Swindon Borough Council

Health and Wellbeing Board

Wednesday, 13 November 2013

Committee Room 6, Civic Offices (Anticipated meeting room)

At 2.00 p.m.

Contact Officers:
Shaun Banks (Committee Officer), 01793 463606, sbanks@swindon.gov.uk
Cherry Jones (Acting Director of Public Health), 01793 444681, cherryjones@swindon.gov.uk

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AGENDA

1. **Apologies for Absence**

2. **Declarations of Interest**
   Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.

3. **Public Question Time**
   See explanatory note below. Please phone the Committee Officer whose name and number appears at the top of this agenda if you need further guidance.

4. **Minutes** (Pages 1 - 6)
   To receive the minutes of the meeting held on 11TH September 2013.

5. **Presentation - NHS England**
   (i) National Call to Action
   (ii) National Call to Action GPs
   (iii) The National Planning Process

6. **Annual Report of the Local Safeguarding Children Board 2012/13** (Pages 7 - 58)

7. **Autism Self Evaluation 2013** (Pages 59 - 70)

8. **Diabetes Joint Strategic Needs Assessment (JSNA)** (Pages 71 - 84)

9. **Integration Transformation Fund Update (Oral)**

10. **Health and Wellbeing Strategy** (Pages 85 - 110)

Date of Despatch: 06 November 2013

Public Question Time *- Swindon Borough Council is committed to increasing its accountability to the public and to promoting active citizenship. Up to 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from members of the public about the work of the Committee (except for confidential matters and specific planning applications). Questions must be relevant, clear and concise. Because of time constraints Public Question Time is not an opportunity to make speeches or statements. Prior notice of a question to the Director of Law and Democratic Services is desirable - particularly if detailed background information is needed.*

Access Arrangements - *The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you would wish to attend the meeting but have any special requirement to enable you to do so please contact the Committee Clerk, whose name appears at the top of this agenda, as soon as possible prior to the date of the meeting.*

If you would like to receive any of the pages contained in this agenda in a larger print size please contact the Committee Officer whose name appears on the first page of this agenda.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 11 SEPTEMBER 2013

PRESENT:- Councillors Ray Ballman, Brian Mattock and David Renard (Chair); Gavin Jones (Chief Executive, Swindon Borough Council), Tony Ranzetta (NHS Swindon Clinical Commissioning Group Accountable Officer) John Gilbert (Director of Adult Social Care/Children's Services, Swindon Borough Council), David Wray (Third Sector representative), Cherry Jones (Acting Director of Public Health, Swindon Borough Council), Jennifer Howells (NHS England), Angus MacPherson (Wiltshire Police and Crime Commissioner) and Carol Burns (Chair, Healthwatch Swindon).

An apology for absence was received from Dr Peter Crouch (NHS Swindon Clinical Commissioning Group).

17. 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.

18. Public Question Time

Mr Brian Cockbill asked whether the Board's Terms of Reference covered the care of individuals living in Swindon and receiving medical care outside of its boundaries and vice-versa.

Carol Burns (Chair, Swindon Health Watch) that the Health Watch organisation was the body to which any such care issues should be referred. She noted that there was a network of Health and Well Being Boards across the country that liaised not only with each other but also area teams, the QSG and the NHS to ensure the commissioning of services covered all people in an appropriate manner. The Chair noted that officers would examine the Board's Terms of Reference to ensure they covered the issue Mr Cockbill had raised.

Mr Cockbill thanked the Board and noted that where Swindon's strategies varied from neighbouring Board's in other areas there might be confusion other variances of policy. The Chair noted that in instances where care of an individual was undertaken outside of Swindon or vice-versa staff would need to liaise with the appropriate authorities.

19. Minutes

Resolved – That the minutes of the meeting held on 10th July 2013 be confirmed and signed as a correct record.

20. Health and Social Care Integration Transformation Fund

The Board considered a joint report of the Acting Director of Public Health and Head of Commissioning – Children and Adults concerning (a) the funding arrangements and amounts to be transferred from the National Health Service

(NHS) to local authorities during the period 2014/15 and 2015/16, as set out in the June 2013 Spending Review, (b) interim arrangements for 2013/14 where it is proposed that £2.75 million is transferred from NHS England to Swindon Borough Council. The Acting Director of Public Health noted that there was the opportunity to improve the lives of vulnerable people within the Borough.

Councillor Mattock raised the issue of the Working Group to recommend how the funding is allocated in 2014/15 and suggested that this might be via an officer working group who would bring forward recommendations for consideration and that this could be set around the NHS planning framework.

Jennifer Howells noted that given there are early discussions underway on the draft planning guidance some financial details might not be known until December and that it would be hard for the Board to make decisions until it knew the true financial position. Sue Wald pointed out the current guidance on transformation included the Dilnot implementation and some of this would occur in 2014/15 in respect of social care.

Resolved – (1) The report and the implications of the 2013 Comprehensive Spending Review and future funding transfers from the NHS to Local Authorities be noted.

(2) That an officer working group comprising representatives of Swindon Borough Council and the Swindon Clinical Commissioning Group be established to make recommendations to this Board and the Adult and Children's Joint Commissioning Board in respect of how money transferred from the NHS to Swindon Borough Council is allocated in 2014/15.

(3) That the Cabinet and the Governing Body of the Swindon Clinical Commissioning Group be recommended that:
(a) the conditions associated with the transfer of NHS funds to Swindon Borough Council be noted and agreed; and
(b) the proposed spend of £2.753 million of transferred money, as set out in paragraph 3.16 of the joint report of the Acting Director of Public Health and Head of Commissioning – Children and Adults, be agreed.

21. Hepatitis B & C Joint Strategic Needs Assessment (JSNA)

The Acting Director of Public Health submitted a report setting out (a) the findings of the Hepatitis B and C Joint Strategic Assessment, (b) seeking support for the recommendations arising form the study, and (c) raising awareness of the health care related needs of those infected with Hepatitis B and C in Swindon.

The Board received a presentation from Penny Marno, Public Health Speciality Registrar on:

- The assessment, how it was undertaken and its key findings.
- The transfer of Hepatitis B and C within the community.
- Treatments available for Hepatitis B and C.
- The number, in the region of 500-800 people who suffered from either Hepatitis B and C in Swindon with 13 cases in 2012/13.
- Issues with reaching those affected to ensure treatment and education was provided.
- The current provision of treatment to Swindon patients and improvements in diagnosis and treatment.

- Raising awareness of Hepatitis B and C in Swindon, its symptoms and treatment within the wider community.
- Raising awareness of issues relating to Hepatitis B and C in Swindon within the medical community.
- Sections of the community most at risk of contracting Hepatitis B and C in Swindon.
- The provision of Swindon care in line with NICE guidance.
- The evidence base for the report and its recommendations.

Councillor Ray Ballman asked about the current provision of treatment in Oxford of Swindon patients, and whether, as many belonged to vulnerable groups whether provision of treatment in Swindon might not be better. The Board was informed that the standard of care provided to Swindon patients in Oxford was very good. Given the numbers involved for a specialist service the question of maintaining the standard of service within Borough might not be feasible. Officers could examine this issue and the feasibility of Swindon based provision and include it in feedback to the Board for consideration.

Resolved – (1) That the Cabinet and Swindon Clinical Commissioning Group be recommended:
(a) to note and agree the recommendations set out in Appendix 1 of the Hepatitis B and C JSNA Bulletin attached to the report of the Acting Director of Public Health, and
(b) to support the development of an action plan for the implementation of the recommendations referred to in (1) above.

(2) That officers submit an annual update on all on-going issues, including Hepatitis B and C, relating to the Joint Strategic Needs Assessment.

22. Learning Disability JSNA: Progress Report

The Board Director, Commissioning submitted a report setting out (a) the Learning Disability Partnership Board to monitor progress against the recommendations in the Learning Disability Joint Strategic Needs Assessment, and (b) the work being undertaken to complete Swindon's submission to the new Joint Health and Social care Self-Assessment for learning disabilities.

Councillor Ray Ballman introduced key issues set out in the report and in relation to the work of the Learning Disability Partnership Board:

- The work undertaken by the Learning Disability Partnership Board in relation to health, the first area covered.
- The Learning Disability Partnership Board's next area of work- unemployment and the issue of the employment of disabled people. It was noted that the Chair of Inswindon would be attending this meeting.
- The Police and Crime Commissioner who would be attending the meeting considering issues relating to crime.
- The Learning Disability Partnership Board which was a large and diverse body would, once it had completed this work, submit a report to the Health and Wellbeing Board setting out key issues and conclusions for discussion.
- The Learning Disability Partnership Board was keen to fruitfully engage the Health and Wellbeing Board and the Adult's and Children's Joint Commissioning Board.

Members congratulated Councillor Ray Ballman and the Learning Disability Partnership Board on its work to date and the progress report which was informative and accessible. The Board discussed:

- The importance of the work being undertaken by the Learning Disability Partnership Board.
- What work with communities could be undertaken to improve lives and make systems simpler. The Director of Commissioning indicated his willingness to attend a meeting to help facilitate a better understanding of how the Health and Wellbeing Board could interact.
- Work that might be necessary to improve participation in direct payment personal budgets; the take up of which was currently low. The Board noted this issue had been raised with SEQAL and the Avon and Wiltshire Mental Health Trust and that in the last year the number of participants had risen from 700 to around 1,200.
- Current work to try and identify ways of including one off requests (ie for equipment).
- Taking the report to Healthwatch Swindon for discussion.
- The low figure for employment identified within the report and whether this was partly the result of the current national position and in particular the competition of youth unemployment.
- The need for employers to be proactive in their employment practices and whether Influence could assist with highlighting this issue locally.
- The role of Health Ambassadors was discussed and it was noted that the Adult and Children's Joint Commissioning Board would discuss personal budgets at their next meeting.
- It was noted that it had been discussed at the last LEP meeting and that avenues such as volunteering might prove beneficial when seeking employment.

Resolved – (1) That progress made with recommendations in the Learning Disability Joint Strategic Needs Assessment be noted.

(2) That progress of the Learning Disability Partnership Board's work and in implementing the recommendations in the Learning Disability Joint Strategic Needs Assessment be included within the Joint Strategic Needs Assessment Annual update report unless such issues are time sensitive or require urgent action.

(3) That the approach to completing the Joint Health and Social Care Self-Assessment for learning disabilities be noted and the Swindon Advocacy Movement be congratulated on their Easy Read Version of the Assessment.

23. Healthy Weight Strategy

The Acting Director of Public Health submitted a report concerning the Healthy Weight Strategy which has been refreshed and extended to cover the period 2013-2015.

The Board received a presentation highlighting the following points:

- The strategy developed and brought up to date was for the period 2013-15.
- The statistics of obesity in Swindon and in particular 9.9% obesity rate for over 5's and 19.2% for 10-11 year olds.
- The strategy recognised that obesity is caused by an imbalance between that we eat and what we do.

- The consultation process undertaken to date.
- Prevention work and the creation of an understanding of lifestyle on health.

The Board discussed the strategy and work undertaken on the prevention of obesity in both the current plan and its predecessor and why obesity levels appeared to be continuing to rise. It also discussed the evidence base system approach being undertaken and how the current plan was being informed by best practice and success in other areas, and the work being undertaken with schools. The Board also discussed the use of national statistics to inform local adult obesity rates and the use of the school nursing team in the collation of childhood data.

The Board noted that work still needed to be undertaken in respect of increasing physical activity in schools and in involving academies in promoting the strategy. The Board considered it key to imbed the key principles at a primary age to maximise the chance of making life altering changes to prevent obesity and the illnesses that this often led to. This was increasingly important following the end of the national support for the Healthy Schools programme. Swindon however continues to operate a local Healthy Schools programme. The Council might also have a wider role in the provision of safe play areas and through planning controls on fast food outlets in sensitive areas and housing design.

It was felt to be important that any data provided must be accurate and stand up to scrutiny in order that the Board and the public could have confidence in the decisions made. The Board asked that the officers meet with Tony Ranzetta (Clinical Commissioning Group) to investigate the difference in the interpretation of data to ensure Swindon Borough Council and the Swindon Clinical Commissioning Group agreed on any data supplied to the group (or the reasons why there was a difference in interpretation) prior to submission to this Board.

Resolved – (1) That, subject to additional information on fats food outlets and planning being included within the Healthy Weight Strategy, the Cabinet and the Governing Body of the Clinical Commissioning Group be recommended to approve the Healthy Weight Strategy for 2013-2015.

(2) That the Board welcomes the current Healthy Weight Action Plan and the activity underway to raise awareness of achieving and maintaining a healthy weight across Swindon to achieve the aims of the strategy.

24. Local Government Declaration on Tobacco Control

The Acting Director of Public Health submitted a report setting out (a) the Local Government Declaration on Tobacco Control and (b) the rationale and work undertaken in creating the declaration.

The Cabinet Member for Health and Adult Social Care introduced the report and confirmed the Council's support for the aims and objectives.

Resolved - (1) That the Cabinet and the Governing Body of the Swindon Clinical Commissioning Group be recommended to support and welcome the Leader of Swindon Borough Council's intent to sign up, on behalf of Swindon Borough Council, to the Local Government Declaration on Tobacco Control.

(2) That Swindon Borough Council and the Swindon Clinical Commissioning Group be requested to consider how, through their respective organisations, they can promote the objectives of the declaration and make a clear commitment to tackle the harmful effects of tobacco.

25. Board Membership

The Chair introduced Stuart MacPherson, the Wiltshire Police and Crime Commissioner, and asked the Board to consider approving his appointment to the current membership. Mr MacPherson had been appointed to the Wiltshire Health and Wellbeing Board and the Chair indicated that there were advantages of including the Police and Crime Commissioner on this Board as well both in the contribution he could bring to its work and for consistency purposes.

Mr MacPherson thanked the Chair and outlined the crime and health connection within the areas of work he was undertaking.

Resolved – That the Wiltshire Police and Crime Commissioner be appointed as a member of this Board and that this Board's Terms of Reference be amended accordingly.

Health & Wellbeing Board

Annual Report of the Local Safeguarding Children Board 2012/13

13th November 2013

Author:	Board Director, Commissioning (DCS/DASS) and Cabinet Member Children's Services/Chair of the LSCB
Wards:	All Wards
Locality Affected:	All Locality Areas
Parishes Affected:	All Parish Areas

1. Purpose and Reasons

1.1 To inform Health & Wellbeing Board of the Annual Report of the Local Safeguarding Children Board 2012/13 and to invite the Board to comment on the report.

1.2 To inform Health & Wellbeing Board of the Draft Annual Report of the Local Safeguarding Adult Board 2012/13 and to invite the Board to comment on the report.

2. Recommendations

The Board is recommended:

2.1 To note and comment on the Local Safeguarding Children Board Annual Report 2012/13.

2.2 To comment on the Draft Annual Report of the Local Safeguarding Adult Board 2012/13

2.3 To comment on the joint protocol between the health & Well-being Board and LSCB/LSAB.

3. Detail

3.1 The Swindon Local Safeguarding Children and Adult Boards (LSCB/LSAB) Annual Reports April 2012 to March 2013 explains the Board's purpose, structure and membership, lists some key performance data, highlights some of its achievements and summarises the activities contained in next year's business plan.

The full report is available at http://www.swindonlscb.org.uk/about/Pages/AnnualReports.aspx

The LSAB draft Annual report is attached as Appendix 3

Further information on the subject of this report can be obtained from Victoria Guillaume, 01793 463855, vguillaume@swindon.gov.uk

3.2 LSCBs were established by the Government to ensure that organisations work together to protect children from harm and promote their welfare. Both Boards are not accountable for operational work but holds partner agencies to account on the effectiveness of their safeguarding services for Swindon's children and adults at risk

3.3 The report details how the LSCB has made a difference to safeguarding children in Swindon including their activity during 2012/13 around:

- Quality Assurance and performance
- Case review on neglect using the SCIE methodology
- Child Death Reviews
- Training outcomes
- Managing allegations against people who work with children
- Advocacy
- Sexual Exploitation and runaways
- Service user consultation
- Safeguarding disabled children and young people
- Safeguarding children in a digital world
- Engagement of children, young people and the community
- See the adult, see the Child
-

3.4 The report in Appendix 3 details the work of the LSAB on:

- Winterbourne View
- Developing the Board and its sub groups
- See the adult, See the Child
- Improving the relationship between agencies delivering safeguarding services
- Performance and activity

The report also includes a number of case studies illustrating safeguarding practice

Further information on the subject of this report can be obtained from Victoria Guillaume, 01793 463855, vguillaume@swindon.gov.uk

3.5 The Annual Report for the LSCB 2012/13 sets out the challengesfor 2013/14.

The Chair of the Board states that 'the need to show the impact of our work is the Board's challenge for 2014. New government guidance on the work and role of the LSCB makes frequent references to being 'effective' which I take to mean 'doing the right thing'. We have to move to a child protection system where all individuals and organisations are continually learning and improving the way they work to protect children from harm. Swindon's LSCB focus for the next year will be on outcomes, quality of practice and the child's journey to a safer and happier life. These are fundamental yet demanding objectives but I believe that this summary report shows that the LSCB has made a good start towards achieving these goals.'

3.6 During 2013/14 the work of the LSAB will focus on developing the invovement of adult victims of alleged abuse. We will also be working towards determining their desired outcomes following safeguarding alerts and where possible meeting these desired outcomes

4. Alternative Options

4.1 No alternative options are proposed.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no financial or procurement implications arising from the recommendations of this report.

Legal and Human Rights Implications

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

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

5.3 The LSCB coordinates the work of agencies to safeguard children and to promote the welfare of children in Swindon and to ensure the effectiveness of safeguarding children in Swindon. The LSCB has clear links to the Swindon Children's Trust Board.

Links to One Swindon, Strategic Objectives, Plans and Policies

5.4 One Swindon Priority – Living independently, protected from harm, leading healthy lives and making a positive contribution.

Diversity Impact Assessment

5.5 A Diversity Impact Assessment has been completed for the One Swindon priority to which this report relates and can be made available to the Board if required.

Risk Management

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

6. Consultees

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

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix 1 - http://www.swindonlscb.org.uk/about/Pages/AnnualReports.aspx

8.2 Appendix 2 Relationship between Health & Well-Being Board and LSCB/LASB (Swindon Protocol)

8.3 Appendix 3 Draft Annual report of LSAB

Further information on the subject of this report can be obtained from Victoria Guillaume, 01793 463855, vguillaume@swindon.gov.uk

Protocol in support of the relationship between the Swindon Health and Wellbeing Board, the Swindon Local Safeguarding Children Board and the Swindon Local Safeguarding Adults Board

Introduction

Health and Wellbeing Boards (HWB) were established by the Health and Social Care Act 2012. They are intended to be a forum where key leaders from the health and care system work together to improve the health and Wellbeing of their local population and reduce health inequalities.

The Children Act 2004 required each local authority to establish a Local Safeguarding Children Board (LSCB). It is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children and to ensure that these agencies are effective. It operates under guidelines known as 'Working Together to Safeguard Children'; the latest version came into effect from 15th April 2013.

Safeguarding Adult Boards are not currently statutory bodies but will assume this status with the passage of the forthcoming Care Bill. Currently Boards operate within the framework promoted by 'No Secrets' which was published by the Department of Health and the Home Office in March 2000 and by 'Safeguarding Adults' which was published by the then Association of Directors of Social Services in October 2005.

In March 2013, NHS England published a document 'Safeguarding Vulnerable People in the Reformed NHS- Accountability and Assurance Framework' which gave guidance on the relationships between the Safeguarding Boards and the HWB (section 4.2).

Following discussions between the joint chair of Swindon's Safeguarding Boards and the Chair of the HWB, it was agreed that there should be a formal agreement outlining this relationship based upon a protocol agreed in Slough last year. This Swindon protocol sets out the distinct roles and responsibilities of the Boards, the interrelationships between them in terms of safeguarding and wellbeing and the means to ensure effective co-ordination between the Boards.

This agreement will be discussed at the next meetings of both Safeguarding Boards and then presented to the HWB in November 2013 for ratification.

The purpose of and principles of the Health and Wellbeing Board

Each top tier and unitary authority must have its own Health and Wellbeing Board. Swindon's Board has terms of reference which outline its underlying principles, key responsibilities, its role, purpose and membership. This document is included at Appendix I.

What are the functions of Health and Wellbeing Boards?

- Health and Wellbeing boards have strategic influence over commissioning decisions across health, public health and social care through their Joint Strategic Needs Assessment (JSNA) and the development of their Health and Wellbeing strategy.
- Boards are intended to strengthen legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The boards also provide a forum for challenge, discussion, and the involvement of local people.
- Boards will bring together Clinical Commissioning Groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They will undertake the JSNA and develop a joint strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care.
- Through undertaking the JSNA, the Board will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

The Purpose of Swindon Local Safeguarding Children Board (LSCB)

Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

(b) to ensure the effectiveness of what is done by each such person or body for those purposes

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

(i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;

(ii) training of persons who work with children or in services affecting the safety and welfare of children;

(iii) recruitment and supervision of persons who work with children;

(iv) investigation of allegations concerning persons who work with children;

(v) safety and welfare of children who are privately fostered;

(vi) co-operation with neighbouring children's services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned

The role of the LSCB is to scrutinise and challenge the work of agencies both individually and collectively. The LSCB is not operationally responsible for managers and staff in the constituent agencies.

Swindon Safeguarding Adults Boards (SAB)

The focus of the work of Safeguarding Adults Boards is the prevention of harm to 'vulnerable' adults. The forms of abuse which the Board aims to prevent and address are: physical abuse, sexual abuse, psychological abuse, financial or material abuse, neglect or acts of omission, discriminatory abuse.

The role of the SAB is to ensure effective safeguarding arrangements are in place in both the commissioning and provision of services to vulnerable adults by individual agencies and to ensure the effective interagency working in this respect.

The Board has identified agreed objectives and priorities for its work which include clear policy, procedural and practice arrangements, mechanisms to secure coordination of activities between agencies, the provision of training and workforce development in support of safeguarding and quality assurance and performance management arrangements to test the effectiveness of safeguarding and the impact of the Board.

Effective communication and engagement between the Boards

Safeguarding is everyone's business. As such, all key strategic plans, whether they be formulated by individual agencies or by partnership forums, should include safeguarding as a cross-cutting theme to ensure that existing strategies and service delivery, as well as emerging plans for change and improvement, include effective safeguarding arrangements.

The Health and Wellbeing Strategy is a key commissioning strategy for the delivery of services to children and adults across the Borough and so it is critical that, in compiling,

delivering and evaluating the strategy, there is effective interchange between the Health and Wellbeing Board and the two Safeguarding Boards.

Specifically there need to be formal interfaces between the Health and Wellbeing Board and the Safeguarding Boards at key points including:

- The needs analyses that drive the formulation of the Health and Wellbeing Strategy and the Safeguarding Boards' annual business plans. This needs to be reciprocal in nature assuring that Safeguarding Boards' needs analyses are fed into the JSNA and that the outcomes of the JSNA are fed back into safeguarding boards' planning;
- Ensuring each Board is regularly updated on progress made in the implementation of the Health and Wellbeing Strategy and the individual Board plans in a context of mutual scrutiny and challenge;
- Annually reporting evaluations of performance on plans to provide the opportunity for reciprocal scrutiny and challenge and to enable Boards to feed any improvement and development needs into the planning process for future years' strategies and plans.

