Swindon Borough Council

Health and Wellbeing Board

Wednesday, 21 October 2015

Committee Room 6, Civic Offices (Anticipated meeting room)

At 2.00 p.m.

Contact Officers:
Vicki Yull (Committee Officer), 01793 463603, vyull@swindon.gov.uk
Cherry Jones (Director of Public Health), 01793 444681, cherryjones@swindon.gov.uk

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AGENDA

1. **Apologies for Absence**

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

3. **Public Question Time**
   Please refer to the explanatory notes below.

4. **Minutes** (Pages 3 - 6)
   To receive the minutes of the meeting held on 8 July 2015.

5. **Safeguarding Adults at Risk in Swindon and Local Safeguarding Children Board Annual Reports** (Pages 7 - 142)

6. **Children and Young People Mental Health Joint Strategic Needs Assessment and Transformation Plan** (Pages 143 - 166)

7. **Children and Young People with Complex and Life Limiting Conditions Joint Strategic Needs Assessment** (Pages 167 - 180)

8. **Troubled Families** (Pages 181 - 200)

9. **Update on review of community health and social care services** (Pages 201 - 230)

Date of Despatch: 30 October 2015

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.

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, 8 JULY 2015

PRESENT: Councillors David Renard (Chair), Brian Mattock, Fionuala Foley and Ray Ballman, Peter Rowe (Healthwatch Swindon), Nicki Millin (NHS Swindon Clinical Commissioning Group), Gill May (NHS Swindon Clinical Commissioning Group), Rachel Pearce (NHS England), Angus Macpherson (Police and Crime Commissioner). Gavin Jones (Chief Executive, Swindon Borough Council), Cherry Jones (Director of Public Health, Swindon Borough Council), Sue Weld (Swindon Borough Council) and Sarah Wald (Swindon Borough Council).

Apologies for absence were received from: Will Evans (Healthwatch Swindon), Dr Peter Crouch (NHS Swindon Clinical Commissioning Group), and John Gilbert (Board Director - Commissioning, Swindon Borough Council).

11. 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.

12. Public Question Time

Mr Joe Backshell from the Swindon Equality and Access Group expressed concerns that disabled residents may slide into poverty as a result of the proposed benefit cuts, and queried if Swindon Borough Council has put a strategy in place to address this.

The Chair thanked Mr Backshell for his query and advised that he would be sent an invitation to the next meeting of the Swindon Benefits Strategy and Welfare Reform Group who are discussing these issues.

13. Minutes

Resolved – That the minutes of the meeting held on 27 May 2015 be confirmed as a correct record.

14. Healthwatch Swindon Update

The Board received a report providing an update on the progress of Healthwatch Swindon with examples of ways in which they are contributing to the Board's work to improve the health and wellbeing of the local population and reducing health inequalities. The Board has agreed at a previous meeting to receive regular updates from Healthwatch Swindon.

Peter Rowe, Manager of Healthwatch Swindon, introduced the report and advised that they now have six volunteer directors registered at Companies House, with one more awaiting Disclosure and Barring Service certification. He noted that the timings for the completion of the project reviewing mental health services in Swindon have required re-adjusting, and that a questionnaire will shortly be circulated to service users, carers and family members. Other forthcoming pieces of work that Healthwatch Swindon will be involved in include the Home from Hospital Project (as

set out in Appendix 1 to the report), work on GP services in Swindon, and the Care Quality Commission visit in September 2015. Mr Rowe also highlighted the Healthwatch Swindon Annual Report for 2014 / 2015 which was attached as Appendix 3 to the report.

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

- The next update report containing strategic information that is being taken forward by their Board Directors.
- The internal review of Healthwatch Swindon due to the ending of their three year contract in 2016. The Board noted that the option to extend the contract has been built in if necessary, and that longer term financial implications have to be reviewed before a permanent decision is made.
- The start dates for the scheme on preventing people with mental health issues from being detained in police custody.
- Reducing the number of update reports received by this Board as Healthwatch Swindon feeds in to the Council's Adult's Health, Social Care and Housing Overview and Scrutiny Committee.

Resolved – To note the update from Healthwatch Swindon.

15. Swindon Adult Autism Strategy

The Board received a report regarding the Swindon Adult Autism Strategy for 2015 – 2018. Local authorities and NHS bodies have a duty to take account of the statutory guidance to support the implementation of the national Adult Autism Strategy "Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England" 2010. The Swindon strategy outlines the local commitment to the national vision, and links with the Health and Wellbeing strategic priorities of adults and older people living healthier and independent lives, and improving health outcomes for disadvantaged and vulnerable communities.

Sarah Weld from the Public Health team introduced the report and noted that recommendations had been drawn from the Adult Autism Joint Strategic Needs Assessment (JSNA) completed in 2015. The Strategy has been developed by the Swindon Autism Partnership Board who will be responsible for monitoring the implementation of the action plan to deliver the priorities identified. Local actions are being focused on seven key areas which are underpinned with a suite of outcomes and proposed actions, the ultimate aim of which is to deliver services more effectively within Swindon.

After the presentation of the report and the draft Swindon Adult Autism Strategy 2015 - 2018 attached at Appendix 1, Board members asked questions and made observations on the following issues:

- The fifteen priority challenges for action identified as part of the national strategy review in 2014 were noted.
- The longer term financial implications of providing adult social care support to a greater number of identified people, and proposed mechanisms to reduce pressures that will be brought forward.
- The potential funding available for external organisations such as DASH who

provide statutory functions under the Care Act.

- Information regarding autism not currently being available in one place, including the minutes from the Swindon Autism Partnership Board, plus signposting to the JSNA and learning disability services. This issue is being investigated.
- One-off funding awards given from the Innovation Fund to DASH and SEQOL for their work on supporting individuals with autism, and raising awareness of recognising people with the condition.

Resolved – To recommend to Cabinet and the Governing Body of Swindon Clinical Commissioning Group that they adopt the Swindon Adult Autism Strategy 2015 – 2018.

16. Troubled Families Update

This item was deferred until the meeting of the Board on 21 October 2015.

17. NHS England South Priorities 2015/16

The Board received a presentation from Rachel Pearce, Director of Commissioning Operations South Central, on the NHS England South priority programmes for 2015 / 16.

The Board noted that the four key functions of NHS England are: the assurance and support of the commissioning system; direct commissioning; leadership; and national policy and strategy. There are four sub-regions in the south of England and Clinical Commissioning Groups (CCG) are assessed within those groupings at quarterly meetings. Targets are not always necessarily looked at as the aim is to produce a dashboard of how CCGs are performing. Primary care commissioning is done in conjunction with the CCGs who will ultimately have full delegation, and it is anticipated that specialised services will also be transferred to them. NHS England has powers of intervention, and they work closely with Monitor (the sector regulator for health services in England) and the NHS Trust Development Authority. Any new initiatives will also be made relevant to the local area.

The Board then noted the NHS England Corporate Priorities for 2015/16 which include transforming care for patients, designing the NHS around patients, and a whole system change for future financial stability. The technology is now available to support them working differently, and to ensure that there is consistency across all areas.

Following the presentation, Board members asked questions and made observations on the following issues:

- The number of GPs as the biggest problem within Primary Care, and possible solutions such as Physicians Assistants and utilising other community professionals.
- The GPs who come to Swindon to train and then return back to their home areas, and possible ideas on how to make Swindon more attractive to retain them.
- The relationship between NHS England and Public Health England, who provide strategic guidance and monitoring.

- The move towards place-based commissioning, and the pooling of budgets and shared strategies.

The Chair thanked Rachel Pearce for her presentation.

18. Joint Commissioning Group Minutes

The Board noted the minutes of the Joint Commissioning Group meeting held on 5 May 2015. The June minutes were unavailable for this meeting of the Board due to sign off requirements and timings, but it was agreed that draft minutes could be circulated in future if required. The Group have been looking at how commissioning will operate, and pooled and aligned Section 75 budgets, but the biggest challenge is the current capacity within domiciliary care and attracting workers into this area. Differences within the data regarding delayed discharges have been causing problems, but progress has been made on reducing the time spent on assessments.

Board members made the following comments and observations:

- The personalisation indicator for the Avon and Wiltshire Mental Health Partnership being red, with staff not following through on the personalisation paperwork and recording it in the correct way.
- Building more supported living accommodation which would help reduce the numbers in residential care, and the utilisation of existing stock.

19. Any Other Business

Nicki Millin, Interim Accountable Officer at the Swindon Clinical Commissioning Group, asked the Board to note that they have identified funding which could be put into the Better Care Fund to help reduce the waiting times at Great Western Hospital by improving the quality of information available. The Board supported this proposal.

Cherry Jones, Director of Public Health, asked the Board to note that following the recent review of the current Swindon Health and Wellbeing Strategy 2013-2016, and the publication of the Joint Strategic Needs Assessment summary for 2014, the priorities for Swindon identified within the Health and Wellbeing Strategy remain relevant. There is no recommendation to refresh or change the Health and Wellbeing Strategy priorities at this stage. Work will begin on the formulation of a new Health and Wellbeing Strategy at the end of the year as the current Strategy ends in 2016.

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

Health and Wellbeing Board **Date: 21 October 2015**

Author:	Chair, Swindon Local Safeguarding Children Board and Chair, Local Safeguarding Adults Board
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

1.1 To present the 2014/15 Annual Reports for Safeguarding Adults in Swindon and the Local Safeguarding Children Board. The Annual Reports detail progress against the annual Business Plan for the Local Safeguarding Children's Board (LSCB) and the Local Safeguarding Adults Board's (LSAB) Strategy.

1.2 The Safeguarding Adults in Swindon Annual Report 2014/15 is attached at **Appendix 1**. This is the Annual Report from the Swindon Local Safeguarding Adults Board. The Local Safeguarding Children Annual Report 2014/15 is at **Appendix 2.**

2. Recommendations

The Board is recommended to:

2.1 Note and comment on the Annual Reports for 2014/15 for Safeguarding Adults and the Swindon Local Safeguarding Children Board.

3. Detail

3.1 **Appendix 1** is the Safeguarding Adults at Risk in Swindon Annual Report 2014/15. The publication of an Annual Report for the LSAB is now a Statutory Requirement under the Care Act 2014. The Act and its Guidance requires major changes to the work of Safeguarding Adults Boards and the teams managing safeguarding processes. 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 outcomes for adults in need for care and support and are accountable for their actions concerning safeguarding adults.

3.2 The definition of those who are to be supported by safeguarding procedures and need to be the focus of the LSAB has changed and is now:

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

- an adult who has needs for care and support (whether or not the authority is meeting any of those needs).
- is experiencing, or is at risk of, abuse or neglect.
- and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The Board continues to consider the changes required under the Care Act and these form some of the priorities over 2015/ 16.

3.3 The Safeguarding Adults at Risk in Swindon Annual Report 2014/15 includes:

- Information on activity and data collected throughout the year about cases alerted and investigated under Safeguarding Adults procedures.
- An outline of progress made in addressing the priorities from the Annual Report 2014/15 and the work required leading up to the implementation of the Care Act (for example establishing a dedicated safeguarding team within the Local Authority).
- Submissions from key partner agencies and members of the LSAB.
- An overview of priorities for 2015/16.

3.4 **Appendix 2** is the Swindon Local Safeguarding Children Board Annual Report 2014/15. The Annual Report reviews achievements against the LSCB Strategic Business Plan 2014/15.

3.5 The LSCB agrees a Business Plan to monitor how everyone works together to deliver safeguarding priority areas for Swindon's children. The Executive Summary of the LSCB Annual Report lists the progress made towards each of the four priorities, whilst the achievements and impact of the work is shown in the relevant sections of the Annual Report.

3.6 Working Together 2015 requires the LSCB to have an independent Chair, who can hold all agencies to account. A new LSCB Chair was appointed in July 2015.

3.7 The LSCB Strategic Business Plan 2014/15 set four priority areas:

3.8 <u>Priority Area One: Effective responses to specific safeguarding concerns</u>

- Detailed strategies and comprehensive approaches to Domestic Abuse, Parental Substance Misuse, Alcohol Abuse and Mental Health (The Toxic Trio) that keeps children and young people safe and promote effective intervention with those who are at risk.

- Consolidate strategies and approaches to Child Sexual Exploitation that keeps children and young people safe.

3.9 The progress towards Priority One during 2014/15 was as follows.

3.9.1 The creation of the CSE Delivery Plan/Action Plan has enabled the prioritisation, resourcing, co-ordination and progressing of key deliverables of the CSE Strategy.

3.9.2 The commissioning and delivery of the Partnership Profile for CSE, has for the first time given a clear understanding of those people who are at most risk across Swindon.

3.9.3 The drama production "Chelsea's Choice" was delivered to all Secondary Schools, alternative education providers, Special Schools and professionals from the children's workforce.

3.9.4 Swindon CSE Pocket Guides were developed to raise awareness of CSE amongst the professional workforce.

3.9.5 Multi agency CSE training was commissioned from Barnardos and delivered to over 75 delegates from partners' workforce.

3.9.6 The LSCB continues to provide training in Domestic Abuse and Parental Mental Health.

3.9.7 62 professionals attended the workshop on 'Domestic Abuse in Teen Relationships' delivered by Swindon Women's Aid at the 2014 LSCB Annual Conference.

3.9.8 The LSCB Performance Sub Group is developing a reporting framework for data relating to substance and alcohol misuse.

3.10 Priority Area Two: Effective early intervention and safeguarding

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

3.11 Progress towards Priority Area Two in 2014/15 was as follows:

3.11.1 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.

3.11.2 The LSCB Chair attends the Health and Wellbeing Board (HWB). A protocol between LSCB, Local Safeguarding Adults Board (LSAB) and Health and Wellbeing Board has been agreed.

3.11.3 The Quality Assurance Sub Group completed four multi agency audits of practice. The Quality Assurance Sub Group includes representatives from a range of agencies in Swindon: Children's social care and early help delivery; community child health; acute health; Police; Probation; CAMHS.

3.11.4 The LSCB commissioned two Local Case Reviews in 2014/15, the findings of which have led to further quality assurance work by the Board.

3.11.5 Early Help assessments (Early Help Record & Plan) and early help training have been monitored by the Swindon Children's Trust Board; going forward, this will be the direct responsibility of the LSCB.

3.12 Priority Area Three: Communication and engagement

3.13 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.

3.13.1 Young people's views are obtained through the annual Feeling Safe and Schools Internet surveys and are reported to the Board. In excess of 2,600 individual responses were captured by the 6th annual Internet Pupil Survey.

3.13.2 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.

3.13.3 There are targeted sections on the LSCB website for children/young people and for parents/carers. Safeguarding information and offers of an awareness-raising session are provided by the Awareness and Engagement Sub Group.

3.13.4 The LSCB set up the Female Genital Mutilation (FGM) Working Group and developed a FGM Pocket Guide and Information for Professionals alongside Multi Agency Guidance which comprise the 'FGM Toolkit' for professionals.

3.13.5 The LSCB has recruited four active lay members to the Board.

3.14 Priority Area Four: Performance Management

3.15 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.

3.16 Progress towards Priority Area Four during 2014/15 was as follows:

3.16.1 The LSCB Performance Sub Group meets quarterly, reporting to every Board meeting and links to the Quality Assurance Sub Group to commission audit activity.

3.16.2 Performance reports from Avon and Wiltshire Partnership (AWP), Child and Adolescent Mental Health, Wiltshire Police, Great Western Hospital (GWH) and Children, Families and Community Health form part of the Performance report to Board meetings.

3.16.3 The programme of audits for the year has been followed and practice has been challenged by the Board.

3.16.4 Action plans from the annual Section 11 (Safeguarding) audit were reviewed and monitored at the Performance Sub Group.

3.17 The authors of the various sections in the report have listed their achievements, effects and what more needs to be done. The contributions from LSCB partner agencies give case studies which show the differences and highlight the role of multi-agency working.

3.18 The challenge for the Board is to develop more sophisticated methods of demonstrating impact and understanding more clearly from staff how the improved practice has “made a difference”. These challenges will be reflected in the LSCB Business Plan for 2015/16.

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 through Working Together 2015.

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 Director of Finance (Section151 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** Safeguarding Adults at Risk in Swindon Annual Report 2014/15

8.2 **Appendix 2** Local Safeguarding Children Board Annual Report 2014/15

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

Safeguarding Adults in Swindon

Annual Report April2014 - March 2015

Great Western Hospitals NHS
NHS Foundation Trust

NHS
Swindon
Clinical Commissioning Group

Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

SEQOL
care · health · support

Keeping Swindon Safe

healthwatch
Swindon

Swindon LSAB
Safeguarding Adults at Risk

PROBATION

Swindon
BOROUGH COUNCIL

Safeguarding Adults at Risk in Swindon
Annual Report 1st April 2014 31st March 2015

Contents:

Foreword	3
Section 1 Introduction	5
Section 2 Activity Data 2014/15	7
Section 3 Progress in 2014/15	21
Section 4 Swindon Mental Capacity Act Programme	25
Section 5 Swindon Local Safeguarding Board	28
Board Members' Reports	29
Sub Groups of the LSAB	41
Section 6 Priorities for 2015/16	43
Appendix Glossary of abbreviations used	47

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

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FOREWORD

As the outgoing chair of Swindon's Local Safeguarding Adults Board, I am pleased to present its Annual Report for the year ending March 31st 2015.

The report describes how the Board's agencies, both jointly and independently, work to ensure the safety of those adults within the Borough who are deemed to be most at risk of harm through the actions of other people. However as stated at the start of section 1, this is the 'old' definition which was applicable for the year under review. The Care Act 2014 which became law on April 1st 2015 has a new, more wide ranging definition. This is just one of a number of significant changes contained in the Act.

As in previous years, the report contains statistical breakdowns which show the number, type, source and demography of safeguarding referrals, and the outcomes of the subsequent investigations.

These statistics show an upward trend for reports of adult abuse; an increase of 244 (717 compared to 473) from last year- a 51% rise. There have been significant rises in the number of referrals for assault and neglect as well as psychological abuse. Swindon is not alone in experiencing such an increase in referrals and possible explanations are included on page 8. The statistics also show that of the 717 recorded cases, 308 required 'no further action' or 42%. Last year 203 cases out of 417 (43%) resulted in 'no further action'.

This is just one type of resolution and a detailed breakdown of the other outcomes is shown on pages 18 and 19. However it is important to look at the impact on the individuals rather than concentrate just on the statistics. The report contains many examples of anonymised safeguarding investigations which have a number of different resolutions but all have the active involvement and agreement of the adult concerned at each stage of the enquiry.

This 'person centric' approach is being progressed under the Making Safeguarding Personal (MSP) initiative. I mentioned this project last year and it good to see that it has progressed from the pilot stage to being central to the management of safeguarding enquires. How MSP is being embedded in practice and procedures is mentioned in section 3.

Section 3 also outlines the changes to safeguarding contained within the Care Act 2014. These changes are far reaching and section 14 of the statutory guidance describes how the new legislation will affect Safeguarding Boards. In certain key areas we have already complied with the Act; Swindon's LSAB has been in existence for some years and we have compiled annual strategies and reports throughout my time as chair.

However there are important decisions which need to be agreed by the Board in the next few months. I have already challenged members to agree how the Board will be resourced (it currently has no budget), how each member will meet the need for a Designated Safeguarding Manager and the agreement and implementation of information sharing arrangements which are both practical and understood by all staff. These issues need speedy resolution and will be progressed by my successor.

The Board needs a budget to fund case reviews which is also a new requirement under the Act. The report mentions the case review commissioned in late 2013 into the suicide of an adult considered at risk. This was an excellent example of the partnership work of the Board and page 21 describes the response to the Review. I chaired two special meetings in 2015 to implement its findings. I was pleased that the Board agreed to establish a Risk Enablement Pathway which should be operational soon. More details are contained on page 44.

The creation of this group is a significant achievement for the Board and is an excellent example of Board members working together to ensure the safety and wellbeing of a small number of individuals who are at the greatest risk of harm.

This is my final annual report as Board chair and when writing this foreword, I looked back to last year. I commented upon the need for direct feedback from Swindon's service users and mentioned the work of the Forum and the work of its chair, Martin Kelly. I said that *"one of the challenges for next year for us all is to recruit more members to join this group".* As page 41 reports the Forum continues to meet but there is still fluctuating membership. Martin is committed to getting more members and I thank him for his perseverance.

This issue, together with the Care Act requirements mentioned previously, will be taken forward by Diana Fulbrook OBE who succeeded me on July 1st. She is an experienced and knowledgeable chair. (Diana also chairs the Local Safeguarding Children Board in Worcestershire.) I wish her and the Board well for the future.

Finally, thank you to all Board members, past and present, for their support, participation and commitment over the past 4 years. I would also like to thank Debbie Parmenter, the Board Administrator and give a special mention to Doug Bale, who has been provided sound advice and consistent support throughout my tenure as Board chair.

Mike Howard
Independent Chair of the LSAB

SECTION 1

Safeguarding Adults at Risk in Swindon Annual Report 2014/15

Introduction:

Safeguarding Adults continues to be a high priority locally and nationally. With the Care Act 2014, safeguarding adults will be bought onto a statutory footing and will need to be the focus of the Local Safeguarding Adults Board (LSAB) for the coming months. No Secrets, the statutory guidance that initiated adult protection and adult safeguarding in 2000 has been repealed and guidance issued to implement the Care Act has a point of reference for Boards across the country.

For the reporting period covered by this annual report, the definition for an adult at risk was:

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.*

From 1st April 2015, safeguarding duties apply to an adult who:

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

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

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

Further discussion about these areas will be included in the priorities for 2015 /16 towards the end of this report.

For the reporting period covered by the report, teams managing the alerts of alleged adult abuse were within 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) fulfilled this role with both organisations providing information about their activity to the local authority.

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%). 5,375 people were receiving services from adult social care in 2014/15 broken down into client groups as follows:

Service User Group	Age Band 18-64		Age Band 65+	
	Female	Male	Female	Male
Physical Disability	424	317	1871	951
Sensory	30	9	94	34
Mental Health	247	254	134	78
Memory & Cognition	6	6	107	65
Learning Disability	250	327	35	35
Total of Clients	957	913	2241	1163

It is difficult to do a comparison with previous years regarding the individual service user groups as there have been changes in the categories used in 2014/15 but there has been an overall reduction of about 2% in the number of people receiving services.

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 2014/15 there was a drop of 2.2% in the number of reported crimes in Swindon and Wiltshire. There were 1,200 fewer reported crimes. 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.

The upward trend for reports of adult abuse continues. This is not a situation that is confined to Swindon, other local authority areas report continued significant increases. In last year's annual report it was reported that there was a slowing down in the increase of reported cases. In 2014/15 there has been another steep increase. This increase is still attributed to increased reporting (at times unnecessary alerts being submitted), improved awareness (and providers of services being advised and guided towards raising alerts more often "to be on the safe side") and improved provision of information from the social enterprise into the local authority on which data for this report was derived.

The LSAB continues to monitor this 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 during 2014/2015;
- Submissions from key partner agencies and members of the LSAB ; and
- An overview of the priorities for 2015/ 2016.

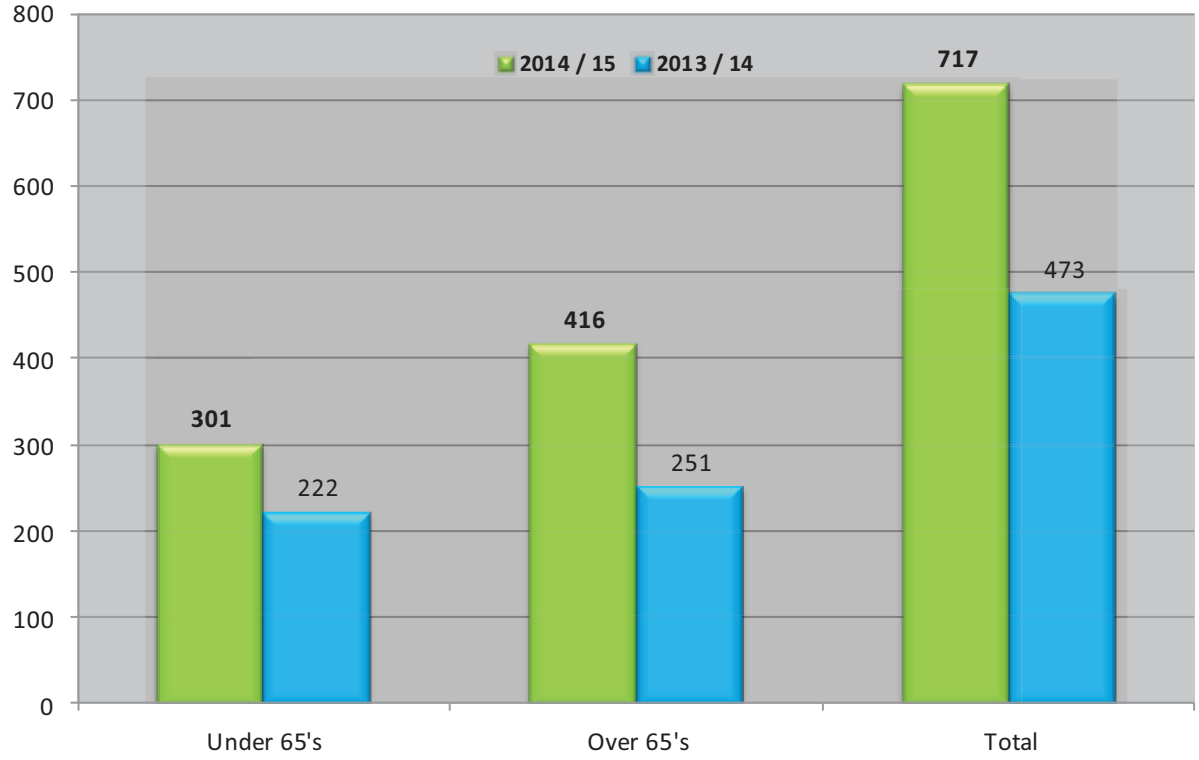
SECTION 2

Activity Data 2014 – 2015

(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 a large increase in the number of alerts where abuse is alleged. There has been an increase of over 50%. Similar increases are still being experienced in other local authority areas and are believed to be an indication of improved awareness and better reporting rather than an increase in incident of abuse. In Swindon improved recording methods may also account for this increase.

There are occasions where alerts are raised for minor incidents which in the past were dealt with directly by the employer (for example) and recorded as an incident under their health and safety or complaints procedures.

Case Example

A care provider sent in a safeguarding alert form stating that one of their residents complained that a member of staff had been curt and rude to her. The provider was advised to deal with it under their complaints procedures (particularly as that was the basis in which the resident had raised the concern) and to inform the team managing alerts if anything more serious transpires during complaint investigation.

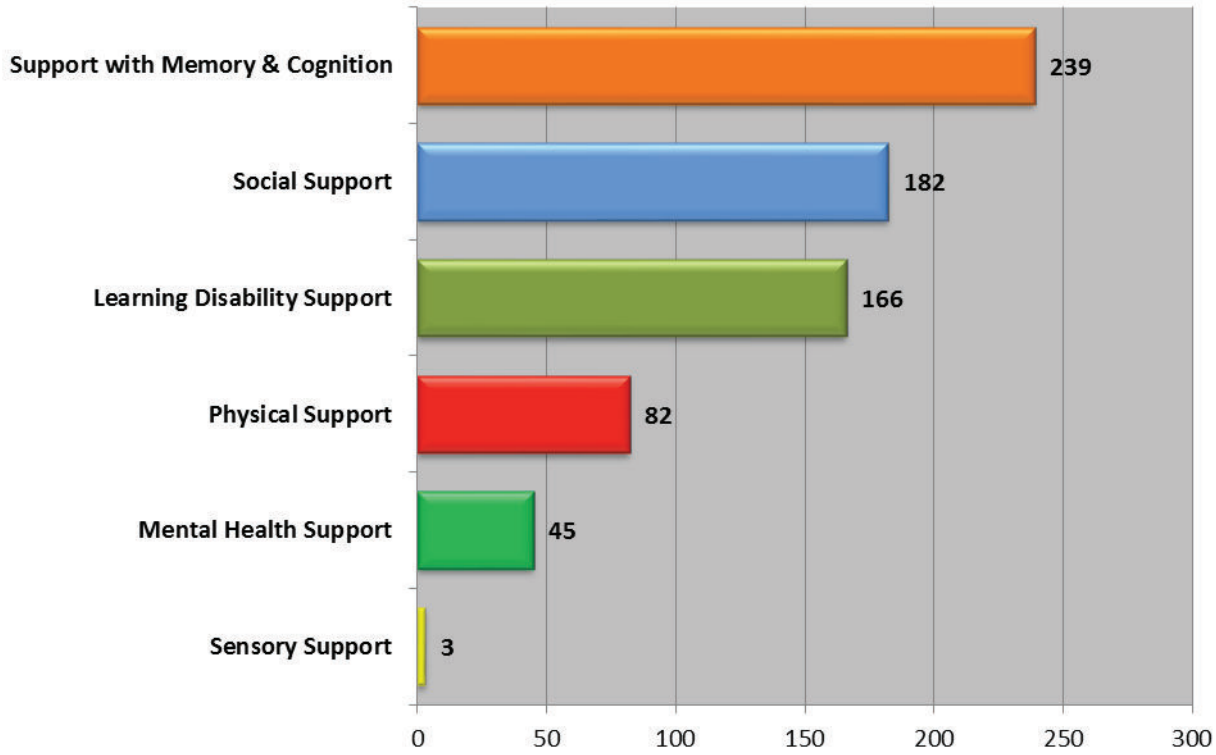
All alerts are recorded, and information gained from these can be useful. For example continued poor alerts may indicate a training need within the service and a

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 if such occurrences appear to be taking place on an number of occasions to the same alleged victim.

Often alerts are raised as safeguarding concerns although no abuse is alleged, for example, where other agencies have been concerned that a person no longer appears to be looking after themselves very well due to deteriorating health. The correct action to take is to contact the relevant care management team for them to consider offering the "victim" an assessment of care needs.

Of the 717 cases recorded, 308 cases required no further action after the initial stage. The percentage of cases requiring no further action is almost identical to previous years: 42%. 30 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.

Figure 2: Breakdown by "Primary Support Reason"

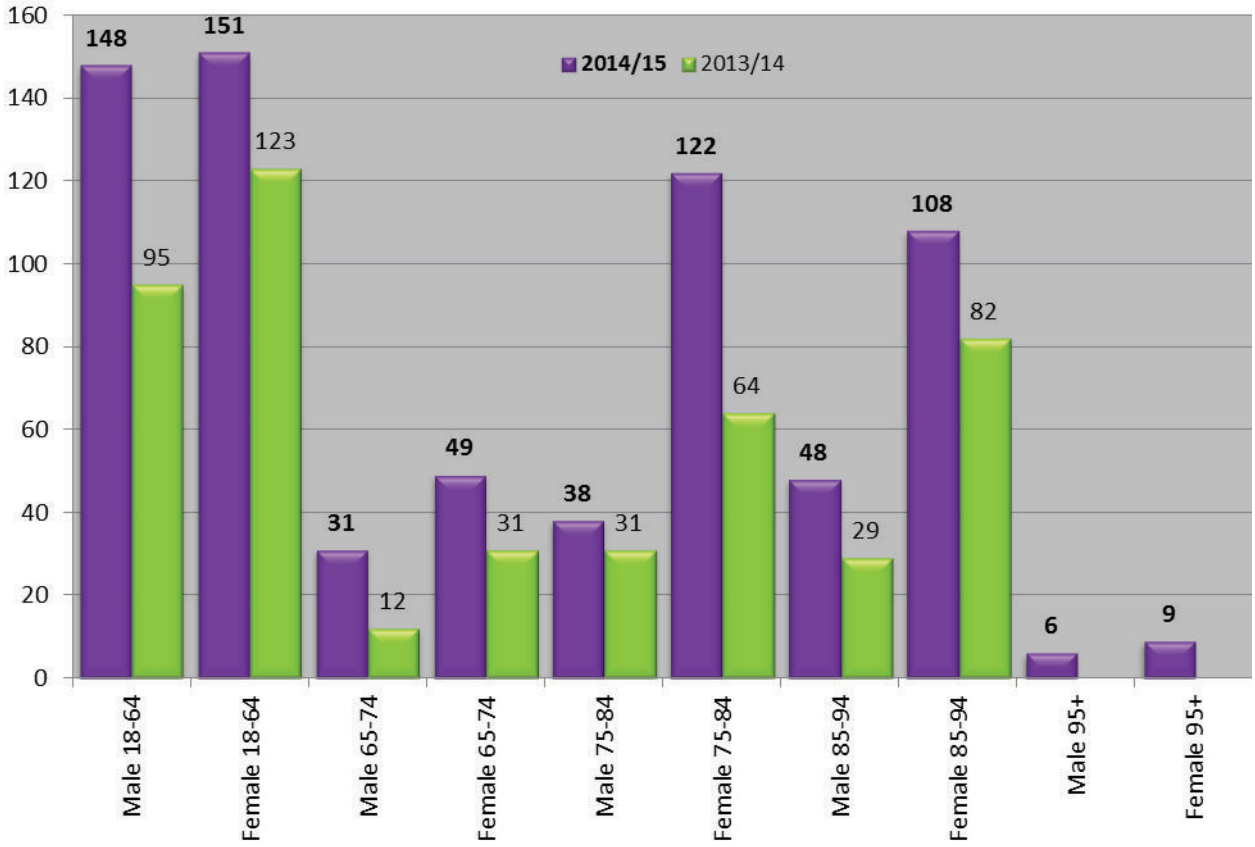


In previous annual reports, a breakdown by service user group was included. The way in which this information is recorded has changed and there is now a requirement to record a Primary Support Reason for the person subject of the safeguarding concern. This means the abilty to compare service user groups information with previous years is not possible. For example last year we were able to report on the number of case involving people with dementa. This group is now included within the support reason of "memory and cognition". However as a result of a request from Public Health we have continued to collect information around alleged victims with dementia and can report that 156 safeguarding cases involved people with dementia.

In previous years some service user groups would have been included in a category marked as "other" for example terminal illness, hearing and vision loss, people with a head injury and those with Asperger's/autism. The new classifications have enabled

more clarity on this and those groups of people are now included as a primary support reason as listed above.

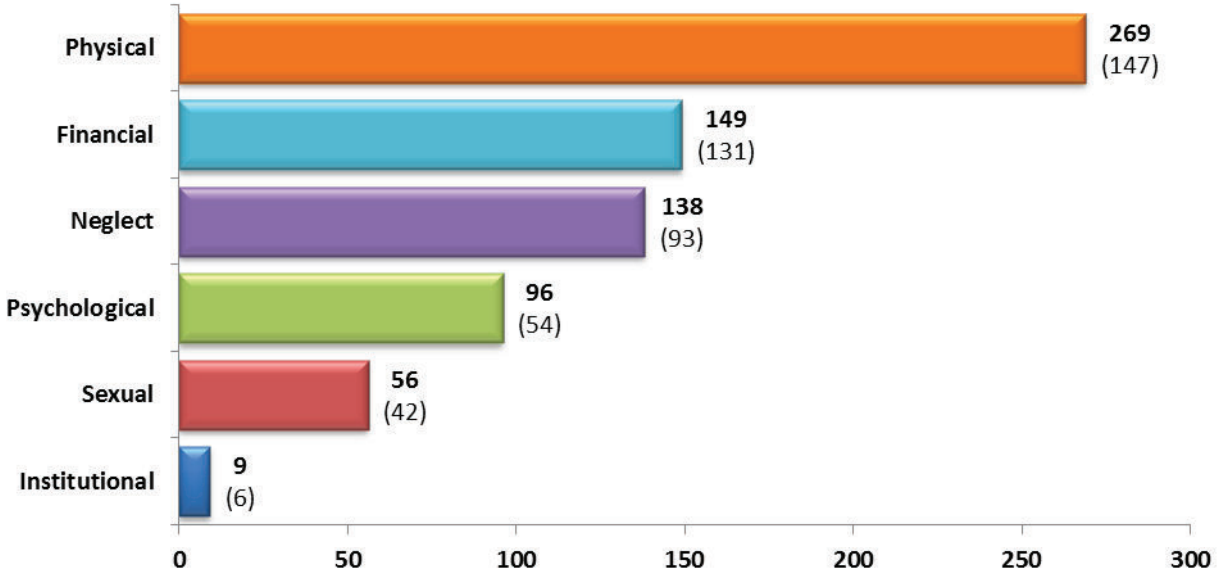
Figure 3: Breakdown by Gender and Age



The Chart above shows that the increase in alerts is consistent across age groups and gender. The most significant increases is in relation to females between 75 and 84. This is perhaps due to this group being more likely to be in need of community care – 73% of these people were known to adult services prior to receipt of the alert. Those alleged to have caused harm with regards to this group of people are mainly family members or partners (41%) with allegations against staff or professionals being the next significant number (30%). However over 50% of the cases regarding this group did not require action under the safeguarding procedures following the initial alert.

The other significant increase here is male alleged victims between 18 to 64. The latter is in part due to the number of cases reported regarding people with head injuries within a new specialist service within the town where behaviour management is frequently required and can result in a number of safeguarding alerts regarding physical assault.

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. In all but 4 cases, the person alleged to have caused harm was known to the adult. Most of these cases were in relation to allegations of an assault by another service user within a care setting (including supported accommodation). 65 of these cases did not require a safeguarding response, and perhaps did not need to be raised as a safeguarding alert. Often all that is required is a change to care plans or risk assessment and recorded as an incident in the service.

Case example
Mavis was sitting in the dining room in a residential home when George walked up to her and touched her on the face. Mavis responded by slapping his hand. George was upset (as “I was only trying to be nice”) but there was no injury and the slap was observed as being quite light. The team managing the alert asked the home to monitor the situation and update Mavis’ care plan accordingly.

Often these are as a result of behaviour associated with the individuals condition (for example dementia) requiring a proportionate response to minimise future risks to the victim or other victims. 35 cases did require further action under the safeguarding procedures. This is often due to concerns that a multi-agency response is required or there is a concern a severe injury resulted (or could have resulted).

Case Example
Mr Simons is relatively young and had suffered a brain injury resulting in him requiring 24 hour care. His condition means he can become aggressive. He lives in a nursing home where on one occasion, for no apparent reason he punched another resident hard. Fortunately staff intervened quickly to avoid any further injury. The case progressed under safeguarding procedures but due to Mr Simons’ impairment a criminal investigation was not pursued. It was agreed that as the incident was unprovoked there was a need to review his care provision and in light of the absence of a specialist service for Mr Simons, that he would receive one to one support at the care home. This would help to monitor Mr Simons, provide him with more stimulation and the staff member assigned to him would be able to intervene if another similar incident took place.

Another area of concern is where physical abuse has been alleged by a member of staff or professional. These cases are monitored very closely and often what is alleged is not a malicious occurrence and are incorrectly reported as physical abuse where arguably it would be more accurate to describe what occurred as neglect (e.g. a patient falls while in the care of a nurse or a resident is knocked by the "arm" of a hoist causing a bruise – often cases requiring reporting under health and safety incident procedures.) Out of 67 cases of allegations against staff 47 progressed through to a full safeguarding process. 8 cases were substantiated and resulted in either disciplinary action, further training or continued monitoring.

Case Example
A member of staff in a care home was witnessed to be "nudging" a service user with her walking stick to coax her to raise her arm. Once spotted the member of staff made light of the situation as if "they were having a joke". It was reported to the manager who raised a safeguarding alert and also suspended the member of staff as what was witnessed was inappropriate practice. The case progressed to a full safeguarding process and in consultation with the Police, it was concluded that the best course of action would be for the home to deal with the matter under their disciplinary procedures. The service user was also consulted who spoke fondly of the member of staff and it was agreed that it was an issue of inappropriate actions on the part of the member of staff and he received a warning and was required to attend further training.

Financial abuse is also reported frequently. These cases can range from concerns that small amounts of money or possessions have gone missing to larger concerns where the alleged victim has lost substantial savings or property. (See page 41 for case example provided by Wiltshire Police). In the majority of alerts regarding financial abuse the concerns raised were about family members (65 cases).

Case Example
Cedric Hart confided in the warden of the sheltered scheme where he lives that he's fed up with his granddaughter visiting him and taking his money and is frightened of her. A safeguarding meeting was held and it was arranged for Cedric to have help with his finances and provided with a cash tin. The housing provider asked his granddaughter not to visit the scheme which she complied with.

While many case of alleged financial abuse can be resolved quite easily by taking action to safeguard the victim's savings (for example by arranging for the local authority to deputise for the person if there is no one more appropriate to do this) many cases can be complex and take considerable time to investigate and resolve particularly if there are concerns about property ownership and substantial savings.

There continues to be an increase in the number of alerts alleging neglect. 18 of the cases recorded should not have been raised under safeguarding procedures and were welfare concerns, an inability to self-care or self-neglect (not included under safeguarding during 2014/15). This means there was a 29% increase in the number of cases where neglect by another person was a concern. In 92 of these cases the concern related to allegations of poor service or poor practice by staff or managers of a service. In some cases issues may have previously been resolved directly with the provider of care through their complaints procedure but as there is a greater emphasis on safeguarding arrangements, alerts are being made more often. Around 40 cases did not require action under the safeguarding procedures.

Case example
Mabel Hill's daughter raised a safeguarding concern as her mother who had just had 10 days respite in a care home had not been bathed during her stay, did not receive pain relief, did not have her clothes and incontinence pads changed often enough and had acquired 2 pressure sores while there. Mabel has also told her that she was "scared" to go back to the Care Home. Mabel is 73 and is terminally ill.
The team managing the alert met with Mabel and discussed the concerns. She said she had been offered baths, but "didn't feel up to it". She also said that on the times they suggested a clothing change she never felt well enough. She said she was offered pain relief but wasn't in pain during her stay. She did not like the bed she was supposed to be in, so chose to sleep in a chair like she does at home and this together with her reluctance to have personal care, not being moved all the time, is likely to have exacerbated the pressure sores. When asked about being scared to return to the care home, she said that she wasn't really scared to return "as such" it was more that she did want to and would like to go somewhere else. She also said all the staff were lovely.
It was concluded (and records supported this view) that the home did try to support Mable as much as they could. It is possible that the negative report Mabel gave to her daughter was spurred on by her reluctance to return, wanting to go to a service she preferred.

