Swindon Borough Council

Health and Wellbeing Board

Wednesday, 9 December 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 - 8)
   To receive the minutes of the meeting held on 21 October 2015.

5. **Homelessness Strategy** (To Follow)

6. **Swindon Sexual & Reproductive Health Strategy 2015-2020** (Pages 9 - 34)

7. **Restorative Youth Services Plan 2015-2016** (Pages 35 - 56)

8. **Swindon Mental Health Crisis Care Concordat - review of implementation** (Pages 57 - 78)

9. **People detained under Section 136 MHA taken to Police Custody** (Verbal Report)
   - To receive an update from Angus Macpherson, Wiltshire and Swindon Police and Crime Commissioner

10. **Healthwatch Swindon** (Pages 79 - 108)

11. **Children and Young People's Quality Account 2014/15** (Pages 109 - 126)

12. **Joint Commissioning Group Minutes and performance update on the Better Care Fund and Joint Commissioning Intentions** (Pages 127 - 160)

13. **Future meeting dates of the Board** (Pages 161 - 164)

14. **Any Other Business** (Verbal Report)
    - To receive an update on the Provider Forum from Cherry Jones, Director of Public Health

Date of Despatch: 1 December 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 from the Committee Officer named above or on the Council's Website at:
(http://ww5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13338&path=0).

Access Arrangements - The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you have any special requirements to enable you to attend the meeting, or would like to receive any of the pages contained in this agenda in a larger print size, please contact the Committee Officer as soon as possible prior to the date of the meeting.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 21 OCTOBER 2015

PRESENT:- Councillors David Renard (Chair), Brian Mattock, Fionuala Foley and Ray Ballman (Swindon Borough Council), Iain Watts (Healthwatch Swindon), Nicki Millin (NHS Swindon Clinical Commissioning Group), Dr Peter Crouch (Vice-Chair) (NHS Swindon Clinical Commissioning Group), Gill May (NHS Swindon Clinical Commissioning Group), Dave Potts (Third Sector), Angus Macpherson (Police and Crime Commissioner), Gavin Jones (Chief Executive, Swindon Borough Council), Cherry Jones (Director of Public Health, Swindon Borough Council) and John Gilbert (Board Director – Commissioning, Swindon Borough Council).

Also in attendance were: Thomas Kearney (NHS Swindon Clinical Commissioning Group), Alex Walters (Chair – Local Safeguarding Children Board), Pete Rowe (Healthwatch Swindon), Victoria Guillaume (Swindon Borough Council), Doug Bale (Swindon Borough Council), and Sue Wald (Swindon Borough Council).

An apology for absence was received from Debra Elliott (NHS England).

20. 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.

21. Public Question Time

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

22. Minutes

Resolved – That the minutes of the meeting held on 8 July 2015 be confirmed as a correct record.

23. Safeguarding Adults at Risk in Swindon and Local Safeguarding Children Board Annual Reports

The Board received a report presenting the 2014/2015 Annual Reports for Safeguarding Adults in Swindon and the Local Safeguarding Children Board (LSCB). The Annual Reports detail progress against the annual Business Plan for the LSCB and the Local Safeguarding Adults Board (LSAB) Strategy.

With the agreement of the Chair, the Board first considered the Safeguarding Adults in Swindon Annual Report 2014/15 (attached at Appendix 1 to the report) which is the Annual Report from the Swindon LSAB. Doug Bale, Adult Safeguarding Manger, introduced this section of the report and highlighted the new statutory responsibility placed upon LSABs to produce an annual report. The definition of those who are to be supported by safeguarding procedures and need to be the focus of the LSAB has also changed. The Board noted that referrals received have gone up and that Swindon is reflecting national trends and the higher profile of safeguarding. The LSAB also has a new Chair, Diana Fulbrook, who was unfortunately unable to

attend this meeting.

Following the presentation of the Safeguarding Adults in Swindon Annual Report for 2014/15, Board members asked questions and made observations on the following issues:

- The challenge of resourcing the Board (which currently has no budget) as it has to fund case reviews which is a new requirement under the Care Act 2014. The Board agreed to recommend to the One Swindon Board that they consider a proposal to fund the LSAB with its new statutory functions.

The Board then considered the LSCB Annual Report for 2014/15 as attached at Appendix 2 to the report. Alex Walters, the new Chair of the LSCB, introduced the report and highlighted how the LSCB is successfully co-ordinating the arrangements of all partners in relation to safeguarding, and ensuring the effectiveness of those arrangements. The data being received is more robust than ever, and there is a transparent analysis of how well agencies are working together to safeguarding children and young people.

Following the presentation of the LSCB Annual Report for 2014/15, Board members asked questions and made observations on the following issues:

- The involvement of secondary schools at LSCB meetings.
- The Board wished to acknowledge its thanks to Mr Mike Howard, the previous Chair of both the LSCB and LSAB, for his contribution to safeguarding in Swindon through the years of his tenure.
- The increase in activity and referral rates in to social care, with more assessments being completed and more children on child protection plans.
- The Police and Crime Commissioner working with the Youth Parliament on the lessons being learnt by children at school on these issues.
- The challenge of dealing with safeguarding issues in relation to academy schools, and the involvement of the Regional Schools Commissioner.
- Plans within the NHS Swindon Clinical Commissioning Group to demonstrate that safeguarding concerns are taken into account within their commissioning activity.

Resolved – (1) To note the Annual Reports for 2014/15 for Safeguarding Adults and the Swindon Local Safeguarding Children Board.

(2) To recommend to the One Swindon Board that they consider a proposal to begin funding the Local Safeguarding Adults Board in view of its new statutory responsibilities under the Care Act 2014.

24. Children and Young People Mental Health Joint Strategic Needs Assessment and Transformation Plan

The Board considered a report regarding the Children and Young People's Mental Health and Wellbeing Joint Strategic Needs Assessment (JSNA) which outlines the national strategies and guidance on children and young people's mental health, current services and performance in Swindon. The JSNA Bulletin attached at Appendix 1 to the report also contains the views of children and young people, the recommendations for the future direction of service delivery and commissioning, and will inform the Children and Young People's Mental Health Strategy. The JSNA

has also informed the Transformation Plan for Swindon, the bid for which is attached as Appendix 2 to the report.

Frances Mayes, Senior Public Health Manager, introduced the report and noted that the mental health JSNA 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 profiles activities with services, has sought the views of users, and has reviewed mental health provision within schools in Swindon. The JSNA has also looked at the provision of care against the Mental Health Crisis Care Concordat. A suite of recommendations have been produced which the Board is being asked to note. The Board also noted that the Transformation Plan bid attached at Appendix 2 aims to promote resilience and good mental health, whilst also improving capacity and reducing waiting times.

Following the presentation of the report, the JSNA Bulletin and the Transformation Plan bid, Board members asked questions and made observations on the following issues:

- The hospital admissions for self harm for 15 – 24 year olds in Swindon and the representation of those figures in terms of repeat attendances.
- Engagement with the Youth Parliament who also have mental health on their agenda.
- Potential additional resources that may be required to fulfil the recommendations contained within the JSNA Bulletin.
- The opportunities for Healthwatch Swindon to be involved in engaging with young people on the transformation plan.

Resolved – (1) To note the recommendations from the Children and Young People's Mental Health and Wellbeing Joint Strategic Needs Assessment Bulletin.

(2) To support the development of a Children and Young People's Mental Health Strategy and action plan for Swindon.

(3) To note the Transformation Plan bid attached at Appendix 2 to the report.

25. Children and Young People with Complex and Life Limiting Conditions Joint Strategic Needs Assessment

The Board considered a report on the findings of the Children and Young People with Complex and Life Limiting Conditions Joint Strategic Needs Assessment (JSNA) which looks at available local and national data to describe the current picture with regard to Swindon. The report contained a summary of the estimated numbers of children affected in Swindon, information about the support and services available, and the experiences of children and young people living with complex and life limiting conditions in Swindon. The findings from the JSNA inform a suite of recommendations that aim to support these children and young people, with a steering group being established to develop the action plan and oversee delivery against these recommendations.

Cherry Jones, Director of Public Health, introduced the report and advised the Board that this area is one of five sub-headings being looked at by the JSNA process under the key heading of 'disabilities'. The JSNAs contribute to an ongoing organic process looking at available data and information to get a picture of the services and support on offer in Swindon. This particular JSNA has resulted in 16

recommendations which the Board is being asked to approve.

Following the presentation of the report and the Children and Young People with Complex and Life Limiting Conditions JSNA Bulletin attached at Appendix 1, Board members asked questions and made observations on the following issues:

- Duplication of mainstream work within the action plan, and the areas of work to be looked at by the steering group once it has been established.
- Prospect Hospice has an agreement in place to provide urgent support where required for a child and their family.
- The opportunities for parents and carers to help develop the steering group.

Resolved – To note and agree the recommendations from the Children and Young People with Complex and Life Limiting Conditions Joint Strategic Needs Assessment Bulletin.

26. Troubled Families

The Board received a report setting out the achievements and learning from Phase 1 of the Troubled Families Programme, and outlining the requirements of Swindon Borough Council and its partners for Phase 2 of the Programme. The Board noted that the draft outcome plan for 2015 – 2020 was attached at Appendix 1 to the report.

Sue Wald, Head of Commissioning for Children and Adults, introduced the report and highlighted that most families under Phase 1 have been claimed for, and that more families were identified than originally planned. The criteria for identifying families has been widened under Phase 2 and other agencies will be required to start referring families such as housing services for example.

Following the presentation of the report and the draft outcome plan for 2015 – 2020 attached at the appendix, Board members asked questions and made observations on the following issues:

- The Board noted that work is being undertaken to identify how voluntary and community sector groups can get involved with the Troubled Families Programme based against the Phase 2 criteria.
- The next stage of the Programme currently being discussed within the Home Office, and the opportunities to begin working with individuals such as rough sleepers as well as families.
- Data sharing amongst organisations and how this can be improved.

Resolved – (1) To note the contents of the report regarding the shape and delivery of Phase 2 of the Troubled Families Programme.

(2) To note partner organisation's existing contributions to Phase 2 of the Troubled Families Programme.

(3) To note the Outcome Plan 2015 – 2020.

27. Update on review of community health and social care services

The Board received this report regarding the contract with SEQOL for community health and social care services which comes to an end in March 2016. The report

sets out how the contract is already on a 12 month rolling notice period, and how the Council and Swindon Clinical Commissioning Group (CCG) have undertaken a range of consultation and soft market testing events.

Sue Wald, Head of Commissioning for Children and Adults, introduced the report and provided an update on the process undertaken to engage with providers, members of the public, patients, and the public sector on community health and social care services in Swindon. The next steps for the approach as set out in Appendix 1 to the report were also highlighted.

Nicki Millin, Accountable Officer at the CCG, provided more information to the Board on the soft market testing that has taken place, and indicated there is no evidence so far to show that there is a strong market. Events are also being run which ask members of the public to detail what their experiences have been, and where they feel the systems need support, changing or strengthening. The Board noted that an options paper will be taken to the CCG in November, and to Swindon Borough Council in December.

Resolved – To note the report and agree to receive a further update once the information from the soft market testing has been analysed.

28. Joint Commissioning Group - Minutes for information and comment

The Board noted the minutes of the Joint Commissioning Group meetings held on 2 June, 8 July, 4 August and 1 September 2015. The Group have been looking at delayed discharges and the number of corrective actions taken amongst other issues.

Board members made the following comments and observations:

- Issues and pressures across the whole South West that are being discussed at sector-led groups, and agencies taking ownership to resolve them.
- Problems with consistency, procedures and practices when it comes to managing discharges.

Resolved – To note the minutes of the Joint Commissioning Group meetings held on 2 June, 8 July, 4 August and 1 September 2015.

29. Healthy New Towns Programme - expression of interest

The Board received a report regarding NHS proposals to establish up to five ambitious, long-term partnerships with local areas through which to develop healthier neighbourhoods and towns. They have launched a Healthy New Towns initiative and invited areas to put forward expressions of interest in the scheme. Swindon has submitted an application proposing the New Eastern Villages development, led by Swindon Borough Council with support from NHS Swindon Clinical Commissioning Group, Great Western Hospitals NHS Trust, SEQOL, and Swindon and Wiltshire Local Enterprise Partnership.

Resolved – To approve the Swindon Expression of Interest submission attached at Appendix 1 to the report.

30. Any Other Business

Gavin Jones, Chief Executive of Swindon Borough Council, advised members of the Board that he had received a letter from Duncan Selbie, Chief Executive of Public Health England, regarding Winter preparedness and the health system.

Resolved – That the letter from Duncan Selbie, Chief Executive of Public Health England, would be circulated to all Board members following the meeting to ensure salient points can be taken away and developed.

Swindon Sexual & Reproductive Health Strategy 2015-2020

Health and Wellbeing Board **Date: 9 December 2015**

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

1. Purpose and Reasons

1.1 The purpose of this report is to inform the Health and Wellbeing Board of the new Sexual & Reproductive Health Strategy 2015- 2020 for Swindon which supersedes the previous NHS Swindon Sexual Health Strategy 2010 – 2014.

1.2 The Council has a duty to improve the sexual health of its population under the Health and Social Care Act 2012 and the new Sexual & Reproductive Health Strategy 2015 – 2020 will provide strategic focus to achieve this duty.

1.3 The recommendation supports delivery of Swindon's Health and Wellbeing Strategy 2013 – 16. It contributes to the One Swindon priority: living independently protected from harm, leading healthy lives and making a positive contribution. It helps deliver the Health and Wellbeing Board's priorities of reducing vulnerability and improve health for all, working with people and families to help them fulfil their potential, and making the best use of all available resources.

1.4 A copy of the draft Swindon Sexual & Reproductive Health Strategy 2015 - 2020 can be found at Appendix1.

2. Recommendations

The Board is recommended to:

2.1 Endorse and support the Sexual and Reproductive Health Strategy 2015 – 2020 for Swindon.

2.2 Recommend to Cabinet and the Governing Body of Swindon Clinical Commissioning Group that they adopt the Swindon Sexual & Reproductive Health Strategy 2015 – 2020.

3. Detail

Background

3.1 Sexual health matters to both individuals and communities and is important across the whole life course. It encompasses a wide range of areas including sexually transmitted infections (STIs including HIV), teenage pregnancy, abortions, contraception and relationships. People need to have the right information, knowledge and confidence to make the right choices for themselves.

Further information on the subject of this report can be obtained from Dr Ayo Oyinloye, Consultant in Public Health Medicine, 01793 444674, aoyinloye@swindon.gov.uk.

3.2 Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly HIV infection in the UK disproportionately affects MSM and Black Africans residing in the UK.

3.3 The Sexual & Reproductive Health Strategy 2015 - 2020 recognises that good sexual health is important throughout the life course. In Swindon we are committed to improving sexual health outcomes and reducing inequalities by having easily accessible services, which are delivered in accordance with the principles of progressive universalism. We will aim to build a sexual health culture that prioritises prevention and supports behaviour change.

3.4 The Sexual & Reproductive Health Strategy 2015 - 2020 builds upon the findings from the Swindon Sexual Health Joint Strategic Needs Assessment (2015). It also takes into account the National Strategy for Sexual Health and HIV (2010) and is aligned to the Department of Health's Framework for Sexual Health Improvement in England (2013).

3.5 The aim of the strategy is to improve the sexual health of the whole population of Swindon by:

3.5.1 Building a sexual health culture that prioritises prevention and supports behaviour change.

3.5.2 Reducing inequalities and improving sexual health outcomes.

3.5.3 Recognising that poor sexual health can affect people from all parts of society.

3.5.4 Working together with our partners to ensure the best outcomes for our population.

3.5.5 Commissioning evidence based and cost effective interventions.

3.5.6 Monitoring and evaluating the impact of interventions on improving sexual health outcomes.

3.6 The five priority outcomes for our population are:

1) Build knowledge and resilience among young people up to age 18

2) Reduce rates of STIs among people of all ages in the life course

3) Reduce onward transmission of and avoidable deaths from HIV

4) Reduce unplanned pregnancies among all women of fertile age

5) Continue to reduce the rate of under 16 and under 18 conceptions

3.7 The Swindon Sexual & Reproductive Health Strategy 2015 – 2020 will be underpinned by a series of outcome based delivery plans that will be monitored by the multi-agency Sexual Health Executive Group (SHEG).

4. Alternative Options

4.1 There are no alternative options.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no financial or procurement implications. . Local Authorities face significant financial challenges over the coming years and will need to ensure the requirements of the Strategy are completed in a way that does not require additional resources or potentially could improve sexual health outcomes for people without the need for local authority funding.

Legal and Human Rights Implications

5.2 The Council is required to comply with the statutory provisions referred to in the report. All other legal and human rights implication have been considered in preparation of this report. It is considered that the recommendations of the report are compatible with Convention rights.

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

5.3 There are no specific implications relating to this report.

Diversity Impact Assessment

5.4 A Diversity Impact Assessment (DIA) has been completed. No adverse impacts were identified based on religion, sexual orientation, marital/civil partnership status, or pregnancy/maternity. A copy of the DIA with more detailed information can be requested from the report author.

Risk Management

5.5 A risk assessment has been completed. There are no risk management issues arising from this report.

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 – Draft Swindon's Sexual and Reproductive Health Strategy 2015 - 2020.

Further information on the subject of this report can be obtained from Dr Ayo Oyinloye, Consultant in Public Health Medicine, 01793 444674, aoyinloye@swindon.gov.uk.

Swindon's Sexual & Reproductive Health Strategy

2015 - 2020

Swindon's Health and Wellbeing Board

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1. Introduction

Sexual health matters to both individuals and communities and is important across the whole life course. It encompasses a wide range of areas including sexually transmitted infections (STIs including HIV), teenage pregnancy, abortions, contraception and relationships. People need to have the right information, knowledge and confidence to make the right choices for themselves.

The World Health Organisation defines sexual health as:

> "a state of physical, mental and social wellbeing in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."

Improving sexual health in Swindon will contribute to achieving the strategic outcomes in the Health and Wellbeing Strategy (2013 – 2016):

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

Sexual health needs vary according to age, gender, sexual orientation, ethnicity and religious beliefs, and some groups are at higher risk of poor sexual health. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. We believe that it is vital that all individuals are able to live their lives free from prejudice and discrimination. We want to support and empower people to take responsibility for their own sexual health.

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Similarly HIV infection in the UK disproportionately affects MSM and Black Africans residing in the UK.

This strategy recognises that good sexual health is important throughout the life course. In Swindon we are committed to improving sexual health outcomes and reducing inequalities by having easily accessible services, which are delivered in accordance with the principles of progressive universalism. We will aim to build a sexual health culture that prioritises prevention and supports behaviour change.

As a sexual health community we are committed to our duty to prevent, protect and safeguard children, young people and vulnerable adults from coercion and exploitation. Therefore, safeguarding is at the centre of this strategy.

This strategy builds upon the findings from the Sexual Health Joint Strategic Needs Assessment 2015. It is aligned to the Department of Health's Framework for Sexual Health Improvement in England (2013) and will contribute to the following sexual health Public Health Outcome Framework (PHOF) measures:

- ✓ Under 18 conceptions
- ✓ Chlamydia diagnoses (15-24 year olds)
- ✓ People presenting with HIV at a late stage of infection

It also reflects the Sexual Health profiles as monitored by Public Health England.

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2. Sexual Heath in Swindon

Swindon has a growing population which presents challenges for sexual and reproductive health services. We have a high proportion of adults aged 26 – 49 and women of fertile age. The challenge that we face is balancing future demand on our sexual and reproduction health services with the task of commissioning high quality open access services with reducing resources. The provision of sexual and reproductive health services is complex and involves different commissioning organisations in addition to Swindon Borough Council which includes NHS England and Swindon CCG. Swindon has a vibrant mixed economy of commissioned sexual health providers from primary and secondary care and the third sector which has a strong track record of working together to improve sexual health outcomes for our population.

Swindon's Sexual Health Joint Strategic Needs Assessment (JSNA)

The Sexual Health Joint Strategic Needs Assessment (JSNA) for Swindon was completed in 2015 and provides a detailed analysis of the needs of our population. Full details can be found at http://www.swindonjsna.co.uk/dna/sexual-health-needs-assessment.

The key recommendations from the Swindon Sexual Health Joint Strategic Needs Assessment (JSNA) are to:

JSNA 1. Increase the uptake of chlamydia screening amongst 15-24 year olds.

JSNA 2. Improve uptake of HIV testing amongst women and heterosexual men with a view to reducing the proportion of late HIV diagnoses.

JSNA 3. Continue to provide an excellent HPV vaccination programme to ensure high vaccine uptake rates.

JSNA 4. Continue to provide the majority of abortions during early pregnancy to ensure low complication rates for women.

JSNA 5. Continue to train more GPs in Long Acting Reversible Contraception (LARC) insertion and ensure that LARC continues to be available in all General Practices.

JSNA 6. Conduct qualitative research with service users to better understand the barriers for the uptake of LARC.

JSNA 7. Increase the number of pharmacies providing emergency hormonal contraception.

JSNA 8. Encourage schools and colleges to use quality assured packages available for the delivery of Sex and Relationships Education, so that young people are well informed about sexual health and relationships and are aware of where and how to access help should sexual abuse/assault occur.

JSNA 9. Encourage more organisations within Swindon achieve the Young People Friendly accreditation.

JSNA 10. Consider how to commission specialist psycho-sexual counselling.

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JSNA 11. Develop and coordinate a Child Sexual Exploitation (CSE) strategy and action plan, working with the Swindon Local Safeguarding Children's Board (LSCB).

JSNA 12. Develop and coordinate a Female Genital Mutilation (FGM) prevention strategy and action plan, working with the Swindon Local Safeguarding Children Board (LSCB).

A Whole System Strategic Approach to Improve Sexual Health

The success of this strategy relies on a whole system approach that recognises the importance of commissioners, providers and wider stakeholders working together to ensure that the population of Swindon have access to responsive and relevant services that address the different needs throughout the life course. We are committed to the shared vision and working collaboratively with our partners to make sure that this strategy is a success.

Safeguarding Children, Young People and Vulnerable Adults

We are committed to safeguarding children, young people and vulnerable adults and have produced a local *Sexual Health Spotting the Signs* toolkit (assessment, pathway and guidelines) based on the recommended British Association of Sexual Health and HIV (BASHH) and Brook Spotting the Signs national proforma. The *Swindon Sexual Health Spotting the Signs* assessment allows sexual health professionals to use a standardised approach to pick up on the warning signs of CSE in all its forms. It is designed to be integrated into existing sexual and social history taking frameworks. Spotting the Signs provides a framework to support conversations with young people around CSE linked to latest research and evidence base. To support this, a rolling programme of training is in place for front line sexual health professionals in Swindon.

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3. Strategy Vision, Aim and Outcomes

Vision for Sexual Health and Wellbeing in Swindon

Everyone in Swindon is supported across their life course to have good sexual health, free from discrimination and prejudice.

The strategic vision for Sexual Health and Wellbeing in Swindon cuts across the outcomes prioritised in Swindon's Health and Wellbeing Strategy 2013 – 2016. The aim of this strategy is to improve the sexual health of the whole population of Swindon by:

- Building a sexual health culture that prioritises prevention and supports behaviour change.
- Reducing inequalities and improving sexual health outcomes.
- Recognising that poor sexual health can affect people from all parts of society.
- Working together with our partners to ensure the best outcomes for our population.
- Commissioning evidence based and cost effective interventions.
- Monitoring and evaluating the impact of interventions on improving sexual health outcomes.

We have mapped the recommendations from the Swindon Sexual Health Joint Strategic Needs Assessment 2015 against the ambitions identified in the Framework for Sexual Health Improvement in England (DH, 2013) to produce a strategy which addresses current gaps in services and aims for the improvement of sexual health across the life course for the population of Swindon.

Our five priority outcomes are:

1. Build knowledge and resilience among young people up to age 18
2. Reduce rates of STIs among people of all ages in the life course
3. Reduce onward transmission of and avoidable deaths from HIV
4. Reduce unplanned pregnancies among all women of fertile age
5. Continue to reduce the rate of under 16 and under 18 conceptions

Prioritising prevention is key to achieving our vision. We will take a life course perspective to promote sexual health needs for different populations through a targeted approach to reach and engage at each stage of the life course.

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Outcome 1: Build knowledge and resilience among young people up to age 18

1.1 All children and young people receive good quality Sex and Relationship Education at home, at school and in the community.

1.2 All children and young people know how to ask for help, and are able to access confidential advice and support about wellbeing, relationships and sexual health.

1.3 All children and young people understand consent, sexual consent and issues around abusive relationships.

1.4 Young people have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex.

Links to Sexual Health Joint Strategic Needs Assessment (JSNA) 2015 recommendations:

JSNA 8: Encourage schools and colleges to use quality assured packages available for the delivery of Sex and Relationship Education, so that young people are well informed about sexual health and relationships and are aware of where and how to access help should sexual abuse/assault occur. .

JSNA 9: Encourage more organisations within Swindon to achieve the Young People Friendly accreditation.

JSNA 11: Develop and co-ordinate a Child Sexual Exploitation (CSE) strategy and action plan, working with Swindon LSCB.

Local Context

- The Swindon Healthy Schools Audit of PSHE in 2014 found that the delivery of Sex and Relationship Education (SRE) in Swindon schools is variable.
- Preventing and protecting children and young people from Child Sexual Exploitation (CSE) is a major priority for all Swindon partners. Swindon sexual health services are at the frontline of safeguarding children and young people.
- We want our children and young people to feel safe and secure in accessing sexual health services that are Young People Friendly.
- Parents are key in educating children and young people but need access to high quality advice and information to support safe and informed choices.

Priorities

- Prioritise prevention by creating a culture whereby children and young people receive age appropriate information and support to make safe choices.
- Support and encourage schools and colleges to use quality assured packages available for the delivery of Sex and Relationships Education, so that young people are well informed about sexual health and relationships and are aware of where and how to access help should sexual abuse/assault occur.

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- Embed sexual health *Spotting the Signs Child Sexual Exploitation (CSE)* training as a core part of the training and development for the front line children's sexual health workforce in the local authority and acute trust.
- Create an environment where young people feel safe, secure and confident to talk about sex and relationships and support services working with young people to achieve the Young People Friendly quality accreditation.
- Empower parents by providing accurate information on sex and relationships to support their children to have high self-esteem and to be confident and emotionally resilient.

Indicators for success

- ✓ All Swindon children and young people receive a quality assured age appropriate progressive programme of Sex and Relationship Education (SRE).
- ✓ More young people are delaying becoming sexually active.
- ✓ Increase in services for children and young people achieving the Young People Friendly quality accreditation.

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Outcome 2: Reduce rates of STIs among people of all ages across the life course

2.1 Individuals understand the different STIs and associated potential consequences.

2.2 Individuals understand how to reduce the risk of transmission.

2.3 Individuals understand where to get access to prompt, confidential STI testing and provision allows for prompt access to appropriate, high quality services, including the notification of partners.

2.4 Individuals attending for STI testing are also offered testing for HIV.

Links to Sexual Health Joint Strategic Needs Assessment (JSNA) 2015 recommendations:

JSNA 1: Increase the uptake of chlamydia screening amongst 15 – 24 year olds.

JSNA 2: Improve uptake of HIV testing among women and heterosexual men with a view to reducing the proportion of late HIV diagnoses.

JSNA 3: Continue to provide an excellent HPV vaccination programme to ensure high vaccine uptake rate.

Local Context

Young People aged 16 – 24

- Most young people become sexually active and start forming relationships between the ages of 16 and 24 and statistically have higher rates of poor sexual health including STIs and abortions than older people. Chlamydia is the most prevalent sexually transmitted infection (STI) in young people under 25 which if left untreated can lead to pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility.

- The performance of the Chlamydia Screening Programme in Swindon, with regards to positivity rates, is better than the national and regional average, with 2,302 diagnoses per 100,000 people aged 15-24 years in 2013.
- A smaller proportion of the 15-24 year old population is screened for chlamydia screening when compared to regional and national figures (22.2% compared to 23.8% and 24.9% respectively in 2013).
- The percentage of persons testing positive was 10.3% for Swindon which was higher than the regional average (7.8%) and England average (8.3%), indicating appropriate targeting. It was the second highest positivity in the region.

People aged 25 - 49

- In line with national trends, the rate of gonorrhoea diagnoses continues to rise in Swindon. In 2013, the rate of gonorrhoea diagnoses was 48.6 per 100,000 in Swindon, compared to 52.9 per 100,000 in England.

Older people aged over 50

- As people get older their need for sexual health services and interventions may reduce. Women may enter the menopause and their contraceptive needs change. However, STIs in this age group are increasing due to partner change and the reduced risk of pregnancy which means that the use of condoms as a protective method is not considered. Therefore, the sexual health needs of people over 50 should not be overlooked.

Priorities

All ages

- Prioritise prevention by promoting good sexual health and educating on the risks of unprotected sex.
- Ensure a single point of access for information relating to local sexual and reproductive health services.
- Re-commission an Integrated Sexual Health Services to provide a cost effective and high quality one stop shop for sexual and reproductive health.
- Ensure that we have the latest intelligence about emerging issues such as ChemSex (is a term used by gay men to define drug use in sexualised context which is often facilitated by social networking)..

Young people aged 16 to 24

- Re-launch of Swindon’s Chlamydia Screening Programme in line with Swindon’s Love Life branding.
- Work with GPs and Pharmacies to increase the number of appropriate Chlamydia tests for 15 to 24 year olds accessing primary care services to improve local coverage.

- Work with all health partners to increase the coverage of Chlamydia testing for 15 to 24 year olds.

People aged 25 – 49

- Continue to educate and promote the benefits of safe sex and condom use to the general population.
- Target information and advice to groups at greater risk of poorer sexual health outcomes.

Older people aged over 50

- Ensure that commissioned sexual health services are equitable and accessible to people as they age.

Indicators for success

Young people aged 16 to 24

- ✓ Ensure a minimum Chlamydia diagnostic rate of 2,300 per 100,000 15 to 24 year olds.
- ✓ Increase the proportion of young people aged 15 to 24 appropriately screened for chlamydia.

People aged 25 – 49

- ✓ Reduction of STIs in the 25 to 49 age group.

Older people aged over 50

- ✓ Reduction of STIs in the over 50 age group.

Outcome 3: Reduce onward transmission of and avoidable deaths from HIV

3.1 Individuals understand what HIV is and how to reduce the risk of transmission.

3.2 Individuals understand how HIV is prevented.

3.3 Individuals understand where to get prompt access to confidential HIV testing.

3.4 Individuals diagnosed with HIV receive prompt referral into care, and high quality care services are maintained.

Individuals diagnosed with HIV receive early diagnosis and treatment of STIs.

Links to Sexual Health Joint Strategic Needs Assessment (JSNA) 2015 recommendations:

JSNA 2: Improve uptake of HIV testing amongst women and heterosexual men with a view to reducing the proportion of late HIV diagnoses.