Whilst currently there is no statutory requirement to secure a formal relationship between the Health and Wellbeing Board and the safeguarding boards there is draft guidance steering inthis direction that may become a requirement.

For example in Working Together 2013 page 51 states "*The NHS Commissioning Board (now NHS England)will also lead and define improvement in safeguarding practice and outcomes and should also ensure that there are effective mechanisms for LSCBs and Health and Well-Being boards to raise concerns about the engagement and leadership of the local NHS.*"

The guidelines also stipulate that the LSCB annual report should be submitted to the Chair of the HWB. It is probable that these requirements will be replicated for Adult Safeguarding Boards when they are made statutory in the next year or so.

The opportunities presented by a formal working relationship between the Swindon Health and Wellbeing Board and the two safeguarding boards can be summarised as follows:

- Securing an integrated approach to the JSNA, ensuring comprehensive safeguarding data analysis in the JSNA
- Aligning the work of the LSCB and SAB business plans with the HWB Strategy and related priority setting
- Ensuring safeguarding is ''everyone's business'', reflected in the public health agenda
- Evaluating the impact of the HWB Strategy on safeguarding outcomes, and of safeguarding on wider determinants of health outcomes (such as domestic abuse)

• Cross Board scrutiny and challenge and ''holding to account'' the Wellbeing Board for embedding safeguarding, and the Safeguarding Boards for overall performance and contribution to the HWB Strategy.

Arrangements to secure co-ordination between the Boards

In order to realise these opportunities, it is proposed that the following arrangements would be put in place to ensure effective co-ordination and coherence in the work of the three Boards.

1. Between September and November each year, the Independent Chair of the two Safeguarding Boards would present to the Health and Wellbeing Board their annual reports outlining performance against business plan objectives in the previous financial year. This would be supplemented by a position statement on the Boards' performance in the current financial year. This would provide the opportunity for the Health and Wellbeing Board to scrutinise and challenge the performance of the Boards, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in the refresh of the Health and Wellbeing Strategy.
2. Between October and February the Health and Wellbeing Board to present to the Safeguarding Boards the review of the Health and Wellbeing Strategy, an update on the JSNA with the proposed priorities and objectives to enable the safeguarding boards to scrutinise and challenge performance of the HWB.
3. Between February and April, the Safeguarding Boards will share their proposed business plans with the HWB for challenge and scrutiny.

Conclusion

The roles of the LSCB and LSAB in relation to the HWB would be one of equal partners underpinned by this protocol. Each is accountable to each other and the LSCB has a statutory responsibility to challenge and hold agencies to account for the safety of Swindon's children. A similar responsibility will be given in law to the LSAB. This protocol is designed to ensure these functions are discharged effectively in Swindon without duplicating functions or creating additional structures.

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Safeguarding Adults At Risk in Swindon Annual Report 2012 - 2013

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Safeguarding Adults at Risk in Swindon Annual Report April 2012 March 2013

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

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FOREWORD

We are pleased to present the annual report of Swindon's Safeguarding Adults Board which covers the period from April 1st 2012 to March 31st 2013.

The report describes how the Board's agencies, both jointly and independently, work to ensure the safety of those adults within the Borough who are deemed to be most at risk of harm through the actions of other people. It contains statistical breakdowns which show the number, type, source and demography of safeguarding referrals, and the outcomes of the subsequent investigations.

The report emphasises the increase in the number of referrals received from last year- 406 compared to 293; a 40% rise in line with the experiences of other local authorities. There is undoubtedly a greater awareness of adult safeguarding heightened by the national outrage arising from the reports into the Winterbourne View scandal in August 2012 and the publication, in February 2013, of the Francis report into the Mid-Staffordshire hospital deaths.

The Board convened an extra-ordinary meeting to consider the recommendations from the Winterbourne View Serious Case Review. The report gives more detail of our action plan and subsequent monitoring programme on pages 21 and 22. The Board also considered the local response to the Francis report and its implications for Swindon's care providers and commissioners. Agency plans are still under development and will feature in next year's report.

The Department of Health has now given the responsibility to the new Health and Wellbeing Board to oversee all aspects of the Winterbourne View action plan. The need to formalise the working relationships between the Boards has prompted discussions between the LSAB chair and the Leader of the council (who chairs the Health and Wellbeing Board). These discussions will continue during 2013.

Collaboration between partner agencies is a key theme of Swindon's safeguarding activity. Whilst the statistics are important to gauge performance, the case studies throughout the report show that safeguarding is all about making a positive difference to people's lives. It is important to

stress that any remedial action must involve the adult concerned and achieve their desired outcome.

So the emphasis is rightly upon the 'voice of the user'. In last year's report mention was made of the Service User Forum which was still in its infancy. Over the past year, the Forum has met regularly, discussed a variety of safeguarding topics and is now looking to expand its membership. It now has its own independent chair who became a Board member in February.

Another developing area of partnership is with other Safeguarding Boards. Swindon and Wiltshire LSABs have a joint training sub-group and both Boards work together to update policies and have reformed a combined policy and procedures group. The Board works with the Local Safeguarding Children Board to promote awareness of safeguarding issues across Swindon. This will continue in 2013/14 through the first joint safeguarding conference and the re-launch of the 'See the Adult, See the Child' protocol.

Section 6 outlines the priorities and challenges facing the Board for 2013/14. The new Care Bill will make the Board a statutory body. The priorities reflect the new demands and requirements for the Board under this legislation. Other priorities include increasing further the involvement of individuals involved in safeguarding, responding to neglect, and improving the quality and availability of training. The Board also needs the flexibility and capacity to consider our response to national events.

We are confident that the response to Winterbourne View and the local partnership work as exemplified by the case studies, show that Board members, both individually and collectively, are committed to ensuring the safety and well-being of those adults at risk of harm who live in Swindon.

Michael Howard
Independent Chair
of the LSAB

Brian Mattock
Cabinet Member for Health and Adult Social Care

DRAFT

SECTION 1

Safeguarding Adults at Risk in Swindon Annual Report 2012/13

Introduction:

Over the past year safeguarding adults at risk has gained a great deal of attention locally and nationally particularly with events previously reported at Winterbourne View and more recently with the publication of the Francis report (issues that will be referred to later on in this report). The draft Care and Support Bill was also published recently informing the Swindon Local Safeguarding Adults Board (LSAB) of development actions required over the coming few years. Locally there has been a great deal of work developing the LSAB and perhaps gives an indication of the importance key agencies place on adult safeguarding.

As the Government Policy confirmed that *No Secrets (Department of Health 2000)* will stay a statutory guidance until at least 2014 so the definition used by the LSAB and within the policy and procedures used remains unchanged:

An Adult at Risk is someone who is *18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.*

Working closely with the police and other health colleagues, alerts of alleged adult abuse are managed in the main by SEQOL, the social enterprise providing care and support that was previously provided by the Council and NHS Swindon. For people who are mentally unwell, the Avon and Wiltshire Mental Health Partnership NHS Trust fulfils this role. The work is overseen by the LSAB. As previously reported in the annual report for 2011/12, there has been considerable work on updating the policy and procedures to take into account the principles outlined in the Government Policy on safeguarding adults:

- **Empowerment** - Presumption of person led decisions and informed consent.
- **Protection** - Support and representation for those in greatest need.
- **Prevention** - It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** - Accountability and transparency in delivering safeguarding

Statement of Government Policy on Adult Safeguarding May 2011&13

According to the 2011 Census Swindon had a population of 209,159; of those 28,854 people were aged 65 years or more (13.8%), including 13,694 aged 75 years or more (6.5%). Fewer than 5,400 people were receiving services from adult social care in 2012/13 broken down into client groups as follows:

Clients	Age Band 18 - 64		Age Band 65 & Over	
	Female	Male	Female	Male
Physical Disability	414	306	1,911	939
Mental Health Need	347	356	313	164
Learning Disability	245	307	39	37
Total of Clients	**1,006**	**969**	**2,263**	**1,140**

The Borough of Swindon is largely urban with small pockets of rural areas. Within Swindon there are some deprived areas which can also impact of levels of vulnerability for some of those living there. In 2012 again there was a drop of 5% in the number of reported crimes in Swindon and Wiltshire. The number of reported crimes in Swindon fell from 19,953 in 2011/12 to 18,483 in 212/13. Overall Swindon is considered to be a safe place to live and Wiltshire has one of the lowest crime rates in the Country. There is still a good level of community involvement in many areas of the town and the Council and its partners are keen to promote and develop this, recognising the importance of supporting communities helping people make a positive contribution at a local level under the "One Swindon" project.

The LSAB is aware of how the profile of safeguarding has impacted in many areas of the work and is reflected in the significant increase in alerts and presents a challenge to the agencies working in the field of safeguarding. Under reporting has been a long standing concern of groups like Action On Elder Abuse but the Board need to be assured that the increase in alerts is due to the increased profile and improved awareness rather than an increase in abuse taking place in the first place. The LSAB continues to be committed to improving the lives of all adults deemed at risk in Swindon and is keen to take action that not only ensures safeguarding processes and investigations take place, but measures are in place to prevent abuse and minimise harm for those at risk.

This annual report includes:

- Information on activity and data collected throughout the year about cases alerted and investigated under Safeguarding Adults at Risk procedures;
- An outline of the progress made in addressing the priorities from the Annual Report 2011/12 particularly with the development of the Board and the formulation of an action plan following the publication of the Winterbourne View Serious Case review last summer;
- Submissions from key partner agencies and members of the LSAB ; and
- An overview of the priorities for 2013/14 and news of other local, regional and national initiatives.

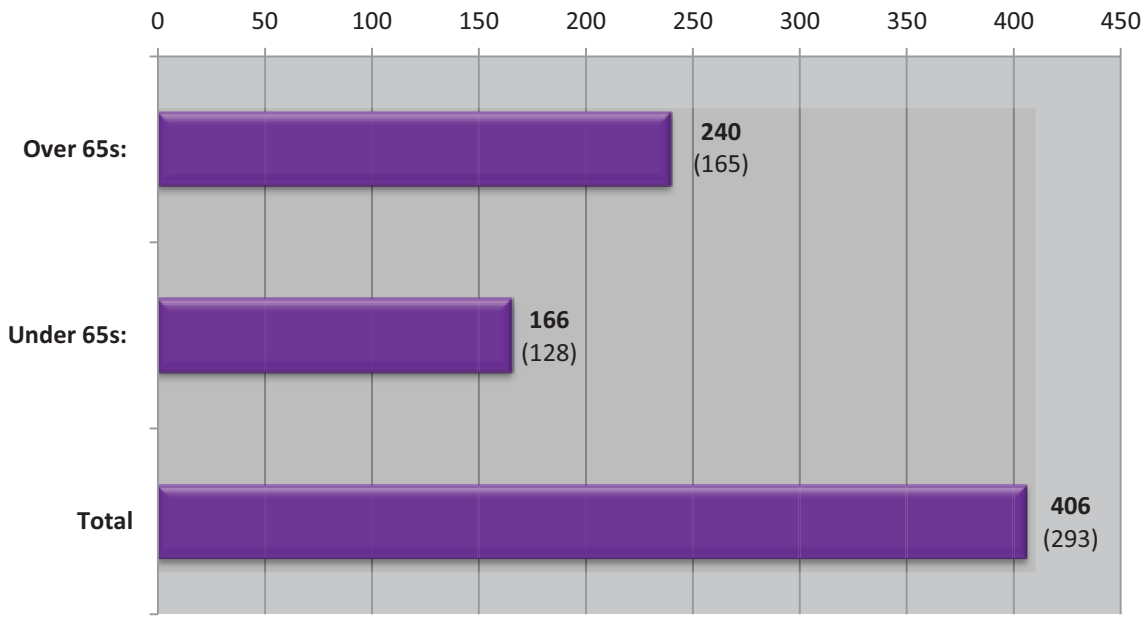
SECTION 2

Activity Data 2012 – 2013

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

The following data has been collated by the Adult Safeguarding Manager using information provided by teams managing individual cases. The information is based upon the National Health Service Information Centre requirements and requests in previous years for specific data from board members and other interested parties.

Figure 1: Total number of referrals received



There has been a significant increase over the last year in the number of alerts being reported to adult services for further investigation. There has been a 40% increase since March 2012, this is possibly due to improved awareness and reporting practices. Other local authorities in the South West have reported sizeable increases over the past 2 years. Some suggesting similar increases as those experienced in Swindon and some reporting a 100% increase. The national attention given to safeguarding particularly following the Winterbourne View Scandal and the Frances report on care in Mid Staffordshire Hospital Trust is believed to have led to increased awareness and reporting, leading to the increased alert rates rather than an indication that there is an increase in the amount of abuse taking place.

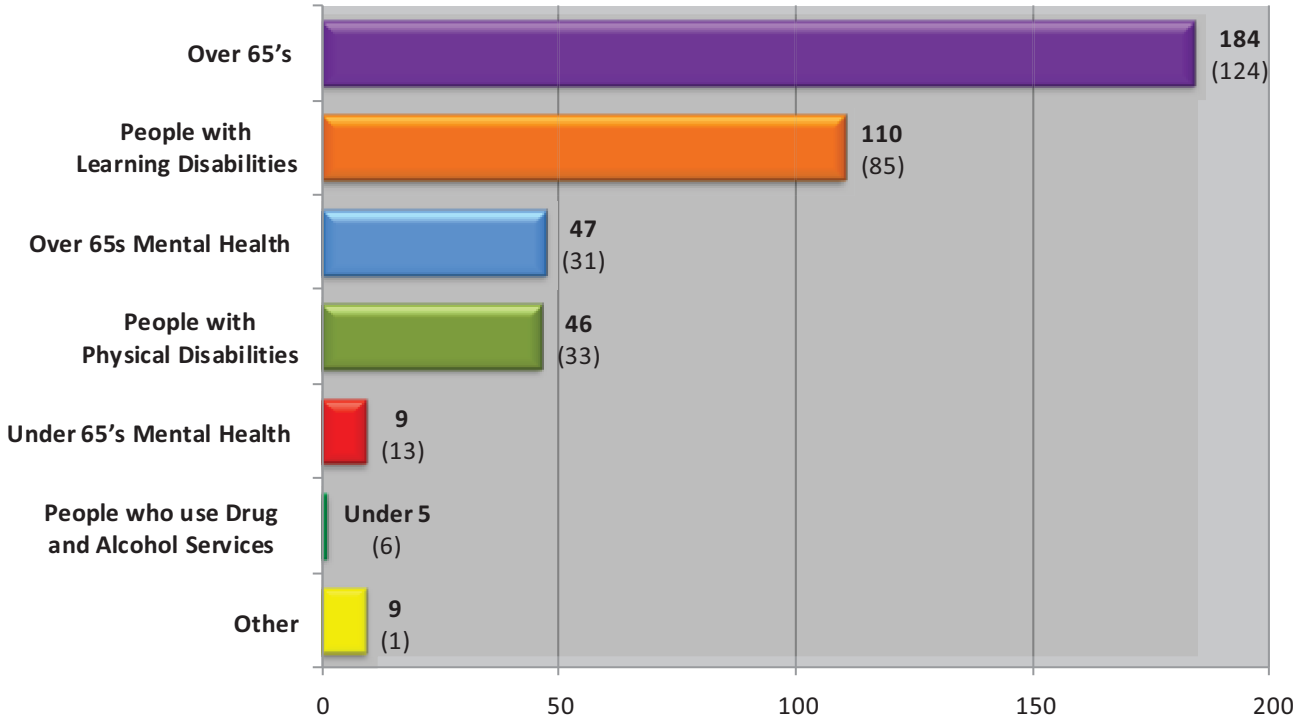
Of the 412 cases recorded, 110 cases required no further action after the initial stage and 15 cases required other action (for example sign posting or a referral to another process more appropriate for the individual) but did not require action under the safeguarding procedures.
Teams are generally providing information on the cases they are not progressing under safeguarding procedures which could account for this increase, however there are times when alerts are received that do not require any action under safeguarding adults. For example, a minor drug error in a residential home, an argument between two service users where neither suffered significant harm.

Case Example

An alert was received from the ambulance service following their attendance at a service users' home where she had had a fall. They were worried that she may not be coping as she had accumulated a lot of old newspapers and "rubbish" in her house. A safeguarding alert was submitted. While action was required by adult services to make contact with the woman to see if she wanted support, no action was required under the safeguarding adult procedures as no abuse was alleged.

It is important to continue to monitor such cases. For example an incident that may initially be considered not to be serious for a response under the procedures, may be considered more serious if it reoccurs. Or it could transpire that a minor issue was affecting a number of vulnerable adults and determining this at an early stage could indicate a need for a multi-agency response to intervene to avoid more serious harm taking place. If it is evident that there are a number of frivolous alerts coming from a specific service, training may be required to improve awareness of appropriate alerting.

Figure 2: Breakdown by service user groups



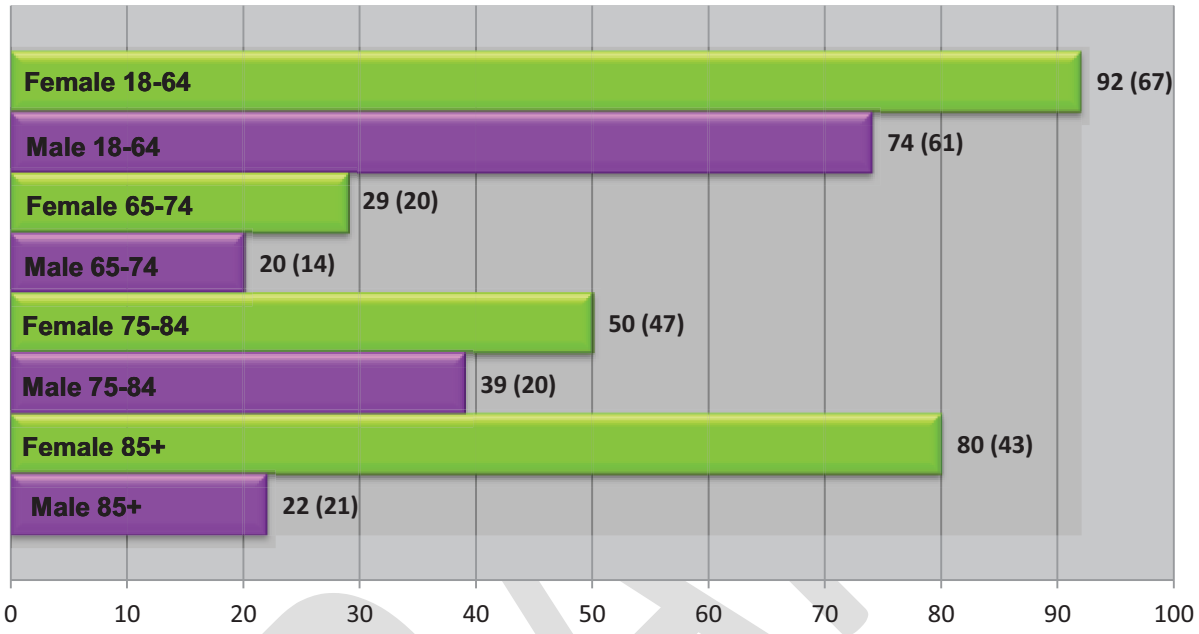
NB: Included in the figures above, there were 58 people recorded as living with dementia.

The number of cases managed by the teams working with people of working age within the Mental Health Trust has continued to decrease. Although there is a closer working relationship with these teams, there are still concerns that people with mental health issues either are not aware of the processes available or do not trust the process. Staff still need to be vigilant about safeguarding and need to know how and where to report allegations of abuse or where other processes are more appropriate for their service user.

There has been a 27% increase in the number of alerts concerning people with learning disabilities. Many of these are within care services and 30% needed no action under the safeguarding procedures. In previous years this percentage was much lower, which

may indicate that service providers are anxious to report incidents even though they may be minor concerns that need in-house action or incident reporting under Health and Safety regulations. There is no evidence to suggest that the increase in cases or the number of reported alerts regarding people with learning disabilities signifies an increase in incidents of abuse.

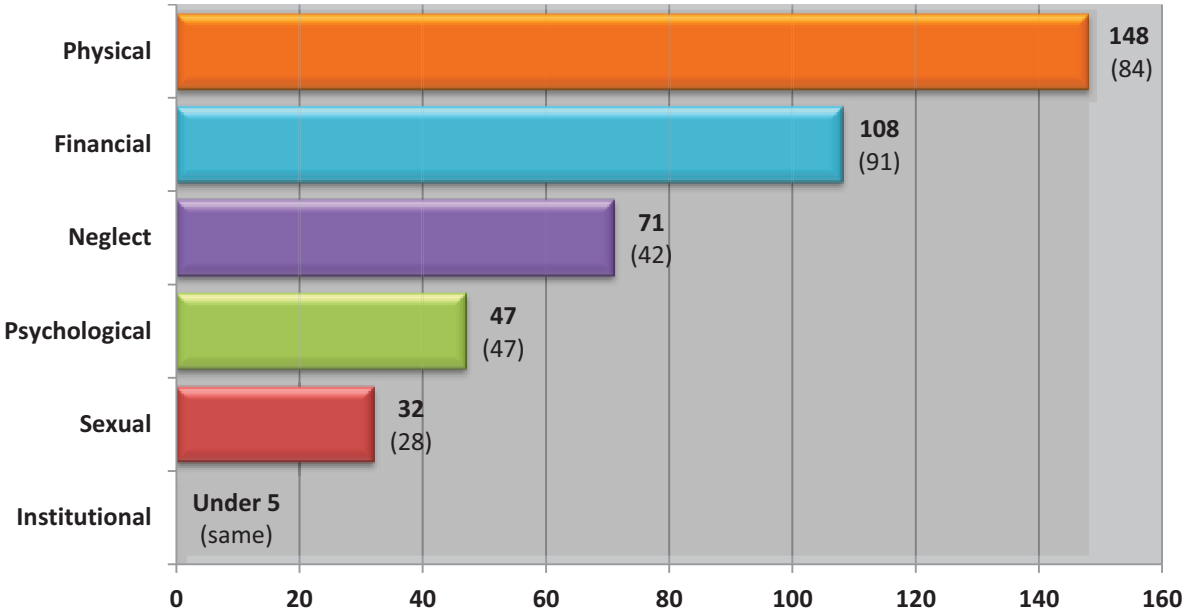
Figure 3: Breakdown by Gender and Age



Overall, the increases in the figures in this chart are in line with the total number of safeguarding alerts but the most significant change in these figures are the number of women who are over 85, which has seen an 85% increase. It is unclear as to why this is, as there has not been a similar increase in the number of new service users requiring general adult services. The majority of alerts (42) for this group involve an alert of an incident in their own home. In 20 of these cases the person alleged to have caused harm was a family member/carer or partner who had carer's responsibilities. This may signify an increase in carer stress and in most cases a proportionate response was required that included a review or increase in support. Out of these 42 cases, 6 were alerts where it was reported that members of staff were alleged to have caused harm (neglect and financial). No action was required following an investigation in all these cases.

