

Swindon Borough Council

Health and Wellbeing Board

Wednesday, 12 July 2017

Committee Room 6, Civic Offices

At 2.00 p.m.

Contact Officers:

Shaun Banks (Committee Officer), 01793 463606, SBanks@swindon.gov.uk
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Swindon, SN1 2JH (Telephone 01793 445500)

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. **Minutes** (Pages 3 - 8)
To receive the minutes of the meeting held on 24th May 2017.
4. **Public Question Time**
Please refer to the explanatory notes below.
5. **Local Safeguarding Children Board Business Plan 2016-19** (Pages 9 - 30)
6. **Restorative Youth Services Plan 2017-18** (Pages 31 - 54)
7. **Draft Swindon Early Help Strategy 2017-2022** (Pages 55 - 76)
8. **Swindon Healthy Weight Strategy** (Pages 77 - 124)
9. **Healthwatch Swindon Annual Report** (Pages 125 - 158)
10. **Joint Commissioning Group - Minutes for information and comment**
(Pages 159 - 170)

Date of Despatch: 4 July 2017

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, 24 MAY 2017

PRESENT: Brian Mattock (Lay Member) (Chair), Councillors Ray Ballman and Fionuala Foley (Swindon Borough Council), Mark Edwards (Healthwatch Swindon), Dr Peter Mack (NHS Swindon Clinical Commissioning Group) (Vice-Chair), Gill May (NHS Swindon Clinical Commissioning Group), David Wray (Voluntary Action Swindon) and Angus Macpherson (Police and Crime Commissioner).

Also in attendance were: Sue Wald (Swindon Borough Council), Karen Reeve (Swindon Borough Council), Cherry Jones (Swindon Borough Council), Peter Nathan (Swindon Borough Council), Lyn Frith (Swindon Borough Council), Christopher Bartlett (Swindon Borough Council) and Susanna Jones (Swindon Carers Centre).

Apologies for absence were received from: Councillor Brian Ford (Swindon Borough Council), Nicki Millin (NHS Swindon Clinical Commissioning Group) and John Gilbert (Swindon Borough Council).

1. **Observation of a Minutes Silence**

Mr Brian Mattock, Chair of the Health and Wellbeing Board, referred to the tragic event that had taken place at the Manchester Arena on 22 May 2017. The Chair invited those present to stand and observe a minute's silence as a sign of respect.

2. **Declarations of Interest**

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

3. **Minutes**

Resolved – That the minutes of the meeting held on 15 March 2017 be confirmed and signed as a correct record.

4. **Public Question Time**

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

5. **Carers Memorandum of Understanding**

The Board considered a report setting out how NHS England and its partners have developed a toolkit to help health and social care organisations work together in identifying, assessing and supporting the wellbeing of carers and their families. The report set out how the toolkit covers new duties on NHS organisations brought about by the Care Act 2014 and the Children and Families Act 2014, and includes a template Memorandum of Understanding that local partners can use to work together in supporting carers and their families.

Ms Susanna Jones, Chief Executive, Swindon Carers Centre, introduced the report and referred to the need to benchmark what is already being done well across

Swindon to help support carers and their families, and how comparing best practice across organisations will help to improve this support.

Following the presentation of the report, and the NHS England Carers Toolkit attached at Appendix 1 to the report, Board members discussed the matters raised, including:

- Noting that the Council does not currently charge carers for any services provided, and that there are no plans to change that approach this year.
- The increase in the number of carers during 2016/17, and whether there is potential for them to be impacted by the changes proposed within the Sustainability and Transformation Plan.
- The next stages in getting sign up from partner organisations, liaising with young carer organisations and schools, and pilot programmes with private businesses such as Nationwide and Iceland.
- The importance of the Council and the Clinical Commissioning Group, as key stakeholders, being signed up to the principles within the Memorandum of Understanding.

Resolved – That the intentions of the Carers Memorandum of Understanding be supported, and that the Cabinet and the Governing Body of the Swindon Clinical Commissioning Group be recommended to sign up to the principles in it.

6. Joint local area SEND update

The Board considered a report providing an update on progress in readiness for the new joint local area SEND inspection as, from May 2016, all local areas in England have been subject to a joint inspection from Ofsted and the Care Quality Commission to judge the effectiveness of the area in implementing the disability and special educational needs reforms, as set out in the Children and Families Act 2014.

Ms Lyn Frith, Strategic Commissioner SEND, Swindon Borough Council, introduced the report and confirmed that any potential forthcoming inspection will scrutinise joint arrangements across all partner organisations, not just Local Authority service provision. In anticipation of the inspection, officers have been looking at why there is a high number of children with additional needs in Swindon, and have identified where the data for the larger pre-16 population is being skewed by the data for the smaller post-16 population. Ms Frith advised that the group which looks at joint commissioning arrangements has a positive direction of travel, and that the Council's relationship with the Clinical Commissioning Group has been strengthened.

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

- The priorities identified and focus needed to improve the offer for service users who are transitioning from children's services to adult services.
- How post-16 work is a new area for the SEND team, and what is required to strengthen the service offered such as employing Link Workers and Transition Officers.
- The need to manage the expectations of service users, whilst providing advice, prevention services and information to enable those young people to

- stand on their own and be employed.
- The need to articulate where there are gaps in service provision, and manage how risk is being mitigated.

Resolved – That the arrangements for the forthcoming joint local area SEND inspection be noted.

7. Long Term Conditions Joint Strategic Needs Assessment

The Board considered a report setting out the objectives of the Long Term Conditions Joint Strategic Needs Assessment (JSNA) which had identified the needs of the Swindon population in relation to long term conditions, to ensure that partners can work together to formulate recommendations that will help inform future cost-effective and impactful commissioning.

Mr Christopher Bartlett, Senior Public Health Intelligence Analyst, Swindon Borough Council, introduced the report and referred to how improvements in medical treatment and success in public health interventions have resulted in people living longer lives, often with some form of long-term morbidity or disability.

The Board noted how, in total, 32.2% of all people and 69.2% of people aged 65 years or more in Swindon, may have one or more long term condition. Mr Bartlett advised that long term conditions are numerically most common in middle-aged people and, because there is a large number of middle-aged people in Swindon, this group will have a noticeable impact on future demand for health and care services.

Mr Bartlett confirmed that the likelihood of having a long term condition is greater in older people, and that their conditions are likely to be more severe. They may also have more than one condition, known as co-morbidity. The Board noted that there also appears to be links between deprivation, and a person's ability to cope with one or more long term conditions.

Mr Bartlett referred to the recommendations resulting from the JSNA which were set out in detail in paragraphs 3.10 to 3.23 of the report. In particular, Mr Bartlett highlighted how a literature review will be conducted to find evidence of which interventions have been shown to be effective in different parts of the population, and how the health of people with long term conditions will be improved and supported through services which are combined and co-located.

Following the presentation of the report, and the draft Long Term Conditions JSNA Bulletin attached at Appendix 1 to the report, Board members discussed the matters raised, including:

- How the JSNA has helped to identify links between people having three or more long term conditions and issues of deprivation.
- The potential timeframes on the recommendations in the report, and when partner organisations will get involved in their delivery.
- How the outcomes from this JSNA will be fed in to the Ageing Well Strategy.
- The work being done on intervention and prevention, and championing healthy lifestyles, in schools.
- The criteria of some assistance projects that people can be referred to

showing only diabetes, whereas it would be more helpful if the criteria also included being pre-diabetic as well.

Resolved – That the recommendations identified in the Swindon Long Term Conditions Joint Strategic Needs Assessment, as set out in paragraphs 3.10 to 3.23 of the report, be noted and approved.

8. Police and Crime Plan 2017-21

The Board received a presentation from Mr Angus Macpherson, Wiltshire and Swindon Police and Crime Commissioner, regarding the Police and Crime Plan for 2017-2021.

Mr Macpherson referred to the typical and ongoing demand for Wiltshire Police which includes supporting more than 1,000 families on the Troubled Families programme, supporting victims of domestic abuse through a monthly average of 500 incidents, and managing approximately 1,107 sexual and violent offenders under a multi-agency public protection arrangement. Mr Macpherson referred to the new threats being faced by Wiltshire Police which include Child Sexual Exploitation, exploitation of the vulnerable, cyber-crime and fraud, and historic sex abuse.

Mr Macpherson confirmed that two of the top three callers to the 101 Police number are Swindon Borough Council and Wiltshire Council. It was noted that Council officers are advised to call this number as direct dial contact numbers for police colleagues are not available, but that this could be reviewed to ensure that the calls to the 101 number are better managed.

Following the presentation of the Wiltshire and Swindon Police and Crime Plan for 2017-2021, Board members discussed the matters raised, including:

- The need for partners to work more closely on providing services when it comes to individuals who need assistance from all those partners.
- Confirmation that there will be approximately one Police Officer on duty for every 800 people living in the area.
- The problems experienced by Ward Councillors whilst trying to contact their neighbourhood Police Officer.

Resolved – That the presentation be noted.

9. Development of Accountable Care in Swindon

The Board considered a report providing an outline of the considerations in developing an Accountable Care system in Swindon, and referred to the fragmented way in which a patient's care requirements are currently addressed. The report set out how the NHS cannot continue to provide services using traditional models, and how organisations are pooling resources and working more closely together to support the joint commissioning and delivery of health and social care.

Mrs Gill May, Executive Nurse, Swindon Clinical Commissioning Group (CCG), introduced the report and advised that the CCG Board had met with the Great Western Hospital NHS Trust Board in February, and that a clinical event had been held on 30 March 2017. Mrs May confirmed that work is now progressing on

supporting primary care working at scale in Swindon, and commented on how the commissioning and financing of services will operate under the new system. The Board noted that the areas currently requiring more focus include updating IT systems to help better share information and improve communication, and reviewing the skill set required within the workforce. Mrs May confirmed that governance, policies and contractors will also be reviewed to determine what improvements can be made. Mrs May advised that the Accountable Care Alliance will be meeting for the first time on Thursday 25 May 2017 and will be looking at the draft Memorandum of Understanding for the Development of Accountable Care, which was attached at Appendix 1 to the report.

Following the presentation of the report, and consideration of: the Memorandum of Understanding for the Development of Accountable Care; the Terms of Reference for Accountable Care Alliance Board, and; the Communications and Engagement Strategy, attached in the appendices to the report, Board members discussed the matters raised, including:

- The Sustainability and Transformation Plan having attracted criticism for not engaging with the public early enough in the process, and how any Communications Strategy should ensure that groups and residents are engaged now.
- How accountable care will be a whole system and not just one organisation, and will need to have the relevant people involved from the beginning, the competency of staff ensured, and a review undertaken of how services can be jointly commissioned.
- The changes required to the wording and the dates in the draft Memorandum before key stakeholders are briefed as part of the engagement process.
- How the current focus of work is on adult services, but that children's services will be introduced as part of phase 2.

Resolved – That the contents of the report be noted.

10. Better Care Fund 2017-2019

The Board considered a report providing an update on the Better Care Fund (BCF) planning process and resource allocation.

Mrs Sue Wald, Director of Adult Services, Swindon Borough Council, introduced the report and confirmed that work is being undertaken on a refresh of services prior to guidance on the BCF Plan being published. Any additional issues identified once the guidance has been published will be incorporated.

Mrs Wald advised that additional funding announced by the Chancellor for adult social care represents, for Swindon, £2.914m in 2017/18, £2.4m in 2018/19, and £1.2m for 2019/20. The Council will be required to pool the grant funding into the local BCF, and it can only be used for the purposes of meeting adult social care needs, reducing pressures on the NHS, and ensuring that the local social care provider market is supported.

The Board noted how the Council has already proposed to invest £2.914m in 2017/18 into Older People services, and how the change programme for adult services at the Council is currently in its design phase. The funding will have to be

signed off by the Section 151 Officer at the Council, and the content of the report has been shared with the Accident & Emergency Delivery Board and the Great Western Hospital.

Resolved – That Cabinet be recommended that:

1. The proposed spend on the additional funding of £2.914m as outlined in the Spring Budget 2017 be agreed.
2. The Director of Adult Services be authorised to produce the Better Care Fund Plan, in conjunction with the Accountable Officer of the Clinical Commissioning Group, in line with statutory guidance published by NHS England with the level of adult social care spending protected in line with spend in 2016/17 plus inflation of 1.79%.
3. The Director of Adult Services, the Director of Finance, and the Director of Law and Democratic Services be authorised to update the National Health Services 2004 Section 75 Agreement with the Better Care Fund agreed funding.

11. Joint Commissioning Group - Minutes for information and comment

Resolved – (1) That the minutes of the Joint Commissioning Group meetings held on 9 March and 20 April 2017 be noted.

(2) That the amended Terms of Reference for the Joint Commissioning Group will be submitted for consideration by the Board at its meeting on 12 July 2017.

12. Any Other Business

At the invitation of the Chair, Cllr Ray Ballman, Swindon Borough Council, addressed the Board and confirmed that the Learning Disability Partnership Board will be reinstating its health sub-group and is seeking representation from the Clinical Commissioning Group. The sub-group will be looking at issues for older people such as oral health, health checks and bowel cancer screening, and an officer at Swindon Borough Council will be facilitating it. The Executive Nurse at the Clinical Commissioning Group undertook to take this forward upon receipt of an official request from the Learning Disability Partnership Board.

The Chair noted that Mr Mark Edwards would no longer be the Healthwatch Swindon representative and, on behalf of the Board, wished Mr Edwards the best for the future, and thanked him for his involvement during his appointment.

The Chair noted that Ms Karen Reeve, Director of Children's Services at Swindon Borough Council, would shortly be retiring from the Council and that this would be her last attendance at the Health and Wellbeing Board. The Chair, on behalf of the Board, wished Ms Reeve the best for the future and thanked her for her hard work in support of the Board.

