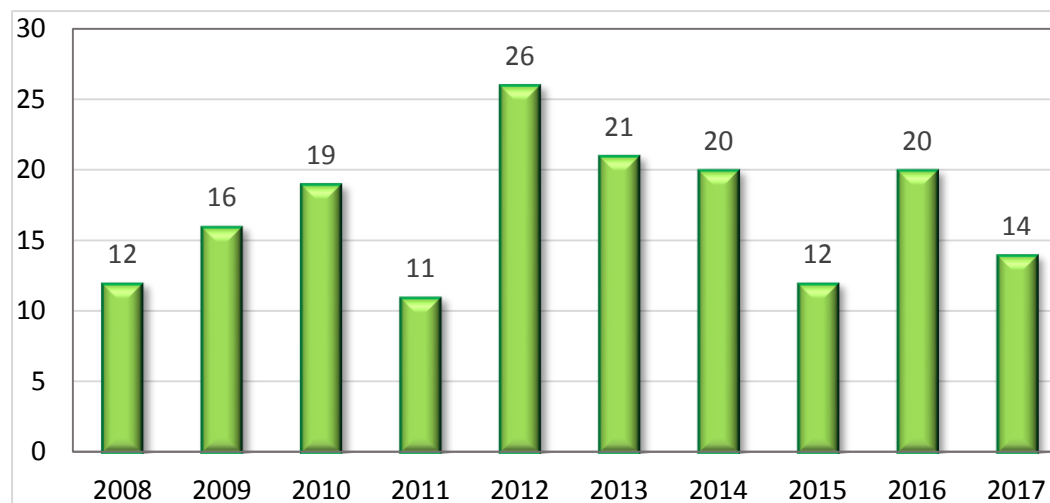
Chart 10 Suicide Rate for Persons 2001 to 2017 for Swindon UA and England. Directly Standardised Rates per 100,000 for rolling three year periods.



Source: PHOF/ONS

As can be seen in the figure below, the numbers of suicides in Swindon have fluctuated over time, probably due to the relatively low numbers rather than any particular causal factors in different years.

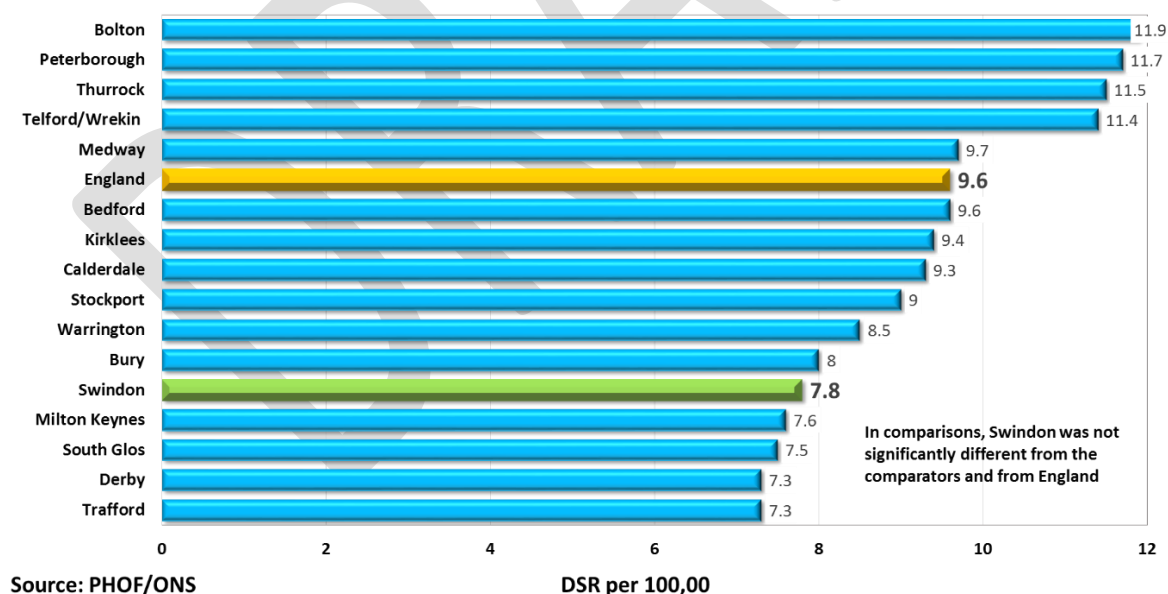
Chart 11. Number of Suicides in Persons in Swindon UA by Year 2008 to 2017.



Source: ONS

The chart below shows the Swindon suicide rate for all ages against Swindon comparator towns. This shows that the Swindon compares favourably to most of our comparators towns with the fifth lowest rate out of 16.

Chart 12. Suicide Rates for 2015-2017 for Swindon UA, Swindon's comparator towns and England. Directly Standardised Rates per 100,000.

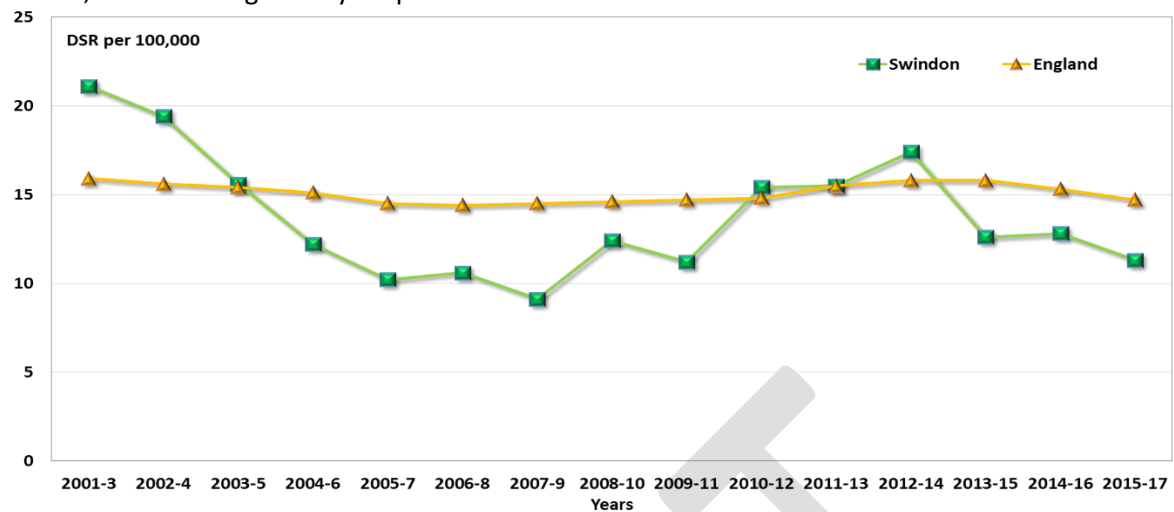


Source: PHOF/ONS

6.2 Demographic profile of suicides in Swindon

The suicide rate for males is higher than for females both nationally, regionally and locally. The graph below shows a decrease in male suicides in Swindon since 2012 -14. It is currently 11.4 deaths per 100,000 male population. This is below the national rate of 11.7, although the rates are not statistically significantly different.

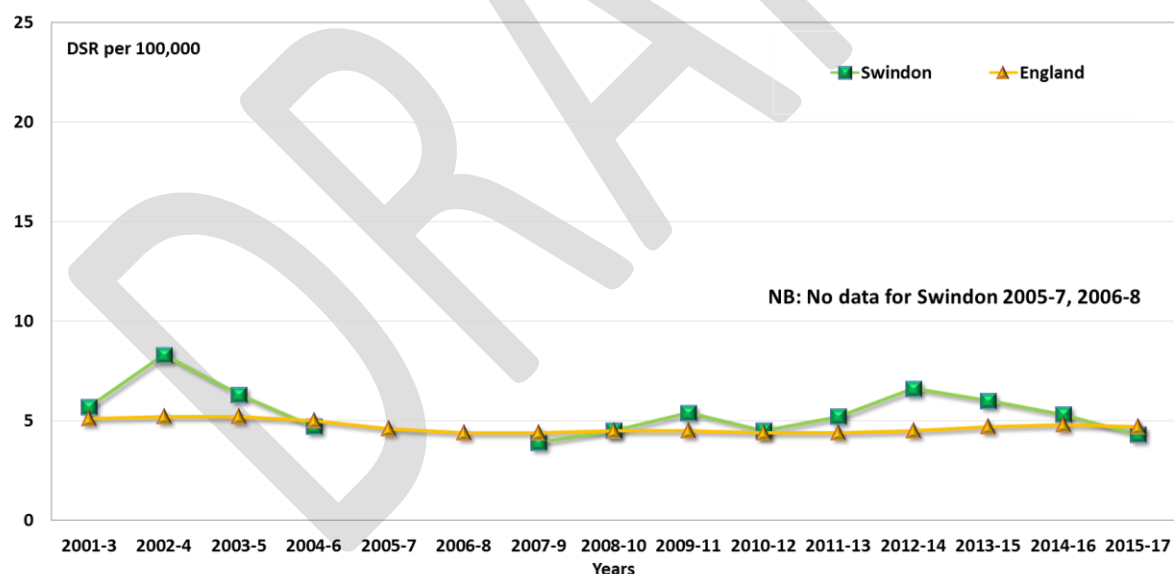
Chart 13. Male Suicide Rate 2001 to 2017 for Swindon UA and England. Directly Standardised Rates per 100,000 for rolling three year periods.



Source: PHOF/ONS

Since 2011 the suicide rate for females in Swindon has been above the national average. However, since 2012 -14 the rate has been decreasing and in 2015 -17 the rate was very slightly below the national average at 4.3 per 100,000. The national rate was 4.7 per 100,000.

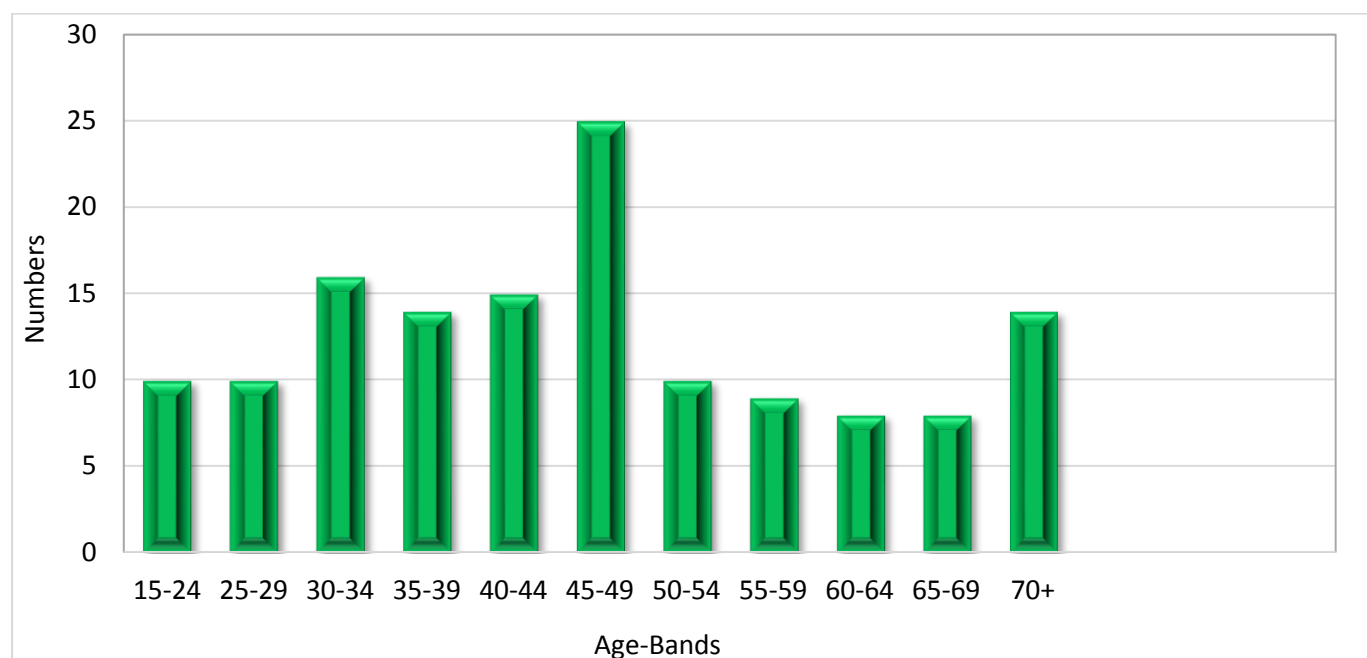
Chart 14 Female Suicide Rate 2001 to 2017 for Swindon UA and England. Directly Standardised Rates per 100,000 for rolling three year periods.



Source: PHOF/ONS

The graph below shows a spike in numbers of suicides in Swindon in people in their forties, with men accounting for the majority of these suicides. Suicide is the biggest killer of men under the age of 50.

Chart 15 Suicide Deaths by Age-bands in Swindon in 2008-2017 (total = 139).



Source: Suicide Audit Database/Wiltshire Coroner

Deaths by those under 18 years of age

Deaths for those under the age of 18 are reviewed by the Child Death Overview Panel. Since 2011 there have been less than 5 confirmed deaths by suicide for those living in Swindon.

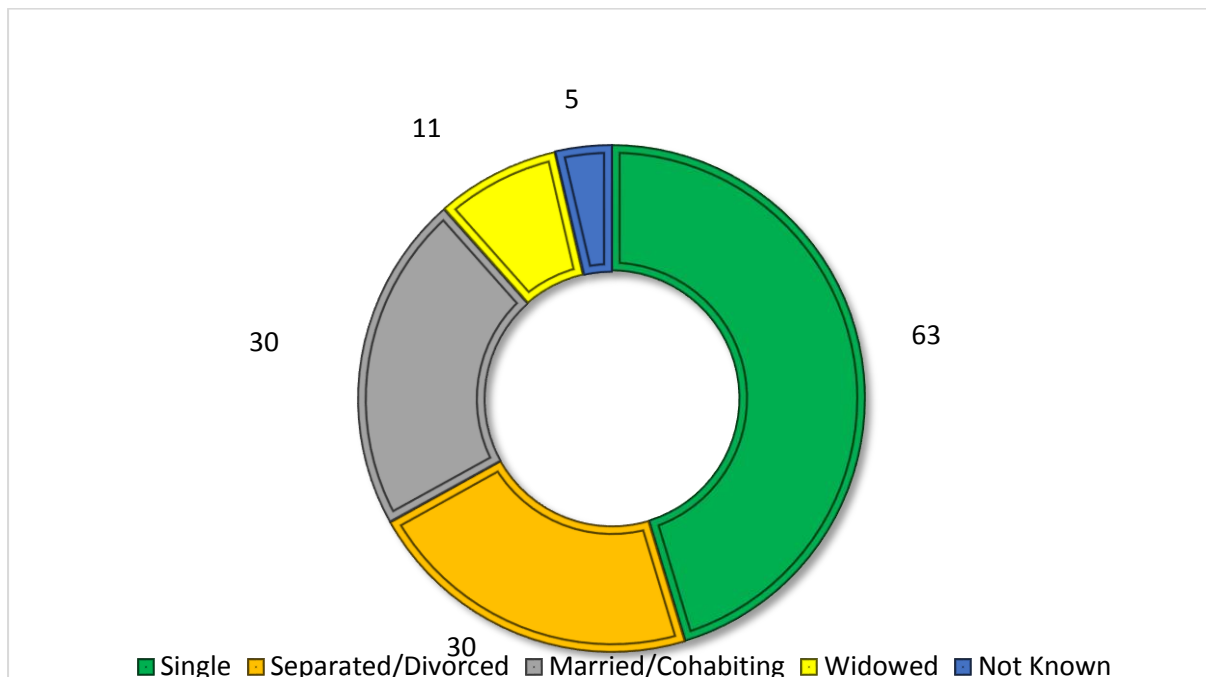
Local Suicide Data

The following data has been extracted from Swindon's local suicide audit database. The coroner informs Public Health of deaths by suicide following the inquest. Information is then provided by our local mental health services, substance misuse services, General Practices, and Great Western Hospital to gain a more detailed profile of those who have died by suicide. To avoid duplication, as deaths by those under 18 years of age are reviewed in more detail by the Child Death Overview Panel local suicide audit does not include those under 18.

Marital Status

The majority of suicide deaths (66.9%) from 2008-2017 were of people who were single or separated/divorced, as illustrated in the figure below.

Chart 16 Marital Status in Suicide Deaths in Swindon Population 2008-2017 (total = 139).

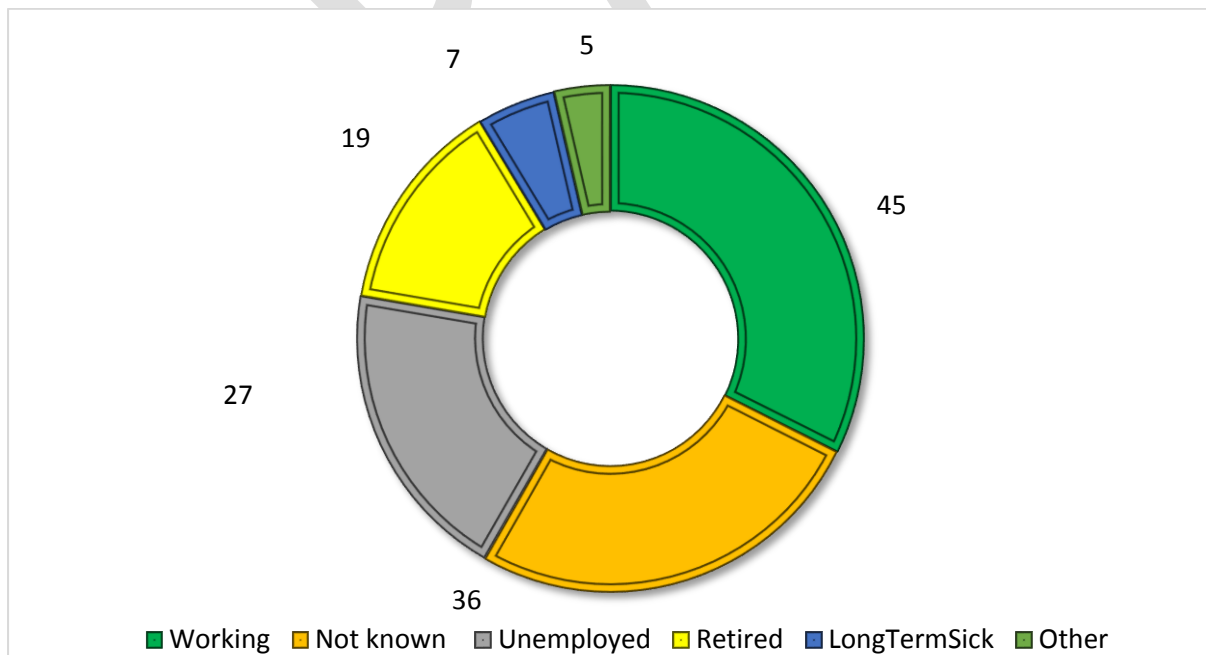


Source: Suicide Audit Database/Wiltshire Coroner

Occupational Status

There were more suicide deaths in employed (45 deaths) compared to unemployed people (27 deaths), as illustrated below. Other includes students, carers and housewives.

Chart 17 Occupational Status in Suicide Deaths in Swindon Population 2008-2017 (total = 139).



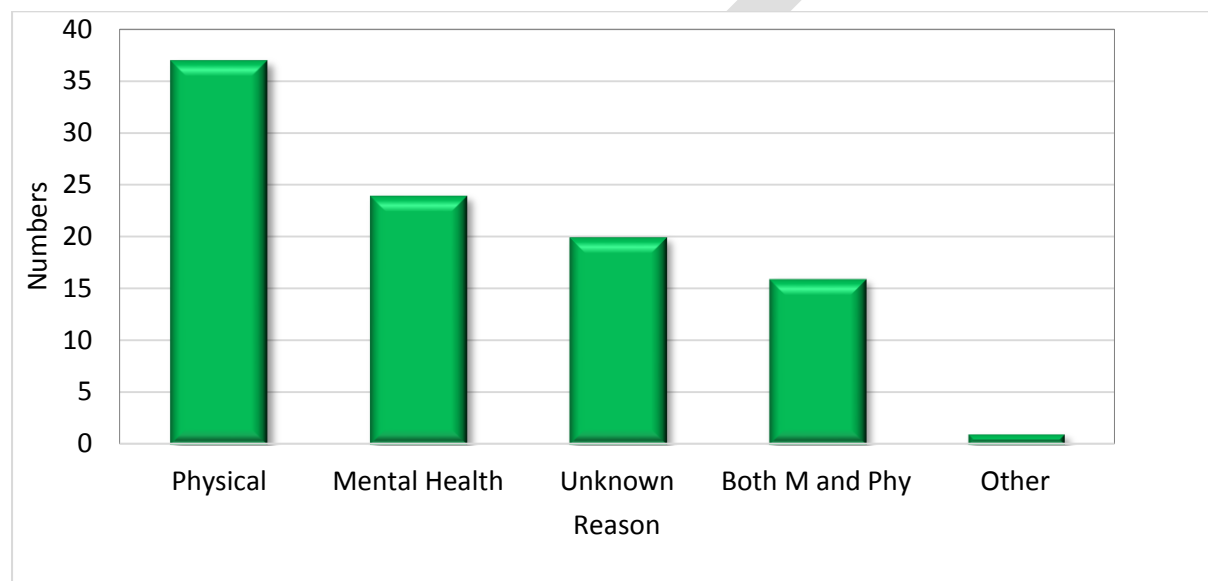
Source: Suicide Audit Database/Wiltshire Coroner

6.3 Service use profile for suicides in Swindon

Contact with GP services

The graph below shows that there were more contacts with GPs for physical health (37.8% of contacts) than mental health (24.5%) reasons by people who subsequently died by suicide in Swindon from 2008-2017. Out of 98 suicide deaths from 2008-2017 with primary care records available, a mental health assessment was on record for 55 people – there was no mental health assessment, or a blank one, on record for 43 people. Thirty of the 98 had a mental health diagnosis; 35 did not, and this was unknown for 33 people.