Local Issues

- People presenting with a late diagnosis of HIV is a serious public health issue. HIV infections that are diagnosed earlier lead to better outcomes and lower costs to the NHS. People with HIV can lead healthy and productive lives provided that the infection is diagnosed and treated at the earliest opportunity.
- One in five people living with HIV in the UK remains undiagnosed. It is estimated that the majority of onward transmission is from those with undiagnosed HIV.
- People who are diagnosed late have a tenfold risk of mortality within one year of diagnosis compared to those diagnosed promptly and they have increased healthcare costs
- Majority of patients diagnosed late (with CD4 cell count less 350/ml) are asymptomatic and are diagnosed opportunistically. They are usually from higher risk groups including men who sex with men (MSM), and black Africans.
- A significant proportion of patients diagnosed late (with a CD4 cell count less 350/ml) are diagnosed as a result of a suspicion of AIDS defining illness. This group are more likely to be from traditionally lower risk groups and may perceive themselves not to be at risk of HIV.
- 61.5% of persons diagnosed with HIV in Swindon between 2011 and 2013 were diagnosed late with a CD4 cell count less than 350/ml3. This was higher than the regional average (46.7%) and higher than the England average (45.0%).

Priorities

- Prioritise prevention and target health promotion initiatives to high risk groups (MSM and black Africans) as well as health promotion messages to the general population.
- Swindon Borough Council to commission an HIV Home Self Sampling service.
- Commission HIV sampling in selected community pharmacies.
- Work with GPs and primary care to raise awareness of clinical indicators of HIV amongst groups not traditionally defined as high risk.
- Commission the Integrated Sexual Health Service to increase the proportion of appropriate HIV tests offered and accepted.
- Commission the Integrated Sexual Health Service to introduce active recall and fast-track pathways to increase the frequency of HIV testing of MSM clinic attendees.
- Continue to commission social support to people living with HIV to live full and productive lives.

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Indicators for success

- ✓ Reduce the number of people with a late diagnosis to ensure that the Swindon rate remains in line with the England average.
- ✓ Increase the number of people diagnosed with HIV receiving care.

Outcome 4: Reduce unplanned pregnancies among all women of fertile age

4.1 Increase knowledge and awareness of all methods of contraception among all groups in the local population.

4.2 Increase access to all methods of contraception, including long acting reversible contraception (LARC) methods and emergency hormonal contraception (EHC), for women of all ages and their partners.

Links to Sexual Health Joint Strategic Needs Assessment (JSNA) 2015 recommendations:

JSNA 4: Continue to provide the majority of abortions during early pregnancy to ensure low complication rates for women.

JSNA 5: Continue to train more GPs in LARC insertion and ensure that LARC continues to be available in general practice.

JSNA 6: Conduct qualitative research with service users to better understand the barriers for the uptake to LARC.

JSNA 7: Increase the number of pharmacies providing EHC

Local Issues

- 86.7% of abortions in Swindon are performed under 10 weeks gestation, which is high when compared to regional and national data (78.6% and 79.4% respectively in 2013). This is desirable as early abortion ensures that women undergoing abortions experience fewer complications. Swindon has a lower rate of repeat abortions in the under 25 age group (26.5% in Swindon compared to 26.9% in England during 2013).
- In 2012/13, the GP prescribed long acting reversible contraception (LARC) rate in Swindon was 50.1 per 1,000 registered women aged 15-44 years, compared to 49.0 per 1,000 women in England.

Priorities

- Prioritise prevention by ensuring that women and their partners have timely access to all methods of contraception.
- Conduct qualitative research to find out the barriers that women face to using LARC.
- Ensure that Swindon has a strong network of competent LARC fitters in primary and secondary care.
- Commission a local LARC training programme to ensure that local competencies are maintained.

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- Work with the Swindon and Wiltshire Local Pharmaceutical Committee to expand the number of community pharmacies providing EHC.

Indicators for success

- ✓ Increase in the number of GP Practices offering full LARC services.
- ✓ Increase in the LARC prescription rate.
- ✓ Increase in the number of EHC prescribed by community pharmacies.

Outcome 5: Continue to reduce the rate of under 16 & under 18 conceptions

5.1 All young people receive appropriate information and education to enable them to make informed decisions.

5.2 All young people have access to the full range of contraceptive methods and where to access them.

Links to Sexual Health Joint Strategic Needs Assessment (JSNA) 2015 recommendations:

JSNA 5: Continue to train more GPs in LARC insertion and ensure that LARC continues to be available in all General Practices.

JSNA 7: Increase the number of pharmacies providing emergency hormonal contraception.

JSNA 8: Encourage schools and colleges to use quality assured packages available for the delivery of Sex and Relationships Education, so that young people are well informed about sexual health and relationships and are aware of where and how to access help should sexual abuse/assault occur.

Local Issues

- Despite the significant reduction in the under 18 conception rate in Swindon, there is still considerable variation between wards, with the more deprived wards seeing higher rates. The latest annual ward conception data for 2010 – 2012 varies from 13.4 (per 1000, 15 – 17 year olds) in Wroughton and Chiseldon to 67.5 (per 1000, 15 – 17 year olds) in Penhill.
- Swindon's annual rolling rate of under 18 conceptions in 2013 is 23.8 (per 1000, 15 – 17 year olds) is in line with the England average of 23.9 (per 1000, 15 – 17 year olds).
- Local data and intelligence shows that both conceptions and conceptions leading to births in women under 18 are continuing to fall.
- 35% of 15 to 19 year olds and 46% of under 15 year olds who attended the Swindon Integrated Sexual Health Service for contraception received a Long Acting Reversible Contraception (LARC) in 2014/15.

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Priorities

- Prioritise prevention by working with all key partners to ensure that our young women have high aspirations to achieve and fulfil their potential and increase their life chances.
- Ensure that all children and young people receive good quality sex and relationships education at home, in school and in the community to build knowledge and resilience, to enable young people to make informed and responsible decisions, understand issues around consent, the benefits of stable relationships and are aware of the risks of unprotected sex.
- Educate young women about the benefits of Long Acting Reversible Contraception (LARC) in preventing unplanned pregnancies.
- Educate young people and encourage registration to the Swindon C-Card Condom scheme.
- Expand the availability of Emergency Hormone Contraceptives (EHC) in community pharmacies in areas of greatest deprivation with the highest rates of under 18 conceptions.
- Continue to market the *Swindon Sexual Health Love Life* to ensure that all young people are aware of how to access confidential advice and support around wellbeing, relationships and sexual health.

Indicators for success

- ✓ Swindon's under 16 and under 18 conception rates remain in line with the England averages.
- ✓ Increase in the number of LARCs prescribed to under 18s.
- ✓ Increase in the number of young people signed up to the Swindon C-Card Condom Scheme.
- ✓ Decrease in the number of under 18s accessing the termination of pregnancy service.

4. Strategy Governance

The Swindon Sexual Health Executive group will monitor the strategic outcomes of the strategy and report to the Health and Well Being Board.

5. Strategy Engagement

Building on from the engagement that we undertook with the Sexual Health Joint Strategic Needs Assessment the following groups had the opportunity to participate in the shaping of this strategy:

British Pregnancy Advisory Service (BPAS)

Healthwatch Swindon

New College Swindon

Pregnancy Choices Swindon

School Nurses

Swindon College

Swindon Clinical Commissioning Group

Swindon Healthy Schools

Swindon Integrated Sexual Health Service

Swindon PRIDE Group

Swindon and Wiltshire Local Pharmaceutical Committee

Swindon Sexual Health Executive Group

Swindon Youth Forum

Terrance Higgins Trust

The New Swindon Sanctuary (Sexual Assault and Referral Centre)

Youth Engagement Workers

6. References

All-Party Parliamentary Group on Sexual and Reproductive Health in the UK (2015) *Breaking down the barriers: the need for accountability and integration in sexual health, reproductive health and HIV services in England.* http://www.fpa.org.uk/sites/default/files/breaking-down-the-barriers-report-appg-srhuk.pdf

Department of Health (2013) *A Framework for Sexual Health Improvement in England*. https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

Public Health England (2014) *Making it Work: A Guide to Whole System Commissioning for Sexual Health, Reproductive Health and HIV (Revised March 2015)* https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services

Public Health England (2015) *Sexual and Reproductive Health Profiles* http://fingertips.phe.org.uk/profile/sexualhealth

Spotting the Signs: Swindon Sexual Health Toolkit (2015) http://www.swindonlscb.org.uk/wav/Pages/HToolKit.aspx

Swindon Borough Council (2015) *Sexual Health Joint Strategic Needs Assessment* http://www.swindonjsna.co.uk/

Swindon Borough Council (2013) *Swindon's Health and Wellbeing Strategy 2013 – 2016* http://www.swindonjsna.co.uk/strategy

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Annex 1: Swindon Sexual & Reproductive Health Strategy 2015 – 2020 Action Plan

Outcome 1: Build knowledge and resilience among young people up to age 18				
Outcome	*Actions*	*Lead*	*By When*	*Progress (RAG)*
1.1 All children and young people receive good quality Sex and Relationship Education (SRE) at home, at school and in the community				
1.2 All children and young people know how to ask for help, and are able to access confidential advice and support about well-being, relationships and sexual health.				
1.3 All children and young people understand about consent, sexual consent and issues around abusive relationships				
1.4 Young people have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex.				
Key Indicators for success for Outcome 1: Build knowledge and resilience among young people up to age 18				

- ✓ All Swindon children and young people receive a quality assured age appropriate progressive programme of Sex and Relationship Education.
- ✓ More young people are delaying becoming sexually active.
- ✓ Increase in services for children and young people achieving the Young People Friendly accreditation.

Outcome 2: Reduce rates of STIs among people of all ages across the life course

Outcome	*Actions*	*Lead*	*By When*	*Progress (RAG)*
2.1 Individuals understand the different STIs and associated potential consequences.				
2.2 Individuals understand how to reduce the risk of transmission.				
2.3 Individuals understand where to get access to prompt, confidential STI testing and provision allows for prompt access to appropriate, high quality services, including the notification of partners.				
2.4 Individuals attending STI testing are also offered testing for HIV				

Key Indicators for success for Outcome 2: Reduce rates of STIs among people of all ages across the life course

- ✓ Ensure a Chlamydia diagnostic rate of 2,300 per 100,00 15 to 24 year olds
- ✓ Increase the proportion of young people aged 15 to 24 appropriately screened for chlamydia.

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- ✓ Reduction of STIs in the 25 to 49 age group
- ✓ Reduction of STIs in the over 50 age group

Outcome 3: Reduce onward transmission of and avoidable deaths from HIV

Outcome	*Actions*	*Lead*	*By When*	*Progress (RAG)*
3.1 Individuals understand what HIV is and how to reduce the risk of transmission.				
3.2 Individuals understand how HIV is prevented.				
3.3 Individuals understand where to get prompt access to confidential HIV testing.				
3.4 Individuals diagnoses with HIV receive prompt referral into care, and high quality care services are maintained.				

Key Indicators for success for Outcome 3: Reduce onward transmission of and avoidable deaths from HIV

- ✓ Reduce the number of people with a late diagnosis to ensure that the Swindon rate remains in line with the England average
- ✓ Increase the number of people diagnoses with HIV receiving care

Outcome 4: Reduce unplanned pregnancies among all women of fertile age

Outcome	*Actions*	*Lead*	*By When*	*Progress (RAG)*

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4.1 Increase knowledge and awareness of all methods of contraception among all groups in the Swindon population.				
4.2 Increase access to all methods of contraception, including long acting reversible contraception (LARC) methods and emergency hormonal contraception (EHC), for women of all ages and their partners.				

Key Indicators for success for Outcome 4: Reduce unplanned pregnancies among all women of fertile age

- ✓ Increase the number of GP Practices offering full LARC services
- ✓ Increase in the LARC prescription rate
- ✓ Increase in the number of pharmacies providing EHC

Outcome 5: Continue to reduce the rate of under 16 and under 18 conceptions

Outcome	*Actions*	*Lead*	*By When*	*Progress (RAG)*
5.1 All young people receive appropriate information and education to enable them to make informed decisions.				
5.2 All young people have access to the full range of contraceptive methods and where to access				

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them.				

Key Indicators for success for Outcome 5: Continue to reduce the rate of under 16 and under 18 conceptions

- ✓ Swindon's under 16 and under 18 conception rates remain in line with the England averages
- ✓ Increase in the number of LARCs prescribed to under 18s
- ✓ Increase in the number of young people signed up to the Swindon C-Card Condom Scheme
- ✓ Decrease in the number of under 18s accessing the termination of pregnancy service

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Restorative Youth Services Plan 2015/16

Health and Wellbeing Board **Date: 9 December 2015**

Author:	Board Director, Commissioning
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

1.1. The Youth Offending Team (YOT) in Swindon is required to produce a Plan which reflects on previous performance, and addresses priorities and business risks for the year ahead.

1.2. The Restorative Youth Services (RYS) Plan for 2015/16 incorporates strategies for meeting Government and local targets for reducing first time offending, re-offending, remand, custodial rates, and substance misuse. The Plan also includes strategies for the timely and effective delivery of confidential youth counselling services.

1.3 Local Authority approval for the Plan is normally sought mid-year before submission of the Plan to the Youth Justice Board. This process was delayed in 2015 as a result of the Her Majesty's Inspectorate of Prisons (HMIP) inspection of the YOT, and the requirement for a separate post inspection Action Plan which included changes discussed and agreed at the July meeting of the YOT Management Board. Following this meeting, the Plan was submitted to the Youth Justice Board and approval was given on the 3 November 2015.

1.4 The timetable for the drafting and respective approval of the Youth Justice Plan for 2016/17 provides for submission of the Plan to the Health and Wellbeing Board in May 2016.

2. Recommendations

<u>The Board is recommended to:</u>

2.1 Note and approve the Restorative Youth Services Plan for 2015/16 attached as Appendix 1 to the report.

3. Detail

3.1 The Local Authority (Chief Executive) with responsibility for Children's Services is required to ensure that the range of Youth Justice Services outlined in section 38 (4) of the Crime and Disorder Act 1998 are delivered through the Youth Offending Team.

3.2 The confidential youth counselling service On Trak, and the youth alcohol & drug misuse service U-Turn, are now under the direct management of the YOT's Manager (now entitled RYS Service Manager) and, accordingly, have separate

Further information on the subject of this report can be obtained from Matt Bywater, 01793 463890, mbywater@swindon.gov.uk.

plans incorporated into the Restorative Youth Services Plan 2015-16. This plan acknowledges national and local priorities relating to offending, substance misuse and counselling, and describes strategy, performance, partnerships, finance, as well as the challenges and opportunities which now govern future priorities.

3.3 Developments associated with the Youth Offending Team include a historic fall (year on year) in the number of first time entrants to the youth justice system. As well as a current low rate of custody due in part to the success of working closely with the Courts to show that risk and rehabilitation, for even the most troubled young people, is manageable and effective in the local community. Re-offending rates experienced a recent spike as a result of a more complex cohort of offenders which was explored further in the HMIP Inspection of the YOT in March 2015. This resulted in the production of a full report and a local post inspection Action Plan. This Plan incorporates subtle but important changes in operational practice, and overarching strategies, including the more sophisticated analysis of re-offending data using a specialised tool kit. Other key factors (influencing the Plan) include the provision for Magistrates to make a requirement in orders for 16 and 17 year olds known as 'Unpaid Work' in the community; the implementation of communications software programmes to improve the confidence and self-esteem of young people; intervention by a speech and language specialist; and a national overhaul and update of the ASSET assessment tool which will require the training of multi-agency staff as part of a 7 month lead-in before full adoption of new systems and processes to assess the risks and causes of offending behaviour.

3.4 The Plan for 2015/16 also incorporates strategies to educate young people about the harm caused through the misuse of alcohol and drugs. To support this, U-Turn operates through the traded services initiative to help schools raise awareness about the impact of drugs (including legal highs) on the teenage brain. The Plan also takes account of the challenges facing the confidential youth counselling service On Trak. These include managing the high rate of referrals, mostly from GPs, which had resulted in over-long waiting times for young people in need of counselling, requiring new efforts from partners to find solutions and work in new ways.

3.5 All three RYS services are also set in the wider context, acknowledging the influence of changes associated with 'Stronger Together', of which the move to Clarence House to co-locate with other teams from Children's Services was a key component. Financial pressures on key funding partners have resulted in a reduction in the compliment of YOT social worker posts (from three to two), loss of support staff, and an efficiency review of the current RYS managerial structure to identify further cost savings. Also the Central Government grant to the YOT has reduced by 30% since 2012/13, with a further 10% in year cut expected.

3.6 In spite of these financial pressures the YOT continues to have the full confidence of the YOT Management Board who approved the Plan on the 23 July 2015. The Youth Offending Team also has a close working relationship with other YOTs in the South West and is encouraged by the Youth Justice Board's local partnership adviser to compare outcomes in order to promote best practice and ensure that resources are deployed where they can be most effective. The Board's scrutiny of YOT performance has recently been the subject of a detailed review carried out after the HMIP inspection, leading to changes in the methodology used by partner agencies to receive and analyse performance data. The Plans for 2015/16 take account of these challenges, and set out local objectives and targets, ensuring that young people in Swindon receive the best start in life and are afforded access to appropriate and timely resources and opportunities.

4. Alternative Options

4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

5.1 Financial and Procurement Implications

5.1.1 The YOT is financed through a mix of funding from the Youth Justice Board, Local Authority (Children's Services), Wiltshire and Swindon Police and Crime Commissioner, and partner organisations. The total Youth Justice grant for 2015/16 amounts to £242,500 including funding set aside specifically for engaging more victims of crime in restorative justice processes, and helping to meet new devolved demands associated with Unpaid Work and Attendance Centre orders from Court. Partnership cash funding amounts to £373,661, of which £257,500 comes from Children's Services. The following agencies also provide cash contributions: £76,994 from the Police and Crime Commissioner; £19,067 from the National Probation Service; and £20,100 from the CCG, in addition to staffing resources (based on secondments) as listed at section 6 of the Plan (staffing).

5.1.2 The substance misuse service U-Turn is funded from three sources; Local Authority based Public Health (£75,000); Youth Justice grant funding transferred from YOT income to U Turn (£13,000*); and Children's Services core funding (£26,800), in addition to £3,600 from Health, making a total budget of £118,400.

5.1.3 The youth counselling service On Trak is funded by the Local Authority (£134,000, and the CCG (£64,000) making a total budget of £198,000.

5.1.4 The Budget for 2015/16 was approved by the YOT Management Board on the 23rd April 2015, and included proposals to meet the challenges previously mentioned.

5.2 Legal and Human Rights Implications

5.2.1 The Plan conforms to all Swindon Borough Council protocols and policies concerning the Legal and Human Rights of Swindon residents.

5.2.2 The Plan also builds in interventions on behalf of young people designed to promote opportunities for constructive use of their leisure time and as a result, a reduction in anti – social behaviour or crime.

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

5.3.1 Restorative Youth Services are uniquely placed to straddle the criminal justice and care environments, resulting in strong links with the overarching strategic themes encompassed within key partner agencies including the Police and Crime Commissioner (Wiltshire and Swindon).

5.4 Links to One Swindon, Strategic Objectives, Plans and Policies

5.4.1 The Plan takes account of developments incorporated into Local Authority plans (including Community Safety) around crime prevention and reducing re offending, as well as links to 'One Swindon' Priorities and specific targets around improving life for families in Swindon.

5.5 Diversity Impact Assessment

5.5.1 The work of the YOT, substance misuse service U-Turn, and the youth counselling service On Trak, are embedded in the Restorative Youth Services Plan 2015-16 which includes the Diversity Impact Assessment.

5.6 Risk Management

5.6.1 Plans include activities or protocols and procedures designed to address known or anticipated risks, including those associated with the potential for public sector funding reductions, as well as safeguarding of staff and young people.

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 The Restorative Youth Services Plan 2015-16.

Further information on the subject of this report can be obtained from Matt Bywater, 01793 463890, mbywater@swindon.gov.uk.

Children's Services Statement:

'Children in Swindon have the best start in life and grow up in supportive, confident and resilient families and communities'.

Swindon Borough Council

Swindon Youth Offending Team YOT

Uturn

ontrak Youth Counselling Service

YOT Statement:

'Children and young people who have offended, or are at risk of offending, will be offered the opportunities and support they need to become valued and productive members of our community and to repair the harm that they have caused'

RESTORATIVE YOUTH SERVICES PLAN

2015-16

Her Majesty's Courts Service hmcs

Oxford Health NHS Foundation Trust

Stronger together

Wiltshire Constabulary

pcc Police & Crime Commissioner for Wiltshire and Swindon

National Probation Service for England and Wales

Investing in Volunteers

RYS Statement:

Correction, Prevention, Restoration, Integration.

GLOSSARY

ABC	Acceptable Behaviour Contract
AIM	Assessment Intervention Moving On
ASB	Anti-Social Behaviour
ASSET	Assessment Tool Planning, Interventions & Supervision
BME	Black & Minority Ethnic
CAF	Common Assessment Framework
CAMHS	Child and Adolescence Mental Health Service
CPN	Community Psychiatric Nurse
CPS	Crown Prosecution Service
CSP	Community Safety Partnership
CSPPI	Community Safeguarding & Public Protection Incident
CV	ChildView Case Management System
DTO	Detention and Training Order
ETE	Education, Training and Employment
EWO	Education Welfare Officer
FTE	First Time Entrant
HMCTS	Her Majesty's Courts and Tribunal Service
HMYOI	Her Majesty's Young Offenders Institution
IOM	Integrated Offender Management
ISS	Intensive Supervision & Surveillance
KPI	Key Performance Indicator
LAC	Looked After Children
LASCH	LA Secure Children's Home
LASPO	Legal Aid Sentencing & Punishment of Offenders Act
LSCB	Local Safeguarding Children Board
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference
MARP	Multi Agency Risk Panel
MoJ	Ministry of Justice
NEET	Not in Education, Employment or Training
NOMS	National Offender Management Service
NPT	Neighbourhood Policing Team
NS	National Standards
PHE	Public Health England
OHFT	Oxford Health Foundation Trust
On Trak	Youth Counselling Service
PACE	Police and Criminal Evidence Act 1984
PCC	Police & Crime Commissioner
PRAISE	Peer review audit tool
PSR	Pre-Sentence Report
PVE	Preventing Violent Extremism
RMP	Risk Management Plan
RJ	Restorative Justice
RLAA	Remand to Local Authority Accommodation
RO	Referral Order
ROSH	Risk of Serious Harm
SAVRY	Specialist Assessment of Violence Risk in Youth
SEND	Special Education Needs or Disability
SCI	Swindon Crime Initiative
SMU	Substance Misuse
SOS	Signs of Safety (Safeguarding model of working)
STC	Secure Training Centre
STASTC	See the adult, see the child
TAC	Team Around the Child
TaMHS	Targeted Mental Health Service
U-Turn	Young Peoples drug service
WLCJB	Wiltshire Local Criminal Justice Board
YEW	Youth Engagement Worker
YJB	Youth Justice Board
YOT	Youth Offending Team
YP	Young Person
YRO	Youth Rehabilitation Order

1 - EXECUTIVE SUMMARY

I am pleased to introduce this year's Youth Justice Plan in my capacity as Chair of the YOT Management Board. As well as addressing the strategic direction and specific targets set by the Management Board across the **Youth Offending Team, young people's substance misuse service U-Turn, and On Trak youth counselling,** this Plan also reflects priorities arising out of a full joint inspection led by Her Majesties Inspectorate of Probation in April 2015.

The Independent scrutiny carried out by the joint inspectorate reflected a high level of confidence in the leadership and delivery of work across the YOT. Highest praise was reserved for staff 'working hard and effectively with young people and their families to build relationships', as well as 'accounting for individual needs and dealing with barriers across all ability and comprehension ranges, including diversity, as well as good at asking key questions around the young people's needs and aspirations'. The quality of interventions and ensuring the sentence is served was another area of strong working. The Plan for 2015/16 builds on these successes, but also recognises new priorities around safeguarding and protection for which new reporting measures are being built to enable the wider YOT partnership, via the Board, to direct, support and challenge all three services in the months ahead.

The Board recognises a number of opportunities, challenges, and risks to delivery and achieving outcomes, including:

- Working with partners, schools and the community to prevent and divert young people from crime and anti-social behaviour.
- Strengthen involvement in Troubled Families as it develops in phase 2 and closer working with Community Safety teams in new ASB legislation.
- Using new tools to understand re-offending rates to keep them below national averages at a time when these are rising nationally and offending cohorts are reducing.
- Working together to keep vulnerable young people safe from harm, abuse, criminal and sexual exploitation, radicalisation, domestic violence and substance misuse.
- The drive to improve the communication and other core skills of young people using specialist speech and language services as well as the software program Rapid English.
- Resourcing and adapting RYS services to meet the changing demands of service users, keeping custody and remands low, reducing waiting times for counselling, addressing changes in offending and drug misuse habits.
- Reflecting on the recommendations of the recent inspection, producing a meaningful action plan, maintaining good practice and implementing improvements to practice and procedures that lead to positive outcomes.

On behalf of the Board I would also like to acknowledge the value the YOT partnership places on the role of over 60 volunteers across all three services. Ranging from aged just 10 to the 'third age', these volunteers are dedicated to the cause of diverting young people from harmful behaviour and on to a more enriched life where they can reach their full potential. I am heartened by the dedication and professionalism shown by these members of our local community, working in support of staff to help families in Swindon and make it a better place to work and live.

Karen Reeve
Head of Children, Families and Community Health

MODEL OF SWINDON YOUNG PEOPLE OFFENDING (YOT 2014/15 DATA)

Swindon Child Population Growth (0-19 years)

By Age	2013/14	2014/15	2015/16	2016/17	%increase up to 2017
0-4	15,000	15,500	15,900	16,200	7.7
5-9	13,200	13,600	14,000	14,400	8.7
10-14	12,000	11,900	12,000	12,300	2.0
15-19	12,500	12,400	12,300	12,100	-2.8
Total	52,700	53,500	54,200	54,900	4.2

<19 population for Swindon

National: ARRESTS (2013/14 Data)
Arrests of YPs fell by 24% between 2011/12 and 2012/13, with the largest % fall being for Robbery (down by 27%). Between 2002/03 and 2012/13 the no. of YPs arrested for notifiable offences has fallen by 58%, from 299,500 in 2002/03 to 126,809 in 2012/13. 11.8% of all arrests, against a total of 10.5% of the population. The main offence types for YPs in 2013/14 were: Violence against the person (incl. Common Assault) 22%, Theft & Handling 18% and Criminal Damage 11%. There were 1,653 sexual offences for which YPs were convicted in 2013/14, this accounted for 2% of all offences.

National: FIRST TIME ENTRANTS (2013/14 Data)
Since 2010/11, there have been **51% fewer YPs coming into the Youth Justice System** and **40% fewer YPs (under 18) in Custody**. In 2013/14 there were 22,393 first time entrants to the Youth Justice System.

The no. of FTEs fell by 75% from 2003/04 to 2013/14 and fell by 20% in the last year. In 2013/14, 25,625 youth cautions were issued by the Police. This is a decrease of 17% on the 30,739 given in 2012/13, and a decrease by 73% on the 96,381 given in 2003/04.

National: PROVEN OFFENCES BY YOUNG PEOPLE (2013/14 Data)
In 2013/14, the majority (78%) of proven offences were committed by YPs aged 15 and over, with 31% being aged 17 or more. Only 22% of proven offences were committed by YPs aged 10-14.

Overall there were 90,769 **proven offences** by YPs that resulted in a caution or conviction in 2013/14, **down by 8% from 2012/13 and down by 68% since 2003/04.**

The largest percentage falls in proven offences between 2010/11 and 2013/14 have been: Public Order offences fell by 60%, Breach of Statutory Orders by 55% and Motoring offences by 54%. The no. of drug offences reduced by 34%.

National: RE-OFFENDING BY YOUNG PEOPLE (2012/13 Data)
The overall (binary) **re-offending rate** for YPs was **36.1% in 2012/13**, with an average of 1.08 re-offences per offender in the cohort (Frequency rate) and 2.99 re-offences per re-offender. The no. of YPs in the re-offending cohort has gone down every year since 2007/08, with particular reductions among those with no previous offences and those receiving out of Court disposals. As such the cohort is comprised of YPs whose characteristics mean that they are more likely to re-offend. This is reflected in the higher average number of previous offences for each YP, which was 1.74 in 2007/08 and 2.57 in 2012/13.

National: PARENTING ORDERS (2013/14 Data)
In 2013/14 there were 245 people sentenced to **Parenting Orders** given by the Courts. The no. fell by **44%, from 436 in 2012/13**. Since 2010/11 the no. of people sentenced to Parenting Orders has fallen by 64% (from 686 to 245). **Locally,** parents in the main, **engage voluntarily** rather than by order.

Rates of re-offending

Disposal	National 2012/13		Local 2012/13	
Pre-Court	26.1%	0.66	30.6%	0.67
First Tier	38.8%	1.10	38.2%	1.42
Community	60.3%	2.18	62.2%	2.89
Custody Licence	64.7%	2.56	66.7%	3.00
Overall	**36.1%**	**1.08**	**38.6%**	**1.29**

	Male	Female	10-13	14-16	17
Local	80.7%	19.3%	14%	58%	28%
National	79.5%	20.5%	12%	57%	31%

National: CUSTODY (2013/14 Data)
The average custody population in 2013/14 including 18 year olds held in the youth secure estate was 1,318. This represents a **23% reduction** on the average of 1,708 in 2012/13.

Overall the average length of time spent in custody increased from 85 days in 2012/13 to 90 days in 2013/14. For Detention and Training Orders (DTOs), it decreased from 115 to 109, for Remand it increased from 45 to 51 and for longer sentences it increased from 302 to 409.

National: REMAND (2013/14 Data)
There were 20,953 **remand episodes** given by the Courts for YPs in 2013/14, **down by 8% on 2012/13**. Remand decisions that involved YPs being bailed (Conditional or unconditional bail) accounted for 85% of all sentencing occasions where there was a substantive remand (Remand episodes). For those YPs given custodial remand in 2013/14, 62% were not given a custodial outcome following their remand. Of these, 25 % were acquitted and 37% were given other Court convictions.

PREVENTION

Local Resolutions (LR)

Pre charge (Police Bail) support to young people with serious allegations

First Time Entrants (FTE)

Local target: <287 -10% = 258

Outturn 122 [174 13/14]

FTEs for 2014/15 have fallen by 36% from 2010/11 baseline

Reprimands & Final Warnings replaced by
- **Youth Cautions**
- **Youth Conditional Cautions (YCC)**

COURT WORK

Statutory Court Orders

Local target to reduce re-offending <28.7% Outturn 38.6% [12/13] (National average 36.1%) and the Local target re further offences <0.67 Outturn: 1.28 [12/13] per young person. (National average 1.08)

Local target: >89% are in suitable Education, Training & Employment (ETE)

Outturn 86% [81% 13/14]

At Risk of Custody

Local target: <9% of all remands are to the Secure Estate. Outturn 2.9% [6.7% 13/14]

Custody

Target: <5% of all convictions are Custody Outturn 2.3% [3% 13/14]

ADULT OFFENDING

Population in Swindon
(Census data 2011)

Total = 209,156

YP <18 = 48,965
(23%) of local population

186 YP (10-17) received a Local Resolution (PNC data). [273 13/14]

Total No. of Young People Arrested Trend

2008	2009	2010	2011	2012	2013
2395	2751	2262	1997	1596	1079

In 2013 girls accounted for 16% of all YP arrests nationally.