32 of the cases involving females over the age of 85 regarded allegations within a care setting; of which 18 of those alleged to have caused harm were members of staff. All bar one resulted in full safeguarding procedures being instigated and required action under the employer's disciplinary and training procedures or additional action by the team within the Council responsible for monitoring services.

Figure 4 Types of Abuse Alleged



The number of alerts in relation to physical abuse has increased in 2012/13 and has overtaken the number of alerts relating to financial abuse – long thought to be the most prevalent form of abuse. With reference to the overall increase in reporting, there has been a marked increase in the number of alerts from care homes who previously may not have reported minor incidents of physical abuse as a safeguarding alert. These cases are often closed quite quickly as requiring changes to a behaviour management plan or other actions by the provider. It should be emphasised that serious physical assaults are not closed without proper consideration through the safeguarding process with police involvement who will consider if criminal proceedings are required.

Case Example

A service user with learning disabilities called Karen who lives in a residential home was watching her favourite TV programme and another resident (Sam) came and sat with her and started talking. Karen told Sam to "shut up" and when she continued to talk, Sam was smacked on her arm by Karen. Although she was upset by this incident, Sam was not injured and later received an apology.
The home reported it as a safeguarding incident, and the learning disability team did not proceed with the case as the provider had put measures in place to minimise similar incidents, for example maintaining a staff presence when Karen was watching her programme or giving 1 to 1 time to Sam at these times.

There has also been an increase in the number of alerts relating to allegations of neglect. In 30 cases, these took place in care settings and most progressed to full safeguarding procedures. 8 cases were found to be substantiated or partially substantiated and resulted in disciplinary action by the provider, systems changes within the service or action by the Council's commissioning team to monitor the service more closely.

Case example

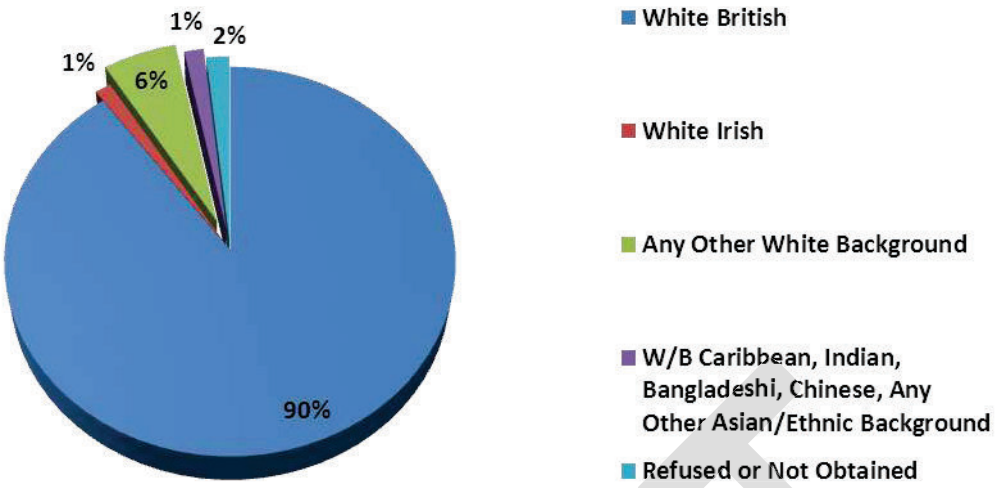
Angie is a 35 year old woman with physical disabilities who is unable to communicate and is thought to lack mental capacity. Her mother was not able to care for her and requires carers to visit 2 times a day to provide personal care. The agency alerted adult services to say that Angie's mother had refused care staff entry and was quite offensive. They also reported that on their previous visit Angie was in an extremely neglected state and worried that without visits she would get worse and her health could deteriorate very quickly. The agency worker also shared concerns that her mother had been drinking. Angie's mother also rang the agency to tell not to return to the house as one of the workers had annoyed her.
A safeguarding process was started and with the support of another service Angie was using, her wellbeing was immediately monitored and additional support for personal care was provided at that service. Adult services, the care agency and the Police met to discuss the case and agreed that it would be in Angie's best interests to work with her mother to get her to agree to support from a different agency. They also explain to her that legal action could be taken through the Court of Protection should she continue to refuse care and support for Angie. Following discussions with her mother, a new care agency was arranged and she was accepting of support. Agencies were concerned that although care and support was being accepted again, that a small incident could lead to a repeat occurrence kept the case opened so the situation could be continually monitored and reviewed.

There continues to be low reports of discriminatory and institutional abuse. This is often the case for these categories as other types of harm are reported as the primary type of abuse, for example, neglect, physical abuse or psychological abuse. However later it may transpire that the root cause could be institutional failings or discrimination.

There were 96 cases where the alleged victim was not in receipt of community care services at the time of the alert being raised. This is a major increase and indicates a good level of understanding that the procedures are not just for those who receive services or are already known to adult services. Of these, half were not previously known to adult services. Under 5 alerts were received regarding people who receive a direct payment to fund their care and 43 cases were alerted where the victim funds their own care and again, could show that there is a high level of understanding that safeguarding procedures are not just for people who receive funding for care from adult services.
There were 52 cases where domestic abuse was considered to be a factor in the case of which 40 cases progressed to safeguarding procedures. In these circumstances it is likely that advice, guidance or input would be obtained from the Domestic Abuse Investigation Team. Often the outcome of such cases was to increase monitoring or to provide a community care assessment. The desired outcome for the adult at risk is important in such cases when considering a proportionate response.

Case example
An alert was received from a service expressing concern about Mr and Mrs Frim who they work with and how both partners said there had been a domestic (physical) incident and Mrs Frim was attacked. A safeguarding process was started and the wife who has had mental health issues in the past was contacted by a care manager in adult services to find out what action she would like to take. She said that she needed help with her relationship and did not want any action taken against her husband as things were better at home. She was also worried about her mental health and relies on Mr Frim to care for her. She was advised to contact her GP and was referred to the Domestic Abuse outreach service who agreed to support her. There was also a referral to the Multi Agency Risk Assessment Conference (MARAC) as it was felt that there was still a high level of risk. It was agreed that it would be more appropriate to deal with the case under the domestic abuse framework rather than through safeguarding as Mrs Frim did not have any significant community care needs.

Figure 5: Ethnicity of alleged victims



Other ethnic groups are recorded but during the period, no alerts were raised for people in these groups. These include (for example): Traveller of Irish Heritage, Gypsy/Roma, Black African.

Comparing these percentages with recent census data, there would appear to be an under representation of non-white victims where it would perhaps be expected incidents of discriminatory abuse or abuse as a result of discrimination would be prevalent. There is a similar "low representation" in children's safeguarding which has led to a joint adult's and children's awareness and engagement group to increase the awareness of abuse of adults at risk and children and how to report incidents.

Figure 6: Breakdown of Source of Referrals (or alerts)

Source of Referral	2012/13	2011/12
Care Providers (including Independent Sector & SEQOL)	**140**	110
Adult Social Care Staff (including LA & Independent Sector & SEQOL)	**90**	36
Family/Carers	**32**	24
Mental Health Professionals	**30**	19
Great Western Hospital NHS Foundation Trust	**23**	26
Police	**19**	8
SW Ambulance Service NHS Foundation Trust (& GWAS)	**13**	3
Housing Services (including Registered Social Landlords)	**11**	18
Council Employees (not Adult Services)	**8**	3
Self-Referrals	**7**	9
Advocacy Service	**6**	4
Business	**6**	0
Members of the Public	**4**	9
Educational Establishment	**3**	3
Care Quality Commission (CQC)	**3**	1
Out of Area Referrals (including NHS Direct)	**2**	3
GP	**2**	2
Fire Service	**2**	0
Personal Assistant (Direct Payments)	**2**	0
Confidential Alert	**2**	0
Hospice	**1**	1
Coroner's Office	**1**	0

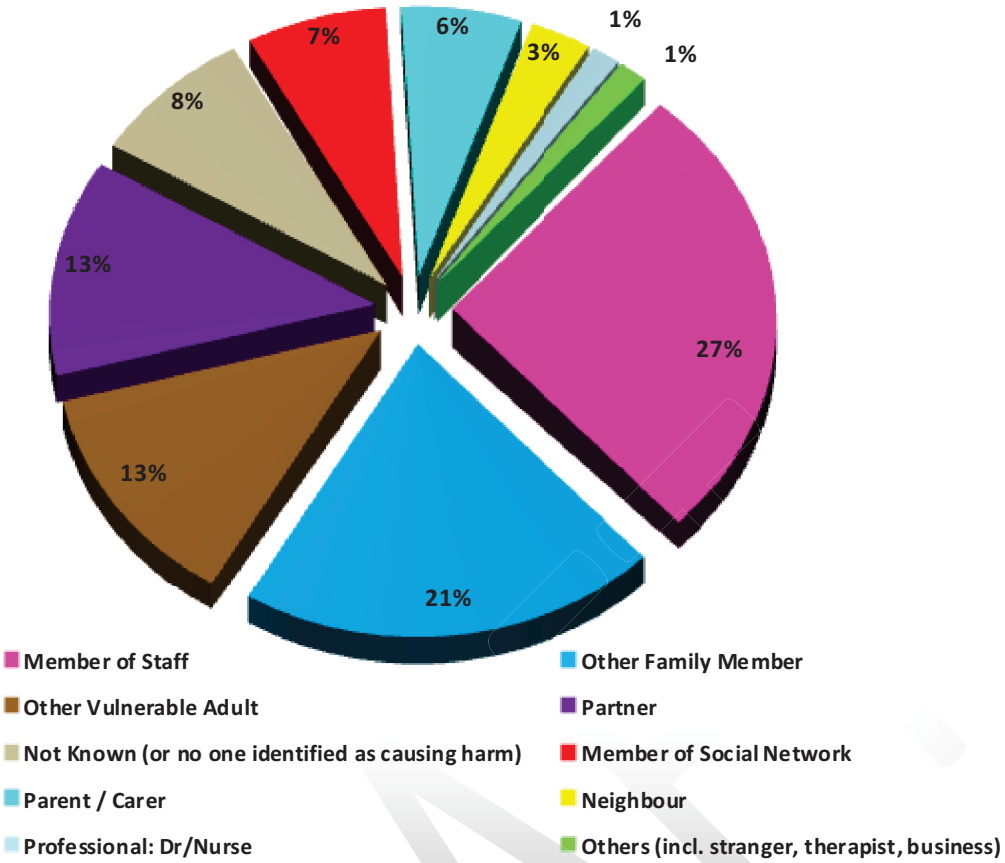
There are still a high number of alerts where the referral source is recorded as "adult social care staff". These are mainly social workers, care managers or assistant care managers who could be receiving the alert from a third party and passing on the concern to a duty manager for assessing. The case gets recorded as the adult social care staff as the alerter rather than the third party who has (for example) rang into the team to raise the concern. The referral form was changed a few years ago in an attempt to address this. Further work with duty staff is required reminding them of more accurate recording. The low referral number recorded from CQC may not indicate low referral rates from this source. While CQC often report concerns, it is often the case the concern has already been received from other sources that are recorded as referrer (e.g. care provider). These two factors may have an impact on the accuracy of this data. (For example the low number of alerts from members of the public may not be an accurate picture, if the duty worker who received a call from a member of the public has not recorded this correctly). There could also be occasions where they wish to be anonymous.

As previously reported in last year's annual report, numbers of referrals from the Police was very low. There have been improvements with this where referrals from the Police have more than doubled. All except one of these progressed to full safeguarding procedures, indicating also an improvement in the accuracy of the referral. Similarly there has been an increase in alerts from the ambulance service. However most of these were welfare concerns or required signposting to another service, requiring no further action under the safeguarding procedures, 5 cases required further action. Often these alerts are helpful and provide some vital information concerning an adult at risk who requires support or is struggling to care for themselves.

Case study
The Great Western Ambulance Service (now South Western Ambulance Service) sent in one of their reporting logs outlining concerns about GJ who had bruising following a number of falls. She was admitted to Hospital. The house she was living in showed signs of severe neglect and the crew questioned whether she should receive a care package (although there were family members who had said they help with general household matters but not with personal care). The case was recorded as neglect at the hands of her family members although on being interviewed by the Investigating Officer from the Hospital social work team and prior to that, the Police, they were satisfied that there was no abuse alleged, GJ (who has mental capacity) was not making any allegations but did say she was having trouble with taking care of herself and agreed to an assessment prior to returning home. The ambulance crew's additional information on the state of her home was crucial in deciding on the care package once she returned home.

There was a reduction in the number of cases referred by the Hospital.
The lead for safeguarding within the Trust is aware of the number of alerts from staff at the hospital and a programme of awareness raising among hospital staff is underway.

Figure 7: Information on those alleged to have caused harm



There has been a 3% increase in the number of allegations against members of staff (mostly within care homes). There were 113 alerts of which 84 cases progressed through to safeguarding procedures. 28 cases were either substantiated or partially substantiated. 16 concluded cases require action under the employers' disciplinary procedures or additional staff training. In 7 cases additional monitoring was required by the Council's contracts and commissioning team. In last year's annual report it was stated that there were 67 allegations against staff signifying a 68% increase. Such a substantial increase maybe due to the recent national attention and high profile cases, especially Winterbourne View with a belief by providers that any incident, however minor needs to be reported through to safeguarding. (In other local authority areas a similar picture is emerging. Some providers have been instructed to raise alerts by the CQC when it would have been quite in order to take disciplinary action or complaints action. There have also been concerns that some employers have chosen the safeguarding route to elevate the need to take action themselves. It should also be recognised that many employers will raise alerts to demonstrate transparency and good practice. It is worth noting that many providers have been criticised in the past about not raising alerts but it is believed that better awareness raising among managers of services may be needed to promote more accurate reporting.

The next large group where there has been a significant increase is "other family members". The highest proportion of these alerts were in regard to financial abuse being alleged. Out of a total of 84 alerts received regarding allegations of all types of abuse 59 progressed to a full safeguarding investigation and 23 cases were either substantiated or partially substantiated. The outcomes for the adult at risk were increased monitoring, assistance with access to their finances or a community care assessment service.

There were 97 cases where the person alleged to have caused harm were recorded as having a caring responsibility (this does not include members of staff). Most of these took place in the alleged victim's own home and 73 where the alleged victim lives with the person alleged to have caused harm. 52 cases progressed to a safeguarding investigation of which 22 were substantiated. The outcomes of these cases included additional monitoring and care management support perhaps indicating a level of carer stress as being a factor or root cause to the alleged harm. Although the majority of the cases reported involved allegations of physical or psychological abuse (which could be an outcome of carer stress), financial abuse and neglect also feature.

Case example:

Mavis and Bill have been married 40 years. Recently Mavis has been diagnosed with early onset dementia and has become more and more repetitive. One evening Bill rang his daughter very upset as he had hit Mavis that evening as she had kept on shouting at Bill to take her to the shops (they had already been that day) and make her breakfast. Bill's daughter rang adult services as she was worried Bill was not coping (her mum did not have any injuries or bruising). The duty worker discussed the matter with her manager and while it did meet the criteria required for a safeguarding alert, it was agreed that a more proportionate response was needed and that they would carry out an urgent visit to assess Mavis and Bill and give him some coping strategies. Respite and a review of Mavis's medication were also arranged. During a care review some months later, the daughter reported there had not been any further incidents but did say her father is still upset about the incident which may well have been prompted more as a result of her diagnosis and his feelings of loss he is going through rather than Mavis behaviour towards him.

Outcomes of Investigations

In 2012/13 there were 115 cases that did not proceed under safeguarding procedures. This was either because the initial alert did not involve an adult at risk (or vulnerable adults) or did not highlight a concern where significant abuse or neglect was suspected.

37 cases remained open beyond the end of the financial year. There were 228 cases that were concluded and out of these, 99 cases were reported as substantiated or partially substantiated. 76 cases were recorded as unsubstantiated and 48 were inconclusive (for example, no evidence of abuse).

The following charts provide an overview of the outcomes for the adult at risk and the persons alleged to have caused harm. These are the main outcomes and actions arising from the safeguarding process, other actions may also have been taken. There were 126 cases that were closed following an initial investigation. This does not necessarily mean that no action was taken, it may mean that the action or intervention focused on the person alleged to have caused harm.

Figure 8 Outcomes for the Adult at Risk

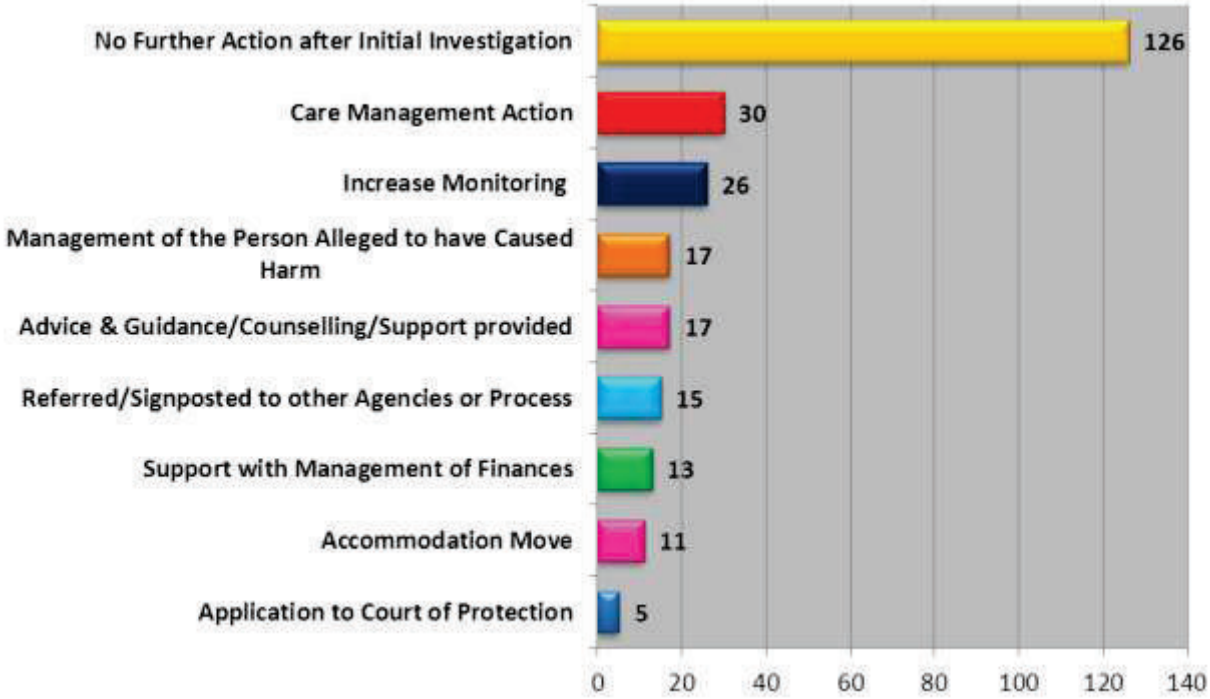
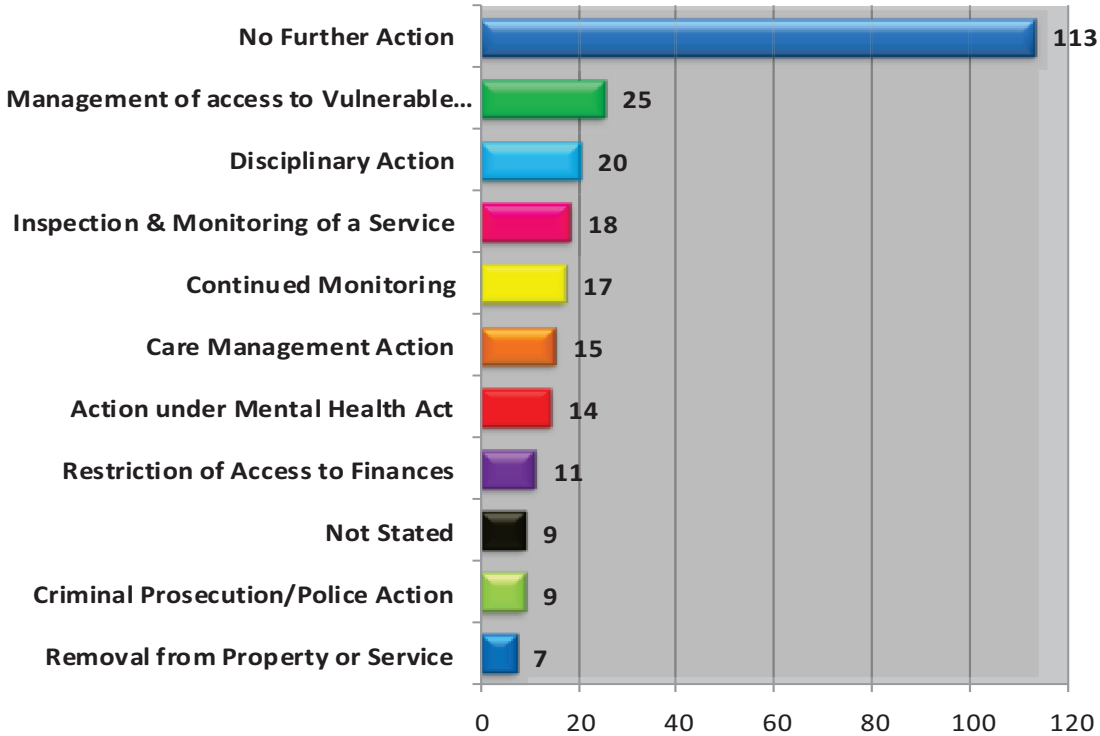


Figure 9 Outcomes for the person alleged to have caused harm



Serious Case Reviews and Large Scale Cases

There were no Serious Case reviews held in Swindon concerning adults at risk. There were 5 large scale investigations set up following concerns raised about the conduct of 4 specific care services all requiring action either by the CQC or adult services commissioners.

SECTION 3

Progress, developments and news in 2012/13

Priorities for 2012/13

For this year's annual report, the headings (or domains) used in the regional Self Assessment Quality & Performance Framework for Adult Safeguarding have been used for categories for the priorities for the coming period. As further guidance is still expected and recommendations from the enquiries into the incidents at Winterbourne View are published, priorities may change and revised actions plans will be required.

Prevention & Early Intervention

Monitoring contracts of service providers
Within adult services while monitoring providers, the contracts and commissioning team do check whether they take steps to prevent abuse and harm, know how to report abuse and know what action to take if abuse is suspected or disclosed in their services. Monitoring officers also monitor training undertaken by staff. In the past, where providers have not taken advantage of the Council's awareness training, the Council's safeguarding manager has evaluated training provided by viewing the programmes and materials used. There is a need to repeat this exercise.

Staff working for NHS Swindon have included the evaluation of safeguarding processes when monitoring services for which they have commissioning responsibilities. Council staff responsible for monitoring any Registered Social Landlords funded by the Supporting People Grant evaluate their procedures for safeguarding adults and reporting abuse.

Services that are commissioned to manage safeguarding cases (SEQOL and AWP), are also monitored to evaluate how they respond to alleged abuse, report abuse and manage investigations under the local safeguarding procedures.

