Swindon Borough Council

Health and Wellbeing Board

Wednesday, 8 October 2014

Committee Room 6, Civic Offices (Anticipated meeting room)

At 2.00 p.m.

Contact Officers:
Vicki May (Committee Officer), 01793 463603, vmay2@swindon.gov.uk
Cherry Jones (Deputy Director of Public Health), 01793 444681, cherry.jones@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**
   Please refer to the explanatory notes below.

4. **Minutes** (Pages 1 - 6)
   To receive the minutes of the meetings held on 23 July 2014 and 10 September 2014.

5. **Safeguarding Adults at Risk in Swindon and Local Safeguarding Children Board Annual Reports** (Pages 7 - 146)

6. **NHS Swindon Clinical Commissioning Group Operational Resilience** (Pages 147 - 208)

7. **Pharmaceutical Needs Assessment** (Pages 209 - 212)

8. **Swindon Dementia Strategy** (Pages 213 - 242)

9. **Disabled Children's Charter for Health and Wellbeing Boards** (Pages 243 - 248)

10. **Healthwatch Swindon** (Pages 249 - 278)

Date of Despatch: 30 September 2014

Public Question Time - *Swindon Borough Council remains committed to increasing its accountability to the public and to promoting active citizenship. 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from the public about the work of the Committee (except for confidential matters, and matters relating to planning and licensing applications). We will give priority to those who submit questions in writing at least two days before the meeting. Questions must be relevant, clear, and concise. You may not use Public Question Time as an opportunity to make speeches or statements.*

Questions in writing should be sent to the Committee Officer whose contact details appear on the agenda above, or to the Director of Law and Democratic Services. We will publish it, along with the answer, alongside the Minutes. The process associated with asking a public question is set out in the "Public Question Time at Council Meetings Protocol and Guidance" available on the Council's Website (http://ww5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13338&path=0) or from the Committee Officer named above.

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 Officer, 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, 23 JULY 2014

PRESENT: Councillors David Renard (Chair), Brian Mattock and Ray Ballman, Gavin Jones (Chief Executive, Swindon Borough Council), John Gilbert (Director of Adult Social Care and Children's Services, Swindon Borough Council), Cherry Jones (Acting Director of Public Health, Swindon Borough Council), Ben Curtis (Healthwatch Swindon), Paul Bearman (NHS Swindon Clinical Commissioning Group), Julie McCann (NHS England) and David Wray (Third Sector representative).

Also in attendance were: Mike Howard (Chair of the Local Safeguarding Adults Board and Local Safeguarding Children's Board) and Lynn McDermott (Swindon Borough Council).

Apologies for absence were received from Dr Peter Crouch (NHS Swindon Clinical Commissioning Group Clinical Chair and Vice-Chair), Jennifer Howells (NHS England) and Angus Macpherson (Police and Crime Commissioner).

62. 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.

63. Public Question Time

Ms Karyse Day had submitted written questions to the Board prior to the meeting regarding alternative and complementary medicine. She noted that there is no direct patient representation on the Board, and that alternative and complementary medicine is a very specialised subject, requiring training and qualifications before being able to give an expert opinion.

The Chair thanked Ms Day and confirmed that a written response would be provided to her questions. He noted that Healthwatch is already a member of the Board representing the patient's voice, and that the Board could not direct treatment choice.

64. Minutes

With reference to Minute 59 – Better Care Fund, Councillor Ray Ballman noted that at a recent conference it had been confirmed that part of the funding would be used to pay for the New Care Bill but that this had not been mentioned elsewhere.

It was confirmed that around £1b of the performance part of the Better Care Fund (BCF) would now be used on reducing emergency admissions to hospital, leading to concerns around the resulting effect on social care. There will be revised guidance and a new template that will have to be completed, and this Board will have to sign off the revised plans by September 2014.

Resolved – That the minutes of the meeting held on 7 May 2014 be accepted as a correct record.

65. Local Safeguarding Children's and Adults Boards Business Plans

Mike Howard, Chair of the Local Safeguarding Adults Board (LSAB) and the Local Safeguarding Children's Board (LSCB) informed members that the LSAB had discussed the Dementia Joint Strategic Needs Assessment (JSNA) at their meeting in May 2014, and asked that safeguarding issues be made more explicit within future iterations.

Cherry Jones, Acting Director of Public Health, confirmed that the JSNA would be reviewed taking on board the LSABs comments. Paul Bearman, Executive Director of Commissioning at the Clinical Commissioning Group, advised that they will ensure safeguarding issues are reflected in their draft Dementia Strategy which will be produced shortly.

The Board then received a report presenting the Business Plans for the LSAB and LSCB which have been endorsed by both bodies. The report informs the Board of the priorities within the Business Plans of both Safeguarding Boards, and can be used to develop opportunities for partnership working between all three.

With the agreement of the Board, Mike Howard introduced the report in two sections and firstly dealt with the LSCB Business Plan.

Mr Howard highlighted key points within the Business Plan which have relevance to this Board. He noted the governance arrangements for domestic abuse and how the LSCB can challenge agencies to ensure that findings from the Domestic Abuse JSNA are embedded in to working practices. He noted that the LSCB has been looking at where the gaps are in service provision at all levels of need for some time – work has already been done on neglect and they will begin to look at domestic abuse next. The LSCB has clear links on multi-agency partnerships where safeguarding is a focus of their work, though some relationships are more mature than others. Mr Howard also gave examples of where the LSCB has been communicating with the local workforce and community to raise awareness of safeguarding issues.

Members then asked questions and made observations on the following issue:

- The involvement of the LSCB in substance misuse services, and their structure of sub-groups which delve deeper into issues such as substance misuse and child deaths. It was noted that the LSCB view families as a whole rather than just targeting young people.

Mr Howard then introduced the second part of the report regarding the LSAB Business Plan. He noted that the Care Act 2014 will put the LSAB on the same statutory basis as the LSCB, but that the arrangements in Swindon are already ahead of the legislation. He highlighted how the LSAB wants to ensure that safeguarding is a key consideration in the tendering and procurement process during the commissioning of all services, and how their Service User Forum needs more people to attend.

Members then asked questions and made observations on the following issues:

- Swindon Borough Council including safeguarding as a key consideration when commissioning voluntary sector contracts, and its subsequent monitoring and quarterly performance meetings.
- The Clinical Commissioning Group using NHS contract arrangements which include safeguarding.
- The robust governance arrangements set in place as a result of Winterbourne View, and how the wider lessons learnt have been implemented.
- Concerns over contracts that are not managed by the Council and how those suppliers can be educated about safeguarding issues.
- Ensuring that safeguarding is built in to the grant funding process as well as the procurement process.
- Confirmation that safeguarding is built in to the NHS England procurement process.
- Commissioners being asked by the NHS to use their self-assessment tool, and the subsequent monitoring of those.

Resolved – To note the contents of the report, and endorse the Local Safeguarding Children's Board and Local Safeguarding Adults Board Business Plans.

66. NHS Swindon Clinical Commissioning Group Annual Report 2013/14

The Board received a report presenting the NHS Swindon Clinical Commissioning Group (CCG) Annual Report for 2013/14. The Annual Report includes: a strategic report; a member's report; a governance statement; a statement of the Accountable Officers Responsibilities; a remuneration report; and key financials.

Paul Bearman, Executive Director of Commissioning at the CCG, introduced the report and noted that this is the first Annual Plan produced following the standard template provided by NHS England. He highlighted key points from the Plan including the arrangements in place between Swindon Borough Council, One Swindon and the CCG, how the CCG consults and engages with the public, how the CCG is promoting health and wellbeing within the Borough by continuing to deliver joint strategic plans, and the budget surplus of £71k for 2013/14.

After the presentation of the report and the Annual Plan, Board members asked questions and made observations on the following issues:

- The Board's role and responsibilities in terms of accepting the Annual Plan. It was confirmed that the Board has to note the Plan and agree that the CCG is working in an integrated way.
- The significant assurance processes with NHS England that the CCG have to satisfy.
- The recruitment and appointment of an Accountable Officer and concerns over the delay in this. It is planned that the Interim Accountable Officer will be in post until the end of December 2014.
- The potential changes to prevention arrangements as a result of the amendments to the Better Care Fund, and possible impact as a result. Swindon already has good integration between the NHS and the local authority, and partners are already working towards preventing hospital admissions and quicker discharges. As such, a major change in the direction of travel should not be required as a result of the changes to the Better Care

Fund.

Resolved – To note and endorse the NHS Swindon Clinical Commissioning Group Annual Report for 2013 – 2014.

67. Healthwatch Swindon performance update

The Board received a report commenting on and summarising the progress of Healthwatch Swindon since its inception in April 2013, and the objectives and targets over the next six months. The first Annual Report for Healthwatch Swindon was attached as an appendix to the report.

Peter Rowe, Manager of Healthwatch Swindon, introduced the report and advised that he had been in post since March 2014. He acknowledged that there had been performance problems and confirmed that Healthwatch will be more pro-active and reach its full potential from now on.

Lynn McDermott, Commissioner for the Voluntary and Third Sector, noted that progress had been slower than anticipated since the creation of Healthwatch but that they were now fully staffed and in a good position to move forward. There had also been problems with recruiting and retaining Board Members but this has now been resolved.

After the presentation of the report and the Annual Report, Board members asked questions and made observations on the following issues:

- The concerns from elected members over Healthwatch and how these are addressed by the plans laid out in the report.
- The problems experienced in the appointment of a Manager for Healthwatch, the establishment of a Social Enterprise, and office space challenges.
- The concerns raised by commissioning officers who continue to press Healthwatch on them, in particular the slowness in the identification of suitable Directors and transfer of the strategic role to the Board, the development of data recording, the recruitment and development of volunteer capacity and the lack of an effective engagement strategy.
- It was agreed that Healthwatch would prepare a progress update for every future Board meeting, with particular reference to those concerns set out above.
- The achievement by Healthwatch Swindon of having its model tool kit for Patient Participation Groups in GP surgeries rolled out across the country by the NHS over the rest of this year.
- Increasing and strengthening the relationships between Healthwatch Swindon and the Local Safeguarding Children's Board and the Local Safeguarding Adults Board.
- Positive examples of the work Healthwatch Swindon has been doing recently including their input to the Joint Strategic Needs Assessment process, and the survey for the Learning Disability Partnership Board they have been assisting with.

Resolved – To note the update on objectives and targets for 2014, and receive an update at every future meeting on progress against them.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 10 SEPTEMBER 2014

PRESENT: Councillors David Renard (Chair), Brian Mattock and Ray Ballman, John Gilbert (Director of Adult Social Care and Children's Services, Swindon Borough Council), Cherry Jones (Acting Director of Public Health, Swindon Borough Council), Jo Osorio (Healthwatch Swindon), Dr Peter Crouch (NHS Swindon Clinical Commissioning Group Clinical Chair and Vice-Chair), Angus Macpherson (Police and Crime Commissioner) and David Wray (Third Sector representative).

Also in attendance were: Councillors Fionuala Foley and Maureen Penny, Sue Wald (Swindon Borough Council)

Apologies for absence were received from: Gavin Jones (Chief Executive, Swindon Borough Council), Paul Bearman (NHS Swindon Clinical Commissioning Group), Ben Curtis (Healthwatch Swindon) and Jennifer Howells (NHS England).

68. Declarations of Interest

The Chair reminded members of the need to declare any known interests in any matters to be considered at the meeting.

Mr David Wray, representative of the Third Sector, declared a personal interest in Item 4 – Better Care Fund, as he attends the Wanborough Surgery in a personal capacity.

69. Public Question Time

No public questions were received prior to or during the meeting.

70. Better Care Fund

The Board received a report regarding an update to the financial information for the 2014/15 transfer of resources from NHS England to Swindon Borough Council Adult Social Care prior to the start of the Better Care Fund 2015-16. The Board is also being asked to discuss and agree the re-submission of the Better Care Fund to NHS England for 2015/16.

Sue Wald, Head of Commissioning – Children and Adults, introduced the report and noted that the first submission of the Plan had been in April 2014. On the 25 July, new guidance and templates had been issued that require a re-submission. There has been a change to the way that the Better Care Fund is focussed, and the payment by result section now only applies to reducing emergency hospital admissions by 3.5% in 2015/16. There is also focus on funding to implement the Care Act with the potential increase in care packages that may come about as a result for example.

Board members were asked to note the new financial information relating to the re-submission, including the £3.5m transfer from the NHS to the local authority in

2014/15, and the £8.2m Clinical Commissioning Group (CCG) funding. It is also now being suggested that additional voluntary sector funding is included in the Better Care Fund. The main changes to the submission have been in sections 3, 4 and 5 and section 7 has been strengthened. Members also noted that the schemes selected within the appendix to the Plan focus on hospital admissions, including earlier discharge or avoiding admissions initially. It was also noted that the total allocation of funding from represents around 3% of the CCG budget and other resources within the CCG budget also target reducing hospital admissions.

Ms Wald highlighted to members that at a recent meeting with NHS consultants to discuss the re-submission, they had indicated that the 'Vision' section of the bid required strengthening to include actual data. They also suggested that aspects on integration within section 3 should be moved into the 'Vision' section. The Swindon bid has been scored as low risk though due to agreement having already been achieved by partners. The revised bid will be re-submitted on 19 September when it will be checked by independent consultants.

Ms Wald also reported that the draft plan had been discussed and agreed with GWH and SEQOL. After the presentation of the report, the Better Care Fund Plan and the financial and activity plan, Board members asked questions and made observations on the following issues:

- It was noted that any errors noted within the bid, such as typing errors or incorrect data, should be fed back to Sue Wald before the 19 September 2014.
- It was queried if instances where other local authorities had an involvement in the Swindon area would be contained within the Plan, such as the investment by Wiltshire County Council in the surgery at Wanborough. It was noted that Wiltshire County Council invests in secondary care in Wanborough so it is being considered elsewhere to this Plan.

Resolved – (1) To agree the details of the financial plan, which has been agreed with the Swindon Clinical Commissioning Group Governing Board for 2014/15, as detailed in paragraph 3.4 of the report.

(2) To receive the new Better Care Fund Plan and finance templates based on new guidance issued by NHS England on 25 July 2014, and to agree it's submission based on this information subject to final changes advised by NHS England prior to 19 September 2014.

(3) To authorise the Board Director Commissioning and the Accountable Officer Clinical Commissioning Group to make any final changes as advised through the assessment process. There is a briefing seminar with NHS England on 8 September 2014.

Safeguarding Adults at Risk in Swindon Annual Report and Local Safeguarding Children Board Annual Report

Health and Wellbeing Board **8 October 2014**

Author:	Chair of the Swindon Local Safeguarding Children Board and Local Safeguarding Adult Board
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

1.1 To present the Annual Reports for the Safeguarding Adults at Risk in Swindon 2013/14 and the Local Safeguarding Children Board. The Annual Reports detail progress against the annual Business Plans for each Board.

1.2 The Safeguarding Adults at Risk in Swindon Annual Report 2013/14 is attached at Appendix 1. This is the Annual Report from the Swindon Local Safeguarding Adults Board.

1.3 The Local Safeguarding Children Annual Report 2013/14 is at Appendix 2 and can also be found at: http://www.swindonlscb.org.uk/about/Pages/AnnualReports.aspx.

2. Recommendations

The Board is recommended to:

2.1 Note and comment on the Annual Reports for 2013/14 for Safeguarding Adults at Risk and the Swindon Local Safeguarding Children Board.

3. Detail

3.1 Appendix 1 is the Safeguarding Adults at Risk in Swindon Annual Report 2013/14. Safeguarding Adults continues to increase in its profile. More organisations are seeing the value of understanding their role in procedures and ensuring staff are made aware of their responsibilities.

3.2 The Care Act which is being finalised outlines major changes affecting the Swindon Local Safeguarding Adults Board (LSAB) and the work it is required to do. This is set out in detail in the Annual Report.

3.3 The LSAB continues to develop and consolidate its role to ensure there are processes in place to protect adults at risk (while empowering them to make their own decisions and being able to take informed risks), preventing abuse from taking place in the first place and responding in such a way that is proportionate to the individual circumstances of the alleged victim. The Board continues to develop partnerships with key agencies who can work together to improve

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

outcomes for adults at risk and are accountable for their actions concerning safeguarding adults.

3.4 The Safeguarding Adults at Risk in Swindon Annual Report 2013/14 includes:

- Information on activity and data collected throughout the year about cases alerted and investigated under Safeguarding Adults at Risk procedures
- An outline of progress made in addressing the priorities from the Annual Report 2012/13
- Submissions from key partner agencies and members of the LSAB
- An overview of priorities for 2013/14 and news of other local, regional and national initiatives

3.5 Appendix 2 is the Swindon Local Safeguarding Children Board Annual Report 2013/14. The Annual Report reviews achievements against the LSCB Strategic Business Plan 2013/14.

3.6 The LSCB Strategic Business Plan 2013/14 sets four priority areas:

- Detailed strategies and comprehensive approaches to Child Sexual Exploitation (CSE) and Domestic Abuse that keep children safe and promote effective intervention with those who are at risk.
- The LSCB can demonstrate that children and young people in Swindon receive effective early intervention that meets a range of needs in different communities. This priority was delivered in close partnership with the Swindon Children's Trust Board.
- The LSCB and partner agencies communicate effectively with children and young people, their families, the community (including different sections of the community) and staff at all levels from partner agencies.
- The LSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon.

4. Alternative Options

4.1 There are no alternative options proposed. Local Authorities are required to produce an Annual Report for Safeguarding Adults at Risk and the LSCB is required to produce an Annual Report.

5. Implications

Financial and Procurement Implications

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

Legal and Human Rights Implications

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

All other Implications

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

6. Consultees

6.1 The Board Director – Finance, Revenues, Benefits and Property (Section151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 - Safeguarding Adults at Risk in Swindon Annual Report 2013/14

8.2 Appendix 2 - Local Safeguarding Children Board Annual Report 2013/14

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

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Safeguarding Adults at Risk in Swindon

Annual Report
April 2013 - March 2014

Great Western Hospitals NHS
NHS Foundation Trust

Swindon LSAB
Safeguarding Adults at Risk

NHS Swindon

SEQOL
care • health • support

Keeping Swindon Safe

healthwatch Swindon

Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Wiltshire Probation Trust

Swindon Borough Council

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Safeguarding Adults at Risk in Swindon
Annual Report 1st April 2013 31st March 2014

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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 Swindon's Safeguarding Adults Board annual report for the year ending March 31st 2014.

The report describes how the Board's agencies, both jointly and independently, work to ensure the safety of those adults within Swindon 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.

Section 2 reports an increase in the number of referrals received from last year- 473 compared to 406; a 17% rise. This increase is less than the 40% recorded in the 2012/13 report and the on-going rise is a national trend. This reporting momentum, prompted by the in depth national coverage of the shocking events at Winterbourne View hospital and the deaths at the Mid-Staffordshire hospital, has carried on, but as further exposes in the media have shown, we still need to do more work.

We will be greatly assisted in this task when the Care Act becomes law next year. Section 6 summarises the main areas of safeguarding to be included in this legislation and ensuring its effective implementation is a Board priority for 2014/15. This Act will put the safeguarding adults on a 'legal footing' for the first time.

Whilst this legislation will strengthen the work of safeguarding adults in Swindon, it is important to recognise the multi-agency work that already takes place and is making a positive difference to the lives of adults at risk. The statistics in section 2 show measures of activity in terms of numbers, demographics, types of abuse and sources of referrals etc. 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; a central theme of the report and one that needs to be considered when evaluating the outcome data.

Some Board agencies' demonstrated our commitment to hearing the voice of the victim, by participating in the 'Making Safeguarding Personal' project, sponsored by the Local Government Association (LGA). This initiative provided excellent learning opportunities (listed in section 3) and a Swindon case study was used in the subsequent LGA guidance.

The Board wants to have direct feedback from Swindon's service users and last year's report mentioned the work of the Forum which has its own independent

chair, Martin Kelly. Martin sits on the Board and makes valuable contributions to our discussions but one of the challenges for next year for us all is to recruit more members to join this group.

Section 3 outlines the Board's achievements over the past year. We continue to respond to national events such as Winterbourne View 'stocktake' required by Government and have considered individual health providers' responses to the recommendations from the Francis Report. The Board now has an agreed protocol with the Health and Wellbeing Board which gives us the opportunity to ensure that the safety of adults at risk is a key part of their deliberations.

Section 6 outlines the priorities and challenges facing the Board for 2014/15. It is an ambitious programme of work and requires commitment, determination and resources for its delivery. Whilst we are confident that everyone who works with vulnerable adults in Swindon has the necessary dedication, the report highlights areas where funding is an issue; the service user guide and training are just two examples. The report correctly identifies the pressures caused by increasing levels of reporting and that the Board need to be assured that staff have the capacity to deal with higher workloads whilst maintaining the high level of service and user engagement.

Over the coming year, the Board will be holding its members to account to ensure that safeguarding adults in Swindon remains a priority. The submissions in section 5, exemplified by the many case studies, give us confidence to believe 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
Local Safeguarding Adults Board

Brian Mattock
Cabinet Member for Health and Adult Social Care

SECTION 1

Safeguarding Adults at Risk in Swindon Annual Report 2013/14

Introduction:

Safeguarding Adults continues to be increasing in its profile and is being given a much higher level of importance. More and more organisations are seeing the value of understanding their role in procedures and in ensuring staff are made aware of their responsibilities. Further incidents within the media have bought safeguarding adults to the attention of more and more people in the community and those who may have infrequent contact with adults at risk as well as those providing or organising direct care.

The Care Act which is being finalised outlines some major changes affecting the Swindon Local Safeguarding Adults Board (LSAB) and the work it is required to do. Further information about the Care Act will be included within the main body of this report. As it stands and until legislation is enacted, Government Policy confirmed that *No Secrets (Department of Health 2000)* will stay a statutory guidance so the definition used by the LSAB and within the policy and procedures 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.*

The LSAB continues to develop and consolidate its role to ensure there are processes in place to protect adults at risk (while empowering them to make their own decisions and being able to take informed risks), preventing abuse from taking place in the first place and responding in such a way that is proportionate to the individual circumstances of the alleged victim. The Board continues to develop partnerships with the key agencies who can work together to improve outcomes for adults at risk and are accountable for their actions concerning safeguarding adults.

Working closely with the police and other key agencies, alerts of alleged adult abuse are managed in the main by SEQOL, the social enterprise providing care and support in Swindon. For people who are mentally unwell, the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) fulfils this role.

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%). 5,260 people were receiving services from adult social care in 2013/14 broken down into client groups as follows:

Service User Group	Age Band 18-64		Age Band 65+	
	Female	Male	Female	Male
Physical Disability	464	309	2,008	1020
Mental Health	249	262	287	136
Learning Disability	249	321	37	33
Total of Clients	962	892	2,332	1,189

The Borough of Swindon is largely urban with small pockets of rural areas. Within Swindon there are some deprived areas which can also impact on levels of vulnerability for some of those living there. In 2013 there was a drop of 4.7% in the number of reported crimes in Swindon and Wiltshire. There were 1,600 fewer victims of crime between January 2013 and December 2013. Overall Wiltshire and Swindon 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 continue to develop this involvement and encourage residents to support those who may need additional help and may be isolated or lonely with a view to maintain their independence.

As with previous years, as a result of increased awareness and the developing profile of safeguarding adults, this report shows an increase in the number of concerns about the abuse of adults at risk, though the year on year increase has reduced. It is not believed that continued increases in these figures are a concern and other local authority areas continue to report increases in the number of safeguarding alerts. The LSAB continues to monitor such activity and appreciates the work carried out by the teams managing adult protection. However the Board continues to be aware of the pressure increased reporting presents and needs to be assured that the teams are able to maintain the standards required to fulfil their safeguarding responsibilities.

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 2012/13;
- 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.
- As requested by the Health Overview Scrutiny Committee, this year a glossary of abbreviations used has been included in Appendix 1.

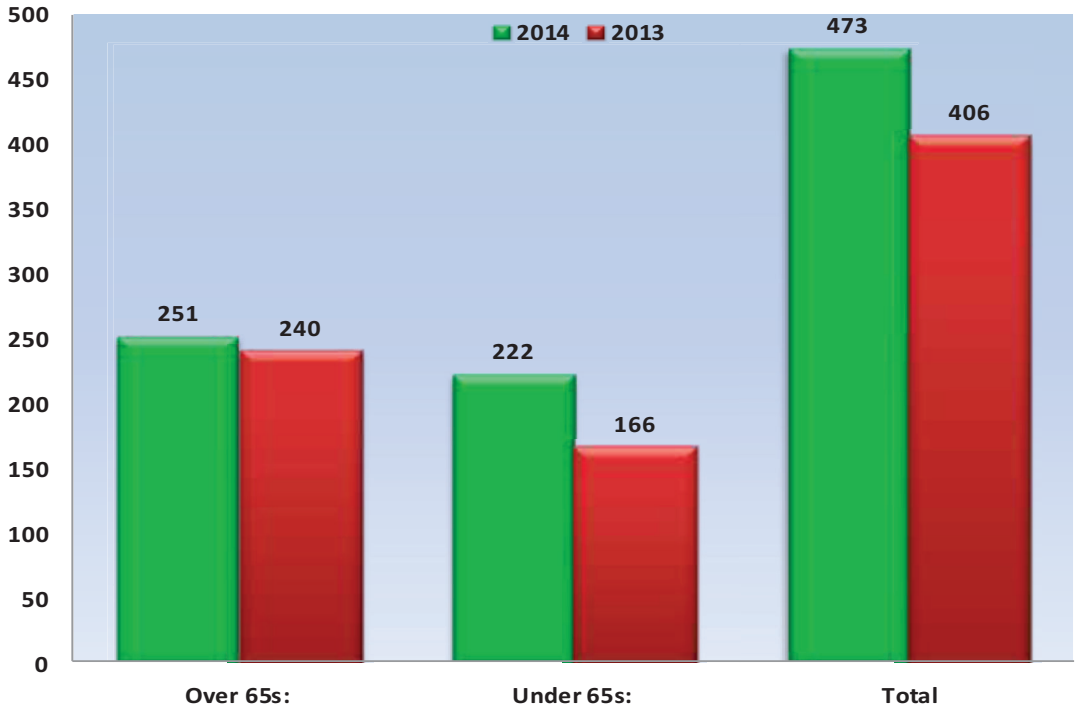
SECTION 2

Activity Data 2013 – 2014

(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 alerts received



In the last year, there has been an approximate increase of 17% in the number of alerts reported to adult services for further investigation, compared with 40% in 2012/13. This level of increase is not unusual as other local authorities are reporting continued increases too. It is still believed that this indicates improved awareness mostly due to some high profile national cases in the media rather than an indication that there is an increase in the amount of abuse taking place. There has been a significant rise of 34% in the number of alerts relating to people who are under 65.

Of the 473 cases recorded, 203 cases required no further action after the initial stage and 54 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. 223 did progress on to investigations under the safeguarding procedures.

There have also been improvements in the information provided by the teams investigating cases. They are better at informing the Council of cases they are not progressing or requiring another process. Often alerts are received that are not appropriate as they do not relate to an adult at risk, are not alleging abuse has taken place or are highlighting other concerns for example someone who is struggling to cope and requiring community care services, or in general, a "welfare concern". Information

on welfare concerns is also recorded to highlight if there is a training or development issue within the alerter's organisation.

Sometimes alerts are received from providers of services following a minor incident in a care setting. There can be a perception that the Care Quality Commission expect alerts to be raised whatever the incident (and at times advise it) whereas other processes should have been used for example disciplinary action, complaints action or action under the Health and Safety at Work Act. This could account for the increase in the number of cases that did not progress to a full safeguarding investigation.

Case Example

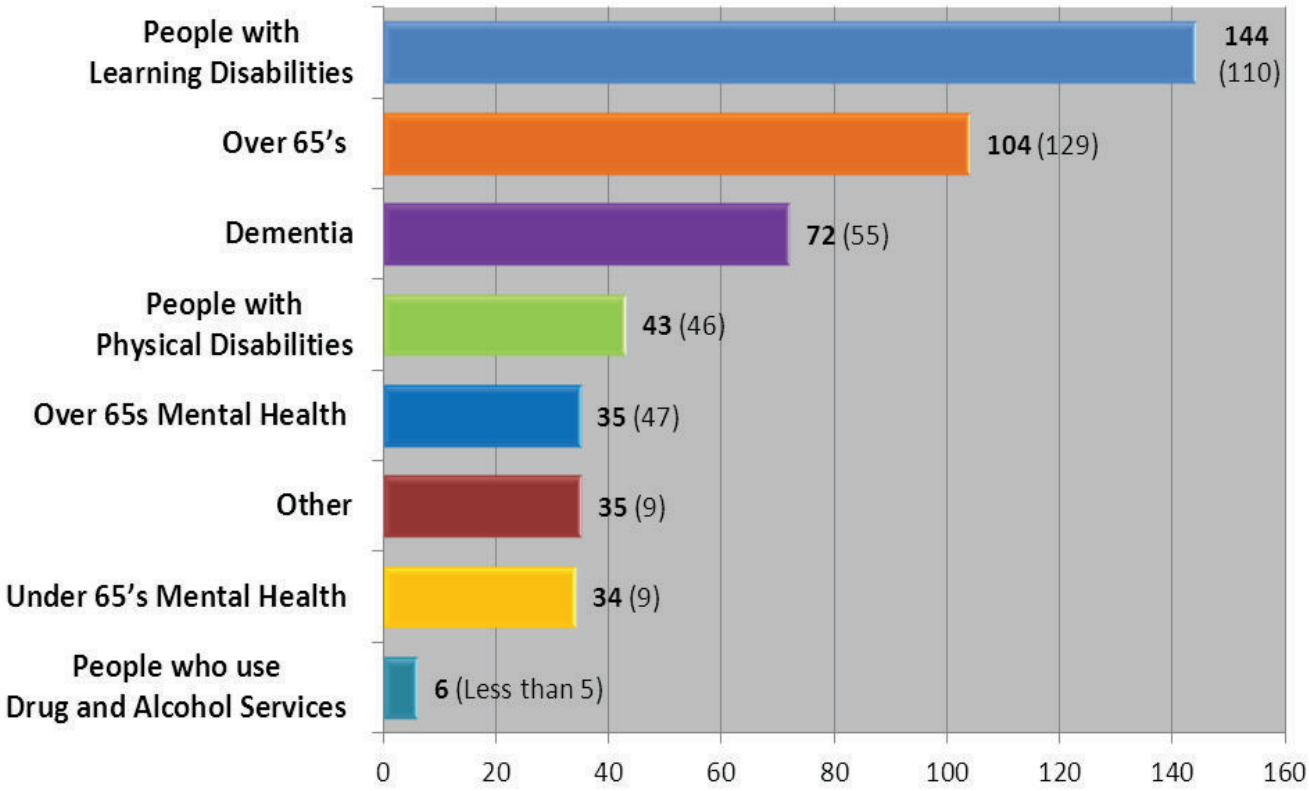
A care provider sent in a safeguarding alert form stating that during one of their night-time spot checks both waking night staff on duty were found to be asleep. The provider was told by the adult care team who assessed the alert, this did not require reporting under safeguarding procedures (as no harm came to any of their residents) and that appropriate disciplinary action was required. There was agreement from the provider that this was the course they would be taking having already suspended the staff from duty.

All alerts are recorded, and information gained from these can be useful. For example continued poor alerts may indicate a training need within the service and a recommendation that they make use of the Council's free Safeguarding Awareness training. Reports of low level harm are also recorded as information from these may indicate a more serious concern.

Case Example

A number of incidents had been noted in a particular care home. Most of these were around 'resident on resident' physical abuse. None of the alerts highlighted major concerns or indicated any serious injury so were mostly dealt with by a care management process, for example reviewing the resident's risk assessment or arranging for 1:1 staff at key times. However, on recording these on the database maintained by the Safeguarding Adults Support Officer, the frequency of such incidents indicated a wider issue. Concern was expressed as to whether the provider was not considering risks to others when admitting "new" service users. The Contracts and Commissioning Team within the Council were able to check and monitor the home's admissions policy.

Figure 2: Breakdown by service user groups



There has been a major improvement in the number of cases reported into the mental health team supporting people of working age and a good standard of information provided by the team. (In the past a number of alerts regarding this group were considered to be too low. Also, data previously collected by AWP's safeguarding team in Bristol and later passed to the safeguarding manager in SBC, is now sent directly to the Council assisting in more timely and accurate recording).

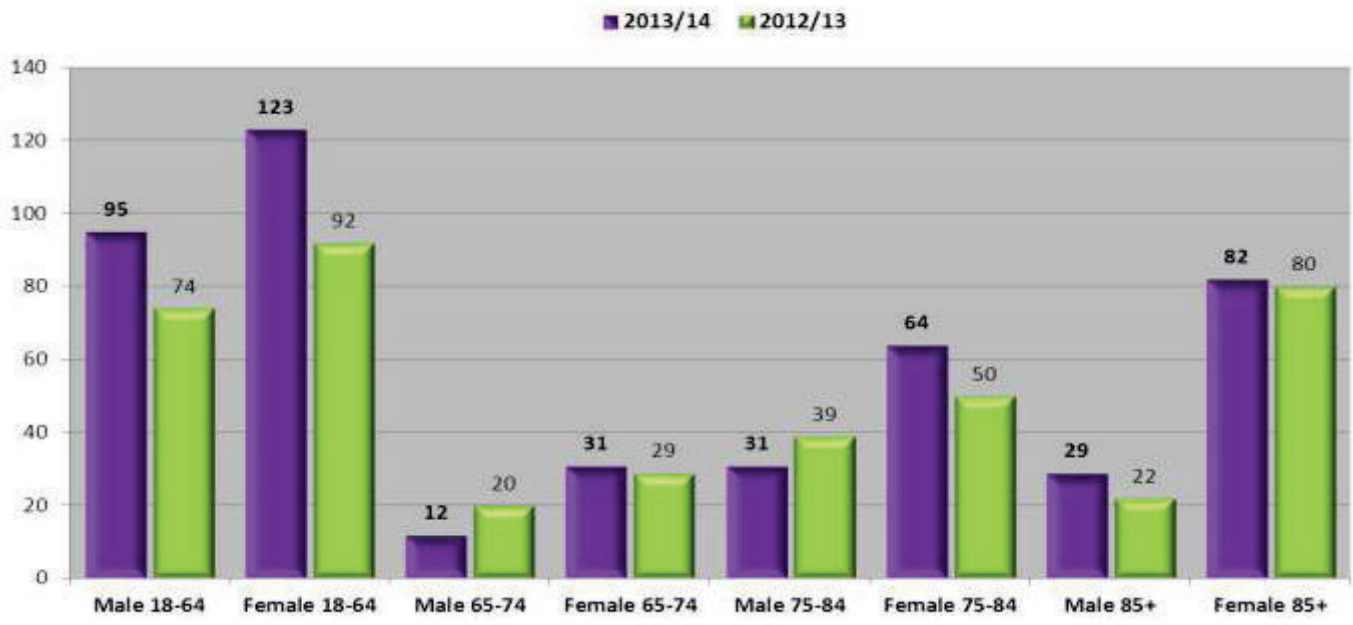
There continues to be a significant increase in the number of alerts regarding people with learning disabilities. While a number of these did not require action under the procedures and may have been inappropriate alerts perhaps indicating overzealous reporting, there were 91 that required investigating under the safeguarding policy. Two thirds of these progressed beyond the initial stage of planning the investigation. Of the cases concluded, 59 reported that following the procedures, the risks to the individual had either been removed or reduced. The increase could also signify that there is better knowledge of reporting safeguarding issues and a clearer understanding that people with learning disabilities will be eligible for support under the procedures. For example it may be more likely that someone with learning disabilities will be unable to protect themselves from harm, or a perception that this would be the case. The majority of these alerts were raised by service providers (78), of which almost half were regarding incidents within their own services, 25 being allegations against staff and 14 being allegations about other service users and 30 being family members or partners or members of the person's social network. From evaluating the information provided, there does not appear to be any worrying patterns or trends with this group of service users, however, where the standard of service provided has come into question, action by contracts officers is taken or a large scale investigation instigated.

This year, separate information has been collected concerning allegations regarding people with dementia. This accounts for why there is an apparent reduction in the

number of allegations relating to people over 65. If the figures were reported in the same way as previous years, it would show that there was no significant increase in the number of alerts relating to this group.

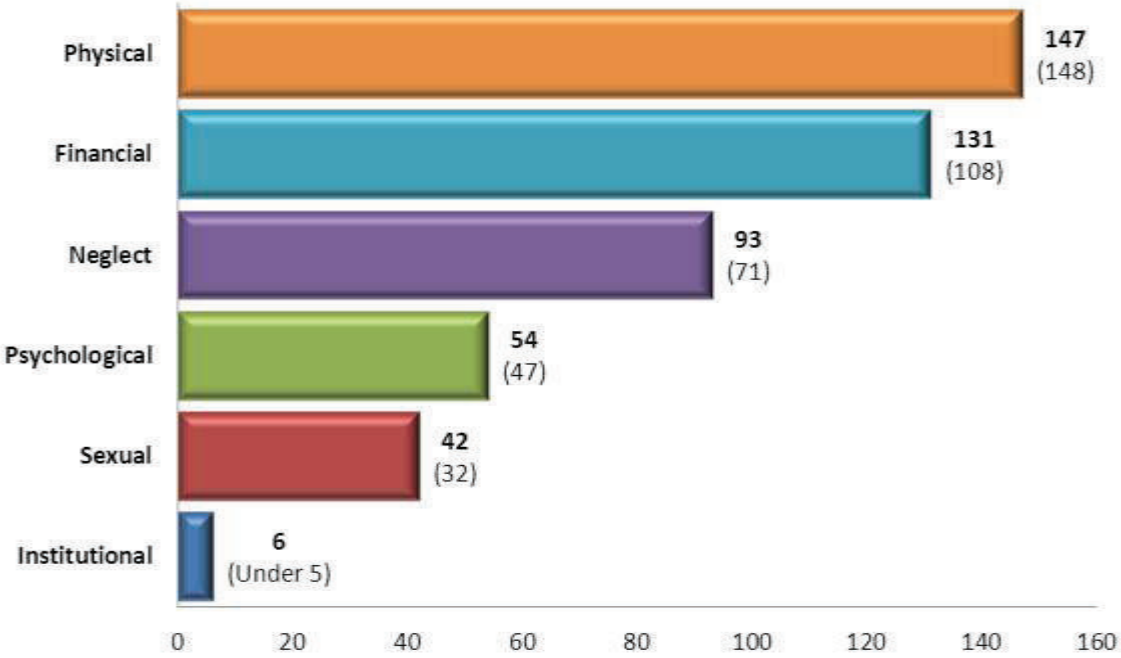
Nb. “Other” includes people with a terminal illness, hearing and vision loss, those where their client group was not identified at the initial stages, people with a head injury and those with Asperger’s/autism.

Figure 3: Breakdown by Gender and Age



The main change with regards to these figures is the increase in alerts regarding alleged victims between the ages of 18 and 65. As previously stated there has been a significant increase in the number of alerts regarding people with learning disabilities and people with mental health issues of working age which would account for this increase. There has been no significant changes overall to alleged victims over 65. In the previous year it was reported that a large increase was apparent regarding females over 85. There has been no major change with this age group this year (although there was a small increase in the number of alerts relating to males who are over 85). Overall there was a decrease in the number of men who are over 65 where abuse was alleged.

Figure 4 Types of Abuse Alleged



The number of alerts in relation to physical abuse continues to be the most prevalent form of abuse alleged. A large proportion of these relate to harm alleged to have been caused by other adults at risk, usually in a care setting. In the majority of these cases, full safeguarding procedures were not required, but did need action taken to reduce future risk, for example an amendment to the care plan of the person alleged to have caused harm. It should be noted 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.

Another sizable group alleged to have caused physical harm, are family members in the alleged victims own home. Out of a total of 59 cases 34 were reported to be the person's main carer perhaps signifying the possibility of carer stress. The outcome in the majority of these cases were to care manage the situation by reassessing the alleged perpetrator as well as revising the alleged victim's care plan. In some of the other cases, concerns around domestic abuse were raised, requiring input from the Domestic Abuse Investigation Team within Wiltshire Police.

22 cases of physical abuse were alleged by members of staff in care settings. Of these, 5 were substantiated or partially substantiated and resulted in disciplinary action being taken by the employer.

Case Example

A resident in a care home for people with learning disabilities alleged that a member of staff had "teased" him and had "struck" him and the care home raised a safeguarding alert. They had also suspended the member of staff from work pending an investigation. A safeguarding investigation was opened involving the police who interviewed both parties. It was agreed that there was not enough evidence to proceed with a criminal prosecution so the provider was asked to deal with it through their disciplinary procedures as there is a lesser "burden of proof". The provider concluded that there was also little evidence to support the allegation and decided that the member of staff would no longer work directly with the service user and that additional staff supervision would be put in place. The service user was informed of this and was satisfied with the action taken.

Financial abuse is often reported as the most prevalent form of abuse but this is not the case this year. However there has been a 21% increase in the number of cases of financial (and material) abuse alleged. These range from people alleging small amounts of money being taken, which in most cases involve a family member or a partner and resulted in the alleged victim receiving support to protect their savings or income. There can also be cases where there are concerns about large amounts of money in savings and/or their property, which can require the input from the Court of Protection and often requires a Police investigation involving officers specialising in fraud. Cases that are being reported of this type are becoming more complicated requiring complex and sometimes protracted investigations.

Case Example

Following an assessment of a service user's finances to determine if they should be paying for their care, the Finance and Benefits Team raised an alert as the person's savings had been reduced beyond the level that would be expected of someone in their circumstances. A safeguarding case was opened and a joint investigation (adult services and the police) was instigated. It confirmed that there was unusual activity on the service user's bank account and they were able to identify who was responsible for making withdrawals. The case was passed to the Crown Prosecution Service and agreement is being sought to carry out a prosecution. With the alleged victim's authorisation, her existing bank accounts were closed and new bank accounts were established which are now managed by the Local Authority to safeguard her current income and future savings.

There has also been another increase in the number of alerts relating to allegations of neglect. 23 cases (fewer than last year) were alleged to have taken place in a care setting. 11 required action under the safeguarding procedures of which only 2 were fully substantiated requiring the employer to take disciplinary action. The cases that did not progress needed to be dealt with under the provider's complaints procedures. This may indicate that there is a tendency to report issues under the safeguarding policy where a more proportionate response would have been to raise a complaint directly with the provider.

Case example

The ambulance service raised safeguarding concerns because a care home was calling them out too often for some minor issues the home should have been able to deal with directly. The crew also felt the attitude of staff towards them was not very professional. While this was an inappropriate use of their service, it did not warrant a safeguarding investigation and should have been raised as a complaint with the home. In discussion with the Contracts Team within the Council who monitor the home and looked at their handling of the complaint, it appeared that there was some confusion about the role of the ambulance service against the out of hours GP and when it was appropriate to call the respective services. The manager of the home arranged additional training about dealing with emergencies and also spoke to individual staff members in supervision about their attitude.

The majority of neglect cases reported occurred in the alleged victim's home mostly in relation to a family member or partner. Again this may be as a result of carer stress or a lack of knowledge about how to care for the person.

Case example

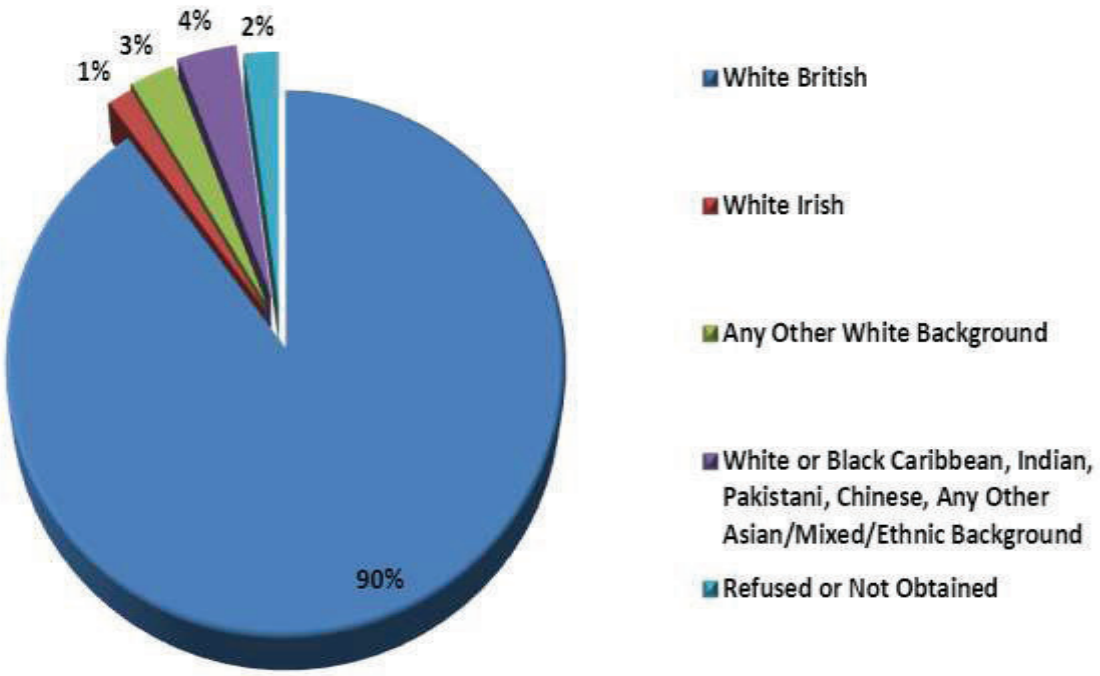
Doris H, who is 75 with limited mobility, was admitted to hospital following a fall. The ward staff noticed that she also had a grade 3 pressure ulcer at the base of her spine. Doris did not have a care package and her sole carer was her husband Ron who felt he was managing on his own quite well. An alert was raised under safeguarding but it did not progress as no abuse was considered to have taken place and any neglect was due to Ron's lack of awareness of how pressure areas could develop and how to avoid them. Doris made a full recovery, and as part of her discharge plan from hospital, a referral was made to the district nurse to provide support and guidance once she returned home. Ron also had a carer's assessment and following discussion agreed to support in the home from a care agency.

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 105 cases where the alleged victim was not in receipt of community care services at the time of the alert being raised. This is a small increase and shows how teams are aware that safeguarding procedures apply to not only those who receive services, but is also available for those who do not. Of these, almost half were not previously known to adult services. 6 alerts were received regarding people who receive a direct payment to fund their care and 68 cases were alerted where the victim funds their own care. This is an increase of 58% again, showing 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 77 cases where domestic abuse could be considered to be a factor of which 31 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. The views of the alleged victim are particularly important in these circumstances as there needs to be due regard to the wishes and choices of the alleged victim and balancing them between their safety, well-being and quality of life. A multi-agency approach is essential and it may be more appropriate for a case to be referred to the Multi Agency Risk Assessment Conference (MARAC). (See case example on page 42)

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, and Black African.

For 2013/14, the level of alerts broken down by ethnicity appears to be proportionate to the population of Swindon as a whole. However, there is still a requirement for work to widen engagement and awareness among community groups and this continues to be a priority of the Awareness and Engagement Group – a sub group of the LSAB in collaboration with the Local Safeguarding Children's Board who also have identified this work as a priority.

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

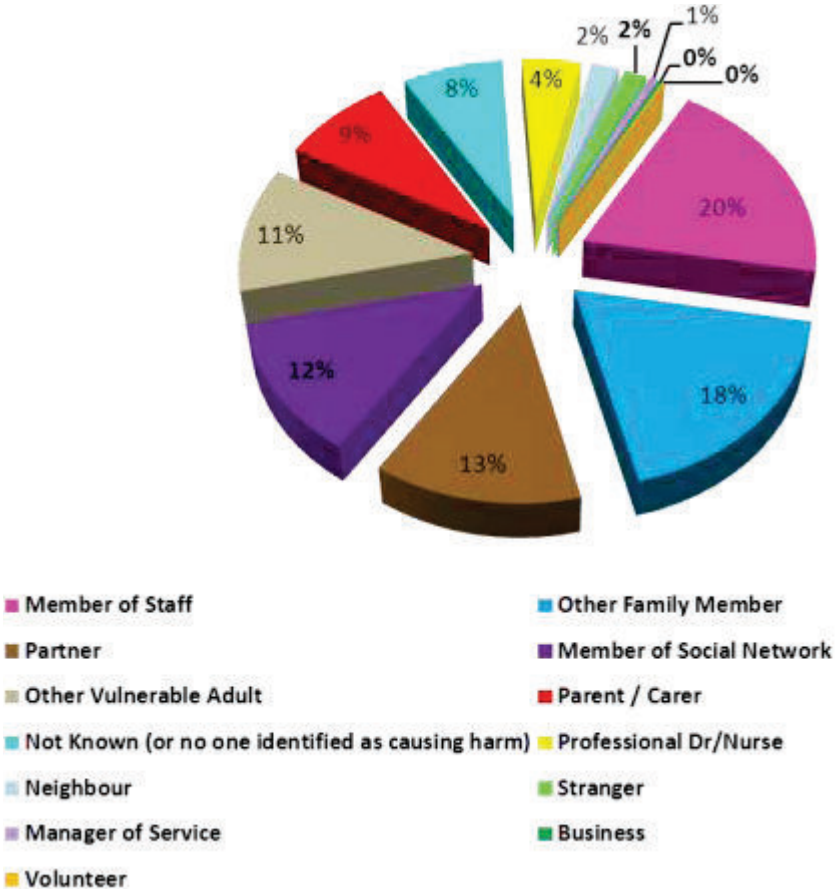
Source of Referrer	2013/14	2012/13
Care Providers (e.g. Care Homes day services including Independent Sector)	**185**	*
SEQOL Staff	**61**	*
Hospitals	**59**	23
Mental Health Professionals	**41**	30
Housing Services (including Registered Social Landlords)	**26**	11
Family/Carers	**25**	32
Police	**12**	19
Ambulance Services	**10**	13
Care Quality Commission (CQC)	**9**	3
Out of Area Referrals	**9**	2
Council Employees (not Adult Services)	**7**	8
Advocacy Service	**6**	6
Members of the Public	**6**	4
GP	**5**	2
Hospice	**4**	1
Educational Establishment	**3**	3
Business	**3**	6
Confidential Alert	**1**	2
Drug & Alcohol Services	**1**	0
Self Referrals	**0**	7
Fire Service	**0**	2
Personal Assistant (DP)	**0**	2
Coroner's Office	**0**	1

***NB Previous year's figures relating to "Care Providers" and "SEQOL staff" are not included here as this information is collected differently.**

There has been an increase in the number of alerts raised by "hospital", mainly Great Western Hospital NHS Foundation Trust. This is mainly due to a substantial training programme and the establishment of a safeguarding team within the trust. (Further information about the Trust's work on safeguarding may be found in their individual report in section 5).

There are no referrals recorded as originating from the adult at risk themselves. As previously reported, often, although a service user may raise a concern with their care manager (for example) the care manager may forward on a referral form and put themselves as the alerter. The referral form was changed to address this, but it is believed that this has made little difference. Care management teams need to be reminded about being clear who is actually raising the concern when recording them. It is also evident that care providers may raise an alert although the alleged victim may have raised the issue with them in the first place. Again, these should be recorded as self-referrals although the member of staff within the service is completing the referral form on their behalf.

Figure 7: Information on those alleged to have caused harm



Overall there has been a 7% decrease in the proportion of alerts relating to staff alleged to have caused harm. Most of these incidents took place in care settings (either care homes or supported living services) however 33 (36%) of these related to allegations in the alleged victims own home where there were concerns about a domiciliary care agency. Some of the alerts related to missed calls.

Case Example

Following a call from a whistle-blower, the CQC raised a safeguarding alert. The caller was very upset that the care agency who was supposed to be supporting his mother (Mabel) failed to attend a visit the day before. This meant that his mother was not provided with personal care or an opportunity to go to the toilet and was found to have stayed in her recliner chair overnight and was incontinent of urine. Although Mabel did not experience any physical harm, she was distressed and felt degraded. The family lost all confidence in the provider and insisted that Mabel needs to be looked after by a different agency. This was arranged. However the safeguarding concern still required action as there would be concerns about other service users the agency had been engaged to support. A strategy meeting was held and consideration given to the need for a criminal investigation (which later was not considered appropriate).
An investigation highlighted a number of management changes that took place in the agency which lead to key staff leaving their post without due regard to ensure adequate cover. Fortunately this did not result in any serious significant harm but did impact on the reputation of a provider with a previously good track record. Commissioners of the service ensured there were some strict guidelines in place to ensure a repeat of this type of incident did not take place. The Contract and Commissioning Team within the Council continue to monitor this provider, particularly with regards to staff rotas, complaints, how they deal with staff absences and covering calls at short notice.

Twenty three of the cases alerted where abuse was alleged in the person's own home progressed to a full safeguarding investigation. Nine of these were substantiated (either fully or partially) and in all cases the risks were removed or reduced as a result of the work by the teams involved.

There were 35 allegations relating to members of staff either in care homes or in supported accommodation (for example where support is provided to someone with their own tenancy). Of these, 21 cases progressed to a full safeguarding investigation, 5 cases were substantiated and resulted in disciplinary action by the provider. In most of the 14 cases that did not progress to a safeguarding process as the harm was not considered to be significant, the provider still needed to take action to address the incident that lead to the alert being raised. There has been a decrease in the number of alerts relating to incidents in residential or nursing homes. There is insufficient information to evaluate why the reduction in alerts has taken place, but it could be due to the need to increase awareness of safeguarding adults within care settings. It has been noted that fewer care home providers are sending their staff on the Council's Basic Awareness of Safeguarding Adults Course. The Training Sub Group will be carrying out an audit of how the homes are providing this training and whether what is being provided fits in with the local policy and procedures.

Case Example

A care provider alerted SEQOL that a member of their staff (Andy) had been verbally and psychologically abusive to one of their residents because he took the service user's game's console controller away from him. (It was the agreed time for him to stop using it but another member of staff reported that Andy "was a bit too forceful about it when the resident ignored him so Andy snatched it off him"). Before raising the alert, the provider had already suspended Andy, but also reported that there was a likelihood that it was more to do with a personality clash within the team. The provider agreed to continue with the disciplinary investigation and report back to the care manager in SEQOL if during their investigation they found that anything more serious took place. The care manager also advised that the service user themselves may wish to raise a complaint if they felt aggrieved by the incident. (It transpired the service user did not recall the incident).
To a certain extent, this example also demonstrates a provider who is acting cautiously by reporting this as a safeguarding concern and waiting for feedback from SEQOL before dealing with matters themselves, when it would be quite appropriate for them to deal with the matter as a staff conduct issue and/or a complaint from the service user in the first place.

There were 112 cases where the person alleged to have caused harm were recorded as having a caring responsibility (this does not include members of staff). These included: 34 allegations of physical abuse; 33 cases of financial abuse (mainly at the hands of extended family members or adult children); 30 cases of neglect and 14 cases of alleged psychological abuse. 51 cases progressed to a safeguarding investigation and of those concluded 11 were substantiated, 12 were not substantiated, 9 were inconclusive and 2 ceased at the request of the alleged victim. 17 cases remain open and in some of these cases some careful handling is required to ensure the alleged victim continues to engage with services or to ensure the relationship between the victim and the carer is supported to enable a positive outcome.

Case Example

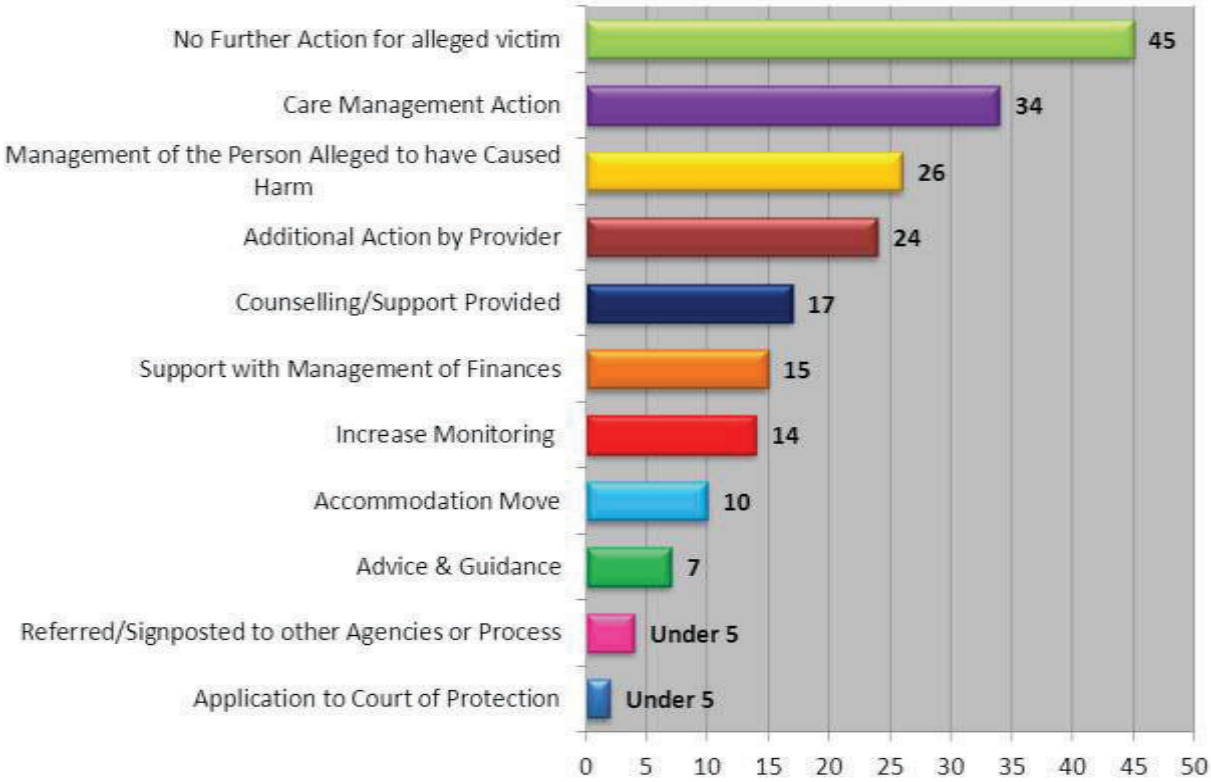
A service user with learning disabilities (Marko) used to live in a supported living environment, but decided to move back home to live with his father (although his care manager advised him against it as in the past he had been neglected at home, he was assessed under the Mental Capacity Act to be capacitated to make such decisions). After a while Marko's advocate reported to his care manager that Marko says his father often took all his money and that there is sometimes little to eat or drink in the house. Marko is often seen wearing a lot of layers of clothes because he says; there is no heating on at home. In discussions with Marko, he tells his care manager that he wants to carry on living there because he is worried that his father needs him around.
It was agreed that the case would remain open and to ensure Marko carries on working with his care manager, that a gentle, non-direct approach would be used. Regular multi-agency meetings have been put in place to monitor the situation and his care manager has managed to get Marko to agree for the Council to look after his money.