Swindon & Wiltshire data: Howard League

There were 106 [55 13/14] Cautions; all received an assessment of offending & also a welfare assessment. 18 [28 13/14] received a YCC with assessment &

68 [66 13/14] Referral Orders between 3 and 12 months duration. 244 [229 13/14] Referral Order panels were held.

61 [66 13/14] Youth Rehabilitation Orders, 10 [7 13/14] with Intensive Supervision & Surveillance (ISS) requirements between 3 months and 3 years duration.

LOOKED AFTER CHILDREN (LAC)

Year	Cohort	LAC	Re-offended
2011-12	300	16	10 (62.5%)
2012-13	301	10	6 (60%)
2013-14	255	5	4 (80%)

LAC binary rates are higher, although numbers overall are very low in comparison with non-LAC in Swindon. This table shows YPs entering the justice system who were already LAC (subsequently some of the remaining cohort became LAC during their order, but this is not shown here). Swindon YOT is doing well in holding YPs in the community as an alternative to custody and in keeping the frequency and seriousness low.

10 [12 13/14] YP rec'd intensive support on Court bail conditions; 12 [7 13/14] on statutory orders (YRO etc.) and 2 [3 13/14] on post custody licence conditions.

4 [9 13/14] YP remanded to Secure (Custody) pending sentencing. 3 [10 13/14] YP remanded to LA Accommodation (on bail conditions). YP sentenced to custody DTO 4 [7 13/14]

There were 36 YPs who became 18 during **YOT Supervision**, of these 2 were transferred to Probation, the majority were kept by the YOT until completion of their order. 15 remain active as at 31st March 2015.

Probation currently have 15 18 and 19 years olds on their caseload (4.2% of the 360 offenders being managed by the **National Probation Service** in Swindon).

Of current cases managed by **Community Rehabilitation Company** in Swindon, 10 are 18 years old and 26 are 19 years old. Of that total (36), 22 were 18 or under (one was 17) at the time of the first Court appearance for their sentence.

COST CALCULATOR

Average Caseload (Applies to offences related to Intervention Orders) **Average No. of Contacts** (One-to-one)

Period	No. of Pract.	Average Caseload per practitioner	Total no. of contacts	Av. Cost per contact
2010/11	19	806 (42)	15,307	£55
2011/12	16	954 (59)	15,266	£54
2012/13	17	749 (44)	12,735	£66
2013/14	15	653 (43)	12,030	£60
2014/15	15	363 (24)	10,987	£66

Up to £1,500 per young person

Per 6 months average order up to £5,000 per young person on a Referral Order

Per 6 month average order (Youth Rehabilitation Order) up to £6,000

Intensive Supervision & Surveillance requirement up to £10,000

2014/15 Actual costs to LA (Remands only)

Bed nights	YOI	Costs (Cumulative)	SCH/STC	Costs (Cumulative)
Qtr 1	49 (1)	£7,742	61 (1)	£33,425
Qtr 2	49 (1)	£7,742	144 (1)	£77,664
Qtr 3	49 (1)	£7,742	144 (1)	£77,664
Qtr 4	81 (3)	£12,798	144 (1)	£77,664

For 3 month, average (Detention & Training Order up to £60,000)

3 - RESTORATIVE SERVICES IN CONTEXT

'**Restorative Youth Services', Swindon Youth Offending Team, Substance Misuse Service U Turn and the Youth Counselling Service On Trak are well placed to meet the Local Authority's drive to greater localism and accountability under the strategic direction** '**Stronger Together'**. Under this initiative the Council seeks to change the way it operates as a public service, distinguishing between delivery and commissioning but promoting greater cooperation and efficiency via the '**One Swindon'** delivery plan. Restorative Youth Services will play a crucial role in supporting their strategic aims for a strong, safe community where fear of crime is low and there is a strong sense of civic pride in making Swindon 'a great place to live and work'. These aims also recognise that the population is becoming more diverse and is forecast to grow from 186,600 in 2007 to 250,000 by 2030. Although the town is recognised for creating an environment for good economic growth, there still remain areas of inequality and deprivation with low aspirations and attainment and this remains a significant challenge, as well as an opportunity to encourage local people to become more self-reliant and participate in decisions affecting their lives.

There are many factors influencing this Plan, including: funding pressures; reorganisation and restructuring by partners and changes in legislation which affect the way the RYS; (specifically the YOT) works with its justice partners, including sentencing in the Courts; the drive towards more use of restorative solutions to resolve conflict; expectations associated with inspection and audit regimes; and the drive for greater accountability by the Youth Justice Board and MoJ. Other factors include; understanding and reacting to the ever changing patterns of offending and social behaviours of young people so that the YOT, U Turn and On Trak retain their ability to work effectively and safely; the management of pooled funding and conditions attached; maintaining a skilled and motivated workforce and understanding the commitments needed to meet new challenges associated with the IT infrastructure; and training of key staff and volunteers.

This Plan acknowledges YOT performance to date in each of the key areas associated with prevention, reoffending and custody as well as making the best use of the synergy between the three teams that make up the Restorative Youth Service. A number of important trends are highlighted by YOT data which are in part associated with the use of local resolutions (by the police) and a reducing number of arrested young people being charged for offences, with the result that fewer young people are accessing services, being assessed or supervised. However, YOT workloads remain high due to recent reductions in staffing and a pattern of more complex and risky offending behaviour by young people. (a trend noted nationally). **U Turn** continued to see a positive shift in behaviour where Class A drug use by young people has been replaced by an increasing 'poly-drug' (mixing drugs) use with cannabis as the first drug of choice and alcohol second for boys and girls. **On Trak** has an increasing waiting list to access services due to increasing numbers of GP and self-referrals and the needs of their young people becoming more complex and subsequently, time in treatment being longer.

The Plan is underpinned by a highly motivated and trained workforce, as well as a high number of local volunteers. Maintaining and improving the skills of the workforce and volunteers in working with complex and sometimes vulnerable young people and their families is more important than ever. This Plan will provide the strategic and contextual setting to ensure our systems and processes are safe; that risk is well managed; that young people are rehabilitated; that victims have a say; and that our young people who come into contact with the justice system have every opportunity to become valued and productive members of the community. I am confident that we have the right model going forward to ensure that our staff and volunteers remain focused and stronger by virtue of the partnership formed by the teams that make up Restorative Youth Services.

For more information contact; ***kleaning@swindon.gov.uk*** *or refer to the Council's web site* **http://www.swindon.gov.uk/**

4 - KEY LOCAL PARTNERSHIPS AND PLANS

Swindon Borough Council as the relevant Local Authority is the statutory lead partner; and has responsibility to the relevant Secretary of State to ensure that the Youth Offending Team is able to fulfil its requirements and deliver services as required under the Crime and Disorder Act 1998 and subsequent criminal justice legislation, and other relevant legislation applicable to young people. The statutory partners, (Children's Services, Police, Probation, Education and Health (Education and Health are now included in Children's Services)) also have a duty under the Act to ensure adequate provision of resources and other support is available so that the team's statutory requirements are met.

The YOT continues to benefit from a supportive Management Board who meet quarterly, chaired by the Head of Children, Families and Community Health (who also takes responsibility for the line management of the RYS Service Manager), and includes representation from Children's Services, Health and Education, Strategic Housing Services, Probation, Wiltshire Police, Police Crime Commissioner, HM Courts and Tribunals Service, and Children and Adolescent Mental Health Services. Board members are of sufficient seniority to ensure that YOT plans are co-terminus with wider strategic planning from the services they represent, ensure that the team is well managed, and adequately staffed with directly employed or seconded professionals.

The YOT has a statutory duty under section 11 of the Children Act 2004 to safeguard and promote the welfare of the child. Restorative Youth Services are well placed within Children's Services to deliver services to the standards required under the Children Act 2004 (and 1933, 1989) by contributing to the work of the Local Safeguarding Children's Board and related subgroups which include; training, trafficking, sexual exploitation, sexual offending (AIM assessments (specialist joint agency assessment)), missing runaways and serious case reviews.

Restorative Youth Services are organised along targeted functional responsibilities – principally YOT Prevention, Court & Post-Court and custody, U Turn substance misuse, and On Trak youth counselling teams as per the organisation chart (Page 7). Due to the relatively small size of the Service, many staff, particularly in the YOT, whether directly employed or seconded by statutory agencies, work both to their parent agency brief and also generically taking on other agency roles and responsibilities subject to the changing needs of young people. Some staff work *within* the service and some *alongside* or some even do both, (for example Health which includes a part time Children's Health practitioner (nurse) and key link Mental Health workers in the Children and Adolescent Mental Health service delivered by Oxford Health Foundation Trust). RYS teams co-llocated to Clarence House in the Town centre in October 2014. The benefits of closer working as a Service and alongside key partners were quickly realised by both staff and service users.

The Restorative Youth Service has a wide and dynamic range of stakeholders including the public, staff, service users, statutory partner agencies, volunteers and community groups. The Service values the importance of the continuing support and contribution to positive outcomes of stakeholders in raising awareness and contributing to a greater understanding of youth justice, health and related welfare issues. There is also a commitment to building on its positive information and media strategy which relies on regular accurate communication as well as accessing wider information and learning from the Swindon Borough Council, Local Safeguarding Children Board, Youth Justice Board, Ministry of Justice, National Health England training and briefings. This is supported by the regular generation of positive media articles and public engagement events. Stakeholders (including professionals and members of the community) are encouraged to attend one of the teams monthly 'information sessions' to promote understanding, dispel myths about young people, gain trust through openness, and promote their participation and the benefits of joint working.

A key partner contributing to the steering of the YOT since its inception in 1999 has been **Probation.** Recent changes in legislation 'transforming justice' have led to the formation of a National Probation Service and Community Rehabilitation companies. Seconded Probation Officers remain with the NPS. As CRCs develop, new partnerships will be formed in support of the community rehabilitation of prolific offenders.

For more information contact; ***kleaning@swindon.gov.uk*** *or refer to the Council's web site* **http://www.swindon.gov.uk/**

RESTORATIVE YOUTH SERVICES

Uturn YOT ontrak — Restorative Youth Services

Service Manager - Kevin Leaning

Uturn YOT ontrak — Restorative Youth Services

RYS PREVENTION

Operational Manager – Dale Colsell

- **Tony Aldridge** – Restorative Justice Co-ordinator (YOT P/T)
- **Jill Wells** – Education Welfare Officer (SBC/YOT P/T)
- **Victoria Harvey** – Parenting (YOT F/T)
- **Denise O'Rafferty** – YOT Worker (YOT F/T)

POLICE – PROJECT WORK / SCI

- **Phil Elliott** – Police Officer (Seconded F/T)
- **Beccy John** – Police Youth Justice Worker (Police F/T)

SUBSTANCE MISUSE

- **Derryl George** – Substance Misuse Worker (U-Turn F/T)
- **Hannah Woloszczynska** – Substance Misuse Worker (U-Turn F/T)

HEALTH

- **Alan Dickens** – Mental Health Practitioner (Oxford Health P/T)
- **Rachel Steadman** – Young People Health Nurse (SBC P/T)
- **Clare O'Driscoll** – Specialist Speech & Language Therapist (SBC P/T)

YOT COURT,SUPERVISION,THROUGHCARE, REMAND & INTENSIVE INTERVENTION

Operational Manager – Matt Bywater

- **John O'Hara** – Probation Services Officer (Seconded F/T)
- **Mel Norton** – Probation Officer (Seconded F/T)
- **Stephanie Gillett** – Social Worker (Seconded F/T)
- **Jayne MacLeod** – Social Worker (YOT F/T)
- **Gail Martin** – YOT Worker (YOT F/T)
- **Valerie Mathe** – YOT Worker (Unpaid Work) (YOT P/T)
- **Karen Sercombe** – ISS Worker (YOT P/T)
- **Cathy Hill** – ISS Worker (YOT F/T)
- **Paul Hewer** – ISS Worker (YOT P/T)
- **Julie Coleman** – Bail Support and Intensive Interventions Co-ordinator (YOT F/T)
- **Annette Harvey-Jones** – Youth Justice Centre Officer-in-Charge (YOT P/T)

Sessional Workers

- U-Turn/ Troubled Families - 1
- ISS/ Reparation – 1
- Att. Centre – 2
- On Trak – 5

RYS YOUTH COUNSELLING

Manager – Guy Pearson

- **Kathleen Kinloch** – Counsellor (On Trak P/T)
- **Michael Bizley** – Counsellor (On Trak P/T)
- **Rachel Murphy** – Youth Counsellor (On Trak P/T)
- **Melanie Richards** – Youth Counsellor (On Trak P/T)
- **Vacancy x 2** – Youth Counsellors (On Trak P/T)

COURT ADMINISTRATION, INFORMATION & VOLUNTEERS

Business Manager – Blair Staynings

- **Julie Wordsworth** – Performance & Information Officer (RYS F/T)
- **Carla Da Silva** – PA/Finance Assistant (RYS (F/T)
- **Jeanette Glover** – Court Admin/ Reception Supervisor (RYS P/T)
- **Marilyn Boss** – Statutory Referral Orders (YOT P/T)
- **Yvette Bennett** – Court/ On Trak Admin (RYS P/T)
- **Isobel Rowand** – Business Administration Apprentice (RYS F/T)

Volunteers (51)

- AA - 25
- Community - 4
- Mentors – 1
- Panel Members – 12
- On Trak – 13

(Some may have dual roles)

RYS Staff (41 excl. 2 vacancies) and Volunteers (51)

	Ethnicity		Gender			
	Staff	Volunt	Staff		Volunt	
			M	F	M	F
White	95%	96%	29.3%	65.9%	18%	78%
Mixed	2.5%			2.4%		
Asian		2%			2%	
Black	2.5%	2%		2.4%	2%	
Other						

6 – FINANCE & RESOURCING

Youth Offending Team

Income and budgeted expenditure is as follows:

Agency	Staffing costs (£)	Payments in kind–revenue (£)	Other delegated funds	Total (£)
Local Authority	£140,200.00	**£85,000.00**	£117,300.00	**£342,500.00**
Police Service*	**£75,000.00**			**£75,000.00**
National Probation Service	**£72,513.00**		£19,067.00	**£91,580.00**
Health Service	**£32,000.00**		£13,700.00	**£45,700.00**
Police and Crime Commissioner*			£92,694.00	**£92,694.00**
YJB Grants.			£261,718.00	**£261,718.00**
Home Office (Att. Centre)			£20,718.00	**£20,718.00**
Other			£1,400.00	**£1,400.00**
Total	**£319,713.00**	**£85,000.00**	**£526,597.00**	**£931,310.00**

YOT BUDGET 2015/16	
Salaries ***(incl. RJ, Unpaid Work & contrib. to U-Turn)***	**£636,800.00**
Equipment	**£1,600.00**
Accommodation	**£0.00**
Overheads	**£25,397.00**
Activity	**£3,000.00**
Total	**£666,797.00**

The YOT continues to comply with the requirements of the Crime and Disorder Act in terms of the staffing commitments from the funding partnership. Despite some increases in funding in key service areas, balancing the RYS budget has been challenged due to reductions in grants and some partner contributions this year.

New Developments: The YOT is preparing for an upgrade in its case management system ChildView to version 2 in the summer of 2015. This is a pre requisite for implementation of Asset Plus, and for which funds have been ring fenced to meet the costs of planning and delivery (including training). In a separate initiative, PCC funding has been secured to provide staff and young people with access to specialist speech and Language support to address the communication difficulties experienced amongst the offending population. This funding is also helping offenders (or those at risk of offending) to improve core skills in reading, writing and speaking using the software Rapid English. Other priorities include a continuing investment in the delivery of anti-crime messages across schools using year six pupils (an award winning programme); commissioning of educational material (including films); innovation in the use of social media to engage young people; and significant investment in the provision of unpaid work to juveniles in close consultation with courts.

Although the YOT's custody rates remain well below national averages, the YOT Board and the wider partnership are collaborating to reduce costs associated with remands into custody, and plans to support young people following resettlement.

The Substance Misuse Service U Turn - This service is funded from three different sources: Local Authority based Public Health accounts for £75,000, helping to ensure that this service is integrated with wider children's services; Youth Justice grant funding transferred from YOT income to U Turn (£13,000) and Children's Services core funding making a total budget of £118,450. The service has commissioned a short film to bridge a gap in educational resources aimed at helping key age groups to understand the implications of substance misuse.

The Youth Counselling service On Trak - On Trak has received increased funding in order to meet the recommendations arising out of an independent report commissioned as a result of growing waiting times for young people accessing the service. The budget overall has increased from £108,500 in 2014/15 to £205,400 (£134,000 from SBC and £70,000 from the CCG) in 2015/16 specifically to build service capacity and reduce waiting times.

These budgets are managed by the Restorative Youth Services Business Manager in partnership with Swindon Borough Council finance.

For more information contact; ***BStaynings@swindon.gov.uk***

7.1A – YOT OVERVIEW

The Ministry of Justice vision for the justice system, including youth justice, describes a determination to break the cycle of offending by providing effective sentences and rehabilitation. It states that 'Youth justice is an important part of the criminal justice system. A successful youth justice system can be an effective preventative service for the adult criminal justice system; one that provides early intervention to stop problems before they become more serious, and maximising opportunities for diversion; an effective sentencing regime, including greater use of restorative justice where appropriate; greater parental responsibility; rehabilitation; [the use of payment by results to drive improvements in performance], and incentivise diversification of providers and to increase accountability. Subsequently, recent years have seen a number of significant changes in legislation with new ASB legislation, new national standards, reduction in funding and new conditions relating to grants and funding, changes to Police and Court related services, new inspection and key government initiatives, all of which require careful consideration and implementation.

The team is structured to deliver against national indicators and in achieving the key outcomes of preventing offending in the following areas;

Prevention and early intervention: YOT staff have a prevention role around ASB and school exclusions. Case workers (plan holders) take an active role in support of Troubled Families when already working with young offenders and their families who have been identified as 'Troubled families'. Increasingly, proactive preventative activity by the Police making use of Community Resolutions, has reduced first time entrants into the justice system. Those entering the justice system as 'First Time Entrants' are diverted from attending court to the **Swindon Crime Initiative (SCI)** where they are assessed, risks identified and an intervention programme (proportional to the offence) is offered. Engagement is voluntary and may often include signposting to other agencies such as health, education or parenting. This very efficient clinic-based intervention, delivering Cautions and Conditional Cautions, is run in partnership with the YOT, Restorative Justice worker, parenting support, Police and community volunteers.

The core business of supervising young people on statutory Court Orders is the majority of the team's work. (see the model of youth offending, page 4) Every young person has an in depth assessment of their offending, social, health, education, communication, accommodation and welfare needs that are presenting a risk of further offending, risk of harm to themselves or to others. Based on this risk assessment an intervention plan is put in place, either by a panel of Referral Order volunteers as a binding legal contract or by the allocated case manager, depending on the type of order made at court. The team applies a 'scaled approach' to interventions which means that more resources are available for the higher risk or chaotic young people, whilst remaining compliant with the statutory requirements of National Standards of supervision and contact.

Custody: The YOT has a close working relationship with the Courts and sentencers who need to be confident that the Team and its partners can safely and effectively manage the risks of harm by young people to themselves and others as well as deal with re-offending. The YOT strives to ensure that all sentencing options are available including Intensive Supervision and Surveillance (ISS) and bail and remand packages to ensure that young people remain in the community wherever possible. ISS is offered as a 'last chance' before custody and may involve 25 hours of work or supervision weekly, a curfew and electronic monitoring 7 days a week. In 2014 the YOT introduced Unpaid Work as an option and has seen useful restriction of liberty and a chance to learn new skills in the community. Those who do enter the secure estate remain under the supervision of the Team throughout their sentence both whilst in custody and on post release licence. ISS support is also offered to young people coming out of custody to ensure they get the best support and assistance in their reintegration back into the community.

Volunteers: Volunteers feature prominently in the YOT culture, and in Swindon up to 60 community volunteers of all ages and backgrounds are currently actively supporting positive outcomes through Referral Order Panels, Community Payback, Reparation, Appropriate Adult and Mentoring roles as well as being a 'critical friend'. The Investors in Volunteers standard was re-awarded in acknowledgement of the value placed on their contribution which means that they are trained, supervised and appraised to the same high standard as employed staff. RJ is a thread that runs through all intervention plans, the majority of which will involve volunteers in the RJ process or making reparation to the victim or the community.

7.1B – YOT DELIVERY PLAN

Changing patterns of offending: Targeted work in preventing offending and re-offending, changes in Police and CPS practice and social changes have led to a steady reduction in entrants into the justice system for petty and minor offences. However, the majority of those currently under the supervision of the YOT have characteristics that mean they are more likely to re-offend in that they score higher on their risk assessments due to complex needs, have more previous offences (national average of 1.74 in 2007/8 and 2.57 in 2012/13) and require a significantly higher level of supervision in order to effect change, rehabilitate and to protect the public.

Target 1: National Indicator: Reduce first time entrants to the Youth Justice System by those who are at risk of offending or involvement in anti-social behaviour. The Target set by the Management Board was to reduce FTEs below the 2013/14 out-turn of 174. The outturn for 2014/15 was 122 FTEs. This has been achieved through a combination of cultural change by young people, good partnership working and the use of community resolutions by the police. **The target for 2015/16 is to maintain low numbers of FTEs ideally to less than 122**. (<30 per quarter). 2014/15 saw a change in trend regarding pre court disposals with Youth Cautions up from 55 to 106, Youth Conditional Cautions down from 28 to 18 and Community Resolutions down from 273 to 186. The rise in Cautions is predictable as the number of young people already having received Resolutions increases. However, the reason for the recent steep reduction in the police use of Community Resolutions does need further understanding. Nationally, FTEs have fallen by 75% since 2003/4, but are expected to 'bottom out'.

Activities planned include joint working with the Police to engage young people in a pre-court clinic for those with conditional cautions; greater investment in volunteers including renewal of Investors in Volunteers (IIV); recruiting, training and deploying volunteers to increase mentoring support and Appropriate Adult (AA) cover; Restorative Justice (RJ) interventions; educational crime prevention workshops; and 'independent' feedback using new structured feedback forms at different stages of a young person's order. The majority of core staff are RJ trained and new staff will be trained in RJ as part of induction. New volunteers will also be trained within the next 12 months.

Target 2: National Indicator: Reduce the rate of young people re-offending. (Measured by 12 month PNC reconviction rate, based on a rolling 12 month cohort). The out-turn for 2012/13 was 38.6% (local data). **The target for 2014/15 is to be better than the national average of 36.1%.**

In support of the re-offending target a further national measure is: **The average number of *further offences* committed by the cohort within 12 months of the initial substantive outcome.** The out-turn for 2012/13 was 1.28 re offences per offender in the cohort. **The target for 2015/16 set by the YOT Management Board is for the rate to be better than the national average for further offending (1.08)**. Nationally there were 2.99 re-offences per re-offender. Locally the figure was 3.33**.** Re-offending data is produced quarterly by the Ministry of Justice (MoJ) using police and YJB data and is based on a rolling cohort identified 24 months previously. Year on year Swindon YOT's re offending rate has been broadly in line or better than the national average. **During 2014/15 the local rate rose to a high of 41.7% in Q3.** Data suggests this is due to a small number of persistent offenders from 2011/12 working through the cohort timeframe. Re-offending rates are predicted to rise across the country due to the reducing and more complex cohort of young people entering the justice system. In March 2015 the YOT was subject of a full joint inspection which ascertained work to reduce offending was well up to expectations and that there were no practice or procedural issues of concern that were contributing to this rise at the time or in place currently.

Plans here include raising the take up of Restorative Justice and building closer ties with the Troubled Families initiative; including the training of Appropriate Adult volunteers to identify potential troubled families; training and deploying year 6/7 pupils to deliver education projects; working ties with private sector companies in deprived areas; supporting initiatives around sporting activities, and the 'Fresh Moves' youth project. In addition the YOT plans to provide for more in depth analysis of data/ trends; provide greater support for young people post custody; and provide Magistrates with feedback on outcomes from community sentences in order to promote compliance and reduce breaches, as well as deliver training to Magistrates in a joint initiative with HM Courts.

Target 3: National Indicator: Reduce the number of young people receiving a conviction in Court who are sentenced to Custody. The 2014/15 target was <5% of all sentencing results in custody. The out-turn for 2014/15 was 2.3%. This equates to 4 young people entering custody out of 173 sentencing episodes. Of these, 4 young people (out of 139 remand decisions) were remanded to secure accommodation by the Court which equates to 2.9% against a target of <9% being remanded). **The Local Custody target will continue to be <5%.** In

2012/13 the national average was 4.5% (Ranging from 0% to 12% in 132 English YOTs).

Options in the Magistrates sentencing Matrix have been expanded to include Unpaid Work Orders. New staff have been recruited and trained to manage these orders as part of our drive for more post custodial support for young people, and changes in the focus of pre and post-custodial support. This includes strengthening of bail and remand packages involving the additional training and development of staff in the Intensive Supervision and Surveillance Team in order to equip them to expand their role to through-care and post custody support. The use of compliance (breach) panels are now embedded to reduce sentencing to custody due to breaches. The team is building closer ties to Local Authority decision makers over access to more suitable accommodation in order to reduce overall costs and meet changes in legislation, including LASPO 2012 and PACE 1984. Finally, the YOT is engaging multi agency staff in custody panels, designed to examine each custody episode in detail and inform future practice.

These key performance indicators are supported by a suite of targets set by the Management Board and are monitored quarterly. These look at early intervention activity, raising awareness and confidence, access to education and employment, intensive supervision and surveillance, access to suitable accommodation, parenting, substance misuse, counselling, looked after children, risk of harm, vulnerability and quality audit activities. In addition the YOT is contributing to the HMIP Peer inspection programme and YJB's peer review methodologies, taking an active part in at least two YJB Peer Reviews.

Victims are invited to engage in restorative justice wherever possible. Victims are given the opportunity to meet young offenders face to face if preferred (unless it is not possible for safety issues) or victims can video record, voice record, write or use mediation to communicate how they feel and what they would like done to make good the harm. Meeting victims has a significant impact on a young person's behaviour and their understanding of how their behaviour has affected other people. As well as having benefits for the victim, RJ contributes towards reducing re-offending and the seriousness of further offending. The YOT produced new resources in 2014 aimed specifically at victims to help reassure them about Restorative Justice processes and its benefits. All panel members and case workers (plan holders) have received in-house training on RJ to update/ refresh their skills.

Programmes and Interventions in support of national indicators and positive outcomes: The YOT has a wide range of interventions available, both in-house and as part of partnership working to address the risk factors that lead to offending and re-offending. These include substance misuse (delivered via a partnership with U Turn); anger management (in-house); cognitive behaviour (ISS, Teen Talk programmes); sexual health (in-house and partner sexual health clinic; drop-in and outreach work); motoring offences (In-house and Fire Service); weapons crime (in-house); and parenting (in-house). Plans seek to build on positives gleaned from assessments and by referrals to positive activities such as sports, volunteering and special training such as Salamander, provided by the Fire and Rescue Service, and mentoring. Interventions and group programmes are delivered by Pre-court and Post court teams with specialist help from other specialists and volunteers. The majority of YOT staff are highly skilled in delivering a wide variety of interventions and most supervising staff are trained in solution focussed therapy, child protection, safeguarding, Signs of Safety (Safeguarding model of working), AIM (working with young people who display sexually harmful behaviour) and where relevant in the/Early help record, TAC, justice and welfare legislation, assessment, homelessness, exploitation, domestic violence, speech & language, victims, violent extremism, restorative conferencing and MAPPA as well as key agency competencies required of Social Workers, Health Workers, Police officers and Probation. Intervention programmes are also delivered on Saturday mornings at the Attendance Centre (Youth Justice Centre) or by ISS staff weekend surveillance contacts.

For more information contact; ***mbywater@swindon.gov.uk***

7.1C - HMIP INSPECTION FINDINGS AND RECOMMENDATIONS

The Youth Offending Team was subject to a full joint inspection in March 2015 after a period 5 years since the last inspection. During the course of the inspection the reasons for an increase in re offending rates were attributed to a significant spike of re- offending in the 2011/12 cohort, the influence on data of small numbers in the cohort and disproportionate rates of offending for looked after children.

The inspection covered 6 key areas of interest, commencing with a week of case file audits and staff and service user interviews by HMIP. A further week involved deeper investigation and partnership interviews by inspectors from multiple inspectorates. **Key judgements were scored as follows; <50% = poor, 50 – 64% = unsatisfactory, 65 - 79% = satisfactory, 80%> = good.**

Theme 1: Reducing Re-offending. 74%.
'Overall work to reduce reoffending was satisfactory. Case managers had a good understanding of the reasons why children and young people offended. They used their knowledge to provide sound information to court both to inform sentencing decisions and to put appropriate intervention plans in place. A holistic approach with the family and specialist workers was taken to work to reduce the likelihood of reoffending. This led to a range of positive, sustainable outcomes that, some young people advised, could be accredited to their time with the YOT'.

Theme 2: Protecting the Public 63%.
'Overall work to protect the public and actual or potential victims was unsatisfactory. The YOT often underestimated the level of harm a child or young person posed to others and the subsequent need to plan to manage this. Work relating to risk of harm was not always given sufficient priority, especially when there were other needs in a case to address. There was a lack of guidance and structures in place for managing high risk of harm cases and too little use was made of the expertise held by YOT police staff and the information they should access'.

Theme 3: Protecting Children and Young People 64%.
'Overall work to protect children and young people and reduce their vulnerability was unsatisfactory. The YOT worked proactively to manage safeguarding issues as they arose. Case managers made determined efforts to link with partner agencies and contributed to interagency safeguarding processes in order to protect children and young people. However, case managers were not good at assessing the vulnerability needs in their cases. There were issues relating to the quality of planning, and delays in the delivery of some specialist interventions'.

Theme 4: Ensuring the Sentence is Served 91%.
Overall work to ensure that the sentence was served was good. The YOT's key asset was its staff. The YOT worked holistically with other agencies to build effective relationships with children and young people and their families. Case managers worked flexibly to take the specific needs of a case into account and remove potential barriers to engagement in order to encourage engagement. They also took appropriate and effective measures to encourage and enforce compliance where necessary.