Policy and Procedures
During the year much work has been undertaken to revise and renew the Policy and Procedures for Safeguarding Adults at Risk. Changes made include ensuring that the procedures are in line with the latest government's guidance which includes prevention, early intervention and proportionality. The policy also includes the need for investigating teams to identify and where possible adhere to the desired outcomes of the adult at risk.

Review of safeguarding processes
Resources have been secured, which has improved the arrangements around monitoring individual cases. There is now a Safeguarding Support Officer who has helped to improve the quality and timeliness of information and to send reminders for Investigating Managers to provide updates for open cases. This also acts to minimise the risk of cases "running out of steam".

During the year a 'Peer Challenge' (a process where other local authorities evaluate Swindon's performance) took place during which the Council's ability to address safeguarding was scrutinised. Among the concerns and queries raised were:

- *The need to act to ensure there is adequate Adult Safeguarding capacity;*

- *Continue to integrate Adult Safeguarding arrangements into every day performance managements; and*
- *Support the continued development of the Adult Safeguarding Board.*

There is on-going work to secure more capacity within the contracts and commissioning team. At the time of the Peer Challenge, capacity regarding adult safeguarding had been improved with an additional member of staff recruited to provide support and additional help with managing the LSAB came from the Children's Board. Additional support is also available through the commissioning team. There are additional performance measures in place to monitor the timescales that need to be adhered to when managing cases and these are to be reported every 3 months and action identified to improve performance as necessary. The LSAB continues to develop and is increasing its standing with other boards, for example the Health Overview Scrutiny Committee and developing Health and Wellbeing Board.

The Peer Challenged prompted a review of safeguarding procedures, where adult services have identified some improvements to be addressed over the coming year. While it is felt overall the procedures do work for adults at risk who use services, there are concerns that those who are not in receipt of services could miss out or could experience delays in responses. While further discussion continues with the Mental Health Trust and SEQOL, the handling of such cases are negotiated individually to secure involvement from the appropriate team.

Improvements in data collection
There have been improvements in the way data is collected and evaluated. However there is still a need to consider and improve IT systems that will be able to assist in the monitoring of information and reduce the reliance on paper based systems.

Assess actions required following Winterbourne View Report
Recommendations from The Winterbourne View Serious Case review
See below

Responsibility & Accountability

Changes to the LSAB take place in line with any Government policy
The LSAB continues to develop. There is a stable membership and attendance is good. Legislation is still awaited and further work may be required depending upon the final requirements within the legislation arising from the Care and Support Bill to put safeguarding boards on a statutory footing. It is understood that there will be a requirement for some key agencies to be core members of the Board (who are already members in Swindon) and a requirement to develop a safeguarding strategy and produce an annual report.

The LSAB is to continue to consider ways to provide shared resources
This continues to be an on-going priority. It is appreciated that all agencies have limited resources and continued requirements to reduce spending, however other types of resources are still being encouraged from board members. (e.g. resources in kind, support with administration, printing for publicity).

Judging Effectiveness of Safeguarding
Key LSAB members completed a self-assessment on their performance and where needed took action to address areas of development. The safeguarding manager continues to carry out file audits to identify whether teams have taken appropriate action

when managing safeguarding cases. Any issues found are reported back to the manager of the team and so any remedial action can be taken. This area continues to be a priority for development in the coming period.

Improve LSAB Sub Groups
There has been a great deal of improvement in the Operational Group. This has been chaired by the Lead Nurse from the Primary Care Trust whose involvement is popular and welcome. The training sub-group has met with a small group of key agencies as previously reported however the policy and procedures sub-group has not met as there has been a smaller task and finishing group working on the revision of the full policy. More information on sub-groups is included in section 5 of this report.

Access & Involvement

Service User Focus Group
There is now a Service User Forum specifically linked to the LSAB. A representative from this group sits on the main board. Membership still needs developing to include a wider range of people from different service user groups.

Service user involvement
There has been some improvement in the involvement of the victim in the safeguarding process. Where ever possible (for example where someone has the mental capacity to say what outcomes they would like as a result of a safeguarding alert) establishing the views of the alleged victim are determined. Where appropriate some safeguarding conferences have included service users or their representatives. Where this is not possible, alternative methods of involvement are arranged (for example a visit from the Investigating Officer). There is also improved awareness of the need to engage an Independent Mental Capacity Advocate when the alleged victim lacks mental capacity. Data has not been collected that includes the views of the alleged victim, however this is being developed and it is hoped this will encourage further and future involvement.

Policy and Procedures review
As referred to previously, the revised Policy and Procedures for Safeguarding Adults at Risk in Swindon and Wiltshire, makes reference for the need to respond to the desired outcomes of the individual at risk when managing safeguarding cases. During the process, keep the alleged victim up to date with developments and providing feedback is essential to “person centred” safeguarding.

Responding to Abuse & Neglect

Resources
As previously reported above (see review of Safeguarding Process) during the year additional staff have been recruited to support safeguarding and additional help has been forthcoming from the Children’s Safeguarding Board and the Commissioning team within Swindon Borough Council.

Management of Alerts
As referred to above in the section about the review of safeguarding, it is felt that in most cases the procedures are adhered to and appropriate action taken. Through performance management and contracting arrangements, there is a need to ensure that arrangements are strengthened and are robust. With SEQOL their responsibilities

regarding safeguarding are outlined in their service specification and their progress is discussed in performance meetings with the lead commissioner.

In the previous annual report, it stated that there was on going work with the Avon and Wiltshire NHS Mental Health Partnership Trust along with 5 other local authorities to reach agreement about cases they will manage. Since this time there has been further reorganisation and this will need to be considered again at a local level. One of the outcomes of this work is the local authority in Swindon now receives activity data directly so it is able to monitor cases in a more timely manner (previously, information was only provided every three months).

Training & Professional Development

Safeguarding Support Forum for trainers
With the assistance of the Wilshire and Swindon Care Skills Partnership, this has been developed with an intention for half yearly workshops to "standardise" training delivered. During the year one event took place.

Training Strategy
At its August 2012 meeting, the LSAB agreed the adoption of the Training Strategy for Safeguarding Adults at Risk. This outlines the expectations around the provision of training for staff appropriate to their role and clarifies requirements and responsibilities about updates and refresher training. The Development Manager from the Wiltshire & Swindon Care Skills Partnership was instrumental in bringing together this document and sharing it with providers in the area.

Winterbourne View

In the last two annual reports reference was made to the Winterbourne View exposé by BBC Panorama of an undercover investigation into abuse at this specialist hospital in South Gloucestershire for people with learning disabilities and mental health problems run by Castlebeck. The abuse that was shown on the programme was deeply shocking and indicated a level of cruelty that could not be considered as valid interventions for people exhibiting challenging behaviour. The police investigation resulted in convictions of a number of staff and a Serious Case Review was commissioned by South Gloucestershire Council. There were a number of recommendations arising from the Serious Case Review. A Concordat was issued which was the joint response of agencies including the LGA (Local Government Association) and the NHS to the Department of Health Transforming Care report arising from the significant failings at Winterbourne View. The Concordat contains a number of specific commitments that lead to all individuals receiving personalised care and support in community settings no later than 1st June 2014.

A national Winterbourne View Joint Improvement Programme was also announced to ensure all local authorities take action to minimise and remove risks to service users with Learning Disabilities and Autism in specialist hospitals and work towards providing appropriate accommodation more locally and in community settings.

Eleven ex-members of staff from Winterbourne View pleaded guilty to the offences witnessed in the programme in relation to Mental Health Act Legislation and were sentenced in October 2012.

The Swindon LSAB has been closely monitoring the repercussions following the Winterbourne View scandal and has developed an action plan to monitor actions arising from the recommendations within the serious case review, the Concordat and the National Winterbourne View Joint Improvement Programme.

Much of what is required is in relation to the arrangements for commissioning services for people with learning disabilities and autism and behaviour that challenges. In Swindon there are no Treatment and Assessment Units, however placements had been made out of area for such services. Although there were no allegations of abuse, soon after the broadcast, health and council colleagues took action to immediately review service users in similar settings to ensure all care plans were in place and up to date. This also gave commissioners the opportunity to look at what services were available locally to meet the individual needs in less restrictive community provision.

Further work is required on workforce development and alternatives to out of area residential placements for assessment and treatment when these are required.

Overall there has been good progress in Swindon with regards to the provision of suitable alternative placements for those previously residing in treatment and assessment units like Winterbourne View. Where specialist placements are still required for people with learning disabilities, autism and behaviour that challenges, future plans will reflect the need for more community based support that is as local to Swindon as possible. There are good partnerships and good joint working with health partners and providers. A learning event following the publication of the Serious Case Review into Winterbourne View took place in September 2012. This was well attended and all teams were represented and contributed to the discussions. It was felt this event assisted in understanding although there is no service like Winterbourne View in Swindon, managers need to be aware of services that in their nature could present a risk to vulnerable adults (for example, those large in size, or services where behaviour that challenges is common place).

South West Region Safeguarding Adults Work Programme

The South West Region Association for Directors of Adult Social Services (ADASS) has developed a work programme to develop further the work around safeguarding adults. Swindon have agreed to participate in this work and any outcomes from it will be reported in next year's annual report. Further reference to this will be included in priorities for 2013/14 in section 6 of this report.

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SECTION 4

Swindon Mental Capacity Act Programme

A joint initiative with Swindon Borough Council and NHS Swindon

Submission by John Hughes: Head of Policy Adult Social Care

Last year's report http://www.swindon.gov.uk/cd/foi/cd-foi-publicationscheme/Documents/safeguarding_vulnerable_adults_2011-12.pdf provided information regarding the proposed changes to Supervisory Body responsibilities. The changes were implemented within the proposed timescale with SBC Supervisory Body taking on responsibility for the activity previously the responsibility of the outgoing PCT on April 1st 2013.The period under review is therefore the last where 2 separate Supervisory Bodies were in place.
The referral rate continues to be (both nationally and locally) against the trend originally assumed by The Department of Health. They had anticipated an initial high number of referrals which would decline year on year thereafter; the experience has been a gradual increase.

Table 1: Swindon Deprivation of Liberty Safeguards Service

	Swindon Borough Council	NHS Swindon	Combined
Referrals April 1st 2010 – 31st March 2011	44	14	58
Referrals April 1st 2011 – 31st March 2012	49	15	64
Referrals April 1st 2012 – 31st March 2013	64	13	77

NB health and social care referrals will be recorded separately in order to be able to maintain meaningful comparisons.

Last year's report covered the role of the Court of Protection (CoP), as anticipated there have been a small but significant number of cases that have needed CoP ruling on matters of deprivation beyond the scope of the Local Supervisory Body and Best Interest decision making.

The effect of the Cheshire Judgement of November 2011 continued to be felt throughout 2012/13. The Official solicitor has been granted leave to appeal, but the Hearing is not scheduled until November 2013 and the Judgement from that hearing is not anticipated to be received until early 2014. As a result we have one case before the Court of protection deferred until the appeal judgement is known).
Last year we reported on Apointeeships and Deputyships held by the Council. The upward trend in Deputyships did not continue. There were 59 at the end of the period (March 2013) whereas there were 65 as at March 2012.

Appointeeships
The downward trend in Appointeeship numbers continues. In March 2012 the number of Appointeeships were 185 whereas at March 2013 this had decreased to 165. This reduction reflects continued efforts to move from a paternalistic approach whilst still

recognising the value of effectively managing vulnerable adult's finances where they lack capacity and have no informal networks to support them (and are vulnerable to abuse).

It remains the case that Local Authorities do not have coercive powers regarding acting on behalf of vulnerable people. The legislation underpinning Safeguarding procedures is the legislation that permits us to assess and provide services, not to move or remove people against their will. The Mental Capacity Act does not confer any additional powers to the Local Authority in this regard. What it does allow for is a Best Interest decision making process which can allow decision of adults who lack capacity to choose where they live and / or the nature of care that they require to have protective, least intrusive decisions made on their behalf by the involvement of the significant people in that person's life. Only in the absence of objection from any of such parties (we cannot select those people who are closely involved because we agree with them or discount those we do not) can a Best Interest decision be competent. In the light of emerging case law and Care Quality Commission reports, and on the basis of local judgement from experience, the Best Interest process has taken a priority during the past year. Best Interest decision making has been supported by guidance, templates, training and mentoring.

The vital importance of Capacity assessments being conducted with an accurate focus on the decision(s) that need to be addressed and that the process is robust and auditable continues to be reinforced. Misapprehensions about capacity continue to be challenged, the statement by a professional that an individual "lacked capacity to make the right decision" indicates that we still have a long way to go in some areas. It is not the quality of the decision that someone makes that we are assessing it is whether they have the wherewithal to make the decision in question. Making unwise decisions was always recognised as an Adult right in common law. The Mental Capacity Act 2005 enshrined it in primary legislation.

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SECTION 5

The Swindon Local Safeguarding Adults Board and its Member Organisations

1. The Board

In Swindon the management committee that oversees the work and implementation of the Policy and Procedures for Safeguarding Adults at Risk is the Swindon Local Safeguarding Adults' Board (LSAB). During 2012/13 it consisted of:

Independent Chair
Board Director, Commissioning (DCS/DASS), Swindon Borough Council
Head of Commissioning Children and Adults
Director for Public Health
Cabinet Members relevant to adult safeguarding
Wiltshire Police
Executive Nurse, Swindon Clinical Commissioning Group
Great Western Hospitals NHS Foundation Trust
Avon & Wiltshire Mental Health Partnership NHS Trust
Wiltshire Fire & Rescue
SEQOL (social enterprise delivering health and social care in Swindon)
South West Ambulance Service NHS Foundation Trust (although this organisation has indicated their attendance will be by exception)
Board Director, Service Delivery, Swindon Borough Council
Care Quality Commission (annual attendance)
Wiltshire Probation Trust
Community Safety Partnership Manager
The Local Safeguarding Children's Board
Swindon Care Homes Association – service provider's representative
Learning Disability Partnership Board
LSAB Service User Forum

The Board met on five occasions during the year. An extraordinary meeting was called in October to consider Swindon's response to the Winterbourne View Serious Case Review (SCR). The meeting focused on the summary of the SCR review and the recommendations relevant to Swindon LSAB, and the individual agency responses. Agenda Items during the year included:

- Operational Group: the role, function and frequency of the Operational Group were discussed, with quarterly updates on progress/development of the Group.
- LSAB Business Plan (for sign-off): agreed by the Board
- Terms of Reference (for sign-off): agreed by the Board
- Discussion of potential areas of concern for LSAB: Missing Children & Adults Strategy, Trafficking Adults, and Self-Neglect;

- Service User Involvement: discussion held regarding the requirement for involvement of service users (or adults at risk subject to safeguarding procedures) in their Safeguarding process;
- Service User Forum: quarterly updates provided on progress/development of the Forum;
- Policy & Procedures: updates on the development of changes/amendments for the revision of the Policy & procedures, agreement of the Board and their launch in March 2013;
- Training Strategy (for sign-off): agreed by the Board;
- Winterbourne View Update: discussion of the key findings and recommendations within the report. Completion/review of the WBV Action Plan;
- See The Adult, See The Child;
- NHS Operating Framework: a self-assessment tool published by South West Association for Directors of Adult Social Services. SEQOL, AWP and GWH carried out self-assessments based on the NHS Operating framework and swapped their assessments for scrutiny and validation with each other;
- Joint Strategic Needs Assessment (JSNA): discussed the JSNA bulletin high-lighting the needs of residents in Swindon with a Learning Disability and links with safeguarding arrangements;
- LSAB Risk Register: Review of the register;
- NHS Reforms: Clinical Commissioning Groups and their role with regards to Safeguarding: discussed the Department of Health's publication 'Arrangements to secure children's and adult safeguarding in the future NHS (the new accountability and assurance framework – interim advice)', giving an outline on the emerging CCGs responsibilities and commitment required regarding safeguarding;
- Healthwatch: discussed the expectation of Healthwatch to develop a good working relationship with the local LSAB, and to play a role in supporting service user members of LSABs or LSAB sub-groups to promote participation from people who use services and carers;
- Francis Report: discussed the Executive Summary of the Francis report, which was being considered by the GWH Foundation Trust Board and the Clinical Commissioning Group; and
- LSAB Budget: discussed the increased responsibilities of the Board when it becomes statutory in 2014, and members were asked to consider the future funding of the Board.

2. Board Member reports

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

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

This was a year of significant change and development in the roles undertaken by AWP to safeguard adults throughout 2012/13 in Swindon.

AWP continued to play an active role in the Safeguarding Adult Board, its work and in partnership working with other health providers and agencies. AWP attended the Board on a regular basis.

AWP also has a variety of staff involved in the Board's sub groups and has chaired the working group that has updated the Swindon and Wiltshire safeguarding adult procedures.

The Trust has continued to seek to improve its delivery of safeguarding in practice, with revision of the policy and guidance to practitioners, revised documentation to support safeguarding alerts and referrals, better access to information for staff on the intranet and service users and the public on the Trust Website, and significant updates to the training of practitioners.

AWP as well as being directly involved in the wider NHS support in managing the safety and resettlement of patients from Winterbourne View Hospital during its closure, has also reviewed its services in light of the Winterbourne View Hospital reviews and developed and implemented an action plan against the relevant recommendations and incorporating the multi-agency planning undertaken in Swindon led by the Safeguarding Adult Board. It is also developing actions arising out of the recommendations from the Francis Report on Mid-Staffordshire.

The Trust has maintained compliance with Outcome 7 (Safeguarding) of the CQC Essential Standards in all CQC inspections of teams in Swindon during 2012/2013. However the Trust has identified that alert and referral rates are not consistent between teams, with lower comparative referral rates from teams providing services to younger adults being identified.

The Trust has undertaken an audit of safeguarding cases managed by AWP and implemented the recommendations arising from the findings of the audit in Swindon

The Trust has continued to ensure that its staff is trained in their role to safeguard adults at risk, with the target of 80% of staff being trained on a 2 year cycle at Alerter level (level 2) being maintained during 2012/2013. It has identified that additional training is needed for staff undertaking roles managing safeguarding investigations and alerts.

The Trust is continuing to review its joint working arrangements with Swindon Borough Council in its delegated responsibility for managing alerts, and has agreed further streamlining of data capture and management

AWP will be looking to use the current changes in its organisational structure to improve the direct relationship between its local services and the safeguarding adult partnership and Board in 2013/2014, and will be taking forward a number of key actions, including:

- Developing systems capturing and sharing risks and concerns, to assist triangulation and identify risks, and themes.
- Demonstrate compliance with the safeguarding adult requirements set out in the new NHS contact for 2013/2014
- Improving the comparative alert and referral rates from teams providing services for younger adults
- Develop joint understanding of application of clinical management and safeguarding thresholds with key partners in mental health inpatient services

- To identify and access training for staff who chair or investigate safeguarding adult alerts

- Developing effective systems to identify and manage capacity required to manage safeguarding adult referrals with Swindon Borough Council

- To complete the review of joint working arrangements with Swindon Borough Council in its delegated responsibility for managing alerts

- To further improve practice through the active involvement of the person in their own safeguarding

2.4 Great Western Hospital Foundation NHS Trust

The structure and approach to safeguarding adults work within GWH.

The Chief Nurse is the Executive Lead for Safeguarding. There is also a Non-Executive Lead for Safeguarding. The Chief Nurse assures the Trust Board of the adequacy of the systems and processes which are in place (or which are required) to support effective safeguarding measures across the organisation.

The Deputy Chief Nurse is the Operational Lead for Safeguarding Adults at risk and also Chairs the Trust Safeguarding Children and Adults Forum, providing strong leadership that support Directorates to make safeguarding integral to care. The Deputy Chief Nurse is the Trust's representative on the LSAB. The Trust has representation on the Learning and Development Sub-group.

The Trust's Safeguarding Children and Adults Forum is a multi-professional group that provides assurance to the Patient Safety and Quality Committee (Sub-Group of the Trust Board) that the Trust is protecting children and adults at risk, are following multi-agency procedures, and meets identified national and local standards.

Highlight achievements within the financial year 2012-13

A review conducted by the Internal Audit Services, Parkhill, in October 2012 as part of the planned Trust programme, identified a number of weaknesses in assurance. Further, a self-assessment using an assurance framework published by the Department of Health in March 2011 has been conducted to review the robustness of the Trust's current arrangements for Adult Safeguarding. The key outcomes are summarised below:

- The development of a Safeguarding Forum linking with related programmes within the Trust, e.g. Falls Prevention Strategy, Learning Disability Forum;
- Update and revision of internal safeguarding policy and procedures;
- Logging and monitoring safeguarding alerts raised by Trust staff and include lessons' learnt within the role of the Safeguarding Forum to work with Governance colleagues to align processes with the LSAB's requirements;
- Adult Safeguarding Facilitator's post developed to support and drive existing work for adult safeguarding. Also funding has been agreed to provide an administrative function to support Adult Safeguarding;
- There is appropriate and regular involvement with the LSAB and its Sub-groups;

- Close work with the Mental Health Trust.

Safeguarding adults staff training within the year

The Trust places high importance on staff learning and development and delivers training to maintain a competent and capable workforce that will:

- Be able to explain the concepts of protection and vulnerability;
- Recognise the type of abuse and their related sign;
- Understand how to report concerns including whistle blowing; and
- Take personal action to safeguarding adults in their care.

Safeguarding adults training is established as mandatory for all staff groups across the organisation and compliance has improved over the past 6 months with a Trust figure of 82.2% as of March 2013.

Key plans or objectives for safeguarding adults in 2013-14

- To continue to review and further develop the Trust's internal reporting systems and evidence learning from relevant safeguarding cases;
- To review and further develop education and training and evidence that such training is having positive outcome;
- To continue to raise the profile of safeguarding through the new Integrated Safeguarding annual forum and 'Big Conversation' month planned for June 2013;
- Work is also needed to determine what training or development members of the Trust Board should receive such that they have an understanding of the requirements of the Trust and can discharge their duties in relation to Safeguarding Vulnerable Adults (Adults at Risk);
- To have supervision available and accessible for staff involved in Safeguarding Adult's procedures and processes;
- To further strengthen the work of the Trust's Safeguarding Children and Adult Forum through the operational sub-groups and the development of an overarching Safeguarding Adults Action Plan outlining local and national priorities and actions; and
- To perform an annual self-assessment on the Trust's position around safeguarding adults – December 2013.

2.6 Community Safety Partnership

Submission awaited

2.7 Healthwatch Swindon

Healthwatch was established on 1 April 2013 and subsequently invited to nominate a representative to the Swindon LSAB. This comment therefore looks forward rather than back. Whilst the priorities and work programme for Healthwatch will be determined by its own Board during the year, a fundamental aim will be to meet the recommendations set out in "**Establishing Local Healthwatch - Dignity, quality and safeguarding adults**" published by the Local Government Association in December 2012. At the very least, an early task will be to confirm the responsibility of those associated with Healthwatch to understand and act on the arrangements for alerting. This will mean that people know how to alert locally and appropriately if there are concerns about harm

and abuse to individuals or groups. It will include contributing proactively to safeguarding, working to ensure, for instance that services are of sufficient quality to protect people's dignity and rights, that people know how to keep themselves safe and how to get help if they need it. It will also include participating at and contributing to quarterly Quality Surveillance Group meetings under the auspices of the NHS England area team.