Outcomes of Investigations

In 2013/14 249 cases were assessed and did not progress through to a full safeguarding process. 203 required no further action (either because there was little or no significant harm or the alleged victim did not wish to proceed). 15 cases required a new Community Care Assessment. 30 were referred to another process, for example complaints action or action by the provider (e.g. disciplinary action). 9 cases were "signposted" to an alternative process more appropriate for the person or the allegation. For example the allegation does not involve an adult at risk as defined by safeguarding procedures but the victim was provided with information on how to access suitable support (e.g. the Domestic Abuse Investigation Team).

223 cases did progress to a safeguarding investigation. The chart below shows the types of general outcomes for the alleged victims as a result of their cases being escalated.

Figure 8 Outcomes for the Adult at Risk



***NB at the time of reporting, 40 cases remained open. This is due to either the alert being raised towards the end of the reporting period and the cases are still under investigation or they are long term cases where it has been agreed that the case remains open to enable a continual review of the safeguarding plan (as described in the case example above).**

Where it states that there was no further action for the alleged victim, this may mean that the emphasis was on action required for the person alleged to have caused harm. Other reasons where no further action is required could be that during the investigation there was no significant harm, or no evidence has been found or the person has requested that the process is ended.

There are 34 cases where the outcome was care management action. This could include a review of the care plan, a change to the service being provided or a change to a health care plan. 26 cases resulted in the focus being on the person alleged to have caused harm. For example, a service where one resident is abusive to another, the best course of action may be to review their care plan rather than the victim's to reduce the likelihood of reoccurrence. This may also include revising of risk assessments and review of behaviour plans in these circumstances.

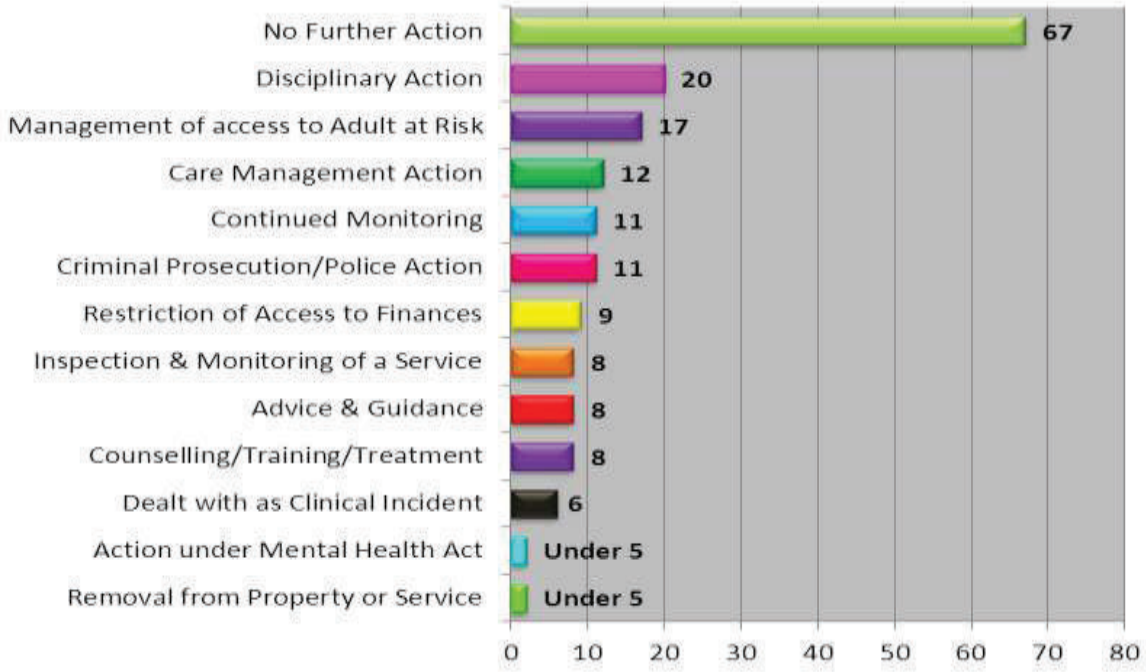
There were 34 cases where action was required by the provider. This could include disciplinary action, action under their complaints procedure, staff training (or retraining) and changes to in-house procedures.

An action taken in the event of allegations of financial abuse is setting up an appointee or deputyship for the adult at risk. This is where the Council (for example) or another person can protect someone's money. Appointeeships are for people on benefits and Deputyships are for people with substantial savings. This is generally for people who lack the mental capacity to manage their own finances and can help to protect their remaining funds or safeguard them from future financial harm.

The following chart provides an overview of the outcomes for the person or persons alleged to have caused harm. Again a number of the cases required no further action. This could be due to the alleged victim requesting no further action or that the action required focussed on the alleged victim (for example a review of their care plan). There

are 11 cases that required Police action or are pending a criminal prosecution. Although these cases may be shown as closed, there may be a need for further work for the teams if the case will require action in the Courts e.g. support to give evidence.

Figure 9 Outcomes for the person alleged to have caused harm



Where the outcome was to manage access to the alleged victim, this may include cases regarding incidents between residents in a care home (for example) requiring a change to a behaviour management plan or changes to living arrangements within the home to minimise or remove the risk of further occurrence.

On 6 occasions the outcome has been recorded as “dealt with as a clinical incident” i.e. a case that is being investigated by health professionals. It is believed that this should be seen as a method of carrying out an investigation rather than being seen as an outcome in its self. Teams involved in such cases need to see the result of these investigations to evaluate if it has addressed the issues raised in the original concern and consider the recommendations.

Case example

A neighbouring local authority raised a safeguarding alert because one of their service users was discharged from the hospital in Swindon and her family were concerned that the standard of care she received was poor. They also noticed severe bruising which was inconsistent with their mother’s lifestyle and she was quite disorientated. The matter was opened as a safeguarding investigation in Swindon (as the alleged abuse (or neglect) took place in Swindon) and evidence that was provided enabled an early assessment of the bruising which indicated that it was more likely to be caused by a new medical condition rather than abuse. The Police were satisfied that there was little evidence of wilful neglect and ill treatment. However, there were still concerns about the standards of care and it was agreed by the safeguarding lead and the lead from the Clinical Commissioning Group that there should be a clinical incident investigation and dealt with as a complaint by the Hospital. The Hospital Trust carried out a thorough investigation and identified a number of issues that required addressing on two wards and what appeared to be a very open and honest letter was sent to the family who

raised the initial concerns.
Through the safeguarding process, the representative from the neighbouring authority was able to check that the family were happy with the response they received from the hospital and the Clinical Commissioning Group were able to ascertain that the changes recommended had been applied to practice.

Serious Case Reviews and Large Scale Cases

There were no Serious Case reviews held in Swindon concerning adults at risk however a Case Review was instigated towards the end of the year concerning the suicide of someone considered to be an adult at risk. The review will be using the SCIE (Social Care Institute for Excellence) Learning Together model. The review will be concluded during the middle of 2014/15, when the LSAB will consider its findings.

There were 4 large scale investigations set up following concerns raised about the conduct of specific care services requiring action either by the CQC or adult services commissioners. One of these cases remains open pending improvements by the provider and confirmation of improvements from the Care Quality Commission following a follow up inspection.

SECTION 3

Progress, developments and news in 2013/14

Priorities for 2013/14

As with previous annual reports, the headings (or domains) used in the regional Self-Assessment Quality & Performance Framework for Adult Safeguarding have been used as categories for the priorities in 2013/14. There is also information within this section on the Internal Audit on Safeguarding Adults carried out towards the end of 2013/14.

Prevention & Early Intervention

- *Ensure safeguarding is a key consideration in the tendering and procurement of process during the commissioning of all services.*
  The Operational Group of the LSAB has discussed this area with the intention of looking at standard paragraphs within contracts relating to Safeguarding. While consideration has been given to Council contracts, other organisations are still to share theirs. However some good practice has been shared and there is a need to revisit this item within the next few months.

- *Monitor compliance to safeguarding elements at all levels to ensure existing guidance is implemented.*
  There is still to be a new self-assessment process that has been developed by a regional safeguarding project which will be a good process to check compliance of this issue. The framework is still to be agreed but once it is issued the Operational Group will look at this.

- *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 where the Commissioning Team in Adult Services may make a decision not to make any placements or arrange any care packages within a service where there are concerns about their ability to provide care safely. As there has been a review of how the Care Quality Commission has been arranged and how they will be regulating services, this area has been looked at in light of this but does require revisiting. Care Quality Meetings with the CQC and Wiltshire Council are still taking place and suspensions of placements remains a discussion point during these meetings and a recommendation

- *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 took place with managers who coordinate investigations under the policy and procedures. The staff guide (No Secrets in Swindon and Wiltshire) was also updated and reprinted in respect of the policy revision. Copies of the Policy and Procedures may be downloaded from http://www.swindon.gov.uk/sc/Pages/sc-adults-safeguardingadultsatrisk(adultprotection).aspx together with the staff guide. The staff guide may also be obtained by contacting the adult safeguarding manager.

- *Reconvene the Wilshire and Swindon Policy and Procedures Sub-group*
  The Policy and Procedures Sub-group has been reconvened and has met on 3 occasions. There are now agreed terms of reference and further information about this group can be found in section 5.

Responsibility & Accountability

- *Work plan for the LSAB to be agreed for 12 months and presented to the LSAB*
  A Work Plan has been agreed and is now in place. It includes regular items for discussion and a cycle of yearly reports from board members.

- *Develop a Safeguarding Strategy in line with proposed Government legislation.*
  This is still outstanding as guidance has yet to be issued on what needs to be included in a strategy.

- *LSAB to agree a pathway to view, review and evaluate the Government policy to make appropriate changes as necessary.*
  During 2013/14, Boards were still waiting for the Care Act to be bought into legislation. It is now anticipated that this will now be April 2015 but action prior to that will be needed (see section 6 of this report).

- *The LSAB reflect any changes in government policy including the inclusion of new members.*
  Again, guidance is still awaited.

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.* A joint (adults and children's board) Awareness and Engagement sub group has been in place since April 2013 further information on this group can be found in section 5. The primary focus of this group is to address this priority.

- *Improve the information available to individuals who experience harm.* The Service User Forum has approved a booklet that can be used by alleged victims involved in the safeguarding process. It includes contact guidance regarding the staff involved in the safeguarding case, additional useful contacts details, and an outline of the process in easier words and pictures and information on staying safe. There is a need to issue this and funding is required to have it properly printed. The Service User Forum believes if it is presented well, it is more likely to be kept safe and used appropriately.

- *Establish a method of collecting feedback on quality that is independent from the teams investigating cases.*
  A method has been established giving the service user (or their representative) the choice about being interviewed following the closure of a safeguarding case. Take up has been quite poor so investigating managers have been reminded about encouraging this and obtaining appropriate contact information at the final safeguarding meeting. Information obtained from this is to be used for data required for national performance indicators. SEQOL have also started to collect service user

feedback by way of a questionnaire which is also being provided to 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.*

  Information is being collected regarding these areas. This also ties in with the previous priority relating to service user feedback.

- *The level of involvement of people who use services can be monitored and challenged as appropriate.*
  Information is collected regarding this matter and some improvements have been noticed. Further work is required to ensure the alleged victim is part of their safeguarding process as part of usual practice rather than by exception.

- *Continue to develop a Service Users Reference Group & develop the role of voluntary organisations to assist with involving people who use services*
  The Service User Forum is established and continues to work on developing its membership and range of service user groups that need to be involved.

Responding to Abuse & Neglect

- *Enhance sub-groups and ensure all partner agencies participate in these and the Operational Group*.
  See section 5 with regards to the LSAB and its sub groups

- *Each organisation is asked to give a verbal account to the LSAB Chair explaining " what safeguarding adults mean to us"*
  All member organisations of the LSAB are providing reports on a yearly basis. Members are asked to say what they are doing about safeguarding adults, how they are raising awareness within their organisations and how they are responding to national reports (where appropriate) e.g. the Francis Report into standards of care it the Mid Staffordshire Hospital Trust.

- *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 between the local authority and SEQOL and AWP. The LSAB will continue to discuss effectiveness of support to the Board.

Training & Professional Development

- *That a standardisation process is set up with training providers within the Private & Voluntary sector*
  This priority has not progressed as well as was hoped. Personnel changes within the Care Skills Partnership (who were to be instrumental with this objective) have meant

a delay in progressing this. A new Organisational Development Lead has been appointed and is engaging with the private sector to ensure a uniform approach to training around safeguarding adults. Further actions are required and will be included in the priorities for the coming year.

- *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.*

  Training has been provided for new Investigating Managers and Investigating Officers. Although training has been available for minute takers, it is not specific to safeguarding and the person who runs that training believes that there is little need to provide a different course for those who minute safeguarding meetings. During the year additional sessions have been arranged for Investigating managers and officers on specific subjects. These have included On-line Safety and 2 sessions on improving awareness around legislation and the Mental Capacity Act.

  During 2013/14, training was delivered by the Local Authority to:
  - Over 400 care staff or staff in roles where there is significant contact with adults at risk, received basic awareness training
  - 13 senior practitioners or team managers received Investigating Manager's Training
  - 10 social work staff received investigating officer's training
  - At least 80 staff in 5 GP surgeries received bespoke safeguarding training (basic awareness for health staff)
  - 33 staff working for AWP received specific safeguarding awareness training
  - 50 attendees benefited from 2 session concentrating on safeguarding and the law involving the Council's head of litigation and barristers from Field Court chambers
  - 30 Hospital Staff received a presentation on safeguarding as part of a session on the Mental Capacity Act
  - 13 Council Members received bespoke training which gave the opportunity for discussions about the scenarios Councillors may encounter as part of their role
  - 11 Investigating Managers and safeguarding leads attended a half day training session on On-line Safety and the risks that may be faced by adults at risk

- *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.*
  A questionnaire has been developed but there is still the need for the Care Skills Partnership to assist in the distribution and analysis of this. This will need to be included in the priorities for the coming months.

- *Review the training strategy in line with policy updates and changes to the delivery of available training.*
  The Training Sub-group has started this work

Audit of Adult Safeguarding

During 2013/14 the Council's internal audit department has carried out an audit into adult safeguarding. As it is considered a high risk area of work for the Council, it has been agreed that an audit of adult safeguarding would take place annually.
Below are the basic findings and actions arising from the audit, which have been included in the priorities for 2014/15 (section 6)

Overall the Audit has assessed that with the current controls, the risks to the Council are moderate. The Auditor has recommended a number of areas which need to be developed or considered for improvement over the next few months. These include:

- Consideration is given to the introduction of a single point of reporting for safeguarding referrals a single point for safeguarding alerts;
- The triage approach to prioritising safeguarding referrals should be reviewed on an annual basis by the LSAB;
- Activity about safeguarding needs to be reported more often to the LSAB and include other information (for example, how agencies stick to timescales);
- That when agencies report to the Board, they use an agreed self- assessment and they should be open to challenge by other Board members;
- The feasibility for a shared IT system to be used across agencies for recording safeguarding alerts , but if this is not feasible, for the Council needs to be able to access the Mental Health system;
- There needs to be more information of the webpages currently included in the wider Council's website, including information on the LSAB, available training and news about safeguarding;
- Information to the Board regarding staff training should be reviewed and to consider a standard format of reporting by all agencies;
- There are a number of other areas that will need to be addressed in the next few months and will be included in section 6 – Priorities for the 2014/15.

Winterbourne View

A Concordat was issued following the Serious Case Review published in 2012 commissioned by South Gloucestershire Council as a result of abuse that took place in Winterbourne View (a private hospital for people with learning disabilities). This 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 the Hospital. A major priority within this was to see that individuals received personalised care and support in appropriate community settings no later than 1 June 2014.

In July 2013, there was a requirement for all local authority areas to complete a stocktake of progress against the commitments made nationally regarding future care arrangements for people with learning disabilities, autism and behaviour that

challenges. Overall the stocktake indicates that good progress has been made in Swindon in regards to the provision of suitable alternative placements for those previously residing in treatment and assessment units. Where specialist placements are still required, 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.

As the actions arising from the Concordat are mainly concerned with commissioning and future provision of services, the Health and Well Being Board in Swindon is monitoring local progress of the Concordat.

Making Safeguarding Personal

A national project was established in 2013 that was intended to ensure that victims of adult abuse had a voice. Often in adult safeguarding procedures the victim themselves were rarely involved in proceedings and the intention was to change this practice and involve the adult in the process at the earliest stage. SBC signed up to be involved in the project at the "bronze level" involving staff from SEQOL and the Mental Health Trust to develop the area. This included:

- Enhanced social work practice to ensure that people have an opportunity to discuss the outcomes they want at the start of safeguarding activity;
- Follow-up discussions with people at the end of safeguarding activity to see to what extent their desired outcomes have been met;
- Recording results in a way that can be used to inform practice and provide information.

Extract from the project launch document issued by the Local Government Association.

A working group was established and planned to ensure 15 cases would be picked to pilot this approach. It was agreed that the involvement of victims at the earliest stage should only take place when it was considered safe to do so. Experience has shown that sometime victims can react badly once they are aware an investigation is taking place, perhaps discussing the matter with the person alleged to have caused harm which could prevent a proper investigation taking place or worse, put the alleged victim at risk of additional harm or intimidation). The working group developed a risk screening tool to help assess the safety of involving the adult at risk at every stage. Unfortunately as the timeframe for the project was quite short, it was not possible to work with the number of individuals originally proposed. However 8 cases were progressed ensuring the Making Safeguarding Personal ethos was maintained. The learning coming out of the involvement in the project showed:

- There is still a need to change the mind-set of a number of investigating managers to involve the victim at an early opportunity rather than mid-way through the process which was becoming common practice (and previously enshrined in policy);
- There was a need to amend the training courses for investigators to include ascertaining the desired outcomes of the adult at risk (but not simply close the case if there was a reluctance to pursue a line of enquiry. There may be other actions required);
- To revisit the decision made (especially if there was a reticence on the part of the individual) at regular intervals throughout the process;
- That there was an appetite for a more person centred approach with safeguarding and some managers saw it as a "permission" to work differently;
- That there would need to be a relaxation within policy, especially in regard to timescales; and

- We needed to develop a service user guide that could be used by the service to keep a record of the safeguarding process.

A project report from Swindon was provided to the Local Government Association and included a case study that was used in the National Guidance developed by the LGA and was intended to be used in forthcoming regulations and guidance around the Care Act 2014:

Taking the time to maximise the involvement of the individual:

Mrs. T has been suffering with extreme depression and is an inpatient within a local mental health unit. Extended family members have heard that she has made a will and the main beneficiary is a "lodger" who pays Mrs. T a nominal, small rent. The family members are also concerned about the "state of the house". They raised a safeguarding alert citing financial/material abuse and neglect at the hands of the "lodger".
There was some discussion of these concerns with Mrs. T on the ward. However there was concern about her capacity to consider the issues fully in her present condition. She was not able to discuss her will or talk about the relationship between her and the lodger. Mrs. T was not well enough to participate in assessing the concerns raised or in making any decisions. She did not however indicate any negative feelings towards the lodger. She agreed for social services to visit the house to consider if there would be any need for assistance once she was discharged home. It was decided to go back to Mrs. T when her condition had improved to revisit the concerns rather than initiating a full safeguarding response immediately.
A visit to the house by the care coordinator took place, and no concerns regarding the neglect outlined by extended family were noted.
After two to three weeks Mrs. T was able to discuss in detail the arrangements she had with the "lodger" and her views about recent contact with extended family members. She talked fondly of the lodger. She felt the contribution he made to the household budget was adequate, that he was good company and that he provided day to day practical support. The safeguarding adult's process was explained to Mrs. T and she did not want any further action taken in this regard. She was supported to speak with her family who were informed of the outcome. The family accepted this and the case was closed

During 2014/15 there is an intention to extend the Making Safeguarding Personal project nationally. Swindon has submitted an expression of interest to be involved again, but the working group are keen to consolidate the learning from the initial project before advancing "to the next level". There is also a need to secure funding for the service user guide.

SECTION 4

Swindon Mental Capacity Act Programme

A joint initiative with Swindon Borough Council and NHS Swindon (CCG)

Submission by John Hughes: Head of Policy Adult Social Care

Last year's report *Safeguarding Adults in Swindon 2012/13* referred to the Official solicitor pursuing an appeal to the Supreme Court regarding the Cheshire case. The appeal on this case, and that of 2 sisters P & Q, was heard before 7 Judges in the Supreme Court in November 2013. Judgement was not handed down until the 19th March 2014. As the judgement was regarding the way that existing law should be read is interpretation had immediate effect. Initial estimates regarding a national effect of a ten fold increase in the numbers of Deprivations of Liberty Safeguards began to emerge at the end of the 2013/14 period covered by this report. The actions taken to pursue legal compliance will be reported in next year's report. The Supreme Court did not define a Deprivation of Liberty but gave an "acid test": Is someone, without the capacity to choose where they live and the nature of support that they need, under continuous supervision and control and not free to leave". The court ruled that the absence of objection by the individual was of no relevance in ascertaining if someone is deprived, nor is the quality of the environment within which they are placed. Lady Hale, who led on the judgement, stated that "a cage, no matter how guilded, is still a cage"

The Supreme Court Judgement was handed down days after the publication of the House of Lords select committee post legislative review of the Mental Capacity Act 2005. This was a generally critical document calling into question the fitness of purpose of the Deprivation of Liberty legislation and guidance. The government's response to this report was outside of the reporting period but it is worth noting that the gist of that response is that it does not accept the need for root and branch change but does recommend ways of clarifying and streamlining processes which are timetabled for introduction in 2014/15 and will reported on next year.

During the period as a whole 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. Clearly we can anticipate considerably different figures in next year's report

Table 1: Swindon Deprivation of Liberty Safeguards Service

	Swindon Borough Council	NHS Swindon (CCG)	Combined Total
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	61	25	86

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

Court of Protection (CoP).

Continuing the trend that was noted in last year's report we had 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. We are fortunate to have a Judge from the Court of protection prepared to sit at Swindon County Court on these matters rather than necessitate traveling to the CoP central base which has returned to The Archway in London. This significantly reduces the burden of travel on all parties

Apointeeships and Deputyships held by the Council:

The Borough offers these interventions as the organisation of last resort where a vulnerable person lacks the capacity to manage their welfare benefits (Appointeeship) or property / financial affairs (Deputyship) and has no social network available to take on either of these roles. Where managing money or possessions is at stake these interventions can be invaluable in the Safeguarding processes.

The upward trend in Deputyships has continued to stall . There were 60 at the end of March 2014 compared to 59 at the end of the March 2013.

The downward trend in Appointeeship numbers has reversed almost back to March 2012 levels standing at 183 at the end of March 2014. In March 2012 the number of Appointeeships were 185 whereas at March 2013 this had decreased to 165

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), which during 2013/14 consisted of the following Members:

Independent Chair
Board Director, Commissioning (DCS/DASS), Swindon Borough Council
Head of Commissioning Children & Adults, Swindon Borough Council
Head of 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
Board Director, Service Delivery, Swindon Borough Council
Care Quality Commission (annual attendance)
Wiltshire Probation Trust
The Local Safeguarding Children's Board
Swindon Care Homes Association (service providers representative)
Healthwatch Swindon
Learning Disability Partnership Board
LSAB Service User Forum

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

- Francis Report: Reviewed what work agencies were carrying out in response to the Francis Report into the failings in The Mid Staffordshire Hospital Trust;
- LSAB Risk Register: Reviewed areas of risk and how the board and its partners need to work to minimise these risks;
- Discussion on areas of concern for LSAB: Safeguarding & Dementia, Isolation and the impact on adults at risk;
- Service User Forum: Quarterly updates on membership of the Forum and agenda items discussed;
- Joint Policy & Procedures Sub-Group: Terms of Reference (for sign off) – agreed by the Board;
- Care Quality Commission: The re-organisation of the Care Quality Commission;

- Making Safeguarding Personal: An ADASS and LGA pilot project around Making Safeguarding Personal with regular updates on progress and conclusion of the project; (see section 3)
- Operational Group: Review of the Chair and function of the Operational Group. Also quarterly updates on the work of the group;
- SCIE (Social Care Institute for Expense) Adult Case Review: Outlined a SCIE Adult Case Review with quarterly updates;
- Safeguarding Performance Activity: Reviewed performance activity for the year;
- Policy & Procedures: Discussed the revised Terms of Reference and annual Policy review;
- Items for information only: Swindon Protocol between Health & Wellbeing Board and LSAB, Domestic Abuse reduction Strategy 2013/14, London Tri-Borough National Safeguarding Bulletin, Safeguarding & NHS Reforms;
- See the Adult, See the Child;
- Winterbourne View Action Plan: Reviewed actions to ensure they were completed within timescales;
- LSAB Business Plan: Reviewed and updated the LSAB Business Plan - the Board adopted the plan; and
- LSAB Budget: Discussed future funding of the Board when it becomes a statutory body.

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)

AWP are committed to continue working effectively with our local safeguarding multi-agency partnerships.

Each locality within AWP will ensure they actively participate with local processes for:

- Safeguarding children;
- Safeguarding adults;
- Domestic abuse - (including their involvement in Multi Agency Risk Assessment Conferences (MARAC);
- Multi agency public protection arrangements (MAPPA); and
- Prevent and Pursue - the Trust has a procedure to advise staff on identifying and managing Prevent and Pursue cases.

  (Prevent: working with individuals who may be at risk of involvement in violent extremism and terrorism before they become involved in actual criminal actions or plans.
  Pursue: aims to detect threats from individuals and groups who are involved in the planning or undertaking terrorist acts at the earliest possible stage, and informs all NHS staff on what they need to do if they identify concerns that someone is planning or involved in terrorist acts.)

AWP are represented by the Managing Director and Head of Professions and Practice at the Local Safeguarding Adult Board and Safeguarding Children's Board meetings.

Dedicated leads for the Locality represent AWP at the relevant MARAC, MAPPA and Prevent and Pursue meetings.

AWP have arranged Safeguarding Awareness training across the teams within the locality, these have been facilitated by the Adult Safeguarding Manager within SBC and have been extremely well received. AWP have the desire to jointly facilitate further training within the Locality and the Head of Professions and Practice has undertaken discussions with the Trust's Safeguarding Team in Bristol and will continue to pursue this further in 2014/15.

It is felt that following regular attendance at local meetings and training events, safeguarding awareness has significantly improved within the staff groups, which has been demonstrated by the increase of safeguarding alerts regarding people of working age and the adoption of the Primary Care Liaison Service (PCLS) becoming the single point of access for Safeguarding concerns.

AWP continue to demonstrated a willingness to engage with other agencies and learn from serious incidents, which has been demonstrated by its active participation within the SCIE Learning Together, Case Review process referred to in section 2.

2.2 Great Western Hospital Foundation NHS Trust

The Great Western Hospital NHS Foundation Trust's general objectives for Safeguarding Adults are:

- To provide leadership at all levels that fosters a culture that does not tolerate abuse, neglect or poor care but is able to identify, raise or report (whistle blowing) any such concerns in order to maintain the safety and standard of care; and
- Work with partner agencies to prevent abuse and improve the outcomes for Adults at Risk of harm or neglect.

Achievements in 2013-14

The major achievement of 2013-2014 for the Trust has been the implementation of a specialist, dedicated Safeguarding Adults at Risk Team to provide both support and guidance to Trust staff re Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty Safeguards and to support Trust development of policy, procedure and strategy. The Trust's Safeguarding Children and Adults Forum in 2013-2014 developed a joint Trust wide Safeguarding Performance Framework which includes a Safeguarding audit programme for adults and children and a safeguarding assurance dashboard. The Trust also has in place a Department of Health self-assessment action plan.

Breakdown of figures for safeguarding adults' staff training within the year

In 2013-2014, 975 Trust staff completed face to face Safeguarding Adults, Mental Capacity & DoLS training as part of the Trust Induction programme. This accounts for 87% of all new starters.

2716 Trust Staff completed the Safeguarding Adults at Risk training online between 1st April 2013 and 31st March 2014 and 892 people completed the MCA & DoLS training online.

Moving into 2014-2015 the Safeguarding Adults at Risk team will work closely with the Trust's Academy trainers to develop the current Adults at Risk mandatory training programme and are developing systems to test knowledge including an overarching Safeguarding Adults audit programme.

Outline key plans or objectives for safeguarding adults in the coming year

- The Trust has a Safeguarding Adults Peer Review with SEQOL planned for quarter 3
- The Trust will integrate a Safeguarding Adults audit programme; to commence with a Directorate and Trust-wide service evaluation of Safeguarding, application of Mental Capacity Act and Deprivation of Liberty Safeguards with further development of Audit programmes to support quality assurance.
- The Trust's Annual Safeguarding Forum is planned for July 2014 with key speaker, Niall Fry from Department of Health confirmed.
- The Trust will continue to develop internal reporting and quality assurance processes and systems via the Specialist Safeguarding Adults At Risk Team.
- The Trust will continue its commitment to the Safeguarding Adults agenda by continued development of training packages and systems which empower and support staff.

2.3 Healthwatch Swindon

Healthwatch Swindon has been represented on this board and the children's safeguarding board since August 2013. Whilst the priorities and work programme for Healthwatch were being determined by our own Board during the year, a fundamental aim remained our intention to meet the recommendations set out in "Establishing Local Healthwatch - Dignity, quality and safeguarding adults" published by the Local Government Association in December 2012. All those associated with Healthwatch need to know how to alert locally and appropriately if there are concerns about harm and abuse to individuals or groups. This will continue to form part of our staff and volunteer induction programme.

As part of our scrutiny work during the year we have worked to understand whether 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. Our contract with Swindon Borough Council includes the provision of independent complaints advocacy for NHS complaints. Work with individuals through that and other contacts with local people has and will continue to suggest on occasion that alerting is required. We were pleased to be invited to attend meetings of the Great Western Hospitals NHS Foundation Trust Safeguarding Forum to assure ourselves of the work being undertaken there; and we are a member of the Quality Surveillance Group facilitated by the NHS England area team which allows us the opportunity to raise issues of concern in a wider, sub-regional context with commissioners.

2.4 NHS England

NHS England is an executive non-departmental public body. It works under its mandate from the Government to improve the quality of NHS care and health outcomes, reduce health inequalities, empower patients and the public and promote innovation. Its key responsibilities include:

- Authorisation and oversight of CCGs and support for their on-going development
- The direct commissioning of primary care, specialised health services, prison healthcare and some public health services (including, for a transitional period, health visiting and family nurse partnerships)
- Developing and sustaining effective partnerships across the health and care system.

NHS England has a single operating model and is largely organised into three functional areas, i.e. nationally, regionally and locally. Its safeguarding policy is due for publication July 2014 and will provide guidance of the expectation of its entire staff in relation to safeguarding. There is senior clinical leadership at all levels, including those with responsibility and expertise in safeguarding. The NHS England Local Area Team will each have a Director of Nursing who is responsible for supporting and providing assurance on the safeguarding of children and adults at risk of abuse or neglect. The Area Team have the responsibility to ensure the assurance of the safeguarding system is working across Primary Care and CCGs.

For 2014/15, NHS England Bath, Gloucestershire Swindon & Wiltshire (BGSW) Area Team will be focusing on gaining assurance on safeguarding competences across all staff groups within Primary Care, ensuring information and resources are available for staff to achieve the appropriate level of competence for their role. A system for providing salient safeguarding updates across Primary Care and embedding lessons learnt in practice across the whole range of vulnerable adult groups will be implemented.
In November 2013, NHS England was required to give evidence at the House of Lords inquiry into the implementation of the Mental Capacity Act 2005(MCA). Whilst gathering evidence for the inquiry, NHS England found a number of emerging themes relating to inconsistent application of the Act including training, patient/family and carer experience and access to advocacy. The findings of this inquiry have been published http://www.publications.parliament.uk/pa/ld201314/ldselect/ldmentalcap/139/13902.htm
In anticipation of this report, the NHS England BGSW Area Team bid for a MCA/DoLS (Deprivation of Liberty) project was approved and implemented.

The outcomes we are aiming for are will be reported to the Swindon Mental Capacity Act Steering Group.

- To arrange patient/carer experience events to ascertain real time feedback;
- To identify with CCG colleagues, provider organisations and local authority partners specific local requirements and consider short term secondments/pump prime initiatives; and
- To establish a development programme for MCA leaders across the system to understand their local issues and explore best practice.
- The project started in April 2014 and will be reporting findings in September 2014. Following the report the Area Team will develop and implement an action plan based on the findings.

2.5 Public Health

During 2013-14, Public Health has become embedded in the Borough Council and development of the Joint Strategic Needs Assessment (JSNA) has formed a major focus for our work. As the JSNAs focus on issues that impact on individuals' health and target those who are most at risk or who experience health and social inequalities, safeguarding in its broadest sense is embedded in this process.

Where required safeguarding has been included more specifically. For example, the Adult Mental Health and Wellbeing JSNA includes a chapter on safeguarding and has highlighted the need to improve the implementation of Section 136 of the Mental Health Capacity Act; improve the implementation of the See the Adult See the Child protocol to ensure that the needs of the whole family are considered when dealing with vulnerable adults and improve the uptake of the Independent Mental Capacity Advocate (IMCA) service. The needs assessment predicts that with the demographic changes in the population of Swindon such as social isolation, family fragmentation and aging, the demand for the IMCA services will increase.

With regard to Deprivation of Liberty Safeguards, the needs assessment also highlights the need to improve awareness of Advanced Care Planning which should include mental capacity issues particularly when an individual is diagnosed with a condition that is likely to have an impact on mental capacity such as dementia, motor neurone disease, Korsakoff's, brain injury, Parkinson's Disease, Learning Disabilities etc.

Further work is required to ensure that safeguarding with regard to adults at risk are considered specifically in every Joint Strategic Needs Assessment or commissioned service.

2.6 SEQOL

SEQOL considers safeguarding adults to be a high priority and operates a zero tolerance policy in relation to abuse. It is constantly working to improve its management of safeguarding adult's investigations and is working towards national standards of 'Making Safeguarding Personal'. SEQOL strive to be a transparent organisation open to challenge and ever striving to improve its practice for the good of the customers it serves.

Training and Development

SEQOL have taken the national framework guidance and ensured that it has a training programme to deliver to ALL staff members to ensure they have had basic awareness training. This includes ensuring a tailored package of training is available for supported employees to both keep themselves safe as well as being aware of abuse of others. Focussed refresher training is being delivered to clinical staff in order to ensure timely identification of clinical concerns that require safeguarding investigation.
Reflective safeguarding groups have been set up for the different SEQOL areas to share and reflect on their safeguarding practice and share case examples, learning and concerns.

Improving Practice and Quality Assurance

Having taken part in the pilot of 'Making Safeguarding Personal' SEQOL are now developing the quality assurance process to ensure the key principles of 'Making Safeguarding Personal' are evident in practice. All areas of SEQOL are working to ensure that the individual is at the centre of the safeguarding process with their views and desired outcomes respected and recorded and their attendance at their meetings encouraged and facilitated wherever safe and appropriate to do so.
The LSAB Service User Forum has approved the satisfaction evaluation questionnaire now being used.
SEQOL are committed to continue to look at prevention and will work on a prevention project also working with Swindon Advocacy Movement around online safety.
SEQOL are looking at serious clinical incidents through their Serious Incident Review Panel who will ensure that they are reviewed for any safeguarding concerns.
Practitioners from all areas now have guidance and documentation to support service users who have capacity that choose not to take clinical or practitioner advice, making sure that they are fully informed around the decision and that this is well documented, this can be in relation to safeguarding decisions and any other perceived 'unwise choices'. SEQOL have developed a protocol that is intended to reduce the risks at the point where service users transition into adult services who have been under child safeguarding procedures.

Quality monitoring walkabouts have been commenced and every month a group from the leadership team, with shareholders, commissioners and front line staff, monitor how quality is delivered in a different area of SEQOL, this includes their understanding and compliance with safeguarding. The findings and the plans from these walkabouts will be collated and will be presented to SEQOL Quality Forum so members of the Board can

be assured around this element of quality, any areas specific to adult safeguarding would be fed directly to the SEQOL Safeguarding Lead and subsequently available to LSAB through the quarterly reports.

Improving working partnerships with all relevant agencies
With the new Safeguarding Lead in post for SEQOL, work is underway to ensure the working partnerships between all agencies are strong, transparent and cohesive.

2.7 South Western Ambulance Service NHS Foundation Trust (SWASFT)

South Western Ambulance Service NHS Foundation Trust (SWASFT) was formed on 1st February 2013 following the merger of the former Great Western Ambulance Service NHS Trust, which previously served the Swindon community, and South West Ambulance Service NHS Foundation Trust.
SWASFT is fully committed to the development of and contribution to the multi-agency safeguarding agenda. SWASFT is represented on the Swindon Safeguarding Adult Board by the Safeguarding Named Professional for the North sector of SWASFT.

SWASFT has a responsibility to safeguard adults in Swindon by acting as an alerter where there is a concern that there may be an adult at risk of abuse or neglect. Every contact with the Ambulance Service following a 999 call is an opportunity for assessment and ambulance clinicians are in a key position to raise concerns due to the nature of ambulance clinicians' work as visits are never pre planned.

Key Achievements in 2013/14

- Following organisational review new full-time post created and filled for a Safeguarding Named Professional for the north sector of SWASFT (covering the old Avon area, Gloucestershire and Wiltshire). This provides a local contact for safeguarding within SWASFT for all other agencies and provides the Trust with a strategic lead within Safeguarding in the north sector of the Trust. The Named Professional also provides advice service for all staff that need to discuss their concerns before referral.
- Establishment of internal Safeguarding Operational Group with representation from Education, Risk, Clinical and Information Governance.
- Dementia awareness for frontline staff included on the statutory mandatory training for 2013-2014. This dementia module covered care and management of dementia patients, safeguarding awareness and issues as well as increased awareness of dignity and respect in terms of management of these patients.
- Feedback process implemented to ensure, where provided by social care, staff who have submitted safeguarding referrals receive feedback. This ensures any learning that needs to occur following feedback from social care can be reflected on and met and also provides closure for the referrer following their referral. This was not routinely done before due to capacity issues within the team.

Key plans and objectives for 2014/15

- Development of new referral form to make referral process clearer and more robust for operation staff. The form will include more sign posting for information required and the form will be user friendly to ensure that staff can complete the referral in a timely fashion. The risk of radicalisation (Prevent) will also be included on the new forms as a cause for concern.
- Further expansion of the referral feedback process to ensure that there is continued reflective learning for staff to better ensure SWASFT referrals are of a good quality and include all relevant and required information.

- Module to be included on the statutory mandatory training for 2014-2015 to cover domestic abuse to include use of the DASH risk assessment, how to deal with a disclosure of domestic abuse, how to talk to victims alone safely and other domestic abuse learning and issues.
- Development of the workforce to include safeguarding champions within operational localities and clinical hubs.
- Development of intranet Safeguarding section to include signposting to contacts for staff (both social care and voluntary agencies), learning from SCRs, current issues on the national Safeguarding agenda and general advice and information.
- Basic awareness training programme for the Prevent agenda

2.8 Swindon Borough Council – Housing Services

Housing officers attend the training offered to help them understand the key issues and reporting procedures around vulnerable adults. Over the last 12 months this training has been particularly useful for housing officers working with older tenants in the Council's Sheltered Housing schemes.

An audit to ascertain who needs to attend Vulnerable Adult refresher training will be undertaken this year to ensure all housing staff are up to date with the Vulnerable Adult agenda and the training is already included in the induction training for relevant housing officers.

A training programme around Domestic Violence has just been completed for frontline housing staff and line managers and this learning will assist housing officers to support and keep safe all adults in Swindon.

It is planned for the Adult Safeguarding manager to be the Keynote Speaker at the AGM of Tenants Association for Sheltered Housing (TASH) in June 2014.
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2.9 Swindon Clinical Commissioning Group

The legislative and policy framework for safeguarding requires Clinical Commissioning Groups to make arrangements to ensure that in discharging their functions they have due regard to the need to safeguard adults at risk; and that appropriate arrangements are in place to meet their health needs.

During 13/14 the CCG has worked closely with the Swindon Borough Council Adult Safeguarding Lead and all provider safeguarding leads to strengthen both safeguarding arrangements in respect of commissioned services and to ensure there is continued learning across the whole health and social care community in respect of any safeguarding investigation.

March 2013 saw the publication of the NHS Commissioning Board accountability and assurance framework, Safeguarding Vulnerable People in the Reformed NHS (2013). It clarified the role and responsibility of each of the key players for safeguarding within the reformed NHS, outlining how the new system will operate and be held to account both locally and nationally, detailing the key elements of effective safeguarding arrangements which include strong leadership, committed partnership working , investment in effective coordination and robust quality assurance of safeguarding arrangements. Whilst the framework focused on the statutory requirement to safeguard

children, it made clear that the same key principles applied to the arrangements to safeguard adults.

Before May 2014 there was no single coherent framework in respect of Safeguarding Adults. This has now changed when the Care Act 2014 gained Royal Assent. Prior to this there was only a duty for NHS organisations to comply with a range of legislation including the Equality Act 2010, Human Rights Act 1998, Health and Social Care Act 2008, Mental Capacity Act 2005 and the Safeguarding Vulnerable Groups Act 2006. Providers of health and social care services are also required to comply with the Care Quality Commissioning Essential Standards for Quality and Safety to ensure that people who receive services are protected and receive the expected level of care and support that they need.

A key responsibility for the CCG has been to ensure that the organisations from which they commission services provide a safe system that safeguards adults at risk from abuse or neglect. In seeking this assurance the CCG monitors health care providers against which a number of quality indicators are reported.

The CCG has been represented at the LSAB by the Associate Director for Quality and Patient Safety. In addition the integrated commissioning arrangements in place between the CCG and Council have supported a number of quality assurance systems and processes, notably a joint approach to quality assurance that supports monitoring of commissioned services, including care homes where it has been agreed as being supportive for both the CCG and Council to work together.

The CCG is an active member of the Safeguarding Adults Operational Group, which provides assurance in line with the requirements of the LSAB business and work plan. A key improvement initiative for the CCG during 2013/14 was to strengthen multi agency learning in response to root cause analysis investigations. The Strategic Executive Information System (STEIS) is a national database utilised by NHS healthcare organisations in order to report, investigate and share learning from serious incidents. Collaborative working between the CCG, healthcare providers, LSAB and Safeguarding Adults Operational Group has enabled improvements in shared learning. Further development of collaborative investigation and learning processes with regard reported serious incidents will continue to be a key focus for the CCG during 2014/15 and beyond.

Safeguarding adults will continue to remain a key priority for the CCG during 14/15 especially in view of the Care Act which states that local CCG must be represented on the LSAB. With the investment in additional quality and patient safety resource within the team, we will be establishing further the assurance of safeguarding and monitoring of all commissioned services and continued need to embed all CCG Francis Report recommendations that aim to improve safeguarding and patient safety.

2.10 Swindon Community Safety Partnership

The Community Safety Partnership (CSP) is a multi-agency approach that includes the local authority, the Police, Public Health, the CCG, Wiltshire Fire and Rescue and Probation to address issues in relation to crime and disorder, drug misuse and public protection. The CSP are keen to continue its links with the work of the LSAB and the

agencies engaged with safeguarding adults at risk. There are two key areas where these links need to be maintained: Domestic Abuse and Anti-Social Behaviour

Domestic Abuse:
The Domestic Abuse Reduction Strategic Lead within the CSP is a member of the Operational Group of the LSAB and the Adult Safeguarding Lead attends the Domestic Abuse Steering Group. The attendance at both of these meetings is in recognition of the links required between adult safeguarding and services supporting people who are victims of domestic abuse. Domestic abuse can be prevalent in households where adults at risk live, or between couples who are both adults at risk. It is essential that Safeguarding Investigating Managers are aware of the frameworks that exist around domestic abuse, and to consider this as being a more appropriate method of intervention especially where it appears attempts to manage an allegation of abuse through the safeguarding process has not been successful. Also the Domestic Abuse reduction process can run in tandem with the safeguarding procedures. Managers also need to be more aware of the opportunities that may be offered by referring cases to Multi Agency Risk Assessment Conference.

Case example

An allegation of abuse by her partner had been made by Susan, a service user with learning disabilities. This was raised as a safeguarding concern by her care manager, but it quickly became apparent that she did not want to “make waves” and did not want the allegation pursued. Despite this, a safeguarding meeting was held as there were continued concerns about the risks to Susan and whether she was making decisions under duress. It was agreed to complete a DASH Risk Assessment and a referral would be made to MARAC. The agencies in attendance were able to put in place some strategies to help Susan including arranging contact with Swindon Women’s Aid and setting up processes whereby other people in the community can alert should there be further concerns prompting intervention by the Police. Arrangements were made to supply Susan with a mobile phone which she could keep somewhere her partner would not easily find. A flag was also put onto the Police system so if she called in they would have an awareness of her needs and prioritise response.

Anti-Social Behaviour:
As illustrated by some high profile cases in the national media, links with teams managing safeguarding procedures and the Anti-Social Behaviour Team are essential if there are reports of adults at risk of being victims of anti-social behaviour perhaps at the hands of their neighbours or others in the community. The team have also been involved directly in assisting in a multi-agency approach where adult abuse has been alleged against an individual. Support has come in the form of information sharing about an alleged perpetrator or other adults at risk who may be affected similarly, making direct contact with other agencies that are able to support an investigation and in a few cases, being able to make contact with alleged perpetrators directly with an outcome to change their behaviour. Because of the links with the wider community, the ASB Team have also managed to use their contacts to monitor situations where there has been reluctance on the part of the alleged victim to accept support from and of the agencies involved.

Case Example

Mrs Henderson has been a victim of physical abuse by her grandson. This came to the notice of agencies as she raised it with her care manager while her grandson was in prison. (It was believed that Mrs Henderson felt safe to make a disclosure while he was absent). However, as his release from prison came closer, she became more and more reluctant to engage saying "he's a good boy really, as long as he doesn't take drugs". It was also reported that a number of their neighbours were fearful of his release. As part of the safeguarding process, a member of the Anti-Social Behaviour Team helped to get evidence from the neighbours as "hearsay evidence" to obtain some legal restrictions to prevent the grandson's access to the house. Mrs Henderson was able to maintain contact by visiting him in his supported living environment to which he moved on release from prison or she met him in public. Both meeting places meant that a physical assault was less likely or at least would be witnessed and where others could intervene.

There is an emerging issue in Swindon with dangerous drug networks, and concern that these networks could exploit the most vulnerable in the community to start local networks up. We have started a program of training to highlight this issue and what intelligence is required for the police to take action. This training will be delivered to Seqol shortly, with a continuing focus of delivering this training to those officers in need. The ASB Team also recognise the importance of a continued emphasis on safeguarding adult training, and refresher training will be provided to the whole team in the forthcoming year. It is also a requirement for new officers to attend this training at the earliest opportunity.

Finally the CSP team will work with the partnership governance structures to ensure safeguarding adults are considered in the wider CSP policies context, and proactively consider the impact of the forthcoming Care Act 2014 and its implication to this agenda

2.11 Wiltshire Police

The Wiltshire Police Safeguarding Adult Investigation Team (SAIT) consists of specially trained investigators. The team consists of a Detective Sergeant, 6 investigators, a decision maker and an administrator. The strategic lead for Safeguarding Adults is the Detective Superintendent of the Public Protection Department

Wiltshire Police received approximately 1272 referrals between April 2013 and April 2014 covering Wiltshire and Swindon. From these referrals, 555 investigations were commenced by the SAIT. From the 555 investigations, 174 were for alleged financial abuse. Financial abuse cases are often complex in nature and involve dealing with fluctuating capacity, powers of attorney and applications for production orders through the Courts. The Safeguarding Adults Department are now referring the majority of their complex financial abuse investigations to the Wiltshire Police Complex Fraud Unit. A recent good example of this inter-force cooperation was the successful prosecution of a family member who had defrauded her mother of £150,000. The perpetrator received a three year sentence for this fraud.

Prosecuting wilful ill-treatment/neglect (as stated within the Mental Capacity Act 2005) is often a very difficult area to prosecute due to lack of witnesses or any other

corroboration. Wiltshire Police currently have a wilful ill-treatment/neglect case which is with the Crown Court. Further information about this case is not yet available.

The Safeguarding Adults team are trialling a decision maker to review all referrals into SAIT. The decision maker is very experienced in safeguarding adults. In Wiltshire all early strategy meetings involving the Police will be held via the telephone and the decision maker will take part in these strategy meetings. The decision maker will then allocate out any investigations to the investigation team. By utilising this process, we are saving valuable time which allows the investigators to investigate. The investigators will attend all relevant Adult Safeguarding Conferences and Reviews. This process was identified as good practice by the Police vulnerable adult lead in the South West region, D/Superintendent Paul Northcott.

SAIT are working very closely with Wiltshire and Swindon Adult Social Care and Health to develop a 'deep dive' toolkit to evaluate multi-agency investigations. The toolkit will enable partners to work together to evaluate the standard of safeguarding investigations and check that we are keeping the adult at risk at the centre of our strategies and investigations. The tool-kit is also being examined by Police Forces in the South West Region.

Another area the Police, Adult Social Care and Health are currently researching is a vulnerable adult risk management panel. This panel will assess adults at risk who maybe a risk to themselves but often fall outside safeguarding. The panel would involve key agencies such as Police, adult social care, health, housing, mental health, alcohol and drug agencies to share information and develop a risk management plan to coordinate our responses to adults at risk.

Wiltshire police will, in line with the policy and procedures for safeguarding vulnerable adults in Swindon and Wiltshire:

- Actively work together with partners within the agreed inter-agency framework based on the guidance contained in 'No Secrets' (2000 Department of Health, Home Office)
- Actively work together with partners within the agreed procedures, guidance and protocols underpinning this framework to investigate abuse and manage protection;
- Actively promote the empowerment and well-being of vulnerable adults through the services we provide;
- Actively support the rights of the individual to lead an independent life based on self-determination and personal choice;
- Recognise people who are unable to make their own decisions and/or protect themselves, their assets and their bodily integrity;
- Recognise that the right to self-determination can involve risk and ensure such risk is recognised and understood by all concerned, and minimised whenever possible;
- Ensure the safety of vulnerable adults by integrating strategies, policies and services relevant to abuse within all systems and legislation created to safeguard adults
- Ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate advocacy, including advice, protection and support from relevant agencies;
- Ensure that the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process;

- Identify others who may be at risk of harm, including children, and effect immediate referral to the appropriate authority;
- Recognise the on-going duty of care to service users who perpetrate abuse and facilitate any necessary action to address abusive behaviour;
- Actively promote an organisational culture within which all those who express concern will be treated seriously and will receive a positive response from management;
- Ensure rigorous recruitment practices deter those who actively seek vulnerable people to exploit or abuse;
- Ensure that all agencies working with vulnerable adults are familiar with this policy and the agreed procedures, guidance and protocols;
- Ensure that confidentiality and information sharing related to protection of vulnerable adults and perpetrators of abuse in a multi-agency context are maintained with the agreed protocols; *and*
- Ensure that all staff responsible for managing and conducting investigations within these procedures receive the appropriate training and support.

The aim 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.
- To prevent where possible, perpetrators from re-offending.
- To ensure that all staff are appropriately trained and accredited to recognise and respond to adult and child safeguarding issues
- 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.

2.12 Wiltshire Probation Trust

Structure and approach

The Director of Operations has responsibility for all safeguarding work and represents Wiltshire Probation Trust on the Wiltshire Safeguarding Adults Board. There are two middle managers who hold the operational responsibility to ensure that safeguarding policies and practice standards are cascaded to all staff in the organisation. Wiltshire Probation Trust is committed to providing effective and individualised support to all vulnerable adults who come in contact with the Trust.

Achievements

Learning Disability Inspection

In January 2014, Her Majesty's inspectorate of Probation completed a thematic audit on Learning Disability at Wiltshire Probation Trust. Although the formal findings have not been released, verbal feedback included:

- Inspectors were impressed with the professionalism and engagement of the staff they met.
- The use of mentors and health trainers to support work with offenders was commended and good examples of work being adapted to meet individual need evident
- Inspectors saw potential in the autism training and consultancy with SEQOL

There were clearly learning points as well. When the final report is published, a relevant action plan will be implemented to address these issues.

Autism Training and Champion

Swindon-based SEQOL was successful in winning a bid from the PCC Innovation Fund, with the assistance of Wiltshire Probation. As a first stage there will be a rolling programme of training for all Probation staff, volunteers and selected partner agencies; this training includes basic awareness training, and more specialised training in areas such as working with women with autism. The second phase involves group supervision with SEQOL clinical experts around cases on the Autism Disorder Spectrum. An Autism Champion has been appointed, who will act as a liaison between SEQOL and Operational staff and also offer advice and support.

Training

Across the whole Trust (Swindon and Wiltshire) 90 staff in this organisation have received Adult Safeguarding training in the last 3 years. This represents about 65% of the relevant workforce; training has been targeted at operational staff and those who have direct contact with service users. In the last 12 months, 47 staff have attended a half day Safeguarding Adults training sessions, specifically commissioned by Wiltshire Probation Trust to best meet the learning needs related to our area of work.

Key Plans and Objectives

1. The Transforming Rehabilitation Agenda has fundamentally changes how Probation services are delivered and from 2/6/14 will involve 2 organisations working with service users and other partners in the Wiltshire area (the National Probation Service and the West of England Community Rehabilitation Company.) The key challenge for the next 12 months will be to ensure good Adult Safeguarding practice and training is fully embedded in both organisations and that Partnership working remains effective.

2. Implement any recommendations from the Learning Disability Inspection.

3. Continue to ensure all new and current staff have access to relevant training (including refresher training)

4. Continue to support the victims of domestic violence through the work of the Partner Link worker and active contributions to other DV forum (ie MARAC, DV Disclosure Scheme)

3. Sub-groups of the LSAB

Operational Group met on six occasions during the year, with attendance from the following agencies: SBC (Head of Policy, Housing, Domestic Violence, Adult Safeguarding, Commissioning and Commissioner for Substance Misuse), Great Western Hospital Foundation Trust, Wiltshire Fire & Rescue, Wiltshire Police, Swindon Clinical Commissioning Group, SEQOL and Wiltshire Probation. The aim of the group is to carry out the work of the LSAB and be able to look at tasks and issues in greater detail and report to the Board as necessary.

Agenda Items during the year included:

- LSAB Business Plan
- Winterbourne View action plan update
- Emergency Department Action Plan (a paper tabled by the Great Western Hospital Foundation Trust to demonstrate their processes for identifying risk and making safeguarding referrals
- Homelessness policy
- Sheltered housing;
- Case discussions;
- Guidance for directors (a good practice document developed by the Association for Directors of Adult Social Services);
- The South West regional projects on developing safeguarding protocols
- Making Safeguarding Personal (see section 3);
- Developing the LSAB Work plan;
- Safeguarding and Clinical Incidents ;
- The Risk Register (discussion on a new entry required in light of services that have not been commissioned in Swindon emerging without securing the local support required);
- Mid-year performance information;
- Isolation – discussion about social isolation and how this may be a risk to some individuals;
- Swindon Safeguarding Guide (a service user guide being developed to help alleged victims with the safeguarding process); and
- Case discussions – the Operational Group will discuss current cases of interest or complexity, which is seen as a valuable part of the role of the operational group.

The Training Sub-group: This meeting aims to meet twice yearly with colleagues in Wiltshire and twice yearly in Swindon. The Wiltshire/Swindon group met on 2 occasions while the local group only met once.

- The Wiltshire and Swindon Group concentrated on forming the pan Wiltshire sub group and developing a work plan for the group. It also concentrated on bring policy into practice and identifying the training required to ensure robust safeguarding work.
- The Swindon group only consist of 5 key members and met to start the review of the Safeguarding Training Strategy which is due for renewal in 2014/15. The group also revised the “No Secrets in Swindon and Wiltshire” staff guide for Safeguarding Adults and agreed funding of a substantial print run.

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. The group meets quarterly and has been involved in engaging with “hard to reach groups”. The group has developed a database of community groups and has written to each of them individually offering presentations from representatives from adults and children’s safeguarding. The group was also involved in a campaign to raise awareness of the risks of cyber bullying. Thanks to the involvement of the group, this campaign has been extended to include adults at risk as there is an increasing concern that on-line safety is no longer an issue exclusive to children.

Service User Forum: Continues to meet but there is fluctuating membership. The LSAB Service User Forum has been strengthened by the addition of new members, however we have had to say farewell to a few who have moved on to employment or start education courses. Over the next year the chair of the group plans to recruit new members to join the current forum and wishes to extend his appreciation of member’s contribution past and present for their input into safeguarding in Swindon.
The Service user forum has met on 4 occasions and agenda items have included:

- Discussion regarding Service User feedback following and during the Safeguarding process
- Healthwatch update
- GWH Safeguarding Forum
- Discussion regarding Information Sharing vs Confidentiality
- Safeguarding: What Happens
- Working together to make Swindon safer
- Hate crime
- Vulnerable adults and homelessness
- On-line safety
- Discussion regarding social isolation
- Engagement of Hard to Reach Groups
- NHS England Accessible Information Project

SECTION 6

Priorities for 2014/15

The Care Act

During 2014/15 the Care Act received Royal Assent. In summary the main areas of safeguarding that will be included in legislation:

- For Local Authorities to ensure an enquiry takes place when *any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support.* An enquiry should establish whether any action needs to be taken to stop prevent abuse or neglect, and if so, by whom;
- The setting up of Safeguarding Adults Boards;
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of safeguarding action; and
- For local authorities to carry out Safeguarding Adults' Reviews when (for example) an adult with care and support needs dies as a result of abuse or neglect and there is concern about how one of the member organisations of the LSAB acted.

The LSAB will need to consider the legislation and implications arising from this and the regulations that stipulate the action required by Boards, Local Authorities and their partners and member organisations.

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

- 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.

- Review the suspensions of placements policy.
- *This is required again, as it ties in with the way the Care Quality Commission regulates services is being changed. Sometimes the local authority needs to impose a suspension of placements if, for instance, the CQC decide that enforcement action is required and the Council or one of its partners considers that future placements puts people at risk.*

- Revision of the Policy and Procedures for Safeguarding Adults at Risk in line with the Care Act 2014
- *With colleagues in Wiltshire, a decision will be required as to how far the current safeguarding policy and procedures needs to change in light of legislation.*

Responsibility & Accountability

- Develop a Safeguarding Strategy in line with proposed Government legislation. *The LSAB will be considering its response before the end of the year. It is hoped that there will be specific guidance about what will need to be included in the local strategy.*

- LSAB to agree a pathway to view, review and evaluate the Government legislations to make appropriate changes as necessary.
  This work is required following finalisation of the Care Act Regulations expected autumn 2014.

- The LSAB to review its membership in light of legislation and regulations *to include the make-up of the board and seniority of individual members.*

- Activity reported to the LSAB needs to be more frequent and include quality assurance activity.
  For example evaluations of case file audits carried out by the Adult Safeguarding manager as well as the number of alerts reported and cases managed by individual teams.

Access & Involvement

- Consider the development of a single referral point for all safeguarding alerts. *As recommended by the Internal Audit of Safeguarding.*

- Consider a triage approach for alerts. (I.e. the screening of safeguarding alerts prior to being allocated to a specific team to manage an investigation). *Consideration for this was also recommended within the Internal Audit report*

- Improve the information available to individuals who experience harm. *A service user guide has been developed and needs finalising. Funding is required to arrange a print run to produce a good quality pack.*

- Encourage individuals (or their representatives) to provide feedback following the conclusion of the safeguarding process. *We need to be more rigorous in collecting information about how the alleged victim found the safeguarding process.*

- More work is required to ensure the involvement of individual victims of abuse and or their representatives at the earliest part of the process. *This ties in with developing the Making Safeguarding Personal project.*

- The membership of the service user's forum needs to be widened. *This is to ensure there is representation from a wider group of service users.*

- To include more information in the SBC website with regards to safeguarding adults and consider developing a specific website for the Board to include publication of minutes and planned training events. (Similar to that of the Local Safeguarding Children's Board).