Local Safeguarding Children Board Business Plan 2016/19

Health and Wellbeing Board

Date: 12th July 2017

Author: Alex Walters - Chair, Local Safeguarding Children Board

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The report presents the Local Safeguarding Children Board's (LSCB) Business Plan for the three years 2016-19 for consideration by the Health and Wellbeing Board (HWB) as per the agreed protocol. The Business Plan has been updated to reflect progress against the core functions and to set out the plan for 2017/18. The Plan has been agreed by the LSCB.
- 1.2 Working Together to Safeguard Children 2015 requires close working between the LSCB and the HWB. The Business Plan seeks to inform the HWB 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, attached at Appendix 1 to the report, sets out the nine functions which form the core of the LSCBs ongoing work programme and the four strategic priorities for improvement that the Board has identified for the second year of the plan 2017/18.

2. Recommendations

The Board is recommended to:

- 2.1 Review the Local Safeguarding Children Board Business Plan 2016-19 and the Board Priorities for 2017/18, and 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 January 2017. The Business Plan informs the work of the Board and its Sub Groups. It sets out the Board's strategic priorities and the actions that the Board will undertake to respond.
- 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 identified nine core functions and four strategic priorities for improvement. The core functions are:
 - 3.3.1 Policies and Procedures:

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

Local Safeguarding Children Board Business Plan 2016/19

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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.

3.3.8 Online Safety

To promote the development of effective policies, procedures and strategies relating to on-line safety; To co-ordinate awareness raising training for parents, their children and adults who work with them; and,

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

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address specific areas of concern, particularly where children and young people may be at risk of harm.

3.3.9 Child Exploitation & Missing Children

To ensure that there are effective multi-agency responses to all forms of child exploitation and that missing children are identified and supported at the earliest opportunity.

3.4 The Strategic Priorities for Improvement during 2017/18 are:

3.4.1 The Journey of the Child through Safeguarding Processes

For the LSCB to be assured that children have the appropriate levels of support at the earliest opportunity and that processes support an effective multi-agency response to children's needs.

3.4.2 Domestic Abuse

For the LSCB to be assured that multi-agency support for children experiencing domestic abuse is effective and to provide challenge and support to the Community Safety Partnership to ensure that service development is informed by robust performance information and proportionate scrutiny and challenge.

3.4.3 Disabled Children

For the LSCB to be assured of the effectiveness of safeguarding arrangements for disabled children.

3.4.4 Supporting Improved Effectiveness of Joint Safeguarding Work between Services for Children And Adults

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.

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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 or LSAB Business Plans, 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 Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

8. Appendices

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



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 2017/18, the second year of the plan. An annual report on the effectiveness of safeguarding and child protection arrangements in Swindon which will also report on progress against this plan will be published in the autumn of 2018.

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:** 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.
8. **Online Safety:** To promote the development of effective policies, procedures and strategies relating to on-line safety; To co-ordinate awareness raising training for parents, their children and adults who work with them; and, address specific areas of concern, particularly where children and young people may be at risk of harm.

9. **Child Exploitation & Missing Children:** To ensure that there are effective multi-agency responses to all forms of child exploitation and that missing children are identified and supported at the earliest opportunity.

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.

For the year April 2017 – March 2018 the LSCB will prioritise the following four areas of work:

1. **The Journey of the Child through Safeguarding Processes**
2. **Domestic Abuse**
3. **Disabled Children**
4. **Supporting improved effectiveness of joint safeguarding work between services for children and adults.**

MONITORING THE PLAN

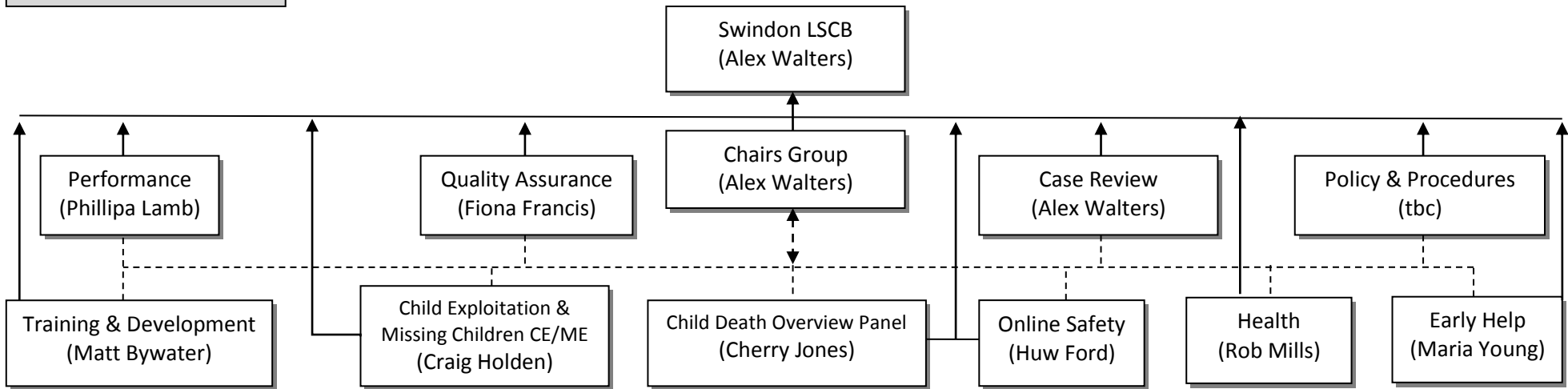
The Local Safeguarding Children Board will meet quarterly to consider:

- Progress in meeting the core and strategic objectives via the functional sub-groups of the LSCB
- 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

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.

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)	Cherry Jones	Director of Public Health, SBC & Chair of Child Death Overview Panel (CDOP)
Christine Rattigan	Great Western Hospital	Craig Holden	Detective Superintendent, Head of Public Protection, Wiltshire Police & CE/MC Sub-group Chair
Deborah Murphy	Senior Service Manager, Children and Family Court Advisory & Support Service (CAFCASS)	Duncan Webster	Head of Student Services and Safeguarding, New College
Fiona Francis	Service Manager, Quality Assurance & Review Service, SBC & Quality Assurance Sub-group Chair	Gill May	Executive Nurse, Swindon Clinical Commissioning Group (CCG)
Helen Chrystal	NHS England	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

Karen Reeve	Director of Children's Services (SBC)	Kathie Bryan	Association of Swindon Special School Headteachers
Lin Williams	Domestic Abuse Strategic Lead, SBC	Liz Hickey	Assistant Chief Officer, Community Rehabilitation Company (CRC)
Maria Young	Head of Children, Families & Community Health, SBC & Early Help Working Group Chair	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 & Development 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	Peter Nathan	Head of Education, SBC
Phillipa Lamb	Strategic Planning Manager, SBC & Performance Sub-group Chair	Dr Raman Sharma	Designated Doctor, Swindon CCG
Robin Stannard	Lay Member	Robert Mills	Designated Nurse, Swindon CCG
Ruth Gumm	Principal Social Worker, Seqol	Sandra Muir	Swindon Association of Secondary Headteachers
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 (SBC)	Tanya Musty	Student Engagement Officer, Swindon College
Yasmine Ellis	Youth Development Manager, Dorset & Wiltshire Fire & Rescue Authority	Participating Observer: Fionuala Foley Cabinet Member Children's Services, SBC	

LSCB CORE FUNCTIONS: Business Plan 2016-2019

1. LSCB Multi-agency 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 that they reflect local circumstances.	Ongoing-2018	Policies and Procedures Subgroup Chair	P&P's are reviewed and approved by both the subgroup and the LSCB. There is evidence that policies and procedures are disseminated across the children's workforce.	This will ensure that staff are provided with guidance in order to safeguard children.
1.2 To promote the use of the South West Shared Procedures website and to analyse usage to determine whether this is the most effective means of sharing multi-agency safeguarding policy.	Ongoing-2018	LSCB members, Policies and Procedures 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 sign off new or revised policies and take responsibility for the effective dissemination of these across their organisations	Ongoing 2018	LSCB Members	Members can provide evidence of dissemination and, when surveyed, the workforce show good levels of awareness of policies.	The workforce is aware of and makes use of the policies and procedures to work effectively with children and young people.

2. Through a Communication and Community Engagement Strategy provide for two way dialogue with children and families, and frontline workers and organisations to ensure that the voice of the child and the views of their parent/carers are reflected in the development and delivery of services.				
Objective	Completion due	Responsibility	Outcome Measure	Impact
2.1 Determine the feasibility of establishing a Communication and Community Engagement Subgroup to lead on this aim.	September 2017	LSCB Strategic Manager and Lay Members	Results of feasibility study (to include draft Terms of Reference) considered by LSCB Chair and Chair's Group.	If constituted the Sub-group will provide evidence of a stronger public understanding of and engagement in local child safety issues. The voice of children and the views of workers are reflected in service design and delivery.
2.2 To raise awareness of the LSCB across the children's workforce and local communities.	Ongoing - March 2018	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
2.3 Through new or existing arrangements to seek the views of children and their parents on safeguarding issues and represent these to the LSCB.	Quarterly and ongoing	CCE Sub-group or LSCB Strategic Manager and Lay Members	Children and their parents are able to make their views known to the LSCB	The work of the LSCB is informed by the views of service users
2.4 Audit the LSCBs effectiveness in providing key safeguarding messages to frontline staff.	March 2018	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

3. 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	Ongoing	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. 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 they 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 2018	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 The status of SCR's, LCRS and associated action plans is reported quarterly to the LSCB.	Quarterly reporting	Case Review Sub group Chair	Practice is changed to improve services for children. Members are held to account for progress against action plans	The LSCB is aware if practice is changing in light of recommendations from reviews which will aim to keep children safer.
4.3 The LSCB celebrates improvements and challenges partners where actions arising from SCRs/LCRs do not lead to improvements.	Quarterly	Independent Chair	The full LSCB is involved in and accountable for the successful completion of SCR/LCR Action Plans	A wider engagement with the SCR/LCR process supports the learning arising from the reviews to be embedded across partner services and organisations
4.4 Upon conclusion each SCR/LCR is reported to the full LSCB membership to agree and support the development of Action Plans. Learning is disseminated across the partnership.	As required	Case Review Subgroup Chair/Independent Chair	LSCB members are aware of learning and recommendations from SCR/LCRs and contribute to action plans arising from them.	Learning is widely disseminated across the LSCB partnership and informs Board priorities and service development

5. Quality Improvement Activity

Have in place a thematic quality improvement 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 quality improvement activity in the priority areas in this Business Plan and those highlighted by Performance Management information and SCR, LCR and other audits	Quarterly review of the improvement activity and associated recommendations presented to LSCB	Quality Assurance Sub Group Chair	Annual QA programme agreed and undertaken	The LSCB monitors and evaluates the safeguarding practice for partner agencies ensuring that children are kept safe and that agencies and their workforce comply with relevant policies and procedures.
5.2 To ensure that the learning and recommendations from QI are captured and monitored by the QA group and can evidence impact.				
5.3 To review the process by which the Board seeks assurance from partners that their arrangements for safeguarding and protecting children are in line with S11 of the Children Act 2004.	July 2017	Performance Subgroup Chair, LSCB Independent Chair and Strategic Manager	The LSCB is aware of the extent to which partners meet the S11 standards and Partners have action plans for improvement where necessary.	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. Training & Development

To devise and deliver high quality innovative multi-agency training programmes and initiatives that meets 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 2017	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 learning from SCR/LCR and Quality Improvement activity as set out in the LSCBs Learning & Improvement Framework	Ongoing	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	Training & Development Sub Group	Training is evaluated in line with the LSCB Training Strategy and reported in LSCB Annual Report	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 and seeks to represent the views of children, families and practitioners.	November 2017	LSCB Quality Assurance & 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. 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 2018	CDOP Chair	Panel meets as per schedule and reports identify key learning and challenges appropriately.	Opportunities to improve 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 and	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.

8. Online Safety				
Objective	Completion due	Responsibility	Outcome Measure	Impact
8.1 To support all agencies involved in the safeguarding of children in developing policies, procedures and strategies related to e-safety. Co-ordinate awareness-raising training for staff, parents, carers, children and young people. For example the Junior Good Citizen and Young Warden's programmes.	Termly and ongoing	Online Safety Sub-group Chair	There are high levels of engagement by schools with the 360 assessment tool. Children and parents access awareness raising events and programmes	Children are aware of the risks from online sources and know how to keep themselves safe.
8.2 The Online Safety Sub-group will work closely with the Child Exploitation and Missing Children Sub-group to ensure that there is a joined up approach towards children at risk of cyber exploitation.	Termly and ongoing	Chairs of the Online Safety and Child Exploitation and Missing Children Sub-group	Appropriate strategies are developed and implemented in response to identified risks to children and young people.	Relevant support is available for children at risk from cyber exploitation.

9. Child Exploitation & Missing Children				
Objective	Completion due	Responsibility	Outcome Measure	Impact
9.1 The LSCB's sub-group on Child Exploitation and Missing Children (CE/MC) will raise awareness of and, where appropriate, develop best practice guidance relating to, the following forms of exploitation: <ul style="list-style-type: none"> • Child Sexual Exploitation; • Criminal Exploitation; • Cyber Exploitation; • Child victims of Human Trafficking and Modern Slavery • Radicalisation of children. 	Actions relating to this objective are included in the CE/MC Sub-group action plan for 2017/18	CE/MC Chair	<p>The workforce is more aware of the ways in which children are at risk of being exploited and the sub-group develops guidance to support best practice.</p> <p>The LSCB is effective in its scrutiny and challenge of multi-agency partnership approaches to Human Trafficking and Modern Slavery and Radicalisation</p>	Children at risk of exploitation are identified at the earliest opportunity and practitioners are able to provide appropriate support relevant to the nature of the exploitation.
9.2 The LSCB's sub-group on Child Exploitation and Missing Children will oversee multi-agency support for missing children and their families.	Actions relating to this objective are included in the CE/MC Sub-group action plan for 2017/18	CE/MC Chair	The sub-group provides scrutiny and challenge to the Multi-agency Risk Panel and arrangements for Return Home Interviews	Performance information relating to the management of missing children cases leads to the development of support for them and their families.