Theme 5: Governance and Partnerships
'Overall, the effectiveness of governance and partnership arrangements was unsatisfactory. The YOT Management Board had a clear appreciation of the role and importance of the YOT's work. However, the success of the YOT was underpinned by strong, informal relationships and ambitions rather than governance, scrutiny and challenge by its Management Board. It's evident commitment to improving services lacked strategic direction and planning. Despite a range of internal assurance mechanisms, there was more to be done to ensure the effectiveness of work to protect the public and safeguarding'.

Theme 6: Interventions 79%

'Overall, the delivery and management of interventions to reduce reoffending were satisfactory. The YOT had access to a good range of interventions to reduce offending behaviour, protect the public and safeguard children and young people. They also paid due consideration to addressing the needs of victims. Case managers gave thought to what should be delivered, and how, in order to achieve the greatest level of engagement by children and young people, many of whom showed positive progress in key factors linked to their offending behaviour'.

Recommendations

Post-inspection improvement work should focus particularly on achieving the following outcomes within 12 months following publication of this report:

- The work of the YOT should be targeted, meet local need, and driven by a clear YOT strategy and effective delivery plan (Chair of YOT Management Board)
- Governance arrangements, at all levels, should provide appropriate support, scrutiny and challenge to the YOT's work and outcomes (Chair of YOT Management Board)
- Systematic, effective critical oversight of the YOT's work should be used to identify and help to address areas for improvement in practice relating to safeguarding, protecting the public, and children looked after by the local authority (Chair of YOT Management Board)
- Effective YOT and partnership working arrangements should promote the safeguarding of children and young people and the protection of the public and victims: specifically, assessment, planning, and the delivery of interventions should be of good quality and underpinned by effective joint working structures, protocols and guidance (YOT manager).

The HMIP recommendations will inform a post inspection action plan developed by the YOT Management Board and monitored by the YJB.

Key areas of focus will be in the following areas:

- Seeking a greater take up of victim involvement in Restorative Justice.
- Improving staff skills in reflecting, analysing and recording risk of harm and vulnerability issues more widely and in more depth.
- Seeking to strengthen links to local colleges and education providers to better understand the quality of educational provision – to inform placements.
- Reviewing agreements and protocols with partners in regards to health provision, especially into the secure estate.
- Training related to the role of Police personnel with regards to intelligence sharing and risk management.
- Improving governance relating to Looked After Children, improving links with ICT and Social Care teams such as Family Contact Point.
- Improving communication with young people, mainly around understanding their Court Order.
- Review the working of the Board to ensure there is leadership and challenge from all agencies.

7.2A – U TURN OVERVIEW AND DELIVERY PLAN

U Turn is a specialist service consisting of a RYS manager, two full time staff supported by trained volunteers. They provide support, help and guidance to young people and their families in Swindon with alcohol or drug-related problems. The definition includes all illicit substances, solvents and prescribed medication but excludes the use of tobacco. The Service is targeted at 10 to 17 year-olds. It accepts referrals from all professionals and also encourages referrals direct from young people and their parents or carers. **U Turn provides a full assessment in relation to alcohol and substance misuse** in line with best practice and National Health England (NTA) requirements. Staff are skilled at cognitive-behavior interventions, motivational interviewing and specialist prescribing. They work with young people to help them to reduce the harm caused by alcohol and drug misuse and to improve their overall health.

U Turn works proactively in preventing drug use and providing education to children and young people, and provides training and consultancy for professionals on how to work with young people they have concerns about related to the misuse of alcohol and substances. In 2014/15 the team gave preventative talks and guidance in schools and colleges to 664 young people. Where there are trends emerging Uturn can reassure professionals with training, up to date information and de mystifying perceptions of use and potential harm.

Drug trends have significantly changed amongst young people in Swindon, with most young people known to the service now using cannabis as their first drug of choice, rather than Class A drugs. This has led to more transient behaviours amongst young people who are less inclined to maintain their engagement with the service and less motivated to cease their substance use, as they see it as less harmful. Subsequently, the process of engagement is taking longer to reach the critical point where young people want to stop using drugs. This is attributable to their individual needs and experiences, cultural acceptance, peer group behaviours and local influences. Legal highs have raised concerns as they have become readily available in Swindon. A proactive and coordinated partnership response has significantly reduced the availability of some legal highs and raised awareness with professionals, adults and young people of the potential dangers related to these unknown substances. Part of U Turn prevention work is to commission a film to bridge a gap in resources aimed at young people taking cannabis (Funded by a combination of YOT resources and Arts Council funding via Create Studios).

A high number of young people in specialist drug and alcohol treatment services have other issues in their lives including problems at school, poverty, marginalisation and a lack of access to training and employment. At times this can lead to risky behaviours and an involvement in crime. Since this behaviour is usually designed to fund their continuation of personal drug use, a high proportion of service users are also known to the YOT. The incorporation of U Turn with Restorative Youth Services in April 2012 has since proven beneficial in terms of economies of scale, sharing knowledge and increasing referrals.

U Turn staff are highly trained in assessment, using nationally accredited tools. Where relevant these are linked with other agency assessments in social work teams, health, YOT and Early Help processes used by integrated Children's services teams. In common with all Children's Services, the team consider the needs of parents and carers who may be experiencing SMU, mental health or learning difficulties and will draw in appropriate services in line with 'see the adult, see the child' guidance. Young people with more risky behaviours will receive a specialist assessment, one to one intervention, pharmacological intervention and detoxification programme, needle exchange, harm reduction advice, friendly support, information and guidance, as well as help in addressing wider needs such as mental health, accommodation, education and awareness of the consequences of offending. The quality and effectiveness of the work of U Turn was scrutinised as part of a CQC Inspection of Children's Services in 2014 and as part of the YOT inspection in 2015 where inspectors reported favourably on the service.

Transition from young people's to adult services was an area for development in 2013/14. Processes that support young people to access adult SMU services with CRI as they reach adulthood are now firmly established. More outreach work is planned in partnership with CRI in targeted prevention and harm reduction.

In 2014/15 the team worked with 108 young people (105 last year), 74 male and 34 females last year, predominantly aged 15 (25), 16(34) and 17(28), for cannabis and alcohol issues. Of these, 37 were involved in criminal activity at the start of their referral with U turn. These children and young people in treatment can have complex needs and threats to their safety and wellbeing requiring skilled multi agency working, especially where mental health issues or child criminal or sexual exploitation are identified. Maintaining contact with young people using cannabis or alcohol and who only partially engage with services, leaving in an unplanned way remain a challenge. A quarterly one page 'Dashboard' is produced to reflect these outputs and outcomes. (Available on request).

For more information contact; ***DColsell@swindon.gov.uk***

7.3A – ON TRAK OVERVIEW AND DELIVERY PLAN

Service Description: The On Trak youth counselling service is a humanistic and integrative (primary care level) therapy service provided to young people and young adults who may be offered short, medium or long-term counselling. The service provides an initial assessment followed by weekly one to one counselling, and will make referrals/sign-posting to other services where appropriate. Management of the service is delivered through Children's Services under the umbrella of Restorative Youth Services.

The service is available to young people aged 14-19 at the time of referral who are experiencing moderate, (but often complex) mental health problems likely to respond to the 'talk based' therapeutic interventions available. Referrals are encouraged from young people themselves, or from parents/guardians. On Trak also provides an out-reach model in association with other agencies. This includes various health agencies, usually following self-harm or depression. On Trak aims to ensure that all young people have access to the service free of charge regardless of age, gender, ethnic origin and sexuality, religious or cultural background.

Eligible young people are provided with a service for as long as the counselling remains therapeutically valuable even if this takes them past their 19th birthday, and are typically provided with a supportive relationship in times of crisis, including a safe place to express themselves; advice and guidance to promote good mental health; help with more effective ways to handle stressful situations; a better understanding of themselves and their relationship to the world; and a greater awareness of their personal resources, abilities, and ways to build self-esteem.

An Independent review of On Trak in 2014 by Dr Cathy Street, an independent children and young people's mental health consultant, revealed a well-regarded but 'under-sized' youth counselling service. The service was described as working effectively to best practice models, with consistently good outcomes. The team (of 1 full-time and 2 part-time) staff and volunteers work with around 110 young people a year, with a ratio of 3 female to 1 male clients. In an average month the team will see over 70 individual young people for assessments and counselling appointments. The waiting time from referral to assessment has risen to over 60 days on average, however the waiting time from referral to the first counselling session has decreased on average to 52 days.

The priorities for the service during 2015 are based on the independent review recommendations. These are to: significantly reduce the waiting times experienced by young people by adding capacity, and to meet an increase in the more complex needs of young people by providing more frequent contact and a longer period of time with experienced counsellors.

Capacity building delivery plan. On Trak is funded by SBC based on an annual budget of £105,450 with an additional one-off contribution of £30,000 to help deliver the 2015/16 YJ Plan. In addition, the CCG committed to funding an extra £70,000 per year which will enable On Trak to recruit 4 x 20 hour counsellors and maintain a greater pool of student counsellors on placement (currently 10). In advance of this recruitment On Trak has invested in the training of staff in clinical supervision skills, and recruited a part-time administrative assistant.

One of the principal service improvements (during 2014) was the co-location of On Trak to Clarence House alongside the Youth Offending Team, U Turn, and other teams from Children, Families and Community Health thereby promoting easier and more effective access for young people and their families in Swindon. Extra rooms were accommodated and refurbished to make them more suitable for counselling, with access now available evenings and weekends to extend both capacity and accessibility. In late 2014 a pilot commenced with On Trak working in partnership with TaMHS to improve triage processes so that young people are screened and signposted to the most appropriate service to meet their needs. This is proving to be successful and will be continued throughout 2015.

Performance Monitoring. On Trak utilise a specialist counselling data base 'Core' to collate output and throughput data, but also (and more importantly) to collect data on **key outcomes** intended to evidence the difference which the service has made to the lives of the young people in need of help and support. This 'patient experience' information will inform future service delivery. A quarterly one page 'Dashboard' is produced to reflect these outputs and outcomes. (Available on request).

For more information contact the On Trak manager, Guy Pearson at ***gkpearson@swindon.gov.uk***

8 – DIVERSITY STATEMENT

Restorative Youth services are committed to:

- Challenging any behaviour that perpetuates discrimination and which limits individuals from realising their potential.
- Ensuring that no one will be discriminated against on the grounds of their race, gender, disability, sexual orientation, age, HIV status, marital status, class, religion or beliefs.
- Carrying out service audits and maintaining monitoring arrangements designed to identify areas of equality development and to support relevant action plans.
- Consulting service users, staff, community groups and partner organisations on developing equality and diversity policies and action plans.
- Tackling areas of discrimination and social exclusion to ensure that all its services are delivered in a fair and equitable manner.
- Securing support of external partners and contractors for its equality and diversity objectives.

A diversity impact assessment of this plan has been completed to ensure that it meets our equality duties and gives proper consideration to how the service will affect the life chances of different groups and the impact the service will have on the 10 Dimensions of Equality. This exercise shows improvements in service user accessibility since relocating to Clarence House. Ensuring fairness and equality throughout the justice system has been met by interviewing service users and analysing the feedback and sharing directly to partner justice agencies where there are issues. Remembering the need to understand a young person's communication and individual learning style and adjusting how we work accordingly was considered a strength by HMIP. Service user access to **RYS** does not reflect the full ethnic and cultural diversity of the citizens of Swindon. These services are monitoring and collating diversity information, but will need to understand why young people from some ethnic communities are over and underrepresented.

Building on our culture of continuous improvement, the Team's operational plans take account of both national and local trends, and innovation in practice. For example:

- Nationally there is an overrepresentation of BME young people in the Justice System. YOT Court staff have a raised awareness of this and are proactive in Court promoting fairness and proportionality in sentencing. Case Managers (writing sentencing reports) are held to account via checks and balances which include management oversight and sign off for all reports relating to BME young people.
- A bespoke staff focus group is actively reviewing services and interventions specifically for girls, and employing the most recent best practice to ensure that the needs of girls in the Justice System are identified, understood and catered for.
- Young people with undiagnosed communication difficulties are screened and helped with reading, writing, speaking and listening as part of the Rapid English improvement programme. Young people can be further assessed and helped by the RYS Speech and Language Therapist and Interpretation Services.
- RYS are beginning to understand that the way service users wish to communicate with services is changing significantly, especially in the area of social media and the use of smart phones. We are currently working with a Swindon wide forum of young people who will be guiding us on communications methodology and future engagement.

2011 Census data on Swindon Population Ethnicity	Swindon Population aged 10-17 (20,167)	Restorative Youth Services (2014-15 data)			
		YOT – Community Sentence 186 (298)	YOT – Custody 4 (7)	U-Turn 108 (105)	On Trak 110 (133)
White	87.2%	86% (92%)	75% (100%)	91.5% (89%)	90% (84%)
Mixed	3.4%	2% (2%)	0%	1.9% (2%)	0% (10%)
Asian	7.6%	1.8% (1.3%)	0%	1.9% (4%)	3.6% (5%)
Black	1.4%	8.6% (4%)	25% (0%)	3.7% (2%)	0% (0%)
Other	0.4%	1.6% (0.7%)	0%	1% (3%)	6.4% (1%)

RYS Staff (41 excl. 2 vacancies) and Volunteers (51)						
	Ethnicity		Gender			
	Staff	Volunt	Staff		Volunt	
			M	F	M	F
White	95%	96%	29.3%	65.9%	18%	78%
Mixed	2.5%			2.4%		
Asian		2%			2%	
Black	2.5%	2%		2.4%	2%	
Other						

To find out more go to SBC ***equality@swindon.gov.uk***

Review and sign-off						
Gavin Jones John Gilbert	Job Titles	Chief Executive Of The Local Authority Board Director Commissioning, DCS and DASS, SBC	Signature	Gavin Jones John Gilbert	Date	23/07/15
Mark Sellers	Job Title	Superintendent, Swindon Police Operations Local Policing North	Signature	Mark Sellers	Date	23/07/15
Mark Scully	Job Title	On behalf of National Probation Service	Signature	Mark Scully	Date	23/07/15
Karen Reeve	Job Title	Head of Children, Families and Community Health, SBC	Signature	Karen Reeve	Date	23/07/15
Paul Bearman Gill May	Job Titles	Executive Director of Commissioning, NHS Swindon Clinical Commissioning Group Executive Nurse, NHS Swindon Clinical Commissioning Group	Signature	Paul Bearman Gill May	Date	23/07/15

RESTORATIVE YOUTH SERVICES PROFILE 2014-15

VOLUNTEERS SUPPORTING THE WORK OF THE YOT

- 434 (266 13/14) hours of Community Payback.
- 106 (131 13/14) Appropriate Adult call outs to Custody.
- 244 (282 13/14) Community Panels.

- The average age to enter the YOT: 16 for Boys & 15 for girls.
- 66% (71% 13/14) of offences are by 15-17 year old boys.
- 4 (7 13/14) Boys went to custody (100%).

EDUCATION TRAINING & EMPLOYMENT

Of the 140 orders closed in 14/15 there were 121 young people (86%) in ETE at the end of their order and 10 young people who were SEN.

DRUGS

"Cannabis messes with your head - don't use it. I ended up with psychosis and extreme paranoia." - 15 year old boy.

RESTORATIVE JUSTICE

123 (188 13/14) victims were contacted and offered the opportunity to participate in RJ. 53 (62 13/14) asked for the offender to make good the harm in the community. 20 (57 13/14) asked the RJ worker to represent their views to the offender.

HMIP eSURVEY 2015

- "The YOT has helped me lots, been happier, no interest in crime, settled down and grown up."
- "I can control strange or upsetting thoughts now."
- "The YOT arranged a fork left driver course. Passed at test yesterday."

HMIP eSURVEY 2015

- 89% of young people said they had been treated fairly by people who worked with them.
- 93% of young people said their work with the YOT has made them less likely to offend.
- 77% think the service given to them by YOT is very good.

WHAT YOUNG PEOPLE SAY

Young person on a Youth Rehabilitation Order said 'Until I started doing victim empathy work I never realised how direct and indirect victims could be affected both short and long term. It really made me think'.

HEALTH MATTERS

"I used 54 substances in 28 days. I tried all sorts of help but only On Trak and U-Turn understood me - It took a log time but I am on the road to recovery now." - 16 year old boy.

RESTORATIVE CONFERENCES

10 (18 13/14) victims elected to meet the offender or use 'shuttle mediation'. "I was very impressed with the whole process and thank you for your support' – mother of a 13 year old male victim of a robbery who represented him at an Restorative Conference with a 17 year old male offender.

VOLUNTEER POWER

On Trak volunteer student Counsellors helped On Trak to offer 1062 (1402 13/14) appointments in 2014/15.

HEALTH MATTERS

In 2014/15 there were 15 (28 13/14) referrals made to the YOT Nurse.

One young person said "I didn't realise how many units I drank and how unhealthy it is for me, I will try to drink less when out with friends after today's session".

INTENSIVE SUPERVISION & SURVEILLANCE

ISS is an alternative to risk of Custody. In 2014/15 there were 9 ISS completions - 4 were successfully completed, 4 were breached, revoked and re-sentenced to custody, 1 was breached, revoked and re-sentenced to a community penalty.

PARENTS

29 (31 13/14) parents regularly received help, information, support and guidance from the Parenting Worker. 6 (3 13/14) Parents were ordered by Court to engage.

UNPAID WORK

"It's interesting - We do different things and learn new stuff we would never get to do, like working with the Park Rangers".

Crisis Concordat Update

Health and Wellbeing Board **Date: 9 December 2015**

Author: Sheila Baxter – Joint Mental Health Commissioner, Swindon Clinical Commissioning Group

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 The Health and Wellbeing Board agreed to support the principles of the national Mental Health Crisis Concordat. In December 2014 the Swindon Mental Health Crisis Care Concordat declaration (see Appendices 1 and 2) was agreed and uploaded to the national Mental Health Crisis Care Concordat website. The Swindon Concordat is supported by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), CRI – Substance Misuse Service, Great Western Hospital (GWH), Office of Police Crime Commissioner for Wiltshire and Swindon, Oxford Health NHS Foundation Trust, SEQOL, South West Ambulance Service Foundation Trust, Swindon Borough Council (SBC), Swindon Clinical Commissioning Group (CCG), Swindon MIND, Wiltshire Police and NHS England (Bath, Gloucestershire, Swindon & Wiltshire Area Team).

1.2 The Concordat sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

1.3 The CCG led on developing an initial March 2015 Action Plan and producing the updated September 2015 Action Plan (see Appendix 3) which will be reviewed, updated, monitored and progress tracked.

1.4 This Report links to Swindon's Health and Wellbeing Strategy (2013-2016) *Outcome 4* – promote recovery, dispel the stigma and discrimination around mental health and support and sign post people appropriately.

2. Recommendations

<u>The Board is recommended to:</u>

2.1 Approve the Swindon Mental Health Care Crisis Concordat Action Plan.

2.2 Request that the Swindon Clinical Commissioning Group monitor the delivery of the multi-agency Action Plan through established bi-monthly meetings.

3. Detail

3.1 In February 2014 the Department of Health published the Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis www.crisiscareconcordat.org.uk. It is a national agreement between

Further information on the subject of this report can be obtained from Sheila Baxter, 01793 683700, sheila.baxter@swindonccg.nhs.uk.

services and agencies involved in the care and support of people in crisis with mental health problems.

3.2 The Concordat was published in response to a number of reports that demonstrated the need for health, social care and criminal justice agencies to work together due to variable access to crisis care throughout the country. These Reports identified that people experiencing a mental health crisis were being detained in police cells and the Police response in preventing serious injury and death in incidents involving mental health conditions. The Reports identified that high levels of Black and Minority Ethnic (BME) people are detained under the Mental Health Act and that overall the number of people detained under the Mental Health Act has risen by 12% in the last 5 years.

3.3 The Concordat has four main focuses including access to support before crisis point and making sure people with mental health problems can get help 24 hours a day when they ask for help and are taken seriously. It also focuses upon urgent and emergency access to crisis care and making sure that a mental health crisis is treated with the same urgency as a physical health emergency. Quality of treatment and care when in crisis and making sure that people are treated with dignity and respect, in a therapeutic environment, is another focus. The Concordat also focuses upon recovery and staying well and preventing future crises by making sure people are referred to appropriate services.

3.4 Although the Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. The Concordat builds on and does not replace existing guidance.

The Concordat supports a multi-agency approach to deliver excellence and sets out Commissioning responsibility to develop local systems that anticipate and where possible prevent crises

Parity of Esteem

3.5 Mental health has been put at the centre of the Government's programme of health reform, with a specific objective to "put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole".

Parity of Esteem is demonstrated and agreed within the Swindon Concordat Action Plan, specifically with response times to mental health crises matching those of physical health crises.

Local Action and Timescales

3.6 Although the Concordat has been agreed by a partnership of national organisations, it indicates that real change can only be delivered locally.

In Swindon, the CCG, in conjunction with the Health and Wellbeing Board, brought together health, local authority, third sector and criminal justice agencies to develop a Swindon Concordat Action Plan, enabling the delivery of the national shared goals of the Concordat at a local level.

3.7 Progress – Current Actions on Target

Re-design of mental health service- Mental Health Single Point of Access (MHSPA) now implemented. Via joint triage provides improved (and best nationally) referral to assessment timescale available of 24 hours, in addition to improved capacity within services through greater efficiency.

Street Triage – implemented 15 September 2015 – already producing excellent results regarding activity levels and outcomes.

The 52 Actions contained in the March 2015 Action Plan have now reduced to 15. New Actions are added via meetings, making the Action Plan a fluid, responsive and meaningful document. The Concordat has pulled together a variety of projects and enabled an overview of how mental health services dovetail together to ensure no gaps in services and that services are timely, accessible and appropriate. This new forum has enabled sharing of information about services currently in place or issues that need to be considered and plan for resolution via the Concordat Action Plan, such as:

Action 54 (Earlier intervention) Street Triage team - now aware regarding contact with CAMHS OSCA (Outreach Service for Children and Adolescents) for under 18 years presentation – details confirmed and shared; Wilts police are integrating SWAST into communication plans

Action 19 (Improved Partnership Working) CARS (Court Assessment and Referral Services) now ageless and invited to participate in the Concordat; Wilts police have process and protocol for contacting CAMHS OSCA

Action 38 (Improved quality of response when detained under MHA S135/6) Swindon services now aware that CAMHS OSCA across region can be accessed if Swindon OSCA already engaged in an assessment – details of manager on-call via CAMHS coordinating centre shared.

New legislation regarding management of young people with mental health issues (under 18s) by police from April 2016 – Concordat tasked with local resolution.

Next steps

3.8 The Swindon Concordat Action Plan forum will meet bi-monthly to oversee, review and update progress. The next and updated (September 2015) version of the Action Plan will be uploaded to the Concordat national website by 31 October 2015 as per national requirement.

The next Swindon Care Crisis Concordat meeting is on 30 November 2015 at Swindon CCG.

4. Alternative Options

4.1 There are no alternative options as this is an evidence based National driver.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 CCG Commissioning Intentions for 2015/16 reflect the Concordat Action Plan and a new set of metrics. The 2015/16 Contract will enable measurement and management of provider performance including response times to mental health crises. The Contract reflects the re-design of mental health services and reflects the Single Point of Access model, incorporating response times.

Swindon CCG's successful bid for funds to support a Street Triage yearlong project included evidence of sustainability of the street triage model. An overview of outcomes will be reviewed at the 9 month point.

Legal and Human Rights Implications

5.2 Refer back to 3.4 regarding Parity of Esteem and equality of access to health care for all.

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

5.3 Mental health services re-design is sustainable. The street triage project is funded via non-recurring funds. However, outcomes from similar projects (Street Triage Pilot, Department of Health, 2014; Street Triage and S 136 in Sussex, University of Brighton, Sussex Police, Sussex Partnership NHS Foundation Trust, 2014) have indicated that, by embedding practice, improved working relationships and reduction in inappropriate admissions ensure sustainability from within current resources.

Diversity Impact Assessment

5.4 Not applicable.

Risk Management

5.5 Engagement with the Concordat National tracker will ensure that any risk regarding the implementation and monitoring of the Concordat is managed.

Further information on the subject of this report can be obtained from Sheila Baxter, 01793 683700, sheila.baxter@swindonccg.nhs.uk.

5.6 In the event of the disengagement of any agency signed up to the Declaration, the CCG Chair will escalate within the CCG as necessary, thereby managing any risk of undermining the Concordat progress.

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

7.1 None.

8. Appendices

8.1 Appendix 1 - Swindon Crisis Concordat Declaration 2015

8.2 Appendix 2 - Partners signed up to Concordat

8.3 Appendix 3 - Concordat Action Plan

Further information on the subject of this report can be obtained from Sheila Baxter, 01793 683700, sheila.baxter@swindonccg.nhs.uk.

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The 2014 Swindon Health and Social Care Economy Declaration on improving outcomes for people experiencing mental health crisis. 3rd November 2014

We, as partner organisations in Swindon, will work together to put in place the principles of the national **Crisis Concordat** to improve the system of care and support so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

We will work together to prevent crises happening whenever possible, through intervening at an early stage.

We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes.

We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover. Everybody who signs this declaration will work towards developing ways of sharing information to help front line staff provide better responses to people in crisis.

We are responsible for delivering this commitment in Swindon by putting in place, reviewing and regularly updating the action plan.

This declaration supports 'parity of esteem' (see the glossary) between physical and mental health care in the following ways:

- Through everyone agreeing a shared 'care pathway' to safely support, assess and manage anyone who asks any of our services in Swindon for help in a crisis. This will result in the best outcomes for people with suspected serious mental illness, provide advice and support for their carers, and make sure that services work together safely and effectively.
- Through agencies working together to improve individuals' experience (professionals, people who use crisis care services, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals.
- By making sure there is a safe and effective service with clear and agreed policies and procedures in place for people in crisis, and that organisations can access the service and refer people to it in the same way as they would for physical health and social care services.
- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to staff, carers, patients and service users or the wider community and to support people's recovery and wellbeing.

Swindon Declaration statement

We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in Swindon.

- **Avon and Wiltshire Mental Health Partnership NHS Foundation Trust**
- **CRI – Substance Misuse Service**
- **Great Western Hospital NHS Foundation Trust**
- **NHS England (Bath, Gloucestershire, Swindon & Wiltshire Area Team)**
- **Office of Police Crime Commissioner for Wiltshire and Swindon**
- **Oxford Health NHS Foundation Trust**
- **Swindon Borough Council**
- **SEQOL**
- **South West Ambulance Service Foundation Trust**
- **Swindon Clinical Commissioning Group**
- **Swindon Mind**
- **Wiltshire Police**

NHS Swindon Clinical Commissioning Group

Swindon Borough Council

pcc Police & Crime Commissioner for Wiltshire and Swindon

South Western Ambulance Service NHS Foundation Trust
Ken Wenman, Chief Executive

Oxford Health NHS Foundation Trust

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Avon and Wiltshire Mental Health Partnership NHS Trust

SEQOL care · health · support

Great Western Hospitals NHS Foundation Trust

Wiltshire Police

Bath, Gloucestershire, Swindon & Wiltshire Area Team

Glossary of terms used in this declaration

Concordat	A document published by the Government. The Concordat is a shared, agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental-health crisis need help. It contains a set of agreements made between national organisations, each of which has a formal responsibility of some kind towards people who need help. It also contains an action plan agreed between the organisations who have signed the Concordat. Title: Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis Author: Department of Health and Concordat signatories Document purpose: Guidance Publication date: 18th February 2014 Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf
Mental health crisis	When people – of all ages – with mental health problems urgently need help because of their suicidal behaviour, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control or irrational and likely to put the person (or other people) in danger.
Parity of esteem	Parity of esteem is when mental health is valued equally with physical health. If people become mentally unwell, the services they use will assess and treat mental health disorders or conditions on a par with physical illnesses. Further information: http://www.england.nhs.uk/ourwork/qual-clin-lead/pe

Recovery	One definition of Recovery within the context of mental health is from Dr. William Anthony: "Recovery is a deeply personal, unique process changing one's attitude, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of psychiatric disability" (Anthony, 1993) Further information http://www.imroc.org/

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Appendix 2: Providers and Organisations Signed up to Swindon Crisis Concordat:

NHS Swindon Clinical Commissioning Group

pcc Police & Crime Commissioner for Wiltshire and Swindon

Oxford Health NHS Foundation Trust

Avon and Wiltshire NHS Mental Health Partnership NHS Trust

Swindon Borough Council

South Western Ambulance Service NHS Foundation Trust

Ken Wenman, Chief Executive

mind for better mental health | Swindon

SEQOL

Wiltshire Police

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1. Commissioning to allow earlier intervention and responsive crisis services				
No.	**Action**	**Timescale**	**Led By**	**Outcomes**
Matching local need with a suitable range of services				
5	**Complete the Children and Adolescent Mental Health Needs assessment and develop the CAMHS Strategy and ensure crisis care is included**	September 2015	Children & Families Commissioner/Public Health Commissioner(Swindon Borough Council – SBC)	Enhanced understanding of local need for mental health services building on Children and Young Peoples Mental Health Needs Assessment. Clear Strategic direction for future CAMHS services. SBC completing in September 2015 via JSNA group Action: awaiting final sign off from HWBB – FM – review at November meeting - then completed
54	**Street Triage pilot project in Swindon**	1 Year project-evaluation at 9 months (May 2016)	Mental Health Joint Commissioner, CCG, AWP, Mental Health Liaison Officer, Swindon & Wilts Police, Wilts Commissioner,	• Outcomes to be agreed • Now in 3rd week of operation • Averaging >105 contacts weekly, including outreach and face to face in Swindon • X1 avoidable S136 admission, improved liaison should improve outcome at next opportunity • SWAST to be integrated in Comms plan list (Wilts police) On-going feedback – overview of outcomes May 2016
Improving mental health crisis services				
9	**Change category response from ambulance service to Green 2**	November 2015	Operations Locality Manager Wiltshire (SWAST)	Brings response times for ambulance service for Mental Health for S136 conveyance and response to Mental Health emergencies into compliance with 30 minute local target Review being undertaken – losing Green 1 response category – ?specialist paramedic response for all mental

				health responses with secure vehicle = more appropriate response, reduction is use of police cars
Ensuring the right numbers of high quality staff				
Improved partnership working in Swindon locality				
15	**Incorporate measures around Mental Health calls for SWAST to ensure compliance with G2 / G4 response times and appropriateness**	31st November 2015	Operations Locality Manager Wiltshire (SWAST)	Assurance for new model and operations to comply with local ambition and national concordat SWAST to chase and feedback Action: SB confirm query from September to assist in moving action forward at November meeting
16 (& 9,6)	**Emergency response times to Mental health situations to be monitored as a separate report for local area by Wiltshire Police Service**	Implementation September 2015	Mental Health Liaison Officer (Wiltshire Police Service), AWP	Assurance for new model and operations to comply with local ambition and national concordat Metrics to be confirmed between Commissioner and provider November 2015
19	**Monitor and review the memorandum of understanding between Court Liaison and Diversion service**	On going	Service Manager, CAMHS (Oxford Health)/ Court Liaison and Diversion Service	Ensure appropriate assessment of children and young people's mental health requirements and avoid duplication of assessment Process and protocol for police to contact OSCA CARS now all ages CAMHS/CARS 6 monthly meeting Action: SB to invite CARS to participate in Concordat meetings as from November 2015
2. Access to support before crisis point				

No.	Action	Timescale	Led By	Outcomes
Improve access to support via primary care				
21	**Re-design of dementia services**	**Dementia Specialist Team (DST) AWP from April 2015**	Head of Professions (AWP Swindon)/CIT	Ensure timely and effective care home liaison to avoid escalation and inappropriate admission to general hospital Posts out to advert 28.9.15 – team mostly recruited – outcomes to be agreed with CCG – implementation 1 December 2015
22	**Ensure service users with LD have access to services, including out of hours service**	**Out of hours response service**	Adult Safeguarding Lead (SEQOL)	• To prevent unnecessary escalation • Update at September meeting (Newlands & Erica) Action: AWP to update at November 2015 meeting
23	**Review service pathways between CAMHS and TaMHS to ensure seamless movement through services and address waiting times**	September 2015	Children & Families Commissioner, Service Manager, CAMHS, (Oxford Health), Swindon Borough Council	• Improved waiting times and seamless flow through single point of access service • TaMHS is SPA – service under pressure – requires analysis to free up capacity Action: CAMHS & SBC to work on shared guidance and pathways via CAMHS JSNA – report back at November 2015 meeting on progress
24	**Continue to train more CAMHS practitioners in IAPT models of care and supervision**	On Going	Service Manager, CAMHS (Oxford Health)	• Build on the 50% of practitioners trained in CBT, Systemic Family Practice, and Interpersonal Therapy to ensure diverse evidence based therapy options for Children and Young People • DoH vision of 100% - ongoing work to improve % of trained staff • 28.9.15 – now at 75% - small gap may persist

				due to new staff accessing next cohort – ongoing programme
Improve access to and experience of mental health services				
3. Urgent and emergency access to crisis care				
No.	**Action**	**Timescale**	**Led By**	**Outcomes**
Improve NHS emergency response to mental health crisis				
Social services' contribution to mental health crisis services				

Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983				
38	**Monitor police response to Children and young people under section and ensure that they are taken to a place of safety – agreed process following changes to S 135/36**	December 2015	Mental Health Liaison Officer (Wiltshire Police) and Service Manager, CAMHS (Oxford Health)	Ensure children and young people under MHA Section are taken to an appropriate place of safety and not police custody Govt driven changes to MHA Section 135/136 zero tolerance to under 18s in police custody Currently occasional admissions to custody when extreme agitation/threat of violence + ability present. Concerns re safety of all if exceptional custody option removed – no apparent easy solution via current local services Wilts Police MH to gather intelligence re actions from other forces/providers 28.9.156 – MR reported nothing since April 15 – CAMHS OSCA = source of support/assessment + Swindon can also

				access Wilts or BaNES via CAMHS coordination centre – ST has contact details. Action: Mandy R to share number with SWAST Action – Mandy R and Mike H to meet outside of Concordat meetings to look at other options i.e. CAMHS PICU/secure accommodation and bring back to November 2015 meeting
38a	**Monitor Swindon S136s using POS suites outside Swindon due to other areas using**	December 2015	(Wiltshire Police) and Service, AWP)	Swindon S136s will have access to POS suites in Swindon Monitor usage of swindon POS facilities by other CCGs/areas and themes Redress through commissioning should outcomes indicate a disadvantage to Swindon population Action: MH has meeting 5.11.15 with AWP re OOA bed use – to feedback at next Concordat meeting 30.11.15
Improved information and advice available to front line staff to enable better response to individuals				
55	**Divert repeat DSH attendances at GWH A&E/callers to SWAST & Wilts Police**	December 2015	CCG MHPB – AWP, CAMHS, SWAST, Wilts Police Liaison Officer	CCG to obtain data regarding repeat DSH attenders & make available to providers Actions to be managed via CCG MHPB meetings AWP & CAMHS to develop individualised action plans to prevent/manage crises presentation Action: confirmation of DSH individualised Action Plans expected at November 2015 meeting
Improved training and guidance for police officers				
41	**Re-introduce training for Wiltshire Police from AWP and SBC for Acute presentation and MHA and MCA**	December 2015	Head of Service (AWP Swindon) Mental Capacity Act Project Lead (SBC)	Improved relationship and joint training programmes to improve consistency of response and understanding of management of mental health issues and local pathways MH liaison officer: 1. Producing basic guidance for officers re MCA.

