Swindon Borough Council

Health and Wellbeing Board

Wednesday, 13 July 2016

Committee Room 6, Civic Offices

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 - 12)
   To receive the minutes of the meeting held on 25 May 2016.

5. **Appointment of Chair**

6. **Local Safeguarding Adults Board 3 Year Strategic Plan 2016-2019** (Pages 13 - 28)

7. **NHS Swindon Clinical Commissioning Group Sustainability and Transformation Plan** (Verbal update)

8. **Healthwatch Swindon Annual Report 2015/16** (Report to follow)

9. **Joint Commissioning Intentions 2016/17** (Pages 29 - 76)

10. **Swindon Breastfeeding Strategy refresh** (Pages 77 - 100)

11. **Better Care Fund Update** (Verbal update)

12. **Joint Commissioning Group - Minutes for Information and Comment** (Pages 101 - 106)

13. **Local Safeguarding Children Board Business Plan 2016/19** (Pages 107 - 132)

Date of Despatch: 05 July 2016

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, 25 MAY 2016

PRESENT: Councillors David Renard (Chair) and Fionuala Foley (Swindon Borough Council), Mark Edwards (Healthwatch Swindon), Nicki Millin (NHS Swindon Clinical Commissioning Group), Gill May (NHS Swindon Clinical Commissioning Group), David Wray (Voluntary Action Swindon) and Angus Macpherson (Police and Crime Commissioner).

Also in attendance were: John Gilbert (Chief Executive, Swindon Borough Council), Cherry Jones (Director of Public Health, Swindon Borough Council), Sue Wald (Interim Director of Adult Social Services, Swindon Borough Council), Karen Reeve (Interim Director of Children's Services), Matt Bywater (Swindon Borough Council), Peter Nathan (Swindon Borough Council), and Frances Mayes (Swindon Borough Council).

Apologies for absence were received from: Councillor Brian Ford (Swindon Borough Council), Dr Peter Crouch (NHS Swindon Clinical Commissioning Group) (Vice-Chair), and Debra Elliott (NHS England).

56. Declarations of Interest

The Chair reminded members of the need to declare any known interests in any matter to be considered at the meeting. No declarations were made.

57. Public Question Time

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

58. Minutes

Resolved – That the minutes of the meeting held on 9 March 2016 be confirmed and signed as a correct record.

With regards to Minute 45, Public Question Time, and the submission from Ms Hayley Jackson to the Board on behalf of a group of parents whose children are on the Autistic spectrum or who are awaiting diagnosis, Mr Mark Edwards, Healthwatch Swindon, queried what actions have taken place since the meeting in relation to the issues raised by Ms Jackson, and asked if there is now a timetable for the review of Children's services.

At the invitation of the Chair, Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group, advised that meetings had been held with key partners and individuals to help expedite the review of autism services, and that, to help reduce numbers on the waiting list, community paediatricians were now able to review four children per session rather than two.

59. NHS Swindon Clinical Commissioning Group Sustainability and Transformation Plan 2016-2021

The Board considered a report explaining how the NHS in England is required to

produce place-based Sustainability and Transformation Plans, driving the Five Year Forward View over the period October 2016 to March 2021, for submission to national bodies in June 2016. The report set out how Clinical Commissioning Groups (CCGs) were asked to form footprints for the submission of place based plans, and that Swindon CCG is working with Bath and North East Somerset (BANES) and Wiltshire CCGs to develop a footprint plan. The report also provided an update on the development of the plan across the footprint, and the Swindon specific elements.

Nicki Millin, Accountable Officer at Swindon CCG, introduced the report and highlighted that this financial year is the first year of the five year plan, and that the latest draft version of the Plan, attached at Appendix 1 to the report, was submitted in April 2016. She confirmed that the estimated deficit for all the organisations within the new footprint, over the five years, is forecast at around £490m, and that the April submission contained the shortlist of emerging priorities for the footprint which includes obesity, how the workforce across the system can work differently, and how people can access services in an unplanned way. She listed the three workstreams going forward which are prevention, the urgent care system, and planned care. Other areas being looked at as part of this include care settings, creating developmental posts, health records being shared between GPs and hospitals, and creating health campuses in different neighbourhoods.

Following the presentation of the report and the Sustainability and Transformation Plan for 2016-2021, attached at Appendix 1 to the report, Board members discussed the matters raised, including:

- The commissioned walk-in service in Carfax Street which will be moved to the new health centre being built in the town centre.
- The workshops held in Swindon and across the footprint area which helped with the challenge of identifying service gaps, and helped to realise common areas across organisations that are all new to each other. Where common areas are agreed, the design will be done across the footprint but the delivery will have local options where it makes sense to do so.
- The connectivity between the CCGs, such as geographical patient flows for example, and how this related to the grouping of CCGs for the purpose of creating the footprint areas. The Board noted that a decision was made nationally to create 45 footprint areas and that BANES, Swindon and Wiltshire have been grouped together as individually they are too small to be an area on their own. Each area is being allocated an indicative amount of transformation funding, with the individual organisations being treated as a collective unit to achieve targets.

Resolved – That the update provided on the Sustainability and Transformation Plan for 2016-2021, as attached at Appendix 1 to the report, be noted.

60. Tackling childhood obesity in Swindon

The Board considered a report exploring the causes and consequences of childhood obesity, and providing a local picture of the prevalence of childhood obesity in Swindon. The report set out how childhood obesity is a major challenge to health and wellbeing and is associated with an increased risk of premature mortality in adults, as well as poor health and development in children.

Cherry Jones, Director of Public Health at Swindon Borough Council, introduced the report and highlighted how high levels of obesity are associated with high levels of deprivation, as opportunities to make healthy choices and achieve a healthy weight can be particularly limited in more deprived areas. She referred to the National Institute for Health and Clinical Excellence which has produced public health guidance aimed at preventing and managing childhood obesity and preventing excess weight gain, and how local authorities can create and manage more safe spaces for incidental and planned physical activity. She highlighted that this is a common agenda across agencies and that a multi-agency systems approach will be required to tackle obesity levels.

Following the presentation of the report, and the Healthy Weight Strategy 2013-2015 and its associated action plan, set out in the appendices to the report, Board members discussed the matters raised, including:

- The opportunities available to influence Academy schools and their approaches to tackling obesity, the strong relationships between the Council and these schools, and the support offered by officers to assist with issues.
- the health and wellbeing of the Clinical Commissioning Group's the successful communications campaign run by the Council on recruiting foster parents, and welcomed more engagement with the press to promote the good work being undertaken to tackle obesity by the established multi-agency communications group.
- The relationship between the levels of childhood obesity and adult obesity, with particular reference to families that have both.

Resolved – (1) That the contents of the report and the local action taken to tackle childhood obesity be noted.

(2) That each partner organisation be recommended to commit to creating and supporting increasingly healthier environments to make health choices easy choices.

(3) That the development of the refresh of the current healthy weight strategy and action plan to increase its focus on tackling childhood obesity be supported.

61. Restorative Youth Services Plan 2016/2017

The Board considered a report concerning the Restorative Youth Services Plan for 2016/17 which reflects on previous performance, and addresses priorities and business risks for the year ahead, and incorporates strategies for meeting Government and local targets for reducing first time offending, re-offending, remand, custodial rates and substance misuse.

Mr Matt Bywater, Service Manager for Restorative Youth Services at Swindon Borough Council, introduced the report and explained that the Plan requires approval from the Youth Offending Team Management Board, the Health and Wellbeing Board, and the Youth Justice Board. He highlighted how U-Turn continues to help schools raise awareness about the impact of drugs, including legal highs, and how On Trak continues to help address the demand for counselling by young people and ensures that those most in need are prioritised for treatment. He referred to the wide-ranging review of youth justice services announced in October 2015 which will be conducted by Mr Charlie Taylor, Chief Executive of the National

College for Teaching and Leadership, the scope of which is looking at future operating models, funding, and statutory responsibilities under any new legislation. He also referred to the National Probation Service review which has just announced changes associated with funding, and the continuing influence and positive impact on service delivery and reputation which comes from a community of volunteers, six of whom were cited for a Pride of Swindon award in 2016.

Following the presentation of the report, and the draft Restorative Youth Services Plan for 2016/17 attached at Appendix 1, Board members discussed the matters raised, including:

- The reduction of funding from the National Probation Service to the Swindon Youth Offending Team from £19,067 to £5,000 per annum from 1 April 2016, and the withdrawal of the two seconded Probation Services Officer.
- The use of both a live tracking system and historical data which provides more accurate information for the Youth Offending Team Management Board to consider, and reduces any lag between occurrence and consideration.
- Agency support for the Youth Offending Team and its Board, and funding provided by the Office of the Police and Crime Commissioner and Swindon Borough Council, plus the future direction for the Management Board.

Resolved – That the Restorative Youth Services Plan for 2016/17, attached at Appendix 1 to the report, be noted and approved.

62. Dying Well Community Charter

The Board considered a report setting out how representatives from the Clinical Commissioning Group, Great Western Hospital, Healthwatch Swindon, Prospect Hospice, Public Health Swindon, SEQOL and the Swindon Carers Centre have created a Swindon Dying Well Community Charter which outlines a visible commitment by individuals, communities and organisations to work together to support the community we all live in, the people with a life-limiting illness, their families and carers.

Gill May, Executive Nurse at the NHS Swindon Clinical Commissioning Group, introduced the report and highlighted the importance for individuals to have open conversations about, and state their wishes on, what they want during their end of life care. She referred to the five key principles of the Charter, attached at Appendix 1 to the report, and explained that employers can easily demonstrate care and compassion by supporting someone still in employment who is dying, or by supporting an employee who wants to take time out to care for someone at their end-of-life.

Following the presentation of the report and the Dying Well Community Charter in Appendix 1, Board members discussed the matters raised, including:

- The importance of cross-sector support for the Charter.
- The potential changes that could be made to HR policies within organisations to help support the intentions of the Charter. It was agreed that a copy of the report being put forward to the Clinical Commissioning Group Governing Body would be circulated for example if approved.
- The potential paths for disseminating the Charter to the bigger employers

within Swindon by using the Influence Group, Mindful Employer and the Rotary groups for example, and the importance of ensuring that information is targeted and useful to employees.

Resolved – (1) That partner organisations be recommended to sign up to the principles of the Dying Well Community Charter, as set out in Appendix 1 to the report.

(2) That the launch of the Dying Well Community Charter in Swindon, which will encourage local partners, voluntary services and local businesses to consider how they can support the aims of the Charter, be supported.

63. Suicide Prevention

The Board considered a report providing an update on the latest profile of suicide in Swindon, and outlining the actions being undertaken to prevent the occurrence of suicide.

Frances Mayes, Senior Public Health Manager at Swindon Borough Council, introduced the report and highlighted how suicide prevention is a long standing Public Health responsibility that is now the responsibility of the Local Authority. She noted that in Swindon a suicide audit has been carried out regularly since 2009, with the findings being used to review and update a suicide prevention strategy. She outlined the national policy context, the high risk groups, and the local suicide prevention governance arrangements, and confirmed that in all measures the rate for Swindon is slightly higher than England and the South West, but not statistically significantly different.

Following the presentation of the report, and the Swindon Suicide Audit, Strategy and Recommendations for 2016-2018 in Appendix 1, Board members discussed the matters raised, including:

- The measuring of repeat self-harming which is measured the same way across the country. The Board noted that there are a small number of people within Swindon who can be categorised as such, and that there has been a reduction this year in the number of children in this category. It was agreed that an item to discuss self-harming would be added to the Board's Work Programme.
- The Board were advised that adults do not currently have as many support services in place as children, but that a risk panel is now set up following each suicide attempt to determine the support required. Data from each panel will be analysed following at least 15 months of operation to help redress this imbalance.

Resolved – (1) To note the findings of the Swindon Suicide Audit and endorse the strategic recommendations.

(2) To recommend to Cabinet and the Clinical Commissioning Governing Body that they note the Swindon Suicide Audit findings, endorse the recommendations and adopt the strategy.

64. Mental Health Street Triage Update

The Board considered an update on the Mental Health Street Triage Pilot, which

has been in operation since 14 September 2015, and which explained some of the changes that have been made during the pilot, and highlighted the successes of the pilot so far.

Angus Macpherson, Police and Crime Commissioner, introduced the report and highlighted how this arose from the Mental Health Crisis Care Concordat. He described how mental health professionals had begun working with officers in Devizes and Swindon in September 2015, and that by March 2016 all resources had been focussed on getting professionals to help people in custody, improving the service offered to those in crisis. He noted that the pilot runs until September 2016, and is currently being assessed by the University of the West of England.

Following the presentation of the report and the case studies set out in Appendix 1, Board members discussed the matters raised. The Board considered the need for formal analysis on the impact and outcomes from the pilot before future funding decisions can be taken, particularly around where savings can be made. The Board noted that other services helping people in mental health crisis already receive funding, so any further service offered would have to demonstrate quantifiable benefits.

Resolved – (1) That the positive impact the pilot has had for both the service user and partner agencies be noted.

(2) That a further report be submitted considering future options for the service following any evaluation of the pilot.

65. Independent Domestic Violence Advisor Pilot Project - Update

The Board considered a report setting out the progress of the Hospital Independent Domestic Violence Advisor and GP Outreach Worker pilot project, some of the challenges involved in developing the project, and some of the achievements of the service to date in supporting individuals affected by Domestic Abuse.

Angus Macpherson, Police and Crime Commissioner, introduced the report and advised that the funding for the pilot had been initially granted through the One Swindon Board, but that funding is now required for 2017/18.

Following the presentation of the report and the case study contained within Appendix 1, the Board noted that a full evaluation of the impact of the project will be required before partner organisations commence their budget planning with a view to future funding options.

Resolved – (1) That progress on the pilot project be noted.

(2) That the continuation of strong links between health services and specialist support for people affected by Domestic Abuse, including consideration in future commissioning decisions, be supported.

66. Annual Report of the Education Strategy Board

The Board considered a report providing information on the work of the Swindon Education Strategy Board (SWEB), which was set up in July 2015 and is chaired by the Regional Schools Commissioner (RSC) for the South West, Sir David Carter. The report set out the role of the Board in supporting school improvement within

Swindon, and ensuring there is a strong partnership between the RSC and the local authority. The report also provided an update on progress towards achieving closer working with all involved in school improvement in Swindon, and closer collaboration and communication with the office of the RSC, which were both part of a key recommendation arising from the Ofsted inspection in December 2014 of the Swindon School Improvement function.

Peter Nathan, Head of Education at Swindon Borough Council, introduced the report and confirmed that the SWEB has met five times since its inception, with meetings usually taking place each term. He described how the meetings have been focussing on scrutinising outcomes from public examinations and tests, Ofsted inspection outcomes and exclusion data, and also receiving presentations from two or three schools. Mr Nathan also advised the Board that a further report on the work of the SWEB will be brought to them for discussion in spring 2017.

Following the presentation of the report, Board members discussed the matters raised, including:

- The poor Ofsted results achieved by secondary academies in Swindon, and the challenge to the RSC to respond accordingly and help improve them.
- The commitment of Head teachers within Swindon who give their time freely, and the need for the RSC to be more transparent with items such as the minutes of his visits.

Resolved – (1) That the contents of the report be noted.
(2) That a further report be considered in spring 2017, once further information on the impact of the Swindon Education Strategy Board is available.

67. Health and Wellbeing Board Provider Forum

The Board considered a report regarding the establishment of a Provider Forum to ensure engagement of key stakeholders providing health and social care services in Swindon. The Board has previously taken a decision not to have providers as members of the Board, but with the intention to develop a secondary mechanism in the form of a Provider Forum.

Cherry Jones, Director of Public Health at Swindon Borough Council, introduced the report and confirmed that the Forum had held a workshop meeting last year. At this meeting they had explored the purpose, role and operating principles of the Forum, and had identified priority areas of focus which they felt would support the Board and the delivery of the Health and Wellbeing Strategy. The Forum also created and adopted a Terms of Reference which were attached at Appendix 1 to the report.

Following the presentation of the report and consideration of the Terms of Reference for the Forum attached at Appendix 1 to the report, Board members discussed the different options available for creating a dialogue and links between the Board and the Providers Forum which included:

- A Forum representative attending Board meetings;
- The synchronisation of meeting dates between the Forum and the Board;
- A six-monthly report on the work of the Forum being presented to a Board meeting; and
- Enhancing Board reports to show where liaison with the Forum has taken

place on a particular topic.

The Board noted that the Provider Forum will be considering the impact of the Strategic Transformation Plan at their next few meetings, and it was agreed that the Forum will be asked to advise how they wish to create a dialogue with the Board.

Resolved – That the establishment of the Provider Forum and its contribution in influencing the agenda to improve the health and wellbeing of Swindon residents across the health and social care system, be noted.

68. Better Care Fund 2016

The Board considered a report regarding the Better Care Fund (BCF) Plan 2016/17 which had been submitted to the Department of Health and Department for Communities and Local Government on 21 March 2016. The report set out how the BCF Plan was approved by the BCF, with the condition that more detailed information was supplied to NHS England around the Swindon Delayed Transfers of Care Programme (which was submitted in April 2016).

Sue Wald, Interim Director of Adult Social Services at Swindon Borough Council, introduced the report and explained how the template for completion (as set out in the appendices) is one provided by NHS England. She highlighted that there have been no major changes to the template since the last version the Board considered. She advised the Board that NHS England had required more articulation on the work done to reduce delayed discharges, but that the delays are not within Swindon itself but they are having an impact on the Great Western Hospital.

Resolved – That the Better Care Fund submission to NHS England and Better Care Fund for 2016/17 be noted..

69. Joint Commissioning Group - Minutes for Information and Comment

The Board noted the minutes of the Joint Commissioning Group meetings held on 1 March and 3 May 2016. It was queried and confirmed that the Group is made up of representatives from Swindon Borough Council and the Clinical Commissioning Group.

Resolved – (1) That the minutes of the Joint Commissioning Group meetings held on 1 March and 3 May 2016 be noted.

(2) That the minutes of the Joint Commissioning Group meeting on 2 February 2016 be distributed subsequent to the meeting for the Board to note.

70. Health and Wellbeing Board Terms of Reference

The Board considered this report as a matter of urgency at the request of the Chair. The report set out for consideration the co-opting of a lay member to the Board as a voting member, and proposals for the lay member co-opted to the Board to become its Chair.

Councillor David Renard, Chair of the Board, introduced the report and proposed that Mr Brian Mattock be considered for co-option to the Board as a voting lay member. The Chair advised that Mr Mattock had ceased to be a councillor following

the May 2016 elections, and explained how he regards that as a loss of valuable knowledge and experience to the Board.

The Chair highlighted his further proposals should Mr Mattock be appointed as a co-opted lay member to the Board. He advised that he would no longer attend as a standing member of the Board, but would remain as a nominated Deputy for the two Cabinet Members on the Board. He proposed that Mr Mattock be elected as Chair at the next meeting of the Board, requiring an amendment to the Terms of Reference (set out in tracked changes in Appendix 1 to the report) to be agreed by full Council.

Following the presentation of the report, and consideration of the proposed changes to the Terms of Reference as set out in Appendix 1 to the report, Board members discussed the matters raised, including:

- The Board acknowledged that the Vice-Chair, Dr Peter Crouch (Clinical Chair of the NHS Swindon Clinical Commissioning Group), had expressed his full support of these proposals prior to the meeting.
- The Board acknowledged that the Clinical Commissioning Group currently has a lay member chairing their Governing Body meetings, and that a lay member in the Chair could be seen as bringing further independence to this Board.
- The Board acknowledged the added value that Mr Mattock would bring due to his knowledge and experience of health and well-being matters. It was noted that Health and Wellbeing Boards may also be re-purposed in the near future, and it was posited that a lay member would have more available time than the Leader of the Council to lead on this.
- The Board confirmed that the membership list requires amending to remove the word 'Executive' for the Healthwatch Swindon representative.

Resolved – (1) To appoint Mr Brian Mattock to the Board as a voting, co-opted lay member of the Board.

(2) To recommend to full Council:

1. The adoption of the revised Health and Wellbeing Board Terms of Reference (as set out in Appendix 1 to the report) to reflect that future meetings of the Board may be chaired by the co-opted lay member.
2. That the Director of Law and Democratic Services be authorised to amend the Role Definition for the Chair of the Health and Wellbeing Board in Part 5 Section 4 of the Council's Constitution, in consultation with the Leader of the Council.

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Local Safeguarding Adults Board

3-year Strategic Plan 2016-2019

Health and Wellbeing Board **Date: 13th July 2016**

Author: Diana Fulbrook – Independent Chair of Swindon LSAB

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 There is a requirement for all local authority areas to have Local Safeguarding Adults Boards (LSAB). As part of this requirement, there is a need to publish a Strategic Plan outlining how it will achieve its objectives and what each member will do to implement the strategy. The strategic plan is attached to this report at Appendix 1.

2. Recommendations

The Board is recommended to:

2.1 Note and comment on the Local Safeguarding Adults Board 3-year Strategic Plan 2016-2019 attached at Appendix 1 to the report.

3. Detail

3.1 A 3-year strategy was agreed last year based on the delivery of the Care Act and the six core principles set out by the government to measure adult safeguarding arrangements. Now that the Care Act has been implemented to generally good effect, the Board has agreed to develop a 3-year rolling strategic plan. Four strategic priorities have been identified from Board discussions with areas of focus linked to these and the core principles.

3.2 The agreed Priorities for the coming 3 years are:

3.2.1 Effective Governance:
We will develop the capacity of Swindon LSAB and its infrastructure to effectively deliver the core functions of the Board to help keep adults with care and support needs in Swindon safe.

3.2.2 Performance and quality:
We will ensure that there are effective multi-agency quality assurance and performance management processes in place which will promote the welfare of adults with care and support needs and will hold partners to account.

Further information on the subject of this report can be obtained from Doug Bale, 01793 463559, dbale@swindon.gov.uk.

3.2.3 Communication and engagement:
We will ensure there is a consistent and co-ordinated approach to how the safeguarding message for adults is disseminated to all groups and communities in Swindon, and we will ensure that we engage adults and communities of all backgrounds and make up in the work of the LSAB.

3.2.4 Workforce development
We will ensure the workforce of all partner agencies has access to and has undergone robust training relevant to their role, and understand how to apply it to their role.

4. Alternative Options

4.1 There are no alternative options being proposed. It is a requirement for the LSAB to publish a Strategic Plan that the Health and Wellbeing Board is aware of and its contents.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no financial or procurement implications arising from this report. There is a requirement to produce the plan in different formats (particularly easy words and pictures) and the cost of this will be met from existing resources.

Legal and Human Rights Implications

5.2 There are no direct legal implications arising from this report. Abuse and neglect is defined as a violation of an individual's Human Rights and LSAB members are aware of their role to uphold Human Rights and prevent abuse and ensure a proportionate response when abuse or neglect is thought to be taking place.

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

5.3 None identified.

Diversity Impact Assessment

5.4 Whilst a specific Diversity Impact Assessment has not been carried out regarding the Strategic Plan, Adult Services has completed one for the Care Act in general. The Policy and Procedures for Safeguarding Adults in Swindon are in place to support all adults in need of care and support irrespective of their background and the LSAB is keen to ensure arrangements are inclusive and that people subject to safeguarding concerns are supported in a person centred way.

Risk Management

5.5 There are no risk implications arising from this report.

6. Consultees

6.1 All members of the LSAB have been consulted and were party to agreeing the strategic priorities. Although a member of the Board, Health Watch will be consulted about the Strategic Plan as specifically required.

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

7. Background Papers

7.1 None.

8. Appendices

8.1 Local Safeguarding Adults Board 3-year Strategic Plan 2016-2019.

Further information on the subject of this report can be obtained from Doug Bale, 01793 463559, dbale@swindon.gov.uk.

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Swindon Safeguarding Adults Board

3-year Strategic Plan

2016-19

It is everyone's responsibility to know about and report Abuse of Vulnerable People

Final

1. Introduction

1.1 Swindon Safeguarding Adults' Board produced its first 3-year strategy in 2015, in accordance with the Care Act 2014. The intention is for this to be a rolling 3-year plan with strategic priorities that emerge from available data and known patterns of practice, issues and areas for improvement. An annual Business Plan supports the delivery of the priorities and will be reviewed six monthly by the Board. The Annual Report will report on the progress made with these priorities and available outcomes so these two documents are strongly linked.