Chart 18 Reasons for contact with GP before Suicide Deaths in Swindon Population 2008-2017 (total = 98).



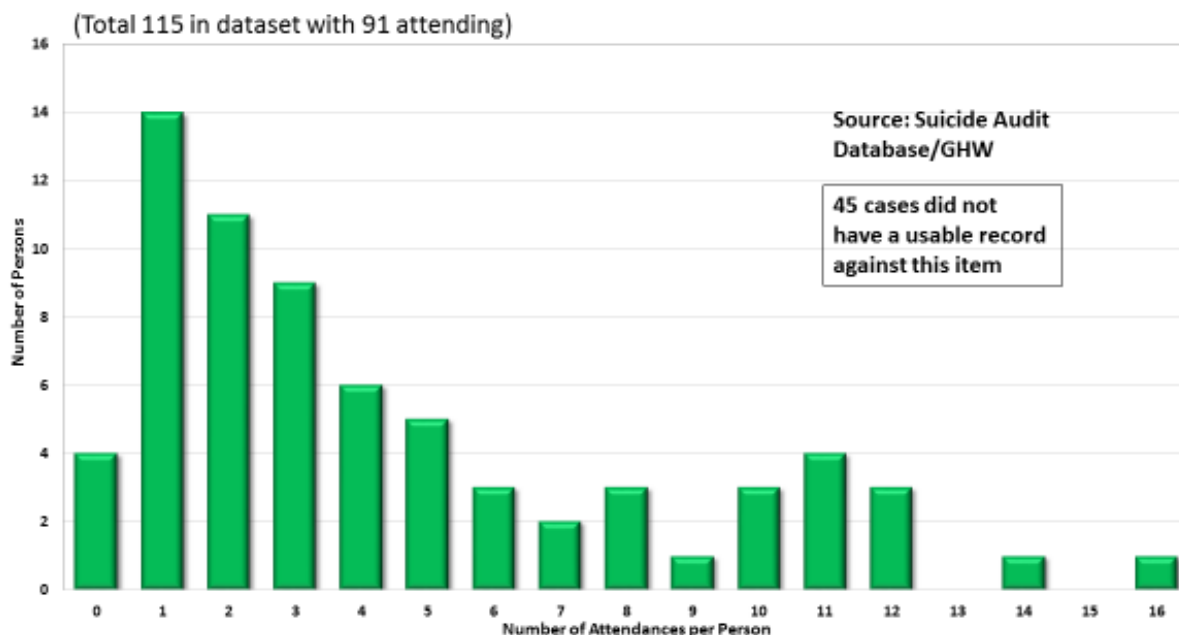
Source: Suicide Audit Database/Primary Care

Contact with Great Western Hospital

Regarding the secondary care service user profile for people who died by suicide between 2008-2017, there were 115 people in the database, of whom 91 attended GWH. Of these 91, 19 had had a psychosocial assessment recorded, 62 had not and this was not recorded for 10 people. As illustrated in the graph below, about half of the 91 people who attended GWH (45) attended 1 to 5 times, and **18 people attended 8 or more times**. However, 45 people did not have a usable record for this item. Reasons for attending were largely physical health-related, e.g. shoulder injury, sinus problem, wasp sting, swollen knee, cerebrovascular accident. With regard to self-harm, there were 11 attendances due to deliberate self-poisoning and overdose, 8 attendances due to lacerations (some recorded as deliberate), and two other attendances coded as Other Deliberate Self Harm. 53 attendances were in the year prior to the death.

Chart 19

Total Number of Attendances at GWH in Swindon Suicide Deaths in 2008-2017



Source: Suicide Audit Database/GWH

Contact with substance misuse services

Since 2011 data has been collected from the local substance misuse treatment provider. Of the 83 records in the database less than 5 were known to substance misuse services. The substances of misuse include heroin, crack, alcohol and cannabis. There was no recording for 10 individuals.

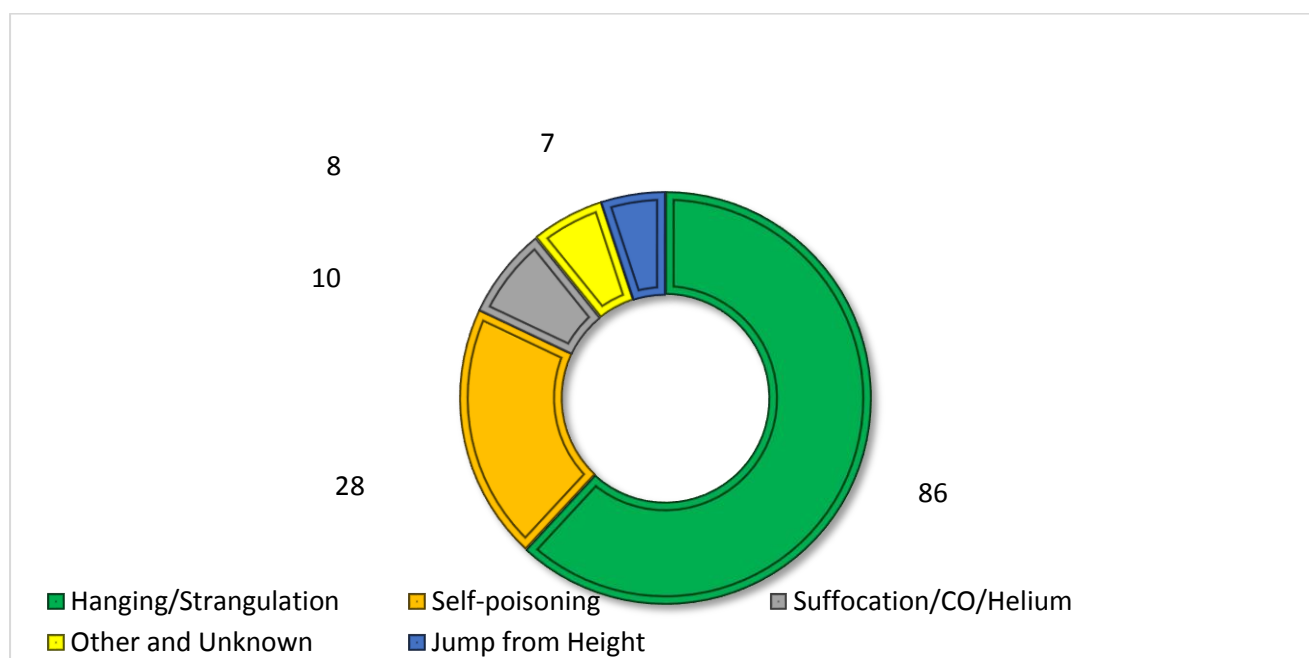
Contact with Probation

In 2019 we have started to collect data from probation. There is currently no data available.

[6.4 Methods used in suicides in Swindon](#)

The figure below illustrates that hanging/strangulation is the most common method of suicide in Swindon, accounting for 61.9% of deaths from 2008-2017. Self-poisoning is the next most common method, accounting for 20.1% of deaths. These findings and proportions mirror national trends in male suicides. However, in female suicides, at a national level, self-poisoning is almost as common a method (38.3% of deaths) as hanging (42.1%), according to ONS figures for 2017. There is variation within the local profile for males and females. For females, 40% died by hanging and 35% by self-poisoning compared to 64% and 15% respectively for males.

Chart 20 Methods in Suicide Deaths in Swindon Population 2008-2017 (total = 139).



Source: Suicide Audit Database/Wiltshire Coroner

7. Self-Harm Profile for Swindon

Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. Self-harm is poorly understood in society and people who harm themselves are subject to stigma and hostility. There is a significant and persistent risk of future suicide following an episode of self-harm and the risk is higher with increasing age at initial self-harm.

In contrast to the trends in completed suicide, the incidence of self-harm has continued to rise in the UK over the past 20 years and, for young people at least, is said to be among the highest in Europe.

Self-harm is one of the top five causes of acute medical admission and those who self-harm have a 1 in 6 chance of repeat attendance at A&E within the year. Aside from the obvious danger of death, self-harm and suicide attempts can be seriously detrimental to an individual's long-term physical health, if they survive. Paracetamol poisoning is a major cause of acute liver failure. Self-cutting can result in permanent damage to tendons and nerves, not to mention scarring and other disfigurements. The NICE guidelines on self-harm note that people who have survived a medically serious suicide attempt are more likely to have poorer outcomes in terms of life expectancy.

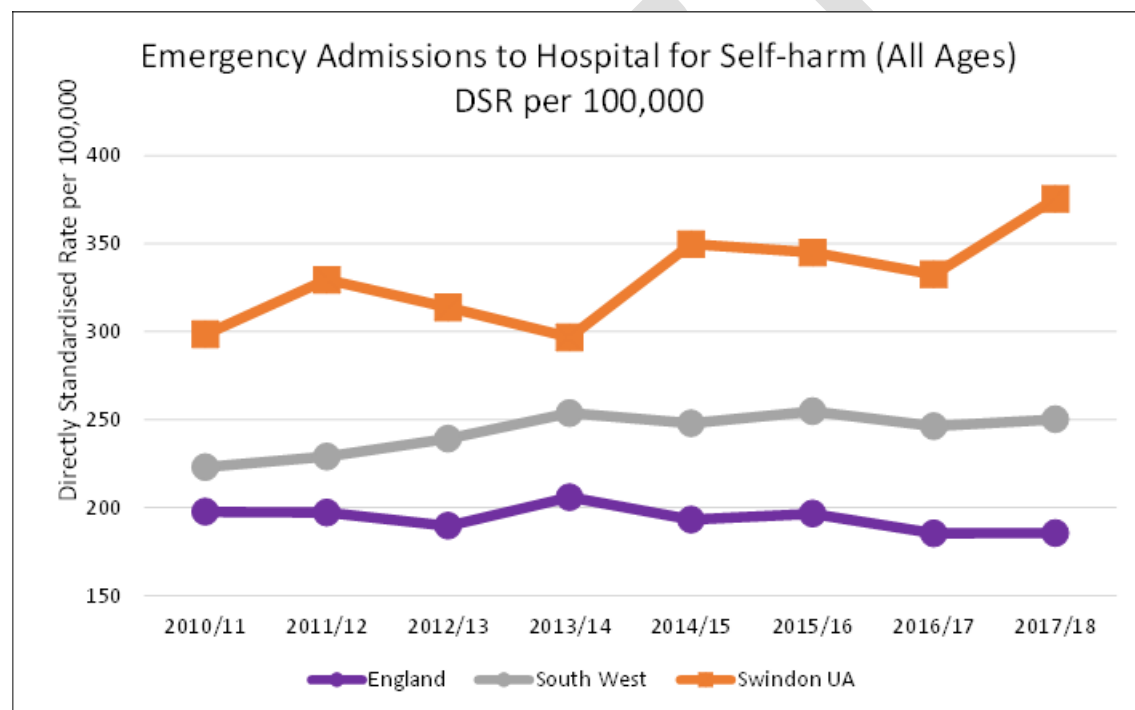
Those at greater risk of self-harm include women, young people, older people (who are more likely to do so in an attempt to end their life), people who have or are recovering from drug and alcohol problems, people in prison, people who are lesbian, gay, bisexual, transsexual or gender reassigned, socially deprived people living in urban areas and women of South-Asian ethnicity. Individual elements including personality traits, family experiences, life events, exposure to trauma, cultural beliefs, social isolation and income also heighten the risk of self-harm. Other factors such as education, housing and wider macro-socioeconomic trends such as unemployment rates may also contribute directly, or by influencing a person's susceptibility to mental health problems.

Self-harm often goes unreported and it is thought that hospital statistics underestimate overall rates of self-harm by about 60%. However, there are no comprehensive surveys of self-harm in the community at local level. Accident and emergency (A&E) data is of poor quality and lacks detail and therefore the most robust measure available is hospital admissions. They are used in the Public Health Outcomes Framework and other Public Health England tools to compare rates of self-harm between local authorities.

7.1 Local Hospital admission rates for self-harm

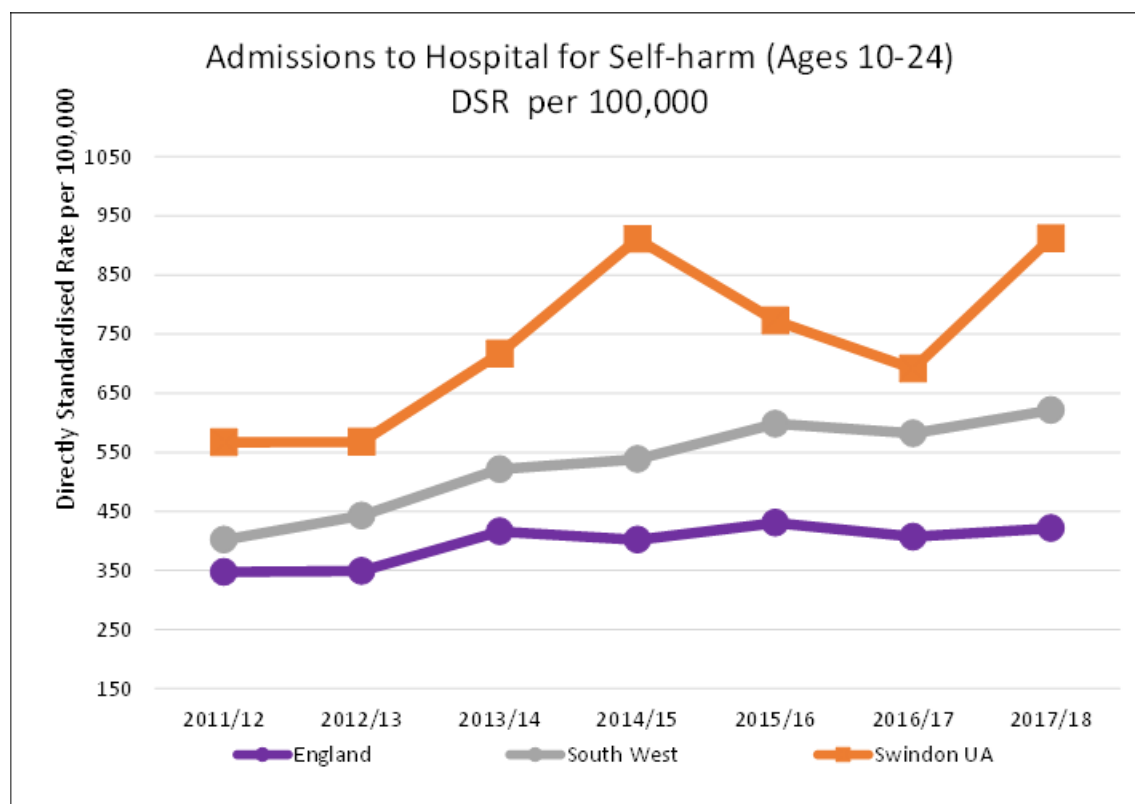
Swindon's hospital admission rates for self-harm are significantly higher than the England rates for both the all age measure and the young person's measure for 10 to 24 year olds (see below figures). The slight improvement between 2014/15 and 2016/17 has been reversed in the latest reporting period.

Chart 21 Admissions to hospital for self-harm (all ages) per 100,000



Source: Hospital Episode Statistics (HES) Copyright ©

Chart 22 Admissions to hospital for self-harm (10-24 years) per 100,000



Source: Hospital Episode Statistics (HES) Copyright ©

The distribution of excess admissions¹ was analysed in Swindon. 23% of all excess admissions were in males aged 25-44 years, 24% in females aged 10-24 years and 20% in females aged 25-44 years. Therefore, in addition to focussing on females in the 10-44 age range, and in particular the 15-19 year-olds, Swindon should also investigate males in the 25-44 age range and in particular, those aged 35-39 years, who accounted for 13% of the excess in 2016/17.

¹ The number of excess admissions is the observed number of admissions minus the expected number of admissions. The percentage of excess admissions is this excess number of admissions compared to the expected number of admissions.

8. Areas for Action

The priority areas for Swindon have been built around the recommendations in the national suicide prevention strategy. The following section will outline recommendations to address these priorities. Further detail can be found in the action plan.

8.1 Reducing the risk of suicide in high risk groups

People in care of mental health services

National data^{ix} showed that from 2006-2016, nearly a third of all suicides were by mental health patients. Patients are at particular risk in the first two weeks post-discharge.

- Continue to implement the AWP Suicide Prevention Strategy (2017-2020) for adult mental health service patients, and the Oxford Health Self-Harm and Suicide Prevention Strategy (2018 -2021) for children and young people's mental health service patients.
- Following death of a patient by suicide, Swindon CCG, SBC Public Health and service providers should work more closely in partnership to review these deaths and share lessons learned.
- As recommended in the national suicide prevention strategy^v, promote the Information Sharing and Suicide Prevention Consensus Statement, published by the Department of Health in 2014, which encourages health professionals to share information about someone at risk of suicide with family members and friends.

Specific occupational groups, such as doctors, nurses, veterinary workers, agricultural workers and construction workers

Risk of suicide and self-harm is higher among those who are unemployed. However, evidence indicates that certain occupational groups including doctors, nurses, veterinary, agricultural and construction workers are also at a higher risk of suicide.

- Raise awareness of suicide risk among high risk occupational groups in Swindon, and signpost to local mental health support available.
- Continue to work with employers through the Mindful Employer Network to promote mental health in the workplace, and continue to promote and expand this network.

Young and middle aged men

Despite an encouraging reduction in suicide rates amongst men over the past four years both nationally and locally, suicide is the biggest killer of men under the age of 50. Men in Swindon are just under three times more likely to take their own life than women. The suicide rate is highest among men in mid-life (35-64 years), particularly among those in their forties, compared to other age groups. Research^{xiv} has shown that men are less likely than women to seek help for mental problems and that stigma associated with such problems acts as a major barrier to seeking help.

- Raise awareness of and tackle the stigma around mental health problems among the public, particularly men, through implementing national and local campaigns in Swindon. Examples of national campaigns to raise awareness around mental health and tackle stigma include Time To Change (led by third sector organisations Mind and Rethink Mental Illness and

funded by the Department of Health, Comic Relief and the Big Lottery Fund), and campaigns targeting men specifically such as the Men's Sheds Associations and the Campaign Against Living Miserably (CALM).

- Ensure that these campaigns target settings that are typically frequented by men, such as sport settings (as recommended in the national suicide prevention policy) like football clubs and barber shops. The workplace will also be a key setting in which to raise awareness of and promote mental health, given the spike in suicides in Swindon among men in their forties, and that there are more suicides among working people in Swindon, rather than unemployed people.

People in contact with the criminal justice system, substance misuse services and homelessness services

Although there is no prison within Swindon Borough Council authority area we do have a police custody unit and support those leaving prison through the local probation service. Research^v has shown that 9 out of 10 people in prison have a substance misuse or mental health problem and that those released from prison are vulnerable and at risk. Local findings from Threshold Homelessness Health Needs Survey found that nearly 40% of those who were homeless in Swindon had had custodial sentences and many were using drugs or alcohol or in recovery. Nationally, over half of all deaths of homeless people in 2017 were due to three factors: accidents (including drug poisoning) accounted for 40%, suicides accounted for 13% and diseases of the liver accounted for 9%^{xv}

- Continue to raise awareness among staff within the police custody unit, the local probation service, substance misuse services and homelessness services of mental health problems and encourage them to be vigilant for signs of suicide risk among clients/offenders.
- Ensure the above services have mental health, suicide and substance misuse risk assessment procedures in place, and that staff refer individuals identified as being at risk to community-based or secondary mental health support, and/or to Turning Point, Swindon's substance misuse treatment service provider, as appropriate.
- Target and offer people in contact with the criminal justice system, substance misuse services and homelessness services mental health support through outreach workers within community mental health and wellbeing services.
- Ensure that all mental health service providers and substance misuse service providers are aware of dual diagnosis issues, and have pathways and referral routes to work in partnership with individuals with dual diagnosis problems.

Lesbian, Gay, Bisexual, Transsexual (LGBT) people

Evidence shows that LGBT people are more at risk of suicide ideation and suicide. One study in the UK found that 34.4% of trans adults had attempted suicide at least once and almost 14% of trans adults had attempted suicide more than twice.^{xvi} This higher risk of suicide is related to experiences of discrimination, including stigma, transphobia and bullying. These negative experiences occur in many trans individuals' everyday lives, whether at home, work or school. This stigma and discrimination, and the fear of it happening, can make individuals in this situation feel unable to reach out for help when they need it. LGBT people are twice as high as heterosexual people to

attempt suicide and 1.5 times higher risk of depression and anxiety disorders and alcohol or other substance dependence^{xvii}.

- Promotion and implementation of Public Health England and Royal College of Nursing guidance for Nurses on suicide prevention strategies with trans young people^{xviii} and prevention suicide among lesbian, gay and bisexual young people^{xix}.
- Promotion of national and local resources for LGBT people
- Develop a workplace toolkit to help staff have informed conversations with LGBT people
- Develop a cross sector steering group to tackle inequalities and barriers to inclusion for the LGBT community.

Black and Minority Ethnic (BME) Groups

Nationally and locally there is little evidence on suicide risk in relation to Black and Minority Ethnic Groups. The coroner does not record this at registration of death so it is difficult to collect this data. Nationally they associate the prevalence of high levels of mental health for some BME groups as an indicator that they may be at higher risk of suicide although cultural issues may mitigate or exacerbate this. They point out that those who recently arrived in the country may need more support particularly for some groups such as asylum seekers or refugees. Locally we do not collect data on ethnicity (although we plan to try to obtain this for GP records in the future) but we do collect data on place of birth. Our records show that for 174 deaths currently recorded 27 had no record recorded and 22 were recorded with a place of birth outside England and 15 were outside the UK.