Responding to Abuse & Neglect

- Enhance sub-groups and ensure all partner agencies participate in these and the Operational Group. *This action is still required as often sub-groups consist of the same people representing their organisations on many sub-groups and sometimes the board itself. This can lead to poor attendance.*

- 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 reinforced by recommendations within the internal audit.

Training & Professional Development

- That a standardisation process is set up with training providers with the private & voluntary sector and an audit of safeguarding training is carried out and evaluated by the Training Sub Group.
- *Closer ties with the Wiltshire and Swindon Care Skills Partnership are required.*

- Ensure that training for those involved in co-ordinating and investigating cases is relevant and up to date. *This is particularly required in view of the Care Act.*
- Run training for Provider Managers to include safer recruitment, prevention and allegations against staff
- Review the training strategy in line with policy update and changes to the delivery of available training.
  The Training sub-group should do this before November 2014 to ensure revised policy is reflected in any training required.
- 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)*
-

Glossary

ADASS	Association of Directors of Adult Social Services
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
BGSW	NHS England Bath, Gloucestershire, Swindon & Wiltshire Area Team
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CSP	Community Safety Partnership
DAIT	Wiltshire Police Domestic Abuse Investigation team
DASH (risk assessment)	Domestic Abuse, Stalking and Honour Based Violence
DASS	Director Adult Social Services
DCS	Director Children Services
DoLS	Deprivation of Liberty Safeguards
DP	Direct Payments
DA	Domestic Abuse
GP	General Practitioner
GWH	Great Western Hospital NHS Foundation Trust
IMCA	Independent Mental Capacity Act
IT	Information Technology
JSNA	Joint Strategic Needs Assessment
LGA	Local Government Association
LSAB	Local Safeguarding Adult Board
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
NHS	National Health Service
PCC	Police Crime Commissioner
PCLS	Primary Care Liaison Service
SAIT	Wiltshire Police Safeguarding Adult Investigation Team
SBC	Swindon Borough Council
SCIE	Social Care Institute for Excellence
SCR	Serious Case Review
SEQOL	SEQOL is the Social enterprise providing health and social care and support
SWASFT	South Western Ambulance Service NHS Foundation Trust
TASH	Tenants Association for Sheltered Housing
WF&RS	Wiltshire Fire & Rescue Service

The Safeguarding Adults at Risk in Swindon Annual Report 2014/15 is available on the Internet at???
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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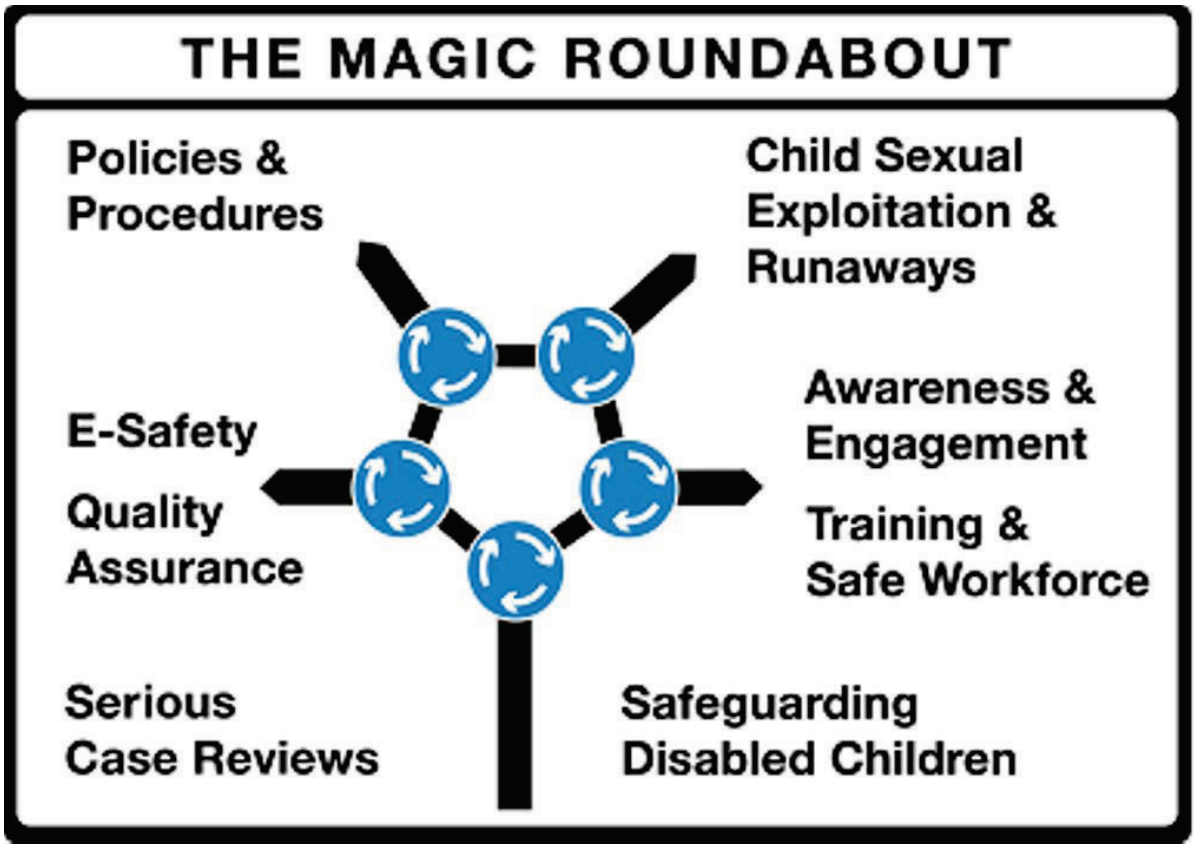
Safeguarding Swindon's Children

Swindon LSCB Annual Report 2013/14



CYBER BULLYING
GET THE BULLIES OUT OF THE WEB!!!
Call someone
Social
Facebook
Website
Texting
email
CYBER BULLYING
CYBER BULLYING
Bullying is MEAN!
It Ruins People lifes!
So...
Why do it?!
No bullying
No bullying
CYBER BULLYING WEBS TO STOP!!!
Is The really Peter Smith
Cyber Bulling
Be Smart
Smart & Smarter
TELL
Tell if you get cyber bullied
Don't add anyone you don't know on facebook!
Cyber Bullying
Only You can Stop Cyber Bullying?
Don't talk to people you don't know!
If you are being cyber bullied tell an adult!
Nobody should be a cyber bully. If you are cyber bullied.
Stopped Everywhere! Cyber bullying must be Bullying is Banned!
CHILD LINE
Do not respond to these messages it could make it worse
CYBER BULLYING
STOP Cyber Bullying
Good
Bad
Nick-Name
Email Address Phone
keep safe
home town City
no bullying today!
DON'T HURT
no hurting
yes Help be Kind
CYBER BULLYING
ALONE SCARED FRIGHTENED
SAD JUDGED WITHDRAWN
CTRL ALT DELETE !!
Stop Cyber Bullying!
NO BULLYING
Cool
Cyber bullying Is Not Cool
Are you Cool or a Fool?
Fool
STOP Cyber Bullying
Lies Rumors
Insults gossiping
threats
YOU CAN HURT PEOPLE
Think twice about what you type!
I hate you
you run
cyberbullying
Sad

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Chair's Introduction & Foreword

As the chair of the Local Safeguarding Board for Swindon, I am pleased to present its Annual Report covering the period from April 1st 2013 to March 31st 2014.

Each year, the Board agrees a business plan to monitor how everyone works together to deliver safeguarding priority areas for Swindon's children. The Executive Summary lists the progress made against each priority, whilst the achievements and impact of the work are shown in the relevant sections of this report.

The Board's effectiveness was reviewed by Ofsted in March 2014 as part of their inspection of local authority services for children in need of help and protection, children in care and care leavers. This review was wide ranging and the reviewers asked searching questions of both myself and LSCB members about the impact of the Board, and how I hold member agencies to account for their safeguarding work; in short 'what difference has Swindon's LSCB made to our most vulnerable children?'

Ofsted judged the effectiveness of Swindon's LSCB as 'good' saying that 'The LSCB co-ordinates the activity of statutory partners and has mechanisms in place to monitor the effectiveness of local arrangements'. I was very pleased that we received such recognition; as at mid-August 2014, Ofsted had reviewed 29 LSCBs and we were one of 10 receiving a 'good' grading. Their report is shown on pages 53 and 54.

As mentioned earlier, the annual report gives more detail about all our achievements but I would like to highlight the Board's engagement with young people. In my Foreword last year, I mentioned the on-going challenge of how the Board can ensure that Swindon's children are engaged with our safeguarding work.

In December, 2013, in response to the results of the annual Schools' Internet and Feeling Safe survey, the Board organised an awareness-raising campaign around cyber bullying.

We held a competition to design a postcard about cyber bullying and received over 500 entries. Students were then asked to vote for their favourite design and the Board produced 30,000 postcards of the winning design.

These cards have been used by schools and were distributed by safeguarding staff during 'meet the public sessions' in February. Another exciting development is that Thamesdown Transport is now displaying posters based on the winning design, now aimed at both children and adults, on all their buses (see page 49). Other designs from the competition are included in this report.

Yet despite our sense of achievement, this initiative highlighted a lack of engagement of the secondary school sector with the Schools Internet survey. The Board aims to ensure that this survey is better suited to the lifestyle of the respondents by enlisting the help of the Youth MP and Youth Forum to redesign the questions. This is just one of the challenges faced by the Board going forward. The Ofsted review highlights three specific areas for improvement (see page 54) and mentions other areas for improvement within the narrative of their report.

Central to our work is the 'Child's journey' through the safeguarding process which is explained on page 12 and is the third Ofsted area for improvement. The subsequent

analysis of performance highlights the higher re-referral rate suggesting that the original referral objectives and outcomes for the chid are not being met. Similarly timeliness of initial assessment and the number of children subject to a protection plan are all areas for further analysis and review by the Board.

Work is underway to address these issues; the Council is undertaking an analysis of cases where children who have received early help later became subject to a child protection plan and the council has resourced additional staff to improve the timeliness of assessments. The report also identifies other safeguarding issues which will need to be addressed by the Board during this business year.

It is my responsibility to ensure that members work together to address these challenges. The Board meeting has been re-structured and now focuses on a particular safeguarding subject at each meeting. The impact of these changes is best demonstrated by our work on neglect which is shown on pages 32 to 34. Using the same approach, the Board is now critically evaluating every agency's response to domestic abuse (see pages 35 to 36).

Board members have responded positively to these changes. Whilst attendance at our quarterly meetings remains good, I have challenged two agencies within the NHS about their lack of representation at Board meetings. It is encouraging to report that following my interventions, these agencies are now 'back on board'.

My Foreword can only be a 'snapshot' of the Board's performance and work over the past year. The report's format is designed so that it can be used as a reference document as well as providing detailed insight into how everyone has worked together to ensure the safety of Swindon's children. The business plan for 2014/15 will ensure that areas of challenge are addressed whilst maintaining the momentum of our progress and achievements during the past year.

I would like to thank everyone on the Board for their work and commitment over the past year, especially those members who volunteer to chair the sub-group meetings; these groups are vital to the work of the Board and their contributions are listed within the Report.

Mike Howard

August 2014

Executive Summary

Achievements against the LSCB Business Plan 2013-2014

The LSCB Strategic Business Plan is reviewed annually. The review is conducted through a board member workshop and the plan is monitored and updated quarterly by the LSCB Chairs Group.

Priority Area One Detailed strategies and comprehensive approaches to Child Sexual Exploitation (CSE) and Domestic Abuse that keeps children and young people safe and promote effective intervention with those who are at risk

Progress

- The annual CSE Audit was completed in October 2013 and results presented to the March 2014 Board meeting
- A CSE strategy and local delivery plan structured around the themes of Prepare, Protect, Prevent and Pursue/Prosecute has been developed by the CSE & Runaways sub-group
- A multi-agency risk management operating protocol is in place and monthly risk management panels have been established, which are supported by the LSCB Business Team
- The LSCB Chair raised links between the LSCB and Community Safety Partnership (CSP) with Director of Children Services and changes in governance have been introduced to strengthen links between the Health & Wellbeing Board and the LSCB and LSAB
- A CSE awareness raising e-learning module is currently under development
- The LSCB commissioned a Domestic Abuse Needs Analysis, owned by the Health & Wellbeing Board, through consultation at Board meetings
- A Domestic Abuse worker has been seconded for 2 years to the Family Contact Point from January 2014
- Work is underway to implement a Daily Domestic Abuse Conference Call (DDACC) and there has been significant investment in technology for video strategy meetings
- Domestic Abuse is included in the LSCB Multi-agency training programme, with the effectiveness and impact of training being assessed through the training evaluation framework
- Domestic abuse, drug and alcohol information is included in GP training

Priority Area Two The LSCB can demonstrate that children and young people in Swindon receive effective early intervention that meets a range of needs in different communities

Progress

- The Children & Young People's Early Help Strategy has been agreed and reviewed
- The LSCB Performance sub-group reports on key safeguarding risks to every Board meeting and performance data has been developed to reflect the journey of the child

- A Local Case Review focussing on Neglect was undertaken. The findings were considered by the Board and actions identified
- An in-depth domestic abuse audit was undertaken and reported to the Board
- Family Contact Point has been operating from 4th September 2013, with a dedicated worker to support the team around systems and processes, capturing daily data for a good understanding of the types of calls received and responses
- The Board has overseen implementation of DDACC through regular reports to the Board
- The LSCB Thresholds document has been reviewed and is available on the LSCB website for workers
- A Neglect Framework has been developed and Neglect Pocket Guides have been produced for workers
- Supervision principles have been agreed and are available on the LSCB website

Priority Area Three The LSCB and partner agencies communicate effectively with children and young people; their families; the community (including different sections of the community); and staff at all levels from partners agencies

Progress

- Young people were involved in the development of Domestic Abuse Needs Analysis (through Swindon Ten to Eighteen Project)
- Swindon has an active Junior Good Citizen Programme. Young people's views are obtained through the annual Feeling Safe and Schools Internet surveys, which this year led to the Cyber Bullying Strategy
- Cyber bullying postcards were given to all children in KS2 and above for Safer Internet Day February 2014
- Young carers and students participated in the 2013 LSCB Annual Conference. Young people were consulted regarding the LSCB website re-design
- The competition to design the front cover for the LSCB Annual Report was co-ordinated through STEP for the 2012/13 report
- The LSCB Chair attends the Children's Trust Board (CTB), Health and Wellbeing Board (HWB) and is the LSAB Chair, providing synergy across the boards. LSCB agendas are co-ordinated with CTB agendas and a protocol between LSCB/LSAB/HWB has been agreed. The LSCB Chairs Group was established July 2013 to facilitate communication between sub-groups and the Board
- The LSCB receives regular reports from the advocacy service, which includes the young people's voice. The Board agreed to double the funding to the advocacy service for parents with learning disabilities, and also to fund the development of some easy read leaflets
- There are targeted sections on the LSCB website for children/young people and for parents/carers. Safeguarding information and offers of an awareness-raising visit sub-group

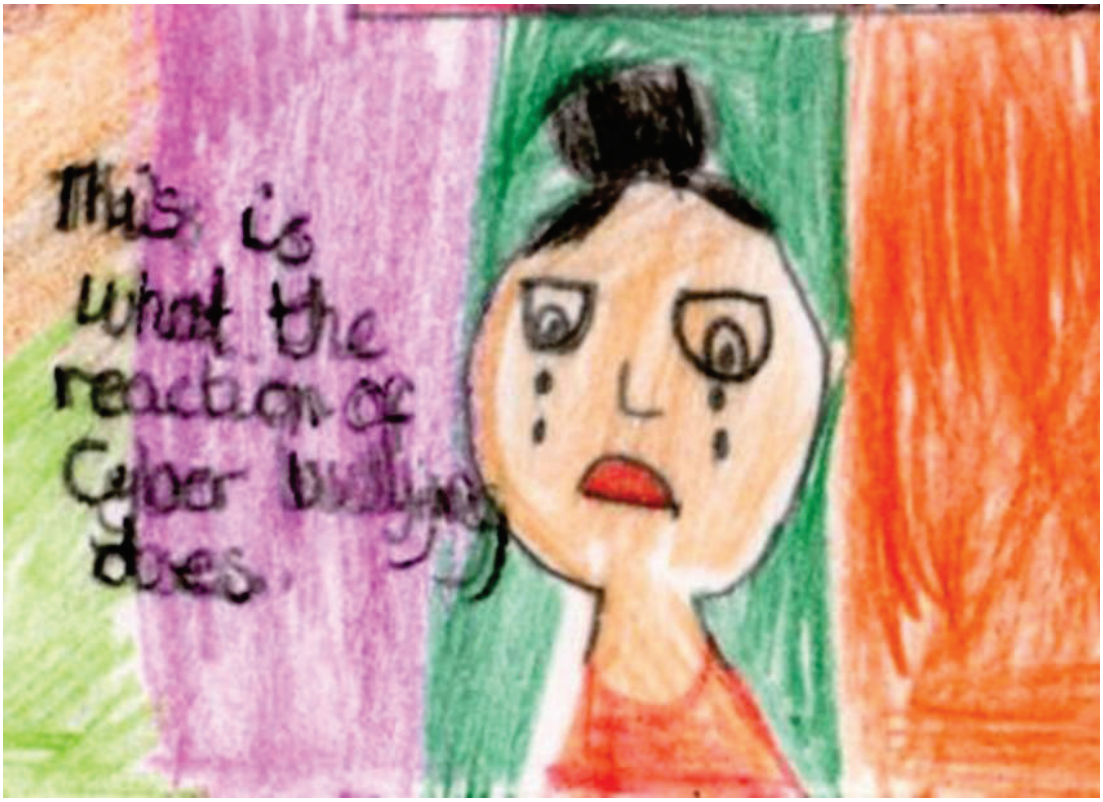
- Awareness-raising sessions using the Community Safety Partnership bus were undertaken in a number of locations across the community during February 2014

Priority Area Four The LSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon

The LSCB performance management framework supports and promotes effective challenge by the LSCB so that early intervention and safeguarding improve

Progress

- The LSCB Performance sub-group was established and meets quarterly, reporting to every Board meeting
- Health check reports from AWP, Wiltshire Police, Wiltshire Fire & Rescue, GWH and Children & Families have been introduced and form part of the Performance report to Board meetings
- The programme of audits for the year has been followed and practice has been challenged by the Board
- The LSCB Learning Improvement Framework has been developed to outline where and how learning happens within board activity
- Action plans from the annual Section 11 audit were reviewed at the Performance sub-group in November 2013 and organisations where action plans need updating were notified



The Local Context

Swindon is a small unitary authority, with one of the fastest growing populations in England, now at 212,000 and forecast to increase by 10-15% in the next 10 years.

There are approximately 47,000 children under the age of 18. This is 22.5% of the total population living in the area. There are 49,952 under the age of 19.

Children from Black and Minority Ethnic (BME) communities account for 16% of all school age children. 117 languages are spoken in Swindon schools. Swindon has the highest proportion of children with English as an additional language in the South West, with 13.9% in primary schools (national average is 18.1%) and 11.8% in secondary schools (national average is 13.6%).

At any time, about 10% of children will be in receipt of early help services, and 2.8% (about 1,300 children) receiving specialist social care, or support through permanent exclusion or drug user treatment services.

Of the 1,300 children receiving specialist services, about 218 children will be on a child protection plan, and 252 children will be a child in care. Around 60 children are receiving education through the tuition service, and there are around 1,200 children with Statements of Special Educational Need.

Strong and effective governance and partnership arrangements are in place. The LSCB has built effective working links with the Children's Trust Board, the Health and Wellbeing Board and the Adult Safeguarding Board.

Swindon is one of the few local authorities where services are fully integrated through formal structures. Local authority services for children, including early help and social care, are fully integrated with community health services through National Health Services Act Section 75 agreements. 200 Health staff (health visitors, school nurses, speech and language therapists, paediatric therapists and nursing for children with complex needs) are employed by the Local Authority.

Priorities for services for children are developed based on a detailed analysis of what is working well, what needs to be improved and what children and young people say about our services.

A **Joint Strategic Needs Assessment** informs our strategic planning for children and young people.

JSNA Bulletins provide more detailed analysis on specific issues, and during 2013 Bulletins were developed on Learning Disability and Domestic Violence, both of which are influencing future service development.

During 2014/15, detailed needs assessments are being completed for Early Years, Mental Health, and children with disabilities and additional educational needs. Together with the JSNA, these needs assessments will provide us with a more sophisticated analysis of our population of children which will allow us to commission early and effective local interventions to counteract the adverse impact of multiple risks throughout childhood which contribute to poor emotional, educational, economic and social outcomes.

One Swindon is the joint public and voluntary sector partnership which leads a joint set of priorities for Swindon.

The **Health and Wellbeing Strategy 2013-2016** sets out the vision and long term improvements in local people's health and wellbeing that we want to achieve in Swindon. It focuses on health and social care issues for everyone living in Swindon, but also recognises the wider factors that affect health and wellbeing including education, housing, employment and leisure.

The **Children and Young People's Early Support Strategy 2013-2016** is driven by the Children's Trust Board. The Strategy sets out our vision and the long term improvements that we want to see in the lives of children and young people - their health, wellbeing, safety, aspiration and achievement, and their contribution to and participation in their communities in Swindon.

The Plan is our 'Statement of Early Help' and applies to all children and young people in Swindon aged pre-birth to 19 years, and beyond for children in care and those who have a disability.

The impact of early help on safeguarding and the critical part that early help plays in the journey of the child is well understood and this is central to the joint working between the LSCB and Children's Trust Board.

A significant outcome of collaborative working between the Boards has been the ability of Board members to hear from, actively engage with and be more directly accountable to a wider range of Swindon's young people.

Swindon Performance Information – the Child's Journey

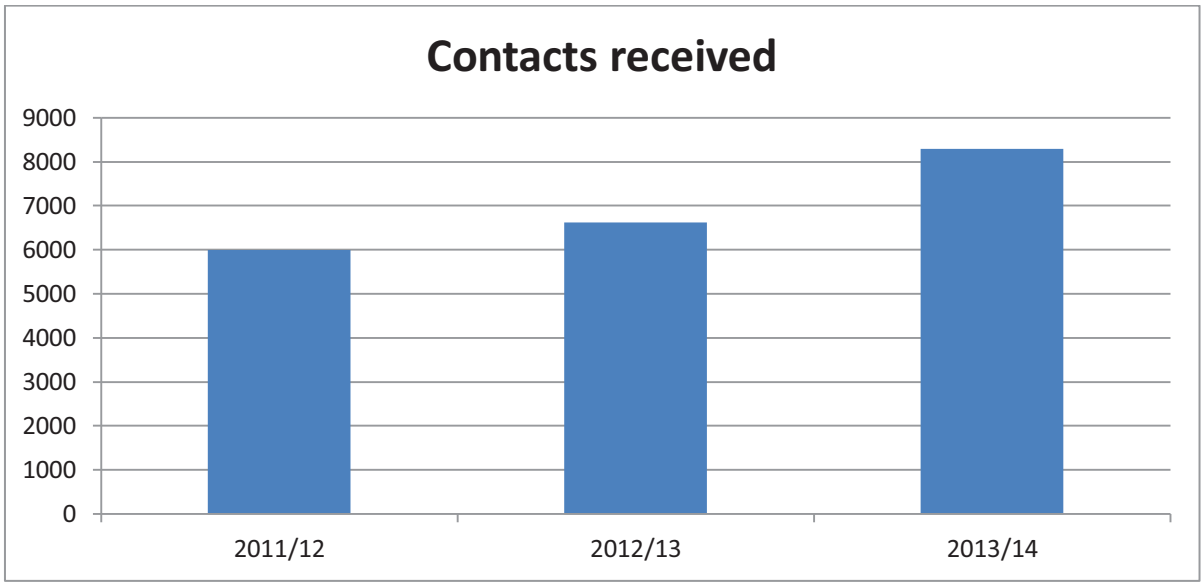
The Safeguarding Process Explained

1. Each professional, family member and resident who gets in touch with Children's Social Care and is seeking advice on a potential safeguarding matter is counted as a **contact** by Family Contact Point (FCP). If the concern is of a child protection nature or further consultancy is needed to explore the degree of concern, then a caller can have direct contact either with social workers or an Assistant Team Manager, within FCP. In accordance with the Threshold document, and if a query details concerns which indicate that the child or family are in need of social care assistance, then the contact is accepted as a **referral to Social Care**.

2. A social worker takes the details of the referral and if necessary makes further enquiries with other agencies about the child and family. This information is given to the Assistant Team Manager within FCP who makes the decision within 24 hours on, whether the case should be referred to another agency (Early Help) or universal services or whether the case meets the threshold of a child in need. The referrer is contacted in all instances to feedback what the decision was. If the case is referred, as a child in need, to the Assessment and Child Protection Team (ACP) for an assessment of need, then a social worker will complete a **Statutory Assessment** within 1 – 45 working days.

3. Following a Statutory Assessment a case may be closed, or referred to another agency or allocated to a social worker for provision of a service if the child is deemed to be a child in need. If the manager decides that the child may be at risk of harm and this is a child protection referral, then a Strategy discussion takes place with the police and other agencies. The Strategy discussion decides whether a full investigation is required and whether this should be led by the Police or social care, or be undertaken jointly by both agencies. This is called a **Section 47 child protection investigation**. If following the investigation the allegations are substantiated, the manager will decide whether a child protection conference is required which will be held within 15 days of the strategy discussion. The child protection conference decides whether the child should have a child protection plan.

Contacts to children's social care



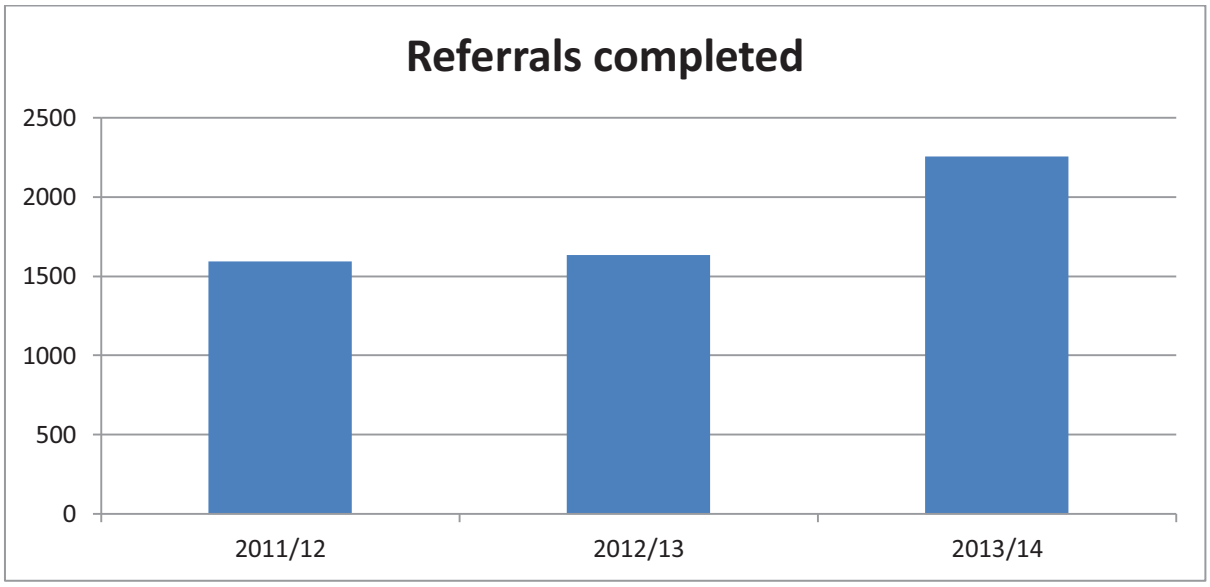
Commentary:

Swindon receives nearly 700 contacts a month. On average, 30% are accepted as referrals to Children's Social Care; the remainder are dealt with through information and advice (33%), or referred to Early Help (34%), with 3% inaccurately recorded on the system.

There were 8,297 contacts to social care during the year 2013/14 compared to 6,625 in the previous year, an increase of 26.4%. 2,254 of these contacts progressed to referral to social care. In the 2014 inspection of services for children in need of help and protection, children in care and care leavers, Ofsted judged that thresholds into social care were widely understood across the system and that interventions in families at the threshold were proportionate to risk and need.

Family Contact Point is designed to ensure that at the key decision point of referral to Children's Services, the issue to be considered is not exclusively whether a case meets the threshold for social care. Rather, triage provides a shared space in which information is shared, and options considered; what are the child and family's needs and how best can they be met?

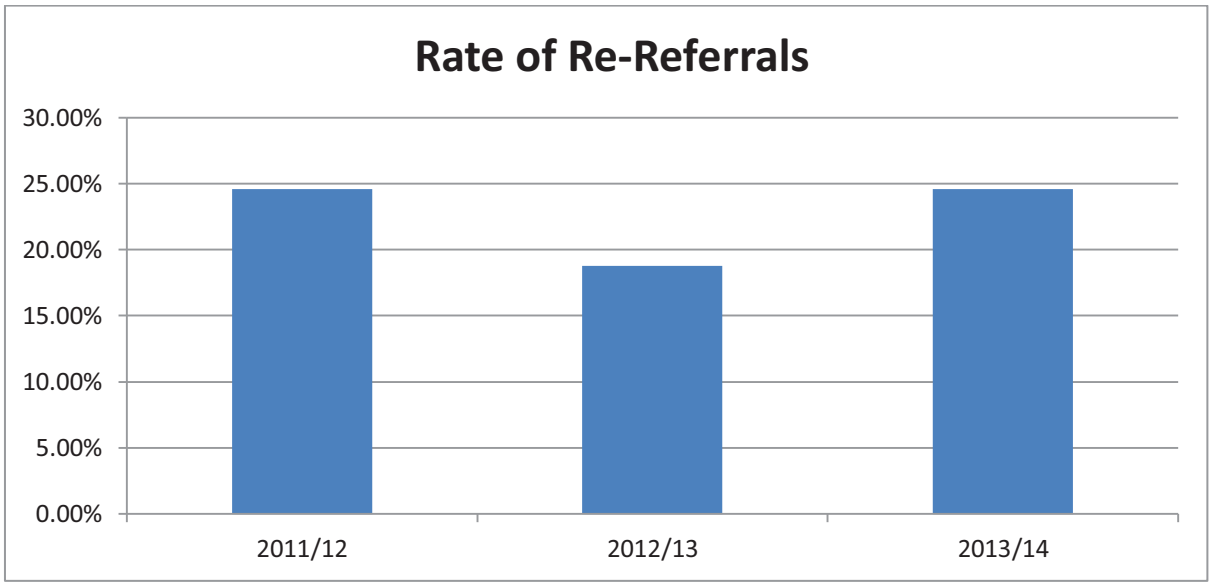
Referrals



Demand at the front door continues to be at a higher level than in the previous year. The national trend for 2012/13 reported a slight decrease in referrals, but this is not the case in Swindon.

2,254 referrals were received during 2013/14. Swindon has seen an increase from 346 referrals per 10,000 population in 12/13 to 479 per 10,000 population in 2013/14. This translates to an extra 622 referrals. The average monthly number of referrals for 2013/14 is 188 compared to 136 in 2012/13, a 38% increase. It is in line with the South West region.

Re-referrals



Of the 2,254 referrals received in 2013/14, 544 (24.6%) were re-referrals. This compares to 306 (18.8%) in 2012/13.

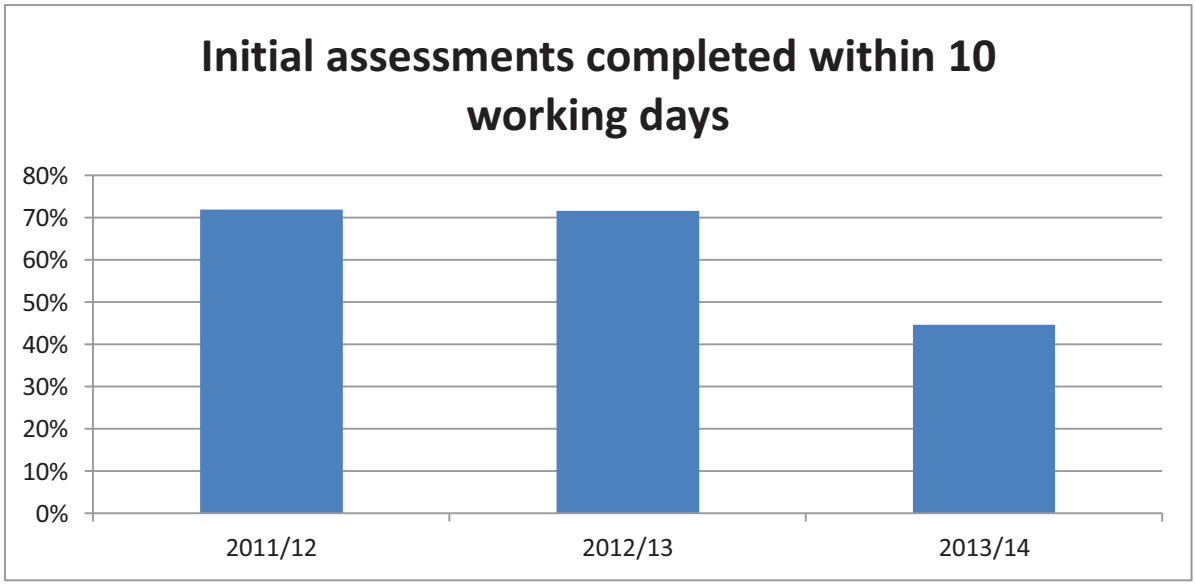
There are of course instances where a re-referral is the result of changing circumstances in a family, not necessarily linked to the previous referral reason.

However, the higher rate of re-referrals for 2013/14 is the subject of detailed further analysis and review, as it could suggest that the original referral objectives and outcomes for the child are not being completely met. This will be reported to the LSCB during 2014/15.

Referrals to Assessment

71.7% (1578) of referrals progressed to assessment. This is lower than the 2012/13 position of 75.5%, however the higher referral rate might suggest that the conversion rate is probably not very different. Swindon is in line with the national average (74.4%) and the statistical neighbour average (71.9%).

Initial Assessments within 10 days

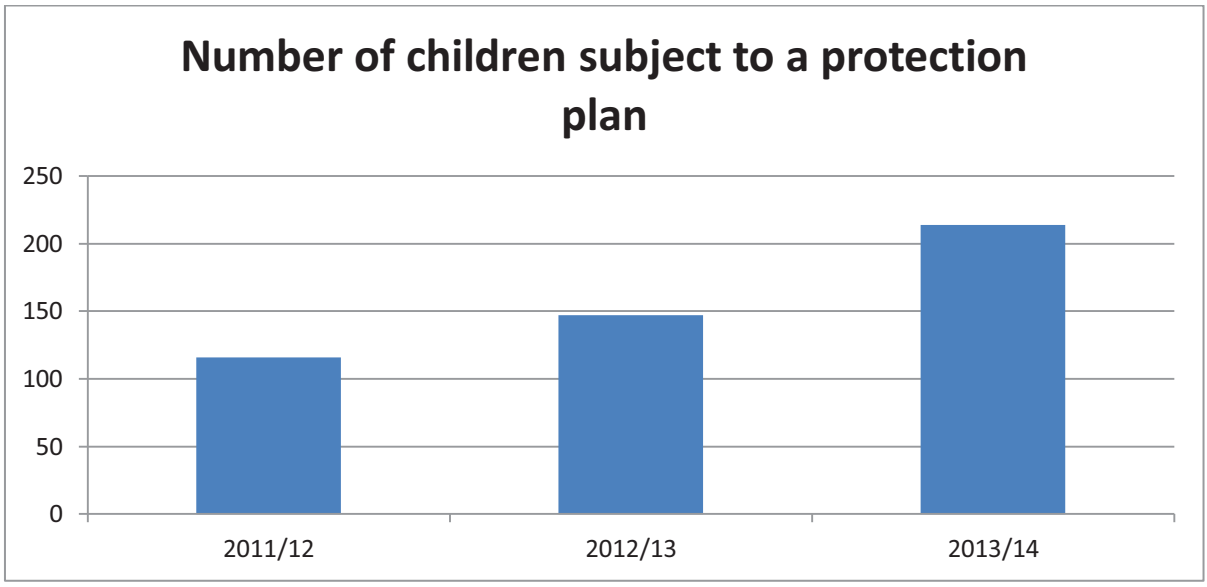


Timeliness of Initial Assessments has been an area of performance challenge during 13/14 and has been well documented in reports both to the Performance sub-group and to the Board. Management action has been taken to address performance, and additional capacity has been committed to the Assessment and Child Protection Team. Performance has shown steady improvement during 2014.

1,536 Initial Assessments were completed in 13/14, up from 1,016 in 12/13. 44.7% of Initial Assessments were completed within 10 working days, compared with 71.6% in 12/13.

The new Statutory Assessment, introduced in 2014, combines timescales for Initial and Core Assessments, and performance will be reported to the LSCB for this single statutory assessment.

Children subject to a child protection plan



214 children were subject to a child protection plan at 31st March 2014, up from 147 in 12/13. This is a 45.6% increase. Swindon now has a higher rate (45.4 per 10,000 population under 18) than the national average (37.9) and statistical neighbours (37.3).

Of these 214 children on child protection plans, 98.8% had their reviews completed on time compared to 90% at the end of 12/13. The national average for 12/13 was 96.2%.

Children subject to a child protection plan by category of abuse

Category of abuse	2011/12 (number)	2012/13	2013/14
Neglect	81	75	64
Physical abuse	14	35	72
Sexual abuse	9	16	15
Emotional abuse	10	21	63
Total	116 (2 multiple)	147	214

Neglect and Physical abuse are the two main categories leading to a child protection plan. In 2013/14 there has been a large increase in emotional abuse.

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

For 2013/14, the rate of children starting a child protection plan for the second or subsequent time was 12.4% (36 out of 290). This is an increase from 8.9% in 12/13, but is lower than the national average of 14.9% and below the statistical neighbour average of 15.8%.

Swindon has relatively small numbers of children starting a plan for the second or subsequent time. It should be noted that one family with a large number of children causes fluctuations in this performance data which should be borne in mind when analysing performance in this area.

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

In 2013/14, 5.4% (12 out of 221) of children ceasing a child protection plan remained on a plan for two years or more, compared to 2.5% in the previous year. This is above the 12/13 national average of 5.2% and above the statistical neighbour average of 4.5%.

Missing children

All reports of missing children from the police are received by Family Contact Point and those that do not reach the threshold for a social care initial assessment are referred for Early Help from the Integrated Locality Teams. The social care lead for missing children meets each month with the Wiltshire Police Missing Persons coordinator to monitor and review the data and ensure that actions have been put in place, including return interviews for each child where appropriate. Those children and young people at highest risk are also reviewed at the multi-agency risk panel.

The number of reports between 1st April 2013 and 31st March 2014 are detailed below; this includes repeat episodes of missing /absent and may relate to the same child who has been reported on more than one occasion over this period.

	2013/14
ABSENT	
Number of reports missing & absent	684
Number of absent reports	226
Number of absent looked after children	103
Number of individuals who have repeat absent episodes e.g. more than once.	18
Number of repeat absent children who were looked after	18
MISSING	
Number of reports of missing children	458
Number of reports of missing children who are looked after children	183
Number of individuals who have repeat missing episodes e.g. more than once.	26
Number of repeat missing children who were looked after.	26

Missing: *Anyone whose whereabouts cannot be established, and where the circumstances are out of character or the context suggests the person may be subject to crime or at risk of harm to themselves or another.* ***Absent:*** *A person is not at a place where they are expected or required to be*

Primary risk and the Toxic Trio

The toxic trio has a high profile in Swindon. Attention is further heightened when a fourth element, parental learning disability is present. A needs profile has established that Swindon has more children living in families where parents are receiving alcohol treatment than nationally. A report on Hidden Harm was taken to the LSCB in December 2013 which set out data from providers to show the number of children affected in Swindon based on adults in treatment in 2012/13.

There are 289 families receiving alcohol treatment.

Children in care

252 children were in care at the end of 2013/14. This compares with 250 at the end of 12/13.

50 children in care (19.8%) were in commissioned placements at end 13/14. This compares with 21.4% in 12/13. Swindon has a lower percentage of children in commissioned placements than nationally (29% in 2012/13).

Fostering is strong, with the majority of children in care placed in in-house placements (69.8%). 85.4% (211 out of 248, which does not include unaccompanied asylum seeking children) of children in care live within 20 miles of home, ensuring minimal disruption to important networks of family, friends and school.

Swindon's profile for children in care shows higher than average teenage care entrants into care, and a higher rate of teenagers in the care population. This is the subject of focused work during 2014/15. There is a relatively low rate of infant and under-5 entrants, which correlates with the very successful Family Nurse Partnership.

Headline Messages from the Data for Children's Social Care Safeguarding 13/14

CONTACT REF

The number of contacts to children's social care has increased from 6,625 in 12/13 to 8297 in 13/14, an increase of 26.4%. 2254 contacts progressed to referral.

Ofsted judged that thresholds into social care are widely understood across the system and interventions in families are proportionate to risk and need

ASSESSMENT

2254 referrals were received during 13/14. This is higher than in 12/13, but below national and statistical neighbour average. The average monthly number of referrals for 13/14 was 188, up from 136 in 12/13. Of the 2254 referrals received, 24.6% (544) were re-referrals. This compares to 18.8% (306) in 12/13.

71.7% (1578) of referrals progressed to initial assessment, lower than 75.7% 12/13 and is in line with national average. 1536 initial assessments were completed and 42 statutory assessments in 13/14, up from 1016 in 12/13. 44.7% (686) of initial assessments were completed within 10 working days compared with 71.6% in 12/13. This has been an area of performance review and management action during 13/14, and has been reported to the LSCB.

The new statutory assessment will combine timescales for initial and core assessments and will be reported to the LSCB as a single statutory assessment

519 section 47 investigations were completed during 13/14, a 30.1% increase from 399 in 12/13. 303 out of the 531 section 47s went to conference compared to 185 in 12/13. Of the 303 conferences, 77.8% (236) went to conference within 15 working days, compared to 50% in 12/13, so improved performance and above the national average of 70%.

There has been sustained improvement in the percentage of child protection conferences happening within timescales

CHILD PROTECTION

214 children were on child protection plans at 31 March 2014, up from 147 at the end of 12/13. This is a 45.6% increase, and is higher than the national average. Of these 214 children on child protection plans, 98.4% had their reviews completed on time, compared to 90% at end 12/13. The national average in 12/13 was 96.2%.

Over 80 children started plans for reasons of neglect in 13/14. Physical abuse accounts for 82 plans, emotional abuse for 56, sexual abuse accounts for 10 plans.

The rate of children starting a child protection plan for the second or subsequent time is 12.4% (36 out of 290), a slight increase from 8.9% in 12/13, lower than the national average of 14.9%.

252 children were in care at end 13/14, compared to 250 in 12/13. 19.8% (50) children in care are in commissioned placements, compared to 21.4% in 12/13

16 children were adopted during 13/14, compared to 8 in 12/13. The average time between these children entering care and being adopted is 870 days

The number of children in care continues to be below the national average and most children in care are in Swindon foster placements

Serious Case Reviews & Quality Assurance Activity 2013/14

Serious Case Reviews

This area of work was led by the LSCB Serious Case Review sub-group, chaired by Stephanie Bailey, Named Nurse for Safeguarding (Swindon Borough Council)

Although Swindon LSCB has not undertaken any Serious Case Reviews in 2013/14, any relevant learning from national SCRs has been taken into account and a range of quality assurance activity has been completed to examine local safeguarding practice.

The Serious Case Review sub group was formed in October 2013, its purpose being to consider cases within the parameters advised in Working Together 2013 and make recommendations to the LSCB Chair about whether a Serious Case Review is needed.

The group has developed the following:

- A leaflet for parents and carers about serious case reviews
- A model for conducting serious case reviews
- A model for condensing the learning from national reviews
- A process for recording and agreeing decisions by the LSCB Chair

Cases considered

Since October 2013 the group has considered five children who either died or suffered severe significant harm. For these children there are two local case reviews on going.

Future work

The group will be considering how best to ensure and evidence that learning from serious case reviews is embedded in practice.

Quality Assurance

This area of work was led by the LSCB Quality Assurance sub-group chaired by Lucy Young, Head of Safeguarding

Achievements

- Staff have reported an improved understanding and knowledge of working with neglect and domestic abuse
- Development of neglect framework and pocket guide, new training module and conference
- Increased funding to Swindon Advocacy Movement for parents with learning disability
- Revision of guidance and protocols for domestic abuse

- Supervision principles developed and new safeguarding supervision course included in LSCB training programme
- Developments and improvements in midwifery information gathering processes by midwifery safeguarding lead

Overview

The LSCB Quality Assurance Sub-group monitors and evaluates the effectiveness of work completed by partners, individually and collectively, to safeguard and promote the welfare of children and provides guidance on ways to improve. Individual audit reports and case reviews are presented to the LSCB during the year at each meeting.

Quality Assurance sub-group members disseminate lessons learnt from audits to their own agencies and make recommendations to improve practice to practitioners and managers.

Sub-group membership includes representatives from a range of agencies in Swindon: Children's social care and early help delivery; community child health; acute health (paediatrics and midwifery) ; Police; Probation; adult mental health; child and adolescent mental health (CAMHS) ; and the drugs service (CRI). The involvement of so many agencies provides a comprehensive multi-agency perspective on the quality of multi-agency safeguarding work in Swindon.

The Swindon LSCB quality assurance framework aims to help organisations to: keep children safe; manage the risk inherent in this area of work; drive improvement in outcomes for children and their families; and promote organisational reflection. The LSCB quality assurance programme is a three year cycle focussing on cross-and inter-agency themes and issues.

In 2013-14, Quality Assurance activity has included:

Neglect review

The LSCB QA sub group undertook a local case review to see how well agencies in Swindon were working together to address the issue of child Neglect.

Domestic abuse review

A range of practitioners were involved in a Domestic Abuse case review through individual conversations and two case group meetings.

Safeguarding supervision audit

The safeguarding supervision audit found that all agencies were aware of the need for safeguarding supervision and all have a policy. The nature and quality of supervision varies according to the professional role however QA sub group has developed safeguarding supervision principles to which it expects agencies to adhere. As a result of the audit, some agencies have reviewed their current supervision policies.

Child protection audit

The purpose of the audit is to: assess the effectiveness of multi-agency working in child protection; to identify areas of good practice and areas in need of improvement; and to learn more about how to work effectively with cases where children become subject to a

plan more than once. In September 2013 an increase in children becoming subject to a child protection plan for a second time was identified, although Swindon is below the national average in this category it was important to understand more about how effectively agencies are working with these children and families to improve outcomes. Generally it would be expected that a child protection plan should be effective in making children safer and improving outcomes for the long term.

The audit found that capacity issues within some agencies are impacting on attendance at child protection conferences. The audit also found that some child protection plans lacked clarity and outcomes focus. This was an issue also picked up in the Ofsted inspection of safeguarding in March 2014 and improvements have been made to child protection plans.

Teenagers at Risk audit

In February 2012 the QA sub group completed an audit to look at the effectiveness of multi-agency work to safeguard young people aged 13 year or more. The audit was repeated in February 2014 to review how practice has developed with young people. An Ofsted SCR Report on Teenagers found that young people were treated as adults rather than being considered as children, because of confusion about the young person's age and legal status or a lack of age-appropriate facilities. A co-ordinated approach to the young person's needs was lacking and practitioners had not always recognised the important contribution of their agency in making this happen.

This audit found that the majority of audits that provided a grading judged practice to be good, some audits judged practice to be outstanding. In the majority of cases the auditors found evidence of effective multi-agency working and information sharing. One case showed good understanding amongst professionals of the risk of CSE in both social care and school.

The audit also found that the largest area judged as requiring improvement was record keeping and particularly the recognised issue of child protection records not being transferred between schools on admission. The audit report has made recommendations following these findings.

Impact

The recent Ofsted inspection reviewed the work of the QA sub group and concluded:

The SSCB undertakes case file audits and also commissioned a 'deep case dive' in October 2013 into the multi-agency responses to work to protect children living with domestic violence. The Board also audited six cases of children subject to a child protection plan for a second or subsequent time, published in February 2014, with associated learning and action points captured in an overview report. Such activity yielded learning issues and action points. The domestic violence audit recognised the complexity of working with families in this area and the need for staff to have time to work with such families. However, this work has not yet been translated into a dialogue with the local authority about high caseloads and social work capacity, thus reducing the impact of the audit.

Future Challenges

A recommendation from the recent Ofsted inspection was:

SSCB should ensure that information provided by agencies to enable the monitoring of performance contains sufficient qualitative information and analysis in order that the Board can build up a picture of effectiveness and quality of services for children, young people and their families.

The quarterly performance reports presented to the LSCB have been developed to include quantitative data and qualitative audit reports from the Quality Assurance sub-group.

Section 11 Audit

Local Authorities, NHS bodies, the Police, ambulance service, probation, prison services and youth offending teams all have a duty under Section 11 of the Children Act 2004 to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.

The LSCB is expected to monitor the effectiveness of organisations' implementation of their duties under Section 11.

Every year Swindon LSCB audits each organisation's governance arrangements and compliance with national standards for safeguarding as described in Section 11 Children Act 2004 using an agreed pan-Wiltshire audit tool. Over the past year the LSCB has strengthened its quality assurance framework to include scrutinising Section 11 audits to show how effectively organisations work with the LSCB to ensure they have in place their safeguarding functions (accountability, procedures, training, whistle blowing, etc).

A standardised Section 11 template has been used across Swindon and Wiltshire so that reports can be used for organisations that cover a large geographical area. The findings of the 2013 audit exercise were that are that a number of the audits required further follow up. Some reports were largely descriptive and some lacked analysis of the effectiveness of their services. Particularly organisations that submitted their national reports, the focus was what is expected within an agency rather than what is local practice. Agencies have emphasised the processes that their organisations employ using expressions such as 'in process of review' or that the safeguarding issue is 'regularly reviewed'. The LSCB Performance sub-group follows up on the audit action plans further to ascertain levels of safeguarding practice and action plans to address any shortfall.

Work is planned in 2014 to develop the section 11 tool to explore particular areas such as safer recruitment processes and supervision.

Child Death Overview

Achievements

- Effective partnership working has been evidenced with services using the palliative care pathway
- Safe sleeping advice and information is given as part of new birth visits and subsequently if required
- A partnership between Health Visiting services and Public Health teams has developed a Safe Sleep Thermometer for use in infant's bedrooms
- The NICE advice on accidents was reviewed following the local case review undertaken by the LSCB and was included in updates and feedback to staff
- There is a care pathway to ensure consistent standards and best practice for children who receive palliative care.

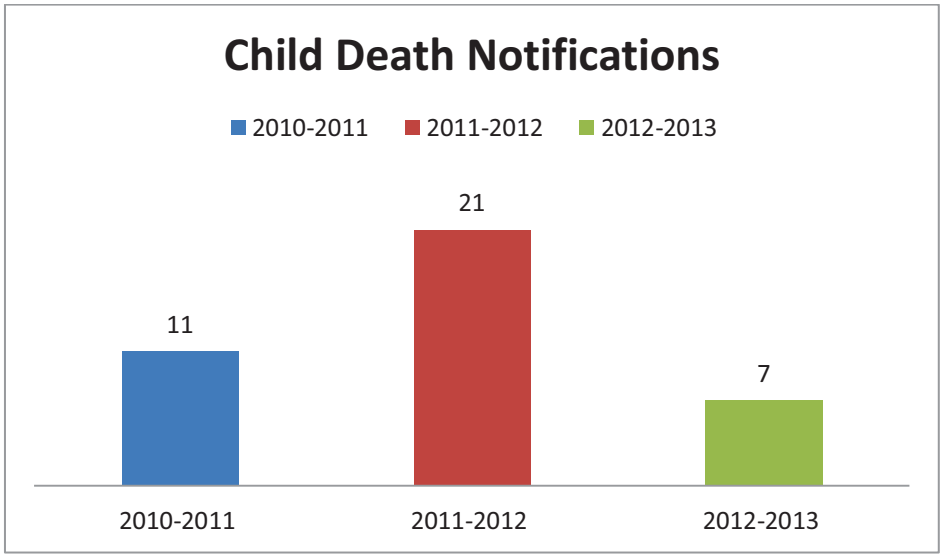
Overview

The Pan-Wiltshire Child Death Overview Panel (CDOP) reviews all child deaths across the Swindon and Wiltshire area. Over the past year agency representation at the panel has been good and consistent. The CDOP panel is primarily concerned with prevention. It aims to identify those factors in the course of a child's life, and leading to the child's death, which might have been amenable to modification, and to make recommendations which will help to prevent similar deaths occurring in the future. The panel may also make recommendations related to service improvement, where changes in practice could lead to improved experiences for children and young people at the end of life.

Detail

During the period 2010-2013, 39 child deaths were notified. Year on year variation in notifications is to be expected because the number of notifications is small.

Number of child death notifications by year.

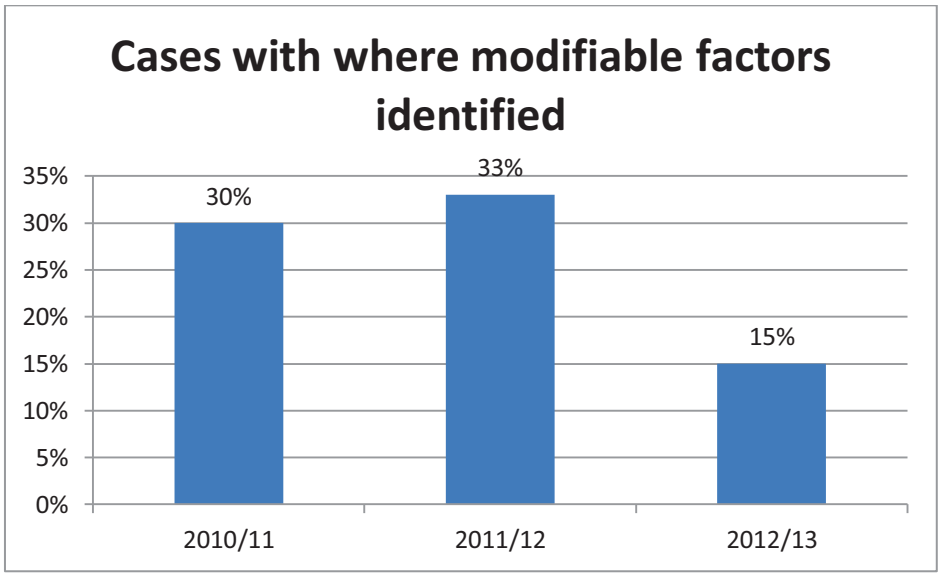


- Babies dying in the neonatal period (under one month of age) equated to the largest proportion (43%) of notifications
- When looking at the deaths of children resident in Swindon between 2010/11 and 2012/13, 39% of children died in the neonatal period and 62% died in the first year of life
- The majority of deaths (44%) occurred at the Great Western Hospital
- 59% of deaths in Swindon were male. This is in line with national trends for childhood deaths
- The data shows that the majority of deaths are children of White British ethnic origin
- In Swindon 18% of deaths were children of Asian or Asian British origin, which includes those of Indian, Pakistani, Bangladeshi and Chinese ethnicity. 6.4% of the population of Swindon is of Asian or Asian British origin. This apparent disproportionate representation of children from Asian backgrounds may be due to the small number of total deaths and associated random variation. However, further investigation will be carried out by CDOP

CDOP has reviewed 125 cases between 1st April 2010 and 31st March 2013 of which 37 were children resident in Swindon. The third CDOP annual report recommended that CDOP should review every child death within 1 year. Between 1st April 2012 and 31st March 2013 the deaths of 39% of children were reviewed within a year, compared to 20% in 2011-12. There is an inevitable time lag between the notification of a child's death and the discussion at CDOP. There are various factors that contribute to this including return of statutory paperwork by professionals, receipt of the final post mortem report and receipt of the report from the local case review meeting.

The Child Death Review process aims to identify modifiable factors in each case. A death identified as having modifiable factors, may not necessarily be due to a failure of the Local Authority or other agencies to safeguard the child's welfare. In the majority of cases (28/37) over the three year period, no modifiable factors were identified.