1.2 Last year's strategy rightly focused on ensuring Care Act compliance and the Board has worked throughout the year to achieve the agreed actions to implement this. The current strategic plan has focused more on priorities relating to effective governance; performance and quality; communication and engagement; and workforce development as being the four key areas partners have agreed need further development. This plan outlines specific issues within these priorities for the Board to work on over the next three years and the evidence base that informed them.

2. Strategic Context

2.1 The Borough of Swindon is largely urban with small pockets of rural areas. Within Swindon there are some deprived areas which can also impact on levels of vulnerability for some of those living there. In 2014/15 there was a drop of 1200 (2.2%) in the number of all reported crimes in Swindon and Wiltshire and overall it has one of the lowest crime rates in the country. There is still a good level of community involvement in many areas of the town and the Council and its partners continue to develop this involvement and encourage residents to support those who may need additional help and may be isolated or lonely so they can maintain their independence

2.2 A mid-2014 estimate indicated that Swindon had a population of 215,799. An increase is predicted with the 85 years and over age group having the largest growth rate. By 2031 the population aged 65 and over is projected to account for 46% of total population growth with the working age population (16-64) projected to make up approximately 39% of total population growth. Overall, then, the age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups.

2.3 In 2014/15, 5,375 people were receiving services from adult social care broken down into client groups as follows:

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

2.4 Comparisons are difficult with previous years regarding the individual service user groups as there were changes in the categories used in 2014/15 but there was an overall reduction of about 2% in the number of people receiving services.

Role of the Safeguarding Adults Board

2.5 The Care Act 2014 placed adult safeguarding on a statutory footing for the first time and required Local Safeguarding Adults' Boards (LSAB) to be in place. Swindon already had a Board so the legislation strengthened the partnership work already in existence and now has the authority to hold agencies to account.

2.6 As stipulated in the Care Act, Swindon's LSAB was set up with the primary purpose of protecting adults in need of care and support from abuse or neglect or the risk of it. The new definition of a vulnerable adult is
"An Adult who has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it."
This means that the Board needs to ensure that its remit does not become so wide that it is unsuccessful in meeting its duties.

2.7 The role of an LSAB therefore includes:

- Co-ordinating and ensuring the effectiveness of work undertaken by local individuals and organisations in relation to safeguarding and promoting the welfare of adults. The Board is not accountable for their operational work as

each Board partner has their own existing lines of accountability for safeguarding. The Board does not have the power to direct other organisations so must work to identify and challenge areas of concern

- Ensuring that policies and procedures are in place and working

- Ensuring that where abuse or neglect is suspected (or where an adult in need of care support is at risk of abuse or neglect), local authorities make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case if so, what and by whom (section 42). The Board must be satisfied that enquiries take place in a proportionate way.

- Ensuring that arrangements are in place to carry out Safeguarding Adult Reviews when (for example) an adult in need for care and support dies in its area, and *"there is reasonable cause for concern about how the LSAB, members of it or other persons with relevant functions worked together to safeguard the adult"*.

- Publishing a Strategic Plan and an Annual Report

3. Principles

The Government set out six core principles in their Policy on Adult Safeguarding by which to measure existing adult safeguarding arrangements and future improvements. Swindon LSAB has adopted these as their own principles as follows:

***3.1 Empowerment* -** Presumption of person led decisions and informed consent.

Swindon's approach:
3.1.1 In everyday life, all adults should be able to make informed decisions for themselves and where required, be supported in doing so. When there is a concern about an individual that requires an enquiry to be instigated, the views of the adult in need of care and support are paramount and there is a requirement for services involved in the management of such enquiries to ascertain the desired outcomes of the adult at risk and ensure these views will inform what happens. Where an individual has substantial difficulties in being able to express their views, they may be supported in doing so by an appropriate suitable person for example a family member, and where an appropriate person is not available, an advocate is engaged through the relevant services.

3.1.2 Individuals should also be provided with the means to recognise abuse and take action whereby they can prevent future harm or be able to report abuse or neglect themselves but be able to obtain support if needed. As there is a clearer

emphasis that safeguarding enquiries may need to be instigated when there is a concern that someone is a risk of abuse (not just experiencing it) a consideration needs to be given to someone's life choices and informed decisions made. As well as taking into account the level of harm any perceived risk may present, how someone may react to risk could have an effect their well-being and require help and support to manage their risk so as not to impact on their independence (for example). This culture, which is reinforced by the Board's adoption of Making Safeguarding Personal, must be at the heart of the Board's decision making.

3.2 Protection - Support and representation for those in greatest need

Swindon's approach:
3.2.1 Processes need to be in place to manage risk and help people to manage their own risks. Local safeguarding procedures need to be accessible and people need to understand how key agencies work and know how to make contact with them. When there is a safeguarding concern, the individual (s) needs to be protected from abuse or if there is a concern that they may be at risk of it, action is taken to minimise the possibility of harm or further harm.

3.2.2 It is acknowledged that there may be times when it is necessary to take action to protect individuals that may be at odds with their views. This could be because there could be a wider public interest or a crime committed or because the person is believed to be under duress and not able to make informed choices. Strategies need to be in place to act appropriately on these occasions but ensure the individual is involved, informed or supported at the earliest opportunity.

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

Swindon's approach:
2.3.1 Key agencies and Board members need to take action that prevents harm from occurring in the first place. Staff working with adults in need of care and support receive training in the signs of abuse and know how to take action to prevent it from occurring. Public awareness needs to be in place to inform members of the community about how to report signs of abuse and report criminal activity.

2.3.2 Care services need to be delivered in such a way that standards of care prevent harm and that there is a culture of openness within services meaning poor practice can be challenged and changed. Agencies that commission services need to have procedures in place that can check the quality of the services they have procured and ensure action is taken to prevent abuse and neglect from occurring.

2.3.3 The Board needs to be aware of initiatives, organisations and preventative services that are in place in Swindon that support adults in need of care and support particularly where these needs do not require a particular service, but could still present some risks to individuals. For example, someone who may have limited mobility, but is fully self- caring could be isolated. The Swindon Circles of Support

scheme which links volunteers with older people living in the community may be able to provide help. Or, where someone with a learning disability who is quite independent experiences difficulties whilst using the community, can get immediate help by using The Safe Places Scheme where shops and businesses display a window sticker that indicates available support in these circumstances. Information on support available may be obtained from the "My Care My Support" website at http://www.mycaremysupport.co.uk/.

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

Swindon's approach:
3.4.1 Where abuse or neglect is suspected or there is a risk of it, action is taken that is proportionate to the circumstances. Any intervention must (unless in exceptional circumstances where it would be unsafe to do so) ensure that the person who is subject of the safeguarding concern is engaged throughout the process and as far as possible work to achieve that person's desired outcome(s). Any response should not be at such a level that the individual feels at a greater disadvantage following the safeguarding process than they did before the concern was raised. *What good is it making someone safer if it merely makes them miserable?* (Lord Justice Munby).

3.4.2 The Policy for Safeguarding Adults at risk has been revised to include requirements in the Care Act and its guidance. It also highlights the requirement to determine the most appropriate people from the most appropriate agencies to carry out an enquiry. This does not always mean the police, or the local authority (or SEQOL and AWP), as it may be a more proportionate response for an enquiry to be carried out by an employer, the risk team in a hospital or a registered professional.

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

Swindon's approach:
3.5.1 Agencies, Board members and partners need to work together to prevent abuse or neglect, protect adults from harm and respond proportionately. They also have a part to play in ensuring adults in need for care and support are able to take informed risks and are enabled to make decision for themselves. Local communities also have a part to play in preventing abuse and neglect and members of the community need to be aware of what they should do to report concerns to enable a timely response.

3.5.2 Information needs to be supplied by all agencies in the interests of safeguarding adults and to ensure the LSAB is able to fulfil its responsibility. This is a requirement to enable enquiries to take place unhindered or to enable an accurate safeguarding adult's review or to assist in the management of risks to minimise harm

and help to empower people. Agencies, particularly Board members will need to adopt an information sharing protocol and promote its use to their staff.

3.5.3 Whilst there has been considerable activity with regards to investigating incidents of alleged abuse, further work is required to prevent abuse or neglect from taking place. Partnership working will contribute to these areas of work particularly when it relates to matters outside the direct remit of adult social care services – for example the Community Safety Partnership.

3.5.4 Some of the issues to consider include:

- *Domestic Abuse* (Including Honour Based Abuse) In appropriate cases, domestic abuse may require a safeguarding response and safeguarding concerns relating to abuse in domestic settings may be best dealt with under the Domestic Abuse Framework.

- *Hate Crime/Anti-Social Behaviour* Are safeguarding concerns being recorded as hate crimes where appropriate? Are ASB teams being consulted when anti-social behaviour is impacting on adults in need of care and support? Where this is identified, a wider range of agencies may need to respond to reduce and remove incidents of harassment/bullying within (for example) specific communities, and prevent incidents impacting on other vulnerable people who may become victims in the future

- *Human trafficking / modern slavery / sexual exploitation* Although abuse relating to these matters may well have been dealt with under the established categories of abuse, Care Act guidance includes *Modern Slavery* as a specific abuse type. Awareness is increasing with regards to this and it is recognised that it is a complex area that requires input from the National Crime Agency. Nationally some of the concerns that have been raised include forced labour and vulnerable people being forced into domestic servitude. There is an assumption that the main victims of modern slavery are likely to be immigrants or refugees in the UK. Whilst this is a concern, often people targeted may be adults in need for care and support and there have been incidents (not locally) where people have been "trafficked" from within the same community

- *Bogus callers, financial scams, distraction burglaries, dangerous drugs gangs* Criminals responsible for such areas of concern often target vulnerable people who may require support of the safeguarding process. Agencies outside adult services already engaged in these issues need to be available to support safeguarding procedures but also provide advice guidance and training to social care staff who need awareness of this and will be able to help with prevention. Recent Care Act Guidance has reinforced the need to consider on line (or electronic) fraud and exploitation.

3.6 Accountability - Accountability and transparency in delivering safeguarding.

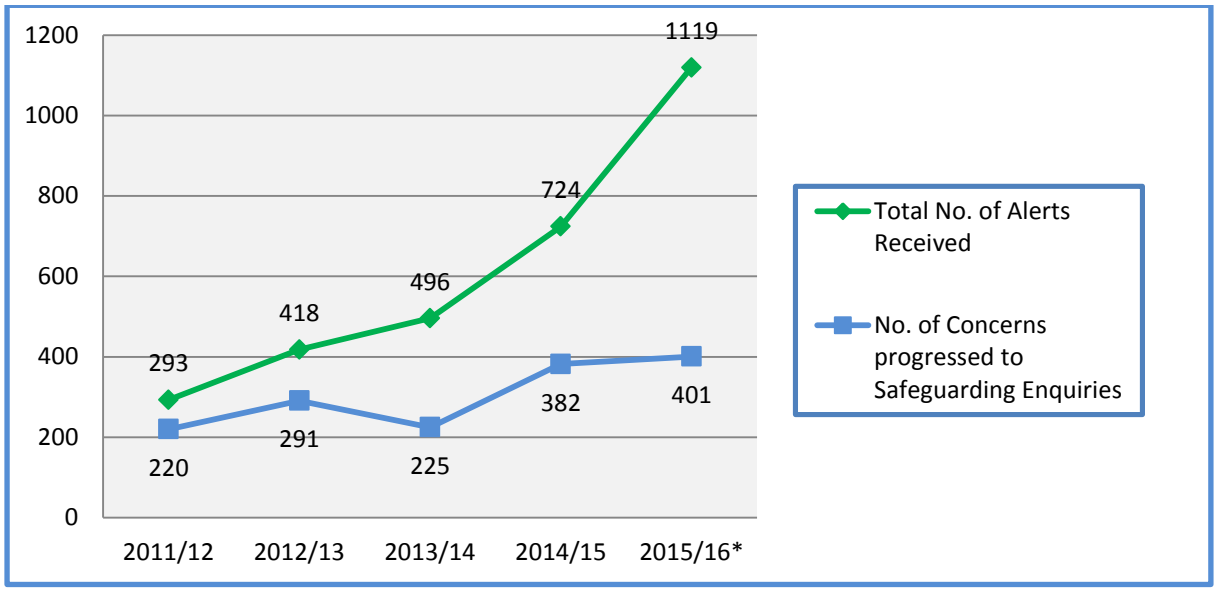
Swindon's approach:
3.6.1 In the past, one of the criticisms of safeguarding procedures in many local authority areas is the secrecy of the process, excluding the adult and at times (as reinforced by recent judgements) making unlawful decisions with the intention of making someone safe. Making Safeguarding Personal will help to alleviate this perception and the team managing safeguarding cases need to be able to account for their actions, ensure that information is shared within a legal framework and that nothing should take place that is not in the best interests of the adult. Everyone involved in the safeguarding process needs to be clear about their specific roles and duties. Procedures and practice now includes the need to communicate appropriately with the adult or their representative to ensure clarity and transparency, obtaining desired outcomes at the beginning and during the process. And at the end check if the desired outcomes have been met.

4. Evidence Base

4.1 During the first year of operating under the new statutory framework, Swindon Safeguarding Team received 1119 concerns about adults where abuse or neglect (or the risk of it) was suspected. Although this appears to be a significant increase on previous years (a 53% increase) it is not possible to attribute this increase to the Care Act coming into force in April 2105, as previously safeguarding cases were not managed directly by the local authority. What may also be significant is that there has not been a major increase in the number of cases that required a full enquiry (Section 42 enquiry)

4.2 Of the 1119 cases, only 417 required an enquiry. The LSAB are concerned about the large number of referrals that do not lead to an enquiry as the work required to deal with such cases is significant. The Board has also expressed concerns as to whether unnecessary referrals could lead to serious concerns being missed or the seriousness of other concerns being underestimated.

4.3 In 2014/15, 381 cases progressed beyond an initial screening decision. This may indicate a level of anxiety on the part of those raising a concern believing that however minor, a safeguarding referral is required. Below is a graph that shows the gap between alerts or concerns and the number of enquiries needed.



4.4 Of the 1119 concerns raised, 176 were in relation to *"self-neglect"* (previously not a matter dealt with under safeguarding). Of these, 23 required an enquiry with the remainder indicating that either a service or an assessment for services was required or in some cases the concern did not meet the criteria for safeguarding. As this has also been experienced in other areas, a review of the Care Act Guidance has been undertaken so more clarity on self-neglect has been provided. This makes clear that under normal circumstances self-neglect would not need a section 42 enquiry so an assessment should be made on a case by case basis.

5. Current Position

5.1 The Care Act has been in force for 12 months now and its main requirements have been implemented. *Making Safeguarding Personal*, where the person who is subject of the concern about abuse or neglect needs to be central to the safeguarding procedures, continues to be reflected in practice. In addition to embedding this approach with practitioners, Swindon has two response officers to assist with this, particularly where someone is not known to services or if there is going to be a delay in allocating the case to a care manager. They are able to make early contact with the adult and begin a conversation that will assist in deciding how best to proceed with a case.

5.2 There is now a requirement to ensure that an *advocate* is allocated to individuals who are the subject of a safeguarding concern where they have a substantial difficulty in engaging with the process and have no one else to help them such as a relative or a friend. Initially those managing enquires may not have routinely considered this requirement but this has improved over the year. Also it has become apparent that some individuals subject of abuse may initially have been assessed as not requiring advocacy but later have been found to have engagement

difficulties. Procedures were updated to guide managers to continually assess the need for advocacy as the case progresses. Swindon Advocacy Movement has been commissioned to provide advocacy in the Local Authority area and have since joined the LSAB and are able to provide updates to the Board on take up and address any operational difficulties.

5.3 The revised national guidance removed the requirement for agencies to have a Designated Adult Safeguarding Manager but requires member agencies of the Board to have a *lead officer for safeguarding* and key agencies to have a *designated professional lead.*

6. Strategic Priorities

6.1 The Swindon LSAB held specific discussions about the priorities required over the coming period based on performance data and experience of key issues across the year. From these discussions, actions that reflect the issues, concerns and areas for improvement, were formulated. Overall there is a need to improve the effectiveness of Swindon's LSAB, and to identify progress and outcome measures. The following are the agreed strategic priorities for the coming three years (**the link with the Care Act principles are in bold after each action point**)

Strategic Priority 1

Effective Governance

We will develop the capacity of Swindon LSAB and its infrastructure to effectively deliver the core functions of the Board to help keep adults with care and support needs in Swindon safe

We will do this through:

- Developing links with other key partnerships and identifying areas of commonality and governance arrangements - particularly the Health and Well-Being Board, the LSCB, and the Community Safety Partnership **(Partnership)**
- Ensuring the Board is sufficiently resourced to undertake its responsibilities **(Partnership)**
- Introduce an induction programme for new Board members **(Partnership, Accountability)**
- Develop a risk register for the Board (**Accountability, Prevention, Protection**)
- Review the membership of the Board and its sub groups, and monitor attendance at Board meetings **(Partnership, Accountability)**

Strategic Priority 2

Performance and quality

We will ensure that there are effective multi agency quality assurance and performance management processes in place which will promote the welfare of adults with care and support needs and will hold partners to account

We will do this through:

- Explore the safeguarding risks in Swindon relating to known vulnerability particularly learning disabilities, self-neglect, domestic abuse, radicalisation, hate crime, and trafficking/modern slavery **(Empowerment, Protection, Prevention, Proportionality)**
- Developing a multi-agency quality assurance process and reporting system to the Board **(ALL priorities)**
- Commissioning a thematic review of inappropriate referrals by QA Sub-group with a view to increasing the proportion of enquiries that lead from concerns **(Proportionality, Protection, Accountability)**
- Identifying from audits and available data trends and research of adults in need for care and support who are or have been experiencing abuse or neglect (increase in physical abuse and abuse in people's own homes) **(Protection, Prevention, Proportionality)**
- Learning from Safeguarding Adult Reviews and Domestic Homicide Reviews **(ALL priorities (depending upon the circumstances))**
- Collecting service user experience, particularly in respect of making safeguarding personal **(Empowerment)**, and using this to drive practice improvements **(Empowerment, Proportionality Protection Prevention)**

Strategic Priority 3

Communication and engagement

We will ensure there is a consistent and co-ordinated approach to how the safeguarding message for adults is disseminated to all groups and communities in Swindon, and we will ensure that we engage adults and communities of all backgrounds and make up in the work of SSAB

We will do this through:

- Developing the website **(Empowerment, Protection, Prevention)**
- Increasing community awareness including using available opportunities to increase public involvement, and to engage media interest **(Empowerment, Protection, Prevention, Partnership)**
- Gaining, listening to and making use of the voice of service users and carers by acting on their suggestions **(Empowerment)**

- Developing the use of a safeguarding story at the start of Board meetings

Strategic Priority 4
Workforce development
We will ensure the workforce of all partner agencies has access to and has undergone robust training relevant to their role, and understand how to apply it to their role

We will do this through:

- Training particularly in respect of a consistent training package for providers **(Protection, prevention, partnership, proportionality, accountability)**
- Using feedback from referrals data with agencies to inform them of areas for improvement in understanding and safeguarding practice **(Protection, partnership, proportionality, accountability)**

7. Next Steps

7.1 The Board will draw up an annual business plan for 2016/17 that outlines how the strategic priorities will be delivered and the outcomes required to measure progress. This will be monitored during the year and will inform the Annual Report.

7.2 The Board will also produce a business risk register to underpin this strategic plan that will identify the key risks that have the potential to prevent its delivery

Joint Commissioning Intentions 2016/17

Health and Wellbeing Board **Date: 13th July 2016**

Author:	Director of Adult Social Services, Swindon Borough Council
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

1.1 This report presents the draft Swindon Borough Council and Swindon Clinical Commissioning Group (CCG) Joint Commissioning Intentions 2016/17 to the Health and Wellbeing Board for review, comment and clearance.

1.2 There is a statutory duty on Health and Wellbeing Boards to review their local CCG's commissioning intentions and plans annually to ensure they take proper account of both the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy.

1.3 The Joint Commissioning Intentions 2016/17 sit alongside the Better Care Fund 2016/17 and Health and Wellbeing Strategy, and outline joint plans for improving health and social care for adults. The Joint Commissioning Intentions provide the framework for the resources that both organisations have aligned within the National Health Services 2006 Section 75 Agreements, and is a summary of jointly agreed areas of priority.

1.4 Once agreed, the Joint Commissioning Intentions will be published on the CCG and Swindon Borough Council websites.

2. Recommendations

The Board is recommended to:

2.1 Review and agree the draft Joint Commissioning Intentions 2016/17 attached at Appendix 1 to the report.

3. Detail

3.1 The Swindon Joint Commissioning Intentions 2016/17 is a summary of jointly agreed areas of priority based on the Health and Wellbeing Strategy, CCG 5 year Vision and Plan, CCG Operating Plan 2016/17, Better Care Fund Plan 2016/17, and Public Health Outcomes Framework.

3.2 Appendix 2 of the Draft Joint Commissioning Intentions 2016-17 sets out how the priorities within the Commissioning Intentions align with those in the Health and Wellbeing Strategy.

3.3 Swindon Borough Council and Swindon CCG have aligned joint resources to support the health, wellbeing, mental health, early help, education and care of

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

children, families and adults in the community to achieve the business plans of both organisations.

3.4 The Commissioning Intentions 2016/17 set out the strategic issues that influence the Intentions, including population growth, rising demand for care services for adults and children, health inequalities, a growing burden of lifestyle related ill health, higher than average admissions to hospital, a higher number of people with a learning disability living in residential care, low rates of people with a learning disability in employment, the financial allocation for health, care and wellbeing, and the quality of our services.

3.5 The Commissioning Intentions set out the benefits of joint commissioning, and our approach to commissioning services, together with our vision, commissioning aims and service development priorities.

3.6 The Intentions set out how the objectives in the Commissioning Intentions 2016/17 will be measured against performance indicators, including quality measures.

4. Alternative Options

4.1 None. There is a statutory duty on Health and Wellbeing Boards to review their local CCG commissioning intentions and plans annually to ensure they take proper account of both the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

5.1 There are no additional Financial or Procurement implications arising from this report.

Legal and Human Rights Implications

5.2 There are no additional Legal and Human Rights implications arising from this report.

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

5.3 None identified.

Diversity Impact Assessment

5.4 A DIA has not been written for this report.

Risk Management

5.5 No additional risks identified.

6. Consultees

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

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 - Draft Joint Commissioning Intentions 2016-17.

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

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NHS Swindon Clinical Commissioning Group

Swindon Borough Council

Draft Joint Commissioning Intentions 2016/17

Version 01, June 2016

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1.0 Executive Summary

In this document, Swindon Clinical Commissioning Group (CCG) and Swindon Borough Council set out their joint commissioning intentions for 2016/17

Swindon Clinical Commissioning Group (CCG) aims to improve the health of 220,000 people registered with 26 GP practices in and around Swindon, and be responsible for commissioning £257 million of local health services in 2016/17.

Swindon Borough Council as a local authority commissions and provides services for people in Swindon and has an annual net budget of approx. £135m in 2016/17.

We have aligned our joint resources to support the health, wellbeing, mental health, education and care of children, families and adults in the community to achieve the mission of both organisations.

We have jointly commissioned services through National Health Services Act 2006 Section 75 Agreements since 2008. The Agreement renewed in 2015 comprises total funding of £47m from the CCG and £89m Swindon Borough Council (SBC), a total of £136m.

Services are commissioned through a joint commissioning team reporting to both the Accountable Officer in the CCG and the Director of Adult Social Care/Director Children's Services. All services are commissioned against this agreed Joint Commissioning Plan and monitored by the Joint Commissioning Board. The Better Care Fund is a separate pool within the Section 75 of £14.5m, with the balance of funding being within aligned pools.

Opportunities to increase joint commissioning between the CCG and SBC will be considered in 2016/17. As a minimum, the intention is to continue to jointly commission services using the Section 75 and the Better Care Fund as the governance route for joint commissioning. This is overseen by The Joint Commissioning Group who report into The Health and Wellbeing Board and The CCG Governing Body.