Children Looked After

Children looked after and young people leaving care are recognised as being at higher risk of self-harm and suicide than their peers. Swindon Borough Council has 340 children looked after (CLA) with approximately a third living outside Swindon Borough Council (August 2019). The Designated Nurse for children looked after is based in Swindon CCG and takes the strategic lead on improving the health outcomes for children looked after. There is a CLA Health Team, named nurse for children looked after and 2 specialist nurses. The emotional well-being of children looked after is screened using the Strength and Difficulties Questionnaire which is completed by foster carers, teachers and young people over 11 years of age and all those who have a high score, indicating emotional difficulties, are discussed at a monthly multi-disciplinary meeting. The CLA health team have close links with the local CAMHS service and there is a process in place for Swindon CCG to commission CAMHS services for children placed outside of Swindon who require a CAMHS service.

People experience socioeconomic disadvantage^{xx}

People who are socioeconomically disadvantaged or who live in areas of socioeconomic deprivation have an increased risk of suicidal behaviour. Features of socioeconomic disadvantage include low income, unmanageable debt, poor housing conditions, a lack of educational qualifications, unemployment and living in a socioeconomically deprived area.

Suicide risk increases during periods of economic recession, particularly when recessions are associated with a steep rise in unemployment, and this risk remains high when crises end, especially for individuals whose economic circumstances do not improve. Multiple and large employer closures

resulting in unemployment can increase stress in a local community, break down social connections and increase feelings of hopelessness and depression, all of which are recognised risk factors for suicidal behaviour.

The risk of suicidal behaviour is increased among those experiencing job insecurity and downsizing or those engaged in non-traditional work situations, such as part-time, irregular and short-term contracts with various employers.

Suicide rates are two to three times higher in the most deprived neighbourhoods compared to the most affluent and admissions to hospital following self-harm are two times higher in the most deprived neighbourhoods compared to the most affluent.

People with financial problems, including debt, gambling and those in receipt of employment benefits:

- Job Centre Plus are delivering a robust approach to suicide prevention, from training staff to be Mental Health First Aiders and exploring external training such as Assist, to running their own staff learning on mental health awareness and safeguarding and resilience. They are also rolling out Continuous Professional Development sessions on suicide and self-harm for all staff and reviewing and enhancing their internal procedures for handling declarations of intent to attempt suicide and self-harm. Every Jobcentre also has Disability Employment Advisers (DEA) that support frontline staff in working with those with health conditions and disabilities and who often assist during crisis situations.
- Ensure Samaritans and other community mental health and wellbeing services are linked in with the Job Centre to support their clients.
- Guidance on harmful gambling from the Local Government Association and PHE^{xxi} highlights that about half of people with gambling disorder (0.7% of the population aged 16 or over) have suicidal thoughts. Recommendations in this guidance for supporting those affected by harmful gambling should be explored.
- Ensure staff and volunteers in services accessed by socioeconomically disadvantaged individuals or groups are aware of the suicide risk and recognise, understand and respond appropriately to individuals who are in distress and may be suicidal

Those affected by the closure of Honda in Swindon

Recent announcements regarding the closure of Honda in 2021 may have a significant impact on the health and wellbeing of those directly and indirectly affected. A health and wellbeing working group has been established to mitigate some of the risks associated with such an economic change not just for Honda workers and their families but also employees and their families of businesses forming the supply chain to Honda.

8.2 Tailoring approaches to improve mental health in specific groups

The national suicide prevention strategy^{iv} recommends implementing tailored approaches to improving mental health in a range of groups with specific needs and characteristics that may lead to higher risk of suicide. These groups include:

- children and young people

- the lesbian, gay, bisexual and transgender (LGBT) community
- people from Black and Minority Ethnic (BME) groups
- people with long-term physical health conditions
- people with untreated depression
- Veterans
- users of drug and alcohol services
- perinatal mental health
- people in receipt of employment benefits.

The following recommendations are made to address mental health needs in vulnerable groups locally:

- Ensure community mental health and wellbeing service provision is inclusive and that vulnerable groups are specifically targeted with support by outreach workers.
- Work with primary care to upskill professionals on recognising and supporting those at risk of suicide.
- Ensure primary care professionals are aware of NICE guidance on depression ^{xxiii}.
- Continue to work in partnership to prevent mental health crisis where possible and ensure effective response when crises do arise in line the Crisis Care Concordat throughout Swindon and the B&NES, SWINDON AND WILTSHIRE PARTNERSHIP. The Junction Café will provide additional out-of-hours crisis care support in Swindon from 2019 for those who are known to AWP and are referred by Police or AWP.

Children and young people:

- Ensure schools are aware of community mental health and wellbeing service provision, particularly for self-harm given the high rate of self-harm admissions among young people in Swindon.
- Review and promote self-harm resources available for children and young people, including the 'No harm done' resources, a series of films and toolkits that set out practical steps for young people, parents and health professionals to identify, understand and address self-harm that have been developed by the Department of Health and Social Care, the Royal College of Psychiatrists and third sector organisations.
- Roll out of the HarmLess tool developed by Oxford Health NHS Trust which provides guidance for those working with young people on having a conversation about self-harm, developing care plan and knowing when and where to refer/signpost. Ensure SENCo Champions, Designated teachers, Special Educational Needs and Disabilities Information and Advice Support Workers are specifically offered training
- Work with the Healthy Schools programme to have input into PSHE curriculum content around building mental resilience and to promote the use of MindEd web-based mental health educational resources for children and young people (as recommended in the national suicide prevention strategy).
- Implementation of the Trailblazer project which supports schools and colleges to improvement the mental health and wellbeing of pupils, students and staff.

- Continue to work with schools and other educational settings to promote awareness of and tackle stigma associated with mental health problems through training programmes for teachers and other staff, such as Connect 5, Mental Health First Aid (MHFA) and Emotional Literacy Support Assistant (ELSA) training.
 - Training should be guided by Health Education England's Self-Harm and Suicide Prevention Competence Framework for Community & Public Health.
- Ensure the needs of those with Special Educational Needs are considered in the roll out of the actions above. Work with Special Educational Needs Coordinators and educational psychologists in schools to:
 - raise awareness of mental health and well-being of all pupils, particularly those identified with SEN
 - develop whole school approaches that centre around emotional literacy and resilience of all members of the school community, following findings that link these factors with high self-harm / suicide rates
 - provide structured supervision to all staff supporting 'at risk' students to ensure their resilience and emotional vulnerability is safeguarded
 - provide training to all staff to ensure knowledge of risk factors is high
 - ensure all information moves with CLA, due to the high self-harm / suicide rates in this group of CYP; ensure this group is prioritised and advocated for in any individual work being carried out within schools. Currently staff often do not know histories of these CYP but they are complex and the individuals are at more risk of self-harm and suicide than other groups
- Tackle bullying or discrimination particularly associated with an individual's special educational needs.
- Improve the access for children looked after to specialist support for emotional wellbeing by having a specialist mental health post within the Children Looked after team. Ensure those children looked after with high Strength and Difficulties Questionnaire (SDQ) scores have the appropriate intervention to improve their emotional health and wellbeing. Ensure all foster carers have self-harm and suicide prevention training. All commissioned services for CLA should be trained in suicide and self-harm prevention including accommodation provided for care leavers.

Older people

In Swindon there have been 14 deaths by suicide since 2008. Several factors related to aging can increase the risk of suicide such as social isolation, loneliness, bereavement and ill-health. These issues are highlighted in the Ageing Well JSNA and will be addressed in the ageing well strategy, currently being developed, entitled "Making a Good Life – a lifetime of healthy ageing". Safeguarding issues with regard to this cohort of the population also need to be considered in relation to suicide ideation and risk.

Users of drug and alcohol services:

- Work with Substance Misuse providers to ensure optimal awareness of mental health and suicide risk of clients, and ensure that staff refer individuals identified as being at risk to community-based or secondary mental health support as appropriate.
- As recommended above, ensure mental health service providers and substance misuse service providers are aware of and work in partnership on dual diagnosis issues.
- Implement and monitor actions taken to reduce the harm to children of alcohol-dependent parents Innovation project.

Those experiencing domestic abuse:

- Ensure training and support is offered for primary care and other frontline professional staff to improve identification and appropriate referral to support services of those experiencing domestic violence and abuse
- Work with domestic abuse support providers to ensure awareness of mental health and domestic abuse including coercive control and financial abuse and ensure clients are supported and have access to services
- Ensure mental health and domestic abuse service providers are aware of and work in partnership around domestic abuse issues

Perinatal mental health:

The B&NES, SWINDON AND WILTSHIRE PARTNERSHIP is developing a new, integrated approach to perinatal mental health services.

- Ensure peer-led perinatal mental health support is available in Swindon.
- Raise awareness among the public and health and social care professionals of the risk of perinatal mental health problems and how to recognise and identify such problems.
- Ensure those identified with perinatal mental health problems have access to relevant services.

Service Veterans

Evidence to date is that the overall rate of suicide is not higher for veterans than the general population; however, there is evidence that in male veterans aged less than 24, the rate is 2-3 times the national rate and especially in those who have served a short period in the military, those of lower ranks and those who have attained lower educational achievement. Evidence also shows that many veterans who die by suicide often have pre-service vulnerabilities^{xxii}.

- Ensure veterans are highlighted as a risk group in GP training
- As part of implementing the military covenant ensure accessible mental health treatment for military veterans.

People with long-term physical health conditions:

- Continue to follow NICE guidance (Clinical Guideline 91)^{xxiii} on depression in adults with a chronic physical health problem by offering group-based peer support to groups of patients with a shared chronic physical health problem through Lift Psychology.

People with Learning disabilities

National evidence shows that rates of suicide and attempted suicide are lower than the general population for those with severe learning disability but there is some evidence to suggest that the rates are higher in people with limited intellectual function (including mild or borderline learning disabilities)

- NICE Guidance NG 54 (2016) Mental health problems in people with learning disabilities: prevention, assessment and management should be reviewed and implemented as appropriate.
- Ensure those working with people with LD are aware of positive ways to promote mental health and resilience.

People with Autism

Those with autism have been recognised as being at higher risk of suicide than the general population (NICE 2018)^{xxiv}. Factors known to increase people's risk of suicide are more common in the autistic community, including social isolation, unemployment, trauma, abuse and other social and biological factors that increase the likelihood of mental health problems. In addition those with autism face other issues that make them more likely to consider ending their own lives. They may also find it more difficult to access services. Women with autism may be at particular risk.^{xxv}

- An autism JSNA and strategy should be developed to ensure that mental health needs of this group are addressed
- Increase awareness of positive mental health for those with autism
- Ensure those with autism have access to services

8.3 Reducing access to means of suicide

Action to reduce access to means of suicide has been shown to reduce deaths by suicide.

- Work closely with Police, including the British Transport Police, and other partners to identify frequently used areas, monitor and reduce suicide risk at these places such as multi-storey car parks, bridges and the railway line.
- Work with colleagues in planning to embed suicide prevention principles in the rewrite of Swindon's Local Plan.
- Work with the CCG and Local Pharmaceutical Committee to continue to reduce the means to suicide through prescribed medication. This will include inappropriate use of repeat prescribing and hoarding of medication.

8.4 Providing better information and support to those bereaved or affected by suicide

Providing support for people bereaved by suicide is a key objective of the national suicide prevention strategy. When compared with people bereaved through other causes, those bereaved by suicide are at an increased risk of suicide, psychiatric admission and depression. The risk of friends and relatives of people who die by suicide making a suicide attempt themselves is 1 in 10. Close family members, particularly parents and spouses or partners, are thought to be the most vulnerable groups following a suicide, but there are also risks for extended family, friends and colleagues.

Based on PHE guidance on providing local services to support those bereaved by suicide^{xxvi}, and a consultation carried out with members of the Survivors of Bereavement by Suicide (SOBS) peer support group in Swindon, the following recommendations are made:

- Explore the benefits of setting up a system of real-time suicide surveillance in Swindon. Real-time suicide surveillance involves information sharing between agencies, such as Police, the Coroner and Public Health, on suspected suicides in order to ensure timely identification and referral of people bereaved by suicide to support, as there may be considerable delays between a suicide occurring and the coroner completing the inquest and issuing an official verdict of suicide.
- Consider developing a pathway to provide care and support locally to those bereaved by suicide. An example pathway developed by PHE^{xxvi} is shown below, which highlights that, on first contact with the bereaved, they should be offered information, advice and guidance, including on local support available such as the SOBS support group and Cruse Bereavement Counselling. A more detailed version of this pathway can be found in the publication, “Support after a suicide: Developing and delivering local bereavement support services”, by the National Suicide Prevention Alliance.

Chart 23 PHE example pathway of care and support for those bereaved by suicide^{xxvi}

1 First contact		
• Police • Coroner and coroner's office	• Funeral directors • Primary care	• Self referral
2 Referral to postvention support service		
Local service providers eg • If U Care Share Foundation • AMPARO	• Outlook South West • Survivors of Bereavement by Suicide (SOBS)	• Cruse Bereavement Care / Samaritans
3 Face to face meeting		
• Trained and experienced team or individual	• Child death overview panel • Local safeguarding boards	
4. Additional support		
• Primary care • Mental health services • Schools	• Youth groups • Faith groups • Funeral directors	• Welfare support • Housing providers/support
5. Feedback and evaluation		
• All partners in the pathway • Members of the community, including those bereaved	• Public Health England (for resources on a range of relevant issues)	

- Consider commissioning specialist suicide bereavement counselling. The consultation carried out with SOBS members in Swindon highlighted that many of them felt that counselling they had received wasn't fit for purpose.

- Develop and distribute post-vention (suicide bereavement support) guidance to schools. Ensure this guidance includes specific guidance for those with special educational needs.
- The implementation of national campaigns such as Time to Change to raise awareness of and tackle the stigma around mental health problems, as recommended above, will also contribute to tackling stigma around suicide and may make it easier for people to seek help following bereavement.
- Ensure peer support group continues to be available in Swindon.

8.5 Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

Evidence suggests that inappropriate reporting of suicide may lead to 'copycat' behaviour among vulnerable groups, particularly young people.

- Continue to maintain strong links with local media on suicide prevention, and ensure local media are aware of the guidance published by the Samaritans^{xxvii} on responsible media reporting of suicide.
- Work with local media to promote mental health awareness as part of national campaigns, such as Time to Change, Suicide Prevention Day and Mental Health Awareness Week.

8.6 Supporting research, data collection and monitoring

- Review the local suicide audit system to ensure all relevant data is being collected from all relevant agencies.
- As recommended above, explore the benefits of setting up a system of real-time suicide surveillance in Swindon in order to ensure timely identification and referral of people bereaved by suicide to support.
- As recommended above, work with partners including the Police and British Transport Police to monitor suicide risk at high frequency locations.
- Continue to support PHE-led self-harm research.

8.7 Reducing rates of self-harm as a key indicator of suicide risk

Previous self-harm, including attempted suicide, is the single strongest predictor of suicide. Self-harm admissions to hospital are a particular problem in Swindon - rates of hospital admissions for self-harm are consistently higher than those seen regionally or nationally, especially among young people aged 10-24 years.

- Continue the work of the multi-agency Task and Finish Group on reducing self-harm among children and young people. The work of this group contributes to sharing learning on and standardising approaches to self-harm assessment and interventions across agencies and the BSW Partnership. The group should look to:
 - Roll out the Harmless tool developed by Oxford Health throughout Swindon, including to foster workers, looked after children (LAC), schools, colleges, GPs, school nurses, and third sector youth providers.

- Review websites and apps available to share with schools and other professionals.
- Develop post-vention guidance for schools.
- Promote the Health Education England Self harm and Suicide Prevention Competency Framework to organisations in Swindon.
- Maintain or increase provision of community self-harm support, ensuring that:
 - Young people are specifically targeted;
 - Provision complies with NICE Clinical Guideline 133^{xxviiiixiii} on the long-term management of self-harm in people aged over 8 years old. This guideline emphasises the importance of:
 - Education of health and social care professionals about the stigma and discrimination usually associated with self-harm and the need to avoid judgemental attitudes, and on when and how the Mental Health Act (1983; amended 1995 and 2007) can be used to treat the physical consequences of self-harm.
 - Managing the endings of services, treatments or relationships and supporting transitions between services, through a process of planning with the service user.
 - Encouraging primary care professionals to refer people with a history and risk of self-harm to community mental health and wellbeing services or to CAMHS if they are under 18, and to monitor the physical health of these patients.
 - Ensuring community mental health and wellbeing services offer an integrated and comprehensive psychosocial assessment of needs, including skills, coping strategies, mental health problems and physical health problems, and risks to understand and engage people who self-harm and to initiate a therapeutic relationship. Needs assessments for children and young people should include a full assessment of the child's family, social situation, and child protection issues.
 - Ensuring community mental health and wellbeing services work with the person who self-harms and their family (if agreed with the person) to develop a care plan and a risk management plan, based on the psychosocial needs assessment.
 - The guideline also recommends that mental health services, including community services, consider offering 3 to 12 sessions of a psychological intervention that is specifically structured for people who self-harm, with the aim of reducing self-harm. The intervention should be tailored to individual need, and could include cognitive-behavioural, psychodynamic or problem-solving elements.
 - Provision complies with Health Education England's Self-Harm and Suicide Prevention Competence Framework for Community & Public Health.

9. Appendix 1:



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update on recomme

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Swindon Suicide and Self-Harm Prevention Action Plan 2019 – 2023 V7 (Draft)

Objective	Action	Owner	Date
1. Reduce the risk of Suicide in high risk groups	<p>1.1. Improving help seeking behaviour in men</p> <p>1.1.1.Campaign to encourage men to talk about their mental health</p> <p>1.1.2.Work with Substance Misuse providers to ensure optimal awareness of mental health and suicide risk of clients. Ensure that Dual Diagnosis clients (substance misuse and mental health are supported and have access to services)</p> <p>1.1.3.Recommissioning of community based mental wellbeing service will take place in January 2020- providers will have to include a focus on engaging men in their KPI's.</p> <p>1.1.4.Continue to provide Men's stress psycho-education course. The course is run once a quarter and teaches techniques to manage stress an also encourages men to open up about their emotions. Promote the course more widely.</p>	<p>Mental Health Co-ordinator SBC</p> <p>Substance Misuse Commissioner</p> <p>Senior Public Health Manager</p> <p>Head of service Lift Psychology</p>	<p>May 19 Complete</p> <p>May 2020</p> <p>January 2020</p> <p>On going</p>
	<p>1.2. Financial problems , debt, gambling and those in receipt of benefits</p> <p>1.2.1.Joint partnership work to devise best practice guide for banks in Swindon regarding managing early signs and</p>	<p>Mental Health Co-ordinator</p>	<p>April 2020</p>

	debt and mental health issues. Raising awareness of local support services to banking staff.	SBC, AWP, Metro Bank, CAB, Credit union, SBC housing and Samaritans.	
	1.2.2.Campaign on Suicide Prevention Day 2019 to raise awareness around Debt and Mental Health to the local community.	Time to change/Mental health co-ordinator	September 2019
	1.2.3. Explore the recommendations within the LGA/PHE guidance on tackling gambling related harm (2018)	Senior Substance Misuse Commissioner	September 2020
	1.2.4.Ensure staff who support those who are most socioeconomically disadvantages are aware of the suicide risk and know how to respond.	Mental Health Co-ordinator	September 2021
	1.2.5.Rolling our Mental Health First Aid and other suicide prevention training such as ASSIT to DWP staff	DWP, Service Lead	September 2020
	1.2.6.Continue links between DWP and support offered by the Samaritans	DWP Service Lead and Samaritans	On Going
	1.2.7.Link with DWP around closure of Honda with regard to recognising suicide risk	DWP, District Operations Manager and Mental health Co-ordinator	September 2019 September 2023
	1.3. Improve community response to working with those in the LGBT community		
	1.3.1.Joint partnership work between SBC sexual health, mental health, domestic abuse as well as local community sector groups. Raising the profile of best practise when working with the LGBT community to engage them in support. Consider implications with regard to culture, faith and social beliefs.	Mental Health co-ordinator SBC, Out of the Can, Swindon Mind.	January 20

	<p>1.3.2.LGBT principles produced to share with wider community around best practice with LGBT community.</p> <p>1.3.3.Promotion and implementation of the PHE and RCN guidance for nurses on suicide prevention strategies with trans young people and among lesbian, gay and bisexual young people.</p>	<p>Mental Health co-ordinator SBC, Out of the Can, Swindon Mind.</p> <p>Mental Health Co-ordinator and Senior Public Health Manager Children and Young People</p>	<p>January 20</p> <p>Sept 2020</p>
	<p>1.4. Housing and homelessness</p> <p>1.4.1.Ensure those supporting people who are homeless or at risk of homelessness have access to and receive training on mental health awareness. This should include links with 3rd sector charities and voluntary groups.</p> <p>1.4.2.Ensure those who are homeless have access to mental health services</p> <p>1.4.3.Ensure AWP have a representative on the homeless panel.</p> <p>1.4.4.Recommissioning of community based mental wellbeing service will have a specific provision for those that are under local homelessness service.</p>	<p>Rough Sleeper Project Co-ordinator SBC, housing providers and homeless outreach workers</p> <p>Mental Health Commissioner CCG, SBC, AWP</p> <p>AWP service Manager AWP/SBC</p> <p>Senior Public Health Manager SBC/CCG</p>	<p>Jan 2019</p> <p>Jan 2020</p> <p>Ongoing</p> <p>Jan 20</p>