Percentage of cases where sufficient modifiable factors were identified:



Challenges and Future Work

- Focus on improving timeliness of review of child deaths is maintained, through on-going work to maintain frequency of meetings and identifying and addressing blockages to timely reviews working towards the aim of reviewing 50% of deaths within 12 months in 2013/14
- Ensure CDOP annual report and mandatory Department for Education returns are completed within required timescales
- Report findings and recommendations of the CDOP panel to the LSCB, in line with agreed timescales
- Review the causes of death in BME children to identify any need to target any specific preventative work with this community
- Ensure improved communication between maternity and health visiting services and CDOP is a priority. Feedback from CDOP is to become a standing item on the Maternity Services Liaison Committee which covers both Wiltshire and Swindon
- Over the past year CDOP has received a number of requests to access its records from parents, solicitors, police and other agencies for a variety of purposes. CDOP recommends development of an information sharing policy for use by professionals across all agencies as a useful tool to formalise responses to these requests
- Confirm with providers that appropriate support is available through our health visiting services for families who have previously experienced a Sudden Infant Death

Training & Workforce Development

This area of work was led by the LSCB Training & Safe Workforce sub-group chaired by Kevin Leaning, Head of Service Restorative Youth Services

Achievements

- An already extensive multi agency training programme has increased in response to local and national need and learning from case reviews and audits
- LSCB training is well attended with 1249 delegates completing training in 2013-2014 representing a 7% increase compared to the previous year
- All Child Protection Courses at Level 2 and Level 3 ran at full capacity. These new courses for 2013-2014 are underpinned by prerequisite Level 1 training. Evaluation data indicates that the training has been well received
- Swindon LSCB has commissioned a range of trainers to deliver specialist courses and awareness training is offered as an easily accessible online module
- All training courses remain free to agencies that contribute to the LSCB budget
- The training programme is financially stable generating income that has been reinvested in to training further learning and development opportunities

Impact of Swindon LSCB Training Programme

- 1249 delegates have completed LSCB training in 2013-2014 compared to 1125 in the previous year
- A new LSCB website provides clear guidance on training pathways and learning appropriate to staff roles and competencies
- Participants came from a wide range of agencies including schools, early years, health and children's services
- There was greater participation from the police who represented the highest increase in delegates by agency with 57 members of staff completing training compared to 21 in the previous year
- In response to learning from Quality Assurance case reviews, Neglect training has been revised and Risky Behaviours in Adolescents and Supervision training has been commissioned
- The training pool of professionals continues to grow and training is supported by NSPCC, Police, Disabled Children's Social Worker, Swindon Women's Aid, and The Named Nurse for Acute Health. The LSCB commissions specialist professionals for delivering specific training for CSE (Barnardo's), Domestic Abuse (Swindon Women's Aid), Supervision (Independent Consultant)

Impact of the LSCB Annual Conference 2013

- The theme of the annual conference was 'See The Adult, See The Child'
- Evaluation surveys were distributed online for the first time. 71 delegates from a possible 210 completed an evaluation, which provided a representative sample
- The majority of delegates completing an evaluation rated the conference content as good or very good. Comments included:
    - *The conference made me think more about the concerns that children can have about their parents and how it can help the child if the parent is receiving the support they need. I will be making more of an effort to work more closely with services supporting the adult and building up stronger working relationships*

Results of impact surveys and course evaluations

- A new evaluation survey was introduced in September 2013 to track the assimilation of learning against specific course objectives. The impact of training is also assessed longitudinally with learner and manager questionnaires completed four weeks after training has taken place
- Overall the responses to all questions indicated that staff confidence, together with their application of skills had greatly improved with the following comments being made from learners:
    - *As deputy designated safeguarding officer I am now much more aware of my role and the reporting process* **(Child Protection Training Level 2)**
    - *Although, a lot of what was discussed at the course could be seen as common sense, this qualified my understanding of child sexual exploitation and taught me things that I was unaware of* **(Child Sexual Exploitation Training)**
    - *I had to complete a referral and attend a CP conference which I would have been totally unprepared for before the training* **(Child Protection Training Level 3)**
- The following comments were made by managers:
    - *Staff were mindful of risk and CP issues with YP within the team before the training, however are now clearly considering CP throughout all his work and contact with YP* **(Child Protection Training Level 2)**
    - *(Staff member)Has made sure all available relevant information regarding CP young people is legible, commutative and in a confidential shared place for reference when needed* **(Child Sexual Exploitation)**
    - *The team member works with vulnerable adults (and) is more confident completing risk assessments and referring on concerns* **(Domestic Abuse)**

Challenges

- Attendance statistics show that there continues to be difficulties in encouraging practitioners from adult services to access relevant LSCB courses

- To encourage the completion of evaluation surveys from participants' managers as to how practice has improved

Future work plan

- Deliver the LSCB Annual Conference, responding to learning from local case reviews and evaluate its impact on practice
- Consolidate the existing training plan to ensure consistency
- Complete analysis of data for attendance
- Analysis of safer recruitment audit as part of section 11 audit

Other Achievements and Challenges

Child Sexual Exploitation

This area of work was led by the LSCB Sexual Exploitation & Runaways sub-group chaired by Detective Superintendent Caroline Evely, Wiltshire Police

Achievements

- An active LSCB Child Sexual Exploitation and Runaways Sub-group
- A CSE Operational Lead in post
- The LSCB delivers training on CSE, providing level 1 and 2 courses
- A Pan Wiltshire CSE Strategy and Swindon Local Action Plan in place
- Implementation of Multi Agency Risk Panels

Child Sexual Exploitation is a form of child abuse which involves children and young people receiving something, which may be tangible or emotional, in exchange for sexual activity. Many victims of sexual exploitation do not recognise themselves as such. The Child Sexual Exploitation and Runaways Sub-group has been establish since 2008 and has worked to address the national Action Plan for CSE as set out by the Department for Education in November 2011, as well as the Action Plan from the Children's Commissioner's Report published in November 2012.

Impact

- The Multi-Agency Risk Panel is well attended and individual children are discussed with bespoke action plans being agreed
- Workforce awareness raising is on-going and is incorporating the use of the CSE handbook and the screening tool
- All missing children reports are directed through the Family Contact Point (FCP) and are also reviewed by the police missing person coordinator to ensure effective partnership coordination and safeguarding measures are in place
- Audit processes are being built into the delivery plan in order to evaluate the take-up and effective use of the CSE handbook and screening tool and the LSCB CSE training and how these can be linked to positive outcomes for the children and young people
- The Subgroup is also developing processes to debrief victims of CSE investigations and, wherever possible, perpetrators with a view to learning lessons and improving practice. Also case papers will be examined by the CSE Detective Inspector to understand why cases fail to reach prosecution stages

The sub-group has led on the following work:

- Development of a Pan Wiltshire strategy and local delivery plan to tackle child sexual exploitation. Multi-agency activity is captured under the categories of Prevent, Protect and Pursue
- This group has collated data to inform about numbers and of young people vulnerable to CSE, and has led on a data collection exercise in October 2013
- The LSCB website provides information to children and professionals, giving advice, guidance and support regarding CSE
- Barnardo's have been commissioned to deliver CSE training at Level 2. 93 delegates have undertaken training in 2013/14
- Chelsea's Choice (an awareness raising play) has been delivered to over 100 professionals and 9 secondary schools. An evaluation completed after the event indicated that the play was positively received. Feedback from students included: *'I leant that you should be careful when making decisions about relationships' 'I learnt that it (CSE) can happen to anyone, you should be careful about people and who to trust. Some people may not always be who they seem'*
- The LSCB has contributed to the development of an online CSE awareness raising training course
- The police now have a Missing Person Coordinator and dedicated CSE Detective in place for Swindon

Challenges

The recent Ofsted Inspection found that despite the work around CSE completed at strategic level there was little impact on frontline practice. An action plan is being developed and research and a CSE audit is taking place in children's services looking at any service delivery and resourcing gaps. The particular challenges in this relatively new area of work is to ensure that front line staff are aware of the possible signs of CSE, and that they are clear about appropriate local support services available.

There is still a need to improve data collection and collation across key agencies to gain the most accurate picture possible as to the size of the problem in Swindon.

Future Work Plan

- LSCB training will continue to be provided, particularly focusing on frontline staff. Awareness raising sessions will continue, ensuring that all schools across the county are aware of the issue of CSE and how best to respond to it
- Auditing activity will be developed to understand the profile of sexual exploitation in Swindon and how individual organisations are responding to CSE
- Evaluation of the work of the Swindon Multi Agency Risk Panel

Neglect

This area of work was led by the LSCB Quality Assurance sub-group chaired by Lucy Young, Head of Safeguarding

Achievements

- There is a conceptual neglect framework for use by all agencies in Swindon, available on the LSCB website
- Swindon LSCB has produced a Neglect Pocket Guide for workers, more than 2,000 of which have been distributed to date
- Swindon LSCB has doubled the amount allocated from its budget for commissioning advocacy to support parents with learning disabilities
- Training in Working with Neglect, has been revised and the first course was delivered in March 2014
- Swindon LSCB commissioned an independent consultant to deliver multi-agency supervising child protection training in January 2014, with two further courses planned for 2014/15
- Neglect was the theme of a safeguarding across agencies conference organised by Swindon Borough Council Children & Families on 23rd October 2013

Overview

In 2012 the LSCB undertook a review of a neglect case using the SCIE (Social Care Institute for Excellence) Learning Together systems case review methodology. The Quality Assurance sub-group selected a case of two children who were removed from the care of their parents because of neglect. The purpose of the review was to learn more about how safeguarding systems work in Swindon to protect children from neglect.

A final report was presented to the LSCB Board meeting in June 2013. Members were asked to consider the findings from the review and the implications for safeguarding children in Swindon. This presented an opportunity for partners to learn more about the complex issues surrounding cases of neglect, and to drive improvement in practice.

Report Findings:

***Finding 1**: The absence of a conceptual framework for neglect in Swindon denies professionals a common language and impacts on the effective safeguarding of children and young people*

***Finding 2:** There is an insufficient acknowledgment of the emotional toll for professionals of working with very chaotic and hostile families and this leaves professionals overwhelmed and struggling to undertake their professional role*

***Finding 3:** There is a pattern locally that tends towards parent centered practice among professionals, limiting their ability to consider the voice of the child and see the world from their point of view*

Finding 4: *Professionals are not routinely recognizing the needs of Learning Disabled parents, or the impact on parenting capacity when it co-exists with other parenting capacity concerns such as substance misuse and poor mental health, leaving children at risk of harm*

Finding 5: *A culture of limited authoritative challenge amongst professionals prevents the exploration of disagreements and hinders effective practice to address child neglect*

Finding 6: *The reluctance of professionals to make professional judgments make addressing child neglect difficult.*

Finding 7: *The priority of working alongside families and the perceived necessity to keep families on board has created a norm of 'tempering' descriptions of risks and concerns masking the true extent of the neglect of children*

Board members were asked to respond to key questions raised by the review and feedback how their agencies were addressing the findings. The summary of responses received was presented to the Board meeting in September 2013.

A summary of feedback from agencies is supplied below.

Probation: more home visits and discussions around what professionals are looking for in the home observations

Great Western Hospitals NHS Foundation Trust: incorporated into training; information used to make referrals

NSPCC: safeguarding programme/home visits around neglect for children under 5 years

Swindon Association of Secondary Heads (SASH) – information sharing at SASH and raised awareness, also work with Family Support Workers and supervision

Wiltshire Police – briefing for all public protection staff; tool kit and pocket guide distributed to all investigation officers and incorporated into briefing for all frontline staff; Domestic Abuse internal training starting in the new year

Children & Families – tool-kit taken to all Children Centre Co-ordinators; talked through cases; very positive response; more awareness and wanting to understand and work closely with colleagues in Social Care to ensure these families are identified

Impact

Swindon LSCB developed a multi-agency conceptual framework, together with a Pocket Guide, which provides an easy to use summary of the five key areas of enquiry to assist practitioners. The framework, guidance and toolkit are made available through the Swindon LSCB website and copies of the Pocket Guide are distributed free of charge by the LSCB business team.

The Board agreed to double the amount allocated from the LSCB budget for commissioning advocacy to support parents with learning disabilities, provided through Swindon Advocacy Movement.

The LSCB developed a new training course in Working with Neglect, incorporating learning from the review.

An independent consultant was commissioned to deliver multi-agency supervising child protection training in January 2014, with two further courses planned for 2014/15. The evaluation from this training was positive.

Challenges

The Ofsted report 'In the Child's Time – Professional Responses to Neglect' published in March 2014 recommends that LSCBs should 'ensure that all staff are aware of their duty to escalate concerns when they consider that a child is not appropriately protected and/or is suffering from neglect, and that all agencies have appropriate escalation policies and procedures, including a procedure for challenging the decisions of children's social care services where cases are not accepted for assessment or child protection investigation.'

The LSCB is working to develop a local escalation policy to supplement the policy contained in the South West Child Protection Procedures, and recognises the challenge of raising the profile of this with front-line workers.

Performance information presented to the LSCB in March 2014 noted that activity data at the front door to social care indicated an increase in demand that was likely to be at least in part linked to work to further develop the early identification of neglect. The challenge for the LSCB is to be able to assure itself, through scrutiny of both data and quality assurance information that front-line workers continue to recognise and respond appropriately to neglect.

Domestic Abuse

Achievements

- Domestic Abuse Needs assessment commissioned by the LSCB
- Domestic Abuse case review completed by the Quality Assurance sub group
- Close collaboration with the Domestic Abuse Steering Group and involvement in domestic abuse strategy
- Delivery of LSCB courses on domestic abuse provide training to a large number of practitioners and increase the skills of the workforce when responding to domestic abuse
- Local Case Review held into domestic abuse case

Impact

- **Training and awareness-raising:** from April 2013 until March 2014, a number of training courses on domestic abuse were delivered through the LSCB. The courses have included training on recognising and responding to domestic abuse and working with families where domestic abuse is a factor. A new course, Domestic Abuse and Substance Misuse, was added to the LSCB training programme in 2013 and explores the relationship between domestic violence, drugs and alcohol.
- **Quality Assurance:** As part of its annual business plan, the LSCB Quality Assurance (QA) sub-group agreed a 'deep dive' audit activity to learn about multi-agency work to safeguard children living with domestic abuse. This led to a 'systems review 'of one case (the M family) where safeguarding concerns centred on domestic abuse. It considered the following questions:
    - What assumptions do we think are made by professionals in Swindon about the impact of domestic abuse on children and the ability of the non-violent parent to protect them?
    - Do we have a framework for working with domestic abuse in Swindon?
    - How effective are we in Swindon at protecting children from domestic abuse?

  The purpose of the review was to shed light on a particular part of the system, and to then work together to achieve a safer safeguarding system. The following actions were identified for the LSCB:

  1. Develop good practice guidance for working with Domestic Abuse to include working with perpetrators
  2. Revise Protocol 'Children Who Experience Domestic Violence'
  3. Continue to provide and promote Domestic Abuse training for all staff and managers

4. Revise LSCB Information Sharing Guidance to include information on Professionals Meetings and publish on LSCB website

- **Daily Domestic Abuse Conference Call (DDACC)** This is a police generated process to share all Domestic Abuse incidents for the previous 24 hours with relevant agencies by way of a daily conference call. The aims of the DDACC are to;
  - share timely, appropriate and proportionate information to safeguard victims of Domestic Abuse, including children, young people and family members
  - build on the initial risk assessment completed at the point of incident , and to agree on appropriate early intervention
  - ensure perpetrators and serial perpetrators are readily identified to enable more effective management and intervention

  Agencies currently signed up to the process across Swindon and Wiltshire include: Police, Probation, Housing, IDVA, Military, CAMHS, AWP, Health, CSS, Women's Aid, Substance Misuse.

  When fully functioning, the DDACC will ensure improved service delivery to children, young persons and victims of domestic abuse against a common threshold. The DDACC will improve early and appropriate intervention from appropriate services and ensure that risk assessments and safeguarding decisions are based upon a rich partnership intelligence picture. Both the Multi Agency Safeguarding Hub (MASH) and DDACC systems will allow early identification of and better management of perpetrators and in particular serial perpetrators. It is anticipated the DDACC will be operational from July 2014.

  Future Challenges

  - Monitoring of the DDACC and the impact on children young people and families
  - Monitoring and contributing to the Domestic Abuse Strategy and Implementation Plan developed by the Domestic Abuse Steering Group
  - The LSCB to continue to deliver high quality Domestic Abuse awareness training that meets the needs of the local workforce and link with the Community Safety Partnership to extend training opportunities in related safeguarding subjects e.g Forced Marriage

Effective Lay Members

Achievements

- Swindon LSCB's lay members have challenged around safeguarding issues on behalf of the wider community since March 2012
- A lay member has received training from the Swindon Borough Council Equalities Officer, which has strengthened her skills to challenge around issues of diversity and equality, and she now acts as Equalities Champion for the LSCB
- One lay member has made contact with local community groups, as part of the Awareness & Engagement sub-group's awareness-raising activities

Overview

Swindon LSCB's two lay members attended their first Board meeting in March 2012. One of the lay members has also joined a number of sub-groups, including the Awareness & Engagement sub-group, in which she has taken an active role in contacting organisations to speak about safeguarding issues and raise awareness. The role of the lay members will be reviewed in June 2014.

Impact

Lay members are representatives of the local community, who can challenge, question, and offer alternative perspectives to the work of the LSCB. They are able to speak to any group who would like to find out more about what the LSCB does. Community groups that have been contacted so far have found the information and discussion about safeguarding useful.

Lay member's Perspective

The main achievement in respect of my position as one of the lay members has been to explore the increasing possibilities of the role, matching the time that is needed to the time I have personally available, and to make the input count. I have been impressed by the passion and commitment of all involved and at times the enormity of the task has been overwhelming.

I have realised that contacting community groups in the Borough is a vital focus for the next year and the challenges that arise to ensure this occurs. The Community Safety Partnership bus event in various parts of Swindon was a useful exercise, and demonstrated that many people were aware of safeguarding issues, especially the children who had obviously benefited from the work done in schools by members of the LSCB. Also interesting and beneficial was the contacting of groups by letters and phone calls, tasks that make the role seem more "real".

Attending the various sub-groups has given me a complete picture of safeguarding and I would recommend that this forms part of the induction for lay members if time allows.

My overview of the work of this last year is that it has been one of learning and exploring to discover how the role I have can grow to be of benefit to the Board. I look forward to working with the team for the next year and continuing to develop the work to the benefit of the Board.

Challenges

Make contact with more groups and young people, including adult groups who could pass on information.

Accompany members of the sub-group on awareness-raising sessions.

Private Fostering

Achievements

- The LSCB multi agency training programme includes a session on private fostering in its child protection training. Induction sessions for new staff include information about private fostering and who to contact if they have any queries
- Schools are regularly updated about private fostering through the termly child protection briefings and newsletters. The private fostering social worker has also visited all the Children's Centres in Swindon to talk about private fostering
- The LSCB has funded posters to raise awareness about private fostering which have been displayed throughout Swindon

Overview

A private fostering arrangement is one that is made privately for the care of a child under the age of 16 (under 18, if disabled), by someone other than a parent or close relative, with the intention that this should last for 28 days or more. Parents and carers have a legal duty to notify the local authority when entering into a private fostering arrangement; local authorities are then required to carry out an assessment, and to monitor the arrangement.

A specialist social worker, overseen by the Team Manager, is responsible for the assessment, visiting and reviewing of all privately fostered children within Swindon. Assessments are presented to the Fostering Panel for a recommendation as to the suitability of the arrangement. The Director of Children and Families, as Agency Decision Maker, considers the recommendation of the Fostering Panel and makes a decision.

The private fostering social worker visits each child and speaks to them alone at least every six weeks in the first year and thereafter three monthly. Private foster carers are also offered support including advice on finance and benefits, negotiating and encouraging the relationship with parents, health and education.

There are leaflets available for: people who work with families and children; parents thinking about private fostering for their children and for private foster carers themselves with information about who to contact. These are distributed widely in public areas of council offices as well as community and leisure facilities, voluntary organisations, GP surgeries, solicitors' offices and courts.

Impact

In 2013 – 2014 Swindon received 20 notifications for privately fostered children within the area. In 2012 – 2013 there were 9 notifications and in 2011 – 2012 there were 15. The number of notifications was significantly higher than the figure reported to Ofsted during the recent inspection. Weak data management accounts for the under-reporting and a new data reporting system is being implemented that will enable data to be made available on:

- The source of notifications
- The reason for a child becoming privately fostered
- The period of time a child remains within a private fostering arrangement

- How many notifications led to private fostering arrangements; if not; what was the outcome;
- How many private fostering arrangements a child had

Table1: Number of privately fostered children 2011 – 2014

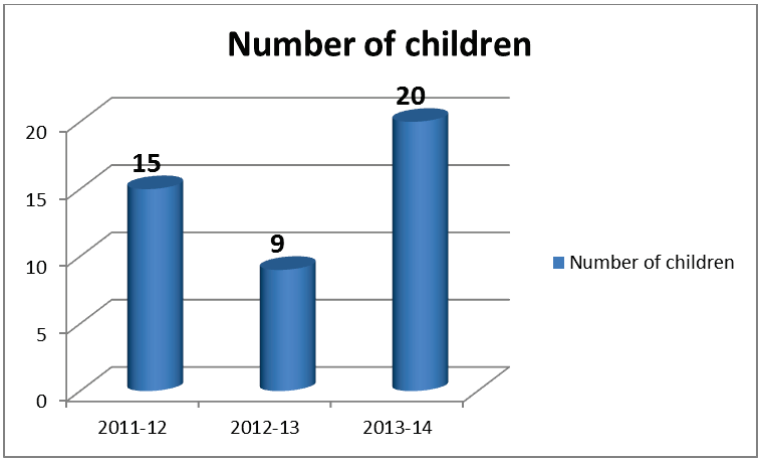
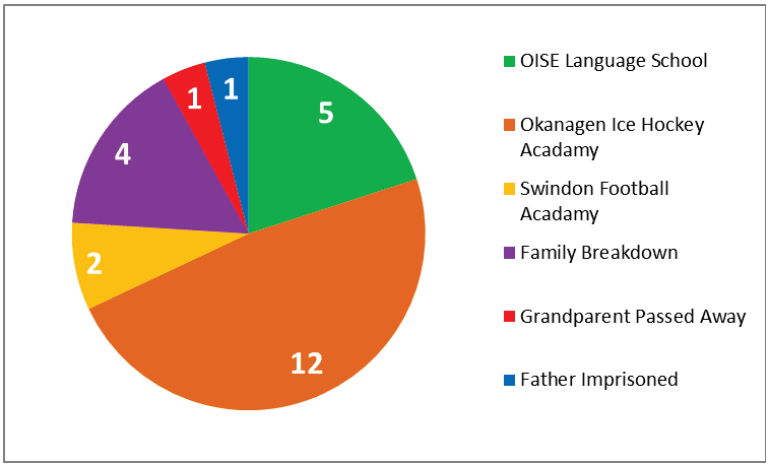
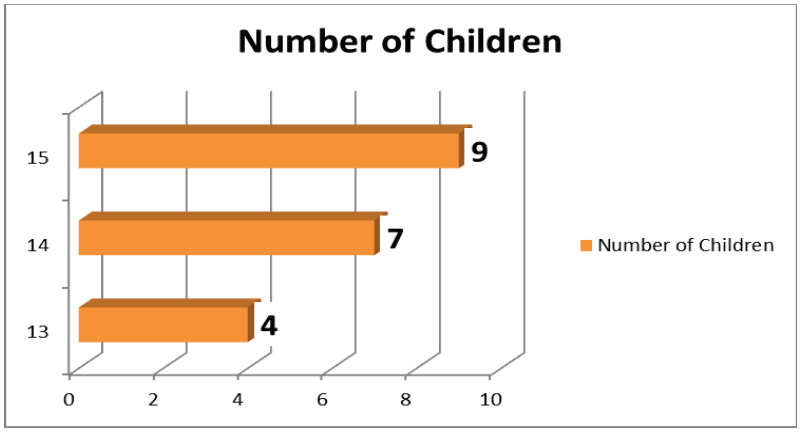


Table 2: Reason for a child becoming privately fostered 2013 – 2014



Swindon supports the national data indicating that the majority of children privately fostered are born 'overseas'.

Table 3: Breakdown by age of children privately fostered 2013 – 14



Nationally the 10 – 15 year age group has the highest number of privately fostered children. Swindon has no children in a younger age group being privately fostered.

Case Study One girl, aged 15 years from Belarus was brought over by Chernobyl Children In Need Charity - Swindon Link. This is a Charity which was formed to help the children of Belarus. The Belarusian people are reported to be suffering from the legacy of a nuclear disaster. Children are sent to the UK as it is believed that a month away from the radiation, eating nourishing food, and breathing clean air may significantly increase their life expectancy, by giving their immune systems a chance to recover.

Future Challenges

The social worker responsible for private fostering has resigned with effect from the end of July 2014. An options paper is being compiled, taking into account best practice in other Local Authorities, to propose where the service should be based and the role of the lead officer, to ensure that Swindon can deliver a quality service to privately fostered children.

Swindon's awareness raising campaigns have been satisfactory and no fundamental change is planned, though more creative use of social media is planned to further strengthen awareness-raising.

Advocacy

Voice

Coram Voice has been commissioned by Swindon Borough Council Children's Services to provide a children's rights service in Swindon since 2008/9. The contract has three distinct elements, Participation, Independent Visitors and Advocacy. Swindon LSCB contributed £28,000 during 2013/14 towards advocacy in the child protection process, return Interviews for missing children and advocacy for disabled Children in Need.

Impact/Achievements

Advocacy in the Child Protection System

The take up of advocacy in child protection is the highest that Coram Voice have experienced due to the unique opt out service that is offered in Swindon. The Ofsted inspectors viewed the arrangement positively and commented on the availability of the service for Swindon's children.

2013/2014 Key Output Data

Child Protection

- 124 children and young people were referred for support at Child Protection Conferences during 2013/14. In addition the year started with 106 open cases. All were seen bar two, one whose parent refused the service and another who was not contactable
- 4 young people subsequently refused the service following an initial meeting with the advocate
- None of the young people had a change of advocate.
- Advocates supported or represented young people at 219 Child Protection Conferences, 86 Core group meetings and 4 Child In Need meetings
- In total 2530 hours of advocacy support was provided for young people subject to child protection procedures

Service User Feedback

- 196 evaluation forms were sent to young people following their Child Protection Conference, Family Group Conference or Looked After Review
- 18 of the respondents stated that they felt that their voice had been heard and felt supported at conferences and reviews
- Comments from young people: The most helpful thing about having an advocate was:
    - *'I found the meetings have been easier having C there, she's helped me get my point across, she listens, understands my views and opinions which is lovely to know that someone understands.'*

- *'It (advocacy) has helped a lot in terms of having the courage to communicate and share my feelings with an advocate I can trust.'*

- Carers comments include:
  - *'A is very much liked and admired by S. She has had difficult times at the start of being in care and A was the only person she trusted. He made sure her views were clearly delivered to decision makers. He was always there on time, dependable and easily contacted by phone.'*
- 216 evaluation forms were sent to Social Workers and carers. 19 were returned. 15 reported that the child/young person was supported in expressing their views at their meeting
- Comments received from IRMs on the quality of advocacy range from average, satisfactory, good, very good to excellent

Case Studies
• A disabled young person was referred for Child Protection support. The parents were separated and the mum was struggling with 3 siblings all disabled. Mum responded very well to the interventions made and the advocate was able to put forward the child's wishes to spend quality time with both parents and this was achieved along with other safety factors and the young person moved to a ChIN plan. • A young woman referred for Child Protection due to self-harming and risk of Child Sexual Exploitation contributed to her safety plan with the support of her advocate. As a result although the risk of self-harm remained at the review there was positive feedback about how she was keeping herself safe. She was reassured by her Social Worker that she would not have to go into foster care if this improvement continued.

Future Challenges

Over the years that Voice (then Coram Voice) has delivered the advocacy service the number of children supported during the CP process has consistently risen, most significantly in the last 2 years from 173 (2012/13) to 230 (2013/14).

The number of looked after children and young people supported has also risen, most significantly in this reporting year: 81 (2012/13) 98 (2013/14).

The number of children in Swindon advocated for this year has risen to 328. This is a higher number than the 211 young people Coram Voice is contracted to deliver advocacy support for. Discussions are progressing to review the balance between supply and demand for services.

Gillian Morris

Swindon Children's Rights Service Manager

April 2014

Swindon Advocacy Movement

In December 2013, Swindon LSCB agreed to double to existing funding to Swindon Advocacy Movement to provide advocacy service to parents with learning disabilities within the child protection system. The LSCB contributed a total £16,325 to SAM in 2013-2103 which also included a contribution towards the development of 'easy read' child protection materials for parents with learning disabilities.

Parent Referrals Report 2013 – 2014

Overview

- 44 referrals (increase from 2012 – 2013 by 64%) of which:
  - 9 were self-referrals
  - 23 were new clients
  - 21 were known to the service
  - 27 of were Child Protection
  - 17 of the referrals were general parent advocacy
- The service actively worked with 22 parents
- The service has had a waiting list for the parents all year; capacity has been to its fullest at all times
- The service has been unable to respond to the highest priority cases which involve parents going through child protection procedures because of the increase on the demand for advocacy in these cases

Case Studies
• Parents of toddler - Child remaining in home under a full care order. Support parents at all LAC reviews, enabled social worker to best communicate with parents, attended solicitor appointments, attended PLO meeting, facilitated parents through a very difficult process when child was removed from their care. Subsequently support parents through a very complicated legal process of injunction and appeal for the return of their child. These parents would not have been able to access any of this information without our support and would not have had the opportunity to challenge the decisions made about their son. • Parents of new born – Parents returned from out of county parent assessment unit having failed their assessment. Child was in interim foster care, SAM supported parents through court process and supported parents to attend court in Chippenham and Salisbury. Parents have no other support from any other service. Parents would not

have been able to get to court outside of Swindon without support would not have been able to understand the proceedings or make positive statements in this case. SAM supported parents at contact and all issues around contact, and supported parents at final contact before adoption. SAM arranged adoption counselling for parents and attended to ensure it was accessible. SAM prepared a post adoption story book and communicated Social Work requests to the parents as this relationship had broken down.

Future Challenges

It is often reported in research that parents with learning difficulties are at a higher risk of becoming subject to child safeguarding procedures and are an overrepresented group in child protection conferences and court proceedings. It is also estimated that between 15 to 22 percent of parents involved in child protection conferences and care proceedings have a learning disability. Due to changes in the law, child protection cases have shorter time frames resulting in the service needing to become involved at the very earliest stage. The increase of referrals has had a huge impact on the service and SAM has not been able to meet the need.

Increased referrals from solicitors have resulted in the service receiving large amounts of information that then needs sharing accessibly to our client group. This has resulted in work being completed outside of paid hours. It is becoming clear that there are a greater number of child protection cases that involve parents with learning difficulties, most of these are borderline and receive no other service. It is also clear that the service is making a difference to parents regardless of the outcome and therefore it is a concern to have waiting lists fixed in such short timeframes.

See the Adult, See the Child (STASTC)

This area of work was led by the LSCB STASTC working group, chaired by Jeannette Chipping, NSPCC Service Manager

Summary

The Swindon See the Adult See the Child Protocol was developed to provide a framework for Children's and Adult services to better work together. The protocol has a particular focus on parental mental health, substance and alcohol misuse, domestic abuse and parental learning disability, sometime referred to as the 'Toxic Trio'. A short term STASTC working group was formed in April 2013 with representatives from Adult Social Care, Commissioning, Alcohol and Substance misuse agencies, Children's Services, Probation, Adult and Child Mental Health services, Community Safety Partnership, Young Carers and the Salvation Army. The group was chaired by a service manager from the NSPCC. The focus of work included:

- Refreshing the See the Adult See the Child Protocol
- Facilitation of practitioner workshops for adults and children's services
- Creation of good practice case studies for use in training
- Development of See the Adult See the Child themed training
- Organisation of a See the Adult See the Child Conference to raise awareness of the 'Toxic Trio'

The working group meetings facilitated multi agency discussion on good joint working practice and made recommendations for auditing within the represented organisations. The group considered and made recommendations following the findings from the Neglect and Domestic Abuse case reviews completed by the Quality Assurance sub group and the Ofsted report '*What about the children? Joint working between adult and children's services when parents or carers have mental ill health and/or drug and alcohol problems*'

Achievements

- Revision of See the Adult See the Child Practice Guidelines - available on the LSCB website
- Well attended practitioner workshop held on the theme of substance misuse in families
- Toxic Trio is a priority within the LSCB Strategic Business Plan
- See the Adult See the Child training courses (domestic abuse, substance misuse, parental mental health) are part of the LSCB training programme
- Well attended conference held in 2013 on the theme of See the Adult See the Child with positive evaluation
- Wiltshire Probation, Adult Social Care and Crime Reduction Initiative provided good practice case studies for use in training

- Avon Wiltshire NHS Partnership audited the Crisis Intervention Team caseload and implemented recommendations about recording service user contact with children

Recommendations

The working group went far to raise awareness of the need for children's and adults services to work together. In 2014, the Pregnancies, Early Years & Young People Group was developed through the LSCB Performance sub-group to monitor and report on effective working across children's and adults services with particular focus on pregnancies and children and young people whose parents are service users of adult substance misuse treatment services.

Within the group's terms of reference is to enhance working relationships through See the Adult See the Child, Hidden Harm and specific commissioned areas. The membership of the group is made up from the Local Authority, Voluntary Sector, Health Services and Drugs & Alcohol Services.

The group meets bi monthly and reports to the LSCB Performance sub-group. The chair of the group is the Senior Commissioner for Drugs and Alcohol.

To avoid duplication and overlap of work, the See the Adult See the Child Working Group supported the recommendation that its work comes to an end in May 2014 to be replaced by the Early Years & Young People Group.

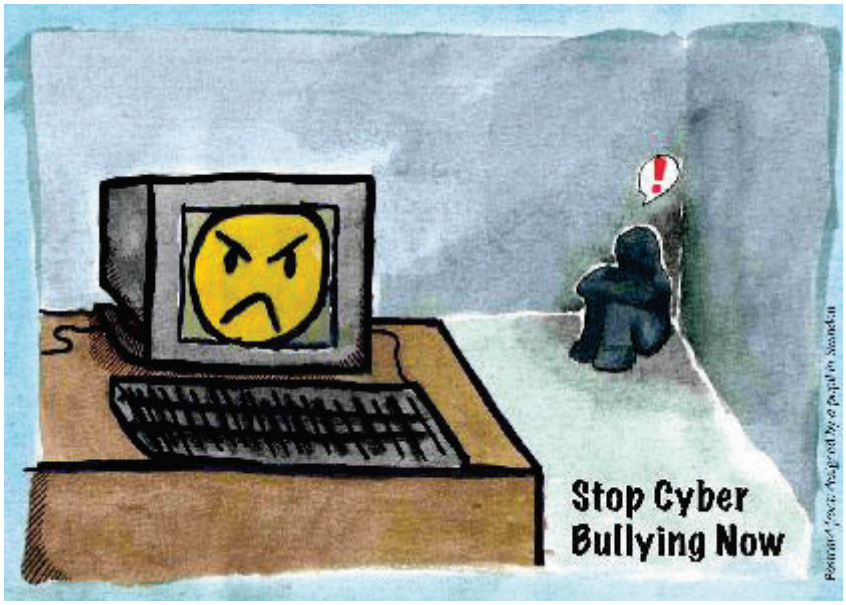
Cyber Bullying Strategy

Achievements

- Swindon LSCB produced a postcard for every young person in Swindon at Key Stage 2 and above, giving them advice about where to go for help about cyber bullying
- A poster has been designed signposting young people and vulnerable adults where to find help about cyber bullying

Overview

In response to the results of the 2013 Annual Schools Internet Survey and Feeling Safe Survey, the LSCB organised an awareness-raising campaign around cyber bullying.



A competition was launched in December 2013, open to children in Swindon, to design a postcard about cyber bullying. The LSCB received more than 500 entries, which were short-listed to 6 designs. These were put on the LSCB website and students were invited to vote for their favourite. The LSCB produced 30,000 postcards of the winning design.

A poster was designed, based on the postcard but relevant to vulnerable adults as well as children. Thamesdown Transport has offered display space on all their buses and the LSCB Awareness & Engagement sub-group is exploring other possible locations for this.

Impact

- Swindon schools, colleges and other education settings were given a postcard for each of their students (Key Stage 2 and above) to be distributed on or around Safer Internet Day on 11th February 2014.
- Conversations with children and parents during the LSCB Awareness-raising sessions in the community evidenced that the postcards had been widely distributed and found to be useful.
- The Schools' Safeguarding Adviser has seen evidence of the use of the postcards through her safeguarding visits to schools.

The Head teacher at X Primary School confirmed that the cyber-bullying postcards (produced by the LSCB) were circulated to all children and shortly after a parent visited school to report that the advice from the card had been followed, in relation to an internet safety issue with their child.

The Junior Good Citizen e-safety questionnaire, carried out with approximately 1300 10 year olds, asked:

'If you or your friend receives a bullying text message, should you delete it?'

81% said no in 2014, compared to 42% in 2012

It is anticipated that evidence of the impact of the cyber bullying strategy will be seen through the next pupil Internet Survey.

Challenges

There is anecdotal evidence that children comment that they are being cyber bullied from a single event. At the other end of the scale, children appear in some cases to have normalised to cyber bullying due to the prolific nature of abusive comments across the internet. Therefore the challenges are to educate children, working in partnership with schools and other agencies, and to break down the acceptance of negative and derogatory comments online. The online behaviours of some parents also need to challenged, in setting an example of responsible role modelling. Coupled with these challenges are the ever changing platforms that children use to communicate, many of which offer anonymity, which in turn break down positive social behaviour due to the absence of accountability.

In response to these concerns the LSCB e-safety subgroup are developing a targeted survey to establish children's understanding of online bullying. The evidence obtained will be used to advise agencies and specifically schools, in addition to reforming parental sessions to raise the awareness of appropriate online behaviours.

Safeguarding in Schools

All schools and colleges, including academies, are asked to complete a safeguarding audit, evaluating practice and outcomes from the previous academic year. The audit takes the form of a self-evaluation tool and a copy is returned to the schools' safeguarding adviser during the autumn term. Where an aspect of the audit is highlighted as needing development, actions are identified and feed into the schools' development/improvement plans.

The completed audits inform the completion of the section 175 review. The audits inform school monitoring visits which are completed by the schools' safeguarding adviser (SSA) over a three year rolling cycle. At the end of a monitoring visit the SSA will make a judgement about whether the audit accurately reflects how well safeguarding requirements are being met and will identify actions to move the school or college forward.

Actions from this report inform the schools' safeguarding adviser's work-plan.

- This year 96% of schools / academies completed and returned the safeguarding audit
- From the audits completed and returned (75):-
    - All schools report that there is a designated child protection co coordinator (DCPC) and deputy in place, with 97% of DCPCs being members of the senior management team
    - 97% of schools have a link governor for child protection and safeguarding
- Half day monitoring visits took place in 23 schools between January 2013 and December 2013 - 2 infant school visits, 15 Primary school visits, 4 secondary school visits and 2 special school visits. A joint visit was also undertaken with the Early Years Adviser to a children's centre
- A total of six school safeguarding briefings were held, with 70 % of schools/ academies/ colleges attending the final round during the summer term. 53% of delegates evaluated this briefing as excellent, 46% as good and 1% as satisfactory. Two additional sessions were run for those new to the role of designated CP co coordinator

To access the full audit report, visit the 'LSCB related information' on Swindon Schools Online <Schools Safeguarding Report >

Safeguarding in Early Years

The Early Years Safeguarding Adviser's (EYSA) role has steadily grown over the past year and to reflect this growth the EYSA is now employed for 26 hours per week (previously 18 ½ hours). The EYSA manages and supports the early year's sector with safeguarding policy and practice.

Audits/Reporting

A revised annual audit was distributed to all group settings and Children's Centres in September 2013. This enabled settings to check that they were meeting all of the EYFS safeguarding and welfare requirements. The EYSA monitors all safeguarding audits and uses the information to identify settings to prioritise for a safeguarding visit.

- 100% (87) of group settings and Children's Centres returned the audit; this is an improvement on last year when approximately 70% were returned
- The feedback from settings was wholly positive and included comments that the process of auditing was very useful
- Child-minders were sent a safeguarding audit for the first time
  - 42% (137/330) of child-minders returned the audit. The audit will be sent out again next year with further work to encourage completion and return. Trio are following up those where no information is held
  - 99% (136) of child-minders who returned reported having an up to date child protection policy; 1% (1) reported that they were in the process of updating their policy as a result of the audit
  - Approximately 66% of child-minders have attended, or are booked onto, safeguarding training at the appropriate level. There are no comparison figures as this is the first time data has been collected
- Trio Childcare is commissioned to support child-minders in Swindon. As a result of the audit, Trio have been issued with a RAG rating report enabling them to identify child-minders who need additional safeguarding monitoring or support
- Since March 2014, Trio have reported to SBC quarterly on the levels of safeguarding support offered to child-minders. This has enabled the EYSA to monitor the levels of safeguarding support given to child-minders where there are safeguarding concerns

Monitoring Visits

The EYSA visits all group settings and Children's Centres on a 3 year cycle. The monitoring visit covers a review of the child protection policy, staff safeguarding knowledge and practice, safer recruitment and allegations procedures, record keeping, site security and effective information sharing. Currently 85% (71) of settings have been visited. The EYSA also completes support visits for settings with an 'inadequate' or 'requires improvement' Ofsted grading.

- 31 settings received a monitoring visit between September 2013 and July 2014
- 3 settings judged as inadequate by Ofsted between September 2013 and July 2014 have been supported with safeguarding procedures. One of these settings has since been re-inspected and graded 'good' (May 2014)

Supervision

The results of a supervision questionnaire in March 2013 suggested that under half of EY providers were delivering supervision sessions for their staff and managers were not confident with the delivery of supervision.

- A supervision policy and template for supervision was circulated to all EY providers in November 2013. The EYSA will circulate a further supervision questionnaire to settings to monitor the impact
- Two single agency supervision training sessions ran with 40 delegates attending. Due to the popularity, there are another two single agency training sessions running in the 2014/15 training timetable
- In the last 6 monitoring visits completed by the EYSA, managers have reported to the EYSA that regular supervision is embedded in practice

Early Help Record and Plan

Early Years Providers have been supported with implementing the new Early Help Record and Plan. The training sessions have been well attended by the EY sector. Kathy Macdonald has made two presentations at EY Briefing sessions introducing Early Help Record and Plan and providing guidance on completion of the paperwork.

- Approximately 80% (64) of settings attended the EY Briefing sessions

Future Challenges

- To improve the number of child-minders who are trained to the appropriate level increase (i.e. level 2 safeguarding within the last 3 years) currently about 66%
- To ensure EY staff make a valuable contribution to multi-agency meetings by increasing the proportion of EY managers attending conference and core group training, currently at 55% (45)
- Further develop effective sharing of information between agencies involved with pre-school children. EYSA to liaise with other professionals in Children's Centres, Health and Social Care
- Monitoring visits by the EYSA have identified child protection records, in group settings, as an area in need of development. The EYSA will provide support and training on keeping records through EY Briefing sessions and individual support
- Further monitoring of Safer Recruitment Procedures within EY group settings by the EYSA

Ofsted Review of the LSCB

In March 2014 Ofsted undertook an inspection of Swindon Borough Council's services for children in need of help and protection; children looked after and care leavers, and a review of the effectiveness of the LSCB in Swindon.

The overall judgement For the Local Authority was 'requires improvement':

'There are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of children in care is safeguarded and promoted. However, the authority is not yet delivering good help, protection and care for children, young people and families.'

The judgement of the effectiveness of the LSCB was '**good'**:

'The LSCB coordinates the activity of statutory partners and has mechanisms in place to monitor the effectiveness of local arrangements.'

Key strengths and weaknesses:

- Effective governance arrangements and good Board attendance
- Financial stability, with further income being generated from training
- A respected Chair, who also is a member of the Children's Trust Board and has built up effective working links with the Health and Wellbeing Board and the Adult Safeguarding Board, and who has been able to influence the direction of work and priority setting
- The Board and Chair demonstrate effective challenge to agencies, including undertaking a test of assurance in relation to proposed senior management changes in Swindon and challenging health services on provision of suitable accommodation for young people with serious mental health issues. In both examples change occurred to support safeguarding practice
- The Board has been restructured to improve members' interaction with each other and to allow at each Board meeting an opportunity for workshops enabling members to have a very effective learning environment. The Chair also ensures that he and sub-group chairs meet regularly to ensure that suitable progress is being made on working priorities
- The annual strategic business plan effectively identifies improvement priorities and appropriately identifies actions and timescales
- The LSCB undertakes a range of monitoring and bespoke audits, including domestic violence and children subject to child protection plans for a second or subsequent time. Although there have been no recent serious case reviews in Swindon, the LSCB has commissioned two local case reviews, including a SCIE review on neglect. Staff were familiar with the messages contained within the Neglect Pocket Guides developed as one of the actions from this review
- The LSCB is active in seeking to ensure that services providing support to adults over mental health and alcohol and drug dependency are aware of safeguarding issues

- The LSCB annual report is comprehensive in its coverage of LSCB and sub-group activity, however is overly descriptive and lacks sufficient analysis of performance or weaknesses
- The Board and Performance sub-group undertake regular monitoring of performance data. There is an over reliance on data and targets and less focus on qualitative information from agencies, which means that the Board and members are less aware of and able to challenge day to day practice
- The LSCB has highlighted issues around child sexual abuse and exploitation, including initiating an annual snapshot audit of children at risk. However, lack of information to the Board on practice in relation to CSE means that the Board is not monitoring the effectiveness of local arrangements as well as it should. The Board has been instrumental the development of the multi-agency risk panel in relation to child sexual exploitation. Such work is very effectively supported by the recent commissioning of the 'Chelsea's Choice' play, which examines issues of sexual exploitation and abusive relationships and has been performed to professional groups and young people in schools
- The SSCB has been instrumental in ensuring that there is a range of policies and procedures in place, including a multi-agency threshold document, work with the Children's Trust on the early help record as a replacement for the common assessment framework, and the development of the framework for neglect
- The Board supported updates and revisions to the domestic violence strategy and needs assessment
- A well-developed cyber-bullying strategy has been a further successful strand of work in keeping children and young people safer
- The LSCB provides a range of multi-agency training, including core areas such as child protection, domestic violence and CSE. Training is evaluated at delivery and longitudinally at four weeks after course attendance, and results indicate that the training is valued and the quality is felt by staff attending to be high. Such findings were reflected in conversations with practitioners during the period of inspection

<u>Areas for improvement:</u>

1. SSCB should ensure that information provided by agencies to enable the monitoring of performance contains sufficient qualitative information and analysis in order that the Board can build up a picture of effectiveness and quality of services for children, young people and their families
2. SSCB and relevant sub-groups must ensure that there is sufficient challenge to agencies where poor practice is identified. SSCB should seek assurances that there are action plans and timescales in place for improvement.
3. The Chair and Board should ensure that the SSCB annual report has a focus on the child's journey and experiences of safeguarding services.

Both the Local Authority and the LSCB have developed action plans to address the issues identified.

Governance

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

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

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

- Swindon Borough Council, Director Children Services
- Swindon Borough Council (Service Director Head of Children, Families & Community Health; Head of Commissioning Children & Adults; Head of Safeguarding)
- Swindon Borough Council, Housing, Libraries & Leisure
- Swindon Borough Council, Economy & Attainment
- Wiltshire Police
- Wiltshire Probation Trust
- NHS England
- Swindon Clinical Commissioning Group
- Public Health
- Designated Doctor, Child Protection
- Designated Nurse, Child Protection
- Great Western Hospitals NHS Foundation Trust
- Avon & Wiltshire Mental Health Partnership NHS Trust
- Oxford Health NHS Foundation Trust
- South West Ambulance Service NHS Foundation Trust
- CAFCASS
- Swindon Early Years
- NSPCC
- Swindon Youth Offending Team
- Wiltshire Fire & Rescue Service
- Adult Services

- Public Protection & Streetsmart

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

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

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

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

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

Two lay members have been part of the Board since March 2012. The remit of the lay members is to:

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

The Board is independently chaired by Mike Howard, Independent Consultant, and meets quarterly. The LSCB Independent Chair is a member of the National Association of LSCB Chairs, which is a conduit for best practice, and has established a close working relationship with the Chair of the Wiltshire LSCB. He is also Independent Chair of Swindon's Safeguarding Adults Board.

A protocol has been agreed that sets out the relationships between the LSCB, the Local Safeguarding Adults Board (LSAB) and the Swindon Health & Wellbeing Board. The LSCB Chair is a member of the Children's Trust Board and joint work between the two Boards ensures that the work of each Board is not duplicated, and that good practice and issues of concern are shared.

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

Swindon LSCB believes that:

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

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

Swindon LSCB will further ensure that:

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

To enable it to fulfil its responsibilities, Swindon LSCB has established the following sub-groups:

- Awareness & Engagement (joint with the Local Safeguarding Adults Board)
- E-Safety
- Performance
- Policies & Procedures (links with the South West Policies & Procedures Group)
- Quality Assurance
- Safeguarding Disabled Children
- Serious Case Review
- Sexual Exploitation & Runaways
- Training & Safe Workforce

Each of these groups has defined its membership and terms of reference and works to an annual action plan developed with reference to the LSCB Strategic Business Plan.

In July 2012 a short term working group was established with the purpose of developing an action plan to further implement the 'See the Adult, See the Child' protocol across children's and adult's services in Swindon.

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

A Chairs Group, consisting of the Chairs of all LSCB sub-groups and working groups, as well as the Service Director, Children, Young People & Community Health, the Designated Doctor and the Chair of the Domestic Abuse Steering Group, and chaired by the LSCB Chair was established in February 2013 to facilitate communication between the various sub-group chairs and to respond to their wish for greater direction from the Board.

Regular reports are presented to the Board for scrutiny relating to:

- Advocacy
- Allegations Management
- Awareness & Engagement
- Child Death Overview Panel
- Domestic Abuse
- E-Safety
- Licensing & Gambling
- Looked After Children
- Performance
- Policies & Procedures
- Private Fostering
- Quality Assurance
- Safeguarding Disabled Children
- Safeguarding in schools
- Section 11 audit
- Serious Case Reviews
- Sexual Exploitation & Runaways
- Training & Safe Workforce

The LSCB commissioned an independent facilitator for its business planning workshop/development session in January 2014, to which members of the Swindon Children's Trust Board were also invited.

During the last year, the LSCB has reviewed how it conducts business, to enable it to more robustly challenge the local authority and its partners on the effectiveness of the help and protection offered to children, young people and families locally. LSCB Board meetings have become more interactive, with the introduction of breakout sessions, to allow all Board members to participate in discussions and challenge in depth issues such as neglect and domestic abuse.

LSCB Budget

	2013-14 Budget	Outturn Position	Variance
Expenditure			
Employment Costs			
LSCB Posts	104,000.00	96,555.45	-7,444.55
Lay Member expenses	100.00	0.00	-100.00
Child Protection Minuting	20,800.00	20,800.00	0.00
Independent Chair	16,500.00	18,052.20	1,552.20
	141,400.00	**135,407.65**	**-5,992.35**
Multi-Agency Training			
Training Programme	40,000.00	40,089.79	89.79
Events & Conferences	8,000.00	6,227.37	-1,772.63
	48,000.00	**46,317.16**	**-1,682.84**
LSCB Projects & Statutory Agenda			
Advocacy - Voice	28,000.00	28,000.00	0.00
Advocacy – SAM	10,800.00	16,325.00	5,525.00
Missing & Runaways	500.00	350.00	-150.00
Awareness & Engagement	5,000.00	3,391.13	-1,608.87
Child Protection Procedures	2,000.00	1,922.32	-77.68
Child Death Review	359.00	364.05	5.05
	46,659.00	**50,352.50**	**3,693.50**
Business Support			
Staff & Member Development	7,000.00	1512.28	-5,487.72
General Supplies	200.00	45.47	-154.53
Design & Printing	1,500.00	1231.21	-268.79

Hospitality	500.00	587.00	87.00
	9,200.00	**3,375.96**	**-5,824.04**
Total Expenditure	**245,259.00**	**235,453.27**	**-9,805.73**
Funding			
Annual Contributions			
CCG	-44,150.00	-44,150.00	0.00
GWH	-17,699.00	-17,699.00	0.00
Police	-12,448.00	-12,448.00	0.00
Probation	-4,473.00	-5,048.00	-575.00
CAFCASS	-389.00	-389.00	0.00
	-79,159.00	**-79,734.00**	**-575.00**
Local Authority Budget Allocation			
Local Authority	-116,300.00	-115,894.27	405.73
Swindon Early Years Training	-4,000.00	-4,000.00	0.00
	-120,300.00	**-119,894.27**	**405.73**
Training Income			
Course Income	-18,000.00	-27,080.00	-9,080.00
Events & Conferences	-6,000.00	-8,745.00	-2,745.00
	-24,000.00	**-35,825.00**	**-11,825.00**
Total Funding	**-223,459.00**	**-235,453.27**	**-11,994.27**
Total Balance	**21,800.00**	**0.00**	**-21,800.00**
Prior Years Underspend Balance	82,307.64	82,307.64	
Funding required to support in year budget	-21,800.00	0.00	
Remaining Underspend Balance	**60,507.64**	**82,307.64**	

Other LSCB sub-group activity

Swindon LSCB has a number of sub-groups that are crucial in ensuring that the Board's business plan is delivered. Each sub-group has a clear remit and a transparent reporting mechanism to the LSCB, with each group's terms of reference and membership reviewed annually.

Awareness & Engagement

Chair: Doug Bale, Adult Safeguarding Manager (to February 2014)/ Dale Colsell, Team Manager-U-turn (Young People's Substance Misuse Service) (from February 2014)

Achievements

- Developed a database of groups within the town which enabled the LSCB & LSAB to contact 113 organisations with information about safeguarding and offers of awareness-raising sessions
- The lay member of the LSCB supported this work by making direct telephone contact with these groups to prompt further interest
- 5,733 people accessed safeguarding messages by visiting the new LSCB website – accessibility is much better for children and families
- Hundreds of members of the community visited the Community Safety Partnership bus in February
- There is direct evidence that receipt of a safeguarding pack led to one organisation referring appropriately through the allegations management process

Overview

The Awareness & Engagement sub group has been set up in partnership with Swindon's Safeguarding Adults Board to improve and increase awareness around safeguarding children, young people and adults at risk. The objective of the group is to engage with groups within the community who are less involved in other forums, and provide awareness sessions and information to pass on to their members and people they have contact with in the community. During the last year, the sub-group has focussed particularly on faith groups, voluntary sector organisations and private leisure providers.

The sub-group has also considered the publicity available and approved versions of material prior to publication. The LSCB website was redesigned in 2013 and its content and usage is monitored by the sub-group.

To engage directly with the community about safeguarding children and adults at risk, in February 2014, the Community Safety Partnership bus was used to deliver these messages in a variety of locations across the town. One of the outcomes from this initiative was to

check out the impact of the cyber bullying strategy. (See section 7). The Awareness & Engagement sub-group participated in the judging of the postcard campaign and the design of a poster being displayed on buses in the town.

Impact

Although it is difficult to identify direct improvements for children and young people, the sub-group believes that raising awareness within the community will contribute to safeguarding children and young people, as those living and working in the community will be aware of what to do and who to contact if there is a safeguarding concern.

Future Work Plan and Challenges

- Community groups understanding the relevance of safeguarding to them and taking ownership of this by asking for help
- Lack of resources to respond to requests from groups for awareness-raising sessions
- Identifying existing groups and new groups where initial contact is required

E-Safety

Chair: Huw Ford, Children Services ICT Manager

Achievements

- The sub-group undertook the 5th internet pupil survey in 2013 to obtain the views and trends of children and young people
- Staff, pupil and parental sessions have been delivered directly by the sub-group to 25% of the schools during the business planning year of 2013/14
- The LSCB e-safety course offers training to all agencies and continues to provide current advice and trends of children and young people in the ever changing in light of their online behaviours
- The sub-group continues to work alongside the CSE sub-group and contribute to the action plan
- The e-safety scenario was delivered in the 2013 Junior Good Citizen programme, directly working with approximately 1500 year 6 children from across Swindon, that are defined as the most vulnerable online age group. Members of the sub-group also deliver targeted sessions with children in conjunction with the young wardens summer engagement programme
- Members of the sub-group provided advice and obtained the views of the general public via the LSCB community safety bus awareness-raising sessions in February 2014.

Impact

- Working closely with school Child Protection officers and the Schools' Safeguarding Adviser, the sub-group provides specific advice and guidance to agencies. Such advice is backed up by support from the National Crime Agency, (specifically CEOP) and the Safer Internet Centre, (www.saferinternet.org.uk)

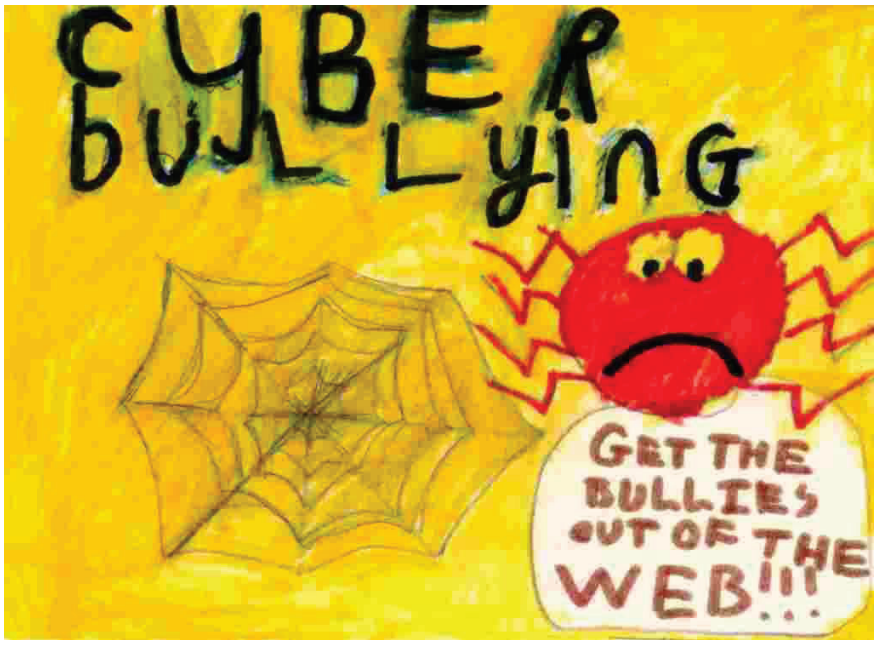
- During this year the general focus has been relating to issues of parental online public postings targeted at individuals working with children, the diversity of apps and risky behaviours taken by young children, the issues of trolling and cyber bullying, the public misinformation raising concerns of paedophiles developing apps and the growing trends of video posting of substance misuse

- Whilst the development of a free online self-assessment for all agencies has been completed and is enabling the sub-group to determine the provision of safeguarding children online from across the borough, greater engagement is required and is therefore an identified action

- Whilst there is a focus on working with schools, the sub-group is seeking to engage with a wider group of organisations that work with children and young people and the internet

Future Work Plan and Challenges

The sub-group is currently signing off a revised version of the Schools Internet survey to obtain a greater focus on outcomes for children in a primary school setting. Whilst there will be a loss of continuing trend data from the previous 5 years, this is out-balanced by the changing attitudes and use of the internet.



The decline in engagement of the secondary sector within the Schools Internet survey is being addressed in co-ordination with the Feeling Safe and Social Norms surveys in a targeted approach during 2014.

Policies & Procedures

Chair: Joanne Smith, Named Nurse for Safeguarding (Great Western Hospitals NHS Trust)

Achievements

- Escalation Policy –developed to ensure professionals are escalating concerns regarding decision making at the right time to the right level
- Allegations Management Guidance - this guidance sets out and clarifies the roles and responsibilities of LSCB members, Senior Managers, Local Authority Designated Officer (LADO) and all professionals in relation to allegations against adults who work with or volunteer with children. An accompanying flow-chart sets out the process for considering and referring an allegations
- CSE Guidance and Handbook – the CSE Handbook has been designed to support practitioners in understanding CSE, linking them into existing processes according to the child's circumstances (vulnerable, at risk of or being exploited or abused). It includes tools for identifying risk as well as clarifying sexual offences and types of grooming
- See The Adult See the Child

Neglect Framework and Pocket Guide - the neglect framework was designed, as a result of national developments and Swindon SCIE review, to raise awareness across all agencies of child neglect. The pocket guides have been developed to provide quick reference information to all practitioners

Other protocols and policies that have been developed and produced by partner agencies in conjunction with the Policies and Procedures sub-group include:

- Pan Wiltshire Children Missing from Home and Care
- Pre-birth Protocol to safeguard unborn babies

Overview

The Policies & Procedures Sub-group meets quarterly and has a multi-agency membership. The group reviews, revises and develops safeguarding procedures in response to lessons learned from Serious Case Reviews, as well as local and national issues, changes in legislation and any gaps emerging from practice.

The Policies & Procedures sub-group has produced a range of policies and protocols in the last year, to support effective safeguarding practice and reflect national and local priorities.