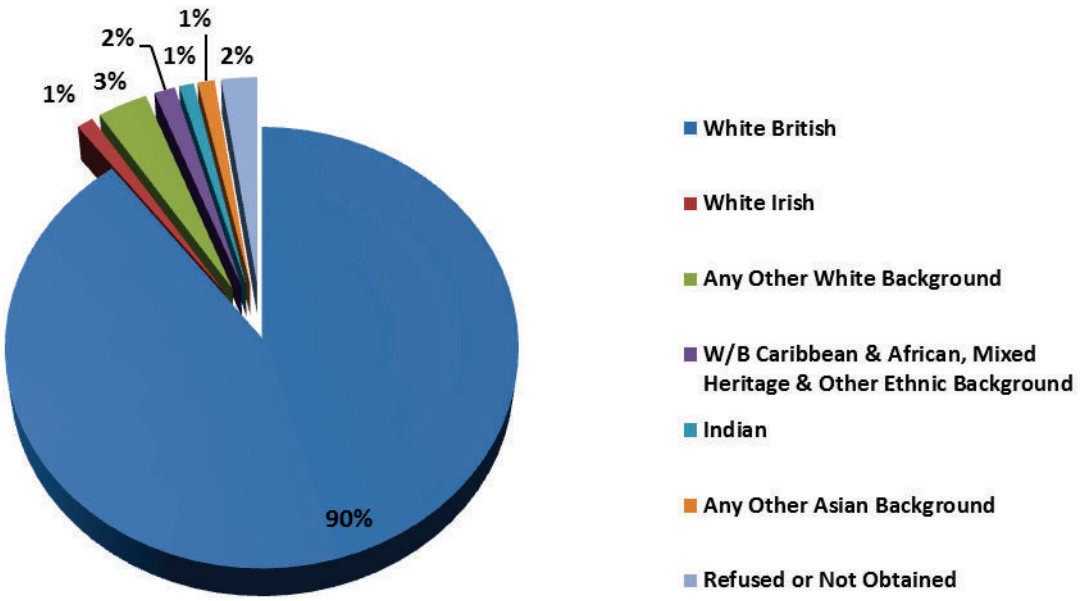
A number of alerts about neglect regarding care services may require considerable involvement by agencies. The Police may consider whether what is alleged needs to be investigated as wilful neglect and ill treatment (which is unlawful but prosecutions are rare), the local authority may become involved under contract compliance arrangements and liaison may take place with Care Quality Commission to consider a compliance inspection under their regulations. 52 case of alleged neglect progressed to a full safeguarding process. Where concerns appear to show a pattern of neglect in a single service, a large scale investigation will be instigated.

There were 119 cases where the alleged victim was not in receipt of community care services at the time of the alert being raised. This can mean that often the first contact that has been made with teams is where there is a safeguarding concern and this may well highlight a need for a service. Of these, almost half were not previously known to adult services. 17 alerts were received regarding people who receive a direct payment but there is no evidence that in these cases that by managing their own care led to the safeguarding concern i.e. none of these cases related to the person delivering their care. 78 cases were alerted where the victim funds their own care. This increase is smaller than expected considering the overall increase in alerts.

There were 123 cases where domestic abuse could be considered to be a factor of which 59 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. A multi-agency approach is required particularly in cases where the alleged victim is reluctant for agencies to pursue an alert. In some cases a referral to the Multi Agency Risk Assessment Conference (MARAC) has been necessary (similarly, there have also been safeguarding concerns raised as a result of a MARAC meeting. Where the alleged perpetrator is the person's main carer, this could indicate an issue of carer stress. In these circumstances a proportionate response may have been to carry out a carer's assessment and to provide additional support to them and the person for whom they are caring.

Case Example
Alice Dance who has dementia is in hospital and told nursing staff that her husband loses his temper with her and shouts at her. A safeguarding alert was raised and the manager dealing with the alert visited Alice on the ward. She was vague about the care and support she needs but was keen to return home and be cared for by her husband. There was also a conversation with her husband who admitted that he did get stressed particularly when dealing with his wife's dementia and the symptoms of it (e.g. limited conversation). He acknowledged that is behaviour is unacceptable and appreciated the opportunity to have additional support at home. He had a carers assessment and the outcome was that a sitting service would be arranged for 6 hours a week at a time that suited him (and Alice). No further concerns have been raised and the support has been accepted. Mr Dance also took the advice to contact the Carer's Centre where he has been able to talk to other people in similar situations.

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 2014/15, the level of alerts broken down by ethnicity appears to be proportionate to the population of Swindon as a whole (and the percentages are unchanged since last year). 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	2014/15	2013/14
Care Providers (e.g. Care Homes day services including Independent Sector)	**288**	185
Hospitals (Great Western Hospital: 79 Others: 38)	**117**	59
SEQOL Staff	**86**	64
Police	**35**	12
Mental Health Professionals	**36**	41
Family/Carers	**33**	25
Housing Services (including Registered Social Landlords)	**20**	26
Ambulance Services	**15**	10
Advocacy Service	**13**	6
Members of the Public	**13**	6
Care Quality Commission (CQC)	**13**	9
GP	**10**	5
Adult Services (SBC)	**9**	
Council Employees (not Adult Services or Housing Services)	**5**	7
Educational Establishment	**5**	3
Hospice	**4**	4
Probation Service	**4**	0
Business	**3**	3
Fire Service	**2**	0
Personal Assistant (Direct Payments)	**2**	0
Out of Area Referrals	**2**	9
Drug & Alcohol Services	**1**	1
Office of Public Guardian	**1**	0
Confidential Alert	**0**	1

The greatest increase of sources of alerts came from Care Providers. 188 of these were in relation to their own service mostly regarding incidents between service users. Another large proportion of these alerts relate to allegations against staff resulting in disciplinary action or training. A number of these alerts did not require a safeguarding response and may not have needed to be raised as a safeguarding concern (the Care Act guidance states that in a number of cases an “employer-led disciplinary response may be more appropriate”). Together with Wiltshire Council’s Safeguarding Team, discussions are taking place to improve the accuracy and need for high numbers of concerns being channelled through a safeguarding process.

Case Example
While 2 members of staff were in a service user's home waiting for a response from Care Line (emergency response service), they posted a "snap chat" photo of themselves with the service user on their social media account which said "love waiting for Care Line". The service user was not identifiable and no abuse occurred. This was raised as a safeguarding alert although the employer had already taken disciplinary action as it was in breach of their code of conduct. The service user was given the opportunity to complain but did not want to take any further action. This did not require any action under the safeguarding procedures.

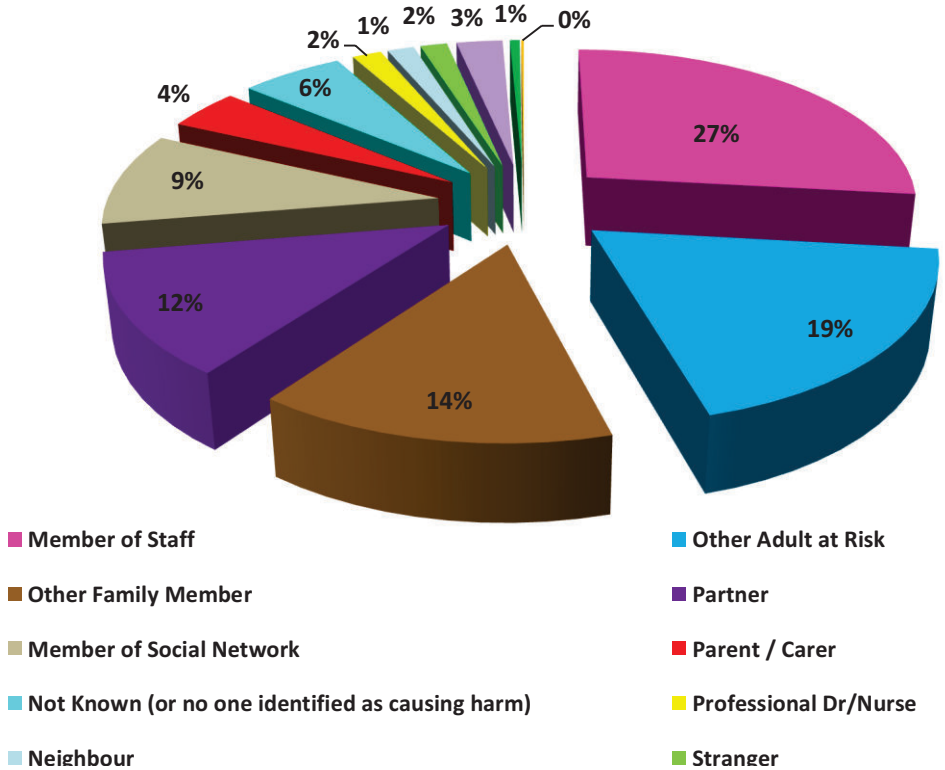
Other alerts raised by service providers included concerns about friends, partners and family members (63 cases). These were mostly concerning allegations of physical abuse in the victims own home (as stated previously this may require support of Domestic Abuse services or a full multi-agency response or indicate carer's stress and the need for a carer's assessment).

Another major increase is the number of alerts being raised by hospitals. This is mainly due to the development of a specialist hospital providing support for people with head injuries and where a number of incidents between service users are raised (as highlighted previously). However the majority of the concerns raised are from Great Western Hospital Foundation Trust (78) signifying quiet a high level of awareness among staff and managers. Most were in relation to allegations against family members or concerns about neglect from another service. 29 cases required a full response under safeguarding procedures and of these 9 were partially or fully substantiated.

There has been a small reduction in the number of alerts raised by Mental Health Teams where considering the trends in other areas an increase in alerts would be expected. Further discussion may be required to consider improving awareness among staff. Very few alerts relate to their own services which could indicate matters being handled internally.

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. This may also indicate a need to increase awareness within the community and with service users themselves. Care Act Guidance promotes the need for awareness campaigns among for the general public.

Figure 7: Information on those alleged to have caused harm



Other than a 7% increase in allegations relating to allegations against staff members there are no major changes in the proportion of alerts regarding those who have alleged to have caused harm.

There were 184 cases where the person alleged to have caused harm was recorded as having a caring responsibility (this does not include members of staff). These included: 59 allegations of physical abuse; 52 cases of financial abuse (mainly at the hands of extended family members or adult children); 26 cases of neglect, 42 cases of alleged psychological abuse and 4 cases where sexual abuse was alleged (mainly historic or non-consensual sexual attention from a partner). 101 cases progressed to a safeguarding investigation and of those concluded 26 were substantiated, 20 were not substantiated, 14 were inconclusive and 21 ceased at the request of the alleged victim. 19 cases remain open.

Case Example

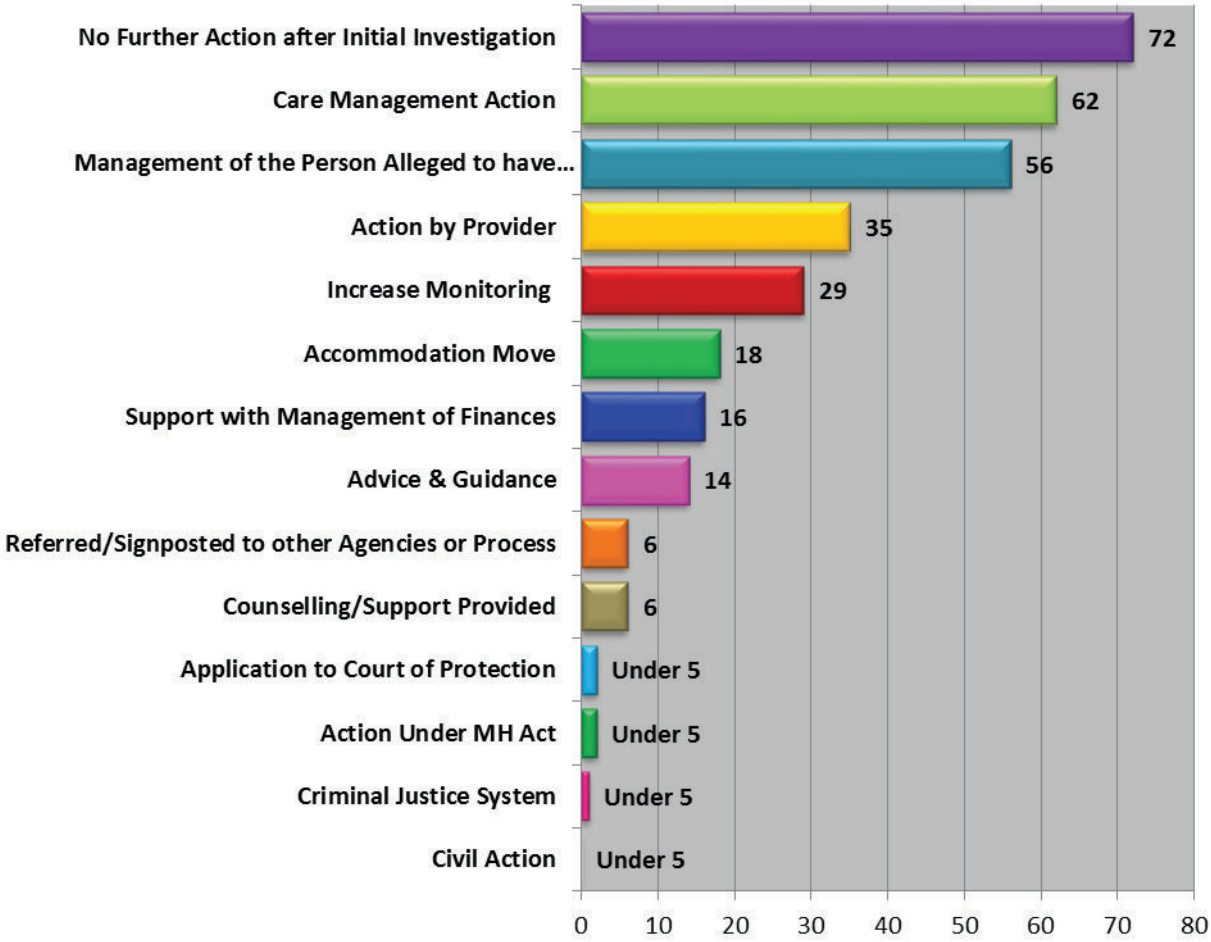
Amanda Brown lived with her main carer who announced one day that she could no longer be her carer and would have to give up the house in which they lived. As a result Amanda moved into a rehab unit at which time she discovered that at least £20,000 was missing from her bank account and it was felt that this had been taken by her ex-carer over a period of time. Amanda had entrusted her carer with her PIN number but it was alleged the carer took out more money than required. A safeguarding alert was raised and the Police were involved and investigated the case. Unfortunately as there was no proof of the excessive withdrawals they were unable to pursue the case. However, the placement in the rehab unit was very successful and with Amanda being less reliant on her “ex-main carer”, she became more confident and able to cope. Amanda moved into her own flat in a sheltered scheme with her own care package. She says she loves her flat and may feel she has more control over her own life now. She was heavily involved in the safeguarding case and although disappointed that no action could be taken against the person alleged to have taken her money, she felt that overall the safeguarding process has “changed her life”.

Outcomes of Investigations

In 2014/15 338 cases were assessed and did not progress through to a full safeguarding process. 308 required no further action (either because there was little or no significant harm or the alleged victim did not wish to proceed or the alert was about a person who was not in need of community care services). 12 cases required a new Community Care Assessment. 17 were referred to another process, for example complaints action or action by the provider (e.g. disciplinary action).

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

Figure 8 Outcomes for the Adult at Risk



***NB at the time of reporting, 60 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 the harm. For example an accommodation move was required for the person alleged to have caused harm following a physical assault. 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.

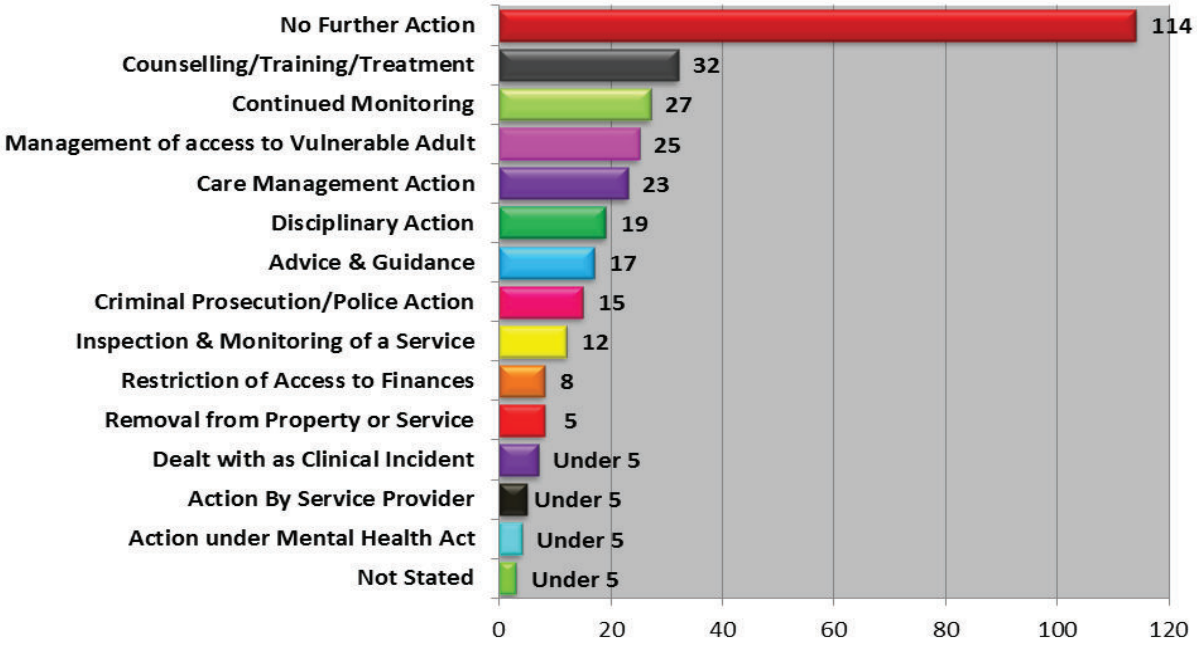
There were 62 cases where the outcome was care management action. This could include a review of the care plan, a change to the service being provided or a change to a health care plan. Care management action could also include reviewing and revising a risk assessment and making changes to reduce the risk of reoccurrence.

There were 35 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. The outcome of any disciplinary action is required before a safeguarding case is closed. This is to ensure the appropriate action has been taken and to ensure (if required) a referral is made to the Disclosure and Barring Service to include the perpetrator of the abuse on the list barring them from working with vulnerable adults or children.

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. 16 people received this support.

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

Figure 9 Outcomes for the person alleged to have caused harm



Overall the focus regarding the safeguarding cases that have been concluded has been on the alleged victim. Irrespective as to whether there is no outcome for the person alleged to have caused harm, additional support is often still required for the alleged victim. In some cases it may not always be possible to identify a perpetrator.

Case Example
Brian Stone reported to his care team in a small supported living service that someone had come up to him in the street demanding money. Brian was visibly upset by the experience and said that he threw a lot of loose change on the ground and ran away while the alleged perpetrator picked up the money. As part of the safeguarding process the Police looked into whether there was any evidence (e.g. CCT cameras in the area) whether there were any witnesses and whether there were any other similar reports. These enquiries did not shed any further light on the matter and no further action was taken by the Police as the alleged perpetrator could not be identified. Action was still required to help Brian recover from this experience as he was reluctant to go out alone anymore and this would have an impact on his independence. Staff at the home with the help of a community nurse, were able to help Brian to feel more confident while out, alter the routes he uses and the times he would go out. He has now started making short journeys to the local shops and it is hoped he will go back to using the community the way he used to.

In conclusion, the LSAB are keen to monitor a number of areas:

- The overall increase in the number of concerns raised
- (of those) the number of cases that required little or no action because they are inappropriate referrals which may indicate a lack of understanding of safeguarding among alerters and may take attention away from genuine concerns
- How the widening of definitions within the Care Act Guidance impacts on referrals
- The apparent low number of cases regarding people of working age with Mental Health issues

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 2013/14 concerning the suicide of someone considered to be an adult at risk. The review used the SCIE (Social Care Institute for Excellence) Learning Together model which concentrates on looking at the systems that need to be in place to support service users and prevent other similar cases from occurring and minimise the risks to adults at risk. The review was concluded last year and a key finding was the lack of “a recognised and understood multi-agency framework for case planning and decision making in Swindon” and that without this there was ineffective support for people with chaotic lifestyles and difficulties in understanding the risks faced by these people and how to provide an appropriate response. Linked with this, it was concluded that “there is a no shared process of risk assessment & management across agencies increasing the chances of key information being missing and different professionals having different understandings of the risk to particular service users”. The LSAB held a number of Task and Finishing Groups to design a process and look at frameworks in other local authority areas and see how these could be applied in Swindon. This also led to the funding of a member of staff to coordinate practice and develop the framework further. This will continue to be a priority for the coming year.

The review also highlighted some issues within practice on how people with chaotic lifestyles are treated. There are difficulties in ensuring the correct response and the review found that there was a likelihood that people can be moved from one service to another as there is a lack of a clear diagnosis and understanding of what services are needed. It also concluded that like many other local authority areas, access to mental health services can be difficult, however it was positive about the involvement of some

services and their work in engaging with different teams, but felt that a single agency or worker “owning” required actions is needed to avoid assumptions that matters were in hand when they may not have been. The review also highlighted the difficulties in finding suitable accommodation for people with specific and complex needs which can lead to people being inappropriately placed. These matters will continue to be considered by the LSAB and the full report will be referenced in development of a risk management process.

There were 2 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. Although both these cases are now closed, there is continued monitoring of standards with the services by the Local Authorities Contracts and Commissioning Team.

Case example

A number of safeguarding concerns relating to a single service had been raised by various people (professionals, family members, the service itself). The alerts were varied and questioned the standards within the home, the safety of the people living there and the quality of the staff. Because the complaints were received over a relatively short period of time, it was agreed to carry out a large scale (or whole home) investigation into the conduct of the home. The Care Quality Commission carried out an inspection and found the home to be non-compliant in most areas. The safeguarding investigation involved continued input from the CQC, Commissioners from the Local Authority and Clinical Commissioning Group, Care Managers from SEQOL and AWP and the provider themselves. Over a number of months, contracts officers from SBC carried out weekly visits to monitor the service, support improvement and highlight any risks. The home developed an action plan linked to the requirements identified by the CQC and provided all involved agencies with weekly updates of this. While the investigation continued, the home was not able to admit new service users and had applied their own embargo on placements.

There was evidence that improvements were taking place, but agencies wanted to be assured that these were sustainable and that standards would not slide as soon as the safeguarding investigation concluded. There were also a number of personnel changes in the home and a highly experienced and competent manager was bought in to oversee and maintain improvements. On a further follow up inspection the CQC believed the home was improving at great speed and could well develop as a centre of excellence. However they have continued to be cautious about changing their overall rating because they want to see that good practice is maintained over a period of time. SBC contracts officers have continued with their visits for the same reason.

The safeguarding process closed following the follow up inspection as there had been no further concerns raised about the standards of the home and the individual cases previously alerted had been resolved. The Adult Safeguarding Manager continues to liaise with the Contracts and Commissioning team within SBC to monitor improvements.

SECTION 3

Progress, developments and news in 2014/15

Priorities for 2014/15

In the previous annual reports, headings were used that reflected a self-assessment process promoted by the regional Association of Directors of Adults Social Services. Over the last year much of the work of the LSAB has been prompted by the Care Act 2014 which received royal accent in May 2014 and the publication of final Care Act Guidance issued in October 2014. While a number of the priorities identified still received attention, the overriding priority was compliance with the Care Act.

The Care Act 2014

As previously stated, the Care Act puts safeguarding and the Safeguarding Boards on a statutory footing. The LSAB and the local authority was and still is required to consider changes needed to be compliant with the Care Act but also to consider other areas of the Act that may impact on safeguarding practice.

The main requirements of the Care Act regarding safeguarding have in the main been met in Swindon. There is a Safeguarding Adults' Board which has membership over and above the statutory requirements of the Act. There is a need for the LSAB to consider if there are other agencies that need to be included onto the Board as recommended (but not required) within the guidance. There is a requirement to produce annual reports and develop a strategy. There are policies and procedures in place to ensure enquiries are carried out when abuse or neglect of an adult in need for care and support is suspected or there is a risk of abuse and neglect. Arrangements are in place to engage advocacy where someone has substantial difficulties in participating in the safeguarding process. While there are procedures in place in managing Safeguarding Adult's Review (previously referred to as serious case reviews) which are required when an adult in need for care and support dies or suffers serious abuse or neglect, these need updating to be fully compliant with the act. Arrangements also need to be strengthened with regards to the supply and sharing of information in safeguarding case.

Section 79 of the Care Act concerns Delegation of Local Authority Functions. It states that one of the functions that cannot be delegated is safeguarding as previously practiced in Swindon where SEQOL and AWP managed cases on behalf of the local authority. The Council made the decision to bring this role "in house" and set up a dedicated safeguarding administrative team to take alerts via a single referral line and email address. A team of senior care managers (or Senior Quality Practitioners) within SBC has been increased and their role now includes screening concerns, identifying appropriate support and managing enquiries. There are also two staff sharing a Team manager role overseeing the work (temporary arrangements within the team have been put in place until the appointment can take place).

SEQOL and AWP staff are still involved in the procedures as appropriate to provide the Enquiry Officer role who (for example) will engage with the adult at the earliest opportunity and support the enquiry as necessary. To cover adults with care and support needs that are not being met by the local authority the intention is to extend the Safeguarding team to include additional officers to support those people.

Information on these new arrangements has been included in basic awareness training, communicated to partners and other interested parties and included on the Council's website.

The LSAB have also been considering other areas of practice within the Care Act and its guidance that needs developing in the coming months.

In describing types of abuse the guidance has increased the list of indicative types of abuse. In addition to physical, sexual, discriminatory, financial, act of omission (neglect) and psychological abuse, the list includes:

- Domestic Violence
- Modern Slavery
- Organisational abuse (formerly referred to as institutional abuse)
- Self-neglect

As reported in last year's Annual Report "Making Safeguarding Personal" or MSP has become central to the management of safeguarding enquires. MSP features heavily throughout the guidance and all teams involved in safeguarding need to ensure that this is applied to practice when managing safeguarding cases. Establishing a new team has assisted with this as practice can be established as the team develops rather than needing to retrain staff and change mind-sets. This approach is also to be included within training courses run by and for the Council.

Self-neglect was included within the guidance of "an abuse type". This has not been a requirement in the past for safeguarding arrangements to include issues other than when abuse or neglect is suspected at the hands of another person. The guidance states that "safeguarding partnerships can be a positive means of addressing issues of self-neglect at a strategic level". A basic framework has been agreed by the board in tackling self-neglect while ensuring the rights of capacitated individuals can continue to be upheld. It starts with a care management approach where it may be that the person requires support from services and what appears to be self-neglect is a need for support. Where the self-neglect is serious and or as a result of abuse from another person (for example a reaction to another form of abuse), a safeguarding response considering the availability of any legal framework should result.

The Care Act makes a requirement for the supply of Information if relevant to the function of the LSAB. While there are a number of information sharing agreements in use across a number of services and disciplines, the LSAB is keen to ensure there is one agreed by all agencies and hopefully will be relevant for other requirements (e.g. the Children's Safeguarding Board, Community Safety Partnership).

In preparation for the Care Act, SBC has commissioned an advocacy service to support adults with 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them. This is also required for other parts of the Care Act and Swindon Advocacy Movement are providing such support for all service user groups from the 1st April 2015. They are also commissioned to provide Independent Mental Capacity Advocates (who may be required for a number of reasons including safeguarding adults where there is no one appropriate to support the alleged victim when they lack mental capacity), and also Independent Mental Health Advocates (who are required when someone is subject to a section under the Mental Health Act).

Guidance included the need for each LSAB member agency should identify a Designated Adult Safeguarding Manager (DASM) who will be responsible for the management and oversight of cases relating to allegations against staff, volunteers and

students. They will also have a role to oversee the prevention of abuse within their organisation. Overall, there is a lack of clarity about this role and the LSAB will need to make a decision about how this is addressed over the coming period.

Safeguarding Adults Review: while Boards (including Swindon) have initiated serious case reviews or case reviews, it has not been a statutory requirement to carry these out. The LSAB have agreed to develop a Case Review Group to look at SARs and consider applications, but as previously discussed, case reviews require resources which are currently not available. It is also difficult to anticipate demand for SARs.

From the beginning of 2015, the policy and procedures for Safeguarding Adults have been revised to reflect changes in practice and definitions as outlined in the Care Act and guidance. This has been drafted and includes:

- Involvement of the alleged victim at the earliest opportunity;
- Changes in definition – e.g. adults in need for care and support;
- Terminology changes – e.g. an enquiry rather than investigations;
- Policy being less reliant on a process and more led by the wishes of the adult involved. Outlining the stages of an enquiry rather than strict timescales and formal meetings;
- Inclusion of other "abuse types" and indicators of these;
- Outlines the new arrangements in Swindon; and
- The range of agencies that should or could carry out individual enquires (it does not need to be the local authority in all cases).

Audit of Adult Safeguarding

As reported in the last annual report, during 2013/14 the Council's internal audit department carried out an audit into adult safeguarding. There were some outstanding actions from the audit:

- *Consideration is given to the introduction of a single point of reporting for safeguarding referrals a single point for safeguarding alerts*; This is now in place

- *The triage approach to prioritising safeguarding referrals should be reviewed on an annual basis by the LSAB*; All cases are to be assessed within 1 working day by a single team from 1st April 2015

- *Activity about safeguarding needs to be reported more often to the LSAB and include other information (for example, how agencies stick to timescales)*; While activity to the board still needs reporting more frequently, the issues of timescale is less of a concern as there will be just one team working on all cases and there is now a relaxation of timescale in the interests of ensuring involvement of the adult in question. This still needs monitoring because in complex and serious cases, the basic timescales outlined in procedures, still need to be followed.

- *That when agencies report to the Board, they use an agreed self- assessment and they should be open to challenge by other Board members*; Self-assessment is being introduced regionally by the Association for Directors of Adult Social Services. A framework has been agreed.

- *The feasibility for a shared IT system to be used across agencies for recording safeguarding alerts , but if this is not feasible, the Council needs to be able to*

access the Mental Health system; As there will be one team managing all cases, a single IT system is being used. However this is still reliant on paper based systems but an up-to-date system has been and is to be introduced in the next few months.

- *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*; Plans for a specific LSAB website are being developed.

- *Information to the Board regarding staff training should be reviewed and to consider a standard format of reporting by all agencies*; This has not been progressed but there is a need to review the training available to all parties in light of the Care Act.

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.

Training Delivered by Swindon Borough Council

During 2014/15, training was delivered by the Local Authority to:

- Over 230 care staff or staff in roles where there is significant contact with adults at risk, received basic awareness training. This is a lower number than in previous years as we have reduced the number of participants in each training session. Also, on a number of occasions there have been a substantial number of non-attenders although registered to attend.
  An audit of training provided to care staff from other agencies has taken place to serve to remind managers of the availability of free training and to find out about the quality of the training being provided by other agencies.
- 6 senior practitioners or team managers received Investigating Manager's Training and 2 Manager's workshops took place (for legal and procedural updates).
- 9 social work staff received Investigating Officer's training.
- Adapted Basic Awareness was delivered to 12 members of the Health and Well-being Team.
- Member training took place - 5 SBC Councillors attended.
- 14 volunteers with the Swindon Circles Scheme attended safeguarding awareness sessions.
- 42 staff in 3 different GP practices.

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 2013/14* referred to the Supreme Court handing down judgement on the Cheshire case and that of 2 sisters P & Q, on 19th March 2014. As the judgement was regarding the way that existing law should be read is interpretation had immediate effect. The key points identified at the time were the broadening of the scope of Deprivation of Liberty Safeguards (DoLS); 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 initial response to the House of Lords Report was made at the beginning of this reporting period, the gist of that response being that the Government did not accept the need for root and branch change but recommended ways of clarifying and streamlining processes. The Government commissioned the Law Commission to carry out a contained project to consider a new legal framework to allow for the authorisation of best interests deprivations of liberty in supported living and other community care settings and the changes that would have to be made to DoLS to take account of the their work. This was published in the Twelfth Programme of Law reform 22nd July 2014. However following subsequent engagement and discussion with stakeholders, Ministers subsequently agreed that it would after all be more appropriate for the Law Commission to consider the whole of the legislation underpinning DoLS in its entirety. This broadening of scope delayed the completion of the consultation paper which was published outside of this reporting period. The consultation will have concluded by the next annual report but it is highly unlikely that the Law Commissions report incorporating responses to the consultation and draft legislation will be available by March 2016.

Case law continues to develop apace and not always in an apparently consistent manner. Predictions were initially made by ADASS were that a tenfold increase in DoLS referrals and a vast increase in cases before the Court of Protection, in part as there is no Local Authority function covering DoLS outside of its Supervisory Body role for registered Care homes and Hospitals. Therefore in Shared Lives Schemes (also known as Adult Placements) or supported living (hereinafter "domestic DoLS") the only authorisation available is through the Court of Protection.

The additional burdens arising on Local Authorities were recognised by the President of the Court of Protection. In October 2014 he handed down the "re X" ruling in which sought to rationalise and simplify the Court of Protection's processes. This ruling was supported by a new practice direction which was published in November 2014. A raft of judges around the country have been trained up, ready to deal with the expected flood of cases. However some aspects of this simplified approach were controversial and two of the individuals in the Re X cases went to the Court of Appeal arguing, among other

things, that the new process breached their human rights. Others joined the appeal on related issues for a hearing in February 2015. The judgement was not handed down until after this reporting period. An update on the implications of that ruling will have to be included in next year's report as the Supreme Court decided that the matter was outside of their jurisdiction but gave their view of what they would have determined had it been within their gift which was that P should be represented leaving the situation open to further legal debate and challenge.

It is therefore highly unlikely that the position re the scope and administration of DoLS will be resolved by next annual report. The Mental Capacity Act programme continues to strive to reach legal compliance in this very challenging landscape. Additional legal, professional and administrative and independent sector resources have been employed, recruitment has been a challenge as all Local authorities have the same challenges. The independent sector role is vital in providing both Independent Mental Capacity Advocates and Paid Persons Representatives, these roles have to be in place, but cannot be delivered directly, by the Local Authority to safeguard P where there is no suitable, willing and able independent support, these services are commission from Swindon Advocacy Movement (SAM).

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
Referrals April 1st 2013 – 31st March 2014	63	26	89
Referrals April 1st 2014 – 31st March 2015	381	156	537

NB health and social care referrals will continue to be recorded separately in order to be able to maintain meaningful comparisons.
This year's data shows a six fold increase in year with the trend still rising (and reviews that have to be at a maximum of 12 months but sometimes shorter driving up activity)

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. Re X processes have begun to be applied and paper only renewals of Deprivation of Liberty achieved. 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 downward trend in Appointee numbers represent a sharper focus on the Local Authority being the organisation of last resort at the end of March 2015 there were 142 Appointeeships, this being 41 less than the previous year. Deputyships stood at 51, this being a decrease of 9 since March 2014. The downward trend in these numbers will be likely to reversed in the next reporting period as work has been undertaken to identify a cohort of appointee cases that would be better governed through Deputyship.

SECTION 5

The Swindon Local Safeguarding Adults Board and its Member Organisations

1. The Board

In Swindon the body that oversees the work and implementation of the Policy and Procedures for Safeguarding Adults 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
Director of Public Health
Cabinet Members Health and Adult Social Care
(Detective Superintendent) Head of Public Protection and Safeguarding Wiltshire Police
Executive Nurse, Swindon Clinical Commissioning Group
Chief Nurse, Great Western Hospitals NHS Foundation Trust
Head of Professions & Practice, Avon & Wiltshire Mental Health Partnership NHS Trust
Station Manager, Wiltshire Fire & Rescue
Principal Social Worker, SEQOL
Head of Safeguarding, South West Ambulance Service NHS Foundation Trust
Board Director, Service Delivery, Swindon Borough Council
Compliance Manager, Care Quality Commission (annual attendance)
Assistant Chief Officer, Bristol, Gloucestershire Somerset and Wiltshire Community Rehabilitation Company.(BGSW CRC)
Swindon Care Homes Association (service providers representative)
Chair, Healthwatch Swindon
Chair, Learning Disability Partnership Board
Chair, LSAB Service User Forum
Chair, Swindon Care Homes Association
Head of Housing Services, Housing and Community Safety, Swindon Borough Council
Team Leader, Trading Standards (from 1st April 2015)
Adult Safeguarding Manager, Swindon Borough Council,
Safeguarding Support Manager, Swindon Borough Council,
GP Lead, Swindon Clinical Commissioning Group,
Assistant Director of Nursing, NHS England

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

- Francis Report Update: GWH and AWP asked to provide an update of their work on meeting recommendations following the publication of the Francis Report into the failings in The Mid Staffordshire Hospital Trust;
- Yearly updates regarding the members work in relation to safeguarding were received from: CCG, AWP, Ambulance Service, Public Health, Adults Social Care (Commissioning);

- Safeguarding Activity (including similar information as included in section 2 of this report);
- How safeguarding cases are managed when there needs to be a clinical incident investigation;
- The Internal Audit (as reported in section 3);
- The Business Plan & Annual Report 2013/14;
- Update on See the Adult See the Child (how adult services links up with children's services when there is a concern about the welfare of their services user and vice versa);
- Findings following Case Review (AB);
- Sub Group updates from the Training Sub Group and the Policy and Procedures Sub Group;
- Multi-Agency Audit Tool (for use when evaluating the management of individual cases);
- Multi regional policy used by ex-Avon Local Authorities;
- Local Implementation of the Care Act and Care act update (following receipt of Guidance);
- Development of a Risk Management Forum; and
- Update on large scale investigations.

Each meeting also had an update from the Service User Forum and the Operational Group.

An additional meeting was also convened to discuss the findings from the Case Review (see section 2)

2. Board Member reports

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

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

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is a secondary specialist provider of mental health services, these include inpatient units and community teams for both adults of working age and older adults, Psychological therapies services memory and Learning Disability services.

Within the past 12 months The Primary Care Liaison Service has undergone a redesign, with a newly developed joint triage function with LIFT Psychologist which has improved efficiency and has allowed for an increase in responsiveness, as assessments can now occur within 24hrs, if required.

Supported by and in conjunction with the Swindon Crisis Care concordat, the Trust is developing a Street triage service, which includes co-location and collaborative working with Wiltshire Police. It is hoped this service will improve the Trusts multiagency relationships across the Swindon and Wiltshire localities, and have a positive effect on those Service user who come in contact with the police.

Local Services (or Localities) have the leadership role in working with local multi-agency partnerships, their responsibilities include:

- Representation at Safeguarding Children Boards and other relevant sub committees of Boards
- Representation at Safeguarding Adults Boards and other relevant sub committees of Boards

- Representation at Local Domestic Abuse Partnerships and MARAC's
- Representation at MAPPA Strategic Management Boards and MAPP meetings
- Representation at Prevent Boards and Channel panels (process to prevent people being drawn/ radicalised into Terrorism or Domestic Extremism)
- Performance reporting and quality assurance (including framework audits) to multi-agency partnerships and commissioners
- Serious case reviews, and regulatory inspections of safeguarding (CQC/Ofsted etc.).

The Locality management team represent the Trust within the Locality Safeguarding Adult and Children boards. Representation at sub- committee meetings has been ad hoc, due to a number of vacancies within the Locality, however a Safeguarding lead for Swindon has been appointed to help rectify this. The Team works 7 days a week. The Team's key responsibilities and roles are:

- Trust Strategy, Standards and Policy Leadership for safeguarding (and safeguarding training standards)
- Professional leadership for safeguarding
- Liaison with designated safeguarding leads in lead commissioners
- Named officer role for allegations of abuse by staff and DBS variations/referrals
- Prevent Leadership and referrals
- Management of the Safeguarding Management Group
- Provision of specialist case advice to individual practitioners
- Scrutiny of safeguarding referrals and reports
- Provision of specialist supervision to relevant practitioners and teams
- Working with policy committees of safeguarding boards
- Assisting in the development of guidance, audit and educational/information resources for services, practitioners and service users (paper and IT)

For the period of this report AWP were managing the alerts of alleged adult abuse and provided information about their activity to the local authority. With the introduction of the Care Act 2014, AWP considered in collaboration with the local authority if changes were required to ensure compliance. The Trust Head of Social Work has been actively engaging with Locality Authorities to ensure consistency across the Localities, and a Swindon Care Act Lead has been appointed.

The Trust continues to ensure its staff members are trained in safeguarding this includes:

- Recognise possible signs of abuse of children or adults at risk
- Know what to do, and who to inform, if they are concerned that a child or adult at risk is being abused
- Have the opportunity to explore practical responses to safeguarding concerns through the use of case studies
- Be equipped to feel confident to use 'whistleblowing' policy and procedures when required
- Be able to comply with the national and local policies/legislation that support safeguarding activity, and understand the Trust's role as part of a multi-agency framework
- Understand Prevent and its role in recognising and reducing the risk of radicalization to commit terrorist acts

These mandatory training modules are reviewed on a monthly basis by the Locality Senior Management Team, and assessed during compliance inspection by the CQC and Trust Development Authority. AWP staff members are invited to and attend a variety of safeguarding training opportunities facilitated by the local authority.

These mandatory training modules are reviewed on a monthly basis by the Locality Senior Management Team, and assessed during compliance inspection by the CQC and TDA.

AWP staff members are invited to and attend a variety of safeguarding training within the locality facilitated by the local authority.

2.2 Great Western Hospital Foundation NHS Trust

The Great Western Hospitals NHS Foundation Trust (GWH) provides acute hospital services, (at the Great Western Hospital) and community health services across Wiltshire. The Trust is committed to providing safe, high quality care and in the context of adult safeguarding, this includes:

- Providing leadership at all levels that build on a culture of zero tolerance to abuse, neglect and poor care.
- Ensuring our policy framework supports the national and local frameworks for adult safeguarding.
- Ensuring our staff are appropriately skilled and knowledgeable in adult safeguarding.

The Chief Nurse is the Executive Lead for Safeguarding, additionally, leadership is provided by our Adult Safeguarding Team to support the clinical services across acute and community. Trust representation is provided to Adult Safeguarding Boards in both Swindon and Wiltshire.
The Trust facilitates and participates in a number of strategic and operational groups to ensure the appropriate governance of the Safeguarding Adults agenda.

Key Achievements in 2014-15 to meet Objectives

- A revised Safeguarding Adults Forum (SAF) was set up in December 2014 and meets bi-monthly. The SAF is a multi-professional group set up to provide assurance to the Patient Quality Committee that GWH is safeguarding adults, is following multi-agency procedures, and meets identified national and local standards and is chaired by the Chief Nurse.
- Annual Safeguarding Forum held in July with positive feedback from all attendees.
- Further developed its internal reporting and will provide reports to the Safeguarding Adults Forum (SAF).
- Strengthened links with the lead agency to improve collaborative working and appropriate participation at all levels of the safeguarding process.
- Recruitment to both the acute and the community adult safeguarding facilitator roles.