	<p>1.5. People with a history of self-harm</p> <p>1.5.1.Recommissioning of community based mental wellbeing service will have specific provision for those that have a history of self-harm.</p> <p>1.5.2.See section on self-harm below (7.0)</p>	<p>Senior Public Health Manager SBC/CCG</p> <p>SBC PH, CAMHS, TAMHS, SBC Education</p>	<p>Jan 2020</p>
	<p>1.6. Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers.</p> <p>1.6.1. Targeted work to be established around veterinarians to raise awareness of suicide in this profession.</p> <p>1.6.2.Men’s mental health campaign to be rolled out to GP practices and local veterinarians.</p> <p>1.6.3.Establish links with the construction industry to raise awareness of the risk and opportunities to prevention suicide using the Mindful Employer Network</p>	<p>Mental Health co-ordinator</p> <p>Mental Health co-ordinator SBC, Vets, Practice managers in GP practices.</p> <p>Mental Health co-ordinator</p>	<p>September 20</p>
	<p>1.7. People with a history of mental health problems</p> <p>1.7.1. Continue to work closely with CCG, and secondary care services to monitor and support suicide prevention within secondary care services – including inpatient settings by the implementation of secondary care</p>	<p>Mental Health commissioner CCG/ Senior Public Health Co-ordinator</p>	

	<p>suicide prevention strategies</p> <p>1.7.2.Ensure those with dual diagnosis substance misuse and mental health are identified and have access to support</p> <p>1.7.3.Continue joint working between Lift Psychology and Primary Care Liaison service to support service users with appropriate referrals and treatment.</p> <p>1.7.4.To continue with and review the emotional regulation group work currently provided by Lift Psychology</p> <p>1.7.5.Review links between S136 attendances by the police and subsequent Suicide</p> <p>1.7.6.To commission and implement a crisis café model to support those experiencing a mental health crisis initially for those under care of mental health service but with potential to expand .This is a two year pilot.</p> <p>1.7.7.LIFT Psychology to continue with the Employment</p>	<p>Suicide prevention leads at AWP and Oxford Health.</p> <p>SCCG, Oxford Health NHS Trust, AWP, SBC Public Health Substance Misuse Commissioner SBC, SCCG, SBC PH, Oxford Health, U-turn, Turning Point, AWP</p> <p>Head of Service LIFT/PCLS service manager</p> <p>Head of Service LIFT Psychology AWP LIFT</p> <p>Partnership Sergeant Wiltshire Police, SBC Public health and Wiltshire Steering Group</p> <p>Mental Health Commissioner CCG SCCG, SBC</p>	
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	<p>Support Project (Ends March 2020) with a small team of Employment Advisors to support individuals who present with stress at work; are signed off work; or supporting unemployed people to return to work.</p> <p>1.7.8.To improve and develop personality disorder pathway to include structured clinical management</p> <p>1.7.9.As part of implementing the military covenant ensure accessible mental health treatment for military veterans.</p>	<p>LIFT Psychology Head of Service</p> <p>Mental Health Commissioner BSW Mental Health Commissioner CCG Head of Service AWP.</p>	
	<p>1.8. People in contact with the criminal justice system</p> <p>1.8.1.Review the implementation of NICE guidance with regard to supporting those in the criminal justice setting.</p> <p>1.8.2.Continue to raise awareness of mental health issues among staff within the policy custody unit, the local probation service, substance misuse services and homeless services and encourage them to be vigilant for signs of suicide risk among clients/offender</p> <p>1.8.3. Target community mental health and wellbeing</p>	<p>Interventions Manager Working Links/Senior Public Health Manager</p> <p>Probation, NPS and SBC Partnership sergeant Wiltshire Police</p> <p>Senior Public Health</p>	<p>Dec 20</p> <p>On Going</p> <p>September 2020</p>

	support to those most at risk including those on probation	Manager, CRC, NPS,	
	1.9. People with gambling problems 1.9.1. Commission and implement a service for those experiencing problems with gambling with a specific focus on identified vulnerable groups.	ARA and Substance Misuse Commissioner SBC/Gambling Commission/Recovery for All	Sept 19
	1.10. People with long term conditions 1.10.1. Continue to provide and develop services to support those with long term conditions with group and 1:1 intervention for their mental health – to include pain and fibromyalgia	Head of Service LIFT/Health Communities Manager Lift Psychology/Community Navigators	On going
	1.11. Children Looked after (See section 2 below) 1.12. Older people please see the Swindon Ageing well strategy, Making a good life (currently under development)		
2. Tailoring approaches to improve mental health in specific groups	2.1 Recommissioning of community based mental wellbeing service will take place in January 2020 2.1.1 This will include provision specifically for high risk groups such as; homelessness, transitions (16- 25 years), men, lower level dual diagnosis, those stepping down from AWP. 2.1.2 This will include expectations around the delivery of inclusive service to support those with LD, those from a BME background and those from the LGBT community. 2.1.3 This will include specific services for those who are self-	Senior Public Health Manager SBC/Mental Health Commissioner CCG	January 20

	<p>harming and those bereaved by suicide as well as those at risk of Post Natal Depression.</p> <p>2.1.4 This will include educational workshops and campaigning which highlight the link between mental illness/ risk of suicide with certain groups; i.e. LD, LGBT.</p> <p>2.1.5 This will include providing support for those bereaved by suicide</p>	SBC /CCG	
	<p>2.2 Support local providers to access mental health training.</p> <p>2.2.1 Recommissioning of community based mental wellbeing service will include ASSIST and MHFA training as well as mental wellbeing awareness training such as Connect 5 to support local providers.</p> <p>2.2.2 Ensure GP practices have access to training on suicide prevention and self harm</p> <p>2.2.3 Deliver workshop to GPs through the academy on suicide and self-harm</p>	<p>Mental Health Co-ordinator SBC</p> <p>Deputy Head of Service LIFT Psychology</p> <p>Deputy Head of Service LIFT Psychology, Oxford Health, Mental Health Commissioner CCG, Senior Public Health Manager</p>	<p>Jan 20</p> <p>Ongoing</p> <p>October 19</p>
	<p>2.3 Time to Change Swindon</p> <p>2.3.1 Raise general awareness of mental wellbeing/ suicide prevention in certain groups; LGBT, Men, LD, perinatal</p>	SBC and TTG Steering Group	June 2020

	<p>2.4 Primary care services</p> <p>2.4.1 Improve confidence in those delivering primary care services to identify and support those with suicidal ideation. To include ongoing CPD and support for Psychology Practitioners at LIFT.</p> <p>2.4.2 Ensure primary care professionals are aware of NICE guidance on depression</p> <p>2.4.3 Continue to implement the Crisis care concordat to improve crisis care and prevent crisis ensuring Swindon's engagement in Avon Somerset and Wiltshire Crisis Care Concordat Group</p>	<p>Head of Service LIFT/AWP/Oxford Health/SBC PH/SCCG</p> <p>Mental Health Commissioner CCG SCCG</p> <p>Mental Health Commissioner CCG CCG, SBC and BSW STP Concordat Group</p>	<p>October 19</p> <p>Dec 20</p> <p>On going</p>
	<p>Children and Young People (self-harm prevention under section 7)</p> <p>2.5 Ensure Specialist perinatal mental health service is embedded in the Perinatal mental health pathway</p> <p>2.6 Improve access to specialist perinatal mental health services</p> <p>2.7 Ensure Schools are aware of community mental health and wellbeing service provision for self-harm support</p> <p>2.8 Improve the PSHE curriculum and delivery around mental health and wellbeing. Promote Mind Ed web-based resources</p>	<p>Perinatal Mental Health Steering Group</p> <p>Mental Health Commissioner/Head of Service AWP</p> <p>New service provider</p> <p>Healthy Schools Advisor</p>	<p>January 2020</p> <p>September 2020</p> <p>September 2020</p> <p>September 2020</p>

	2.9 Work with schools and other educational and youth settings to promote awareness of and tackle stigma associated with mental health problems through training. Training should be guided by the HEE self-harm and suicide prevention competency framework for community and Public Health.	Mental health co-ordinator and Health Schools Advisor	September 2021
	2.10 Ensure the needs of those with SEN are considered in the roll out of the above actions and those in section 7. Work with SENDCos and Educational Psychologists in Schools to raise awareness of mental health and wellbeing of those with SEND particularly in relation to dyslexia, autism and related conditions.	Strategic Commissioner for SEND/Children and Young People's Programme Manager	September 2021
	2.11 Tackling bullying or discrimination associated with SEN	SEN Advisor	September 2021
	2.12 Improve the access for children looked after to specialist support for emotional wellbeing by having a specialist mental health post with the Children Looked after team	Designated Nurse CLA, Named Nurse for CLA; Service Manager Permanency	September 2020
	2.13 Ensure those CLA with high SDQs have the appropriate intervention to improve their emotional health and wellbeing	Designated Nurse CLA (CCG)	September 2020
	2.14 Ensure all foster carers have self-harm and suicide prevention training	Named Nurse and Manager Foster Carers	September 2020
	2.15 All commissioned service for CLA should be trained in suicide and self-harm prevention including providers of accommodation for care leavers. They should be aware of and implement the HEE self-harm and suicide prevention competency framework for community and Public Health. (To include Children and Young People care home providers.)	Manager for Permanency Designated nurse for CLA	September 2021

	<p>Dual diagnosis Substance Misuse and mental health</p> <p>2.16 Raise awareness of mental health and suicide risk amongst substance misuse workforce</p> <p>2.17 Develop dual diagnosis pathways between mental health and substance misuse services.</p> <p>2.18 Implement and monitor the actions taken to reduce the harm to children and alcohol-dependent parents as part of the innovation project.</p> <p>Those experiencing Domestic Abuse</p> <p>2.19 Ensure training and support is offered for primary care and other frontline professional staff to improve identification and appropriate referral to support service of those experience DV and DA.</p> <p>2.20 Work with Domestic Abuse support providers to ensure awareness of mental health and the HEE self-harm and suicide prevention competency framework for community and Public Health.</p> <p>2.21 Ensure mental health and domestic abuse service providers are aware of and work in partnership around domestic abuses issues.</p> <p>Those with Long-term Physical health conditions</p> <p>2.22 Continue to implement NICE guidance (CG91) on depression</p>	<p>Mental Health Co-ordinator/ Senior Substance Misuse commissioner (2.16 – 2018)</p> <p>Domestic Abuse Co-ordinator</p> <p>Domestic Abuse Co-ordinator</p> <p>Domestic Abuse Co-ordinator</p>	<p>June 2021</p> <p>September 2021</p> <p>September 2021</p> <p>September 2021</p>
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	<p>in adults with chronic physical health problems buy offering group-based peer support to groups of patients with shared chronic physical health conditions through LIFT psychology</p> <p>Those with learning disabilities</p> <p>2.23 NICE Guidance NG 54 (2016) Mental health problems in learning disabilities; prevention, assessment and management should be reviewed and implemented as appropriate</p> <p>2.24 Ensure those working with people with learning disability are aware of positive ways to promote mental health and resilience.</p> <p>Those with Autism</p> <p>2.25 Ensure Mental health needs are addressed in the Autism JSNA and Strategy under development</p> <p>2.26 Increase awareness of positive mental health for those with autism</p> <p>2.27 Ensure those with autism have access to mental health services</p>	<p>Mental Health commissioner CCG and Service Lead for LIFT.</p> <p>Head of transitions</p> <p>Head of transitions</p> <p>Head of transitions (holding)</p> <p>Head of transitions (Holding)</p> <p>Head of transitions (Holding)</p>	On going
3. Reducing access to means of suicide	<p>3.1 Work with colleagues in planning to embed principled in the rewrite of the local plan</p> <p>3.2 Continue to monitor the method of suicide through the local audit for trends.</p>	<p>SBC PH and Planning</p> <p>Senior Public Health Manager</p>	<p>Dec 19</p> <p>On Going</p>

	3.3 Work with the CCG and local pharmaceutical committee to continue to reduce the means to suicide through prescribed medication. This will include inappropriate use of repeat prescribing and hording of medication.	Prescribing Lead CCG LPC	June 2021
	3.4 Work with British Transport to continue to monitor incidents on the railways	Sergeant BTP/Senior Public Health Manager	On going
	3.5 Wiltshire Police to continue to provide information to public health on incidents in car parks, bridges or other public places with regard to suicide.	Partnership Sergeant Wiltshire Police Wiltshire Police and SBC PH and Car Parks	On going
	3.6 To ensure Samaritans signs up in car parks	Parking Management & Enforcement Highways and Transport Samaritans, SBC Car Parks, SBC PH	On going
4. Providing better information and support to those bereaved or affected by suicide.	<p>4.1 Recommissioning of community based mental wellbeing service will take place in January 2020 and will include a specific service for those bereaved by suicide.</p> <p>4.2 Explore the benefits of real time surveillance</p> <p>4.3 Provide support for those bereaved by suicide through the local SOBS group</p>	Senior Public Health Manager SBC / SCCG/ Third Sector SOBS lead; Partnership Sergeant Wiltshire Police, Mental Health Co-ordinator Police, Primary Care, Community services	<p>Jan 2020</p> <p>January 2022</p> <p>On going</p>

	4.4 Promote Help is at Hand and local community support available in Swindon to relevant parties		April 2020
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour	<p>5.1 Time to Change Swindon- Swindon have been successful in their application to becoming a Time to Change Hub and will work in partnership with local media to promote mental health messages under the Time to Change banner, supporting appropriateness, consistency and professionalism.</p> <p>5.2 Suicide Prevention Day 2019- this will focus on message around debt and mental health awareness. Local media outlets and organisations like the Samaritans will work in partnership to ensure appropriate messaging. (Promote bereavement support)</p> <p>5.3 Mental Health Awareness Week 2019- This will have a focus on Men through the launch of the local men's mental health campaign. Local media will be engaged to support messaging in an appropriate way during this week.</p> <p>5.4 Continue to maintain strong links with local media on suicide prevention and ensure local media are aware of the Samaritans guidance of responsible media reporting of suicide.</p>	<p>Time to Change Steering Group.</p> <p>Mental Health Co-ordinator SBC, Samaritans, CAB.</p> <p>Time to Change Steering Group Comms</p>	<p>June 19</p> <p>September 19</p> <p>May 19</p> <p>Ongoing</p>
6. Supporting research, data collection and monitoring	<p>6.1 Continue to monitor deaths by suicide through the established audit system</p> <p>6.2 Improve links with the Child Death Overview Panel with regard to suicides for those under 18yrs</p> <p>6.3 Improved joint working between CCG, AWP/Oxford Health to review deaths by suicide of those known to mental health services</p> <p>6.4 Review the Swindon Audit process to explore opportunities include additional partners such as probation, safeguarding and Drug Related Deaths.</p> <p>6.5 Continue to support regional PHE led research on self-harm</p>	<p>SBC Public Health</p> <p>SBC Public Health</p> <p>Public Health, CCG, AWP/Oxford Health</p> <p>Senior Public Health Manager</p>	<p>On going</p> <p>December 19</p> <p>March 2020</p> <p>September 20</p>

	admissions to hospitals	PHE, SBC	April 20
	6.6 Consider the benefits of real-time surveillance with Wiltshire CC and Wiltshire Police	Senior Public Health Manager SBC, SBC, WCC, Wiltshire Police	April 20
	6.7 Review and promote the Information sharing and suicide prevention consensus statement published led by the Department for Health 2014	All Partners	September 2020
	6.8 Improve recording of ethnicity on the suicide audit database	Senior Public Health Manager/Suicide Prevention Lead WCC	April 2020
7. Reducing rates of self-harm as a key indicator of suicide risk	7.1 Recommissioning of community based mental wellbeing service will have specific provision for those that have a history of self-harm.	Senior Public Health Manager SBC, CCG	January 2020
	7.2 Develop a consistent approach to self-harm risk assessment and interventions across CAMHS and throughout TAMHS	Clinical Team Manager CAMHS and Senior TaMHS Clinical Practitioner	June 19 ongoing July 19
	7.3 Review and recommend websites and apps which are helpful and supportive for young people to access with a focus on staying safe and prevention self-harm		
	7.4 Roll out Harmless toolkit to support those working with young people to have helpful conversations about self-harm accessing risk and developing care plans and referral if required. Ensure SENCo Champions, designated teachers, special educational Needs and disabilities Information and Advice Support Workers are specifically offered training.	Mental Health Co-ordinator, Service Manager CAMHS, Strategic Commission SEND, SEN Advisor, Designated Nurse CLA, SENDIASS Manager	From June 19

	7.5 Explore the development of pathways between A&E and schools/school nurses regarding self-harm attendance at GWH.	Principle officer health and wellbeing, GWH, and Oxford Health Service Manager	June 2020
	7.6 Develop guidance for schools on post-vention support following a suicide within the school	Lead safeguarding adviser education	December 2019
	7.7 Promotion of the HEE Self-Harm Competencies to make sure professionals working with those who self-harm are aware of and implement good practice	GWH/Oxford Health/Schools nurses Education and Public Health, CCG Commissioners	September 2020
	7.8 Through Time to Change explore options for a Self-Harm and suicide awareness campaign	Time to Change Group and Public Health	September/October 2019
	7.9 Review the implementation of NICE clinical guideline 133 on the long term management of self-harm in people aged over 8 years old.		

Swindon Safeguarding Partnership Strategic Plan

Health and Wellbeing Board

Date: 9 October 2019

Author: Liz Murphy, Independent Chair, SBC

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To present to Health and Wellbeing Board the strategic plan for the Swindon Safeguarding Partnership (see appendix 1). This strategy sets out the priorities and activities for safeguarding and promoting the welfare of Swindon's children and adults at risk. The safeguarding partners have worked together to develop this strategic plan and have joint responsibility for delivering it.
- 1.2 The strategic plan on a page outlines our approach for working together to support, enable and challenge local organisations and agencies to improve outcomes for children and adults at risk.

2. Recommendations

The Board is recommended to:

- 2.1 To discuss and approve Swindon Safeguarding Partnership's Strategic Plan on a page and to support the ongoing commitment to improve outcomes for children and adults at risk.

3. Detail

- 3.1 March 13th 2019, the Health and Wellbeing Board approved Swindon's new multi-agency safeguarding arrangements as the statutory successor to the Local Children's Safeguarding Board (LSCB). These arrangements were published in May 2019 by Wiltshire Police, Swindon Borough Council and Swindon Clinical Commissioning Group and Swindon Safeguarding Partnership came in to effect end of July 2019. The partnership has developed this strategic plan on a clear and simple recognition that children, young people and adults live in families and local communities that can be both places of support and risk. The partnership is committed to doing all they can to safeguard children and adults at risk
- 3.2 The Strategic Plan on a page provides the over-arching framework for partners to work collaboratively to deliver measurable and meaningful improvements in outcomes for children and adults at risk. This plan sets out the purpose, ambitions and behaviours of the new partnership as well as outlining the key priorities for the coming year.
- 3.3 Ongoing monitoring and impact of the strategic plan will be led by the Swindon Safeguarding Partnership Executive Group and the children and adults Performance and Quality Assurance Sub-Groups (PQA). The Health and Wellbeing Board will receive an Annual Report which will provide evidence of the

Further information on the subject of this report can be obtained from Phillipa Lamb, 07818510484, plamb@swindon.gov.uk

Swindon Safeguarding Partnership Strategic Plan

Health and Wellbeing Board

Date: 9 October 2019

impact of the work of the safeguarding partners and relevant agencies in delivering the priorities.

4. Alternative Options

- 4.1 There are no suggested alternative options. Swindon Safeguarding Swindon's Strategy is key to promoting a shared commitment to work together across the partnership to improve outcomes for children and adults at risk.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 The Council, Police and CCG provide resources to fund the Swindon Safeguarding Partnership. No further financial resources are being sought at this time.

Legal and Human Rights Implications

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

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

- 5.3 None have been identified at this stage

Diversity Impact Assessment

- 5.4 Swindon's Safeguarding Partnership Strategic Plan on a page will positively impact on vulnerable children and adults at risk.

Risk Management

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

6. Consultees

- 6.1 Director of Nursing and & Quality - BSW, Detective Superintendent Head of Public Protection, Corporate Director of Children's Services (DCS), Corporate Director of Adult Social Services and Health (DASS), Director of Public Health

Swindon Safeguarding Partnership Strategic Plan

Health and Wellbeing Board

Date: 9 October 2019

7. Background Papers

- 7.1 Swindon Safeguarding Partnership Multi-agency Safeguarding Arrangements for Children and Adults at Risk

https://www.swindonlscb.org.uk/news/article/9/published_new_safeguarding_arrangements_for_swindon

8. Appendices

- 8.1 Appendix – Swindon Safeguarding Partnership: Strategic Plan-On-A Page

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SWINDON SAFEGUARDING PARTNERSHIP: STRATEGIC PLAN

2019/2020

PURPOSE - The Swindon Safeguarding Partnership will support, enable and challenge each other to work together to:

- Deliver our shared responsibility for the safeguarding of children, young people and adults at risk in the Borough;
- Provide effective and informed leadership to the local safeguarding system;
- Promote positive working relationships with each other and children, adults and families;
- Identify and act on learning
- Provide assurance to the Swindon community

Through our **BEHAVIOURS** we will demonstrate:

- ❖ Accountability
- ❖ Openness
- ❖ Trust
- ❖ Innovation
- ❖ Commitment
- ❖ Respectfulness
- ❖ Curiosity
- ❖ Collaboration

AMBITIONS - The Partnership will act with intent and purpose to deliver measurable and meaningful improvements in outcomes for children and adults at risk. This means that the partnership will:

Create a stronger culture of collective responsibility for safeguarding children and adults

Act on learning so that the partnership can continuously improve its support for children and adults at risk

Activate and empower the local community to be safeguarding partners

Increase the involvement of children and adults in the work of the partnership

Develop a confident and knowledgeable workforce and use their expertise to shape our work

Use our data to develop a shared narrative about the safeguarding needs of children and adults in Swindon

CHILDREN, FAMILIES & ADULTS AT RISK

PRACTITIONER

WIDER COMMUNITY

COMMUNICATION & ENGAGEMENT

The right decision is made at the right time for children & families

- Thresholds used effectively by partner agencies to identify risk and inform timely decision making to keep children and adults safe
- MASH includes all key partners and services are effectively co-ordinated across the partnership to promote cohesive & multi-agency working that provides positive experiences for children and families
- Effective information sharing processes in place
- Effective leadership and management oversight in safeguarding practices to keep children safe
- Services will be delivered as early as possible to meet emerging need and prevent needs escalating through early intervention & strength based working

Safeguarding approach for adults with care and support needs is personalised and achieves meaningful improvement in circumstances enabling them to live safe and well

- Improvements in the quality of referrals to cover all categories of abuse leading to clear identification of safeguarding concerns and evidence of consent at initial stage
- Evidence that desired personal outcomes have been realised through ongoing engagement with people about the outcomes they want with an improved enquiry pathway
- A more co-ordinated and consistent multi-agency contribution to a safeguarding adult front door
- To meet the good practice standards and outcomes for adult protection set out in the National Safeguarding Adults Framework

Reduce the number of children and adults with care and support needs being exploited

- Children and adults with care and support needs at risk of exploitation will be helped to stay safe in their community.
- Children and adults with care and support needs affected by exploitation will receive a high level of support and protection to keep them safe
- Perpetrators will be held accountable for their actions, and where possible brought to justice.