Future Work Plan and Challenges

- There is a schedule for revision of existing policies and procedures in light of Working Together 2013 and in response to national and local developments
- There is a consistent challenge to promote the use of multi-agency child protection procedures especially where there is considerable staff turnover within organisations

Safeguarding Disabled Children

Chair: Mark Green, Integrated Service Manager for Disabled Children

Achievements

- Two representatives of the Group reviewed how the Intimate Care Guidance was being implemented in schools. There was no evidence of poor practice. There was evidence that some children had contributed to their care plans. We will undertake another audit in 2014-15
- The child protection training specific to disabled children and young people was positively evaluated by those who attended the most recent course. We are in the process of developing a second course which will be specific to practitioners who work directly with children and young people with a disability or those who want to enhance their knowledge as a result of completing the initial course
- We held one multi-disciplinary case review where learning was identified in the areas of working in partnership with families, case management and communication between agencies. We will undertake a further "deep dive" case review in 2014/15 and any learning will be encapsulated within a sufficiently smart and measurable action plan
- The Group reviewed and updated the child protection procedures specific to disabled children

Impact

The impact has been in discreet areas as outlined in the above narrative. We want to increase our influence in 2014/15 particularly in the areas of training and the disseminating of learning from practice, also through the analysis and dissemination of research and literature in the area of safeguarding and disabled children.

We will have additional members on the group in 2014/15 with representation from the Police and a Paediatrician from Great Western Hospital.

Future Work Plan and Challenges

The challenge is to use the capacity of the membership of the group to focus on a small number of areas where outcomes can be delivered and measured which will have the greatest impact for children and young people with a disability and their families.

Board Member Agency Activity

CAFCASS

Overview

Cafcass is a non-departmental public body, sponsored as of April 2014 by the Ministry of Justice. Its principal functions are to safeguard and promote the welfare of children who are subject to family proceedings, and to provide advice to the family courts. It employs about 1870 staff, over 90% of whom are frontline.

In the period 1 July 2013 – 30 June 2014:

- a total of 126 Public Law cases were received by Wiltshire (including Swindon)
- of these 95 were Care cases
- This shows a decrease against the same period the previous year (1 July 12 – 30 Jun 13) of 15 Public Law Cases and 25 Care cases
- there has been a decrease of 109 Private Law applications where a total of 443 cases were received against 552 Private law cases in the period 2012-13
- A decrease was recorded in s7 reports where there were 221 reports received, compared to 241 in the previous year
- There were 190 children in Public Law proceedings which had a split of Male 48.9%/Female 51.1%

Achievements

- Cafcass have been fundamental in the creation of a private law sub-group, within the Family Justice Board to address performance within private law, so the children in this area of law, have a focus on the improvement of family justice for their cases
- Cafcass Wiltshire have been instrumental in leading on liaison with the Independent Reviewing Officers to ensure any Pre-proceedings Protocol work, includes the IRO's and that there is a Practice forum for Practice leads within the Local Authority to address challenges and best practice within the Public Law Outline
- Contributing to the development of the Public Law Outline and Child Arrangements Programme and working with partners to reduce the duration of care cases
- Care duration for Swindon has decreased from an average of 51 weeks (as recorded at Quarter (1 Jan 13 – 31 Mar 13) down to 30 weeks during (1 Jan 14 – 31 Mar 14), with Swindon Local Authority's last quarter being at 28 weeks
- Cafcass has delivered training regarding the Child Arrangements Programme and the writing of Section 7 assessments to 15 Swindon Borough Council social workers
- Revision of the Child Protection Policy, Operating Framework and Complaints and Compliments Policy
- 99.7% of all Care cases were substantively allocated to a Children's Guardian and that the average time to allocate these care cases took 0.4 days

- The same applied to Private Law Wiltshire ensured that 99.9% of cases were all allocated to a practitioner and also that 100% of s7 reports were filed by their agreed filing dates

Deborah Murphy
Service Manager, Wiltshire, Cafcass.

Swindon Children's Trust Board

The Swindon Children's Trust Board (CTB) and Local Safeguarding Children Board (LSCB) have continued to work well together over the last year to secure effective early help strategies and to provide focused challenge of performance reports. This relationship has been strengthened by the scheduling of meetings to enable time relevant reporting on the work of the Children's Trust Board at LSCB meetings by the CTB Chair.

The close working of the two boards is exemplified by the development and implementation of the new Early Help Record and Plan (EHR&P). Both boards in their respective monitoring roles challenged the decline in use of the CAF and impact on referrals. Board members also effectively articulated their concerns about the CAF and participated in the development of the EHR&P which replaced it. The pilot and full roll out of the EHR&P has been monitored through performance reports and in December 2014 will be the evaluation for impact by the CTB.

Participation by both the LSCB and CTB Chairs in the development of business plans for both boards has continued. This joint working provides for challenge around how lessons learnt inform early help and translate into prevention. In planning the work of the CTB for 2014/15 the LSCB's input has ensured, when consideration of the Toxic Trio was added to its schedule of work, Child Sexual Exploitation was also included.

The innovative work of the LSCB chair to promote the need for a test of assurance which would be undertaken by the independent chairs of both the LSCB and CTB delivered effective challenge which resulted in change. The council clearly valued the work done in 2012 as it requested a further test of assurance be done in the autumn of 2013. The scope of the 2012 and 2013 tests was determined by the LSCB and CTB chairs and resulted in formal consideration of the observations contained in the two reports and realignment of some roles and responsibilities of key officers as well as some reporting lines of staff.

Liz Holmes
Independent Chair, Swindon Children's Trust Board

New College

Overview

Safeguarding referrals at New College in 2013/14 have almost doubled compared to the previous academic year. The reasons for this are unclear but could be a result of a combination of factors: greater student awareness of support available through work in

schools and at College; continuing work on staff awareness led by New College safeguarding committee; helpful bulletins from the Schools Safeguarding Adviser; stories in the press raising national awareness and a growth in some concerns. The particularly noticeable increase has been related to mental well-being and suicidal intentions reported to staff in college. Reports on the FE College's Student Services network indicate that this is a national pattern.

Achievements

New College has organised joint meetings with Swindon College, Children's Services, CAMHS and others to overview support and referral arrangements for students with mental health concerns. These have been productive and helped all parties to better understand the strains we all face. We have held a training session on the Early Help Record and Signs of Safety.

We have appointed additional part time support for safeguarding in college in light of increased referrals – a Senior Safeguarding Officer will support the Student Services & Safeguarding Manager from September.

Impact

The students supported with safeguarding issues have a good overall level of retention in college. In 2013/14 the retention rate of referred students was 90%.

Future Challenges

Public sector budget cuts will challenge us all in college and partner agencies. We anticipate increased in referrals as a result of the recent high profile child abuse cases in the national media and agencies such as the NSPCC report a leap in calls to telephone help lines.

Duncan Webster
Safeguarding Manager, New College

Great Western Hospitals NHS Foundation Trust

Overview

The Great Western Hospital provides various health services for children and their families and includes maternity services which deliver over 4000 babies a year.

Achievements

- This year we opened a dedicated Paediatric Emergency department which is purpose built to provide a child friendly environment
- The CQC (Care Quality Commission) inspected the service early this year and praised the Named Nurses across the services for providing strong safeguarding leadership
- The sexual health service was identified as being exemplary and showed their contribution to identifying and supporting young people at risk of CSE

- The joint maternity and social care meeting was recognised as an area for good practice and pro-active sharing of information to identify those mothers with potential safeguarding risks
- Maternity increased their safeguarding midwife hours to provide additional support in providing training, supervision and attendance at strategy and case conference meetings
- Local MARAC meetings are attended by representatives from both our maternity and Emergency Department services

Impact

Throughout the year we have seen examples of good practice where staff have used their child protection and safeguarding learning and knowledge to protect children as identified by some case studies, for example:-

'Child shouted at by parent in waiting room area and pulled aggressively by arm and removed from department by mother. Reception staff alerted senior staff and liaised with Named Nurse and made an urgent referral to Social services who visited the family that day to safeguard child'.

There are good processes in place by key departments such as ENT, Ophthalmology and Oral Surgery when children who 'Do not attend' their hospital appointments, this information is shared with the Named Nurse and community services and referrals made if significant concern to social care.

The increased hours for the safeguarding midwife have improved the communication within the multi-agency arena and co-ordination of patients with complex social needs and safeguarding concerns.

Future challenges

Following the revised Intercollegiate Document on safeguarding core competencies the organisation this year will be focusing on delivering more training at level 3 to support practitioners in identifying and reporting on safeguarding concerns

We will this year be increasing our safeguarding supervision support to staff.

Joanne Smith,
Named Nurse for Safeguarding, Great Western Hospital

Oxford Health NHS Foundation Trust (CAMHS)

Oxford Health provides specialist tier 3 community CAMHS, Outreach Services for Children and Adolescents (OSCA), emergency out of hours mental health assessment/treatment, and inpatient psychiatric care for under 18 year olds in Swindon. Across all CAMHS services, potential risks to the young person are assessed and planned, for including the consideration of possible safeguarding and child protection issues. Staff consult with their Manager and/or the Senior Named Nurse or Named Doctor as appropriate.

Achievements

Joint Working with Police & Adult Mental Health

Oxford Health CAMHS and Wiltshire Police introduced a joint protocol in 2013 to reduce the number of Section 136 detentions under the Mental Health Act for young people, and to ensure young people in mental health crisis have the least restrictive care and support. Since it was launched, there has been a significant decrease in the need for the use of a section 136 and calls between the Police and CAMHS have increased.

Case Study
An officer was called to a multi storey car park in Swindon following a report of a 16 year old female who appeared to be threatening to jump. The officer quickly established that she had an eating disorder and suffered from depression. The officer was concerned about the risk and rather than use S136 he contacted CAMHS to discuss available options. CAMHS confirmed that they knew this young person and agreed to contact mum and arrange an emergency assessment. The young person was returned home by the police officer to the safety of her mum and an emergency assessment was carried out later that afternoon. An inpatient admission was not required but CAMHS community support was increased.

Where 136 detentions are required under the Act, partnership working between adult mental health providers and CAMHS have enabled all young people (including under 16 year olds), to access the designated health place of safety. Agreement was reached in early 2014 thus ensuring young people who were not aggressive/violent were not detained unnecessarily in a Police custody suite.

Deliberate Self Harm Protocols/Guidance

Children and young people from the CAMHS Participation Team reviewed Swindon's Multi-agency Deliberate Self Harm guidelines. They made suggestions, such as including Childline as a helpful website, which were welcomed and accepted.

Young people were involved in the Swindon-wide launch of the guidelines. They shared their personal experiences highlighting helpful and unhelpful behaviours they had experienced from professionals. Those attending found the young people's contribution both powerful and insightful.

Impact

In March this year additional qualitative feedback was sought from a sample of service users. Young people commented very favourably regarding the flexibility provided by OSCA. They felt providing young people with choice regarding where they could meet their clinician was important and valuable because:

'It shows you respect our choice'

The young people were also asked what they would like other young people to know about the service, from their own experience. They felt it was important for young people to know that:

'they will be safe'

Future challenges

In line with national trends, Swindon is experiencing an increase in the number of young people experiencing emotional and mental health concerns, and complexity in their presentation. Oxford Health is one of the largest and most comprehensive CAMHS providers in England and is currently making contributions to the Commons Select Committee National Inquiry in to CAMHS which is specifically focusing on:

- The current state of CAMHS, including service provision across all four tiers; access and availability; funding and commissioning; and quality
- Trends in children's and adolescent mental health, including the impact of bullying and of digital culture
- Data and information on children's and adolescent mental health and CAMHS
- Preventative action and public mental health, including multiagency working
- Concerns relating to specific areas of CAMHS provision, including perinatal and infant mental health; urgent and out-of-hours care; the use of S136 detention for under 18s; suicide prevention strategies; and the transition to adult mental health services

Michelle Maguire
Head of Service, Oxford Health NHS Foundation Trust

Report Authorship & Availability

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

The artwork throughout the report was created by students from Swindon schools for the cyber bullying postcard design competition in January 2014.

This report was approved for publication by the Board of Swindon LSCB in September 2014.

The final report is a public document available on the Swindon LSCB website www.swindonlscb.org.uk

The LSCB Independent Chair will present the report to meetings with key strategic partners and a limited number of hard copies have been produced for distribution to:

- Chair, Swindon Children's Trust Board
- Chair, Swindon Health & Wellbeing Board
- Wiltshire Police & Crime Commissioner
- Leader, Swindon Borough Council
- Chief Executive, Swindon Borough Council
- Cabinet Member for Children Services, Swindon Borough Council
- Director of Children Services, Swindon Borough Council

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

lscb@swindon,gov.uk

Swindon LSCB

Civic Offices

Euclid Street

Swindon

Wiltshire

SN1 2JH

Tel: 01793 463803

Appendix 1: What to do if you're worried a child is being abused

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

Children Services Family Contact Point

Tel: 01793 466903

Emergency Duty Service (out of hours)

Tel: 01793 436699

Wiltshire Police

Tel: 101

In emergency, please call 999

Allegations against staff and volunteers

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

LADO

Tel: 01793 466849

Child abuse on the web

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

www.ceop.gov.uk

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

For more detailed information, please refer to the South West Child Protection Procedures on www.swcpp.org.uk

Appendix 2: LSCB Training Statistics 2013-14

	Level One	Level Two	Level 3	Level 4	Advanced	Allegations	Conference & Core Groups	CP Update	CSE	DV Awareness	DV Advanced	E-Safety	Neglect	Safer Recruitment	Safer Recruit Update	Sexually Harmful Behaviour	Sexual Abuse	Totals
Charity		3	3	2	2	5	2	3	7	3	1			4	1	3		39
Church/Faith Group														1				1
Early Years		60	27	2	9	30	22	11	1	4	4	4	9	31	9			223
NHS Foundation Trust		7	19		4				1	1	1	2		28	3	2		68
Police		29	5		1		4	1	13			1		1			2	57
Probation							2											2
SBC		41	10		1	3	11	7	65	7	7	18	5	5	2	15	5	202
Schools/FE		49	26	2	5	26	11	22	6	12		14	6	36	25	5	7	252
Self Employed		1																1
Seqol		3					1											4
Voluntary Sector					2		2			3	3	2						12
Other not listed above		12			1		1									1		15
	373																	373
Total	373	205	90	6	25	64	56	44	93	30	16	41	20	106	40	26	14	1249

Appendix 3: LSCB Attendance Register 2013-14

Agency	Representative	June Attend	Sept Attend	Dec Attend	Mar Attend
Adult Services	John Hughes/Doug Bale	√	√	√	√
AWP	Clara Maweni/Newlands Anning/Paula May	√	√	√	√
CAFCASS	Deborah Murphy	√	√	Apols	Apols
CCG	Peter Mack	√	Apols	√	Apols
Designated Doctor	Janet King	√	Apols	√	√
Designated Nurse	Stephanie Bailey	√	√	√	√
Disabled Children Sub Group	Mark Green	Apols	Apols	Apols	Apols
E-Safety Sub-group	Huw Ford	√	√	√	√
Early Years	Jane Greening/Kay Kane	Apols	√	Apols	√
GWH NHS Foundation Trust	Rob Nicols	Apols	Apols	Apols	√
Lay Members	Michael Wadley/Lyn Davis	√	√	√	√
LSCB	Lesley Boorman/Catherine Clark	√	√	√	√
NHS England Area Team	Gill Brook	√	Apols	Apols	√
NSPCC	Jeanette Chipping	√	√	√	√
Oxford Health NHS	Michelle Maguire/Isobel Sanderson	√	√	√	√
Policies & Procedures Sub Group	Steph McQuade/Jon Peyton/Joanne Smith	Apols	√	√	Apols
Public Health	Janet Janeway	√	√	√	√
SBC - Children & Families	Sara Tough/Jo Olsson	√	Apols	√	Apols
SBC - DV Co-ordinator	Lin Williams	√	√	√	Apols
SBC - Group Director, Children, DCS	John Gilbert	√	√	√	√
SBC - Head of Safeguarding	Lucy Young	√	√	√	Apols
SBC - Housing, Libraries & Leisure	Mike Ash	√	√	√	√

SBC - Commissioning, Economy & Attainment	Paddy Bradley	√	√	√	√
SBC - Head of Commissioning, Children & Adults	Sue Wald	√	Apols	Apols	√
SBC - Public Protection & Streetsmart	Phil Thomas	Apols	Apols	Apols	Apols
SBC - Cabinet Member	Fionuala Foley	Apols	√	√	Apols
SCR Sub Group	Stephanie Bailey			√	√
Schools - Primary	Sue Kershaw	√	√	√	√
Schools - Secondary	Wendy Conaghan/Julie Tridgell	√	√	Apols	√
Schools - Special	Kathie Bryan	√	√	Apols	√
SW Ambulance Service	Sue Smith /Ali Mann	Apols	Apols	√	Apols
Swindon Colleges	Duncan Webster/Jo Kelly/Mark Burton	√	√	√	Apols
Voluntary Sector	Stephanie Hathaway	Apols	√	√	√
Wiltshire Fire Service	Yasmine Ellis	Apols	√	√	√
Wiltshire Police	Kier Pritchard/Caroline Evely	√	√	Apols	√
Wiltshire Probation	Liz Hickey/Liz Rignenberg	√	√	√	√
Youth Offending Team	Kevin Leaning	√	√	√	√

Appendix 4: LSCB Strategic Business Plan 2013-2014

PRIORITY AREA ONE: EFFECTIVE RESPONSES TO SPECIFIC SAFEGUARDING CONCERNS			
Outcome for 2013-2014	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
Detailed strategies and comprehensive approaches to **Child Sexual Exploitation** and **Domestic Abuse** that keeps children and young people safe and promote effective intervention with those who are at risk	1.1 A clear understanding of Child Sexual Exploitation in Swindon is informed by the LSCB Sexual Exploitation Annual Needs Analysis and recommendations are implemented via the Sexual Exploitation & Runaways action plan	Sexual Exploitation & Runaways Sub Group	September 2013. Needs analysis findings reported to the LSCB
	1.2 Inter-agency policies support and processes support the effective identification, assessment and intervention on the broad themes of Prepare, Protect, Prevent and Pursue/Prosecute and at a level appropriate to the needs of children and young people	All/ Sexual Exploitation & Runaways Sub Group/Policies & Procedures Sub Group	March 2014
	1.3 The LSCB understands the synergy between the LSCB and LSAB and how the principles of See the Adult See the Child and the Community Safety Partnership are embedded to safeguard children at risk of harm from Sexual Exploitation and Domestic Abuse, as evidenced through audit	LSCB/Chair	September 2013
	1.4 Systems are in place i.e. Sexual Exploitation Needs Analysis and Children & Young People Domestic Abuse Needs Assessment, for monitoring and evaluating the effectiveness of multi-agency responses to Sexual Exploitation and Domestic Abuse	Sexual Exploitation & Runaways Sub Group/Domestic Violence Steering Group/Quality Assurance Sub Group	June 2013
	1.5 The Early Support Hub has clear information sharing protocols and provides a forum to effectively share information and intelligence on Sexual Exploitation and Domestic Abuse as evidenced through file audit	Service Director, Head of Children, Young People & Families	March 2014

	1.6 Training is planned and delivered which meets the needs for knowledge and skills of staff working with children and young people at risk of Sexual Exploitation and Domestic Abuse so they are suitable skilled to intervene effectively as evidenced through the training evaluation framework	Training & Safe Workforce Sub Group/ Domestic Violence Steering Group	March 2014

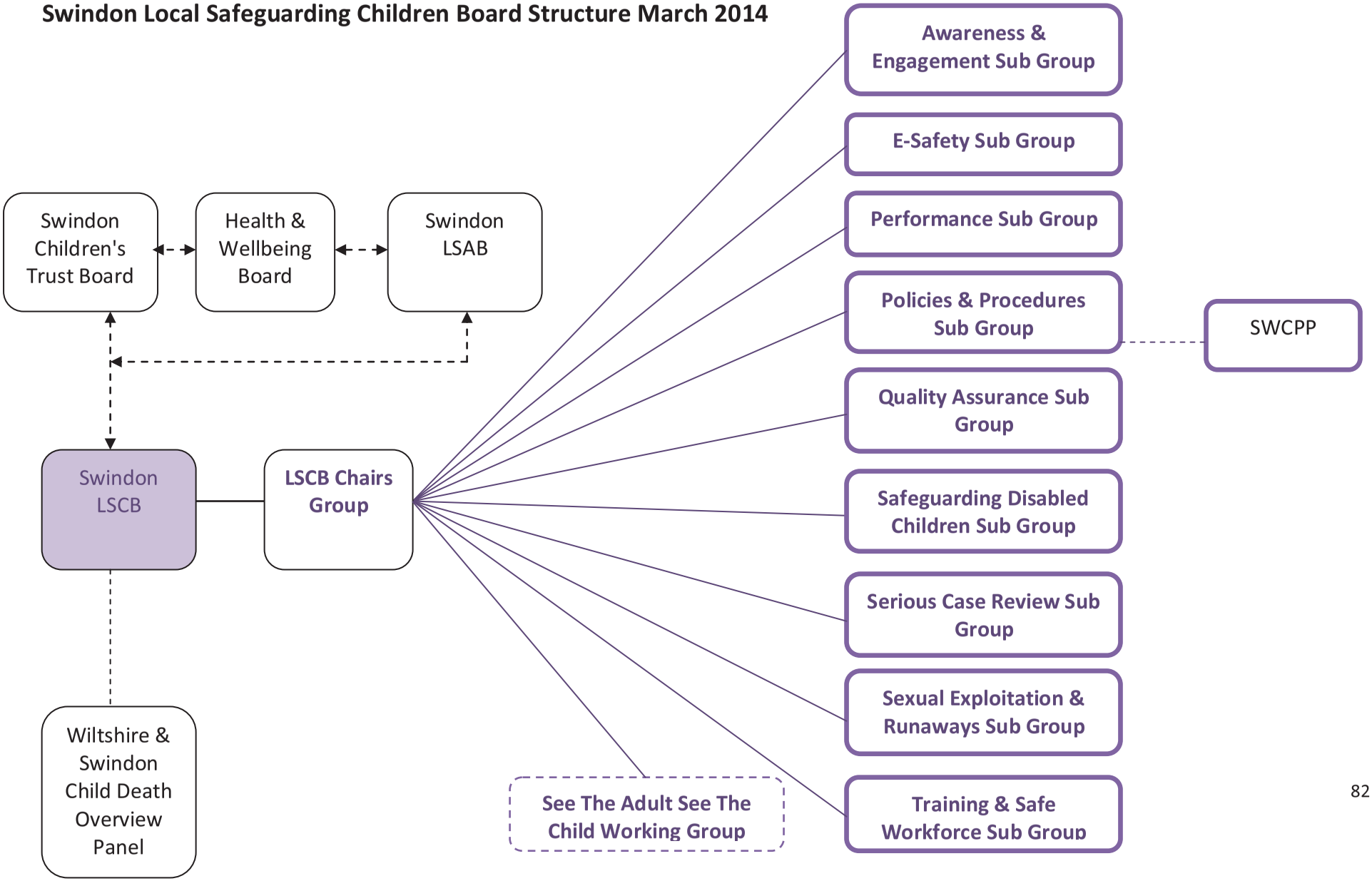
PRIORITY AREA TWO: EFFECTIVE EARLY INTERVENTION AND SAFEGUARDING			
Outcome for 2013-2014	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
The LSCB can demonstrate that children and young people in Swindon receive effective early intervention that meets a range of needs in different communities	2.1 The LSCB agrees an early help statement which understands the role for the Children's Trust and sub groups	LSCB	June 2013
	2.2 The LSCB has a clear understanding of how agencies identify safeguarding risks and how they work together to build services around children and families through audit and reports to the Performance Sub Group	LSCB	April 2013
	2.3 The LSCB has a clear understanding of 'the journey of a child' and challenges the way agencies work together through different journeys of children with differing needs, through audit and learning from the SCIE Model	LSCB	April 2013
	2.4 The LSCB understands where the gaps are in service provision at all levels of need, manages them as a risk and challenges those agencies involved	LSCB/Quality Assurance Sub Group/Performance Sub Group	March 2014
	2.5 The LSCB ensures that the Early Support Hub and Single Assessment Process is established so referrals and responses for children with all types of need are effective and consistent	LSCB/Service Director, Head of Children, Young People & Families	March 2014
	2.6 The LSCB policies, procedures and training support development of knowledge and confidence to assess and manage risk at all levels of intervention, evidenced through the training evaluation framework and learning events	LSCB/Training & Safe Workforce Sub Group/ Policies & Procedures Sub Group	March 2014

PRIORITY AREA THREE: COMMUNICATION AND ENGAGEMENT			
Outcome for 2013-2016	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
The LSCB and partner agencies communicate effectively with children and young people; their families; the community (including different sections of the Community); and staff at all levels from partners agencies	3.1 On-going engagement with children and young people, involved with acute safeguarding services and general services (schools, Junior Good Citizen); their inclusion in different LSCB activities; the LSCB takes advantage of different opportunities to communicate	School and Early Years Safeguarding Advisers/ E-Safety Sub Group/Disabled Children Sub Group	March 2014
	3.2 Systems that allow for effective communication within the LSCB and between LSCB subgroups and the Children's Trust Board though sharing of information in meetings with Children's Trust Board Chair and coordination of agendas four times per year	LSCB Business Manager	March 2014
	3.3 The LSCB is represented and creates clear links on all multi-agency partnerships where safeguarding is a focus of their work e.g. Early Hub, Domestic Abuse Steering Group and Sexual Violence Strategy Group; Health and Wellbeing Board; Adults' Safeguarding Board evidenced through minutes of those meetings and identification of areas of joint work.	Chair	March 2014
	3.3 Engagement with parents around specific safeguarding issues	E-Safety Sub Group/ Quality Assurance Sub Group	March 2014
	3.4 The LSCB communicates with the local workforce and community to raise awareness of safeguarding issues, through the LSCB website, Annual Conference, Annual Report, community partnerships and directly with public	LSCB/Training & Safe Workforce Sub Group/Engagement & Awareness Sub Group	March 2014

PRIORITY AREA FOUR: PERFORMANCE MANAGEMENT			
Outcome for 2013-2014	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
The LSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon	4.1 The LSCB supports the establishment of a performance sub group with each agency reporting, based on data: Three strengths, three risks and mitigating actions against effectiveness of early help and safeguarding. These are recorded at each LSCB meeting	Performance sub group	April 2013
	4.2 Regular programmes of quality audits, which include interviews with practitioners and support an understanding of the child's journey, are used by the LSCB to challenge practice and make recommendations to improve and are discussed and improvement actions agreed at LSCB	QA sub group	March 2014
	4.3 The LSCB receives regular 'health check' reports from each agency represented on the board (that include vacancy, turnover) and identifies areas of improvement if required	Performance sub group	March 2014
	4.4 The LSCB supports an audit and review methodology that promotes learning, and encompasses the perspective of the child and the family as well as the practitioner. Findings of audits are reported to each relevant LSCB Sub Group to ensure learning and improvement in practice and outcomes for children	Performance sub group/ QA sub group	March 2014
The LSCB performance management framework supports and promotes effective challenge by the LSCB so that early intervention and safeguarding improve	4.5 Regular high level reporting to LSCB for scrutiny and feedback with a focus on what board members can do to improve/change practice. To include learning from; SCIE methodology, Section 11, single agency audits.	Performance/QA sub group/LSCB	March 2014

Appendix 5

Swindon Local Safeguarding Children Board Structure March 2014



NHS Swindon Clinical Commissioning Group Operational Resilience

Health and Wellbeing Board **8 October 2014**

Author: Gill May- Executive Nurse Swindon CCG

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 Residents of Swindon use the services of our health and social care community all year round but there are certain times in the year when the levels of demands increase. Swindon continues to see a growth in demand of services, particularly the use of Primary Care and A&E departments. Swindon is not alone in seeing high level of demands, this is a national picture.

1.2 Some of the reasons for this are well understood, for example during the winter people are more susceptible to flu and viruses, and these often effect the frail elderly, more falls and accidents occur due to the changeable weather conditions.

1.3 For many years commissioning and provider organisations have been required to produce winter plans ensuring there is robust and sufficient capacity to meet these expected demands and patients needs, however we now need to move towards all year round planning.

1.4 On 13 June 2014 NHS England, Monitor, the NHS Trust Development Agency and the Association of Directors of Adult Social Services published a joint guidance document to support planning for operational resilience during 2014/15.

1.5 The guidance covers both urgent and planned care and makes clear that resilience needs to be delivered while maintaining financial balance and that there can be no trade-off between finance and performance. In addition the plan must demonstrate the measures to support the changes arising from the Better Care Fund.

1.6 The Guidance can be found at:

http://www.england.nhs.uk/wp-content/uploads/2014/06/op-res-cap-plan-1415.pdf

1.7 This paper contains the Swindon CCG Operational Resilience Capacity Plan (ORCP) for 2014/15, designed to improve the planning of scheduled and unscheduled care for the registered population of Swindon and Shrivenham. The Operational Reliance and Capacity System plan has been collaboratively developed between health and social care partners.

Further information on the subject of this report can be obtained from Gill May, 01793 683700, gill.may@swindonccg.nhs.uk.

1.8 There are a number of mandatory elements that have needed to be included; the need to build on existing work (e.g. flu planning, data sets, mapping of service etc) and to take account of and use principles from; Better Care Fund, The Social Action Fund, The Care Act 2014 and plan to ensure all is delivered in an integrated approach.

1.9 These plans were submitted to the Area Team at the end of September, however partners continue to complete further work around escalation planning, and demand capacity planning. **The plans are provided in appendix 1.**

1.10 The guidance also calls for the evolution of a System Resilience Group (SRG) a whole system network designed to bring together multiple stakeholders from across Swindon and Wiltshire. Swindon CCG has agreed with its partners Terms of Reference for this group and they can be found in the plan in the annexes. It should be noted that System Resilience Groups are not statutory bodies and as such the relevant statutory bodies will need to make final decisions regarding funding and these groups do not supersede accountabilities between organisations and their regulators.

1.11 Members of the SRG:

Swindon Clinical Commissioning Group
Wiltshire Clinical Commissioning Group
Great Western Hospital NHS Foundation Trust
SEQOL
Avon & Wiltshire Mental Health Partnership
Swindon Borough Council
South West Ambulance Service NHS Foundation Trust

1.12 The plans have been signed off by all members of the System Resilience Group on 7th August 2014.

2. Recommendations

The Board is recommended to:

- Note the Swindon CCG Operational Resilience Capacity Plan for 2014/15 as provided.

3. Detail

3.1 This year's guidance sets out an even more demanding system resilience process. The plans have required detailed planning from each of the CCGs commissioned providers and the CCG itself in setting out plans against best practice guidance, with evidence to ensure local systems have undertaken

rigorous independent analytical review of the drivers of pressure in 2013/14 to inform their planning for 2014/15.

3.2 Swindon CCG has commissioned this analytical review and the output of this will be used to refresh the plans in readiness for resubmission end of September.

3.3 The System Resilience Group enables all parts of the local health and social care system to co-develop strategies and collaboratively plan safe, efficient services for patients. On an annual basis the Swindon SRG will be responsible for recommending the approval of, updating and monitoring the Swindon System Resilience Plan and ensuring the actions it contains deliver the required level of performance improvement.

3.4 The key principles of the System Resilience Groups is to ensure resilience is delivered whilst maintaining financial balance, establishing year-round sustainable delivery for planned and urgent care, enable health and social care partners (including independent and voluntary) to proactively manage year round operational resilience through working together in an integrated approach and to ensure that the allocation of, and monitoring the delivery and impact of, nonrecurring monies.

3.5 Swindon CCG have been allocated a total of £1.2 million non-recurrent funding to support the urgent care system for 14/15. This funding is to be shared amongst local system providers and must include use of primary care, community care and mental health services as well as social services to support patients, with particular attention to be paid to ensuring that all patients who have mental health needs receive improved and swifter care.

3.6 As part of the planning process all organisations were requested to provide the CCG with detailed plans including the costs to implement additional capacity, new models and services of care for the winter period. Submissions have been received from GWH, SEQOL and SBC with a combined value of £10.172 million. The SRG reviewed a prioritised list of proposed schemes that would support the hospital, community, and primary care locally. This totalled just over £1 million. The CCG are waiting for the final detailed planning analysis to confirm further community capacity to support patients on discharge from hospital, before committing the remaining funds.

3.7 The NHS Constitution clearly states the principle that all patients have the right to access services within maximum waiting times or the NHS must take all responsible steps to offer a range of sustainable alternative providers if this is not possible. This is a legal entitlement protected by law. Meeting this target has

been a challenge for many acute providers and in response to this additional funding allocation calculated by NHS England Area Team has been made to support the delivery of additional elective activity to improve performance on Referral to Treatment (RTT) standards. The intention is to the clear backlog of those patients waiting for surgery or assessment there by reducing the number of long wait patients are experiencing.

3.8 Centrally retained funding has been made available to support ambulances services, NHS 111.

4. Alternative Options

4.1 None.

5. Implications

Financial and Procurement Implications

5.1 To note Swindon CCG non recurrent allocation.

Legal and Human Rights Implications

5.2 Not applicable.

All other Implications

5.3 Ensure delivery of the NHS Constitution.

6. Consultees

6.1 See Terms of Reference for System Resilience Group.

7. Background Papers

http://www.england.nhs.uk/wp-content/uploads/2014/06/op-res-cap-plan-1415.pdf

8. Appendices

8.1 Swindon CCG Operational Resilience Capacity Plan.

Further information on the subject of this report can be obtained from Gill May, 01793 683700, gill.may@swindonccg.nhs.uk.

Appendix 1

Great Western Hospitals NHS
NHS Foundation Trust

Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

South Western Ambulance Service NHS
NHS Foundation Trust

Swindon Clinical Commissioning Group

Integrated Health and Social Care Operational Resilience & Capacity Plan 2014/15

Date	**September 2014**
Version Control	**Version 6 Final**
Owner	**Gill May** **Executive Nurse**
Swindon CCG sponsor	**Jan Stubbings** **Interim Accountable Officer**
Report Owner	**Swindon CCG**

Integrated Health and Social Care Operational resilience and capacity plan 2014/15

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1 Introduction

1.1 The Operational Resilience and Capacity Planning (ORCP) guidance published in June 2014 clearly sets out the expectations required of health and social care commissioners and providers to continue to plan for all year round planning and resilience. They need to ensure the plan is delivered while maintaining financial balance with no-trade-off between finance and performance. The guidance also calls for plans to be developed around both urgent and planned care. This brings together a single planning process and underlines the importance of whole system resilience to ensure the system operates as effectively as possible.

1.2 Recognising the success of Urgent Care Working Groups (UCWGs) the guidance calls on the groups to build on their success and expand their remit- they are to evolve into System Resilience Groups (SRG).

1.3 The System Resilience Group is a whole system network designed to bring together multiple stakeholders to undertake the regular planning of service delivery. The group should plan for the capacity required to ensure service delivery, and oversee the coordination and integration of services to support the delivery of effective, high quality accessible services. It will enable all parts of the local health and social care system to co-develop strategies and collaboratively plan safe, efficient services for patients.

1.4 The work being undertaken by local systems and the outputs from the Urgent and Emergency Care Review (Keogh, 2013) is setting the groundwork for the longer term changes to strategic and operational delivery. The CCG and other local stakeholders have attended regional roadshows this summer, and these have enabled commissioners and providers to contribute to the future design and plans for Urgent Care networks. With the second phase of the review due to be published in Autumn 2014, greater clarity of the future of urgent and emergency care will emerge.

1.5 Swindon CCG through the Urgent Care Working Group and now evolving SRG has worked with it's partners to meet all expected requirements and subsequent actions from the ORCP guidance. This plan will continue to be developed over the next few weeks as we further review our demand and capacity analysis; develop our agreed QIPP interventions and revise our Better Care Fund plan.

1.6 Both a local and NHS England Area Team wide 'Winter lessons learnt event' was held in May 2014 with all key partners to critically assess and share with each other what went well, key challenges and recommendations for improvement. The learning from this has led to agreement and sign up to a number of changes in both process and systems that should release capacity in the system and provide alternative services where appropriate in the community and primary care setting, plus bring consistency in practice. The changes have also been informed by a review from the Emergency Care Intensive Support Team (ECIST) within Great Western Hospital (GWH) which took place in the spring.

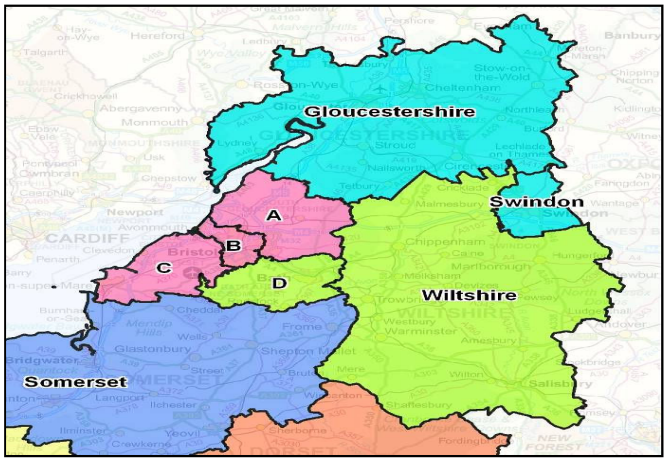
1.7 As part of 2013/14 Winter review NHS England committed to lead a piece of work looking at workforce planning across wider health economies and Swindon are keen to be partners in taking this forward. A key challenge relates to recruitment and the need to ensure staff are trained and confident to work in a range of care settings particularly as the development of new care pathways in settings closer to people's homes are commissioned and implemented.

2. Context

2.1 Population and Geographical context

2.1.1 Swindon CCG covers a population of 226,000 people registered with 26 practices in and around Swindon including those served by the Elm Tree Surgery in Shrivenham in the county of Oxfordshire.

2.1.2 The CCG is coterminous with the unitary local authority, (Swindon Borough Council) supported by a single acute trust (Great Western Hospital NHS Foundation Trust), an integrated community health and social care provider (SEQOL), one urgent care ambulance provider (South Western Ambulance Service); one mental health provider (Avon and Wiltshire Mental Health Partnership NHS Trust) and a network of voluntary organisations.



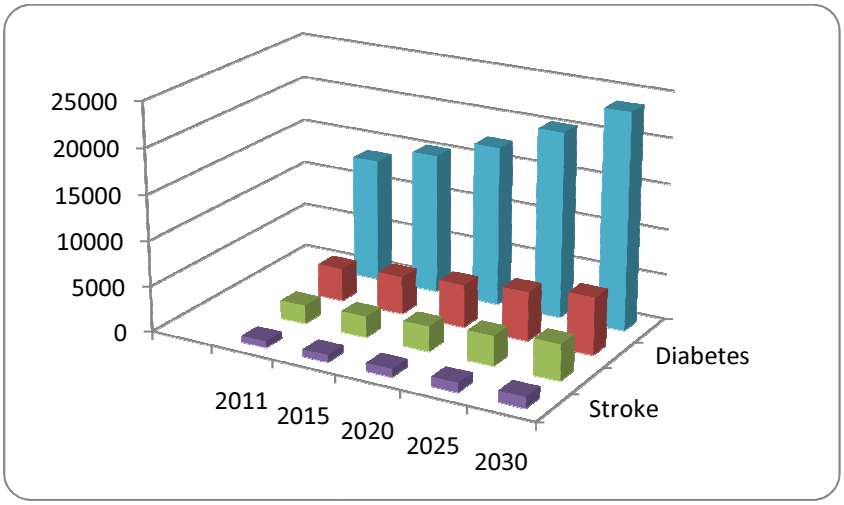
2.1.3 The catchment area for GWHFT has seen an increase in flow of patients from the Gloucestershire and Oxfordshire area. The hospital sits strategically next to two major road system the A419 and M4. Thus making attendance and conveyance easier to and from the hospital.

2.1.4 The 2011 Census saw Swindon buck the national trend (which saw population estimates revisited downwards in many parts of England). Population growth continued at the same pace overall in Swindon with an average of 1.3-1.4%

per annum. At the local plan enquiry in December 2013, the estimates for future population in Swindon were considered by the Inspector to be potentially understated by as much as 7,000 people (a further 1.83% growth by 2019).

2.2 Projected demand Growth

2.2.1 Whilst the overall number of Swindon residents living with a long term condition has increased in line with our overall population, some conditions such as diabetes and respiratory disease have grown faster than that due to near doubling of minority groups where the prevalence of these conditions is higher, whilst other conditions such as dementia and stroke are forecast to increase at a faster rate than our population due to the faster rate of growth of our older and minority populations:



The forecast growth rate for these conditions is significantly faster at 4-5% per annum than our overall population growth at just under 1.4% per annum

2.2.2 The above increase will put additional pressure on individuals, households, their families, carers and support networks. Those with a long term limiting condition are two to three times more likely to also develop depression.

2.2.3 From 2016 onwards, the resources coming into Swindon for health services will match our population growth but fall below the level of demand from our population as we see the over 85 age group grow at 4.9% per annum and the above increase in chronic illness.

We expect to address this using a combination of the following:

- Managing long term conditions differently in primary care through investment in urgent care centres and home visiting that will release primary care time
- Investment in greater community support for individuals and households to help the development of self-care and coping strategies
- Investment in health promotion and prevention
- Greater coordination of and better navigation to the voluntary, primary care and community support that exists

- Placing the patient in control of their condition through access to better information about conditions using web and social media and also investing in expert patient programmes and peer support networks

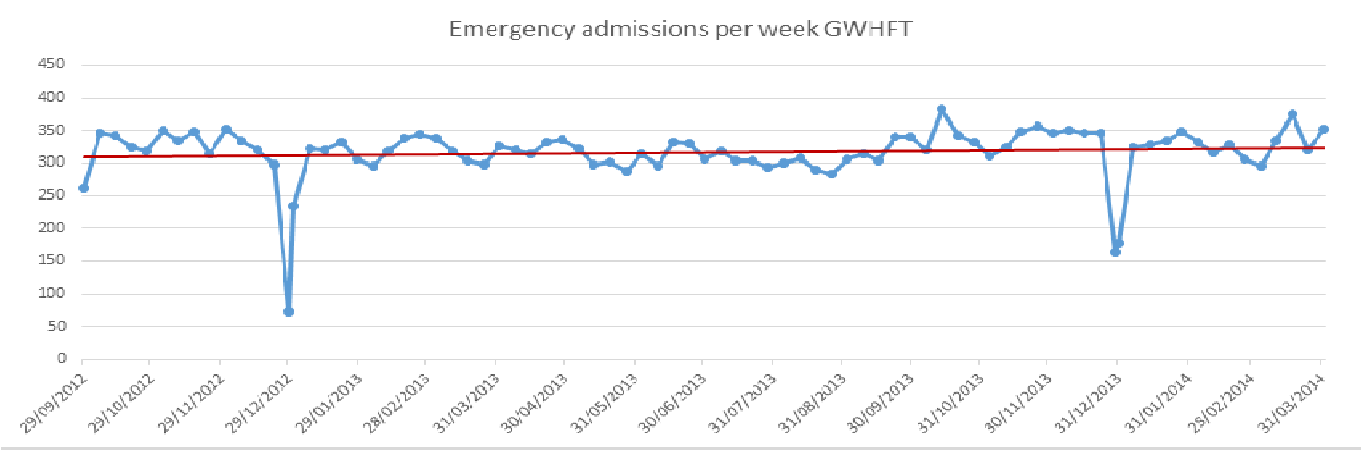
Long term conditions are being managed in primary care by GPs and their teams, including practice and district nurses. However, not all patients receive the same level of care nor are achieving the same level of outcomes and the volume of urgent care is saturating all of our member practices, reducing the time that can be spent on those patients with long term conditions.

We will work with primary care teams to support them as they reduce the level of variation in outcome principally by streaming the large numbers of patients requesting one off consultations for minor ailments through our GP Urgent Care Centre and thus releasing more time in primary care for patients to have their long term conditions assessed, monitored and managed.

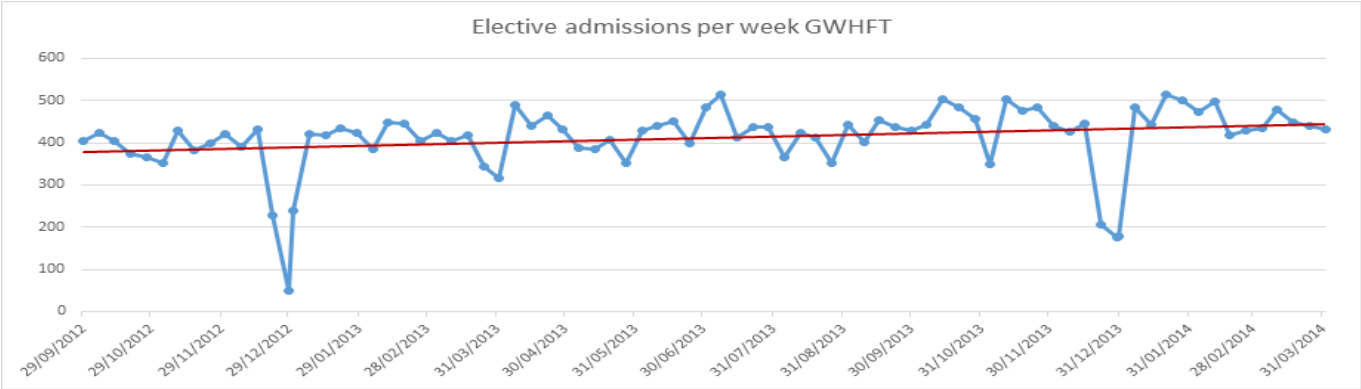
People who have long term conditions can also have reduced mobility and thus become housebound or isolated. This can lead in turn to depression, anxiety and frailty. We will therefore develop a dedicated home visiting service as part of our SUCCESS programme, work with local communities and the voluntary sector to avoid isolation within our communities, and with primary care and community teams to support people's physical and mental health needs. The SUCCESS programme will also release GP time to spend more with patients who have a LTC or requires more intense assessment of need that would enhance self-care management or support patients at the end of life.

2.3 Trends in hospital admissions

The Joint Strategic Needs Assessment (JSNA) in 2012 identified growth in the number of admissions in Swindon. It did not differentiate between **unplanned** admissions and **planned** admissions. More importantly, it forecast a growth in emergency admission rate based on the last ten years. Since then, the CCG has had the opportunity to incorporate and quantify that analysis. Furthermore, the CCG also has trend analysis for 2013-2014 as the most recent trend gauge which has been effected by the acute care pathway interventions. The resulting message is very different from that within the 2012 JSNA and has changed the focus of our strategy towards the levels of urgent care within primary care, our GP referral rate, and our planned admission rate as a consequence.



Historically, in the period 2007-2011, Swindon did see a reduction in emergency admissions, however more recently admissions trends are increasing. Our GP referral rate has averaged at around 5% in the period 2007-2014 and this has seen a growth in planned admissions at the same rate of approximately 5% per annum. Whilst the above figures are both still **below** the average for England, the overall impact is an annual growth in admissions at a slightly higher rate than our population growth, which is unsustainable in the long term.



Our *Five Year Strategic Plan* therefore sets out an ambitious programme of change for both acute referral management and also for the way we will commission elective secondary care consultation with much greater use of technology to allow specialist consultations and skill base to migrate to primary care and community settings, rather than within a secondary care setting.

2.4 Local context

2.4.1 This plan augments the Swindon CCG integrated winter plan for 13/14 which had been developed against a demand and capacity model for the Swindon and Shrivenham footprint. The plan also detailed the benefits of a number of schemes that would impact positively and support reduction in admission rates, reduce length of stay and Emergency Department (ED) attendance, with the overall result in freeing-up bed capacity. A number of these schemes carry over into 2014/15 with continued expectation they will deliver against planned benefits.

2.4.2 In March 2014 Great Western Hospital Foundation Trust (GWHFT) invited the Emergency Care Intensive Support Team (ECIST) to review the acute pathway and parallel elective capacity planning. ECIST collaboratively completed a twelve week programme scoping exercise and reviewed, not only the internal acute urgent care system, but a whole system walk through including community and primary care across Swindon and Wiltshire. Their recommendations are well evidenced good practice principles. In summary the Emergency Care Intensive Support review clearly demonstrated that the acute Trust provides a high quality service when there is flow in the system however it is vulnerable at times of increased activity, complexity and has a challenged discharge process complicated by different commissioned models potentially causing confusion and delays and is postcode dependant and not patient centred.

2.4.3 Delivering the 4 hour standard requires a whole system approach and a new way of working which needs to involve risk sharing and joint governance. This is being addressed through the System Resilience Group and Urgent Care Working Group, whilst recognising a number of the recommendations from the review are for GWHFT internal action and implementation.

2.4 4 The internal work focuses on the SAFER bundle and move towards 7 day working to reduce length of stay (LOS) and shift the discharge profile. It is recognised that early daily consultant review impacts on mortality by significantly improving flow, preventing crowding of the Emergency department and putting the right patients in the right beds by removing outliers and appropriate in reach to assessment areas.

2.4.5 The weekend discharge rate needs to be aligned to the weekdays to create enough capacity in the system for the full 7 days. The discharge peak needs to be brought forward from 5-7pm to 12-2pm to facilitate the admission peaks which are a critical success factor in maintaining flow. It was identified that there is a real opportunity to provide a fully integrated service with a wealth of skill set for all minor injury and illness. The current process was identified as being fragmented with duplication and many non-value adding steps such as dual streaming. ECIST strongly recommend that this service is reviewed to stream patients with minor problems away from the sick patients requiring emergency care. A good service aims to provide a see & treat model for all minor illness and injury utilising all the skill sets currently available in the urgent care centre and ED minors. This has been taken forward and is now the second phase of the fix me hub QIPP scheme as described in Interventions schemes.

2.4.6 The elderly care pathway requires a shared vision across the whole health economy supporting a “discharge to assess model of care”, ambulatory services and comprehensive plans that are communicated and agreed with the patient by the providers. Integrated health & social care is vital to support this model and joint decision making between GP’s and care of the elderly physicians/acute physicians requires robust communication networks and access to the patient notes.

2.4.7 The largest area where the ECIST felt the trust could free capacity is through ambulatory care by re-directing approximately one third of admissions through this

route. The Trust are currently engaged with the ambulatory care network to realise this capacity and the use of the resilience funding is supporting this shift.

2.4.8 In addition the ECIST review and subsequent feedback to all stakeholders identified a number of key areas that would benefit are being addressed. They include:

- Review each of the urgent care work streams to have representation of stake-holders.
- Strengthen the sharing between CCGs of commissioning intentions for urgent care to reduce variation of pathway development and postcode differences in service response.
- Review the governance arrangements to support pathway implementation when more than one organization is commissioned to provide elements of care within the pathway or service.

2.4.9 The ECIST team have continued to work with commissioners and providers to take this forward and continues to support and advice as the system implements their recommendations.

3. Governance

3.1 Swindon CCG Urgent Care Working Group and the Strategic Change Forum has considered the guidance and agreed to work together to achieve whole system resilience . It has therefore been agreed for the Strategic Change Forum to become the new System Resilience Group and take on the key roles and responsibilities of the UCWG but for the UCWG to continue and to become a more operational delivery group to drive and implement the ECIST change programs and interventions. This also applies to the well-established elective care group.

SRG Terms of Reference can be found in **Annex 1.**

3.2 There was an established project scheme framework in place and following the ECIST review partners have refined this to incorporate the ECIST work streams, elective interventions and merge some of the urgent care change programmes.

3.3 In **Annex 2** the project management and intervention structure can be found showing the key work streams across urgent and elective care with its governance reporting. Both operational groups have clinical membership including GPs.

3.4 All members of the SRG and UCWG have been involved and engaged in all planning requirements resulting in extra meetings being held to review capacity and resilience plans.

3.5 The plan is to sign off the resilience plans and funding was signed off on 7th August 2014. Currently all proposed schemes have been received, joint meetings have taken place to prioritise schemes and clearly identify where schemes have single or whole system benefit.

4. Performance Arrangements

4.1 The SRG will receive monthly verbal and written reports through a performance dashboard of agreed KPIs clearly showing the impact of not only those schemes supported with the non-recurrent funding, but the performance of whole system KPI metrics. These metrics will go to the Swindon SRG on 2nd October 2014 for sign off.

4.2 The acute hospital and community performance is managed through the monthly contract meetings. Monthly quality and patient safety meetings take place one week prior to the main contract meeting and a report is presented at each of the contract meetings detailing any quality concerns, including all serious untoward incidents.

4.3 Quality Assurance is overseen by the Commissioning for Quality Group who will also report to the Urgent Care Working Group, particularly monitoring Hospital Standardised Mortality Rate (HSMR), Falls, Readmission rates, MRSA, C Diff, Norovirus, other Complications, Pressure sore incidence, Complaints, Wound care and Serious Untoward Incidents (SUI). This group reviews all quality related and patient safety information and a means by which we cross check and triangulate quality date and information. Any increases in particular in SUIs, complaints, infection targets or Hospital Standardised Mortality Rate will be reviewed to understand if they are the result of increased pressures on the systems.

4.4 In specific reference to the implementation of the urgent care centre and virtual hub, these are designed to improve access to urgent care by simplifying the system for both patients and staff. The implementation of the community wards is designed to support people with long term conditions to be 'the best they can be'. Performance management of the system will therefore include:

- Review of population based (whole and condition based) admission and attendance rates
- Consistency of assessment
- Consistency of clinical outcomes
- Shared information systems
- Implementation of a shared workforce development programme
- Improved quality of service delivery
- Improved patient experience

4.5 Daily sitrep reports on key performance metrics will continue to be monitored. This information can be used by the commissioners and performance managers to monitor pressure on capacity and fluctuations in demand. This allows potential difficulties to be identified in time to implement escalation across the health and social care community.

4.6 The following additional planning tools are used to inform staffing requirements and bed requirements (virtual or inpatient) across the system:

- GWH Emergency Admissions Prediction Report (daily). This provides detailed information about the number of patients expected to come in each day and has been praised by the site managers as extremely accurate. It is used in calculating the upcoming bed state and general site management, as well being able to determine the need to adjust staffing levels in the emergency and assessment wards.
- GWH Referral to Treatment (RTT) Demand Forecaster (updated every 3 weeks, looks 9 months ahead), predicting elective demand.
- Met Office Website Reports, which are used in conjunction with the above reports to calculate the effects of the weather on increased demand, for example, potential impact for respiratory services during a period of cold and wet weather.
- HPA Primary Care (weekly) Reports.
- Reports daily and weekly on infectious disease outbreaks and ward closures
- Weekly commissioner pressure reports
- Daily A&E and admission reports.

4.7 During August and September further work will be developed to use real time system wide data. The CCG have developed this for NHS 111, and both the CCG and GWHFT are in agreement to move towards the implementation of a real time bed flow system for the acute hospital and information on community activity should also be available from SEQOL.

5 Good practice- Non elective care pathways

5.1 Planning

5.1.1 Capacity Planning

The CCG commissioned the Central Southern Commissioning Support Unit to carry out a capacity and demand analysis of non-elective activity (NEL) over the past 3 years and forecast demand for the next 5 years.

This took account of growth based on ONS data (averaging approx. 1-1.3% per annum) and also QIPP/Interventions as per the CCG's Strategic Plan.

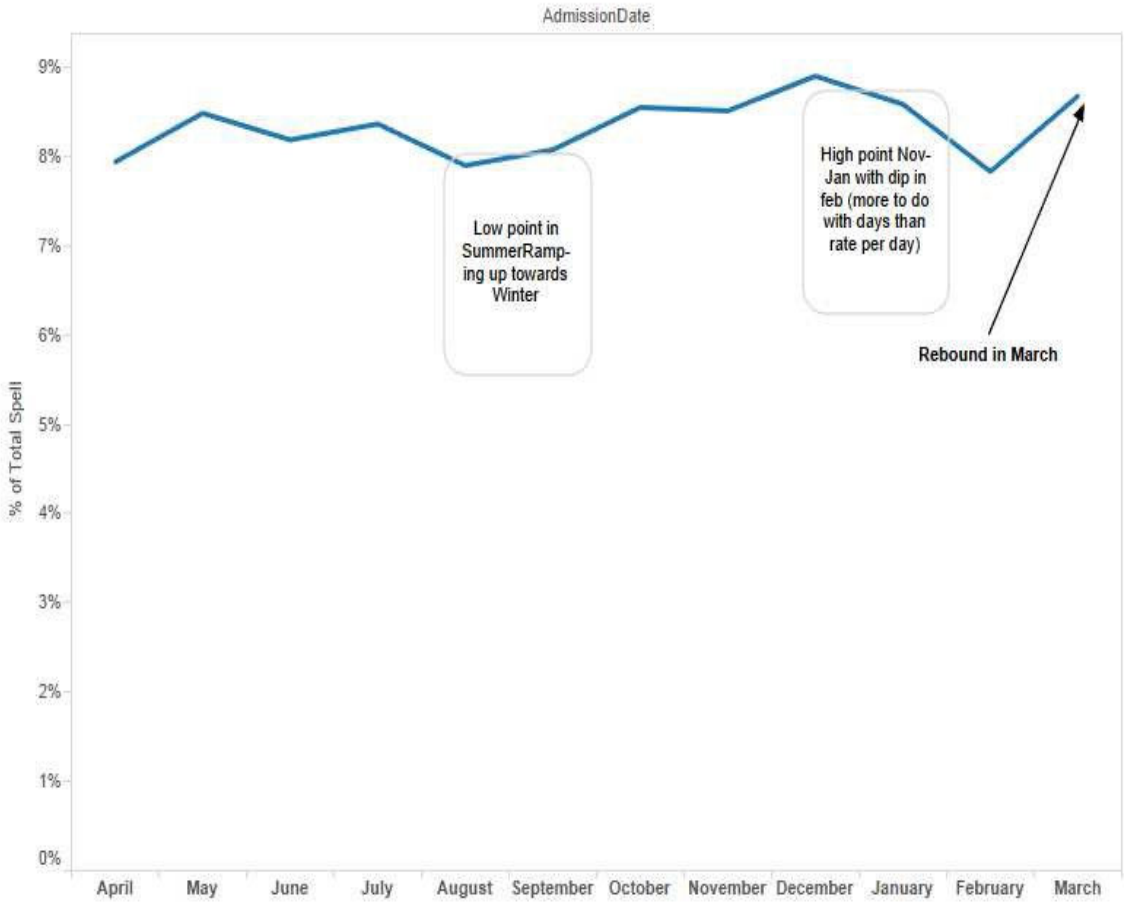
The results of this work indicated:

1. Swindon has a reasonably "normal" seasonality, with one slight exception, March figures sit as an anomaly and are close to December levels. (It could be expected to be a busier month than February purely due to days in the month. However, we would not expect March to exceed January as it does for Swindon).

2. The Dec-Jan 'hump' is due to more elderly patients being admitted in general medicine than expected

3. The March rebound is closely linked to an increase in paediatric admissions, on further investigation this is mainly in 2 HRGs:
   3.1 PA19A – Viral infections less than 1 day spell length
   3.2 PA11Z – Acute Upper respiratory infection and common cold.

4. Although the majority of specialities are within their capacity, General Medicine and Paediatrics cannot cover admissions within current bed capacity and given the demographic profile Swindon's population, this is highly likely to exasperate in future years.



5. Historically Swindon has seen a decrease in activity and impact of QIPP/Interventions should (if successful) equate to a saving of circa 50 beds in 5 years' time.

6. The capacity planning work focused on stroke services, because the Swindon health economy had identified the need to review this clinical pathway. The GWH has been receiving more stroke patients from outside of Swindon and more patients are surviving strokes resulting in additional demand for these services. It concluded that there is over utilisation of beds by stroke patients at SWICC: occupying 9 beds per day, compared to the 5 commissioned. Levels of demand indicated this could rise to 12 beds required in future years, based on number of patients expecting to need the service multiplied by demographic growth for Older People in Swindon.