Safeguarding Adults Staff Training during 2014-15

In 2014-2015, 1,150 Trust staff completed face to face Safeguarding Adults, Mental Capacity & DoLS training as part of the Trust Induction programme.
97.76% of staff were compliant with the Safeguarding Adults Training Tracker module.
88.99% of staff were compliant with the Consent/Mental Capacity Act Training Tracker module.
83.65% of staff were compliant with the Mental Health Act Training Tracker module.
89.36% of staff were compliant with Dementia Awareness Training Tracker module.

The adult safeguarding training strategy is being finalised and this will cover the new Safeguarding Adults training programme which will include both face to face training and training tracker modules.
(*Nb. Training Tracker is an on line training system used by GWH)

Implementation of the LSAB Strategic Plan

The strategic safeguarding plan will be incorporated as part of this year's Safeguarding Adults Forum work plan based on the six Key Principles of Adult Safeguarding. Staff awareness will be raised to make safeguarding personal and ensure this is applied to practice whenever there is involvement in safeguarding cases. The Trust's Safeguarding Policy has been reviewed and updated in line with these working principles in line with the Care Act, 2014.

2.3 Healthwatch Swindon

Healthwatch Swindon welcomes the opportunity and recognises the importance to have representation on this Board and the Children's Safeguarding Board, especially with the introduction of the Care Act 2014. Whilst the priorities and work programme for Healthwatch Swindon were being determined by our own Board during the year, attendance at the Local Safeguarding Adult Board (November 2014) identified an opportunity to re-engage third sector organisations in the safeguarding adults awareness sessions. Including volunteers, Healthwatch Swindon organised a session for over 30 attendees of various third sector organisations. This will continue to form part of our staff and volunteer induction programme. Two Healthwatch Swindon volunteers also sit on the Safeguarding Service User Forum.

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 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 Public Health

Public Health have led and contributed to several areas of activity with regard to implementing the objectives of the LSAB. These include the development of the dementia needs assessment and strategy and Public Health Chair the Dementia Strategy Implementation Group. Safeguarding is fundamental to the work of this group. In addition Public Health leads on the Suicide Prevention agenda and undertakes a review of each suicide in Swindon and share the lessons learnt. There is a suicide prevention group established. Public Health also leads on the Substance Misuse Drug Related Death and Harm Reduction Group – this group investigates all substance misuse related deaths in Swindon and has established links with the coroner to undertake this work.

Public Health has also contributed to the End of Life Care agenda which promotes the use of the end of life care place with empowers individuals to make informed decisions and consent to care and prevents harm by protecting those most at risk at a particularly vulnerable point in life. This includes end of life care for those with substance misuse problems.

Health Protection staff have more direct links with the public through environmental health work and have a full understanding of their responsibilities with regard to safeguarding adults. Their contribution to information sharing is key in protecting adults at risk particularly with the widening of the definition of the group safeguarding procedures needs to support with the introduction of the Care Act.

Those most at risk include those who experience domestic violence and sexual abuse; Public Health recognise the importance of safeguarding is fundamental within these agendas. Public Health Commission the Health Ambassador, Befriender and Champions who work in localities to identify and work with those most at risk. These teams have a key role in the Safeguarding process.

2.5 SEQOL

This report is based around the 6 principles of the Swindon LSAB Strategy 2015-18:

Empowerment
All SEQOL colleagues who are involved in undertaking the enquiry officer role are very clear that the principles of making Safeguarding Personal are to involve the individual affected at the earliest opportunity.
SEQOL clinicians are using the defensible decision making tool to ensure they are upholding individuals rights and freedoms at the same time as endeavouring to work with individuals to improve the choices in their life to reduce risk.
The Case Example below shows a clear example of empowering the individual to maintain his independence and this also fits squarely within SEQOL's core values.

The coming year… Domestic abuse awareness and 'asking the question' training is now part of our Safeguarding training. We are working with Domestic Abuse services in Swindon to collaboratively support individuals with care and support needs who are experiencing or have experienced domestic abuse.
We are providing more training for non-social care colleagues to support individuals to make informed decisions about their life and understand the risks presenting to them and alternative options to reduce this risk.

Prevention
SEQOL are delivering updated Basic Awareness training every month and have extended this to all staff.
More Safeguarding Champions are being identified and trained.

The coming year… More training to be delivered to individuals that access SEQOL services and may be at risk of abuse e.g. – Shared Lives service users to receive 'keeping yourself safe, keeping others safe' training and carers to receive WRAP (Workshop to Raise Awareness about PREVENT) training.
Did Not Attend policy has been drafted to help identify when adults with care and support needs may not be attending appointments due to possible abuse and/or neglect.
Continued monitoring and review of areas of SEQOL where raising of safeguarding concerns is either unusually high or low and a look at how their training compliance correlates.

Proportionality
The below case example also demonstrates a proportionate response to a safeguarding concern.
Using the defensible decision tool also ensures that practitioners can be proportionate in the actions they take in relation to unwise choices.

The coming year… SEQOL enquiry officers are now able to squarely focus on a series of conversations to ensure a proportionate response to the individual's situation and move away from holding meetings when they are not required.

Protection
Colleagues in supported employment are being delivered 'keeping safe, keeping others safe' training to ensure they are aware of their own ways of protecting themselves and their colleagues.
Advocacy is being obtained from the new locally commissioned service to ensure those that require support in the safeguarding process can do.

The coming year… SEQOL's new website will have a Safeguarding page to link in to how to raise concerns about an individual who may be at risk of harm.

Partnership
Again the case example shows how housing, SEQOL and a volunteer service worked together to provide solutions to ensure the person retained his independence and was safeguarded from future harm whilst meeting his desired outcomes.

The coming year… SBC and SEQOL will meet monthly to ensure the processes between the two organisations are running smoothly and the service to individuals is seamless and effective.

Accountability
SEQOL will be working closely with SBC in line with the new ways of working under the Care Act 2014. This includes improving feedback to the CCG when a serious incident meets the criteria under adult safeguarding.

The coming year… CCG will be attending Serious Incident Review Panel in order to improve duty of candour in relation to serious incidents which will also ensure that direct questions can be raised when incidents meet safeguarding criteria.

Case Example

A concern came in from Supported Housing Officer (SHO) about an 80 Year old man (James) living in their supported/sheltered housing scheme, reporting that the niece who normally collects his pension, pays bills and does shopping had not been a reliable source of support and on many occasions over past 3 or 4 weeks had not arrived, leaving him for days without any food or any money. When she had given him money, the amounts had fluctuated by up to £50 a week. The referrer was contacted and it was agreed that she would speak to the gentleman to discuss the concerns and how he would like to proceed.
The SHO reported that James was protective of his niece and very reluctant for concerns to be raised or investigated. There were no concerns about James' mental capacity. SHO arranged for a one-off grocery shop for him so that he was not left without food. After repeated failed attempts to make contact with his niece, the niece voluntarily offered up her uncle's bank cards to the SHO following her next visit to her uncle. As a result the niece no longer has direct access to his money.
The Investigating Officer involved checked with SHO, now that the risks had been reduced by niece no longer having access to James' money, queried whether there was anyone else that could support him to access his money and groceries, or whether he would be able to regain control of his own finances.
SHO reported that there was a local volunteer who supports other residents to access shops, appointments etc., and therefore might be able to support him if he agreed. The SHO reported that they could also look into getting an electricity payment card, so that he can make regular payments.

James agreed to take responsibility for his monies and for the volunteer to take him to the Post Office weekly to collect his pension, pay his bills and grocery shop etc.
The SHO completed a rough breakdown of his weekly expenditure for him and he was able to see that he should have more money in his wallet than he had been receiving.
The IO advised that as James did not wish to take matters any further then case will now be closed and for the SHO to make contact again if there were any further concerns.
Outcome: James was empowered and gained more independence and control of his life, his desired outcomes were met, immediate protection action ensured he did not go without food or necessities, a preventative plan avoided any further abuse, the response was proportionate, and there was good partnership working with the individual, SEQOL, Housing Services and the volunteer service. James was aware of all concerns raised and was kept central throughout.

2.6 South Western Ambulance Service NHS Foundation Trust (SWAST)

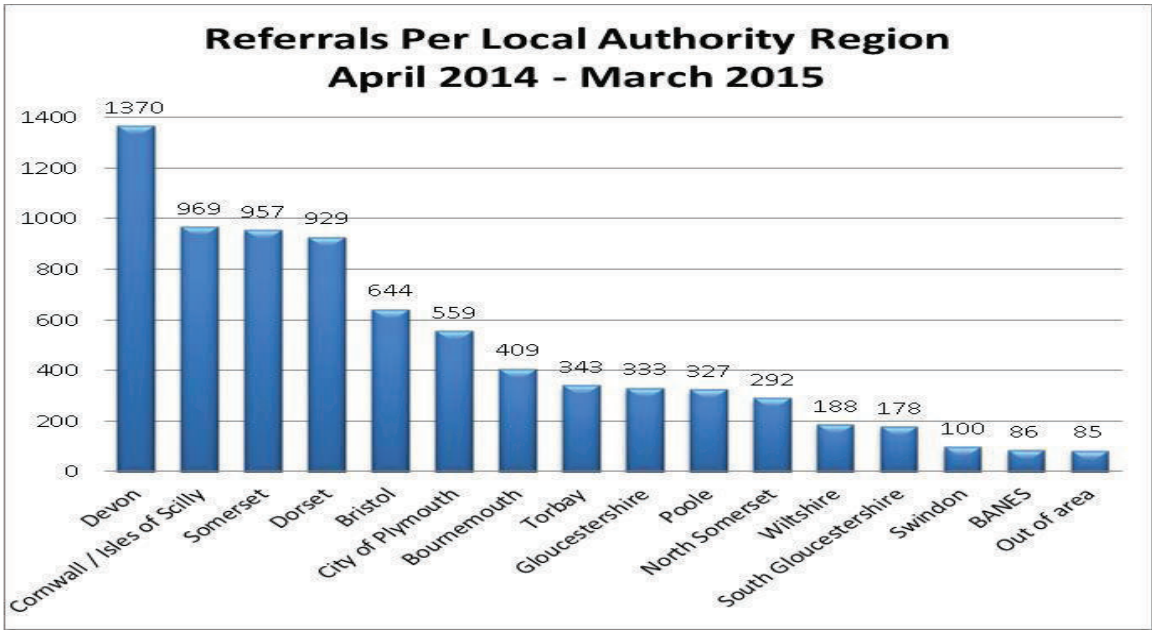
SWAST are aligned to 28 Adult and Child Safeguarding Boards within the operational area. The trust endeavours to maintain relationships with all these organisations in the interests of their responsibility to safeguard but due to the complexity and unique coverage, an efficient and pragmatic approach needed to be agreed.

Following National Guidance, the trust continues to work with the Boards under a 'memorandum of understanding' agreement to maintain communication relationships with all Boards

In order to further evidence multi agency working and other areas of work, activity data has been collected by each member of the team on a monthly basis and collated for the first time this year.

Safeguarding referrals (adults and children)

In total during the year 1st April 2014 to 31st March 2015, 7,769 safeguarding referrals were submitted across South Western Ambulance Service. This is an increase of 1,945 or 33%.



Key progress and achievements for 2014-15

- All Serious Case Review/Domestic Homicide Review/chronology requests were responded to in a timely fashion.
- The safeguarding referral system is more sophisticated to produce quality data.
- A successful South West (external body) Audit took place in Jan 2015.
- The Safeguarding Service worked with Alcohol Anonymous (AA) to provide a raising of awareness campaign across the trust area by use of leaflets posters etc. and as a result the AA covered the Christmas and New Year period on the alcohol recovery bus.
- All frontline staff have been offered level 2 training in safeguarding with an overall attainment of 90% staff attendance.
- All new 111 or 999 staff have had safeguarding training as part of their induction programme.
- All 111/Urgent Care Service (URC) staff have been offered level 2 training with an overall attainment of 99% preventing a CQUIN (Commissioning for Quality and Innovation *(NHS; UK)* of 100k.
- There are now 25 safeguarding champions who are active across the trust area.
- All Notice Boards in the North division stations have been updated in stations to reflect the new issues facing this agenda.
- The managing allegations policy has been further embedded in the operational services.
- Prevent training has been agreed on the Statutory mandatory Education training for 2015-16
- The Head of Safeguarding has been elected as Chair of the National Ambulance safeguarding Group (NASG) this year which reports to Nation Ambulance Services Quality Governance and Risk Directors Group
- A Safeguarding Training strategy has been agreed so all Board Members, Managers and staff are able to understand more effectively what is expected of them.

Priorities for 2015-16

The priorities for the Safeguarding Service were decided at the team meeting in March 2015.

These are:

- Continue to ensure the completion of a centralised recording system for safeguarding training across all departments.
- Review the current referral system to promote a more efficient system with input from IT
- Work plan to be guided by NASG work plan and Saville Recommendations
- Embed the Prevent agenda
- Implications from the Care Act for the Trust
- Expansion of the Welfare agenda
- Consider a more resilient team by integrating more with the Governance Structure
- Agree a Supervision Strategy for the trust
- Escalation Policy to be approved

Nb. This is an extract from a larger report – available on request

2.7 Swindon Borough Council – Housing Services

Housing staff are often at the forefront of identifying adults at risk and reporting concerns particularly within Sheltered Housing Schemes. Sheltered Housing Officers in the schemes are vigilant about visitors to buildings and may observe when individuals are being targeted or exploited. (See Case Example on page 35)

In 2014/15 there were 10 referrals made by Housing Officers and a considerable number of cases where support from Housing Services was required and provided. Housing Services have been engaged with the Task and Finishing Group looking into creating a risk enablement pathway. This will help those who are difficult to engage and may have chaotic or hazardous lifestyles. (See page 46 priorities for 2015/16)

A senior representative from Housing Services sits on the Quality Assurance Sub Group. As this group will be carrying out thematic audits, it has been agreed that during the year there will be an audit on referrals into safeguarding by Housing Services to consider the appropriateness and accuracy of concerns raised.

Housing staff continue to receive training and instruction on safeguarding and have received information on their responsibilities under the Care Act 2014. Safeguarding features as the first item within the newly revised Sheltered Housing Staff procedure guide issued to all relevant staff. In June 2014 the Adult Safeguarding delivered a presentation to the Tenants Association for Sheltered Housing (TASH). This was well received.

2.8 Swindon Clinical Commissioning Group

During 2014/15, NHS Swindon CCG continued to fully engage with the Swindon Local Safeguarding Adults Board (LSAB), in order to contribute to inter-agency cooperation aimed at protecting adults at risk from suffering harm and abuse.
Swindon CCG's Associate Director for Quality and Patient Safety has supported rotational chairing of the LSAB Operational Group during 2014/15. The CCG also identified the Quality Improvement Manager as a member of the newly established LSAB quality assurance group.

Swindon CCG Mandatory Training

All staff (100%) completed relevant mandatory safeguarding adults training during 2014/15.

Priorities for 2015/16

During 2014/15 the LSAB reviewed its strategy for 2015-2018; ensuring requirements are aligned to the Care Act 2014 and Government policy on Adult Safeguarding.

LSAB Strategy 2015-2018

There are six principles on which the Swindon LSAB has based its newly agreed strategy for 2015-2018 include: Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability.

In order to meet the aims and outcomes of the Swindon LSAB strategy, during 2014/15 NHS Swindon CCG identified its roles and responsibilities against the six principles which are monitored via the LSAB Operational Group, the CCG's Commissioning for Quality Committee and the newly formed Adult Safeguarding Quality Assurance Group. The Quality Assurance Group's core aim is to monitor and evaluate the effectiveness of Local Authority safeguarding activity, ensuring all partners, individually and collectively, look to safeguard and promote the welfare of adults in need of care and support and provide advice on improvements required.

The CCG is committed to meeting the requirements of the strategy via full implementation of key identified work streams which includes (but is not limited to):

Empowerment: As a member of the Quality Assurance Group, the CCG will contribute to a review of advocacy services to support alleged victims of abuse or neglect.

Protection: As a member of the Operational and Quality Assurance Groups the CCG is now contributing to the evaluation of multi-agency working via planned joint audits of safeguarding cases, ensuring participation of relevant agencies. The CCG Quality Improvement Manager, as a member of the Quality Assurance group, will assist in appraising the quality of practice and lessons learned in terms of both multi-agency and multi-disciplinary practice.

The CCG will continue to work with safeguarding leads, partner agencies and commissioned provider service leads to ensure appropriate feedback is received and learning acted upon with regards safeguarding investigations associated with reported clinical incidents (such as avoidable pressure ulcers).

Prevention: Continue to ensure safeguarding is a key consideration in the tendering and procurement process during the commissioning phase. All commissioned provider services will continue to be regularly monitored against compliance to safeguarding schedules, policies and procedures, with more detailed discussions held at the monthly/quarterly clinical quality review meetings (CQRMs).

Proportionality: Where appropriate, during 2015 the CCG will contribute to the requirements of a newly established Case Review Group as led by the LSAB.

Partnership: The CCG recognises its obligations to the LSAB to provide appropriate resources and the need to maintain effective links with partner agencies such as the Community Safety Partnership and Health and Wellbeing Board.

Accountability: During 2015, and in agreement with the LSAB, the CCG will agree its position concerning the role of the Designated Adult Safeguarding Manager (DASM) as set out in the Care Act Guidance and Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework.

2.9 Swindon Community Safety Partnership

Community Safety Partnerships (CSPs) are under a statutory duty to work to reduce reoffending; tackle crime and disorder; tackle anti-social behaviour; tackle alcohol and substance misuse; and tackle any other behaviour which has a negative effect on the local environment. The CSP is keen to continue its links with the work of the LSAB and the agencies engaged with safeguarding adults at risk. There are a number of aspects of CSP team work that has a clear link to the priorities of the LSAB.

The Domestic Abuse Reduction Strategic Lead within the CSP is a member of the Operational Group of the LSAB and the Adult Safeguarding Manager 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 and CSP investigating managers are aware of the frameworks that exist where the Domestic Abuse reduction process can run in tandem with the safeguarding procedures.

As illustrated by some high profile cases in the national media, links with teams managing safeguarding procedures and the Community Safety team are essential if

there are reports of adults at risk of being victims of anti-social behaviour. The CSP team manages information sharing between partners regarding alleged perpetrators or other adults at risk who may be affected similarly; making direct contact with other agencies that are able to support an investigation and being able to make contact with alleged perpetrators directly with an outcome to change their behaviour.

Developing a pan-Wiltshire Hate Crime strategic group is a priority of the CSP and highlights a concern about specific groups at risk, for example from disability hate crime.

There is an on-going issue in Swindon with dangerous drug networks exploiting the most vulnerable in the community. There has been action taken by the CSP team and partners in using the new tools and powers available in the ASB, Crime and Policing Act 2014 to address this concern, including the use of Closure Orders and Civil Injunctions.

There is now a concerted focus from the CSP team to respond to reports of anti-social behaviour based on risk of harm rather than ASB type. This is reflected in the work of Wiltshire police. This has led to increased identification and support for the most vulnerable. In 2014/15 there was an 80% increase in the identification of vulnerable victims compared to 2013/14 and all forms of repeat offending reduced.

The role of Victim Liaison within the CSP team has been replaced by a pan-Wiltshire service through Victim Support. It is vital that good working practices are established and maintained between Victim Support and the CSP Team to ensure that the needs of vulnerable victims are met.

All members of the CSP team have been trained in safeguarding vulnerable adults and will have refresher training in 2015/16. They are also trained in the links between anti-social behaviour, domestic abuse and safeguarding.

2.10 Wiltshire Police

Wiltshire Police are fully dedicated to preventing, investigating and detecting abuse against Vulnerable Adults. We have a dedicated Safeguarding Adults Investigation Team, which is made up of Detective Inspector, Detective Sergeant and 6 investigators. This team covers the whole of Swindon and Wiltshire, and investigates any significant abuse/risk of harm by carers, family, people in position of trust, or fellow service users. In addition we have a triage team based at County Hall, who are responsible for the receipt, review and allocation of all referrals. The strategy discussions held, and they are the single point of contact prior to investigation.
We work closely with The Local Authority and partner agencies to provide a high quality of service and safeguarding.

Should a crime be committed against a Vulnerable Adult, but does not sit within our remit, then the victim will receive the same standard of investigation but by our uniform or CID colleagues, who are appropriately trained in joint investigations and Achieving Best Evidence.

As part of our commitment to protecting Vulnerable Adults, we form part of the core of the Safeguarding Adults Board for both Swindon and Wiltshire.

As a SAIT team we have had a number of successful prosecutions against individuals for offences against Vulnerable Adults, which have been reported in local news.

In July 2014, we formed a triage team (Julie Withey, and Andy Guy) who are based at County Hall. As stated above they are responsible for the receipt, review and allocation of all referrals. The strategy discussions held, and they are the single point of contact prior to investigation. This has allowed a more effective and streamline approach to the initial process. Partner agencies now have a single point of contact, and deadline/timescales are being met more efficiently.

As an organisation we have embraced the Care Act 2014. Our policies have been fully scrutinised and amended where necessary. Our website has been updated, training sent out through e-briefs and internal communications. The Force training department is now providing this as part of Probationer and CID training.

Training is always on-going within Wiltshire Police. We have a number of ways in which this is done, which have all been adopted in the past year including briefing by SAIT to uniform and CID, training package to probationers and CID updated, internal communications such as Firstpoint and ebriefs.
Wiltshire Police are dedicated to continuing to providing a high level of service and improving any areas of work as necessary. This is a continuous process that is directed and supported by both the Chief Constable and Police & Crime Commissioner.

Case Example

In May 2015 Dc Erica Hegg successfully prosecuted Lolita Reid for 3 offences of fraud against a Vulnerable Service user. Reid was sentenced to 2 years and 9 months imprisonment by Swindon Crown Court.
Reid was a carer for a 91 year old service user, who suffered with dementia. During the period 2009 to 2012, Reid accessed the victims bank account using her bank card and stole around £80,000.

2.11 Bristol, Gloucestershire Somerset and Wiltshire Community Rehabilitation Company

Bristol Gloucestershire Somerset & Wiltshire Community Rehabilitation Company (BGSW) works with low and medium risk of harm offenders in prison and the community with the objective of Reducing Reoffending and Protecting the Public. Vulnerable adults are clearly a significant part of the cohort with whom we work (for example, Individuals with Learning disabilities, Mental Health Issues and victims of abuse, both male and female). Each individual with whom we work has a specific sentence plan which takes into account their needs as well as the risks they present to others.

Achievements during 2014/15 to meet the objective above

To help people change their behaviour, we need to work and communicate with them in a way that suits their learning needs. BGSW works with SEQOL on an “Understanding Autism” project; this involved staff training/awareness raising and clinical supervision offered to Offender Managers to discuss individual cases. This project won the Autism Great Practice Award at the National Learning Disabilities and Autism Awards ceremony in May 2015.

Training undertaken within the organisation regarding safeguarding adults

All operational staff receive information about Adult Safeguarding at induction. We have a rolling programme of more comprehensive training that all staff are expected to attend every 3 years. An important role in protecting Vulnerable Adults is the work we do with both perpetrators and victims of Domestic Violence. New 2 day training on this area of work is currently being offered to all operational staff.

How your agency intends to implement the Strategic Plan which was agreed at the last board

BGSW CRC can most effectively contribute to the strategic plan in its Partnership working. At a strategic level, managers are represented on the Community Safety Partnership, Domestic Violence Steering Groups and other forum. On a more

operational level, Offender managers work on a sustained basis with some more "hidden" vulnerable adults and are in a position to identify vulnerability and work with partners to fulfil the needs of these individuals.

3. Sub-groups of the LSAB

During the year, the LSAB decided to change the structure of some of the sub groups to include areas of work that may not have been addressed through the existing groups. The Operational Group now meets quarterly and there is now a Quarterly Quality Assurance Group. To consider Safeguarding Adults Reviews (a Care Act requirement), there is a 6 monthly review group which also meets as necessary as requests for Case Reviews are made.

Operational Group met on seven occasions during the year, with attendance from the following agencies: SBC (Head of Policy, Housing, Domestic Violence, Adult Safeguarding, Commissioning (adult social care and supported housing) and Commissioner for Substance Misuse), Great Western Hospital Foundation Trust, Wiltshire Police, Swindon Clinical Commissioning Group, AWP, SEQOL and BGSW. 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. Attendance was sporadic at times indicating a need to reorganise the group.

Agenda Items during the year included:

- LSAB Business Plan;
- Internal Audit on Safeguarding;
- The Care Act 2014;
- Clinical Incidents & Safeguarding (the relationship between investigating clinical incidents and safeguarding);
- Audit tool for quality assurance audits;
- Dangerous Drugs Networks;
- Revision to Procedures in light of the Care Act;
- Development of Risk Enablement Panel following AB case review;
- Swindon Safeguarding Guide (guide to be provided to individuals to help with the safeguarding process);
- Outcomes of specific Court Cases arising from safeguarding investigations;
- Review of Terms of Reference;
- The South West regional projects on developing safeguarding protocols;
- Self-Neglect; 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.

Quality Assurance Sub Group

This is a new sub Group that has been developed as a result of the reorganisation of the Operational Group. The group will look at individual cases to check through progress how well the case was handled, whether the outcomes was in line with the wishes of the alleged victim and whether the cases should have been handled differently and raises any learning points. Good practice will also be acknowledged and feedback provided to teams as necessary. The first meeting was held in January and mainly concentrated on forming the group and deciding on how it would be organised and how cases for scrutiny will be decided. Membership of this group includes SBC (safeguarding, Commissioning, substance misuse commissioner and Housing

Services), The Clinical Commissioning Group, Wiltshire Police, SEQOL, GWH and AWP.

Learning and Development Sub-group: This is intended to be a Wiltshire and Swindon sub Group as many agencies that need to attend work across the County. Due to changes in personnel the meetings did not take place and was to be reformed in 2015-16. The small Swindon Group also did not meet but did review the Training Strategy in light of the forthcoming Care Act Guidance.

Policy and Procedures Sub-group: This is a joint Wiltshire/Swindon sub group which is currently being chaired and managed by the Wiltshire Safeguarding Adults Board. The group met on three occasions during the year and a smaller group met to look specifically at policy revision. Items discussed during the year included: the Care Act, Large Scale Investigations procedures, "interface" between Safeguarding and Clinic Incident reporting, Wiltshire's Thresholds Guidance, Self-neglect and "Vulnerable Adults Risk Management Committees", Wiltshire's Multi-agency Safeguarding Hub,

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. This group met on 2 occasions over the year and was felt to require a new approach. Attendance had become intermittent and progress with its main objective, slow. There were some specific pieces of work for example the poster competition increasing awareness around online bullying, which effects adults at risk in similar ways to children and young people.

Service User Forum: Continues to meet but there is fluctuating membership. The chair of the Forum has been working hard to widen the membership and new members have attended showing a great interest and commitment.

The Service user forum has met on 4 occasions and agenda items have included:

- Safe Places Scheme – a scheme that provides support to vulnerable people;
- Met New Safeguarding Lead SEQOL;
- Met New Safeguarding Lead GWH;
- Swindon Safeguarding Guide;
- Hate Crime Update;
- Discussion on national cases;
- The Annual Report 2013/2014;
- Swindon Circles – project aimed to reduce isolation of some vulnerable people
- Care Home of concern; and
- Managing Risks and update on developing a risk enablement panel.

SECTION 6

Priorities for 2015/16

One of the statutory requirements for the Board as a result of the Care Act is to produce a Strategic Plan. The work to develop the plan began in early 2015 and was agreed by the Board in May 2015. The strategy was developed using the government priorities as highlighted in Care Act guidance:

Empowerment - Presumption of person led decisions and informed consent;

Protection - Support and representation for those in greatest need;

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

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

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

Accountability - Accountability and transparency in delivering safeguarding.

Source: Statement of Government Policy on Adult Safeguarding May 2013

Priorities and future work required have been grouped under these headings. Any outstanding work from the previous annual report has also been included below.

Empowerment - Actions: (responsibilities and timescales at the end of each item)

- Wherever possible, the adult themselves is to be included in all stages of the safeguarding process. Audits will be undertaken to ensure that the adult is at the centre of the decision making process in accordance with the Making Safeguarding Personal approach. Audits to be undertaken through Quality Assurance Sub-group, quarterly.

- Ensure that information is available to adults in need of care and support so that they know how to report abuse and neglect themselves. Publicity material and on-line resources to be updated. Adult Safeguarding Manager - September 2015.

- Publication of The Swindon Guide – document given to service users going through safeguarding process which contains an outline of what happens and gives contact information. Adult Safeguarding Manager - September 2015.

- Development of a specific Adult Safeguarding (or LSAB) website and consider including a repository for “staying safe” advice for the general public. Adult Safeguarding Manager – December 2015

- Increase the membership of the Service User Forum. Chair of LSAB and Chair of Service User Forum. Review September 2015.

- Training for Enquiry Officers involved in safeguarding cases updated to include the emphasis on “Making Safeguarding Personal”. Adult Safeguarding Manager - June 2015.

- Enquiry Managers need to ensure that advocates are provided when there is a substantial need. Audit of use of advocacy service to support alleged victims of abuse or neglect. QA Sub-group December 2015

- Information including annual reports and the Strategic Plan need to be available in easy read format. Operational Group – November 2015

Protection – Action:

- Single Referral Point established within Adult Social Care. Strategic Commissioner for Adults. 1st May 2015. Progress report to Board November 2015.

- Establish team of Senior Quality Practitioners to act as Enquiry Managers for individual cases. 1st May 2015. Progress report to Board November 2015.

- Quality Assurance Sub-group to undertake quarterly review of individual cases to evaluate quality of practice and outcomes. QA Sub-group. From April 2015.

- Involvement of the correct agency to carry out an enquiry following a safeguarding alert. Enquiry Managers within SBC – From April 2015 (this also falls into the remit of partnership working and accountability).

- Encourage individuals (or their representatives) to provide feedback following the conclusion of the safeguarding process. Enquiry Managers and Adult Safeguarding Manager (report feedback to the LSAB – January 2016)

Prevention - Actions:

- Free awareness training provided for all staff who work with people with care and support needs. Head of Safeguarding. Report in LSAB Annual Report.

- Safeguarding training provided for all private and voluntary sector managers. Head of Safeguarding. Report in LSAB Annual Report.

- LSAB members/partners to undertake safeguarding awareness training. LSAB Chair. December 2015.

- Ensure that safeguarding is a key consideration in the tendering and procurement process during the commissioning of all services. LSAB to require all members to complete a self-assessment to demonstrate compliance with commissioning requirements and application of safeguarding procedures. Operational Group – Annually.

Proportionality - Actions:

- Establish LSAB Case Review Group. LSAB Chair. By August 2015.

- Proportionality to be included in training for all staff working with people with care and support needs. Head of Safeguarding. September 2015

- Case examples discussed at each meeting of the Board and Operational Group and included in LSAB Annual Report. LSAB Chair.

- The guidelines in the Policy and Procedures need to be changed to reflect the Care Act and requirements within the guidance. Wiltshire and Swindon Policy and Procedures Sub-group to prioritise the sections requiring revision e.g. the process required around Safeguarding Adults Reviews. Adult Safeguarding Manager – August 2015.

Partnership Actions:

It has been agreed that a Risk Enablement Pathway which includes the creation of a multi-agency Risk Enablement Panel should be established in Swindon to work with adults (who have mental capacity) who are at risk due to:

  - severe self-neglect/self-harm;
  - risk taking behaviours;
  - refusal to engage with services for which they are eligible;
  - abuse by a third party – not willing to engage in safeguarding or with services;
  - that is a 'frequent caller' to services;
  - where the agency is struggling to maintain a high risk situation as a single agency; and
  - where that risk may lead to significant harm or death.

- Develop a project around introducing a Risk Enablement Pathway. Risk Enablement Development Manager. October 2015.

- Information Sharing Protocol to be developed and agreed in partnership with LSCB. Chairs of both boards - September 2015.

- Resourcing the Board. Care Act Guidance (section 14.113). Members of LSAB. Recognition from Board Members of their obligations to provide resources for the LSAB. Chair LSAB to raise with Members. August Board 2015.

- Learning and Development needs to reflect emerging case law, practice and changes to national, regional and local guidance.
  Learning and development modules available across service areas need reviewing so the appropriate level of training is provided to staff suitable to their role. Adult Safeguarding Manager – with local Learning and Development Leads. November 2015.

- Ensure that links are maintained and developed with Community Safety Partnership, Health and Wellbeing Board, LSCB, Domestic Violence Steering Group, Trading Standards, services involved with human trafficking / modern slavery / sexual exploitation. LSAB Chair.
  (nb: Bogus callers, financial scams, distraction burglaries, dangerous drugs gangs: criminals responsible for such areas of concern often target vulnerable people that may require support of the safeguarding process. Agencies outside adult services already engaged in these issues need to be available to support safeguarding

procedures but also provide advice guidance and training to social care staff who need awareness of this and will be able to help with prevention)

Accountability Actions:

- The Board to agree its position concerning the role of the Designated Safeguarding Manager for each member agency to comply with section 14.176 of the Care Act Guidance. LSAB Chair. Board meeting May 2015.

- New Council Member training to take place. Head of Safeguarding - October 2015

- LSAB to be aware of increase in activity as a result of changes to definition e.g. undertaking enquiries where adults are "at the risk of abuse or neglect" (i.e. not just a victim of abuse). Also to be made aware of any challenges to decisions where cases are not progressed or where the adult themselves feel their privacy has been breached by agencies raising such concerns – November 2015.

- To assist with the accuracy of reporting and to help simplify how information is recorded. Adult Services to commission a more up-to-date care management recording system with a detailed safeguarding module – Implementation due 2016.

- 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.

Glossary

AA	Alcoholics Anonymous
ADASS	Association of Directors of Adult Social Services
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
BGSW CRC	Bristol, Gloucestershire Somerset and Wiltshire Community Rehabilitation Company
CCG	Clinical Commissioning Group
CCTv	Close Circuit Television
CID	Criminal Investigation Department
CoP	Court of Protection
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSP	Community Safety Partnership
DASM	Designated Adult Safeguard Manager
DASS	Director Adult Social Services
DCS	Director Children Services
DoLS	Deprivation of Liberty Safeguards
DA	Domestic Abuse
GP	General Practitioner
GWH	Great Western Hospital NHS Foundation Trust
IO	Investigating Officer
IT	Information Technology
LSAB	Local Safeguarding Adult Board
LSCB	Local Safeguarding Children Board
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference
MSP	Making Safeguarding Personal
NASG	National Ambulance Safeguarding Group
NHS	National Health Service
OBE	Order of the British Empire
QA	Quality Assurance
SAF	Safeguarding Adults Forum
SAIT	Wiltshire Police Safeguarding Adult Investigation Team
SAM	Swindon Advocacy Movement
SAR	Safeguarding Adults Review
SBC	Swindon Borough Council
SCIE	Social Care Institute for Excellence

SEQOL	SEQOL is the Social enterprise providing health and social care and support
SHO	Supported Housing Officer
SWASFT	South Western Ambulance Service NHS Foundation Trust
TASH	Tenants Association for Sheltered Housing
TDA	Trust Development Authority
URC	Urgent Care Service

The Safeguarding Adults at Risk in Swindon Annual Report 2014/15 is available on the Internet on *SBC Adult Safeguarding page*
It may be produced in a range of languages and formats (such as large print, Braille or other accessible formats) by contacting the Customer Services Department.
Tel: 01793 445500
Fax: 01793 463982
E-mail: customerservices@swindon.gov.uk

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Safeguarding Swindon's Children

Swindon LSCB Annual Report 2014/15

Contents

CHAIR'S INTRODUCTION & FOREWORD 3
EXECUTIVE SUMMARY 5
THE LOCAL CONTEXT 8
SWINDON PERFORMANCE INFORMATION – THE CHILD'S JOURNEY 10
QUALITY ASSURANCE ACTIVITY 2014/15 17
CHILD DEATH OVERVIEW 22
TRAINING & WORKFORCE DEVELOPMENT 24
POLICIES AND PROCEDURES 27
CHILD SEXUAL EXPLOITATION (CSE) 28
E-SAFETY 30
ALLEGATIONS MANAGEMENT 32
FEMALE GENITAL MUTILATION (FGM) 34
EFFECTIVE LAY MEMBERS 36
ADVOCACY 37
SAFEGUARDING IN SCHOOLS 44
SAFEGUARDING IN EARLY YEARS 47
GOVERNANCE 49
LSCB BUDGET 53
BOARD MEMBER AGENCY ACTIVITY 55
PRIORITIES FOR 2015/16 66
REPORT AUTHORSHIP & AVAILABILITY 67
APPENDIX 1: WHAT TO DO IF YOU'RE WORRIED A CHILD IS BEING ABUSED 68
APPENDIX 2: LSCB TRAINING STATISTICS 2014/15 69
APPENDIX 3: LSCB ATTENDANCE REGISTER 2014-15 70
APPENDIX 4: LSCB STRATEGIC BUSINESS PLAN 2014-2015 72
APPENDIX 5: SWINDON LSCB STRUCTURE MARCH 2015 79

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Chair's Introduction & Foreword

As the outgoing chair of the Local Safeguarding Board for Swindon, I am pleased to present its Annual Report covering the period from April 1st 2014 to March 31st 2015.

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 of the four priorities, whilst the achievements and impact of the work are shown in the relevant sections of this report.

When considering the work of the Board, reference must be made to the increasing level of demand from children believed to be at risk of harm. The figures are shown in the section on performance information and I would just highlight a couple of statistics to illustrate the challenges. There is an increasing number of calls from professionals to Family Contact Point with a corresponding rise in the number of referrals. The Board 'championed' the introduction and use by all agencies of the Early Help Record (EHR) and Plan to replace the Common Assessment Framework which was seen as too bureaucratic. Following an initial increase in its use, submission of the EHR has declined causing more cases to be escalated to children's social care so adding to their workload. The Performance Sub Group keeps this indicator under continual review and the challenge for the Board is to understand the reasons and to exhort member agencies to regain their initial enthusiasm for the EHR.

This Sub Group has developed closer links with Quality Assurance Sub Group which has conducted four in depth case audits during the year. The section in the report details their achievements but I would like to highlight one sentence which I think sums up one of the key strengths of the LSCB; "the involvement of so many agencies provides a comprehensive multi-agency perspective on the quality of multi-agency safeguarding work in Swindon."

There is evidence of this involvement in every aspect of the Board's work; nine active and well supported Sub Groups chaired by different members of partner agencies, a safeguarding conference in October 2014 attended by over 300 people and generating an income of £7,000 for the Board to invest in delivering bespoke training courses across a wide area of safeguarding issues.

The numbers attending these courses are impressive; 1313 people from across the statutory and voluntary sector. The report contains feedback from delegates but also recognises that more needs to be done to answer the question which underpins all of the Board's work - "What difference has it made to Swindon's children?"

The authors of the various sections in the report have listed their achievements, the impact and what more needs to be done. The contributions from member agencies give case studies which do show the differences and highlight the role of multi-agency working. The challenge for the Board going forward is to develop more sophisticated methods of demonstrating impact and getting staff to tell us how the improved practice has "made a difference". These challenges will be reflected in the Board's Business Plan for 2015/16.

This is my final Annual Report as Board Chair and when writing this Foreword, I looked back to last year. I commented upon the "lack of engagement of the secondary school sector with the Schools Internet Survey". I believe that secondary schools are vital partners in delivering the work of safeguarding and the report describes the work undertaken to work

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more closely with schools. Chelsea's Choice was presented to all year 8 groups in Swindon's secondary schools in the Spring (an improvement on the previous year) and I was invited to talk to secondary heads at their termly meeting in May 2015. Yet the secondary school representative only attended one Board meeting in 2014/15. The Board recognises the need to foster a closer working relationship with all education providers but particularly secondary school head teachers/ principals.

The work of the Board will be taken forward by Alex Walters. Alex became LSCB Chair on July 1st. She is an experienced and knowledgeable Chair who has worked with LSCBs in Surrey and Berkshire. I wish her and the Board well for the future.

Thank you to all Board members, past and present, for their support, participation and commitment over the past 5 years. I would like to thank Lesley Boorman and Catherine Clark, assisted by Victoria Guillaume, for compiling and editing this report. I would also like to thank the children from early years settings who provided such creative designs for inclusion in this report.

Mike Howard

August 2015

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Executive Summary

Achievements against the LSCB Business Plan 2014-2015

Priority Area One: Detailed strategies and comprehensive approaches to Domestic Abuse, Parental Substance Misuse, Alcohol Abuse and Mental Health (The Toxic Trio) that keep children and young people safe and promote effective intervention with those who are at risk

Consolidate strategies and approaches to Child Sexual Exploitation (CSE) that keep children and young people safe

Progress

- The creation of the CSE Delivery Plan/Action Plan has enabled the prioritisation, resourcing, co-ordination and progressing of key deliverables of the CSE Strategy
- The commissioning and delivery of the Partnership Profile for CSE, has for the first time given a clear understanding of those people who are at most risk across Swindon
- Chelsea's Choice was delivered to all Secondary Schools, alternative education providers, Special Schools and professionals from the children's workforce
- Swindon CSE Pocket Guides were developed to raise awareness of CSE amongst the professional workforce
- Multi agency CSE training was commissioned from Barnardos and delivered to over 75 delegates from partners' workforce
- The LSCB continues to provide training in Domestic Abuse and Parental Mental Health
- 62 professionals attended the workshop on 'Domestic Abuse in Teen Relationships' delivered by Swindon Women's Aid at the 2014 LSCB Annual Conference
- The LSCB Performance Sub Group is developing a reporting framework for data relating to substance and alcohol misuse

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 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
- The LSCB Chair attends the Health and Wellbeing Board (HWB).. A protocol between LSCB, Local Safeguarding Adults Board (LSAB) and Health and Wellbeing Board has been agreed.
- The Quality Assurance Sub Group completed four multi agency audits of practice. The Quality Assurance Sub Group includes representatives from a range of agencies in Swindon: Children's social care and early help delivery; community child health; acute health; Police; Probation; CAMHS.

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- The LSCB commissioned two Local Case Reviews in 2014/15, the findings of which have led to further quality assurance work by the Board
- Early Help assessments (Early Help Record & Plan) and early help training have been monitored by the Swindon Children's Trust Board; going forward, this will be the direct responsibility of the LSCB.