Adults with care and support needs live in safety, free from self-neglect

- Enhance practitioner knowledge of self-neglect and the legal framework surrounding it
- Develop fit for purpose risk tools and assessment skills to support strength based recovery-led approach to working and ensures consistency in decision making
- Practitioners are pro-active, build a positive relationship with individuals who self-neglect and adopt an investigative approach
- Multidisciplinary working is embedded with each organisation taking responsibility for their role in supporting the adult to address issues caused through self-neglect

Children live in safety, free from neglect

- Development of skilled & professionally curious workforce through the provision of high quality multi-agency training and tools for children's services with the roll out of the Graded Care Profile across the partnership
- Improved recognition of neglect with better understanding of pathways into targeted services as part of the agreed multi-agency response to neglect
- Mechanisms to provide oversight and understanding of the prevalence of neglect for children and to understand the effectiveness of the multi-agency response.

Improve quality of practice & ensure children/young people and vulnerable adults are at the centre of decisions which relate to their life

- We listen to children, young people, families and adults with care and support needs and ensure their voices are heard
- Escalation is used effectively to resolve professional disagreements or concerns
- Information is shared in a timely manner
- 'Think family' and 'Think holistically' is promoted across the partnership to remove silo working between practitioners and services.
- Effective supervision and management oversight leading to better outcomes for children and adults with care and support needs at risk.
- Practitioners are professionally curious when working with children and adults with care and support needs at risk and respond to their lived experiences.

WIDER COMMUNITY

PRACTITIONER

CHILDREN, FAMILIES & ADULTS AT RISK

COMMUNICATION & ENGAGEMENT

Links to Other Partnerships

Domestic Abuse (**Community Safety Partnership**) Looked after Children (**Corporate Parenting Board**) Early Help, transitions, Emotional health and wellbeing (**Children's Strategic Partnership**) Special Educational Needs/Disability (**SEND Board**) Child exploitation will be a shared priority between children's partnership and children's safeguarding arrangements

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THE COMMISSIONER'S **ANNUAL** **REPORT** 2018 / 19

More officers on the beat

Tackling knife crime

Taking care of the vulnerable



STEPHEN LAWRENCE DAY, 22 APRIL

Because of **Stephen...**
our society
is a fairer place

#SLDay #LiveOurBestLife



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INTRODUCTION

“ The greatest reductions have been seen in the areas of burglary and vehicle crime; areas where I had previously identified performance challenges which I asked the Chief Constable to address. Improvements have been made, and both the Chief Constable and the Force deserve commendation. ”



I have pleasure in giving my report on how policing and criminal justice services have performed for 2018/19.

The public of Wiltshire and Swindon elected me to be their voice in policing and my job is to make sure Wiltshire and Swindon are policed well, holding the Chief Constable to account for delivery of policing services. My job is also to set the Police and Crime Plan, laying out clear objectives for the Chief Constable and my office to deliver upon.

An important part of my role is to set the budget for Wiltshire Police and, in consultation with the public, I determine the policing precept. I also bring together community safety and criminal justice partners, to make improvements in our communities and in our criminal justice system.

The role of PCC requires a massive commitment in time, energy and dedication. I was delighted to have been elected as the first PCC for Wiltshire and Swindon in 2012 and re-elected in 2016. However, as I approach my eighth year in the

role, I have decided not to stand again for election. Wiltshire will therefore select a new PCC in 2020. I hope that the public will engage in that process, and will vote in the elections. I am confident that whoever takes on the role will find an efficient and effective office, which supports a well-run Force. Wiltshire Police is rated “good” by Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), and has a balanced budget with no borrowing, excellent information technology (IT) systems and a lean and efficient public estate.

This is my third annual report during my second term as PCC. The document covers the financial year 2018/19, sets out the progress that has been made up to the end of March 2019 and summarises the progress made against the four priorities in my Police and Crime Plan.

The year has been challenging, with a second Novichok incident in the county during July 2018, which tragically took the life of Dawn Sturgess and seriously injured her partner. The nerve agent incidents created massive demand on the Force but it coped admirably with the challenges it faced. That a HMICFRS grading of “good” was maintained against that backdrop represents a phenomenal achievement by Wiltshire Police, and I commend all the officers, staff and volunteers who work for the Force.

In December, I appointed Kier Pritchard as Chief Constable after a competitive interview process. This followed his exemplary performance in the acting-up role, which commenced the very day the first nerve incident occurred in March 2018. He has, in turn, appointed a Deputy Chief Constable and two Assistant Chief Constables.



Contrary to some press reporting, the size of the Chief Officer team has not increased - these appointments replaced the temporary roles.

At the very start of 2019, the consultation on the precept for 2019/20 generated much greater interest than ever before. The consultation found that 68 per cent of residents who responded supported the precept rise of £2 per month at Band D. This shows, I think, the support and regard that the public of Wiltshire and Swindon have for their local police force.

I have managed to avoid financial borrowing and the interest charges that go with it, whilst still funding capital expenditure on modern IT equipment for our staff. The rationalisation of the police estate with local authorities continues to yield efficiencies. I know that the public are alive to the message that police officers with modern equipment can protect them from increasingly sophisticated criminals - whereas empty police buildings cannot.

The precept increase for 2019/20 has funded 41 additional officers. At the end of the financial year 2018/19, Wiltshire had 962 officers and 138 PCSOs in post against a budgeted establishment of 934 and 131 respectively. There were 910 police staff in post against a budget of 946. The provisional budget outturn, reported by the Chief Financial Officer (CFO), is a spend of £109.93m against a budget of £109.96m - the CFO and his finance team deserve credit for running such a tight ship.

In order to improve the public's trust that the police accurately record every crime reported, I set the Force an objective to focus on improvements in ethical crime recording. Our crime compliance level of between 90-95 per cent demonstrates that Wiltshire Police ethically records crime. Wiltshire's improvements in this area were made in advance of other police forces. Over 2018/19 Wiltshire has seen crime levels stabilise, where other areas have continued to see rises. Wiltshire has the lowest rate of crime of all its comparator forces.

The greatest reductions have been seen in the areas of burglary and vehicle crime: areas where I had previously identified performance challenges, which I asked the Chief Constable to address. Improvements have been made, and both the Chief Constable and the Force deserve commendation.

The response by officers to 999 and priority calls consistently hit the targets set and the 101 non-emergency number response has also seen sustained improvement. Calls are answered quickly, with few exceptions, with the call routed to the correct recipient well within the target times.

This year I ring-fenced part of the budget to bring back specialised policing services (armed response, roads policing and dog handlers and trainers) from regional delivery to the local control of the Chief Constable. This will help stabilise and improve the effectiveness and visibility of local policing in Wiltshire and Swindon.

I am supported and scrutinised by a Police and Crime Panel, under the chairship of Wiltshire Councillor, Richard Britton. The panel comprises local councillors and independent members.

In closing my introduction, I would like to pay tribute to the bravery and selfless dedication of our officers and staff. On a daily basis they are the ones who run toward risks on our behalf, protect us and keep us safe. My admiration for them all has only increased during the eight years I have had the privilege of being the Police and Crime Commissioner. I would also like to thank the public for their continued support to me in my role and their support to policing in the County.

Angus Macpherson

Police and Crime Commissioner for Wiltshire and Swindon
August 2019



HIGHLIGHTS OF 2018/19



Operation Fairline - nerve agent attack in Salisbury

APRIL



Operation Fortis - nerve agent attack in Amesbury

JUNE



Jerry Herbert appointed as Deputy PCC

AUGUST

2018



Mental Health Week

MAY



Restorative Justice Conference

JULY



Emergency Services Sh...

SEPTEMBER



Operation Sceptre - knife amnesty

OCTOBER



Paul Mills appointed as substantive Deputy Chief Constable

DECEMBER



'Out of the Can' LGBT+ youth group

FEBRUARY

2019



Now



Kier Pritchard appointed as substantive Chief Constable

NOVEMBER



Consulted with the public of Wiltshire and Swindon on extra £2 a month precept increase

JANUARY



PCC Angus Macpherson announced that he will be standing down next year

MARCH



THE POLICE AND CRIME PLAN PRIORITIES FOR WILTSHIRE AND SWINDON

Prevent crime and anti-social behaviour

My first priority is to prevent crime and keep people safe. The central role of the police is to keep the people of Wiltshire and Swindon safe.



PRIORITY 1

Protect the most vulnerable people in society

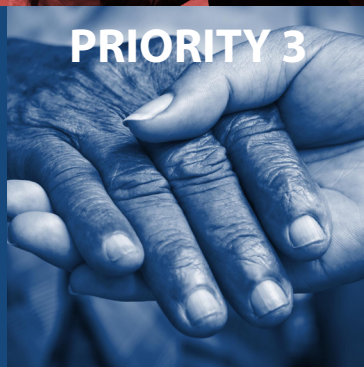
I am working together with police, local authorities, NHS and criminal justice agencies to identify and protect the most vulnerable people in society. This includes protecting those at risk of Child Sexual

Exploitation, working with families and individuals who need most support and helping those in a mental health crisis.

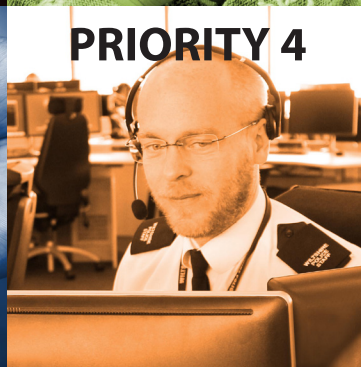


PRIORITY 2

PRIORITY 3



PRIORITY 4



Public services are paid for by taxation, so we have a duty to taxpayers to ensure we use

At all stages, from reporting an incident, on the journey through the justice system, to the point of recovery, I believe victims and witnesses must be the central focus of Wiltshire Police and partner agencies.

this money as efficiently and effectively as possible. The tremendous changes in society in recent years, and the changing patterns of criminality, mean we must re-shape the way we keep our communities safe with the finite resources we have.

Put victims and witnesses at the heart of everything we do

Secure a quality police service that is trusted and efficient

PRIORITY ONE: PREVENT CRIME AND KEEP PEOPLE SAFE

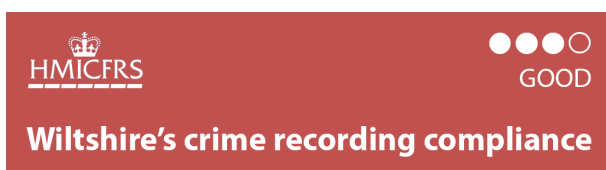
More money for more officers and staff to tackle crime



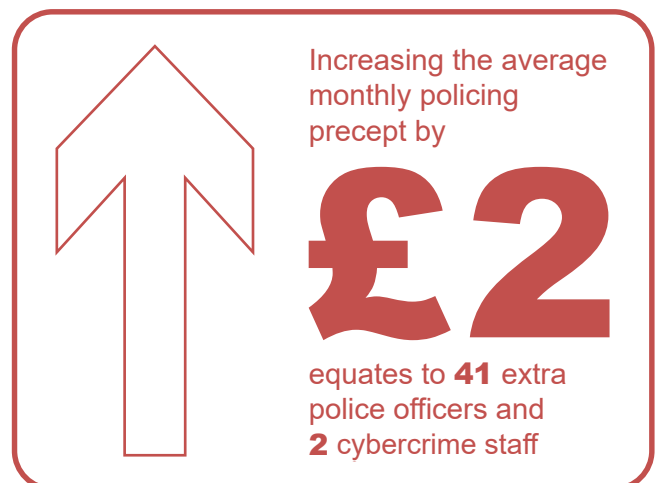
Everyone in Wiltshire and Swindon should be able to live without the fear of crime. Preventing it as well as stopping people becoming victims of crime is a joint responsibility for our communities, police and partners. Wiltshire is a relatively safe place to live, but if you are a victim of crime you should have the confidence to report it to the police knowing that you will be listened to and that the crime will be properly investigated.

HIGHLIGHTS DURING 2018/19

- We have increased the accuracy of our crime recording and now have greater confidence in the exactness of the figures. Wiltshire has a low level of recorded crime compared to almost every other force area and sees in the region of 42,000 to 45,000 crimes a year.



- Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) rated Wilshire's crime recording compliance as "good."





new recruits have been trained, which takes approximately six months, I will expect to see Community Policing Teams consistently resourced, with clear and consistent local priority setting in each area.

- **“The police are the public and the public are the police”** to quote Sir Robert Peel, the founder of the modern police service. We are working more closely with our communities. There are more volunteers in Community Speed Watch and Neighbourhood Watch. There are also volunteers in a variety of roles that assist day-to-day policing activities. We have good numbers of volunteers overall - the task now is to ensure that they remain supported and committed to policing in the Force area. This will require them to continue the process of embedding and feel valued by the particular area to which they dedicate their time so generously.
- We have been active in recruiting Special Constables and now have more than 200

contributing to a regular shift. Again, the task is to embed them in policing teams across every area of the business in every part of the county. We need to build a strong presence within every CPT area.

- Wiltshire Police responded to and protected the public during the two nerve agent attacks in Salisbury and Amesbury in March and July 2018 respectively.
- Recorded knife crime dropped by 18 per cent in Wiltshire.
- Community Messaging continues to grow with more than 11,000 members, which is up 1,000 on the previous year, receiving information from their local policing teams.
- A Rural Crime Team has been re-established as part of my commitment to support and bolster CPTs. Rural crime remains a priority area for our communities, hence the on-going investment in this area of policing.

CASE STUDY: KNIFE AMNESTY

“This surrender has been a major success with a total of 430 knives handed in, from large machetes and swords to small kitchen knives. Every weapon that has ended up in one of our amnesty bins is one less weapon out there to cause harm.

“Knife crime does take place in Wiltshire but not to the same level as other parts of the country - Wiltshire remains a comparatively safe county.

“However, we are never complacent and we will respond to any intelligence and information given to us by the public.”

Sergeant David Tippetts and some of the hundreds of knives surrendered during the Operation Sceptre knife amnesty in September 2018





PRIORITY TWO: PROTECT THE MOST VULNERABLE PEOPLE IN SOCIETY

Cybercrime has moved policing from the front line to the front room

Focusing on the most vulnerable people in our society has always been a priority for me. The most vulnerable are too often those who need the greatest support, frequently from numerous public services including the police.

Public partners are working to redesign services that prevent the escalation of problems and take a wider problem solving approach. Working with people who use our services the most - either as offenders or victims - means we can anticipate an escalation of problems and work to prevent crime and anti-social behaviour, not just respond to it.

HIGHLIGHTS DURING 2018/19

- A Digital Investigations and Intelligence Unit (DIIU), which is a dedicated crime team, has been set up during the year and I will be funding further posts in 2019/20. The unit, based at Devizes HQ, deals with all aspects of cyber crime. We now pursue those responsible within our county whenever possible and if we cannot reach the perpetrators, we provide intelligence for wider international enforcement. The team advise victims how to protect themselves against further attacks, and prepares advice for businesses and individuals. The team has been working with colleagues from Swindon and Wiltshire local authorities addressing key security threats and arranging cyber safety training.



CASE STUDY: CYBERCRIME

At Wiltshire Police, preventing and solving cybercrime is a priority and the Force recently launched a Digital Investigations and Intelligence Unit (DIIU). This is a dedicated team tasked with tackling this particular type of crime, as well as providing expert advice for police officers and staff on investigations that possibly have a digital or cyber element.

This unit is led by Detective Inspector Gemma Vinton: "The internet has been such a force for good for modern society, but it also provides new opportunities for criminality.

"Criminals are growing more and more sophisticated and we, as the police, need to make sure we are not left behind. We need to make sure we are as computer-literate and tech-savvy as those who are out there trying to cause harm or take advantage.

"We are all vulnerable online and anything we can do to protect people, or at least make sure they are educated to protect themselves, has to be a positive thing."





- The police are working hard with partners to support troubled families and individuals with complex needs. Currently the Troubled Families Programme engages with 1,311 families in Wiltshire and 1,588 families in Swindon with an integrated approach. There is clear evidence that if agencies can respond positively and early, less intervention will be required later.
- We have developed a comprehensive Rape and Serious Sexual Offences (RASSO) plan closely supported by an experienced prosecuting lawyer who has been commissioned for 12 months to work

alongside Wiltshire Police to improve the Force response to these offences. The Vulnerability Development Board monitors progress; I am pleased with the work to date and will ensure funds are available to continue this programme of improvement.

- Wiltshire Police also undertake significant partnership activity in relation to Domestic Abuse (DA). On a daily basis incident information is shared with partner agencies including: Probation, Community Rehabilitation Company, Avon and Wiltshire Mental Health Partnership, Army Welfare, Housing, Children Services, Public Health,

CASE STUDY: MENTAL HEALTH

Blue Light champion for the Force, Detective Sergeant Marcus Tawn, is passionate about reducing the stigma of mental health in the police service. Marcus has candidly shared his personal experiences of suffering extensively with anxiety and depression with our staff and officers, as well as with neighbouring forces.

During Mental Health Awareness Week in 2018, Marcus helped support the message that we all have vulnerabilities - no matter how large or small - and that by having a better awareness of mental health, our own wellbeing and how to maintain a good work-life balance, we can significantly improve our lives at home and work.

Marcus said: "Taking the first step in admitting you need help has often been very difficult for those working in the police service.

"I'm truly passionate about helping others understand more about mental health. It can often be as simple as just taking time out to talk to someone. There's always someone there if you need to talk. I'm just one of more than 20 Blue Light Champions in the Force who are there to offer peer support to colleagues."

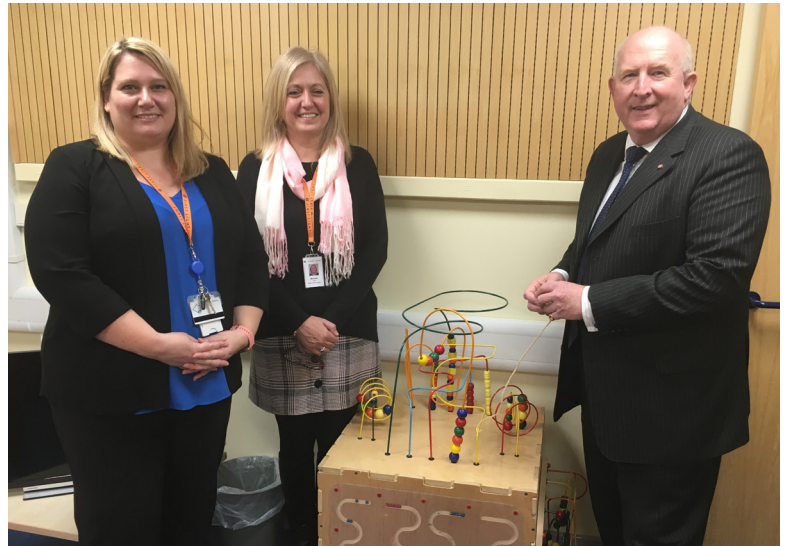
Blue Light Force Champion, DS Marcus Tawn





Splitz, Salisbury Refuge, Devizes Refuge, Nelson Trust, Troubled Families Programme, Home Truths and Turning Point.

- Those considered to be at risk are contacted by Horizon Victim and Witness Care to enable contact with the most relevant support agencies. If the case is higher risk, specialist officers ensure the victim is safe and an Independent Domestic Violence Advisor is allocated.
- During 2018/19, I commissioned the charity First Light's taking over of the Sexual Assault Referral Centre (SARC) in Swindon.
- My decision to commission 24/7 mental health triage support in the police control room, jointly with Wiltshire and Swindon Clinical Commissioning Groups, has helped those in mental health crisis get the care they need. Our officers also feel more supported and in turn can assist the public in getting help. It's a testament to the service that no one with mental health issues has been taken in to custody in the past year. However, officers still spend a disproportionate amount of their time transporting those in need of care to a place they can be treated. More is required of our partners; we can do more to reduce demand, as well as increasing support to the public, by working together across Wiltshire and Swindon.
- Wiltshire Police is committed to taking a multi-agency approach when receiving and investigating reports of missing and absent people, to evaluate and assess risk and to investigate all safeguarding and welfare concerns. The Missing Persons Team works alongside the local authorities. In 2018/19, there were 2,579 reports of missing people, of which 1,464 were aged between 13-17 and 172 were under the age of 13 years old.



Angus at the SARC

- In the past year, the Force has employed and trained two operational police staff dedicated to missing persons. Their role is to reduce the demand presented by frequent missing persons and to reduce the risk to them when missing. To achieve this they are working with the top ten most frequently missing people and developing plans to reduce demand and risk. The last quarter of 2018/19 has seen a reduction in the number of repeat missing persons. This is a welcome development, and it shows the wide range of policing work that goes on behind the scenes.



- During the last year, much work has been ongoing with Youth Offending Teams and Wiltshire Police working together to prevent offending by young people, with a particular focus on addressing knife crime.



PRIORITY THREE: PUT VICTIMS AND WITNESSES AT THE HEART OF EVERYTHING WE DO

Punishment for young criminals is not always the answer



Preventing crime and stopping reoffending are two priorities for me and I want to ensure that we are spending money on things that do this. A significant proportion of the demand the police deal with links to mental health issues, children, vulnerable adults and missing people. Their work is by no means limited to responding to and investigating crime or managing offenders.