2.8 Housing Services

Submission awaited

2.9 The Local Safeguarding Children's Board (LSCB)

The LSCB representative on the Adult Board has a role to ensure there is liaison between the LSAB with regards to practice, incidents that may cross age groups and joint working arrangements on common themes. Examples include extending awareness and engagement, training opportunities and promoting their respective responsibilities with regards to safeguarding children and adults with team across services.

The audit of the use of the See the Adult See the Child (STASTC) protocol by the LSCB Management Group, prompted the creation of a See The Adult See The Child Working Group in November 2012. Its aim is to promote children's services working with adult services (and vice versa) when required particularly when children or "vulnerable adults" are at risk. The group has members from children's and adult services. The work completed to date has primarily focused on raising awareness of the protocol and addressing any barriers to its implementation. The protocol is currently being revised to bring it up to date with current legislation, policy and procedure.

An action from the first meeting of the group was the development of regular practice workshops to share learning from joint working case studies. The first workshop was facilitated by the NSPCC and, drugs agency, Include. The workshop was advertised through the LSCB and well attended. The 2013 LSCB Annual Conference will be a joint venture with the Local Safeguarding Adult Board. The themes of the conference will be parental mental health, substance and alcohol misuse, learning disability and domestic abuse. The conference will explore the impact of these issues on families and aims to promote inter agency working and information sharing between children's and adult services. The work of the STASTC Group is reported quarterly to the LSCB and LSAB respectively. Future work will include multi agency audits of joint working, the development of good practice resources that will be published on the LSCB website and commissioning of STASTC training to be delivered through the LSCB.

2.9 Public Health

Reorganisation of the NHS during 2012 – 2013 resulted in the transition of the public health responsibility for improving the health and wellbeing of those in Swindon to the Borough Council. The requirement to ensure effectively linking safeguarding adults into the Joint Strategic Needs Assessment process and the Health and Wellbeing Board will be facilitated by the representation of the Director of Public Health on the Safeguarding Adults Board. This link is reflected in the Health and Wellbeing Board Swindon Protocol (Draft). Safeguarding issues are reflected in specific joint strategic needs assessments (JSNA's) such as the Dementia JSNA, the Mental Health JSNA, the Learn Disabilities JSNA and the Domestic Violence JSNA which have been formed part of the JSNA work

streams during this period. The Swindon JSNA can be found at http://www.swindon.gov.uk/healthandwellbeing ”

The Public Health Directorate remains committed to the LSAB and its objectives and is keen to prevent harm to adults at risk and will ensure that commissioned public health services have a level of awareness to report safeguarding concerns when they come to light.

2.10 SEQOL

SEQOL staff continue to access safeguarding training on a regular basis, and more colleagues have completed the investigating managers training during the last year. Sponsorship was also made available for a Social Worker to undertake a Continued Professional Development course in Intervention and Practice - Vulnerable Adults.

Some awareness training is now being delivered in house and there are plans for safeguarding training to be a more holistic part of existing training in areas such as manual handling, falls, and dementia so that we can keep this agenda at the forefront of a larger group of staff’s minds. All training provided is being cross referenced to the national capability framework for safeguarding adults.

SEQOL are active members of the local adult safeguarding training sub group, and also attend the joint meeting for Wiltshire and Swindon to share best practice.

The Team will work closely with the Professional Lead for Social Work and the Safeguarding Lead for SEQOL on an on-going basis to ensure that training meets the needs described in the framework and is responsive to issues in practice.

Through 2012/13, SEQOL reported that they had assessed 354 safeguarding alerts to consider if there was a requirement to instigate full safeguarding procedures. Of these alerts, 242 cases were managed by SEQOL under the Policy and Procedures for Safeguarding Adults in Swindon and Wiltshire. Over the year we have seen an increase in the number of investigations into financial abuse with regards to old people and people with physical disabilities and an increase in the number of cases alleging physical abuse managed by the learning disability team.

As part of our improvement plan we have seen more involvement of our customers in the safeguarding process and which is evidenced through new recording systems. We regularly use the advocacy service if we find through a best interest assessment that our customer lacks the capacity to understand the safeguarding process.

2.11 Swindon Care Homes Association

The Swindon Care Homes Association, whose members provide social and nursing care for several hundred older townspeople (including a significant number with mental health problems such as dementia), is keen to support all relevant local safeguarding policies and initiatives. The members’ Home Managers are expected to use their best endeavours to ensure that their frontline care staff receive the training and guidance that is necessary for them to identify and respond proportionately to any suspected safeguarding issue that may arise on their premises. Home Managers are committed to working effectively both with and within multi-disciplinary teams whenever allegations are being investigated or followed up, and to appropriately incorporate into day-to-day

practice any lessons that may be learnt from particular issues or events, whether local or national.

2.12 Swindon Carers' Centre:

Swindon Carers Centre is fully committed to raising the profile of safeguarding within the organisation. The Carer Support Manager has lead responsibility for safeguarding and represents Swindon Carers Centre on the Local Safeguarding Adults Board. During 2012/13:

- New members of staff receive a copy of the "No Secrets" booklet and the organisations Adult Protection policy within the first few days in post as part of their induction programme;
- New members of staff (including social work students on placement) are booked onto the first available Safeguarding Vulnerable Adults Basic Awareness training course once they are in post;
- Following recruitment of a large number of new staff and volunteers a Basic Awareness Course was held in house, provided by Swindon Borough Council's Adult Safeguarding Manager;
- Training records have been checked to ensure that front line staff across all teams (including young carer support workers) have attended Safeguarding Vulnerable Adults basic awareness training;
- All new staff and volunteers who are eligible have received Enhanced Criminal Record Bureau / Disclosure and Barring Service checks, which are repeated every three years;
- All staff and volunteers are required to sign an annual declaration to confirm that they have not received any criminal convictions since the CRB / DBS check;
- All new volunteers to the Centre attend mandatory training which includes safeguarding. Guidance on safeguarding is also given to all volunteers;
- Staff in the Adult Carer Support Team have received Child Protection training, and training on See the Adult, See the Child; and
- All members of the senior management team, and other key members of staff, have attended Safer Recruitment training.

During 2013/14 we will:

- Ensure that staff maintain an awareness of safeguarding matters; and
- Continue close working relationships with partner agencies in relation to safeguarding matters.

2.13 Swindon Clinical Commissioning Group

Submission awaited

2.14 Wiltshire Police

The Wiltshire Police Safeguarding Adult Investigation Team (SAIT) consists of specially trained investigators. The team consists of a Detective Sergeant, 7 investigators and an administrator (covering Wiltshire and Swindon). Other officers from other parts of the Public Protection Department also support this team and are "Omni- competent". These officers have experience in working in domestic abuse and child protection. The strategic lead for Safeguarding Adults is the Detective Superintendent of the Public

Protection Department who also sits on the LSAB and has the operational lead for Safeguarding.

During 2012, the 'Three Strands of Vulnerability' (Welfare Concerns, Anti-Social Behaviour and Safeguarding) previously reported in 2010/11 has helped reduce the number of unnecessary referrals to the SAIT as it encourages officers to deal directly with concerned agencies (e.g. by making a call to adult services when there is a welfare concern about a vulnerable adult). There is a plan to reinforce the 'Three Strands' message within Wiltshire Police by carrying out regular briefings to neighbourhood policing teams, response officers and CID officers.

Staff from the safeguarding team are also giving presentations to Nursing Homes to improve the reporting of abuse and to make sure that evidence of any abuse is properly recorded. Recently a presentation was given to a nursing home and as a result of the training given, we saw a marked increase in referrals from this nursing home as staff there understood fully what their responsibilities were regarding the reporting of adult at risk abuse. Wiltshire Police are currently reviewing the training package for training officers to tackle adult at risk abuse.

Financial abuse accounts for approximately 30 per cent of the referrals to the Safeguarding Adults Team. These cases are often complex in nature and involve dealing with fluctuating capacity, powers of attorney and applications for production orders. The Safeguarding Adults Department are now referring the majority of their financial abuse investigations to the Wiltshire Police Complex Fraud Unit. The Complex Fraud Team have excellent expertise to tackle complex fraud and securing the evidence in an effective and efficient manner. The safeguarding team will continue to manage the safeguarding aspect of the vulnerable adults in relation to financial abuse, particularly in liaising with the Councils and Trusts finance officers. There are currently 2 cases being put before the Courts.

Case example:
Following a safeguarding alert from the ambulance service, the Police Safeguarding Adults Investigation Team investigated the death of an older woman whereby a health care professional had refused to give resuscitation when the woman became seriously ill. Enquiries revealed that the victim who died did not have a 'do not resuscitate notice' and an attempt to resuscitate should have been made. A Home Office Forensic post mortem was arranged and the post mortem concluded that the adult at risk had died of a heart attack. The case is with the Coroner and the Nursing and Midwifery Council will be investigating the incident.

In last year's annual report, Wiltshire Police outlined its priorities in working in-line with the Policy and Procedures for Safeguarding Adults at Risk in Swindon and Wiltshire. To see this report, please follow this link. http://www.swindon.gov.uk/cd/foi/cd-foi-publicationscheme/Documents/safeguarding_vulnerable_adults_2011-12.pdf

The aims of all staff within the Safeguarding Adults Investigation Team within the Public Protection Department throughout this year will be:

- To prevent harm or further harm to both adult and child vulnerable victims;
- To bring the perpetrators of these crimes to justice;
- Prevent where possible, perpetrators from re-offending;
- To ensure that all staff are appropriately trained and accredited to recognise and respond to adult and children's safeguarding issues; and

- To strive to continuously improve systems, processes and people to provide a high quality service to the community and maintain and enhance the reputation of the Service.

2.15 Wiltshire Fire and Rescue Service (WF&RS)

Wiltshire Fire & Rescue Service are currently reviewing their policies and procedures for safeguarding children and adults and will deliver bespoke awareness training to all staff during the next financial year. Senior Managers and specialist roles within the service will get enhanced safeguarding training commensurate to their role.

Case example
A call was received to attend a small fire in the Swindon area. The fire was out when staff arrived. There was slight smoke "logging" which was ventilated by the fire fighters. There was one adult and one young child living in the property. The property was in a generally poor state of cleanliness, cigarette ends discarded throughout, there are no carpets in any of the areas and no food in the fridge. There is nothing to suggest there was any abuse or any deliberate neglect however the Fire Service contacted the Housing Officer and Social Services to get help and support for the family. This is good evidence of a partnership approach to' 'early help' for a vulnerable family. "

2.16 Wiltshire Probation Trust

Submission awaited

2 Sub-groups of the LSAB

Operational Group met on four occasions during the year, with attendance from the following agencies: SBC (Head of Policy, Housing, Domestic Violence, Adult Safeguarding, Commissioning), Great Western Hospital Foundation Trust, Wiltshire Fire & Rescue, Wiltshire Police, NHS Swindon, Primary Care Trust and Wiltshire Probation. Agenda Items during the year included:

- Terms of Reference;
- Policy & Procedures Review;
- Services of Concern;
- Self-Assessments;
- Winterbourne View;
- LSAB Business Plan;
- Case Discussions;
- Monitoring Types of High Risk Services; and
- Francis Report.

The Training Sub-group: Has met on two occasions during the year. This is now a small group with membership from the large key agencies: SEQOL, The Council/NHS Swindon, Avon and Wiltshire NHS Partnership Mental Health Trust, Great Western Hospital Trust and the Police. Most of the work of this group has been to finalise the training strategy and consider training needs of the key agencies. As part of joint working with Wiltshire LSAB, Swindon and its key agencies have joined a Wiltshire wide

group which will meet twice a year. As Wiltshire and Swindon have joint procedures, it was felt that a pan Wiltshire approach would help to standardise the training delivered but also avoid some of the agencies who work in both local authority areas having to attend 2 meetings dealing mainly with the same issues. The first meeting is scheduled to take place in May 2013.

Policy and Procedures Sub-group: Met on one occasion during the year. The work of this group was to concentrate on the revision of the policy and procedures. This was carried out by a small "task and finishing group" involving a few agencies who work across Wiltshire. The wider group were consulted once the revision was completed.

Awareness and Engagement Sub-group: Has been developed alongside the Children's Safeguarding Board to develop the awareness of safeguarding issues across the communities in Swindon. Much of the work has concentrated on developing links with established community groups and seeks to provide them with presentations about safeguarding and the links they have with adults and children at risk. Membership includes SBC (Safeguarding Adults, LSCB, Localities, Children Services including, Safeguarding & QA Team, U-Turn, Early Support) SEQOL, Wiltshire Police, Harbour Project, Swindon Multi-Faith Partnership.

Service User Forum: This was launched in 2012 / 13 with the direct support and involvement by the LSAB Chair who was instrumental in establishing it to a level where it may develop. The aim is for a representative from this group to become a full member of the LSAB. Martin Kelly (a disability expert) agreed to chair the Forum and later agreed to attend the LSAB from February 2013. This group is still at a forming stage with a view to extend its membership to other relevant groups supporting adults at risk. Subjects of discussion have included similar topics covered by the main board, for example, Winterbourne View, making Swindon Safer, Hate Crime, Healthwatch, the groups' membership and Terms Of Reference.

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SECTION 6

Priorities for 2013 / 14

For this year's annual report, the headings (or domains) used in the regional Self - Assessment Quality & Performance Framework for Adult Safeguarding have been used as categories for the priorities for the coming period. These priorities have been agreed by the LSAB and are included in its business plan.

Prevention & Early Intervention

- Ensure safeguarding is a key consideration in the tendering and procurement process during the commissioning of all services.
  The Operational Group will be looking at each agency's statements that are in their contracts with suppliers/providers. By November 2013

- Monitor compliance to safeguarding elements at all levels to ensure existing guidance is implemented.
  This will be looked at through a new self-assessment process being developed by a regional safeguarding project. The Operational Group will look at these once the new framework is published.

- Establish programme of "walkabout" sessions at GWH involving Adults Safeguarding manager and other relevant personnel.
  The Executive Nurse from the Clinical Commissioning Group will be arranging this and will report to the Operational Group.

- Review the suspensions of placements policy.
  This is required again, as the way services are inspected and are rated has changed since the last policy was developed. May 2013

- Revision of the Policy and Procedures for Safeguarding Adults at Risk is finalised and launched in line with national and regional guidance.
  A launch of the revised policy will take place with managers who coordinate investigations under the policy and procedures. (By May 2013)The staff guide (No Secrets in Swindon and Wiltshire) will need to be updated in respect of the policy revision. By September 2013

- Reconvene the Wilshire and Swindon Policy and Procedures Sub-group
  Once the Policy is agreed the Policy and Procedures Group needs to be reformed to monitor practice and further changes required leading up to the development of legislation. By July 2013

Responsibility & Accountability

- Work plan for the LSAB to be agreed for 12 months and presented to the LSAB
  A development day will be arranged for board members to consider what needs to be included in the Work Plan. (Mid-year)

- Develop a Safeguarding Strategy in line with proposed Government legislation.

The LSAB will be considering its response before the end of the year. What will be required under Government legislation is not yet known.

- LSAB to agree a pathway to view, review and evaluate the Government policy to make appropriate changes as necessary.
  This work is required when there is clarity of the extent of legislation (this may not be within 2013/14.

- The LSAB reflect any changes in government policy including the inclusion of new members. *Again, once the extent of legislation is known.*

- Review of the quality and performance framework (which is taking place regionally) to be applied to local arrangements. *Once the framework has been published.*

Access & Involvement

- Develop a co-ordinated strategy for increased public awareness which will address general public, targeted groups and media. Use shared expertise and link with other initiatives to increase public engagement – e.g. CCG's Patient and Public Engagement Strategy. *From April 2013 the Awareness and Engagement Group will be working on this action.*

- Improve the information available to individuals who experience harm. *This is work that requires the involvement of the Service User's Forum. They will be looking at examples used in other areas.*

- Establish a method of collecting feedback on quality that is independent from the teams investigating cases.
  It has been agreed that investigating managers will ask alleged victims whether they would welcome an informal interview with the Adult Safeguarding Manager.

- Collect information about the outcomes for the alleged victim (or their representatives) in all safeguarding cases to include:
  - Views on the handling of the case;
  - Whether the person feels safer as a result of the case and
  - Whether the alleged victim would be willing to be interviewed about their experience.

  Logs required for completion by investigating managers revised to capture this information. To be used from April 2013.

- The level of involvement of people who use services can be monitored and challenged as appropriate.
  Information obtained from safeguarding logs completed by investigating managers from April 2013.

- Continue to develop a Service Users Reference Group & develop the role of voluntary organisations to assist with involving people who use services
  Service User Forum is in place but will need to develop its membership throughout the year.

Responding to Abuse & Neglect

- Enhance sub-groups and ensure all partner agencies participate in these and the Operational Group.

- Each organisation is asked to give a verbal account to the LSAB Chair explaining " what safeguarding adults mean to us"
  All agencies will be asked to report annually.

- Review IT systems ability to record relevant activity.
  Work on the potential to improve care systems to include safeguarding is on-going.

- Monitor the resources and support required to ensure effective safeguarding arrangements are in place within teams and to support the work of the LSAB and Head of Safeguarding.
  Again, this is on-going work that requires consideration within performance meetings with SEQOL and AWP. The LSAB will continue to discuss effective support of the Board.

Training & Professional Development

- That a standardisation process is set up with training providers with the Private & Voluntary sector
  Standardisation events to be established with the support of the Wiltshire and Swindon Care Skills Partnership. Midyear

- Ensure that training for those involved in co-ordinating and investigating cases is relevant and up to date. Training is available to all Partner agencies to include:
  - Investigating Managers;
  - Investigating Officers; and
  - Minute Takers.

  Adult safeguarding manager to ascertain the likely demand for training as listed above by September 2013.

- Carry out an audit on training delivered by independent trainers to check use of the national competence framework, common induction standards to quality assure and monitor the outcomes of training.
  Questionnaire to be developed and results considered by the Training Sub-group by December 2013.

- Review the training strategy in line with policy update and changes to the delivery of available training.
  The Training sub-group will do this before November 2013 to ensure revised policy is reflected in any training required. Particularly with regards to establishing the desired outcomes of the adult at risk.

- Resource training adequately to meet the need for all working with adults at risk to achieve the competences for their level of work.
  The LSAB Training sub-group to check funding is available to provide the required level of training (linked with audit of training required – 2nd bullet point above)

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The Safeguarding Adults at Risk in Swindon Annual Report 2012/13 is available on the Internet at http://www.swindon.gov.uk/sc/sc-adults/Pages/sc-adults-protectionvulnerableadults.aspx
It may be produced in a range of languages and formats (such as large print, Braille or other accessible formats) by contacting the Customer Services Department.
Tel: 01793 445500
Fax: 01793 463982
E-mail: customerservices@swindon.gov.uk

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Autism Self Evaluation 2013

Health and wellbeing Board **Date: 11th November 2013**

Author: Sue Wald, Head of Commissioning, Children and Adults

Wards: Wards

Locality Affected: Locality Area

Parishes Affected: Parish Area

1. Purpose and Reasons

1.1 The report accompanies the Autism Self Evaluation submission.

1.2 To review the Autism Self Evaluation submission by Swindon Borough Council.

2. Recommendations

The Board is recommended to:

2.1 The Board is required to review the Red / Amber / Green ratings submitted by SBC, and alter if it sees fit. The text submitted cannot be altered.

3. Detail

3.1 All Local Authorities were requested to submit an Autism Self - Assessment during October 2013. SBC was the lead organisation, with Swindon CCG as a partner organisation.

3.2 As requested nationally, the Swindon Autism Partnership Board was involved with the submission, and agreed the Red / Amber / Green ratings.

3.3 Public Health England will be evaluating the submissions, and have requested that Health and Well Being Boards have sight of the submission. Health and Well Being Boards are able to alter the Red / Amber / Green ratings, but not the submitted text.

4. Alternative Options

4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 None.

Further information on the subject of this report can be obtained from Louise Tapper, Direct Dial Telephone Number 463220, ltapper@swindon.gov.uk

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Legal and Human Rights Implications

5.2 None.

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

5.3 None.

Links to One Swindon, Strategic Objectives, Plans and Policies

5.4 Links to the One Swindon partnership four key outcomes:

- We can all benefit from a growing economy and a better town centre.
- I like where I live.
- Everyone is enjoying sports, leisure and cultural opportunities.
- Living independently, protected from harm, leading healthy lives
- Making a positive contribution

Diversity Impact Assessment

5.5 Not required.

Risk Management

5.6 Swindon's submission on the whole reflects a positive situation. There are plans and processes in place to address the questions raised within the Self Evaluation.

6. Consultees

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

7. Background Papers

7.1 None.

8. Appendices

8.1 Autism Self Evaluation 2013 – Swindon submission.

Further information on the subject of this report can be obtained from Louise Tapper, Direct Dial Telephone Number 463220, ltapper@swindon.gov.uk

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Autism Self Evaluation

Local authority area

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

1

Comment

Swindon Clinical Commissioning Group

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

- ○ *Yes*
- ⊗ *No*

If yes, how are you doing this?

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

- ⊗ *Yes*
- ○ *No*

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

Joint Commissioner Adult and Learning Disabilities
Louise Tapper
ltapper@swindon.gov.uk
Reports to the Strategic Commissioner Adult's.

4. Is Autism included in the local JSNA?

- ○ *Red*
- ⊗ *Amber*
- ○ *Green*

Comment

The Swindon JSNA is inclusive of all people of all ages living in Swindon.
Swindon has also completed a Learning Disability Needs Assessment which encompasses all ages of children, young people and adults.

5. Have you started to collect data on people with a diagnosis of autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

Data is recorded by providers, currently there are different data systems between health and social care, but this will change in 2014 with introduction of a new integrated system.
Some data sharing does take place between providers, and there are good sharing arrangements in place during transition from children to adults services.
Primary Care records a diagnosis of autism using the Read code system.

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?

- ⊗ *Yes*
- ◯ *No*

If yes, what is

the total number of people?

the number who are also identified as having a learning disability?

the number who are identified as also having mental health problems?

Comment

One of the roles of the ASC social worker is to support the collection and collation of data to inform local knowledge and future service developments.

Due to the use of different systems the data is limited in its accuracy for the current year.

7. Does your commissioning plan reflect local data and needs of people with autism?

- ⊗ *Yes*
- ◯ *No*

If yes, how is this demonstrated?

The needs of adults with autism are reflected in Swindon's Health and Wellbeing Strategy and commissioning priorities. This is particularly evident with the autism diagnostic pathway which is available for people in Swindon, and which we understand to be one of the few places in the country where this takes place. This service has been running now for a couple of years, and this year was commissioned to undertake double the amount of activity of the previous year. For further information about this service please see: http://www.seqol.org/community-health-services/adult-autism

8. What data collection sources do you use?

- ◯ *Red*
- ◯ *Red/Amber*
- ◯ *Amber*
- ⊗ *Amber/Green*
- ◯ *Green*

Comment

Data sources from our main health and social care providers is used.

9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Comment

Through Joint Commissioning and under Section 75 agreements the CCG is fully engaged and working collaboratively with the Local Authority to implement the NHS responsibilties within the strategy.

10. How have you and your partners engaged people with autism and their carers in planning?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Please give an example to demonstrate your score.