In order to develop a single budget for Swindon and in line with the Spending Review and the Better Care Fund, Swindon Borough Council and the CCG will be working to develop a pooled budget, which will also include some of the Public Health funding in order to support the prevention agenda. The pooled budget will be set against the agreed vision of the Health & Wellbeing Strategy and Better Care Fund plan to 2020.

The pooled budget will enable commissioners to use funding flexibly to achieve the improvement in outcomes for the population shifting an emphasis towards prevention. A detailed workstream will be established to determine the strategic plan and outcomes to be achieved by 2020, the governance

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arrangements and financial modelling to achieve the medium financial plan goals of the CCG and the Council.

Our joint vision for people in Swindon is enshrined in the Health & Wellbeing Strategy:

- To ensure that everyone lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities

Our plan supports the CCG mission:

- To optimise the health of the people of Swindon and Shrivenham

This Plan is also aligned with the work being progressed by the One Swindon Board.

We have been involved in discussions with patients, GP practices, providers, carers, voluntary sector, other stakeholders, children and young people, and the Youth Forum in the development of the topics included in this plan. Specific service redesign workshops were held on mental health, carers and community based support for older people.

Service users stated that their priorities are:

- Improved advice and information about services for carers and parent carers
- A simplified assessment process for service users and carers
- Community support for people discharged by specialist mental health services and a seamless link between voluntary and third sector providers and specialist services
- Support for older people who are isolated
- Improved patient flow within the hospital discharge process

The findings have been incorporated into this plan. The views of service users, carers and parents have also been gathered through our work on Joint Strategic Needs Assessments led by Public Health.

Alongside these Joint Commissioning Intentions, the Better Care Fund Plan 2016/17 outlines our joint plans for improving the health and social care for adults. The Better Care Fund Plan is part of the forthcoming Sustainability and Transformation Plan for Swindon and the new planning footprint including Wiltshire and Bath and North East Somerset.

The Joint Commissioning Intentions provide the framework for the resources both organisations have aligned within the National Health Services 2006 Section 75 Agreements. It is a summary of jointly agreed areas of priority based on the:

- Health & Wellbeing Strategy
- NHS Five Year Forward View
- CCG Operating Plan 2016/17
- Better Care Fund Plan 2016/17
- Public Health Outcomes Framework

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- A review of the Joint Commissioning Delivery Plan 2015/16

We have a well established history of integrated commissioning and integrated service delivery for health and social care. Our track record in providing integrated commissioning and delivery has been recognised in Swindon becoming one of 10 members of the National Public Service Transformation Network Areas.

Integrated services for children bring together community health, early help, education and social care services into a single, co-located service, managed in an integrated way.

Seqol is the community provider for integrated health and social care services in Swindon. The contract with Seqol comes to an end on 31st March 2016. In preparation, the CCG and Swindon Borough Council (SBC) started market engagement events, engagement with stakeholders, staff, voluntary sector, patients and the public in summer 2015.

In light of the strategic direction and the Special Educational Needs Reforms, Swindon Borough Council transferred Learning Disability social work services from SEQOL to the Council in October 2015.

Swindon Borough Council is the Local Housing Authority.

The Local Government Association commissioned Newton Europe to undertake a diagnostic into further improvements in integration of health and social care in relation to reducing emergency admission, delayed discharges and improving patient flow.

The findings from this have been taken into consideration to shape the future provision of community health and social care services with closer integration with the acute pathway. Swindon Borough Council and the CCG took reports to the Governing Board and Cabinet to serve notice and secure a new model in line with the Five Year Forward View.

We recognise that our demographic challenges as an expanding town with an ageing population mean we have to go further in the way that integrated services are commissioned and provided. In particular, we need to align the community and third sector closely to SEQOL / Adult Social Care and Great Western Hospital so that clear integrated pathways are in place for all our patients.

2.0 Our Vision

We want children in Swindon to have the best start in life and to be safe, healthy and to grow up in supportive, confident and resilient families and communities. We want children to grow up in loving and stable families where the relationship between children and parents is good.

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If you need help we will be offering support to families and children to achieve a best start in life. This includes support where parents have lost confidence in their parenting ability or where relationships come under pressure to adapt to a potentially new situation. We want to achieve a different balance weighted towards practical, direct and targeted support when parents need help the most, and to support parent carers so that disabled children are supported at home or live in supported accommodation where possible.

We will be working together to protect children from harm, abuse and exploitation. Young people are motivated and safe, living in a supportive and appropriate environment. Children in care live in stable families or in specialist placements where that is necessary, have a good education and become successful and confident adults.

Living in Swindon and Shrivenham in 2020 will mean that you can expect to live longer than the England average, with less risk of avoidable death, in greater health and with the support of your neighbourhood and community.

More of your adult integrated health and social care provided by community nursing services, home care and social workers will be planned in advance as part of a new life-long health plan and will be preventative, replacing much that is currently emergency care and avoidable. This will be done in a coordinated way with primary care.

You will have access to a number of programmes designed to support you as a child, young person, adult or older person to improve your health, from healthy eating and healthy exercise (ranging from cycling to sports activities and recreational swimming to walking and gardening schemes); to smoking cessation programmes; to cultural activities, all of which have been shown to benefit health and wellbeing, reduce isolation and loneliness, and extend quality of life. We will encourage you to volunteer to help deliver these services and promote community health champions.

In 2020, if you have one or more long term conditions, you will have support from those with the same condition. Informed through primary care, community services and web based information, you will be encouraged to take control of your condition whilst being routinely monitored by your primary care team which will include support from your community and the voluntary sector. You will have rapid access to specialist healthcare (including community based specialists, out of hospital and community care and outpatient clinics at the hospital) to avoid the need for emergency care and hospital admission.

If you are a patient with a long term health condition and identified as at very high risk of hospital admission, your GP will draw up a health care plan with you rather than refer to a community navigator.

By 2020, children and young people with long term health needs are supported in the community by refocusing the hospital children’s outreach team to work closer with GPs and community health services so children can

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be at home. Parents are able to access enhanced primary care services (Children's and Young Person Clinic commissioned 0800 – 2000 in the SUCCESS centre) so that hospital admissions are prevented.

In 2020 if you have a learning disability and are supported by social workers, you will have a personalised plan and personal budget in place. You and your carers have fully participated in the plan and own the outcomes to be achieved. You will be supported to be the best you can be with skills development, education, training and employment opportunities identified and pursued. Where possible, you are living within the community in supported housing with local support. Community support through volunteers and wellbeing coordinators will support you if you do not require specialist social work support.

If you have a learning disability or mental illness, you are enjoying leisure and culture and have opportunities for employment. More of you say that you feel safe. Carers say that they have been fully involved and are positive about the quality of support and services they receive.

Whoever provides your care in the future, you can expect the same **high quality outcomes,** with providers being offered as a choice to you only if they can demonstrate high levels of satisfaction and if they are meeting national safety and performance standards when delivering care and support.

3.0 Strategic Context

Section Summary

This section sets out the strategic issues that influence the Joint Commissioning Plan. These are:

- Population growth in Swindon is rising above the national average
- A rising demand for care services across adults and children due to increasing identification of children suffering from abuse and neglect and a rising population of older people, those with long term health conditions including dementia
- Health inequalities across Swindon
- A growing burden of lifestyle related ill-health, particularly related to obesity, physical inactivity and smoking
- Higher than average admission rates to hospital
- High number of people with a learning disability living in residential care outside of Swindon.
- Low rates of people with a learning disability in employment
- The financial allocation for health, care and wellbeing
  The quality of our services

The main changes to our population are analysed through the Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA provides the evidence

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and insight from both a quantitative and qualitative perspective for commissioners on what the needs of the local community are.

The JSNA is constantly reviewed, with the 2015/16 JSNA Summary providing useful updated information on a wide range of areas including Dementia, Diabetes and Long Term Conditions, as well as wider determinants of health such as Housing, Community Safety and Mental Wellbeing. The full JSNA, along with a number of detailed needs assessments can be found on the Swindon JSNA website at: http://www.swindonjsna.co.uk.

The following section is a summary of the main changes in population.

3.1 Strategic Context - Population growth in Swindon

The population of Swindon by mid-2011 was estimated to be 209,700, an increase of approximately 29,600 persons from 2001 representing a growth rate of 16%, the highest in the South West. In Swindon, to take account of the planned additional 25,000 new homes between 2012 and 2026, policy-led projections were produced based on population data from the Office for National Statistics (ONS) and Swindon District's housing targets to 2026 from the Local Plan.

We recognise that Swindon Clinical Commissioning Group also covers the area of Shrivenham. However, the data presented here is for the Borough of Swindon, and will be influenced by changes in the new homes building rates.

The key facts from these projections are:

- Swindon's population could increase to 240,000 persons by 2021 and 265,400 by 2031, equivalent to growth of approximately 14% from 2011 to 2021, and a further 10% from 2021 to 2031.

- From 2011 to 2031, births are projected to average approximately 2,900 per year, deaths approximately 1,700 per year, and net migration approximately 1,800 per year.

- The largest increase in persons will be in the 65 to 74 age group, projected to be 12,900 more by 2031. However, the 85+ age group will have the largest growth rate at approximately 136%.

- By 2031 the population aged over 65 is projected to grow by 25,900 persons to reach a total of 55,000 by 2031, accounting for 46% of total population growth.

- The working age population (16-64) is also projected to grow by approximately 21,600 persons to reach a total of 160,800 by 2031, accounting for 39% of total growth.

- The age group from 0-4 is projected to grow by 1,100 to reach a total of 15,300 by 2031.

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- The population of school-age children aged 5-18 is projected to grow from 34,900 in 2011 to 43,000 in 2031, and overall, the population of children aged 0-18 will grow from 49,100 in 2011 to 58,300 in 2031.

- Overall, the age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups. This will result in an increase in the ratio of children and older people to working age people so that by 2031 for every one person under the age of 16 or aged 65+ there will be 1.5 persons of working age instead of 2 persons of working age in 2011.

Data analysis shows:

- The proportion of our population with long term conditions has remained static at around 15%

- The proportion of BME people in Swindon Unitary Authority, in approximate terms, doubled from 8.5% (15,344 people) in 2001 to 15.4% (32,128 people) in 2011.

- In Swindon, in 2012-14, life expectancy is 79.5 years for males and 83.0 years for females, which is similar to England. Males in Swindon will spend 80.7% of their lives in good health, whereas women will only spend 75.8% of their lives in good health.

- In the most deprived areas of Swindon, men die on average 9.7 years earlier and women 4.0 years earlier than those in the least deprived areas. People in the most deprived groups have more admissions to hospital before retirement age and more long term illness

- The number of children in care is roughly in line with the most recent national average

- The number of children on protection plans is now above the national average.

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. Some indicators compare unfavourably: harm from alcohol, self-harm, educational attainment at the ages of 16 and 19 and the number of young people aged 18 not in education, training or employment.

We are seeing an increase in the birth rate in Swindon. Swindon is steadily attracting young families seeking employment and is a town that is expanding. With this will come a boom in the birth rate from 2016-2022.

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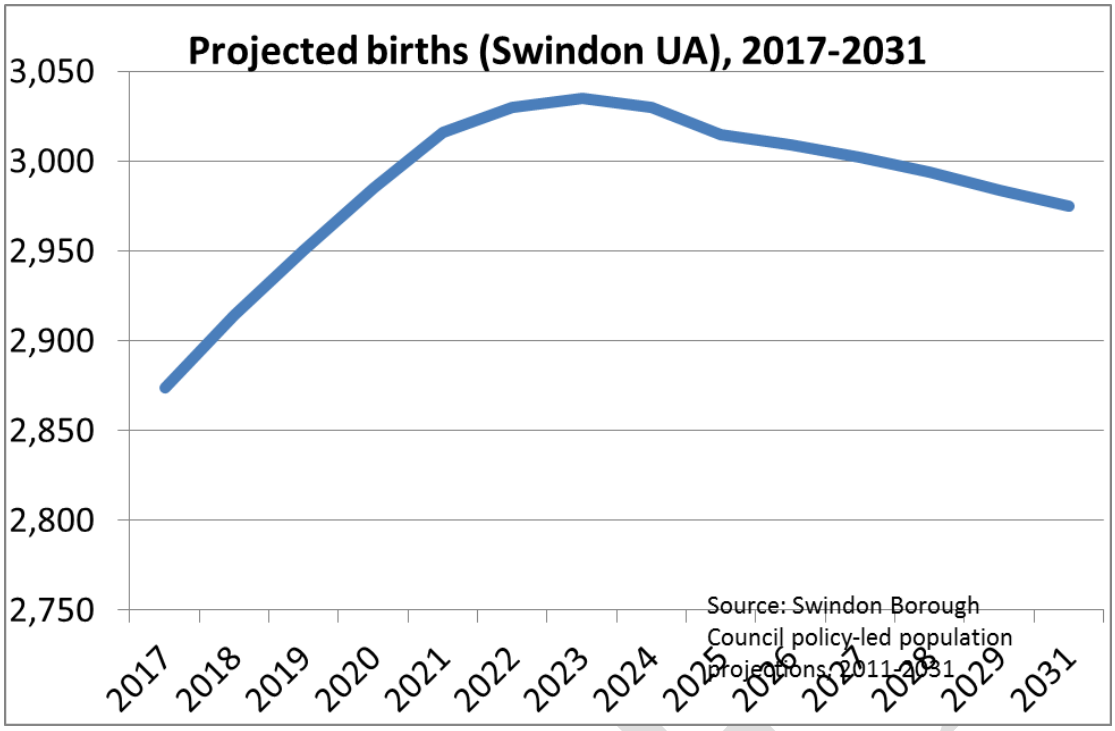

3.2 Strategic Context - Older people and long term health and care needs

The number of older people is set to rise significantly and with this comes an increasing number of people with long term health issues. In 2015 the population of over 65s in Swindon was estimated to have risen by 14.2% from 28,857 in 2008 to 32,944 in 2015. The numbers of over 85s is forecast to rise by 21.1% or 816 people.

Future Projections for Population 65 +

Number of over 65s in Swindon projected to have:-	2011	2015	2020	2025	2030	% Increase 2011 to 2030
• Dementia	2,014	2,289	2,734	3,265	3,941	95.7%
• A long-standing health condition caused by a stroke	673	767	877	1,023	1,191	77.0%
• A limiting long-term illness	13,599	15,412	17,526	20,397	23,762	74.7%
• A fall leading to the need for support	7,716	8,777	10,119	11,698	13,786	78.7%
• A BMI of 30 or more	7,582	8,670	9,717	11,057	12,835	69.3%
• Diabetes	3,617	4,133	4,686	5,379	6,279	73.6%

Based on national population projections, which are show less growth in Swindon's elderly population because they don't take new housing into account, the following projections of the number of over 65s projected to have certain conditions have been calculated. These numbers can be regarded as conservative estimates if the prevalence of these conditions remains unchanged in future years. Many elderly people will have more than one of the above conditions.

Number of over 65s in Swindon projected to have:	2015	2020	2025	2030	% increase 2015 to 2030
Dementia	2,280	2,727	3,259	3,979	75%
A long standing health condition caused by stroke	766	890	1,042	1,228	60%
A long-term illness limiting day to day activities a lot	7,745	9,005	10,694	12,653	63%
An admission to hospital because of a fall	677	792	957	1,124	66%
A BMI of 30 or more	8,683	9,927	11,398	13,272	53%
Type 1 or Type 2 diabetes	4,135	4,787	5,525	6,494	57%

The increase in long term conditions and increasing older age is often reflected in increased emergency hospital admissions and planned admissions for people with long term conditions.

As the population is getting older, with more complex health conditions, we are expecting a rising demand for adult care services. The number of older people receiving support from adult social care has seen a 6.6% increase in 2015/16 to 3,628 during the year whilst those with physical disabilities saw an increase of 7.4% to 838.

Older people admissions to residential care in 2015/16 were 220 people similar to those in 2014/15.

When longer term support is required, we know that when people have a clear understanding of the money that is available to them to meet their assessed needs, and they are given the ability to choose what to do, and who is going to provide the services, the support they choose is likely to be different from the traditional style services that have previously been available. This approach is known as personalisation.

We want people to have the right support around them to be as independent as they can be. We want to enable everyone, including those who are sourcing their own support, or just looking for activities or guidance within their area, to have the information to make the right choices for themselves and their loved ones, and to be able to directly access services available in their communities, rather than having to be re-directed by us.

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Our aim is that all older people supported by adult social care have choice and control in the services they need, this is measured through the percentage of people with a personal plan and budget.

We have improved the percentage of people with a personal budget to 82.6% but remain below the target of 100%.

Maintaining good health, an active lifestyle and thereby reducing isolation and loneliness so they are able to live at home for as long as this is possible and appropriate is also a priority.

3.3 Strategic Context - Rising demand in children in need, child protection and children in care placed with independent providers

There are approximately 50,000 children under the age of 18. Children from Black and Minority Ethnic (BME) communities and diverse backgrounds account for 20% 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.

There is fast growing population and service demand has increased over the past 3-4 years placing additional pressure on services. Higher numbers of teenagers are needing additional support to address challenges such as poor mental health, exploitation, substance misuse and family breakdown.

At any time about 10% of children will be in receipt of early help services, and 3.1% (about 1,600 children) receiving specialist social care, or support through permanent exclusion or drug user treatment services. Children under five are supported by health visitors and the Family Nurse Partnership.

Swindon was invited by the Department for Communities and Local Government (DCLG) to be an Early Starter local authority for Troubled Families and began the roll out of phase two of the programme in January 2015. In phase one SBC had a target of working with 370 families and outcomes were met for 96% of cases (354). 57.1% (202) families continued to sustain their outcomes and did not meet any phase two criteria. Phase two of the Troubled Families Programme retains the current programme's focus on families with multiple high cost problems and continues to include families affected by poor school attendance, youth crime, anti-social behaviour and unemployment. However, it also reaches out to families with a broader range of problems, including those affected by domestic violence and abuse, with younger children who need help, where crime and anti-social behaviour problems may become intergenerational and with a range of physical and mental health problems. 227 families were identified in 2015/16, 81% of the target, and the service is confident that that the target will be met. The target is to increase the number of troubled families engaged on the programme to 1,270 families by 2020.

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Swindon has been historically lower than comparators in terms of the number of children in need, however the increase experienced in the last 2 years now places Swindon above the statistical neighbour and national average.

The number of children in need (excluding child protection and children in care) has stayed essentially static in 2015/16, at 1,279.

There has been an increase in the number of open cases (including child protection and looked after children) to 1,799 open cases at March 2016. This is above the statistical and national averages, but in line with the South West.

The number of children subject to a child protection plan has increased from 213 in March 2015 to 238 at end March 2016. At end March 2016, there were 292 children in care, an increase from 246 at end of March 2015.

Priorities for 2016/17 include:

- to increase the percentage of looked after children who are placed inside the Borough boundaries from 83.5% now to 93% by 2019
- to increase the percentage of care leavers going into employment, education and training in line with the national average by 2018/19 from 41.7% to 17% in 2016
- to reduce the % of children becoming subject of a child protection plan for the second or subsequent time to be in line with the national average by 31st March 2017, from the current level of 17.9% to 16.6%.

Number of Initial Child Protection Conferences and children with a child protection plan

Once a child protection investigation has taken place, a decision is firstly taken whether to hold a child protection conference which then decides whether a child needs a child protection plan.

At the end of 2015/16, there were 238 children subject to a child protection plan, an increase from 213 at the end of 2014/15.

80% of Initial Child Protection Conferences (266 out of 344) were held within 15 working days. This is an Improvement from 69.5% in 2014/15.

Number of children in care

The number of children in care has risen, and at the end of 2015/16, 292 children were in care. This is an increase from 252 at the end of March 2015.

This equates to a rate of 60.1 per 10,000 children and is in line the national average of 60 per 10,000 in 2014/15.

Our aim is for children to have stable and secure long term placements. The percentage of children looked after for more than 2.5 years who have been in the same placement for at least 2 years or placed for adoption was 59.4% (38 out of 64 children). This is down from 66.1% at the end of 2014/15 and relates to a number of children leaving care having achieved permanency.

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18.8% of children looked after are placed more than 20 miles from home.

87.5% of care leavers live in suitable accommodation and 48.9% were in education, training or employment which is slightly higher than the England average in March 2015.

3.4 Strategic Context - Children with special educational needs

The prevalence of SEN in Swindon's school population is decreasing, from 22.7% in 2009 to 16.9.% in 2015, and is now similar to the prevalence in the South West (16.2%), although slighter higher than the national average (15.4%). However, the proportion of children and young people with a statement of SEND in Swindon continues to remain high at 3.8% which is significantly above the national average (2.8%).

Although the number of requests for statutory assessment remains high (250 requests made in 2015), 39 fewer statements were issued this year. However, the total number of children with a statement of special educational needs has risen in the past 12 months to 1,376.

The main categories of need identified for children with SEND are: Moderate learning difficulties (23%); Social, Emotional and Mental Health (18%); Specific learning difficulty (15%); and Speech, language and communication needs (15%). The proportion of children in need with a disability also increased this year (19.9%) and is above the national average (13%). Almost 24% of these children have a learning disability, 28% have autism and 32% have a mobility disability. Although the proportion of children with autism has increased by 12% compared to last year, 6% fewer children are recorded as having a learning difficulty.

Many of our children with special educational needs are placed in one of 6 special schools in Swindon. The proportion of pupils with a statement of SEND that achieved at 5 A*-C GCSE, including English and maths remains consistently below national benchmarks. In 2014-15, 5% of pupils with a statement/EHCP achieved the benchmark standard compared to 9% nationally. To date, locally, we have relied heavily on specialist services and recognise the need to raise the aspirations for disabled children.

We continue to embed the new duties to improve provision and support for children and young people with special educational needs and /or disabilities. Our Local Offer is well established providing advice and information on services. Our children and young people are having their needs identified through Education, Health and Care assessments and reviews, and we are focussing our efforts on improving transition planning for young people.

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Impact of increasing demand on the Paediatric Speech and Language Therapy Service

We are seeing a consistent year on year increase in accepted referrals for children requiring speech and language therapy intervention. In April 2013 the service had 1,896 children who required the speech and language therapy service compared with 2,392 in April 2016. This is an overall increase of 26.16% in the last three years. This is an upward trend that is continuing and continues to exacerbate pressure on the service.

The increasing referrals and workload have been absorbed by the service until now and the target of offering an initial assessment to 80% of cases within 13 weeks was achieved in 2014/2015 with an overall rate of 81% of cases seen within 13 weeks. However, as this referral rate continues to steadily increase, the number of referrals seen within 13 weeks has dropped to 74.7% in 2015/2016 overall. In March 2016, 68.5% of referrals were seen within 13 weeks.

There has been a 191% increase in the number of children and young people on the three Autistic Spectrum Disorders (ASD) speech and language therapy caseloads from March 2013 to March 2015 (from 72 to 210 children and young people). This has led to increased waiting times for assessment and diagnosis of ASD for children and young people from an average of 10 weeks in 2012/13 to 20 weeks in 2014/15 and now rising to 26-30 weeks in 2015/16.

There are currently 34 (June 2016) children and young people waiting for assessment on the diagnosis pathway. In addition there are pressures on delivery of therapy for both the pre -school service and to children and young people in school.

The paediatric speech and language service is now unable to function effectively without additional resources. A funding request to the CCG for £68,430 at 2015/16 costs was submitted to provide 1.8 Speech and Language Therapists to work across the core clinical service and the ASD caseloads. As additional funding has not been agreed to meet demand, there will be a need for the CCG to agree areas for service reduction to manage the service within the available resources.

3.5 Strategic Context - People with a learning disability

Based on the Joint Strategic Needs Assessment there are over 2,000 people with a low, moderate and high level of a learning disability living in Swindon. At 31st March 2016, Adult Social care supported 665 people with a learning disability and all of these will have a moderate to high degree of disability.

The number of people with a learning disability in nursing or residential placements at this date was 200, therefore the percentage of these clients in residential or nursing placements was 30%, down from 40% in 2014/15. Many are in Wiltshire and further afield. We anticipate that we will have more people with learning disabilities reaching adulthood and older age and we want more people to live locally within communities and find supported employment.

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The Learning Disability Social Work Team returned to the Council from Seqol in 2015.