The criminal justice service cannot by itself resolve issues such as knife crime, mental health crisis and substance misuse. My office has been securing services that support victims, reduce youth offending and increase community engagement in policing.

I want to ensure there are effective services that reduce vulnerability and prevent crime. Alongside this, we also need swift sanctions for those who cause harm to our communities. We will be working further with other counterparts in local authorities and the NHS to ensure we have the right services that tackle the causes of crime. As well as expanding the work to improve the probation system, I will continue to work with central government to devolve more services to Wiltshire.

HIGHLIGHTS DURING 2018/19

- Since Horizon Victim and Witness Care began four years ago, thousands of vulnerable victims have been offered the services of a relevant support agency. Based at Devizes HQ, the dedicated team of police staff provide an enhanced service to support vulnerable victims and witnesses when they need it most. Between April 2018 and February 2019,



4,205 victims and witnesses of crime have been supported by the Horizon team. This has included victims of hate crime, dwelling



burglary, sexual offences, domestic abuse and violence against the person.

- Horizon also provide support and guidance to victims and witnesses as part of their court journey. They are currently managing 950 cases at differing stages, incorporating 320 trials and 6,874 victims and witnesses. Having reviewed the service during the year, I concluded that we needed to build upon the level of support provided. So in addition to the support provided by the Horizon team, from 1 April 2019, Victim Support will provide support for vulnerable victims over 18 and Youth Action Wiltshire will provide support for under 18s.

Restorative Together

Repairing harm in Wiltshire and Swindon

- I continue to champion the use of Restorative Justice (RJ) to allow victims and offenders to communicate with each other to repair the harm caused by crime and find a positive way forward. Restorative Together, the multi-agency partnership led by my office, has increased capacity by training volunteers, police officers and other agencies to be able to use RJ effectively. My office is committed to working closely with partners to provide a high quality RJ service throughout the county. The aim is to offer all victims of crime access to RJ at all stages of the criminal justice system. To date, Wiltshire Police has delivered 414 out of court community resolutions with a restorative element. Cases completed and currently in progress include neighbourhood disputes, criminal damage, sexual assault, murder, domestic abuse, racially aggravated assault, burglary and robbery. I emphasise that in the serious cases, the restorative process follows conviction and sentencing of the

perpetrators. When the perpetrator faces the victim and confronts the wrong that they have done to the victim, there is clear evidence that the likelihood of repeat offending is greatly reduced. For the victim, there is also the opportunity to make the perpetrator understand the harm they have caused, and gain closure.

- Between April 2018 and April 2019 the Restorative Together Team worked on 55 cases; 30 cases have been referred to them by Wiltshire Police and 12 by the new Youth Restorative Intervention (YRI) panels. The remaining referrals came from other agencies or the victim came forward personally to ask for restorative action.
- Restorative training is now compulsory to all officers and staff in Community Policing Teams. To date, 571 staff have received level one RJ training. Staff from the Youth Offending teams, Probation and other victim services have been trained to level two. In addition to this, 30 officers have also been trained to level two alongside other professionals from Councils, Her Majesty's Prison (HMP), Housing Associations and schools. A countywide conference was held in 2018 and again in July 2019.





- The Integrated Offender Management (IOM) service (known as SWITCH) is a partnership involving Wiltshire Police, the Probation Service and others partners. Its role is to identify the causes of offending and direct repeat offenders away from crime by providing them with pathway support and the most appropriate intervention to address the

causes of their individual offending.

- In January 2019, the IOM devised a fresh approach with greater emphasis on understanding why offenders commit crime. The team work to rehabilitate those individuals that pose the greatest risk of harm to our communities.

CASE STUDY: RESTORATIVE JUSTICE

In December 2018, Restorative Together held a very successful restorative conference involving a 14-year-old boy, and an 18-year-old woman who was the owner of property he had stolen.

The victim expressed that she wanted a chance to meet and talk with the person who had stolen from her. She was keen to try and make him think about how his actions had affected her and for him hopefully to make better choices in the future.

RJ facilitators met with both parties to prepare them for a face-to-face meeting. Then, the parties met for 30 minutes in a room in their local police station.

The offender shared how he had taken the property and how he now felt, knowing who it had belonged to. The victim was able to tell her story, ask questions and express to the perpetrator her concern for his future, should he choose to continue with such criminal activity.

The boy apologised for what he had done and even thanked the victim for “being so nice” about what had happened.

The meeting allowed the young man to take responsibility for his actions, reflect on how it had affected the other person and do something towards repairing the harm he had caused. The respectful tone adopted, and the experience of meeting face-to-face with the victim, seemed to make a real impact on him. Importantly, it also gave the victim what she had requested.

The conference ended with an outcome agreement being signed by both parties.





Former High Sheriff Nicky Alberry presents at a Police Cadets' award ceremony

- The Youth Offending Teams (YOTs) have been involved in a number of successful initiatives to tackle youth crime across the county. A knife crime awareness event in Swindon with the YOTs and Crimestoppers delivered training to 40 key workers across the partnership. The YOT have also been involved in the delivery of the 'Respect' programme working alongside Social Care, Education and other provisions across Swindon.

Respect is a licensed programme working with young people aged 10 to 17 who have displayed adolescent domestic abuse in the home towards their parents, carers and/or siblings. Since working with the families the team have seen a significant reduction of aggression and increased safety in the home.

- This year we have focused on a number of initiatives to help children stay within the law through groups like: Mini Police, Police Cadets and Junior Good Citizen.
- I commissioned, with Wiltshire Council and Swindon Borough Council, an integrated

service for victims and survivors of domestic and sexual abuse across the Wiltshire Police area.

- As Chair of the Wiltshire Criminal Justice Board (WCJB), the partnership has been working for some time to support those who find themselves in the criminal justice system.

The Youth Restorative Intervention (YRI) panel was launched forcewide on 4 February 2019. The YRI panel forms part of an ongoing programme to improve the early intervention offered to young people and is a big step towards achieving better outcomes for youths coming to the notice of the police.

- Before this date, the current decision to issue a youth caution would have sat with a Police Sergeant who would have made the decision based on their policing experience and usually without consultation with partners. However, this new panel attempts to redefine how some young offenders are treated. This in turn changes their experience of the criminal justice system.
- The panel sits weekly and provides young people coming to the notice of the police for the first time the option of alternative disposals without unnecessarily criminalising them by giving them a youth caution.



Mini Police



PRIORITY FOUR: SECURE HIGH QUALITY, EFFICIENT AND TRUSTED SERVICES

Wiltshire is one of only seven forces to be graded “good” in relation to effectiveness, efficiency and ensuring employees act fairly, ethically and lawfully

HMICFRS

Police and criminal justice services should be accessible to everyone and be of the highest standard. I believe that Wiltshire Police delivers a high quality and efficient service.

Wiltshire Police is one of only seven forces to have achieved a rating of “good” in all areas of HMICFRS PEEL inspections. PEEL stands for the Police Effectiveness, Efficiency and Legitimacy programme.

Communities should feel confident that the police will listen to their concerns and that the courts will provide effective justice for all. In emergencies, the right response must be provided swiftly.

Financial challenges are a fact of life but Wiltshire Police has coped and continues working at a high standard despite cuts. In fact the Force has been making continuous improvements in technology, redesigning community policing and working in innovative ways with other public services.

I continue to build on the excellent outcomes achieved so far with our two local authorities, Wiltshire Council and Swindon Borough Council, in delivering quality public services for less financial cost. At a community policing level we share buildings with partners as well as some roles with both local authorities and the fire service in order to work more cost effectively.

HIGHLIGHTS DURING 2018/19

- On 2 May 2019, HMICFRS published “PEEL: Police Effectiveness, Efficiency, and Legitimacy 2018/19 An Inspection of Wiltshire Police.” You can view the full report at www.justiceinspectorates.gov.uk/hmicfrs/ and see our response on the PCC’s website under HMICFRS Inspections.



- Wiltshire has maintained its “good” rating for all of the three pillars: Effectiveness, Efficiency and Legitimacy. The next PEEL inspection will take place in 2020 with the publication of the report later that year. In light of concern expressed both by the public and by Community Police Teams (CPTs), the Force has made a concerted effort to improve community policing and focus on solving community problems. The key strategy of CPT is to reduce demand through implementation of the key areas laid out by the College of



Policing:

- Engaging communities
- Solving problems
- Targeting activity
- Promoting the right culture
- Building analytical capabilities
- Developing colleagues
- Developing and sharing learning.

- I have funded 12 additional Community Coordinators who will help to build key links between our teams and local communities. In July 2019 I introduced a standardised briefing template for police to report to local meetings. This will tell you who is in the local team, how local crime levels compare to the rest of the force area, and what is being done to address local concerns. We have also created a new CPT (CPT South East) to cover Amesbury, Tidworth and the surrounding area.
- Following consultation, the new three year Wiltshire Police Equality, Diversity and Inclusion Strategy was published in April 2018. The strategy provides a framework that aims to deliver the changes required to ensure we reflect the communities we serve and provide the best service to them. A series of public engagement sessions, led by the Deputy Chief Constable, and an online survey provided members of local communities and employees the opportunity to review the proposed strategy and provide their views. Oversight was provided by subject experts who reviewed all feedback received throughout the consultation. Progress will be monitored by the Diversity Strategy Board, led by the Deputy Chief Constable.



LGBT+ cake sale

- Most knife crime across Wiltshire and Swindon has an offender aged 25 or under involved and there are still areas where knife carrying is an issue. However, the overall level of knife crime, in terms of the use of a weapon, remains stable in Wiltshire in contrast to the national trend.
- Specific community driven initiatives have been undertaken and the Force has developed its community engagement; giving our communities a voice in our local tasking team processes. This provides a rich picture of information and intelligence to allow more effective problem solving and targeting of activity.
- We have seen a four per cent reduction in crime over the last year, and the Force is meeting its immediate and priority log targets. They are in the top percentile for community satisfaction. I am confident the model, their improvement plan and their direction of travel is right.

↓ **4%**
REDUCTION



- I have funded a range of initiatives making it easier for the public to communicate or make contact with the Force. I am delighted that the Home Office has at last agreed to get rid of the 15 pence call charge for the national 101 non-emergency number. Vulnerable victims



with no credit on their phones should never have been required to call 999 instead. Over the last 12 months the call handling of non-emergency calls has been consistently good, with the average time to get through to the crime desk standing at 1

minute and 4 seconds. In the same period the number of callers who have hung up whilst waiting has reduced from over 22 per cent to under 5 per cent.


More services are now available online including the ability to report crime and intelligence. Since October 2018, it has been possible for people to pay to renew their shotgun licenses online. Following the launch, 234 online renewals have been processed. This is an area of continuous improvement and the pace of change is rapid.

- After injecting significant funding, I am pleased that progress is being made with the technology infrastructure. A new cloud based Digital Evidence Management system (DEMs) has been implemented which enables all interviews, videos and images to be securely stored and will enable easy access for all officers and staff across the county.

- I remain committed to the regional purchasing collaboration and will continue to explore new ways of gaining economy of scale - it does not make sense for Wiltshire to purchase goods on its own. Wiltshire saved £670,000 by procuring services with other police forces.
- This year saw the return of Specialist Operations to Wiltshire local control. The Tri-Force collaboration began in 2014 as a way of providing roads policing, armed response and police dogs more efficiently by sharing resources. Some 18 months ago, we in Wiltshire, along with our Avon & Somerset and Gloucestershire colleagues, felt that the time had come to review how well the collaboration was working. In April 2018, Avon & Somerset gave notice that it intended to withdraw from the Tri-Force collaboration from April 2019 unless there was agreement on a revised structure under which direction and control of armed response policing in Wiltshire must pass to their Chief Constable. I was unable to accept that proposal because it ran counter to my strong belief in local accountability. I believe that if a firearms incident occurs in Wiltshire it is right and proper that the Chief Constable of Wiltshire should be accountable

Select Language

The Police and Crime Commissioner | Non-emergency call 101 | QUICK EXIT | Login

 Wiltshire Police

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Support

Pay Wiltshire Police for your shotgun certificate renewal online

Wiltshire Police > Support > Services > Firearms Licensing > Firearms certificates

Please note that this on-line payment facility should only be used by Wiltshire Shotgun Certificate holders who reside permanently within the Wiltshire Police force area.

You can now pay online for your shotgun certificate renewal online.

What you need to do

1. Complete a [Shotgun certificate renewal form \[439.38KB\]](#).

You will need to print this off, sign it and return to the Firearms Licensing Team.

2. Pay Wiltshire Police for your shotgun renewal.

Renewing your shotgun certificate costs £49. You can now pay for this online. When you complete the below form it will take you to a secure online payment provider for your card details. We will email you a receipt of your transaction.

What then?

Processing your application can take around 8 weeks.



to me, just as I am accountable to the people of Wiltshire and Swindon.

- I considered what a Wiltshire Specialist Operations structure would look like, alongside the Chief Constable, and how much it would cost. To ensure operational resilience, we needed additional police officers to respond to incidents and maintain a high profile presence on our roads network. Wiltshire firearms officers continue to train at the excellent, jointly owned, Black Rock Specialist Firearms Training Centre at Portishead. The three forces train together with a single, consistent approach to tactics and use of weapons, in line with the College of Policing training framework. We will also continue to collaborate with neighbouring forces across other specialist policing functions such as the Major Crime Investigation Team, Counter Terrorism and Forensics.
- Having our specialist officers and staff back within the county boundary providing a dedicated focus on serving the communities of Wiltshire and Swindon is a huge benefit. They provide an excellent service keeping people safe on our roads, protecting the vulnerable and bringing dangerous offenders to justice, working closely with Community Policing Teams.



Firearms officer training at Black Rock

NOT FIT FOR PURPOSE: The old dilapidated police station in Station Road, Warminster



CORNER HOUSE: The location of the new, fit for purpose touch down point in Marlborough

- My Estates Strategy covers the next five years. It includes the disposal of sites that are no longer required or are not fit for purpose for policing in the 21st century. Savings will be used to fund capital projects, thereby avoiding the need to borrow. This, in turn, avoids paying interest and protects the future delivery of front-line services. Good progress has been made on replacements for Marlborough, and Warminster and the refurbishment of Royal Wootton Bassett will commence soon. My aim is a significant reduction in estates costs.
- Since January 2017, we have seen an increase in our Black and Minority Ethnicity (BME) police officers and staff to just over 3 per cent. Employees are supported





by a BME mentoring scheme, a reverse mentoring scheme and the Black Police Association based at Police HQ. Independent Advisory Groups, known as IAGs, were re-introduced in Wiltshire and Swindon about a year ago. They are an important way for the public to give independent advice to the police on a range of issues on a voluntary basis.



- I have invested in technology to provide every officer and member of staff with new laptops and mobile phones – enabling them to do their job from anywhere in the county and not be restrained by the traditional office building. This allows for more accessibility and visibility of the police for the public and the provision of a more efficient service.
- This year I have also focused on implementing the changes outlined in the Policing Act in relation to police complaints and building on our unique independent appeal process.
- Despite the increase in the local policing precept in 2018/19, the Wiltshire Police area continues to have one of the lowest spends on police per head of population in the country due to historic under-funding of the Force by central Government. I continue to lobby government about this important issue.

- I have invested £360,500 in Body Worn Video Cameras (BWVC). They protect front-line staff and assist with evidence gathering. The original cameras are due to be replaced in the next few months with an upgraded version to enable our staff to use the devices for conducting suspect interviews at a variety of locations. All front-line officers have now been trained and allocated a BWVC and it is now mandatory for officers to use them. There have been several excellent examples demonstrating their capability in producing solid evidence leading to guilty pleas at first hearing, including a 51-month prison sentence for serious disorder on the streets of Westbury.
- I am delighted that the Special Constabulary Drone Team were recognised with a top national award. The team of volunteers scooped the Technical Innovation Award at the





Home Office Lord Ferrers Awards last year. The team support the Force by providing 24/7 on-call cover to operational policing.

- The PCC and Force social media channels, alongside the Community Messaging service which I commission, continue to grow in popularity. These are all easy and modern ways for us to interact and engage with the public quickly and efficiently.



- The Force deals directly with most of the complaints and conduct matters against our officers and staff and these matters are handled by the Professional Standards

Department (PSD). PSD ensures that all investigations meet the standards set out in the Independent Office for Police Conduct (IOPC) Statutory Guidance, which specifies how it should deal with complaints and conduct matters. There will shortly be new regulations to improve public confidence in integrity and transparency of the police complaints system, making it more efficient, both for those who complain and for those complained about. It is anticipated that changes will not come into effect until 2020, but my provisional view is to maximise the opportunity to make the administration of complaints independent of the Force. PSD will continue, of course, to investigate serious misconduct, gross misconduct and criminal allegations against police officers.



- I continue to invest in staff health and wellbeing services to ensure officers and staff are cared for in their demanding working environments.
- In May 2018, I re-signed the Blue Light Pledge alongside the Chief Constable to support officers and staff in their work.



CASE STUDY: EQUALITY, DIVERSITY AND INCLUSION

With a strong commitment to Equality, Diversity and Inclusion (EDI), Wiltshire Police has brought together a new team of EDI subject experts to help build positive and meaningful relationships with the diverse communities in Wiltshire and Swindon.

Here's an example from PCSO Lee Hare, who is the LGBT+ Officer for the Force and UNISON:

I work to keep the Force informed and in tune with the Lesbian, Gay, Bi-sexual, Transgender (LGBT+) public we serve as well as our own employees.

So many people ask me why roles like mine are still needed and why events like PRIDE still happen in our modern, more accepting world.

We have come such a long way, but acceptance for LGBT+ people hasn't always been at this level. The terrifying persecution and violence towards gay and bisexual men is, for lots of people, still within living memory. For some younger and older LGBT+ people, the bullying, violence and hatred is still experienced today at school, work and even home - ignorance we continue to challenge.

The police were always feared by the community, right up until 2003. Although homosexuality was partially decriminalised in 1967, stating that sex between two males in a private place was legal, 'private' did not include hotels, shared accommodation or potentially even the family home. This change in the law actually saw an increase in arrests as police actively hunted gay and bisexual men for gross indecency. Women were never targeted; MPs tried to make sex between two women a crime in 1921 but the House of Lords threw it out.

Bridges need to be built, rebuilt and maintained, and the scars of emotional wounds we created years ago need our help to heal.



Lee and Jessie at the Out of the Can project

Our Force is making waves in how it represents itself within the LGBT+ community. We hold regular surgeries in trusted LGBT+ venues, rainbow epaulettes can be worn and rainbow flags are raised to celebrate events like PRIDE and LGBT History Month. We walk proudly in PRIDE events and work closely with Stonewall, an organisation that campaigns for equality for the LGBT+ community.

When I first came out in 1997 it was a scary time. I did not understand my sexuality and felt completely on my own. I spoke to a doctor, feeling really low, and he simply said: "Well you don't have to be gay," and washed his hands of me.

LGBT+ issues were never discussed in schools and I did not know another gay person. I was lucky; my family accepted me and helped find a youth club specifically for LGBT+ people, called the Young & Gay Awareness Project. The help I received here ultimately kick started my life and I made friends I still have today.

It was an honour to go back to my roots and attend the same club in Swindon - now called Out of the Can - with PCC Angus Macpherson at the start of LGBT History Month in February. Their work to support young LGBT+ people continues to be outstanding. Having a police presence at places like this lets young people know we are on their side. Perhaps in decades to come, when all LGBT+ people remember the police in a good way, my role can become more relaxed, but in the meantime I will carry on policing with pride.



OPERATION FORTIS - SALISBURY AND AMESBURY NERVE AGENT ATTACK



In last year's annual report we highlighted the hard work carried out by Wiltshire Police and its partner agencies when faced with Operation Fairline – the nerve agent attack in Salisbury. This unprecedented event garnered the attention of international leaders and media from across the world.

It was an extraordinary time and I, along with most people, hoped that was it. Unfortunately, I was very wrong.

I never thought I would be writing in this year's annual report about a second incident linked to the first, this time in Amesbury; the poisoning of Dawn Sturgess and her partner Charlie Rowley which resulted in Dawn's tragic death.

Operation Fortis began unfolding at the very end of June 2018 – just three months after Operation Fairline, throwing another intense spotlight on our already stretched officers and staff at Wiltshire Police.



The well-documented impact upon those innocent people directly affected by this reminds us powerfully that every day, police and other agencies face potentially dangerous situations in order to protect the public.

Because of the sheer scale of the investigation, led by the Counter Terrorism Policing Network and supported locally by Wiltshire Police, the total cost to Wiltshire Police was £12m.