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's views are obtained through the annual Feeling Safe and Schools Internet surveys and are reported to the Board. In excess of 2,600 individual responses were captured by the 6th annual Internet Pupil Survey
- 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 session are provided by the Awareness and Engagement Sub Group
- The LSCB set up the FGM Working Group and developed a FGM Pocket Guide and Information for Professionals alongside Multi Agency Guidance which comprise the 'FGM Toolkit' for professionals
- The LSCB has recruited four active lay members to the Board

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 meets quarterly, reporting to every Board meeting and links to the Quality Assurance Sub Group to commission audit activity
- Performance reports from AWP, Wiltshire Police, Wiltshire Fire & Rescue, GWH and Children, Families and Community Health 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
- Action plans from the annual Section 11 audit were reviewed and monitored at the Performance Sub Group

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The Local Context

The population of Swindon has grown to 215,799, according to latest estimates from Office of National Statistics (ONS). This is up by approximately 1,800 from the previous year (0.84%). In comparison, the population of the UK is now 64,596,800, and grew by 0.77%.

Over the past 10 years (2004–2014), Swindon's population is estimated to have grown by 15.8%. For an interactive map of how population has changed in the past ten years by local authority area see the JSNA website at http://www.swindonjsna.co.uk/

There are approximately 48,000 children under the age of 18. This is 22.4% of the total population living in the area (ONS mid-year estimates, 2013).

Children from Black and Minority Ethnic (BME) communities account for 23% of all school age children (national average is 28%). 115 languages are spoken in Swindon schools. Swindon has the 2nd highest proportion of children with English as an additional language in the South West, with 16% in primary schools (national average is 19%) and 13% in secondary schools (national average is 15%).

At any time, about 11% of children will be in receipt of early help services, and 4% (about 1,850 children) receiving specialist social care, permanent exclusion or drug user treatment services.

Of those children receiving specialist social care services, about 210 children will be on a Child Protection Plan, and 250 children will be a looked after at any one time. Around 60 children are receiving education through the tuition service, and there are around 1,300 children with Statements of Special Educational Needs.

The level of child poverty is better than the England average with 17.3% of children under 16 living in poverty in Swindon (2011).

Joint Strategic Needs Assessment (JSNA)

The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA is not an end in itself; it draws together key themes from available evidence and describes the current and future health and wellbeing needs of the people of Swindon and is the principal work stream to inform the Joint Health and Wellbeing Strategy (JHWS).

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

The JSNA:

- Provides a common view of health and care needs for the local community
- Documents current service provision

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

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

The Joint Strategic Needs Assessment informs strategic planning for children and young people and is an integral part of the commissioning cycle. JSNA Bulletins provide more detailed analysis on specific issues, and the Learning Disability and Domestic Violence JSNAs have informed local authority service development. In January 2015 the Sexual Health JSNA (adults and young people) was published providing some insights and intelligence contributing to the development of work around other agendas such as child sexual exploitation and teenage conceptions.

Detailed needs assessments are currently being completed for Early Years, Mental Health, and children with complex needs. Together with the JSNA, these needs assessments will provide a more sophisticated analysis of our population of children which will ensure we commission early and effective local interventions to counteract the adverse impact of multiple risks throughout childhood which contribute to poor emotional, educational, economic, health and social outcomes.

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

The Children and Young People's Early Support Strategy 2013-2016 has been 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 Strategy 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 has been 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.

The Swindon Children's Trust Board had its final meeting in March 2015. A new Education Strategy Board has been established, and in 2015/16 governance, monitoring and review of

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Early Help will be addressed through that Board, through the LSCB, the Health and Wellbeing Board and the Joint Commissioning Group.

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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 Services 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 passed as a **referral to Social Care** and referred to the Assessment & Child Protection Team.

2. A worker in FCP takes the details of the contact and if necessary makes further enquiries with other agencies about the child and family. This information is given to the Assistant Team Manager within FCP 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/service or allocated to a social worker for provision of a service if the child is deemed to be a child in need or in need of protection. If the manager decides that the child may be at risk of harm and this is a child protection referral, then a Strategy discussion takes place with the police and other agencies. The Strategy discussion decides whether an enquiry is required and whether this should be led by the Police or social care, or be undertaken jointly by both agencies. This is called a **Section 47 child protection enquiry**. If following the enquiry the concerns are substantiated, 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.

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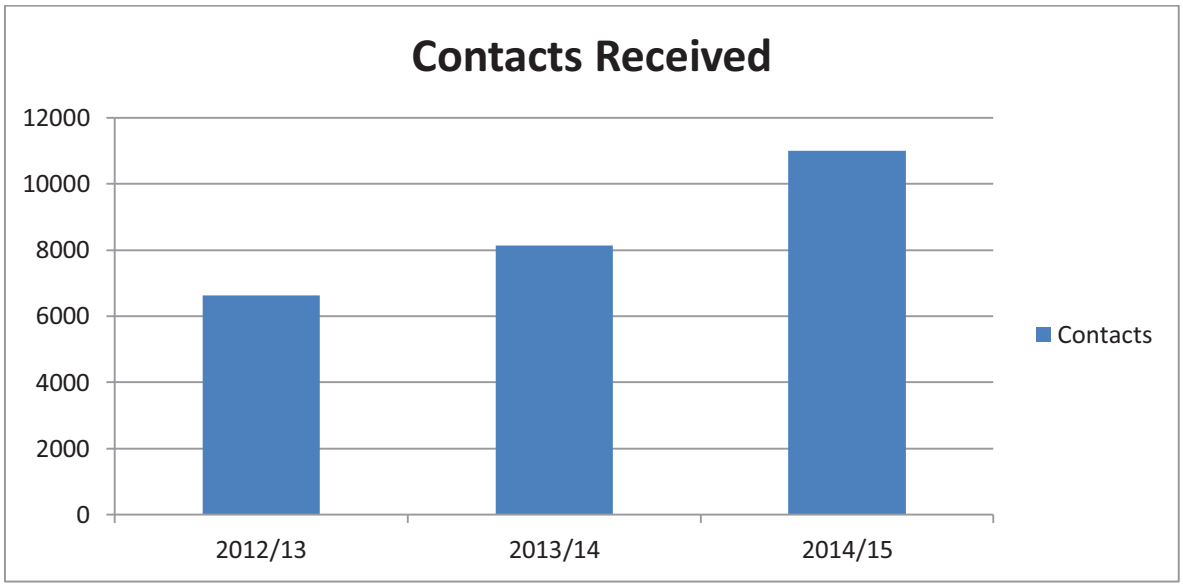
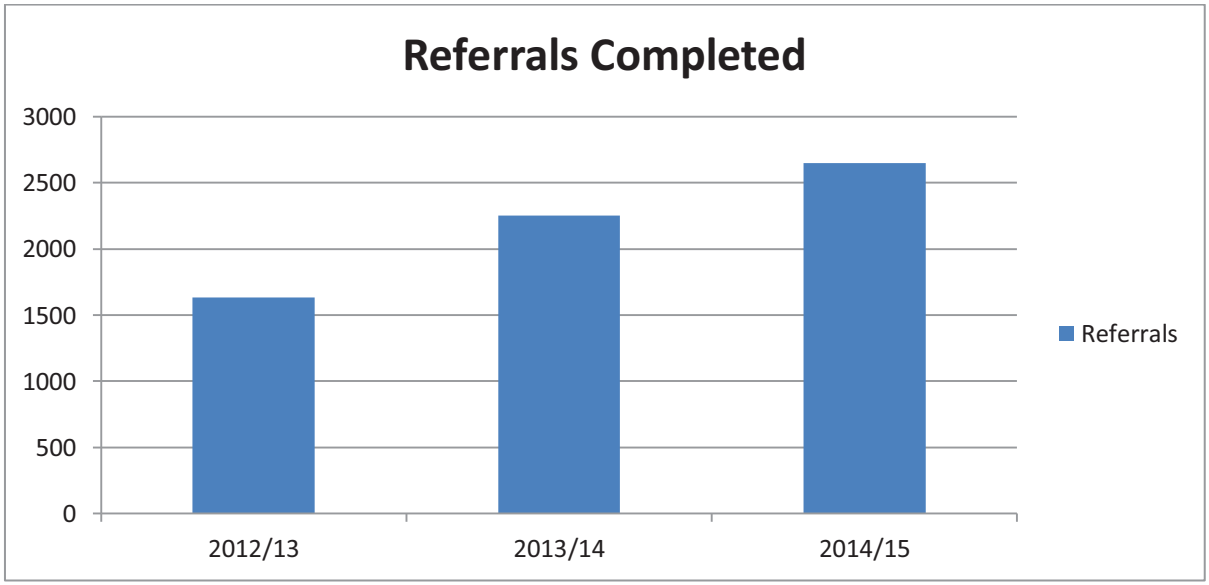
Safeguarding Performance Analysis 2014/15

Contacts to Children's Services



Swindon receives around 900 contacts a month. There were 10,996 contacts to children's services during the year 2014/15 compared to 8,297 in the previous year, an increase of 32.5%. 2,650 of these contacts progressed to referral to social care. 24% were accepted as a referral.

Referrals



Demand at the "front door" of children's services continues to be at a higher level than in the previous year. The national trend for 2013/14 reported an increase in referrals as well.

During 2014/15, 2,650 referrals were received. Swindon has seen an increase from 470.8 (2254 referrals) referrals per 10,000 population in 13/14 to 553.2 per 10,000 population in

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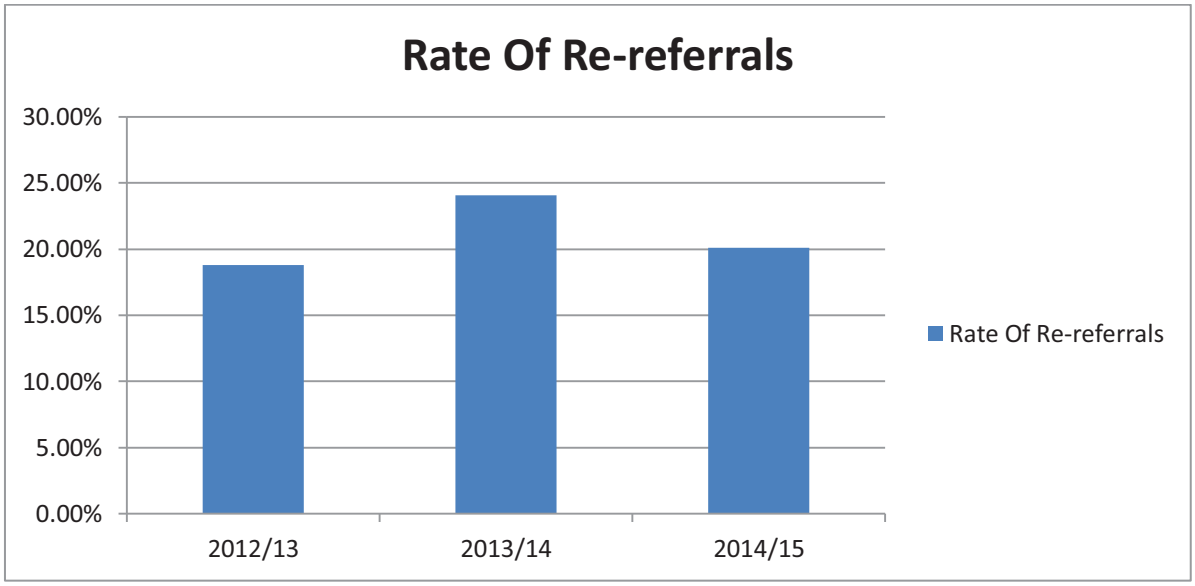
2014/15. This translates to an extra 396 referrals. The average monthly number of referrals for 2014/15 is 221 compared to 188 in 2013/14, a 17.5% increase. It is in line with the South West region.

Re-referrals



Of the 2,650 referrals received in 2014/15, 532 (20.1%) were re-referrals. This compares favourably to 544 (24.6%) in 2013/14 and is indicative of effective early support and 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.

Statutory assessments

2,649 Statutory Assessments were completed in 2014/15. As this is a change of practice to the previous assessment process there is no comparative data for previous years. 65.0% of Statutory Assessments were completed within 45 working days, taking an average of 31 days. Due to 2013/14 being the first year that statutory assessments were reported and many authorities transferred during the year the national averages will not be reliable until published this year.

Children in need (section 17 social care)

There were 1264 children in need (this does not include children subject to a child protection plan or children in care) at the end of March 2015. This is above the national (1110) and statistical neighbour (1165) average.

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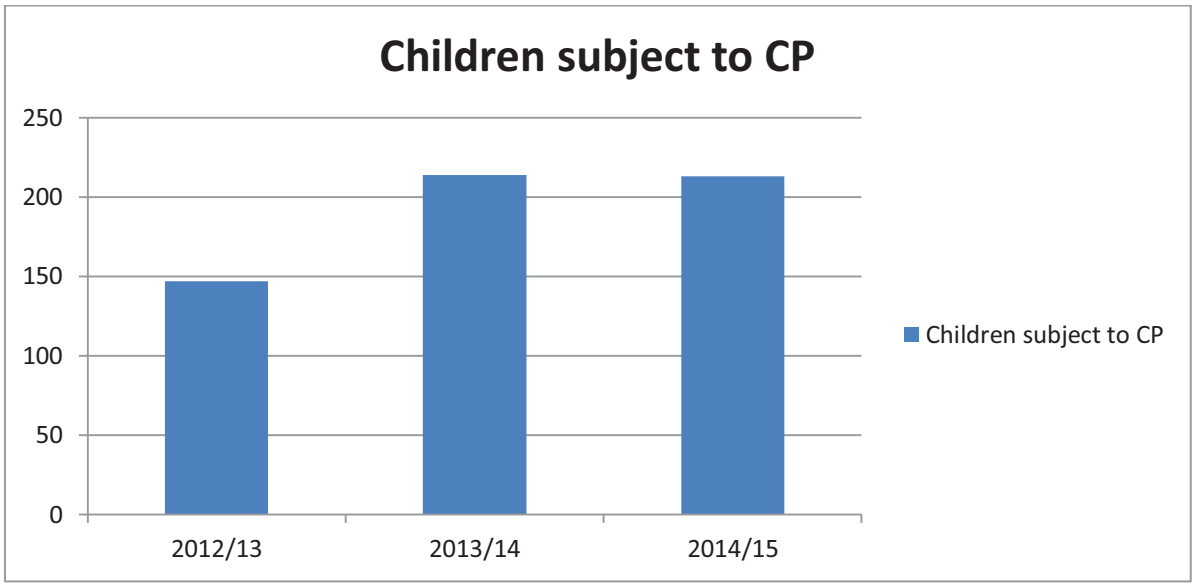
Children subject to a child protection plan



213 children were subject to a child protection plan at 31st March 2015, about the same as for 2013/14 at 214. Swindon has a higher rate (44.5 per 10,000 population under 18) than the national average (42.1) and statistical neighbours (40.1).

Of these 213 children on child protection plans, 93.4% had their reviews completed on time compared to 98.4% at the end of 13/14. The national average for 13/14 was 94.6%.

Children subject to a child protection plan by category of abuse

Category of abuse	2012/13 (number)	2013/14	2014/15
Neglect	75	64	77
Physical abuse	35	72	33
Sexual abuse	16	15	15
Emotional abuse	21	63	88
Total	147	214	213

Neglect and Emotional abuse are the two main categories leading to a child protection plan. In 2014/15 there has been a large decrease in physical abuse as a primary category.

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

For 2014/15, the rate of children starting a child protection plan for the second or subsequent time was 19.2% (51 out of 266). This is an increase from 12.4% in 13/14, and is now higher than the national average of 15.8% and above the statistical neighbour average of 16.4%. This increase will need to be considered in more depth by the Board in 15/16

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

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In 2014/15, 1.5% (4 out of 263) of children ceasing a child protection plan remained on a plan for two years or more, compared to 5.4% in the previous year. This is below the 13/14 national average of 4.5% and below the statistical neighbour average of 4.2%.

Children Looked After

252 children were in care/looked after by the Council at the end of 2014/15. This was the same figure as at the end of 13/14.

63 children looked after (25.0%) were in Independent fostering or residential placements commissioned placements at end 14/15. This compares with 19.8% in 13/14. Swindon has a lower percentage of children in externally commissioned placements than nationally (29% in 2012/13).

Fostering capacity is strong, with the majority of children in care placed in in-house placements (66.3%). 83.2% (208 out of 250, 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.

Placement Stability

At the end of March 2015, 13.9% of children in care had 3 or more placements, compared to 11% nationally). This is an improved position from 2013/14 when 18% of children in care had 3 or more placements. Swindon has more adolescent young people in care than the average and we know this adds to placement stability issues.

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 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 2014 and 31st March 2015 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.

	2014/15
ABSENT	
Number of reports missing & absent	874
Number of absent reports	152
Number of absent looked after children	51
Number of individuals who have repeat absent episodes e.g. more than once.	15
Number of repeat absent children who were looked after	8
MISSING	
Number of reports of missing children	719
Number of reports of missing children who are looked after children	372
Number of individuals who have repeat missing episodes e.g. more than once.	110
Number of repeat missing children who were looked after.	62

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 and there is no apparent risk*

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Quality Assurance Activity 2014/15

Overview

The Quality Assurance Sub Group supports the LSCB in its role to monitor and evaluate the effectiveness of multi-agency work to safeguard children in Swindon. 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.

Quality Assurance Activity

During 2014/15, this area of work was led by the LSCB Quality Assurance Sub Group, chaired by Lucy Young, Head of Safeguarding, then by Deborah Glassbrook, Service Manager, Quality Assurance & Review, and audits included:

1. Multi-agency audit of six cases of children subject to a child protection plan for a second time, presented to LSCB March 2014

The purpose of the audit was 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 of 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 was below the national average in this category it was important to understand more about how effectively agencies were working with these children and families to improve outcomes.

The audit found that: In most cases auditors found good cooperation and partnership work between agencies. There was evidence in some cases of a high level of monitoring visits (announced and unannounced) well-coordinated by social care and partners. One school had a good system for hearing and recording the 'voice of the child' in their child protection records.

At the time of auditing, in five cases, auditors thought that the plan was addressing the identified risk, one child has moved out of Swindon with the child protection plan transferring to another local authority. Core groups took place regularly and were generally well attended. The Quality Assurance Sub Group agreed an action plan following the audit and made several recommendations to the Board to improve practice, including:

- Improvement of information sharing between early years settings, social care and early help
- Improvements to child protection plans, core assessments, and case note recording

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- Regular attendance of police and community paediatricians at child protection conferences
- Implementation of Daily Domestic Abuse Conference Call

2. Multi-agency audit of young people aged over 13 years, presented to LSCB September 2014

The Quality Assurance Sub Group completed an audit in 2012 to look at the effectiveness of multi-agency work to safeguard young people aged 13 year or more. The Sub Group then re audited in 2014, to review how practice had developed in working with young people. Eight cases were chosen by the Head of Safeguarding with a range of early help and social care interventions. Agencies involved in the audits were children's social care, early help professionals, health visitors, school nurses, Great Western Hospital (Community and Acute Paediatrics), Oxford Health NHS Foundation Trust (CAMHS) and Wiltshire Police.

In the majority of cases audited practice was judged to be good. Recommendations from the audit included: School records should always be transferred on admittance to the receiving school; the Police should review their representation in strategy discussions.

3. Multi-agency audit of Strategy Discussions, presented to LSCB September 2014

This audit was undertaken by the Quality Assurance Sub Group to: assess the effectiveness of multi-agency working in child protection strategy discussions; to ensure compliance with Working Together statutory guidance and; to identify areas of good practice and areas in need of improvement.

20 cases were randomly selected for audit. Each agency audited the selected strategy discussion using an agreed multi-agency audit template, and cases were graded using the Ofsted grading criteria.

Half of the strategy discussions audited were judged to be inadequate. Only two discussions were judged to be good. The audit made several recommendations to the Board to improve practice, including:

- Records of strategy discussions should have clear actions plans and timescales and should be recorded on files in all agencies
- A paediatrician/safeguarding health professional and schools should be routinely included in the strategy discussion process
- A clear point of contact for accessing health out of hours should be established
- Multi-agency child protection training should be reviewed to ensure the aim and purpose of strategy discussions is clear

4. Multi agency audit of Conference & Core Groups, presented to LSCB March 2015

The purpose of the audit was: to assess the effectiveness of multi-agency working in child protection conferences and core groups; to ensure compliance with Working Together 2013 statutory guidance and; to identify areas of good practice and areas in need of improvement.

10 cases where children were placed on a child protection plan in the first six months of 2014 were randomly selected for audit. Each agency audited the selected cases using an agreed multi-agency audit template, and cases were graded using the Ofsted grading criteria.

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Agencies involved in the audits were children's social care, health visitors, school nurses, schools, Great Western Hospital (Maternity and Paediatrics) Wiltshire Police, Avon and Wiltshire Mental Health Partnership NHS Trust, TAMHS and Oxford Health NHS Foundation Trust (CAMHS).

The majority of cases audited judged the quality of agency contribution to the core group to be good. More than half of the cases audited identified the quality of the child protection plan and the quality of agency contribution to the child protection conference as good. Recommendations from the audit included: Early years providers to be invited to child protection conferences; there should be a clear process for children's social care on the procedure for hospital discharge meetings and plans.

Section 11 Audit

Overview

The LSCB is expected to monitor the effectiveness of organisations' implementation of their duties under section 11 of the Children Act 2004. That is to ensure their functions and any services they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Every year Swindon LSCB audits each organisation's governance arrangements and compliance with national standards for safeguarding as described in Section 11 using an agreed pan-Wiltshire audit tool. The process is coordinated by Swindon and Wiltshire LSCB Business Teams. In 2014 the audit was further developed to introduce a detailed section on safer recruitment processes and supervision.

Outcome

All Swindon agencies participated fully in the process and submitted audits. All Swindon agencies assessed themselves as either developing or consolidating in their work to meet the audit standards. Organisations are asked to complete action plans to address areas where standards are not being met. Swindon agencies action plans are monitored by the LSCB Performance sub-group to ascertain levels of safeguarding practice and action plans to address any short fall.

Authors of the audit reported that the panel review provided a good opportunity to learn from and share good practice with other agencies. Further work will be undertaken in the forthcoming year to extend the audit tool to cover additional areas such as CSE.

Case Study

In the 2013/14 section 11 audit, Safer Recruitment and induction procedures were identified as an area for improvement within early years. In response the Early Years Safeguarding Adviser (EYSA) produced a Safer Recruitment checklist to guide managers through the recruitment process and as a check that correct procedures are followed. The EYSA also produced an induction checklist to be used with all new staff. Induction and Safer Recruitment procedures are currently monitored during visits by the EYSA.

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Individual Case Reviews

Local Case Reviews

1. Child FG[1]

The Wiltshire Family Court asked Swindon LSCB to review the case of FG following concerns expressed by the Children's Guardian about the case history during care proceedings. Care proceedings were initiated because of concerns about sexual assault, sexual exploitation, underage drinking and emotional difficulties. The review followed a systems methodology and the LSCB appointed an Independent Reviewer to undertake the review and the Service Manager of CAFCASS was a member of the review team.

Outcome

By using the SCIE systems methodology the review incorporated learning events that ensured multi-agency engagement in the review and learning from the information as the review progressed. Practitioners had the chance to learn from the review and actions could be implanted as the review progressed rather than waiting until the final report to be published. The findings from the review were presented to the LSCB in December 2014. The findings of a SCIE systems review pose questions rather than make recommendations. The emerging findings from the review were:

- A lack of a developed understanding and awareness of adolescent neglect across the multi-agency network leads to an uneven balance between "troubled" and troublesome adolescents which makes child centred practice less likely
- When assessment practice is poorly coordinated and ineffective it leaves the risks to children and young people unanalysed and unaddressed
- Following assessment, the absence of a child in need plan leaves young people at further risk and professional activity unfocussed
- There is insufficient multi-agency understanding of the nature and impact of domestic abuse, parental substance misuse and parental mental ill health and a lack of clarity of the impact of their coexistence that makes child focused decision making unlikely
- Insufficient attention is paid to the impact on professionals of working with chaotic adults and family circumstances leaving professionals feeling helpless and ineffective and leading to practice which is not entirely child focussed
- There is insufficient attention played to the role of fathers and father figures in the lives of young people leaving them with insufficient support and without sufficient attention paid to issue of risk

As a result of the findings, the Quality Assurance Sub Group was commissioned to look specifically at adolescent neglect using a multi-agency audit. The outcome of this audit will be reported to the LSCB in December 2015.

2. Child C[2]

An incident in 2013 that resulted in the conviction of two men for sexual offences was considered by the Serious Case Review Sub Group, which recommended to the LSCB

[1] Not the actual initials of the child
[2] Not the actual initials of the child

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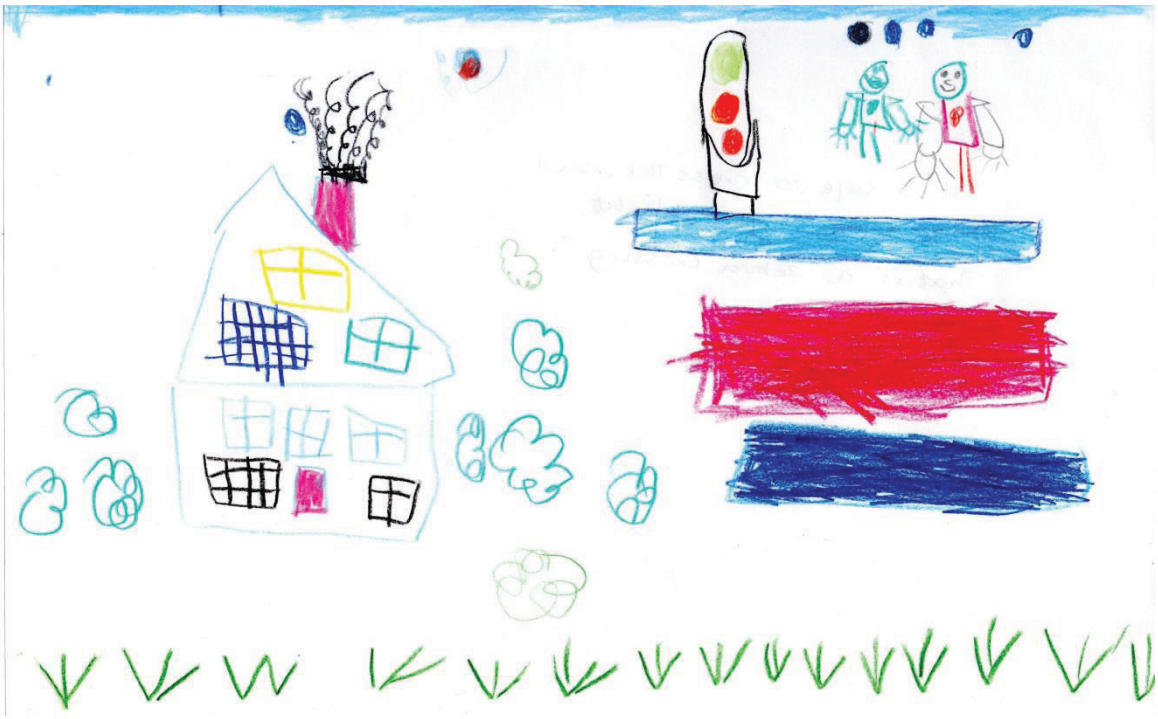
Independent Chair that a focused Local Case Review should be undertaken. The case review began in March 2015, with a view to findings being presented to the LSCB in December 2015. The LSCB agreed to use a systems approach to consider this case and appointed joint reviewers from Children's Social Care and Wiltshire Police to undertake the review.

Outcome

Although the report is not yet concluded actions have been developed in response to improvements identified and will be monitored by the LSCB to ensure required improvements are made and sustained.



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Child Death Overview

Achievements

- During 2014/15 the Wiltshire and Swindon CDOP panel reviewed 17 Swindon children's cases
- Work has been undertaken regarding the child death process which has had a positive impact on working with families and children; a review of the roles in the CDOP has been undertaken and has meant that we will have the right people round the table to provide a robust and comprehensive child death review process in line with Working Together to Safeguard Children 2015. Delivery of the child death training is an on-going part of the work of CDOP
- The CDOP panel has agreed to develop and publish a 'newsletter' highlighting aspects of child death that may be modifiable and the learning from reviewing child deaths, to share and distribute amongst a wide range of key stakeholders

Overview

We are fortunate that a child death is a rare event in our society, however, each death represents a tragedy for the family and the purpose of the Child Death Review process (CDR) is to identify potentially modifiable factors which may prevent future deaths from occurring. The Wiltshire and Swindon Child Death Overview Panel (CDOP) reviews the deaths of all children resident in Wiltshire and Swindon to identify potentially modifiable factors which may prevent future deaths from occurring.

Impact

In 2014/15 35% of Swindon cases reviewed identified modifiable factors associated with a child's death. (i.e. one or more factors which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths).

A number of key themes were found linked to modifiable factors; with panel members taking the learning back into their respective organisations and professional practice were appropriate. These included:

- Maternal obesity
- The impact of unsafe sleeping practices on infants and of co-sleeping, particularly where the parents have smoked (even outside), drunk alcohol or misused drugs
- The importance of hygiene precautions in homes where reptiles are kept because of the potential, although rare, for salmonella meningitis to be transmitted to babies, pregnant women and immune-deficient adults by pet reptiles - local public protection staff have been handing out leaflets to pet shops highlighting the dangers and a piece has been written for inclusion in the midwifery newsletter / health visitor journal to highlight the risks
- The importance of safe scootering messages alongside safe cycling and road safety messages - local road safety teams in both Swindon and Wiltshire are including this in their awareness raising campaigns this year

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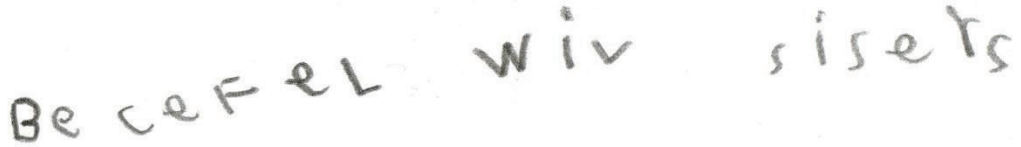
- The importance of continuing to promote water safety messages to parents, particularly of babies and young children – this theme has been used in this year's Child Injury Prevention Campaign across Wiltshire and Swindon

The panel has also written to a number of agencies and provider organisations to highlight concerns and influence their practice and policy on a number of issues, such as the importance of administering prophylactic oral nystatin and fungal infections in very-low-birth weight infants, and the importance of ensuring that poor management of children's underlying life-threatening medical conditions is communicated to school nurses and the GP so they can liaise with the school.

Future challenges

There is an inevitable time lag between the notification of a child's death and the discussion at CDOP, however CDOP is working towards ensuring a child's death is reviewed within one year (other than where there are outstanding legal procedures). For Swindon, although 11% (2/17) of cases reviewed in 2014/15 had taken 18 months or longer to be reviewed, this was a great improvement on 2013/14 when 71.4% of cases had taken longer than 18 months to review.

Ensuring timely review of cases remains a challenge and the LSCB is asked to support the need for agencies to improve the timeliness of the return of statutory paperwork from professionals as part of the Child Death Review Process.



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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

- LSCB training is well attended, with 1313 delegates completing training in 2014-2015, representing a 5% increase compared to the previous year
- All Child Protection Courses at Level 2 and Level 3 ran at full capacity
- Evaluation data indicates that the training has been well received and has an impact on practice
- 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 into further learning and development opportunities

Impact of Swindon LSCB Training Programme

- 1313 delegates have completed LSCB training in 2014-2015, compared to 1249 in the previous year. This represents a 5% increase in course attendees
- The 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
- The majority of training attendees are from schools and early years settings
- As a result of the LSCB's work on Female Genital Mutiliation (FGM), training has been commissioned in this area
- 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 (Barnardos), and Domestic Abuse (Swindon Women's Aid).

Impact of Swindon LSCB Annual Conference 2014

- The theme of the annual conference was 'Safe and Strong Relationships' and included keynote speakers from Thames Valley Police talking about CSE and Operation Bullfinch and the UK Safer Internet Centre.
- 304 delegates attended the conference from the following agencies

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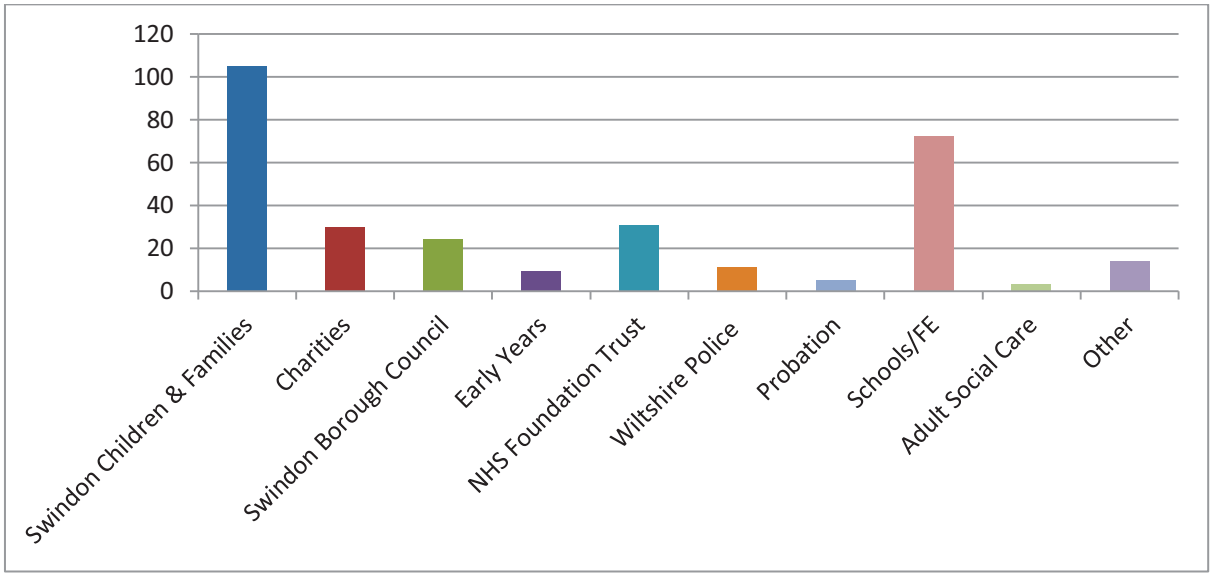
Annual Conference Delegates by Agency



Delegate feedback from the annual conference

Excellent speakers with a wealth of information very thought provoking. Great day thank you

All aspects - refreshment of basic attachment awareness of CSE, e safety and practical application

It has been an excellent day thank you, very inspirational and thought provoking. An improved insight into my own work practices

Input by Simon Morton was fantastic. To hear him talking about such a high profile investigation from his personal involvement was very thought provoking. Every speaker was informative.

Results of impact surveys and course evaluations

- A new evaluation survey was introduced in September 2013 to track the assimilation of knowledge 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
- Although overall the completion of evaluation surveys yields a representative sample, the number of staff and manger completing surveys could be improved
- 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

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Delegate feedback from training courses

When working with parents of children on the ASC spectrum who also have mental health issues themselves I am now more aware of the precipitating and perpetrating factors .This helps me to communicate more positively with the parent and can signpost them to adequate support for the whole family **(Parental Mental Health)**

This training has enhanced my understanding of what I need to do, as a professional when there are grounds for concern about a child's welfare, particularly with regard to ensuring the child's voice is heard **(Child Protection Level 3)**

The following comments were made by managers:

The information from the course has been cascaded down to other staff members, which in turn has had an impact on all of our awareness and the way that we will respond, where necessary, in the future. **(Responding to Sexual Abuse)**

Reporting concerns after home visits, better quality internal concern forms completed, better understanding of the process following an RF1. **(Child Protection Level 2)**

Challenges

- Attendance statistics show that there are some sections of the workforce that are underrepresented on child protection courses. This includes church groups and voluntary sector and adult services
- To encourage the completion of evaluation surveys from participants' managers to evidence 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

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Policies and Procedures

This area of work was led by the Policies and Procedures Sub Group, chaired by Joanne Smith, Named Nurse at the Great Western Hospital.

Achievements

- Development of review framework and action plan to review all LSCB multi agency safeguarding policies
- New policies developed for Swindon include:
  - Bruising in an infant who is not independently mobile
  - Discontinue a Child Protection Plan
  - Multi-Agency Professionals Meetings
  - Escalation Policy
- The Sub Group continues to be represented on the South West Child Protection Procedures Steering Group to influence development of policy in the region

Overview

In March 2014 the Sub Group developed an action plan to identify the work plan for the Sub Group in 2014-15. During the year the Sub Group ratified the: Unborn Baby Protocol, Policy on Bruising in an Infant who is not Independently Mobile, Children Missing from Home & Care Pan Wiltshire Protocol, Escalation Policy and Model CP Policies for Schools & Colleges.

Schools and Early Years briefings and newsletters are being used to highlight new policies in addition to the regular LSCB 'Newsbyte' which provides information on policy developments.

The South West Child Protection Procedures contract is under review within the region and to date no decisions have been made in relation to how these procedures will continue. The Policies and Procedures sub-group continues to be actively involved with this group.

Impact

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

Future Work Plan

Going forward, the Sub Group aims to strengthen links with the Training & Safe Workforce and Quality Assurance Sub Groups to commission the auditing of specific policies and ensure they are incorporated into LSCB training as appropriate. The Sub Group will continue to develop new policies as a result of case reviews and changes in legislation and guidance.

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Child Sexual Exploitation (CSE)

This area of work was led by the Child Sexual Exploitation and Missing Sub Group, chaired by Detective Superintendent Craig Holden, Head of Public Protection at Wiltshire Police.

Achievements

- The creation of the CSE Delivery Plan/Action plan has enabled the prioritisation, resourcing, co-ordination and progressing of key deliverables of the CSE Strategy.
- The commissioning and delivery of the Partnership Profile for CSE, has for the first time given a clear understanding of those people who are at most risk across Swindon.
- Chelsea's Choice delivered to all 9 Secondary Schools in Swindon and future round planned for 2015-16
- Progression of the Pan-Wiltshire Missing Children Protocol
- Commissioning of Return Home Interviews (provided by the 'Missing' charity)
- Funding obtained for therapeutic, counselling and support services for victims of CSE (this is a joint funding stream from the Home Office Innovation Fund)
- CSE Pocket Guide developed to raise awareness of CSE amongst professional workforce
- Multi agency CSE training commissioned from Barnardos and delivered to over 75 delegates from partners' workforce
- LSCB Annual Conference included keynote speaker from Operation Bulfinch and workshops on using the CSE screening tool. Conference attended by over 200 delegates
- Plans for co-located CSE team ensuring a more co-ordinated response to CSE from key agencies

Overview

The CSE and Missing Children Sub Group is a highly active group; in addition to the work directly for the LSCB, the Sub Group chair also attends the Pan-Wiltshire Strategic CSE Group.

In the last year the sub-group has been instrumental in commissioning, understanding and developing a response to the Partnership Profile. This document has driven strategic and operational activity and influenced the Sub Group priorities.

Impact

The creation of the CSE Delivery Plan/Action Plan has enabled the prioritisation, resourcing, co-ordination and progressing of key deliverables of the CSE Strategy. The majority of actions on the delivery/action plan are now complete. The plan will be refreshed against the new priorities which will be developed in line with the findings of the Partnership Profile.

The commissioning and delivery of the Partnership Profile for CSE, has for the first time given a clear understanding of those people who are at most risk across Swindon. It has enabled targeted partnership activity, focused on the actual problem in Swindon, rather

than the perceived myths of what a CSE problem is (which has been understandably heavily influenced by national reports in Rotherham, Rochdale, Bristol and Oxford). The profile has been recognised as best practice within the region and the format is being used by other areas to drive their CSE response.

The Sub Group has been the forum that has taken responsibility for co-ordinating partnership activity (examples are Operation Harness in November 2014 and more recently the CSE National day of action in March 2015). Without the drive of the Sub Group, it would have been difficult to co-ordinate the partnership activity. This means that Swindon has taken the opportunities to raise awareness with both victims and offenders to prevent more children becoming the victims of CSE.

The CSE Sub Group has helped to identify commissioning opportunities. Group members have been involved in a number of commissioning processes, which have managed to secure significant resources for CSE and Missing Children related projects. Examples are the Return Home Interview (provided by the 'Missing' charity) who are providing return home interviews for the highest risk Missing Children, in particular those who are at risk of CSE. In addition to this, significant funding has been obtained for therapeutic, counselling and support services for victims of CSE (this is a joint funding stream from the Home Office Innovation fund for Wiltshire and Avon and Somerset Police and the 7 local authority areas that sit across those boundaries). For the Swindon Local Authority area, this funding will be in the region of £200,000 over two years (when partnership contributions and match funding are combined).

Funding and agreements are now in place for a co-located CSE team with significant representation from Police and Local Authority, operating under one roof, ensuring a more co-ordinated response to CSE from key agencies. The Opal Team is expected to be fully operational by autumn 2015.

Challenges

It is worthy of note that the chair of the CSE Sub Group changed in October 2014. This however has not been a significant obstacle to achieving/delivering the plan.

Future Work Plan

The consultation phase for the CSE action plan of this has now taken place and a slimmer more focused plan will be in place, which will drive specific areas of business for the next year. The priorities along with refreshed terms of reference for the sub-group will be finalised by July 2015.

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E-Safety

This area of work was led by the E-Safety Sub Group, chaired by Huw Ford, Children Services ICT Manager.

Achievements

- In excess of 2,600 individual responses were captured by the 6th annual Internet Pupil Survey, enabling the views and trends of children and young people to be acted upon.
- Over 55% of Swindon schools and colleges received training and e safety awareness sessions. More than 600 school staff and parents attended these sessions.
- Nearly 2,000 children and young people undertook e-safety lessons, including targeted work within the Junior Good Citizen and Young Warden's summer programmes.
- In addition to the LSCB multi agency course, a pilot for child-minders was successfully delivered and future sessions are being planned.
- To further raise the profile of protecting children online, speakers from the National Safer Internet Centre delivered a keynote and breakout session at the annual LSCB conference

Overview

Following last year's review of the Pupil Internet Survey, to reflect changing technologies and online behaviours, the results have been reviewed. The survey targeted children from across Key Stage 2 and specifically Year 10. Sexting, confidence and resilience to deal with online situations has been the focus for Year 10. This baseline data enables the sub-group programmes of work to be defined and evaluated in future years.