People with learning disabilities are still not getting the opportunities they need to lead full lives and realise their potential. We are working to improve our person-centred long term planning to help people and their families to think creatively about their solutions and take more control over their lives.

3.6 Strategic Context - Health Inequalities, obesity, smoking and drug and alcohol misuse

The Joint Strategic Needs Assessment Summary 2015 continued to highlight health inequalities across Swindon with higher rates of people suffering from diabetes, heart disease and hospital admissions in areas of disadvantage. This leads to a gap in life expectancy across Swindon. In the most deprived areas of Swindon, men die on average 9.7 years earlier and women 4.0 years earlier than those in the least deprived areas. People in the most deprived groups have more admissions to hospital before retirement age and more long term illness. Risky behaviours including smoking, excess alcohol intake, lack of exercise and unhealthy eating all increase the risk of developing a long term condition and increased dependency. 80% of heart disease and strokes are preventable by addressing these risky behaviours and an estimated 40% of cancers. Evidence now also suggests that adopting a more healthy lifestyle can reduce the risk of dementia.

We know that people in more deprived areas tend to follow less healthy lifestyles than their more affluent peers, for example, being more likely to smoke, to consume more alcohol and to have an unhealthy weight. People living in least affluent areas probably need more help in pursuing a healthy way of life and in using health services, but may be less likely to gain access to available support. We will also need to bear in mind the needs of other vulnerable groups.

Obesity

Obesity remains a significant health risk with an estimated 70% of the Swindon population overweight or obese and only 55% of adults physically active. Being obese can increase the risk of many potentially serious health conditions, including type 2 diabetes, high blood pressure and high cholesterol. Stroke is the largest cause of adult disability in England.

In Swindon over 20% (2 in 10) children in reception class at school (aged 4 – 5 years old) are overweight or obese (approx. 580 children). In year 6 at school (aged 10 – 11 years old) over 34% (3 in 10) are overweight or obese (approx. 830 children). Swindon Borough Council has a Healthy Weight and a Physical Activity Strategy (and implementation plans) which aim to reduce the prevalence of obesity across the whole population over time. Influencing the built environment so that being physically active becomes an easy choice is a key element.

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Smoking
Smoking is the single biggest contributor to shorter life expectancy and health inequalities. Although overall smoking prevalence in Swindon in 2014 was 17.8% (Eng average 18%), down from 21.5% in 2012 smoking rates in some of our more deprived communities are more than double the average rate for Swindon. The majority of smokers started smoking in their teens and a priority continues to be to reduce the uptake of smoking by young people.

Alcohol and drug misuse
The NHS measures alcohol related admissions to hospital and admissions in Swindon were lower for men than the national average whilst those for women were in line with the national average.

We have a high number of children living with families receiving treatment for alcohol misuse and 32% of clients in drug treatment has a child living with tem at least some of the time. Work by the NSPCC and alcohol and drug treatment services ensures that the needs of children are identified and addressed. The increasing use of Novel Psychoactive Substances (legal highs) continues to be a concern.

In summary, if we do not address these health issues, we may be faced with increasing numbers of people who are living longer, but who need more assistance in coping with ill-health and disability, which might have been prevented.

3.7 Strategic Context - Mental Health and Wellbeing

Good mental health is important in enabling people to live fulfilling lives and able to access and maintain training and employment. There are an estimated 22,000 – 29,000 people with depression or common mental health problems living in Swindon.

Data indicates that rates in Swindon are higher than the national average. Swindon also has the third highest rate of prescribing anti-depressants in the South West. Hospital admission rates due to self-harm are also high.

3.8 Strategic Context – Carers

Carers provide very important unpaid care to a child, relative, parent or friend needing help and support. The 2011 census indicated that there were 19,450 people in Swindon providing unpaid care, a 23% growth since 2001. An estimated 1,000 people have multiple caring roles and 161 young carers under the age of 25 were identified. This figure is likely to be much higher and Swindon Carers' Centre is providing support to 702 young people (number at 31 March 2016). Carers who provide care to an adult receiving adult social care services are entitled to an assessment of their needs.

In 2015/16, 1,369 carer's assessments were completed, which is 89.9%.

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From April 2015, all carers can ask for an assessment of their needs and we are working with Swindon Carers Centre, SEQOL and Avon and Wiltshire Mental Health Services to improve our assessment and support.

3.9 Strategic Context - Admission rates to hospital

Providers are expected to work with commissioners and partner organisations to support the development of services and resilience in the community.

Overall unplanned hospital admissions continue to rise and cause significant demand on the acute hospital. Accidents and injuries account for 13% of emergency hospital admissions.

The admission rate amongst our most deprived population is materially different, with those in the greatest poverty being the highest users of hospital services and the lowest users of the alternatives including GP surgeries and community based health services. Analysis of MOSAIC data has identified that five of the 69 categories are significant users of healthcare, namely elderly living in isolation, elderly in social care housing in isolation, families with young children on benefits, in social housing or in overcrowded conditions. These same groups also present as major users for other agencies within Swindon, hence our One Swindon joint programme of transformation.

The Swindon Clinical Commissioning Group (SCCG) Urgent Care Programme represents a number of projects commissioned to support implementation of the Urgent Care Strategy. Collectively, they aim to reduce pressure on Swindon's urgent care system and support achievement of a number of national performance indicators, in particular, the four-hour target (95% of patients discharged, admitted or transferred within four hours of arrival in A&E). Additionally, they will support implementation of a number of recommendations as identified through internal and external reviews and national/local policy and strategic drivers:

- Newton Europe diagnostic (June 2015)
- CQC GWH inspection (2015/16)
- Recommendations from the NHS England investigation into delayed discharges in Swindon
- Review and learning from Christmas/New Year and January escalation and impact
- Swindon CCG Urgent Care Strategy (2016)

3.10 Strategic Context - Housing, employment and skills

Swindon Borough Council retains a large housing stock and the provision of low cost and social housing is a priority. Sussex Place is expected to be completed by the end of 2016, which will provide 26 more homes to rent and 10 for sale.

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Around 1,000 homes are built in Swindon each year, and there is a shortfall of 600 against Local Plan projections which is being addressed.

165 households were accepted as homeless in 2015/16, and 324 households were in temporary accommodation.

Educational attainment is an important element of enabling young people to make a successful transition into training, higher education and employment. In 2015, 53% of young people achieved 5 or more GCSEs A*-C including English and Maths, which is below the national average of 57%, and down from 58% in 2014.

Post-16 activities of young people: NEET, participation in Learning and Youth Unemployment

March 2016 figures show that the proportion of 16-17 year-olds **in learning** (education or training) activities in Swindon is 89%, down on the previous year (91%). This represents a difference of approximately 160 young people, out of a possible 5,200. The learning rate is now below the national average (91.5%), but especially so for 17 year-olds. A major contribution to the drop in learning is the increase in the number of young people declaring work as their main activity. When employment is taken into account, the difference between Swindon and England in terms of 16-17 year-olds participating in positive activities is almost non-existent.

Local authorities have a statutory duty to track young people's post-16 activities, with the primary aim of identifying those not participating so that support can be provided for those to take on positive activities. With this in mind, the proportion of young people in **'unknown'** activities was 4.1% (213) for 16-17 year-olds in March 2016, twice as high as in the previous year, at 1.9% (99 young people). This is above national (3.3%) and regional averages (3.6%).

The proportion of 16-18 year-olds that was **NEET** in Swindon as at March 2016 was 4.6% (329 young people), lower than last year's figures of 5.6% (421), but slightly higher than England's 4.3%.

Youth unemployment related figures show a positive picture for the wider young people cohort (up to 24 year-olds). The Youth Unemployment rate (those working out of all those 'available' for work) was on average 11% during 2015, compared to 16% in 2014, and this compares favourably to a national average of 14% and regional average of 12%. However, latest figures show a similar number of 18-24 year-olds in Swindon claiming JSA - 2.6% (430) as at March 2016 – than in the previous year (2.6%, 440 young people). Although this is in line with the national average of 2.6%, Swindon is not following the low JSA rates in the South West (1.9%), with Swindon ranked 14th out of 15 local authorities.

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4.0 Financial Allocation

For 2016/17 there has been funding growth within the Clinical Commissioning Group whilst local authority resources remain significantly stretched under the public sector austerity measures. There will continue to be a focus on ensuring that all providers work with commissioners on delivering the outcomes and quality indicators agreed for each contract.

The budget for Adult Social Care (net of Supporting People and specific external grants) totals £52.2m in 2016/17, the same as 2015/16. External specific grant support has fallen by £0.7m (£5.8m down to £5.1m) and this has reduced gross funding available accordingly.

The budget for Children and Families will increase by £2.580m from £20.932m in 15-16 to £23.512m. The additional Council investment is directed at meeting pressures on child placements and front line staffing.

The budget for the Clinical Commissioning Group increased by £10.3m or 4.19% as part of a review of NHS funding allocations to £257.3m.

The budget for Public Health (ring fenced grant) will be £10.635m, this is a net reduction of £0.867m on the funding available in 15-16.

Swindon Borough Council and Swindon Clinical Commissioning Group currently have two National Health Services act 2006 section 75 Agreements, which were brought together in 2015 including the Better Care Fund Plan.

The following allocations are now in place for 2016/17:

Children:
Clinical Commissioning Group: £3.3m
Swindon Borough Council: £24.6m

Adults including Better Care Fund (BCF):
Swindon Clinical Commissioning Group: £27.2m
Swindon Borough Council: £55.0m

Public Health:
Swindon Borough Council £10.6m

5.0 The quality of services

We recognise the importance of ensuring quality, safety and effectiveness at the heart of our business. We aim to commission services that are:

- Safe
- Effective
- Caring
- Well led

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- Responsive to peoples need (timeliness)

5.1 What service users, patients, children and young people say about their needs and services

During 2015/16, the Swindon CCG Communications and Engagement team undertook a number of pieces of work which resulted in direct and indirect improvements to programmes including changes to commissioning plans, increased support for new interventions, and increased public engagement in partner and community events. In the next year the CCG communications and engagement team will carry out the following pieces of work:

- Working closely with our providers and commissioning partners to deliver integrated campaigns that encourage healthier lifestyles, and more appropriate access to health and social care services
- Closer working on key interventions to ensure that projects have the right level of planning and support to achieve meaningful and timely patient engagement
- Continued support of local community and voluntary services such as Healthwatch Swindon and the Swindon Carers' Forum, by working closely with these organisations and the voluntary sector commissioning team.
- To ensure the PPI Committee operates effectively to achieve its three key functions as a subcommittee of the Governing Body
- Developing more opportunities for patient reference groups, where these have both public and professional support.
- Supporting the primary care team with communications and engagement activity to ensure that General Practices are well supported and build strong relationships with their PPGs.
- Further development of a new CCG public website – which will increase the accessibility for patients and the public to key information
- Closer working with young people on targeted opportunities for engagement
- Public engagement in the development of future community services
- Taking a leading role in the evaluation of services by delivering comprehensive and targeted patient surveys and interviews
- Identifying and articulating relevant and timely patient stories to the Governing Body meetings
- To ensure the CCG localises any national campaigns
- To further develop excellent relationships with key partners and stakeholders, ensuring they have access to the information they need
- To continue to promote our successes, achievements and activities proactively both inside and outside the organisation, inspiring confidence in local NHS services.
- To support our staff and GP membership in their role through proactive communication of achievements of both the organisation and individuals
- To develop a communication and education strategy to enable patients to benefit from strategic changes.

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The survey of adult social care service users showed that those who receive Adult social care services rate their quality of life just above the national average. The provision of good quality information and advice scored slightly below the national average in 2014/5 of 74.3% and has improved to 75% in 2015/16.

Service users also say that the provision of services makes them feel safer. The following areas surveyed in Swindon in 2015/16 have improved and are now above the last published national average in 2014/15:

- The percentage of service users who feel safe
- The percentage of service users who say they have as much social contact as they would like
- The overall satisfaction with the quality of services provided
- Access to good advice and information

Swindon has a Youth Council, a Member of Youth Parliament, two Deputies, Thought Tank - a dedicated participation group for young people with disabilities, and our Young Inspectors programme.

The MYPs, Youth Council and Thought Tank give young people the chance to express their ideas, opinions and needs to decision makers and regularly present to Elected Members and the Children's Health, Social Care and Education Overview & Scrutiny Committee.

Young Inspectors visit services that work with and impact upon children and young people to assess and evaluate how well they are meeting their needs; advise on improvements and report on their findings.

The Members of Youth Parliament and Youth Council priorities:

- Improving support around emotional well-being, and reducing the stigma associated around mental health in children and young people. Whilst ensuring children and young people with additional needs are supported in education
- Improving health choices for children and young people; making sure there are cheaper and accessible leisure facilities for the young, disabled and disadvantaged so everyone to access fitness
- As part of their work, the Members of Youth Parliament and Youth Council embrace wider consultation with schools, youth organisations and specialist groups working with hard to reach young people to ensure they reflect the true voice of Swindon’s young people.

5.2 Law and Policy

5.2.1 Children and Family Act

The Children and Family Act places a duty on local authorities to improve the approach to the assessment and support for children with Special Educational Needs. Since September 2014, children should have an Education, Health, Education and Care Plan which will last until a young person is 25 years old if required, instead of a Statement of Educational Needs. Following a review, all

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children should transfer to a new EHC Plan. Swindon has published improved advice and information as part of the Local Offer. Parents and carers participated in the introduction of EHC Plans we continue to work with them.

5.2.2 Care Act 2014

The Care Act 2014 introduced new duties in relation to Adult Social Care. The focus is on care and support, which is clearer and fairer, promotes people's wellbeing, enables people to prevent and delay the need for care and support, and carers to maintain their caring role, puts people in control of their lives so they can pursue opportunities to realise their potential.

The Care Act includes eligibility criteria for Adult Social Care, and an improved advocacy service for all service users who need help and do not have the capacity to participate in an assessment. All carers can ask for an assessment of their needs. The definition of safeguarding is widened to include self neglect. All users of Adult Social Care can ask for a deferred payment to meet their care costs.

5.2.3 NHS 5 Year Forward View

NHS England 'Five Year Forward View' (2014). It sets the strategic direction for health services and commits to joint commissioning of health and social care services with an increasing focus on prevention, quality, managing demand and improved access to primary care in order to reduce the need for admission to hospital and thereby reducing demand. The Five Year Forward View notes the traditional divide between primary care, community services, and hospitals is a barrier to personalised and co-ordinated care, adding that long term conditions require the NHS to partner with patients over the long term rather than providing single unconnected 'episodes' of care.

The Five Year Forward View document lays out a number of different provider models, the main emphasis is on greater integration across acute, community and primary care. These organisations are seen as early 'Accountable Care Organisations'. An Accountable Care Organisation is either a single provider or group of providers which are accountable for the whole needs of a person. This creates a greater incentive for co-ordinated care and integrated working.

The CCG Governing Body took the decision in January 2016 to commission a different provider model which integrates acute and community pathways, incentivised to shift the emphasis of treatment to effective prevention and management of patients, particularly those with Long Term Conditions and the Frail Elderly. This will be supported by new contract and payment models which are currently being explored.

Notice has been issued to the incumbent provider and a Programme Board has been convened to manage the procurement of a new service. This is a major programme of work for the CCG in 2016/17.

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6.0 Commissioning aims and priorities

Section Summary

This section sets out the benefits of joint commissioning and our approach to commissioning services. We expect all services to be safe, effective, caring, well led and responsive delivered by well trained, supported and skilled staff.

6.1 Our Aims

To improve the outcomes for people in Swindon through the joint investment in high quality services so that we are

- Ensuring that children are protected from harm and their welfare promoted
- Increasing the social and emotional wellbeing of children and young people
- Increasing the healthy life expectancy of people living in Swindon
- Reducing health inequalities of people in Swindon
- Increasing our resilience and support self care
- Increasing the support we offer to children and adults with long term conditions
- Reducing unnecessary emergency admissions and promote a shift from unplanned to planned care
- Improving the experience and safety of children and adults

6.2 Our quality expectations

There is an expectation that Swindon Borough Council and the CCG as commissioners will:

- Treat all providers equitably and ensure that all providers:
- Commit to the quality imperatives within the contract
- Offer social value
- Can demonstrate value for money and increased productivity
- Can demonstrate innovation
- Can demonstrate services are safe
- Can demonstrate services are green and sustainable
- Are resilient and have business continuity plans
- Proactively promote prevention and healthier lifestyle choices

6.3 In order to achieve our vision, our commissioning and service development priorities are:

6.3.1 For children, children in need, children with a child protection plan and children in care and leaving care

- Deliver a range of universal, targeted and specialist services to support children and families when they need it - aiming to intervene early

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wherever possible and prevent problems from escalating and for families to build their resilience

- Keeping children safe – identifying and responding to children who need protection or need to be supported and enabled to live with their families, or where children can't continue to live with their families to offer the best alternative care possible and longer term permanence in a timely manner.

- Deliver the Healthy Child Programme through health visiting and school nursing - we will support every family with a new baby up to school entry and support children at school with health needs

- Deliver a range of targeted services to support families with identified additional needs e.g. disability, learning, health, behaviour, emotional development, youth offending

Throughout the functions listed above, Swindon Borough Council Children's Services will work in partnership with other agencies to ensure good communication and effective information sharing to help parents and carers to achieve the best outcomes for children and young people.

<u>This will be achieved by implementing the following plan:</u>

Educational attainment in Swindon for adults, children and young people improves

- Supporting improved school attendance
- Improving outcomes for children with SEN
- Tracking children missing from education

The gap in attainment between children in receipt of free school meals/looked after children and other children decreases at all key stages

- Strengthen the Looked After Children Education Service (LACES), embedding across all services the importance of schools and learning in the lives and future outcomes for looked after and other vulnerable children
- Further enhance the role of the Council as a Corporate Parent to increase opportunities for care leavers to progress into further / higher education or employment.

Youth unemployment reduces

- Children and young people have greater access to apprenticeships – Develop a Pathway to enable routes to employment for Children in Care and Care Leavers which will include opportunities to gain the skills and experience required and progression into Apprenticeships.
- Improving attainment of young people at age 16 and 19, narrowing the gap for pupils eligible for the pupil premium, reducing NEETs and increasing the number of young people participating in learning post 16 (in particular children in care and care leavers)

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Parents are able to provide adequate levels of care for their children

- Further embed Early Help Record and Plan
- Further strengthen the quality of core social work, ensuring timely and authoritative intervention with the most vulnerable children
- Drive up quality of outcomes for vulnerable children through Improved assessment, plans and interventions
- Further strengthen management oversight of social workers
- Implementing the enhanced Quality Assurance Plan

Children and vulnerable adults are cared for in Swindon

- Implement the Looked after Children Strategy incorporating Strategy for Placements. This includes a stronger emphasis on local placement and supporting more young people in the community, targeted recruitment to improve placement choice and diversity for teenagers and permanence planning
- Planning is timely for children on the edge of care and needing care

People choose healthy lifestyles and are as well as they can be both mentally and physically

- Drive up quality of outcomes for vulnerable children through implementing the rapid improvement plan to improve the health of looked after children
- Implement Call to Action for Health Visiting to improve recruitment and retention of Health Visitors
- Strengthen the recording compliance of health visitors
- Further develop commissioning strategy for children's emotional wellbeing services

Support is targeted at the most vulnerable

- To achieve full accreditation in Unicef Baby Friendly status.
- We will need to adjust further the 'front door' of our service to consider how aspects of a MASH can be further developed offering quicker support, less duplication and exemplary information sharing between agencies and services.
- Development of preventing offending and re-offending – focusing on early interventions and development of the integrated offender management scheme

People are able to help themselves and develop their own solutions, promoting independence, reducing dependency and demand on services

- Deliver Phase 2 of Troubled Families Programme

Services are reshaped at a lower operating cost and are sustainable within the budget now and in the light of potentially significantly reduced budgets in the future

- Placement sufficiency (including recruitment of in-house foster carers & supportive lodgings providers) strategy is implemented
- Workforce Development Strategy in relation to social workers and health visitors is implemented

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- ICT, ICS & Governance development and improvement to help support front line workers and enable the QAF to function effectively

6.3.2 Commissioning and service development priorities
Children with special educational needs

- Strengthen further the strategic overview and commissioning for SEND, based on a rigorous analysis and monitoring of outcomes
- Build capacity across the system, particularly in mainstream schools
- Develop the workforce so that being outcomes focused and person-centred is at the heart of their practice
- Refresh SEND/EHCP processes, focusing particularly on the SEND Banding descriptors and the role of the SEN Panel
- Promote innovative responses to the SEND of children and young people, by working together with families to design the kind of help and support they need to exercise greater control over their lives.

6.4 Commissioning and service development priorities
To improve the health and wellbeing of people in Swindon

6.4.1 Reducing emergency hospital admissions and improved discharge

Urgent Care – New Model

Aims of 2015/16 in Urgent Care were to develop a number of initiatives which would help to manage capacity and consider how these initiatives would work within a more integrated model if proven successful. This has included a stronger triage model for minor illness and minor injury through analysis. A pilot of a Rapid Response Unit (RAU), a service with enhanced diagnostic capability to treat ambulant patients supporting admission and attendance avoidance at ED has also been completed.

Both of these services, coupled with support for *on the day* demand through the SUCCESS programme in primary care has managed overall urgent care demand successfully through 2015/16. It is believed that each of these services have delivered compound effect and has helped to inform a new Urgent Care model. This has maintained flat growth in Urgent Care demand to Emergency Department throughout 2015/16.

The new model is based on fewer points of access into what is a large, diverse and skilled set of services which are not currently used in an integrated way to manage demand. The new model is based on rapid signposting from a single access point to treat patients in the right place within the system, rapidly, to avoid escalating need. This model has been jointly developed with the provider in community and the hospital.

The aims for management in urgent care will build on this work:

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- Developing the initial phases of implementation for the new model of single point of access
    - More management of minor injuries / illness within community settings Greater utilisation of alternatives to admission for all presentations to ED
    - Development of integrated models of ambulatory care between hospital and community through RAU and the ambulatory care unit
    - Specialist consultations pulled to patient need to support community treatment
    - Development of Right Care II framework for Ambulance services to support the new model
    - Development of the SUCCESS model relative to *on the day* demand
- Work with providers to articulate a new workforce model which supports overall demand and shared resources between providers
- Contractual arrangements so all aspects of commissioned capacity can be used flexibly
- Development of estates and facilities to support the implementation of the new model
- Rapid access developed for End of Life Care which is highly responsive to patient need and choice
- Mental health services local targets will be changed to better reflect Parity of Esteem and support for overall system. This in both Mental Health Liaison and the Intensive Service
- Working with the hospital to develop the *Right Care, Right Bed* initiative
- CQUINs this year with focus on capacity and demand management across system and promote integrated working moving toward becoming an Accountable Care Organisation in Swindon

Paediatrics

A review of Children's Services in the Acute, Community and Mental Health services will be taking place in 2016/17. A review of urgent care in paediatrics has informed changes in operation structure and care delivery in 2015/16. This review has suggested, in a similar way to overall urgent care delivery, that rapid response and integration with community urgent care successfully supports demand management. Urgent Care for paediatrics will be part of an overall review in 2016/17 supporting a new model of care delivery**.**

Key tasks which will be completed:

- Continuation of SUCCESS children's clinic to support *on the day* demand
- The monitoring of specialist advice line for primary care and community clinicians and its effect on admissions / attendance
- Re-design of the urgent care pathway between Urgent Care Centre, Paediatric ED and PAU
- An overall service review of children's services to inform new models of care.
- Rapid End of Life care pathway response and increased care options for children and their families

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Children's Mental Health Care

A review of CAMHS / TAMHS provision under the Joint Strategic Needs Assessment has informed changes and a transformation plan which will be carried out over the next five years in line with the national review of Children's Mental Health Services. This service re-design will make the service more responsive and create measures which give more clarity around outcomes.

Key workstreams include:

- Dedicated resources for assessment at front door to assess all routine referrals within two weeks
- Transition arrangements which monitor joint working from 17 years of age for ongoing care
- Focused work for Deliberate self-harm and rapid case review for any child with multiple attendance to ED
- The introduction of new creative solutions panel to support care delivery locally (where possible) for looked after children
- A new joint model for care delivery which is void of Tiers of delivery between CAMHS and TAMHS and operational review which informs future commissioning structures

Delayed Transfers of Care

We continue to fund seven day social work, nursing and OT capacity to enable patients to be discharged as quickly as possible. We will ensure access to brokerage and verification services so that there is speedy access to social care packages seven day a week. Integrated discharge team comprising of health and social care is in place.