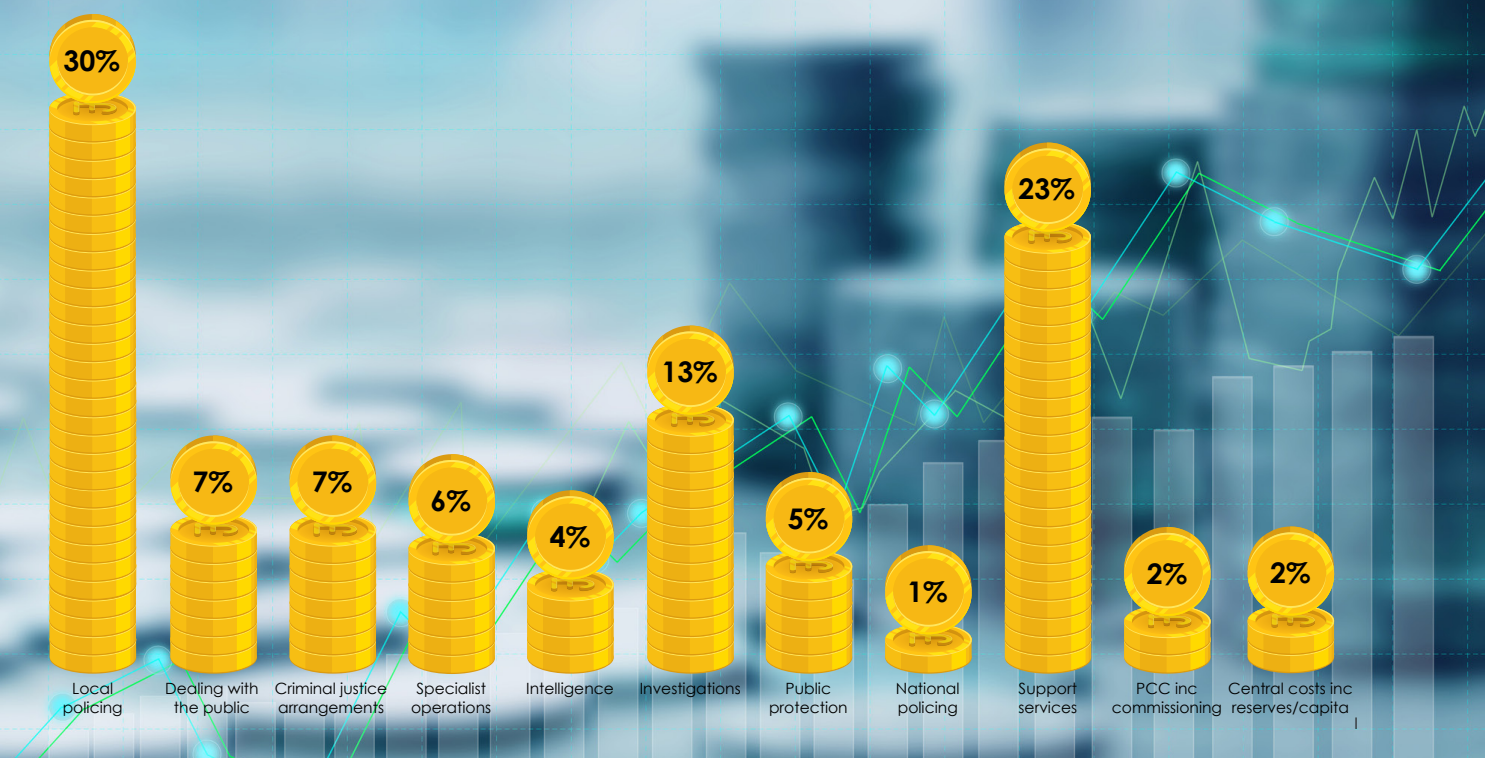
As I stated in last year's report, it's important to me that these additional costs were not shouldered by Wiltshire Police. I made it my priority to communicate regularly with the Home Office to ensure we would recoup these costs and it worked. Policing Minister Nick Hurd replied to me saying he recognised the financial implications of both operations and all the monies were reimbursed.

The Force's response and leadership received national recognition for the exemplary way in which it managed the incidents; and that message of commendation has been filtered through to the officers, staff and volunteers who worked tirelessly to ensure the public were kept safe and as informed as possible in line with the investigation. I would like to publically add my own gratitude to the extraordinary efforts of Wiltshire Police and the selfless dedication and commitment of all involved - thank you.



SUMMARY OF FINANCIAL PERFORMANCE

How we spent your money in 2018/19



COMMISSIONING OF OTHER SERVICES

I am responsible for commissioning services other than policing to deliver my Police and Crime Plan – for more information please visit:

www.wiltshire-pcc.gov.uk

Community Safety Fund 2018/19

The community safety fund is money I allocate to support the delivery of my Police and Crime Plan objectives. The fund supports collaborative arrangements with local authorities, third sector providers and Wiltshire Police. I have spent just over £1 million in 2018/19. This makes up more than 50 per cent of my office costs

Victims Fund 2018/19

This is a specific allocation by the Ministry of Justice for Victim Services and Restorative Justice services. In 2018/19, the amount provided to me was £820,925. This helps me to commission services to improve support for victims.

Police Property Act Fund

This fund is money raised through the sale of lost property and awarded to community and voluntary groups to support the delivery of my Police and Crime Plan. Projects bid for a maximum of £3,000 and tackle issues such as:

- Anti-social behaviour
- Crime in local neighbourhoods
- Drug and alcohol related crime
- Re-offending
- Violence against women and girls
- Youth crime.



LISTENING TO OUR COMMUNITIES



Angus out and about in Malmesbury

An important part of my role is to engage with the public so that I understand concerns and priorities when it comes to policing and the criminal justice system.

I use feedback gathered to develop my Police and Crime Plan, the document that sets the direction and priorities for Wiltshire Police and helps inform me where the money should go for crime and justice.

Engaging with our local communities is important to me – it is the very cornerstone of my role.





Angus in the Brunel Centre, Swindon

I attend events across Wiltshire and Swindon, such as the summer Solstice, remembrance commemorations, Bangladesh Victory Day celebrations and the Swindon Boishaki Mela.

I also regularly attend markets in Marlborough, Salisbury, Trowbridge, Devizes, Swindon's Brunel Centre and Malmesbury so that I can speak to members of the public face to face. During the past year, I conducted a crime survey at each of the markets to gauge public opinion as to what people were talking about and what concerned them the most.

Social media is now part of my daily contact with the growing number of people who make up our online communities. I am pleased that I have seen a 31 per cent increase in Facebook fans and a 14 per cent increase in Twitter followers over the last 12 months.

I have also expanded the ways in which people can contact me, hopefully making it easier to give me their views on key matters, whether that is face-to-face or online.

Through my website, I publish a regular blog to give my thoughts and views on key issues, both

local and national, and inform people about the work that I am doing. The blogs can be read by visiting www.wiltshire-pcc.gov.uk and selecting 'Your PCC/PCC blog'.

I, or my deputy Jerry Herbert, also attend area board meetings whenever we can so that we can use these forums to listen and/or respond to public concerns or feedback. If you see us there, please come over and say hello.

A police service that engages and listens to our communities is part of my vision for community policing.

Working with partners remains of vital importance to me as we continue to work together to understand and manage the demand on all of our services and develop our working practices to ensure that issues are dealt with by the most appropriate agencies.

The Police and Crime Plan reflects that community safety is not just a police issue, but an issue for us all. We have run a programme of campaigns and initiatives throughout the year to highlight key areas of policing.



OUT AND ABOUT



Angus at an Equality, Diversity and Inclusion event



BBC's One Show visits Gablecross Police Station



Supporting the new Bangladeshi envoy for the UK



On the beat



Meeting the former Home Secretary Sajid Javid



At market in a sunny Salisbury



HOW TO CONTACT ME



pcc@wiltshire.pcc.pnn.gov.uk



01380 861861



OPCC, London Road, Devizes, Wiltshire SN10 2DN



@PCCWiltsSwindon



WiltshireandSwindonPCC



www.wiltshire-pcc.gov.uk





Join over 11,000 Wiltshire and Swindon residents already signed up and receiving FREE police, crime and safety alerts from Wiltshire Police and our partners

WHO'S SENDING MESSAGES?



Wiltshire and Swindon
pcc



ActionFraud
Report Fraud & Internet Crime
actionfraud.police.uk



HOW CAN I GET MESSAGES?

You can choose to receive messages by email, text or voicemail. You have all the control and can decide which organisations to receive messages from and the type of information you wish to receive. You can opt out at any time.

HOW DO I SIGN UP?

Visit www.wiltsmessaging.co.uk or speak to your local Community Policing Team. All we need is two forms of contact - email, mobile or landline telephone number - and your address.

Community Messaging aims to improve the flow of information between communities and the local police and our partners. You can reply to messages, for example from your local police officers with information to help them better police your area. You will also have the option to join your local Neighbourhood Watch Scheme or register for Horse and Farm Watch as well as many other watch schemes when you sign up.

Wiltshire and Swindon Community Messaging is NOT monitored 24 hours a day. Always call 999 in an emergency or 101 in a non-emergency.

SEND Bulletin

Health and Wellbeing Board

Date: 9th October 2019

Author: Roz Pither, Strategic Commissioner SEND

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 This is an update bulletin on Special Educational Needs and Disability to inform forward planning and commissioning decisions and intentions
- 1.2 The Local Authority is required to have a clear set of data in this area as part of its duties under the Children and Families Act 2014
- 1.3 Links to the Joint Commissioning Group, SEND Strategic Board, Pledges 1 and 4.

2. Recommendations

The Board is recommended to:

- 2.1 Approve the bulletin for use and publication.
- 2.2 Note the specific features of local provision.
- 2.3 Consider and approve the recommendations for JCG and SEND Strategic Board actions set out in paragraph 3.4.

3. Detail

Written Statement of Action

- 3.1 The local area's evaluation of its own performance identified correctly the significant weaknesses that need to improve. Until recently, the area has been too slow to make the changes necessary to improve the outcomes for children and young people with SEND" Ofsted letter January 2019.
- 3.2.1 Following the 2018 SEND area inspection a Written Statement of Action (WSoA) was required. Updating the 2018 JSNA is a requirement of this DfE/NHS approved and monitored action plan that forms the WSoA:

Update and publish the comprehensive needs assessment for SEND for planning, capacity and demand forecasting with Swindon SEND Families Voice

To inform the joint commissioning intentions between CCG, Public Health
- 3.3 Key features of local demand and provision:

Further information on the subject of this report can be obtained from Contact Person, Direct Dial Telephone Number, Employee@swindon.gov.uk.

SEND Bulletin

Health and Wellbeing Board

Date: 9th October 2019

- High numbers and percentage of children with SEN in context of fast rising population
- Significantly higher rate of EHCPs in areas of greater deprivation
- High levels of specialist education provision although low out of Borough placement, high demand for specialist placements
- Above average for social emotional mental health primary need
- Now above average for autism (ASD) primary need and below for SLCN
- Drop in percentage of children looked after with EHCPs and Children in Need with SEN
- Increase in children for complex/continuing health care has stabilised from 2017
- Referral rate has stabilised for speech and language therapy and ASD pathway waiting time now much reduced at 12 weeks
- CAMHS LD caseload increase and change of case mix to younger children
- Continuing increase in referrals to education advisory services overall
- Key stage 2 achievement and progress improved – similar national benchmarks
- Post 16 SEN-non SEN gap increased although EET for SEN after KS4 is strong

3.4 The recommendations and Joint Commissioning Priorities are:

- 3.4.1 Autistic Spectrum Disorder – 30.2% of students with an EHC plan had ASD as a primary need in 2019. Early identification, support and provision to meet the needs and improve the outcomes of children and young people with ASD should be a commissioning priority for the LA and CCG.
- 3.4.2 Speech, Language and Communication (SLC) Difficulties – 11.9% of the Swindon school population have Speech, Language and Communication identified as their primary need. Demand for the Speech and Language Therapy Service remains high and the service receives around 900 referrals per year and an increased number of students have required therapeutic input in recent years. Early identification, support and provision to meet the needs and improve outcomes for children and young people with SLC difficulties should be a joint commissioning priority for the LA and CCG.
- 3.4.3 Social, Emotional and Mental Health (SEMH) Difficulties – 17.1% of students had a primary need of Social, Emotional and Mental Health. The rate of hospital admissions for self-harm in young people aged 10 to 24 years is significantly higher than in England as a whole. Early identification, support and provision to meet the needs and improve the outcomes of children and young people with SEMH should be a joint commissioning priority for the LA and the CCG.
- 3.4.4 Specialist provision and services need to work alongside colleagues across SBC and the CCG when commissioning and/or decommissioning specialist provision

Further information on the subject of this report can be obtained from Contact Person, Direct Dial Telephone Number, Employee@swindon.gov.uk.

SEND Bulletin

Health and Wellbeing Board

Date: 9th October 2019

and services in Swindon to meet the needs of children and young people with SEND and improve their outcomes.

- 3.4.5 Employment for SEND – Alongside colleagues from the employment and training workstream, review current provision and options and outcome measures for young people to increase the percentage of young people with SEND in sustainable paid employment. Identify support and provision options and pathways for future commissioning priorities for the LA and the CCG.
- 3.4.6 SEND Population and demographics - The LA should continue to closely monitor the overall SEND population to ensure that the percentage of the school population with an EHC plan continues remain stable and that the proportion at each age group is stable and in line with national and comparable areas.
- 3.4.7 Requests for Statutory Assessment and EHC plans issued – Since 2012 the number of EHC plans (or previously statements) issued annually has been on an upward trajectory. The LA should continue to closely monitor by age range the proportion of requests per 10,000 of the population and against national and regional benchmarks to ensure that this remains stable and begins to reduce over time. The impact of early support and improved pathways to employment should be monitored for the impact on total numbers of EHCPs.
- 3.4.8 Children in Care with SEND – Children in Care in Swindon are more likely to have SEND. Further research and analysis is required of the SEND cohort of children in care to identify why there is a disproportionate number of children in care with SEND and their outcomes. Once this is better understood, the findings should inform a joint commissioning priority for the LA and CCG to ensure there is early identification, support and provision in place to meet the needs and improve the outcomes of children in care with SEND.
- 3.4.9 The participation of children and young people with SEN as indicated by attendance, absence and exclusion figures should be a commissioning priority within the context of national developments and local developments such as the mental health trailblazer programme.

4. Alternative Options

- 4.1 There are no alternative options proposed.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Implications, Management will be addressed in any future policy report.

Legal and Human Rights Implications

- 5.2 There are no direct legal or human rights implications.

Further information on the subject of this report can be obtained from Contact Person, Direct Dial Telephone Number, Employee@swindon.gov.uk.

SEND Bulletin

Health and Wellbeing Board

Date: 9th October 2019

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

- 5.3 There are no Staff, Sustainability, Health Rural or Crime and Disorder implications arising from this report.

Diversity Impact Assessment

- 5.4 A Diversity Impact Assessment was not undertaken or required for this report.

6. Consultees

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

7. Background Papers

- 7.1 None

8. Appendices

- 8.1 Swindon Joint Strategic Needs Assessment Bulletin

Swindon Joint Strategic Needs Assessment Bulletin

Special Educational Needs and Disability



Key Points:

- This is a data-update of the 2017 JSNA bulletin. The JSNA gives facts about children and young people with special educational needs and disabilities (SEND) in Swindon. This helps us understand what children and young people with SEND need and to plan education, health and social care services and provision in the future to improve outcomes.
- The number of children and young people with identified SEN in Swindon has remained consistently above national figures. The number is also forecast to increase as the population grows significantly by 2028.
- The outcomes for children and young people with SEND are not as good as their non-SEND peers nationally, although the position at the end of primary school has improved in Swindon.
- Persistent absence for children with Education, Health and Care Plans (EHCPs) has increased above national benchmarks and is above that for children with no SEN.
- The number of children and young people with an Education Health and Care (EHC) plan in January 2019 was 1,987. The number of children and young people with SEND Support (with SEN needs at the level of targeted support), educated in Swindon schools, in 2019, is 4,574.
- The proportion of Swindon's long term looked after children with EHCPs has been falling steadily for the last four years at a much greater rate than the slight national decrease, with Swindon moving from above to below the national figure.
- 30.2% of those at school with an EHC plan have a primary need related to Autistic Spectrum Disorder. This is the most common reason for an EHCP and is broadly in line with national figures (29%) although this represent a higher number of actual young people than in an area of comparable population size due to the high percentage with EHCPs.
- In Swindon, we have a high number of special schools and resourced provision. Placement by type of provision is broadly similar to elsewhere with 47.9% (national 43.3%) placed for education within specialist provision (special schools, out of Borough specialist placement and specialist resource provision (SRPs).
- The 2017 JSNA made 9 recommendations – these are on pages 7 and 8.

What is a Joint Strategic Needs Assessment (JSNA)?

JSNA helps us to understand:

- the current education, health and wellbeing needs of local people;
- how their needs are being met;
- what we think their future needs are likely to be; and how their needs can be best met.

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board. Understanding Swindon's changing population, the factors that affect education, health and wellbeing and the implications for future services are vital in setting priorities and planning future services to improve the outcomes for children and young people with

Introduction and Background

Nationally children and young people with SEND have poorer outcomes than their non-SEND peers. In Swindon we want to better understand the needs of our SEND population so that we can commission appropriate services and provision to meet their needs and improve outcomes.

Swindon Council and NHS Swindon Clinical Commissioning Group (CCG) are required to have a coordinated and joint analysis of the data available for SEND need, services and provision available across education, health and social care for ages 0-25. This enables us to identify gaps in knowledge and data, to determine a clear picture of need across Swindon, to identify areas of concern, and available services. This will be used to inform the development of SEND Commissioning priorities and strategy.

What is SEND?

The SEND Code of Practice states that a child or young person has special education needs (SEN) 'if they have a learning difficulty or disability which calls for special educational provision to be made for him or her'. There is consequently a significant overlap between those with disabilities and those with SEN; although not all children with disabilities will have SEN and vice versa.

Children and young people with SEN all have learning difficulties or disabilities that make it harder for them to learn than most children and young people of the same age. These children and young people may need extra or different help to others.

SEN Support – Extra or different help is given from that provided as part of the schools usual curriculum. The class teacher and SEN coordinator (SENCO) may receive advice or support from outside specialists.

Education Health and Care Plan – A pupil has an EHC plan when a formal assessment has been made. This is a legal document that sets out the child's needs and the extra help they should receive. EHCs replaced Statements following the SEN reforms in 2014. All statements in Swindon were due to be transferred to EHC plans by March 2018 and this was achieved by June 2018.

SEND Population in Swindon

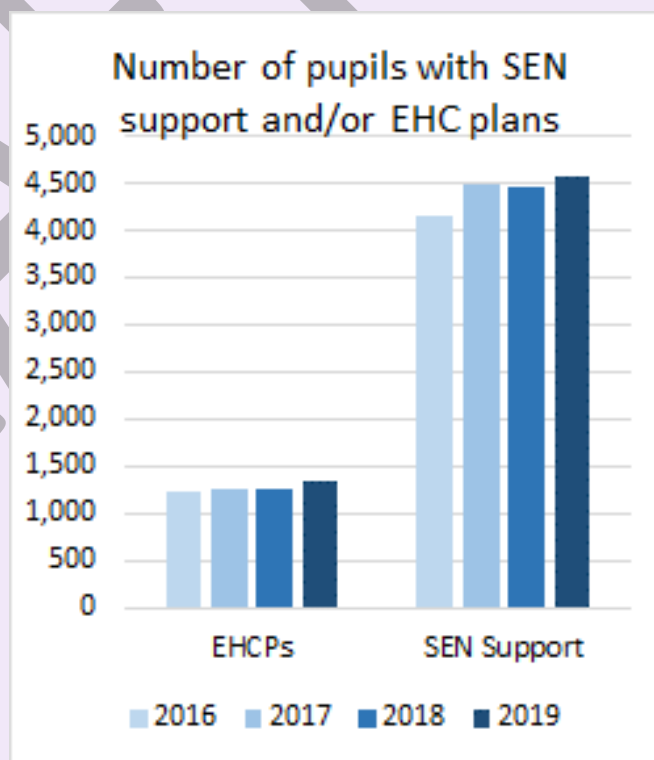
The population in Swindon was 209,000 at the last census in 2011 and is set to grow to almost 250,000 by 2028 (20% increase).

In 2018, the number of those aged 25 or under in Swindon was 68,679 and made up 31% of the total population.

How many children and young people with SEND in Swindon?

Figure 1 shows that the number of pupils being identified with both SEN Support and with an EHC Plan has increased by 2.8% and 7.0% respectively between January 2018 and January 2019. Although the total number of pupils with SEND has increased, the proportion of the school population with a statutory EHC Plan has stabilised.

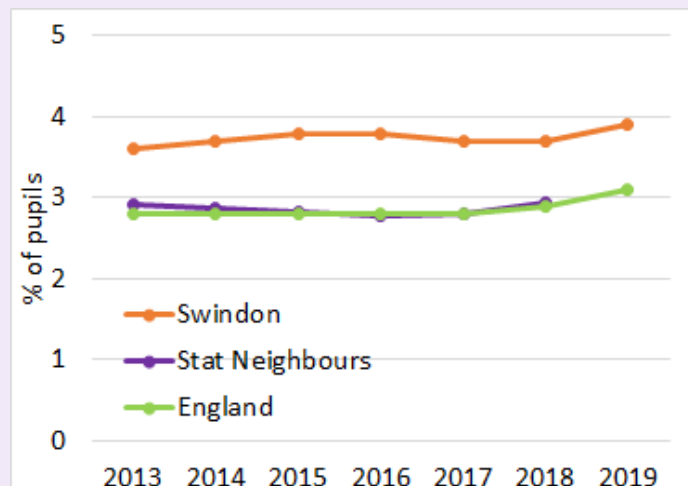
Figure 1: Swindon SEND population



Source: SEND MI data January 2019

The percentage of the school population with an EHC plan, in 2019, is 3.9%, 0.2% higher than in 2018. Swindon is 0.8% above the England value and 0.9% above the South West figure. National and regional percentages rose by 0.2% between 2018 and 2019. (Source: SEND2 Survey 2019)

Figure 2: Pupils with an EHC Plan



In Swindon, in 2019, the percentage of the school population identified as requiring SEN Support is 13.2%, 1.3% above the national average of 11.9%. The national average has fallen by 5.1% over the last six years from 17% in 2012. This trend has also been seen locally where it has reduced by 4% since 2012, although the rate of fall has slowed to 1.2% nationally and 1.8% locally since 2014.