The chair of the E Safety Sub Group is a member of the CSE Sub Group to support the links between the two areas.

Impact

A measure of agencies progression to safeguard children online is via a number of self-assessment tools. Following a focus on Early Years providers, the uptake of assessments has significantly increased.

Foster carer assessments of technology and the associated risks have been updated, following attendance to the LSCB course in addition to follow up advice provided by the sub-group and targeted training to carers.

Further to training at a boarding school the children's private technology safeguarding procedures have been reviewed, to better protect and support their personal digital lives whilst enabling online communications with family members.

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Future challenges

The Sub Group's anecdotal recognition of the changing online behaviours of children aged 9-11 has been backed up by evidence from the survey. These behaviours are for the first time reflecting those of a traditionally older age of 11+. The challenge is to aid agencies in safeguarding these children on aspects of risks that have not traditionally been encountered, nor have suitable/established preventive work packages of support.

Whilst sexting is a significant issue, there is a continuing need to ensure all agencies act within the law but also recognise the issues affecting the children. Online radicalisation is also a challenge the Sub Group will need to focus on.

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Allegations Management

Overview

There had been a significant increase in the number of referrals received since 2013/14 and this year's data suggests that although this trend is rising, it is not as high as last year. Work was undertaken to examine thresholds as a result of last year's data analysis and identified our thresholds were too low. Agencies instead of using more appropriate processes such as HR or their complaints procedure were referring through to the LADO.

All enquiries have been recorded since December 2014 to include a reason for why they are not accepted as a referral. There are still some process issues to resolve such as data collection, which will be resolved once the review of the LADO role has been undertaken.

Schools continue to remain the highest referrer 44%, which is understandable considering the number of children and young people they come into contact with. Allegations against foster carers are the second largest group with 21% of referrals.

It has been agreed that the LADO role, functions and workload will be assessed and analysed over the next months by an interim professional. This post will in the first instance be a 25 hour post providing daily cover.

There will be on-going development in the coming year with the Safeguarding Advisers and their roles and responsibilities examining how these roles can enhance the support offered to organisations to manage their safeguarding responsibilities effectively and support the role of the LADO in this and to ensure that partner agencies are developing their confidence and understanding.

With the recent appointment of a Team Manager overseeing the LADO role, it is planned that there will be regular quality assurance activities undertaken in relation to LADO with partner agencies so that the effectiveness of LADO role can be monitored and improved as necessary.

Impact

Swindon LADO received 14 referrals concerning disabled children, which is an increase of 3 from 2013/2014. In previous years, the majority of these were school transport referrals, the majority of which resulted in no further action after initial consideration. Following some direct work with the Disabled Children's Service Manager about thresholds, the number of these referrals has dramatically decreased to only 1 in 2014/15, which is encouraging as this suggests a more confident and competent workforce within this sector. Encouragingly, 4 referrals were received concerning emotional abuse experienced by disabled children which has been an area under recognised in the past.

The LADO offered two evening training sessions to foster carers on the allegation process. This was well attended and supported by the Family Placement Team; the feedback from

foster carers was that they found this session useful, informative and it helped foster carers to better understand the process.

The number of referrals provides evidence to support the improvements, coupled with the feedback from the training.

Future challenges

Considering a large proportion of referrals result in no further action after initial consideration, there is clearly still more work to do in enabling and empowering referrers to determine the threshold with their safeguarding leads prior to coming to the LADO's attention.

Due to capacity, the timeliness of case closure has not yet been followed up. This will be addressed in the next six months as part of the LADO work plan.

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Female Genital Mutilation (FGM)

This area of work was led by Victoria Guillaume, Strategic Planning Manager at Swindon Borough Council

Achievements

HM Government published Multi-Agency Practice Guideline: Female Genital Mutilation in 2014, and following the recommendations for LSCBs in this document, the LSCB FGM Working Group has developed and published on the LSCB website:

- A multi-agency FGM Strategy and Action Plan
- Multi Agency Guidance and procedures around FGM available at: http://www.swindonlscb.org.uk/procedures/Pages/Home.aspx
- A FGM communications plan
- A FGM Pocket Guide and Information for Professionals, which along with the Multi Agency Guidance comprise the 'FGM Toolkit' for professionals.
- Training for professionals has been reviewed and FGM training is now part of the LSCB training programme
- Swindon data on FGM is being collated to build a better understanding of the prevalence of FGM in Swindon.

Overview

In October 2014, Swindon LSCB established a multi-agency Working Group to enable statutory and voluntary agencies in Swindon to work in partnership to prevent Female Genital Mutilation (FGM).

FGM is illegal in the UK, and Department of Health Guidance directs that it is child abuse.

The **LSCB FGM Strategy and Action Plan**, together with the FGM Multi Agency Communications Plan, set out how agencies in Swindon are working together to understand and develop a sensitive response to FGM. It is centred around three agreed principles:

- **Prevention**

To improve education, awareness and prevention work on FGM with agencies professionals, community groups (such as faith groups), education/youth services to help address attitudes and myths about FGM. This work will include awareness raising work with professionals, displaying FGM awareness posters across the borough and targeting campaigns e.g. before school summer holidays to help raise the profile of this issue with professionals and girls at risk.

- **Protection**

To provide support to women who have undergone FGM and girls at risk, by improving the responses of services, agencies and professionals to help identify and respond to people at risk of FGM or who have experienced FGM. This will include training on safeguarding procedures in relation to FGM, how to sensitively ask women and girls about FGM and know how to respond appropriately.

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- **Provision**

To ensure women who have undergone FGM and girls at risk can access services for information, advice, support and necessary health treatment. This will include training staff as well as commissioning arrangements for specialist services.

Impact

FGM is a severe form of violence, and can have a devastating impact on the health and wellbeing of women and girls. It is carried out in the name of culture and religion, most frequently on young girls between infancy and the age of 15.

Understanding and developing a sensitive response to FGM is a challenge. The FGM Strategy sets out how we aim to prevent FGM from happening, improve how services and professionals respond to women and girls who have undergone or who are at risk of FGM, and ensuring sensitive and intelligent support is available to them.

The purpose of the FGM Strategy is not to duplicate any existing guidance, policy or procedures, but to strengthen our local response by setting out our plan for raising awareness, and improving our response to FGM.

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Effective Lay Members

Overview

Following the withdrawal of one of the Board's two original Lay Members, a recruitment campaign was initiated in July 2014. This resulted in the appointment of three more Lay Members who attended their first Board meeting in December 2014. All Lay Members have completed Level 1 Child Protection Training and are working towards Levels 2 and 3.

Impact

Lay Members are representatives of the local community, who can challenge, question, and offer alternative perspectives on 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.

One 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.

Lay Member Perspective: Lyn Davis

The Lay Member role has certainly developed apace during this last year but has room for even more activities. The contact of the numerous voluntary groups with varying degrees of success has been crucial and if no further has made groups aware of the LSCB. During the four days input into this task well over 200 groups have had personal contact. A notable few have requested update in Safeguarding Training.

The Board Meetings continue to be a good source of information and Awareness Training with opportunities for Challenge on all issues.

The appointment of three new Lay Members has been a positive move and will, as already enhanced the work of the Board. With the new Lay Members up and running plans are afoot to try and contact other groups to share good practice and develop our work.

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Advocacy

Coram 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 2014/15 towards advocacy in the child protection process, return interviews for missing children and advocacy for disabled Children in Need.

A team of freelance advocates delivered the service until early 2015 when the service recruited four part-time employed advocates. The service can more easily predict the financial costs and this provides continuity. There are also several freelance advocates who can assist with the service delivery when demand is high and when young people ask for male advocates.

Background and Context:

Coram Voice offers an 'opt out' advocacy service to children who are aged 7– 18 years at Child Protection Case Conferences.

The total number of young people referred for child protection advocacy services from 1st April 2014 - 31st March 2015 was: **112**

Existing Cases – Prior to April 2104

- There are 176 active child protection cases which were referred prior to this reporting year. These cases have been worked on during this reporting year; this is in addition to the new cases.
- A total of **288** children and young people have been supported by an advocate during this period.
- Average hours of Child Protection Advocacy 3,440.6 hours

Numbers leaving the service

A total of 88 children and young people have left the service in this timeframe.

Reported Outcomes

We received 19 completed evaluation forms over this reporting year for child protection advocacy. We have changed the way we ask for evaluation forms now and we have also re-designed them. We now ask that advocates give the young person the evaluation form to complete and ask them to complete it and insert into an envelope and then seal with their signature over the flap and return to the advocate so they can bring into the office. We realised that when we sent the evaluation forms from the office, the young people were confused about who we are as they meet so many new people whilst in on the plan so they did not return it, even though there was a draw each quarter for those that return it. Also as visual reminder of who they are evaluating all new evaluation forms have a photo of the

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advocate who has worked with them to remind them. We are working with commissioners and the Social Work Group Manager Quality Assurance and Review to improve this and are looking at android apps as part of the work.

Feedback Summary from Service Users (19)

	Very Easy	Quite Easy	Not easy	Difficult
How easy was it to contact your advocate	8	7	0	0
	Always	Most of the time	Some of the time	never
Did your advocate listen to your views and wishes	19	0	0	0
Did your advocate inform you of your rights	15	0	0	1
Did your advocate respect your privacy	17	0	1	0
Did your advocate make sure your views were put forward at the conference	18	1	0	0
Did your advocate help you in the way you wanted	15	4	0	0
	Excellent	Good	Average	Not very good/Poor
Overall how would you rate Coram Voice's advocacy service	14	4	0	0
	Yes		No	
If you were unhappy with Coram Voice would you know how to tell us about it?	14		5	
	Yes		no	
Would you recommend Coram Voice to a friend	19		0	

We also asked young people if there was anything else we could do to support them better and the responses are recorded below:

- "More Regular visits"
- "No, I found the service very useful and helpful for me and I'm grateful for the service I required and was thankful that I had "X" there for me when I was in that situation."
- "Nope"
- "No. I got all the help I needed."

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The most helpful thing about having an advocate
I felt that I wasn't always able to talk and being in that situation wasn't made difficult for me and I didn't feel uncomfortable or was made to feel uncomfortable because I had X there
Representing me and listening to what I said
Talking to her about anything – Very understanding
Say what I want to happen
She Listens
It was good to tell somebody about things
Helping me get on well
I could tell him stuff and he could tell the people at the meeting
Getting to tell them anything
I didn't have to go but what I wanted to say was still said
That I had someone to speak for me and put my views across
I could tell her anything
She could go to the boring meetings so I didn't have to and tell them what I said
He would listen to me and tell me what I said to him for him to say in a meeting if I don't go

Feedback from Professionals

We ask all referrers to complete an evaluation form but have only received 4 completed evaluation forms from social workers regarding this service. We are currently working with the Service Manager, Looked After Children and Care Leavers to improve this.

On numerous occasions the Independent Reviewing Officers (IROs) will ask the advocate if the young person had been invited to the conference and whether they wish to attend, this really shows that everyone is very keen to hear the views and wishes of the young people involved with the case.

- "Children were fully supported in expressing their views and wishes and the advocate provided a valuable contribution to the conference."
- "The child was fully supported in expressing their view, thoughts and wishes and VOICE provided a valuable contribution to the conference"

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- “Advocate clearly represented the child’s view, thoughts and wishes and provided a very important and valued contribution to the conference.”
- “Advocate clearly represented the child’s view, thoughts and wishes and provided a very important and valued contribution to the conference.”

Case Studies
One young person who is now a young mum herself used to have support with the child protection service has now been supported again through this process with her new born baby who is now going through the child protection service. The young person feels like her voice and wishes and feelings are taken into account when decisions about her baby’s future are being made.
A young person had been supported in expressing her own views herself in a conference which has empowered her to try to make some positive changes in order for the concerns to be lowered. She has found the process of actually hearing the concerns out-loud by numerous other people helpful in terms of her recognising the potential dangers she was placing herself in.
Advocates use a variety of techniques to gather the wishes and feelings of young people. One advocate changed the 3 houses pictorial form to 3 fire engines in order to engage the young person in this process as the young person was passionate about fire engines.

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Swindon Advocacy Movement

The funding provided by the LSCB enables Swindon Advocacy Movement (SAM) to employ one advocate for 25 hours per week to support parents with a learning disability whose children are subject to early intervention, child in need or child protection procedures. The role of the advocate is to enable parents to:

- Understand the processes their families are subject to
- Communicate their views, wishes and feelings
- Understand their own needs and the needs of their child/ren
- Make and/or contribute to decisions/plans
- Understand their rights and their child's rights
- Challenge decisions

In providing advocacy in these circumstances, the service aims to support parents to fully engage with professionals and in doing so maximise the opportunities for them to successfully care for their children. Where this is not possible, the advocacy support enables parents to understand how and why decisions have been made and how to engage with any on-going contact arrangements.

The level of advocacy support will be dependent on the needs of the individual. Advocates will always aim to support parents to self-advocate but it can also involve accompanying them to meetings and speaking on their behalf at times. Due to demand, intensity of support required and staff capacity there is currently a small waiting list for this service.

Activity 2014/15

Number of children/families supported through advocacy provision

Number of parents supported (directly)	34*	Carried over from 13/14 New referrals 14/15	17 16
Number of children supported (indirectly)	32		

Evaluation and outcomes

This service is monitored by the Voluntary & 3rd Sector Commissioning Team as part of a much larger contract Swindon Borough Council has with SAM. SAM are provided with a Monitoring Workbook covering the whole contract which they complete and submit each quarter. This in turn informs the quarterly Contract Monitoring Meetings.

Service user views are collected when a case is closed. SAM reports whether in each case the issue(s) requiring advocacy were resolved satisfactorily or unresolved.

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In Q3 and Q4 2014/15, SAM have been gathering more detailed information about the specific advocacy outcomes being achieved with individuals and the changes they have experienced as a result. This has not yet been separated for each advocacy function they provide but in general 80% of service users in Q3 and Q4 reported a positive change in their circumstances and 20% reported no change to their situation.

Advocacy outcomes being measured	Changes for individuals being measured
Access and or understand Information Understand/exercise a right Consider options/made a decision Have a voice heard in a statutory process Have a voice heard in a general life issue Contact/access a service- independent/ voluntary Contact/access a service - statutory Challenge a decision Make a complaint	I feel people listen to me I know more about my rights and how to exercise them I feel more comfortable/able to cope with the issue People support me better now I feel safer I know what to do to help myself in the future I've learnt a new skill I am using the services I need I feel more in control of the support I get I understand the situation better No change

Actions taken as a result of evaluation findings

SAM have acknowledged that they have kept a number of cases open for extended periods of time often due to a lack of other support services for parents with learning disabilities. As a result there has been a waiting list in operation with around 6-8 waiting at any one time. SAM has worked hard to address this and end their involvement where there is no clear advocacy role. Although there is still a waiting list the numbers are now 1 or 2 cases at any one time.

Discussions have taken place with representatives from Children's Services to clarify the role of the advocacy service and target the resource more effectively. Due to staff changes in Children's Services this has not progressed as hoped.

Future planned actions

There remains a need to clarify with key representatives from Children's Services exactly how the Parent Advocacy Service can be most effectively used to promote and achieve good outcomes for children, young people and families.

Due to the nature of the Council's wider contract with SAM i.e. generic advocacy for adults with learning disabilities and from January 2015 the provision of statutory advocacy under the Mental Capacity Act 2005 and Mental Health Act 1983 (revised 2007), the monitoring of

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the parent advocacy service has focused on outcomes for the adults rather than the children involved.

Due to changes in staffing in Children's Services it has not been possible to collect the information required to agree a revised specification and improve monitoring. This needs to be a priority for the coming year to ensure the service meets its intended outcomes.

SAM is planning to evaluate the impact of the parent advocacy service on the families they have supported during 2014/15. This should be done in partnership with Children's Services.

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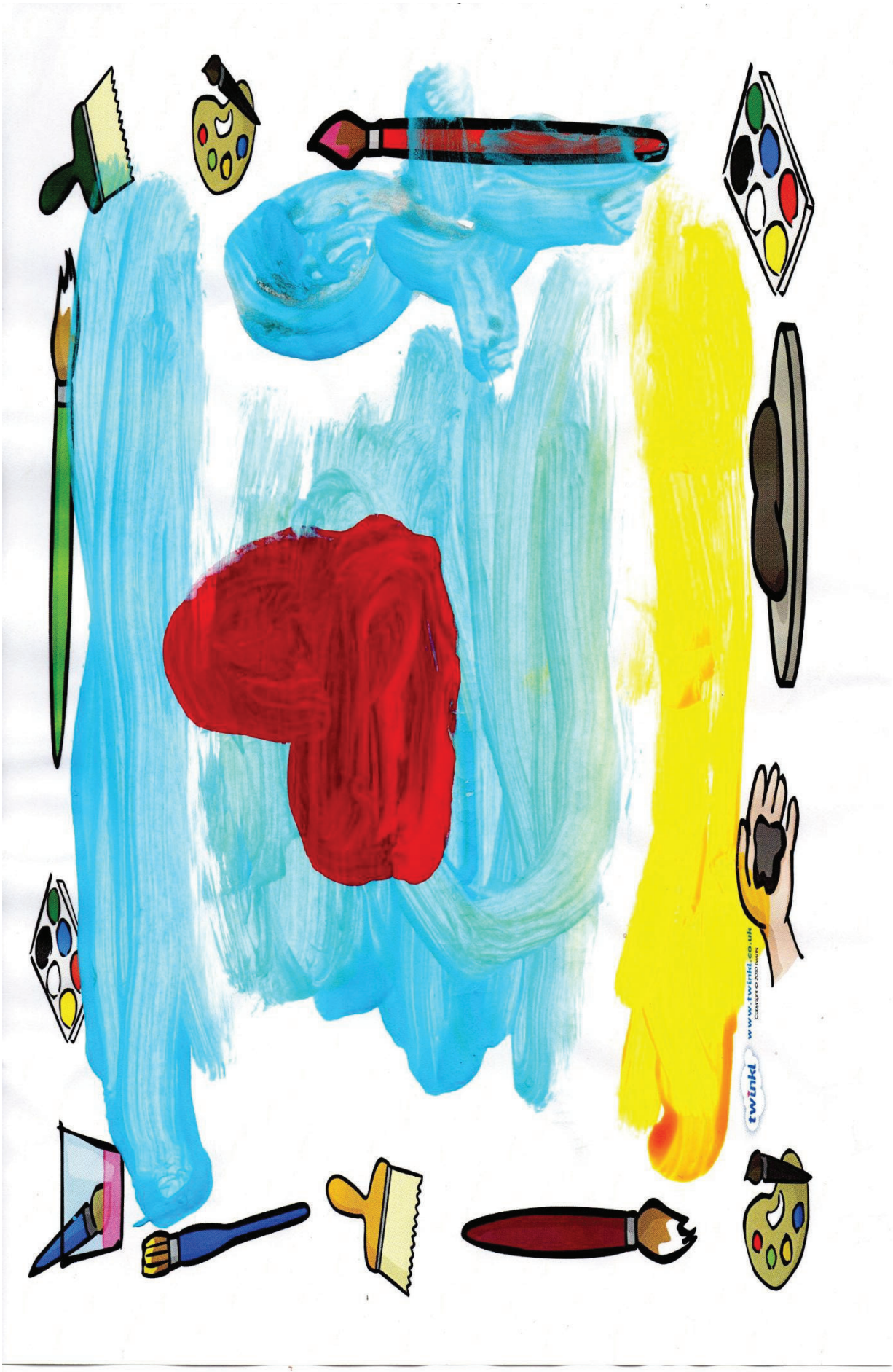
Safeguarding in Schools

Contribution for LSCB Annual report – Schools, Sarah Turner – Schools' Safeguarding Adviser			
Overview	**Achievement**	**Impact**	**Future Challenges**
Following the original publication of 'Keeping Children safe In Education' back in March 2014, all schools and colleges reported that they had reviewed and updated their policy and procedures in line with the legislation. A recent review of Keeping Children Safe and subsequent updated version (July 2015) will require schools and colleges to once again review their procedures.	Many of the additional statutory requirements laid out in the new legislation were already evident as good practice in many Swindon schools. For example, the existence of a staff behaviour policy. The majority of schools have circulated 'Safer working practice guidance 'to staff and regular volunteers and have a record that this had been read and signed.	The new legislation did not require significant changes to school policy and procedures. The impact of this is that staff and volunteers are clear about the procedures to follow if they are worried about a child or have concerns about a member of staff from a safeguarding perspective. This is evidenced from responses from staff questionnaires which are completed as part of a monitoring visit, across all schools.	All schools and colleges continue to be encouraged act in a timely manner and share information, where safeguarding concerns exist. Further support and information will be highlighted during briefings and visits to schools to ensure that an appropriate, graduated response is considered, including early intervention.
Engagement between the local authority and schools and colleges continues to be good. Governors play a key role in the use of this self-evaluation tool, using the governor prompts from the audit to challenge school judgments.	100% of maintained schools and academies completed the borough safeguarding audit this year. The completed audit is a vital tool in monitoring the effectiveness of safeguarding procedures across the school / college. There has been an increase in the number of monitoring visits where a link Governor has been invited by the Head teacher to participate. Safeguarding briefings are held each term . 73 % of Primary schools attended the autumn term briefing. 50% of	School self-evaluation is accurate and based on robust evidence. This informs the school development plan and ensures that schools are clear about where priorities lie to improve safeguarding across the school. This can be evidenced from notes of visit to schools where monitoring visits have been completed this year. Whilst safeguarding is no longer a stand-alone element of school inspections, it is a factor in two of the four separate judgements and the LA monitors the reports of all school inspections in Swindon (LA schools and academies). Of	The challenge in this area of work continues to be engagement with the 'harder to reach' schools, those who perhaps are not regularly in contact with the schools safeguarding adviser or attending briefings. There is also the challenge of engaging the small number of independent schools in the borough.

	delegates evaluated this briefing as excellent and 50% as good. 64% secondary schools / colleges attended with 100% evaluating the session as excellent. Two additional sessions were run for those new to the role of designated safeguarding leads.	28 schools inspected from January 2014 – December 2014, 89% were judged to be either good or outstanding for behaviour and safety (81% during previous year) Head teachers have commented on how valuable single agency training is for new DSLs and how the course equips them to fulfill the responsibilities effectively.	
The Schools' Safeguarding Adviser continues to work alongside schools embedding supervision for staff who hold additional safeguarding and child protection responsibilities.	51% of schools report that planned supervision arrangements are in place for the DSL and deputies, (2013 – 40%). Notes of supervision are recorded.	Regular opportunities for supervision ensure that individual staff members are not making decisions in isolation and there is review and over-sight of case management. A more reflective approach supports the staff involved to consider the impact of support and whether an alternative needs to be considered.	The remaining 49% of schools report that supervision does take place but tends to be on an ad hoc basis and is not formally recorded. Schools and colleges are now being encouraged to capture data about attendance and exclusions on their safeguarding overviews to ensure that links between these issues and safeguarding concerns are not missed.
'Feeling safe' surveys are conducted in Swindon primary and secondary schools (year 6 and Year 8 pupils) Members of Swindon's Youth Parliament, Youth Forum and Carers' Centre were amongst a group of children and young people invited to review the existing surveys which have been running in Swindon schools for the last 4 years.	Feedback from the review resulted in a shortening of the survey and some further clarification of some of the questions. The reviewers also felt it was important to highlight to those children taking part in the survey that it is anonymous and how the responses are used. The updated surveys went live in September 2014.	Schools which take part receive back their individual school data and are able to use this to inform them about children's perspectives of the effectiveness of school safeguarding procedures. Evidence of individual impact is measured during monitoring visits and reported in the note of visit.	



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Safeguarding in Early Years

The Early Year's Safeguarding Adviser (EYSA) advises and supports the early years sector to ensure robust safeguarding policy and procedures are in place across the service. The post is managed by the Quality Assurance and Review Team Service Manager and works alongside the School's Safeguarding Adviser. The Early Years sector includes nurseries, pre-schools, children's centres and child-minders.

Achievements 2014/15

Implementation of the new Early Help Record and Plan (EHRP)

During 2014 the Common Assessment Framework was phased out and replaced by the Early Help Record and Plan. In order to ensure that all settings were confident with the new procedures the EYSA advised that at least one member of staff from each setting should attend the specific early years training.

90% of group settings have attended training and a number of evening training sessions were well attended by child-minders.

In addition to training several early years settings have requested individual support from the lead professional for the introduction of the EHRP and have been supported with chairing meetings. The impact of this has been that early years have been well supported with the transition to the EHRP.

Internet Safety

Internet safety has recently been given an increased focus in Early Years Ofsted inspections. In order to support Early Years settings with ensuring they have good internet safety procedures in place, the Children Services ICT Manager was invited to speak at the Autumn Term Briefing session. An internet safety checklist was shared with settings and managers were signposted to a variety of resources, some for use with children and some for raising parents' awareness to the dangers of the internet. The South West Grid for Learning (SWGFL) online compass, which is an online safety self- assessment toolkit for Early Years, was also shared.

31 (36%) early years settings have currently registered with the SWGFL online compass.

Jellytots Pre-school reported that completing the online compass was very useful for helping them to develop an action plan in relation to E Safety.

The EYSA will monitor online safety during visits to settings.

Female Genital Mutilation(FGM)

The EYSA is a member of the LSCB Female Genital Mutilation Working Group, which has been set up to ensure that arrangements are in place to prevent and reduce incidents of Female Genital Mutilation in Swindon. For the early years sector this has meant raising awareness amongst early years staff of signs and symptoms of FGM. This has been achieved through signposting practitioners to relevant information and resources through the termly Early Years newsletter. In addition the Domestic Violence Co-ordinator was invited to do an awareness raising presentation at the Spring Term Safeguarding Briefing.

84% of early years settings were present at the Safeguarding Briefing and there was 100% positive feedback. Managers will cascade information back to practitioners in their settings.

All settings were given a poster to display on their parents noticeboard.

"I had very little knowledge of this previously" North Star Nursery

"Unpleasant-but a very necessary subject" Ferndale Pre-School

The EYSA will continue to keep the Early Years workforce informed through newsletters and briefing sessions.

Safer Recruitment and Induction Procedures

In the 2013/14 section 11 audit, Safer Recruitment and induction procedures were identified as an area for improvement within early years. In response the EYSA produced a Safer Recruitment checklist to guide managers through the recruitment process and as a check that correct procedures are followed. The EYSA also produced an induction checklist to be used with all new staff. Induction and Safer Recruitment procedures are currently monitored during visits by the EYSA.

Checklists were shared with Early Years managers at the Autumn Term Briefing session; this was attended by 70% of settings and those that did not attend have been forwarded the information.

During a monitoring visit Croft Pre-School reported that they were using the checklists and were finding them very useful.

The EYSA will continue to monitor Safer Recruitment procedures and induction during monitoring visits and ensure that the use of the checklists is embedded in practice.

Future Challenges

- To improve the quality of Early Years contributions to Conferences and Core groups to ensure that clear messages and concerns about children are shared confidently with other professionals
- To increase the number of child minders who are up to date with level 2 training (currently at 68%) and to revise the current level 2 refresher training to include aspects of level 3 relevant to child minders
- To improve effective information sharing in early years by rebuilding strong links between Children Centres and Early Years settings following recent re-structuring of Children Centres

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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; Housing, Libraries & Leisure; Economy & Attainment)
- Wiltshire Police
- National Probation Service
- Bristol, Gloucestershire, Swindon & Wiltshire Community Rehabilitation Company
- NHS England
- Swindon Clinical Commissioning Group
- Public Health
- Designated Doctor, Child Protection
- Designated Nurse, Child Protection
- Great Western Hospitals NHS Foundation Trust
- Avon & Wiltshire Mental Health Partnership NHS Trust
- Oxford Health NHS Foundation Trust
- South West Ambulance Service NHS Foundation Trust
- CAFCASS
- Swindon Early Years
- NSPCC
- Swindon Youth Offending Team
- Wiltshire Fire & Rescue Service
- Adult Services

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- SEQOL
- Swindon Healthwatch

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

- Swindon Primary Schools
- Swindon Secondary Schools
- Swindon Colleges
- Swindon Special Schools
- Schools' Safeguarding Adviser
- GP Services
- Voluntary Sector
- Domestic Violence Representative
- Chair, Swindon Children's Trust Board
- 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.

Lay Members have been part of the Board since March 2012. An additional three Lay Members were recruited in 2014 and attended their first Board meeting in December, making a total of four Lay Members. 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

In 2014/15, the Board was independently chaired by Mike Howard, Independent Consultant, and met quarterly. The LSCB Independent Chair was a member of the National Association of LSCB Chairs, which is a conduit for best practice, and established a close working relationship with the Chair of the Wiltshire LSCB. He was also Independent Chair of

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Swindon's Safeguarding Adults Board. A new independent Chair of the Local Safeguarding Children Board was appointed in July 2015.

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 was a member of the Children's Trust Board and joint work between the two Boards ensured that the work of each Board was not duplicated, and that good practice and issues of concern were 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
- Case Review
- Child Sexual Exploitation & Missing

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- Training & Safe Workforce

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

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 Head of 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
- Child Sexual Exploitation & Missing Children
- 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
- Training & Safe Workforce

The LSCB invited the Chair of the Children's Trust Board to facilitate its business planning workshop/development session in January 2015, when members agreed the LSCB Strategic Business Plan for 2015/16.

LSCB Board meetings continue to include interactive breakout sessions, to allow all Board members to participate in discussions and provide in depth challenge to the local authority and its partners on the effectiveness of the help and protection offered to children, young people and families locally.

LSCB Budget

	2014-15 Budget	Outturn Position	Variance
Expenditure			
Employment Costs			
LSCB Posts	99,200.00	97,741.58	-1,458.42
Child Protection Minuting	21,200.00	21,200.00	0.00
Independent Chair	16,500.00	16,611.80	111.80
	136,900.00	**135,553.38**	**-1,346.62**
Multi-Agency Training			
Training Programme	35,000.00	40,342.77	5,342.77
Events & Conferences	7,000.00	7,443.13	443.13
	42,000.00	**47,785.90**	**5,785.90**
LSCB Projects & Statutory Agenda			
Advocacy - Voice	28,000.00	28,000.00	0.00
Advocacy – SAM	21,500.00	21,500.00	0.00
Missing & Runaways	500.00	850.00	350.00
Serious Case Review/Case Review	30,000.00	17,688.67	-12,311.33
Awareness & Engagement	1,500.00	179.73	-1,320.27
Child Protection Procedures	1,500.00	2,056.41	556.41
	83,000.00	**70,274.81**	**-12,725.19**
Business Support			
Staff & Member Development	2,000.00	925.00	-1,075.00
General Supplies	300.00	61.77	-238.23
Design & Printing	1,700.00	41.77	-1,652.23
Meeting Venues	600.00	340.58	-259.42

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	4,600.00	**1,375.12**	**-3,224.88**
Total Expenditure	**266,500.00**	**254,989.21**	**-11,510.79**
Funding			
Annual Contributions			
Local Authority	-115,336.00	-116,300.00	-964.00
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	-2,609.25	1,863.75
CAFCASS	-389.00	-550.00	-161.00
	-194,495.00	**-193,756.25**	**738.75**
Training Income			
Swindon Early Years contribution	-4,000.00	-4,000.00	0.00
Course Income	-20,000.00	-42,735.00	-22,735.00
Events & Conferences	-7,000.00	-11,000.00	-4,000.00
	-31,000.00	**-57,735.00**	**-26,735.00**
Total Funding	**-225,495.00**	**-251,491.25**	**-25,996.25**
Total Balance	**41,005.00**	**3,497.96**	
Prior Years Underspend Balance	82,713.37	82,713.37	
Funding required to support in year budget	-41,005.00	-3,497,96	
Remaining Underspend Balance	**41,708.37**	**79,215.41**	

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Board Member Agency Activity

Children, Families and Community Health – Swindon Borough Council

Introduction

The Children, Families and Community Health Service covers a broad range of services supporting children, young people and their families in the community offering universal, targeted and specialist provision. This includes children's social care, early help and community health services for children including for children with disabilities.

The aim of the Service is to empower and support families to make changes, as early as possible, creating safety and stability for their children both at home and in the community, by promoting healthy lifestyles, building capabilities and strengthening families.

Achievements and Impact

The service has had an incredibly busy year; we started the year with receipt of the Ofsted and CQC reports into the inspections they had conducted of all the children's services run by the Council at the end of the year before. This as would be expected led to the development of actions plans to address the recommendations of the reports.

The service has achieved the following in the past year, to highlight a few:

- Reviewed and revised and implemented Step up and Step down processes across the continuum of children, families and community health. This has improved effectiveness of the plans and helped families to understand we are all joined up to support them
- Increased the Health Visitor workforce, identifying and implementing the Healthy Child Programme for all children in Swindon aged under 5 thus providing more opportunities to identify children who are vulnerable
- Improved performance regarding raising participation in education, training or employment in young people – a significant protective factor. 16/17 year olds in learning have improved from 91 to 78 in ranking of 150 Local Authorities and unknowns 79 down to 50 in Local Authority ranking
- School attendance in line and above national figures for England; school attendance is known to be a protective factor
- Devised, implemented and evaluated new audit tool for Early Help Record and Plan and process is embedded into our quality assurance plan. This has meant improvements in the quality of plans and analysis
- The Troubled Families programme has successfully delivered phase 1 and is an early adopter for phase 2 – a large number of families have succeed in their goals
- A social work restructure was implemented between September and February which saw the development of community based long term social work services, offering greater resilience and a smoother 'journey' for children. The re-configuration of team structures will provide improved stability of social work service to children and families

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thus improving relationships, planning and outcomes. Children will have fewer changes in social workers

- A workforce development and recruitment and retention strategy to improve and increase the recruitment of social workers and health visitors has been implemented. This has been successful in increasing the number of permanent social work staff and health visitors
- Family Contact Point has been embedded enabling improved responses at the 'front door' and the introduction of a new single assessment in line with national expectations
- Developed a new Quality Assurance Framework (QAF). There has been a slow start to introducing all aspects of the QAF due to the operational demands of the restructure and will be better embedded in 2015/16

Future Challenges

The number of contacts to Family Contact Point and referrals to the Assessment and Child Protection Teams remains high. The rates of contacts and referrals have been consistently higher than statistical neighbours in the last year. It is planned to develop a Swindon based Multi-Agency Safeguarding Hub (MASH) to provide a more efficient, integrated and effective response to referrals.

There continues to be some critical staff vacancies in a number of areas which has resulted in the significant use of agency staff and a greater reliance on less experienced staff. In order to meet the vision of providing a more seamless service it is essential to have a more stable permanent and experienced work force.

Aspects of children's IT database are not user friendly, some data is not easily retrieved, some controls are not in place and there is no protective document marking guidance. Further work needs to be undertaken to ensure that all relevant professionals can access necessary information.

A comprehensive Quality Assurance Framework is not yet fully embedded across the whole service and there needs to be a greater focus on quality and evidence of impact.

Providing effective, outcome focused local placements that meet the assessed needs of the full range of children and young people especially for adolescents is a substantial challenge and the Councils Sufficiency Strategy will be updated in the coming year.

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Swindon Clinical Commissioning Group (CCG)

Overview

In April 2014 Swindon Clinical Commissioning Group (CCG) had been in existence for one year and had successfully achieved its statutory duties. The CCG is responsible for the majority of health service commissioning and is statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and provides the highest possible standard of care. Ensuring arrangements are in place to reflect the importance of safeguarding and promoting the welfare of children is critical. The CCG also has specific responsibilities for looked after children and for supporting the Child Death Overview process.

Safeguarding accountabilities of CCGs are set out in the Accountability and Assurance Framework: Safeguarding Vulnerable People in the Reformed NHS (NHS England 2013), and sets out clearly the need to ensure:

- Staff are trained in recognising and reporting safeguarding issues
- There are clear lines of accountability for safeguarding, properly reflected in the CCG governance arrangements
- There are appropriate arrangements to co-operate with local authorities in the operation of Local Safeguarding Children Boards (LSCBs)
- CCGs secure the expertise of a designated doctor and nurse for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood

The Intercollegiate document: 'Safeguarding Children and Young People: Roles and Competences for Health Care Staff' published in March 2014 has formed the basis from which the CCG has reviewed the competency and training programmes for staff during 2014/15.

Achievements

100% of all CCG employed staff achieving as a minimum Level 1 Child Safeguarding training.

The CCG has strengthened the safeguarding quality process with safeguarding standards in all provider contracts.

The CQC Swindon CCG review of Health Services for Children Looked After and Safeguarding in March 2014 highlighted the need to further strengthen services, processes and engagement in some areas, the review clearly recognised and reported the excellent work taking place across our providers.

During 14/15 the CCG has led and worked in collaboration with all commissioned providers to implement all recommendations and subsequent actions arising from the CQC review and this has further strengthened the working relationship with partners. The CCG has ensured it supports providers to implement the recommendations but in addition has led to the CCG investing in areas that will lead to improvement in safeguarding processes, training and awareness.

Using the competency framework within the Intercollegiate document, both the Designated Doctor and Nurse have worked closely with GP Practices to support them in safeguarding training and awareness.

Swindon CCG has been a committed member of the Local Safeguarding Children Board working in partnership with the local authority to fulfil their safeguarding responsibilities.

A new Designated Nurse came into post in March 2014 and has been instrumental in setting up supervision for all named safeguarding leads and designated nurses in provider services.

The Designated Nurse is vice chair of the Quality and Assurance Sub Group of the LSCB. This demonstrates the CCG's commitment to meeting the aims and objectives of the LSCB agenda.

Future Challenges and Opportunities

- The continuation of reviewing safeguarding training in line with the Intercollegiate Document
- Continue to monitor and embed all actions following the CQC review
- Continue to promote and secure a named Safeguarding GP lead to support Primary Care and the commissioning team
- Support and manage the expanding field of safeguarding including child sexual exploitation and Female Genital Mutilation
- Continues monitoring of the Safeguarding Quality Indicators for each commissioned provider and or service.

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Great Western Hospitals NHS Foundation Trust

Overview

The Trust is committed to the well-being of all people using their services and takes the safeguarding of children very seriously. The Trust has dedicated Safeguarding Professionals who provide training, advice and support to all services within the organisation.

The Trust works in partnership with the Local Authority to safeguard children and is represented on the LSCB Sub Groups to ensure engagement, working towards out statutory duty under Section 11 of the Children Act 2004 to protect children from harm.

This means working in partnership with other agencies to:-

- Protect children
- Identify health and development needs early to ensure the right level of support to safeguard children and young people
- Ensure children grow up in circumstances consistent with provision of safe and effective care
- Processes are in place to learn from events.

The Trust aims to fulfil its commitment to safeguarding and promoting the welfare of children by:

- Ensuring there is Senior Management commitment within the Organisational Divisions
- Having clear lines of accountability and structures
- Supporting a culture that enables safeguarding issues and promotion of children's welfare to be addressed and ensuring that accurate records are made
- Ensuring staff receive adequate training to safeguard children

To demonstrate commitment to safeguarding children across the Trust, the role of named nurse for safeguarding children in the acute hospital has been increased to a full time post.

Achievements

- Reviewing and Developing Training Strategy to meet the "Intercollegiate Document": Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (March 2014)
- Next Pathway for Sharing Information from Maternity Services to Health Visitors and Social Workers
- Named Nurse role within the hospital setting now full time
- Establishing tertiary centre review of difficult x-ray and imaging with other centres
- Increased number of professionals trained in Safeguarding Children Supervision
- Local MARAC meetings attended by representatives from Emergency Department and Midwifery enabling identification of those at significant risk
- Development of Group Supervision for more staff to attend
- Attendance at Multi-agency Risk Panels (CSE) by our Sexual Health Team

Impact

Increase in staff attendance training resulting in an increased awareness of Safeguarding issues by the increase in calls to the Named Professionals and Safeguarding Advisors.

Increase number of births has also resulted in an increase of referrals to the Safeguarding Midwife and an increase in referrals to Social Care. Mental Health wellbeing is a significant area of concern.

Future Challenges

- Medical attendance at Initial Child Protection Conference
- Developing FGM Policy and Pathway
- Increasing our Level 2 and Level 3 Safeguarding training compliance
- Ensuring effective sharing of information with our Health Visitor and School Nurse colleagues

Case Study

Mother critically ill in Intensive Care whose young children being looked after by a friend. Staff quickly identified concerns around the needs of the children as mother was a solo parent and liaised with the Named Nurse. Liaison with the paediatric support team, social care and especially support from the school enabled the children to maintain a degree of normality within their life as well as visiting their mother. This multi-agency working showed how communication and following procedures can really help those in need.

New College

Achievements

We had our Ofsted inspection in December 2014 and were challenged on our safeguarding procedures, training and outcomes. The report from Ofsted said:

Safeguarding arrangements are good and meet statutory requirements. Knowledgeable and experienced managers use well-developed strategies and careful risk assessment to promote learners' safety and reduce risks of harm. The safeguarding team deals very effectively with a wide range and increasing number of safeguarding concerns in a supportive way. The team works closely with the local children's services department and a range of external agencies, including those that support learners with mental health issues, to promote learners' safety. Managers promote e-safety very well and prioritise the staff training in protecting learners from the risks associated with radicalism and extremism.

Overview

Safeguarding referrals continue to grow in New College which we feel is a positive indication that our staff training and student awareness raising, mean that we are getting help to the students who need it. As of April 2015, referrals to our safeguarding officers were 154. These cover a full range of safeguarding issues including complex CSE concerns and a Forced Marriage Order involvement. An on-going safeguarding case from the previous year reached court in March and resulted in a guilty verdict against an abusive relative.

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Impact

We see the majority of students who seek support find they are helped and feel safe to continue with their studies. Our proxy measure of student retention is calculated in July after the end of the college year.

Future Challenges

The growing volume of referrals continues to be a challenge for the team of safeguarding officers involved. The increased volume of referrals related to mental health issues, self-harm and suicidal ideation is a concern here and nationally. The thresholds for external support also present a challenge particularly as students approach the age of 18. Those in receipt of support from children's services report anxieties regarding the potential loss of support or the move to unfamiliar adult services.

The Prevent duties which we newly face will also challenge us in the FE sector – getting an appropriate balance between information and protection of vulnerable people while maintaining the sectors' responsibility to promote freedom of expression.

Oxford Health NHS Foundation Trust

Achievements during 2014-2015

Direct CAMHS Work

FaceTime pilot - CAMHS provide an extensive range of short term and long term interventions, clinic based and outreach/intensive community support to children and young people across Swindon. Young people indicate a preference for technological based products frequently through use of texting, email, electronic feedback devices and iPhones. CAMHS interventions have been limited to face to face meetings and phone based contact (calls and texts). This project aimed to introduce an additional electronic option for young people where it has been risk assessed as part of the care plan.