Since November 2013 a Discharge Assessment and Referral Team (DART) has been in place to avoid admission and discharge as early as possible. Both services operate 7 days a week and work closely with hospital clinicians. We will be reviewing home from hospital support so that any delay is avoided and a community support package is in place.

The Virtual Ward will be working closely with the hospital discharge services and the Single Point of Access to both avoid admissions and enable speedy discharge. Virtual Ward, Intermediate Treatment beds (SWICC), Hospital Discharge services and 7 day working for clinicians.

Delayed Transfer of Care Programme 2016/17

Implementation of an agreed programme of work with clear outcomes and timelines for implementing the Newton Europe recommendations as these apply to delayed discharges.

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The target is a sustainable reduction in number of DTOC and non-DTOC delays across the health and care system by 30th September 2016, with planned reduction of current numbers by at least 50%.

6.4.2 Children and adults with long term health conditions

Community Health and Wellbeing

We are investing in self-care and lifelong health planning, preventative care and health promotion including the five main contributors to good health, namely healthy weight and exercise, smoking cessation, reducing substance abuse (including alcohol abuse) and reducing stress, and ensuring primary care monitoring and management of long term conditions, navigating people to support from within their community, the third sector and the health service, developing patients as experts in their own conditions.

We are reviewing services to provide support for those with multiple conditions, with specific programmes for those minority groups where the incidence of long term conditions is higher than the population average.

Community Navigator - Patient activation and self-management: Community Navigator
During 2014/15, Swindon CCG and Swindon Borough Council (SBC) submitted a bid to the national Transformation Challenge Award (TCA) to expand the Community Navigator team in 2015/16. Following approval by the Governing Body on 22nd January 2015 to continue the pilot for a second year, arrangements were made to commission the Health and Wellbeing Team at Swindon Borough Council to provide 14 Community Navigators (CN) for all 26 GP practices, emphasising the need to promote and enable self-care and management for those patients with long term conditions and to facilitate engagement with existing voluntary services available including Swindon Circles of Support.

Indications from the patient feedback suggest that this phase of the pilot has contributed to the improvement in the health and wellbeing of the individuals and empowered them to access other sources of support to help them manage their condition and reduce their social isolation.

Feedback from the Community Navigators and the Provider Management Team suggests that this phase of the pilot has been well structured and supported, and whilst the variable engagement of practices has been disappointing, the CN's remain positive about the impact and changes they have made to individuals in terms of the management of their long term condition and life styles.

Following consideration of an interim evaluation report for the 15/16 scheme at Governing Body in January 2016, funding was subsequently identified from the National Transformation Challenge Fund (from where this current model has been funded in 2015/16) to extend the service for a further 12 months until June 2017. The operating model will remain largely similar to that provided in 2015/16, with small revisions to the model (determined by the

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remaining funding available) including a reduced number of Community Navigators from the current WTE of 11 to 8, and the introduction of a single point of access for those practices who choose not to engage in the programme with a named Navigator, but may identify individual patients who could benefit from the service.

Reshaping of provision in the voluntary and third sector to improve health and well-being, improved advice and information so that people can make choices

A single database, My Care My Support has been developed at http://www.mycaremysupport.co.uk/. The website can be accessed by the patient and their community navigator in assembling the package of support.

In particular we will commission voluntary and community based support linked to localities and GP practices.

Supporting volunteers reduces the need for some targeted and specialist services. Community and voluntary sector groups provide important flexible services either informally or as part of local contracts. There needs to be greater emphasis on direct work and practical help because patients often need advice and help outside of normal working hours and we will invest in community based volunteering and, dementia and befriending services. The main voluntary sector organisations providing support to those with mental health, advice and information services and support for carers will continue to be co-located.

Dementia

Recognising increased demand and priority of dementia care, the CCG have worked with GPs to manage more routine diagnosis and management of those with dementia. Performance against the national 28 day diagnosis target has been challenging in recent years, however we have now secured a new model of care which will support ongoing delivery in the future.

Within the Dementia Strategy there is a model for specialised treatment and management of more chronic and specialist requirements. This is being delivered through a Specialist Dementia Team in AWP.

Reducing a growing burden of lifestyle related ill health

This is particularly in relation to physical inactivity, obesity and smoking that we want to address through increasing community capacity to tackle the wider determinants in relation to housing and employment.

Swindon has higher rates of smoking, teenage pregnancy, alcohol consumption, physical inactivity and obesity in areas of disadvantage, which in turn leads to higher incidents of heart disease and diabetes in those

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communities. We will continue to invest in proactive prevention and initiatives that tackle heath inequalities throughout the course of life.

6.4.3 Support for Carers

Carer support is essential for those with long term conditions and often neglected especially at the point of discharge from hospital when carers are being asked to support a loved one, family member or friend who is suddenly appreciably less able or less well, without the preparation to do so. A pilot project has been undertaken with Great Western Hospital to provide support for carers when patients are discharged from hospital.

Additional staff were recruited to undertake carer's assessments as identified in the Care Act. Advice and Information is provided on My Care My Support. A new carer's assessment will be introduced with the Swindon Carers Centre and additional financial support for work on short term breaks and crisis support. We are developing a Parent Carer Assessment in line with the Care Act and Children and Families Act.

We will continue to work with carers to improve our services and devise new solutions with them, including developing an extended menu of support for carers, including parent carers, and health checks for all carers. Reviewing all services to ensure they adequately provide for the needs and rights of carers and ensuring carers are aware of support and short term breaks available to them. We will continue to invest is supporting young carers so that they are protected from inappropriate caring responsibilities.

6.4.4 Older People

- We will fund new advice and information services delivered through the Citizens Advice Bureau at Swindon Support and Advice centre including a new online self-assessment for adult social care
- We will fund an improved advocacy service and additional Home from Hospital support and befriending services
- Older people supported through community navigators will have access to a volunteer led service through Circles of Support
- We will offer an improved Deferred Payment system and train staff in this
- We will increase and simplify the access to domiciliary care and reablement for patients leaving hospital

6.4.5 Mental health and wellbeing

We will work to improving the mental health of adults through wellbeing co-ordination and improved work between voluntary and third sector mental health services and secondary mental health services. Continue the development of family working so that the needs of children are identified in adult services and vice versa. Continue to work with providers of secondary mental health services to support the recovery of patients with mental ill health and support general well-being through commissioning additional

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psychological therapies (particularly aimed at those with a long term condition). We will ensure that patients are placed in a safe place and not in a police station, and continue to implement the Mental Health Crisis Concordat.

Improving mental health of children through targeted mental health services for children, timely access to child and adolescent services for children in care and additional financial support to improve access to counselling,

Swindon CCG and the other five main CCG commissioners of Adult Mental Health services from Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) have been in discussion with AWP regarding the development and implementation of an Acute Care Pathway to transform services to improve effectiveness and patient outcomes in a safe and sustainable way.

The AWP Delivery Plan for this work is monitored through CCG contract governance arrangements.

Choice in mental health services has been in place in Swindon and allows individuals to choose where they would go for their assessment of need. Our main provider AWP continues to be instructed to make a choice of initial assessment clear on referral and the assessment post completion. The providers of choice are then conveyed clearly back to AWP to initiate if there are identified needs beyond local services this is escalated to the CCG for consideration.

A new mental health pathway has been implemented with our main provider resulting in the following outcomes:

- Local whole pathway contracts focused on outcomes and sustained recovery with high level scrutiny measures
- An emergency response better than outlined within Parity of Esteem and Crisis Concordat
- A model which is empathetic to pressure in Primary care and does not add to it by increasing availability of specialism locally
- A nonlinear pathway which reduces demand on primary care and empowers self-management and uses pull to support genuine recovery
- Far better whole systems understanding
- System integration to focus on Mental Health and Physical Health care simultaneously fulfilling national ambition, delivering better outcomes, more synergies, using less or same resources

Psychiatric Liaison Services: There is a service in place at the Great Western Hospitals NHS Foundation Trust. A review of this has taken place, with a particular emphasis on the requirements of patients to dementia to identify what further development is required. This also links into the Urgent Care Model and an intention to site the Crisis Response Service and the Psychiatric Liaison Service within the Urgent Care Centre. Work is required for those who re-attend with self-harm and self-poisoning.

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6.4.6 People with a learning disability

Improving health, social and emotional development of people with a learning disability so that health outcomes improve, people live and are supported locally and find suitable employment and training.

In 2013, a Joint Strategic Needs Assessment of the 546 residents of Swindon who were registered with a learning disability and live or have lived within the borough showed that a high proportion lived in residential care (32) at least twice the expected proportion compared to the reference sites we used and many of these did not have a personalised care assessment. This is now a local performance indicator in line with The Better Care Fund initiative.

6.4.7 Health promotion and healthy lifestyles, wider determinants of health

- Effective support for people suffering from alcohol and drug misuse as well as continued development of sexual health services. Continue the development of whole family working so that the needs of children are identified in adult services and vice versa.

- Reshaping of supported housing options so that a range of appropriate models are in place for young people, families and adults to live locally and avoid admissions to specialist and inpatient placements

- Continue to develop strategic approaches to primary prevention of long term conditions and the promotion of NHS Health Checks. Development and commissioning of services to increase physical activity, promote healthy weight, reduce smoking prevalence and improve mental wellbeing.

- Increase uptake of adult and children's immunisation screening programmes.

7.0 Measuring aims and objectives

7.1 Children

A number of key performance indicators have been selected as part of the Councils 'dashboard' measures, including:

- Increase the percentage of care leavers going into employment, education or training to be in line with the national average by 2018/19. Current level: 41.7%. March 2016 target: 47%.
- To reduce the percentage of children becoming the subject of a child protection plan for a second or subsequent time to be in line with the national average by 31 March 2017. Current level: 17.86%. March 2017 target: 16.6%.

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- Increase the number of troubled families engaged in the programme to 1,270 families by March 2020. Current level: 208 families. March 2020 target: 1,270 families.
- Increase the percentage of looked after children who are placed inside the Borough boundaries to 93 % by March 2019. Current level: 83.5%. March 2019 target: 93%.

7.2 National indicators including those subject to Better Care Fund

- Avoidable emergency admissions
    - Meet the four hour target of 95% of patients discharged, admitted or transferred within four hours of arrival in A&E from March 2016 through the delivery of the Urgent Care Programme.

- Delayed transfers of Care from hospital (DTOC)
    - Target: sustainable reduction of DTOC and non DTOC delays across the health and care system by end September 2016, with planned reduction of current numbers by at least 50%

- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 (100k) population
    - The forecast for 2015/16 is 736.8 per 100,000 population, and the target for 2916/17 is to maintain that at 735.5 per 100,000 population. Residential Care Admissions continue to be challenging

- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
    - The forecast for 2015/16 is 92.9%, and the target for 2016/17 is 92.9%. The current performance in relation to reablement is above the national average, so it is not feasible to increase the target further.

- Learning Disability clients received a review to establish potential to move out of residential care
    - Target: 70% in 2016/17. We wish to ensure 70% of service users have a review in the year to reduce high cost packages across all service users with learning disabilities.

- Increase the number of carers assessments
    - In 2015/16 89.95% of carers assessments and reviews were completed, a total of 1,369. The target for 2016/17 has not yet been set.

- % of patients discharged or admitted from A&E within 4 hours
    - Target for 2016/17 is 98%

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- Patients will be seen for routine elective care within 18 weeks
- 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

7.3 Quality measures

- Delivery of Quality Assurance Framework in Children's Services
- Findings from Serious Case Reviews and Local Case Reviews in Children's and Adult Services.
- Patient safety measured through Patient Safety Report
- Quality of clinical practice measured through Quality Effectiveness Report
- Patient/service user experience report measuring complaints and compliments
- Increase the number of service users who say they have access to advice and information
- The percentage of carers who say they have access to advice and information
- Improve the percentage of older people with social contact
- Patient / service user experience – quality of life

Workforce Plans

Swindon Borough Council Children's Services

Swindon Borough Council Children's Services is delivering a significant programme of work, the Safeguarding Children and Supporting Families Programme May 2016-March 2019, which includes a workstream focused on workforce.

A Workforce Plan has been established, including progression and succession, training and development, career progression, skills development and demographics, and a focus on ensuring the smooth and timely recruitment and retention of social workers.

Swindon Borough Council Adult Services

A Workforce Plan for Adult Services is being developed, with particular emphasis on supporting the workforce around Transitions. This Plan will be in place by the end of 2016.

CCG

During 2015/16 and in response to requests from local membership practices, the CCG supported the development of the 'Primary Care Workforce Development Project'. This project sought to engage constructively with all stakeholders to agree, prioritise and establish actions to support the primary care workforce in Swindon and improve recruitment and retention rates. The

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project outcomes were consistent with short, medium and long-term aspirations for the primary care workforce as follows:

- To manage increasing demand in primary care
- To support practice to work together, share ideas & best practice
- To improve perception of Swindon
- To increase recruitment & retention of all staff groups
- To improve morale in all staff groups
- To develop different models of care / skills mix of professional groups
- To support training for all staff groups
- To ensure appropriate premises/accommodation is available for service
- To increase funding available to support primary care services and workforce

A number of projects have been delivered successfully and the programme will be continued in 2016/17 with the following key priorities, supported by all stakeholders:

- To quantify workforce pressures and provide consistent reporting
- To continue to provide a Retainer Scheme for doctors
- To evaluate the 'Swindon Area Primary Care Network' website
- Maintain intranet sites for Practice Managers and Practice Nurses to aid
- collaboration, to work together to share ideas & best practice
- To continue to provide on-line training resources for all primary care staff
- To attend regional events to promote Swindon and workforce development opportunities

This work will be overseen by the Swindon Community Education Provider Network (CEPN). The CEPN will be led by primary care providers (i.e. groups of GPs and GP provider practices) and supported by the Deanery, Local Education Trust, CCG and other stakeholders, such as Universities, community service provider, Pharmacy representative, LMC, Local Community Practice leads for Nursing and patient representatives.

Overall the aims of the CEPN are consistent with those of the Primary Care Workforce Development Project, as both seek to support workforce planning, education and development locally. The CEPN will also report to the Swindon Workforce Steering Group. The CCG has developed a Workforce Steering Group to take a local oversight role in ensuring HR strategy, structures, systems and processes across the health system are in place and functioning to support current and future workforce needs. The WSG will oversee that national policy recommendations are being implemented (e.g. Shape of Caring) and brings together commissioners, education, acute, primary, social and community care providers to enable workforce discussions and ensure a collective approach to deliver what patients need now and in the future. The WSG will ensure an in-depth understanding of local current and future workforce across all health and social care including recruitment, retention and ongoing professional development and aligning education and training to enable delivery of the CCG's commissioning plan and overarching strategy.

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The key areas of work during 2016/17 include:

- Designing and profiling future workforce on a population health basis;
- Ensure sustainable and flexible local workforce planning in collaboration with LETBs, HEE and LGA;
- Testing models of an integrated workforce across health organisations; Addressing barriers (e.g. employment contracts) to allow the workforce to work flexibly across Swindon geography;
- Identifying gaps in the current workforce that may impede new ways of working.

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Appendix 1

Definition of Joint Commissioning (Department of Health):
'The process in which two or more commissioning agencies act together to co-ordinate their commissioning, taking joint responsibility for translating strategy into action"

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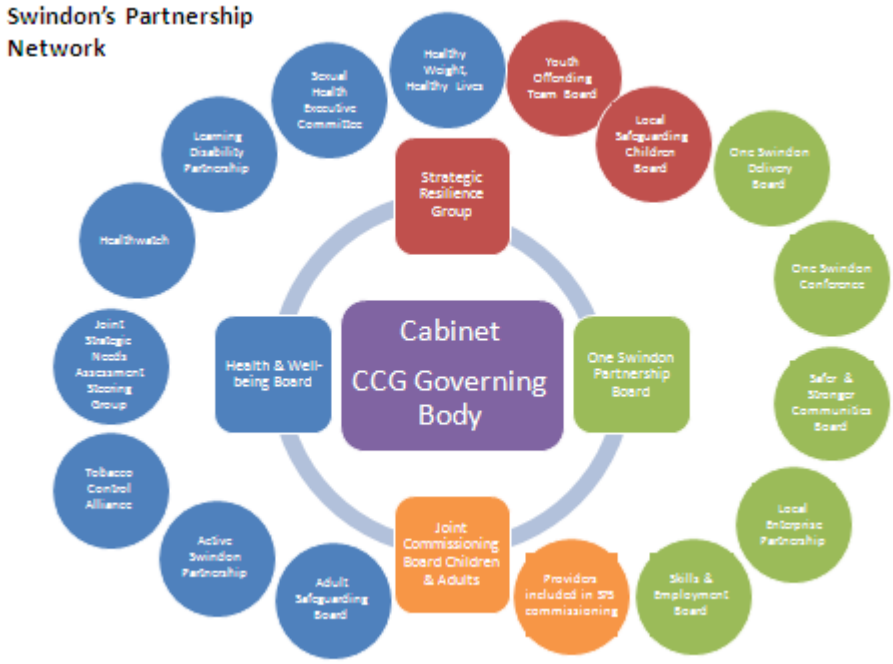
Partnership arrangements

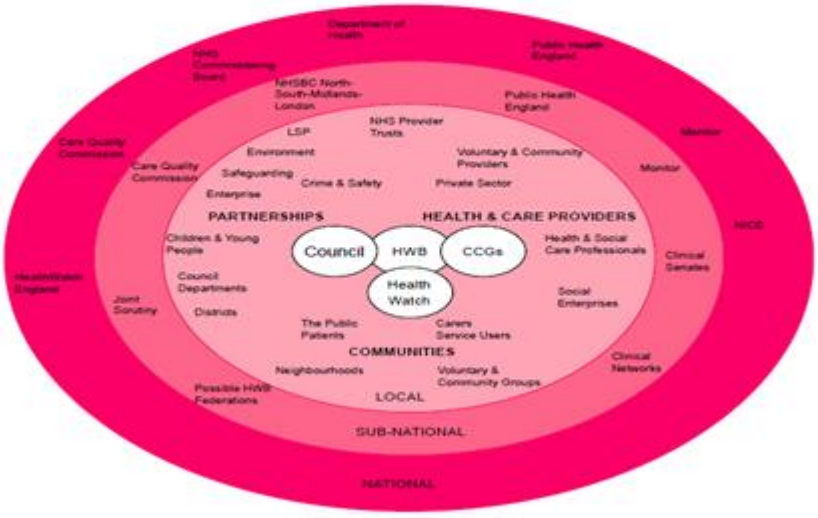
Swindon has a National Health Services Act 2006 section 75 Agreements for the commissioning of adult health and social care services including mental health and commissioning of health, education and social care services for children.

Governance arrangements to monitor the section 75 Agreements are in place through the Health and Wellbeing Board at a strategic level and operationally through the Joint Commissioning Group Children & Adults (JCG) reporting to the Health & Wellbeing Board. The CCG and Swindon Borough Council including Public Health are members of the JCG and the Health and Wellbeing Board.

The Joint Commissioning Group Terms of Reference provide a link to the Health and Wellbeing Board who monitor the implementation of the NHS Act 2006 Section 75 Agreements and these commissioning intentions. There is also a link to the Strategic Resilience and Capacity Plan and the Swindon Strategic Systems Resilience Group which is the new whole system network designed to bring together multiple stakeholders from across Swindon and Wiltshire.



Health & Well-being Board: key relationships



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Appendix 2

In the table below we set out how the priorities within the Commissioning Intentions match those in the Health and Wellbeing Strategy

Swindon Health and Wellbeing Strategy		Joint Commissioning Intentions	Source of evidence to support
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.	JSNAs Inspection reports and annual self-assessment Performance reports to Children's Health, Social Care and Education Overview and Scrutiny Committee and Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee and Health & Wellbeing Board

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Swindon Health and Wellbeing Strategy		Joint Commissioning Intentions	Source of evidence to support
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	Admission rate analysis from JSNA Programme spend analysis from JSNA Care Act 2014 Long term conditions identified in GP survey – dementia, respiratory, diabetes
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.	JSNA Experian Mosaic GP survey One Swindon Public Event Comparative admission rates Locality champions feedback
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	Increasing investment in mental health and reviewing our model of care for learning disability Improved transition services	JSNA Identified in top 5 from GP surveys National strategy

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Swindon Health and Wellbeing Strategy		Joint Commissioning Intentions	Source of evidence to support
Outcome	**Priorities**		
	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	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	Key priority for Swindon Borough
Creation of sustainable environments in which communities can flourish	Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals. Work with our local communities to develop 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	Workforce strategy, responding to the 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	JSNA Part of self-care agenda Picked up as priority through locality groups

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Swindon Breastfeeding Strategy refresh

Health and Wellbeing Board **Date: 13th July 2016**

Author:	Director of Public Health, Swindon Borough Council
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

1.1 To obtain ratification from the Health and Wellbeing Board for the Swindon Breastfeeding Strategy refresh.

1.2 There is strong evidence that Breastfeeding improves the health of babies and their mothers. In order to improve breastfeeding prevalence and to give a strategic direction, Swindon has had a ratified breastfeeding strategy since 2008 which is used by all key stakeholders, including the Children, Families and Community Health Services at Swindon Borough Council (SBC) and the maternity services at the Great Western Hospital.

1.3 The previous strategy is now out of date. The strategy has been refreshed rather than re-written as there has been no national or local change to policy or procedure.

2. Recommendations

The Board is recommended to:

2.1 Discuss and approve the refreshed Swindon Breastfeeding Strategy 2016-2020 attached at Appendix 1 to the report.

2.2 To recommend to Cabinet and the Clinical Commissioning Governing Body that they adopt the refreshed Swindon Breastfeeding Strategy for 2016-2020.

3. Detail

Links to SBC priorities and other strategies

3.1 This updated Strategy links to SBC Priority Four: help people to help themselves while always protecting the most vulnerable children and adults.

3.2 It also links to the Swindon Health and Wellbeing Strategy Outcome 1: every child and young person in Swindon has a healthy start in life, with one indicator of success for this strategy being the prevalence of breastfeeding at 6-8 weeks after birth.

Further information on the subject of this report can be obtained from Fiona Dickens, 01793 444680, FDickens@swindon.gov.uk.

3.3 There has been a substantive engagement around the update of this strategy, involving representatives from the Great Western Hospital NHS Trust, Children's Centres, voluntary organisations, parents and Swindon Borough Council's Children, Families & Community Health Team.

What has been updated?

3.4 The changes that have been made to the refreshed strategy are:

3.4.1 The foreword has been updated to include comments from Councillor Fionuala Foley.

3.4.2 A vision has been added.

3.4.3 Acknowledgement that Swindon Borough Council Health Visitor Service and Family Nurse Partnership achieved full UNICEF Baby Friendly accreditation in May 2016. This programme is used by Swindon to drive change in breastfeeding prevalence.

3.4.4 Updates made to national and local data on breastfeeding, including data from the Swindon Best Start Joint Strategic Needs Assessment and the Public Health Outcomes Framework.

3.4.5 Updates to research and references.

3.4.6 Organisational updates e.g. the last strategy was written when Swindon Public Health department were part of Swindon PCT.

3.5 The breastfeeding strategy will include artwork in a similar style to the Swindon Health and Wellbeing strategy once ratified.

4. Alternative Options

4.1 There is no alternative option, as the strategy is out of date and we need an updated strategy to support an improvement in breastfeeding prevalence.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

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

5.2 Any service reviews or service requirements which are discussed as a result of this report will be reviewed and a business case developed accordingly.

Further information on the subject of this report can be obtained from Fiona Dickens, 01793 444680, FDickens@swindon.gov.uk.

Legal and Human Rights Implications

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

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

5.4 There are implications for improving health and wellbeing, as a result of increasing the prevalence of breastfeeding.

5.5 There are positive implications for sustainability with a reduction in refuse and pollution footprint with more breastfeeding, compared to the energy needed to produce, package and transport formula and the waste produced from the packaging.