2017 – 2018 BOARD PRIORITIES

THE JOURNEY OF THE CHILD THROUGH SAFEGUARDING PROCESSES

The LSCB is assured that children have the appropriate levels of support at the earliest opportunity and that processes support an effective multi-agency response to children's needs.

Why is this a priority? Findings from SCRs & LCRs; Low numbers and inconsistent use of EHR&Ps; Children subject to MARP, CP and LAC processes without having had EHRs; Low levels of escalations.

Younger children have high support needs indicated by the high numbers of children in need and the small increase seen in children coming into care due to neglect (H&WB Strategy 2017 – 2022)

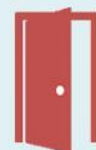
Objective	Completion due	Responsibility	Outcome Measure	Impact
The LSCBs awareness of the child's safeguarding journey and the development of services to children and young people is informed by robust performance monitoring information	Quarterly and ongoing	Performance Sub-group chair	The Performance Sub-group oversees the collection and analysis of the Core Data Set and reports to the LSCB on a quarterly basis.	The LSCB is able to appropriately celebrate and challenge the effectiveness of multi-agency safeguarding work.
Quality Improvement activity informs the continued development of effective multi-agency working throughout the child's safeguarding journey.	March 2018 with quarterly reports to the Board	Quality Assurance Subgroup Chair	<p>The Quality Assurance Sub-group receives regular reports on the levels and effectiveness of multi-agency participation in key safeguarding and protection processes.</p> <p>The Sub-group will assess the levels of awareness of the Early Help Strategy during the second half of the year.</p>	Children and their families experience an increasing effective and timely multi-agency response as a result of the learning from quality assurance activity.
That a child is receiving the right service, at an early stage to prevent statutory intervention at a later stage.	December 2017	The LSCB's Early Help Task & Finish Group will revise the multi-agency Threshold Guidance that sets out early intervention pathways and resources under the LSCB Early Help Strategy.	Revised Threshold Guidance is published and disseminated across all agencies and is reflected in LSCB training	The LSCB's Threshold Guidance is fit for purpose, well understood and used appropriately by professionals in partner agencies.

DOMESTIC ABUSE

“Swindon has estimated high levels of domestic abuse, compared with its ‘nearest neighbours’. Evidence suggests that the number of children affected by domestic abuse has increased in recent years.” JSNA Update 2016.

“In 90% of domestic violence incidents a child or young person will be in the house or directly witness the incident” Health & Wellbeing Strategy 2017 - 2022

In Swindon
just considering reported incidents



approximately

**1,000
children**

and young people are exposed
to domestic abuse each year

Reporting of domestic abuse is
increasing, enabling more effective
harm reduction interventions. However,
given its hidden nature, the levels
could be much higher than
currently reported.

JSNA in pictures

Additional Information:

<http://www.swindonjsna.co.uk/Files/Files/Domestic-Violence-and-Abuse-Needs-Assessment-Bulletin-Children.pdf>

<http://www.swindonjsna.co.uk/Files/Files/Strategy to reduce Domestic Abuse 2015-17.pdf>

<http://www.swindonjsna.co.uk/Files/Files/DA WHATWORKS AND JSNAUPDATE2016.pdf>

Objective	Completion due	Responsibility	Outcome Measure	Impact
The LSCBs awareness of the needs of children who experience domestic abuse and the development of appropriate support is informed by robust performance monitoring information	Quarterly and ongoing	Performance Sub-group chair	The Performance Sub-group oversees the collection and analysis of the Core Data Set and reports to the LSCB on a quarterly basis.	The LSCB is able to appropriately celebrate and challenge the effectiveness of multi-agency support for children and families who experience domestic abuse.
The LSCB provides effective scrutiny, challenge and support to the Community Safety Partnership in relation to the Strategy to Reduce Domestic Abuse 2015-17 and the work of its Domestic Abuse and Violence Against Women & Girls (CSP DA&VAWG) subgroup.	Quarterly and ongoing	Independent Chair & Chairs Group.	Preventative work is effective and focusses on victims and perpetrators. Awareness raising and training opportunities are available across the children's workforce. programmes Interventions when cases are referred to statutory services are effective.	Children who experience domestic abuse receive timely and effective support.

DISABLED CHILDREN

Ensure the effectiveness of safeguarding arrangements for Disabled Children

Why is this a priority?

- Disabled children are at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children;
- Disabled children at greatest risk of abuse are those with behaviour/conduct disorders. Other high-risk groups include children with learning difficulties/disabilities, children with speech and language difficulties, children with health-related conditions and deaf children;
- Disabled children are more likely to be abused by someone in their family compared to non-disabled children;
- Disabled children are more likely to experience the negative aspects of social networking sites than non-disabled children.
- Almost 4% of pupils have a statement or Education, Health and Care Plan (England average 2.8%)

Further information:

<http://www.swindonjsna.co.uk/dna/CYP-JSNA>

<https://www.nspcc.org.uk/globalassets/documents/research-reports/right-safe-disabled-children-abuse-summary.pdf>

Objective	Completion due	Responsibility	Outcome Measure	Impact
The LSCBs awareness of the needs of disabled children and the development of appropriate support is informed by robust performance monitoring information	Quarterly and ongoing	Performance Sub-group Chair	The Performance Sub-group oversees the collection and analysis of the Core Data Set and reports to the LSCB on a quarterly basis.	The LSCB is able to appropriately celebrate and challenge the effectiveness of multi-agency support for disabled children and families.
Consider the Special Educational Needs & Disability JSNA bulletin (due July 2017) and determine LSCB response as necessary.	September 2017	Independent Chair	The LSCB considers the JSNA bulletin and determines an appropriate response	Services for disabled children and their families are informed by the findings of the JSNA bulletin
Complete action plans arising from Local Case Review N and Serious Case Review Q.	March 2018	Independent Chair and Case Review Group	SCR/LCR Actions are completed and lead to improvements in services to disabled children and their families.	By disseminating the learning from the case reviews, services and practitioners provide more timely and effective support to disabled children.
Quality assurance activity explores the impact that actions arising from case reviews have on outcomes for children.	March 2018	Quality Assurance Sub-group Chair	The LSCB is aware of the effectiveness of its action planning in response to case reviews.	Disabled children and their families receive timely and effective support.

SUPPORTING IMPROVED EFFECTIVENESS OF JOINT SAFEGUARDING WORK BETWEEN SERVICES FOR CHILDREN AND ADULTS.

Why is this a priority? Children who are cared for by adults who are in receipt of support provided by a range of services may themselves need additional support; Support plans for these children, at whatever level, are likely to be more effective where there is joined up working between organisations that support children and those that support adults.

Objective	Completion due	Responsibility	Outcome Measure	Impact
The LSCBs understanding of the effectiveness of joint safeguarding work is informed by robust performance monitoring information	Quarterly and ongoing	Performance Sub-group Chair	The Performance Sub-group oversees the collection and analysis of the Core Data Set and reports to the LSCB on a quarterly basis.	The LSCB is able to appropriately celebrate and challenge the effectiveness of safeguarding work between services for children and adults.
QA Activity to look at extent to which See the Adult, See the Child Practice Guidelines are embedded within services	March 2018	Quality Assurance Sub-group Chair	Adult services are appropriately represented at children's planning and review meetings and vice versa. Action plans are more effective as a result of improved joint working.	Children and adults experience a seamless and joined up approach from children and adult services.

Restorative Youth Services Plan 2017/18

Health and Wellbeing Board

Date: 12th July 2017

Author: Matt Bywater – Service Manager, Restorative Youth Services,
Swindon Borough Council

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The Local Authority (Chief Executive) with responsibility for Children's Services is required to ensure that the range of Youth Justice Services outlined in section 38 (4) of the Crime and Disorder Act 1998 are delivered through the Youth Offending Team.
- 1.2 The Youth Offending Team (YOT) in Swindon is required to produce an Annual Plan which reflects on previous performance, and addresses priorities and business risks for the year ahead. This Plan incorporates three other services: the confidential youth counselling service On Trak, and the youth alcohol & drug misuse service U-Turn. New to this particular plan is information and commentary about the RESPECT programme; the adolescent to parental / carer Domestic Abuse programme which has been part of the Restorative Youth Services (RYS) from October 2016 onwards.
- 1.3 It is an expectation that the Plan is approved by the Youth Offending Team Management Board and the Local Authority, prior to submission (of the Plan) to the Youth Justice Board.
- 1.4 The Restorative Youth Services Plan 2017/18 was approved by the Youth Offending Team Management Board on the 27 April 2017.

2. Recommendations

The Board is recommended to:

- 2.1 Note and approve the Restorative Youth Services Plan for 2017/18 which incorporates strategies for meeting Government and local targets for reducing first time offending, re-offending, remand, custodial rates, and substance misuse. The Plan also includes strategies for the timely and effective delivery of confidential youth counselling services and programme, delivery of the youth domestic abuse programme RESPECT.

3. Details

Highlights from the Plan

- 3.1 Developments in 2016/17 associated with the Youth Offending Team included a continuing low rate of custody, due in part to the success of working closely with the Courts to show that risk and rehabilitation, for even the most troubled young

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Restorative Youth Services Plan 2017/18

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people, are manageable and effective in the local community. Re-offending rates experienced a spike (43.2%) in 2014 as a result of a more complex cohort of offenders (explored further in the HMIP Inspection of the Team in March 2015) but they have continued to fall and are now locally below the national average (Swindon 36.6%, national average 37.7%). The continuing reduction is also true of the local First Time Entrant (FTE) rate; which has continued to fall (outturn in 2015 of 153 against an outturn of 102 in 2016).

- 3.2 There is close continuing scrutiny being paid to this particular figure as there is a (nationally) recognised discrepancy between the FTE figures released by MOJ (based on police (PNC) data) and locally reported figures (based on YJB 'Live tracker' data). The latter is now used for more regular performance monitoring, being centred on a more sophisticated contemporaneous analysis of data.
- 3.3 Other key factors (influencing progress with the objectives set out in the 2017/18 Plan) include: more focused work on internal auditing of case work and levels of risk and vulnerability ratings by case managers (aided by the use of the new and embedded ASSETPlus Case Management system); the continued use of a programme around communication to improve the confidence and self-esteem of young people and intervention by a speech and language specialist, and the continuing offer of bespoke and commissioned group sessions for young people (including, but not exclusively, the GIRLS group, Youth Justice Centre, Weapons Awareness and Driving Awareness group).
- 3.4 The Plan for 2017/18 also incorporates strategies to educate young people about the harm caused through the misuse of alcohol and drugs. To support this, U-Turn continues to operate through the traded services initiative to help raise awareness about the impact of drugs (including New Psychoactive Substances) on the teenage brain and development. The team is also having an impact through their liaison with Schools, and advising and assisting with their PHSE curriculum, and more generally providing briefing papers in relation to local trends and impacts. They also continue to provide IAG via 'The Dock' website which includes short educational films (including the successful 'Jack's Story') as well as engaging and reaching young people via new forms of social media.
- 3.5 Incorporated within the Plan are those challenges facing the confidential youth counselling service On Trak. These include managing a high rate of referrals, mostly from GPs, which have resulted in long waiting times for some young people in need of counselling. More streamlined and responsive processes have been put into practice (including a closer working relationship with targeted mental health services) to help address the demand for counselling by young people and ensure that those most in need are prioritised for treatment. The most recent and welcome development has been the successful bidding for funds to employ a part-time CAMHS worker to be embedded in RYS to aid and assist in the early identification and signposting to appropriate treatment of young people requiring such an intervention.

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Restorative Youth Services Plan 2017/18

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- 3.6 The Plan for 2017/18 has also had to anticipate continuing reductions in funding from the Youth Justice Board (YJB) and key funding partners. This includes a reduction in funding from the National Probation Service. Historic falls in the Youth Justice Board grant since 2012 (of 40%) contributed to the loss of all the YOT's financial reserves of £43,940. Taken in conjunction with year on year increases in salary related costs, it was necessary to carry out a review of levels of staffing within RYS in order to secure the savings in costs necessary to sustain a workable budget for 2017/18. Voluntary redundancies, as well as natural retirements, helped to provide a platform aimed at sustaining RYS through to 2019 pending any further reductions in grant funding. Building up a small reserve in 2017/18 will help to offset pressures from 2018/19 and beyond.
- 3.7 The YJB have announced an increase in the cost of Remand bed nights (where the RYS have to fund Childrens places in secure remand placements when needed) as well as a reduction in grant funding to Local Authorities, amounting to £13,534 in Swindon. Undoubtedly this will create a budget pressure in 2017/18, although the YOTs priorities are to keep a young person out of remand based on a suitable package of support within the community.
- 3.8 In spite of the financial pressures and other uncertainties the YOT continues to have the full confidence of the YOT Management Board and are in support of the plan as presented.
- 3.9 The Youth Offending Team also has a close working relationship with other YOTs in the South West and is encouraged by the Youth Justice Board's local partnership adviser to compare outcomes in order to promote best practice and ensure that resources are deployed where they can be most effective.
- 3.10 The Team also has a reputation for innovation in practice, which included the development of and launch of a new web site ('The Dock') aimed at young people in October 2016.
- 3.11 The Plans for 2017/18 also take account of the continuing influence and positive impact on service delivery and reputation which comes from a community of volunteers (of which there are over 40). In order to capitalise on the wealth and breadth of the talent of these people the service have recruited to a half time new post of RYS Volunteer Co-ordinator who took up post on June 1st 2017. RYS was also successful in securing renewal of the Investors in Volunteers award, designed to ensure that RYS processes and policies are at the highest possible standard to recruit, manage and develop volunteers for 2017 and beyond, helping ensure that young people in Swindon receive the best start in life.