Where young people do not have an electronic device suitable for Face Time contact, OSCA have 2 iPads that they can lend to young people.

Learning Disability CAMHS

Swindon LD CAMHS has been involved in the National Improving Access for Psychological Therapies (IAPT) group which has been looking at developing appropriate Routine Outcome Measures (ROMs) for children with a LD. The team have been exploring which outcome measures are suitable and can be validated for effective use with this group of children.

They have been working hard developing their behaviour support plans using a positive behaviour approach with children and young people, including the use of visual supports which are tailor made to suit the individual's specific need. Specific training around Autistic Spectrum Disorder has been provided to a range of staff in other agencies which has been very well received alongside in service training around the presentation of mental health needs in the learning disability population.

One of the team's nursing staff received an exceptional staff member award which was put forward by a family who they had worked with, receiving excellent feedback about the treatment and support they had received. The whole team recently gained 'Highly

Commended' in the staff recognition awards for improving patient experience after being nominated by head teachers in the schools they support. The recent addition of regular multiagency consultation meetings between education, health and social care appear to have been very helpful in improving communication and supporting the referral process into the service and these will be further developed in the coming year.

Safeguarding Specific Work

- Safeguarding training needs analysis of staff groups to assess adequate provision and how best to deliver. Locality based level 3 training introduced
- Additional appendix of Child Sexual Exploitation (CSE) added to training strategy and requirement for all staff to access CSE training
- Implementation of Safeguarding Supervision Strategy for clinical teams
- Audit of safeguarding referrals including quality, thresholds and escalation
- plus audit of child protection case records to evidence that role of practitioner in child protection plans is recorded including evidence of clinicians understanding of 'Think Family' and impacts on children
- Review of Safeguarding children webpage including participation of young people to make information more young person and family friendly

Future Challenges

- Awareness raising of all new developments amongst children, young people and families
- Ability to reach all clinical staff to ensure awareness of new learning and developments
- Escalation of concerns with multi agency partners when there is disagreement over risk and need can be challenging at times
- Impact; What difference have your achievements made to children, young people, parents / carers?
- FaceTime means easier access for families reducing travel and taking time off school or work (for parents/carers). Young person using FaceTime is not reliant on being accompanied to all sessions
- Increased staff awareness around Safeguarding Children including CSE means more appropriate responses and actions taken alongside support for children, young people and families
- Safeguarding Supervision provides the opportunity for staff to discuss and reflect on issues of concern to act in the best interests of the child
- Audit highlights any areas of concern which can then be addressed and improvements made for the safeguarding of children
- Information for children, families and clinical staff in an accessible format means finding relevant information more quickly and easily which is more likely to be utilised by those concerned

- Direct consultation and involvement with children, young people and families through our strong participation model to develop services and improve outcomes in mental health

Objectives for 2015-16

- Deep-dive audit looking at the increasing complexity and high level need/risk of new referrals to CAMHS. This will run over 12 months and be reported back through formal contract monitoring arrangements to help understand what is happening in the changing mental health needs of young people in Swindon

CAFCASS

Introduction

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. Safeguarding is a priority in all of the work we undertake within the family courts and the training and guidance we provide to staff reflects this.

Effectiveness of Safeguarding Arrangements

A key focus during 2014/15 was continued improvement following our "good" Ofsted judgement in April 2014. Ofsted summarised that Cafcass consistently worked well with families to ensure children are safe and that the court makes decisions that are in the children's best interests. The report also highlighted areas where Cafcass should make improvements, and these areas formed a dedicated action plan which we implemented throughout the remainder of the year. An audit in November 2014 assessed that all actions had been met.

Cafcass has a robust programme of internal audits to assure the effectiveness of safeguarding in both public and private law. We provide tools for practitioners to use in self-assessment in order to benchmark the quality of their own work, and these tools are also used by managers and auditors as an evidence base for assessment. Throughout all the tools there is a consistent focus on assessing risk and whether appropriate actions have been taken after the assessment of risk.

Practitioners are supported extensively and scrutinised routinely to ensure the effectiveness of their safeguarding practices. FCAs are encouraged to take responsibility for their own performance, and are provided with the resources to do so via MyWork, an online platform containing performance and workload data. Learning and assessments are consolidated in quarterly Performance Learning Reviews (PLRs), allowing FCAs, with their line managers, to formally assess safeguarding practice and evidence whether service objectives have been met along with effective adherence to policies.

Reports to court are routinely quality assured and practice observations are undertaken, as set out in our Quality Improvement and Assurance Framework. Managers are further assisted by the Performance Management System by strengthening their ability to identify areas requiring improvement, as well as helping to meet the development needs of staff. Actions by practitioners and managers are further scrutinised by senior operational

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managers via a monthly sample of closed files and the observation of one PLR per manager, per annum.

Further assurance is provided through yearly national audits and our Key Performance Indicators (KPIs). A national audit of practice was undertaken in November 2014 with the objective of providing a snapshot assessment of the standard of casework. The audit measured the progress of work since the audit in September 2013 and the Ofsted inspection of April 2014. The conclusions were positive, reporting the percentage of work graded as "good" at 65%. This represents a significant improvement of 16% from the previous year's audit.

Our KPIs, set by our sponsor department the Ministry of Justice, measure the proportion of open public law care cases allocated to an appointed children's guardian, and private law cases allocated to an FCA. Other KPIs measure the timeliness of allocation in care applications and the proportion of private law Section 7 reports that meet their agreed filing times. All of our KPIs are consistently met.

Objectives for 2015-16

We will undertake three thematic audits in 2015/16, focusing on further improvements required. These will look at the extent of the improvement in the joint working between the Independent Reviewing Officer (IRO) and the Guardian; the Guardian's involvement and agreement to any position statement filed in proceedings; and evidence in WAFH of the improvement in analysis of assessment and increased use of research and tools.

Alongside our internal methods of quality assurance, we record and disseminate learning identified within service user correspondence, including correspondence received from children and young people. The learning points are fed back to the National Improvement Service (NIS) which maintains a national learning log, updated and disseminated throughout the organisation on a quarterly basis. The learning log sets out clear action plans designed to improve safeguarding practice and systems across the organisation.

Further scrutiny is given to our safeguarding practice and processes by the Family Justice Young People's Board (FJYPB) comprising young people with direct experience of the family court. The FJYPB contribute to our publications, review our resources for direct work with children, and are involved in the recruitment of frontline staff. Board members also review the complaints we receive from children and young people.

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Priorities for 2015/16

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

The LSCB continues to strive to improve and develop its role in challenging and supporting the work of agencies involved in safeguarding children and in monitoring and coordinating the response to child abuse and neglect. This report provides evidence of the progress partners have made against the priorities identified in the 2014/15 LSCB Business Plan.

A full copy of the LSCB Business Plan 2015/16 was agreed by the LSCB in March 2015. The key priorities are outlined below and the LSCB are on a journey in terms of developing strategic responses and demonstrating the impact of these. The LSCB Sub and Working Groups continue to provide an effective way of addressing specific areas of safeguarding practice and will continue to develop practice in their particular specialism and keep the LSCB informed of the work they are undertaking and of safeguarding issues requiring attention by the LSCB.

Priority One: Effective responses to specific safeguarding concerns

- Detailed strategies and comprehensive approaches to specific safeguarding issues that keep children and young people safe and promote effective intervention with those who are at risk
- Consolidation of strategies and approaches to Child Sexual Exploitation that keeps children and young people safe

Priority Two: Effective early intervention and safeguarding

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

Priority Three: Communication and engagement

- 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

Priority Four: Performance Management

- 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

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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 children from early Years settings in Swindon.

This report was approved for publication by the Board of Swindon LSCB in September 2015.

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:

- 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

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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

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Appendix 2: LSCB Training Statistics 2014/15

Year End Data Arp 2014 to Mar 2015	Online CSE	Online Level One	Level Two	Level 3	Level 4	Sexually Harmful Behaviour	Allegations	Conference & Core Groups	Parental Mental Health	CSE	CSE Male Perpetrators	Working with Neglect	DV Awareness	Disabled Children	E-Safety	Safer Recruitment	Safer Recruit Update	Risky Behaviour in Adolescents	Emotional Abuse	Totals
Charity	24	14	13	5			5	3	6	4	3		7	3	3	1	1	3	4	99
Church/Faith Group			1																	1
Early Years	1	90	58	54	6		25	26	12			1	7	3	7	14	4	2	9	319
NHS Foundation Trust				32			6	2	3	2			2	1	1	12	2	1	3	67
Police	2	2	30	11		4		2		4				3						58
Probation			1	1				1	1	2	1								1	8
SBC- Children and Families			57	47	4	1	15	10	17	16	8	8	19	17	5	3	7	16	8	258
SBC- Other	5	7	8	2			1		1	1	1	1			2	2		2	1	34
Schools/FE	1	51	66	106	4		30	12	23	8	4	3	8	3	9	37	18	6	2	391
Self Employed	8	2																	12	22
Seqol			3	2							1							1		7
Voluntary Sector	2		2	1																5
Other not listed above	13	6	9	5	2		2		1		2					3			1	44
Total	56	172	248	266	16	5	84	56	64	37	20	13	43	30	27	72	32	31	41	1313

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Appendix 3: LSCB Attendance Register 2014-15

SWINDON LSCB 2014/15

Agency	Representative	June Attend	Sept Attend	Dec Attend	Mar Attend
Adult Services	Doug Bale	√	Apols	√	√
AWP	Paula May	Apols	Apols	√	Apols
CAFCASS	Deborah Murphy	√	√	√	Apols
Children's Trust	Liz Holmes	√	√	√	Apols
CSE & Missing Sub Group	Craig Holden/Caroline Eveley		√	√	√
NHS England Area Team	Kevin Elliott	Apols	Apols	Apols	Apols
Designated Doctor	Janet King	√	√	Apols	Apols
Designated Nurse	Stephanie Bailey/Paula Whittaker	√	√	Apols	Apols
Disabled Children Sub Group	Mark Green	√	√	Apols	Apols
E-Safety Sub-group	Huw Ford	√	√	√	√
Early Years	Kay Kane	√	√	√	Apols
CCG	Peter Mack/Gill May	Apols	Apols	√	√
GWH NHS Foundation Trust	Rob Nichols/Sarah Merritt/Christina Rattigan/Val Scrase	Apols	√	√	√
Lay Members	Lyn Davis/Carmela Burchell/Robin Stannard/Pat Porter	Apols	Apols	√	√
NHS England	Gill Brook	√	Apols	√	Apols
NSPCC	Jeanette Chipping	√	Apols	Apols	√
Oxford Health NHS	Michelle Maguire/Isobel Sanderson	√	√	√	√
Policy & Procedures Sub Group	Joanne Smith	√	√	√	Apols
Public Health	Janet Janeway/Cherry Jones	√	√	Apols	√

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SWINDON LSCB 2014/15

Agency	Representative	June	Sept	Dec	Mar
		Attend	Attend	Attend	Attend
SBC - Children & Families	Jo Olsson/Karen Reeve	√	√	√	√
SBC - DV Strategic Lead	Lin Williams	√	√	√	√
SBC - Group Director, Children, DCS	John Gilbert	Apols	√	√	√
SBC - Head of Safeguarding	Lucy Young/Karen Reeve/Maria Young	√	√	√	√
SBC - Housing, Libraries & Leisure	Mike Ash/Arlene Griffen	√	√	√	√
SBC - Commissioning, Economy & Attainment	Paddy Bradley	√	Apols	√	√
SBC - Head of Commissioning, Children & Adults	Sue Wald	√	√	√	√
SBC - Cabinet Member	Fionuala Foley	√	√	√	√
SCR Sub Group	Stephanie Bailey	Apols	Apols	Apols	
Schools - Primary	Sue Kershaw	√	√	√	√
Schools - Secondary	Steve Colledge/James Povoas	Apols	Apols	√	Apols
Schools - Special	Kathie Bryan	√	√	√	√
Seqol	Jan Trethewey			√	√
SW Ambulance Service	Ali Mann	Apols	Apols	Apols	Apols
Swindon Colleges	Duncan Webster/Mark Burton/Claire Dores	√	√	√	√
Swindon Healthwatch	Pete Rowe/Will Evans			√	√
Training & Safe Workforce Sub Group	Kevin Leaning	√	Apols	√	√
Voluntary Sector	Stephanie Hathaway	Apols	√	√	√
Wiltshire Fire Service	Yasmine Ellis	Apols	√	√	√
Wiltshire Police	Caroline Evely/Jeremy Carter/Craig Holden	√	√	√	√
Wiltshire Probation	Liz Rignenberg/Mark Scully/Liz Hickey/Amanda Murray	√	√	√	√
Youth Offending Team	Kevin Leaning	√	Apols	√	√

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Appendix 4: LSCB Strategic Business Plan 2014-2015

PRIORITY AREA ONE: EFFECTIVE RESPONSES TO SPECIFIC SAFEGUARDING CONCERNS			
Outcome for 2014-2015	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
Detailed strategies and comprehensive approaches to **Domestic Abuse, Parental Substance Misuse, Alcohol Abuse and Mental Health (The Toxic Trio)** that keeps children and young people safe and promote effective intervention with those who are at risk	1.1 The LSCB has an understanding of the governance arrangements of Domestic Abuse: A clear strategy is in place with up to date policies and procedures.	Community Safety Partnership/ Domestic Violence Steering Group/ Policies & Procedures Sub Group	March 2015
	1.2 The LSCB is assured that findings from the Domestic Abuse Joint Needs Assessment are embedded within all agencies working with children and adults. This is evidenced through case reviews and audit.	Quality Assurance Sub Group/ Performance Sub Group	September 2014
	1.3 The LSCB and LSAB work together to ensure that performance data is reported and used to monitor where the gaps are in service provision at all levels of need, manages them as a risk and challenges those agencies involved	Performance Sub Group (Operational Group)	September 2014
	1.4 There is a clear strategy to ensure training is planned and delivered to meet the needs of staff and volunteers working with families affected by the 'Toxic Trio' so they are suitable skilled to intervene effectively as evidenced through the training evaluation framework	Training & Safe Workforce Sub Group/ Domestic Violence Steering Group	September 2014

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Consolidate strategies and approaches to **Child Sexual Exploitation** that keeps children and young people safe	1.5 There is a clear understanding of the relationship of CSE with other safeguarding risks – i.e. child trafficking (internal and international); children missing from care, home and school; children associated to gangs and children exhibiting sexually harmful behaviour.	Sexual Exploitation & Runaways Sub Group/ Training & Safe Workforce Sub Group	September 2014
	1.6 There is a clear understanding of CSE in Swindon that is informed by Police Profiles, the LSCB Sexual Exploitation Annual Audit and information gathered from the Swindon Multi Agency Risk Panel. Recommendations are implemented via the Sexual Exploitation & Runaways Action Plan	Sexual Exploitation & Runaways Sub Group	September 2014
	1.7 Inter- and intra-agency policies and processes support effective identification, assessment and intervention of CSE on the broad themes of Prevent, Protect, Pursue at the level appropriate to the needs of the child / young person.	Sexual Exploitation & Runaways Sub Group/ Policies & Procedures Sub Group	April 2014

PRIORITY AREA TWO: EFFECTIVE EARLY INTERVENTION AND SAFEGUARDING			
Outcome for 2014-2015	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
The LSCB can demonstrate that children and young	2.1 There is clear agreement between the Children's Trust and the LSCB on the delivery of early intervention and safeguarding. The Children's Trust report to the LSCB at every Board meeting.	LSCB Board	March 2015

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people in Swindon receive effective early intervention that meets a range of needs in different communities	2.2 LSCB activities promote consistent application of agreed thresholds and adherence to policies and procedures that are compliant with national policy and statutory guidance.	LSCB Board	March 2015
	2.3 The LSCB monitors the development of the (virtual) MASH, linked to Family Contact Point, and the implementation of the Daily Domestic Abuse Conference Calls through regular reports to be assured that referrals and responses for children with all types of need at level 2/ 3 /4 of are effective and consistent.	Performance Sub Group/ Quality Assurance Sub Group	June 2014
	2.4 The LSCB understands where the gaps are in service provision at all levels of need and manages them as a risk and challenges those agencies identified.	LSCB Board/ Chair	March 2015
	2.5 The LSCB responds to identified gaps in in early intervention for specific safeguarding concerns which are the focus of work by LSCB partners e.g. domestic abuse and neglect.	LSCB Board/ Chair/ Business Manager	March 2015

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	3.1 On-going engagement with children and young people and parents involved with acute safeguarding services and general services. The LSCB reviews the effectiveness of methods of communication and explores new means of communicating with parents and children where appropriate and giving	School and Early Years Safeguarding Advisers/ E-Safety Sub Group/Disabled Children Sub Group	March 2015

(including different sections of the Community); and staff at all levels from partners agencies	consideration to diversity of the local population.		
	3.2 Systems 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 2015
	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. Children's Trust, Domestic Abuse Steering Group and Sexual Violence Strategy Group; Corporate Parenting Board, Health and Wellbeing Board; Adults' Safeguarding Board evidenced through minutes of those meetings and identification of areas of joint work.	Chair	March 2015
	3.4 The LSCB uses performance data to identify sections of the community that require information, advice and guidance on safeguarding children and adults giving consideration to diversity of the local population.	E-Safety Sub Group/ Quality Assurance Sub Group/ Disabled Children Sub Group	March 2015
	3.5 The LSCB communicates with the local workforce and community to raise awareness of safeguarding issues, through the LSCB website, Newsletters, Annual Conference, Annual Report, community partnerships and directly with public.	LSCB Board/Training & Safe Workforce Sub Group/Engagement & Awareness Sub Group	March 2015
	3.6 LSCB partners are clear about their responsibilities to disseminate information raised through the LSCB within their own organisations	All LSCB Members	
	3.7 The LSCB receives regular reports from Young Carers, Youth Forum, Children in Care Council, Youth MPs and Parents groups	LSCB Board/ Business Manager	March 2015

	3.8 Review all child deaths appropriately and in line with the Child Death Overview Panel (CDOP) procedures and follow relevant mechanism to disseminate lessons learnt	CDOP	March 2015
	3.9 Produce an annual report on the work of the CDOP, together with a summary document for the LSCB to publish	CDOP	March 2015

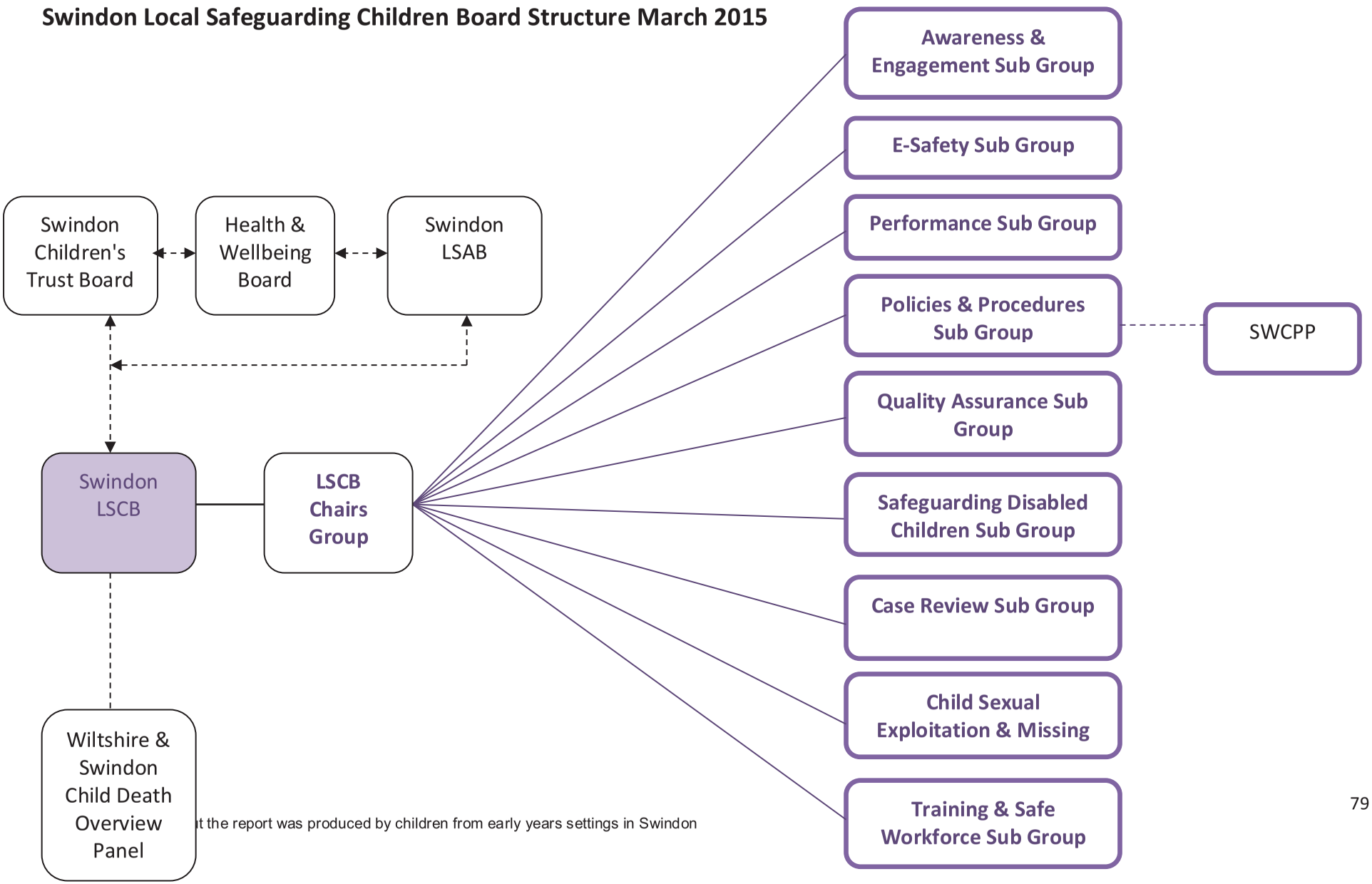
PRIORITY AREA FOUR: PERFORMANCE MANAGEMENT			
Outcome for 2014-2015	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
The LSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon	4.1 The LSCB Performance sub group receives reports from each agency at least annually reporting data on outcomes, impact on the child and family, quality of service, workforce (review pro forma for reporting to sub group in light of Wiltshire pro forma) – health check included so that the LSCB can be assured of the quality of services and outcomes achieved	Each member agency reporting to Performance Sub Group	5 meetings per year
	4.2 The LSCB Performance Sub Group enables a deep dive into a specific issue to identify improvement in services and outcomes for children including • Domestic violence, substance/alcohol misuse and mental health • Impact of welfare reforms	Performance Sub Group	March 2015
	4.3 Regular programmes of quality audit including interviews with practitioners and supports an understanding of the journey of the child	QA Sub Group	March 2015

	with recommendations to improve practice – audit this year to look at children in care and safeguarding		
	4.4 The LSCB supports an audit and review process and methodology that supports learning and can evidence improvement in practice and makes a difference to children. Findings are reported to the QA sub group to promote learning – one significant case review per year. Young people to participate in SCIE/case review	QA Sub Group	March 2015
The LSCB performance management framework supports and promotes effective challenge by the LSCB so that early intervention and safeguarding improve	4.5 The LSCB performance management framework supports and promotes effective challenge by the LSCB so that early intervention and safeguarding improve. High level report to LSCB using agreed format with summary, strengths and areas for development. Reports to include data from audits to improve practice and outcomes for children. Reports to include learning from: 1. Quality Assurance Sub Group 2. Section 11 Audit 3. Licencing & Gambling 4. Sexual Exploitation & Runaways 5. Safeguarding Disabled Children 6. Feeling Safe Survey 7. Advocacy 8. Private Fostering 9. E Safety 10. Section 175 Audit 11. Training & Safe Workforce	LSCB Board and Sub Groups	March 2015

	12. Looked After Children: IRM Report 13. LADO Annual Report 14. Performance Sub Group 15. Awareness & Engagement Sub Group 16. Serious and Local Case Reviews 17. Policies & Procedures Sub Group 18. CDOP Annual Report 19. Domestic Abuse		
	4.6 Young inspectors to bring reports to LSCB meeting for learning and improvement in practice.	Performance Sub Group	March 2015

The art work throughout the report was produced by children from early years settings in Swindon

Appendix 5: Swindon LSCB Structure March 2015



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Children and Young People Mental Health JSNA and Transformation Plan

Health and Wellbeing Board **Date: 21 October 2015**

Author: Frances Mayes, Senior Public Health Manager

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 This Children and Young People's Mental Health and Wellbeing Joint Strategic Needs Assessment outlines the national strategies and guidance on children and young people's mental health, current services and performance in Swindon, the views of children and young people and prioritises recommendations for the future direction of service delivery and commissioning in Swindon.

1.2 The report is necessary to inform future commissioning of children and young people's mental health services to meet the needs of children and young people in Swindon. It has informed the Transformation Plan for Swindon and will inform the Children and Young People's Mental Health Strategy.

2. Recommendations

The Board is recommended to:

2.1 Note the recommendations from the Children and Young People's Mental Health and Wellbeing Joint Strategic Needs Assessment Bulletin attached at Appendix 1 to this report.

2.2 Support the development of a Children and Young People's Mental Health Strategy and action plan for Swindon

2.3 Note the Transformation Plan bid attached at Appendix 2 to this report.

3. Detail

Children and Young People Mental Health Needs Assessment

3.1 Nationally, one in ten children aged between 5 and 16 years has a mental health problem.

Half of those with lifetime mental health problems had their first experience by the age of 14 and three-quarters before their mid-twenties.

Hospital admissions for self-harm for are particularly high in Swindon compared to national rates. Nationally there were 352.3 hospital admissions per 100,000 population 10 - 24 year olds compared to 572.3 in Swindon. It should be noted that the above figures are for admissions rather than individuals and local

Further information on the subject of this report can be obtained from Frances Mayes, 01793 444677, FMayes@swindon.gov.uk.

analysis has shown that a proportion of these are repeat attendees with some young people attending multiple times. Great Western Hospital implements NICE guidance which recommends that all children and young people who attend A&E for self-harm undergo a mental health assessment which usually requires an admission. This puts the above figures into context and it should be acknowledged that work is underway to address this.

3.2 This needs assessment focuses on the needs of those aged 5 - 18 years but also includes transition to adult services.

It forms part of a suite of Children's Needs Assessment. The needs of those under 5 years of age are addressed in the Early Years Needs Assessment and also the work being undertaken around perinatal mental health.

3.3 The needs assessment looks at all current services from those who look after the emotional health of all children and young people helping to build resilience such as schools, GPs, and youth services, to more targeted mental health services and more specialist mental health services fulfilling needs of those with the most severe mental health problems.

3.4 Estimates show that for Swindon LA there are likely to be 3054 young people under the age of 18 who have a clinically diagnosable condition. Of those about 880 will require a specialist out-patient mental health service.

3.5 Eating disorders (particularly anorexia nervosa) are the third most common chronic illness of adolescence. In Swindon wherever possible these conditions are treated in the community but in 2013/14 there were 20 admissions where eating disorders were either the primary or secondary diagnosis.

3.6 Both children and young people with experience of mental health services and those without were consulted. The findings were that it is felt there is a stigma associated with mental health problems. Many young people wait a considerable length of time before seeking help. They felt that services should be more visible, that more should be done to raise awareness of mental health problems and tackle stigma. They thought services should be more accessible, flexible and close to home.

3.7 Carers and parents reported that they would like more information/communication whilst waiting for treatment and that waiting times should be addressed.

3.8 There has been an increase in demand for and complexity of those accessing treatment. There were considerable waiting times for all mental health services with those most in need prioritised.

3.9 Some groups of children and young people are more vulnerable for mental health problems. The needs assessment looks at the needs of these groups which include children of adults with mental health problems and/or substance misuse, children in care, those who have suffered sexual abuse or exploitation amongst others. Services needs to ensure they are meeting the needs of all vulnerable groups.

3.10 Schools now commission mental health services for their students. Most commission traded services from the Targeted Mental Health Service provided by Swindon Borough Council with whom they have a good working relationship. However, they recognised the need to improve staff training, communications with mental health services, access to services. They also recognised the need to retain focus on anti-bullying.

3.11 The needs assessment recognised the need to ensure the mental health needs of those in crisis were met. Services are part of the Mental Health Crisis Care Concordat and aim to improve access to Psychological Therapies, improve partnership working and ensure seamless pathways between targeted and specialist services.

3.12 An economic evaluation was undertaken to highlight the most effective interventions providing the best value for money.

3.13 Transitions between children and adult mental health services can be particularly difficult at a time when young people are experiencing many challenges. The needs assessment highlighted the need to improve the pathway between services and ensure support for those who are not eligible for adult services.

3.14 The needs assessment made 12 recommendations.

3.14.1 Address waiting times, access to services and capacity within children and adolescent mental health services at both specialist and targeted levels. The focus should be on early intervention with the aim of reducing the periods of time in treatment and complexity of cases. This should include a review of the single point of access and joint assessment clinic, alongside the internal CAMHS pathway, capacity and demand review and include the staffing mix and working practice between CAMHS and TaMHS. This should be undertaken by CAMHS and TaMHS in conjunction with commissioners.

3.14.2 Increase group based provision. Service providers and commissioners should explore opportunities for increasing group work where possible particularly with regard to treatment for anxiety and depression.

3.14.3 Raise awareness and training for universal service providers in conjunction with early intervention. Many stakeholders raised the need for additional training for staff working with children and young people with regard to mental health so that they can gain knowledge and confidence to offer support and can identify children and young people requiring more specialist interventions. This will reduce inappropriate referrals. This would also include the promotion of mental health and wellbeing resources for schools, parents and professionals. These could include national and local resources, sharing of good practice and access to on-line resources.

3.14.4 Strengthen commissioning of mental health services undertaken by schools to ensure services are evidenced based, follow best practice guidance and meet the needs of young people. Schools highlighted the need to share best practice.

3.14.5 Consider the integration of mental health services into local or primary care settings. In order to make children and adolescent mental health services more visible and accessible, the viability of moving mental health services into community, local or primary care settings should be explored. TaMHS felt that the links into GP practices could improve working relationships and address some of the perceived inequity in their traded service provision. Children and young people also highlighted that they would like services to be more flexible and closer to home.

3.14.6 Prioritise vulnerable groups. Ensure access to mental health services for vulnerable children and young people mentioned in this report. This will include sustainable counselling provision through SARC and perinatal mental health needs of those under 18, and those with emergent personality disorder.

3.14.7 Review residential placements: A full review of review of residential placements should be undertaken with social care and CAMHS to better understand the increasing complexity of cases requiring residential placements. This work should inform the commissioning of local support services and be fed into any wider work around market development with residential providers.

3.14.8 Reduce admissions and attendance for Self-Harm. This will include the continued implementation and monitoring and data review from the established self-harm register, the introduction of information packs and postcard scheme at GWH, the implementation of CCG quality premium and the reintroduction of

information sharing between A&E and school nurses. This will be led by service providers, commissioners and public health. An assessment of the requirement for a hospital liaison provision to include a "Responsible Clinician" role at GWH should be undertaken.

3.14.9 Improve data collection and monitoring information. A minimum data set for TaMHS needs to be developed, led by TaMHS and Commissioners based on the national minimum dataset as part of transformation plans.

3.14.10 Strengthen Information sharing and referral pathways between many services including: GPs and TaMHS, TaMHS and CAMHS, GWH and school nurses, TaMHS/CAMHS and school nurses, adult and children's mental health services to mention but a few.

3.14.11 Tackle stigma and raise awareness in children and young people. Service Providers, Commissioners, Public Health and Children and Young People should work together to raise the profile of Mental Health Services, mental health conditions and resilience.

3.14.12 Improve the transition from CAMHS to adult mental health services. Work building on the self-assessment regarding transition from CAMHS to AMHS needs to be developed to ensure the needs of those between 16 and 25 years are met by CAMHS and Adult services in-line with best practice guidance highlighted in this needs assessment. This should include reviewing the transition and access to adult Early Intervention Services for those leaving CAMHS services at 18. This work will be led by Public Health, Commissioners and service providers.

3.15 The needs assessment has been used to inform our local Transformation Plan and will be used to develop our local Children's mental health strategy. Progress against the recommendations will be monitored as part of the Children and Young Peoples Mental Health Strategy Group.

3.16 The full Joint Strategic Needs Assessment will be available on the JSNA website.

http://www.swindonjsna.co.uk

Transformation Plan

3.17 The Department of Health has identified additional funding for Children and Adolescent Mental Health Services to improve the offer for children and young people. Local areas have been invited to submit bids for additional resources to focus on key areas including eating disorders, improving access to psychological

therapies, bringing education and mental health services closer together and building capability and capacity across the system. Additional funding will be released in due course for improving perinatal mental health services.

3.18 The Transformation bid is being led by CCG in collaboration with SBC and stakeholders including mental health service providers.

3.19 The plan outlines how we will:

3.19.1 Build resilience, promote good mental health, prevent mental health problems and improve early intervention

3.19.2 Change how care is provided, improving access, capability and pathways, addressing waiting times and transition out of children's services at 18 yrs.

3.19.3 Sustain a culture of continuous evidence-based services delivered with a workforce with right skills mix, competencies and experience.

3.20 The plan outlines our current position and short term (until April 16) goals, alongside longer term ambitions.

3.21 Work will continue to develop the Transformation Plan and Strategy.

4. Alternative Options

4.1 Not to approve the Children and Young People's Mental Health Needs Assessment recommendations and Transformation Plan.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no direct financial or procurement implications arising from development of the strategy. If additional resources are needed a detailed business case will be developed.

5.2 The Needs Assessment has informed the Transformation Plan which will allow Swindon to bid for additional national resources to improve services.

Legal and Human Rights Implications

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

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

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

Diversity Impact Assessment

5.5 The full Children and Young People's Mental Health and Wellbeing Joint Strategic Needs Assessment has assessed the needs of all children and young people in Swindon and highlighted those at highest risk. The assessment has considered all equality groups.

Risk Management

5.6 No specific risks were identified.

6. Consultees

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

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 Children and Young People's Mental Health Joint Strategic Needs Assessment Bulletin.

8.2 Appendix 2 Transformation Plans for Children and Young People's Mental Health.

Further information on the subject of this report can be obtained from Frances Mayes, 01793 444677, FMayes@swindon.gov.uk.

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Swindon's Joint Strategic Needs Assessment (DRAFT)

Bulletin Children and Young People's Mental Health Needs Assessment

Key Points:

- **Nationally, one in ten children aged between 5 and 16 years has a mental health problem.**
- **Half of those with lifetime mental health problems had their first experience by the age of 14 and three-quarters before their mid-20s.**
- **Self-harming is not uncommon. 10% - 13% of 15 -16 year olds have self-harmed.**
- **Hospital admissions for self-harm for 15 -24 year olds are particularly high in Swindon compared to the national rate**
- **Children and young people in Swindon think mental health services should be improved and more visible and easier to access**
- **There has been an increase in demand for mental health services at all levels.**
- **There are estimated to be 100 young people in Swindon who require, but are not receiving a mental health service**
- **Young people in or leaving care are at particular risk of mental health problems**
- **Tackling stigma and raising awareness of mental health problems needs to be addressed in Swindon**
- **Transition between young people's and adult mental health service should be improved**
- **Nationally anorexia nervosa is the third most common chronic illness of adolescence and has the highest morbidity and mortality of all psychiatric disorders. It is also one of the most common reasons for admission.**

What is a Joint Strategic Needs Assessment (JSNA)

A JSNA helps us to understand:

- What we know about the current health and wellbeing needs of local people
- How their needs are currently being met
- What we think their future needs are likely to be; and
- Howe their needs can be best me in the future

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board. Understanding Swindon's changing population, factors that affect health and wellbeing, the town's assets and the implications for future services are vital in setting priorities and planning future services.

Scope

This mental health needs assessment focuses on the needs of children and young people from 5 – 18 years but also includes transition to adult services up to the age of 25.

It forms part of a suite of Children's Needs Assessments for Swindon. The needs of those aged 0 – 4 years, together with perinatal mental health will be picked up in the Early Years Needs Assessment.

It focuses on mental health provided by universal*, targeted* and specialist* Child and Adolescent Mental Health Services (CAMHS) but does not include inpatient provision which is commissioned by NHS England.

*Universal = all services working with children and young people
Targeted = low level interventions
Specialist = for more complex, serious and enduring mental health problems

Child and Adolescent Mental Health Services (CAMHS) in Swindon

All services working with children and young people contribute to their mental health and wellbeing. Our midwives, health visitors, GPs, Family and Children's Centres, schools, colleges and youth service, together with Children's Services, parents and carers all have a role to play in developing resilience in our children and young people and enabling them to flourish.

For those who need more help there is the Targeted Mental Health Service together with ON-TRAK, providing low level interventions (group work and 1-1 counselling). Oxford Health NHS Foundation Trust provides our specialist CAMHS Service for those with more serious and enduring mental health conditions.

Additional associated services

Alongside the services mentioned above are a range of associated and third sector services. These include:

STEP: preventative and therapeutic interventions for children and young people aged 7 years plus.

Uturn: Under 18s substance misuse service

Hospital admissions by month/year for Great Western Hospital (GWH).

SARC: Counselling service for 13 -16 year olds who have experienced sexual assault or exploitation

NSPCC: Letting the future in – service for 4 - 17 year old who have experience sexual abuse or exploitation

LIFT: Psychological interventions for 16 -18 yrs.

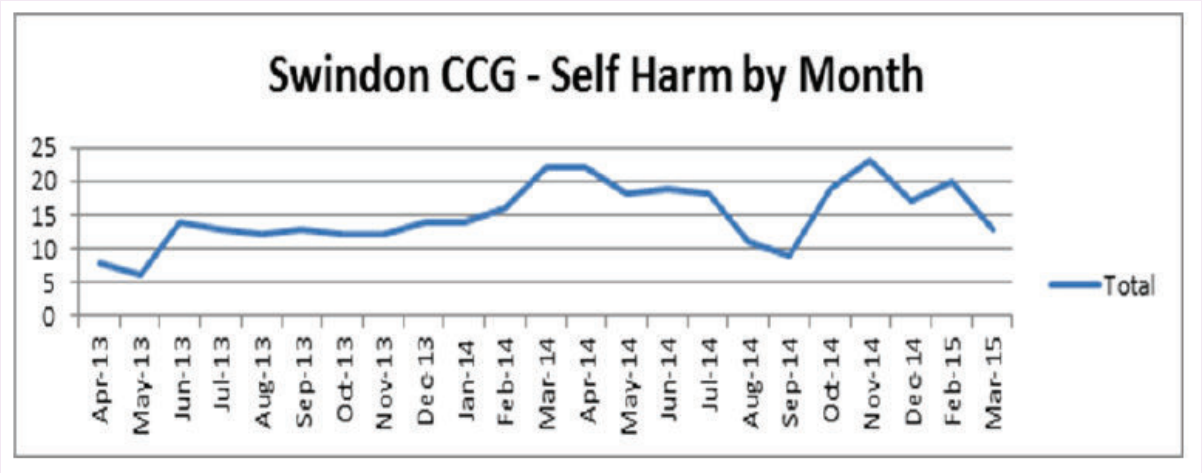
SMASH: Youth mentoring services for those aged 13 -18 years.

Prevalence of mental health problems for those under 18 yrs.

Estimates for Swindon Unitary Authority (UA) show that there are likely to be 3054 young people under the age of 18 who have a clinically diagnosable mental health condition. Of those about 880 will require specialist outpatient mental health services.

Alcohol specific hospital admission rates for under 18s are significantly higher in Swindon compared to national and regional rates. Swindon also has high rates of self-harm admissions and attendances.

The prevalence of eating disorders is difficult to ascertain. Admissions to inpatient services for eating disorders is seen as a last resort and in Swindon there were 7 admissions as a primary diagnosis and a further 13 as a secondary diagnosis in 2013/14.



What do children and young people think?

Consultation with children and young people was undertaken by STEP and the Youth Forum. Two groups of young people were consulted: group1 had no experience of mental health services and group 2 had experienced either experience targeted or specialist services. Of those who had not received a mental health service only 19% had heard of CAMHS and 25% had heard of TaMHS. 56% had not heard of either service. Of those who had heard of these services 57% did not really know what sort of help they offered. Only 38% of respondents thought they would know who to ask for or how to get help if they felt they needed support from these services.

Of those who had received a service 35% reported that they had waited more than a year before seeking help. Once they did seek help 45% felt they did not receive help soon enough.

Both groups thought there should be more information available for them on mental health problems and local services and they felt there was still a stigma and lack of awareness of mental health problems and that services were not visible. Children and Young people would prefer services to be flexible and close to home.

What do parents and carers think?

The Parent and Carer consultation was undertaken by CAMHS and TaMHS services and generally parents and carers were very pleased with the service their charges received.

However, they did feel that waiting times were too long and interventions too short. They would have liked more sessions for the young person. They also would have liked better communication while they were waiting for the service. Generally they felt the services required additional resources to provide more information and cut waiting times.

Waiting times, access and capacity within services

The needs assessment has highlighted that there has been an increase in demand for services and that the complexity of those accessing services has increased. There are waiting times for all services. Those with the most urgent need are fast tracked through to the most appropriate service but this can mean that for some with less urgent need the waiting times can be long. This can in some cases lead to deterioration in their mental health condition. As reported above some young people wait a considerable amount of time before they seek help.

CAMHS and TaMHS work closely together to triage new referrals to ensure that young people are seen by the most appropriate service. However, there are opportunities to improve as the two services do not use the same risk assessment tools and do not share access to data or patient records.