   Further work will need to be undertaken to review the current pathway to improve the outcomes for these patients.

7. The following can be predicted to occur with some certainty based on previous winter peak periods:

(1) The standardised admission rate for secondary care will increase over the winter period driven by a combination of diseases and conditions such as COPD, heart failure, flu, pneumonia, dehydration, renal and gastric problems which are exacerbated by cold weather or known to be seasonal

(2) The above will be further aggravated by any growth in population particularly in children and the over 75 age group that is most vulnerable to complications arising from the above diseases

(3) Whilst the average position may change within reasonable tolerance limits, the size of any peaks will grow and their frequency will increase

(4) The Christmas and New Year bank holidays will see a build-up of demand in primary care and at the point of discharge, leading to a peak in demand coinciding with a time when patient flow is likely to be at its least effective given other pressures in the system

(5) Loss of beds due to an outbreak e.g. norovirus

(6) One or more neighbouring providers will encounter difficulties which could result in changes in the catchment population being supported by the local general hospital or diversions to our local Emergency Department

(7) Length of stay will increase in general medicine and trauma and orthopaedics mainly driven by a combination of:

   a. An increase in the dependency and co-morbidities of those presenting at hospital
   b. Deteriorations in patient flow (caused in turn by an increase in outliers and the use of escalation beds but also by an increase in readmissions and delays in discharge)

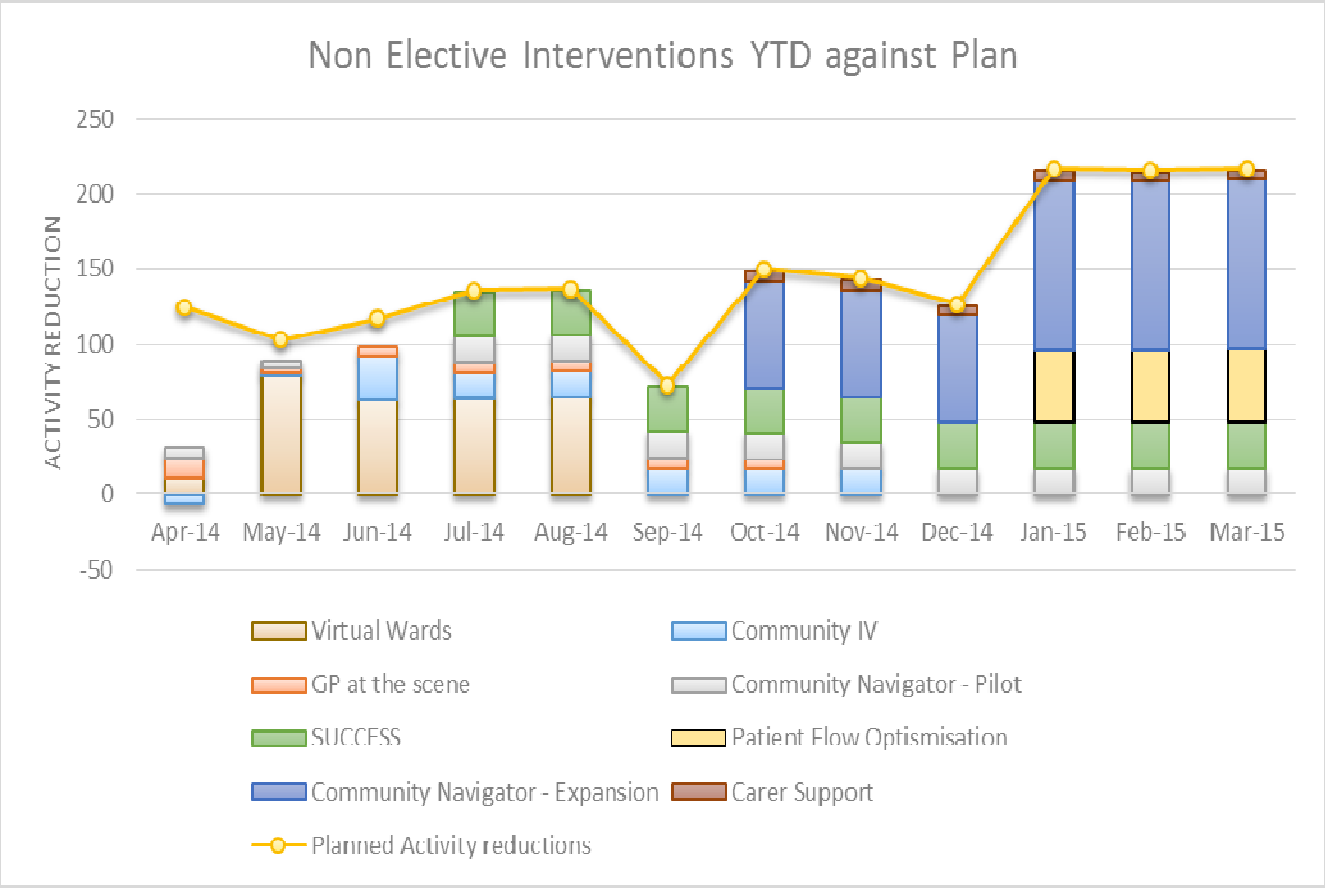
c. Bed occupancy increasing to the point where it takes longer than 6 days to recover to normality and each peak therefore combines with the previous peak

5.1.2 The net effect of the above is to increase the demand for medical beds, in particular, whilst reducing the effective use of each bed. The lack of availability of beds (or the alternatives), then sees patients needing to remain for longer periods in the Medical Assessment Unit and Emergency Department after a decision has been taken to admit. Once delays are experienced in discharges at the back door, then it this impacts on delays at the front door and onward flow through the hospital.

5.1.3 There are currently **487** beds at Great Western Hospital and in 2014/15 we have experienced the use of escalation beds continuing into spring. These have now been reduced during the second quarter of the year as GWH are focusing on reducing backlog of patients requiring elective treatment who are not meeting the 'RTT' targets. This has resulted in the removal of any escalation beds previously used within surgical care wards.

5.1.4 In 13/14 a number of QIPP schemes and new services were planned to reduce admissions, increase local capacity and improve patient flow, in order to deliver a range of 85 to 117 beds or their equivalent at GWH. In 14/15 the system has implemented a further range of QIPP schemes and Interventions again aimed at reducing demand particularly in NEL. These include the roll-out and refocusing of initiatives implemented during 13/14 such as Virtual Ward, GP at the scene, Community Navigator and Community IV and new proposals such as SUCCESS and optimising Patient Flow.

5.1.5 The graph below profiles the impact of the NEL Interventions in terms of activity reductions in GWH monthly during 2014/15. These will ramp up over the traditional winter period and it is expected that the latter 3 months of 2014/15 they will be reducing NEL activity by over 200 per month.



5.1.6 Swindon health system has been able to take advantage of additional national funding which has been earmarked to ensure services are being delivered in line with best practice as described in the 'Operational resilience and capacity planning' guidance issued for 2014/15.

5.1.7 It has therefore invested in a range of schemes across acute, community, social services, hospice and primary care and will be monitoring their performance closely to ensure intended benefits are realised and key performance targets achieved.

Description of scheme	Value	Key Benefits
Trauma Co-ordinators	£ 32,000	4 Hour Waits
SAFER & 7/7 DW in unscheduled care	£ 244,000	4 Hour Waits
ECIST Therapies at the front door	£ 189,000	Reducing Emergency Bed Numbers
7 day physio at front door	£ 129,000	4 Hour Waits
Frail Elderly Unit	£ 177,000	Reducing Emergency Bed Numbers
ECIST Ambulatory Care	£ 157,000	4 Hour Waits
Hospice at Home	£ 90,000	Reducing Emergency Bed Numbers
Continuation of Fix-Me Hub	£ 83,000	4 Hour Waits
SPA additional support to GPs	£ 50,000	Reducing Emergency Bed Numbers
	£ 1,151,000	

These schemes are aimed at ensuring the system successfully negotiates and manages winter. Swindon is aware of the characteristics of those systems that deliver and those tactics which exacerbate or aggravate the winter peak and that we will avoid in the next six months.

The ORCP takes all the below into consideration.

Characteristics of success in winter	
What works	**What does not work**
Implement additional capacity in advance of known peaks	Delay implementation in order to respond to peaks
	Open escalation beds in wards, day units or through temporary use of facilities such as endoscopy and theatre recovery
Accelerating discharge in the run up to the Christmas break	Having no plan for the purchase of additional nursing, residential and home care packages in November and December
Reducing outliers to a maximum of 3% of beds and bed occupancy to 93% or less	Having no plan for reducing outliers and bed occupancy
Developing a plan that is a mixture of improved patient flow admission rate reduction	Relying entirely on community based alternatives and additional bed capacity AND community alternatives
Additional investment early to avoid the costs of a system in escalation	Not committing to additional investment until the crisis unplanned escalation later
Investment in patient flow technology and better timely communication across the whole system e.g. Scotland, Australia, US in preparation for this winter	Assuming such technology makes no or little despite evidence to contrary
Planning for minimal elective activity around the known 30 redictable days of peak emergency admissions	Planning to resume elective activity when there is a peak in emergency demand or it is likely that the system will still be in recovery from a peak in emergency demand
Phasing the introduction of additional capacity around the four known peak periods: **- November to December build up** **- Christmas and New Year bank holidays** **- January to mid February peak** **- February to April recovery**	Bringing all additional capacity on line at once could result in it being used appropriately and prevent its use when needed

5.2 Working with NHS 111

- The procurement of NHS 111 and OOHs has allowed the CCG an opportunity to ensure improved integration with other service providers, in particular between NHS 111 and OOHs. This will ensure that patients accessing urgent healthcare in Swindon and Shrivenham will have a much more streamlined process. .

- Demonstrating access to and sharing of important and key clinical information regarding patients is being evaluated. Direct booking into OOHs Treatment centres from NHS 111 is mandated. The key outcome for patients being sought is a simpler entry and integrated pathway for patients through the urgent care system.

- SCCG has secured a real time data feed indicating Information about NHS 111's performance is important. Where demand upon the 111 service peaks resulting in significant delays to callers, abandoned calls or complaints NHS 111 follow their own escalation process and informs all providers of the incident or peak in demand, thus alerting local urgent care providers of potential demand locally.

- The Directory of Services (DoS) remains a commissioner owned product with robust governance arrangements in place to ensure that a full and comprehensive DoS has been populated and clinically assured by services leads and commissioners. Key system wide impact disposition data is reviewed as part of the clinical led Urgent and Emergency Care Working Group. Disposition data at a more granular level at the clinically led NHS 111 performance meetings has brought about actions to ensure improvements to the DoS and improved signposting for patients

5.3 Primary Care

5.3.1 Swindon Urgent Care Collaborative Expedited Surgeries Services (SUCCESS)

- The SUCCESS scheme pilot is to develop a modern Urgent Care Centre of excellence throughout the Swindon community, accessed via patients' respective primary care surgery. The project is focused on coping with "on the day" demand in primary care in order to allow General Practitioners to focus on the most vulnerable of their patients who need their input to remain in good health and stable. This is hoped to cope with demand and have an effect on the acute pathway.

- The SUCCESS project will underpin and deliver an extensive range of key outputs for patients who are registered with practices who are members of Swindon Clinical Commissioning Group and who reside in the Swindon and Shrivenham area.

  These are outlined below;

- Extending access to on the day assessments within general practice by improving access for patients to on the day assessments of their urgent medical needs.

- Greater flexibility for patients choosing a time that is convenient from the urgent care centre.

- Facilitated real-time access to pertinent patient information for treating clinicians where the patient receiving clearly documented treatments delivered elsewhere other than their practice

- Greater integration of urgent and out of hours care by introducing the facility for the OOH service to offer appointments in the early part of the next day (where clinically appropriate) and an expedited home visiting service during the daytime for when "I'll pop out after surgery" isn't soon enough.

- Working closely with NHS England to test and pilot innovative new approaches to commissioning primary care services

- Better management of Long Term Conditions by releasing more time back to practices to focus on those issues which benefit from continuity and longer more reliably uninterrupted appointment times.

- Integrated approach to providing general practice and wider out-of-hospital services, such as community nursing and pharmacy, diagnostic services and voluntary sector provision

- Expanded diagnostic ability in community setting (near patient testing)

- Facilitation of the provision of expanded care options in the community e.g. Paediatric "Hot Tots" observation facility

5.4 Care at the Scene

- Following a successful pilot, a Care at the Scene service has been set up by SEQOL the community provider. Whereby a GP is available to support paramedic crews should they believe the patient could be treated away for ED. The GP is based at the SWASFT Clinical hub with the aim of being able to:

  - Enable provision of high quality care closer to the patient's home
  - Divert the patient to more appropriate care pathways
  - Enhance patient experience

- The service to date has resulted in reduced assessment, admissions and ambulance conveyances. From historical usage of the Urgent Care Centre it is estimated that there will be an additional 4,500 patients per year seen at the centre instead of at ED, in addition to those currently attending via a divert from Emergency Department.

- The intended continuation of Care at the scene is to ensure that this service is used in synergy with the OOH's service and also over the weekends with the provision of Home visiting within the SUCCESS model.

5.5 Risk stratification

- The CCG procured a risk stratification tool to support practices to identify patients who are at high risk of an emergency admission. The tool makes use of both primary and secondary care activity data to produce a risk score for a patient being admitted into hospital. The data is regularly updated and practices are able to regularly review their patients at multidisciplinary meetings. This provides the opportunity to identify those would benefit from having a care plan or being referred to an appropriate service e.g. virtual ward; community navigator etc.

- All Swindon practices are now able to see their top 2% of patients who are at risk and would benefit in having a care plan. The intention is for practices over the next 2 months to support the development of the care plan, they will then be recorded and flagged on clinical system. This can be seen at the SUCCESS centres, as systems are developed and rolled out the ED department will be able to see care plan. This will support those high risk patients.

- A daily data feed is in place to provide each GP practice with information on those patients who are registered with their practice using the emergency department. The data provides information detailing the presenting condition, time of attendance, and where they were streamed to for the right care. This information allows practices to see the activity and journey of their patients. Practices are reviewing and auditing cases. This in turn feeds the risk stratification tool, giving each practice an updated risk score for likelihood of emergency attendance or admission. This score will be used as part of the early warning system within Swindon.

5.6 Seven Day Working

- To improve seven day working, there are a number of interventions to support the achievement of this across the Swindon Health economy:

  - The SUCCESS model extended hours in primary care
  - Care at the Scene
  - Augmentations to Long Term Condition pathways
  - Additional Capacity for the Virtual ward model
  - Extended hours for Mental Health Liaison this year as a contractual change and increase in resource

- A key national condition of the Better Care Fund call for a 7 –day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekend – additional social care resources have been commissioned to ensure that patients are discharged from hospital at weekends.

- SCCG and Wiltshire CCG have invested in a Discharge Assessment Rapid Team (DART) covering 7 days a week working. This includes access to a therapist to support discharge planning.

- Annex 1 provides a range of improvements to take forward 7 day working including SAFER bundle across unscheduled care.

6. Patient Experience

6.1 Mental Health Crisis Care Concordat

- Swindon CCG is working on a multi-agency declaration, signed by the CCG and partner organisations, setting out the principles that will be applied in dealing with people experiencing a mental health crisis and making a commitment to work together to improve patient experience. The aim is to achieve parity of esteem with people experiencing a physical health crisis. At the moment in many cases the reaction of people to a mental health patient in crisis is to call the police. This needs to change so that people are given the right care and treatment, in a timely way, to the right standards of quality.

  The themes covered in the concordat are:

- Urgent and emergency access to crisis care
  - We have outlined a model which provides much more rapid response to Mental Health Crisis Presentation and has been given the secondary care provider (Avon and Wiltshire Partnership NHS Trust to work up with support from Swindon Borough Council and also that of the Section 136 group).

- The right quality of treatment and care when in crisis
  - The new model will provide much more high quality care and cross organisational care planning within Swindon to support a change in working practices

- Recovery and staying well, and preventing future crises
  - The model also ensures support from specialist services when needed post discharge and looks at key engagement points within the service

  The requirements for the Swindon local declaration are:

- A jointly agreed local declaration across the key agencies that mirrors the key principles of the national Concordat – establishing a commitment for local agencies to work together to continuously improve the experience of people in mental health crisis in their locality
  - We have developed strategic direction of services locally to provide better quality of service and parity which we have led from commissioning.

- Development of a shared action plan and a commitment to review, monitor and track improvements
    - An action for responsiveness from providers is being developed starting with commissioning and developing different ways of working with providers.

- A commitment to reduce the use of police stations as places of safety (under Section 136 of the Mental Health Act 1983)
    - This will be monitored from Wiltshire Police Service and Swindon Borough Council

- Improving outcomes for people experiencing mental health crisis by setting an ambition for a fast-track assessment process for individuals whenever a police cell is used
    - This will form an aspect of the integral new model

- Evidence of sound local governance arrangements
    - To be developed by providers across new working arrangements jointly.

6.2 How to access appropriate emergency care for children

6.2.1 In Swindon, children and their families can access urgent care in a number of ways through same-day GP appointments, an Urgent Children's Clinic, the Urgent GP/Nurse Centre or through the Paediatric Emergency Department. Parents will seek help through either their GP or by going directly to the Great Western Hospital site. If a GP needs to see a child the same day, they will either book an appointment at the practice where they are registered or will be referred to the Urgent Children's Clinic. If a child is seen on the GWH site they will be triaged for either care at the Urgent/GP Nurse Centre or at Paediatric ED.

6.2.2 The above information is shared with parents via their GP, online and in the 'Managing your child's health' booklet, which has been developed to give guidance on self-care and local services. The recently piloted Urgent Children's Clinic was publicised through a range of local services including: GPs, the Carfax Walk-in Centre, children's centres, health visiting teams and the emergency departments at GWH as well as the local media, ensuring that parents can access the clinic wherever they make contact.

This information will also be available on the new 'Local Offer' website which provides a directory of all children's services, this is due to be launched in August 2014.

6.2.3 Engaging parents in service redesign, Swindon CCG targets families and carers as part of a comprehensive annual programme of engagement. We regularly attend the Swindon young carers' forum and the Children's Health Commissioner has developed close links with the Swindon Parent Carers Forum. Representatives from these forums have attended a number of paediatric service redesign workshops and contributed to the design of the Urgent Children's Clinic. Groups of parents are further engaged on specific

topics, for example, a review of the Diagnostic Pathway for ASC, through the Parent Carers Forum.

6.3 Ambulatory care and Assessment units

- All patients needing a hospital medical assessment are discussed by the referring GP via telephone with a senior nurse from the assessment team. This conversation will agree an appropriate time for that patient to attend along with the best place to send them too. Patients will then be directed to the Linnet Medical Assessment Unit (LAMU) or the Ambulatory Care Unit.

- In addition to this the acute trust implemented a new Rapid Access Triage service.

- Working towards the national 49 ambulatory care conditions, patients attend ambulatory care between 10:00 – 22:00 Monday to Friday where every effort is made to discharge the patients that day, this unit is staffed by senior consultants with on hand diagnostics to ensure rapid assessment/management and discharge.
-
  If following an initial referral phone call it is felt the patients are going to need an overnight stay or admission, they are directed to LAMU where they will also undergo a full assessment and will be given a consultant management plan.

- Out of hours patients are managed through LAMU with the same emphases of preventing admission.

- Patients attending through the Emergency Department are referred onto either LAMU or ACU dependant on need.

- The Great Western Hospital is working collaboratively with community partners to ensure that the pathway for patients who require ongoing community care is robust and is linked with the service changes outlined above.

- A key workstream following the ECIST is to implement an elderly ambulatory care model. This pathway will be integrated with SEQOL and GWH Community services to maximise the user of the urgent care GPs and step up bed facility if further assessment and support is needed once diagnostics has been undertaken and or consultation with geriatrician.

- Access to reablement and rehabilitation services will be supported through the investment of therapy at the front door. Patients can then if needed access a range of community rehabilitation and reablement services, to support them to return home. The Discharge Assessment and Referral Team (DART) includes social workers, therefore automatic referral is ensured.

6.4 Surgical Ambulatory Care

In May 2013 a new 18 bedded surgical assessment ambulatory model was implemented Patients are accepted via telephone like the medical model but by a junior doctor, they are then directed straight to the Surgical Assessment Unit for on-going

assessment and management. This model has been very successful and contributing positively to improve patient flow and reduction in Length of stay.

6.5 Measurement

GWH updated their Medway PAS system in May 2014, this will provide real time data on the management of patient flow and bed capacity across the system to help predict availably capacity over a longer period of time to give better visibility and targeting for community team and acute staff. This will be completed by 1st November 2014. This functionality will include:

- Measurements against EDD
- Aspects of outstanding care
- Those patients requiring care packages
- Tracking of HCAI through inpatient care to avoid spread
- Better visibly of flow at ward level

7. Good Practice Elective care pathways

7.1 Planning

7.1.1 The Patient Access Policy has been reviewed and signed off by the GWHFT Executive Committee in June 2014

7.1.2 Standard Operating Procedures are currently under development to support the implementation and compliance of the national patient access policy. This will be followed by a training programme to support implementation.

7.2 Building on existing work

7.2.1 Great Western Hospital are undertaking detailed modelling with plans to reconfigure the bed base, to support non elective capacity over winter.

7.2.2 Focus on non-elective schemes is vital in terms of delivery, and resilience planning needs to be viewed in its entirety, so as not to further compromise the surgical programme if medical outliers are placed in the reduced bed base. GWH have identified 35 beds that are ring-fenced for elective care during the Winter and this has been supported by the CCG.

7.2.3 A key area for the SRG to ensure any capacity modelling is contractually understood regarding any potential increase in activity and costs to the CCG.

7.3 Pathway design

7.3.1 A number of common referrals have expected treatment timelines already, but as part of the GWH demand and capacity work and training this will be achieved by the end of September 2014.

7.3.2 'Patient Choice' and patient rights under the NHS Constitution are well communicated across elective care. NHS Foundations Trusts and CCGs will have information and web links about NHS Constitution on their websites.

7.3.3 Work will be undertaken as part of the demand and capacity work to review "Right Size" outpatient, diagnostic and admitted waiting lists. This is to be completed by the end of July 2014 and will form part of our revised plan.

7.4 Measurement

7.4.1 GWHFT have provided SCCG with detailed and comprehensive action plans and trajectory of achievement to meet RTT waiting times.

7.5 Governance

7.5.1 Weekly reports to SCCG are in place through the performance management route.

7.5.2 Assurance of achievement, risk and mitigations and consequences discussed at monthly contract review meeting.

8 Wider Planning considerations for System Resilience Groups

8.1 Discharge planning

8.1.1 Discharge Planning has been reviewed extensively this year. Reducing length of stay, excess bed days and delayed transfer of care are performance targets for GWHFT, SWICC, Adult Social Care and Care and Support for both elective and non elective patients.

8.1.2 The numbers of patients being cared for who are ready to leave hospital but still being assessed for ongoing either health or social care needs have reduced following an intense focus on discharge planning, and daily reports of green to go patient status is shared.

8.1.3 Daily reviews take place involving health and social care partners and patient flow coordinators to discuss and agree action plans for patients who are on the green and amber to go list.

8.1.4 Criteria led discharge has been implemented for a range of conditions within the acute hospital setting and this is delivering an increased rate of discharge both during the week and at weekends. Hospital and Community services are linked together to ensure proactive discharge planning for all patients.

8.1.5 There are weekly multi-agency and professional meeting and telephone conference allows for improved constructive challenge to delays in discharge planning and alternative options to the patients on going care.

8.2 Discharge to Assess

8.2.1 Providing Discharge to assess capacity is a priority to the CCG and SBC. Currently there are six beds all year round, with flexibility to support additional reablement care at home.

8.2.2 In 13/14 between December and March 15 discharge to assess beds were commissioned. These beds support patients predominately from Swindon and Wiltshire but also out of area.

8.2.3 GWHFT have provided a ORPC plan on a page. **See figure 1**. This predicts the need for an additional 55 beds during the peak months across the whole system. The CCG and SBC have agreed the requirement to commission additional discharge to assess beds to support this short fall. Potential providers are being explored. These beds will need to be part of patient flow model in GWH.

8.3 South Western Ambulance Service NHS Foundation Trust (SWAST)

8.3.1 Swindon CCG meets via the associate commissioner meetings, which throughout this year has set out its intentions with SWAST to meet the QIPP outcomes and delivery of the urgent care pathway. SWAST are members of the urgent care working group.

8.3.2 SWAST has monitored activity over previous years and is using this information to predict activity levels and resources accordingly. The capacity plan for both Winter and the Christmas and New Year period clearly identifies escalation triggers and actions, known as the Resource Escalation Plan (REAP). REAP has 6 levels with associated measures that can be introduced locally and trust-wide to deal with increased activity or adverse weather conditions.

8.3.3 The SWAST clinical support desks continue to triage green calls. This has resulted in a SWAST crew being able to directly refer to the Single Point of Access (SPA) based in the hub of the urgent care primary care centre. This provides crews with access to a range of alternative pathways, thus reducing the conveyance of avoidable attendance in ED.

8.3.4 SWAST are working locally with other providers (SEQOL and Carfax Health Enterprise) to ensure that all appropriate “GREEN 1-6” or Historic Cat C calls are understood for treatment at appropriate other providers to avoid unnecessary conveyance to A & E – conveyancy in Swindon remains low. This is line with ***Right Care, Right Time, Right Place***

8.3.5 Locally, the SWAST escalation processes are being linked to the country-wide triggers as part of the escalation plans. SWAST will participate in all routine performance management arrangements.

FIG 1

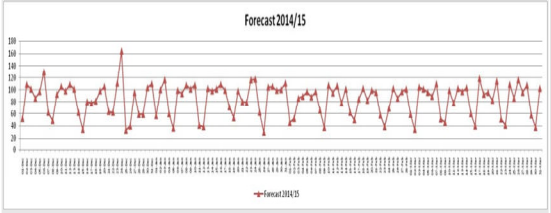
Operational Resilience Plan Adults General & Acute

Objective: To build system reliability to meet the needs of people accessing urgent, emergency and elective care efficiently.

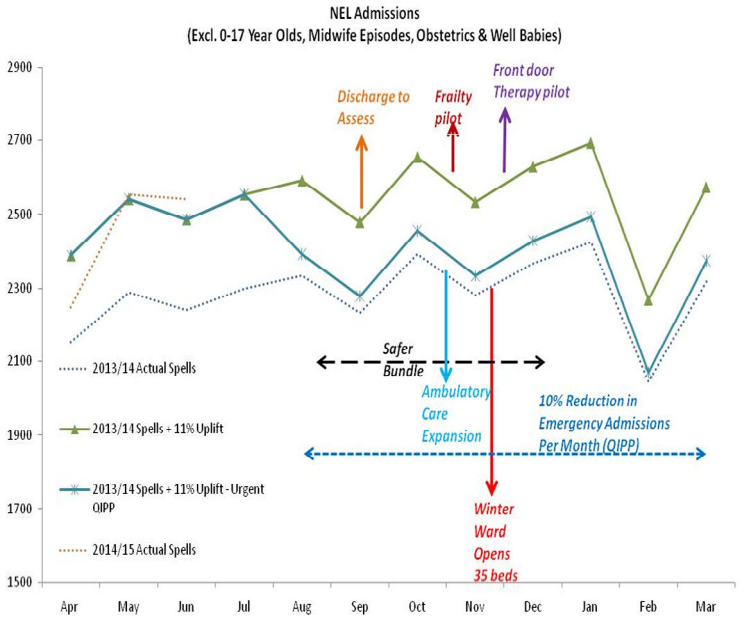
Outcome measures:

- Reduce emergency admissions to the acute hospital by 10% per month from August 2014
- Reduction of green to go (maximum 15) and over 14 day length of stay (maximum 60 GWH)
- 30% of acute take through ambulatory care
- Increased under 72 hour length of stay for frail patients
- Meet NHS Constitution Standards and rights

Daily Admissions Forecast – Range 40 to 120



Forecast Emergency Admissions Graph



Adult general & acute beds	August	September	October	November	December	January	February	March
Beds required	454	434	460	492	477	496	502	491
Bed available	440	399	399	434	434	434	434	434
Variance	-14	-35	-61	-58	-43	-62	-68	-57

Planning assumptions:

- Worst case scenario, rise of 11% emergency admissions continues
- Introduction of Frailty model, expansion to ambulatory model, RATs in ED, SAU continues, Therapy at the front door
- Implementation of Safer Bundle and Real time reporting
- Bed occupancy 93% emergency, 98% elective
- Winter ward from November 2014

Risk:

- Continued rising emergency admissions
- Failure to commission winter ward
- Capacity constrained services outside acute sector unable to flex to meet daily variation of demand

Critical Success Factors:

- 30 plus discharge to assess beds/ home discharge to assess placements
- 10% reduction of emergency admissions from August 2014
- Real Time Reporting & Proactive escalation
- Safer bundle, frailty & ambulatory model, SAU, front door therapy, RATs
- Ring fence 10% of inpatient beds and DSU for elective flow
- Responsive community services to turnaround patient at front door and ambulatory/frailty unit

8.4 Non-Emergency Patient Transport (NEPTS)

8.4.1 *"Arriva Transport Solutions Limited"* (ATSL) provide Non-Emergency Patient Transport Services in Gloucestershire, BaNES, Swindon and Wiltshire. The service is available 24/7, 365 days a year.

8.4.2 Initial capacity was based on the activity figures provided by the CCGs during the procurement process however, early into the provider taking on this contract in December 2013 demand was high. The CCG is currently working with other commissioners to review the contracted level of activity to support demand and pressures.

8.4.3 ATSL are contracted to provide a flexible and responsive 24hr service and should have the ability to react to changing circumstances/demands. They use local and central control and service delivery teams (with personnel on-site at key points of care) who co-ordinate the service and respond to emerging situations. They will use a transport planning system and real-time GPS vehicle tracking to plan the best scheduling and allocation of vehicles and re-plan routes and reschedule crew work patterns when required (e.g. severe weather) to minimise disruption to patients.

8.4.4 As they are operating multiple contracts in the same area they will have the ability to pool contingency vehicles and move resources if required.

8.5 Prevention and Management of Norovirus and Influenza

8.5.1 For surveillance of the local health economy, Public Health England will continue to produce local epidemiological data regarding Norovirus and influenza on a daily or weekly basis (dependant on number of cases), for dissemination to identified IP&C leads within NHS Swindon CCG, Great Western Hospitals NHS Foundation Trust and SEQOL. The Local Public Health team will cascade letters to SEQOL, Care Homes, GP practices and schools during October 2014, setting out the prevention and management of Norovirus and necessary infection prevention and control practices in the wider community, in line with national guidance.

8.5.2 Management of Norovirus and influenza within Provider Services:

- NHS Swindon CCG monitor adherence to infection prevention and control policies within provider services via contract monitoring arrangements and ensure close working relationships are maintained between community and acute IP&C teams, Public Health England (PHE) and Swindon Borough Council.

- Both the Great Western Hospital and SEQOL have reviewed and updated policies and procedures in relation to Outbreak Management and Ward Closures; Management of Diarrhoea and Vomiting Including Norovirus; Pandemic Flu; IP&C Standard Precautions; Hand Hygiene, Isolation and

Reporting of Notifiable Diseases. A clear escalation plan is in place for both organisations, based on national guidance.

- Suspected outbreaks of infection within Swindon Intermediate Care Centre (SwICC) are managed by the SEQOL IP&C team. An on call Microbiologist from Great Western Hospital is available for advice if an outbreak is suspected or occurs out of hours within the Swindon Intermediate Care Centre. SEQOL have an agreed norovirus escalation plan, to include management of patients with norovirus in their own home.

- Outbreak reports and updates will continue to be provided by the Great Western Hospital and SEQOL Infection Prevention and Control Teams on a daily basis to all relevant service leads, Directors, Commissioners and the Health Protection Agency.

- NHS Swindon CCG is represented at the Great Western Hospital NHS Trust's IP&C Committee where detailed aspects of outbreak management, risk assessments and audit are shared.

8.6 Care Homes

8.6.1 Care homes will use the virtual hub as first point of call if concerned that a resident may have Norovirus or be at risk of Norovirus. Community teams, led by the community matrons, will provide care and advice to people in residential and nursing homes, including clinical interventions if required to rehydrate.

8.6.2 The urgent care centre assessment team will direct people away from the hospital if Norovirus is suspected and arrange support at home if required. The virtual hub will co-ordinate escalation plans.

8.6.3 Outbreak management within care homes is also supported by the Health Protection Agency and reported to public health teams, CCG leads and provider organisations on a regular basis. Throughout the winter period these reports are generated daily where applicable. Routine monitoring of IP&C practices within the care home setting is carried out locally via Swindon Borough Council Contracts Team. NHS Swindon CCG will continue to work closely with the Contracts Team in order to support and provide advice with regard to required IP&C practices.

8.7 Education and Training

8.7.1 Education and monitoring of infection prevention and control practices amongst the healthcare workforce is routinely audited and cascaded within provider services and monitored via CCG clinical quality review meetings.

8.7.2 Infection prevention and control link networks (ICLN) are operational in both the Great Western Hospital and SEQOL and provide specialist education and training for staff. Key updates are provided for all staff with regard to manage-

ment of norovirus and influenza, which includes appropriate risk assessments and timely isolation procedures.

8.7.3 SEQOL's ICLN is available for all care homes and independent providers in Swindon and is able to demonstrate regular attendance.

8.8 Public Health Communication

8.8.1 In readiness for the winter season, plans are in place to cascade public health information letters to SEQOL; Care Homes; GP practices, schools and colleges during October 2013, setting out the prevention and management of norovirus and necessary infection prevention and control practices in the wider community.

8.9 Prevention and Management of Seasonal and Pandemic Flu

8.9.1 Seasonal flu vaccination is available to over 65 year olds, carers, health workers, the under 65's in vulnerable at risk groups including those with chronic conditions such as asthma or COPD and pregnant women.

8.9.2 NHS England has responsibility for commissioning the seasonal flu programme with GPs, midwives, other health care professionals and immunisation system leaders, managers and coordinators playing vital role in delivery. NHS England must ensure that robust plans are in place to locally identify all eligible patients, to ensure that sufficient vaccine has been ordered by practices to meet their needs, and that high vaccination uptake levels are reached in all the eligible groups.

8.9.3 Public Health England is responsible for planning and implementation of the national approach at a local level through the Area Teams, working closely with the local public health teams in local authority, monitoring and reporting on the key indicators related to flu, including flu activity and vaccine uptake.

8.9.4 GP practices and other providers are responsible for ordering the correct amount and type of vaccine and ensuring that all those eligible for the flu vaccine are invited personally to receive their vaccine.

8.9.5 All employers of individuals working in the NHS are responsible for management and oversight of the flu vaccine campaign for their frontline staff and providing support to providers to ensure access to flu vaccination and to improve the uptake by our eligible populations. Managers will be responsible for encouraging staff to consent to flu vaccination and monitor staff uptake by directorate.

8.9.6 Swindon Borough Council, through the Director of Public Health will provide local leadership, advocacy and challenge to local arrangements to ensure access to flu vaccination and to improve the local uptake by our eligible populations. Primary Care will work closely with community services to cover the

nursing homes. SEQOL have agreed to support primary care in the delivery of the flu vaccine for house bound patients and the residential homes.

8.9.7 Local data will be collected via the web based ImmForm system that collates weekly data extracted automatically from our local GP practices.

8.9.8 This year sees the extension of the flu vaccination programme to all two and three years olds through general practice and NHS England has secured vaccine for use in 2013/14 to allow the roll out of the programme

8.9.9 A joint local communication campaign has been agreed to promote and encourage uptake locally through various channels including GP practices and other health and social care staff encouraging uptake and local media and awareness raising activity.

9. Communication Strategy

9.1 For a number of years Swindon CCG have supported the national 'Choose Well' winter publicity campaign. Support has included distribution of 'Choose Well' campaign leaflets, posters and information cards throughout the local health and social care community. Targeted campaign messages are supported with proactive news releases and active participation in broadcast media interviews.

9.2 There will be communications support to the organisation by working closely with our partners and providers to ensure that we achieve three key milestones:

- The provision of communications advice to support the escalation process in the case of increased demand and/or emergency
- Provision of advice and information to support increased access to alternative, more appropriate sources of healthcare
- Supporting wider health messages including: get your flu jab, protect against norovirus, wrap up warm.

9.3 Partners and providers will meet monthly to agree the most appropriate channels and forms of communication advice, which will target the public, our patients, staff and other stakeholders. Each supporting organisation will lead on individual pieces of work, reducing duplication, and maximising the use of shared resources. More detail on this plan can be found in **Annex 3.**

10. Escalation

10.1 This year, the pressure on the system has once again been unrelenting and we have seen significant escalation within the hospital well in to the spring. During Christmas and New Year the whole escalation processes was tested and challenged resulting in the need to redefine our escalation response and actions. This provided the opportunity to review our escalation process, use escalation capacity across the community setting in a more robust and targeted way, and tighten up escalation reporting data. A key response to escalation is the use of whole system conference calls.

10.2 To enhance local escalation conference calls SCCG developed a web based reporting template to be used by health and social care providers to be completed 20 minutes before any escalation call. The need to have this template was based on the experience of both providers and commissioners spending too much time trying to agree actual pressure and patient flow, including discharge information status. The chair for the call can work through each section with those on the call, agree actions and provide a written summary of the call with clear actions and then email out to all providers and commissioners.

10.3 During winter 13/14 GWHFT and SEQOL submitted real time data to the Bath and North East Somerset (BaNES) hub. Measurable metrics were used and this enabled both commissioners and providers to see the current position, growing pressures in the system across Wiltshire, BaNES and Swindon and then enabled commissioners to facilitate calls to ensure all actions were being taken in accordance with escalation plans and provider reliance plans. It addition it enabled to seek peripheral support if needed and each provider to prepare for demand if another provider was in escalation.

10.4 The whole system escalation plan will be reviewed in October in the form of a simulation event. Not only will the escalation plan be tested but the CCG and each provider will refer to their business continuity plans to ensure a robust response following any internal or external event that may impact service and operational delivery.

11. Links to National and Strategic funds intended to develop synergy and integrated working – Better Care Fund (2013), Social Action Fund (2014) and the Care Act (2014)

11.1 Swindon CCG and Swindon Borough Council have well-established integrated partnership arrangements in place for many years and is in a strong place to **deliver integrated care, with an existing Section 75 agreement for Children and** Adults in place for health and social care comprising an aligned fund of £16m CCG and £55m SBC (total £72m).

11.2 Our joint vision for people in Swindon is enshrined in the Health and WellbeingStrategy:

11.3 To ensure that everyone lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.

11.4 Joint resources have been aligned to support the health, wellbeing, mental health, education and care of children, families and adults in the community to achieve the mission of both Swindon CCG and SBC.

11.5 Integrated services for children will have brought together community health, education and social care services. These have been co-located and managed as a single service.

11.6 Swindon is therefore strongly placed to implement integrated care in that the organisations currently providing local health and social care services are dealing with the same patients and communities.

11.7 In preparation for the Better Care Fund Plan an extensive literature review on the opportunities presented through integration (particularly in the delivery of out of hospital care) was undertaken. This identified that the delivery of integrated care appears to require the integration of sources of funding, planning and commissioning, otherwise the inherent differences/competitiveness built into procurement and the different payment regimes drive integrated pathways apart. We are implementing models for the integration of sources of funding, resource allocation and provision across adults and children with a particular focus on enhancing the role of community based health and social care support. This includes community navigators and community based support through the voluntary and third sector.

11.8 We see integration as essential to the improvement of the patient's and service user experience and we will be setting out examples (as patient stories) of how genuine and ambitious care integration will achieve improvements in quality and the cost of health care delivery.

11.9 A number of the BCF national conditions have already been taken forward that support ORCP :

- **Protection for social care services – local areas must include an explanation of how adult social care services will be protected within their plans.** For Swindon this is made easier as the integrated community provider, SEQOL provides both health and social care service

- **Better data sharing between health and social care, based on the NHS number (*the safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care*).** In Swindon plans to use of the NHS number as a primary identifier are being progressed.

- **Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional** – Swindon's approach has been developed from the joint adult demand strategy.

This includes:

- Identification of those needing case management and those needing self-management through risk stratification supported by practice attached
- community navigators
- Access to dedicated case managers provided by SEQOL;
- Access to a range of self-help support including a Healthy Life Plan coordinated by practice attached link worker supported by a database of available community, voluntary sector and neighbourhood support.

- **Agreement on the consequential impact of changes in the acute sector** – this is considered in our *Strategic Plan 2014-2019* and in particular our assumptions regarding the reduction in unplanned care against the overall context of growth in planned care as required by population growth. The net assumption is an increase of 1 – 1.2% per annum in activity compared to growth in population based demand of 2.8 – 3.2%.

12. Social Action Fund

12.1 A joint bid has been submitted between Swindon and Wiltshire council and CCGs aiming to increase the use of the British Red Cross and Age Concern UK to extend discharge support.

13. The Care Act 2014

13.1 Work is in hand to ensure that local adult social care services are delivered in accordance with the new Care Act 2014. The cap on care costs comes into force in April 2015. SBC have held a workshop on the new act engaging with key stakeholders and more work is being done on the importance of carers and carer assessments.

14. Capacity Planning – Engagement with the independent and voluntary sector. Annex c provides details.

15. Assessment of risk to delivery and mitigations in place

15.1 The SRG will review risks and mitigating action at each meeting, escalating risks to the relevant corporate risk registers as well as authorising remedial action on behalf of all partners to this plan.

Key Risks for 2014/15

Risks have also been identified separately within each organisation's individual plans.

The key risks identified for 2014 -15 are:

- Impact on the quality of care to patients with potential numbers of incidents increasing at times of escalation and pressure.
- Delivering and sustaining performance on key targets- **4 hour target**
- Risk to business continuity from increased demand for acute services and community care as a result of influenza and Norovirus
- Dealing with the continued levels and rates of growth over and above those planned for
- Loss of elective capacity
- Delivery of vaccination programmes may not achieve the planned levels
- NHS 111 provider not able to provide a sustainable level of performance over weekends.
- Impact of interventions being implemented in Q3/4
- Not having a real time solution in place in time for Winter

16. Timetable

All funding of schemes from the non-recurrent monies a roadmap of delivery of plan has now been agreed. Submission of the tracker has been submitted to the Area Team detailing KPIS and timelines. The CCG has a comprehensive performance dashboard for all non-elective and elective schemes and this is for agreement and sign off at the October SRG.

Great Western Hospitals NHS
NHS Foundation Trust

Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

NHS Swindon
Clinical Commissioning Group

SEQOL
care • health • support

Swindon Borough Council

SWINDON STRATEGIC SYSTEM RESILIENCE GROUP

(SSRG)

TERMS OF REFERENCE

1 CONTEXT

1.1 The Swindon Strategic System Resilience Group (SSRG) brings together partner organisations with a common aim: to improve the health and health care experience of the people of Swindon and Shrivenham within the resources made available.

1.2 These Terms of Reference set out the purpose, membership and authority of the SSRG, together with its supporting committee structure.

1.3 They reflect the strategic role that this Group will have in influencing and shaping joint strategies and in applying a cohesive approach to ensure the use of resources and performance of the SSRG contributes towards putting national policy into practice and delivering the NHS England's 'Operational Resilience and Capacity Planning for 2014/15'.

2 PURPOSE

The purpose of the SSRG is to:

2.1 To provide a strategic, delivery and monitoring forum to ensure operational resilience and referral to treatment requirements are achieved throughout 2014/15 for the local health and social care systems for the people of Swindon and Shrivenham.

2.2 To co-develop strategies and collaboratively plan safe, efficient services for patients for elective and non-elective care.

2.3 To review, analyse and challenge drivers of system pressures in order to support the development of solutions through a collaborative approach.

2.4 To maintain an overview of the performance of the system and sign off any mitigating plans required to improve performance during the year.

2.5 To build consensus across members and stakeholders, agreeing on the use of non-recurrent funds and marginal tariff.

2.6 To develop, sign off and publish operational and resilience capacity plans, ensuring compliance with all mandatory elements and involvement with all key local organisations.

2.7 To ensure the reporting requirements and deadlines set out by NHSE within 'Operational Resilience and Capacity Planning for 2014/15', published 13th June 2014 are met.

2.8 Support, as required, appropriate resources to the Swindon CCG urgent care intervention programme and the planned care intervention programme structures / project teams to deliver the outputs contained within the CCG Five Year Plan.

2.9 Collaborate, share and learn from other SSRGs.

3 MEMBERSHIP

3.1 Core Membership

The core membership will comprise of the following individuals (or of a recognised deputy in their absence):

3.1.1 NHS Swindon CCG

- Accountable Officer;
- Clinical Chair;
- Chief Operating Officer;
- Executive Nurse;(Clinical member)
- Executive Director of Commissioning;
- Locality Clinical Chairs.

3.1.2 CEO or delegate of the following organisations:

- Great Western Hospitals NHS Foundation Trust (acute and community services);
- SEQOL Community Services;
- South Western Ambulance Service NHS Foundation Trust;
- Avon and Wiltshire Mental Health Partnership Trust;
- Swindon Borough Council;
- Carfax Health Enterprise;
- Care UK Limited;
- Arriva Transport Solutions;
- NHS England Commissioning representative

3.2 Additional membership

Additional Membership (or delegate) will include as required:

- Chief Finance Officer (Swindon CCG);
- Urgent Care GP lead;
- Associate Director of Quality and Patient Safety (Swindon CCG);
- Associate Director for Out of Hospital Care (Swindon CCG);
- Head of Information (Swindon CCG);
- Director of Public Health (Emergency Planning);
- CEO of Swindon Healthwatch;
- LMC Representative;
- Chair of Wiltshire SSRG.

3.3 Chair of the SSRG

The SSRG will be chaired by the NHS Swindon CCG's Accountable Officer.

3.4 SSRG Secretariat

The Executive Nurse for NHS Swindon CCG will ensure the provision of the secretariat to the group in respect to:

- Agenda setting;
- Circulation of papers;
- Support and develop the delivery of the work plan.

4 AUTHORITY

4.1 The SSRG is authorised by NHS Swindon CCG's Governing Body to review any activity within its terms of reference.

4.2 It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Group.

4.3 The SSRG is authorised by the CCG's Governing Body to obtain outside legal or other independent professional advice in accordance with existing policy and to invest in securing or invite the attendance of outsiders with relevant experience and expertise if it considers this necessary.

5 ACCOUNTABILITY

5.1 The SSRG will report formally through to NHS Swindon CCG's Governing Body and will operate in accordance with the CCG's Key Financial Policies.

5.2 The Chair of the Group will be directly accountable to the CCG's Governing Body.

5.3 The Urgent Care and Planned Care Working Groups will be operational delivery groups for this agenda and will report directly and formally into the SSRG.

6 REPORTING AND RESPONSIBILITIES

6.1 The SSRG will monitor and evaluate its performance against appropriate thresholds and locally agreed performance metrics.

6.2 To ensure that the decision making of the SSRG is in line with the Better Care Fund and Health & Wellbeing Board.

6.3 There will be a clear set of Key Performance Indicators (KPIs) reported through a dashboard.

6.4 These KPIs may include but not be limited to:

- Where applied the use of the 70% marginal tariff;
- Use of non-recurrent national resilience funds – reporting implementation of schemes, performance against pre-agreed KPIs and use of monies where slip-page occurs;
- Accurate capacity modelling in non-elective demand;
- Disposition data from NHS 111;
- Effectiveness of seven day working within primary and social care;
- Linkages to Better Care Fund (BCF);
- Review and monitoring of established pathways for high intensity users;
- Review and monitoring of processes to minimise delayed discharge;
- Reduction in permanent admissions of older people from care facilities;
- Monitoring the use and outcomes of risk stratification tools;
- The development and benefit of real time data capture to inform system wide intelligence, including ED capacity management tools;
- Analysis of capacity and demand for elective services;
- Delivery of an agreed RTT timeline for common pathways including a review of local rules against national guidance;
- Review and monitoring of 'right care, right time, right place' principles.

7 FREQUENCY OF MEETINGS

7.1 Meetings will be held monthly or as agreed by the Group and will be arranged 12 months in advance.

7.2 All communications relating to meetings will be disseminated and papers/reports circulated a week before the meeting date.

7.3 Agenda items should be forwarded to the Accountable Officer's Personal Assistant at Swindon CCG secretariat at least 10 days prior to the meeting date.

8 QUORUM

8.1 A quorum of 6 members (or their deputies) must be present to constitute a valid meeting with a minimum representation of 4 core member organisations.

8.2 There must be 2 Clinical Members present.

8.3 The Chair will determine the appropriateness of the represented organisations to make decisions.

Date: 29th July 2014

Date Approved: 7th August 2014

Date of Next Review: 31st July 2015

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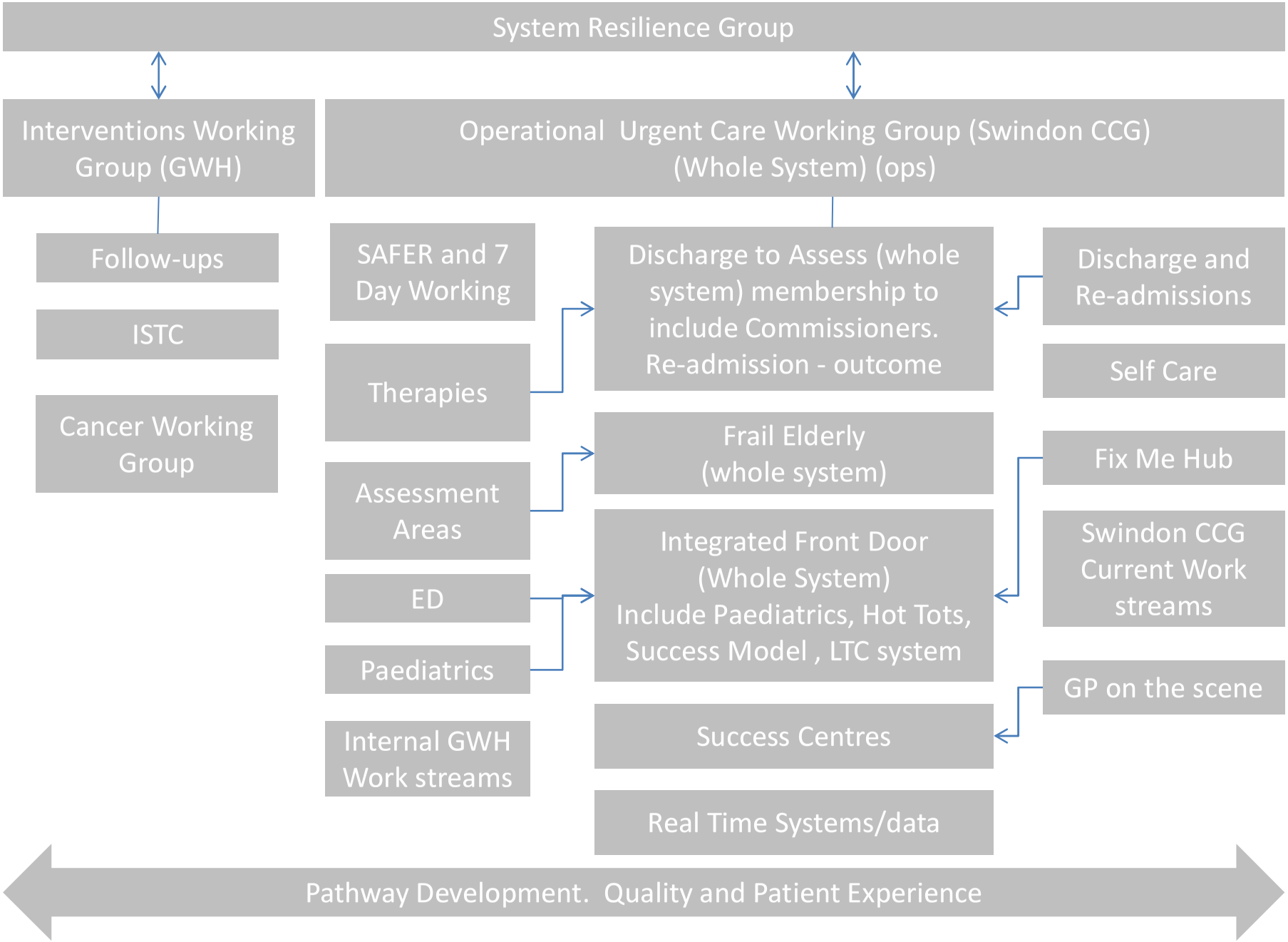
Whole System Programme



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Annex 6

Communications plan for Operational Resilience & Capacity Plan (ORCP) 2014/15

1. Introduction

This plan sets out communications arrangements for Swindon Clinical Commissioning Group (SCCG) during the autumn and winter period 2014/15. This plan also provides a focus for operational and capacity planning throughout the year as required. It incorporates local detail within a common framework that spans the whole of the Swindon Borough Council area (including Shrivenham) – this includes SCCG, local trusts, Public health England and Swindon Borough Council.

This joined-up approach recognises the advantages of:

- Sharing resources and reducing duplication of effort
- Aligning messages
- Aligning timings
- Fitting with national / regional plans
- Making the most of the media
- Handling inter-organisational issues, especially at time of escalation

It also takes account of the NHS England winter communications plan which has the following objectives:

- To support NHS England in maintaining an effective health services over the winter months and at other times when there is local system pressures.
- To inform the public about what they can do to help the NHS and themselves this winter, with an emphasis on encouraging greater use of pharmacies
- To provide reassurance that the health service is prepared for, and responding to, winter pressures (and other local system pressures through the year)
- To ensure communications during the winter period across the health system are co-ordinated and consistent, avoiding duplication and making better use of resources
- To be proactive and open in providing information to the media and the public about the health and social care system's plans for, and response to, winter pressures (and other local system pressures through the year)

Co-ordinated and consistent communications

- There are various health providers and one social care provider involved in preparing for, and responding to winter pressures (and other local system pressures through the year). For the communications plan to be successful, all organisations involved need to work together to ensure messages are co-ordinated and consistent. NHS England's central communications team will attend regular meetings with other national partners i.e. Department of Health, Public health England, Monitor and the

Trust Development Agency to ensure communications are co-ordinated across the different national agencies involved.

Scope

The organisations involved in shaping the local framework are:

- Swindon Clinical Commissioning Group
- Great Western Hospitals NHS Foundation Trust (GWH)
- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
- SEQOL
- South Western Ambulance Service NHS Foundation Trust (SWAST)
- Swindon Borough Council

A monthly meeting of communication leads from each organisation will be established by Swindon CCG. This will provide an opportunity to review the communication plans in place and agree on which organisations are leading on specific areas of work. The first meeting will be arranged for October 2014.

Within this framework, the following issues are covered:

1. Flu vaccination, which begins in the early autumn but can continue through most of the period covered
2. Norovirus
3. Keeping people well and encouraging best use of services, with an emphasis on increasing use of pharmacy
4. Roles and responsibilities at times of increased pressure

This plan has also been drawn up in recognition of the move towards supporting great resilience across the whole healthcare system, regardless of the time of year. As part of this process, communications leads will be identified to attend the local System Resilience Groups (Urgent Care Working Group), in order to:

- Understand and the local position and outlook
- Provide advice
- Share intelligence and facilitate communications planning across organisations
- Bid for funding for communications and marketing initiatives as and when appropriate

Resources

The plan relies heavily on the use of national materials and on the time and effort of organisational communications teams. However, certain elements may require additional investment for specifically identified campaign work.

2. Flu vaccination

Background - national
The NHS approach fits with the Public Health England's integrated communications strategy. This strategy explains that the only new element this year is vaccination for four-year-olds, following the introduction last winter of the Fluenza nasal spray for two and three-year olds.

The main public targets for the flu communications campaign will be pregnant women, parents/carers of 2-4 year olds, and people aged under 65 – including children – who are at greater risk because of other health conditions. The over-65s will not be targeted, as uptake continues to be good.

A national marketing campaign is being developed to focus on three priority areas, to run for four weeks from 6 October 2014. A marketing toolkit will be available for all partners. In parallel, social media work will be carried out to reach the under-65s at risk, in partnership with charities such as Diabetes UK, Arthritis Care, Mind and Cancer Research UK.

For health and social care staff, NHS Employers' Flu Fighter campaign will be the primary means of increasing uptake of the flu vaccination and all NHS organisations are expected to support the campaign and increase staff take up of the vaccination.

The Director of Public Health (DPH) will remain the local 'voice' on flu for the health and social care system in Swindon.

Background - local
The PH Team at Swindon Borough Council has produced an integrated plan that outlines how it will manage promotions on the seasonal flu campaign within Swindon for 2014/15 to ensure that consistent messages are cascaded, that duplication is avoided and no opportunities are missed.

Communications work on flu vaccination will focus on:

Activity	Roles	Notes	Timing
Joint local communication campaign	Campaign produced by SBC PH team.	The campaign has been agreed to promote and encourage uptake through various channels including GP practices and other health and social care staff encouraging uptake and local media awareness raising activity.	

		(Separate plan available)	
Media messages for at-risk groups, co-ordinated across Swindon and shaped in light of patient feedback about barriers to uptake	Developed by NHS England in collaboration with local organisations. DPH (Cherry Jones) to front the media work.	Need to align as far as possible with national messaging and marketing campaign	From September. Reinforced as necessary, in light of uptake data.
Website messages for at-risk groups, co-ordinated across Swindon and shaped in light of patient feedback about barriers to uptake	Developed by NHS England in collaboration with local organisations. DPH (Cherry Jones) to front the media work. All organisations to support via websites and social media	Need to align as far as possible with national messaging and marketing campaign	From September. Reinforced as necessary, in light of uptake data.

3. Norovirus

Background

Each year, norovirus and similar illnesses cause ward closures and delayed admissions for hospital patients. As with many easily-spread infections, norovirus tends to be at its worse over the winter period, when pressures on the system might already be high. It is therefore essential to minimise the impact.

However, it is also important to make the public aware that norovirus is essentially a community-wide problem that is brought into hospitals, care homes and other settings where people are most vulnerable, it is therefore something that can be tackled at source.

There is scope both for campaign work, to try to prevent outbreaks, and for opportunistic work as and when norovirus becomes an issue this winter.

Local approach

Communications work on norovirus will focus on:

Activity	Roles	Notes	Timing
Production of public health messages	SBC – lead is director of public health	Plans are in place to cascade public health information letters to SEQOL, care homes, GP practices, school and colleges, setting out the prevention and management of norovirus and necessary infection prevention and	October 2014

		control practices in the wide community, in line with national guidance	

4. Keeping people well and encouraging best use of resources

Background

An essential part of winter planning is the avoidance of hospital admissions and encouraging people to use the right health services for the ailment. This includes encouraging people to:

- Keep warm and well
- Seek the right treatment if they do become unwell
- Use their local health services appropriately

Many of these initiatives are being led nationally. However, there will be no repeat this year of the national campaign on 'Winter Friends'. Nor will there be any national promotion of NHS 111. However, there will be a reprise of the campaign The Earlier The Better to encourage frail older people to see their pharmacist early, rather than risk crisis/hospital admission.