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

Diversity Impact Assessment

5.7 A diversity impact assessment has been completed as part of the Breastfeeding Strategy update and is available on request. The breastfeeding action plan will develop actions to work on identified gaps or issues

Risk Management

5.8 No specific risks have been identified at this stage for this report.

6. Consultees

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

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Swindon Breastfeeding Strategy 2016 - 2020.

Further information on the subject of this report can be obtained from Fiona Dickens, 01793 444680, FDickens@swindon.gov.uk.

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DRAFT V3

Swindon Breastfeeding Strategy 2016 – 2020

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Foreword

Breastfeeding is acknowledged by the World Health Organisation as the best means of giving infants a normal, healthy start to life (World Health Organisation, 2002). It not only provides the correct amount and balance of nutrients for optimal growth and development, it also protects against many illnesses for both baby and mother, both while breastfeeding occurs and after weaning from the breast.

Currently about half of all mothers in Swindon breastfeed their baby at 6-8 weeks of age, which is higher than the England average. However we know that around 80% of Swindon mothers start breastfeeding just after the birth of their baby and many give up before they would like to due to having problems with feeding.

The mother's decision of whether to breastfeed her infant or not can depend on a number of factors; younger mothers are less likely to breastfeed, as are less educated mothers, and mothers from a more socio-economically deprived background (NICE 2008; Health and Social Care Information Centre, IFF Research, 2012). Mothers who are from a black and minority ethnic (BME) background are much more likely to take up breastfeeding.

Even when the mother wishes to breastfeed her infant she may encounter barriers due to lack of experience or support with breastfeeding, which can lead to mastitis (an inflammation of breast tissue), inadequate milk supply or blockages in milk let down. There are also social and economic issues which can be impediments, such as mothers returning to work shortly after birth and the acceptability of breastfeeding in public places.

However these barriers can all be lessened or removed to a large extent by well trained professionals, good quality of social support within the community, an understanding and appreciation of the multiple benefits of sustained breastfeeding for both the mother and child and establishing an acceptance within the community that breastfeeding is the norm. There are also legal dimensions to support and normalise breastfeeding, in that the Equality Act 2010 (Great Britain) protects against treating a woman unfairly because she is breastfeeding.

We are committed to tackling these barriers to optimise the health and wellbeing of Swindon mothers and their babies, through working to make breastfeeding the normal way of feeding a baby and diminishing health inequalities related to breastfeeding.

Cherry Jones	Councillor Fionuala Foley
Director of Public Health	Cabinet Member for Children's Services
Swindon Borough Council	Swindon Borough Council

Introduction

There is strong evidence showing that breastfeeding confers protection for the mother from breast cancer (Renfrew, et al, 2012; World Cancer Research Fund and American Institute for Cancer Research, 2007), and for the baby, protection from gastroenteritis, respiratory infections, middle ear infections and necrotising enterocolitis (a rare condition where portions of the bowel tissue die). There may be further benefits to the baby as there is some evidence that breastfed babies have a lower incidence of sudden infant death syndrome (SIDs), are less likely to be obese as children (Renfrew, et al, 2012) and have a higher IQ. Breastfeeding may help with weight control in the mother (Bobrow *et al*., 2009).

Breastfeeding in the first year of life reduces the risk of infant mortality (Chen and Rogan, 2004); we know from national and local data that mothers from lower socio-economic backgrounds are less likely to breastfeed (see 'National and local data' section) than those on higher income. The infant mortality rate in Swindon (2010-2012) is significantly lower than the national figure (Swindon Health and Wellbeing Board, 2015). The Swindon child poverty needs assessment (NHS Swindon, 2011) shows that infant mortality rates within Swindon vary according to level of deprivation. In Swindon there is a significant higher rate between the most deprived quintile (most deprived 20%) in Swindon compared to the other four quintiles. Infant mortality rates are one of the most sensitive indicators of health inequalities.

Potentially, supporting more mothers to breastfeed, particularly targeting population groups where breastfeeding prevalence is low could have a positive impact on the health of both mother and child (Renfrew, 2012.) It is likely to result in considerable savings to the NHS (see section on 'Costs of improving breastfeeding section below'). Breastfeeding rates in the UK are among the lowest in Europe and experience of other countries to increase breastfeeding rates shows that there is potential for these rates to increase (Renfrew, 2012) and to support health improvement in the most deprived communities.

In Swindon, similarly to the rest of the country, several factors make the initiation and maintenance of breastfeeding particularly difficult. Examples of barriers to breastfeeding include:

- cultural attitudes – breastfeeding in public is not common which can mean that women do not know what to expect and how to practically breastfeed; bottle feeding may be the 'norm' in some communities so there is lack of family and social support or even a stigma associated with breastfeeding; There is also the impact of attitudes from partners. Research on perception of breastfeeding of white low-income British men (Henderson et al 2011) stated that father's views have been shown to be important determinants of infant feeding decisions. They concluded that breastfeeding was perceived in this group as "natural" but problematic, whereas formula feeding was mainly considered as convenient and safe.
- commercial promotion of artificial milks- making it seem like the easier choice;
- obstacles for the working mother, such as being unable to find child care facilities at or near the workplace and inflexibility in their work hours and locations.

However increasing awareness, less promotion of commercial products and support for women has resulted in breastfeeding initiation rates increasing. In the 1990 UK Infant Feeding Survey, breastfeeding initiation rates were 62% for the UK (Health and Social Care Information Centre, IFF Research, 2012). In the 2010 survey this had increased to 81%.

This breastfeeding strategy and its action plan is one of a range of integrated programmes to promote child health and support parents, as set out in the Healthy Child Programme (Department of Health, 2009) and the Public Health Outcomes Framework (Public Health England). It has been produced in collaboration with the Swindon breastfeeding working group and other key stakeholders. It is recommended that it is read in conjunctions with the Swindon Best Start Joint Strategic needs assessment, breastfeeding section, which contains more detailed analysis of breastfeeding data, particularly at a Swindon level.

The vision

Our vision is to provide babies with the best start in life by ensuring that breastfeeding is the norm. Everyone has a role in this, from parents and wider family members to health professionals who can support mothers to breastfeed. These stakeholders can provide encouragement to businesses and workplaces to provide more conducive environments for breastfeeding. They can also support improved education around breastfeeding, including working with schools and early years settings.

Aims and objectives

The aim is to improve the health of Swindon Borough Council and Swindon CCG mothers and their babies and reduce health inequalities, through increasing the numbers of mothers who initiate and maintain breastfeeding for as long as they and their child want.

In order to deliver this aim, an action plan has been developed to deliver the following objectives:

- establish a baseline of breastfeeding levels and monitor progress related to targets;
- deliver evidenced based programmes in a range of settings to normalise, promote and support breastfeeding, with particular focus on health inequalities, and;
- create a breastfeeding friendly environment through wider actions in the community.

Cost of improving breastfeeding rates

Implementing specific programmes to increase breastfeeding prevalence have been estimated to be cost-effective by both NICE (2006) and UNICEF (Renfrew, 2012).

NICE in 2006 provided costs and activity estimates of the financial impact of implementing the Baby Friendly Initiative in local maternity units. They concluded that it was ‘ highly likely’ that this would be cost effective over at least 3 years when balancing the costs of implementing the initiative compared with reduced treatment costs for gastroenteritis,

otitis media and asthma in babies achieved by increasing breastfeeding rates and reduced use of formula milks and teats in hospital.

The UNICEF Cost Analysis report (Renfrew, 2012) estimated cost savings to the NHS of over £40 million a year from a moderate increase in breastfeeding rates due to a reduction in illnesses in both mother and baby, where breastfeeding is thought to have a protective effect. They estimated that 'investment in effective services to increase and sustain breastfeeding rates is likely to provide a return within a few years, possibly as little as one year'.

Guidance and targets

Guidance
National and international guidance recommend exclusive breastfeeding for the first six months (26 weeks) of life (NICE, 2008; World Health Organisation, 2002). After this time, introduction of appropriate solids can gradually start, with breastfeeding continuing for as long as mother and baby wish.

Targets
The Department of Health introduced individualised targets for NHS Primary Care Trusts (PCTs) to measure breastfeeding initiation and coverage (the percentage of people monitored) in 2006/07 financial year as part of targets to improve breastfeeding prevalence at initiation. The Department of Health then requested breastfeeding prevalence and coverage measurements at 6 to 8 weeks following birth, in 2008/09 financial year from PCTs as work on breastfeeding developed beyond initiation.

The coverage target set by the Department of Health is 95%. Indicators in the Public Health Outcomes Framework (NHS England, 2014) are now used to inform the setting of local targets to increase breastfeeding.

The breastfeeding indicators in the Public Health Outcomes Framework are:

- Breastfeeding initiation
- Breastfeeding prevalence at 6-8 weeks after birth

The Swindon targets are:

- Increase the prevalence of breastfeeding initiation in SBC from 76.3% in 2014/15 to 79% by 2019/20.
- Increase the prevalence of breastfeeding at 6 to 8 weeks in SBC from 46.1% in 2014/15 to 48% in 2019/20
- Increase the prevalence of exclusive breastfeeding at 6 to 8 weeks in SBC from 30.4% in 2014/15 to 32% in 2019/20.
- Reduce the drop off in breastfeeding prevalence at 6 to 8 weeks from 39.6% for SBC in 2014/15 to 38% by 2019/20.
- The above targets should aim to reduce the gap in breastfeeding prevalence between the most deprived areas and the Swindon average.

National and local data

There are two main sources of national data. The UK Infant Feeding Survey (Health and Social Care Information Centre, 2012) and NHS England national data on initiation and at 6 to 8 weeks after birth, which is collected in all areas of England and uploaded nationally (NHS England, 2014).

The Infant Feeding Survey

The Infant Feeding Survey collects detailed information on population demographics and this information is not available from the NHS England data collection. The most recent survey was measured in 2010 (Health and Social Care Information Centre, 2012). This shows that in the UK in 2010 81% of mothers initiated breastfeeding, with the highest incidences of breastfeeding found among mothers aged 30 or over (87%), those from minority ethnic groups (97% for Chinese or other ethnic group, 96% for Black and 95% for Asian ethnic group), those who left education aged over 18 (91%), those in managerial and professional occupations (90%) and those living in the least deprived areas (89%). This is despite the fact that mothers in Great Britain from a black or Asian background (59%) were more likely to live in the most deprived quintile than white mothers and those from a Chinese or other ethnic background (24% for both).

The incidence of breastfeeding decreased as deprivation levels increased, so that fewer than three-quarters (73%) of mothers in the most deprived quintile initiated breastfeeding compared with almost nine in ten (89%) of the least deprived mothers. Incidence was lowest in routine and manual occupations (74%) and among those who had never worked (71%). White mothers had the lowest incidence of breastfeeding of all ethnic groups (79%). Mothers under the age of 20 were least likely to breastfeed in all countries, with 61% of incidence in England.

Across the UK as a whole, the age at which the mother completed full time education had an impact on breastfeeding. 91% of mothers who left full-time education when they were over 18 breastfed their baby, compared to 75% who left education aged 17 or 18 and 63% who were 16 or under when they left full-time education.

The Infant Feeding Survey did not include Roma, English Gypsy and Irish Traveller communities. A study by Louise Condon (2014) found that it is not possible to make statements about infant feeding among Gypsy-Travellers as a whole, as the different subgroups of Gypsy-Travellers differ widely in their customary infant feeding behaviours. Her study found that most English Gypsies and Irish Travellers chose to bottle feed and often weaned early, behaving similarly to other UK mothers of similar socio-economic class, age and educational achievement. By contrast there is a strong tradition of extended breastfeeding and late weaning among the Roma. These feeding behaviours are more closely allied to non-white mothers living in the UK, and to mothers living in countries where breastfeeding is practised by the majority of the population. Condon recommended that these groups receive a targeted service from health professionals who understand the customs and practices of Roma, English Gypsy and Irish Traveller communities.

The Infant feeding survey found that breastfeeding drops off rapidly in all groups in the first 6 weeks after initiation. The prevalence of breastfeeding fell from 81%t at birth to 69% at one week, and to 55% at six weeks. 63% of Mums who had stopped breastfeeding by 8-10 months would have liked to have breastfed for longer, with the majority giving up within the first 6 weeks. The drop off in breastfeeding prevalence between initiation and 6-8 weeks is a concern.

National data from the Infant Feeding Survey shows that only 1% of mothers in the UK are exclusively breastfeeding at 6 months (Health and Social Care Information Centre, 2012), therefore nationally, this recommendation is far from being met. Data are not collected at local level at 6 months, so it is not possible to measure if this recommendation is being met, however local data is collected at initiation and at 6 to 8 weeks after the birth- further information is provided on these data below.

NHS England breastfeeding data

The NHS England data collection allows the comparison of local level data with that of England and the local region. Local level data is available by PCT area up to the end of 2012/13. After this time data were reported by CCG area. Swindon PCT and Swindon CCG areas are coterminous which allows comparison of data over the PCT/CCG area going back since data collection began for both initiation and at 6 to 8 weeks. Since 2013/14, data has been available at Local Authority level. Swindon CCG and Swindon Borough Council (SBC) do not have coterminous boundaries. Swindon CCG area covers SBC plus the town of Shrivenham.

Comparison of SBC's prevalence with 'similar towns' is problematic as the definitions of similar towns have changed between 2014/15 and 2015/16. The national data do not provide confidence intervals, therefore tests of statistical significance are not possible.

There have been data quality issues which have meant data have not been consistently reported and are missing for some data points. Poor quality data is indicated in figure 2, where the data is provided as estimated data.

Definitions
The mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mothers breast milk (NHS England, 2014). Breastfeeding at 6-8 weeks after birth is defined as infants who are currently receiving breast milk at 6-8 weeks of age (NHS England, 2014). They may also be receiving formula milk, any other liquids or food or only breast milk. Data has been collected since April 2003 on initiation.

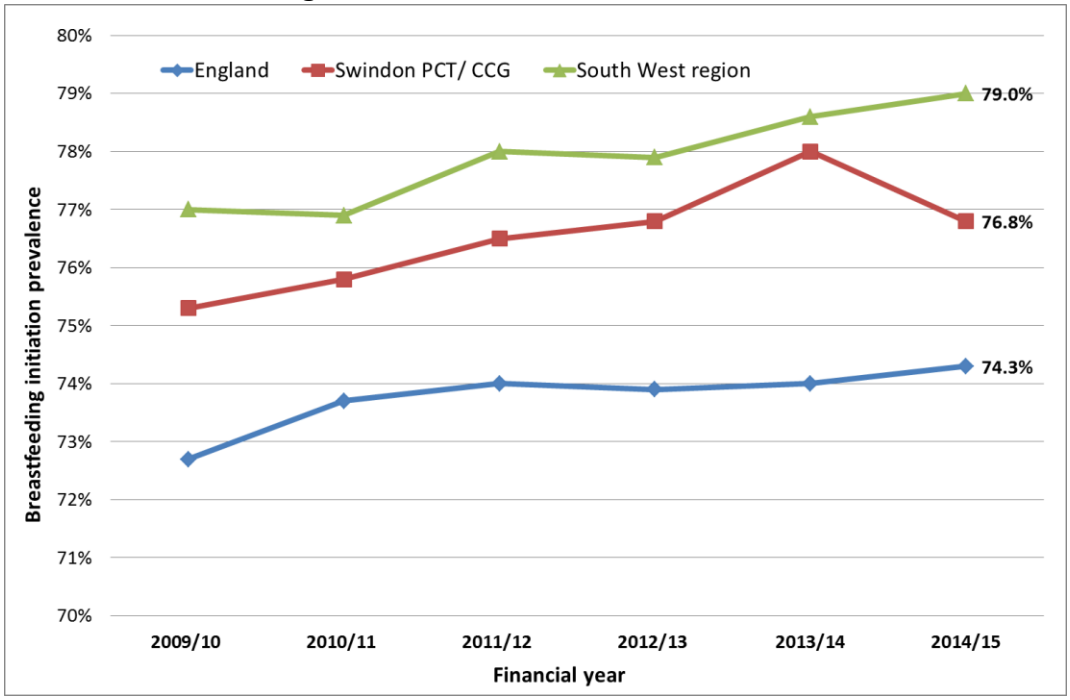
Initiation
Breastfeeding initiation prevalence has shown a small increase in Swindon PCT/CCG, England and the South between 2009/10 and 2014/15- see figure 1. Swindon's prevalence has increased from 75.3% to 76.8% over this period, but there has been some fluctuation. The rise has been between mainly in the first 3 to 4 years in England and Swindon, after this

time initiation rates are at a plateau. The South West region has shown a slow steady increase over the whole period.

Swindon has slightly higher breastfeeding prevalence at initiation than England. The South West region has higher initiation rates than both Swindon and England.

SBC prevalence for initiation is slightly lower than that of the Swindon CCG area for both 2013/14 and 2014/15, with the prevalence being 77.6% in SBC and 78.0% in Swindon CCG in 2013/14, and 76.3% in SBC and 76.8% in Swindon CCG in 2014/15.

Figure 1: Breastfeeding initiation from 2009/10 -2014/15 for England, Swindon PCT/CCG and the South West region



The Local Authority areas with the highest initiation rates in 2014/15- there are a number of areas with prevalence over 90% where there were no data quality issues. These are Camden (90.5%), Hackney (92%), Haringey (90.9%), Hounslow (90.8%), the Isles of Scilly (100%- 21 women), Lambeth (91.4%), Newham (90.3%) Richmond-upon-Thames (91.1%) and Wandsworth (92.9%).

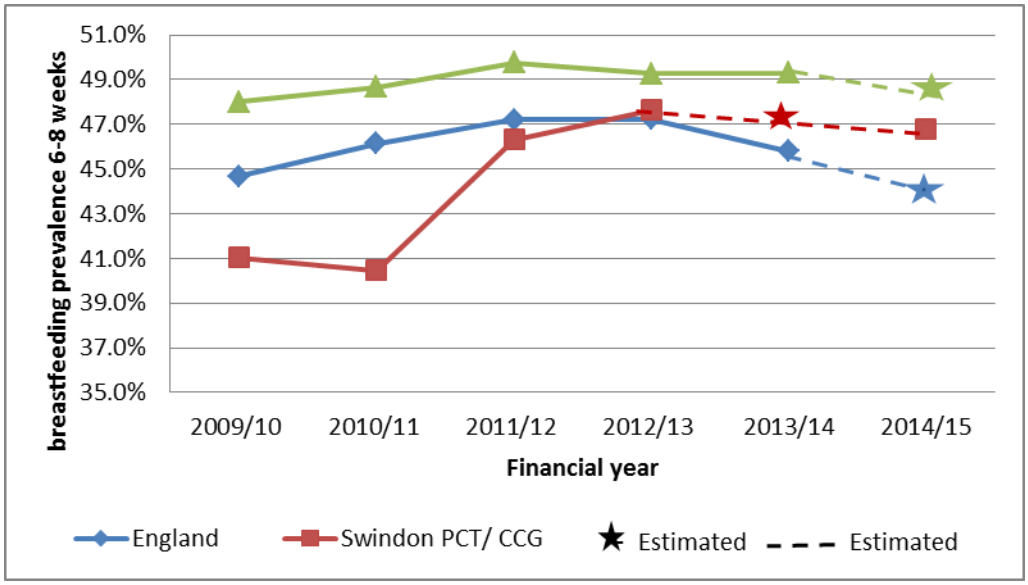
6 to 8 weeks prevalence

Data quality has been poor for data for breastfeeding 6 to 8 weeks for many areas for 2013/14 and 2014/15. This is mainly due to changes in data return arrangements that were implemented in 2013/14 due to NHS and Local Authority changes.

Between 2009/10 and 2014/15 breastfeeding prevalence has most likely increased in England, Swindon PCT/ CCG and the South West region. The changes are masked by data quality issues where less than 95% of data were reported in England, Swindon and the South West in 2014/15 and the estimates in Figure 2 underestimate the prevalence. Most of this increase occurred between 2009/10 and 2012/13, with all areas appearing to plateau off or slightly dip after this time.

SBC prevalence at 6 to 8 weeks is slightly lower than that of the Swindon CCG area for 2014/15 (data quality was poor for both areas for 2013/14), with the prevalence being 46.1% in SBC and 46.8% in Swindon CCG in 2014/15.

Figure 2: Breastfeeding at 6-8 weeks from 2009-10 to 2012/13 for England, Swindon PCT/CCG and the South West



Estimates need to be treated with caution as data quality is poor. The estimates are the actual reported figures, however they will be an underestimate as the coverage on the estimates does not meet the 95% coverage target.

The Local Authority area with the highest prevalence at 6 to 8 weeks is Hackney with 81.5% prevalence.

Exclusive breastfeeding prevalence at 6 to 8 weeks in 2014/15

National guidance is for exclusive breastfeeding until 6 months of age. The national data for 6 to 8 weeks for exclusive breastfeeding below, shows there are no areas which are meeting this recommendation:

Area	**prevalence of exclusive breastfeeding at 6 to 8 weeks**
England	30.1%, however there were data quality issues
Swindon CCG	31.1%
SBC	30.4%
South West	35.9%, however there were data quality issues

Best performing area, with no data quality issues: Brighton and Hove- 57.9%

Drop off in breastfeeding prevalence

Data on breastfeeding initiation (figure 1) and 6 to 8 weeks (figure 2) demonstrates that there is a drop off in breastfeeding prevalence in England, Swindon and the South West

region. Drop off rates are calculated as follows: (% of mothers initiating breastfeeding MINUS % of infants being breastfed at 6-8 weeks) DIVIDED BY % of mothers initiating breastfeeding. These are the prevalence drop offs for 2014/15:

Area	**Drop off rate**
England	41.0%
Swindon CCG	39.1%
SBC	39.6%
Area team	No data due to data quality issues

Best performing area where data are available: City and Hackney CCG- 10.8%

Local data sub- analysis

There is considerable variation in breastfeeding prevalence in communities within Swindon, with those with the greatest social-inequalities being least likely to breastfeed i.e. those with the lowest educational attainment, lowest socio-economic status and low maternal age. Local analysis of Swindon breastfeeding data at 6 to 20 weeks after birth from the health visitor primary visit 2011/12, showed:

- Breastfeeding at 6 to 20 weeks appears to be associated with the age of the mother. Mothers who were 19 years or under have the lowest breastfeeding rates (24%) and mothers of 30 years or older show greater rates of breastfeeding initiation (69%), in Swindon in 2011/12.
- Mothers of Asian (94%), black (89%) and Chinese or any other ethnicity (86%) were more likely to initiate breastfeeding when compared to mothers of mixed ethnicity (80%) and white ethnicity (71%). However the data may be required to be looked at in more detail as there were some small sample sizes – in particular the mothers of mixed ethnicity.

Local analysis of exclusive breastfeeding prevalence was carried out on data from 1648 mothers/infants from the Swindon Local Authority area, from Sept 2012 to June 2013. The data were from Health Visitors and GP records. Across Swindon 31% of women were exclusively breastfeeding at 6 to 8 weeks, but the prevalence varied from electoral word to electoral ward.

Table 1 shows Swindon electoral wards presented by descending tendency to be exclusively breastfed at 6 to 8 weeks. The actual numbers of exclusively breastfed infants are included in the far right column. Each ward has been colour coded using English Indices of Deprivation 2010 (Average ID2010 ranking: McLennan et al, 2011) to show whether it belongs to the 25% of the country's most deprived wards (red), 50% of in-between wards (grey) or 25% of least deprived wards (blue).