4. Alternative Options

- 4.1 The Youth Offending Team Board consider that the Plan as presented is suitable, and acceptable or feasible alternatives to the plan are not apparent and consider that it will be acceptable to the YJB. However should the Health and

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Wellbeing Board consider any aspect to be unacceptable the plan could be referred back to the YOT Board for consideration.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 The YOT is statutorily required to be financed through a mix of funding from the Youth Justice Board, Local Authority (Children's Services), Wiltshire Police and Crime Commissioner, and partner organisations. The total Youth Justice Board grant for 2017/18 amounts to £225,850 which includes funding set aside to help meet demands associated with Unpaid Work and Attendance Centre requirements from Court. Partnership cash funding amounts to £471,394 of which £267,500 comes from Children's Services. The following agencies also provide cash contributions: £76,994 from the Police and Crime Commissioner; £5,000 from the National Probation Service; £19,700 from the Clinical Commissioning Group; and £62,200 from the Wiltshire Community Foundation (RESPECT Programme). In a separate initiative, RYS was able to commission CAMHS to recruit a 0.7 fte Mental Health Worker following a successful bid for funds from the Clinical Commissioning Group (CCG) (£40,000).
- 5.2 The substance misuse service U-Turn is funded from four sources; Local Authority Public Health (£75,000); Youth Justice Grant funding transferred from YOT income to U Turn (£13,000); and Children's Services core funding (£35,700), in addition to £3,600 from Health, and £500 (net) from traded services with Schools, making a total budget of £127,800.
- 5.3 The youth counselling service On Trak is funded by the Local Authority (£63,700, and the CCG (£64,000) making a total budget of £127,700.
- 5.4 The Budget for 2017/18 was presented to and approved by the YOT Management Board in April 2017, and included proposals to meet the challenges previously mentioned. It should be noted that further reductions in contributions if they were made are now considered unviable without future decisions about actual service reductions.

Legal and Human Rights Implications

- 5.5 The Plan conforms to all Swindon Borough Council protocols and policies concerning the Legal and Human Rights of Swindon residents.
- 5.6 The Plan also builds in interventions on behalf of young people designed to promote opportunities for constructive use of their leisure time and as a result, a reduction in anti – social behaviour or crime.

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

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

Diversity Impact Assessment

- 5.8 The work of the YOT, substance misuse service U-Turn, the youth counselling service On Trak and the RESPECT Programme are embedded in the Restorative Youth Services Plan 2017/18 which includes the Diversity Impact Assessment. The plan does acknowledge the need for RYS to continuously improve in respect of several areas of its core business and to remain vigilant that its services continuously remain accessible to all children and young people.

Risk Management

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

6. Consultees

- 6.1 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Restorative Youth Services Plan 2017/18.

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Children's Services Statement:

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

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RESTORATIVE YOUTH SERVICES PLAN

2017-18



HM Courts &
Tribunals Service

**YOT Statement:**

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



1 - EXECUTIVE SUMMARY

This is to be my last Youth Justice Plan, as I am preparing to hand over the reins to my successor in July 2017. However, I remain confident in the ability of all three services - the Youth Offending Team, Substance Misuse Service U-Turn, and the On Trak Youth Counselling Service – to deliver against their key priorities in spite of the continuing challenges associated with the youth justice and social care landscape. Moreover, I welcome recent developments in enhancing the scope of RYS by the successful creation of the RESPECT programme and the drive to mainstream the co-ordination of working with sexually harmful behaviours within YOT.

My role, and those of my colleagues on the YOT Management Board, has been to support the team as well as seek greater efficiencies and hold them to account. 2016 was characterised by a continuing scrutiny of performance based on qualitative data (including case studies) as well as regular peer reviews by specialists on the Board, and (crucially) an independent audit conducted by Davy Pearson, the ex-Head of West Berkshire YOT. The team's response to these challenges was reflected in good outcomes for young people, sustained improvement on a range of key indicators, and the drive and ambition to embrace innovation in practice, of which the use of social media platforms, resources aimed at reducing inter-familial violence in the home and better access to speech and language specialists are excellent examples.

The lead up to this year's Plan was characterised by continuing pressures from central government, uncertainty on the back of the Taylor Review and cuts in public funding, as well as some inflationary increases making it impossible to set a budget without a fundamental review of staffing levels within the team, challenges which the Board and Service met with a positive 'can do' attitude and a determination to get it right for children and young people. Ensuring that the key funding partners meet their statutory obligations to resource RYS beyond 2018 will be a key priority of my successor and the Board, in addition to overseeing completion of the YOT's post inspection action plan and the drive to keep vulnerable young people safe from harm, abuse, criminal, sexual or other exploitation, radicalisation, domestic abuse and substance misuse.

Encompassed within this Plan is an outline of the coming years strategy, performance and priorities, including those which build on the services a strong reputation for effective partnership working and a dedicated bank of willing volunteers underpinning the skills, knowledge and experience of the paid workforce. I am pleased to report that the Plan for 2017/18 has the full confidence of the YOT Board and focuses robustly on key areas of performance and development and maintaining the confidence of recipients of the various services as well as the wider partnerships and public.

Karen Reeve
Director of Children's Services
Swindon Borough Council



Signature		Date	
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Partnership Signatures

John Gilbert	Job Title	Chief Executive Of The Local Authority	Signature	John Gilbert	Date	
Phil Staynings	Job Title	Superintendent, Wiltshire Police	Signature	Phil Staynings	Date	
Heather Race	Job Title	On behalf of National Probation Service	Signature	Heather Race	Date	
Paul Bearman Gill May	Job Titles	Executive Director of Commissioning, NHS Swindon Clinical Commissioning Group Executive Nurse, NHS Swindon Clinical Commissioning Group	Signatures	Paul Bearman Gill May	Date	

2 - RESTORATIVE SERVICES IN CONTEXT: OPPORTUNITIES, CHALLENGES, AND LOCAL PARTNERSHIPS

'Restorative Youth Services', the collective term for the services that comprise of Swindon Youth Offending Team, Substance Misuse Service U Turn and the Youth Counselling Service On Trak are well placed to meet the Local Authority's drive to greater localism and accountability under the strategic direction 'Stronger Together'. Under this initiative the Council seeks to change the way it operates as a public service, distinguishing between delivery and commissioning but promoting greater cooperation and efficiency via the 'One Swindon' delivery plan. Restorative Youth Services will play a crucial role in supporting their strategic aims for a strong, safe community where fear of crime is low and there is a strong sense of civic pride in making Swindon 'a great place to live and work'. These aims also recognise that the population is becoming more diverse and is forecast to grow from 186,600 in 2007 to 250,000 by 2030. Although the town is recognised for creating an environment for good economic growth, there still remain areas of inequality and deprivation with low aspirations and attainment and this remains a significant challenge, as well as an opportunity to encourage local people to become more self-reliant and participate in decisions affecting their lives. In order to meet some of the challenges going forward, we have increased our scope and remit to include adolescent to parental / carer domestic abuse (by successfully bidding for external funding to run a two year programme, (RESPECT)) and to lead a Borough wide drive to widen the skills set of colleagues outside of YOT in order to be able to work in a multi agency way with children and young people who display sexually harmful behaviours (SHB) We will achieve this by taking on the co-ordination of assessments and interventions Borough wide in the YOT (the Operations Manager creating and co-ordinating a 'virtual' team able to work with such behaviours).

There are many factors, nationally and locally influencing this Plan. Most recently the Taylor review of Youth Justice in England and Wales has resulted in small but significant changes to the scope and direction of YOTs which remain to be fully understood and worked through as they emerge (the most immediate impacts are on the youth custodial estate and associated need for multi agency working). The team continues to enjoy the confidence of the YOT Board currently chaired by the Director of Children's Services, and fully supported by the wider partnership of statutory bodies and other key agency representatives. The quarterly meetings reflect an effective Board able to hold the YOT to account, using an ambitious post 2015 Inspection Action Plan as a base which has delivered important and influential changes in service delivery. The Board is also fully aware of the risks to service delivery, with an updated Risk Register forming part of the Board's quarterly discussions. There have continued to be national and local funding reductions and pressures which has resulted in a YOT redesign and re-organisation which, with ongoing Board approval, has seen front line services protected whilst wider functions (performance reporting and business functions are, or are planned to be, absorbed into wider Borough faculties). The wholesale change to our case management system (to ASSET Plus) has fundamentally changed the way the way we assess and plan for working with young people and has been challenging in terms of its implementation and in particular the quality assurance functions; however we have embraced this, recognising that any increase in the requirement for management oversight is in keeping with our post inspection action planning and strategy. We continue to drive towards more use of restorative justice / approaches and have most recently begun working in partnership with the OPCC led 'Restorative Together' initiative. We have maintained a continued focus on QA, First Time Entrants, innovation and ensuring good quality service delivery going forward and are determined in part to innovate according to locally emerging issues and trends. In keeping with this we have most recently mainstreamed a groupwork programme for working (differently) with young girls and women in the youth justice system ('GIRLS' group) as well as acknowledging local increased trends in offences involving possession of weapons and domestic burglary. The latter we are currently working with YOT based police colleagues and wider in order to develop a response going forwards. As innovation is key to our approach, we are constantly seeking out new ways of working with Children, Young People and their families. Most recently we have launched an SBC website; 'the Dock' (www.thedockswindon.co.uk) the first Borough wide website created by young people, for young people which seeks to give wide ranging and diverse information and signposting to a wide range of services (including those in RYS) but also allowing for improved and 'near time' responses to enquiries and issues.

This Plan acknowledges YOT performance to date in each of the key areas associated with prevention, reoffending and custody as well as making the best use of the synergy between the teams that make up Restorative Youth Services, as well as with key partners such as Children's Services, Community Safety Partnerships and other criminal justice partners. YOT and wider performance data is routinely reported to and scrutinised by the YOT Board, highlighting important trends including: the use of our community

disposals, a smaller but more complex and risky/ vulnerable cohort of young people subject to Court ordered interventions, and continued and ongoing focus upon children who are Looked After or BME. In addition the YOT continues to equip staff for supporting the Government's Prevention of Extremism agenda. This has included training for all staff on WRAP 2 training specifically aimed at identifying young people at risk or radicalisation, and the YOT Manager continues as a member of the Borough Council 'Prevent' Board. **U-Turn** continues to see a positive shift away from Class A drug use by young people, but which has been replaced by increasing 'poly drug' use with predominant use of cannabis and alcohol. There was also a detected increase of the use of New Psychoactive Substances predominantly with the use of 'spice', though this trend has decreased following the reclassification of previously referred to 'Legal Highs'. **On Trak** has made inroads into decreasing waiting lists/ times for young people to access counselling services but has seen an increase in referrals (monthly via GP or self-referral). Anxiety, self-esteem issues and mental health conditions such as depression continues to feature highly amongst the cohort of young people accessing the service and there has been a reported increase in self-harm; in part, but not exclusively, linked to 'exam anxiety'. This has resulted in treatment times becoming longer.

The Plan is underpinned by a highly motivated and trained workforce, as well as a high number of local volunteers. Going forward, with a reducing paid workforce, maintaining and imposing the skills and expertise base of the large cohort of volunteers working with Restorative Youth Services; working tirelessly with vulnerable young people and their families is of paramount importance. We are committed to a design to see 'the right people, with the right skills in the right place at the right time' – and this includes our valuable volunteer colleagues. Recognising their importance and value, we have recently successfully recruited a part time volunteer co-ordinator to maintain, enhance and expand their work and contribution going forward.

This plan provides the strategic and contextual setting ensuring our systems and processes are safe; that risk, vulnerability and safeguarding is assessed and well managed; that young people are rehabilitated; that victims have a say; and that our young people who come into contact with the justice system have every opportunity to become valued and productive members of the community. I am confident that we have the right model going forward to ensure staff and volunteers remain focused and stronger by virtue of the partnership formed by the teams that make up RYS.

Finally, the YOT invests heavily in the work being done in my capacity as Service Manager to undertake regular scrutinies of YOT performance and practice elsewhere in England via the sector led Peer Review programme. These reviews enable me to bring back learning and best practice from elsewhere, and use this to Swindon's advantage alongside other published data, including YOT Inspections and HMIP thematic and challenges driven by the YOT Board.



For more information contact; Matt Bywater - RYS Service Manager mbywater@swindon.gov.uk or refer to the Council's web site <http://www.swindon.gov.uk/>

3 – DELIVERING SPECIALIST SERVICES AND JUSTICE FOR VICTIMS

ON TRAK YOUTH COUNSELLING SERVICE

Our aim is to ensure that young people and their parents are able to access the service for assessment and counselling in a timely way regardless of gender, ethnicity, sexuality or religious or cultural background subject to their assessed needs.

Our Plan is to:

- Improve the emotional wellbeing of young people, with particular reference to the new Mental Health worker funded by the Clinical commissioning Group and due to take up post in mid 2017.
- Embed procedural changes arising out of the review of service delivery.
- Work collaboratively with key front line services to ensure all referrals (including self referrals) are dealt expeditiously and in-line with the arrangements governing triage, to include CAMHS/TaMHS.
- Reduce the average time it takes from accepting a referral to attending an assessment appointment.
- Reduce the average waiting time from assessment to subsequent first appointment.
- To embed changes following review in the presentation of performance reports in order to reflect the quality of work being done, and held to account.
- Refine and collate feedback from service user to reflect on outcomes for young people accessing the service and inform future practice.
- Maintain a Service commitment to explore innovative ways of communication to promote better outcomes and secure a wider reach including those who do not usually access the service.
- On Trak is also keen to embrace the digital revolution to reach the new generation of young people using social media (Dock) and other platforms including online counselling.

U-TURN SUBSTANCE MISUSE SERVICE

Our aim is to increase awareness by young people and parents of the service and help keep them safe from harm.