				2. Awaiting MH package from College of Police 3. Forwarding number of aide memoirs 4. Liaise with Street Triage service for learning and awareness raising 28.9.15- National training package in February 2016 + smart phones for police offers to enhance potential for training/awareness
Improved services for those with co-existing mental health and substance misuse issues				

5. Recovery and staying well / preventing future crisis				
No.	**Action**	**Timescale**	**Led By**	**Outcomes**
Joint planning for prevention of crises				
56 (repeat Of 55) Repeat DSH Attenders At GWH A&E	**CCG MHPB – actions for AWP & CAMHS to develop individual Care plans**			

As at 27.7.15, there were 52 Action points – completed actions that had been greyed-out were removed.

As at 28.9.15, completed actions 6 (Implementation of Street Triage), 7 (Re-design of MHSPA), 39(Alternative to admissions group), 17 (measurement of MHSPA), were removed; action 56 introduced (repeat of 55)

Therefore, for clarity, any new points from November 2015 will be 57 onwards.

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Healthwatch Swindon

Health and Wellbeing Board **Date: 9 December 2015**

Author: Pete Rowe, Manager, Healthwatch Swindon

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 This report provides an update on the progress of Healthwatch Swindon and highlights ways in which we are contributing to the Board's work to improve the health and wellbeing of our local population and reduce health inequalities.

1.2 It was agreed at a previous Health and Wellbeing Board meeting that Healthwatch Swindon would continue to provide regular updates to the Board on its progress and current priorities.

2. Recommendations

The Board is recommended to:

2.1 Note the update from Healthwatch Swindon.

3. Detail

3.1 Executive Summary

- Healthwatch Swindon continues to grow. The Board, as of October 2015, consists of eight members (including Chair and Vice Chair). The decision not to extend the current contract after March 2016 means that the Board are now preparing their tender for the Healthwatch Swindon contract.

- Between July and September 2015, Healthwatch Swindon embarked on a focussed engagement programme to capture recent comments and experiences to inform the Care Quality Commission routine inspection of the Great Western Hospital. This resulted in over 100 comments gathered through engagement events, presence at the Great Western Hospital and social media channels.

- The Healthwatch Swindon project to review mental health services saw over 70 questionnaires completed during August and September. This is in addition to the feedback and comments captured through service users and carers focus groups and a workshop with staff of Avon and Wiltshire Mental Health Partnership Trust. During October 2015, Healthwatch Swindon will be analysing all feedback to produce a report identifying what works well, concerns and recommendations.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 497777, pete.rowe@healthwatchswindon.org.uk.

- The framework to develop and maintain an effective Patient Participation Group (PPGs) was approved by NHS England and resulted in a local launch in July 2015. Representatives attended the event from GP practices and PPGs as well as NHS England, Healthwatch England, Swindon Clinical Commissioning Group, National Association of Patient Participation and Patient's Association.

- The Board and volunteers of Healthwatch Swindon continue to be involved in both service commissioning and monitoring committees and work groups. This includes designated directors for both the Adult and Children's Health Overview and Scrutiny Committees and task groups. The Chair of Healthwatch Swindon also continues as the nominated representative for both the Local Adult and Children's Safeguarding Board.

- Healthwatch Swindon's involvement in the Participation and Engagement work stream for the Special Education Needs and Disabilities reforms has also opened up conversations with Swindon Ten to Eighteen Project (STEP) to work in collaboration on other areas to encourage Children and Young People engagement. Initial areas include discussions with Great Western Hospital and Swindon Borough Council's Healthy Schools Manager.

- Since January 2015, Healthwatch Swindon has run "Healthwatch Swindon Hosts" public engagement events on a quarterly basis at the Brunel Plaza. The most recent event, co-hosted with Swindon CCG, promoted public awareness and engagement to inform the review of Community Services in Swindon. "Healthwatch Swindon Hosts" will continue throughout 2016.

3.2 **Board Update and Strategic Direction.**

As at the end of September 2015, we have seven volunteer directors registered at Companies House with one more awaiting DBS certification.

The Board members have registered their expression of interest to tender for the Healthwatch Swindon contract.

The current Board is settled in the delivery and role of Healthwatch Swindon, being proactive in the engagement of local people and having a clear vision to be able to provide a platform for the voice of the people.

We are currently working towards transitioning from Parkwood Healthcare, as you will be aware, and have been supporting the Healthwatch Manager with a structured engagement program for stakeholder participation through various local strategies. This has helped us to inform policy, raise issues of concern and develop clear goals through the engagement with our local community.

We are looking to move this forward further with clear definable quarterly programs in place that show positive outcomes. These plans will be discussed at a board level to confirm there validity and purpose for our local residents. This in turn can help the various Healthwatch Swindon staff members to engage with our stakeholder parties and offer valid information on issues that are raised.

3.3 **Current Priorities**

Healthwatch Swindon continues to explore opportunities and partnerships to support the Work Plan Priorities.

3.3.1 **Using the Patient Participation Group (PPGs) framework to support PPGs and GP Surgeries.**

Since the event in July 2015 to launch the framework, Healthwatch Swindon has supported patients at Moredon, Pheonix and Hermitage Surgeries to explore the development of a PPG.

The event also raised some issues regarding the data cleansing list exercise of specific patient groups for GP surgeries, including:

- Unknown removal of patient from surgery lists;
- Lack of awareness of exercise and action required by patients and GP practice staff; and
- Letters going to patients who did not fit the group specified.

Healthwatch Swindon worked closely with NHS England area team and initial feedback and actions have been picked up. Healthwatch Swindon also provided a report to NHS England (Appendix 1), which captures and summarises experiences, highlights concerns and identifies recommendations.

Healthwatch Swindon is also undertaking a project to review access to and experiences of GP surgeries, which will utilise and involve PPGs (Appendix 2).

3.3.2 **My Care My Support.**

The move to Swindon Advice and Support Centre (SAASC) has allowed Healthwatch Swindon to be part of a central point of information and signposting for health, well being and social care.

Healthwatch Swindon actively promote the My Care My Support website (mycaremysupport.co.uk), to allow visitors to make informed choices regarding services and support available. Furthermore, Healthwatch Swindon welcomes the news of the launch on 18th November 2015 and will have a major presence on the day.

3.3.3 **Ensuring people and patient voices are heard in the monitoring, planning and design of services.**

In addition to quarterly presence in the Brunel Plaza, Healthwatch Swindon has also continued with its monthly day of engagement at the Great Western Hospital. This has included visits to the dementia ward, the trauma ward and discharge lounge as well as a presence in the front reception and Brunel Treatment Centre entrance. The initial six-month programme completes in December 2015 where Healthwatch Wiltshire and Healthwatch Swindon will review the programme and outcomes against initial objectives.

More recently, Healthwatch Swindon has helped to publicise and promote the review of Community Services. This included a pop-up stand at the Brunel Centre, an email to invite over 100 community and voluntary groups to a specific Third sector engagement event and promoting the public engagement event on the 21st October 2015.

3.3.4 **Defining the Independent Complaints Advocacy Service.**

Healthwatch Swindon is working towards providing an evaluation of this service by the end of 2015. Work has started to review the service but the unforeseen resignation of the advocate (July 2015) had been unfortunate. However, Healthwatch Swindon has taken the opportunity to review current practices and recruited a replacement.

Following the phase 1 review, the following factors were identified:

- Raise awareness of the “actual” service amongst service providers;
- Evidencing successful outcomes of referrals highlighting, where achieved, how it has informed service change.
- That Healthwatch Swindon does not act outside the remit of the Independent NHS Complaints advocacy service but signposts appropriately; and
- In situations where no other support is available – either based on lack of provision or capacity, Healthwatch Swindon escalates the lack of provision and/or capacity appropriately.

4. Alternative Options

4.1 No alternative options.

5. Implications

Financial and Procurement Implications

5.1 None.

Legal and Human Rights Implications

5.2 None.

All other Implications

5.3 None.

6. Consultees

6.1 None.

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 - NHS England Patient Registration List Validation Report.

8.2 Appendix 2 – Reviewing Patient and Carer Access to and experiences of GP Surgeries Project.

Further information on the subject of this report can be obtained from Pete Rowe, 01793 497777, pete.rowe@healthwatchswindon.org.uk.

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healthwatch Swindon

NHS England – Patient registration list validation exercise

(Relating to Primary Care Services - GP Practices)

Snapshot Report October 2015

Healthwatch Swindon, Swindon Advice and Support Centre, Sanford Street, Swindon, SN1 1QH
01793 497 777 | info@healthwatchswindon.org.uk | www.healthwatchswindon.org.uk

October 2015

Foreword:
Healthwatch gives people a powerful voice locally and nationally. At a local level, Healthwatch Swindon work to help local people get the best out of health and social care services. Whether it is improving them today or helping to shape them for tomorrow. Healthwatch is about voices being able to influence the delivery and design of local services.

Introduction:
Access to primary care services including GPs, dentists and opticians is the public's number one health concern, according to local Healthwatch organisations around the country. Source: A Healthwatch England Report – Published March 2015 (Local Healthwatch Investigate: Access to Primary Care).
Between July and August 2015, Healthwatch Swindon heard from local people who had been affected by different experiences relating to the NHS England patient registration confirmation exercise, which seemed to result in some patients being removed from their GP Practice patient list (Appendix 2).

During 2015, NHS England South (South Central) wrote to patients across Bath, Gloucestershire, Swindon and Wiltshire asking them to confirm the contact details held on the GP practice database is correct.

The criteria of patient groups written to were those known to have a higher chance of moving house which are;

- Students who have been registered with their GP more than four years
- People who have moved to England and have been registered with a GP for more than 24 months.
- People who have not responded to calls or recalls
- Men aged 25 to 55 years old because they tend to have less frequent contact with their GP and as a result their contact details may be out of date too

NHS England conducted this exercise using a template letter which can be seen in Appendix 1 of this report.

This report documents and reviews the experiences and concerns people have raised with Healthwatch Swindon regarding the exercise undertaken by NHS England and indentifies key considerations for future exercises.

How did Healthwatch Swindon become aware of the letter and exercise?

Healthwatch Swindon was first made aware of this NHS England exercise when the following article was published about The Whalebridge Practice on the Swindon Advertiser website;

http://www.swindonadvertiser.co.uk/news/13363783.Doctors___database_threat_to_patients/

We publicised the story in order to help raise awareness of the exercise and circulated it through our website and social media platforms (including Facebook and Twitter).

Healthwatch Swindon contacted The Whalebridge Practice and asked for a copy of the letter and information regarding it, as Healthwatch Swindon had not received any notification or information about this exercise in advance of it commencing.

A part of Healthwatch Swindon's role is to provide information and raise awareness of matters that affect local people in respect of health and social care. Therefore we circulated the information about the letter as widely as possible in order to see if anybody had been affected and raise awareness of the matter to local people, commissioners and providers of Learning Disability and other services. It was also circulated within Swindon Advice and Support Centre which resulted in Healthwatch Swindon being alerted to two situations where the letter had been received by two people outside of the target groups.

Feedback from other sources includes; we raised awareness of this matter at the Autism Partnership Board and the feedback received was that no-one present had any awareness of the letter. However, after the event an attendant with autism confirmed that they had subsequently received the letter and was thankful to have been made aware of it.

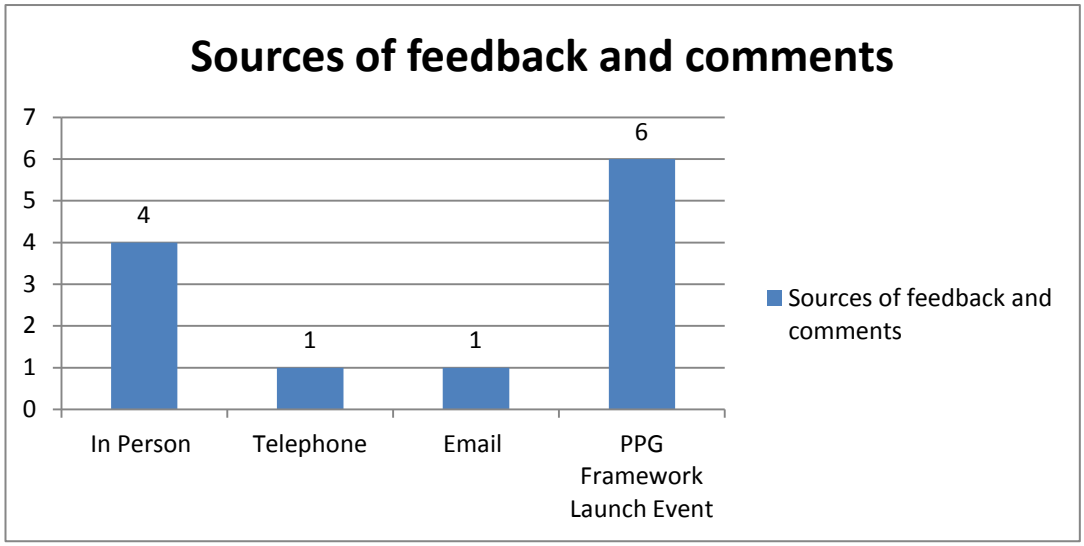
Healthwatch Swindon also received contact through Twitter regarding the letter being received by a patient, although they were not in the target group.

A patient came into the Healthwatch Swindon office to provide feedback about being removed from the list at Homeground Surgery. They found out that they had been removed from the GP list and was told that the reason was because they had not responded to a letter from NHS England. The patient confirmed that they had not received a letter.

Healthwatch Swindon received a message that alleges Homeground Surgery had 60 people who had been affected by the exercise.

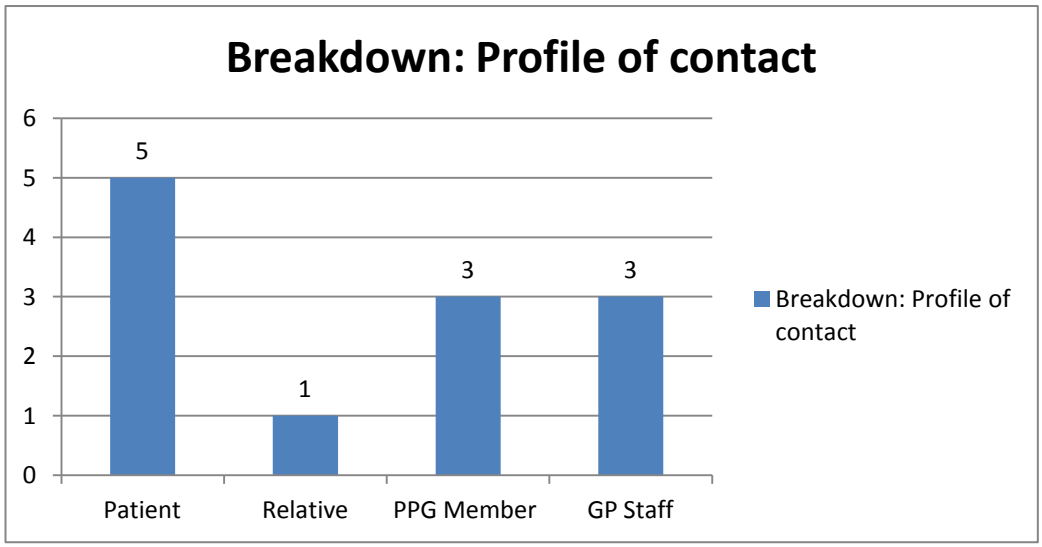
We received a telephone call from a relative of a patient who had been removed from the list at Carfax Medical Centre. They contacted the surgery to change an appointment and were told that they were no longer on the list. They did not receive a letter about re-registering. The surgery said that the letter had been returned with a message to say that the property was unoccupied.

Sources of feedback and comments:
Healthwatch Swindon received feedback and comments regarding the NHS England exercise by the following sources:



Breakdown by profile of the people who contacted Healthwatch Swindon:
Healthwatch Swindon received feedback and comments from people ranging from patients and PPG members to GP practice staff.

Here is the breakdown by profile of the contacts received:



What feedback and comments did Healthwatch Swindon receive?

"Monday 22 June went to Homeground surgery saw Dr Godfrey.

Monday 29 June went to pharmacy for repeat prescription as he had done previously. Also put in order for his wife. Pharmacy brought up his details on screen. "Will be ready on Thursday". Went to collect on Thursday "not registered at surgery". Went to surgery (next door) Reception confirmed not on list "have you moved?"

Went to surgery Friday 3/7/15. Reception very helpful. Said he was the third person to have complained about this. Had he not received letter from NHS E? Had to re-fill registration form and got back on to surgery list OK. Then went to see triage nurse who sorted out the prescription.

Son in law also removed from same list. Is there a problem with the mail from NHS England. Concerned about how many other people may unknowingly be in same position"**....(Male, 65 to 79)**

"Following the concern raised by Healthwatch Swindon, PPG members and practice managers regarding the confusion and awareness of the NHS letter to remove ghost patients from GP surgery, I just wanted to highlight that I have spoken to the practice manager at my surgery (Elm Tree, Shrivenham) who confirmed they were aware of the letter being sent to the patients and the purpose. They have also put up a poster in the waiting room to promote and publicise to their patients. Just thought you should know as it seems different to what was being implied at the PPG Framework launch event"**....(Male, 50 to 64)**

"Made appt for 9 July at Carfax Medical Centre in mid June for wife. Contacted surgery to change to 10 July and told no longer on list (taken off on 30 June). Did not receive letter about re-registering. Surgery said that letter had been returned "flat unoccupied". Husband said he'd had different explanations from different people at surgery and that "practice manager was rude". He was told that his wife's appointment would be OK (not sure if for 9 or 10 July) provided she re registered which he could only do Monday to Friday"**....(Male & Female, Age unknown)**

"Received a GP registration letter. There was not a clear explanation as to why this was sent.

The return of reply 28 days is: A) Short notice. In the past I have been in Australia for longer than this. B) The instruction for the need to reply needs to be prominently displayed being in the middle of text as it is easily missed. I am the only person in my family to receive this letter"**....(Female, 50 to 64)**

"I received a GP registration letter. It was not very clear that I had to respond to it immediately. I sent a text reply and was annoyed that I have been charged 8 pence. The letter did not say I would be charged"**....(Female, 25 to 49)**

"I am a patient at Taw Hill Medical Practice and have received two letters re GP list cleansing"**....(Female, 50 to 64)**

Feedback received from a local GP Practice Manager:

Also, during this period Healthwatch Swindon was contacted by a local GP practice manager (whom wished to remain anonymous) who provided the following comments about their experience of the exercise:

"The practice was provided with a list of approx 100 patients from Exeter to review before they were removed from our clinical system, our understanding is these patients have been written to by Exeter and patients had not responded therefore suggesting they were no longer living at their registered address.

The timescale for this was short and before (practice office staff) had time to start reviewing the list some patient's removal requests had already been received by the surgery. If Exeter asks to remove someone it is usually because they have registered elsewhere and therefore (practice office staff) just authorises the request and returns the medical record to Exeter.

This caused us a bit of a problem and a complaint by one patient who had been seen recently and was due to come back for a follow up appt when he tried to book the computer could not find him on the system and he had to re-register. Another appt was booked but due to their removal the appt was then cancelled and booked by another patient. It only came to light that they had been removed when they attended for vaccinations, they had to be re-registered and their appt rescheduled.

Once this problem came to light (practice office staff) was instructed to refer to the list first before automatically authorising the removal but they all claimed that they had not received any letters from Exeter regarding their address and both of these patients had been seen recently.

We have had approx 4 patients come in regarding the other letter which is being sent out presently asking staff to ensure they are not removed from the practice.

(practice office staff) is not removing anyone presently without checking but as I (practice manager) said in the (PPG) meeting Exeter requests the removal we just authorise it."

Feedback/Comments received from attendees at framework launch engagement event:

Please see Appendix 2 which documents the feedback and comments that Healthwatch Swindon received from patients, GP staff and PPG members regarding the exercise by NHS England at framework launch engagement event.

What did Healthwatch Swindon do with the feedback and comments it received?

Healthwatch Swindon recognised early on that the concerns being raised about the letters and associated matters arising, was potentially not just a localised (Swindon specific) issue. It also had the potential to have an impact for patients further afield.

Healthwatch Swindon and NHS England representatives (who attended the PPG Framework Launch Event) agreed to escalate and raise awareness of the concerns raised to the relevant and appropriate area of NHS England.

Healthwatch Swindon asked NHS England....
To provide information that would help to give clarity and improve understanding about **'why'** patients were being written to and **'what'** procedures were in place to ensure patients were not being removed from the lists unnecessarily.

What did NHS England say?
Debra Elliott, Director of Commissioning at NHS England South (South Central), said:

"NHS England South (South Central) has written to patients across Bath, Gloucestershire, Swindon and Wiltshire asking them to confirm the contact details held on the GP practice database are correct. It is important patients respond to the letter because GP lists do get out of date over time. This may happen if people move home or change their telephone number and do not notify their GP. If we don't have an accurate record of a patient's name and address, then their GP or a hospital may not be able to contact them with important information. For example, we may need to contact patients with test results; invite them for breast or cervical screening to protect against cancer; offer vaccination against infectious diseases such as flu or measles, mumps and rubella; or give them an appointment as part of their plan to stay healthy if they have a long-term illness.

"Letters are being sent to some patients, but not all. In order to ensure we are as efficient as possible we have sent letters to patient groups we know have a higher chance of moving house. Those groups are students who have been registered with their GP more than four years and people who have moved to England and have been registered with a GP for more than 24 months. Together with people who have not responded to calls or recalls, we have written to them to check if their contact details are still correct. We have also written to men aged 25 to 55 years old because they tend to have less frequent contact with their GP and as a result their contact details may be out of date too.

"There are numerous failsafe measures to ensure that no patient is removed incorrectly. NHS England will contact a patient's GP to let them know if they did not reply to the letter or the reminder letter. GPs will then begin the process of making further checks. The process of removing a person from the list does not begin until reminder letters have been sent and the GP practice has confirmed that they have not seen that patient recently." 10 July 2015

Immediate action taken:
Following discussions with NHS England, Healthwatch Swindon understands that further work is due to take place where NHS England will be contacting GP Practices to reiterate the exercise and process because no patients should be removed from any lists until March 2016.

NHS England informed Healthwatch Swindon that this work would be undertaken within a two week timeframe from when Healthwatch Swindon contacted them and raised this matter with them.

Appendix 1: Template of letter sent to patients by NHS England

NO CHANGES TO YOUR DETAILS - If all details are CORRECT and there are NO CHANGES then you can:

REGISTER BY INTERNET:	REGISTER BY FREEPHONE (24 Hrs)	REGISTER BY TEXT (SMS) 86006 (24 Hrs)
www.sbs.nhs.uk/primary-care-services/sw When prompted enter unique PIN	0800 3265270 or 0330 3332651 (Freephone BT Landline) (Local call charges may apply) When prompted enter unique PIN	Text unique PIN number to 86006 Charged at your providers standard rate, An SMS will be sent in response confirming successful registration.

Unique PIN :

NHS England

<<Address is shown here>>

NHS England South (South Central)
(Bath, Gloucestershire, Swindon & Wiltshire)
Sanger House
5220 Valiant Court
Brockworth Business Park
Gloucester
GL3 4FE

Dear Patient,

Important letter regarding your general practice registration

The NHS is carrying out work to make sure the details on your GP lists are accurate. We are writing to you to check that you are still registered at the same GP practice and live at the address, as detailed on the form below.

Why do GP lists need to be regularly updated?

If your GP does not have an accurate record of your name and address then your GP or hospital may not be able to contact you with important information about your health.

GP surgeries need to contact their patients to provide them with test results, invite them for bowel, breast or cervical screening to protect against cancer for example, or to be vaccinated against infectious diseases such as flu or measles, mumps and rubella. If you suffer from a long term illness then your practice may also need to give you an appointment date and time as part of your plan to stay healthy. Hospitals also rely on GP lists to ensure they can write to patients with appointments and results of tests or other information.

What do you need to do?

We need everyone who receives this letter to respond within 4 weeks of the date of the letter.

Full name and title:	<<Patient Full name>>
NHS no:	<<NHS Number>>
DOB:	<<Patient Date of Birth>>
Address:	<<Patient Address>>
GP Details:	<<GP that patient is registered with>>

If your address & GP details printed above are correct then you can confirm this to us quickly by using one of the methods below.

REGISTER BY TEXT:	**Text your unique PIN number to 86006**
REGISTER BY INTERNET:	**Log onto the following web site www.sbs.nhs.uk/primary-care-services/sw type in your unique PIN and press submit.**
REGISTER BY FREEPHONE:	**If you have a BT landline, please call 0800 3265270 (Freephone) typing in your unique PIN when requested.**
REGISTER BY PHONE:	**If you have mobile, please call 0330 3332651 typing in your unique PIN when requested.** (Local charges may apply - charges for calling this number is the same as calls made to standard UK landlines and maybe free if included in your mobile package as part of bundled or unlimited call packages)

Appendix 2: Feedback/Comments received from attendees at framework launch engagement event (The following comments and feedback came from patients, GP staff and PPG members):

In July 2015, Healthwatch Swindon, in partnership with NHS England and Swindon Clinical Commissioning Group held an event to launch a framework to "Improve the experiences of Patients and Carers through Patient Participation Groups (PPGs)".

The framework was developed through a project funded by NHS England Regional Insight Team. The project was led by Healthwatch Swindon in partnership with Swindon Clinical Commissioning Group and with support from NHS England South (South Central).

Healthwatch Swindon recognised that this engagement event provided a good opportunity and platform to raise this matter and it resulted in various feedback being received.

The feedback Healthwatch Swindon received at this engagement event can be found here:

"It would have been helpful to have told Healthwatch about the 'patient registration confirmation' letter as they could have helped with answering questions/concerns raised by the public."

This was in response to the notification that Healthwatch Swindon had not received a communication to assist with raising awareness of the planned NHS England exercise, and nor was an example copy of the patient letter sent to us as part of this process.

"If a patient is removed from the practice list and if the practice has made any changes with regards to new boundaries the patient may not be able to re-register, this puts the patient at a significant disadvantage."

"There is an option at the end of the letter to have the original letter translated into your own language with a link to the website http://www.sbs.nhs.uk/primary-care-services/sw. The link doesn't appear to be working? Feedback from the event last week was that one practice has had to do their own translation to support a community that speaks a language outside of the languages that NHSE would translate into."

"Do we know what provision there is for people with serious mental health needs and if they receive this letter and do not process it and then get removed from their practice patient list there could be significant consequences for that person's wellbeing? Is this covered by the practice receiving the 'cleansing list'?"