Table 1: Exclusive breastfeeding prevalence at 6 to 8 weeks in SBC by ward level and deprivation level

Average ID2010 Ranking	electoral Ward	% exclusively breastfed	no. exclusively breastfed
27,475.00	Lawn & Chiseldon	47	9
17,643.80	Eastcott	43	40
25,684.60	Old Town	41	30
13,069.50	Central	40	40
19,230.80	Mannington & Western	39	38
26,721.80	St Margaret & South Marston	36	25
26,943.80	St Andrews	35	51
13,762.90	Rodbourne Cheney	35	27
28,941.80	Priory Vale	33	54
24,183.60	Blunsdon & Highworth	33	14
26,747.40	Shaw	31	26
21,912.40	Lydiard & Freshbrook	31	25
22,478.80	Wroughton & Wichelstowe	29	8
21,450.10	Covingham & Dorcan	28	18
23,990.50	Haydon Wick	26	20
13,392.60	Liden, Eldene & Park South	24	22
11,473.40	Gorse Hill & Pinehurst	24	24
9,032.80	Walcot & Park North	23	30
14,689.10	Penhill & Upper Stratton	12	13

From table 1, it can be seen that 3 out of 5 of the 25% of most deprived wards (coloured red) occupy the lower half of the table with the exception of Central and Eastcott wards. An explanation for this may be that in the 2011 census (Swindon Borough Council, 2014) Central and Eastcott wards had the highest proportion of people from BME origin in Swindon living in these wards; 48.2% of the residents of Central ward and 27.7% from Eastcott ward. Comparatively, the proportion of Swindon's total population people of BME origin was 15.4%.

Effective interventions

Various factors have been shown to contribute to good rates of breastfeeding initiation and maintenance including (NICE, 2008; Entwistle 2013):

- Local programmes within maternity and community settings to promote, protect and support breastfeeding e.g. peer support programmes, structured programmes such as UNICEF UK Baby Friendly Initiative - see appendix 1 for more details.
- Evidence based training of healthcare workers and volunteers who are in contact with breastfeeding mothers, to ensure consistency in support and advice given.
- Increasing access to disadvantaged groups through providing antenatal and postnatal services in Children's centres.

- No infant feeding industry advertising including equipment, information leaflets or in training. This is in accordance with the World Health Organisation international code of marketing breast milk substitutes, 1981.
- Joint working of local partners through a co-ordinated approach, a joint strategy and action plan, with an identified person to lead on implementation of the action plan.
- Have written policies and guidelines to support breastfeeding; these need to be linked to staff training.
- Have processes for implementing, auditing and evaluating work to increase breastfeeding prevalence.
- Creation of a breastfeeding friendly environment throughout a local area including in workplaces, schools, nurseries, children's centres, local authority premises, shops, and healthcare premises. This is part of work to implement recommendations from the Equality Act 2010, which includes clauses prohibiting discrimination against breastfeeding in public places.
- Raising awareness of breastfeeding through work with the media, schools and nurseries as well as local authority and health care

Our values that underpin this strategy:

- In supporting breastfeeding we will do no harm
- We will not exclude any woman on grounds of race, culture, or background
- We will consider the different needs of mothers and their babies in Swindon
- We will support and not discriminate against women who choose to artificially feed their babies

Previous work to increase breastfeeding in Swindon

Swindon has had breastfeeding strategy and action plan to increase breastfeeding prevalence since 2008. As seen from the data above, there have been increases in breastfeeding prevalence at initiation and at 6 to 8 weeks in both Swindon and in England. It is difficult to identify what has caused the increase since all areas of England had targets to increase breastfeeding from 2008 to 2013.

These are the main areas of work:

- The UNICEF Baby Friendly Initiative has been implemented in both hospital and community settings in Swindon, with Swindon maternity services having achieved full accreditation in 2014 and the Swindon Health Visiting service and Family Nurse Partnership having achieved full accreditation in May 2016.

- Peer support programme, Breastmates – These are informal drop-in groups where breastfeeding mothers can meet other mums for a drink, chat and if needed, gain support with breastfeeding. The groups are run by a mix of health professionals, breastfeeding counsellors and peer supporters (mothers who have breastfed and received training).

- Breastfeeding welcome scheme- Swindon Borough council have signed up to Breastfeeding Welcome, which is a national programme to support Mums who feed in public places. Local public places agree to put up signage and support the rights of mothers breastfeeding on their premises.

- Media work- we have planned publicity for promoting breastfeeding in the local media on at least an annual basis, which has always been picked up by the local media. We have also undertaken a social marketing campaign.

Putting an action plan into practice

To ensure that the aims of this strategy can be effectively achieved and previous work can be built on, an action plan will be put in place. The action plan will focus on evidence based guidance, including from NICE and guidance from the Department of Health of what an action plan should contain, as a minimum standard (Dept. of Health, 2008), including maintenance of UNICEF Baby Friendly Initiative accreditation in maternity and community services. The action plan will look at work to target those who have the lowest rates of breastfeeding to support and increase in breastfeeding e.g. through programmes such as:

- Continued focus on keeping up standards of the UNICEF baby friendly initiative programme, aiming to improve on practice, including aiming for advanced status and eventually bacon status. This will include:
    - training for all health professionals and workers who support or are involved with breastfeeding, so that they understand the barriers to breastfeeding and have an awareness of how to mitigate these barriers. This includes training for all workers in the Family Nurse Partnership, who work with pregnant teenagers.
    - No infant feeding industry advertising including equipment, information leaflets or in training.
    - Joint working of local partners through a co-ordinated approach, a joint strategy and action plan, with an identified person to lead on implementation of the action plan.
    - Have written policies and guidelines to support breastfeeding; these will be linked to staff training.
    - Have processes for implementing, auditing and evaluating work to increase breastfeeding prevalence
- peer support programmes, endeavouring to recruit from a range of different community groups
- mixed feeding support groups (for both bottle and breastfeeding) for areas where breastfeeding is not the norm, to increase visibility of breastfeeding
- continued implementation of the Breastfeeding Welcome scheme, where local businesses and public places sign up to support women who breastfeeding on their premises. Even though the Equality Act 2010 protects against treating a woman unfairly because she is breastfeeding, local focus groups with Mothers in Penhill around breastfeeding and feedback from midwives indicate that some women do not realise that breastfeeding is a protected characteristic and thought it was illegal

to breastfeeding in public. Women had also heard about breastfeeding mothers having a bad experience breastfeeding in public.

- Raising awareness of breastfeeding through work with the media, schools and nurseries as well as local authority and health care
- Innovative work within health visiting teams to improve breastfeeding rates in specific socio-cultural communities

This action plan is available from Fiona Dickens, Public Health Programme Manager, Swindon Borough Council, email: FDickens@swindon.gov.uk, telephone- 01793 444680.

Progress of this strategy will be monitored by the Swindon Breastfeeding Working group with regular reports back to the Swindon Children's Trust Board. The group will also report to other key partners as required.

Diversity impact assessment

A Diversity Impact Assessment has been completed and incorporated into this strategy. Adverse issues are outlined in the strategy and will be incorporated in the action plan as outlined in the section above, including signposting to information in other languages and use of language line

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Appendix 1- The Baby Friendly Initiative (www.unicef.org.uk/babyfriendly/)

The Baby Friendly Initiative is a worldwide programme of the World Health Organization and UNICEF. It was established in 1992 to encourage maternity hospitals to implement a plan called 'the Ten Steps to Successful Breastfeeding' and to practise in accordance with the International Code of Marketing of Breastmilk Substitutes.

The UNICEF UK Baby Friendly Initiative was launched in the UK in 1994 and, in 1998, its principles were extended to cover the work of community health-care services in the Seven Point Plan for the Promotion, Protection and Support of Breastfeeding in Community Health Care Settings.

The Baby Friendly Initiative works with the health-care system to ensure a high standard of care for pregnant women and breastfeeding mothers and babies. It provides support for health-care facilities that are seeking to implement best practice, and offers an assessment and accreditation process that recognises those that have achieved the required standard.

After extensive consultation, a set of new standards were published, which use new evidence and best practice to build on the existing standards, which were introduced in 2013 (see standards below).

Locally, the Great Western Hospitals NHS Foundation Trust maternity services and also the Swindon Health Visiting service and Family Nurse Partnership have achieved full Baby Friendly Initiative accreditation and are working on and implementing the new standards.

Baby Friendly Initiative standards

Building a firm foundation- stage 1

The aim of this first stage is for the service to put into place the foundations for achieving the changes needed. This includes an infant feeding policy (or equivalent), a plan for staff training (including a curriculum) and the protocols and guidelines which underpin how the staff will implement the standards.

1. Have written policies and guidelines to support the standards.
2. Plan an education programme that will allow staff to implement the standards according to their role.
3. Have processes for implementing, auditing and evaluating the standards.
4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff.

An educated workforce- stage 2

The aim of stage two is to ensure that all staff caring for mothers, babies and their families have the knowledge and skills they need to implement the standards according to their role.

Parents' experiences of maternity services- stage 3

The aim of this stage is to ensure that the standards are being implemented, benefiting mothers and babies, and achieving improved outcomes.

1. Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
2. Support all mothers and babies to initiate a close relationship and feeding soon after birth.
3. Enable mothers to get breastfeeding off to a good start.
4. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
5. Support parents to have a close and loving relationship with their baby.

Parents' experiences of neonatal units

1. Support parents to have a close and loving relationship with their baby.
2. Enable babies to receive breastmilk and to breastfeed when possible.
3. Value parents as partners in care.

Parents' experiences of health visiting services

1. Support pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
2. Enable mothers to continue breastfeeding for as long as they wish.
3. Support mothers to make informed decisions regarding the introduction of food or fluid other than breastmilk.
4. Support parents to have a close and loving relationship with their baby.

Parents' experiences of children's centres

1. Support pregnant women to recognise the importance of early relationships to the health and wellbeing of their baby.
2. Protect and support breastfeeding in all areas of the service.
3. Support parents to have a close and loving relationship with their baby.

When all three assessment stages have been achieved, full Baby Friendly accreditation is awarded. It is at this stage that services usually see improvements in breastfeeding rates.

Building on good practice

Demonstrate innovation to achieve excellent outcomes for mothers, babies and their families. Periodic reassessments are needed to make sure that mothers, babies and their families are still experiencing Baby Friendly care. Moving beyond the basic standards is encouraged once they become embedded in everyday practice. Innovations that support enhanced standards of care, evidence of improving outcomes and more advanced staff education can all contribute towards a services application for Advanced or Beacon Baby Friendly status.

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Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board **Date: 13th July 2016**

Author:	Director Adult Social Services, Swindon Borough Council
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 meeting of the Joint Commissioning Group held on 24 June 2016.

2. Recommendations

The Committee is recommended to:

2.1 To review the discussions held and issues arising from the meeting of the Joint Commissioning Group held on 24 June 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 24 June 2016 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.

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

Risk Management

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

6. Consultees

6.1 This covering report presents the minutes of the Joint Commissioning Group at their meeting on 24 June 2016. The items discussed at that meeting 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 24 June 2016.

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

Joint Commissioning Group
Notes of 24th June 2016 Meeting

Present:

Sue Wald (SW), Cherry Jones (CJ), Jackie Walker (JW), Joy Kennard (JK), Matthew Hawkins (MH), Gill May (GM)

Item	*Description*	*Action*
1.	**Apologies** Caroline Gregory (CG), Peter Nathan (PN), Nicki Millin (NM), Paul Bearman (PB), , Thomas Kearney (TK), Sheila Baxter (SB), Louise Tapper (LT), Lyn Frith (LF), Angela Plummer (AP)	
2.	**Matters arising and Minutes** • CCG has appointed Esther Schmidt as Children's Health Commissioner. • AWP DTOC - monthly data submission issues have all been resolved. • Speech and Language Therapy and Paediatric Therapy - CCG have considered the business case and is unable to fund the increase in demand, therefore CCG is aware of the delay in completion of assessments for children with SEN. • Looked After Children Audit – Joy to feedback at next meeting. • AWP 136 location - still awaiting consultation proposals.	JK SB
3.	**Better Care Fund** • Message from NHS England on approval – there will be no announcement today so will be end of next week. • Section 75: SW stated that we have a signed Section 75 but will need to vary this with a new schedule – SW to let legal dept know. • SW changed the final submission as there was a discrepancy in monies for Adults Social Care 201/16 to 2016/17 monies coded against Social Care which should have been Health Services. NHS said that the money identified for social care had to match submission 2015/16 and therefore a small adjustment was made. • BCF for 2016/17 will replace the existing BCF in the existing Section 75 Agreement.	
4.	**CCG Planning Update 2016/17 and Sustainable Transformation Plan (STP)– Gill May**	

Item	*Description*	*Action*
	• CCG Governing body has updated financial plans for 2016/17. Financial plans remain very challenging and a submission will be made to NHS England by Mid July 2016 for the CCG. This has been discussed in detail at the Governing Body meeting. • Sustainable Transformation Plan is due to be submitted on 30th June. SW will circulate draft following meeting. Have agreed main messages and main priorities at the STP Board on Wed 22nd June. For 2016/17 the STP for the area is balanced.	SW
5.	**Finance Report** • At time of agenda we did not have first monitoring for 2016/17. Therefore the finance report discussed at the meeting is the end of year position. The councils overall budget was balanced but children's had an overspend of £2.1 million and adults £595k. Better Care Fund was balanced. • 2016/17 Children's overspend for end of year is predicted £1.4m overspent to the end of year. We have been successful in recruitment of social workers. Adults projecting £1.1 million overspend relating to older people services. Additional pressure for this year is £2 million on bridging service and hospital discharge. Savings target of £5.5 million across adults and project in place to deliver savings • Section 75 detailed finance report in appendix. • Further discussion at Urgent Care Working Group over ensuring safe discharges. • CCG is preparing a business case for capital investment including shared health record which will enable nursing homes and overtime residential care homes to see a residents health and care record. The aim is to reduce hospital admissions and support speedier discharge through good information sharing. It is proposed to fund this development from Better Care Fund capital of £75k if CCG requires this investment. CCG to advise if this spend is to be recommended to the Health and Wellbeing Board.	
6.	**Performance Reports Adults** • Most indicators for the end of year are good. Red items have been asked to go to contract meeting. • Admissions have an extra 30 people is residential care compared to May 2015 to 2016 which needs to be reduced. • For Urgent Care Working Group – bridging services are underutilised between 30 and 50%. Gill to raise at Contract	GM

Item	*Description*	*Action*
	meeting.	
7.	**Public Health profile – Cherry** • The meeting recognised that data on some indicators is 2014/15. The performance issues in relation to health were raised yesterday by Gill in Commissioning for Quality meeting and with Great Western Hospital	
8.	**Any other business** • Information on Public Health Local Enhanced Services to be given to CCG by Public Health	CJ
9.	**Future meetings** Risk register review SEN self assessment	

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Local Safeguarding Children Board Business Plan 2016/19

Health and Wellbeing Board **Date: 13th July 2016**

Author: Alex Walters, Independent Chair of LSCB

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 The report presents the Business Plan 2016-19 for Swindon Local Safeguarding Children Board (LSCB) to the Health and Wellbeing Board for consideration as per the agreed protocol. The Business Plan has been agreed by the LSCB.

1.2 Working Together to Safeguard Children 2015 requires close working between the LSCB and the Health and Wellbeing Board. The Business Plan seeks to inform the Board of the LSCBs priorities for the period of the plan and invites members to consider the priorities and opportunities to enhance partnership working between the Boards.

1.3 The LSCB Business Plan 2016/19 is attached at Appendix 1 and sets out the seven functions which form the core of the LSCBs ongoing work programme and the four strategic priorities that the LSCB has identified for the first year of the plan 2016/17.

1.4 This report will also provide the Health and Wellbeing Board with a brief overview of the recent Wood Report: A review of the role and functions of Local Safeguarding Children Boards, attached at Appendix 2 to the report.

2. Recommendations

The Board is recommended to:

2.1 Note and comment on the Local Safeguarding Children Board Business Plan 2016/19 and the Priorities for 2016/17 attached at Appendix 1 to the report.

2.2 Consider areas where the Plan links to and enhances the work of the Health and Wellbeing Board.

3. Detail

3.1 The Local Safeguarding Children Board Business Plan 2016/19 was developed through a Business Planning Workshop in April 2016. The Business Plan informs the work of the Board and its Sub Groups. It sets out the Board's safeguarding priorities and actions that the Board will undertake to respond to the priorities.

Further information on the subject of this report can be obtained from Simon Ratcliff, 01793 463855, SRatcliff@swindon.gov.uk.

3.2 The LSCB considered emerging national and local priorities when developing the Business Plan, including issues arising from multi agency performance data and audit.

3.3 The LSCB has seven core functions and four priority areas. The core functions are:

3.3.1 Policies and Procedures:

Developing policies and procedures for safeguarding and promoting the welfare of children and young people in Swindon, including the publication of thresholds for intervention where a child's safety or welfare is compromised.

3.3.2 Communication and Safeguarding Awareness

Communicate the need to safeguard and promote the welfare of children among both the professional and lay community, raising awareness of how this can be done and encouraging them to do so.

3.3.3 Performance Management

Monitoring and evaluating the effectiveness of safeguarding and preventive strategies and the actions of partner agencies to the Board (individually and collectively) and setting standards for continuous improvement.

3.3.4 Serious Case Reviews

Undertaking and commissioning reviews where abuse or neglect of a child is known or suspected and the child has died or has been seriously harmed and there is a cause for concern as to the way in which partners have worked together to safeguard the child. Consider and undertake local case reviews when the threshold for Serious Case Reviews is not met.

3.3.5 Quality Assurance Audits and Scrutiny (including Section 11 audits)

Evaluating the effectiveness and efficiency of local actions to safeguard and promote the welfare of children, evidencing outcomes and challenging improvement.

3.3.6 Training and Staff Development

To devise and deliver high quality innovative training programmes and initiatives that meets the training requirements of the local workforce and the priority safeguarding issues being progressed.

3.3.7 Child Death Overview

To collect and analyse information on child deaths to identify opportunities to share learning, improve services and prevent further avoidable deaths.

3.4 The Priority areas for development during 2016/17 are:

3.4.1 Early Help

Evaluate the effectiveness of the Thresholds document to ensure that it is fit for purpose, well understood and used appropriately by professionals in partner agencies and identify any barriers to delivery of early help

3.4.2 Child Exploitation

To undertake a partnership profile in order to better understand the nature and extent of CSE and related issues across Swindon and to evaluate the effectiveness of the multi-agency response to CSE and other forms of child exploitation.

3.4.3 Strengthening the Voice of the Child and their families and practitioners

To develop the ways in which the LSCB can 'hear' the voice of the child when and their families and front line professionals when evaluating the effectiveness of services that support them and their families.

3.4.4 Supporting the effectiveness of adults and children's services to work together to safeguard children

To identify and promote better outcomes for children through closer working between services that support children and the adults that care for them.

4. Alternative Options

4.1 None. It is important that the Health and Wellbeing Board considers the LSCB's Business Plan and has the opportunity to reflect on opportunities to facilitate more effective joint working.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

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

Legal and Human Rights Implications

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

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

5.3 No other direct implications arising from this report.

Diversity Impact Assessment

5.4 No DIA completed specifically for the LSCB Business Plan, but DIAs have been completed for strategies directly relating to Children and Adult Services.

Risk Management

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

6. Consultees

6.1 The Chair of the Local Safeguarding Children Board prepared this report following the involvement of all LSCB board members and LSCB sub-group chairs in the development of the Business Plan.

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

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 - Local Safeguarding Children Board Business Plan 2016/19.

8.2 Appendix 2 - Overview of the Wood Report: A review of the role and functions of Local Safeguarding Children Boards.

Further information on the subject of this report can be obtained from Simon Ratcliff, 01793 463855, SRatcliff@swindon.gov.uk.

Swindon LSCB Business Plan 2016/19

INTRODUCTION

This Business Plan sets out the way in which the LSCB proposes to meet its statutory objectives and functions as outlined in Working Together to Safeguard Children (2015) and Section 14 of the Children Act 2004 i.e.

> (a) To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
>
> (b) To ensure the effectiveness of what is done by each such person or body for those purposes.

The Board has a responsibility to monitor and evaluate the systems, processes and practices that are employed locally to ensure that they are working effectively to identify and protect children who are suffering or who are at risk of suffering significant harm. The Board is also responsible for promoting systems and interventions that provide for the effective safeguarding and well-being of children and young people at the earliest opportunity.

This plan covers the period 2016 – 2019 and contains the core functions and the priorities for 2016/17, the first year of the plan.

Further information on the contents of this plan or on the wider work of the Swindon Local Safeguarding Children Board is available from:

LSCB
Wat Tyler House
Beckhampton Street
Swindon
SN1 2JG
Tel: 01793 466803
Email: lscb@swindon.gov.uk
Website: www.swindonlscb.org.uk

Alex Walters

Alex Walters
Swindon LSCB Independent Chair

CORE FUNCTIONS

The LSCB seeks to fulfil its strategic aims by discharging its core functions as defined in Working Together to Safeguard Children (2015). These core functions relate to:

1. **Policies and Procedures:** Developing policies and procedures for safeguarding and promoting the welfare of children and young people in Swindon, including the publication of thresholds for intervention where a child's safety or welfare is compromised.

2. **Communication and Safeguarding Awareness:** Communicate the need to safeguard and promote the welfare of children among both the professional and lay community, raising awareness of how this can be done and encouraging them to do so.

3. **Performance Management:** Monitoring and evaluating the effectiveness of safeguarding and preventive strategies and the actions of partner agencies to the Board (individually and collectively) and setting standards for continuous improvement.

4. **Serious Case Reviews:** Undertaking and commissioning reviews where abuse or neglect of a child is known or suspected and the child has died or has been seriously harmed and there is a cause for concern as to the way in which partners have worked together to safeguard the child. Consider and undertake local case reviews when the threshold for Serious Case Reviews is not met.

5. **Child Death Overview Panel:** To review child deaths and learn lessons in order to improve the health, safety and wellbeing of children and to reduce future incidence of preventable child deaths.

6. **Quality Assurance Audits and Scrutiny (including Section 11 audits):** Evaluating the effectiveness and efficiency of local actions to safeguard and promote the welfare of children, evidencing outcomes and challenging improvement.

7. **Training and Staff Development:** To devise and deliver and evaluate high quality multi-agency innovative training programmes and initiatives that meets the training requirements of the local workforce and the priority safeguarding issues being progressed.

STRATEGIC PRIORITIES

In addition to discharging its core functions, the Swindon Safeguarding Children Board will based on evidence, identify a number of issues, needs and groups as priority areas for improvement .The way in which the priorities will be met will vary over the lifetime of the Plan with some being effectively met and resolved with discrete and time limited pieces of work whilst others will require ongoing and evolving action over a number of years.

In the first year of the Plan (April 2016 – March 2017), four priorities have been identified:

1. **Early Help**
2. **Child Exploitation.**
3. **Strengthening the Voice of the Child and their families and practitioners**
4. **Supporting the effectiveness of adults and children's services to work together to safeguard children**

MONITORING THE PLAN

The Local Safeguarding Children Board will meet quarterly to consider:

- Progress in meeting the core and strategic objectives via the functional sub-groups of the LSCB
- Progress in meeting its strategic objectives with respect to priority issues, needs and groups
- Reports on the safeguarding activities of partners and challenge to their present performance and outcomes for children and young people.
- New and emerging requirements for a local or regional safeguarding response presented to the Board

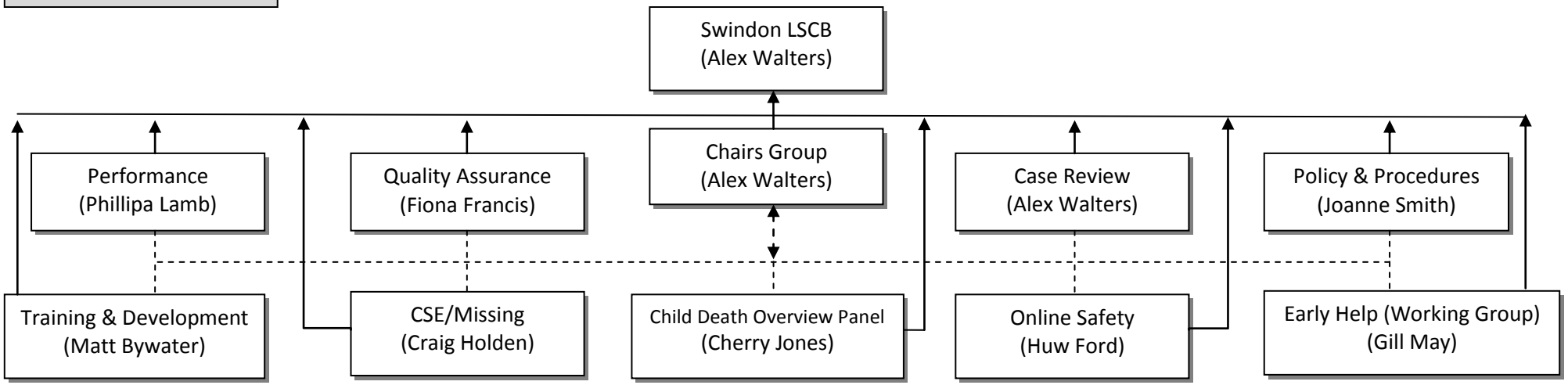
Sub-Groups of the Board

The core functions and priorities of the Swindon Local Safeguarding Children Board, identified above, will be discharged through LSCB sub-groups. Each sub-group will be chaired by a member of the full Swindon Local Safeguarding Children Board, and will meet at least quarterly.