Swindon has developed links with a large local employer. In June 2013 the company sponsored a well-received conference - Effective support for people with the Autistic Spectrum. Speakers included the chief Executive of the NAS, a representative from the Dept of Health and people with autism.
The Autism Partnership Group is regularly attended by one person with autism and one parent / carer who are meaningfully involved.

11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Please give an example.

Clear Council and health policies cover statutory and other wider public services. Swindon has a good autism training programme in place which is enabling everyday services to improve their access and support for people with autism.

12. Do you have a Transition process in place from Children's social services to Adult social services?

- ⊗ *Yes*
- ◯ *No*

If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

There is a clear transitions policy in Swindon implemented by both both children's and adult's social services. The transitions process is automatic for all young people for whom it is required and the process has been enhanced by also including health services. There is enthusiastic sign up by all organisations.

13. Does your planning consider the particular needs of older people with Autism?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Comment

The "One Swindon partnership has four key outcomes that will all have an effect on population health and wellbeing in Swindon . These are:
** We can all benefit from a growing economy and a better town centre.*
** I like where I live.*
** Everyone is enjoying sports, leisure and cultural opportunities.*
** Living independently, protected from harm, leading healthy lives and making a positive contribution*

These four key outcomes underpin all the planning and commissioning that takes place by Swindon Borough Council and Swindon Clinical Commissioning Group. For all people of all ages.

Specific planning has ensured that autism training is inclusive of the older people's services staff; access to the autism diagnostic service is inclusive of older people; specialist commissioning takes place where necessary and reasonable adjustments made.

Training

14. Have you got a multi-agency autism training plan?

- ○ *Yes*
- ⊗ *No*

15. Is autism awareness training being/been made available to all staff working in health and social care?

- ○ *Red*
- ○ *Amber*
- ⊗ *Green*

Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

Monthly autism training sessions take place for people on the autism spectrum; their families, employers, housing, health, social care and voluntary services.

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

- ○ *Red*
- ○ *Amber*
- ⊗ *Green*

Comments

Swindon has an ASC social worker who promotes development , supporting case workers with their assessments of people with autism.
More than 75% of assessors have attended specialist autism training specifically aimed at applying the knowledge in their undertaking of a statutory assessment and applying FAC's and the NHS Community Care Act.

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

- ○ *Yes*
- ⊗ *No*

Please comment further on any developments and challenges.

The CCG is involved in the development of workforce planning through the joint commissioning arrangements with the local Authority and service planning.
Autism training is avaiable for Primary care staff, and GP practices develop their own development plans.

18. Have local Criminal Justice services engaged in the training agenda?

- [x] Yes
- [ ] No

Please comment further on any developments and challenges.

Swindon is going to bid for funding to develop specific forensic nursing pathways for people with autism.

The Criminal Justice services gave a presentation at the Swindon autism conference.

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- [ ] Red
- [ ] Amber
- [x] Green

Please provide further comment.

A local adult autism diagnostic pathway is in place and is accessible. GP's are aware and involved in the process. Referral to diagnosis is within 12 weeks. NICE guidelines are considered within the model. LD is not a factor to access diagnosis. Adult mental health services contribute to the pathway is an individual has secondary mental health problems.

An established autism diagosis pathway also is in place for children and young people, involving community paediatricians, community services and mental health.

20. If you have got an established local diagnostic pathway, when was the pathway put in place?

Month (Numerical, e.g. January 01)

5

Year (Four figures, e.g. 2013)

2010

Comment

A detailed service which includes support planning.

21. How long is the average wait for referral to diagnostic services?

Please report the total number of weeks

12

Comment

CCG commissioners have doubled the capacity of the service for 2013. The service does prioritise cases dependent on need.

22. How many people have completed the pathway in the last year?

48

Comment

4 people per month are seen.

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?

- [x] Yes
- [ ] No

Comment

The CCG has worked with the provider to develop the service and provide suitable capacity levels.

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

- [ ] a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis
- [x] b. Specialist autism specific service

Please comment further

It is seen as a positive development that the specialist service links to mainstream services.

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

- [x] Yes
- [ ] No

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

Post diagnostic support is available via Swindon Advocacy Movement (SAM) who provides independent advocacy for people with autism and asperger syndrome through a dedicated advocacy officer. Support is flexible and can be accessed through self or professional referral. Discovering Autistic Spectrum Happiness (DASH), an independent local charity also provides support.

Care and support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability

c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

Comment

Prior to April 2013 limited data was collected in terms of eligibility.

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

- [x] *Yes*
- [ ] *No*

If yes, please give details

Via the Adult Community Provider website:
http://www.seqol.org/community-health-services/adult-autism

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

- [x] *Yes*
- [ ] *No*

If yes, please give details

Yes, with a specialist social worker.

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

- [ ] *Red*
- [ ] *Amber*
- [x] *Green*

Comment

Swindon Advocacy Movement (SAM) and Discovering Autistic Spectrum Happiness (DASH) are fully involved in ensuring their advocates are part of a training programme for autism.

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

- [ ] *Red*
- [ ] *Amber*
- [x] *Green*

Comment

Yes, via Swindon Advocacy Movement (SAM) who provides independent advocacy for people with autism and asperger syndrome through a dedicated advocacy officer. Support is flexible and can be accessed through self or professional referral. Discovering Autistic Spectrum Happiness (DASH), an independent local charity also provides support.

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

- [x] *Yes*
- [ ] *No*

Provide an example of the type of support that is available in your area.

Through information and advice and through the Swindon Autism directory: http://www.seqol.org/community-health-services/adult-autism

33. How would you assess the level of information about local support in your area being accessible to people with autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

The Community provider in conjunction with the NAS has developed a directory of services for people with Autism Spectrum Conditions. There are local advocacy and social groups which can support and sign-post people, and there is good access to local IAPT primary mental health services.

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

The Local Authority Housing Strategy is currently being refreshed and will include reference to autism.

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

Energy2work is part of the local health and social care social enterprise which provides employment for people, including people with autism. A large local company has enabled Swindon to run a training workshop specifically for local businesses. Employers are also referred to other training workshops through their contact with employment support programmes, local advocacy services and Swindon's employment sub-group which has recently mapped employment support for people with autism, identifying different pathways.

36. Do transition processes to adult services have an employment focus?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Comment

Yes, the transition process in Swindon does include a strong employment focus. This is commissioned through the Economy and Attainment directorate within the Local Authority.

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

The Chairman and Chief Executive of the Wiltshire Probation are members of the One Swindon Board which plans for everyone in Swindon.
The probation service use the Alert card scheme.

Optional Self-advocate stories

Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.

Self-advocate story one

Question number

1837

Comment

Young man, married with a young child. Sent to prison for GBH following a sudden and severe attack on someone who was regularly 'bantering ' with him. Exemplary prisoner but then struggling in community with managing his anger and managing stress in his home. Probation seeing him had attended some awareness training and referred him for diagnosis. Diagnosed with autism, further support given to his probation officer and support due to be given to his family.

Self-advocate story two

Question number

11181937

Comment

Man in 50's with borderline LD. About to be imprisoned. Had attacked someone who had been bullying him- GBH. Put on community service but could not cope with group/swearing/sensory factors so stopped going. As a result recalled to court. Failed to attend as still angry re 'injustice'. Due to be recalled again for sentencing. Advocate suspected autism and referred for urgent assessment. Clear autism, report sent to court and court agreed to review case. He is now on regular probation visits and he and probation officer is being regularly seen by specialist social worker to look at helping him get rehoused (sensory issues/getting bullied/risk of reoffending as a result) and getting him some support worker time (failing to eat as spending all money on obsessive interests)- Encouraged to attend autism information and advice service.

Self-advocate story three

Question number

19

Comment

Young woman who had failed to attend her first year of university and was about to have education opportunity ended. Non LD, seen for assessment - clear autism profile. Liaison with university to agree disabled student support and adaptations.

Self-advocate story four

Question number

11161934

Comment

Lady in her 50's on verge of losing job due to ongoing low level mental health issues and stress caused by changes at work. Also had gone to live with mother as unable to cope living on own. Diagnosed as autistic and referred to Richmond Fellowship for support/mediation at work. Unlikely to be FACs eligible but given one off' solution focused session' with specialist AS social worker who was able to steer her towards a supported housing option that she was likely to be eligible for and also give advice on benefits. Also given information about Autism Information and Advice Centre..

Self-advocate story five

Question number

Comment

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?

a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?

☐ *Yes*

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the ministerial letter of 5th August 2013?

☐ *Yes*

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.

What was the date of the meeting of the Health and Well Being Board that this was discussed?

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

Month

Year

Diabetes Joint Strategic Needs Assessment (JSNA)

Committee: Health and Wellbeing Board Date: 13th November 2013

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

1. Purpose and Reasons

1.1 The aim of this report is to inform the Health and Wellbeing Board of the findings of the Diabetes Joint Strategic Needs Assessment (JSNA), seek support for its recommendations, and raise awareness of the health care related needs of people with Diabetes in Swindon

1.2 Diabetes is an important public health problem. Diabetes that is poorly managed can not only lead to complications, but also to premature death.

1.3 The Diabetes JSNA provides an objective analysis of the current and future needs of people with Diabetes in Swindon. It uses available local and national data to: estimate current and future numbers of people affected by the disease, describe current care pathways in Swindon: identify gaps in and barriers to treatment. The findings from the JSNA inform a suite of recommendations that will ultimately improve outcomes for people with diabetes.

2. Recommendations

The Board is recommended to:

2.1 Note and agree the recommendations from the Diabetes JSNA Bulletin (appendix one).

2.2 Support the development of an action plan for the implementation of the recommendations.

3. Detail

3.1 Diabetes mellitus, (or simply diabetes), is a group of metabolic diseases in which a person has difficulty in controlling blood sugars and fats, either because the pancreas does not produce enough insulin (Type 1), or because cells do not respond to any insulin that is produced (Type 2)

3.2 At the end of 2011/12, 10,302 people aged 17 years or over, registered with Swindon Clinical Commissioning Group (CCG), (which includes both Swindon and Shrivenham residents) were living with diagnosed diabetes; at least another 1,000 people in Swindon may have diabetes that has not yet been diagnosed

Further information on the subject of this report can be obtained from Christopher Bartlett, 01793 444683, cbartlett@swindon.gov.uk

3.3 If current trends continue in Swindon, the estimated prevalence of *all* diabetes (*whether diagnosed or undiagnosed*) will rise from an estimated 6.5% in 2012 to 7.3% by 2020 and 8.3% by 2030

3.4 In 2011/12 Swindon patients with diabetes fared worse than the England averages on a number of key primary care indicators; for example, in 2011/12, a significantly lower percentage of diabetic patients in Swindon had an HbA1c ("blood sugar") level meeting the national target of 7.5% or below, than was the case in England as a whole

3.5 Data produced through national audits showed the existence in Swindon of relatively high levels of diabetic complications, requiring hospital admission

3.6 Swindon women (all ages considered) had a higher death rate (2008 to 2010) from diabetes, as compared with their peers in England, the South West and the New and Growing Towns Group

3.7 Encouraging developments in Swindon include the specialised footcare service (the "DM Foot Team") which is now active at Great Western Hospital, and the Community Diabetes Interface Service

3.8 Risk factors for Type 2 Diabetes include:

- Being overweight or obese
- Being physically inactive
- Having a close relative with Type 2 diabetes
- Being over the age of 40
- Being of South Asian or Black African Caribbean origin

3.9 NICE Clinical Guidelines stipulate that patients aged 12 years or more with diabetes should receive all of nine recommended "checks". This annual review has been identified as having the greatest impact on reducing complications and hospital admissions. The care processes that should be reviewed include: Body Mass Index, Blood Pressure, HbA1c, blood cholesterol, eyes, feet, smoking, and measures of kidney function (serum creatinine level, urinary albumin level).

3.10 In 2011 according to the annual National Diabetes Audit, there was a slight improvement in the proportion of people with diabetes in Swindon who were recorded by this audit as having had all nine care processes (21.5%), compared to the previous audit result (18% in the 2009/10 report). This is still very low compared with other areas

3.11 Diabetes that is poorly managed can not only lead to complications, but also to premature death. Data from the Compendium of Population Health Indicators show that the mortality rate from diabetes in Swindon CCG residents has declined from 9.41 per 100,000 in 2002 to 6.77 per 100,000 in 2010 (directly standardised rates). However Swindon rates for females were higher as

compared with their peers in England, the South West and the New and Growing Towns Group

3.12 A set of key recommendations have come out of the JSNA process that will ultimately improve patient experience and health outcomes for people with diabetes

3.12.1 Continue local campaigns which promote a healthy lifestyle. The full range of relevant health promotion leaflets should be used to help people with diabetes and also people who need to develop a healthier lifestyle

3.12.2 Identify and support people in Swindon who have diabetes that has not been diagnosed; this identification could take place through the existing programme of NHS Health Checks, although other methods might also be adopted

3.12.3 Conduct a confidential audit of the records of people with diagnosed diabetes in Swindon who are "excepted" from the GPs' Quality Outcomes Framework (QOF) Register (i.e. deliberately left out of the assessment of key indicators)

3.12.4 Review the services being provided for people from Black African-Caribbean groups and people from the South Asian community in Swindon, as these people are at higher risk of diabetes and its complications; the NHS Health Check programme might be of particular benefit to them

3.12.5 Conduct an audit to see that women in Swindon are benefiting as fully as men from diabetes services in Primary Care; this should include a comparison of the achievement of the HbA1c targets in men and women

3.12.6 Fully support the work of the Community Diabetes Interface Service and of the DM Foot Team at GWH

3.13 The Diabetes JSNA Bulletin is an abbreviated version of the JSNA Diabetes Profile 2013. The full Profile provides more information on the issues covered by this bulletin, and includes a full set of references, a select technical glossary and acknowledgement of contributors. It can be found on Swindon's JSNA website: http://www.swindon.gov.uk/healthandwellbeing

4. Alternative Options

4.1 Not to support the recommendations identified in the JSNA bulletin.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no financial or procurement implications arising from the recommendations of this report.

5.2 If additional resources are needed to implement these recommendations a detailed business case will be developed.

Legal and Human Rights Implications

5.3 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.

5.4 In consideration of any future guidance and an understanding of best practice from elsewhere, the council will work with the NHS and other partners in order to ensure that equalities and a respect for human rights are at the heart of the development of the Swindon JSNA and that everyone in Swindon has fair access to services and are free from discrimination.

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

5.5 The Diabetes JSNA highlights a number of key areas of focus that will improve health outcomes for people with Diabetes.

Links to One Swindon, Strategic Objectives, Plans and Policies

5.6 Improving health outcomes for those Diabetes links directly to the Swindon's strategic priority to find new ways to reduce vulnerability and improve health for all.

5.7 There are strong links to Swindon's Health and Wellbeing Strategy; supporting adults to live healthier and more independent lives, and improving health outcomes for disadvantaged and vulnerable communities

Diversity Impact Assessment

5.8 A Diversity Impact Assessment has not been completed at this stage.

5.9 The Diabetes JSNA considers the needs of those communities more at risk of diabetes. Any future actions or service redesign will reflect the needs and diversity of Swindon communities.

Risk Management

5.10 No specific risks identified at this stage for this report

Further information on the subject of this report can be obtained from Christopher Bartlett, 01793 444683, cbartlett@swindon.gov.uk

6. Consultees

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

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix one. Diabetes JSNA Bulletin

Further information on the subject of this report can be obtained from Christopher Bartlett, 01793 444683, cbartlett@swindon.gov.uk

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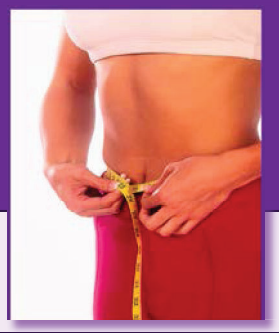
Swindon's Joint Strategic Needs Assessment

Bulletin 5: Diabetes V5



Key Points:

- **Diabetes mellitus, (or simply diabetes), is a group of metabolic diseases in which a person has difficulty in controlling blood sugars and fats, either because the pancreas does not produce enough insulin (Type 1), or because cells do not respond to any insulin that is produced (Type 2)**
- **At the end of 2011/12, 10,302 people aged 17 years or over, registered with Swindon Clinical Commissioning Group (CCG), (which includes both Swindon and Shrivenham residents) were living with diagnosed diabetes; at least another 1,000 people in Swindon may have diabetes that has not yet been diagnosed**
- **The diagnosed people equate to 5.9% of the CCG population; this compares to 5.5% in the South West and 5.8% in England as a whole**
- **If current trends continue in Swindon, the estimated prevalence of *all* diabetes (*whether diagnosed or undiagnosed*) will rise from an estimated 6.5% in 2012 to 7.3% by 2020 and 8.3% by 2030**
- **In 2011/12 Swindon patients with diabetes fared worse than the England averages on a number of key primary care indicators; for example, in 2011/12, a significantly lower percentage of diabetic patients in Swindon had an HbA1c ("blood sugar") level meeting the national target of 7.5% or below, than was the case in England as a whole**
- **Data produced through national audits showed the existence in Swindon of relatively high levels of diabetic complications, requiring hospital admission**
- **Swindon women (all ages considered) had a higher death rate (2008 to 2010) from diabetes, as compared with their peers in England, the South West and the New and Growing Towns Group**
- **People from Black African-Caribbean groups and people from the South Asian community have a higher risk of developing diabetes and its complications**
- **Encouraging developments in Swindon include the specialised footcare service (the "DM Foot Team") which is now active at Great Western Hospital, and the Community Diabetes Interface Service**

What is Joint Strategic Needs Assessment (JSNA)?

JSNA helps us to understand:

- What we know about the current health of local people
- How their needs are being met
- What we think their future needs are likely to be
- How their needs can best be met

The JSNA process involves many different partners and is overseen by Swindon's Health and Well-Being Board. Understanding Swindon's changing population, the factors that affect health and well-being, the town's assets and the implications for future services are vital in setting priorities and planning future services. This JSNA Bulletin examines the topic of diabetes.

Background

"Diabetes Mellitus" is caused by the body's inability to process carbohydrates and fats. This results in high levels of glucose in the blood which the body cannot utilise properly. There are two main types of diabetes, namely Type 1 and Type 2.

Type 1 diabetes is caused by an autoimmune destruction of those cells in the pancreas that produce the hormone insulin. Insulin helps glucose enter the body's cells where the glucose is used as fuel. People with Type 1 diabetes must take daily injections of insulin for survival. Type 1 diabetes usually appears before the age of 40, often in childhood. It is the less common of the two types and accounts for around 10 per cent of all people with diabetes.

Type 2 diabetes tends to occur in adulthood and accounts for about 90% of all diabetes. It develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as "insulin resistance"). In many people this is a result of being overweight.

People with Type 2 diabetes are usually advised to adopt a healthier lifestyle, (with exercise, good diet and weight-reduction) and subsequently, if necessary, are treated with glucose-lowering medication and often with insulin.

Numbers of People with Diagnosed Diabetes in Swindon CCG

General Practitioners in Primary Care have disease registers for various conditions. The numbers of patients on these registers are published annually in the Quality and Outcomes Framework (QOF). The QOF registers probably under-represent the true prevalence of diabetes, as some people with the disease may not have been identified.

At the end of 2011/12, Swindon CCG had 175,308 people aged 17+ years on their practice registers, and of these 10,302 had been diagnosed with diabetes.

This equates to 5.9% of the Swindon CCG registered population and compares to 5.5% in the South West and 5.8% in England as a whole. There was variation in the prevalence recorded between individual practices in Swindon, ranging from 2.0% to 8.0%.

Levels of cardiovascular disease on the QOF register, namely Coronary Heart Disease and stroke, were, respectively, 2.8% and 1.5% in Swindon and so were at similar levels, in fact, slightly below the levels prevailing in England, respectively 3.4% and 1.7%.

Risk Factors for Type 2 Diabetes

- **Being overweight or obese**
- **Being physically inactive**
- **Having a close relative with Type 2 diabetes**
- **Being over the age of 40**
- **Being of South Asian or Black African Caribbean origin**

Modelled Prevalence of Diabetes

In the APHO (Association of Public Health Observatories) statistical model of diabetes, it was estimated that in 2012, 6.5% of people aged 16 years or older in Swindon UA would have diabetes (*diagnosed patients plus undiagnosed patients*). The figure for England as a whole would be 7.3%. This suggests that there are at least 1,000 adults registered with a Swindon CCG GP, who have undiagnosed diabetes and so do not have the opportunity to benefit from advice or treatment.

Future Prevalence of Diabetes

Obesity levels in adults in Swindon have never been measured systematically for the population as a whole. However, the APHO model (making inferences based on age, sex, ethnicity and deprivation structure) estimates that the prevalence of adult obesity may be significantly higher in Swindon UA than the England average (27% compared to 24.2%). If current trends in obesity continue, the APHO model projects that in Swindon UA an estimated 13,422 people will be living with diabetes (*whether diagnosed or undiagnosed*) in 2020 (a prevalence of 7.3%) and this will rise to 16,993 people by 2030 (a prevalence of 8.3%).

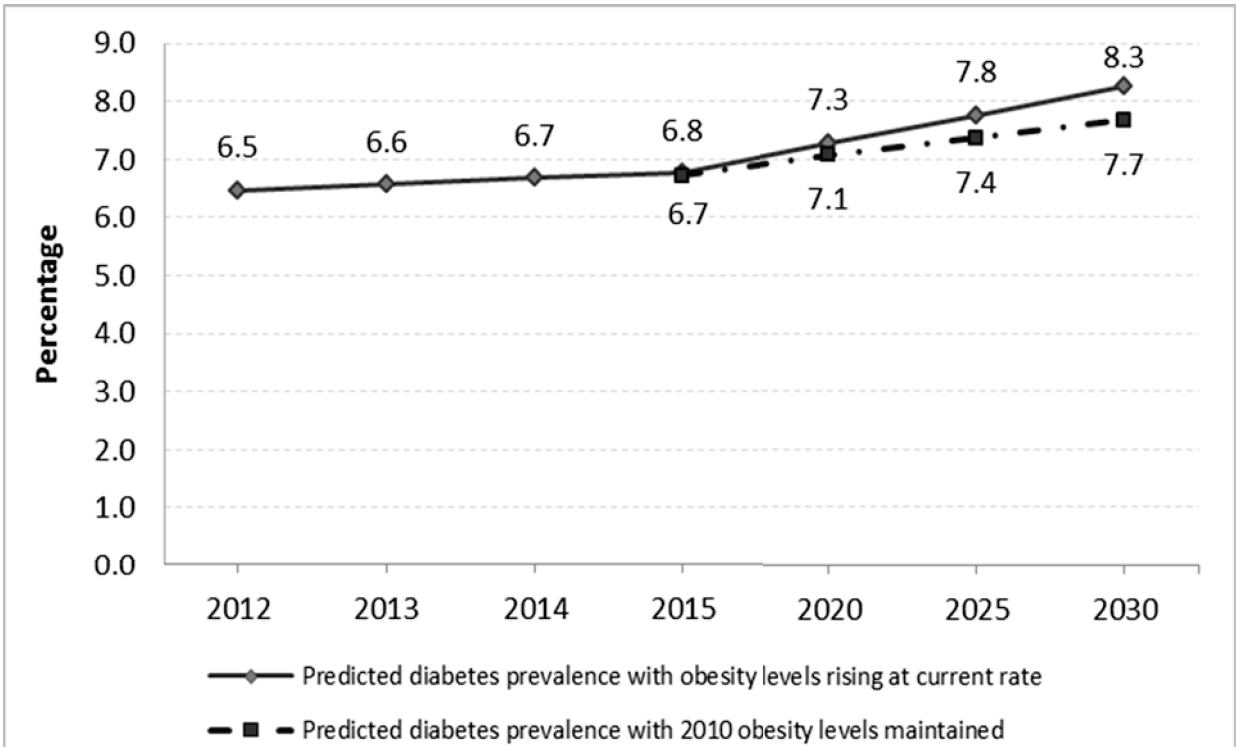
The projected trend is depicted in the graph below. However, if obesity levels in Swindon UA population could be kept at the rates found in 2010, there would be 400 fewer people with diabetes in 2020 than estimated in the initial projection. By 2030 this would mean an estimated 1,200 fewer people with diabetes, compared with the initial projection.