Local approach

Communications will focus on:

Activity	Roles	Notes	Timing
Providing a list of alternative services: - pharmacists, - self-care - 111 - Urgent care GP/Nurse centre - Walk-in Centre - SUCCESS centre	SCCG Communications team		September 2014
Producing a suite of press releases for the various scenarios	Individual organisations	To develop individual ones for each organisation and also joint ones where appropriate	September / October 2014
Use of campaign material produced by Central Southern CSU (Talk before you walk)	SCCG communications		September /October 2014
Integrated Health & Social Care Operational	SCCG communications		September /October 2014

Resilience & Capacity plan 2014/15 – ensuring it is on the VVG's website			
Review the list of communication channels and relevant contacts details	SCCG communications	For review with other comms leads	September /October 2014

5. Escalation at times of increased pressure

Background

Escalation and incidents that only affect the NHS in one locality (Level 1) are handled by the CCG and individual trust involved. Once the impact spreads to other providers and health communities (level 2), NHS England and Public Health England takes on responsibility for co-ordinating the response. Regional impact is categorised as Level 3, and national as Level 4. Examples are shown below:

Level	Description	Lead	Example
1	A health-related incident that can be responded to and managed by provider organisations within their respective business as usual capabilities.	CCG / provider (Area team for primary care)	• Power outage at provider site • Internal staff issues • 'Red or Black' declaration within the system
2	A health-related incident that requires the response of a number of health provider organisations and will require an NHS England Area team to co-ordinate.	Area Team / PHE	• 'Black' declaration of a health community • Level 3 heatwave • Communicable disease outbreak • Flooding • Large RTA • CBRN incident • Multi-agency Strategy or Tactical Co-ordinating Group
3	As above but with regional implications including mutual aid requirements that necessitate NHS England Regional co-ordination to meet the demands of the incident	Area Team / Region	• Mass casualties
4	As above but with national implications requiring NHS England National co-ordination to support the NHS and NHS England response,	Area Team / Region / National	• Pandemic flu • Any national plan activation

Even at local level, collaboration and co-ordination are critical for the smooth handling of incidents and escalation, not just to meet the needs of patients but to sustain confidence in the NHS.

Note: CCGs are expected to invite their communications leads onto urgent care teleconferences. The relevant NHS England Area Team is expected to invite area team communications lead onto any teleconference in the light of a Level 2 incident.

Communications leads should also be assigned to each new System Resilience Group (Urgent Care group), in order to:

- Understand the local position and outlook
- Provide advice
- Share intelligence and facilitate communications planning across organisations.

The grid below sets out likely scenarios and organisational roles. Note that, in all cases, individual organisations are responsible for communicating with their own staff.

Winter scenario	**Who is responsible for communicating urgent messages to patients and the public**	**Who is responsible for communicating with other organisations**
Heavy snow / flooding affecting the Swindon health and social economy (level 1 incident) **Might involve staff unable to get to usual places of work**	CCGs are responsible for co-ordinating the local communications response across providers (e.g. acute and community), including: • Issuing advice to patients & the public via the media to remind them to use A&E/999 in an emergency and to use 111 or other local services as appropriate (a suite of media messages / press release to be produced) • Advising where GWH has had to cancel operations due to bad weather and that patients will be contacted individually about this. Media responses should be developed between SCCG and the provider, to ensure that the bigger picture is conveyed and messaging is consistent. Releases and statements to be	SCCG, as commissioners of secondary care, is responsible for communicating with GPs to advise on action to ease pressure on GWH. SCCG, as commissioners of community services, is responsible for communicating with community providers about action to ease pressures on hospitals and reach vulnerable patients. Trusts are responsible for communicating with social care over discharges.

	shared in the local health community, and with Area Team, Public Health England and Swindon Borough Council. Trusts to support via websites and social media, customising messages as necessary. Links to be made with other organisations asking if they would also share messages via their social media routes: Facebook, Twitter etc. Public Health England and Swindon Borough Council are responsible for: • Providing general 'keep warm, keep well' advice to patients and the public (including vulnerable patients with long-term conditions)	
Heavy snow / flooding causing severe disruption across the region (a level 2 incident or above)	NHS England Area Team is responsible for co-ordinating the regional communications response, including: • Issuing advice to patients and the public via the media to remind them only to use A&E/999 in an emergency and to use 111 or other local services as appropriate • Advising where local hospitals have had to cancel operations due to bad weather and that patients will be contacted individually about this Media response should be developed between the Area team, SCGG and providers, to ensure that the bigger picture is conveyed and messaging is consistent. Releases and statements to be shared across regional communities and with Public Health England and local authorities. As a category two responder,	SCCG, as commissioners of secondary care, is responsible for communicating with GPs to advise on action to ease pressure on GWH. SCCG, as commissioners of community services, is responsible for communicating with community providers about action to ease pressures on hospitals and reach vulnerable patients. Trusts are responsible for communicating with social care over discharges.

	SCCG will support the area team communications colleagues as required to help disseminate messages to patients and the public via local media. Trusts to support via their websites and social media, customising messages as necessary for local consumption. Public Health England and SBC are responsible for: • Providing general 'keep warm, keep well' advice to patients and the public (including vulnerable patients with long-term conditions)	
Very cold weather, but no impact yet felt on services	Public Health England / SBC are responsible for issuing 'keep warm, keep well' advice to local people urging them to stay indoors and take care of themselves; for examples, reminding the frail and elderly not to go out in icy conditions to avoid slipping over.	
Staff unable to get into work due to sickness (e.g. flu), causing disruption / pressure / cancelled operations, but confined to an individual provider / local SCCG health economy	CCGs are responsible for co-ordinating the local communications response across providers (e.g. acute and community), including: • Issuing advice to patients & the public via the media to remind them to use A&E/999 in an emergency and to use 111 or other local services as appropriate (a suite of media messages / press release to be produced) • Advising where GWH has had to cancel operations due to staff shortages and that patients will be contacted individually about this. Media responses should be developed between SCCG and the provider, to ensure that the bigger picture is conveyed and	SCCG, as commissioners of secondary care, is responsible for communicating with GPs to advise on action to ease pressure on GWH. SCCG, as commissioners of community services, is responsible for communicating with community providers about action to ease pressures on hospitals and reach vulnerable patients. Trusts are responsible for communicating with social care over discharges.

	messaging is consistent. Releases and statements to be shared in the local health community, and with Area Team, Public Health England and Swindon Borough Council. Trusts to support via websites and social media, customising messages as necessary. Links to be made with other organisations asking if they would also share messages via their social media routes: Facebook, Twitter etc. Public Health England and Swindon Borough Council are responsible for: • Providing public messages on flu / other communicable diseases.	
Local GP surgery / surgeries have to close due to bad weather	NHS England Area Team communications team responsible for informing local patients and the public via the media and for setting out the alternatives (including use of 111) Individual practices are responsible for informing individual patients who have appointments booked	NHS England Area Team communications team are responsible for informing other organisations, including NHS 111, SCCG, OOHs provider, unaffected practices and pharmacies.
GWH A&E department closed / accepting no patients, for example due to major internal incident (level 1)	CCGs are responsible for co-ordinating the local communications response across providers (e.g. acute and community), including: • Issuing advice to patients & the public via the media to remind them to use A&E/999 in an emergency and to use 111 or other local services as appropriate (a suite of media messages / press release to be produced) • Advising where GWH has had to cancel operations due to bad weather and that patients	SCCG, as commissioners of secondary care, is responsible for communicating with GPs to advise on action to ease pressure on GWH. SCCG, as commissioners of community services, is responsible for communicating with community providers about action to ease pressures on hospitals and reach vulnerable patients. Trusts are responsible for communicating with social care

	will be contacted individually about this. Media responses should be developed between SCCG and the provider, to ensure that the bigger picture is conveyed and messaging is consistent. Releases and statements to be shared in the local health community, and with Area Team, Public Health England and Swindon Borough Council. Trusts to support via websites and social media, customising messages as necessary. Links to be made with other organisations asking if they would also share messages via their social media routes: Facebook, Twitter etc. • NHS England Area Team responsible for co-ordinating any regional communications responses if there are knock-on effects on other areas.	over discharges.
Closure of GWH A&E department due to major incident affecting a number of providers (level 2)	CCGs are responsible for co-ordinating the local communications response across providers (e.g. acute and community), including: • Issuing advice to patients & the public via the media to remind them to use A&E/999 in an emergency and to use 111 or other local services as appropriate (a suite of media messages / press release to be produced) • Advising where GWH has had to cancel operations due to bad weather and that patients will be contacted individually about this. Trusts to support via websites and social media, customising messages as necessary.	SCCG, as commissioners of secondary care, is responsible for communicating with GPs to advise on action to ease pressure on GWH. SCCG, as commissioners of community services, is responsible for communicating with community providers about action to ease pressures on hospitals and reach vulnerable patients. Trusts are responsible for communicating with social care over discharges.

	Links to be made with other organisations asking if they would also share messages via their social media routes: Facebook, Twitter etc. Media response should be developed between the Area team, SCGG and providers, to ensure that the bigger picture is conveyed and messaging is consistent. Releases and statements to be shared across regional communities and with Public Health England and local authorities. As a category two responder, SCCG will support the area team communications colleagues as required to help disseminate messages to patients and the public via local media.	
Ward closed in local hospital due to norovirus	Trusts are responsible for issuing advice to patient and the public, reminding them to stay away from the hospital is they have symptoms and providing basic hygiene advice to stop the spread of the infection. Trusts to refer to the Area Team before media work, in case other providers are affected and wider system response is needed. SCCG is responsible for issuing wider advice to patients if outbreak serious enough to affect admissions / capacity to any significant degree.	SCCG, as commissioners of secondary care, is responsible for communicating with GPs to advise on action to ease pressure on GWH. SCCG, as commissioners of community services, is responsible for communicating with community providers about action to ease pressures on hospitals and reach vulnerable patients. Trusts are responsible for communicating with social care over discharges.
Ambulances queuing outside GWH A&E department, causing delays to patients	GWH and South Western Ambulance Service to develop co-ordinated media response in collaboration with SCCG. Key principle = no blame / no surprises.	SCCG, as commissioners of secondary care, is responsible for communicating with GPs to advise on action to ease pressure on GWH. SCCG, as commissioners of community services, is responsible for communicating with community providers about

		action to ease pressures on hospitals and reach vulnerable patients. Trusts are responsible for communicating with social care over discharges.
Delayed discharges causing delays to admissions	GWH, SBC and SCCG to develop co-ordinated response, focusing on system-wide solutions and admission-avoidance messages for patients Key principle = no blame / no surprises.	SCCG, as commissioners of secondary care, is responsible for communicating with GPs to advise on action to ease pressure on GWH. SCCG, as commissioners of community services, is responsible for communicating with community providers about action to ease pressures on hospitals and reach vulnerable patients.
111 service experiencing pressure and delay in calls getting through	NHS England Area Team and SCCG are responsible for co-ordinating the regional communications response, including: • Issuing advice to patients and the public via the media on alternative sources if healthcare help and support. Messaging to be developed with the 111 service provider. Trusts to support via websites and social media, customising messages as necessary.	SCCG responsible for informing other organisations – trusts, OOHs providers, unaffected practices and pharmacies

6. Communications leads

Each organisation has named individuals for supporting this plan:

Name & role	Organisation	Email	Contact telephone
Ruth Atkins Senior Communications & Engagement Manager	Swindon CCG	communications@swindonccg.nhs.uk and ruthatkins@nhs.net	07787 573471
Sarah Eastman Communications Manager	GWH	comms@gwh.nhs.uk and Sarah.Eastman@gwh.nhs.uk	01793 605948
Katie Taylor Neale	SEQOL	katie.taylor-neale@seqol.org	01793 465761
Victoria Tagg Communications Officer **Richard Freeman**	SBC	vtagg@swindon.gov.uk RCFreeman@swindon.gov.uk	01793 46 3113 01793 463416
Andrew Thompson	Prospect Hospice	AndrewThompson@prospect-hospice.net	01793 816167
Claire Warner	SWAST	claire.warner@swast.nhs.uk	01392 261649
Marilyn Hughes	Carfax Health Enterprise	marilynhughes@nhs.net	01793 541655
Gemma Fear	PHE	gemma.fear@phe.gov.uk	0117 968 9161
Emma Green Interim Senior Communications Manager	NHS England Area team comms support	Emma.green18@nhs.net England.lsmedia@nhs.net	07825 422417 Media centre: 020 7932 3911

SCCG has on-call communications support (provided by Central Southern CSU) to support the director on-call where required to provide out of hours support.

7. Measures of success

The following measures will provide indicators on the level of success of communication during the autumn / winter period 2014/15:

- **Escalation processes in case of emergency** – where the escalation process has been used, testing whether staff and other stakeholders were kept adequately informed, supporting the wider escalation process.
- **Appropriate sources of healthcare** – monitoring the media coverage of press releases, whether this is positive or negative as well as the number of presentations to GWH emergency front door, calls to 111 and other local settings.
- **Flu immunisation** - recording uptake as compared to previous years – this will be led by the public health team at Swindon Borough Council

- **Norovirus prevention and management**– recording number of breakouts in providers, and the effect of this.

8. Key risks

There are number of risks to the success of the winter communications plan that will need to be considered and managed throughout this winter:

- Conflicting messages put out by different providers and the SBC public health team – this will be managed through regular meetings with our providers, and contact with the public health team.
- Conflicting local and national messages

9. Review and Evaluation

We will meet on a monthly basis with other organisations to agree actions, effectiveness and next steps. We will carry out an evaluation of our efforts, and resources invested.

Ruth Atkins, Senior Communications and Engagement Manager
Swindon CCG (working on behalf of Central Southern CSU)

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Pharmaceutical Needs Assessment

Health and Wellbeing Board **8 October 2014**

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

1. Purpose and Reasons

1.1 The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Pharmaceutical Needs Assessment (PNA) for Swindon and publish it by 1st April 2015. This report presents information regarding the background and purpose, governance, consultation requirements and overview of proposed contents and timescales.

1.2 The purpose of the PNA is to:

1.2.1 Identify the pharmaceutical services currently available and assess the need for pharmaceutical services now and in the future;

1.2.2 Inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be;

1.2.3 Inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide new pharmaceutical services, including new pharmacies, and also to make changes to existing contracts. The organisation that will make these decisions is NHS England.

2. Recommendations

The Board is recommended to:

2.1 Note this report.

2.2 Delegate authority to the Acting Director of Public Health to respond, on behalf of the Board, to neighbouring Health and Wellbeing Board's Pharmaceutical Needs Assessments consultations.

3. Detail

3.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards. The Act also transferred responsibility to develop and update Pharmaceutical Needs Assessments from Primary Care Trusts (PCTs) to HWBs with the requirement to have a new PNA published by 1st April 2015.

Further information on the subject of this report can be obtained from Cherry Jones, 01739 444681, cherryjones@swindon.gov.uk.

3.2 Swindon's existing 2011 PNA will be retained until the updated PNA is produced by the Health and Wellbeing Board. The new PNA will need to be signed-off by the Health and Wellbeing Board by the end of March 2015.

3.3 The PNA is a legal document which details services which would be desirable and essential in a locality based on the local health needs and population demographics. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: https://www.gov.uk/government/news/new-pharmaceutical-services-regulations-published.

3.4 PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and Clinical Commissioning Groups (CCGs). NHS England area teams will also use the PNA to inform whether a pharmacy application would be desirable for a particular location or to make changes to existing pharmacy contracts.

3.5 The development of the Swindon PNA process is monitored through the established Joint Strategic Needs Assessment (JSNA) Steering Group and led by public health.

3.6 The Swindon PNA is subject to a 60 day statutory consultation period which will start in November 2014. Regulation 8 of the Pharmaceutical Services Regulations specifies that the Health and Wellbeing Board must consult with the following:

- the Local Pharmaceutical Committee (LPC)
- the Local Medical Committee (LMC)
- any persons on the pharmaceutical lists and any dispensing doctors list for its area
- any LPS chemist in its area with whom NHS England has made arrangements for the provision of any local pharmaceutical services
- Healthwatch, and any other patient, consumer or community group in its area which in the view of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in its area
- NHS England
- any neighbouring HWB

3.7 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 which set out the legislative basis for developing and updating

PNAs also provides guidance on content and this has been reflected in the overview of proposed content of the PNA.

3.8 The Swindon HWB neighbouring HWBs are Wiltshire, Gloucestershire, Oxfordshire and Berkshire. These HWBs will approach the Swindon HWB as part of their consultation process and Swindon, in turn, will approach them. It is proposed that the Board delegate authority to the Acting Director of Public Health to respond, on behalf of the Board, to the neighbouring HWB PNAs consultations. A checklist of issues Public Health will consider when responding to other HWB consultations will include:

3.8.1 Does the neighbouring area provide pharmaceutical services (pharmacy or dispensing GP) to a significant number of Swindon residents?

3.8.2 If so, are these adequate in terms of number, opening hours and services offered? Have these been noted in the PNA?

3.8.3 Do a significant number of residents from the neighbouring area use Swindon pharmaceutical services? If so, what is the impact?

3.8.4 Are there plans for significant house building or other relevant developments close to the Swindon boundary? What impact may these have in the future?

3.8.5 Has the neighbouring PNA identified any gaps in provision that are relevant to Swindon?

4. Alternative Options

4.1 No alternative options are proposed.

5. Implications

Financial and Procurement Implications

5.1 There are no financial or procurement implications arising from this report. The actual PNA that this report refers to, when published in April 2015, will inform commissioning decisions by NHS England, SBC public health and NHS Swindon Clinical Commissioning Group.

Legal and Human Rights Implications

5.2 There are no direct legal or human rights implications arising from this report. The PNA will be subject to a diversity impact assessment.

All other Implications

5.3 None.

Further information on the subject of this report can be obtained from Cherry Jones, 01739 444681, cherryjones@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 None.

Further information on the subject of this report can be obtained from Cherry Jones, 01739 444681, cherryjones@swindon.gov.uk.

Swindon Dementia Strategy

Health and Wellbeing Board **8 October 2014**

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

1. Purpose and Reasons

1.1 To inform the Health and Wellbeing Board (HWB) about the Swindon Dementia Strategy 2014 – 2019 (attached at Appendix 1) informed by the Dementia Joint Strategic Needs Assessment (JSNA) published last year.

1.2 Dementia is a long term condition which affects significant numbers of patients and families in Swindon. Increasing quality of life and independence whilst living with dementia related illnesses is a national and local priority.

1.3 The vision for Swindon is for people with dementia and their carers to live a healthy, safe and fulfilling life.

2. Recommendations

The Board is recommended to:

2.1 Recommend to Cabinet and the Governing Body of Swindon Clinical Commissioning Group (CCG) that they approve the Dementia Strategy for 2014 – 2019.

2.2 Raise awareness to all partner Health and Wellbeing Board agencies of the importance of creating dementia friendly communities and delivering on the priorities identified within the strategy.

3. Detail

3.1 Dementia is a long term condition which affects significant numbers of patients and families in Swindon. Increasing quality of life and independence whilst living with Dementia related illnesses is a national and local priority.

3.2 It is estimated that approximately 2000 people in Swindon are diagnosed at any one time with a dementing illness. It encompasses a spectrum of symptoms from an inability to recall recent events to severely limiting a person's physical, cognitive and social abilities. The implications can also be devastating for family members and friends.

3.3 In Swindon dementia is recognised as a key priority across different organisations. Although it is a medical diagnosis, the role of social care and the voluntary and community sector is central to the quality of life of people with dementia and their carers. Maintaining a healthy lifestyle can also reduce the

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

risk of dementia and a good diet, regular physical activity and stopping smoking is good for both healthy hearts and brains.

3.4 The purpose of a dementia strategy for Swindon is to:

3.4.1 Set out the vision for Swindon

3.4.2 Provide co-ordination for all the excellent work that is already in place

3.4.3 Identify key priorities for what needs to improve

3.4.4 Maximise opportunities for identifying synergy and potential for cross-agency working

3.4.5 Engaging local people in discussion on what works best for people in Swindon

3.4.6 Ensuring that there is a constant reminder that people are central to everything we do for dementia.

3.5 As well as developing a strategy and plan for action, Swindon has established a multi-agency Dementia Steering Group and the Clinical Commissioning Group has led workshops on looking at what works well currently and how things can be improved, and also on understanding innovative practice from elsewhere.

3.6 There has also been a comprehensive Dementia Joint Strategic Needs Assessment conducted which was published in July 2013. http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Dementia-Needs-Assessment.aspx

3.7 Based on these findings and a series of stakeholder involvement events, eleven key priorities have been identified:

3.7.1 Priority 1: Improve public and professional awareness of dementia and reduce stigma

3.7.2 Priority 2: Improve timely diagnosis and treatment of dementia

3.7.3 Priority 3: Increase access to a range of flexible day, home based and residential respite options

3.7.4 Priority 4: Develop services that support people to maximise their independence

3.7.5 Priority 5: To increase community clinical support for patients experiencing dementia

3.7.6 Priority 6: Improve the skills and competencies of the workforce

3.7.7 Priority 7: Improve access to support and advice following diagnosis for people with dementia and their carers

3.7.8 Priority 8: To reduce avoidable hospital and care home admissions and decrease hospital length of stay

3.7.9 Priority 9: To ensure that the needs of younger people with dementia are addressed

3.7.10 Priority 10: To improve the quality of dementia care in care homes and hospitals

3.7.11 Priority 11: To improve end of life care for people with dementia

4. Alternative Options

4.1 Not to support the Dementia Strategy.

5. Implications

Financial and Procurement Implications

5.1 There are no direct financial or procurement implications arising from the development of this strategy. Any service reviews or service requirements as a result of this strategy will be reviewed and a business case developed accordingly.

Legal and Human Rights Implications

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

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

5.3 There are implications for improved health and wellbeing as a result of implementing the strategy and delivering on the eleven priorities identified within the strategy.

Links to One Swindon, Strategic Objectives. Plans and Policies

5.4 This links directly to the One Swindon priority of, 'living independently, protected from harm, leading healthy lives and making a positive contribution' and the Health and Wellbeing Strategy outcomes:

- Outcome 2 – Adults and older people in Swindon are living healthier and more independent lives
- Outcomes 3 – Improved health outcomes for disadvantaged and vulnerable communities

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

- Outcomes 4 – Improved mental health, wellbeing and resilience for all
- Outcome 5 – creation of sustainable environments in which communities can flourish

Diversity Impact assessment

5.5 A diversity impact assessment has been completed.

Risk Management

5.6 No specific risks have been identified at this stage from 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 Swindon Dementia Strategy 2014 - 2019.

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

NHS
Swindon
Clinical Commissioning Group

ning Group and

January 2014
(5th draft)

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Swindon
Borough Council

· Health and Social Care

n Council

Introduction

Dementia is a long-term condition which has a high impact on a person's health, social circumstances and family life. It is estimated that approximately 2000 people in Swindon are diagnosed at any one time with a dementing illness. It encompasses a spectrum of symptoms from an inability to recall recent events to severely limiting a person's physical, cognitive and social abilities. The implications can also be devastating for family members and friends.

Nationally there is an increased focus on dementia as a key public health issue with the publication of the National Dementia Strategy in 2009, David Cameron's Dementia Challenge in 2012 and the Dementia Friends Initiative to engage one million people to create dementia friendly communities. The focus is on living well with dementia and recognising that whilst the diagnosis can be a huge shock, people can still retain independence in the early stages, and make the most of their lives with support and adjustments.

In Swindon dementia is recognised as a key priority across different organisations. Although it is a medical diagnosis, the role of social care and the voluntary and community sector is central to the quality of life of people with dementia and their carers. Maintaining a healthy lifestyle can also reduce the risk of dementia and a good diet, regular physical activity and stopping smoking is good for both healthy hearts and brains. Organisations recognise that care and support needs to start with the individual and that people have dementia but are not defined by it.

As well as developing a strategy and plan for action, Swindon has set up a Dementia Steering Group and the Clinical Commissioning Group has led workshops on looking at what works well currently and how things can be improved, and also on understanding innovative practice from elsewhere. There has also been a comprehensive needs assessment as part of the Joint Strategic Needs Assessment[1], and all these have shaped

What is dementia?

Dementia causes damage to the brain resulting in a gradual decline in skills such as memory, reasoning, communication and the ability to carry out daily activities. It affects people differently depending on the type of dementia, stage of illness and individual. The most common types are Alzheimer's Disease and Vascular Dementia

[1] http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Dementia-Needs-Assessment.aspx

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the direction and priorities.

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The Strategy

The purpose of a dementia strategy for Swindon is to:

- Set out the vision for what we want to achieve
- Provide co-ordination for all the excellent work that is already in place
- Identify key priorities for what needs to improve
- Maximise opportunities for identifying synergy and potential for cross-agency working
- Engaging local people in discussion on what works best for people in Swindon
- Ensuring that there is a constant reminder that people are central to everything we do for dementia.

Our Vision

For people with dementia and their carers to live a healthy, safe and fulfilling life

The strategy cannot be delivered without lots of different organisations and groups coming together. The journey for someone with dementia encompasses all aspects of life:

- Diagnosis – support from primary care and GPs at initial contact, understanding what's wrong and getting referred for a diagnosis
- Support during and after the diagnosis to understand the implications both for the person with dementia and their family and friends
- Understanding that small adjustments in day to day life can make a difference and maintain independence
- Developing supportive communities where people can maintain an active social life for as long as possible and a role as a valued member of the community
- Get appropriate information and advice on the likely path ahead, recognising that it may be different for each person
- Accessing care as a planned approach based on need not on crisis
- Ensuring carers are supported whenever they feel it is needed
- Understanding that people with dementia might get other illnesses too and dementia should not get in the way of accessing good care for general health
- Minimising the likelihood of hospital admission but ensuring if people do go into hospital their needs and anxieties are understood
- Providing excellence in professional care both in the home and in residential homes if needed
- Delivering end of life care that is sensitive, appropriate and supports the whole family.

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This means that truly delivering our vision for Swindon involves every member of the community. Our aims for dementia are:

- To increase Swindon's dementia awareness both publically and clinically across all organisations
- To build dementia friendly communications and facilities into the environment as standard
- To provide good, appropriate information at the right time for the public, carers and patients
- To deliver timely diagnosis but not requiring a diagnosis to access support
- To increase community clinical support for patients experiencing dementia
- To treat everyone with dignity and respect
- To see staff training and understanding about dementia as central to good customer service

Principles

- Dementia is a very individual disease – experience depends on the type, severity and support available
- A diagnosis is the start of a different life experience not the end
- Understanding and respect are central to any contact
- People do not want to be defined by dementia but acknowledged as a valuable and respected members of the community
- People with dementia want to do normal things in an age friendly environment and have fun
- Carers have a crucial role and need support too

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Priorities

The following pages set out the priorities for Swindon which reflect those in '*Living Well with Dementia – The National Strategy'* (2011). Each section provides a local context, the outcomes we are aiming to achieve and some of the activity that will work towards achieving this. An action plan has been developed to support the delivery of this strategy and a dementia steering group has been established made up of different organisations that will monitor progress against the strategy on a quarterly basis. This will evaluate how effective we are in achieving our vision for Swindon. The plan provides more detail of how the strategy will be delivered.

Each priority links to both the national dementia strategy objectives and NICE Dementia Quality Standards (2013).

An additional performance measure will relate to the development of metrics and indicators across providers to look at the whole system effects of implementing the strategy and action plan.

Underpinning all these priorities is ensuring that services meet the needs of vulnerable and hard to reach groups, for example those from black and ethnic minority communities or people with alcohol problems.

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Priority 1: Improve public and professional awareness of dementia and reduce stigma

Why?

Raising awareness is important on a number of different levels: to enable people to take steps to reduce the risk of dementia, to encourage people with symptoms to access support, to enable communities to support people with dementia and recognise symptoms in friends and family, and to promote professional understanding. Raising awareness can be via campaigns, training and through a range of different media.

Increasing risk of dementia

- having a particular gene
- having another neurological
- history of strokes
- high blood pressure, diabetes and / or high cholesterol
- lifestyle factors such as smoking, excess alcohol and / or obesity
- being socially isolated

Locally

- There are estimated to be over 2000 people with dementia in Swindon, nearly half of whom are over 85.
- Numbers of people with dementia are estimated to increase by about 700 by 2020 due to the increase in population of those over 65.
- Having diabetes, hypertension (raised blood pressure) or being obese in mid-life can double the risk of dementia in later life. In Swindon there are over 29000 people of all ages registered as having hypertension and 9500 registered as having diabetes, with variation by GP practice.

Outcomes

People engage with services earlier get more support and a longer period of independence

Better cerebrovascular health may contribute to preventing or reducing the risk of vascular dementia

Indicators

- Develop a central point of contact for advice / information
- Training for all frontline staff on dementia
- Awareness raising within major employers around dementia initially focusing on public sector e.g. Swindon Borough Council
- Developing a plan for Swindon as a dementia friendly community
- Develop *Dementia Champions* in Swindon
- Develop a communications strategy and plan for raising awareness of dementia amongst the public and the benefits of a healthy lifestyle

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Priority 2: Improve timely diagnosis and treatment of dementia

Why?

National research suggests people wait an average of three years after their first symptoms before contacting their GP. Evidence suggests that a timely diagnosis promotes choice and allows people to plan for the life changes they will experience, thinking about support needed to maintain independence and stay at home as long as possible.

Locally

- Memory assessment is currently provided in by Avon and Wiltshire Mental Health Partnership at the Victoria Centre following a referral by a GP.
- There have been long waiting lists over the last few years: in December 2013 the wait for a diagnosis after referral was 5 months.
- In 2013 Alzheimer's Society estimated that 46% of people with dementia in Swindon had a formal diagnosis.
- There has been a decrease in the number of dementia drugs prescribed and the amount spent on drugs over the last 3 years in Swindon which is in contrast to comparison areas. Drug treatment currently assists with management of symptoms rather than cure.

Outcomes

Families and carers have access to dementia support services as soon as they need them.

People receive a diagnosis promptly and sensitively.

Diagnosis and support are available in the community.

Dementia is not seen as a psychiatric disorder to be dealt with only by secondary care.

A clear protocol on who should be referred to the memory clinic

Improved liaison between secondary and primary care via a consultant link to primary care offering advice and guidance

Indicators

- Number of Carers Agreements completed as part of an integrated care package
- Review of service pathway for assessment and diagnosis
- Pilot primary care assessment and treatment services with a small number of GPs
- Develop a Local Enhanced Specification for GPs around dementia
- Increasing number of carer assessments
- Waiting list from referral to assessment is a maximum of 4 weeks

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Priority 3: Increase access to a range of flexible day, home based and residential respite options

Why?

Having access to a range of different provision can improve the quality of life for people with dementia and their carers. Dementia is a very individual disease and so people will require different support at different times.

Locally

- The Alzheimer's Society estimated the formal and informal cost (i.e. unpaid carers) of dementia based on 2005/06 costs. Applying these figures to the estimated number of mild, moderate and severe cases in Swindon and assuming a quarter of moderate and half of severe cases are in a care home would suggest a total cost of £46million of which over £16million is informal care.
- National estimates suggest over 700 people with dementia in Swindon could be living in a care home.
- Swindon Borough Council commissions a range of social care support including residential care, home care and day services. Social services data identifies 330 people age 65+ with mental health problems living in residential or nursing care homes who are funded by Swindon Borough Council.
- Over the last two years the proportion of mental health community clients over 65 who had dementia has increased from 33% to 56%.

Outcomes

Good-quality, flexible home care services available to help dementia patients maintain independence and reduce social isolation.

Respite services available when needed to support carers in their caring role

Assistive technology embedded into the care pathways across health and social care for people with dementia

Increased use of telecare / telemedicine

An integrated intermediate care model across health and social care for people with dementia

Indicators

- Services available for use with personal budgets
- Number of people with personal social care budgets who have a diagnosis of dementia

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Priority 4: Develop services that support people to maximise their independence

Why?

A consistent message from people with dementia is that they want to maintain independence as long as possible and that being at home is the ideal. This includes developing dementia friendly communities and ensuring that new developments are dementia friendly where possible and best design practice is incorporated.

Locally

- In Swindon it is estimated about 1150 have mild dementia, 650 have moderate dementia and 270 have severe dementia. Levels of care and support vary depending on the severity and type of dementia.
- In 2011/12 19 Swindon Borough Council clients with dementia needed crisis support
- Currently in Swindon on-going support is available through Alzheimer's Society services (Singing for the Brain and the monthly Memory Café – both of which are well attended and valued) and support offered by the Carers Centre which includes peer support.
- Relief care and a sitting service are available to carers.
- LIFT Psychology which works in Primary Care are piloting support groups for people with dementia and their carers

Outcomes

Additional capacity in the voluntary sector to develop services which support people with dementia and their carers

New developments include 'homes for life' so people can remain at home for as long as possible

Availability of a 24/7 crisis resolution ability

Recognition of Swindon as a dementia friendly community

Increased numbers of psychology based services to support people with dementia and carers

Increased use of assistive technology where appropriate

Indicators

- Involvement in Wichelstowe development to consider dementia friendly best practice
- Identification of funding opportunities to develop services around assistive technology and enhanced psychological support

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Designing for dementia - Outside

- mixed-use, compact local neighbourhoods
- short, gently winding streets with wide pavements and good visual access
- varied urban form and architectural features
- quiet, pedestrianised streets and welcoming open spaces
- places, spaces and buildings whose functions and entrances are obvious
- simple, explicit signs with large, dark, unambiguous graphics on a light background
- historic, civic or distinctive landmarks and practical or aesthetic environmental features
- smooth, plain, non-slip, non-reflective paving
- easy to use street furniture in styles familiar to older people.

http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/Neighbourhoods_for_Life_Findings_Leaflet.pdf

Designing for dementia - Inside

1. Double the usual levels of lighting in the home.
2. Pay attention to acoustics and reduce noise pollution.
3. Ensure there is good signage mounted low enough for older people.
4. Use contrast of tone (rather than colour) to differentiate between walls, skirting boards and floors. Ensure that the tone of flooring/paving is consistent throughout the house and also in outside areas.
5. Use contrast of colour or tone to make switches and objects easily visible.
6. Use objects or pictures rather than colours to differentiate between rooms and different parts of the building.
7. Ensure that kitchens and bathrooms are easy to understand. Avoid modern fixtures and fittings such as taps or kettles.
8. Ensure that people can see important rooms such as the toilet, as easily as possible, and that furniture and fittings clearly indicate the purpose of each room. Use unambiguous signage on the doors of rooms.
9. Place illuminated clocks in each room indicating whether it is am or pm
10. All doors should ideally be visible on entering the dwelling. Cupboards should be glass-fronted or open.

http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/DSDC_dementia_design.pdf

Priority 5: To increase community clinical support for patients experiencing dementia

Why?

For people with dementia to receive the person centred care they need, people working with them need the right skills and training and understanding both the illness of dementia and the person centred approach that can make the difference between a good quality of life for someone and increasing the feelings of isolation and risk of challenging behaviour. Research from the Alzheimer's Society in 2013 found that the main factor the public would look for in choosing a care home is training of staff. Training social care staff should also include the principles of the Mental Capacity Act 2005.

Models of care within dementia have changed significantly from predominantly hospital care to more community based treatment.

The evidence base is for treatment and resources within community for support with dementia empowered by the other initiatives outlined within this strategy that will have significant qualitative benefit:

Examples include:

- Increased support to maintain higher levels of function through dementia increasing levels of function and independence
- Shorter lengths of stay within hospital admissions
- Increased treatment alternatives for patients
- Increased support for patients, carers and families in the community

Locally

- Patients with dementia stay significantly longer in acute hospitals than other patient groups
- Admission rates for dementia and delirium are relatively high
- There is a need to develop specialist community treatment services for dementia moving away from relatively high levels of inpatient beds
- Waiting lists for memory clinic services are high

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Outcomes

- Reduced waiting lists for memory services
- Earlier diagnosis for dementia patients in Swindon increasing the overall percentage of diagnosis in relation to demographic prevalence
- Reduced admission rates of dementia locally
- More patients successfully treated within the community
- Increased independence and function in part due to specialist community support for patients
- Increased support for carers and families

Services should deliver to the capability of people:

A proactive and facilitation approach to care i.e. staff do the activities WITH people to maximise the function and the ability of the person rather than doing things for people as this creates disability and dependence.
An abilities-focused approach – assessments, treatment and interventions focus on peoples' remaining abilities rather than what they have lost.
Person centred care – integration of someone's life story into their daily care, which increases their attention span, well-being and long term memory by staff/carers engaging people in familiar activities and supplies

Indicators

- Number of admissions solely due to dementia and delirium
- Number of patients treated successfully in the community
- Patient and carers satisfaction
- Increased percentage of dementia diagnosis relative to estimated local prevalence

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Priority 6: Improve the skills and competencies of the workforce

Why?

For people with dementia to receive the person centred care they need, people working with them need the right skills and training and understanding both the illness of dementia and the person centred approach that can make the difference between a good quality of life for someone and increasing the feelings of isolation and risk of challenging behaviour. Research from the Alzheimer's Society in 2013 found that the main factor the public would look for in choosing a care home is training of staff. Training social care staff should also include the principles of the Mental Capacity Act 2005.

Part of maintaining independence for people with dementia is being part of a supportive and understanding community. This means that training should extend to all those who are public-facing so staff in all aspects of day to day life (e.g. GP reception staff, housing officers, bus drivers etc.) are dementia aware.

Locally

- Dementia friends champion training is available in Swindon run by the Alzheimer's Society.
- SEQOL offers dementia training to all staff
- The Social Care Institute for Excellence offers e-learning about dementia via its Open Dementia Programme. More locally e-learning is available including for carers and service users via the Kwango e-learning system hosted by Wiltshire Council.
- Swindon Borough Council is looking at both training requirements and developing staff attitudes via its change programmes which includes dementia awareness.
- The Alzheimer's Society provided input into induction training for Arriva who are the providers for the non-emergency patient transports service in Swindon.
- The innovative workshop held in November 2013 showcased initiatives to support staff's knowledge and understanding including the Eden Alternative which focused on the ethos of 'purpose and stimulation
- Wider public awareness includes awareness from employers and local businesses providing services for people with dementia

Outcomes

Improved understanding of dementia in the workforce

Care home staff who feel confident and capable to support people with dementia in a person centred enabling way.

Indicators

- Number of people trained at Level 1 dementia awareness
- Number of people signed up as Dementia Friends

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- Number of care home staff trained in Dementia Capable Care
- A workforce audit undertaken with all dementia care providers
- A dementia network established to share good practice

Services should deliver to the capability of people:

A proactive and facilitation approach to care i.e. staff do the activities WITH people to maximise the function and the ability of the person rather than doing things for people as this creates disability and dependence.
An abilities-focused approach – assessments, treatment and interventions focus on peoples' remaining abilities rather than what they have lost.
Person centred care – integration of someone's life story into their daily care, which increases their attention span, well-being and long term memory by staff/carers engaging people in familiar activities and supplies

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Priority 7: Improve access to support and advice following diagnosis for people with dementia and their carers

Why?

Post diagnosis people often feel lost and in denial; although for some having a label for their behavioural symptoms is a relief. Following diagnosis, clear and accessible information and advice is crucial.

Locally

- Think Again offers a 10 week course for people who are newly diagnosed with dementia but this currently only runs three times a year.
- Although we do not have comprehensive information about this area, it appears unlikely that appropriate psycho-social interventions are routinely offered for people with dementia who also have depression or anxiety (NICE recommend interventions such as reminiscence therapy, multisensory stimulation, animal assisted therapy and exercise are available).
- Dementia is currently diagnosed following referral to specialist psychiatric services. Investigating a model which centres on primary care diagnosis and support would ensure that a more holistic view of a patient can be taken and access to community based services is easier and more local.
- The Localities team at Swindon Borough Council are investigating a Circles of Support model which may include support for people with dementia or their carers.
- Swindon Borough Council are developing an information and advice hub at Sanford House which will include information on dementia. This will be complemented by an enhanced website with links and sources of support.

Outcomes

Improved access to support and advice will improve the quality of health and wellbeing for the user and carer by ensuring person centred care

Improved post diagnosis support for people who are newly diagnosed with dementia

Increased access to relevant and appropriate advice and information

Indicators

- A business case produced for 2 dementia advisor posts available in Swindon
- An increase in the number / frequency of memory cafes
- Number of people accessing information on dementia at the new information and advice hub
- Piloting a Circles of Support project in one area of Swindon

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Priority 8: To reduce avoidable hospital and care home admissions and decrease hospital length of stay

Why?

National research by the Care Quality Commission found that people with dementia

- Are more likely to go into hospital with a UTI type problems
- Are more likely to stay in hospital longer
- Are more likely to be readmitted
- Have a greater likelihood of discharge to a care home rather than their own home

than people without dementia.

Research estimates 64% of people with dementia have 3 or more other conditions. Although there is no local data, estimates suggest people with dementia often have high levels of depression and the likelihood of a fall is 3-8 times higher than for those without dementia of a similar age.

Locally

- Over 2200 hospital admissions to Great Western Hospital between 2009 and 2012 had a primary or secondary diagnosis of dementia accounting for over 32000 bed days.
- 38% of people had more than one admission during this time and 4% had 5 or more. The most common cause of admission was for urinary tract infection.
- Avon & Wiltshire Mental Health Partnership offer a psychiatric liaison service with the Great Western Hospital.
- In Swindon there is currently no Dementia Rapid Response and Home Treatment service available to provide in-reach care and support to residential and nursing homes.

Outcomes

Dementia patients remain at home/care home rather than being admitted to hospital.

Involvement of the Police, Fire and Ambulance services on the Dementia Steering Group

GP services linked into residential and nursing homes

Indicators

- Reduction in the number of inappropriate inpatient admission from care homes
- Completed review of the Psychiatric liaison /RAID in GWH which differentiates between functional and organic support
- A business case produced for a rapid response/home treatment service for dementia patients

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Priority 9: To ensure that the needs of younger people with dementia are addressed

Why?

People are more likely to develop a type of dementia as they get older although it can affect people under 65, which is known as early onset. For these people who may still be at work, with a mortgage or have dependent children, a different type of support may be needed initially. Alzheimer's is less common and fronto-temporal dementia is more common than amongst older people.

People with Down's syndrome and other learning disabilities can also develop dementia at an early age. 10% of dementias in younger people are alcohol related, known as Korsakoff's Syndrome.

Locally

- Estimates suggest there may be about 50 people with early onset dementia in Swindon although it may be less recognised than in older people. Alzheimer's Society estimates it may be as much as 3 times higher.
- The Forget-Me-Not Centre in Swindon has been nationally recognised for its work in supporting people with early onset dementia. This is run by the Avon and Wiltshire Mental Health Partnership and provides somewhere where people can chat, cook, organise trips, go for walks, sing and have fun.
- There are no alcohol specific dementia services in Swindon.

Outcomes

Providing services that are age and condition specific.

Diagnosis and post diagnosis support that addresses the specific needs of people with early onset dementia

Improved availability of services for people with early onset dementia

A clear pathway of care for people with alcohol related dementia

Indicators

- Number of people accessing Forget-Me-Not
- Number of people with early onset who are supported to stay at work if appropriate

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Priority 10: To improve the quality of dementia care in care homes and hospitals

Why?

Dignity and respect are fundamental to care for people including people with dementia.

The national strategy recommends:

- the identification of a senior clinician within the general hospital to take the lead for quality improvement in dementia care in the hospital;
- the development of an explicit care pathway for the management and care of people with dementia in hospital, led by that senior clinician; and
- commissioning specialist liaison older people's mental health teams to work in general hospitals.

Examples from the Innovation Workshop in November 2013 included:
- **The Eden Alternative** which has a vision of eliminating loneliness, boredom and isolation in residential and community care
- **Life Story Work** which is about capturing memories and stories to help people who support those with dementia understand them better
- **Care Home Liaison** which provide support and advice for care homes who have large numbers of people with dementia

Locally

- Great Western Hospital has developed a dementia strategy and was commended in a recent peer review for its work at both a ward and strategic level. It is also introducing screening for everyone for memory problems who is over age 75 admitted to hospital.
- Dementia nurses have just been appointed at Great Western Hospital to provide a liaison service for care homes.
- There is a lack of nursing homes in Swindon for people with significant behavioural problems

Outcomes

Hospitals which meet the needs of dementia patients by focusing on the person rather than the illness.

Care homes where staff feel confident and supported in caring for people with dementia and provide an understanding, simulating and loving environment for people

A Consultant link post developed for Care Homes

Alignment of the GWH Dementia Strategy with the Swindon wide *One Swindon; One Vision* (updated 2014).

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Indicators

- Reduced admissions to acute hospital through common admission mechanisms for people with dementia for example through UTI, hypoglycaemia, chest infection, dehydration
- Better management of people with dementia within care homes through increased knowledge of the condition and the individuals through training and frameworks such as "*Getting to Know Me*" (2013)
- Greater specialist support developed for care homes for people with dementia

National Standards for dementia care in hospital:

- Respect, dignity and appropriate care
- Agreed assessment, admission, discharge processes and needs specific care plans
- Access to a specialist mental health liaison service
- Dementia-friendly environment, minimising moves
- Nutrition and hydration needs are well met
- Promote the contribution of volunteers
- Quality of care at the end of life volunteers
- Appropriate training and workforce development

Alzheimer's Society Principles for formal care:

- Provided by staff trained in providing good dementia care who have access to specialist support.
- Focused on meeting needs and aspirations
- Promoting of dignity and respect and maintaining human rights.
- Closely coordinated between different professionals and services across health, social care and housing.

Priority 11: To improve end of life care for people with dementia

Why?

End of life discussions are difficult for everyone, but particularly for people who may also be coping with a diagnosis of dementia. It is estimated that one in three older people will die with dementia and therefore increasingly hospices, care homes and hospitals will need to support people with dementia with end of life care. The National Dementia Strategy promotes early discussion while people still have mental capacity so their needs and wishes are fully taken into account. Good end of life care includes appropriate pain control, and support for carers and the wider family.

> *"We know that too many people with dementia are not supported to have early discussions and make plans for their end of life care. This means that difficult, emotional decisions are often made in crisis and the person with dementia's wishes, including for example where they want to die, cannot be taken into account."*
>
> The Prime Minister's Challenge on Dementia: A report on progress, Department of Health, November 2012

Locally

- There is an increasing proportion of deaths in Swindon recorded as having some sort of dementia as an underlying or contributing factor (13.5% of those over 50 in 2011) although this may reflect recording practice.
- People with dementia are more likely to die in a care home and less likely to die in a hospice.
- Prospect Hospice in Swindon provide care and support to dementia patients. Care home clinical nurses provide a link for patients/carers and education at Prospect Hospice i.e. My Plan, living wills, etc.

Outcomes

People with dementia receive end of life care that is comparable to that received by those who do not have dementia and recognises the needs of people with dementia and their carers.

Residential and Nursing Homes operate the Gold Standard Framework for End of Life Care

Improved advance care planning

Residential and care homes have an opportunity to learn from the expertise in hospices for supporting people at the end of life

Indicators

- An increase in the proportion of people with dementia who are able to end their life at home (personal or residential) rather than in hospital

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Summary of intent:

The local dementia strategy in Swindon is intended to focus on local needs whilst incorporating best practice and national guidance and imperatives.

This includes increasing awareness of dementia, developing more community-centric treatment models in order to increase quality of life and independence of those with dementia.

This includes and will ensure that treatment of dementia and support for patients and families increase through the implementation.

These measures will make services and models effective and efficient, improving outcomes and experience of all those involved in dementia care within Swindon.

A project plan with key miles stones will be set out, including necessary business cases for consideration and further evidence, with the above immediately after approval of this Strategy to be delivered by July 1st 2014.

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Annex A: Key statistics from the Dementia JSNA Bulletin

The Swindon JSNA on Dementia outlines local need in detail. The key findings were:

- It is estimated that there are about 2035 people aged 65+ with dementia in Swindon based on the Dementia UK 2007 Consensus Report, nearly half of whom are over 85. This equates to about 7% of the total population over 65. Estimates suggest there are about 50 people with early onset dementia, making a total of 2085.
- Highest prevalence, from applying Consensus estimates to ward populations, is estimated to be in Old Town and Lawn, and Wroughton and Chiseldon wards, reflecting the number of older people in those wards.
- Different types of dementia affect different parts of the brain and produce variation in symptoms and behaviour. Estimates suggest 62% of people have Alzheimer's Disease (1293 people in Swindon), 17% have vascular dementia (355 in Swindon) and 21% other types of dementia.
- Estimates from the Consensus report suggest about:
    - 55% of people (1147 in Swindon) have mild dementia. Mild dementia often means people have some memory problems, but can cope with day to day living;
    - 32% (668 in Swindon) have moderate dementia where people may have reduced reasoning and confusion and often need some support with personal care due to memory loss;
    - 13% (271 in Swindon) of people have severe dementia. Estimates of the proportion of people with dementia who are severe vary from 6% of those aged 65-74 to 23% of those aged 95 or above.
- National estimates suggest over 700 people with dementia in Swindon could be living in a care home. Social services data identifies 330 people age 65+ with mental health problems living in residential or nursing care homes who are funded by Swindon Borough Council.
- National estimates suggest an expected 500 new cases a year in Swindon, although with under diagnosis of around 50% this suggests about 250 people accessing services, some of whom are likely to fund services themselves given higher levels of income in the wards listed with the higher rates of older people. In 2011 there were over 500 referrals to the memory clinic. Research suggested people wait an average of 3 years after first symptoms before contacting their GP.
- There is an increasing proportion of deaths in Swindon recorded as having some sort of dementia as an underlying or contributing factor (13.5% of those over 50 in 2011) although this may reflect recording practice. People with dementia are more likely to die in a care home and less likely to die in a hospice.

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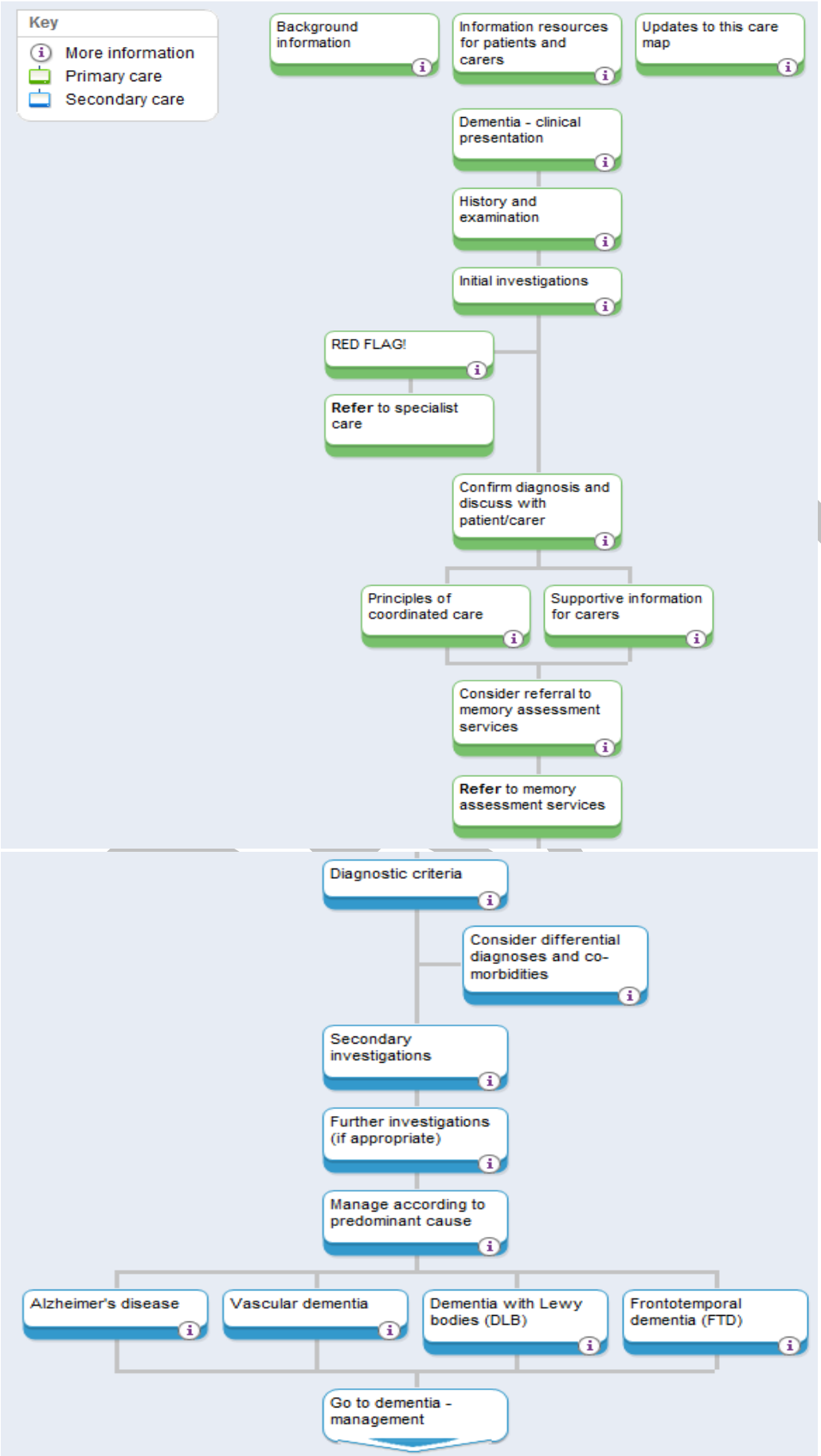
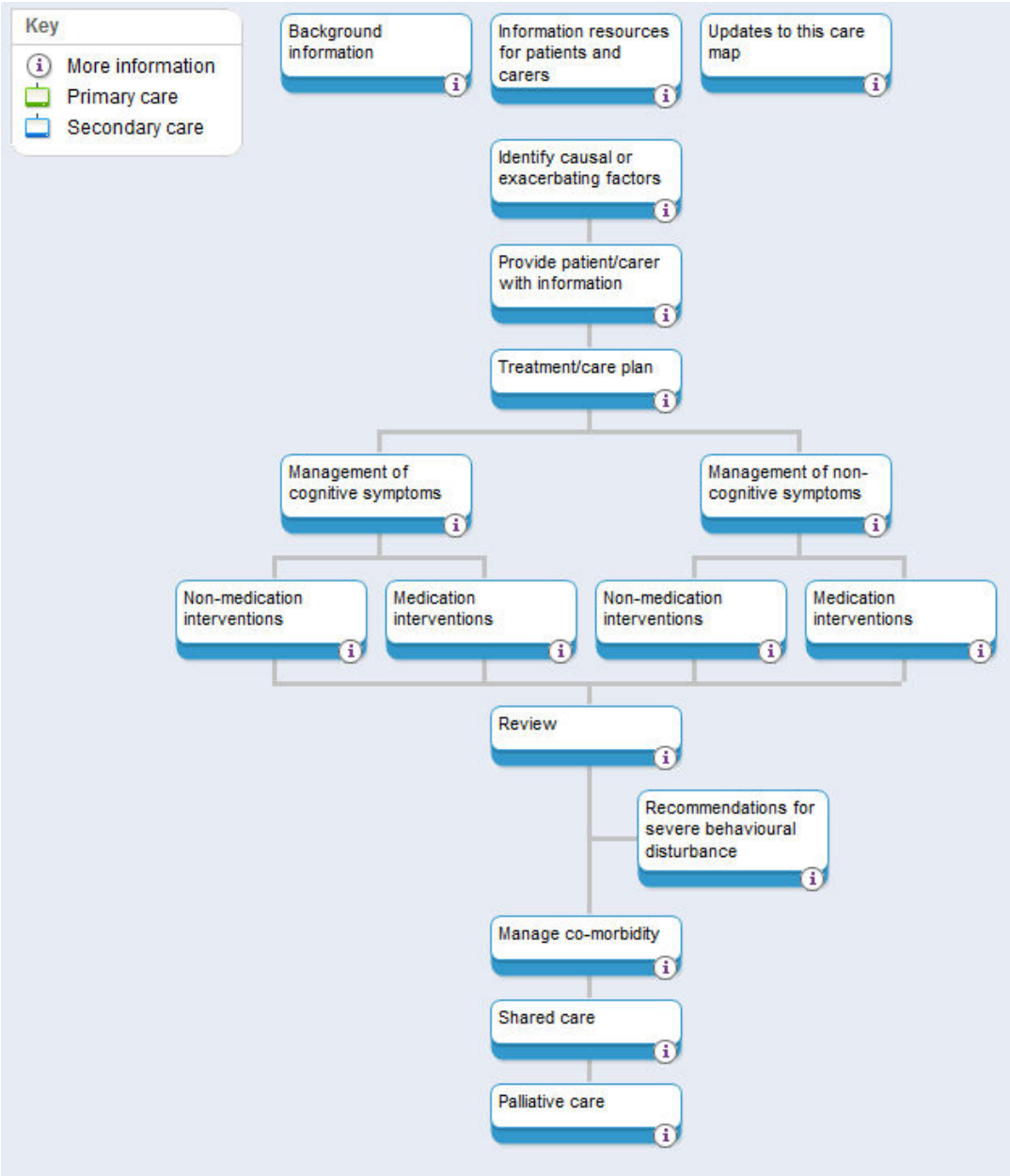
Annex B: Recommended Service Map from Map of Medicine




Key
More information
Primary care
Secondary care
Background information
Information resources for patients and carers
Updates to this care map
Identify causal or exacerbating factors
Provide patient/carer with information
Treatment/care plan
Management of cognitive symptoms
Management of non-cognitive symptoms
Non-medication interventions
Medication interventions
Non-medication interventions
Medication interventions
Review
Recommendations for severe behavioural disturbance
Manage co-morbidity
Shared care
Palliative care

Disabled Children's Charter for Health and Wellbeing Boards

Health and Well Being Board **8 October 2014**

Author:	Integrated Service Manager / Acting Director of Public Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

1.1 To notify the Health and Wellbeing Board of the new Disabled Children's Charter for Health and Wellbeing Boards. The Charter was created by Every Disabled Child Matters (EDCM) and The Children's Trust, Tadworth.

1.2 This report outlines the commitments within the Charter and some key areas in which we are currently meeting the needs of disabled children, young people and their families in Swindon.

2. Recommendations

The Board is recommended to:

2.1 Note and comment on the Disabled Children's Charter for Health and Wellbeing Boards (attached at Appendix 1).

2.2 Sign up to the Disabled Children's Charter for Health and Wellbeing Boards.

2.3 Receive a report from the Children's Trust Board demonstrating compliance with the Charter in twelve months' time.

3. Detail

Background:

3.1 The new Disabled Children's Charter for Health and Wellbeing Boards has been developed to support Health and Wellbeing Boards to meet their responsibilities towards children and young people who have disabilities and their families, including those with special educational needs and health conditions. It highlights the need for Health and Wellbeing Boards to give a high level of early priority to joint planning and commissioning for disabled children and young people.

3.2 Every Disabled Child Matters (EDCM) is the national campaign to get rights and justice for every disabled child. It is run by four leading organisations working with disabled children and their families. The Children's Trust, Tadworth is the leading UK charity for children with acquired brain injury, multiple disabilities and complex health needs.

Further information on the subject of this report can be obtained from Mark Green, 01793 464061, mpgreen@swindon.gov.uk.