Our Plan is to:

- Offer awareness sessions and training to staff and parents of the risks of substance misuse through existing innovative prevention activities, to include an increase in resources via bids to the commissioner to roll out a training programme to professionals in the borough.
- Following the recent CQC inspection, we will use any and all resultant feedback to inform future practice, building on existing strengths and good practice.
- Adopt strategies to reach out to service users who, because of age, gender or ethnicity, do not access the service currently.
- Ensure young people receive an assessment within 10 days of Referral. (The average for 2014/15 was 84% against a target of 90%).
- Ensure that of those assessed, appropriate young people commence an intervention within 5 days of the assessment. (Target: 90% > Outturn 2016/17 100%).
- Keep young people engaged with the service, for which a target is set of at least 90%.
- Ensure the service continues to deliver support to the education sector in accordance with the traded services initiative, but continues to seek new and innovative ways of engaging young people using social media, including the Dock, as well as a digital marketing apprentice to promote outreach and underrepresented groups.
- Secure a volunteer to prompt greater feedback and help reduce disengagement from the service.

GENERAL HEALTH AND WELLBEING

Our aim is to ensure young people are healthy, and have access to relevant services; review agreements and protocols with partners with regard to health provision across partner agencies, including the secure estate; improve the communication skills of young people with specific reference to their speech and language capabilities.

Our Plan is to:

- Implement a protocol that has been agreed for the delivery of Speech and Language to work alongside the 'Rapid English' programme to enhance the identification and support of young people who are acknowledged as needing an intervention.
- Ensure Children Looked After are prioritised to gain support, ensuring they meet with the YOT nurse for an assessment of needs and follow up.
- Ensure the designated nurse has regular and suitable clinical supervision to help monitor outcomes and identify good practice.
- Work closely with On Trak, Uturn and other relevant services to ensure a young person is referred to the appropriate support service.
- Ensure that all up to date health related educational materials are easily and readily available through social media platforms including the Dock.

The delivery of general health services to young people via Restorative Youth Services continues to perform well against CQC auditing processes. Priorities for 2017/18 continue around access by more vulnerable groups of young people, including Children Looked After, which require new processes measured against new targets, as well as the extension of physical wellbeing to include emotional health.

PARENTING

Our aim is to ensure parents of young people at risk of offending are offered help voluntarily or if necessary receive a statutory intervention from the parenting worker.

Our Plan is to:

- Recruit to the vacancy for a RYS parenting worker with a suitably qualified, skilled and experienced practitioner by August 2017
- Set and agree new ambitious targets alongside outcomes for engaging parents and refining performance.
- Ensure the parenting work encompasses the whole RYS Service delivery.
- Create innovative ways of providing support to parents given limitation of resources, including the facility of social media platforms..
- Provide detailed qualitative analysis of parental feedback to promote changes in practice.
- Review source of referrals and seek greater involvement from Education schools and colleges as well as other targeted or universal services including Families First.
- Ensure parenting remains a key aspect in the drive to change behaviours and reduce offending or reoffending by young people.

VICTIMS/ RESTORATIVE JUSTICE

Our aim is to promote the benefits of Restorative Justice in helping victims and raising the confidence of the public in the youth justice system.

Our Plan is to:

- Review processes around RJ and victim contact, including communication, engagement and recording.
- Improve the engagement of victims in more direct methods of RJ processes which include conferencing.
- Continually review best practice and research findings to inform changes in processes.
- Contribute to the bi-annual South West RJ managers meetings.
- Examine and publish the profile of young people from disadvantaged backgrounds and BME populations to set targets around interventions.
- Continue to contribute to the wider work of the Wiltshire Restorative Together programme
- Ensure all aspects of the Victims Charter remain embedded in RYS service delivery and offers

Restorative Justice remains a powerful and effective means of helping a young offender to take responsibility for their actions, and for reassuring victims that the process has value. Restorative Youth Services is committed to improving the scope of restorative justice, bringing more young people and victims of all ages into the process, and promoting restorative justice across agencies where it can bring about a resolution and avoid the formalities of police processes and entry into the youth justice system.

REDUCING FIRST TIME ENTRANTS

Our aim is to reduce the number of young people who are at risk of offending or anti-social behaviour from entering the youth justice system.

Our Plan is to:

- Work collaboratively with a number of key agencies in the justice and care sectors to keep first time entrants within target.
- Work with the YJB, MOJ and police to ensure FTE data submitted via PNC is accurate and understood in terms of its potential impact on shaping YOT delivery
- Promote greater links with specialist or universal programmes where early intervention plays a key part, including the Troubled Families and Early Help schemes.
- Engage young people in new forms of digital tools, including social media and a bespoke web site to provide 24/7 access to informed information and better access to services aimed at young people.
- Extend the award winning Young Volunteers programme to schools across Swindon.
- Prioritise Children Looked After who are more vulnerable to criminal or anti-social behaviour or influences.

The drive to keep young people out of the criminal justice system is dependent on a close collaboration with many sectors of the welfare and justice system, including police and education. Young people require new ways of engagement to deliver key messages to keep them safe from harm or be made more aware of the risks they face, for which innovation in practice (including the use of new digital tools) is a key focus.

For more information contact;

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Manager Specialist Services
DColsell@swindon.gov.uk



4 - REDUCING OFFENDING AND SAFEGUARDING YOUNG PEOPLE

RE-OFFENDING

Our Aim is to continue to reduce the rate of young people re-offending, offering the opportunities and support they need to become valued and productive members of the community.

Our Plan is to:

- Continue to keep our re-offending rates below national averages (as achieved in 2016/2017).
- Intervene at a greater intensity in the first four weeks, 26% of offenders re-offended within this period.
- Prioritise the needs of Children Looked After who are especially vulnerable to unnecessary or undeserved prosecution or anti-social behaviour.
- Maintream and build on desistance factors and the young person's strengths to ensure that a positive identity is developed and maintained away from offending behaviour.
- Continue to work with girls and young women 'differently' in accordance with the December 2014 HMIP Joint Inspection into Girls in the Criminal Justice System.
- Develop new group work programmes to tackle developing trends in offending such as burglary offences.

Re-offending rates have risen in recent years as measured against a more challenging and complex cohort of young people. A greater focus on targeting and supporting these young people has resulted in the national average for re-offending remaining static for the last recorded year (2013-2014 compared with 2014-2015). During the period of 2016/2017 we have been able to compare data against the existing offender population using the live tracker tool which evidenced that 14.8% of young people known to Swindon Youth Offending Team throughout the period re-offended, compared with the latest available national cohort (2014/2015) which evidenced a re-offending rate of 37.9%. Although we have seen a reduction in Swindon's re-offending rate we do not want to become complacent and will continue with this as a target throughout the next financial year. The emphasis will also remain on those young people more vulnerable by virtue of their environmental, physical or emotional circumstances and condition to help improve their life chances and rehabilitate them into the local community as quickly and effectively as possible.

INTENSIVE SUPERVISION

Our aim is to help relevant young people stay out of Custody where there is a greater risk of reoffending by offering Courts a credible and consistent intensive level of supervision whether it is through the scaled approach of three contacts per week or through the Intensive Supervision and Surveillance Requirement as part of a Youth Rehabilitation Order where daily contact will be had. All young people released from Custody will be supported with intensive supervision, in order to aid their resettlement into the community and support them during the initial phase of their Notice of Supervision in the Community.

Our Plan is to:

- Deliver more group work programmes for young people who would benefit from intensive supervision to enable a greater level of contact (this will include revamping and relaunching the Attendance Centre resource).
- Offer the support of an intensive interventions worker to any young person who requires an intensive level of intervention as assessed by their Youth Offending General Reconviction Scale (YOGRS) score.
- Continue to ensure that all young people sentenced to Custody are allocated an Intensive Interventions worker upon sentence who will aid and support them in their resettlement and reintegration into the community, thus reducing their likelihood of reoffending upon release.
- We will continue with the ambitious target of seeing young people complete their ISS programme (in 2016/17 the successful completion rate was 15.4% against a target of 55%).
- To continue to offer ISS, ISSP Bail, BSS packages and ensure that Intensive Referral Orders are continuously available to sentencers on all occasions.
- Continue to work collaboratively with Wiltshire YOT to assist with joint intensive interventions that cross boundaries.

EDUCATION, TRAINING & EMPLOYMENT (ETE)

Our Aim is to ensure that all young people are in suitable education, training or employment at the close of their intervention; and to strengthen links to local colleges and education providers to help inform the process of engaging a young person and assisting with the decisions around placements.

Our plan is to:

- Improve performance against the local target of at least 89% of young people in suitable ETE. During the period of April 2016 to March 2017 69.6% of young people were in suitable ETE, evidencing that improvement is still required in this area.
- Continue to promote the use of the software 'Rapid English' which has a proven record of improving a young person's standard of communication and literacy.
- Ensure that where a question has been answered with a 'yes' in the speech, language communication and neuro-disability screening in Asset Plus that a referral is made to the Speech and Language Therapist.
- Continue to promote stronger and more effective links to relevant schemes such as 'working links'.
- Continue to work closely with Family First Team to ensure that the YOT and RYS continue to play an active role in the Troubled Families Agenda.
- Continue to dedicate a YOT resource to ensure relevant young people are offered training and practice required to complete and pass CSCS (Construction Skills Certificate Scheme) to enable them to work in the construction industry if they wish to.

Engaging a young person in suitable ETE remains challenging, and the continued secondment of key personnel to the RYS team, including the Educational Welfare Officer and Youth Engagement Worker, remain critical in meeting these ambitious targets of 89% of young people being in suitable ETE.

REMANDS

Our aim is to reduce the number of remands to custody by providing bail and remand support packages which have the support and confidence of Magistrates and Judges.

Our Plan is to:

- Continue to deliver training to all Social Work teams outlining their responsibilities when a young person is either remanded to local authority accommodation or to youth detention accommodation (Custody).
- Ensure that ISSP Bail and RLAA packages are routinely available to all courts and remand to youth detention accommodation is only used as a last or only resort.
- Continue to support young people in making bail applications post remand where possible and appropriate.
- To work closely with Social Care to try and source suitable accommodation to increase the likelihood of a bail application being accepted post remand.
- Aspire to keep the costs of remands to with local authority budget allocations.
- Continue to be centrally and closely involved in remand planning and welfare meetings with the remanded young person to ensure that the young person is safe from harm or abuse and is afforded appropriate ETE provisions whilst so remanded.
- Continue to offer 365 days a year contact for young people made subject to ISSP Bail.
- Monitor local targets, which include the need to ensure that less than 9% of all young people on bail are subsequently remanded into custody. [Outturn for 16/17 was 5.4%]

CUSTODY

Our aim is to reduce the number of young people receiving a conviction in Court who are sentenced to Custody.

Our plan is to:

Maintain a target of less than 5% of all sentencing outcomes resulting in a Custodial sentence.

Outturn: 3.6% (6 young people were sentenced to Custody).

- Ensure that when the Court are considering a custodial sanction that robust alternatives to custody are provided in pre-sentence reports; particularly with regards to statutory alternatives (Intensive Referral Order and Intensive Supervision and Surveillance).
- Ensure that the Courts are informed of any potential detriments to the young person's rehabilitation and safety and well-being through a custodial sentence are clearly documented in pre-sentence reports.
- Continue to seek regular feedback from Magistrates regarding PSR robustness and quality.
- Continue to provide resettlement support for young people leaving custody. Resettlement support is aimed at providing a genuine and intensive offer of support and guidance post release.
- Ensure YOT continue to go above and beyond the statutory minimum requirements in seeing young people in custody.

ACCOMMODATION

Our aim is to ensure that young people are in suitable accommodation on release from custody and on the completion of community orders.

Our plan is to:

- Maintain a current target of 96% young people being in suitable accommodation in the above categories.
- Outturn 2016/17: 90%.
- Ensure that YOT links with the Local Authority when there are housing concerns for a young person.
- Advocate for a better range of accommodation for young people.
- Continue to work closely with Housing and or Children's Services in respect of Custody resettlement cases.

The YOT, Children's Services and Homelessness Team will manage the risks of housing young people in housing crisis by immediate direct notification between the teams once a young person's housing needs have been made known to their respective team. The Homelessness Team to assess a young person's housing needs on first presentation where possible, to avoid return appointments.

SAFETY AND WELLBEING

Our aim is to ensure we continue to have robust and high quality assessments, plans and management of the safety and well-being of the young person which are meaningful and reduce any risks which will potentially affect the child or young person's safety or well-being.

Our Plan is to:

- Continue to use Asset Plus to provide a holistic overview of the young person's safety or well-being concerns and develop a plan (including ensuring the incorporation of the plans of other key agencies) to safeguard the young person.
- Ensure accurate assessments and management about the level of safety and/or well-being concerns through countersigning, quality assurance and peer auditing.
- YOT Team will continue to participate and contribute to MARP (CSE and criminal exploitation) and other Home Office work.
- Contribute to MASH (Triage)/Missing, Child Protection and Child in Need conferences and reviews, and to ensure effective and timely information sharing.
- Work with CAMHS to ensure the early identification of mental health issues.
- Contribute across boundaries (with Wiltshire YOT and wider if required).

CHILDREN LOOKED AFTER (CLA)

Our aim is to reduce the incidents of CLA coming into the youth justice system – and ensure that protocols/policies are followed in respect of out of Court disposals to improve communication and joint working on appropriate cases between YOT and Children's Social Care.

Our plan is to:

- Improve awareness for social care of their involvement when a young person is remanded.
- Improve our links with social care teams by introducing our roles and responsibilities in their team meetings.
- To ensure all relevant YOT staff have access to ICS; the CSC database to enable staff to identify CLA at the earliest possible opportunity and to ensure CSC plans are, where relevant, incorporated into YOT plans.
- Challenge out of borough placements and ensure certainty that the young people in this situation will always be 'looked after' by Swindon (and YOT remains working with such children as a Home YOT).
- Ensure that the designated Nurse link is maintained.
- Ensure that the child's voice is heard and shapes service delivery.
- Ensure effective links with Independent Reviewing Officers as well as Children's Social Workers.
- Explore and promote out of Court disposals and ensure they are appropriately used in any case including Child Looked After.

RISK OF HARM

Our aim is to ensure robust and high quality assessments, planning and management of risk of harm are in place and reviewed and any risk of harm is, where possible prevented. To ensure effective YOT participation in risk forums such as Prevent, MAPPA, MARAC and MARP and that risk is reviewed in a timely and routine fashion.