Obesity

As implied above, adult obesity is not routinely measured in local populations in England. In contrast to the adults, childhood obesity is systematically measured in primary schools across the nation in the National Childhood Measurement Programme (NCMP).

The obesity percentage for children in Year 6 (aged 10/11) in Swindon UA in 2011/12 was at the same level, 19.2%, as in England as a whole. The figure for Swindon varies somewhat year-by-year, however. For example, in 2010/2011, it was 17.3% and was significantly better than the figure for England as a whole, which was 19.0%.

Projected trend of diabetes prevalence in Swindon UA (aged 16+ years- diagnosed & undiagnosed)



Management of Type 2 diabetes in Primary Care

Patients with Type 2 diabetes usually receive their care in a Primary Care setting. A number of Quality and Outcomes Framework (QOF) indicators are in place under the General Medical Services contract established with GPs. These data can be used to review the levels of clinical control of diabetes in General Practices and in Swindon as a whole.

In the diabetes QOF indicators for 2011/12, Swindon fared worse than England on a number of indicators, most notably on the key indicator of HbA1c level. HbA1c level is a guide to the amount of glucose attached to haemoglobin molecules in the blood (colloquially called "blood sugar" level) The percentage of people with diabetes achieving the target of an HbA1c level of 7.5% or less was 64.2% in Swindon compared to 69.9%, the average for England.

GPs can "except" a patient from the QOF indicators, if, for example, the patient refuses treatment. However, in 2011/12 the level of exceptions in Swindon (9.2%) was somewhat higher than the England average (6.9%), so this means data on a proportion of Swindon patients with diabetes does not contribute to the overall population figures.

National Diabetes Audit (NDA) in Swindon

NICE Clinical Guidelines stipulate that patients aged 12 years or more with diabetes should receive all of nine recommended "checks". This annual review "bundle" has been identified as having the greatest impact on reducing complications and hospital admissions. The care processes that should be reviewed include: Body Mass Index, Blood Pressure, HbA1c, blood cholesterol, eyes, feet, smoking, and measures of kidney function (serum creatinine level, urinary albumin level).

The National Diabetes Audit reports the percentage of people registered with diabetes who receive all nine care processes. Almost all Swindon GP Practices (96.3%) participated in the 2010/11 National Diabetes Audit.

There was a slight improvement in the proportion of people with diabetes in Swindon who were recorded by this audit as having had all nine care processes (21.5%), compared to the previous audit result (18% in the 2009/10 report).

This was, however, still the lowest proportion in the South West region and compared very unfavourably with the median for all PCTs (55.5%). Also, there was much variation across GP Practices in Swindon, with a range from 2% to 68%.

National Diabetes Inpatient Audit. (NaDiA) in Swindon

NaDiA is a snapshot survey of inpatient diabetes care in England and Wales. The Great Western Hospital in Swindon (GWH) participates in the audit, although the numbers involved are relatively small, with 59 patients at the GWH captured in the 2012 audit.

Emergency admission rates: At the time of the audit in 2012, 96.4% of patients with diabetes on admission at GWH had been admitted as an emergency. Of these 11.9% were admitted specifically for the management of diabetes, compared to a median value of 7.1% for England and Wales hospitals.

Footcare: In 2012, 11.9% of inpatients with diabetes were admitted with foot disease. This was down from a notably high figure of 18.4% reported in 2011, but was still higher than the median value for England and Wales in 2012, which was 8.3% for that year.

Diabetic Ketoacidosis: Patients with this serious condition, in which vomiting, dehydration and sometimes coma can occur, usually require hospital admission. Between 2002/03 and 2010/11 hospital admission rates for diabetic ketoacidosis and coma in the Swindon CCG population have been higher than rates in the South West and in England as a whole. Complementary data from the National Diabetes Audit (NDA) indicate 55 admissions for diabetic ketoacidosis and coma in the year 2010/11. This is 46% higher than we would expect from a comparison with England and Wales.

Overall Patient Satisfaction: Patients with diabetes were asked to state, as part of NaDiA, whether they were satisfied overall with their inpatient treatment. In 2011 76.8% of patients reported overall satisfaction at the GWH, while the median value for England and Wales was higher, at 86.5%. By 2012, the GWH percentage had risen to 89.7%, and had thus overtaken the national median value for that year, 86.5%.

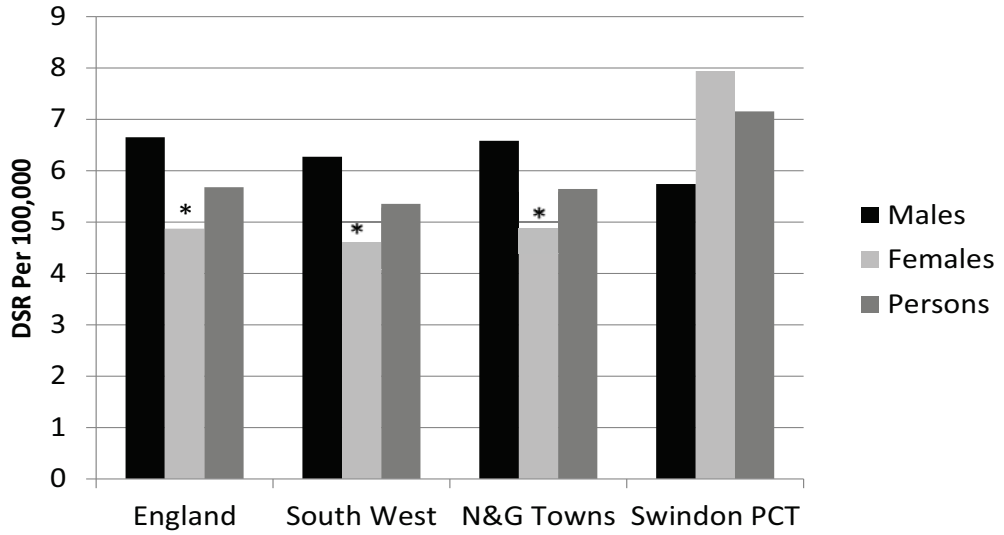
Mortality from Diabetes

Diabetes that is poorly managed can not only lead to complications, but also to premature death. Data from the Compendium of Population Health Indicators show that the mortality rate from diabetes in Swindon CCG residents has declined from 9.41 per 100,000 in 2002 to 6.77 per 100,000 in 2010 (directly standardised rates). This has also been the case for persons in the South West and England as a whole. The graph below shows the mortality rates for males, females and persons, (of all ages) for Swindon CCG/PCT (in the period 2008 to 2010) and compares them with rates for England, the South West and the New and Growing Towns group. Swindon rates for females were higher than all these comparator groups at a statistically significant level.

The degree of control of diabetes in a population is likely to have an impact on the level of mortality from cardiovascular disease (CVD). It is reassuring that levels of CVD mortality in Swindon do not currently exceed those in the comparison areas. However, as the second graph below indicates, Swindon women aged under 75 years had a higher rate than South West women in the same age-group, in the period 2008 to 2010, at a statistically significant level. (The same is also true of “persons” for this comparison, but not for men on their own).

Thus, this set of mortality data suggests that, in some respects, Swindon women with diabetes may be faring less well in comparison with their peers in England, the South West and New and Growing Towns, than we might have expected, given the fact that Swindon men seem to have mortality levels closer to those in our comparators.

Diabetes Mortality in People of All Ages in 2008-2010 combined. Directly Standardised Rate per 100,000 per annum (ICD 10 E10-E14)

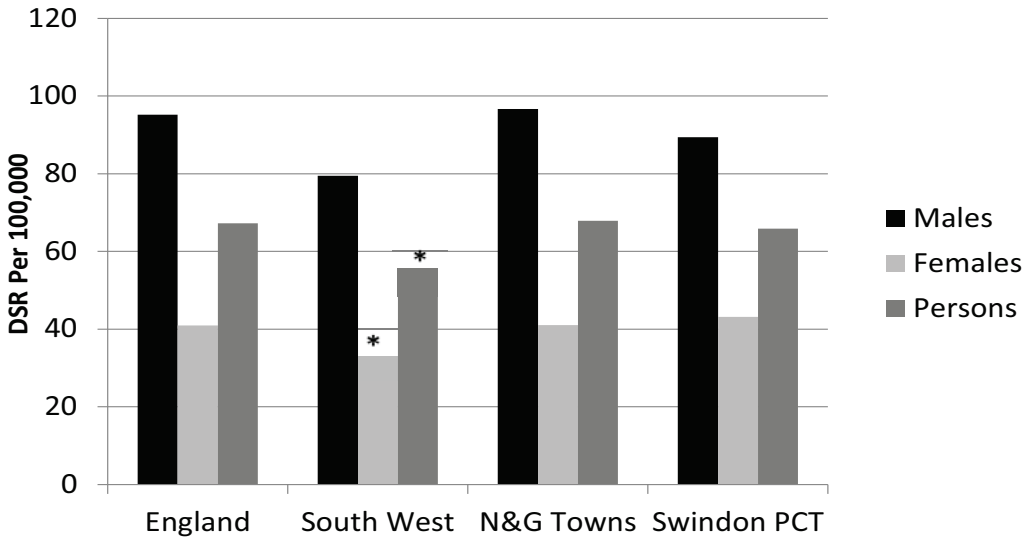


Numbers: 21 males and 43 females in Swindon PCT.

Differences between Swindon PCT and other areas reaching statistical significance denoted *

Source: Compendium of Population Health Indicators

Cardiovascular Mortality in People aged < 75 years in 2008-2010 combined. Directly Standardised Rate per 100,000 per annum (ICD 10 I00-I99)



Numbers: 267 males and 135 females in Swindon PCT.

Differences between Swindon PCT and other areas reaching statistical significance denoted *

Source: Compendium of Population Health Indicators

Current Initiatives

DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed): This is currently running in Swindon, commissioned by Swindon CCG and delivered by Great Western Hospital, partly in community settings. The course covers what Type 2 diabetes actually is, and offers support for patients on how to manage their life with Type 2 diabetes. It also provides the opportunity for patients to meet and share experiences with others.

Pacesetters: Swindon professionals and local people were involved in developing programmes related to diabetes as part of this Department of Health inequalities programme. The national Pacesetters programme is no longer running, but resources and material developed from this initiative are still being used and developed to benefit Swindon people.

People with Learning Disabilities: The Swindon Public Health Team has recently led a project to improve services for adults with learning disabilities and diabetes, working with the adult Learning Disabilities Service and the local Nutrition and Dietetic Department. Training packs have been developed for these courses by the specialist diabetes dietitian, which are still being used to run local courses. These packs can be used by diabetes specialist nurses and/or dietitians in other areas and are available from the Public Health Team. The course is being run in 2013 for carers of anyone with mental capacity issues.

Adult Weight Control: The Public Health Team in Swindon commissions a choice of free weight management programmes for obese adults who meet one or more of these criteria: they have Type 2 diabetes, are eligible for free prescriptions, have a mild learning disability, are on the mental health register (and are able to attend groups), are booked for knee or hip surgery.

Child and Family Weight Management programme: SBC leisure services deliver the national MEND programme.

Community Physical Activity: A range of community programmes continues to be offered, including “Exercise on Referral”, “Health Walks”, and “Pulmonary/heart failure rehab”. “Tri-active project” a new project for 2013, promotes activity in deprived areas, mainly amongst women.

Healthy Eating for Mums to be: this is delivered through the maternity services.

Early Diagnosis through Health Checks: An NHS Health Check can identify those at risk and facilitate early diagnosis. NHS Health Checks are available from GP practices, local pharmacies and other community venues.

The Community Diabetes Interface Service: This is headed by a Consultant Diabetologist, and two Diabetes Specialist Nurses. The interface service involves extending the role of the nurses in the community and increasing the consultant sessions to include working with GP practices.

The Diabetes Clinical Network: This includes a range of health professionals who work with people with diabetes in Swindon, as well as other stakeholders.

“DM Foot Team”: Building on the successful appointment of the Diabetic Foot Co-ordinator in August 2010, GWH has now added further outpatient and inpatient support to the acute, high-risk podiatric service. This complements the existing outpatient service which offered clinics on 2 days a week. The appointment of an additional podiatrist, has enabled acute high-risk clinics to run on 4 days per week

Key Recommendations

The Health Community in Swindon should:

1. Continue local campaigns which promote a healthy lifestyle. The full range of relevant health promotion leaflets should be used to help people with diabetes and also people who need to develop a healthier lifestyle

2. Identify and support people in Swindon who have diabetes that has not been diagnosed; this identification could take place through the existing programme of NHS Health Checks, although other methods might also be adopted

3. Conduct a confidential audit of the records of people with diagnosed diabetes in Swindon who are "excepted" from the GPs' Quality Outcomes Framework (QOF) Register (i.e. deliberately left out of the assessment of key indicators)

4. Review the services being provided for people from Black African-Caribbean groups and people from the South Asian community in Swindon, as these people are at higher risk of diabetes and its complications; the NHS Health Check programme might be of particular benefit to them

5. Conduct an audit to see that women in Swindon are benefiting as fully as men from diabetes services in Primary Care; this should include a comparison of the achievement of the HbA1c targets in men and women

6. Fully support the work of the Community Diabetes Interface Service and of the DM Foot Team at GWH

Where to find more information

Swindon Diabetes Website

Swindon Diabetes website can be found at:
Swindon Diabetes | Supporting people with Diabetes in Swindon

This Bulletin is an abbreviated version of the JSNA Diabetes Profile 2013. The full Profile provides more information on the issues covered by this bulletin, and includes a full set of references, a select technical glossary and acknowledgement of contributors. It can be found on Swindon's JSNA website:
Joint Strategic Needs Assessment - Health and Wellbeing - Swindon Borough Council

This website includes a range of other documents about health and wellbeing in Swindon.

If you have any queries, please contact Chris Bartlett (CBartlett@Swindon.gov.uk)

This bulletin was published in October 2013 and will be reviewed in June 2014

Health and Wellbeing Strategy

Health and Wellbeing Board **Date: 13th November 2013**

Author: Acting Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 For the board to agree the Swindon Health and Wellbeing Strategy. The board agreed the priorities at its May 2013 meeting and agreed that the final version of the strategy be resubmitted to the board for ratification with relevant additions and amendments made following feedback from the engagement and consultation process.

1.2 The Health and Wellbeing Board has a duty to produce a Health and Wellbeing Strategy (Health and Social care Act 2012) informed by the needs of its population outlined in its Joint Strategic Needs Assessment (JSNA).

1.3 The Swindon Clinical Commissioning Group (CCG), NHS England and Swindon Borough Councils plans for commissioning services are expected to be informed by the Health and wellbeing Strategy and the JSNA.

2. Recommendations

The Board is recommended to:

2.1 Support the adoption of the Health and Wellbeing Strategy (attached at Appendix One).

2.2 Recommend to Cabinet and the Governing Body of Swindon Clinical Commissioning Group that they approve and adopt the Health and Wellbeing Strategy.

3. Detail

3.1 The Swindon Health and Wellbeing Strategy sets out the overarching framework for health and care commissioning plans across the borough. The Health and Wellbeing Board has a duty to produce a Health and Wellbeing Strategy (Health and Social care Act 2012) informed by the needs of its population outlined in its Joint Strategic Needs Assessment (JSNA)

3.2 Swindon's Health and Wellbeing strategy was commissioned by the Swindon Shadow Health and Wellbeing Board. It aims to improve the health and wellbeing of children and adults in the borough and to reduce the health inequalities that exist across our community.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, Cherryjones@swindon.gov.uk.

3.3 The Strategy has been developed informed by the Swindon JSNA and aligned with the One Swindon priorities, the national and local frameworks and contribution and input from various stakeholders following a widespread engagement and consultation process

3.4 The vision for the strategy, agreed by the Health and Wellbeing Board is that 'Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities'.

3.5 Five outcomes were identified and agreed by the Health and Wellbeing Board for the strategy along with a number of related priorities

3.5.1 Every child and young person in Swindon has a healthy start in life

3.5.2 Adults and older people in Swindon are living healthier and more independent lives

3.5.3 Improved health outcomes for disadvantaged and vulnerable communities

3.5.4 Improved mental health, wellbeing and resilience for all

3.5.5 Creation of sustainable environments in which communities can flourish

3.6 In developing and progressing the draft strategy there has been engagement and consultation with a range of stakeholders and members of the public. Their contributions and comments have been gratefully received and have informed the final version of the strategy

3.6.1 An initial stakeholder event was held on 22nd August 2012 to agree the priorities based on the JSNA. Attendees included Avon and Wiltshire Mental Health Partnership, MIND, Swindon Primary Care Trust, Swindon Shadow Clinical Commissioning Group, Great Western Hospital, Swindon Carers, Swindon advocacy, Voluntary Action Swindon, Swindon LINk, Swindon Borough Council (officers and elected members). SEQOL.

3.6.2 The draft strategy has been circulated, presented and discussed at various forums across the town including Health Overveiw and Scrutiny Committee, The Swindon Equality Coalition. One Swindon Partnership and the Swindon LINk with feedback incorporated accordingly.

3.6.3 In addition to the above responses were also received from Booth House (Salvation Army), Wiltshire Probation Trust, Swindon Womens Aid, Swindon College and Swindon New College.

3.7 The strategy will be published and made available in various formats as requested. Although this is a three year strategy it will be reviewed on an annual basis by the Health and Wellbeing Board.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, Cherryjones@swindon.gov.uk.

4. Alternative Options

4.1 Not to support the Health and Wellbeing Strategy

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no direct financial implications arising from the development of the Health and Wellbeing Strategy.

5.2 The Health and Wellbeing Strategy will have strategic influence over commissioning decisions across health, public health and social care. It will strengthen democratic legitimacy through the involvement of democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care.

Legal and Human Rights Implications

5.3 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.

5.4 In consideration of any future guidance and an understanding of best practice from elsewhere, the council will work with the NHS and other partners in order to ensure that equalities and a respect for human rights are at the heart of the development of the Swindon Health and Wellbeing Strategy and that everyone in Swindon has fair access to services and are free from discrimination

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

5.5 The Health and Wellbeing Strategy provides opportunity to improve the health outcomes of the people of Swindon and reduce health inequalities that exist across Swindon.

5.6 There are positive implications for sustainability through increased physical activity and increased uptake of active modes of transport.

5.7 Promoting the development of environments in which communities can flourish and people feel safe has positive implications for the reduction of crime and disorder.

5.8 There should be no significant staffing or other implications arising from this report

Links to One Swindon, Strategic Objectives, Plans and Policies

5.9 The Health and Wellbeing Strategy will align with and contribute to the delivery of One Swindon and the SBC Corporate objectives.

Diversity Impact Assessment

5.10 A Diversity Impact Assessment has been completed for the Health and Wellbeing Strategy. No adverse or significant issues were found. (appendix two)

Risk Management

5.11 No specific risks identified at this stage for this report.

6. Consultees

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

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix One. Swindon's Health and Wellbeing Strategy 2013 – 2016

8.2 Appendix Two. Diversity Impact Assessment for the Health and Wellbeing Strategy 2013-2016.

Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, Cherryjones@swindon.gov.uk.

SWINDON'S DRAFT JOINT HEALTH AND WELLBEING STRATEGY 2013 - 2016

Swindon's Health and Wellbeing Board

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

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

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

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

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

8. Reviewing progress

Appendix one: Strategy summary

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Forward

Swindon is a vibrant and growing town and has a vision that everyone in Swindon lives a healthy, safe, fulfilling and independent life supported by thriving and connected communities. Like many towns and cities Swindon faces huge challenges including a growing population, widening health inequalities and reductions in public sector funding.

To achieve this vision we have come together as the Swindon Health and Wellbeing Board and the Swindon Health and Wellbeing Strategy sets out where we would like to be in terms of health and wellbeing. This is the first Joint Health and Wellbeing Strategy for Swindon and has been developed by the Swindon Health and Wellbeing Board and with local stakeholders including service users, patients and carers, the voluntary and community sector, NHS, local authority and One Swindon partners. It outlines a three year vision for improving health and addressing health inequalities across the borough. It is not a detailed plan but identifies priorities and approaches for partners including the Clinical Commissioning Group (CCG), NHS and local authority, to take into account in developing their own plans and making decisions about spending money and planning services over the next few years.

The Health and Wellbeing Board is the partnership established to ensure an integrated and collaborative approach to health and social care across Swindon and through the Joint Health and Wellbeing Strategy provide the strategic direction and framework for commissioners of local services. There is already a strong culture of working together to achieve better health and wellbeing in Swindon which has contributed to our improved outcomes in the reduction of early mortality and increased life expectancy.

Health is fundamental to every aspect of a person's life and is a key factor in a childs development. Public health interventions, for example those that reduce smoking prevalence, obesity and alcohol and drug misuse, can have long lasting positive impacts on the health and wellbeing of individuals over a whole lifetime as well as benefiting the local economy and future generations.

Working together in partnership, ensuring that people can access high quality health and social care services, promoting earlier intervention, greater integration and joined up working across health, social care and wider services, recognising the importance that other factors such as education, housing, employment and community resilience have on health and wellbeing we can improve the opportunities for children and adults to enjoy a healthy, safe and fulfilling life.

Swindon's Health and Wellbeing Strategy

Introduction and Vision

Leaders from across the community have come together to form Swindon's Health and Wellbeing Board. The focus of the board is on improving health and wellbeing so that individuals and communities are able to live healthier lives, and to ensure that everyone in Swindon has a positive experience of the health and care system. Health and wellbeing is more than the absence of disease; it is the ability for everyone to fulfil their potential, make a contribution and to be resilient to life's challenges. With that in mind, we have adopted the approach that health and wellbeing is the ability to adapt and to self-manage in the face of social, physical, and emotional challenges and to function with fulfilment and a feeling of wellbeing.

The Health and Social Care Act 2012 places health and wellbeing boards at the centre of planning to transform health and social care and achieve better population health and wellbeing. Health and wellbeing boards have been given a number of core responsibilities. These include assessing the health and wellbeing needs of the local population through the Joint Strategic Needs Assessment (JSNA) and preparing a Health and Wellbeing Strategy.