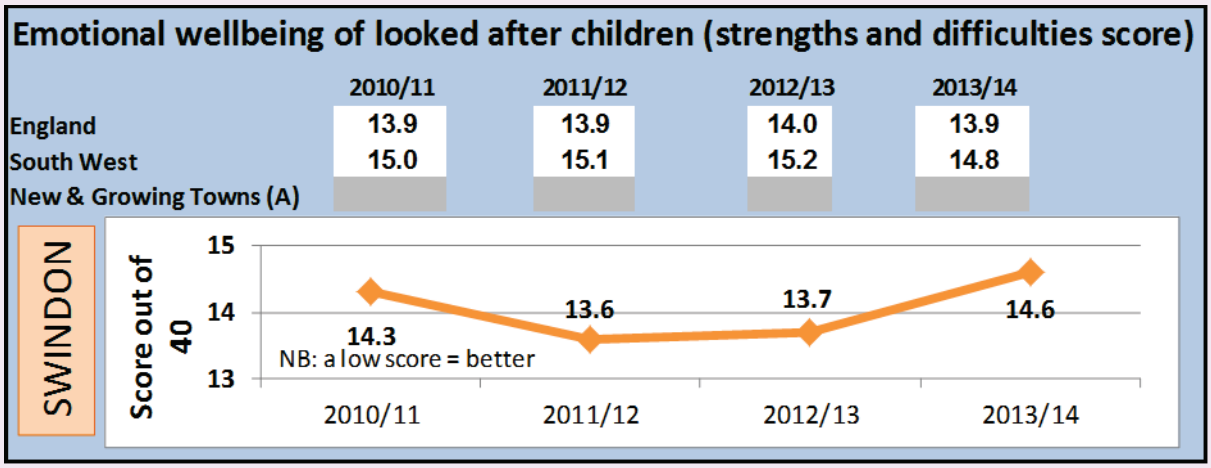
Vulnerable Groups

Some groups of Children and Young People are particularly vulnerable to mental health problems. These include but are not restricted to children of parents with mental health conditions and substance misuse issues, Looked After Children, those who have suffered abuse, sexual abuse or sexual exploitation, refugees and asylum seekers, those who have experienced bereavement or family breakdown, domestic violence, young offenders, children in need or in poverty and young carers. Stakeholders highlight that those leaving care are at particular risk. Ensuring the needs of these groups are met is key to preventing enduring mental health problems into adulthood.

The emotional health and welling of all Looked After Children is assessed using the strengths and difficulties questionnaire (SDQ). In Swindon there was in an increase in the average score from 13.7 in 2012/13 to 14.6 in 2013/14 which put us above the national average (13.9), indicating that children and young people in care have higher levels of poor mental health and emotional wellbeing in Swindon than the rest of England.

In addition there had also been an increase in the number of children in care in Swindon who had a high SDQ score (i.e. above 17) from 41% in 2013/14 to 46% in 2013/14. Of those with a high SDQ score only 49% were receiving a service from CAMHS or were in a specialist placement which included therapy. Further work has been undertaken to ascertain how the mental health needs of those not receiving a service from CAMHS or a specialist placement are being met.

Strengths and Difficulties questionnaire scores for Looked After Children in Swindon (low scores indicate better emotional wellbeing).



Mental health and emotional wellbeing in schools

All schools in Swindon were invited to take part in a consultation exercise for the needs assessment. The key findings from this consultation was that there was a lot of work already going on in schools to support children and young people's mental health needs and that most schools had good links with the TaMHS service.

However, schools did report that they would like to see:

- Improved access to and communication with mental health services
- Increased funding for mental health
- Raised awareness of mental health issues to promote an open culture of mental health, improve training for staff and provide information for parents on what was available.

It was acknowledged that much good work has been undertaken in schools over the last few years. Bullying has a big impact on mental health and wellbeing and anti-bullying work should remain a focus in schools.

Most schools reported that there was no difference in accessibility of mental health services between the genders or different ethnic groups. In general, they reported that looked after children and young carers tended to have their needs escalated more quickly and the majority of schools had specific pathways in place for these children.

Information sharing between partner agencies

Lack of information sharing between different partner organisations was also highlighted as detrimental to the service that children and young people receive. Information needs to be shared between GPs, TaMHS, CAMHS, GWH, School Nurses and Adult mental health services in order to ensure that the needs of young people are met and duplication of services is avoided. It is key to ensuring that children and young people do not fall through the gaps.

Mental Health Crisis Care Concordat

CAMHS services have signed the Swindon Mental Health Crisis Care Concordat to ensure that the mental health needs of those in crisis are met. This will ensure that the out of hours service is accessible and that other out of hours providers and III services are aware of how to access the service. CAMHS has also signed a memorandum of understanding with the Court Liaison and Diversion services to ensure that support is provided for these vulnerable young people. Other issues to improve crisis care include: ensuring seamless pathways between TaMHS and CAMHS; ensuring the appropriate skills mix of CAMHS staff with regard to improving access to psychological therapies; improving partnership working the Great Western Hospital, Children's Services and CAMHS.

Economic evaluation

There is increasing evidence regarding the costs of the four most common mental health conditions: Conduct disorders; anxiety; depression and hyperkinetic disorders. A review by the Centre for Mental Health showed that for all these conditions there are interventions that are not only effective in improving outcomes but also good value for money.

Interventions such as the Family Nurse Partnership programme, Group and 1-1 parenting programmes, school based interventions; whole school bullying interventions are particularly cost effective to treat conduct disorder. Group cognitive behaviour therapy can be very cost effective for the treatment of depression and anxiety.

Residential placements

Although inpatient treatment is commissioned by NHS England there are occasions when residential placements need to be commissioned locally. Such cases are usually very complex and will very rarely only be mental health related – children will have complex social needs and sometimes educational needs as well. In these instances residential placements are commissioned, often within a specialist provision, for example for young people with Eating Disorders, those at high risk of harm to themselves or others or those who have suffered from abuse. Over the past 2 years, whilst the numbers of placements has remained stable, commissioners have noticed an increase in the levels of complexity for young people requiring residential placements, often resulting in very difficult placements searches with most providers not able to accommodate such high levels of need.

Raising awareness and tackling stigma

Throughout the needs assessments stakeholders mentioned the need to raise awareness of mental health issues by providing more information to children and young people, their parents and carers and those providing universal services. In addition some universal service providers thought that they needed additional training in some key areas of mental health particularly self-harm and eating disorders. Young people thought that making CAMHS services more visible may help to tackle stigma and raise awareness.

Transition between CAMHS and Adult Mental Health Services (AMHS)

Reaching the age of 18 years is a challenging time for most adolescents. Those who are under the care of CAMHS at this age can be particularly vulnerable as the transition of care can be unsettling and for some it will mean a transition out of the mental health services that they have been used to. Some young people will not be eligible for adult service and may need additional support with transition into the adult world and where and how they should seek the information and support that they may require.

Next Steps

The findings of this needs assessment will be used to develop a strategy and action plan to meet the recommendations identified. These will be in line with Department of Health transformation plan principles which include improving access to psychology therapies, improving perinatal mental health services and community eating disorder services, bringing education and mental health services closer together and building capability and capacity across the system.

Recommendations

1. **Address waiting times, access to services and capacity** within children and adolescent mental health services at both specialist and targeted levels. The focus should be on early intervention with the aim of reducing the periods of time in treatment and complexity of cases. This should include a review of the single point of access and joint assessment clinic, alongside the internal CAMHS pathway, capacity and demand review and include the staffing mix and working practice between CAMHS and TaMHS. This should be undertaken by CAMHS and TaMHS in conjunction with commissioners.

2. **Increase group based provision.** Service providers and commissioners should explore opportunities for increasing group work where possible particularly with regard to treatment for anxiety and depression.

3. **Raise awareness and training for universal service providers** in conjunction with early intervention. Many stakeholders raised the need for additional training for staff working with children and young people with regard to mental health so that they can gain knowledge and confidence to offer support and can identify children and young people requiring more specialist interventions. This will reduce inappropriate referrals. This would also include the promotion of mental health and wellbeing resources for schools, parents and professionals. These could include national and local resources, sharing of good practice and access to on-line resources.

4. **Strengthen commissioning** of mental health services undertaken by schools to ensure services are evidenced based, follow best practice guidance and meet the needs of young people. Schools highlighted the need to share best practice.

5. **Consider the integration of mental health services into local or primary care settings.** In order to make children and adolescent mental health services more visible and accessible, the viability of moving mental health services into community, local or primary care settings should be explored. TaMHS felt that the links into GP practices could improve working relationships and address some of the perceived inequity in their traded service provision. Children and young people also highlighted that they would like services to be more flexible and closer to home.

6. **Prioritise vulnerable groups**. Ensure access to mental health services for vulnerable children and young people mentioned in this report. This will include sustainable counselling provision through SARC and perinatal mental health needs of those under 18, and those with emergent personality disorder.

7. **Review residential placements**: A full review of review of residential placements should be undertaken with social care and CAMHS to better understand the increasing complexity of cases requiring residential placements. This work should inform the commissioning of local support services and be fed into any wider work around market development with residential providers.

8. **Reduce admissions and attendance for Self-Harm.** This will include the continued implementation and monitoring and data review from the established self-harm register, the introduction of information packs and postcard scheme at GWH, the implementation of CCG quality premium and the reintroduction of information sharing between A&E and school nurses. This will be led by service providers, commissioners and public health. An assessment of the requirement for a hospital liaison provision to include a "Responsible Clinician" role at GWH should be undertaken.

9. **Improve data collection and monitoring information.** A minimum data set for TaMHS needs to be developed, led by TaMHS and Commissioners based on the national minimum dataset as part of transformation plans.

10. **Strengthen Information sharing and referral pathways** between many services including: GPs and TaMHS, TaMHS and CAMHS, GWH and school nurses, TaMHS/CAMHS and school nurses, adult and children's mental health services to mention but a few.

11. **Tackle stigma and raise awareness in children and young people**. Service Providers, Commissioners, Public Health and Children and Young People should work together to raise the profile of Mental Health Services, mental health conditions and resilience.

12. **Improve the transition from CAMHS to adult mental health services**. Work building on the self-assessment regarding transition from CAMHS to AMHS needs to be developed to ensure the needs of those between 16 and 25 years are met by CAMHS and Adult services in-line with best practice guidance highlighted in this needs assessment. This should include reviewing the transition and access to adult Early Intervention Services for those leaving CAMHS services at 18. This work will be led by Public Health, Commissioners and service providers.

Where to find more information

The full Children and Young People's Mental Health and Wellbeing JSNA provides much more information on the issues covered by this bulletin (including full references). It can be found on Swindon's JSNA website:
www.swindonjsna.co.uk

The website includes a range of other documents about health and wellbeing in Swindon. If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact: jsna@swindon.gov.uk.

This JSNA was led by Frances Mayes (Senior Public Health Manager) with support from other members of the Swindon Public Health and Commissioning Teams. The author would like to thank all the stakeholders who contributed to and gave their time to help inform this needs assessment. Particular thanks to: STEP and the children and young people and their parents and cares, who took part in the consultation.

This bulletin will be reviewed in 2018

Local Transformation Plans for Children and Young People's Mental Health: Swindon Health and Social Care Economy

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan? (Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)
Senior Contact regarding this application: Thomas Kearney (Associate Director of Commissioning: Swindon CCG. Email: thomas.kearney@swindondccg.nhs.uk Tel: 07500068787 **Lead Accountable Organisation**: Swindon Clinical Commissioning Group; in close partnership with partners Swindon Borough Council. There are joint commissioning arrangements in place for the spectrum of CAMHS services between both commissioning organisations. The Children's Mental Health Commissioner sits in joint management across both Swindon CCG and Swindon Borough Council. This application has been informed by the Joint Strategic Needs Assessment (JSNA) for Child and Adolescent Mental Health in Swindon in August 2015; completed by Public Health Swindon. The JSNA has been completed with stakeholder engagement including: - Patient and public engagement events - Provider organisations: - Oxford Health NHS Foundation Trust - Targeted Adolescent Mental Health services (under 18 Tier II) provided by Swindon Borough Council - Prevention Around Self Harm (PASH) Swindon - Mind Swindon - Local Education Commissioning - Representatives from local schools

This application is based on the Child and Adolescent Mental Health Strategy for Swindon August (2015), informed by the JSNA and is jointly submitted with the full support, awareness of the organisations.

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

We will work to Future in Mind high level objectives (2014) and the findings of Swindon's JSNA including feedback from Children and Young People (CYP).

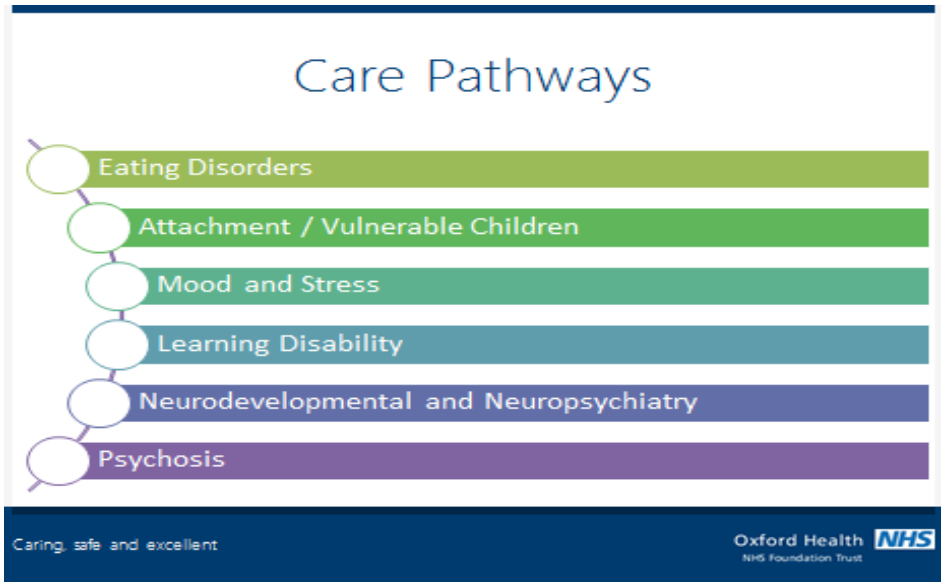
We aim to:

- **Build resilience, promoting good mental health and wellbeing, prevention and early intervention by**:
  - Promoting resilient parents, good perinatal mental health and attachment, strengthening our perinatal and infant mental health service.
  - Working with schools and universal services to promote evidence-based practice; resilience; national/local resources; improve early identification and early intervention; raise awareness and expertise and tackle stigma.
  - Focusing on the most vulnerable including LAC

- **Change how care is provided by:**
  - Acknowledging CYP want visible and flexible services delivered closer to home.
  - Integrating services locally and build capability in universal services.
  - Moving to a needs-led, not service-led, model of well-being, implementing evidence-based pathways for community-based care. These will be built around the needs of CYP and families, including the most vulnerable, with services stepping up and down as needed, avoiding unnecessary admissions.
  - Developing clear pathways from universal through to specialist services for cost-effective, evidenced-based treatments starting with eating disorders

- Implementing co-location models where appropriate and multi-agency joint-working for the most complex and vulnerable children.

- Addressing waiting times, access and capacity, reviewing single point of access
- Improving transition at 18 to meet need.



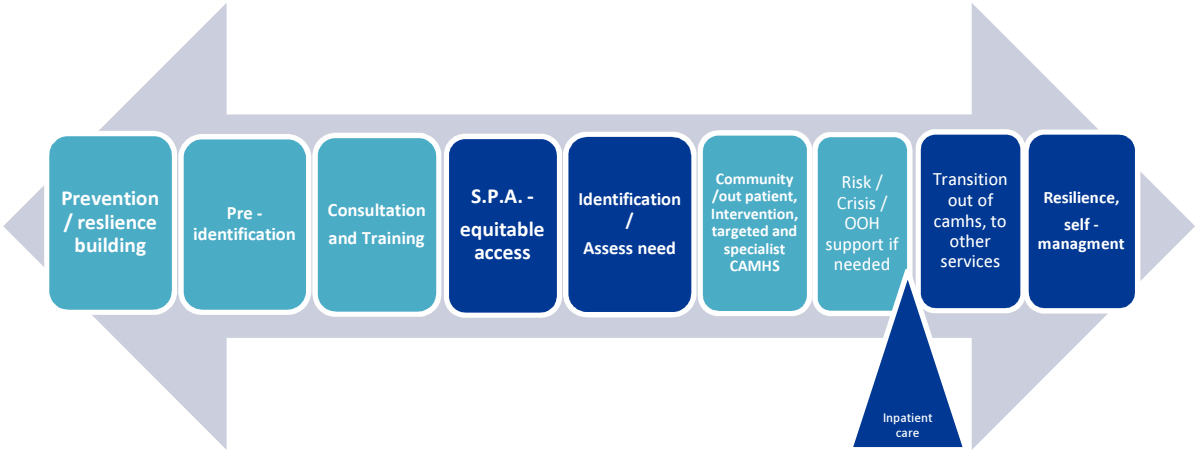
- **Sustain a culture of continuous evidence-based improvement delivered by a workforce with the right skills-mix, competencies and experience by:**

  - Developing structures that support staff in all areas of the children's workforce.

  - Regular reviews of the evidence-base, cost-effectiveness of interventions and the skills and competency mix of staff are underway to ensure efficient response and demonstrable sustainable outcomes alongside relevant KPIs.

  - Build on the CYP IAPT model, perinatal roles, universal up-skilling and reviews within targeted and specialist mental health services.

Systemic Pathway



Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

A JSNA and five year strategy for Swindon Children and Adolescent Mental Health has been completed in August 2015 which included full consultation with providers and stakeholders including children and young people and their parents / carers.

A five year children and adolescent mental health strategy has been developed based on the JSNA and transformation plans.

The direction for an improved whole system approach has been set and an enhanced programme for Perinatal provision, education and pathway enhancement has been in place as a CQUIN since April 2015. This work, completed in expectation, with the parallel publication of the guidance strives for improved awareness and identification of MH issues in perinatal care. **Implementation initiated April 2015. Expected evaluation by January 2016.**

A transitions audit from CAMHS to AMHS has been undertaken **(Completed July 15)** and work has started to ensure that transition plans are in place.

Strategy details additional KPI's around flow and interaction. **Completed August 2015. Development and pilot within Q3 2015-16.**

The strategy sets the target for referral to assessment for routine and urgent need at 100% and investment will be structured accordingly. **Agreed August 2015.**

By moving away from tiers, we will have seamless provision across universal, targeted and specialist care with outcome based KPIs. **Agreed August 2015 and for pilot within Q3 2015-16**

A draft proposal from Oxford Health for the ED specialism services has been completed and is being discussed by both Swindon and other providers – this arrangement for additional resources will be followed by Swindon but this outline is not the final version nor the KPI's for comprehensive assurance to the commissioners of service delivery.

Draft KPIs for mainstream CAMHS have been discussed around enhanced management of referral to assessment, supported for integration of "tiers" to show pull of resource towards patients as needed. Initiated **August 2015 and ongoing into April 2016**

Increased emphasis on outcomes in KPIs agreed for pilot. These include:

- time frames for assessment urgent and routine at 100%,
- Specialist set measuring Eating Disorder performance across the same metrics outlined
- date of agreed care plan with outcomes identified within 4 weeks of assessment,
- Measurement of baseline against achievement at 6 month intervals.
- Discussions initiated around future commissioned structure and informed by the initial pilot

Targeted mental health services are co-located with early help services and children's social care in four local areas.

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

By April 2016:

We intend to have completed the following:

- Improved assessment time frames for routine and urgent assessment response times; supported by the service development above target 95% assessments within time frame for both Eating Disorders / Mainstream CAMHS routine and urgent assessments. 2016-17 100% target
- agreed and started implementation of an enhanced Eating Disorder service and pathway in partnership with Wilts and BaNES CCG
- An evaluated enhanced perinatal MH pathway with recommendations for 2016-17 commissioning arrangements already discussed with providers
- Review perinatal mental health pathway for under 18s

- To continue review of infant mental health services – parenting, *Baby Steps* programme and new initiatives
- A new set of KPI's which have been evaluated and adjusted to increase interaction between services as clinically indicated creating synergies for patient care.
- A seamless provision of assessment and treatment between amalgamated specialist and targeted mental health services.
- A low comparative usage of inpatient resources relative to national baseline usage for population.
- Reviewed and improved transitions pathways from CAMHS
- An improved offer of resources, education and training for schools and universal services (which has already increased significantly this year)
- Reduction of inpatient usage across services in acute CAMHS care in both mainstream and ED (but needs to be agreed with NHS England specialist commissioning)
- Further improve access to mental health intervention services for children in care, and those children who have suffered from abuse and child sexual exploitation

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

- We have a clear set of actions locally in Swindon and a joint vision across providers and commissioners of services.
- We would benefit from any highlighted areas of innovative and good practice nationally which have demonstrated outcomes for CAMHS patients
- We would like to continue to link into, and provide representation for these regional networks which could be supported by the Strategic Clinical networks and update other health and social care economies on our progress.
- Understand the commissioning frameworks which other areas are adopting across services to break down barriers if these are different to our own.
- Liaise closely with NHS England through a set of enhanced metrics which show detailed understanding of Tier IV for the health economy and demonstrable effect if any so the evaluation becomes more holistic. This template has been shared with specialist commissioning for our area.
- We would welcome any additional feedback on workstreams / metrics and KPIs which NHS England are planning to undertake as part of this national focus so we could instigate these as part of the improvement strategy.

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (eg, for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list

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Children and Young People with Complex and Life Limiting Conditions Joint Strategic Needs Assessment

Health and Wellbeing Board **Date: 21 October 2015**

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

1. Purpose and Reasons

1.1 The aim of this report is to inform the Health and Wellbeing Board of the findings of the Children and Young People with Complex and Life Limiting Conditions Joint Strategic Needs Assessment (JSNA) and seek support for its recommendations.

1.2 The Children and Young People with Complex and Life Limiting Conditions JSNA (Appendix 1) looks at available local and national data to describe the current picture with regard to Children and Young People with Complex and Life Limiting Conditions in Swindon. It provides a summary of the estimated numbers of children affected in Swindon; information about support and services available; and the experiences of children and young people living with complex and life limiting conditions in Swindon. The JSNA highlights a range of guidance and best practice all of which is defined by a focus on the individual and person centred care.

1.3 The findings from the JSNA inform a suite of recommendations that aim to support all children and young people with complex and life limiting conditions in Swindon to live fulfilling and rewarding lives and have access to the right support at the right time.

1.4 A steering group will be established to develop the action plan and oversee delivery against these recommendations.

2. Recommendations

The Board is recommended to:

2.1 Note and agree the recommendations from the Children and Young People with Complex and Life Limiting Conditions Joint Strategic Needs Assessment Bulletin attached as Appendix 1 to this report.

3. Detail

3.1 Defining children with complex needs is difficult as it can cover a spectrum of conditions and different needs. It also varies by data source and service. One definition used broadly in this JSNA is that a child or young person with complex needs:

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

3.1.1 has a serious on-going illness, a complex chronic condition or a disability that has lasted or is anticipated to last at least 12 continuous months or more and/or

3.1.2 has an illness, condition or disability that results in the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to social or physical barriers or

3.1.3 is experiencing significant developmental or acquired impairments or delays in one or more areas of cognitive development, sensory or physical development, communication development, social, behavioural or emotional development or

3.1.4 has a condition which has a high probability of resulting in developmental delay or deteriorating functional ability and whose ability to achieve their potential is impaired due to a wide range of barriers facing them.

3.2 Children with a disability, complex need and/or life limiting condition are a diverse group. Some children will need multi-agency support across health, social services and education whereas others will have little contact with services unless their condition deteriorates.

3.3 Gathering data on the numbers of children and young people with complex and life limiting conditions at a local level is challenging and there are different ways of estimating the number of children who fall into this group:

3.3.1 From the 2011 census 1.4% of 0 to 15 year olds and 1.7% of 16 to 24 year olds in Swindon consider their daily activities to be ‘limited a lot’ by long term health problems or a disability.

3.3.2 Local hospital data suggest 79 children were admitted for life-limiting conditions in 2013/14 with 26 of these congenital.

3.3.3 Applying national estimates suggest between 17 and 19 babies a year are born with a congenital or chromosomal disorder: the most common being cerebral palsy.

3.3.4 Asthma affects over 4000 children in Swindon.

3.4 Nationally, it is estimated 94% of admissions from long term conditions in children are from asthma, diabetes and epilepsy.

3.5 There is a need to clarify the age cut-offs for support services and aim for consistency across services of what define a child / young person and when transition planning into Adult Services should start.

3.6 The JSNA makes 16 recommendations which are applicable for a number of different organisations and can also inform the commissioning of services for children with complex and life limiting illnesses. These are:

3.6.1 Improve liaison between hospital and school to ensure appointments do not clash with examinations / tests.

3.6.2 Schools to look at pressure for young people to catch up post time off and whether this could not be at the expense of breaks / social time which is highly valued by young people.

3.6.3 Scope for schools to look at disability and challenging stereotypes as part of the PSHE curriculum to improve understanding.

3.6.4 A common theme from the hospices is that there is more capacity to be used for Swindon. Make more appropriate use of hospice provision which has expertise in this area and gold standard care and facilities.

3.6.5 A clearer pathway defining roles between secondary care, primary care, community and educational services for both professionals and parents.

3.6.6 Clarify the age cut-offs for support services and aim for consistency across services of what define a child / young person and when transition planning into Adult Services should start.

3.6.7 Training to improve the confidence of GPs and practice nurses in supporting children with complex and life limiting conditions. Clarity over responsibility for wound care.

3.6.8 Look into whether commissioners across different areas could standardise the performance data required for both Great Western Hospital and for the hospices.

3.6.9 Increase access to hospital services such as x-ray, radiology, and blood testing at weekends.

3.6.10 Reduce the number of young people with life limiting conditions treated on adult wards where possible.

3.6.11 Consider improving early emotional and mental health support for parents to reduce high levels of depression and relationship breakdown.

3.6.12 Improve wifi connection in hospital on the children's ward to improve teaching.

3.6.13 Improve flow of information between hospital and home liaison service and schools.

3.6.14 Investigate whether school nurses could do more e.g. heights and weights to reduce the need for hospital visits.

3.6.15 Recognise the need for more employment opportunities and supported employment for young people with complex healthcare needs particularly in the future as young people are able to live longer.

3.6.16 Highlight to universities and Higher Education the needs for more paediatric nurses and work with Severn Deanery to look at ways of making children's nursing more valued / desirable and easier to recruit to in the South West.

3.7 The full JSNA for Children and Young People with Complex and Life Limiting Conditions can be found on the Swindon JSNA website. http://www.swindonjsna.co.uk/

4.0 Alternative Options

4.1 Not to support the recommendations identified in the JSNA.

5.0 Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

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

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

Legal and Human Rights Implications

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

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

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

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

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

Diversity Impact Assessment

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

Risk Management

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

6. Consultees

6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) have been consulted in respect of this report.

7. Background Papers

3.1 None.

4. Appendices

4.1 Appendix 1: Children and Young People with Complex and Life Limiting Conditions Swindon Joint Strategic Needs Assessment (JSNA) Bulletin.

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

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Swindon Joint Strategic Needs Assessment
JSNA Bulletin

Children and Young People with Complex and Life Limiting Conditions

Key Points:

- **The JSNA provides evidence to help us understand the current picture regarding children and young people with complex and life limiting conditions**
- **Children with a disability, complex need and/or life limiting condition are a diverse group. Some children will need multi-agency support across health, social services and education whereas others will have little contact with services unless their condition deteriorates.**
- **Gathering data on the numbers of people with children and young people with complex and life limiting conditions at a local level is challenging and there are different ways of estimating the number of children who fall into this group:**
  - **From the 2011 census 1.4% of 0 to 15 year olds and 1.7% of 16 to 24 year olds in Swindon consider their daily activities to be 'limited a lot' by long term health problems or a disability:**
  - **Local hospital data suggest 79 children were admitted for life-limiting conditions in 2013/14 with 26 of these congenital.**
  - **Applying national estimates suggest between 17 and 19 babies a year are born with a congenital or chromosomal disorder: the most common being cerebral palsy.**
- **Asthma affects over 4000 children in Swindon**
- **Nationally, it is estimated 94% of admissions from long term conditions in children are from asthma, diabetes and epilepsy**
- **There is a need to Clarify the age cut-offs for support services and aim for consistency across services of what define a child / young person and when transition planning into adult services should start**
- **The JSNA makes 16 recommendations for future work to improve lives of children and young people with complex and life limiting conditions in Swindon**

What is a Joint Strategic Needs Assessment (JSNA)?

A JSNA helps us to understand:

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

The JSNA process involves many different partners and is overseen by Swindon's Health and Wellbeing Board.

Understanding Swindon's changing population, the factors that affect health and wellbeing, the town's assets and the implications for future services are vital in setting priorities and planning future services

Children and Young People with Complex and Life Limiting Conditions JSN

This JSNA is part of a suite of documents to understand the needs of children and young people in Swindon looking at Conception to age 5: Best Start, Mental Health and Children with disabilities.

Children with disabilities is divided into 5 areas and this bulletin focuses on one of these areas: children with life limiting conditions and complex health needs.

The purpose of this needs assessment is to:

- understand current provision and where there are gaps
- understand the needs of disabled children and those with complex needs now and in the future
- forecast future demand for services and identify trends in need
- provide insight into what works well, what could be improved, and suggestions for innovative practice from both service users and people delivering the services.

Defining children with complex needs is difficult as it can cover a spectrum of conditions and different needs. It also varies by data source and service. One definition used broadly in this JSNA is that a child or young person with complex needs:

- has a serious on-going illness, a complex chronic condition or a disability that has lasted or is anticipated to last at least 12 continuous months or more and/or
- has an illness, condition or disability that results in the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to social or physical barriers or
- is experiencing significant developmental or acquired impairments or delays in one or more areas of cognitive development, sensory or physical development, communication development, social, behavioural or emotional development or
- has a condition which has a high probability of resulting in developmental delay or deteriorating functional ability and whose ability to achieve their potential is impaired due to a wide range of barriers facing them.

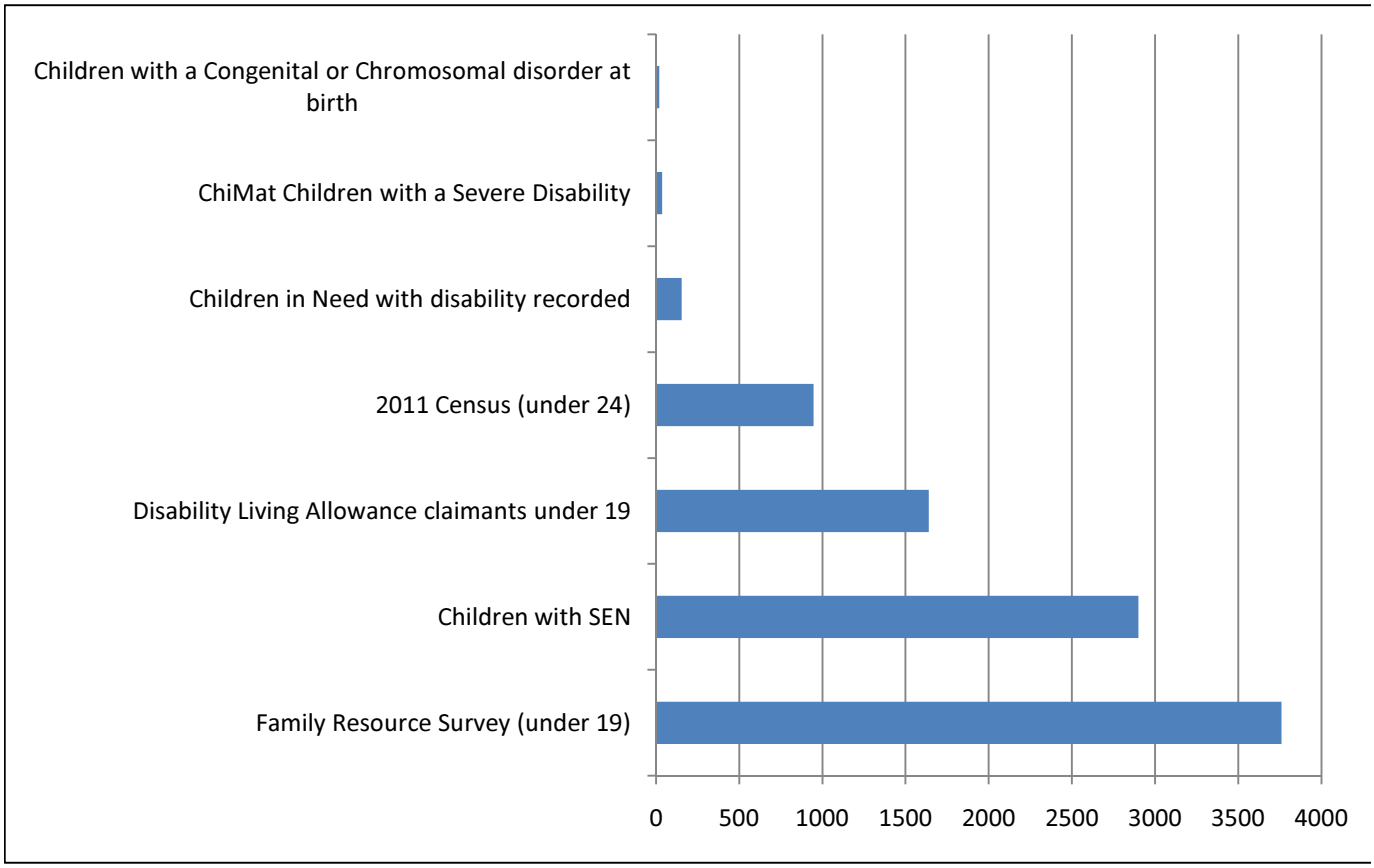
Who is affected?

Children with a disability, complex need and/or life limiting condition are a diverse group. Some will need multi-agency support across health, social services and education whereas others will have little contact with services unless their condition deteriorates. There are different ways of estimating the number of children who fall into these groups – some use prevalence estimates from national studies or specific survey data, whilst others measure service use as a proxy for need.

Table: Data Source

Actual	Estimates
2011 Census Children In Need Survey Children with SEN Children with a Congenital or Chromosomal disorder at birth Children receiving disability living allowance	Family Resources Survey ChiMat Children with a Severe Disability

Figure: Summary of different estimates of children with a disability, complex need and/or life limiting condition.



- From the 2011 census 1.4% of 0 to 15 year olds and 1.7% of 16 to 24 year olds in Swindon consider their daily activities to be 'limited a lot' by long term health problems or a disability.
- Applying Family Resources Survey estimate would suggest 3760 under 18 year olds have a disability with the most frequent being a learning disability, stamina / breathing or fatigue problems, or social / behavioural disabilities.
- 9.5% of children in need in 2013/14 in Swindon had a disability recorded but this did include autism which is out of scope for this JSNA.
- Estimates from the Child and Maternal Health (ChiMat) Intelligence Network suggest 38 children in Swindon have a severe disability.
- Local hospital data suggest 79 children were admitted for life-limiting conditions in 2013/14 with 26 of these congenital. Applying national estimates suggest between 17 and 19 babies a year are born with a congenital or chromosomal disorder: the most common being cerebral palsy.
- Cancer is relatively rare in young people and survival rates are improving. In Swindon there were 43 cases in a 5 year period with rates per population similar to the rest of the south west.
- Asthma affects over 4000 children in Swindon and for some it has a significant effect on their daily activities. Nationally, it is estimated 94% of admissions from long term conditions in children are from asthma, diabetes and epilepsy.

What services do children use?

Children with complex and life-limiting conditions (LLC) are cared for at home, in hospital, in the community and in hospices. There were 208 hospital admissions for LLC from 79 children in 2013/14 in Swindon. Lymphoid leukaemia has the highest number of admissions by emergency followed by cystic fibrosis. For elective admissions, lymphoid leukaemia again has the highest number of admissions followed by malignant neoplasm of other connective and soft tissue.

The Community Outreach Nursing Service (CONS) looks after children with long term/ life limiting conditions including diabetes, epilepsy, complex needs, cancer and generic complex needs. The team includes a paediatric oncology nurse with a caseload of 25 children aged 0 to 16. The team support:

- with enteral feeding – NG (Naso Gastirc), gastrostomy fed babies and children – supporting the child at home and also training families and carers
- babies discharged home on oxygen therapy from SCBU(Special Care Baby Unit) to work with their families to wean the infants off oxygen
- children with cardiac diagnosis – for example a child who needs an INR (blood clotting) checking on a weekly basis.
- Children post liver transplant
- Endocrine problems.
- Cerebal palsy.
- Muscular Dystrophy
- Congenital abnormalities

The Complex and Continuing Care service provides intensive, around the clock medical support and help for children who, depending on their health condition, need very specialised care. Each child or young person is allocated a Healthcare Professional to provide them with individual help (including overnight support) at the child's home and to enable them to attend school. The service also supports and sustains children with terminal illness and provides palliative and end of life care. There were a total of 35 children active on the register from mid-2008 to April 2015. A further 41 children have had past involvement with the service and 9 have been referred but no further input in care from the service was required/needed.

Community Support Services include paediatric therapies, speech and language therapy, the Disabled Childrens' Team, educational psychology, and Koala's Playgroup and Portage Education groups for children with special needs.

As part of the education other than at school provision (EOTAS), Swindon has a hospital school and home education service which is part of the Stratton Education Centre. This includes supporting children who are inpatients on the children's ward at Great Western Hospital, and children who need home tuition.

Hospice support is offered via Helen and Douglas House in Oxford, Naomi House in Winchester and the Rainbow Trust. Parents are offered a specific number of nights a year; some hospices allow the purchase of more. Facilities include education, healthcare, leisure, psychology and family support.

What do organisations and young people think?

Hospital services are generally viewed positively. One of the challenges is meeting the demand for services and the recruitment of paediatric nurses. There is also scope for clearer delineation between who does what for children and young people. One theme which emerged was the relationship between hospital services, school nurses, and primary care and who could and would provide different elements of care in different settings.

In terms of education the hospital and home service provide a limited number of hours compared to standard schooling, and also find that their time with children covers much more than curriculum teaching.

The hospice provision for children and young people is well regarded and there were no identified problems with accessing places. The hospices generally felt that there was a clear process for referrals and they were seeing appropriate children. There is generally no waiting list. Children are reviewed every year and most are given an initial low allocation of nights which can then build up.

When a child gets sick at home there was concern that support for the families at home could be stronger. The child may be well supported in the school or hospital environment but when at home there is less support available.

Swindon Ten to Eighteen Project (STEP) were commissioned to consult with young people. Their views are summarised below:

What works well

- Young people with complex needs enjoy doing exactly the same things as any young people and praised opportunities to do this.
- People were generally positive about planning for transition to adult services, that this started early and the planning for post school life.
- People were complimentary about ward staff and doctors who knew them well. People felt clinical staff spoke to and listened to the young person themselves rather than their parents.
- Support either via secondary care or therapy services was felt to be good, and equipment and adaptations very useful.

What could be improved

- Many of the young people highlighted that there could be better liaison between school and the hospital in terms of timing of appointments as these can exacerbate problems with missing lessons and missing key tests or exams.
- There is also a feeling that the onus is on the parent to inform the school about their child's condition and what is needed rather than it being seamlessly passed from school to school or class to class which puts added pressure on parents.
- Every young person spoke about feeling pressure to catch up at school, and a lack of recognition at times that because of their condition it may be difficult to do this at the pace expected
- There was a feeling that people were less understanding of a complex condition that wasn't visible, and for young people that had an illness where sometimes they needed a wheelchair and sometimes not, people couldn't understand this.
- Some experience of hospitals was very positive but a few people spoke about notes not being available at appointments and having to tell their story over and over again.

Best Practice

The JSNA highlights a range of guidance and best practice all of which is defined by a focus on the individual and person centred care.

In January 2015, the South West Strategic Clinical Network published a report on 'Children's Community Nursing (CNN) – development of regional good practice'. It highlights issues around limited learning between areas and limited regional strategic knowledge, the need for more regional leadership and visibility and an over reliance on acute care. The report identifies that there are different models of delivering services but that these should all be underpinned by

- Staff with the appropriate skills and competencies to meet the varying and complex needs of ill children
- Access to a safe, high quality and effective CCN service staffed by qualified children's nurses, wherever they live 24/7
- The flexibility to be responsive and adapt services when children's needs change
- A 'critical mass' of staff to sustain service delivery in line with local population needs and geographical spread

Conclusions and Recommendations

The following recommendations are applicable for a number of different organisations and can also inform the commissioning of services for children with complex and life limiting illnesses.

1. Improving liaison between hospital and school to ensure appointments do not clash with examinations / tests
2. Schools to look at pressure for young people to catch up post time off and whether this could not be at the expense of breaks / social time which is highly valued by young people.
3. Scope for schools to look at disability and challenging stereotypes as part of the PSHE curriculum to improve understanding.
4. A common theme from the hospices is that there is more capacity to be used for Swindon. Make more appropriate use of hospice provision which has expertise in this area and gold standard care and facilities
5. A clearer pathway defining roles between secondary care, primary care, community and educational services for both professionals and parents
6. Clarify the age cutoffs for support services and aim for consistency across services of what define a child / young person and when transition planning to adult services should start
7. Training to improve the confidence of GPs and practice nurses in supporting children with complex and life limiting conditions. Clarity over responsibility for wound care.
8. Look into whether commissioners across different areas could standardise the performance data required for both Great Western Hospital and for the hospices
9. Increase access to hospital services such as x-ray, radiology, and blood testing at weekends
10. Reduce the number of young people with life limiting conditions treated on adult wards where possible.
11. Consider improving early emotional and mental health support for parents to reduce high levels of depression and relationship breakdown
12. Improve wifi connection in hospital on the children's ward to improve teaching

13. Improve flow of information between hospital and home liaison service and schools

14. Investigate whether school nurses could do more e.g. heights and weights to reduce the need for hospital visits

15. Recognise the need for more employment opportunities and supported employment for young people with complex healthcare needs particularly in the future as young people are able to live longer.

16. Highlight to universities and Higher Education the needs for more paediatric nurses and work with Severn Deanery to look at ways of making children's nursing more valued / desirable and easier to recruit to in the South West

Acknowledgements

This JSNA was led by Penny Marno (Public Health Specialty Registrar) with support from members of the Public Health team. The author would like to thank all the service users and stakeholders who contributed to and gave their time to help inform this needs assessment. The bulletin will be reviewed in February 2018.

Where to find more information

Background documents and other Swindon JSNA Briefings can be found on Swindon's JSNA website. http://www.swindonjsna.co.uk

If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact: JSNA@swindon.gov.uk

Published October 2015

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Troubled Families

Health and Wellbeing Board **Date: 21 October 2015**

Author: Board Director Commissioning

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 Troubled Families is a national programme that has been run from the Department of Community and Local Government (DCLG) since April 2012. The first phase of the programme came to an end at the end of March with Swindon achieving outcomes for 96% (354 families) of the three year target of 370 families.

1.2 Swindon achieved sufficient outcome thresholds in phase one to become an early starter for phase two of the Troubled Families Programme in January 2015 ahead of the start in April 2015. Phase two of the programme will run from April 2015 to March 2020 and Swindon's target number of families is 1270 for the five years.

1.3 The indicators for phase two of Troubled Families have been widened and all Local Authorities are required to develop and agree their locally developed outcome plan. Troubled Families remains a payment by results programme in phase two, however in addition to the achievement of sustainable results for families being achieved there is also a requirement to comply with Family Progress Data and also Cost Calculator submissions.