Our plan is to:

- Continue to receive daily intelligence from seconded Police staff and ensure that such intelligence contributes to effective and thorough risk assessments.
- For management to continue to 'gatekeep' Asset Plus assessments and deliver training where needed to ensure that staff are reflecting, analysing and recording risk of harm and safety and well-being issues more widely and in greater depth.
- Ensure that the YOT are exploring risk of harm thoroughly and that they do not underestimate the level of harm that a child or young person poses to others and the need to manage this.
- Ensure that all MAPPA risk management plans are incorporated and replicated in Asset Plus risk management and intervention plans.
- Attend training with the MAPPA co-ordinator and Wiltshire YOT to see how best to include and incorporate MAPPA risk management plans into Asset Plus.
- Ensure that assessments and plans are reviewed when required.
- Ensure interventions to manage risk of harm are consistently delivered and to plan.
- Develop a new PRAISE template in line with Asset Plus so that peer evaluation and learning can take place.
- Ensure that there is YOT presence as needed at MAPPA, MARAC, MARP and the strategic Prevent Board.

VOLUNTEERS

Our aim is to further embed volunteers into the YOT and personality match them to our workers and young people so that an enhanced level of support can be offered to young people on statutory court orders. Further enhance the range of work that YOT volunteers undertake in a co-ordinated and planned way.

Our plan is to:

- Recruit a part time volunteer co-ordinator.
- Develop our pool of volunteers and continue to motivate and acknowledge the work that existing volunteers undertake.
- Broaden the skills of our volunteers through additional training and involve them as desired in more one to one activities and case management support where appropriate.
- Create a 'volunteer profile' on each of our volunteers to acknowledge where their skills and interests lie so that these can be utilised in the best way to support the young person.

KNIFE CRIME

Our aim is to reduce the number of incidents involving weapons and to raise awareness of the dangers/ potential consequences (legal or otherwise) of being in possession of a weapon or bladed article.

Our plan is to:

- Raise awareness of the dangers of knife crime and being in possession of a weapon by delivering weapons awareness sessions as a 'prevention' measure; such as school assembly's.
- Deliver a basic weapons awareness session to every young person who is made subject to a statutory court order (and has not received the session in the school setting).
- Develop a more enhanced and detailed weapons awareness programme at the youth offending team which can be delivered across a number of sessions both in the group setting and on a one to one basis.
- Share intelligence with the Police if there are any concerns that a young person may be known to carry a weapon.

BURGLARY

Our aim is to reduce the developing trend of domestic burglary offences through structured intervention with young people who have been convicted of, or involved with such an offence or associated offences (e.g. Handling Stolen Goods).

Our plan is to:

- Develop an intervention specifically tailored and directed at young people who have perpetrated a burglary or are on the periphery of committing burglary offences.
- Use a restorative approach by inviting victims of burglary offences to come into the group sessions and explain their experience of being a victim of burglary.
- Provide an intensive level of contact where required to reflect the seriousness of the offending behaviour and ensure that rehabilitative and supportive measures are put in place to prevent further offending.
- Work closely with the Police and ensure that they are aware of any concerns we have in relation to young people developing networks with known IOM cases.
- Provide robust and structured sentence plans and interventions to raise awareness of the harm caused to the victims of such offences, including psychological and emotional harm.

For more information contact;

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Operational Manager
mnorton@swindon.gov.uk





RESTORATIVE YOUTH SERVICES

Service Manager (and Officer in Charge YJC) – Matt Bywater



RYS PREVENTION & SPECIALIST SERVICES

Operational Manager Specialist Services – Dale Colsell

Dan Collins Youth Engagement Worker (SBC/YOT P/T 7.4hrs p/w)	Victoria Harvey Parenting (YOT F/T)	Jill Wells Education Welfare Officer (SBC/YOT P/T 7.4hrs p/w)	Denise O'Rafferty YOT Worker (Unpaid work/ Reparation) (YOT F/T)	Jenny Munday RESPECT Worker (YOT P/T 20hrs p/w) and Victim and Restorative Justice Co-ordinator (YOT P/T 17hrs p/w)
ON TRAK		SUBSTANCE MISUSE (U-TURN)		Tracey Bayliss RESPECT Worker (YOT F/T)
Kathleen Kinloch Counsellor (On Trak P/T 35hrs p/w)	A. Harvey-Jones Counsellor (On Trak P/T 35hrs p/w)	Michael Hadgraft Substance Misuse Worker (U-Turn F/T)	Hannah Woloszczynska Substance Misuse Worker (U-Turn F/T)	
Graham Hackney Youth Counsellor (On Trak P/T 20hrs p/w)	Melanie Richards Youth Counsellor (On Trak P/T 20hrs p/w)	HEALTH		Clare O'Driscoll Specialist Speech & Language Therapist (SBC/ YOT P/T 3.7hrs p/w)
		Lorraine Gibson Mental Health Practitioner (YOT P/T 25 hours)	Rachel Steadman Young People Health Nurse (SBC/ YOT P/T 17hrs p/w)	Emily Benson Communications Worker (YOT P/T 15hrs)

YOT COURT, SUPERVISION, THROUGH CARE, REMAND & INTENSIVE INTERVENTION

YOT Operational Manager – Melissa Norton

Stephanie Gillett Social Worker (Seconded F/T)	Jayne MacLeod Social Worker (YOT F/T)	Gail Martin YOT Worker (YOT F/T)
Andrew Seddon Probation Officer (Seconded F/T)	Karen Sercombe YOT Worker (YOT F/T)	Vacancy YOT Worker/ Volunteer Co-ordinator (YOT F/T)
ISS		POLICE
Julie Coleman Bail Support and Intensive Interventions Co-ordinator (YOT F/T)	Fiona Buchanan Police Officer (Seconded F/T)	Daniel Vizor Police Youth Justice Worker (Police F/T)
Cathy Hill ISS Worker (YOT F/T)		

COURT ADMINISTRATION, INFORMATION & VOLUNTEERS

Carla Da Silva PA/Finance Assistant (RYS F/T)	Jeanette Glover Court Admin/ Reception Supervisor (RYS P/T 30hrs p/w)	Yvette Bennett Court/ On Trak Admin (RYS P/T 30hrs p/w)	Vacancy Digital Marketing Apprentice (RYS F/T)	Volunteers (40) AA - 14 Panel Members – 16 On Trak – 10 (Some may have dual roles)
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RYS Staff (31 exd 2 vacancies) and Volunteers (40 active)						
Ethnicity			Gender			
	Staff	Volunt	Staff		Volunt	
			M	F	M	F
White	97%	97.5%	23%	74%	15%	82.5%
Mixed	3%			3%		
Asian						
Black		2.5%			2.5%	
Other						

MODEL OF SWINDON YOUNG PEOPLE OFFENDING (YOT 2016/17 DATA)

National: ARRESTS (2015/16 Data)
Arrests of young people fell by 7% between 2014/15 and 2015/16, with the largest % fall being for Robbery (down by 27%). Between 2005/06 and 2015/16 the no. of young people arrested for notifiable offences fell by 75%, from 348,500 to 88,600 (accounting for 10% of total arrests in 2015/16). In 2015/16, the majority of arrests by police of young people were for theft offences (26%) and violence against the person offences (25%).

National: FIRST TIME ENTRANTS (2015/16 Data)
In 2015/16 there were 18,300 FTEs in the Youth Justice System. This number has continued falling since the peak of 110,800 in 2006/07. In the last year, the number has **fallen by 12% (from 20,700 in 2014/15)**. It has fallen by 83% since 2005/06 (107,700). FTEs are getting older, their average age increased from 14.6 to 15.2 years between 2005/06 and 2015/16.

In 2015/16, 66% (12,000) of FTEs received a youth caution. In 2005/06 youth cautions accounted for 91% of FTE disposals. The proportion of FTEs receiving a caution has fallen year on year since 2006/07.

National: PROVEN OFFENCES BY YOUNG PEOPLE (2015/16 Data)

Overall there were 79,600 proven offences by YPs that resulted in a caution or conviction in 2015/16, **down by 9% from 2014/15 and down by 74% since 2005/06**.

Main offences for 2015/16 were violence against a person (26%), theft and handling (14%) and criminal damage (12%).

Between 2005/06 and 2015/16 the proportions of proven offences by type has changed. Violence against a person increased by 8%, and drug offences by 4%. The largest decrease was for motoring offences which decreased by 8%. Theft and handling offences have decreased by 4% whilst remaining offence groups remain fairly consistent over this period.

National: RE-OFFENDING BY YOUNG PEOPLE (2014/15 Data)

The overall re-offending (binary) rate for YPs was 37.9% in 2014/15 (a decrease of 0.1% compared to 13/14), with an average of 3.3 re-offences per re-offender (an increase of 3.12% compared to 2013/14 and an increase of 3.06% compared to 2003/04). There have been decreases in the number of offenders in the cohort, the number of reoffenders and the number of re-offences that they committed in each year since 2006/07.

In 2004 149,500 young people formed the cohort; in 2014/15 the size of the cohort had **fallen by 76%** to 36,300. The corresponding number of re-offenders has decreased from 50,200 to 13,700, a **fall of 73%**. As the size of the cohort has been falling by a slightly greater proportion over the period than the number of re-offenders, the re-offending rate has increased. Similarly, over the same period, the number of re-offences has decreased from 153,600 to 45,300, a **fall of 71%**.

National: CUSTODY (2015/16 Data)

The average under 18 population in 2015/16 held in the youth secure estate was 960. This represents a **8% reduction from previous year and 51% from 2005/06**.

Overall the average length of time spent in custody increased from 110 days in 2014/15 to 118 days in 2015/16. For Detention and Training Orders (DTOs) the average time was 112 days, for Section 91 Orders 278 days, and for other sentences 394 days. In the past custodial episodes for young people who turned 18 before they left the secure estate were excluded. Custodial episodes up until the young person's 18th birthday are now being included, and this new approach results in averages that are higher than previously published.

National: REMAND (2015/16 Data)

There were 16,300 remand episodes given by the Courts for YPs in 2015/16, **down by 12% on 2014/15 and 51% on 2010/11**. Remand decisions that involved YPs being bailed (Conditional or unconditional bail) accounted for 87% of all sentencing remand episodes. For those YPs given a custodial remand in 2015/16, 64% were not given a custodial outcome following their remand. Of these, 27% were acquitted and 38% were given a non-custodial sentence.

Population in Swindon (Census data 2011)

Total = 209,156

YP <18 = 48,965

(23%) of local population

Local Resolutions (LR)

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

First Time Entrants (FTE)

Local target: To reduce FTEs

Outturn: 102 (518 per 100,000) Jan-Dec16
[153 (774 per 100,000) Jan-Dec15]

National: 15,975 (327 per 100,000) Jan-Dec16
[18,214 (373 per 100,000) Jan-Dec15]

Reprimands & Final Warnings replaced by

- Youth Cautions
- Youth Conditional Cautions (YCC)

PREVENTION

93 YP (10-17) received a Local Resolution (PNC data). [110 15/16]

Total No. of Young People Arrested Trend

2010	2011	2012	2013	2014	2015
2262	1997	1596	1079	1031	1389

Swindon & Wiltshire data: Howard League

Violence against the person represents over a quarter of all offences committed by FTEs, with criminal damage, public order offences, and theft accounting for half of total offences for 2016/17.

Statutory Court Orders

Local target to **reduce re-offending**: To be better than national average

Outturn: 36.6% 14/15
[40.3% 13/14]

National average: 37.7% 14/15
[37.9% 13/14] and the

Local target re **further Offences per young person**: To be better than national average

Outturn: 1.30 14/15
[1.16 13/14]

National average: 1.23 14/15
[1.19 13/14]

COURT WORK

62 [67 15/16] Referral Orders between 3 and 12 months duration.

316 [207 15/16] Referral Order panels were held.

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

Outturn: 69.6%
[79% 15/16]

50 [43 15/16] Youth Rehabilitation Orders, 10 [6 15/16] with Intensive Supervision & Surveillance (ISS) requirements between 3 months and 3 years duration.

At Risk of Custody

Local target: <9% of all remands are to the Secure Estate.

Outturn: 5.4%
[5.9% 15/16]

3 [5 15/16] young people received Bail Supervision & Support; 2 [2 15/16] received ISS Bail Support.

Custody

Target: <5% of all convictions are Custody

Outturn: 3.6%
[2.7% 15/16]

3 [6 15/16] YP remanded to Youth Detention Accommodation pending sentencing. 1 [0 15/16] YP remanded to LA Accommodation (on bail conditions). 6 YP [5 15/16] sentenced to custody DTO.

ADULT OFFENDING

The National Probation Service currently has fourteen 18 and 19 year olds on their caseload in Swindon (3.2% of the 432 offenders currently managed by the NPS in Swindon). 6 current NPS managed offenders in Swindon were under 18 at the time of their sentence.