The Shadow Health and Wellbeing Board commissioned a health and wellbeing strategy steering group in 2012 with representation from the Swindon LINk, the Clinical Commissioning Group, Swindon Borough Council, NHS Swindon and Public Health to develop a draft strategy. This process has included a series of discussions and workshops, engaging with a wider stakeholder audience, to identify and agree our local priorities.

This is the first Health and Wellbeing Strategy for Swindon and sets out the vision and the long term improvements in local people's health and wellbeing that we want to achieve in Swindon. It also sets out our priorities for action and indicators that will help us measure progress. (See Appendix One for a summary table). The strategy will be monitored and reviewed by the Swindon Health and Wellbeing Board every six months and revised annually informed by and reflecting the latest JSNA findings.

Vision for health and wellbeing in Swindon

Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.

The aim is to improve health and wellbeing outcomes especially for those communities and groups who experience the poorest health. Health and wellbeing in Swindon is improving and we must make sure that it continues to improve. We believe by working together we can make significant differences to everyone's health and wellbeing.

This strategy comes at a time of huge challenges for Swindon from:

- An ageing population.
- A growing burden of lifestyle related ill-health, particularly due to physical inactivity, obesity, alcohol misuse and smoking.
- A growing need for savings across the public sector finances, including health and social care services.
- Significantly poorer health in our most disadvantaged communities.

There is also great opportunity in Swindon by building on the existing community capacity that exists. Making better use of community assets in an 'asset based approach' values and uses the capacity, skills, knowledge and connections and potential that already exists within our local community. Swindon has a number of vibrant voluntary and community sector organisations which make an invaluable contribution to both the life of the local communities and the lives of individuals.

This strategy sets the context for other health and wellbeing plans and for commissioning of integrated NHS, public health, social care and related children's services. The Health and Wellbeing Board will work with all partners to help align policies, services, resources and activities with the Health and Wellbeing Strategy and to ensure joined up action to tackle issues that will benefit from multi agency working.

The Health and Wellbeing Board will expect that the commissioning plans of the Local Authority, the Clinical Commissioning Group and the local NHS are consistent with the Strategy, as required by the Health and Social Act 2012.

Purpose of the strategy

The Joint Strategic Needs Assessment provides the evidence which tells commissioners in health and social care what the needs of local communities are.

The Joint Health and Wellbeing Strategy puts the evidence and the vision into practice by providing high level priorities from which health and social care services will be purchased and commissioned through joint and collective action.

The Health and Wellbeing Strategy for Swindon is aligned with the Swindon Sustainable Community Strategy and the One Swindon framework to deliver our health and wellbeing vision. It focuses on the health and social care issues for everyone living in Swindon, but also recognises the wider factors that affect health and wellbeing including education, employment, housing and leisure activities, all of which are under pinned by other more detailed strategies and plans.
To achieve our vision we must continue to work together across organisations and alongside our community, building on strengths of our communities, to improve the quality of life and wellbeing for all. Everyone in Swindon has to play their part if we are to succeed. The vision is about improving the experience of people throughout their lives in terms of health and wellbeing, enabling individuals to make positive choices to lead healthier lifestyles and about reducing inequalities.

The purpose of this strategy is to:

- Set out the vision of what we want to achieve for health and wellbeing in Swindon
- Identify the key priorities for improving health and wellbeing
- Drive and influence the delivery of health care
- Provide an integrated framework that aligns with other local strategies
- Improve health and wellbeing for everyone and reduce health inequalities
- Maximise the opportunities local assets afford us
- Engage with local partners and communities to ensure local needs are being met

Wider Determinants of Health

The wider determinants of health encompass other aspects of life such as employment, housing, education, crime and access to services. A person's health is determined by a whole range of things including these wider determinants of health and factors such as their age and gender through to lifestyle factors and social and community networks. Some of these factors individuals can control others they cannot and it is the interaction between these various factors that can impact on health and wellbeing and lead to health inequalities. It is therefore essential that links are made to other partnership plans and strategies that impact upon the wider determinants of health such as the Local Transport Plan, The Housing Strategy, The Economic Strategy and the One Swindon Plan

We can see evidence of health inequalities across Swindon when we compare the life expectancy of people who live in our least deprived communities with those that live in our less affluent areas. In men we see nearly nine years difference in life expectancy between those living in our least deprived communities compared with those that live in our less affluent areas and in women it is six and a half years. The challenge for Swindon is to empower people of all ages to live healthy active lives and to reduce the health inequalities that exist across the town.

Swindon's Priorities

The strategy builds on a number of collaborative pieces of work undertaken in Swindon with a wide range of stakeholders that focus on working together to improve people's health and wellbeing in Swindon (One Swindon, The Swindon Sustainable Communities Strategy – A Shared Vision for Swindon 2008 -2030). In developing this strategy five high level outcomes for Swindon have been identified. The health and wellbeing priorities have been determined by the Health and Wellbeing Board based on a set of criteria outlined in Appendix two. Work done to agree these priorities drew upon evidence from the Swindon Joint Strategic Needs Assessment (JSNA) and following engagement with local communities, organisations and other groups who work in the area of health and wellbeing.

Outcomes:

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

Measuring progress

The Health and Wellbeing Board is responsible and accountable for the Health and Wellbeing Strategy and has a critical leadership role to ensure the achievement of the outcomes. The national outcomes frameworks for Adult Social Care, the NHS and Public Health have provided the overarching framework for the Joint Health and wellbeing Strategy. A number of relevant indicators from these frameworks have been chosen against each of the outcomes which will help us to measure our progress. The Health and Wellbeing Board will review the strategy and progress against the priorities on an annual basis.

OUTCOME 1

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

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

Focussing on pregnancy and the first few years of a child's life (especially those who are more disadvantaged and vulnerable) will ensure that every child is given the best possible start in life and benefit them for the rest of their lives. We will review and build on our services using an evidence based approach to target early intervention, smooth transitions (especially for disabled children) and preventative programmes that will ensure our young people have the best start in life and prepare them for adulthood.

The local issues

- GCSE attainment has risen over the years with just under 53% achieving 5+GCSE's or equivalent A* to C including English and Maths in 2011/12 (England average is 59%)
- The number of young people who are not in education, employment or training is high
- Over 7,300 children aged 0-15 were known to be living in poverty 2010
- Alcohol specific admission rates for under18 year olds are higher than the national average
- Nearly 13% of pregnant women continue to smoke throughout their pregnancy (England average 19%)
- Over 35% of 10 to 11 year olds in Swindon are overweight and obese (England average 34%)
- Nearly 50% of mums stop breastfeeding at the 6 to 8week stage - Swindon has one of the highest drop off rates in the country for breastfeeding
- High rates of hospital admissions for self-harm amongst children under 18 years old.
- Younger children have high support needs indicated by the high numbers of children in need and the small increase seen in children coming into care due to neglect
- 370 families with complex needs live in Swindon
- Children in local authority care are more at risk of having poor emotional health and wellbeing
- In 90% of domestic violence incidents a child or young person will be in the house or directly witness the incident
- High rates of first time entrants into the youth justice system for 10 -17 year olds.

Our Priorities

- Improve the mental wellbeing of children and young people
- Reduce risky behaviours amongst our children and young people such as smoking, drinking, self-harm
- Keep all children and young people safe
- Improve educational attainment of our children and young people
- Reduce the number of young people not in education, employment or training
- Reduce the level of children who are overweight and obese

Indicators for success

- Prevalence of breastfeeding at 6-8 weeks from birth
- Percentage of children gaining five good GCSE's including maths and English
- Alcohol specific hospital admission rates for under 18's
- Self-harm hospital admission rates for under 18's
- Percentage of mothers smoking at time of delivery
- Levels of overweight or obese 10-11 year olds
- 16-18 year olds not in, education, employment or training
- Infant mortality
- Childhood vaccination coverage
- Children with second or subsequent child protection plans
- The number of children in care
- Emotional wellbeing of looked after children
- First time entrants to the youth justice system

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

More people in Swindon are living longer. Premature (early) deaths from heart disease, stroke and cancer are reducing and a greater emphasis on prevention would ensure that this reduction continues.

Many people will have long term health conditions such as diabetes or heart disease in middle age, but there is scope to prevent ill health and disability in people - early action would improve their quality of life and slow down the future growth in health and social care requirements in later life. Everyone has a role to improve their health and wellbeing and that of their families and to take responsibility for their own health and wellbeing. Lifestyle choices can have a direct impact on health and wellbeing and changing behaviours such as stopping smoking, eating and drinking

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more healthily and being more physically active can prevent the onset of some diseases and prevent premature death from diseases such as cancer and heart disease.

The age structure of our local population means that Swindon will see a significant increase in the number of older people in the future. Older people make a valuable contribution to the communities across Swindon and it is important to support, expand and grow this asset ensuring that older people with energy, skills and time to give play a role and contribute to their local community.

Our population is broadly healthier than the English average and yet a higher proportion go to hospital, with hospital stays resulting in a breakdown in self-care and personal coping strategies leading to increases in long term health and social care support from a number of different services. We need to ensure an integrated service provision that works together and focuses on regaining and promoting independence working with local communities and social networks to help people remain in their own home for as long as possible.

We want to enable people to stay independent and safe and enjoying the best possible quality of life. This priority sets out our aim to improve the quality of life and not just extend life. It recognises the need to improve the wellbeing of people with caring responsibilities in and around Swindon, creating a community where carers are recognised, valued and supported. It also acknowledges that when people are at the end of their lives they and their carers are supported in making choices about where they would like to die.

The local issues

- Average male and female life expectancy has increased over the years and is just over 79 years for men and nearly 83 years for women, similar to the England average
- Projections show an expected population increase with the majority of that growth in the over 65 age group
- Smoking is the single biggest contributor to shorter life expectancy and over 21% of adults continue to smoke in Swindon (England average 20%)
- Rates of hospital admissions for alcohol related harm have risen over time.
- Over 2,000 people over 65 years old are estimated to have dementia in Swindon and this is expected to increase by about 700 by 2020
- Approximately 6.5% of adults in Swindon have diabetes and this is estimated to rise to over 8% by 2030.
- An estimated 27% of our adult population in Swindon are obese
- Nearly one third (32.7%) of our adult population are considered inactive (England average 28.5%)
- The number of avoidable excess winter deaths continues to rise each year

Our Priorities

- Strengthen integrated working between health and social care
- Reduce the number of people suffering from long term conditions through the promotion of healthy lifestyle choices
- Promote independence and reduce the need for hospital services and long term care
- Ensure that carers needs are met

Indicators for success

- New admissions of older people (over 65) into residential and nursing care
- Take up of the NHS Health Check programme by the eligible population
- Smoking prevalence rate for adults
- Hospital admissions for alcohol related harm
- Rates of early death (under 75's) from
    - cardio vascular disease (including heart disease and stroke),
    - cancer
    - respiratory disease.
- Carers who have their needs assessed
- Proportion of physically active adults
- Seasonal flu vaccination rates

OUTCOME 3

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

There is a strong link between poverty and health; the poorer you are the unhealthier you are likely to be. This is caused by many things, including differences in housing conditions, diet, levels of smoking and drinking, access to sport and leisure, social and support networks as well as barriers to accessing healthcare (such as language and literacy barriers).

We experience significant differences in life expectancy in Swindon between people living in our more affluent areas compared to those living in our less affluent areas. We also know that some of our more vulnerable communities (including the homeless, those with learning disabilities, mental health issues, victims of violent and domestic crime, offenders and those from our black and minority ethnic communities) will experience poorer health outcomes and that they are less likely to access health services.

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Focusing on prevention and early detection of the conditions most strongly related to health inequalities such as cardio vascular disease, cancer, respiratory disease and diabetes will help to reduce the gap in life expectancy that we have in Swindon. It is important to prevent people becoming ill and developing these long term conditions. We can do this by addressing some key lifestyle factors which we know are more prevalent in the less affluent areas of Swindon as well as addressing the wider determinants of health (housing, educational attainment, employment).

The local issues

- People who live in our least deprived communities live, on average, 8 years longer than those living in our most deprived.
- In 2009 a total of 14.3% of the borough's resident population belonged to black and ethnic minority (BME)
- 11% of Swindon school pupils have English as a second language (up from 7% in 2010), with a total of 104 languages being spoken
- People living in the most deprived areas of Swindon were almost four times as likely to be admitted to hospital for alcohol-specific reasons than people living in the least deprived areas
- There are between 3,600 to 3,800 adults with learning disabilities in Swindon and Swindon has a low proportion of adults with learning disabilities who live in their own home or with their family
- Smoking rates in some of our more deprived communities are more than double the average rate for Swindon

Our Priorities

- Ensure access to information and advice that supports choice and control
- Ensure people from disadvantaged groups receive good quality care for their physical health
- Local economic and social policies are developed to strive to narrow social inequalities rather than widen them
- Prevent early death and disease through healthier lifestyle choices, early detection and screening

Indicators for success

- New admissions for people with learning disability into residential care
- Gap in the employment rate between those with a learning disability and the overall employment rate
- People receiving social care who say they have advice and information
- Proportion of people feeling supported to manage their condition
- The proportion of people who use services who feel safe

- Cancer screening coverage
- Life expectancy rates

OUTCOME 4
Improved mental health, wellbeing and resilience for all

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

Effective collaboration between many agencies is vital to ensure that a wide range of community resources are available to promote recovery, dispel the stigma and discrimination around mental health and support and sign post people appropriately.

Developing sustainable, cohesive and connected communities also has an important role in promoting good mental health. There is evidence that strong social networks help protect people against physical and mental health stress. Having safe places for children to engage in positive activities, reducing crime, reoffending and anti social behaviour, supporting people to reduce their dependencies on substance misuse, tackling domestic violence, reducing loneliness and social isolation all contribute to developing safer and supporting communities.

The local issues

- At least one in four people will experience a mental health problem at some point in their life
- An estimated 29,000 people in Swindon have a common mental health disorder
- There was on average of over 315 hospital admissions a year for self-harm of Swindon people aged 15+ between 2001/02 to 2008/09
- An average of 16 Swindon residents a year died of suicide or undetermined causes from 2001 to 2009, with three quarters of these being men
- There are strong links with deprivation and social fragmentation for both suicide and self-harm
- There are estimated to be over 530 injecting drug users in Swindon
- There were 825 individuals reporting to Swindon probation office (Jan/Feb 2013)

Our Priorities

- Develop effective pathways for people with mental health problems
- Increase the opportunities for people with mental health problems to access support services and community facilities aimed at promoting recovery (eg education, debt management, housing, leisure services, health promotion)
- Promote positive mental health and recognise that mental health is everyone's business
- Reduce the stigma and discrimination associated with mental ill health

Indicators for success

- First time entrants to the youth justice system
- Successful completion of drug treatment
- Suicide rate
- Self reported wellbeing
- Repeat incidences of domestic violence

OUTCOME 5

Creation of sustainable environments in which communities can flourish

We will focus on developing communities that have a positive impact on the way people live and how they feel about their neighbourhood. We know that well connected and vibrant communities provide a resilient and supportive local environment.

It is important to appreciate and mobilise individual and community talents, skills and assets and not just focus on problems and needs. This helps to empower communities to use their own resources and skills and helps combat the idea that people are passive recipients of services.

Community assets are more than just the physical assets such as parks, leisure facilities, open spaces but are also the skills of local residents, the power of local associations and the supportive functions of local institutions. Local assets can be considered to be the primary building blocks of sustainable community development and as such have a vital contribution to make to the health and wellbeing of the community. Drawing upon existing community strengths will ensure the building of stronger more sustainable communities for the future.

It is recognised that transport, green spaces and the built environment play a key role in determining our health and wellbeing as does feeling safe an d free from the fear of crime. Sustainable communities are places in which people want and are able to

live and work, now and in the future. They meet the diverse needs of existing and future residents, are sensitive to their environment and contribute to a high quality of life. They are safe and inclusive, well planned, built and run, offering equality of opportunity and good services for all.

Our Priorities

- Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals.
- Work with our local communities to develop creative solutions for local issues
- Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term
- Promote the use of green, open spaces and activities such as walking and cycling
- Maintain effective public transport and transport networks which ensure access to services and activities and encourage permeability within communities

Indicators of success

- Utilisation of green spaces
- Self reported wellbeing
- Adult social care service users feel they have the amount of social contact they want
- Volunteering levels
- Offending and anti-social behaviour rates

Reviewing Progress

We will monitor local progress against the range of indicators identified for each of the priorities and link with other key strategies to see we are making a difference. Successful implementation of this strategy will require a partnership approach enabling Health and Wellbeing Board members to hold their respective organisations and each other to account across service planning, commissioning and service delivery.

The strategy will be monitored and reviewed by the Swindon Health and Wellbeing Board and revised annually informed by and reflecting the latest JSNA findings.

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One Swindon
http://www.oneswindon.org.uk/Pages/Home.aspx

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Appendix One. Summary

Vision

Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities

Outcomes	Priorities
Every child and young person in Swindon has a healthy start in life	1. Improve the mental wellbeing of children and young people 2. Reduce risky behaviours amongst our children and young people such as smoking, drinking and self harm 3. Keep all children and young people safe 4. Improve educational attainment of children and young people 5. Reduce the number of young people not in education, employment or training
Adults and older people in Swindon are living healthier and more independent lives	6. Strengthen integrated working between health and social care 7. Reduce the number of people suffering from long term conditions through the promotion of healthier lifestyle choices 8. Promote independence and reduce the need for hospital services and long term care 9. Ensure that carers needs are met
Improved health outcomes for disadvantaged and vulnerable communities	10. Ensure access to information and advice that supports choice and control 11. Ensure people from disadvantaged groups receive good quality care for their physical health 12. Local economic and social policies are developed to strive to narrow social inequalities rather than widen them 13. Prevent early death and disease through healthier lifestyle choices, early detection and screening
Improved mental health, wellbeing and resilience for all	14. Develop effective pathways for people with mental health problems 15. Increase the opportunities for people with mental health problems to access support services and community facilities aimed at promoting recovery (e.g. education, debt management, housing, leisure services, health promotion) 16. Promote positive mental health and recognise that mental health is everyone's business 17. Reduce the stigma and discrimination associated with mental ill health
Creation of sustainable environments in which communities can flourish	18. Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals. 19. Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term 20. Promote the use of green, open spaces and activities such as walking and cycling 21. Maintain effective public transport and transport networks which ensure access to services and activities and encourage permeability within communities

Key supporting local strategies and plans include: The Swindon Sustainable Community Strategy. One Swindon. The Local Plan (formerly The Swindon Core Strategy). Community Safety Partnership Business Plan. Healthy Weight Strategy. Active Swindon Strategy. The Swindon Tobacco Control Plan. Children and Young People's Early Support Strategy. Local transport Plan 3. Alcohol Strategy. Mental Health Promotion Strategy. End of Life Strategy. Swindon Clinical Commissioning Group Commissioning Intentions. Domestic Violence Strategy. Swindon Borough Council Corporate Strategy

Swindon Borough Council Diversity Impact Analysis

Health and Wellbeing Strategy 2013

1 What's it about? Refer to equality duties

What is the proposal? What outcomes/benefits are you hoping to achieve?

Swindon's Health and Wellbeing Strategy sets out the rationale, vision and priorities for Swindon, to improve the health and wellbeing of the people of Swindon, based on the identified needs of the local population (through the JSNA process). The priorities identified are:

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

Who's it for?

Those who commission services for the local Swindon population including Swindon Borough Council, the Swindon Clinical Commissioning Group, NHs England.

How will this proposal meet the equality duties?

The Swindon Joint Strategic Needs Assessment (JSNA) identifies key messages relating to the prevalence of need by gender, disability, age and other identified characteristics including disability. This information, combined with the feedback from the consultation and engagement process, has informed the setting of the strategic objectives within the Joint Health and Wellbeing Strategy for Swindon. This information will help those commissioning services for Swindon to tailor services to address the health and wellbeing needs of our local communities through commissioning strategies that advance equality of opportunity and foster good relations between people and communities and contribute to reducing health inequalities.

What are the barriers to meeting this potential?

There are gaps of our understanding in some of the protected characteristic groups and therefore potentially limited evidence has been used to understand the potential equality impacts on these communities. The Joint Strategic Needs Assessment process provides the opportunity to increase knowledge and understanding of the cultural needs and barriers for people from different groups that can influence and inform future reviews of the strategy.

2 Who's using it? Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

The Health and Wellbeing Strategy is evidence based and draws on national, regional and local knowledge and trend data. The JSNA which also informs the strategy uses a variety of data from various sources local, regional and national, both qualitative and quantative that highlights local needs and trends. The available data and information has been used to inform the Health and Wellbeing strategy.

How can you involve your customers in developing the proposal?

There have been a number of stakeholder events and forums where local people have been asked their views on the health and wellbeing priorities for Swindon. This has included for

example Swindon LINk and the Swindon Coalition and the Swindon Connected care Community Researcher initaitive. The JSNA process uses information, intelligence and insights gathered from a variety of sources including local community and service users with feedback received from both formal and informal routes

Who is missing? Do you need to fill any gaps in your data? (pause DIA if necessary)
The JSNA is an ongoing process and the JSNA Steering Group have been established to identify areas of work to support the JSNA and thsu inform the Strategy which will be reviewed annually.

3 Impact Refer to dimensions of equality and equality groups
Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation
and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2:

a) Does the proposal create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

The intention of the HWS is to broaden the 'range' and address the needs of our diverse town, however if we focus on the priority areas that the JSNA has identified it is recognised that there may be some unexpected adverse impacts - we will continue to monitor through the JSNA Steering group and the HWB.

What can be done to change this impact?
A series of service reviews, needs assessments and Health equity audits will support the actions to minimise any adverse impacts on any protected characteristic groups.

b) Does the proposal create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

The Strategy clearly shows consideration of: age, gender, disability, maternity/pregnancy and race, and also considers financial economic status, homelessness, and education. These areas have been prioritised within the JSNA and development of the strategy based on identified needs and future risks and demands that are likely to arise due to increase in an aging population and people living longer, often with high health and social care needs. Focusing on our more vulnerable communities ahs been identified as a priority within the strategy.

Does further consultation need to be done? How will assumptions made in this analysis be tested?
Given that the JSNA process is on going any issues raised can be referred in to the JSNA steering group and be considered for further review.

4 So what? Link to business planning process

What changes have you made in the course of this DIA?

- Review of the Dementia needs assessment to ensure that older GLT community needs considered
- Added a section to the strategy outlining the equality impact intention

What will you do now and what will be included in future planning?
Reinforce need to consider protected characteristics groups as standard element of JSNA process to Steering Group members and programme leads.

When will this be reviewed?

This is a 3 year strategy but it will be reviewed annually by the Health and Wellbeing Board. The JSNA is an ongoing process that will constantly provide intelligence to commissionersn and inform future iterations of the strategy.

How will success be measured?
The national frameworks for Public Health, the NHS and Adult Social Care provide a series of indicators that can provide a measure of success. A number of these have been specifically drawn out and embedded within the strategy as indicators of success.

For the record	
Name of person leading this DIA Cherry Jones	Date completed 7th October 2013
Names of people involved in consideration of impact. Nick Stephenson.	
Name of director signing DIA Cherry Jones	Date signed 9th April 2013