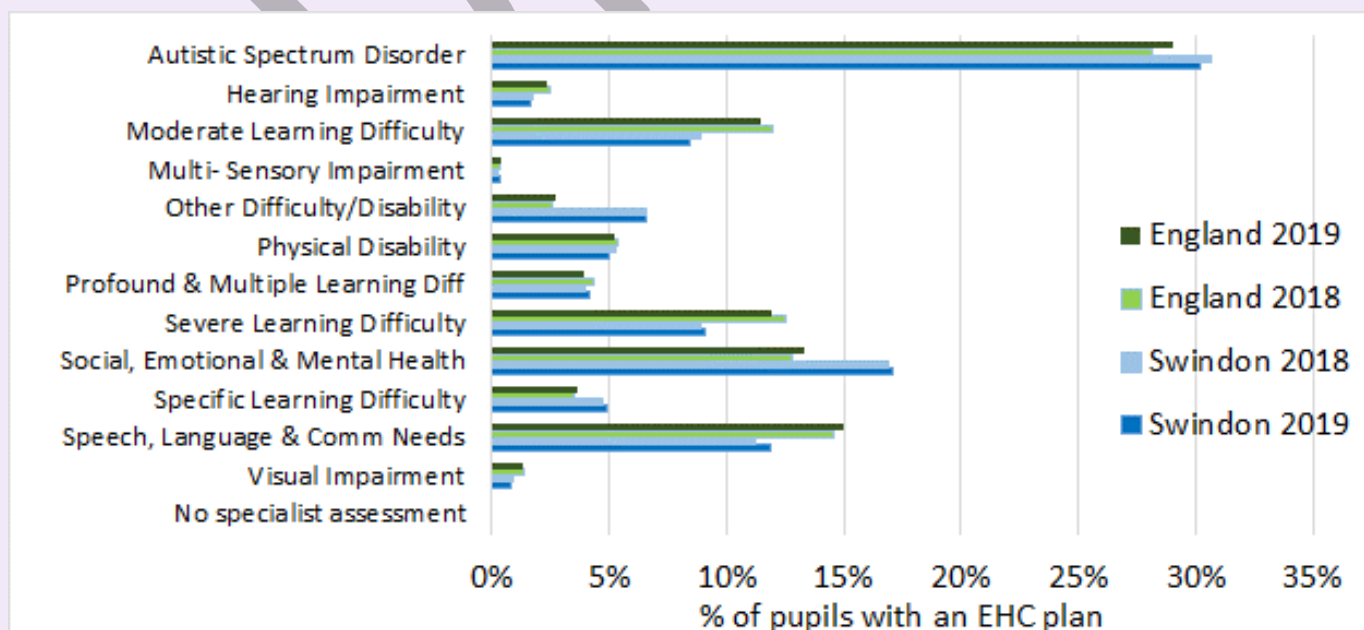
Swindon LA had 41.3 requests for statutory assessment per 10,000 population (0-17 years) in 2018 which is a slight increase on 2016. However this is 2.2 per 10,000 lower than the England figure. This is a potential indication that the percentage of the school population with an EHC Plan, currently 3.9%, will not increase significantly over time although these statistics do not capture the full picture for 0-25 years and the number and increase in post 16 EHCPs is noted.

What are the needs of children and young people with SEND?

The January 2019 School Census data for students with an EHC plan shows that the percentage of pupils with a primary need of Autistic Spectrum Disorder (ASD) has remained stable at 30.1% in 2017, 30.7% in 2018 and 30.2% in 2019 although an increase of 6.1% in this primary need in Swindon since January 2016. Nationally the proportion of ASD pupils has increased by around 1% from 28.2% in 2018 to 29.0% in 2019. Swindon was 1.2% above the national average in 2019 although below the national average in 2016.

Although very broadly in line with needs profiles elsewhere, there are some differences in Swindon compared to the national profile:

- In 2019, 17.1% of Swindon students with an EHC plan had a primary need of Social, Emotional and Mental Health which represents an increase from 2017 of 1.8%. Nationally the proportion of pupils with social, emotional and mental health needs was 13.3% in 2019, which is around a 1% increase since 2017. The gap between Swindon and national proportion remains around 4%.
- In 2019, 11.9% of Swindon students with an EHC plan had a primary need of Speech, Language and Communication needs. This figure has reduced significantly from 19.9% in 2016 and this is now 3.1% below the national average of 15.0%.

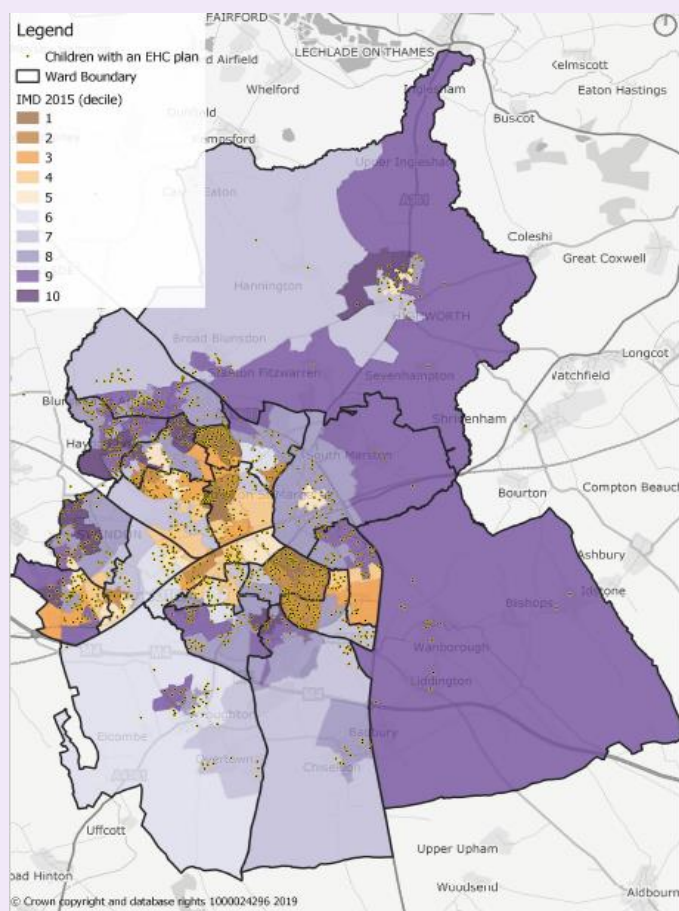


Where do children and young people with SEND live?

Figure 4 shows where children and young people with an EHC plan in Swindon live. There are 470 children and young people with an EHC plan per 10,000 (aged 0-24) in Swindon's 20% most deprived areas. In other areas of Swindon the rate is around 270 per 10,000.

Penhill and Upper Stratton ward has the highest rate (496 per 10,000), with Liden, Eldene and Park South ward and Walcot and Park North ward also having a rate in excess of 400 per 10,000. In contrast Central ward, Eascott ward and St Margaret and South Marston ward all have rates under 200 per 10,000.

Figure 4: Children with an EHC plan by location



Where are pupils with SEND educated?

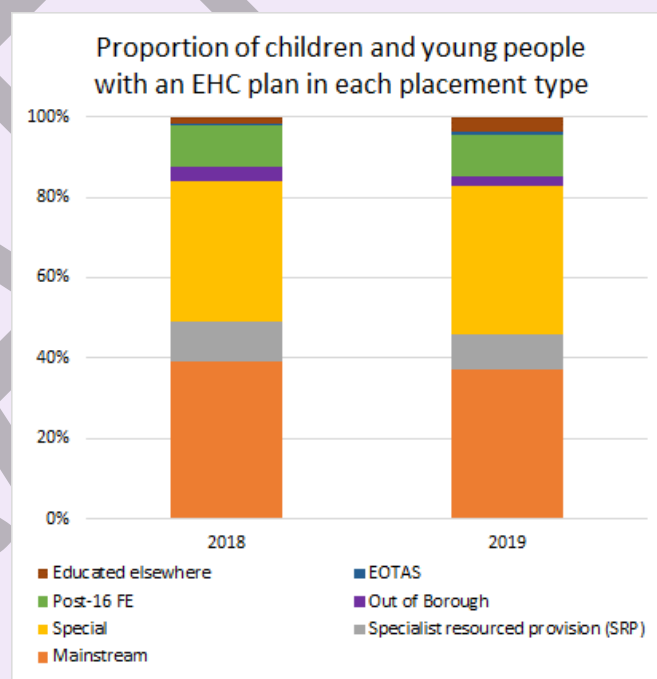
The SEN 2 survey includes data on the educational provision children and young people with an EHC Plan are currently receiving in Swindon and nationally. Locally, 37.2% of the pupils with EHC plans attend mainstream school provision, higher than the England figure of 33.8%. Placement in Swindon specialist schools is also higher but placement outside Swindon is lower than elsewhere.

A further 37.0% of the pupils with EHC plans attend special school and 8.6% attend specialist resourced provision (SRP) inside the borough, which are both higher than the national average.

Compared to other local authorities a relatively high proportion of children and young people attend specialist provision. The proportion of pupils with a statutory plan that attend a mainstream school is also higher than in many similar authorities alongside lower numbers placed outside the Borough.

Students educated at independent specialist provision outside of the borough has increased from 1.5% in 2016 to 2.3% in 2019 but is still below the national average of 3.3%.

Figure 5: Education provision in Swindon



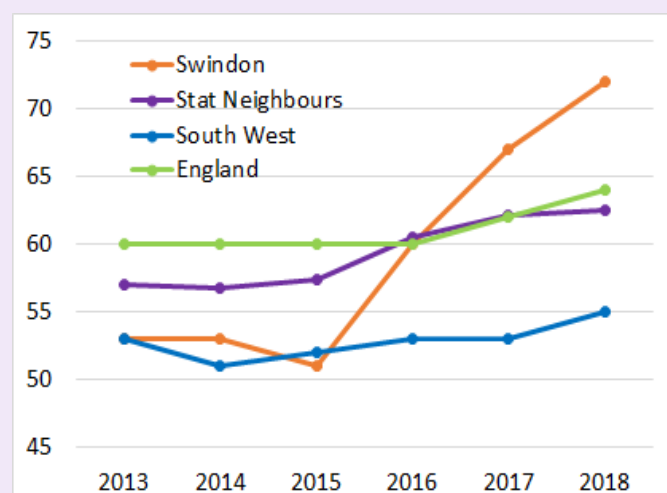
Children and Young People with SEND who are looked after

360 children were in care (looked after) in Swindon in 2018, up from 250 in 2015, equating to 72 per 10,000 and higher than the England rate of 64 per 10,000. The national average has risen slightly from 60 per 10,000 in 2016 but Swindon has changed from being below the England rate (up to 2015) to above it (2017 and 2018) and then below again. 21% of looked after children had EHCPs in January 2019 compared to 26.5% nationally.

There is a higher prevalence of SEN amongst looked after children than the child population as a whole. In 2018, 21.0% of children in care have an EHC plan and 35.7% have SEND Support. The proportion of looked after children and young people with SEN (56.7%) was similar to England (55.5%) and statistical neighbours (55.6%) but lower than the South West (65.1%).

The proportion of children and young people in Swindon who are “in need” (CIN) that have SEND is 42.1% which is below the national and statistical neighbour benchmarks. Those with an EHC plan is 12.9% and is lower than the national average 21.0% and the regional average 19.6%. The most recent data for 2019 suggest a decrease locally.

Figure 6: Looked After Children (U18) / 10,000



Social Care for 18-24 year-olds with SEND

In May 2019, there were 205 people aged 18 to 25 receiving social care services from Swindon Borough Council. This age group represented 6.05% of the total number receiving services. The primary support reason for 91% of the 18 to 25 age group is learning disability support.

Services for children and young people with SEND

The LA commissions a range of education, health and social care provision for children and young people with SEND. A range of services for disabled children, young people and their families are based at the Salt Way centre in West Swindon. These services include universal and early help (e.g. Targeted Mental Health Services (TAMHS), Paediatric Therapies, Speech and Language Therapists, social workers and early years services such as Koalas Opportunity Group, Special Tots and Portage.

Complex and continuing health care

The complex care service provides clinical nursing support to children and young people in Swindon who have specific complex health needs. The service also provides training to children and young people, families and carers and to staff in schools and other settings to allow children to engage, enjoy and achieve in family life, social activities and at school.

The Continuing Health Care service works in partnership with children, young people and their families to provide continuing care assessments which are then considered at panel and in cases when care is agreed, care packages are regularly reviewed. The service offers support that varies according to need. This includes:

- respite care overnight to provide parents and carers with the ability to rest properly,
- support at school including on the way to and from school, enabling children and young people to access the curriculum and to fully engage with school activities and their peer groups
- care at school to, for example, deliver a specific medical procedure in school as part of a child's routine care that allows the child to be independent for the rest of the school day.

These services are managed and delivered by the Great Western Hospital Trust. For both services there was a steady increase in children receiving complex and or continuing health care support in the decade to 2017 but numbers have stabilised since then and currently around 30 receive complex care and 12 continuing care.

Speech and Language Therapy

The SBC Speech and Language service has reviewed and introduced new referral pathways and the number of referrals has stabilised at the levels seen in 2016. In March 2019, the service had 2,148 children who required the speech and language therapy service with a stable overall referral rate of approximately 900 referrals per year during 2016 to 2019.

The number of children and young people on the three ASD speech and language therapy caseloads (preschool, mainstream and assessment pathway) has remained stable since 2016. In May 2019, there were 114 children and young people on the three ASD caseloads. A specialist ASD therapist has been appointed and the waiting time for ASD pathway assessments has reduced from 60 months in 2016 to within 12 weeks in 2019.

Paediatric Therapy

The paediatric therapy service provides a jointly managed and planned specialist service delivered by physiotherapists and occupational therapists that provide holistic care to meet the specific physical, cognitive and sensory needs of each child or young person who has complex on-going needs. The service provides a range of therapy and care to enable children and young people to maximise their own functioning independence allowing them to enjoy a full and rewarding life within their families, peer groups and the wider community. As well as working directly with children and young people the service also works with families and professional colleagues to support them to deliver therapeutic interventions for children that support the specialist work of the therapy service.

The focus of pressure in the Paediatric Therapy service is the assessment and management of children and young people who are waiting for health Occupational Therapy. This pressure is a result of issues in the recruitment and retention of health Occupational Therapist. Additional Occupational Therapist capacity was commissioned by Swindon NHS CCG and the referral rate has stabilised.

Learning Disabilities Child and Adolescent Mental Health Services (CAMHS)

In 2019, the LD CAMHS caseload has increased to 150 young people with a learning disability, up from historical levels of between 125 and 140.

However, the case-mix is changing and there appears to have been an increase in the number of referrals for children with ASD or LD under the age of 5.

Commissioned education support services

The LA commissions a range of advisory services which provide advice and support to improve inclusive opportunities and educational outcomes for children and young people with SEND. This includes, hearing impairment, ASD, visual impairment, physical difficulties, social, emotional and mental health and assistive technology. Support is provided in mainstream schools and colleges as well as specialist provision as well as pre-schools. Referrals and caseloads for these services are generally increasing year on year. A review of these services has been commissioned.

What are the outcomes for children and young people with SEND?

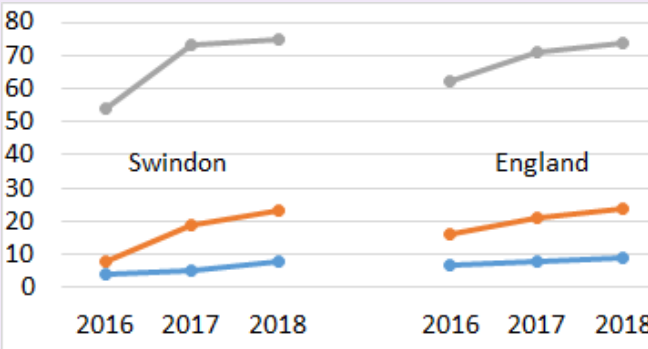
Young people with SEND face multiple barriers which make it more difficult for them to achieve their potential, to achieve the outcomes their peers expect, and to succeed in school.

Key stage 2 achievement

Achievement and progress at the end of KS2 for pupils with SEND has improved in Swindon between 2017 and 2018 and is similar to national benchmarks. The percentage with an EHC plan who met the expected standards in reading, writing and maths in 2018 was up 3% from 2017 at 8%, just below the England figure of 9%. Likewise the percentage with SEN support who met the standard was up from 19% to 23% compared to 24% across England. Swindon is above statistical neighbour benchmarks in both cases.

The attainment gap between SEN students and their non-SEN peers who are meeting expected standards at KS2 has narrowed for Swindon pupils in 2018. However, the gap remains slightly larger than for England.

Figure 7: KS2 attainment: % achieving expected standard in reading, writing & maths



Key Stage 4 achievement

Swindon's overall pattern of secondary attainment is below England benchmarks, for children both with and without SEND. In 2018, 5.3% of pupils with an EHC plan achieved grades 5-9 in English & Maths (5.3% England) and 9.6% achieved 4-9 (10.5% England). 16% of SEN support pupils achieved grades 5-9 (16.5% England) and 28.1% achieved 4-9 (31.3%) nationally. The Attainment 8 score was also below national benchmarks for SEN pupils.

In Swindon, 45.5% of non-SEN pupils achieved grades 5-9 in English and Maths in 2018. The gap between them and those with an EHC plan was 40.2% and 29.5% for those with SEN support. In England, 48.5% of non-SEN pupils achieved grades 5-9 in 2018 and therefore the national gaps were larger than in Swindon.

The new attainment and progress measures Progress 8 and Attainment 8 show that Swindon students with SEND make slightly worse progress compared to England and also have slightly worse attainment.

Figure 8: Average Attainment 8 score



Note: Attainment 8 measures achievement across 8 qualifications

Post 16 achievement

Attainment for SEN support students at post 16 achieving level 2 including English and maths by age 19 has fallen from 47.8% in 2016 to 29.5% in 2016: a decrease of 18.3% and 6.1% below the national average. There has also been a fall in attainment for SEN students achieving level 3 by age 19 (28.3%). This is 7.6% lower than 2016 and is 2.7% below the national average.

The gap between post 16 SEN support pupils and their non-SEN support peers has widened for those achieving level 2 including English and maths by age 19 to 44.9%.

This is 18.9% wider than the gap in 2016 and is 5% bigger the national average (39.9%). Similarly the SEN gap for those achieving level 3 by age 19 has also widened and is now 26.4%: 7.1% bigger than in 2016 and 7.6% worse than the national average.

Education, Employment and Training

Young people with SEND or learning disabilities are less likely to be engaged in positive learning activities or education, employment or training (EET) than their peers. 6.7% of all 16-18 year olds in Swindon are NEET, higher than England at 6.0%. The employment rate among people with learning disabilities who are known to services in Swindon was 6.1% in 2018/19 – in line with England at 6.0%.

Swindon generally performs above the England benchmark for SEN pupils being EET after completing key stage 4 with particularly strong performance for SEN support pupils.

Attendance and exclusions

Overall attendance in Swindon schools fell below the national benchmark in 2017, after previously having been above average. In 2017/18 pupils with an EHC plan had 9.3% overall sessions missed (8.6% England), compared with 6.4% for SEN support pupils (6.5% England), and 4.3% of those with no identified SEN (4.4% England).

Overall persistent absence at Swindon schools has been on the rise since the definition changed in 2016. Persistent absence for pupils with EHCP/statement has increased from 23.3% in 15/16 to 27.4% in 17/18, and is higher than national benchmarks. For those with SEN support without an EHCP, persistent absence is 18.1% in 17/18, up from 16.1% two years prior. This compares to 8.9% of children in Swindon schools with no identified SEN who are persistently absent.

Recommendations

Joint Commissioning Priorities

1. Autistic Spectrum Disorder – 30.2% of students with an EHC plan had ASD as a primary need in 2019. Early identification, support and provision to meet the needs and improve the outcomes of children and young people with ASD should be a commissioning priority for the LA and CCG.

2. Speech, Language and Communication (SLC) Difficulties – 11.9% of the Swindon school population have Speech, Language and Communication identified as their primary need. Demand for the Speech and Language Therapy Service remains high and the service receives around 900 referrals per year and an increased number of students have required therapeutic input in recent years. Early identification, support and provision to meet the needs and improve outcomes for children and young people with SLC difficulties should be a joint commissioning priority for the LA and CCG.
3. Social, Emotional and Mental Health (SEMH) Difficulties – 17.1% of students had a primary need of Social, Emotional and Mental Health. The rate of hospital admissions for self-harm in young people aged 10 to 24 years is significantly higher than in England as a whole. Early identification, support and provision to meet the needs and improve the outcomes of children and young people with SEMH should be a joint commissioning priority for the LA and the CCG.
4. Specialist provision and services need to work alongside colleagues across SBC and the CCG when commissioning and/or decommissioning specialist provision and services in Swindon to meet the needs of children and young people with SEND and improve their outcomes.
5. Employment for SEND – Alongside colleagues from the employment and training workstream, review current provision and options and outcome measures for young people to increase the percentage of young people with SEND in sustainable paid employment. Identify support and provision options and pathways for future commissioning priorities for the LA and the CCG.
7. Requests for Statutory Assessment and EHC plans issued – Since 2012 the number of EHC plans (or previously statements) issued annually has been on an upward trajectory. The LA should continue to closely monitor by age range the proportion of requests per 10,000 of the population and against national and regional benchmarks to ensure that this remains stable and begins to reduce over time. The impact of early support and improved pathways to employment should be monitored for the impact on total numbers of EHCPs.
8. Children in Care with SEND – Children in Care in Swindon are more likely to have SEND. Further research and analysis is required of the SEND cohort of children in care to identify why there is a disproportionate number of children in care with SEND and their outcomes. Once this is better understood, the findings should inform a joint commissioning priority for the LA and CCG to ensure there is early identification, support and provision in place to meet the needs and improve the outcomes of children in care with SEND.
9. The participation of children and young people with SEN as indicated by attendance, absence and exclusion figures should be a commissioning priority within the context of national developments and local developments such as the mental health trailblazer programme.

Further Research and Analysis

Further information

This bulletin is an updated version of the 2017 JSNA bulletin. Both versions of the bulletin and the full 2017 SEND JSNA report can be found on Swindon's JSNA website:

<https://www.swindonjsna.co.uk/dna/SEND>

This bulletin was published in September 2019.

Data Monitoring

6. SEND Population and demographics - The LA should continue to closely monitor the overall SEND population to ensure that the percentage of the school population with an EHC plan continues remain stable and that the proportion at each age group is stable and in line with national and comparable areas. Page 180