Average Caseload (Applies to offences related to Intervention Orders) Average No. of Contacts (One-to-one)				
Period	No. of Pract.	Average Caseload per practitioner	Total no. of contacts	Av. cost per contact
2013/14	15	653 (43)	12,030	£60
2014/15	15	363 (24)	10,987	£66
2015/16	14	315 (22)	11,206	£55

Up to £1,500 per young person

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

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

Intensive Supervision & Surveillance requirement up to £10,000

2016/17 Actual costs to LA (Remands only)				
Bed nights	YOI	Costs (Cumulative)	SCH/STC	Costs (Cumulative)
Qtr 1	146(2)	£25,842	15(1)	£7,260
Qtr 2	33 (1)	£31,683	0(0)	£7,260
Qtr 3	54(1)	£41,241	0(0)	£7,260
Qtr 4	108(2)	£60,357	0(0)	£7,260

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

7 - FINANCE & RESOURCING

Youth Offending Team

Income and budgeted expenditure for 2017/18 is as follows:

Agency	Staffing costs (£)	Payments in kind—revenue (£)	Other delegated funds	Total (£)
Local Authority	£146,000.00	£85,000.00	£121,500.00	£352,500.00
Police Service*	£75,000.00			£75,000.00
National Probation Service	£38,200.00		£5,000.00	£43,200.00
Health Service	£32,000.00		£59,700.00	£91,700.00
Police and Crime Commissioner*			£76,994.00	£76,994.00
YJB Grants (Incl. Att. Centre & Unpaid Work)			£225,850.00	£225,850.00
Other (Wiltshire Community Fund)			£62,200	£62,200.00
Total	£291,200.00	£85,000.00	£551,244.00	£927,444.00

YOT BUDGET 2017/18	
Salaries (incl.contrib.to U-Turn)	£637,700.00
Equipment	£1,000.00
Accommodation	£0.00
Overheads	£32,500.00
Activity	£3,500.00
Reserve into 18/19	£22,544.00
Total	£697,244.00

Each of the strategic partners continue to comply with their requirements under legislation for meeting the staffing and other resource allocations necessary to sustain the YOT, although inflationary increases and a cut in funding by the National Probation Service prompted a restructuring of staff (see below).

Historic falls in the Youth Justice Board grant since 2012 (of 40%) contributed to an complete erosion of the YOT's financial reserves (of £43,940). Taken in conjunction with year on year increases in salary related costs, it was necessary to carry out a review of levels of staffing within RYS in order to secure the savings in costs necessary to sustain a workable budget for 2017/18. Voluntary redundancies, as well as natural retirements, helped to provide a platform aimed at sustaining RYS through to 2019 unless there are any further significant reductions in grant funding. Building up a small reserve in 2017/18 will help to offset pressures from 2018/19 and beyond.

The YJB have announced an increase in the cost of bed nights as well as a reduction in grant funding to Local Authorities, amounting to £13,534 in Swindon. Undoubtedly this will create a budget pressure in 2017/18, although the YOTs priorities are to keep a young person out of remand based on a suitable package of support within the community.

In a separate initiative, RYS was able to commission CAMHS to recruit a 0.7 fte Mental Health Worker following a successful bid for funds from the Clinical Commissioning Group (CCG).

The Substance Misuse Service U Turn - This service is funded from three different sources: Local Authority based Public Health accounts for £75,000, helping to ensure that this service is integrated with wider children's services; Youth Justice grant funding transferred from YOT income to U Turn (£13,000) and Children's Services core funding making a total budget of £127,700.

The Youth Counselling service On Trak - On Trak continues to receive funding in order to meet demands by young people for their services, including increased waiting times. The budget overall is £127,800 (£63,800 from SBC and £64,000 from the CCG) in 2017/18.

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

For more information contact;

Blair Staynings - RYS
Business Manager
bstaynings@swindon.gov.uk



8 – DIVERSITY STATEMENT

Whilst there is a general understanding of the barriers which are preventing some young people from accessing Restorative Youth Services, it is also clear that diversity needs to be interpreted in its widest context if RYS is to reach out effectively to more young people in Swindon. The On Trak Youth Counselling Service and U-Turn Substance Misuse Service are actually engaged in strategies to improve access by those hardest to reach – including males; young people designated 'Looked After'; and young people with learning or communication difficulties. Innovation in practice (such as the use of ex-drug users or the recruitment of a Digital Marketing apprentice) are part of the RYS Plan going forward to address imbalances in categories of young people accessing services who can help with a range of problems, some of which are centred on mental wellbeing.

Less obvious are those young people disadvantaged by virtue of their poor levels of communication, such as those who attend Court or enter the secure estate. Work will also be done in 2017 to help identify the reasons for this, and analyse them for the benefit of future under 18s going through the criminal justice system.

RYS is committed to reducing inequality and will be asking partner agencies, staff and volunteers to help identify realistic and deliverable ways of doing this. Resourcing some changes (such as the need to reach out to young people in schools and colleges) will present challenges requiring new ways of working – such as the use of social media. Bids for funding will also be made to commissioners for funding new ways of working. The 2017/18 Plan – and the accompanying Diversity Impact statement – is central to the determination of the team to make a difference to the lives of young people in Swindon.

2011 Census data on Swindon Population Ethnicity	Swindon Population aged 10-17 (20,167)	Restorative Youth Services (2016-17 data)			
		YOT – Community Sentence 160 (148)	YOT – Custody 6 (5)	U-Turn 113 (60)	On Trak 110 (91)
White	87.2%	86.3% (89%)	100% (80%)	87.6% (91.6%)	90% (90%)
Mixed	3.4%	6.3% (0.7%)	0% (0%)	0% (0%)	1% (2%)
Asian	7.6%	1.9% (1.4%)	0% (0%)	0% (0%)	1% (2%)
Black	1.4%	4.4% (9%)	0% (20%)	1.8% (1.7%)	1% (2%)
Other	0.4%	1.3% (0%)	0% (0%)	10.6% (6.7%)	7% (4%)

* Figures in brackets relate to 2015/16 data

RYS Staff (31 excl 2 vacancies) and Volunteers (40 active)						
Ethnicity	Gender					
	Staff	Volunt	Staff		Volunt	
			M	F	M	F
White	97%	97.5%	23%	74%	15%	82.5%
Mixed	3%			3%		
Asian						
Black		2.5%			2.5%	
Other						

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

9 - GLOSSARY

ABC	Acceptable Behaviour Contract	LSCB	Local Safeguarding Children Board	SCI	Swindon Crime Initiative		
AIM	Assessment Intervention Moving On	MAPPA	Multi Agency Public Protection Arrangements	SHARP	Safeguarding, Harm and Risk Panel		
ASB	Anti-Social Behaviour	MARAC	Multi-agency Risk Assessment Conference	SMU	Substance Misuse		
ASSET	Assessment Tool Planning, Interventions & Supervision	MARP	Multi Agency Risk Panel	SOS	Signs of Safety (Safeguarding model of working)		
BME	Black & Minority Ethnic	MoJ	Ministry of Justice	STC	Secure Training Centre		
CAF	Common Assessment Framework	NEET	Not in Education, Employment or Training	STASTC	See the adult, see the child		
CAMHS	Child and Adolescence Mental Health Service	NOMS	National Offender Management Service	TAC	Team Around the Child		
CPN	Community Psychiatric Nurse	NPT	Neighbourhood Policing Team	TaMHS	Targeted Mental Health Service		
CPS	Crown Prosecution Service	NS	National Standards	U-Turn	Young Peoples drug service		
CSP	Community Safety Partnership	PHE	Public Health England	WLCJB	Wiltshire Local Criminal Justice Board		
CSPPI	Community Safeguarding & Public Protection Incident	OHFT	Oxford Health Foundation Trust	YEW	Youth Engagement Worker		
CV	ChildView Case Management System	On Trak	Youth Counselling Service	YJB	Youth Justice Board		
DTO	Detention and Training Order	PACE	Police and Criminal Evidence Act 1984	YOT	Youth Offending Team		
ETE	Education, Training and Employment	PCC	Police & Crime Commissioner	YP	Young Person		
EWO	Education Welfare Officer	PRAISE	Peer review audit tool	YRO	Youth Rehabilitation Order		
FTE	First Time Entrant	PSR	Pre-Sentence Report	Restorative Youth Services comprises the Swindon Youth Offending Team, U turn Young People’s Substance Misuse Service and On Trak Youth Counselling Service. To find out more about its work in preventing or reducing crime amongst 10-17 year olds, Substance Misuse work and Counselling simply come along to our Free information Session from 2:00pm to 3:30pm on:			
HMCTS	Her Majesty’s Courts and Tribunal Service	PVE	Preventing Violent Extremism				
HMYOI	Her Majesty’s Young Offenders Institution	RMP	Risk Management Plan	<table><tr><td><ul style="list-style-type: none">9th June 20177th July 201711th August 20178th September 20176th October 2017</td><td><ul style="list-style-type: none">10th November 20178th December 201712th January 20189th February 20189th March 2018</td></tr></table>		<ul style="list-style-type: none">9th June 20177th July 201711th August 20178th September 20176th October 2017	<ul style="list-style-type: none">10th November 20178th December 201712th January 20189th February 20189th March 2018
<ul style="list-style-type: none">9th June 20177th July 201711th August 20178th September 20176th October 2017	<ul style="list-style-type: none">10th November 20178th December 201712th January 20189th February 20189th March 2018						
IOM	Integrated Offender Management	RJ	Restorative Justice				
ISS	Intensive Supervision & Surveillance	RLAA	Remand to Local Authority Accommodation				
KPI	Key Performance Indicator	RO	Referral Order				
LAC	Looked After Children	ROSH	Risk of Serious Harm				
LASCH	LA Secure Children’s Home	RYDA	Remand to Youth Detention Accommodation				
LASPO	Legal Aid Sentencing & Punishment of Offenders Act	SAVRY	Specialist Assessment of Violence Risk in Youth				
		SEND	Special Education Needs or Disability				

Draft Swindon Early Help Strategy 2017-2022

Health and Wellbeing Board

Date: 12th July 2017

Author:	Sue Wald – Acting Director of Children’s Services, Swindon Borough Council
Wards:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To seek the Health and Wellbeing Board’s approval of the Early Help Strategy 2017-2022 and to recommend that both Swindon Borough Council’s Cabinet and the Clinical Commissioning Group (CCG) Governing Body adopt and implement it.
- 1.2 The Health and Wellbeing Strategy demonstrates a commitment across the partnership in ensuring that every child and young person in Swindon has a healthy start in life. Many families will achieve this with minimal support, but some families will need help to do so. Through Early Help, we can proactively support these families to tackle problems early on and reduce the need for statutory intervention. The draft Swindon Early Help Strategy 2017 – 2022 describes how, over the next five years, we will work together across Swindon to help children, young people and families build resilience and self-reliance, and, where additional support is needed, ensure the right help is given at the right time to prevent problems escalating. A copy of the draft strategy is attached as Appendix 1.
- 1.3 The draft Early Help Strategy recognises the contribution and importance of the wider partnerships as well as local communities in ensuring the safety and wellbeing of families, children and young people. Early Help is not a single agency responsibility and requires a whole family approach owned by all stakeholders working together to support children, young people and families. This includes Health, Police, Probation, Schools/Education, Children’s Social Care, Adult Services, Housing, Voluntary and Community organisations, Charitable Foundations and the wider public.
- 1.4 This Strategy links to Swindon Borough Council’s Priority Four: help people to help themselves while always protecting the most vulnerable children and adults. 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; Outcome 4 – improved mental health, wellbeing and resilience of all; Outcome 5 – creation of sustainable environments in which communities can flourish.

Further information on the subject of this report can be obtained from Phillipa Lamb, 07818510484, plamb@swindon.gov.uk.

Draft Swindon Early Help Strategy 2017-2022

Health and Wellbeing Board

Date: 12th July 2017

2. Recommendations

The Board is recommended to:

- 2.1 Approve the draft Early Help Strategy 2017-2022, attached at Appendix 1 to the report, and support the development of the action plan associated with this strategy to revitalise Swindon's Early Help Offer.
- 2.2 Recommend to Cabinet and the Governing Body of the Swindon Clinical Commissioning Group that they adopt the draft Swindon Early Help Strategy 2017-2022.

3. Detail

Early Help

- 3.1 The draft Swindon Early Help Strategy 2017 – 2022 sets out the priorities for progressing the delivery of a more co-ordinated and targeted approach to Early Help across Swindon. It outlines a vision for Early Help, national and local drivers for change, explains the Early Help Assessment and Planning process, and describes the plan for delivering and evaluating the impact of a revitalised and better integrated Early Help Offer. The draft strategy identifies key recommendations for progressing Early Help work in Swindon over the next five years.
- 3.2 National research has highlighted the importance of Early Help for improving children's life chances and delivering better outcomes for them and their families. The sooner families are helped, the less likely it is that their situations will worsen.
- 3.3 Early Help includes both interventions early in life (with young children, including prenatal interventions) and interventions early in the development of a problem (with children or young people of any age). It covers universal interventions which are offered to everyone to prevent problems developing, as well as targeted interventions which are offered to particular children, young people and families with existing risk factors, vulnerabilities or acknowledged additional needs. If delivery and support is right at the 'universal' stage, the demand for more targeted and specialist support should reduce. This will provide more cost effective solutions as well as better outcomes for children, young people and families.
- 3.4 Swindon is a borough with areas of geographical inequality and poverty. National research clearly shows that the place in which people are born, or the place they live, is likely to dictate their life chances unless actions are taken to change this. Reducing inequalities is a priority in Swindon. The Councils child poverty needs analysis shows that 64% of Swindon children living in one parent families are living in poverty (Index of Multiple Deprivation 2015), and in some areas of

Further information on the subject of this report can be obtained from Phillipa Lamb, 07818510484, plamb@swindon.gov.uk.

Draft Swindon Early Help Strategy 2017-2022

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Swindon, as many as one in two children are experiencing the effects of poverty through income deprivation. A coordinated approach to prevention and early intervention work, building on community strengths and resilience, offers a solution for better outcomes as well as reducing the demand on statutory services whilst also having the potential to save money over time.

3.5 Six priorities have been identified within the draft Early Help Strategy:

- 3.5.1 For the Council to work closely with key partners (e.g. schools, health, voluntary and community services, housing and adult services) to ensure that the best possible offer of early help is available for people living in Swindon.
- 3.5.2 To ensure early help support across the partnership is aligned to the Early Help principles and approaches described in the strategy and that early help is part of the core business for improving the life chances of children.
- 3.5.3 To use robust needs assessments to understand the nature and extent of the needs of local communities to effectively plan and commission Early Help services, and address any identified gaps in provision.
- 3.5.4 Provide clarity around the responsibilities of local agencies to help families early, and improve the quality and consistency of using Early Help Records and Plans (EHR&Ps) across the partnership to assess needs and plan support to improve children's lives.
- 3.5.5 To monitor effectively the impact of Early Help through a Swindon-wide Early Help Performance Framework to identify key issues, local gaps, impact and success.
- 3.5.6 To establish a multi-agency Early Help working group to be accountable for overseeing the development and implementation of a robust action plan to support the delivery of the Early Help Strategy and Local Offer.