"Only one practice manager at the event (out of 7) realised that they actually had the 'cleansing list' and could therefore follow up to ensure the above can be avoided as well as supporting other vulnerable people who may not reply to the letter."

"What briefing did GP practices receive ahead of the letter going out?"

In Summary

Although NHS England had identified the target groups to write to as the focal point of the exercise, why have letters been received by people who do not fit into the target group criteria?

The concern of Healthwatch Swindon is that this could mean many people including some who maybe vulnerable would potentially be removed from GP lists without a review. It could also have an impact and affect where those who are removed would potentially be left with restricted or no access to primary care services.

From a Healthwatch network perspective, it is positive that in May 2015 NHS England wrote to local Healthwatch regarding the exercise. However, it is worth considering the effect of a letter not being received by Healthwatch Swindon (once this had been identified to NHS England a copy of the letter was sent to Healthwatch Swindon). We also contacted other local Healthwatch who confirmed that they had received the letter.

From a Healthwatch Swindon perspective, there are key findings that need further consideration, being:

- Support practices and patients to have better awareness and understanding of any future exercises prior to them being undertaken.
- Awareness of Healthwatch Swindon role to support NHS England, practices and patients in raising awareness of any future exercises.
- Involving practice PPGs to support practices and patients by raising awareness of any future exercises.
- We noted with interest, when informed by a Practice Manager at the latest Healthwatch Swindon PPG (Patient Participation Group) forum, that across the South West of England a total of 155,000 people had been written to in relation to this exercise. Of those 122,000 (approx 79%) have been recorded as not responding to the letter. It has affected 10% of people in Swindon.

Healthwatch Swindon was told that NHS England has flagged the 122,000 people who have not responded to the relevant GP Practices who have the responsibility to review and follow these up.

NHS England has confirmed to Healthwatch Swindon that:

Prior to patients being removed there are numerous failsafe measures to ensure that there are no patients removed incorrectly. The process of removing a person from the list does not begin until the GP practice has confirmed that they have not seen that patient recently.

All practices have received numerous paper communications with regard to this exercise, and that NHS Shared Business Services have contacted all practices individually to explain the list validation exercise in more detail.

Ahead of this exercise practices were contacted by telephone and were made aware of the process that was going to take place. They were also asked to display information about the exercise in their respective waiting rooms and websites.

Healthwatch Swindon is aware that some local GP practices put information about the exercise on their respective websites after we had publicised and made them aware of the feedback we had received about the exercise.

It is encouraging to see NHS England's commitment to follow up with the GP Practices across the South West including Swindon. Also it is encouraging to see that 'non-responding' patients will be contacted again ahead of March 2016.

Healthwatch Swindon is developing a project to look at patient/carer access to & experience of GP Practices. This will include the experience of any patients & carers from across the diverse communities in Swindon.

As we finalise details, the information will be available through our website (www.healthwatchswindon.org.uk) & our monthly e-bulletin, which you can register for by emailing us at info@healthwatchswindon.org.uk.

Author: Jason Ferris (Information and Research Officer, Healthwatch Swindon)

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healthwatch Swindon

Reviewing Patient And Carer Access To And Experiences Of GP Surgeries

INTRODUCTION:

In December 2014, the newly formed Healthwatch Swindon board decided that they wanted to conduct a survey to identify the top 3 priorities in health and social care of the local people of Swindon. From the start of the survey, it was clear that access to primary care would feature in the top 3.

This supported ongoing evidence that we received from local people regarding:

- Delay in getting non emergency appointments;
- Accessibility issues like getting through on the telephone or making online appointments;
- Comments about the attitude and practice of GP staff including clinicians and reception/admin staff; and
- The current capacity of surgeries within Swindon.

Between January and March 2015, Healthwatch Swindon provided work experience for 4 New College students over a ten-week period. As part of the work experience programme the students reviewed websites for all 27 GP practices, which resulted in a report (Appendix 1) that raised the following considerations:

- Awareness and completion of the Friends and Family Test.
- Confirmation of GP practices accepting new patients.
- Awareness of Healthwatch Swindon role to support the practice and patients through the complaint process.
- Support practices and patients to develop and maintain effective PPGs as required by the NHS contract.
- Provision of accessibility and services for those with a disability or requiring interpretation services.

This project going to take a close look at patient/carer access to and experience of GP surgeries and focuses on patient experience rather than clinical performance.

WHO WE ARE:

Healthwatch gives people a powerful voice locally and nationally. At a local level, Healthwatch Swindon works to help local people get the best out of local health and social care services. Whether it is improving them today or helping to shape them for tomorrow. Healthwatch Swindon is about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

Jo Osorio, Community and Engagement Officer, Healthwatch Swindon will undertake project management.

PROJECT AIM:

Through this project we will also use evidence-based insight to:

- Address key findings of the snapshot report (Appendix 1) as identified previously;
- Work with practices and their patient participation groups (PPGs) and the Clinical Commissioning Group/NHS England and contribute to making improvements to the experience people have; and
- Report to practices and to commissioners (NHS England and NHS Swindon CCG) about what we find and make recommendations.

We recognised that there are issues, both locally and nationally, which the project will not resolve – like increasing the number of GPs. But we do have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

Therefore recording what we find out and reporting and making recommendations means that we can monitor and report on changes in the future.

TARGET GROUP:

Local residents (both patients and carers) who access a GP surgery within Swindon including Wanborough; and Shrivenham because it is included in the NHS Swindon Clinical Commissioning Group ambit. In order to maximise the potential of this work we will also involve:

a. People from PPGs where they are willing and available to help; and/or

b. Any of our own volunteers or participants interested in taking a closer look at their own GP practice.

METHODOLOGY:

We will undertake (desk and actual) research into:

1. Access including physical access in the building and provision of e.g. induction loops
2. Websites including ease of navigation, accuracy, information about making
   complaints, information about the Friends and Family Test and repeat prescriptions; out of hours arrangements and NHS 111
3. Appointment arrangements including access to online booking and evening
   appointments
4. CQC reports – in particular those published following inspection in October/November 2014
5. NHS complaints advocacy undertaken by Healthwatch Swindon
6. Positive and adverse comments received by Healthwatch Swindon
7. Facebook and Twitter comments and NHS Choices
8. We will arrange work with PPGs to undertake some secret shopper visits and telephone calls to surgeries
9. We will make calls out of hours to listen to answerphone messages
10. We will review whether the information displayed in surgeries includes
    a. CQC inspection reports where published
    b. Healthwatch posters
    c. Friends and Family Test boxes
    d. Complaints procedures
11. And information from our patient participation group forums in September and October 2015 and including their use of the new PPG framework.

Healthwatch Swindon will also invite participation and feedback via the people registered on its database, community engagement activities as and when appropriate and through social media channels.

The project will also be supported through a press release to local media.

Key Considerations:
What we find out will be a snapshot in time. Things change (get better and worse) and our report will acknowledge that.

As necessary and where relevant to the project, we will confirm and note practice contractual obligations to differentiate between what we/patients may view as desirable or necessary and what practices are actually required to do.

We will also note that practices are independent entities owned by their partners; and that they include Carfax Health Enterprise community interest company.

Timescale:
This brief was prepared in September 2015 but some preliminary work has already been undertaken by students on placement with us. We will undertake the project during October, November and December 2015.

Reporting and reviewing outcomes:
We will complete the work with a report and recommendations, which will be available through our website at www.healthwatchswindon.org.uk.

We will review the outcome of the work and any recommendations in May 2016.

REFERENCES:
Appendix 1: GP Practice Website Review.

Date Prepared:
September 2015

APPENDIX 1:

GP Practices Website Review

Snapshot Report March 2015

May 2015

Foreword:

Healthwatch gives people a powerful voice locally and nationally. At a local level, Healthwatch Swindon work to help local people get the best out of health and social care services. Whether it is improving them today or helping to shape them for

tomorrow. Healthwatch is about voices being able to influence the delivery and design of local services.

Introduction:

Between January and March 2015, Healthwatch Swindon provided work experience for 4 New College students over a ten-week period.

At this time, the newly formed Healthwatch Swindon board decided that they wanted to conduct a survey to identify the top 3 priorities in health and social care of the local people of Swindon.

From the start of the survey, it was clear that access to primary care would feature in the top 3. This supported evidence that we received from local people including access to information.

It was therefore decided to use the work experience opportunity to review the websites of all 27 GP surgeries.

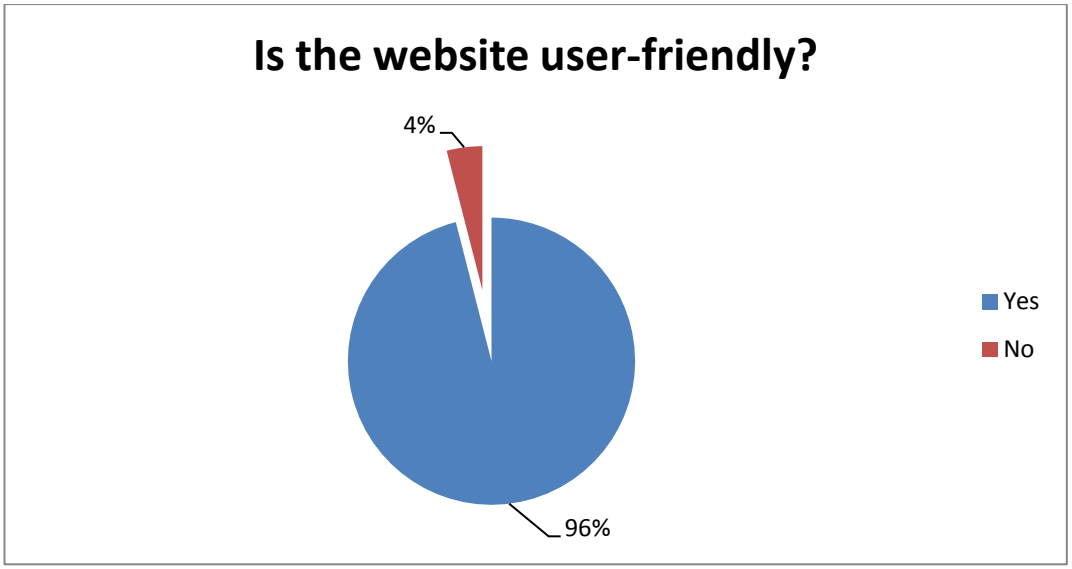
Methodology:

Between January and March 2015, the New College students conducted a review of all websites using a questionnaire (Appendix 1).

All 27 GP surgeries were reviewed.

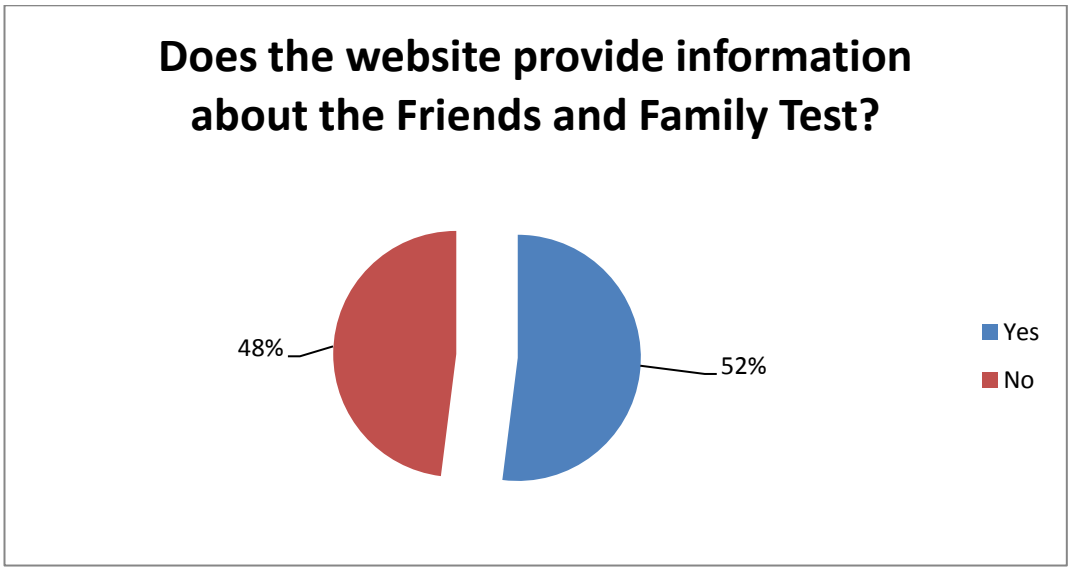
This report evaluates the website and the information contained within it.

96% of GP websites are user-friendly.



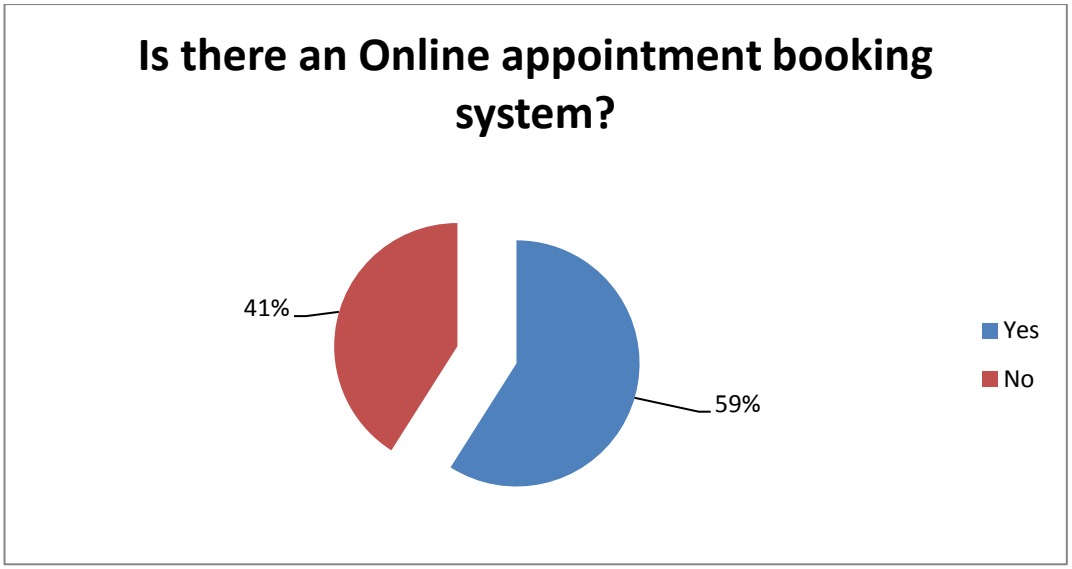
The majority of websites were classed as being user-friendly and informative. Out of date information, lack of details regarding Patient Participation Groups and accessibility for those with a disability were areas to be improved.

Just over half of the websites survey provided accessible information on the Friends and Family Tests.



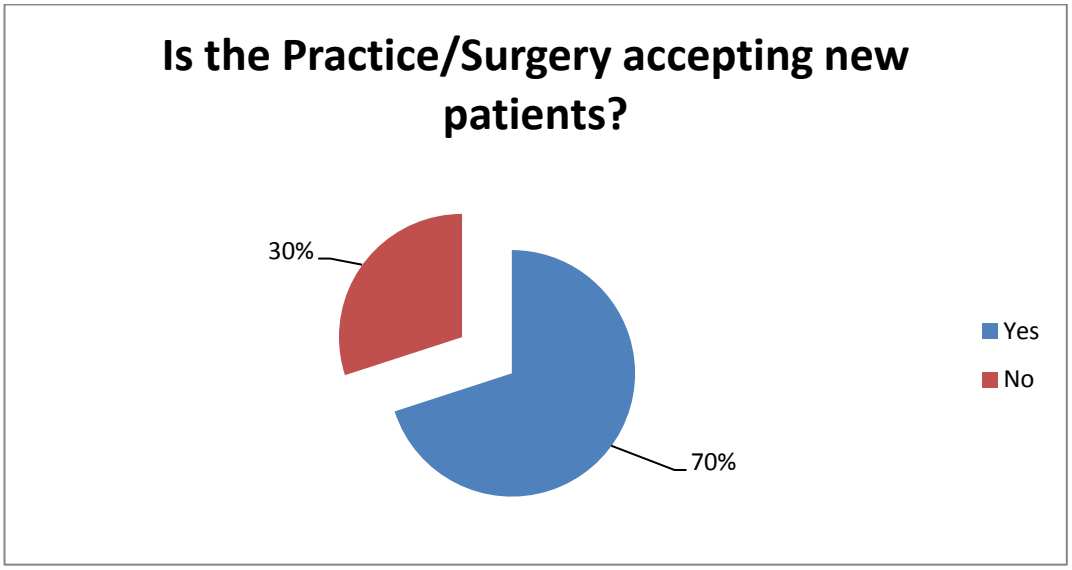
The Friends and Family Test (FFT) is a single question survey, which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. Since January 2015, the FFT was extended to capture feedback from GPs and so it is a critical tool to review patient feedback. Therefore, it was disappointing that the percentage was not higher.

Nearly two thirds of GP surgeries offer an online appointment system.



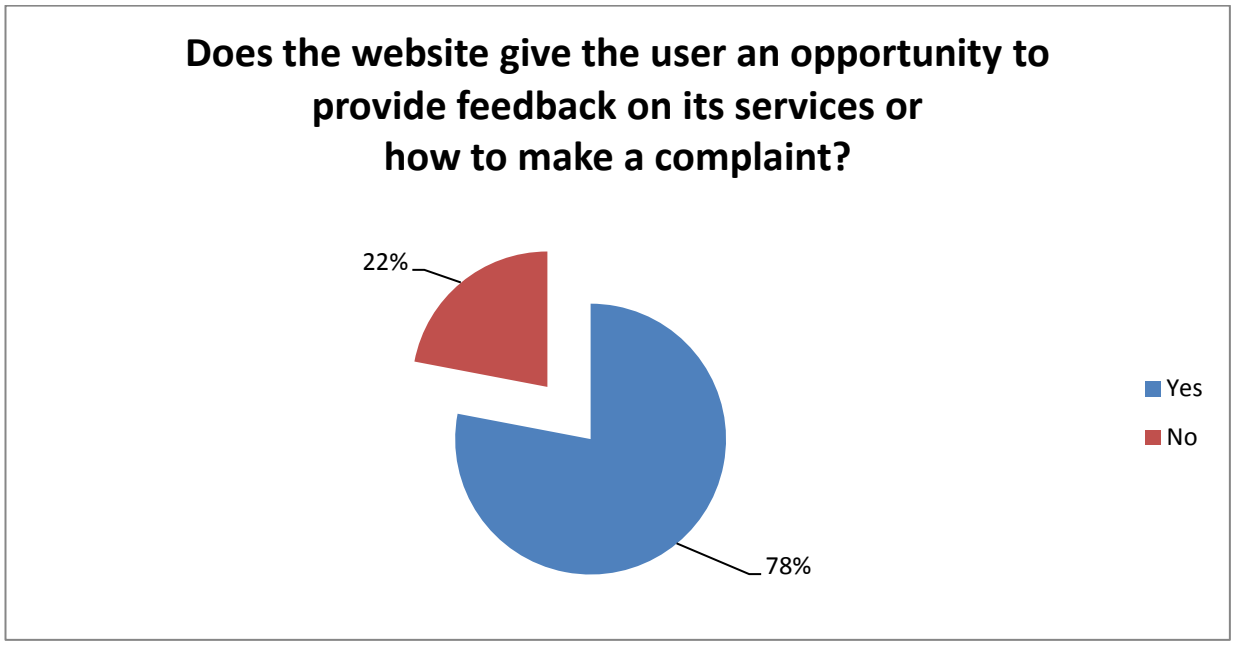
In today's environment of digital technology and busy schedules, it is encouraging to see the amount of surgeries offering an online appointment system.

Over two thirds of GP surgeries are accepting new patients.



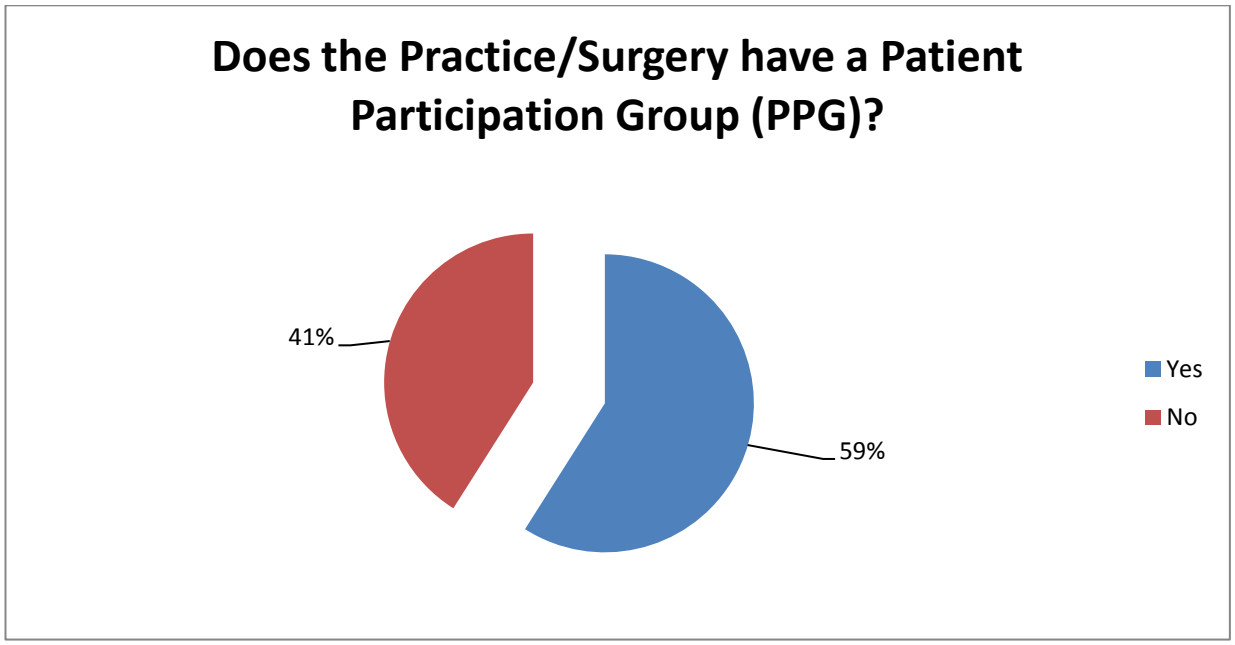
It is reported, both locally and nationally, that there are a shortage of GPs and applications received by NHS to reduce surgery hours. Considering this and evidence that Swindon is growing and the population is living longer, it is encouraging to see this as high as it is but inevitably the concern is keeping up with the natural increase in demand based on the above factors. It would be worth reviewing this question in person as opposed to relying on information provided by the website.

Nearly 4 in 5 GP practices provide clear guidance on how to provide feedback on its services or how to complain.



Research conducted by Healthwatch England in 2014 highlighted that, generally, the complaint process regarding an NHS funded service is both confusing and complexed – with an estimated 250,000 incidences being unreported each year. Through our independent NHS advocacy service, we encourage local resolution first so it is great to see that, for the majority, this information is readily accessible.

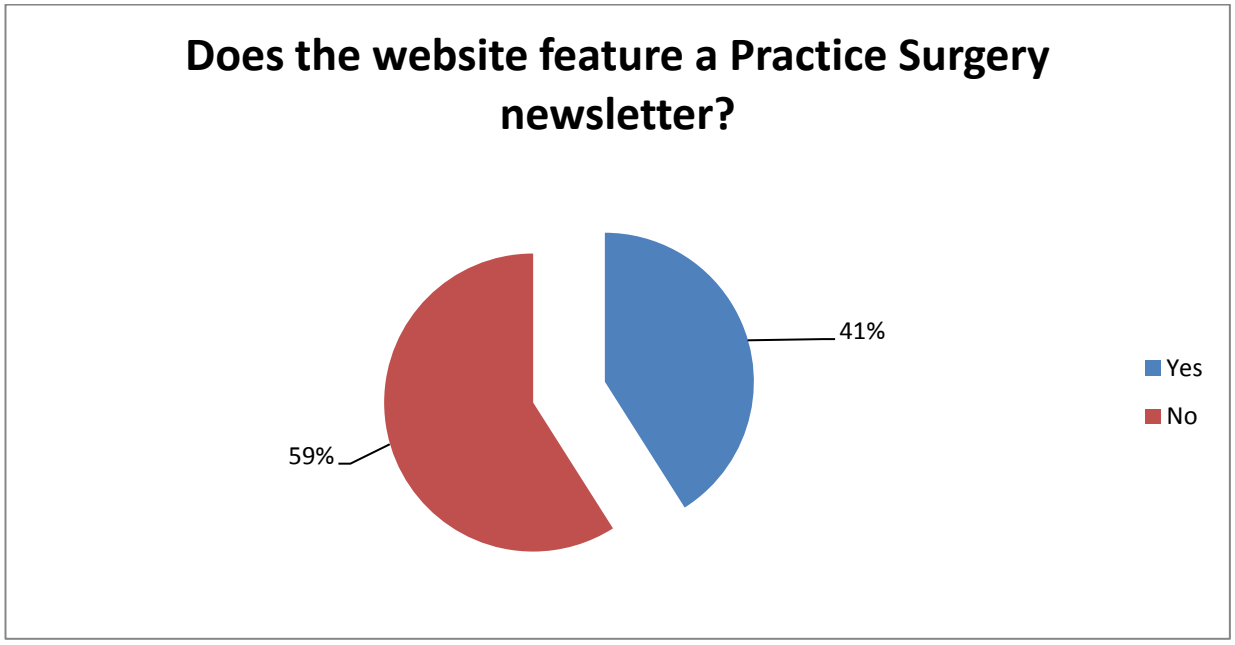
Nearly 2 in 3 GP practices promote their Patient Participation Group.



From 1st April 2015, it is within the NHS contract that all GP practices will have a Patient Participation Group (PPG). Through our PPG Forum, we know that at least 50% of the GP practices within Swindon currently have a PPG, some being more involved than others. This is also evidenced by the varying levels of information on the websites regarding what a PPG is, how it works and how to get involved.

It is also worth noting that members of the public also contact us when they are trying to establish a PPG within their practice.

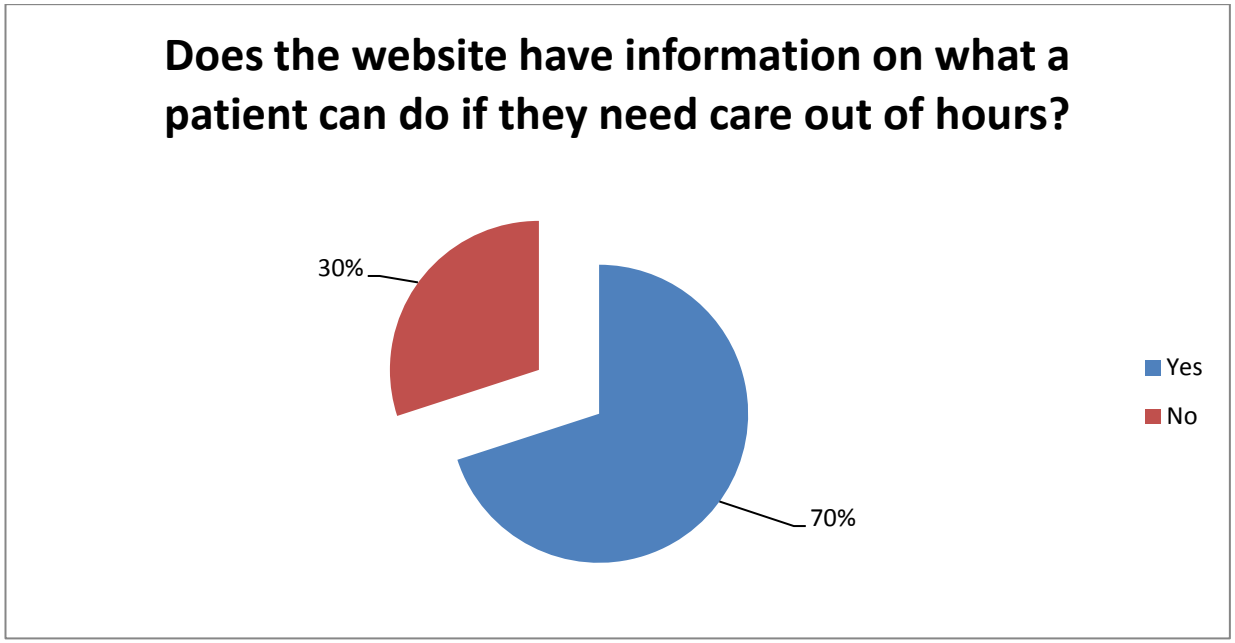
Less than half of GP practices feature a practice newsletter on their website.



Communication is key between surgeries and its patients and so it was disappointing to see that less than 50% use this as an opportunity to regularly update and communicate.

It should be considered, that although a practice does not feature a newsletter online, it could be available in the practice itself.

70% Of GP practices provide clear advice of who to contact out of hours.



The review of websites showed that the majority of websites provide clear guidance on details of contact out of hours. However, it is concerning that 8 practices' websites did not provide clear information regarding this. Considering the impact on A&E and the ongoing work to promote other alternatives for non life-threatening emergencies within Swindon, communication to patients here is essential – even if directing to NHS 111.

The final questions specifically related to GP practice provisions and additional services available for those with a disability – hearing, visual or physical.

For the majority there seemed no additional provision to support those with a disability or though it was not the case for all. A few practices offered home visits and highlighted measures in place to access the surgery and book appointments.

In Summary

Generally, it is encouraging to see that the team reviewing the GP practices website found them user-friendly and accessible in terms of information. It should be noted that where information was not found, it is possible that it did feature on the website, but was not clearly visible or accessible.

From a Healthwatch Swindon perspective, there are key findings that need further consideration, being:

- Awareness and completion of the Friends and Family Test.
- Confirmation of GP practices accepting new patients.
- Awareness of Healthwatch Swindon role to support the practice and patients through the complaint process.
- Support practices and patients to develop and maintain effective PPGs as required by the NHS contract.
- Provision of accessibility and services for those with a disability.

We are now developing a plan to review the above key findings and to ensure the accuracy of this report.

- Develop a project to review access to and experiences of GP practices;
- Conduct a replica exercise in January 2016 to measure change and include visits to GP practices.

It is also recognised that, at the time of this review the Friends and Family Test had just been introduced within GP practices (Jan 2015) and PPGs were not a mandatory requirement of the NHS Contract.

As we finalise details, the information will be available through our website (www.healthwatchswindon.org.uk) and our monthly e-bulletin, which you can register for by emailing us at info@healthwatchswindon.org.uk.

Thank you to everyone who helped contribute to this report.

Pete Rowe
Manager

Children and Young People's Quality Account 2014-2015

Health and Wellbeing Board **Date: 9 December 2015**

Author:	Head of Commissioning, Children and Adults
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

1.1 To allow the Health and Wellbeing Board to note the Quality Account for Swindon Borough Council community health services for children and young people.