Progress of the sub-groups in meeting the objectives of the LSCB Business Plan will be reviewed quarterly by a joint meeting of the sub-group chairs convened by the Independent Chair of the Board.

Appendix 1

LSCB Structure Chart & Board Membership



BOARD MEMBER	ROLE & ORGANISATION	BOARD MEMBER	ROLE & ORGANISATION
Alex Walters	LSCB Independent Chair, Chair's Group & Case Review Group Chair	Amanda Murray	Area Manager, Gloucestershire/Wiltshire LDO, National Probation Service (NPS)
Bernie Brannan	Board Director, Service Delivery, Swindon Borough Council (SBC)	Catherine Clark	LSCB Quality Assurance & Training Manager
Cherry Jones	Director of Public Health, SBC & Chair of Child Death Overview Panel (CDOP)	Craig Holden	Detective Superintendent, Head of Public Protection, Wiltshire Police & CSE sub-group Chair
Deborah Murphy	Senior Service Manager, Children and Family Court Advisory & Support Service (CAFCASS)	Deidre Fitzpatrick	Swindon Association of Secondary Headteachers
Duncan Webster	Head of Student Services and Safeguarding, New College	Fiona Francis	Service Manager, Quality Assurance & Review Service, SBC & Quality Assurance sub-group Chair
Fionuala Foley	Cabinet Member Children's Services, SBC	Gill May	Executive Nurse, Swindon Clinical Commissioning Group (CCG) & Early Help Working Group Chair
Hilary Walker	Chief Nurse, Great Western Hospital (GWH)	Huw Ford	Children's Services ICT Manager, SBC & Online Safety sub-group Chair
Ingrid Anson	NSPCC Service Manager for Swindon	Janet King	Consultant Paediatrician and Designated Doctor, Swindon CCG

Joanne Smith	Named Nurse, GWH & Polices & Procedures sub-group Chair	Kathie Bryan	Association of Swindon Special School Headteachers
Karen Reeve	Interim Director of Children's Services (Interim) SBC	Lin Williams	Domestic Abuse Strategic Lead, SBC
Liz Hickey	Assistant Chief Officer, Community Rehabilitation Company (CRC)	Lyn Davis	Lay Member
Mark Edwards	Swindon Health Watch	Mark Scully	Head of Local Delivery Unit, Gloucestershire/Wiltshire LDU, (NPS)
Matt Bywater	Service Manager - Restorative Youth Services, SBC & Training sub-group Chair	Michelle Maguire	Head of Service –Oxford Health NHS Foundation Trust
Mike Ash	Head of Housing & Community Safety, SBC	Newlands Anning	Interim Managing Director, Avon & Wiltshire Partnership
Pat Porter	Lay Member	Peter Nathan	Head of Education, SBC
Phillipa Lamb	Strategic Planning Manager, SBC & Performance sub-group Chair	Robin Stannard	Lay Member
Ruth Gumm	Principal Social Worker, Seqol	Sarah Merritt	Divisional Director of Nursing, Women & Children's Division, GWH
Sarah Turner	Safeguarding Advisor for Education, SBC	Sarah Warne	Safeguarding Lead Nurse, NHS England
Simon Hester	Named Safeguarding Professional, South West Ambulance Service Trust	Simon Ratcliff	LSCB Strategic Manager
Spencer Allen	Swindon Association of Primary Headteachers	Stephanie Hathaway	Manager, Koalas Opportunity Group
Sue Wald	Director of Adult Services (Interim), SBC	Tanya Musty	Student Engagement Officer, Swindon College
Yasmine Ellis	Youth Development Manager, Dorset & Wiltshire Fire & Rescue Authority		

LSCB CORE FUNCTIONS: Business Plan 2016-2019

1. Aim - Policies and Procedures

Ensure that the policies and procedures of the Board and South West Child Protection Procedures are compliant with statutory and regulatory requirements and are reviewed and updated.

Ensure that all relevant professionals have access to current policies and procedures and that their practice is compliant as to their requirements.

Ensure that professionals and other relevant audiences are alerted to changes to policies and procedures and that those changes are evaluated as to their implementation and impact.

Objective	Completion due	Responsibility	Outcome Measure	Impact
1.1 To annually review existing policy and procedures to ensure they are compliant and effective in terms of key legislation, statutory guidance, serious case reviews , national issues and reflect local changes.	Ongoing-2017	Policies and Procedures Subgroup Chair	P&P's are reviewed and fit for purpose, systems and processes in Swindon	This will ensure that staff are provided with guidance in order to safeguard children.
1.2 To monitor the use of the procedures via Google analytics and provide a statistical reports	Ongoing-2017	Policies and Procedures Subgroup Chair	Staff register is checked in subgroup meeting. Agencies with staff missing will be informed and asked to sign up for alerts.	LSCB members are kept up to date with the review of procedures and which staff are registered for alerts to ensure widest awareness.
1.3 To ensure the revision or development of new procedures identified by a local need e.g. SCR or inspection	As part of quarterly report to Chairs Group	Policies and Procedures Subgroup Chair	There is a review schedule programme for procedures.	All procedures are reviewed to keep in line with reviews, government guidance, and research
1.4 LSCB members actively encourage register for alerts on the SWCPP Procedures	March 2017	LSCB members, Policies and Procedures Subgroup	Briefings are sent to frontline staff asking for them to register for alerts. Evidence of this work is shared with the P&P sub group and LSCB Annual Report	Evidence that all staff are made aware of the procedures and that will remind them to use when safeguarding children.
1.5 Review how the Escalation Process is understood in Swindon and how effective it is in facilitating professional challenge	October 2016	Policies and Procedures Subgroup Chair through Escalation Policy Working Group	The Escalation Policy is reviewed and updated	Evidence that staff are aware of the Swindon Escalation Policy and are following the correct process and recording

2. Aim – To communicate the work and objectives of the Board and raise awareness of safeguarding children Assess the awareness of safeguarding issues among relevant stakeholders and communities in Swindon and develop strategies to enhance their knowledge with respect to recognition and response. Provide information on safeguarding issues and the arrangements for keeping children safe in Swindon Communicate key strategic issues being progressed by the Board and raise awareness among all relevant stakeholders and community networks in Swindon of priority safeguarding issues.				
Objective	**Completion due**	**Responsibility**	**Outcome Measure**	**Impact**
2.1 To raise professional and community awareness of the LSCB	March 2017	LSCB Strategic Manager and Lay Members	An established and delivered Communications Plan that meets the objectives of the Business Plan.	Partner agencies, children, families and local communities have good awareness of the work of the LSCB and an awareness of safeguarding children
2.2 To develop a broader communication strategy to raise awareness with VCFS in Swindon	March 2017	LSCB Strategic Manager and Lay Members and link with ASB (this sub group)	LSCB Communications Plan implemented	Increased awareness of child protection and related issues and a greater knowledge and understanding of the role of the LSCB and its work
2.3 To publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in Swindon	September 2016	LSCB Independent Chair & LSCB Strategic Manager and LSCB	Report published and available on LSCB website; submitted to the Chief Executive SBC, Leader of the Council, Wiltshire Police and Crime Commissioner and the Health and Wellbeing Board	LSCB annual report provides a transparent analysis of current safeguarding provision in Swindon and clearly identifies the challenges and improvement plans, and the impact this will have for children and families.
2.4 Audit how the LSCB gets key safeguarding messages to frontline staff and how effective this process is	March 2017	Quality Assurance Sub Group	Audits and other quality assurance work evidence a link between quality assurance and feedback frontline staff.	Learning from audit will inform the Communications Strategy
2.5 Develop the role the LSCB lay members	March 2017	LSCB Strategic Manager	Lay members attend board meetings and sub group meeting to represent the views of the local community	Lay members are supported to encourage stronger public engagement in local child safety issues and contributing to an improved understanding of the LSCB's child protection work in the wider community

3. Aim – Performance Information Implement a performance management framework that reflects the strategic requirements of the Board and the operational requirements of the key stakeholders in the Swindon safeguarding system. Evaluate the performance of the key stakeholders in safeguarding in the Borough using the framework and identify safeguarding issues requiring further analysis. Propose enhanced performance measures to meet the emergent demands and priorities for safeguarding identified by the Board.				
Objective	**Completion due**	**Responsibility**	**Outcome Measure**	**Impact**
3.1 To maintain the performance report, reviewing the performance indicators to reflect how safe children in Swindon are and report quarterly.	Quarterly reporting	Performance Sub group Chair	Quarterly reports are presented to LSCB with exception reports and actions	The LSCB has an understanding regarding how safe children are in Swindon and hold partners to account when services need to be improved.
3.2 To review presentation of information to the LSCB, pose challenge questions to partner agencies with review dates for improvement or narrative behind the figures.	Quarterly reporting	Performance Sub group Chair	Performance information presented to LSCB	LSCB are actively holding partners to account in relation to safeguarding children. Partners to be honest and risk assess and describe actions to be taken where performance is poor.
3.3 Further develop performance data to evidence the effectiveness and contribution of learning disability, drug and alcohol, mental health and domestic violence services on the protection of children	October 2016	Performance Sub group Chair	Performance information presented to Board.	LSCB are actively holding partners delivering services to adults to account in relation to safeguarding children.

4. Aim – Serious Case Reviews and Local Case Reviews

Using statutory guidance, identify those cases that require review to inform the learning of the LSCB and key operational partners.
Propose and commission case reviews using methodologies that are proportionate and most efficiently deliver the objectives of the review.
Develop action plans that most efficiently deliver on recommendations arising from a review and evaluate the effectiveness of their delivery.

***SCR – Serious Case Review, LCR- Local Case Review**

Objective	Completion due	Responsibility	Outcome Measure	Impact
4.1 To ensure that the Case Review subgroup meets bi-monthly in order to review cases referred to the subgroup to judge if the meet criteria to undertake a SCR , to provide oversight and governance of current SCR/LCR and to review and monitor actions plans from SCR/ LCR	Ongoing-March 2017	Case Review Sub group Chair	Cases are referred and reviewed in a timely manner	To ensure that Swindon appropriately reviews cases that meet criteria for SCR, LCR or Single Agency Review. Lessons are learnt from these cases to try to prevent further serious incidents.
4.2 To report quarterly to the LSCB regarding the status of SCR's, LCRS and Action plans 4.3 To present each SCR/LCR to the full LSCB membership to agree and support the development of Action Plans.	Quarterly reporting	Case Review Sub group Chair	Practice is changed to improve services for children	The LSCB is aware if practice is changing in light of recommendations from reviews… which will aim to keep children safer. LSCB ensure that change is happening following *SCR/LCR and hold partners to account if this does not happen.

5. Aim – Quality Assurance Have in place a thematic quality assurance programme that reflects the functions and priority safeguarding agenda of the Board and engages the stakeholders in the methodologies to be employed. Undertake a bi-annual programme of Section 11 audits of all partner agencies that can evidence continuous improvement in performance with annual review of Action Plans.				
Objective	**Completion due**	**Responsibility**	**Outcome Measure**	**Impact**
5.1 To undertake audits in priority areas highlighted by Performance Management information and SCR, LCR, and audits. 5.2 To ensure that the learning and recommendations from audits are captured and monitored by the QA group and can evidence impact.	Quarterly review of the audits and recommendations presented to LSCB	Quality Assurance Sub Group Chair	Annual Audit programme agreed and undertaken	The LSCB monitors and evaluates the safeguarding practice for partner agencies ensuring that children are kept safe, if this did not take place then poor practice could go unnoticed
5.3 To review section 11 audits to ensure improvement in stakeholders positions	July 2016	Performance Sub Group Chair	Audits reviewed in annual audit activity	To ensure that Partner agencies meet the statutory duty under Section 11 of the Children Act 2004, which, places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

6. Aim – Training
To devise and deliver high quality innovative multi-agency training programmes and initiatives that meet the business requirements of the Board and the priority safeguarding issues being progressed.
To undertake a regular training needs analysis of partner's training needs.
To evaluate quality and impact of both single agency training provided by partners and multi-agency training provided by the LSCB.

Objective	Completion due	Responsibility	Outcome Measure	Impact
6.1 Develop an easy to access multi agency training directory which is available for the full year ahead, to assist agencies, to meet their training requirements informed by a training needs analysis.	September 2016	LSCB Training Manager/ Training & Development Sub Group Chair	Training calendar has been developed and published on the website. Compete Training Needs Analysis to establish needs of local workforce	Staff have access to good quality training that reflects the needs of the children in Swindon
6.2 To promote a learning and service improvement culture through the embedding of the LSCB Learning & Improvement Framework	Ongoing-March 2017	LSCB Training Manager	Learning opportunities are through existing training offer and commissioned workshops as appropriate	Staff are trained in safeguarding children
6.3 Evaluate multi-agency training and seek evidence of single agency training evaluation to see the effectiveness of the training in relation to safeguarding children	Ongoing-March 2017	Training & Development Sub Group	Training is evaluated in line with the LSCB Training Strategy and reported in LSCB Annual Report	To ensure that training is having a positive impact on the work of safeguarding children.
6.4 Deliver an Annual Conference that incorporates up to date national research, learning from reviews and emerging national and local safeguarding issues.	November 2016	LSCB Training Manager	Annual conference is well attended and of high quality as evidence in evaluation data	Staff have access to good quality learning event that supports their work and reflects the needs of the children in Swindon

7. Aim – Child Death Overview Panel To collect and analyse information on child deaths in line with Working Together to Safeguard Children 2015				
Objective	**Completion due**	**Responsibility**	**Outcome Measure**	**Impact**
7.1 Child Death Overview Panel to meet quarterly and to produce an annual report on activity, key learning and any challenges	March 2017	CDOP Chair	Panel meets as per schedule and reports identify key learning and challenges appropriately	Opportunities to improves services to children and young people are implemented
7.2 Child Death Overview Panel to highlight and disseminate key public health and safety messages from CDOP for wider public, parents/carers and professionals through quarterly newsletter	Quarterly and Ongoing	CDOP Chair	Quarterly newsletters are produced and disseminated regularly	Increased awareness amongst target audience of key public health messages reflected in key performance indicators.

2016 – 2017 BOARD PRIORITIES

1. Aim – Early Help Working Group:
Evaluate the effectiveness of the Thresholds document to ensure that it is fit for purpose, well understood and used appropriately by professionals in partner agencies and identify any barriers to delivery of early help

Objective	Completion due	Responsibility	Outcome Measure	Impact
1.1 Review the current LSCB Thresholds document	March 2017	Early Help Working Group Chair	Revised Thresholds documents is published, sighted in LSCB training and made available on the LSCB website	Thresholds document is fit for purpose, well understood and used appropriately by professionals in partner agencies and identify any barriers to delivery of early help
1.2 Work with the LSCB Quality Assurance Sub Group to commission audit work that examines the quality and effectiveness of Early Help .Audit the quality of Early Help Records & Plans and outcomes for children.	March 2017	Early Help Working Group Chair and Quality Assurance Sub Group Cahir	Audit completed and recommendations made to the LSCB.	Early Help Records and Plans for children and young people are consistently of good quality, and lead to sustained improvements in outcomes for children and young people
1.3 Work with the LSCB Performance Sub Group to review the data relating to completion of Early Help Records and identify any barriers to completion	March 2017	Early Help Working Group Chair and Performance Sub Group Chair	Review completed and recommendations made to the Board.	Improvements to Early Help processes will lead to sustained improvements in outcomes for children and young people
1.4 Work with the LSCB Training Sub group to review data relating to Early Help training quality and attendance	March 2017	Early Help Working Group Chair and Training Sub Group Chair	Review completed and recommendations made to the LSCB.	Staff have access to good quality training that reflects the needs of the children in Swindon

2. Child Exploitation				
Objective	**Completion due**	**Responsibility**	**Outcome Measure**	**Impact**
2.1 Complete a broader partnership profile to understand the key issues of; CSE, Sexting and online exploitation, Dangerous Drugs Networks and radicalisation	March 2017	LSCB CSE & Missing Sub Group Chair	There is a clear understanding of the nature and extent of child exploitation in Swindon	The LSCB understands the numbers and needs of children who exhibit risk factors in relation to child exploitation and is effective in its strategy to address this
2.2 Review the TOR of the CSE & Missing Children and the Online Safety Sub Groups to ensure that all issues related to child exploitation are adequately monitored and scrutinised by the Board	March 2017	LSCB Chairs Group	Revised LSCB sub group TORs encompass additional safeguarding issues related to CSE and online safety.	The LSCB sub groups are structured to monitor safeguarding issues related to the exploitation of children
2.3 To ensure that all agencies are aware of their roles in prevention and intervention in CSE	September 2016	CSE & Missing Sub Group, Training & Development Sub Group	Section 11 Audit provides evidence of organisation's compliance with the CSE standard	The LSCB is assured that and staff working with children and young people are suitable skilled to intervene effectively

3. Aim : Strengthening the Voice of the Child: For the LSCB to understand the views and experiences of children including the views of children with disabilities and their families				
Objective	**Completion due**	**Responsibility**	**Outcome Measure**	**Impact**
3.1 Develop a participation strategy to capture: The voice of the child The voice of the family and significant others to inform and shape service delivery and communications from the Board	March 2017	LSCB Strategic Manager with key agency leads for participation via a task and finish group.	Children's and parents surveys and focus groups are accessible to all children and the findings are regularly reported to the Board as part of the learning and improvement process	The quality of services provided to children and young people are improved through engagement and consultation with them. Evidenced in QA audit and further surveys and focus groups
3.2 The LSCB supports the Local Authority in establishing Young Peoples Inspectors	March 2017	LSCB Strategic Manager with key agency leads for participation via a task and finish group.	Young People's Inspectors are established and their findings inform the work of the Board	Services to children and young people are more closely attuned to the views and needs of service users.
3.3 Quality Assurance audits aim to be routinely informed by the voice of the child and young people, their families and front line practitioners.	March 2017	Quality Assurance Sub Group Chair	Audits reflect the voice of the child and this informs recommendations to practice and service delivery	Services to children and young people are more closely attuned to the views and needs of service users.

4. Aim – Supporting the effectiveness of adults and children's services working together to safeguard children				
Objective	**Completion due**	**Responsibility**	**Outcome Measure**	**Impact**
4.1 Ensure that all adult services agencies understand the impact of adult vulnerabilities on children living with the adult	End of 2016	Adult Service Commissioners	Requirement for safeguarding and child protection training included in contracts with commissioned services for adults. Performance data on the number of adult service users who have children living with them and how many of those are children in need/in need of protection are available to the LSCB.	Staff In Adult services: Understand their role and contribution in safeguarding and protecting children and young people; Understand the threshold for children in need and protection; Are appropriately represented in Child Protection Case Conferences and Core Groups; and, Have protocols in place with Children's Services to determine roles and responsibilities (e.g. Adult Learning Disabilities).
4.2 The adult workforce is trained to identify the risk to children who are vulnerable as part of the adult services assessment and plan	Ongoing	Community Safety Partnership Adult services SBC	There is an increase in the number of adult assessments and plans recognising the needs of the children living in families	Children, young people and the adults that care for them experience a more joined up experience of children and adults services
4.3 Where adult services are undertaking an assessment and plan , there is co-working in place with children's services where appropriate	Summer 2017	Children's Workforce Development Adult Service Commissioners	Increases in: the number of cases co worked between adult and children's services; and, the number of adult services staff trained in early help record and able to take lead professional role in early help cases	Children, young people and the adults that care for them experience a more joined up experience of children and adults services
4.4 The children's workforce are trained and understand adult services and its thresholds	Ongoing	LSCB training sub group	Evidence of widespread knowledge across the children's workforce of the thresholds for, and provision of, adult services.	Children, young people and the adults that care for them experience a more joined up experience of children and adults services

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An overview of Alan Wood's Review of the role and functions of Local Safeguarding Children Boards & the government's response

In December 2015, the Department for Education (DfE) asked Alan Wood CBE to lead a review of the role and functions of Local Safeguarding Children Boards (LSCBs) in England. As part of the review he also looked at Serious Case Reviews and Child Death Overview Panels. The DfE has published the Wood report on 26/5/16 along with the government response to the review with explanations of how the proposed new arrangements will be implemented.

Local Safeguarding Children Boards

The Wood Review's findings:

For multi-agency working to be strong and effective it needs to be responsive and involve the right people. A new system is needed which will guarantee accountability.

What the government has said it will do:

- A new statutory framework will be introduced, which will set out clear requirements, but give local partners the freedom to decide how they operate to improve outcomes for children.
- The 3 key partners (local authorities, the police and the health service) will be required to make and publish plans showing how they will work together to safeguard and promote the welfare of children in the local area. These should include:
    - the area or region which is covered by the plan
    - how other local agencies with a key role in protecting children will be involved
    - how the arrangements will be resourced
    - how independent scrutiny will be ensured.
- All local organisations involved in the protection of children will be expected to cooperate with the multi-agency arrangements. They must help the key partners to understand how agencies are performing across the local area, and make evidence-based decisions.

- So that the key partners have the flexibility to respond to existing and emerging needs, the requirement for LSCBs to have set memberships will be removed. However if they see the current arrangements as the most effective form of joint working they will be able to continue them.
- Legislation and statutory guidance will be published to underpin the new framework. Arrangements for inspection and review will be established.
- In the event that the 3 key agencies cannot reach an agreement on how they will work together, or where arrangements are seriously inadequate, the Secretary of State will have power to intervene.

Serious case reviews

The Wood Review's findings:

The current system of serious case reviews should be replaced with a national learning framework for inquiries into child deaths and cases where children have experienced serious harm. This would include:

- high quality, published, rapid local learning inquiries
- the collection and dissemination of local lessons
- the capacity to commission and carry out national serious case inquiries
- a requirement to report to the Secretary of State on issues for government derived from local and national inquiries.

What the government has said it will do:

- The current SCR system will be replaced with a system of national and local reviews. This will ensure that reviews are proportionate to the case they are investigating, and improve consistency, speed and quality (this will include accrediting authors).
- Under the new system, lessons from reviews will be captured and shared more effectively so that they can inform good practice.
- A National Panel will be established. This will be responsible for commissioning and publishing national reviews and investigating cases which will lead to national learning.
- Local partners will be required to carry out reviews into cases which are considered to lead (at least) to local learning. These should be published.

- The planned What Works Centre for children's social care will analyse and share lessons from local and national reviews.
- Up to £20m has been announced by the Government to fund the centralisation of case reviews and the What Works Centre.

Child Death Overview Panels

The Wood Review's finding:

Child death reviews should continue to be carried out by multi-agency arrangements but Child Death Overview Panels (CDOPs) should be hosted within the NHS, supported by the Department of Health.

What the government has said it will do:

- As only 4% of child deaths relate to safeguarding, the government agrees to transfer national oversight of CDOPs from the Department for Education to the Department of Health, whilst maintaining the focus on learning within child protection agencies.

Swindon LSCB's Position

Swindon LSCB has noted the review and the government response and welcomes the continued focus that there will be on the importance of strong multi-agency arrangements for the safeguarding and protection of children. Swindon LSCB members have confirmed that the current multi-agency safeguarding arrangements continue as constituted presently to ensure there no risk to safeguarding children by any destabilisation.

Further information regarding the detail of the proposed actions and the timescale for implementation is required before the partners of the LSCB can consider the most appropriate way forward for Swindon.

Further Information:

Department for Education (DfE) (2016) Review of the role and functions of Local Safeguarding Children Boards: the government's response to Alan Wood CBE (PDF). [London]: Department for Education (DfE)

Wood, A (2016) Wood report: review of the role and functions of Local Safeguarding Children Boards (PDF). [London]: Department for Education (DfE)

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