3.3 The Charter builds upon earlier EDCM Charters for Local Authorities and Primary Care Trusts, which Swindon Borough Council and Swindon Primary Care Trust have previously signed.

3.4 Signatories to the Charter pledge to meet 7 specific commitments within one year of signing. The Charter is included at Appendix 1. A significant amount of work has already taken place in Swindon across the areas outlined in the Charter. Key areas of development include:

- **Integrated Service for Disabled Children and Young People:** The majority of specialist services for disabled children in Swindon have been co-located at the Salt Way Centre since 2008. The Centre acts as a coordinated, accessible and integrated service; providing a central point of referral, information, assessment and delivery of services with a focus on improving outcomes for disabled children, young people and their families.

- **Early Support Pathway:** Established in 2009 in order to achieve better coordination of services for children who have additional needs aged 0-5. The service provides efficient assessment and access to services across health, education and social care.

- **Participation:** Swindon has a well-established participation forum for parents and carers of disabled children and young people, Swindon Parents & Carers Group (PAC). This sits alongside Chatterboxes, Swindon's dedicated participation group for disabled young people.

- **Short breaks:** Short break services in Swindon have been transformed in recent years, following 'Aiming High for Disabled Children' (2008-2011) the government programme to transform services for disabled children, young people and their families.

- **Children and Families Special Education Needs (SEN) Bill:** Swindon has met the 1st September 2014 deadline to implement the Special Educational Needs and Disability reforms in the Children and Families Act 2014 for children and young people aged 0-25 with special educational needs and disabilities.

- **Disabled children have been given priority for the consideration of their needs in the Children and Young People Joint Strategic Needs Assessment currently under development.**

3.5 There are different estimates about the number of disabled children and young people depending on, for example, the definition used. The mean percentage of disabled children in English local authorities has been estimated to be between 3% and 5.4% (source: Children and Maternal Health Intelligence Network). This would equate to between 1,396 and 2,512 children experiencing some form of

disability in Swindon (based on the 2011 census estimate of 46,523 children and young people aged 0-18th birthday).

Why sign the Disabled Children's Charter?

3.6 Disabled children, young people and their families are often disproportionately affected by poor integration between health, social care and education services and a lack of coordinated commissioning. This results in additional financial costs, poor outcomes and distress for children and families.

3.7 The Disabled Children's Charter campaign highlights the risk that disabled children, young people and their families fall into gaps between services commissioned by new health bodies in the transition to a new system.

3.8 EDCM and the Tadworth Children's Trust state that the benefits of signing the Charter include:

- Publicly articulating a vision for improving the quality of life and outcomes for disabled children, young people and their families
- Understanding the true needs of disabled children, young people and their families in your local area and how to meet them
- Having greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families
- Supporting a local focus on cost-effective and child-centred interventions to deliver long-term impacts
- Building on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families
- Developing a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families
- Demonstrating how your area will deliver the shared ambitions of the health system set out by the Government in 'Better Health Outcomes For Children and Young People: Our Pledge' for a key group of children and young people

4. Alternative Options

4.1 Swindon Health and Wellbeing Board could decide not to sign the Charter.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

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

5.2 Where further work has been identified in order to meet the commitments of the Charter this will be undertaken within existing staff resource.

Legal and Human Rights Implications

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

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

5.4 There are positive implications for improving health and wellbeing for disabled children, young people and their families as a result of implementing the requirements of the Charter.

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

Links to One Swindon, Strategic Objectives, Plans and Policies

5.6 The Charter commitments are compatible with the priorities set out in One Swindon, 'Living independently, protected from harm, leading healthy lives and making a positive contribution' and the Health and Wellbeing Strategy Outcome 1 Every child and young person in Swindon has a healthy start in life

Risk Management

5.7 There is a risk that Swindon signs the Charter and is subsequently unable to evidence that it is meeting the commitments. This risk can be mitigated by agreeing a finalised Implementation Plan with agreed accountability and timeframes.

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: Disabled Children's Charter for Health and Wellbeing Boards.

Further information on the subject of this report can be obtained from Mark Green, 01793 464061, mpgreen@swindon.gov.uk.

Disabled Children's Charter for Health and Wellbeing Boards

The ..... **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by ..... **Date** ..... .
Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: Why sign the Charter?

every disabled child matters

Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk

The Children's Trust Tadworth
For children with multiple disabilities

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Healthwatch Swindon

Health and Wellbeing Board **8 October 2014**

Author: Pete Rowe, Manager, Healthwatch Swindon

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 The report provides an update on the progress of Healthwatch Swindon with examples of ways in which we are contributing to the Board's work to improve the health and wellbeing of our local population and reduce health inequalities.

1.2 It was agreed at the previous meeting that Healthwatch Swindon would provide regular updates to the Health and Wellbeing Board as well as addressing the concerns raised by Commissioning Officers in their report dated 23rd July 2014.

2. Recommendations

The Board is recommended to:

2.1 Note the update from Healthwatch Swindon and comment as appropriate.

3. Detail

3.1 Set up in April 2013, Healthwatch Swindon replaced the Local Involvement Network (LINk). Parkwood Healthcare was awarded a contract by Swindon Borough Council, following a competitive tender process. Established as a company limited by guarantee, the board of directors is responsible for its governance and strategy.

Our guiding principles continue to be developed around:

- Engaging and listening to the views and experiences of the public.
- Being visible within key groups, voluntary and third sector organisations and seldom heard communities.
- Strategically focussing on relevant issues and the provision of health and social care.
- Developing partnerships based on a credible and effective working style with service providers, commissioners and stakeholders.
- Influencing the design and delivery of services within Swindon through evidence based insight.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 49777, pete.rowe@healthwatchswindon.org.uk.

- Supporting the public through the complex and challenging process of making a complaint through provision of an NHS Advocacy complaints function.

3.2 We are continuing to recruit directors to the Healthwatch Swindon Board. Two candidates were recommended for appointment to the Board in September following one in August. By November there will be five directors in total including the Chair. At this point it is anticipated that full responsibility for governance and strategy will be held by the Board locally. Parkwood Healthcare will still remain ultimately responsible for the fulfilment of the three year contract with the Council.

3.3 Healthwatch Swindon continues to utilise volunteers to support our activities both practically and strategically. Examples include:

3.3.1 Review and comment on Care Act consultation, contributing to national feedback to the Department of Health by Healthwatch England.

3.3.2 Through the JSNA steering group, review and feed back on the draft Sexual Health JSNA.

3.3.3 Provide evidence and recommendations for Southwest Strategic Clinical Network & Clinical Senate project on the transition and transfer from Paediatric to Adult services.

3.3.4 Introduction of volunteers to the West of England Academic Research network for potential Involvement.

3.3.5 Publicising and encouraging local people to participate in review of Pharmaceutical Needs Assessment.

However it is acknowledged that further work must continue to develop the volunteer capacity and finalise the Volunteer Action Programme. In recognition of the importance we place on this objective, the newly appointed Director will be directly responsible for volunteer activity.

3.4 Our contract with the council requires us to develop a “health observatory”. This will build a picture of service delivery gaps by combining health & social care data from third sector organisations commissioned by the council with our own.

This is developing slowly but will progress as soon as we move to Swindon Advice and Support Centre where communication and trusted relationships with other organisations will develop further. The requirement to recruit Directors to allow handover of the strategic role to Healthwatch Swindon has also taken priority.

We will continue to explore opportunities to work with other organisations to have a significant impact on how the voice of the people can influence health and social care service providers. Healthwatch Swindon looks forward to taking tenancy within SAASC from October 2014.

3.5 We are working towards completion of a coherent and an effective engagement strategy, which will be submitted as a draft to the Commissioning Officers in October 2014. Although regular and planned engagement is taking place, we recognise the importance and concerns regarding this and identify this as a priority.

As part of our priority to engage with young people, we look forward to being involved in the forthcoming JSNA for Paediatrics. We also have involvement with the Information, Advice and Support Service (IASS) steering group – see paragraph 3.7.3 below.

3.6 Part of the contract is to provide an independent NHS complaints advocacy service. Prior to April 2014, we ran this service with the support of Swan Advocacy. In April 2014 we recruited an in-house advocate and undertook a handover period, which finished in July 2014. So far we have helped to support 37 clients (April to August 2014).

In September 2014 Healthwatch Swindon also extended the advocacy provision through:

3.6.1 Increasing the role from 15 to 20 hours a week.

3.6.2 Recruiting a volunteer to provide administration support.

We also welcome the opportunity to be involved in the forthcoming Advocacy Workshop.

It has been identified by the Commissioning Officers that there needs to be a higher level of reporting with regards to the provision of NHS complaints advocacy. We acknowledge this and recognise that this could provide and identify key data and trends regarding service delivery that will be of benefit to the Health and Wellbeing Board.

3.7 We are committed to our role as a member of the Health and Wellbeing Board and continue to work towards having a more proactive influence, particularly with the involvement with the Joint Strategic Needs Assessment steering group. Below is further activity that we have undertaken:

3.7.1 Through the Healthy Weight Implementation Group, working with Pubic Health on the Active Swindon consultation.

3.7.2 Collated data, summarised and presented the results of the survey conducted by the Learning Disability and Partnership Board. (Appendix 2).

3.7.3 Involvement in the Information, Advice and Support Service (IASS) steering group, which Swindon Borough Council have initiated as required by the Special Educational Needs reform.

3.7.4 Following attendance at the Discovering Autism Spectrum Happiness (DASH), we will be following up concerns regarding commissioners' intentions for the development of an autism JSNA and commissioning strategy.

3.7.5 An independent survey by Service User Network Swindon (SUNS) raised concerns regarding secondary mental health services provided by Avon and Wiltshire Mental Health Partnership Trust in Swindon. Further to this, and the recent Care Quality Commission inspection, we are developing a project to identify if the views are representative of service users in Swindon.

3.7.6 Continuing work around access to primary care has seen us:

- Support the development of a new Patient Participation Group (PPG).
- Involve PPG members in consultation with the General Medical Council.
- Highlight the issue of access to primary care to the Health, Adult and Children Services Overview and Scrutiny Committee, who are following up independently.
- Involved in an exploratory meeting with NHS England Area Team and Healthwatch England.

4. Alternative Options

4.1 No alternative options.

5. Implications

5.1 None.

Financial and Procurement Implications

5.2 None.

Legal and Human Rights Implications

5.3 None.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 49777, pete.rowe@healthwatchswindon.org.uk.

All other Implications

5.4 None.

6. Consultees

6.1 None.

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 - Swindon Health Observatory Brief.

8.2 Appendix 2 – Learning Disability Partnership Board Survey.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 49777, pete.rowe@healthwatchswindon.org.uk.

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healthwatch Swindon

Swindon Health Observatory

Introduction

Healthwatch Swindon is the local consumer champion for health and social care set up to help people become involved in and influence the delivery and design of local services; not just now but in the future.

Healthwatch Swindon also works with key providers, establishments and voluntary groups to help local people of all ages get the best out of our health and social care services – whether that's improving them today or helping shape them for tomorrow.

Healthwatch Swindon is also unique in that it has representation at both the Health and Wellbeing Board and the scrutiny committee, which gives us the opportunity to:

- Present key areas that affect patients, carers, service users and the general public.
- Through the Joint Strategic Needs Assessment, support and work with the Health and Wellbeing Board to identify gaps in the provision of Health and Social Care Services in Swindon.

Key Goals

The key goals of the "Swindon Health Observatory" are defined below:

- ***To centralise all relevant data, making it more powerful, insightful and providing an accurate overview of Health and Social Care services in Swindon.***
- ***To identify and encourage joint collaborations through research and data collection therefore adding value to existing data.***
- ***To provide a more effective resource for commissioners and providers to utilise statistically representational data into consideration when planning and monitoring services.***
- ***To highlight opportunities for bespoke, commissioned work, where a need or gaps are identified.***

The Swindon Health Observatory will build a clear understanding of the issues affecting people living and working in Swindon to support and inform policy and decision makers.

Key Considerations

Key considerations include:

- which organisations provide useful data, how regularly and what data protection and other issues exist
- where does the information captured and provided by the above add value to existing data.
- How will the evidence be accessed/shared/used.

Type of organisations:

Healthwatch Swindon maintains a list of key contacts including commissioners, third sector and voluntary organisations, service user groups and local strategic boards whose work overlaps with issues around health and social care for adults and children.

It has been agreed that the best approach would be to start discussions initially with Council contracted partners of health and social care services. However, it is also important that feedback from the wider voluntary and community sector is used. The advantage of this approach is that it gets the best return on existing activity.

Different streams of evidence:

It was identified that there are 4 main streams of evidence to consider, being:

- Research – analysis of data, often bespoke.
- Feedback – reporting of service user and carer or people involved in wider community based work
- Signposting – feedback from direct approaches to Healthwatch Swindon
- Engagement – offering a platform to express views/comments.

All of the above are key to highlighting and supporting evidence with equal importance. The need to identify the streams is paramount to ensure that it can feed successfully into the observatory.

Reviewing current data available:

Currently there are organisations already actively involved within the Swindon area that would fit under the umbrella of the Swindon Health Observatory and its goals.

To make the most of the opportunity we will review current data available, how it is used, the potential of the data **and** build successful relationships with the key organisations involved.

> The work undertaken by Healthwatch will contribute to the ***Joint Strategic Needs Assessment (JSNA)*** . The JSNA draws together some key themes from available evidence and informs the Swindon Health and Wellbeing Strategy and commissioning intentions.

It must be appreciated that not all evidence gained through these channels will be relevant OR statistically robust or representative. However, it is key that it is essential to establish a successful relationship to share ideas, best practice and resources to achieve an efficient Swindon Health Observatory.

How will the evidence be accessed/shared/used:

To move forward it is imperative that all those involved are able to see the mutual benefits of the Swindon Health Observatory.

To establish how the evidence will be accessed, shared and used it is crucial that a joint working protocol is setup between the key members and stakeholders. In the first instance it is proposed that this should involve:

- Swindon Borough Council
- Healthwatch Swindon (Parkwood Healthcare)especially feedback from engagement and the advocacy service
- SBC Public Health through Joint Strategic Needs Assessment (JSNA)
- Swindon Citizen Advice Bureau
- Swindon Clinical Commissioning Group
- Other contracted providers

It is suggested that it should also make a provision to incorporate the following objectives:

- Providing and signposting recent data, analysis, research and reports;
- Sharing ideas, best practice and resources between a professional network to achieve efficiencies;
- Organising regular meetings and sessions on policy areas and research tools;
- Undertaking and conducting bespoke work and joint commissions to meet specific evidence need.

In Summary

The Swindon Health Observatory IS about:

- Helping each other to understand and review the data we collect independently and how/what we collect.
- Providing access to and representing "hard to reach" groups where voices/issues are less evident.
- Ensuring all engagement with the community, through whichever touch point, is captured effectively.
- Adding value to existing data through centralisation of common data.
- Looking at areas of overlap and how we can utilise resources effectively to help each other.
- Collectively adding support through data-based evidence to highlight concerns or gaps in provision, where separately is harder to substantiate or identify.

Above all it is about identifying the issues affecting the people living and working in Swindon and then using this intelligence to inform and influence policy and decision makers.

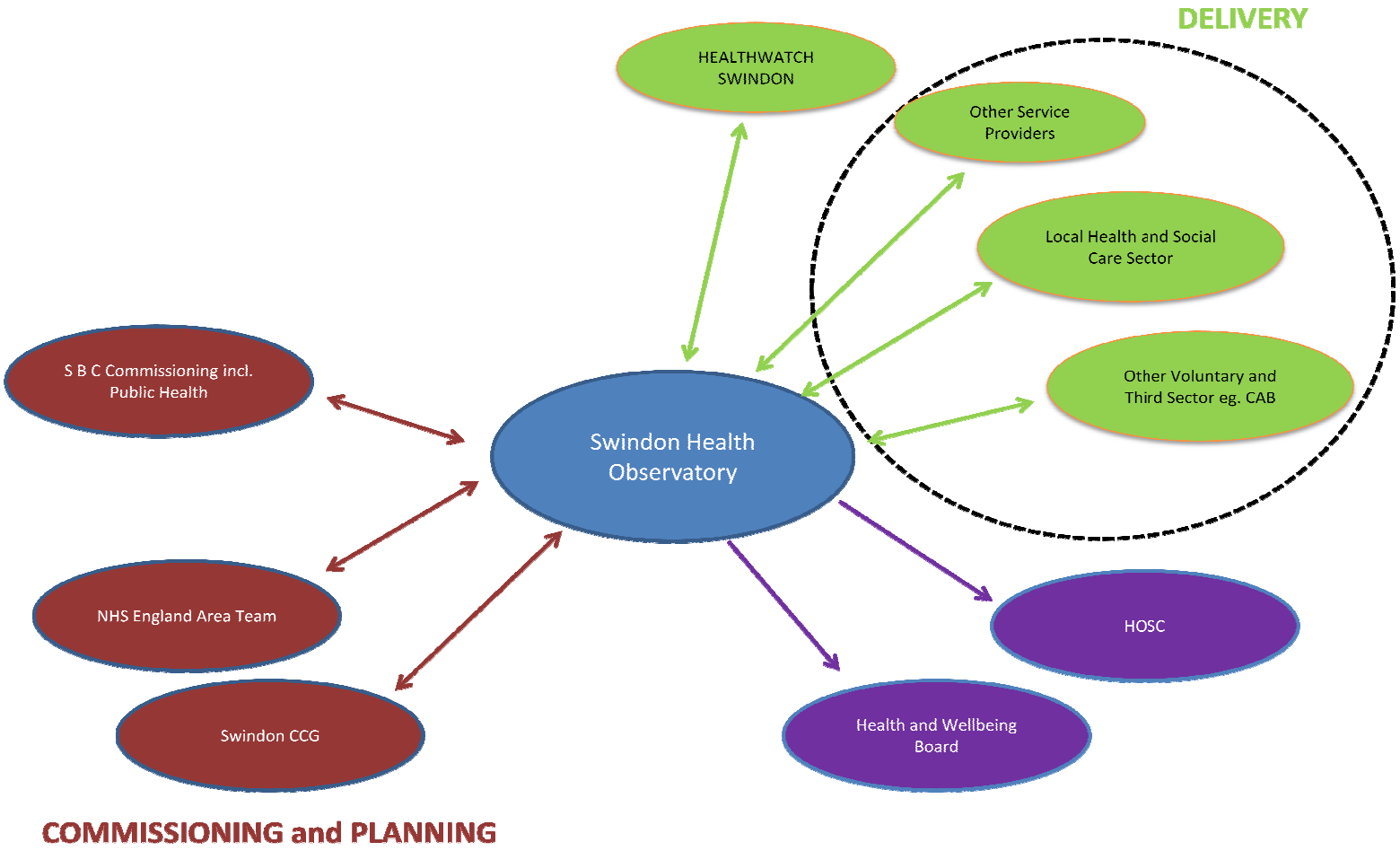
THE NEXT STEP.....

Appendix 1: shows the Swindon Health Observatory in action.

Appendix 2: shows proposed Timescales and Milestones in relation to phase 1, which will initially work with those organisations who are tenants at the Swindon Advice and Support Centre (SASC).

healthwatch Swindon

Appendix 1: Swindon Health Observatory in action.



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Appendix 2: Phase 1 - Proposed Timescales and Milestones.

Week Commencing	Jul 14th	Jul 21st	Jul 28th	Aug 4th	Aug 11th	Aug 18th	Aug 25th	Sep 1st	Sep 8th	Sep 15th	Sep 22nd	Oct 6th	Oct 13th	Oct 20th	Oct 27th	Nov 3rd	Nov 10th	Nov 17th
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Week 17	Week 16
Task																		
APPROVAL																		
Review and prepare revised brief																		
Submit brief for feedback from HWS Directors																		
Finalise Brief and SET UP Timescales																		
Prepare presentation for delivering to initial contacts.																		
Finalise presentation for feedback from HWS Directors																		
SETUP																		
Finalise list of Organisations and formulate contact plan																		
Arrange to meet at present to all SASC tenants																		
Receive feedback and review.																		
Identify key timescales for Design and Implementation stages																		
DESIGN																		
To be confirmed																		
IMPLEMENTATION																		
To be confirmed																		
REVIEW																		
To be confirmed																		

During June and July 2014, Swindon Learning Disability Partnership Board asked people some questions about having a good life - with independence and choice. We did the survey to help the council and NHS commissioners decide, with us, what services they will commission (buy) in the future to help people with learning disabilities live with as much choice and independence as possible.

We gave the survey to people with learning disabilities and organisations providing accommodation and services for them. 58 people filled in our survey. Some people did not answer all the questions (they skipped the question).

We have put the answers people gave us in the survey into some charts on the following pages. We have put the survey at the end of this report in appendix 1.

In appendix 2 we have added the comments we got from people at the Learning Disability Forum on 1 July. Some people attended the forum and also completed the questionnaire.

Because people could tell us whatever they wanted to, it is quite difficult to group all the answers together into the charts. Some people made general comments like “people talking to me about my mum”. We have put these into the column called “other”.

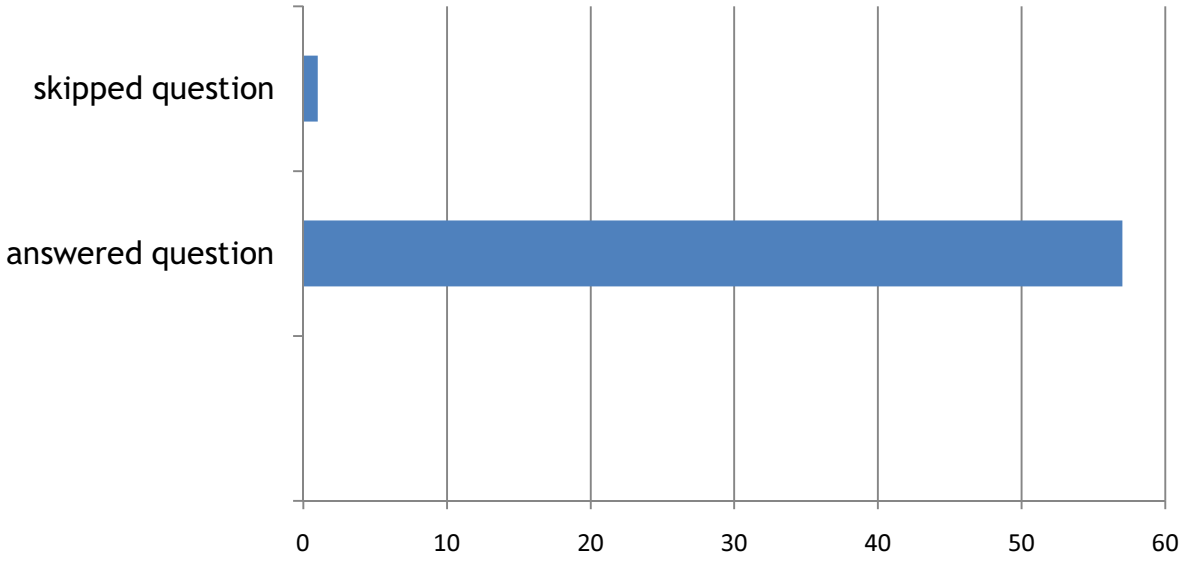
We think the survey gives a good idea of what these 58 people think. The comments at the 1 July forum do as well. But we would like to ask some younger people aged less than 18 to do the survey next to see what they think too.

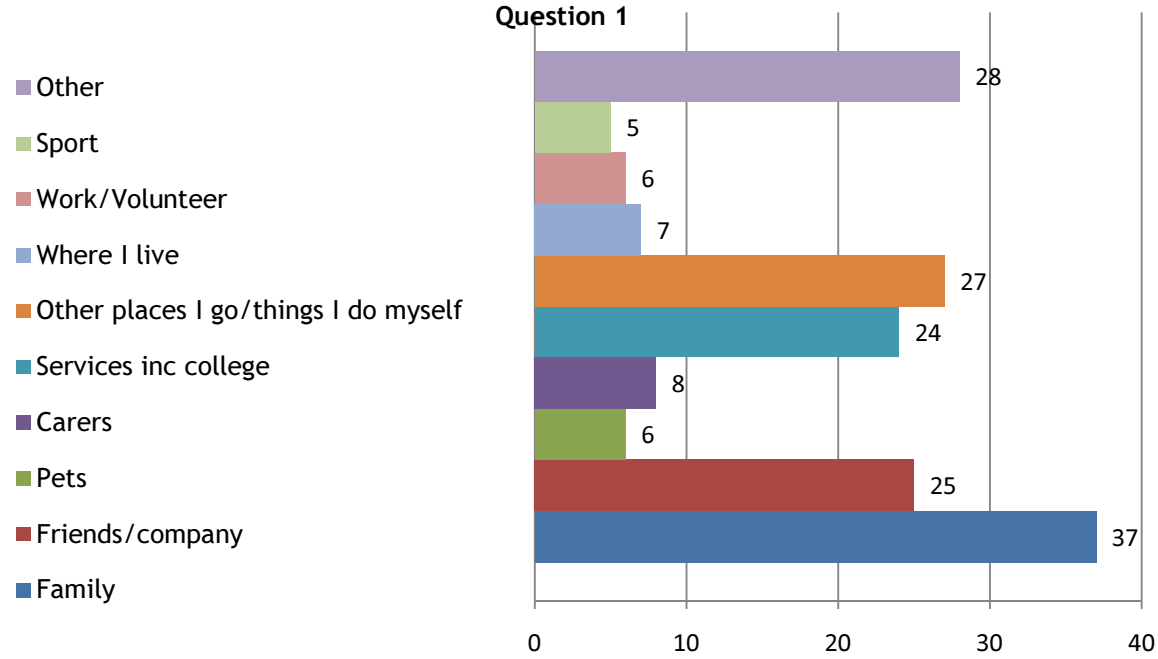
Thank you to everyone who has helped by filling in the survey or attending the forum.

Jo Osorio
Healthwatch Swindon

Further information about this report from
Jo Osorio, Healthwatch Swindon on 01793 497777 or jo.osorio@healthwatchswindon.org.uk

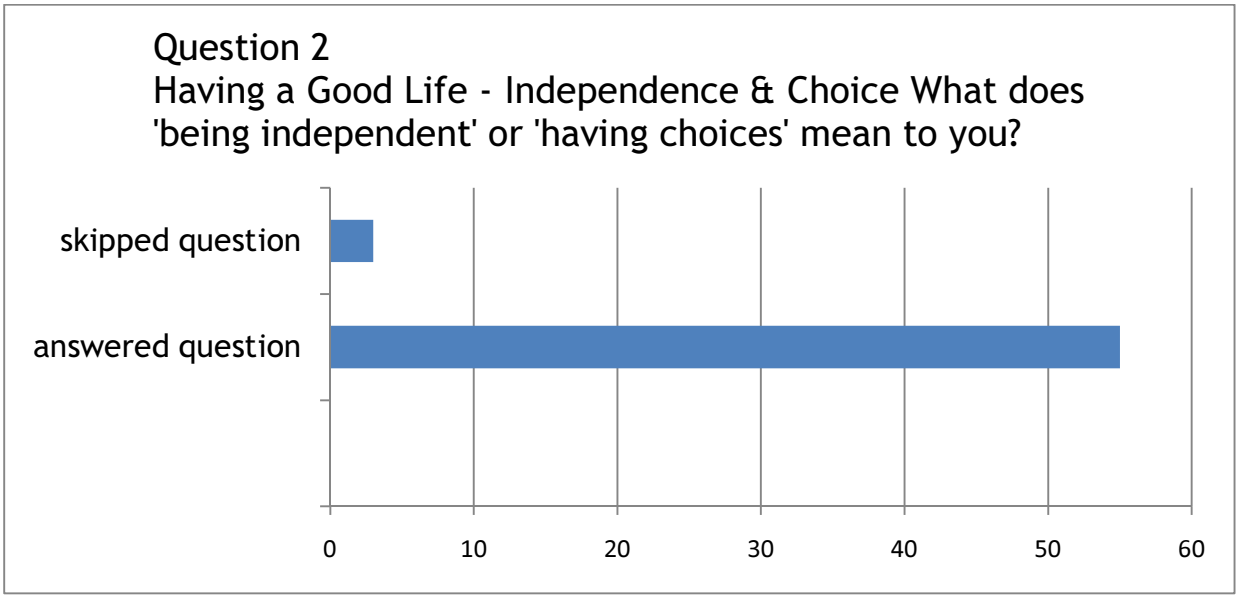
Question 1
What are the most important things in your life? You might want to think about people you know, places you go to, things you do or anything else.

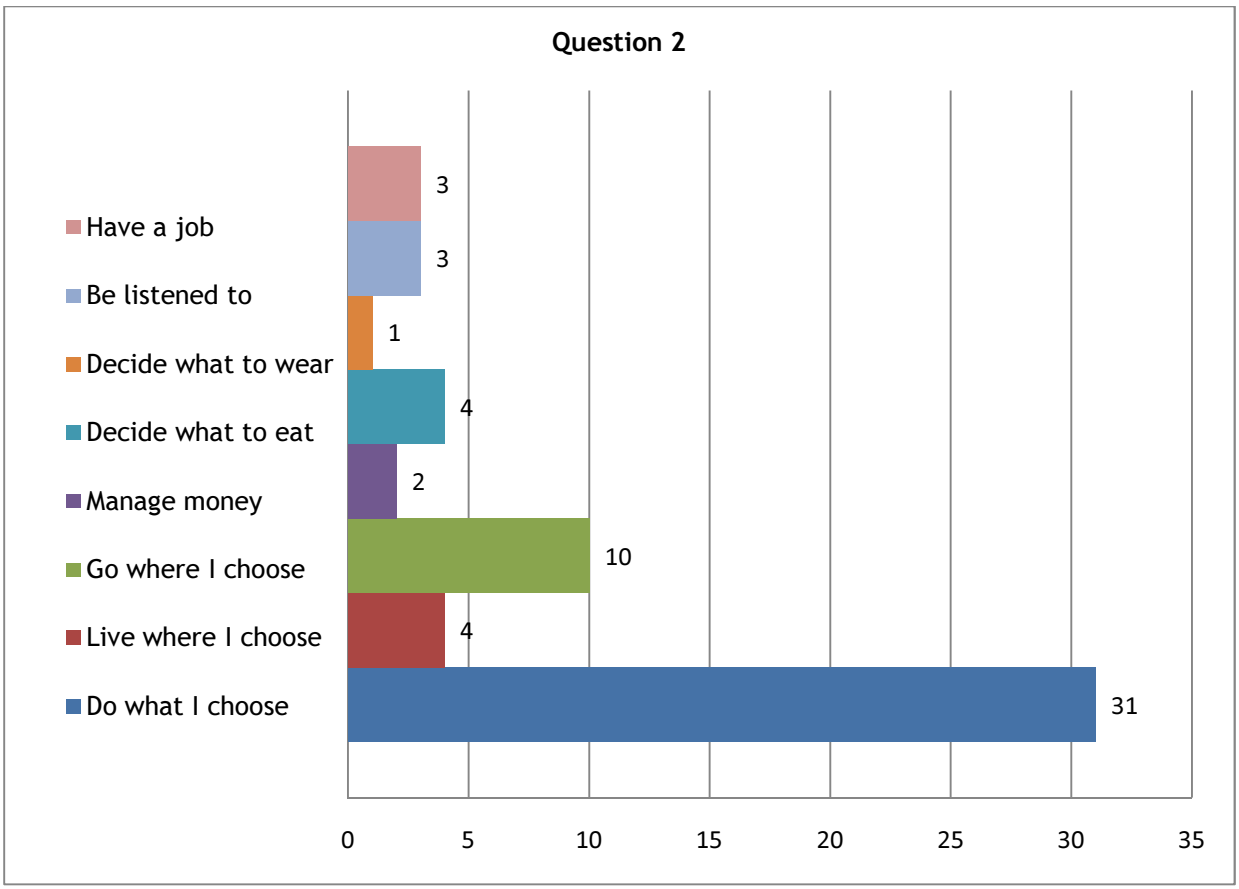




This shows the list of things people talked about in the survey and the number of people who mentioned them

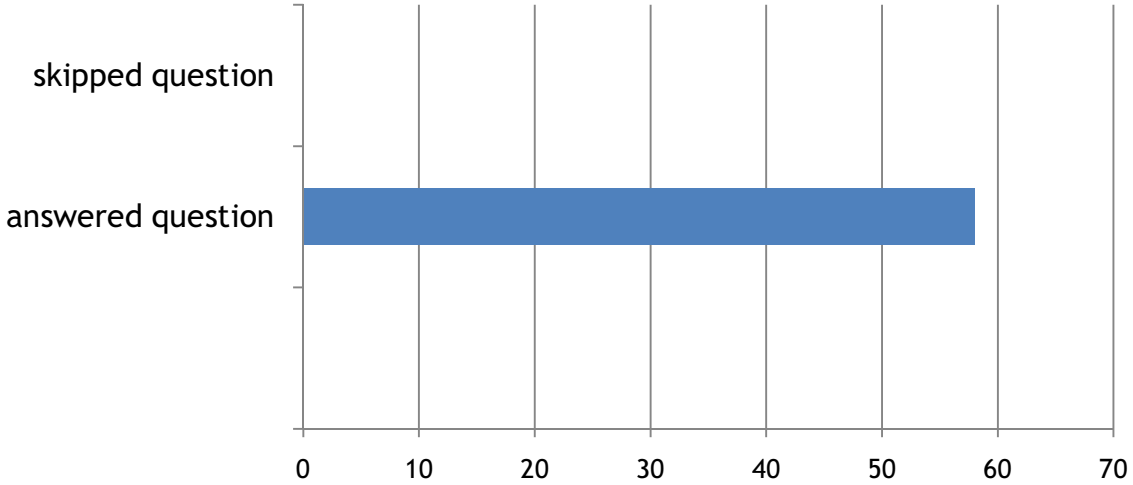
Further information about this report from
Jo Osorio, Healthwatch Swindon on 01793 497777 or jo.osorio@healthwatchswindon.org.uk

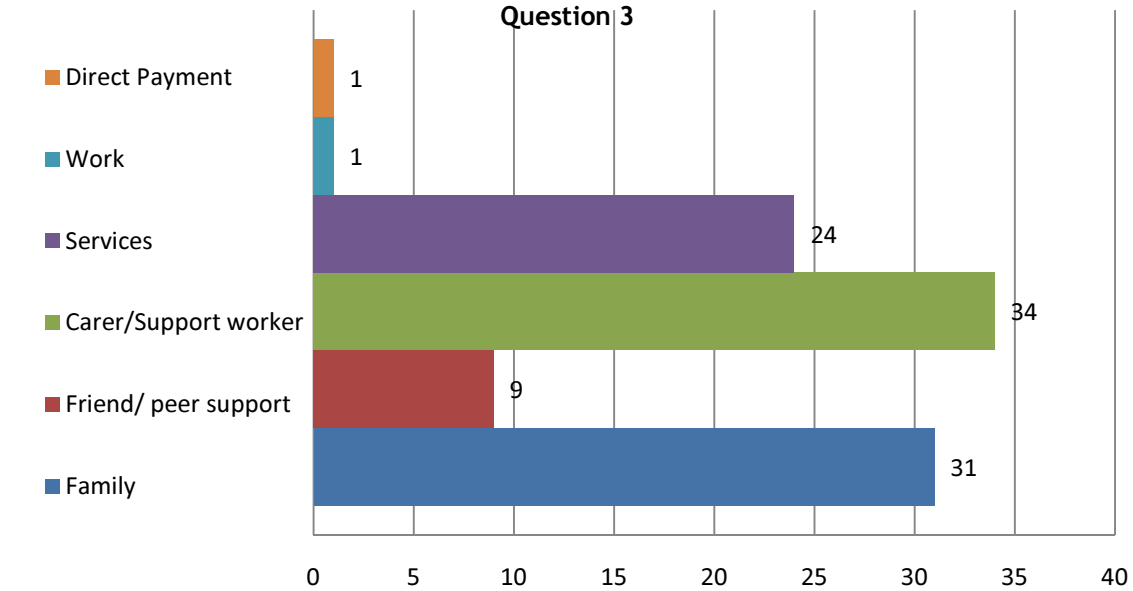




Further information about this report from
Jo Osorio, Healthwatch Swindon on 01793 497777 or jo.osorio@healthwatchswindon.org.uk

Question 3
What support do you get to help you do the things you want? This can be paid staff or people that help you as family members, a friend or volunteer. You might want to think about where you live, your social life, jobs or volunteering, having thi





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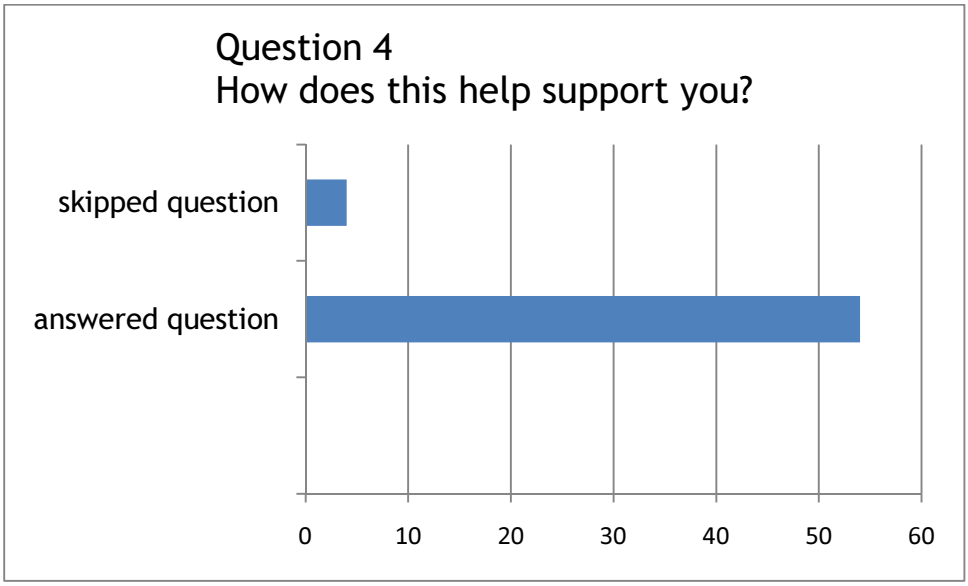

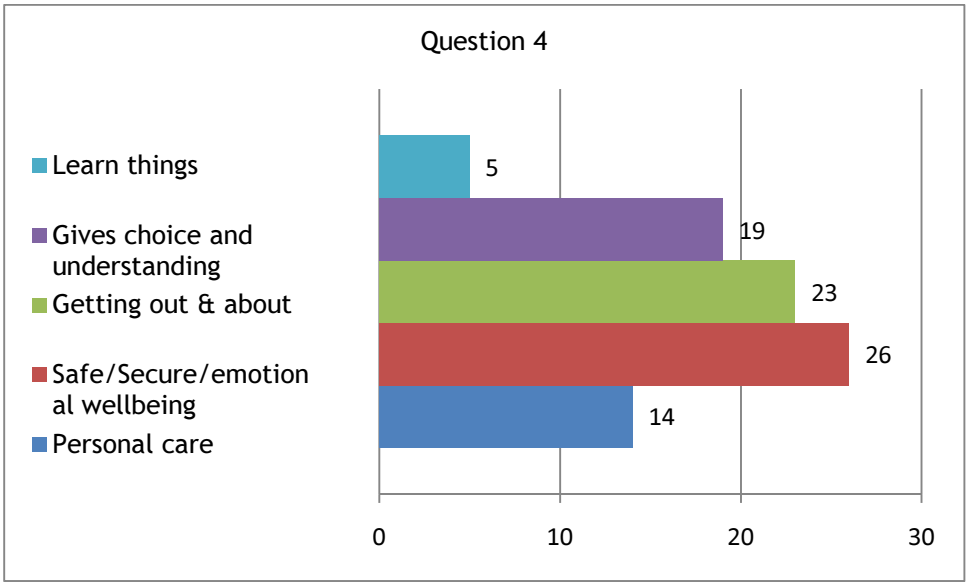

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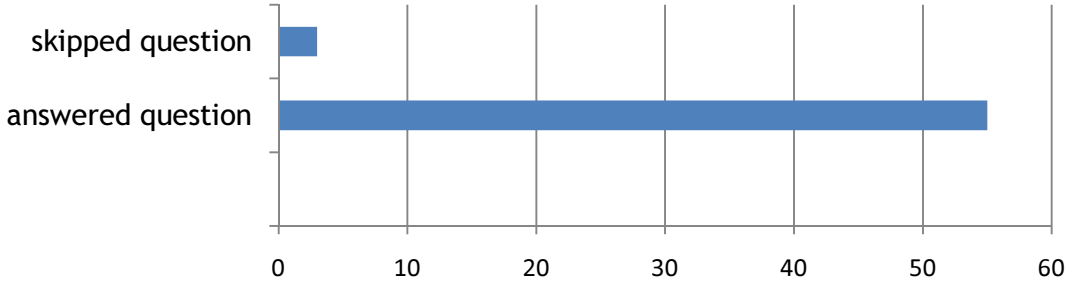
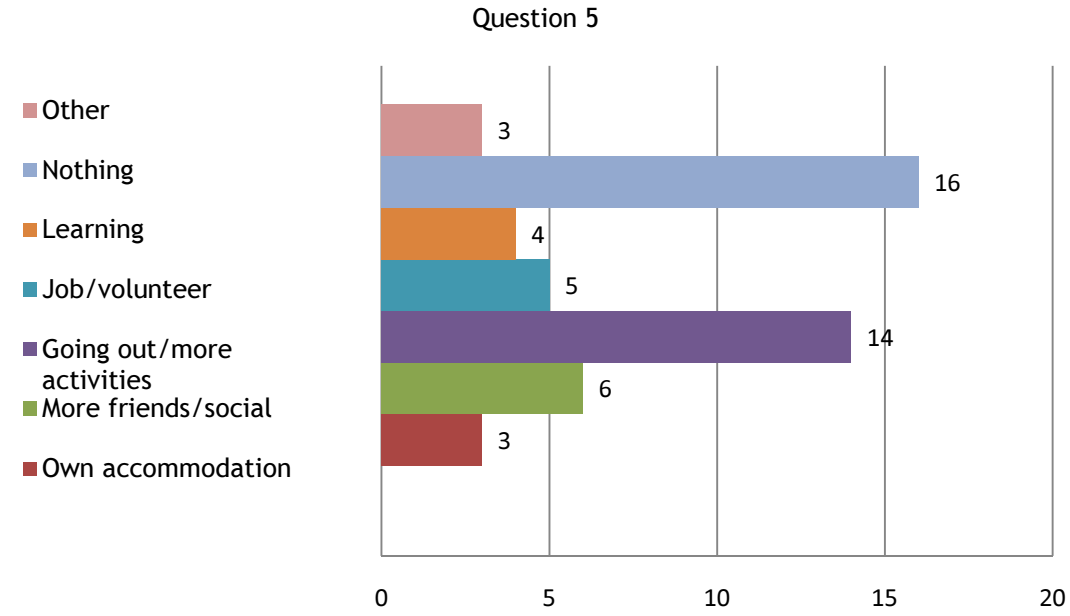
Question 5
Is there anything you would like to change to help you feel more independent? You might want to think about where you live or who you live with, your social life, jobs or volunteering, having things to do, your health or anything else.





Further information about this report from
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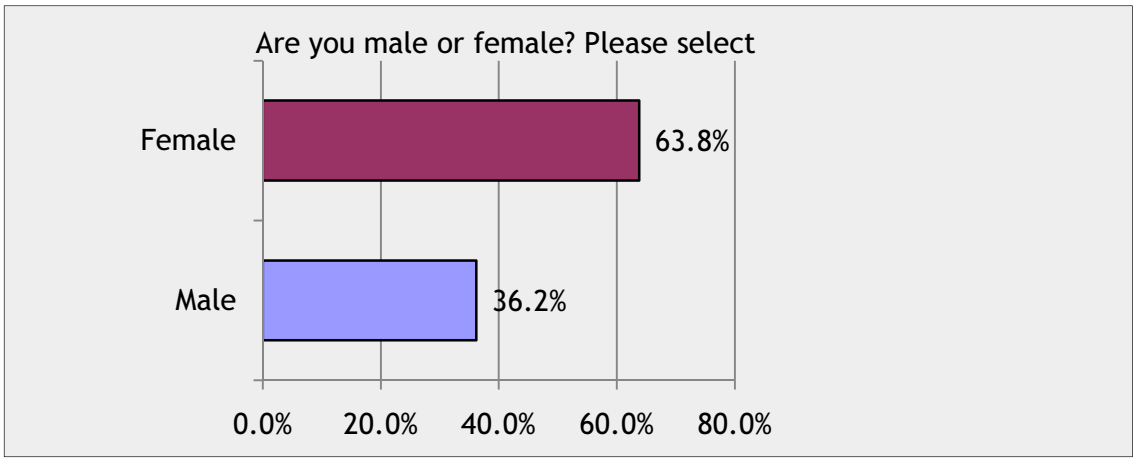
	Response Percent	Response Count
Male	36.2%	21
Female	63.8%	37
answered question		58
skipped question		0



Further information about this report from
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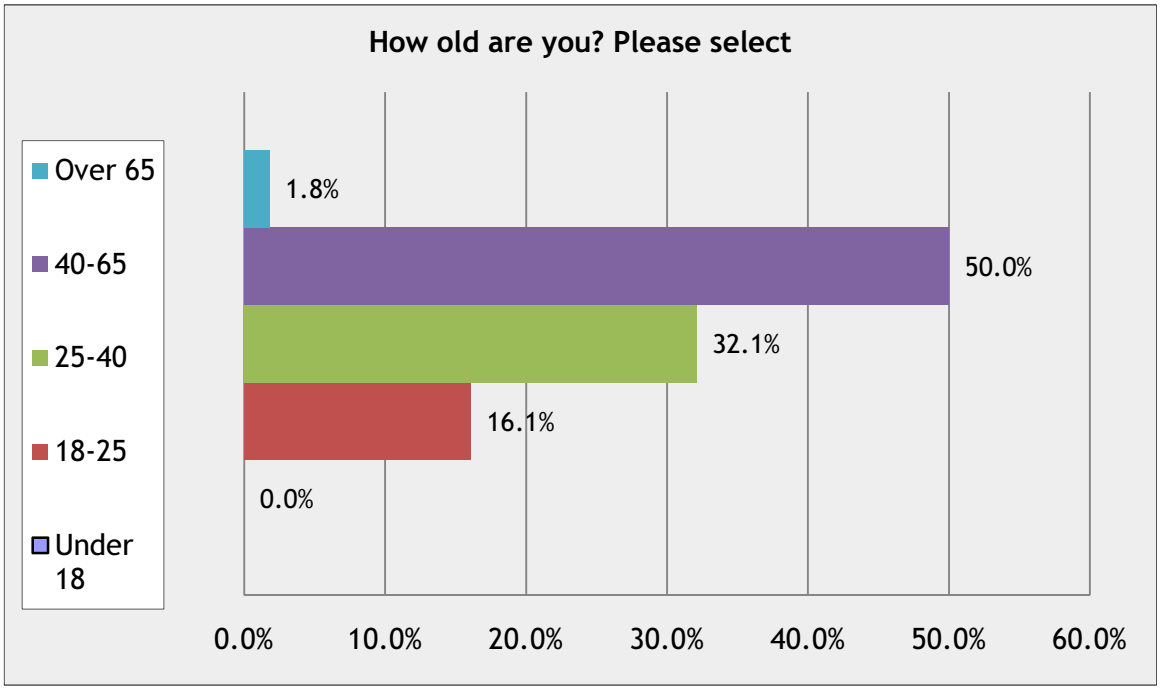
How old are you? Please select		
	Response Percent	Response Count
Under 18	0.0%	0
18-25	16.1%	9
25-40	32.1%	18
40-65	50.0%	28
Over 65	1.8%	1
answered question		56
skipped question		2



Further information about this report from
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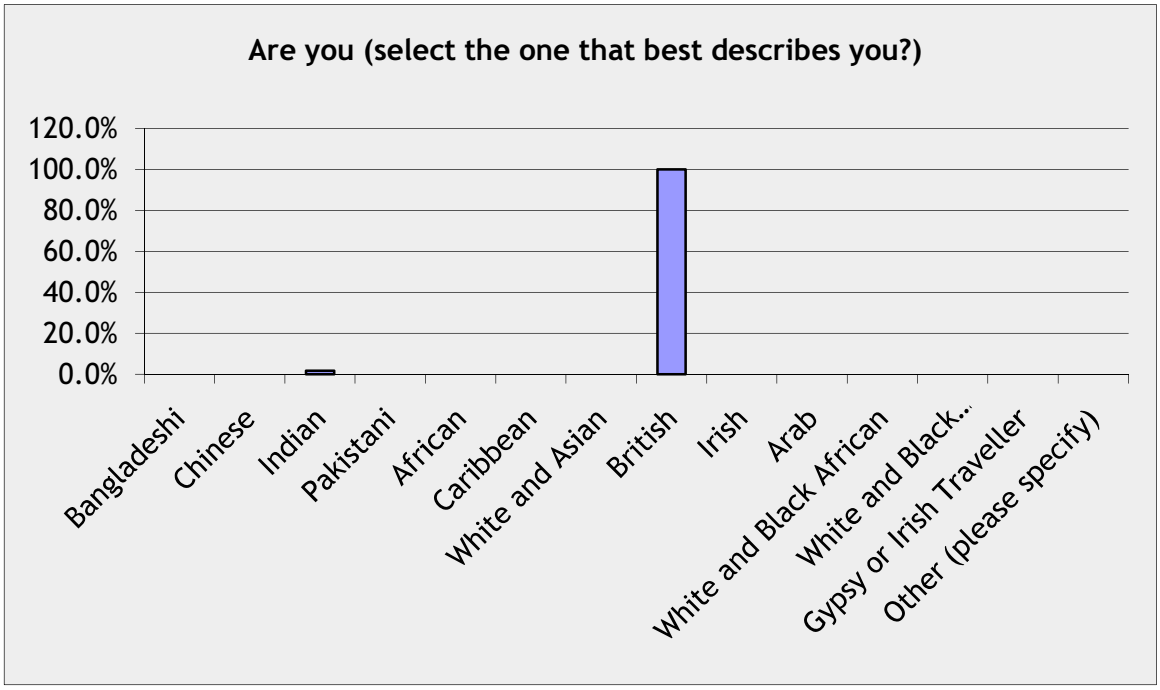
Are you (select the one that best describes you?)		
Answer Options	**Response Percent**	**Response Count**
Bangladeshi	0.0%	0
Chinese	0.0%	0
Indian	1.8%	1
Pakistani	0.0%	0
African	0.0%	0
Caribbean	0.0%	0
White and Asian	0.0%	0
British	100.0%	57
Irish	0.0%	0
Arab	0.0%	0
White and Black African	0.0%	0
White and Black Caribbean	0.0%	0
Gypsy or Irish Traveller	0.0%	0
Other (please specify)	0.0%	0
	answered question	**57**
	skipped question	**1**



Further information about this report from
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Appendix 1

Getting your views about…

…Having a Good Life - Independence & Choice

The **Swindon Learning Disability Partnership Board** wants to find out what people with learning disabilities think about life in the town.

We are doing this so we can pass your views on to the people who make decisions about how money is spent on services and support in Swindon. This is a difficult time for Councils and health services across the country. We want to make sure money is spent on the things that make the most difference to people's lives.

The **Learning Disability Partnership Board** is a big meeting that happens 6 times a year. It is supported by Swindon Borough Council but is made up of lots of different people. This includes people with learning disabilities, family carers, health services, council services, voluntary groups and other organisations or businesses that provide support.

The aim of the Board is to help everyone work together to make life better for people with learning disabilities and their families in Swindon.

Healthwatch Swindon and Swindon Advocacy Movement (SAM) are members of the Board and are helping to run this survey.

We have come up with some questions that we think will help to get the information we need. We are sending these questions to lots of services and groups. We want to hear from as many different people as possible about the services you use and any new opportunities you would like to have.

We do not need to know your name or where you live so we will not know who has sent us answers to the questions. We hope this means you will be able to tell us how you really feel about services or the things you would like to change.

Once you have filled out your answers you can return the form to:

Healthwatch Swindon
23 Brunel Plaza
Brunel Centre
Swindon, SN1 1LF

by

Thursday
31
July 2014

Further information about this report from
Jo Osorio, Healthwatch Swindon on 01793 497777 or jo.osorio@healthwatchswindon.org.uk

What makes a good life? There are lots of answers to this question. It will mean something different to everyone.

Often it means being able to do the things that are most important to us even if we need some support. It can also be about having choices. This could be choices about where we live, who we spend time with, what job we do, what we eat and all sorts of other things.

We want to know what you think a good life is. To do this we would like you to think about these questions and write down your ideas. You can do this with support if you need it.

<u>You might want to think about:</u>

People you know

Places you go to

Things you do

Anything else?

1. What are the most important things in your life?

2. What does 'being independent' or 'having choices' mean to you?

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  <u>You might want to think about:</u> **Where you live** **Your social life** **Jobs or volunteering** **Having things to do** **Your health** **Anything else?**	**3. What support do you get to help you do the things you want? This can be paid staff or people that help you as family members, a friend or volunteer.** **4. How does this support help you?**
  <u>You might want to think about:</u> **Where you live or who you live with** **Your social life** **Jobs or volunteering** **Having things to do** **Your health** **Anything else?**	**5. Is there anything you would like to change to help you feel more independent?**

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To help us to find out what a good life is for different people it would be useful if you could answer these questions.

We do not need to know your name or where you live.

Are you male or female? Please tick		
	Male	Female

How old are you? Please tick		○ Under 18 ○ 18-25 ○ 25-40 ○ 40-65 ○ Over 65

Are you (tick the one that best describes you)?			
Bangladeshi		White and Asian	
Chinese		British	
Indian		Irish	
Pakistani		Arab	
African		White and Black African	
Caribbean		White and Black Caribbean	
Other		Gypsy or Irish Traveller	

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If you have any questions you can call: SAM on (01793) 542266

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Appendix 2

Report on the Independence Forum held on 1 July 2014 at Pinetrees Community Centre, Swindon

1 Introduction

We started the forum by asking the individuals to work in small groups with some support. We asked each person to think about independence, and what having independence means to them personally.
Several answers to this question related to having more control in their lives. For example, practical things like

- having a front door key,
- being able to go out when they want to and
- taking part in hobbies they enjoy.
- Also "going to places for appointments" and
- "going on holiday".

Another key aspect related to skills required for independence. Things such as;

- travel training,
- knowing how to budget money and
- cooking and household skills.

This suggests that having these skills would enable the individual to feel more independent, instead of having to rely on staff to facilitate travel, finances and looking after the home.

2 Group work on topics

We then asked each small group to pick one of the topics of independence that we had suggested. They were free to pick any theme from a broad range including

- employment,
- skills,
- spending time with friends,
- hobbies.

- They were then asked to think of a **positive/success story about this theme**; for example, if they picked employment they might talk about an experience when employment has improved theirs or somebody else's independence.
- We then asked them to consider **any barriers to this theme**, and which therefore impedes independence. So in the case of employment it might be that they don't get the support they need at the job centre.
- And finally we asked them to think of ways to overcome these barriers, so that their independence wasn't affected. In this case it might be speaking

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to the job centre to let them know about specific needs of clients with learning disabilities.

3 Independence theme - Friends

- **Success stories**
  - The group talked about inviting people home, so they are able to spend time together away from services.
  - People discussed how they are able to see friends by accessing different services such as Open Door and SAM Buddies.

- **Barriers**
  - People discussed the barriers that get in the way of friendships and impede how this can promote independence.
  - A major barrier for this is transport.
  - There is a lack of opportunity to develop skills to meet up with friends.
  - Further to this money is an issue.
    - This was discussed in terms of not having access to their money,
    - and lack of budgeting skills.
    - Additionally having to give support staff lots of time to arrange to get extra money to join in with outings for example.
  - The people in the group also discussed, “not being listened to by support staff”.

- **Solutions**
  - A solution that the individuals came up with was, SAM Buddies. They spoke how, as it was peer support, they might be able to share skills and ideas, maybe using the Men’s or Women’s group to try something new.

4 Lots of groups chose the independence theme - Hobbies.

- **Success stories**
  - The people who attended the forum identified that they had been able to meet new people and opportunities through taking part in hobbies.
  - For example, one person attends a bowling group and has travelled to Coventry with the group to take part in a competition.
  - Additionally, people were pleased to be able to share information about their hobbies with the people they live with, so they can come along too.
  - Some of the groups talked about a specific hobby that they currently accessed, such as going to the link centre for trampolining and learning new skills.

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- **Barriers**
    - Two barriers to accessing hobbies to promote independence that came up numerous times were money and transport.
        - This was discussed in terms of having the money to take part in the hobby and
        - having access to transport if the activity took place in the evening when buses didn't run.
    - Fear about attending was also discussed as a barrier to accessing hobbies, trying something new.
    - One specific thing was going into a new hobby by themselves and not knowing who to speak to.
    - Support staff were also identified as a barrier.
        - This was in terms of them sometimes being "over protective" and not allowing people to take a risk, even if it is a small one.
        - One of the individuals at the forum said that he felt he was "wrapped up in cotton wool".
        - Further to this, staff would want to give medication at specific times, which would sometimes interfere with when a hobby took place.
        - Additionally, the people at the forum identified that sometimes support staff aren't flexible enough. For example not working during the evening or at weekends.
    - Another barrier identified related to staff absences. If the staff at day centres who run or support people to certain sessions are away, they are unable to attend the session.

- **Solutions**

The people who attended the session came up with various solutions to these problems.

- With regards to the money, they suggested learning to budget so that they would be able to make decisions about what they spent money on.
- An alternative might be to group together to try something new, which might bring down the cost.
- One option considered was to be supported to create a savings account so they would be able to save up to take part in their desired hobby or activity.
- To counter the fear of trying something on their own, they suggested asking friends to go with them.
- Another option was to join SAM Buddies so that a Buddy could be paired up who might have experience at the given hobby, so can introduce them to it.
- To counter the barriers presented by support staff and their working restrictions was to give them some training. This could be training in how to support people to take more risks.

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- Also actually speaking to care managers or support staff directly (possibly through reviews) so they know how you want to receive your support.

5 Independence Theme – Money

- **Success Stories**
  - One of the individuals at the forum was really pleased that budgeting, with the support of a PA, has meant that they have been able to stay in their own flat.
  - Another person is currently saving up for a wedding; this person's family is supporting them to do this.
  - Further to this, one individual is able to save up money each week to enable them to go on holiday; again this is with the help of support staff.

- **Barriers**

People at the forum identified that the cost of living is going up, but it doesn't seem as though the amount of money they receive is increasing.

  - The biggest barrier is not having the skills in budgeting.
  - People commented on how they would spend too much money when they first get money, and so run out before next pay day.
  - There doesn't appear to be anywhere to learn budgeting skills.

- **Solutions**
  - The solution that would be the most useful was more access to training or support in budgeting, to enable them to learn to budget so that the money lasts the whole time, not just for the first few days.
  - Another suggested solution was to eat out less and possibly improve cooking skills.
  - So, an accessible cooking course that could inform people of how to make food on a budget.

  - In addition the group spoke about the importance of asking for help, instead to carrying on with a problem until they got into debt for example.

Anneliese Baker
SAM Buddies Coordinator

September 2014

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