2. Recommendations

The Committee is recommended to:

2.1 To note the Quality Account for Swindon Borough Council community health services for children and young people as attached at Appendix 1 to the report.

3. Detail

3.1 Swindon Borough Council (SBC) is the main provider of community health services for children and young people locally. The Health and Wellbeing Board is invited to note the Quality Account for SBC community health services for children and young people, attached as Appendix 1 to the report.

3.2 A Quality Account is an annual report that all providers of healthcare services must publish to inform the public about the quality of the services being provided. This requirement is set out in the Health Act 2009 and other supporting regulations.

3.3 The purpose of the Quality Account is to enable:

3.3.1 Service users and their carers to make well informed choices about which provider to go to for their healthcare services;

3.3.2 The public to hold providers to account for the quality of the services that they deliver;

3.3.3 The organisations delivering healthcare services to report on the improvements made during the year and to set out their priorities for the following year; and

3.3.4 The people deliver delivering services to look back on their achievements during the year in order to focus on the quality improvements for the following year.

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

4. Alternative Options

4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 This report has no financial or procurement implications.

Legal and Human Rights Implications

5.2 This report has no legal or Human Rights considerations.

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

5.3 None.

Diversity Impact Assessment

5.4 No Diversity Impact Assessment is required at this stage.

Risk Management

5.5 No risk management issues have been identified at this stage.

6. Consultees

6.1 None.

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Quality Account for the year 2014-2015

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

Quality Account for the year 2014 – 2015

Swindon Borough Council

Children, Families and Community Health Service

Swindon
BOROUGH COUNCIL

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Part 1

Statement from the Board Director, Commissioning DCS/DASS

I am delighted to present this Quality Account for Swindon Borough Council community health services for children and young people. We are committed to providing services of a high quality and this report allows us to tell you about how we are doing.

The purpose of our quality account is to describe the community health services we provide, from Universal, touching the lives of all children through Early Help, touching the lives of many, to Specialist, touching the lives of a small number.

In Swindon we have an enviable record of whole system working, with high levels of well-embedded, integrated and co-located services. The reality is that children and their families experience life as whole people in whole systems and we have tried to ensure this is reflected in the way we work together with partners to deliver services.

We want to be sure that what children, young people and families say about what matters to them is considered when we are planning and developing our services. All of the community health services we deliver have collected feedback and evidence is presented here on how examples have influenced changes and developments.

The focus of our work as managers in supporting practitioners is to ensure that quality, safety and performance standards are adhered to everywhere.

I hope that you enjoy finding out about the Health Services that we deliver for children and young people here at Swindon Borough Council.

John Gilbert
Board Director Commissioning
DCS/DASS

Statement of Accuracy

The statement of the Director's responsibilities in respect of the Quality Account.

The Directors of Swindon Borough Council are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2012 and the National Health Service (Quality Accounts) Amendment Regulation 2011 to prepare a Quality Account for each financial year.

The Department of Health has issued guidance on the form and content of these annual Quality Accounts that incorporates the legal requirements above**.**

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of our Organisation's performance for the period covered by the account;
- The performance information reported in the account is accurate and reliable;
- There are proper internal systems that are regularly reviewed and updated to ensure effective control of the collection and reporting of these performance measures;
- The data underpinning the performance measures reported in the Account is robust and reliable and conforms to the specified quality standards and prescribed national definitions;
- The data is subject to appropriate scrutiny and review both internally and externally; and
- That this Quality Account has been prepared in accordance with the Department of Health Guidance.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the Swindon Borough Council Corporate Board.

Gavin Jones
Chief Executive

Part 2

What is a Quality Account?

A Quality Account is an annual report that all providers of healthcare services must publish to inform the public about the quality of the services being provided. This requirement is set out in the Health Act 2009 and other supporting Regulations.

The purpose of the Quality Account is to enable:

- Service users and their carers to make well informed choices about which provider to go to for their healthcare services;

- The public to hold providers to account for the quality of the services that they deliver;

- The Organisations delivering healthcare services to report on the improvements made during the year and to set out their priorities for the following year;

- The people delivering services to look back on their achievements during the year in order to focus on the quality improvements for the following year.

About Swindon Borough Council Community Health Services for Children and Young People

Swindon Borough Council is the main provider of community health services for children and young people locally.

On the frontline, staff are organised into local teams enabling them to deliver services to the communities they work with more easily. There are four geographically based teams; a range of services for disabled children, young people and their families are based at the Salt Way centre in West Swindon. The practitioners and support staff who deliver health services for Children, young people and their families include:

- Health Visitors
- Nursery Nurses
- School Nurses
- Children's Community Nurses
- Family Partnership Nurses
- Safeguarding Lead Nurse
- Mental Health Nurses
- Care staff and support workers
- Occupational Therapists

- Physiotherapists
- Speech and Language Therapists
- Child Health Administrative Staff
- Business Support Staff

It is our ambition to ensure the best start in life for every child in Swindon. This is set out in our Health and Wellbeing Strategy at:

http://www.swindon.gov.uk/healthandwellbeingstrategy

All agencies in Swindon are committed to providing high quality services so that outcomes for all children, young people and families improve. The way we all work together is described in the following document:

http://www.swindon.gov.uk/cd/foi/cd-foi publicationscheme/Documents/ChildrenAndYoungPeoplesEarlySupportStrategy2013-16.pdf

About Swindon

Swindon is a small unitary local authority, with one of the fastest growing populations in England, now at 212,000 people and forecast to increase by 10-15% in the next 10 years. There are approximately 47,000 children under the age of 18 and 49,952 under the age of 19. Children from Black and Minority Ethnic (BME) communities account for 16% of all school age children. 117 languages are spoken in Swindon schools. Swindon has the highest proportion of children with English as an additional language in the South West.

One Swindon is a single, coordinated plan for Swindon, offering a sharper focus on priorities behind which the Council and its partners will align their collective resources. The four priorities of One Swindon are:

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

Our local priorities are informed by national strategies and by local needs assessments. Commissioners then formulate a specification for the services we deliver. We, as providers, are responsible for delivering services to meet the specified targets and to safe standards.

The main findings of the Swindon Joint Strategic Needs Assessment (JSNA) can be viewed at http://www.swindon.gov.uk/jsna

Those relating to children and young people are included in the Health & Wellbeing Strategy and the Early Support Strategy. On the whole Swindon is a successful town economically and socially and the social determinants of health (education, employment, good mental health, poverty, obesity, smoking and alcohol) are captured in our strategies.

Our priorities are also based on a detailed analysis of what is working well, what needs to be improved and what children, young people and their parents and carers say about our services. We work together with Commissioners and Public Health to identify specific needs in relation to diversity and vulnerability.

Regulation

Swindon Borough Council's Children, Families and Community Health Service is registered with the Care Quality Commission (CQC) to deliver a set of specific regulated activities. Registration is a legal requirement for all providers of health care services. We have to ensure we have up to date evidence to demonstrate that we comply with the standards that are set for the four categories of regulated activities we deliver. This work is on-going and requires all of our practitioners and managers to understand their roles and responsibilities to meet the standards.

CQC can inspect services at any time. They did not select us for any inspection visits during 2014 – 2015 but we continued with our work to develop our evidence base and to challenge ourselves using our quality assurance work and peer reviewing areas of the service against CQC standards.

Headlines of Achievement for 2014 - 2015

We delivered some notable health service achievements during this time:

- We have continued to be successful in recruiting the majority of eligible young parents to the Family Nurse Partnership programme and now have some compelling evidence of the effectiveness and impact of this intensive model of work.

- In Health Visiting we have continued to implement the National "Call to Action" programme. The challenge to meet the target of 53 Health Visitors by March 2015 was a tough one and we reported we had successfully recruited a total workforce of 50 qualified HV by the end of March. However, we were able to report our plans to increase this number to meet the target over the first few months of 2015 -2016. We have continued to invest in important workforce development for the Health Visiting teams and are confident that we are making great progress towards ensuring a consistent and good quality delivery of the

universal Healthy Child Programme across Swindon. Our performance has shown a steady increase and in particular we have been pleased with the success of a new information sharing pathway between Maternity and Health Visiting ensuring we can now more accurately and safely schedule universal antenatal visits as indicated in the Healthy Child Programme.

- We have successfully introduced “Baby Steps” as a targeted antenatal programme to prepare mums-to-be and their partners for being parents. This programme was piloted nationally by the NSPCC nd Swindon was one of the pilot sites. The outcomes from their evaluations suggest this will be a very, effective programme. As part of the HV service specification we are commissioned to deliver courses preparing people for parenthood. The Baby Steps programme aims to help parents to get ready for their new life with their baby. We are rolling out the programme at a rate of 1 group per month and will be carefully evaluating its impact and what parents say about it. We deliver the programme in partnership with staff from the Children’s centres and the new Family Centres and Midwifery staff.

- We have introduced the integrated review for all 2 - 3 year old children. This is delivered by Health Visiting (HV) and staff in early years (EY) settings when children of this age attend. The staff have worked with parents to ensure they have clear information about both reviews and what to expect and how to share the information if they so wish. We have been asked to speak about this success in Swindon at a national seminar in 2015.

- Swindon achieved the highest uptake of the HPV immunisation in the country once again. This programme is delivered by our SBC School Nurses as part of the school based immunisation programme commissioned by NHS England.

These achievements demonstrate to you how the local community health services delivered by Swindon Borough Council are helping more children and young people to be healthy in our local communities.

All of the workforce are trained to use the Early Help Record and Plan in order to ensure that when they work with children and young people they look holistically at all of their unmet needs and address those they are able to and work with others to develop solutions in partnership with families. We have continued to train and develop their knowledge and skills in this area. Ofsted in their inspection of the Local Authority in March 2014 commented on the good evidence they saw of how well this was being used and the positive impact it had for children, young people and their families.

Staff in our workforce have good access to learning and development opportunities to enable them to improve their knowledge, skills and clinical

effectiveness. This is linked to their personal development plans and the outcomes of their annual performance review meetings.

Supervision is a key process in ensuring that services are safely and effectively delivered. All our staff participate in regular management and professional practice supervision and they have access to extra support when they are involved with working with children and young people subject to child protection procedures. We know that staff who are encouraged and supported to think about their actions regularly and systematically and compare what they are doing against published evidence are more likely to be effective in their work.

Learning from Feedback

We value learning from the experiences of our users and we place a high priority on local resolution of complaints in a manner that is fair to all those involved.

We work hard to show users exactly how their comments have helped us to make improvements and consider this an important part of the whole feedback process.

One example of our work based on user feedback has been in Speech and Language Therapy we have implemented a means of gathering feedback using a system called “FOCUS outcome measures”. This work showed evidence of statistically significant improvement based on direct parent report of the progress their children had made. This came about after feedback from parents about wanting to contribute to the process of measuring their children’s progress.

National and Local Audit Programmes

A national clinical audit is either a project funded by the Healthcare Quality Improvement Partnership who manage the National Clinical Audit and Patients Outcome Programme (NCAPOP) or separately funded.

The purpose of national clinical audits is to engage healthcare professionals in the systematic evaluation of their clinical practice against standards and to support and encourage improvement in the quality of treatment and care.

In 2014- 2015 there were no national audits relating to children’s community health services but we did complete a number of local audits.

For example, we completed an audit of a sample of 30 current records of the health assessments and health care plans of looked after children against current record keeping standards to establish a baseline to measure the impact of the rapid improvement work needed to bring practice in this area up to a more acceptable standard. Another sample will be re-audited in 2015 – 2016 to ensure there is evidence of improvement.

Experience of our Services

There is a plan for each practitioner group or service area to ensure that they regularly seek the views of the people experiencing their services. All of the teams have been piloting ways of doing this work for some time and they share the learning at regular opportunities with each other to make the best use of their experiences.

During 2014-2015 we sought feedback from our users on many occasions.

Here are some of the comments that we received:

"It has teached us a lot, they are so very helpful they also help us with the problems we had, they make it easy to talk to and they are so helpful"

- **From parents working with our Family Partnership Nurses**

"I have learned so much to do with pregnancy and learning how to be a good mum, even through the tough times, you've helped me through relationship issues and general concerns, without your help I wouldn't have had a clue with coping with a baby at such a young age and I wouldn't be who I am today."

- **From parents to Health Visitors**

"Today, I made a call about a few minor concerns and after leaving the initial message, I received a return call within a few hours. I spoke with x who was very easy to talk to and managed my call efficiently and with a great deal of care and encouragement."

"Life as a new mum can be pretty overwhelming and scary at times and to know that your concerns will be taken seriously and dealt with in a courteous and caring manner is really important for maintaining peace of mind."

- **From parents working with our targeted mental health service**

"Thanks again for all you do. I know without this outlet we would have so many more issues at home. It's difficult with the younger two being impressionable and modelling his behaviours. The episodes of extreme outburst are so much less and are now mainly 'typical' teenage rants."

Part 3

Review of Quality of our services in 2014 /2015

It helps us to think about three key areas when we analyse the quality of our services and how we can improve them:

- Safety
- Experience of service users
- Effectiveness

Safety

Making sure that all children and young people and their families or carers who come into contact with our services are safe is a key responsibility for all of our staff and managers. We have a range of systems and processes to assess potential risks and to manage incidents should they occur.

Encouraging everyone to report risks and incidents is a priority and we are open and transparent about these events to ensure that we learn from them. We use a system to gather the information so as to maximise our understanding of what is going on in all of the services we deliver. Enquiring into incidents in a systematic way to ensure we understand the causes helps us to learn what went wrong and how we can avoid a similar thing happening again. Sharing the learning from this process is the key to future prevention. We had no serious incidents reported in our health services in 14/15.

Safeguarding is a key responsibility for all staff delivering services to children and young people. We ensure that all our staff regularly attend training delivered by the Local Safeguarding Children's Board and receive supervision to monitor their adherence to guidelines and procedures. We audited the training records of staff and their supervision records during the year to ensure compliance with standards and that it is of good quality.

We continued to make sure that all our staff accessed the appropriate level of child protection training. Supervision and appraisal sessions are opportunities to check on this and to check that learning is impacting on their practice. The Local Safeguarding Children's board sub-group on quality assurance has an annual multi-agency quality assurance programme that includes all of our community health staff. In 2014 /15 the audits focused on the effectiveness of work with teenagers and the quality of joint agency plans to ensure children are safe and achieve good outcomes whilst part of statutory procedures.

We have an annual infection control and prevention plan to ensure safety and to maintain continual improvement. There are regular audits of processes that

are known to be significant in minimising risk to our service users. The results of these are reviewed and any actions identified to make improvements are tracked and reviewed at the health practice governance meetings. For example, we regularly check they are adhering to the correct procedures when in busy baby clinics or out on home visits.

Safe practice is also about making sure processes are sound and complied with and the Senior Managers lead an annual quality assurance plan that includes audit case work and visits to the front line staff to observe their work.

There are a number of national systems to ensure safety that we work with including compliance with the Central Alert System (CAS). This is to enable us to respond to national alerts and safety notices. Swindon Borough Council's Children's community health services responded to all the relevant alert notifications received from the central CAS system within the prescribed time scales during the year 2014-2015.

In 14-15 we have addressed the following priorities related to safer practice cross the whole workforce:

- To continue to implement regular audits of our work for good use of infection control standards and implement the learning from these

- To improve the recording of practice and to move closer to full electronic recording of case management for an increased number of practitioners

- To develop further the confidence and competence of our frontline staff in understanding and using the performance data to help improve their services

Experience

We want children and young people to benefit from their involvement with our services. We understand that how we communicate with them and their families is critical to building safe and effective relationships with them. When we do this well we empower them to feel confident and to make informed choices about their health. We also know that listening to feedback is how we learn most about the services we deliver.

We have implemented some changes based on feedback in the ways we deliver services:

- We have once again reviewed the information on our consent forms and in our privacy notice to ensure they are clear and easy to understand

- We have developed a new Health Visitor wallet given to all parents at their first meeting with their Health Visitor. This contains a series of 6 cards describing the 6 key contacts within the universal Healthy Child Programme and the range of more targeted services available. It also has important contact information. We think this has been particularly useful as HV services have changed quite a lot in the last few years and we wanted to update our new service users

In 2015-2016 we will continue to gather feedback and to make sure we use the information to improve and develop services. We are participating in a national project in June 2015 to test out a specific tool to gather feedback from users of our Health Visiting services.

Effectiveness

The action plans that are devised in each practitioner group as they review their evidence against the standards set by CQC are the foundation of our work to improve effectiveness. The information we analyse from the incidents that occur locally and any national alerts is fed into this process too so that we keep drawing together the links between the different strands of work in order to co-ordinate our approaches to improvement.

The professional leads in each practitioner group lead this work in their teams in partnership with others to ensure that we bring in new evidence based interventions and approaches in line with the growing evidence base in each area of practice. Our multi-disciplinary structures means that there are plenty of opportunities for shared learning approaches and we think that this is very, beneficial both for staff and for all of our services.

The National Institute for Health and Clinical Effectiveness (NICE) guidance issues guidance and directions for interventions and practice following the review of the evidence available.

We continue to follow up relevant NICE guidance through our local Governance process with leads working to provide assurance that our work is in line with the latest guidance. For example in 2013/14 we reviewed best practice guidance in the areas of:

- Feverish illness in children under 5
- Hepatitis B
- Bi-polar disorders in children and young people
- Drug allergies in children and young people
- Perinatal mental health

The new guidance is carefully reviewed and all of our practice, information and advice are checked to ensure we are delivering the latest evidence based practice.

We had identified with CQC and Ofsted in their local Inspections early in 2014 the work needed to improve health outcomes for children who are looked after. The Designated nurse for looked after children has led this work. There has been excellent progress in both the process improvements and in the quality of the health assessments, reviews and plans. The audit planned for early 15- 16 will we hope give us tangible evidence of the impact of these improvements.

In 2014 – 15 we continued our programme of work to develop much more detailed performance frameworks for staff and managers and to ensure that outcomes are regularly reviewed by individual practitioners and by their managers. We want to get to a point where all our practitioners can see their role in ownership of performance both in terms of the amount they do and the quality of the activity. This will also help in our work to develop further the evidence for the impact of specific interventions.

Assurance Process

Performance is reported, monitored and reviewed at monthly quality and performance group meetings and then on through the Swindon Children's Trust Board, the Joint Commissioning Board and the Swindon Local Safeguarding Children's Board.

Each year, the Cabinet Member for Children's Services and the Cabinet Member for Health and Adult Social Care takes part in a challenging Cabinet Scrutiny Question and Answer session on their area of responsibility.

The Swindon Children's Trust Board is well established with clear lines of accountability across the Trust and the Local Safeguarding Children's Board. These include links to the Clinical Commissioning Group Board, and to the Health and Wellbeing Board.

The Local Safeguarding Children Board (LSCB) monitors the quality of safeguarding, provides clear direction on safeguarding matters across all partners and provides assurance to the Swindon Children's Trust Board. The LSCB has an independent Chair.

A Swindon Protocol has been established between the Safeguarding Boards and the Health and Wellbeing Board at:

http://ww5.swindon.gov.uk/moderngov/documents/s63295/Annual%20Report%202012-13%20-%20Appendix%202.pdf

There are anticipated changes to some of these processes in 2015-2016.

Care Quality Commission Statement

Current registration status for SBC children's health service is "registered no current conditions on registration". This means that CQC has not taken any enforcement action against SBC during 2014 - 2015 and we have not participated in any special reviews or investigations by CQC during the reporting time of this account.

We know that in 2015 – 2016 the new CQC framework will be implemented and this means we will be issued with a rating by CQC when they inspect the regulated services we deliver.
We will publish this online and in our service delivery locations as per the guidance from CQC.

Consideration of Joint Commissioning Group Minutes, performance update on the Better Care Fund and Joint Commissioning Intentions

Health and Wellbeing Board **Date: 9 December 2015**

Author:	Head of Commissioning, Children and Adults
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

1.1 To allow the Health and Wellbeing Board to consider the issues arising from the meetings of the Joint Commissioning Group held on 6 October and 2 November 2015.

1.2 To allow the Health and Wellbeing Board to consider the Quarter 2 Better Care Fund data collection figures for 2015-2016.

1.3 To allow the Health and Wellbeing Board to consider an update on the Joint Commissioning Intentions for 2015-2016.

2. Recommendations

The Committee is recommended to:

2.1 To review the discussions held and issues arising from the meetings of the Joint Commissioning Group held on 6 October and 2 November 2015, and where appropriate request additional information or reports in relation to issues raised.

2.2 To review the Better Care Fund Quarter 2 2015-2016 data collection figures, and where appropriate request additional information or reports ion relation to issues raised.

2.3 To review the updated Joint Commissioning Plan for 2015-2016 and where appropriate request additional information or reports in relation to issues raised.

3. Detail

3.1 The Health and Wellbeing Board is invited to consider issues arising from the minutes of the Joint Commissioning Group held on 6 October (attached as Appendix 1 to the report) and 2 November 2015 (attached as Appendix 2 to the report) and to request additional information and/or reports on issues raised.

3.2 The Health and Wellbeing Board is invited to consider issues arising from the Quarter 2 Better Care Fund data collection figures for 2015-2016 attached at Appendix 3 to the report.

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

3.3 The Health and Wellbeing Board is invited to consider issues arising from the updated Joint Commissioning Plan for 2015-2016 attached as Appendix 4 to the report and to request additional information and/or reports on issues raised.

4. Alternative Options

4.1 None.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 This report has no financial or procurement implications.

Legal and Human Rights Implications

5.2 This report has no legal or Human Rights considerations.

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

5.3 None.

Diversity Impact Assessment

5.4 No Diversity Impact Assessment is required at this stage.

Risk Management

5.5 No risk management issues have been identified at this stage.

6. Consultees

6.1 This covering report collates the minutes of the Joint Commissioning Group at their meetings on 6 October and 2 November 2015. The items discussed at those meetings were / will be consulted upon as appropriate, so no further consultation is required for this report.

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 - Minutes of the Joint Commissioning Group held on 6 October 2015.

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

8.2 Appendix 2 – Minutes of the Joint Commissioning Group held on 2 November 2015.

8.3 Appendix 3 – Better Care Fund Quarter 2 2015-2016 Data Collection

8.4 Appendix 4 – 2015-2016 Joint Commissioning Plan Update

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

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Appendix 1

Joint Commissioning Group
Notes of 6th October 2015 Meeting

Present:

Sue Wald (SW), Jackie Walker (JW), Sheila Baxter (SB), Nicki Millin (NM), Cherry Jones (CJ), Paul Bearman (PB), Matthew Hawkins (MH), Louise Tapper (LT), Lynn Frith

Apologies: Joy Kennard (JK), Caroline Little (CL), Caroline Gregory (CG), Angela Plummer (AP), Peter Nathan (PN), Thomas Kearney (TK)

Item	*Description*	*Action*
1.	**Matters arising and Minutes** **Update on outstanding actions :** Cherry to bring Health Protection over view to the December meeting Risk register was circulated and with CCG to update. Newton Europe clarification received, financial model session 13.10.2015 CHC – internal audit completing the work on process over the next two weeks. CCG is reviewing the CHC service with the Council.	 CJ PB
2.	**Finance** Adult social care budget projected to underspent due to early delivery of savings for 2016/17 in learning disabilities. SBC is commissioning an additional 700 domiciliary care hours per week and additional residential care together has created. BCF Nicki Millin highlighted the additional financial pressure on the CCG is experiencing due to delayed transfer of care resulting in excess bed days cost of £595k Children's Services Projected overspent on children's social care due to social work agency costs and placements. This has an implication for children's budget 2016/17. Karen Reeve raised capacity of the named nurse for looked after children, paediatric and speech and language therapy. SCB is starting discussions on the overall budget for the Council. Great Western Council have written to CCG over the impact of the re-procurement of children's community health services on the funding for community paediatric services. Sue and Louise were involved in the transfer of the community paediatric services to GWH which was a fully funded service and overheads. Louise to share Designated clinical staff – Gill updated on the money for these posts and	

Item	*Description*	*Action*
	specifications in GWH contract. Public Health In year funding reduction of £622k , which is likely to be taken forward into 2016/17. **Action** Report to Health & Wellbeing Board on Better Care Fund performance Sue to forward the details of patients with four visits a day to Gill for an audit	NM/SW
3.	**Performance** **Children's Performance report** Sue outlined the data on children's social care pointing to the summary triangle The data does not include numbers of children with special educational needs which will be circulated. Data shows that swindon has high rates of children with a statement of educational needs at 3.8% of all school age children. Only three local authorities have higher numbers. Our work is to implement a new model of planning for children with special educational needs that is not linked to payment system. SEN Strategic Board has established a designed health group. Minutes to come to JCG. SBC has now recruited 51 health visitors and implementing evidence based healthy child programme **Adults** Sue circulated performance report. Contact information discussed and this was reported in the report to Health Overview and Scrutiny performance report on social care. Admission to residential care for older people in line with last year and admission for younger adults lower than previous years. Review and carers assessment improved performance. Personalisation lower for AWP but likely to improve with online assessment tool. Delayed discharge: Delayed discharge figures are still high. Social care has commissioned additional capacity for domiciliary care, discharge to assess beds and residential care. The discharge to assess beds purchased from Goatacre are not being filled. DTOC working group met in September and agreed three task groups - Pathway review of patients with health and social care needs with ai to complete social work assessments at home or in discharge to assess beds - Pathway of patients discharged at the front door	LF

Item	*Description*	*Action*
	- Pathway of patients in specialist assessment wards/beds SWICC beds to be used more flexibly for step down Waiting time for dementia assessment reduced to two months now. **Action** Monthly strategic meeting on DTOC	
4.	**Risk register** Risk register to be updated by CCG	PB
5.	**Children's mental health transformation plan** Draft submission template was circulated and feedback has now been received. Annexe 3 has not been circulated and would deal with some issues raised in feedback. Sue to share feedback and Nicky to check with Thomas whether Annexe 3 has been completed and shared as a draft. Agreement that money would go across early intervention as well as specialist Camhs, eating disorder and perinatal mental health.	NM
6.	**Personal Health Budgets** Paul introduced the personal health budgets thinking. So far we have 4 patients CHC funded and learning disabilities. There are also a small number of children with personal budgets with complex health needs. The first stage is an agreed policy and process followed by the local offer	PB
7.	**AOB** Diabetes Prevention Programme bid and Healthy Towns bid submitted **Future meetings** NICE guidance - Gill Commissioning for Quality and Innovation (CQIN) update - Gill	

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Joint Commissioning Group
Notes of 2nd November 2015 Meeting

Present:

Sue Wald (SW), Jackie Walker (JW), Sheila Baxter (SB), Nicki Millin (NM), Cherry Jones (CJ), Paul Bearman (PB), Matthew Hawkins (MH), Louise Tapper (LT), Lynn Frith,), Angela Plummer (AP), Thomas Kearney (TK), Gill May (GM), Lisa Samak (LS)

Apologies: Joy Kennard (JK), Caroline Little (CL), Caroline Gregory (CG) Peter Nathan (PN),

Item	*Description*	*Action*
1.	**Matters arising and Minutes** **Update on outstanding actions :** Cherry to bring Health Protection over view to the December meeting Newton Europe clarification received, financial model sessions were held. Details to be presented to Strategic Planning Group 13 11 2015. Sue to circulate finance slides. Discussions now taking place within CCG and SBC on implications. Sue and Angela have asked Newton to revise the savings for adult social care from 30% opportunity to 20% opportunity for preventative services. One of the areas highlighted as a preventative service was falls prevention. Gill has had discussion with Public Health. Results of discussion at CCG. Discussion to come back to JCG December Sue forwarded the details of patients with four visits a day to Gill for an audit. Mental health transformation plan submitted and additional information on spent given, now awaiting feedback Personal health budgets: CCG have appointed project manager to develop.	CJ SW
2.	**Finance** Adult social care budget projected to underspent due to early delivery of savings for 2016/17 in learning disabilities of £313k. This is a revised forecast as the additional 700 hours of dom care per week plus 14 discharge to assess beds have created a budget pressure of £950k. If the increase in care packages continues then the discharge to assess beds would be at risk from January 2016. Angela to identify dementia with delirium cases and ask CCG team to undertake audit. Specialist dementia community team starting 1st December 2015 and this team could inreach into discharge to asses bed. Pathway for patients with delirium to be circulated	AP TK

Item	*Description*	*Action*
	BCF Swindon Borough Council has identified a saving of £100k from reducing isolation scheme. Quarterly return is due the end of November. BSF return to go to CCG Executive and HWB Children's Services Projected overspent on children's social care due to social work agency costs and placements. Social work managers have been recruited as well as front line social workers. This has an implication for children's budget 2016/17. Karen Reeve raised capacity of the named nurse for looked after children, paediatric and speech and language therapy and asked CCG to consider additional funding 2016/17 **Action** Report to Health & Wellbeing Board on Better Care Fund performance	NM/SW
3.	**Performance** **Children's Performance report – now to be presented every 2 months.** **Adults** Sue circulated performance report. Admission to residential care for older people increased significantly in August and September, mainly older people over the age of 85 into nursing care. Assessments completed within 28 days is improving according to SEQOL data for September which has not yet been included in these figures. Delayed discharge: Delayed discharge figures are still high but have improved from GWH to 170 days whilst SWICC accounted for 202 days. Angela has shared the high levels of delayed discharge issue with front line staff and managers in SEQOL in SWICC who did not seem aware of the issue. Planning meetings to outline discharge process have been held with follow up this month. Health Overview and Scrutiny asked for a whole systems report. First draft to be shared with SEQOL and GWH and circulated to this group. Equipment: Issue of equipment ordered through community nursing. Louise Tapper has had initial meeting with SB and asked for staffing list. There is an opportunity to look at the use of equipment and technology and how this supports reduction in care packages.	LT
4.	**Risk register** Risk register had been updated by CCG and was shared. There are now a large number of risks and overlap with CCG risk register and SBC risk register. Jackie and Paul agreed to meet to look at how to combine CCG	

Item	*Description*	*Action*
	joint risks with JCG risks. SBC has a new format	
5.	**CHC** CHC check list needs to be completed by SEQOL DART or GWH before submitting a request for high level residential/nursing and very high care packages. High numbers of self funders asking for CHC check list Angela and Paul met and discussed need for a staff consultation document as there will be a paragraph in the Accountable Officer report. Draft internal audit report arrived yesterday. There is a need for CCG to now determine the options for future of service. Discussions today on Finance function in CCG	

6.	**Performance indicators for RAU, Rapid Response and Reablement**
	Rapid assessment unit has KPIs already.
	