1.4 This report sets out the achievements and learning from phase 1 of the Troubled Families Programme and outlines the requirements of Swindon Borough Council and its partners for phase 2 of the programme. The draft outcome plan for 2015 – 2020 is attached at Appendix 1 and partners are asked to give feedback and to consider their contributions to phase two of Troubled Families.

1.5 The delivery of Troubled Families underpins the delivery of One Swindon priorities and contributes to all partners' strategies.

2. Recommendations

The Board is recommended to:

2.1 Note the contents of the report regarding the shape and delivery of phase two of the Troubled Families Programme.

2.2 Consider partner organisation's existing contributions to phase two of the Troubled Families Programme and what additional contributions could be made.

Further information on the subject of this report can be obtained from Charmaine Tarring, 01793 465008, CTarring@swindon.gov.uk.

2.3 Provide feedback on the Outcome Plan 2015 – 2020 to ensure alignment to strategic plans.

3. Detail

Troubled Families – Phase 1 April 2012 – March 2015

3.1 The Troubled Families Programme is a national programme led by Louise Casey and run from the DCLG. Phase one of the programme started in April 2012 and finished in March 2015. The purpose of the programme was to consolidate the numbers of workers working with a family with multiple needs and to produce sustainable outcomes through agencies working holistically with families in a coordinated way.

3.2 Payment by results was used by DCLG to incentivise the programme although there was also some up front 'attachment' funding attached to each family and also some annual funding for a Troubled Families Coordinator. The three indicators to identify families were as follows;

1. Children with poor school attendance and/or exclusions
2. Youth crime and/or anti-social behaviour (ASB)
3. Adults out of work

3.3 The outcomes for the families had to be sustained for six months in the case of both the crime/ASB and worklessness indicators, and for a year for the education measures. Swindon had a target of 370 families to work with across the three years of the programme.

3.4 The majority of the families who were identified had two of the three indicators. A Troubled Families Board was established with internal and external partners to agree the delivery model and to support and challenge the implementation. The Troubled Families Coordinator role was embedded in the Strategic Commissioner, Children and Families post and the Life Team was renamed Families First Team and its work refocused on Troubled Families.

3.5 The Troubled Families branding has not been used by workers when working with families. The model of delivery has been to identify who was already working with a family and for them to remain the lead professional (LP) with the additional outcomes being added to the plan they had with the family. The lead professional was then asked to meet with the other workers working with the family to agree a reduction in the number of workers and to agree a joint plan. If there was no known professional already working with a family then the family would be invited to work with the Families First Team. The Families First Team members are from a range of professional backgrounds including early years, housing and social care. The team have been very successful in their invitations to families and have had very few refusals from families to work with them.

3.6 The following table shows the numbers of families worked with and identified by the end of the phase one; the last claim having been made for phase one in May 2015.

		Phase 1 2014/15		
Family Status	**End of Phase 1 Position**	**Target**	**Shortfall/Excess**	**Achievement against Target**
Active with Lead Professional	72			
Active (No Lead Professional)	36			
Claimed	354			
Total	**462**	**370**	**+92**	***125%***
Identified	26			
Total	**488**	**370**	**+118**	***132%***

3.7 There is an evaluation underway of those families who have not been claimed for in phase one, and therefore the outcomes not achieved, and whether they are appropriate to carry forward into phase two. The families active with no lead professional are where services have achieved their service outcome and closed the case however there still remain Troubled Families outcomes to be achieved with other members of the family. The learning from phase one regarding this will go into phase two of the programme to minimise the risk of this occurring.

3.7.1 Claims

The table below shows the final claim position for phase one. A final claim was made in May for 25 families resulting in a final claim position of 96%. This was in line with many other local authorities. The two families in the table claimed for under 'ESF' were engaged with the European Social Fund funded project Families with Multiple Problems. This project supported families to move closer to work.

		Phase 1 2014/15		
Family Status	**End of Phase 1 Position**	**Target**	**Shortfall**	**Achievement**
Claimed (All)	356	370	14	96%
Claimed (Full)	*354*	*370*	*16*	*96%*
Claimed (ESF Only)	*2*			

3.7.2 Services

The majority of the lead professionals in phase one were from Swindon Borough Council, particularly from Children, Families and Community Health Services. There were some lead professionals from a range of schools who were very engaged with the programme and it was agreed that those who achieved outcomes would receive a percentage of the payment by result received.

Whilst there were a wider range of partners attending the Troubled Families Board than were working with families, this was due in part to some agencies' restructures such as the National Probation Service, the Community Rehabilitation Company and Wiltshire Police. Wiltshire Police had had a seconded post in the Families First Team, however when the post holder left a revised model wasn't fully agreed and implemented. This has been taken forward into phase two development with a new Wiltshire Police champion.

	Phase 1 – end position		
Service Team at the point of claim	**Active (includes Claimed)**	**Claimed**	**% Claimed (of those Active to Service Team)**
Restorative Youth Services (RYS)	30	26	87%
Youth Engagement	124	105	85%
Families First	76	62	82%
School Based Lead Professionals	36	29	81%
Localities	3	2	67%
Social Care	94	59	63%
Housing	7	6	86%
Education Welfare	11	5	45%
No Lead Professional Currently Allocated	81	60	74%
Total	**462**	**354**	

Wiltshire Fire Service were commissioned to provide two Salamander Projects a year for families and these have been very successful in enabling family members to work together to achieve outcomes. Many families could see that they could all get to the fire station early every day, that they could gain some certificates and also started to see uniformed services from a different perspective.

Job Centre Plus was very generous in aligning an adviser to phase one even though Swindon's target numbers did not warrant a Troubled Families Employment Adviser (TFEA) as defined by the Troubled Families Unit. The post holder has supported lead professionals to navigate the support for adults moving closer to work.

3.7.3 Outcomes Achieved

The majority of the claims made in phase one have been for education and crime and very few for returning to work. Some of the children's workforce have said that they have found it difficult to support parents/carers to move closer to work. As a result of this the TFEA role will be reshaped for phase two to enable workers to become more confident and competent in this area.

Claim Criteria	No, of Families Claimed	% of Total Claims
Crime & Education	324	92%
Crime & Education and European Social Fund engagement	11	3%
Return to Work	17	4%
Attachment to European Social Fund	2	1%
Grand Total	**354**	

Troubled Families – Phase 2 April 2015 – March 2020

3.8 Swindon reached claim thresholds for phase one in the autumn of 2014 that meant that it was invited to become an early starter for phase two of Troubled Families. The requirement was to start to work with 64 families before the end of March and to comply with submissions of the Troubled Families cost calculator and Family Progress Data.

3.9 As a result of feedback from local authorities that the criteria in phase one were not identifying the most vulnerable families the criteria for phase two were increased as follows;

1. Parent/child involved in Crime or Anti –Social Behaviour
2. Children who have not been attending school regularly
3. Children who need help
4. Adults/young people out of work, or at risk of financial exclusion
5. Families affected by domestic violence or abuse
6. Parents and children with a range of health problems

3.10 Local authorities were asked to build their own outcome framework and outcome plan with partners in response to local need as part of the revised framework for phase two. Initially phase two was only confirmed for 2015/2016 however the five year duration from 2015 to 2020 was confirmed in the Queen's Speech.

3.11 As with phase one identified families need to meet two of the criteria and outcomes achieved need to demonstrate having been sustained for a period of time.

3.12 As can be seen in the table below for 2015/16 Swindon has a target of working with a further 216 families (280 cumulative). The 94 families currently being worked with takes us to 34% of the full year target. The target number of families for Swindon from 2015 – 2020 is 1,270.

3.13 The learning from phase one showed that it took approximately nine months to achieve all of the outcomes with families and so therefore it is not expected to have many claims in the first year of phase two; this was also the case in the first year of phase one.

		Phase 2 - 2014/15				Phase 2 - 2015/16		
Family Status	**Current Position**	**Target**	**Shortfall/Excess**	**Achievement %**	**Current Position**	**Target**	**Shortfall /Excess**	**Achievement %**
Active with LP (Lead Professional)	60				76			
Active (No LP)	11				18			
Claimed	0				0			
Total	**71**	**64**	**+7**	***111%***	**94**	**280**	**-186**	***34%***
Identified	1				51			
Total	**72**	**64**	**+8**	***113%***	**145**	**280**	**-135**	***52%***

3.14 There is still an up-front 'attachment' payment for each family and also an increased payment for the Troubled Families Coordinator to cover the need for more data analysis in phase two. The increase will be used to fund an additional capacity for the data and information analysis. The payment by results claims are subject to the completion of the Troubled Families cost calculator and the Family Progress Data which collects and collates soft outcomes for each of the families.

3.15 Phase two of Troubled Families will be more complex to implement, monitor and will provide some challenges in setting up effective information sharing. However phase two offers a significant opportunity to embed holistic family working in Swindon, to increase the opportunity of more effective front line working across all partners working with families and to move many parents/carers closer to work so that children have improved life chances.

4. Alternative Options

4.1 Swindon Borough Council has agreed to deliver phase two of the Troubled Families Programme and work with 1270 families over the five year term of the

programme. The programme itself is not statutory however is covering both non statutory and statutory work already been undertaken with families by Swindon Borough Council and its partners.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 Swindon Borough Council receives upfront payments of £1000 per family paid on an annual basis and £800 paid for the achievement of outcomes for each family. The payment by results payments are dependent on the completion of Family Progress Data and Cost Calculator. In additional annual payment is made of £150k to cover data analysis and the Troubled Families Coordinator role.

5.2 The upfront funding is used to fund the Families First Team who are working with those identified families who have no existing lead professional.

5.3 Whilst there has been confirmation that the five year Troubled Families programme will continue from the DCLG there has not yet been confirmation on the level of funding that will be received across the term.

5.4 There are no procurement implications since the programme will be embedded in Swindon Borough Council's and partners existing service delivery.

Legal and Human Rights Implications

5.5 There are no legal or Human Rights implications in the implementation of the programme.

Diversity Impact Assessment

5.6 A Diversity Impact Assessment has been completed and is available from the author on request.

Risk Management

5.7 An ongoing risk assessment has been maintained by the Troubled Families Project team across both phase 1 and phase 2 of the Troubled Families programme.

6. Consultees

6.1 All partners as indicated in the report have been consulted on the development of Swindon's outcome framework which has informed the Troubled Families Outcome Plan (attached as Appendix 1).

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

Further information on the subject of this report can be obtained from Charmaine Tarring, 01793 465008, CTarring@swindon.gov.uk.

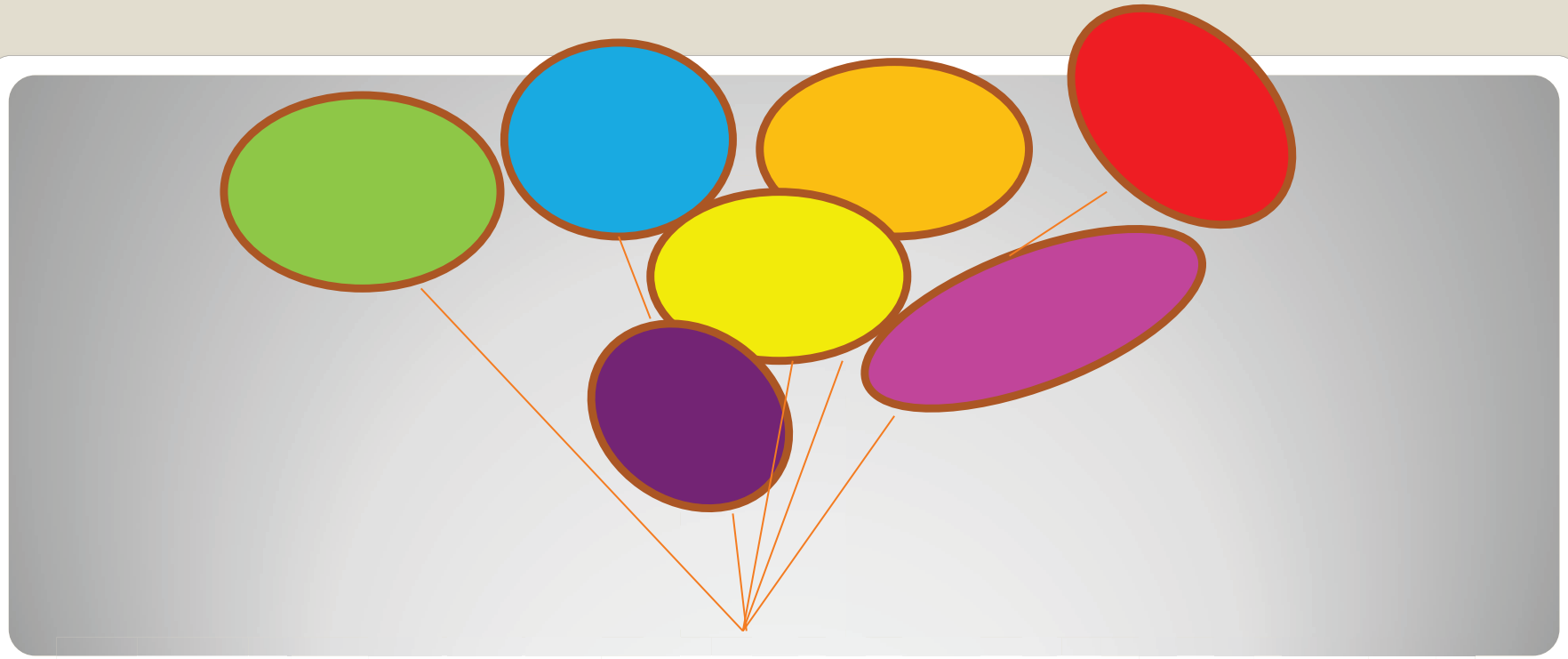
7. Background Papers

7.1 There are no background papers for this report.

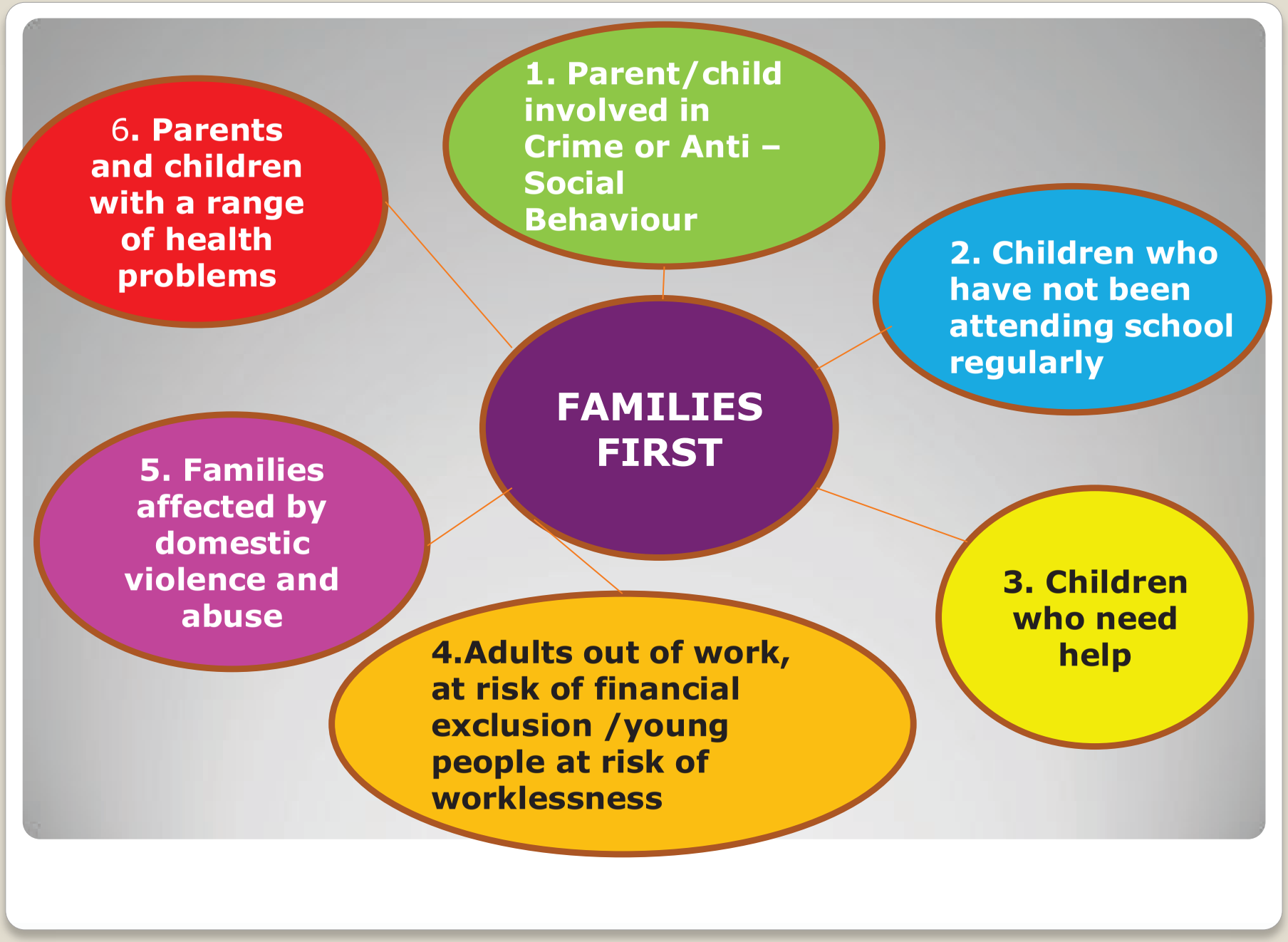
8. Appendices

8.1 Appendix 1 – Swindon's Families First Outcome Plan 2015 – 2020 v1.

Further information on the subject of this report can be obtained from Charmaine Tarring, 01793 465008, CTarring@swindon.gov.uk.



Swindon's Families First Outcome Plan 2015 - 2020


FAMILIES FIRST
1. Parent/child involved in Crime or Anti – Social Behaviour
2. Children who have not been attending school regularly
3. Children who need help
4.Adults out of work, at risk of financial exclusion /young people at risk of worklessness
5. Families affected by domestic violence and abuse
6. Parents and children with a range of health problems

Family Problem	Goal	Outcome Measure
1. Parent/child involved in Crime or Anti –Social Behaviour	A reduction in anti social behaviour and crime	60% reduction in offences or no offences in 6 months
2. Children who have not been attending school regularly	Improved school attendance	Increased attendance to 90% sustained for 3 terms
3. Children who need help	Improve and sustain outcomes for children with plans	Closed to social care and no further referral in 6 months
4.Adults/young people out of work, at risk of financial exclusion	Increase no of adults and young people engaged in training or work related activity	Adults moved off benefits into employment, Young People engaged in work, training or work-related activity
5. Families affected by domestic violence and abuse	Reduce offending and increase reporting of domestic violence and abuse	Score no less than 9 sustained for 6 months on Empowerment Star
6. Parents and children with a range of health problems	Improve the health of vulnerable groups of adults and children	Complete treatment plan and/or improvement from pre to post scores

Swindon's Families First Outcome Plan

Indicators

1a. A child who has committed a proven offence in the last 12 months
1b. An adult or child who has received an anti-social behaviour intervention (inc. local measure) in the last 12 months
1c. An adult prisoner who is less that 12 months from his/her release date and will have parenting responsibilities on release
1d. An adult who is currently subject to a licence or supervision in their community following release from prison and has parenting responsibilities
1e. An adult currently serving a community order or a suspended sentence who has parenting responsibilities
1f. Adults or children nominated by professionals because their potential crime or offending behaviour is equivalent concern to the indicators above.

Outcomes	Source
1a. 60% reduction in offences or no offence in the last six months	Youth Offending Service Wiltshire Police
1b. 60% reduction in offences or no reported ASB in the last 6 months and no further escalation of the enforcement action in 6 months	ASB Team, Housing, Wiltshire Police
1c. No enforcement action taken in 6 months or successful completion of the order	Community Rehabilitation Company (CRC)
1d. . No enforcement action taken in 6 months or successful completion of the order	National Probation Service (NPS)
1e. . No enforcement action taken in 6 months or successful completion of the order	National Probation Service (NPS)

1. Parent/child involved in Crime or Anti-Social Behaviour

Indicators

2a.A child who is persistently absent from school for an average across the last three consecutive terms
2b.A child who has received at least three fixed term exclusions in the last three consecutive school terms
2c. A child at primary school who has had at least five days of fixed term exclusions in the last three consecutive terms
2d. A child of any age who has had at least ten days of fixed term exclusions in the last three consecutive terms
2e. A child who has been permanently excluded from school within the last three school terms
2f. A child who is in alternative education provision for children with social, emotional and mental health needs
2g. A child who is neither registered with a school nor educated in an alternative setting
2h. A child who has needs requiring SEND EHC plan to be in place or have an existing statement of special need
2i.Children missing education.

Outcomes	Source
2a. Increase attendance to 85% (90% Sept 15) sustained for (3 terms)	SBC Education analyst
2b. Reduction to fewer than 3 fixed term exclusions over 3 consecutive terms	SBC Education analyst
2c. Reduction of 60% of days excluded over 3 consecutive terms	SBC Education analyst
2d. Reduction of 60% of days excluded over 3 consecutive terms	SBC Education analyst

2. Children who have not been attending school regularly

Outcomes	Source
2e. A reduction of 60% fixed term exclusions for 3 consecutive terms - baseline 12 months prior to permanent exclusion	SBC Education analyst
2f. A 60% reduction (or increase) in the standardise before and after measure or move to mainstream school maintained for 3 consecutive terms	SBC Education analyst
2g. Home Educated - Achievement of SMART target(s) relating to education progression sustained for six months/moving to full time education sustained for six months.	SBC Education analyst/lead professional
2h. 60% achievement of measurable outcomes achieved and sustained for six months	SEND team/Schools/Lead professionals
2i. Identifier	

2. Children who have not been attending school regularly (continued)

Indicators	
3a. A child who has been identified as needing early help 3b. A child who has been assessed as needing early help 3c. A child in need under section 17 Children Act 1989 3d. A child subject to a Child Protection Plan 3e. A child who is reported as missing to the police 3f. A child who is reported of being or at risk of being of sexual exploitation	
Outcomes	**Source**
3a. The primary reason for early intervention is achieved and sustained for six months as evidenced in reason codes on Capita One and outcome panel or through LP verification	Lead professional verification/Troubled Families Analyst
3b. The primary reason for early intervention is achieved and sustained for six months as evidenced in reason codes on Capita One and outcome panel or through LP verification	Lead professional verification/Troubled Families Analyst
3c. Closed to social care and no further referral in 6 months. No further designation as a child in need in a 6 month period	SBC social care analyst
3d. No further requirement for a CP plan within 6 months of closure (however could still be open to social care)	SBC social care analyst

3. Children who need help

Outcomes	Source
3e. No new missing reports in a 90 day period resulting in removal from the MARP list. No furthers incidents of a child/young person going missing/absent over a 90 day period CSE risk reduced and sustained for 6 months	Wiltshire Police SBC Social Care analyst
3f. CSE risk reduced and sustained for 6 months.	SBC social care analyst

3. Children who need help (cont)

Indicators

4a. An adult in receipt of out of work benefits or an adult is claiming universal credit and is subject to work related conditions
4b. A child who is about to leave school has no/few qualifications and no planned education, training aor employment
4c. A young person who is not in education, training or employment
4d. Parents and families at significant risk of financial exclusion. This may include those with problematic/unmanageable levels of debt and those with significant rent arrears.

Outcomes	Source
4a. JSA - 26 weeks consecutive employment IS/ESA - 13 weeks consecutive employment Universal credit - u25s/apprentices earning £275 month, Single over 25s - £330 a month, Couples - £525 a month Undertake permitted work or attending work choice for 3 months	Job Centre Plus/ Troubled Families Employment Adviser
4b. Move from NEET to EET maintained for 3 months	SBC education analyst
4c. Move from NEET to EET maintained for 3 months	SBC education analyst
4d. Reduction of rent arrears of at least 10% by 6 months and no eviction the same 6 months/ escalation of eviction process (no increase above base arrears in the 6 month period)	Housing

4. Adult out of work or at risk of financial exclusion or young people at risk of worklessness

5. Families affected by domestic violence and abuse

Indicators	
5a. A young person or adult known to local services has experienced, is currently experiencing or is at risk of experiencing domestic violence or abuse. (Over 16 years) 5b. A young person or adult who is known to local services as having perpetrated an incident of domestic violence or abuse in the last 12 months (over 16 years 5c. . Been subject to a six police call outs for low rated domestic incidents in 12 months.	
Outcomes	**Source**
5a. Accessed via EHRP or Empowerment Star. Score no less than a 9 and sustained for 6 months. Reviewed no less than quarterly.	Wiltshire Police SBC social care analyst Women's Refuge
5b. Accessed via EHRP or Empowerment Star. Score no less than a 9 and sustained for 6 months. Reviewed no less than quarterly	Wiltshire Police SBC social care analyst Women's Refuge
5c. Accessed via EHRP or Empowerment Star. Score no less than a 9 and sustained for 6 months. Reviewed no less than quarterly	Wiltshire Police SBC social care analyst Women's Refuge

6. Parents and children with a range of health problems

Indicators	
6a. An adult with mental health problems who has parenting responsibilities, or a child with mental health problems 6b. . An adult with drug or alcohol problems with parenting responsibilities, or a child who have a drug or alcohol problem 6c. A pregnant or new mother with either a mental health, substance misuse or other health issue associated with poor parenting.	
Outcomes	**Source**
6a. . Adults - 25% increase of overall wellbeing score (Edinburgh Well Being) at closure/3months Child - 25% reduction in SDQ at closure/3months	Avon and Wiltshire Partnership (AWP) Lead professional verification Troubled Families analyst
6b. . Adults - Recovery plan/treatment in place and compliance at closure/3 months or achievement of improvement of audit/dudiit score sustained for 6 months Child - successful completion of treatment for closure/3 months	CRI – Drug and Alcohol Service U Turn – Young People's Service
6c. Reduction/increase as appropriate of pre and post measure of standardised tool at closure/3 months	Child Health Team Lead professional verification Troubled Families analyst

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Update on review of community health and social care services

Health & Wellbeing Board **Date: 21 October 2015**

Author:	Head of Commissioning Children & Adults
	Accountable Officer, CCG
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

1.1 The contract with SEQOL for community health and social care services comes to an end in March 2016. It is already on a 12 month rolling notice period. In order to consider future options, Swindon Borough Council and Swindon CCG have undertaken a range of consultation and soft market testing events.

1.2 This report is an update on the activities undertaken as part of the soft market testing over the past four months. This was highlighted in the Cabinet report dated 12 June 2015.

1.3 The report links to One Swindon Outcomes 12, 13, 14 and 15 and the Health and Wellbeing Strategy outcome (2) “Adults and Older People in Swindon are living healthier and more independent lives”. The policies will support the objectives of the Corporate Strategy – “Find new ways to reduce vulnerability and improve health for all”.

2. Recommendations

The Board is recommended to:

2.1 Note the report and that a further update will be provided to a future meeting once the information from the soft market testing has been analysed.

3. Detail

3.1 Swindon Clinical Commissioning Group (CCG) and Swindon Borough Council (SBC) are responsible for commissioning adult community services and adult social care. A contract for this was awarded to SEQOL in 2010 as part of the splitting responsibility for provision and commissioning within the previous Swindon Primary Care Trust.

3.2 There is now a need for the CCG and SBC to consider the future of the provision of health and social care services in the light of a number of changes over recent years, both nationally, and locally, these include:

Further information on the subject of this report can be obtained from Jackie Walker, 07760164653, jwalker2@swindon.gov.uk.

3.2.1 Swindon population developments – the population is growing at the third fastest rate across any area within England, and therefore we are experience large-scale population change.

3.2.2 National policy developments – the two organisations now have a statutory responsibility to work more closely together, actively promoting integration between health and social care.

3.2.3 Helping to achieve Swindon's joint vision for Health and Social Care as outlined in the Health & Wellbeing Strategy: **To ensure that everyone lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.**

3.3 Through the integrated health and social care contract, a number of benefits have been achieved, and it is on these that this process seeks to capture, understand, and ultimately learn from these achievements to inform the next steps for the two organisations.

3.4 In order to consider our options, Swindon Borough Council and Swindon CCG embarked on a programme of consultation, review and soft market testing.

3.5 A Prior Procurement Information Notice was published in June 2015 inviting interested stakeholders and providers to a launch event which took place on 30 July 2015, the presentation for which is attached at Appendix 1. The event was attended by 40 providers. The presentation focused on:

- Our vision and ambition for community health and social care services
- The outcomes we want to achieve for our population
- The questions we have of providers
- Engaging providers and stakeholders in discussion on a future model of service delivery based on:
  - Prevention
  - Self-management
  - Urgent care
  - Discharge

3.6 Following the presentation, providers were encouraged to discuss with each other how they could work in partnership to deliver a new service model for Swindon. All providers were invited to have one to one discussions with commissioners following the event.

3.7 A total of nine one to one sessions were held in August, September and October with a total of 13 providers, some of whom attended as a potential alliance or partnership.

3.8 In addition to meetings with providers, a range of stakeholder and engagement events have been organised during October and early November.

3.9 The following messages form the basis for communications and engagement with stakeholders, members of the public, GP's third sector organisations and members of staff of SEQOL:

1. The CCG and SBC believe you can make a difference to the way in which our health and social care services are delivered.
2. The aim of this process is to listen to all stakeholders on their views on previous, current and future community services.
3. The views of individual and collective stakeholders can make a difference to the way community services within Swindon operate.
4. Every voice is important in this listening exercise, and no point of view or opinion will be excluded, and all will be actively sought.
5. Both good and bad experiences of existing services are equally important to build a picture of what the best possible service could look like.
6. Any information collected will be used to inform the next steps, as well as any future steps once an initial decision has been made, so as not to lose any of the important contributions that we collect. This may include informing future service design and development to ensure the future service meets the needs of patients.
7. There are no pre-conceived plans and any future decision will be made by fairly evaluating all information received throughout this engagement process and other means.

3.10 This process of engagement will achieve the following objectives:

3.10.1 To allow all members of each stakeholder group to take part in the engagement process and contribute their views.

3.10.2 Focus groups to test principles and outcomes as well as service models with the stakeholders, patients, service users and staff.

3.11 As part of a careful and methodical programme of engagement, the consultation has been organised into out two phases:

3.11.1 Listening, and understanding – we will ask a range of open questions aimed to encourage individuals to feedback on their direct and indirect experiences of community services for Swindon residents.

3.11.2 Categorising and prioritising – following an initial stocktake of what we have heard, we will begin to compile and categorise the feedback received. This will allow us to begin to ask more focused questions to understand what the priorities are for community and care in Swindon and test any early concepts with stakeholders.

3.12 A calendar of events has been published and following completion a comprehensive engagement report will be produced for submission to the November CCG Governing Body and a future SBC Cabinet meeting.

4. Alternative Options

4.1 Alternative options would be to extend the SEQOL contract with no consultation and review. This is not recommended as it would not ensure am improved service model for Swindon.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 The cost of holding engagement events has been funded from existing resources.

Legal and Human Rights Implications

5.2 Legal and Human Rights implications were taken into account in the preparation of this report.

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

5.3 There are no direct implications from this report.

Diversity Impact Assessment (DIA)

5.4 It is important that as part of our engagement exercise we actively consider and target anybody who may experience a barrier to participating, these could include:

5.4.1 people with mental health conditions

5.4.2 people with learning difficulties and disabilities

5.4.3 Gypsies and Travellers

5.4.4 People undergoing, considering or who have undergone gender reassignment

5.4.5 older and young people

5.4.6 pregnant and breastfeeding women

5.4.7 asylum seekers

5.4.8 refugees

5.4.9 people with caring responsibilities

5.4.10 people on low incomes or benefits.

Risk Management

5.5 There is a risk that consultation will not reach all stakeholders. In mitigation engagement events have been targeted at a range of audiences, in a range of venues and at different times.

6 Consultees

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

7 Background Papers

7.1 None.

8 Appendices

8.1 Appendix 1 – Joint Corporate Board / CCG Session presentation.

Further information on the subject of this report can be obtained from Jackie Walker, 07760164653, jwalker2@swindon.gov.uk.

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Joint Corporate Board/CCG Session

Purpose of today

- Discussion and agreement on vision for community health and social care bidder session and content of presentation
- Discussion on procurement timetable
- Discussion of project management

Community Health and Social Care Information session for potential bidders

Swindon Borough Council

Appendix 1

Introduction

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- **Purpose of session** – analyse/understand context we are working in; contribute to the strategic drivers for change and balance of wider societal drivers from prevention to intervention; benefits to individuals and whole system/societal changes required;
- There is now a need for the CCG and Swindon Borough Council to consider the future of the provision of health and social care services in the light of:
  - Policy drivers in relation to health and social care nationally
  - Strategic commitments made by Swindon Borough Council through the Health & Well-Being Strategy and the Better Care Fund Plan
  - Outcomes we are striving to achieve for our population
  - The benefits achieved through an integrated health and social care contract
  - The challenges that have been experienced over the past three years
  - Options and implications for the future for health and social care integrated provision

National Policy Drivers

- Health & Wellbeing Board statutory guidance to promote integration between health and social care
- Care Act 2014 places a duty on local authorities to promote integration and partnerships across health and social care and greater focus on prevention and reablement
- 5 year Forward View focus on integration of health and social care to address demand particularly from older people
- Better Care Fund Plan guidance requirement to show vision for integration and prevention
- Barker review on future integration of health and social care

NHS 5 Year Forward View – 10 Priorities

- ✓ Improving quality of care and access to cancer treatment
- ✓ Upgrading the quality of care and access to MH and Dementia Services
- ✓ Transforming care for people with LD
- ✓ Tackling obesity and preventing diabetes
- ✓ Redesigning urgent and emergency care services
- ✓ Strengthening Primary care services
- ✓ Timely access to high quality elective care
- ✓ Ensuring high quality and affordable specialised care
- ✓ Whole system change for future clinical and financial sustainability
- ✓ Foundations for improvement

Swindon Borough Council

Appendix 1

Swindon

- Population across Swindon and Shrivenham (Health) of 226,000
- 20% of the population in under the age of 20 and
- We expect the population of older people to rise more quickly than those of working age
- Minority ethnic Communities account for 20% of the population
- Health and social outcomes are generally within the national average
- One Local authority, one CCG, one District General Hospital, one mental health Trust and one integrated provider of community health and social care

Swindon Borough Council

Appendix 1

Population Forecast

Age Group	2010	2015 Projection	2022 Projection
People aged 0 to 4 years	14,805	14,926	15,437
		+0.8% from 2010	+ 4.3% from 2010
People aged 65+ years	28,857	32,944	38,721
		+14.2%	+34.2%
People aged 75+ years	13,892	15,556	19,391
		+12%	+40%
People aged 85+ years	3,865	4,681	6,161
		+21.1%	+59.4%
Total Population	201,053	211,102	231,867
		+5%	+15.3%

Appendix 1

Future Projections for Population 65 +

Number of over 65s in Swindon projected to have:-	2011	2015	2020	2025	2030	% Increase 2011 to 2030
• Dementia	2,014	2,289	2,734	3,265	3,941	95.7%
• A long-standing health condition caused by a stroke	673	767	877	1,023	1,191	77.0%
• A limiting long-term illness	13,599	15,412	17,526	20,397	23,762	74.7%
• A fall leading to the need for support	7,716	8,777	10,119	11,698	13,786	78.7%
• A BMI of 30 or more	7,582	8,670	9,717	11,057	12,835	69.3%
• Diabetes	3,617	4,133	4,686	5,379	6,279	73.6%

Vision as agreed in Health & Wellbeing Strategy and Joint Commissioning Intentions 2015/16

- ***To ensure that everyone lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities***

We have aligned our joint resources to support the health, wellbeing, mental health, education and care of children, families and adults in the community to achieve the mission of both organisations.

Strategic Commitments made by Swindon Borough Council and CCG

- Health & Well-Being Strategy commits to promoting integration

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

  - Strengthening integrated working between health & social care, reducing the number of people with long term health condition, promoting independence, meeting carers needs

- Transformation Network

- Better Care Fund Plan commits to 5 year vision for integration across health and social care with 12 jointly funded schemes

Health & Wellbeing Strategy - Outcomes & Measures

Outcome	Performance Measures
Older people live as independent as possible **Older people live healthy and fulfilling lives**	• Reduce admission of older people over the age of 65 to residential and nursing care • Reduce length of stay in residential and nursing care by bed weeks purchased • Effectiveness of reablement services is good • Reduction in delayed discharge due to social care and health • Social care service users improved score for quality of life • Social care users who say they find it easy to get information and advice • Adult care service users who have the amount of social contact they want • Services are efficient and safe so that people receive the services they need to meet their agreed outcomes • Services are reviewed regularly to ensure they continue to meet needs
People are in control of their lives	• All eligible adults are in receipt of a Personal Budget for either health or social care • The number of adults taking their PB as a Direct Payment or ISF increases giving greater choice and control over their support needs • All eligible service users in receipt of a service receive an annual review
People lead healthy lives	• Increase life expectancy • Reduce morbidity (ie live independently for longer) • Reduce health inequalities • Emergency admission rate increase/decrease • 4 Hour A & E target at 95% • 100% of patients treated within 18 weeks • Reduced mortality from cardiovascular disease in under 75 year olds • Reduced mortality from cancer in under 75 year olds • Reduced mortality from respiratory illness in under 75 year olds • Number of carers assessments completed increases

Appendix 1

What are the challenges with the current model of Health and Social Care delivery?

Older people lead healthy and fulfilling lives

- Too many people go to GWH in an emergency or are referred by a clinician in an emergency which neither health nor social care can afford and despite a wide range of preventative and community services
- Patients stay too long in hospital because of the length of health interventions, access to community health, length of social work assessment and access to domiciliary care
- Clinicians in the hospital, GPs and community health and social care professionals do not work together as well as they could to avoid hospital admission or get people home as quickly as possible

Finance and Budget 2015/16

We are looking for a Lead Contract model with a partnership across providers to deliver the principles, outcomes and pathways outlined later in this presentation.

Budget:

Adult social care approximately £9m

Community Health approx £17m

5 year budget based on 2016/17 figures with 10% held back on incentives , key indicators may have a penalty

Principles for delivery of Adult Social Care and Health services to be tested

People lead healthy, independent and fulfilling lives through early intervention and prevention

All older people and those with long term conditions have a proactive assessment, health and care plan which prevents unnecessary hospital admissions or admission to residential care

Individuals with a long term condition, and their carers, are supported in partnership with primary care to manage their condition at home and maintain their independence.

Advice and signposting to voluntary and community support are made available to all people in contact with community services to support self care and self management of their health

The offer of community , social care and preventative services is effective in helping people achieve the outcomes we have set .

Swindon Borough Council

Appendix 1

Principles for delivery of Adult Social Care and Health services to be tested

People with long term conditions are supported when there is an acute deterioration of their condition or crisis so they regain their health and independence as quickly as possible and are in control of their lives

- All older people and carers in an acute crisis receive immediate support to avoid hospital admission where possible or reduce the length of stay
- Older people who are admitted to hospital in crisis older people's care plan is reviewed to maximise their ability to regain skills and maintain independence
- All people admitted in an emergency have their health and care plan reviewed to avoid future crisis

Principles for delivery of Adult Social Care and Health services to be tested

People are able to recover from illness and regain their skills to live as independent as possible

Once in hospital, patients are discharged in a timely way and have the right support in place at home or in communities to regain their skills and are as independent as possible

Patients are supported in the community following discharge and during their recovery period so they recover and readmissions are avoided

Patients make a sustainable recovery with no avoidable deterioration in health so that their independence is maintained where possible

Our services are efficient so that there is no duplication and waste in the system

Swindon Borough Council

Appendix 1

What are commissioners looking for in a new service?

Preventative service are in place for people and those with long term conditions so they maintain healthy and independent lifestyles

Providers demonstrate a partnership with the third and voluntary sector to build capacity in the community to support those with long term conditions

Carers are supported through locally based support and a partnership with the voluntary and third sector

All health and social care professionals work in partnership to facilitate self health and self care

Swindon Borough Council

Appendix 1

What are commissioners looking for in a new service?

Older people are in need of health care and social support as their health and independence deteriorates (planned care)

- Single Point of Access that primary care and local professionals can refer to for health and social care services to reduce confusion and multiple access points
- Effective community health and social care interventions which tackle long term conditions and prioritise those patients at risk of hospital admission, residential and nursing care and work in partnership with a range of providers and prevent placement/carer breakdown
- A partnership with care homes, domiciliary care, housing and voluntary and third sector to maintain independence and skills where possible

What are commissioners looking for in a new service?

Emergency response in place as older people face a sudden crisis or deterioration

An urgent care service 7 days a week which links/engages with preventative services in the community, primary care as well as secondary care to reduce admissions.

As part of this a crisis/rapid response service 7 days a week that treat patients at home where possible. Where further testing is required, this is provided in such a way that longer term hospital admission is avoided

STEP up and virtual ward which maximise the ability of people to remain at home and avoid hospital admission where possible

Swindon Borough Council

Appendix 1

What are commissioners looking for in a new service?

Discharge from hospital is effective and timely to maximise independence skills of older people

Community health and social care services which work together seamless to ensure the speedy discharge of patients 7 days a week so that delays due to health and social care reduce and people maintain their independence at home for as long as possible

Services which maximise discharge to assess facilities in the community

Services which enable people to regain their skills and maintain their independence avoiding the need for residential and nursing care

Social care and health staff are trained and able to support carers of patients at the end of their life and patients are looked after in a place they want to be, all care is coordinated for patients

Swindon Borough Council

Appendix 1

Questions to the market as part of testing

- How would you deliver an integrated approach for older people and those with long term conditions
- What is your experience in delivering integrated health and social care services. What skills and expertise do you bring within your organisation/ consortium
- What is the innovation in your service delivery models
- How would you develop relationships with primary care and other healthcare providers
- Describe your workforce development model, including workforce development, recruitment and retention strategy – what are the challenges

Swindon Borough Council

Appendix 1

Questions to the market as part of testing

- Population based budgets – what is your approach
- How would you achieve efficiency savings and ensure effective and efficient services
- Describe your quality assurance model to deliver high quality services
- How would you integrate the prevention agenda
- What is the approach you would use to shared care records – governance
- What are the outcomes you believe would be measured
- How do your services help to build resilience for individuals

Next steps July - September

- One to one sessions with providers

Focus groups to test principles and outcomes as well as service models with

- Service users
- Carers
- Staff
- Gps

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