	Reablement and rapid response should link but needs to link to RAU so that RAU can discharge into those rapid response services. Currently Reablement was separately but has now structurally been brought together with Rapid Response. Initial baseline could be
	• Number of referrals into rapid response/reablement
	• Number from RAU to rapid response/reablement
	• Response time by Rapid response/reablement to referrals and nature of response
	  ○ hours of dom care delivered
	  ○ advice and information offered
	  ○ crisis bed	

7.	**AOB** ○ AWP: inpatient capacity is improving for older adults and those of working age. NHS England have written to CCG on options for funding next year where funding is based on a new formula including capitated budget or PBR. A number of issues identified around Delayed Discharge, personalisation ○ Chalkdown: Issue for CCG as patients are registering with local GP as permanent when it should have been temporary registration. ○ Carers return to NHS England ○ Social care activity report: Matthew to set out information request	

Item	*Description*	*Action*
8.	**Future meetings** December: ○ Newton diagnostic – December 2015 ○ AWP ○ Aftercare for Section117 After Care Plan and responsibilities ○ Chalkdown ○ Commissioning for Quality and Innovation (CQIN) update – Gill	

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 27th November 2015.

The BCF Q2 Data Collection

This Excel data collection template for Q2 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on BCF metrics. It also presents an opportunity for Health and Wellbeing Boards to feedback on their preperations for the BCF in 16/17 and register an interest in planning support.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an explanation of any material variances against planned performance trajectories as part of a wider overview of progress with the delivery of plans for better care.

Collecting Data for New Integration Metrics

In addition, as part of this data collection we are also asking for information to support the development of new metrics for integration. These relate to Jeremy Hunt's announcement at the Local Government Association Conference in July that a new set of metrics is needed to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care. This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements.

We welcome your feedback on the new collections included in the Q2 reporting template, as well as the integration metrics project as a whole: your input will be vital in designing a set of measures that can help to monitor and accelerate the move towards a more coordinated, person-centred health and care system.

Cell Colour Key

Data needs inputting in the cell
Pre populated cells
Question not relevant to you

Content

The data collection template consists of 9 sheets:

Validations - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements- this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Non-Elective and Payment for Performance - this tracks performance against NEL ambitions and associated P4P payments.
5) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
6) Metrics - this tracks performance against the two national metrics, locally set metric and locally defined patient experience metric in BCF plans.
7) Preparations for the BCF 16-17 - this assesses your current level of planning for next year
8) New Integration metrics - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care
9) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Validations

This sheet contains all the validations for each question in the relevant sections.
All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 8 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the Q1 2015-16 submission and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously the 2 further questions are not applicable and are not required to be answered.
If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track to be met through the delivery of your plan (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please provide a target date when you expect the condition to be met. Please detail in the comments box what the issues are and the actions that are being taken to meet the condition.
'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

Full details of the conditions are detailed at the bottom of the page.

4) Non-Elective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q1. Two figures are required and one question needs to be answered:

Input actual Q2 2015-16 Non-Elective performance (i.e. number of NELs for that period) - Cell M12

Input actual value of P4P payment agreed locally - Cell E23

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box

Please confirm the Q4 15/16 plan figure that should be used either by re-entering the figure given or providing a revised one - Cell E46

5) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Forecasted income into the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual income into the pooled fund in Q1 and Q2
Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year

Confirmation of actual expenditure into the pooled fund in Q1 and Q2

Figures should reflect the position by the end of each quarter. It is expected that planned income and planned expenditure figures for Q4 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan.

6) Metrics

This tab tracks performance against the two national, the locally set metric and locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

An update on indicative progress against the four metrics for Q2 2015-16
Commentary on progress against the metric

Should a local and/or a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

7) Preparations for BCF 16-17

Following the announcement that the BCF will continue in 2016-17 this section assesses where you are at in terms of the level of preparation so far. There is also an opportunity to advise if you would like any support with preparation of your BCF plan and in what format you would like this to take.

8) New Integration Metrics

As part of the development of a new set of metrics to measure the degree to which a health and social care economy is making progress towards delivering integrated, coordinated and person-centred care.

This set of metrics is currently in the development stages, and we are taking the opportunity through the Q2 reporting process to trial a small number of new measurements. There are three metrics for which we are collecting data. The detail of each is set out below.

The data collected on these subjects will be used as part of a wider suite of metrics that will be published in beta form in the new year, with a view to launching an official set of integration metrics in the first quarter of the next financial year. This set of metrics will be used in a similar fashion to the current BCF reporting process, allowing best practice to be collected and shared, and support to be targeted towards those areas that would most benefit from it.

1. The development and use of integrated care records.
There is widespread consensus that having digital care records that are available across health and care settings will facilitate the delivery of more coordinated, person-centred care. However, it is equally clear that this is a long-term ambition that will take several years to realise. In the first instance, therefore, we will be seeking to measure early progress towards this goal by asking you slightly modified versions of the pre-existing reporting questions on use of the NHS number and open APIs.

Proposed metric: Integrated Digital Records. To be assessed via the following questions:
• In which of the following settings is the NHS number being used as the primary identifier? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
• In which of the following settings is an open API (i.e. systems that speak to each other) in place? (To select all of the following categories which apply (Y/N) – GP / Hospital / Social Care / Community / Mental health / Specialised palliative)
• Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? (Y/N)

2. Risk stratification
The second new measurement concerns the use of risk stratification tools to inform both strategic commissioning across health and social care, and case finding of those individuals who would most benefit from preventative care. Again, while this practice is recognised as an effective way to deliver more appropriate, targeted and responsive services, it is also in the relatively early stages of development. In the short term we are looking to understand how many CCGs are using risk stratification tools, and how they are being used to inform strategic commissioning decisions on the one hand and the use of care plans on the other.

Proposed metric: Use of Risk Stratification. To be assessed via the following questions:
• Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs? (Y/N)
• If yes: Please provide details of how risk stratification modelling is being used to allocate resources
• Based on your latest risk stratification exercise what proportion of your local residents have been identified as in need of preventative care? (%)
• What proportion of local residents identified as in need of preventative care have been offered a care plan? (%)

3. Personal Health Budgets
Finally, personal budgets in both health and social care are likely to play an important role in the evolution of the health and social care system towards a greater degree of personalisation. In the long-term we expect individuals who hold personal budgets in both health and social care to benefit from combining these into an integrated personal budget. However, at this stage we are interested to learn what progress areas are making in expanding the use of personal health budgets beyond people in receipt of continuing health care.

Proposed metric: Personal Health Budgets. To be assessed via the following questions:
• Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population? (To select from drop down: No / In the planning stages / In progress / Completed)
• How many local residents have been identified as eligible for PHBs, per 100,000 population?
• How many local residents have been offered a PHB, per 100,000 population?
• How many local residents are currently using a PHB, per 100,000 population?
• What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare?

9) Narrative

In this section HWBs are asked to provide a brief narrative on overall progress in delivering their Better Care Fund plans at the current point in time with reference to the information provided within this return.

Better Care Fund Template Q1 2015/16

Data collection Question Completion Validations

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

S.75 pooled budget in the Q4 data collection? and all dates needed
Yes

3. National Conditions

	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	i) Is the NHS Number being used as the primary identifier for health and care services?	ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	6) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" estimated date if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. Non-Elective and P4P

Actual Q1 15/16	Actual payment locally agreed	Any unreleased funds were used for: Q2 15/16	Q4 2015-16 confirmed NEA plan figures
Yes	Yes	Yes	Yes

5. I&E (2 parts)

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the annual totals and the pooled fund
Income to	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes			
	Actual					
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Actual	Yes	Yes			
	Commentary	Yes				

6. Metrics

		Please provide an update on indicative progress against the metric?	Commentary on progress
	Admissions to residential Care	Yes	Yes
		Please provide an update on indicative progress against the metric?	Commentary on progress
	Reablement	Yes	Yes
		Please provide an update on indicative progress against the metric?	Commentary on progress
	If no metric, please specify	Yes	Yes
Local performance metric			
		Please provide an update on indicative progress against the metric?	Commentary on progress
	If no metric, please specify	Yes	Yes
Patient experience metric			

7. Preparations for BCF 16-17

Have you begun planning for 2016/17?	Yes
Confidence in developing BCF plan?	Yes
Pool more, less, or the same amount of funding?	Yes
Support in developing plan?	Yes

If yes, support area?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	Yes	Yes	Yes
Building partnership working	Yes	Yes	Yes
Governance development	Yes	Yes	Yes
Data interpretation and analytics	Yes	Yes	Yes
Evidence based planning	Yes	Yes	Yes
Financial planning	Yes	Yes	Yes
Benefits management	Yes	Yes	Yes
Other	Yes	Yes	Yes

8. New Integration Metrics

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS number being used as the primary identifier?	Yes	Yes	Yes	Yes	Yes	Yes
Open API in place?	Yes	Yes	Yes	Yes	Yes	Yes
Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes					

Is the local CCG(s) using an NHS England approved risk stratification tool to analyse local population needs?	Yes
If 'Yes', please provide details of how risk stratification modelling is being used to allocate resources	Yes
How many local residents have been identified as in need of preventative care during the quarter?	Yes
What proportion of local residents identified as in need of preventative care have been offered a care plan during the quarter?	Yes

Have you undertaken a scoping exercise in partnership with local stakeholders to understand where personal health budgets would be most beneficial for your local population?	Yes
How many local residents have been identified as eligible for PHBs during the quarter?	Yes
How many local residents have been offered a PHB during the quarter?	Yes
How many local residents are currently using a PHB during the quarter?	Yes
What proportion of local residents currently using PHBs are in receipt of NHS Continuing Healthcare during the quarter?	Yes

9. Narrative

Brief Narrative
Yes

Cover and Basic Details
Q2 2015/16

Health and Well Being Board	Swindon
completed by:	Sue Wald
E-Mail:	swald@swindon.gov.uk
Contact Number:	7824550407
Who has signed off the report on behalf of the Health and Well Being Board:	Lead Member Adults

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

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	4
5. I&E	15
6. Metrics	10
7. Preparations for BCF 16-17	28
8. New Integration Metrics	25
9. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Swindon

Data Submission Period:

Q2 2015/16

Budget arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

National Conditions

Selected Health and Well Being Board:

Swindon

Data Submission Period:

Q2 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Q4 Submission Response	Q1 Submission Response	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Commentary on progress
1) Are the plans still jointly agreed?	Yes	Yes	Yes		
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Yes	Yes		
4) In respect of data sharing - confirm that:					
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress	Yes	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	No - In Progress	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes		
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes		

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)
Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number
The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector
Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Footnotes:
Source: For each of the condition questions which are pre-populated, the data is from the Q1 data collection previously filled in by the HWB.

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: Swindon

	Baseline				Plan				Actual							Planned Absolute Reduction (cumulative) (negative values indicate the plan is larger than the baseline)				Maximum Quarterly Payment				Performance against baseline				Suggested Quarterly Payment							
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	% change (negative values indicate the plan is larger than the baseline)	Absolute reduction in non elective performance	Total Performance Fund Available	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed	Q1 Payment locally agreed
D. REVALIDATED: HWB version of plans to be used for future monitoring.	5,025	6,027	6,180	6,250	5,907	5,820	6,180	5,995	5,854	6,077	6,187		1.5%	368	£545,340	382	140	71	368	£0	£0	£105,790	£439,550	220	501	192		£0	£0	£0		£545,340	£3,397,000	£0	£0

Which data source are you using in section D? (MAR, SUS, Other)	SUS	If other please specify	
Cost per non-elective activity	£1,406		

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested quarterly payment (taken from above*)	£0	£0	£0	
Actual payment locally agreed	£0	£0	£0	

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)	

	Total Unreleased Funds			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggested amount of unreleased funds**	£0	£0	£105,790	
Actual amount of locally agreed unreleased funds	£0	£0	£105,790	

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	community care	community care	community care	

Confirming Q4 2015-16 Non-Elective Admissions figures

During the exercise to allow HWBs to revise their baseline and plan figures for Non-Elective admissions we only requested the confirmation of figures for the Payment for Performance period (Q4 2014/15 to Q3 2015/16). In order to ensure we have a consistent and accurate set of numbers for the financial year 2015-16 we are now asking HWBs to reconfirm their **plan** figure for Q4 2015-16. The below table has been pre-populated with the original figures for Q4 2015-16 which you submitted as part of your approved BCF plan. Please confirm the plan figure that should be used either by re-entering the figure given or providing a revised one.

	Q4 15/16 figures previously provided	Q4 15/16 confirmed figure
Plan (taken from original HWB BCF plans)	4,758	6,005
Baseline (Q4 14/15 actual - as confirmed by HWBs in July 2015)	5,854	

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 19th August 2015. (Except cell C46 taken from original BCF plan database as at February 2015)

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Swindon

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	£14,444,000
	Forecast	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	
	Actual*	£3,611,000					

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	£14,444,000
	Forecast	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	
	Actual*	£3,611,000	£3,611,000				

Please comment if there is a difference between either annual total and the pooled fund	

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	£14,444,000
	Forecast	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	
	Actual*	£3,611,000					

Q2 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	£14,444,000
	Forecast	£3,611,000	£3,611,000	£3,611,000	£3,611,000	£14,444,000	
	Actual*	£3,611,000	£3,611,000				

Please comment if there is a difference between either annual total and the pooled fund	

Commentary on progress against financial plan:	Largely block spending arrangements, spend and income is thus expected to be evenly spread.

Footnote:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q1 collection previously filled in by the HWB.

National and locally defined metrics

Selected Health and Well Being Board: Swindon

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Performance for Q2 is 356 per 100,000. Increase in August and September 2015 particularly in patients over the age of 90, further increase to 456 per 100k population and 22 above target as at the end of October 2015. This has been driven by hospital discharges and has been raised with provider of social work assessments. Alongside residential care, domiciliary care has increased from 7,000 hours per week in 2014/15 to 8,120 per week in

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Out turn for 2014/15 was already very high at 93.2. Therefore it is not anticipated that performance will improve significantly above 2014/15 out turn. Data for this is only collected annually due to definition of indicator

Local performance metric as described in your approved BCF plan / Q1 return	Learning Disability clients receiving a review to establish potential to move out of residential care
If no local performance metric has been specified, please give details of the local performance metric now being used.	
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	New admissions to residential care for young people have reduced with no admissions in Q1 and Q2. 90%of reviews were completed with 3 people moving to other placements in the cohort 18 - 40 year olds in residential care for less than 6 years. The cohort has now reduced to 29 service users and completion of reviews above target. In addition reviews will be completed on all transition cases and those living in supported living and shared

Local defined patient experience metric as described in your approved BCF plan / Q1 return	ASCOF 1A Quality of Life
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	annual measure as it is based on a survey with results not due until July 2016

Footnotes:

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Preparations for the BCF 16-17

Selected Health and Well Being Board: Swindon

Following the announcement that the BCF will continue in 2016-17 have you begun planning for next year?	Yes
How confident do you feel about developing your BCF plan for 2016-17?	High Confidence
At this stage do you expect to pool more, less, or the same amount of funding compared to that pooled in 15/16, if the mandatory requirements do not change?	The same amount of funding

Would you welcome support in developing your BCF plan for 2016-17?	Yes

If yes, which area(s) of planning would you like support with, and in what format?	Interested in support?	Preferred support medium	If preferred support medium is 'other', please elaborate
Developing / reviewing your strategic vision	No		
Building partnership working	No		
Governance development	No		
Data interpretation and analytics	No		
Evidence based planning (to be able to conduct full options appraisal and evidence-based assessments of schemes / approaches)	Yes	Workshops or other face to face learning opportunities	
Financial planning (to be able to develop sufficiently robust financial plans that correctly describe the impact of activity changes, and the investments required)	Yes	Workshops or other face to face learning opportunities	

New Integration Metrics

Selected Health and Well Being Board: Swindon

1. Proposed Metric: Integrated Digital Records

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
In which of the following settings is the NHS number being used as the primary identifier? (Select all of the categories that apply)	Yes	Yes	Yes	Yes	Yes	Yes
Please indicate which care settings can 'speak to each other', i.e. share information through the use of open APIs? (Select all of the categories that apply)	No	No	No	No	No	No

Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes

Comments:	Data sharing agreement and consent to be revised. Privacy notice to be in place in SEQOL. Community services and some GP systems are sharing clinical records through System One. The digital road map focusses on developing the Summary Care Record as the initial tool for sharing records across organisational boundaries

Narrative

Selected Health and Well Being Board:

Swindon

Data Submission Period:

Q2 2015/16

Narrative	Remaining Characters	30,651

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time, please also make reference to performance on any metrics not directly reported on within this template (i.e. DTOCs).

Activity for Quarter 2 non elective admissions is 6187 against a plan of 6169 (basline 6386), which is 0.3% behind plan (18).
The initiatives outlined in Q1 have continued with
SUCCESS: 576 home visits; 3944 appointments seen in Q2
Rapid Assessment Unit :342 activity in Q2, new patways are operatinal from October 2015 which will increase flows of patients
Community navigator supporting 139 patients with individual care plans identified through risk stratification at the end of Q2

Newton Europe completed diagnostic in Q2 and shared financial model which identified opportunities for reduction in non elective admissions. An action plan is devised to take those initiatives forward. Key focus on 'falls service', telehealth technology and looking at discharge process related to time taken for assessment and the level of support offered to individuals at discharge.

Enhanced single point of access service becomes operational November 2015 onwards.
Front door model for ED has been reviewed and patients attending with a minor illness will be streamed to the neighbouring UCC from December 15 onwards.
Communications strategy developed and commences December 15 which supports prevention messages and public understanding of alternative services

Delayed discharge of care have continued to be high with a rate of 402 at the end of september 2015 with completion of assessment, access to domiciliary care and nursing homes the main reason for delay. 2/3rd of delays are due to social care and detailed analysis has now identified the high of bed days delayed from intermediate care. A streamlined process to assess patients outside of hospital has been agreed. Additional block contracts for domiciliary care and discharge to assess beds have been purchased by social care. Work with care homes has resulted in agreed actions on training to reduce non elective admissions and improve the discharge process. This has required an additional investment of £900k by social care over and above the BCF. Days lost due to DTOC reduced in September 2015 to 377 per 100k population.

2015-2016 Joint Commissioning Plan update v2

Swindon Health and Wellbeing Strategy		Joint Commissioning Intentions	Performance data 30.9.2015 (Bold = amber/red)	Progress update and mitigating action
Outcome	**Priorities**			
Every child and young person in Swindon has a healthy start to life	Improve the mental wellbeing of children and young people Reduce risky behaviours (e.g. Smoking, drinking) amongst our children and young people Keep all children and young people safe Improve educational attainment of children and young people Reduce the number of young people not in education, employment or training	High levels of compliance with all aspects of the core professional social work task Good quality interventions, ensuring no delay in reaching decisions about how best to safeguard and promote the welfare of children Ensuring that the right services are reaching the right children and families at the right time including support for Troubled Families High quality care planning, placement, permanence & pathway planning for children in care & care leavers, Co-producing good outcomes with our service users and our communities, Commissioning of Healthy Child Programme widening role of health visitor and Family Nurse Partnership.	• Number of children with a child protection plan 213 children • Number of children in care - 268 • **Number of children in need - 1319** • **Number of children with a second or subsequent child protection plan – 22% (target 10 – 15%)** • **Percentage of young people look after in a long term placement (long term stability – 66.1% , target over 70%** • Percentage of children looked after with 3= placements (short term stability) – 2.24% • First time entrance to Youth Justice System 59 against a target of 60 • Repeat offenders amongst young people 35.4% • Breastfeeding rate 51%, Percentage of **pre birth visits, 1 year check and 2 ½ year check completed by health visiting Antenatal visits: 63 (percentage not available so only count provided), 12-month review: 79% (by the age of 15 months), 2-2 ½ year review: 48,** 52FTE health visitors recruited	<u>Children in care</u> Focus on providing placement stability through development and implementation of sufficiency strategy. Placement team co-locating with fostering team to improve placement searches Recruitment strategy has resulted in reducing number of agency social workers and managers <u>Children in need and early help</u> The continued upturn in numbers of referrals to children's social care continues and partner agencies must ensure their staff are applying the threshold criteria effectively and making full use of the Early Help Record & plan Early help task group to be established by LSCB to improve completion rate of early help records by all services and ensure that support is targeted in order to manage demand for Targeted approach in place with training and provision for the most vulnerable 0 – 2 year olds Commissioning for Quality and Innovation (CQUIN) 15/17 to support Transisitons.

Swindon Health and Wellbeing Strategy		Joint Commissioning Intentions	Performance data 30.9.2015 (Bold = amber/red)	Progress update and mitigating action
Outcome	**Priorities**			
Adults and older people in Swindon are living healthier and more independent lives	Strengthen integrated working between health and social care Reduce the number of people suffering from long term conditions through the promotion of healthy lifestyle choices Promote independence and reduce the need for hospital services and long term care Ensure that carers needs are met	Moving towards steady state in terms of our hospital admission rate Focusing on key long term conditions thorough community navigator, advice and information Implementation of the Care Act, befriending and advocacy services Use of assistive technology to help people self-manage their condition Ensure support to carers , flexible support, improved assessment, and local support groups Primary prevention supporting Healthier Lifestyle choices	• Emergency admission rate increase/decrease (BCF measure) 6,187 against target of 6,169 baseline for 2014/15 Q2 6,386 • **4 Hour A & E target at 95% less than 95% for Q2** • **Admitted Patients treated within 18 weeks 91.4%, England average 87.6%** • **Non-Admitted Patients treated within 18 weeks 93.7%, England average 95.0%** • **Admission of older people over the age of 65 to residential and nursing care : BCF/ASCOF 2A(2)115 admissions(11 MH, 1 LD, 103 OP) equating to a rate of 356.75 per 100k. End of year target 371 admissions** • Admission of younger adults to residential and nursing care: ASCOF 2A(1):4 admissions, (3 MH & 1 PD) equating to a rate of 2.96 per 100k pop.. End of year target 4.45 • Effectiveness of reablement services and reducing hospital length of stay BCF: Annual measure, end of year target 94% • Percentage of people with a personal budget: ASCOF 1C 83.6% of eligible clients, end of year target 100% • **Reduction in delayed discharge due to social care: ASCOF 2C(2) Result 7.78 per 100k pop equates to 13 people August, end of year target 3.9** • **Delayed discharge BCF measure: 407 per 100k population , end of year target 872**	<u>Urgent care</u> Proof of concept project for the Implementation of a rapid assessment unit with the aim to increase the numbers of people supported in the community, increase the numbers of people streamed to the urgent care centre SUCCESS centre offering additional GP services has halted rise in emergency admission. A&E target remains a challenge. CCG additional investment in Assistive Technology to support and enable more people living with a long term condition to self-manage their symptoms. CCG to focus on people being readmitted to hospital with alcohol related needs and target alcohol liaison team to support. Disease specific pathways to enhance urgent care needs to be delivered in a community setting (Diabetes and Parkinsons) <u>Social care</u> Additional £15k investment per week into hospital discharge services to reduce delays . Provision of nursing home beds continues and potentially driven up as patients are discharged with a higher level of medical needs. Capacity of domiciliary care remains an issue which has been mitigated through block contracts. Delayed discharge working group in place to improve process and ensure patients are place in the right provision Befriending service and home from

Swindon Health and Wellbeing Strategy		Joint Commissioning Intentions	Performance data 30.9.2015 (Bold = amber/red)	Progress update and mitigating action
Outcome	**Priorities**			
			• August Completion of reviews of service users: Local 42.93% equates to 2264 clients reviewed. Sept target 35.5%, Y/End target 71%. • Social care service users score for quality of life: BCF/ASCOF 1A Client Survey Annual survey14/15 result 18.9 England average 19.1 • Social care users who say they find it easy to get information and advice: ASCOF 3D(1) Annual survey 74.3% ,England average 74.5% • Number of carers assessments completed : NI 135 51% completed, exceeding end of year target 35% • **Adult care service users who have the amount of social contact they want: ASCOF 1(1) Annual survey 43.6%, England average 44.8**	hospital commissioned to reduce isolation amongst older people Advice and information website live with over 600 adverts to encourage older people and carers to plan earlier. Online assessment due to go live in December 2015 thereby reducing improving completion rates and reviews. Learning disability service transitioned successfully back to Swindon Borough Council. Need for additional training has been identified for social workers. Development of policies and procedures for personal health budgets progressed by CCG
Improved health outcomes for disadvantaged and vulnerable communities	Ensure access to information and advice that supports choice and control Ensure people from disadvantaged groups receive good quality care for their physical health Local economic and social policies are developed to strive to narrow social inequalities rather than widen them Prevent early death and disease through healthier lifestyle choices, early detection and screening	Reducing the gap in life expectancy between our least and most deprived populations Targeting health promotion, healthy lifestyle and exercise programmes, smoking cessation, improved treatment for those with alcohol and substance misuse issues Increase uptake of immunisation and screening.	• Mortality from cardiovascular disease in under 75 year olds • Mortality from cancer in under 75 year olds • Mortality from respiratory illness in under 75 year olds • Suicide Rate • Prevalence of HPV immunisation rate – 95% above target • **Percentage of children aged 10/11 classed as obese – 19.6%** • Primary DTaP/IPV/Hib: 97.9% • Primary MMR: 97.6% • Booster DTaP/IPV: 90.6% • Booster Hib/MenC: 96.5% • Booster MMR: 94.1%	Community navigator programme started in May 2015 and 130 patients being offered support by 12 navigators. First formal evaluation January 2016 to establish whether the intervention achieves a reducing in spent by health and social care Increase engagement with people living with Diabetes the most deprived and ethnic communities

Swindon Health and Wellbeing Strategy		Joint Commissioning Intentions	Performance data 30.9.2015 (Bold = amber/red)	Progress update and mitigating action
Outcome	**Priorities**			
Improved mental health, wellbeing and resilience for all	Develop effective pathways for people with mental health problems Increase the opportunities for people with mental health problems to access support services and community facilities aimed at promoting recovery (e.g. education, debt management, housing, leisure services, health promotion) Promote positive mental health and recognise that mental health is everyone's business Reduce the stigma and discrimination associated with mental ill health	Increasing investment in mental health and reviewing our model of care for learning disability Improved transition services Implement Special Educational Needs reforms, including Local Offer and education, health and care Plan Improve access to mental health services for all children and those children in care and ensure whole family working	• Emotional wellbeing of looked after children (strength and difficulties questionnaire) annual data • **CAMHS waiting times: referral to assessment within 4 weeks (G)** • Education Health and Care plans in place for all new assessments of SEN. • Local Offer Website in place. • POET survey in place to evaluate impact of SEND reforms.	Young people's mental health needs assessment completed and strategy drafted. The recommendations and priorities were included in the Mental health Transformation Plan submitted to NHS England in October 2015. Plan approved and funding released which is targeted at Eating disorder, early intervention and support for target groups including looked after children and those who experienced abuse and neglect Complex Case Consultation for CamHs – dates are offered within 4 weeks for consultation from point of request. Professionals with the family are offered a case consultation by the multi-disciplinary team for all children looked after who are referred for a service. This is to enable a speedy response either for fuller mental health assessment or to signpost to a more appropriate service. We have approx. 54 LAC cases open in CAMHS approximately 18% of total caseload. <u>Adult mental health</u> Crisis response within 4 hours to GP referrals to Swindon Intensive Services. Great Western Hospital Mental Health Liaison assessment following self-harm. Inter-agency working with CRI Waiting list for dementia diagnosis reduced to 8 weeks
Creation of	Build on the strengths of local communities,	Workforce strategy, responding to the	• Of the 42 maintained schools in Swindon	Health and Social care workforce

Swindon Health and Wellbeing Strategy		Joint Commissioning Intentions	Performance data 30.9.2015 (Bold = amber/red)	Progress update and mitigating action
Outcome	**Priorities**			
sustainable environments in which communities can flourish	including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals. Work with our local communities to develop creating solutions for local issues Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term Promote the use of green, open spaces and activities such as walking and cycling Maintain effective public transport and transport networks which ensure access to services and activities and encourage permeability within communities	economic downturn, building sustainable communities Reducing NEETs and increasing the number of young people participating in learning post 16 (in particular children in care and care leavers) Commissioning Strategy for supported housing, review of sheltered housing schemes and placement strategy for children with complex needs and those at risk of sexual exploitation	80% are judged to be Good or Outstanding (excluding 1 new school that has not had an Ofsted Inspection). • NEET as at June 2015 (Academic Ages of 16, 17 and 18) – 476 (6.4%), previous year 466 (6.3%)	group focus established through provider forum of Health & Wellbeing Board and Strategic resilience Group. Entry into employment strategy focus on improving access to training and employment for care leavers and young people with learning disabilities Review of supported housing provision in place with identification of which schemes need to be remodelled. Plans drawn up for accommodation for learning disabled young people, first units delayed until September 2016 with further units in 2017

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Future meeting dates of the Board

Health and Wellbeing Board **Date: 9 December 2015**

Author: Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 To provide an opportunity to members of the Board to discuss and agree the proposed meeting dates for the 2016 – 2017 Municipal Year.

2. Recommendations

The Board is recommended to:

2.1 Agree the proposed dates as set out in paragraph 3.3 of the report, subject to any changes made as a result of discussions held at the meeting.

2.2 Note that the final dates will be subject to sign-off by Full Council in May 2016 as part of the Meetings Calendar for 2016-2017.

3. Detail

3.1 The Terms of Reference of the Health and Wellbeing Board were agreed at its meeting held on 11 March 2015 and set out the procedures for meetings of the Board.

3.2 Board meetings are held every two months, usually on the second Wednesday of the month (where possible) at 2.00pm. The five public Health and Wellbeing Board meetings are held on alternate months to the Chair's Advisory Group, which is a non-decision making forum used to brief Board members. The Chair's Advisory Group meeting is also usually held on the second Wednesday of the month at 2.00pm where possible.

3.3 The dates proposed for the meetings during the 2016 – 2017 Municipal Year are as follows:

Meeting	Date
Chairs Advisory Group	10 February 2016 (already agreed)
Health and Wellbeing Board	9 March 2016 (already agreed)
Chairs Advisory Group	13 April 2016 (already agreed)
Health and Wellbeing Board	25 May 2016

Further information on the subject of this report can be obtained from Vicki Yull, 01793 463603, vyull@swindon.gov.uk.

Future meeting dates of the Board

Health and Wellbeing Board **Date: 9 December 2015**

Meeting	Date
Chairs Advisory Group	15 June 2016
Health and Wellbeing Board	13 July 2016
Chairs Advisory Group	14 September 2016
Health and Wellbeing Board	12 October 2016
Chairs Advisory Group	16 November 2016
Health and Wellbeing Board	14 December 2016
Chairs Advisory Group	15 February 2017
Health and Wellbeing Board	15 March 2017
Chairs Advisory Group	12 April 2017

4. Alternative Options

4.1 Alternative dates may be proposed during the discussion of this report. Final dates will be subject to sign-off by Full Council in May 2016 as part of the Meetings Calendar for 2016-2017.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 Not applicable.

Legal and Human Rights Implications

5.2 Not applicable.

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

5.3 Not applicable.

Diversity Impact Assessment

5.4 Not applicable.

Risk Management

5.5 Not applicable.

Further information on the subject of this report can be obtained from Vicki Yull, 01793 463603, vyull@swindon.gov.uk.

6. Consultees

6.1 None.

7. Background Papers

7.1 None.

8. Appendices

8.1 None.

Further information on the subject of this report can be obtained from Vicki Yull, 01793 463603, vyull@swindon.gov.uk.

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