3.6 This report was prepared while Karen Reeve was the Director of Children's Services (DCS) at Swindon Borough Council. Sue Wald is the acting DCS at present. David Haley will become the new, permanent DCS at the end of July 2017. David Haley has been consulted on the draft Early Help strategy.

4. Alternative Options

- 4.1 There are no suggested alternative options. This draft Early Help Strategy is key to delivering better outcomes for children, young people and their families living in Swindon as well as reduce demand on statutory services. It is also expected practice (judged by Ofsted re effectiveness) to have an early help strategy.

Further information on the subject of this report can be obtained from Phillipa Lamb, 07818510484, plamb@swindon.gov.uk.

Draft Swindon Early Help Strategy 2017-2022

Health and Wellbeing Board

Date: 12th July 2017

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 The Council already provides resources to fund Early Help provision. No further financial resources are being sought at this time.

Legal and Human Rights Implications

- 5.2 Legal and Human Rights considerations have been taken fully into account in compiling this report. It is considered that the recommendations of this report are compatible with Convention Rights.

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

- 5.3 None have been identified at this stage.

Diversity Impact Assessment

- 5.4 A Diversity Impact Assessment (DIA) has been completed as part of the Strengthening Families Programme. No adverse or other significant issues were found. The Early Help Strategy will positively impact on vulnerable children living in Swindon's community.

Risk Management

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

6. Consultees

- 6.1 Director of Children's Services, Head of Education, Children Families and Community Health Management Team, Director of Public Health, Director of Adult Social Care.
- 6.2 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Draft Swindon Early Help Strategy 2017-2022.

Swindon's Early Help Strategy 2017 – 2022



Introduction

Welcome to the Swindon Early Help Strategy.

All partners in Swindon are working together, to ensure that the borough has a bright future ahead and that it continues to be a great place to live, work and visit for generations to come. However, we know that for some families this bright future is not guaranteed. There are over 48,600 children and young people aged 0-18 living in Swindon and we want to ensure that they are all able to take advantage of the benefits of living here. Most do, but there are some children and young people who cannot, or who need help to do so. Swindon is a town of geographical inequality and poverty. The place we are born, or the place we live, is likely to dictate our life chances, unless actions are taken to change this.

Swindon's Child Poverty Needs analysis recognises the importance of providing intervention at the early stages when families are experiencing difficulties. Latest data (Index of Multiple Deprivation 2015) shows us that 64% of Swindon children living in one parent families are living in poverty. This contrasts sharply with children living in two parent families; where the rate of poverty is just 9%. This means that a child living in a lone parent family is almost seven times more likely to be living in poverty than a child living in a two parent household. Latest evidence (Selwyn 2016) suggests that a child with special educational needs receiving free school meals, has a '70% likelihood of being referred to social services in the future'. Early intervention has a big part to play to proactively work with these families before they hit crisis so that they avoid having to access costly social care interventions later in the child's life.

Early intervention is already established as a core principle in many areas of working and there is substantial commitment and energy to support and work with families. However, there is a sense that early intervention could be more coordinated and that the strategic direction could better channel early intervention and prevention work to make the most of strong partnerships, existing good practice and further targeted investment.

It is also clear that even with this commitment, and pockets of good practice, there is more work needed to deliver the step change required to achieve better outcomes for the Swindon population. For example, inequalities in life expectancy remain stubbornly in place across the town. A sixth of all children still live in poverty, with as many as one in two experiencing the effects of poverty through income deprivation in some areas of Swindon. A coordinated approach to prevention and early intervention work, building on community strengths and resilience, offers a solution for better outcomes as well as reducing demand on statutory services whilst also having the potential to save money over time.

This is a shared responsibility and requires commitment across the partners to ensure we tackle problems early on for children, young people and their families. With reducing resources it is clear Swindon Borough Council cannot be the primary provider for all children needing preventative services. Through strong partnership working between internal service teams and organisations such as the Police, government agencies, local support groups, schools, charities, businesses and local communities, we can target our resources to get the best outcomes at all stages of childhood, and support the most vulnerable. Our focus is to ensure children are supported early to reduce the need for statutory intervention.

This strategy sets out the priorities that Swindon has agreed as the focus of our joint work for the next five years.

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1. Vision for Swindon

Swindon Council and partners are committed to ensuring that every child is given the support they need to grow and thrive. We want children to enjoy life, establish healthy relationships and stay safe from harm. Many families will need minimal support from services but some children and their families need higher levels of support. In this case, the partnership will work with the family to develop their parenting skills and to make sure that children are safe from harm.

The focus on working with families to build resilience and wellbeing is articulated in our vision for Swindon 2016-2020 and Swindon's Joint Health and Wellbeing Strategy through the following priorities:

- Swindon's children are safe, free from harm and able to grow and prosper
- Every child and young person in Swindon has a healthy start in life.
- To improve mental health, wellbeing and resilience for all.

The Swindon partnership commitment to early intervention is demonstrated through the range of services and activities that are already in place across the borough. Our aim is to pro-actively engage with families to prevent problems occurring, and where they do, to reduce the impact and stop them from escalating.

Our Early Help Strategy seeks to address inequalities of health, wealth and opportunity in Swindon through co-ordinating, brokering and commissioning the right kind of help and support at the right time to local communities. We are committed to using local data and intelligence to help identify current and emerging need and jointly plan to address the need.

1.1 Early Help Strategy Aims

This strategy aims to drive partners to work together to plan, commission and deliver a range of provision to help children, young people and their families get support as quickly as possible when the need arises. Our strategy aims, over a 5 year period, to:

- help children, young people and families build resilience and self-reliance to enable them to find their own solutions when problems develop
- Ensure the right help is given at the right time and right place across all levels of service provision, to ensure earliest possible identification and prevention of escalation.
- Deliver a much more co-ordinated response to cases requiring multi agency and multi-disciplinary support below the thresholds for statutory intervention.

- Improve the health, wellbeing and emotional resilience of vulnerable children and young people and families within Swindon

1.2 Early Help Principles and Values

Our Early Help Strategy is underpinned by the following principles and values:

- Early Help is ‘everybody’s business’ and we intervene earlier at the first signs of potential issues.
- Early Help is about building emotional intelligence, capacity and networks in communities to keep children, young people and their families healthy and make things happen locally.
- To deliver a visible, integrated local offer that is accessible.
- To deliver good quality, evidence-based and timely interventions which are cost effective and add value.
- Our partnership working is built upon working together and delivering a whole-family approach.
- Our workforce will be confident and be supported to engage and intervene with children, young people and their families to offer Early Help.
- Families will be empowered to actively participate in Early Help assessments and in drawing up plans and goals
- Where unmet needs involves two or more agencies, there is a commitment at the first point of contact to undertake an assessment and produce an Early Help Record and Plan (EHR&P), irrespective of whether that need falls within the immediate area of expertise of that professional
- To use peer support networks and community assets, not just professionals, to transfer knowledge and capabilities about Early Help.
- Early Help Our offer will promote the independence and self-reliance of children, young people and their families by providing supportive relationships and connections within local communities that can help people or families continue to survive and thrive

2. Drivers for change

2.1 National Context

Recent national reviews undertaken by Marmot (2010), Munro (2010), Allen (2011) and Tickell (2010) have highlighted the importance of Early Help for improving children’s life chances and delivering better outcomes for them and their families. The sooner we can help families, the less likely it is that their situations will worsen. Our Early Help Offer will take account the following key messages from the Munro (2011) review:

- Preventive services will do more to reduce abuse and neglect than reactive services

- Co-ordination of services is important to maximise efficiency
- Within preventive services, there needs to be good mechanisms for helping people identify those children and young people who are suffering or likely to suffer harm from abuse and neglect and who need referral to children's social care

The 'Working Together to Safeguard Children' (2015) guidance places an emphasis on the importance of Early Help in promoting the welfare of children, together with clear arrangements for collaboration. We want to ensure that our Early Help Offer reflects the ambitions of this guidance. The guidance recommends that professionals should, in particular, be alert to the potential need for Early Help for a child who:

- is disabled and has specific additional needs or special educational needs
- is a young carer
- is showing signs of engaging in anti-social or criminal behaviour
- is in a family circumstance presenting challenges for the child, such as substance misuse, adult mental health, domestic violence and/or
- is showing early signs of abuse and/or neglect and/or sexual exploitation

Early Help includes both interventions early in life (with young children, including prenatal interventions) and interventions early in the development of a problem (with children or young people of any age). It covers universal interventions which are offered to everyone to prevent problems developing (e.g. GP practices, midwives, health visitors, school nurses, early years, schools, play and youth provision). It also includes targeted interventions that are offered to particular children, young people and families with existing risk factors, vulnerabilities or acknowledged additional needs in order to protect them from developing problems or reducing the severity of problems that have started to emerge. With the right support, children, families and communities can become resilient and are in a better position to bounce back and thrive when faced with new challenges.

The Swindon Early Help Strategy strongly recognises the contribution of the wider partnerships as well as local communities in ensuring the safety and wellbeing of families, children and young people. We believe Early Help is not a single agency responsibility and requires a whole family approach owned by all stakeholders working together to support children, young people and families. This includes Health, Police, Probation, Schools/Education, Children's Social Care, Adult Services, Housing, Voluntary and Community organisations, Charitable Foundations and the wider public.

There is a growing body of research evidence that suggests that intervention as early as possible pays off, early in the life of a child and early in the life of a problem. It is therefore crucial we ensure the right balance of investment across universal,

targeted and specialist services. Through working in partnership with family members to deliver services that respond to their needs, we can build on their strengths and give them the best chance of making a positive difference to children's lives.

Our primary aim is to help children, young people and families find their own solutions to problems and to build family resilience and wellbeing to prevent problems developing in the future.

Universal services are those that are available to all families and they play a key role in ensuring families receive Early Help and support before problems develop further. Most children will access universal services successfully and have their needs met by their family and informal support systems with minimal intervention from professionals. To effectively deliver universal services within the context of Early Help, it is essential agencies and professionals recognise the importance of early identification of need. Through working collaboratively to effectively co-ordinate services at a local level, we can help families to identify their own solutions to problems. This is dependent on:

- The provision of the healthy child programme, a schedule for public health services covering care from 28 weeks of pregnancy through to age 19 which delivers evidence-based health, wellbeing and resilience programmes for every child
- Making information available to families so that they can find out what services there are and where and how they can access them when they need them
- Providing general advice and information
- Assessing and identifying unmet needs through the use of Early Help Records and Plans (EHR&Ps)
- Monitoring needs in a low-key way and be ready to step in if the family exhibits signs that indicate a more targeted response is required
- Being aware of the range of targeted and specialist services available and understanding how to link with them.

If delivery and support is right at this 'universal' stage, the demand for more targeted and specialist support should reduce. In Swindon, we have seen an increase in the number of children becoming Looked After since 2009 with a significant rise during the previous 12 months. Findings from some national research that reviewed a number of children in care cases indicated that in almost half of the cases, something 'probably' or 'definitely' could have been done to prevent the child becoming Looked After. Our ambition is to deliver better Early Help so families benefit from preventative rather than reactive services. This approach should reduce the need for statutory intervention and provide more cost effective solutions to supporting children and their families and better outcomes for children, young people and families.

2.2 Local Context

We have used Swindon's Joint Strategic Needs Assessment (JSNA) alongside an analysis of local user data to understand where in the Borough families are likely to require support.

Using local insight, we can design and target services to the areas that will have the biggest impact for tackling problems early on for children, young people and their families.

Key issues for Swindon's Early Help Strategy:

- Research tells us that pregnancy and a child's early years are a time of vital importance to a child's future health and wellbeing. Parents are central to this.
- Each year there are approximately 3000 births to Swindon residents. The under-five population is about 7% of the all-age population in Swindon, a higher proportion than in England or the south west. In Swindon 25% of under-ones are part of a BME community, and in Central ward 45% of under-fives are from a BME community.
- Over 120 languages are spoken in schools in Swindon
- Significant health inequalities in Swindon have been identified in the Joint Strategic Needs Analysis (JSNA) with children from poorer households tending to do worse on cognitive and behavioural outcomes at ages 3 and 5, and this disadvantage persists through childhood
- The Swindon Health Visitor survey (2015) of families with a child under the age of one identified the three most common reported health needs indicators as being low income (21%), parents who smoke (19%) and depressed or mentally ill parents (16%).
- In Swindon, 9.2% of 5 to 16 year olds are estimated to have a mental health disorder
- There are estimated to be 100 young people in Swindon who require, but are not receiving a mental health service
- From the 2011 census 1.4% of 0 to 15 year olds and 1.7% of 16 to 24 year olds in Swindon consider their daily activities to be 'limited a lot' by long term health problems or a disability
- In Swindon, approximately 1,000 children and young people are exposed to domestic abuse each year
- Neglect and emotional abuse are the main categories leading to a child protection plan
- In Swindon, being a child in a lone parent family increases the likelihood of child poverty from 9% to 64%.
- In 2012/13-2014/15, in Swindon, there were 62 admissions to hospital due to alcohol specific conditions (in under 18s) and 112 for substance misuse (in 15-24 year olds).
- 238 children were subject to a child protection plan at 31st March 2016, a small rise from 213 in 2014/15. Swindon has a higher rate (50.4 per 10,000 population under 18) than

28/04/2017

the national average (42.8) and statistical neighbours (41.7).

- Approximately 385 children are known to drug and alcohol treatment services as having parents who are drug or alcohol dependent – it is predicted there are approximately an additional 1,640 children living in Swindon with drug /alcohol dependent parents

As part of Swindon's Joint Strategic Needs Assessment, Children and parents/carers were asked for their view – they told us what was important to them:

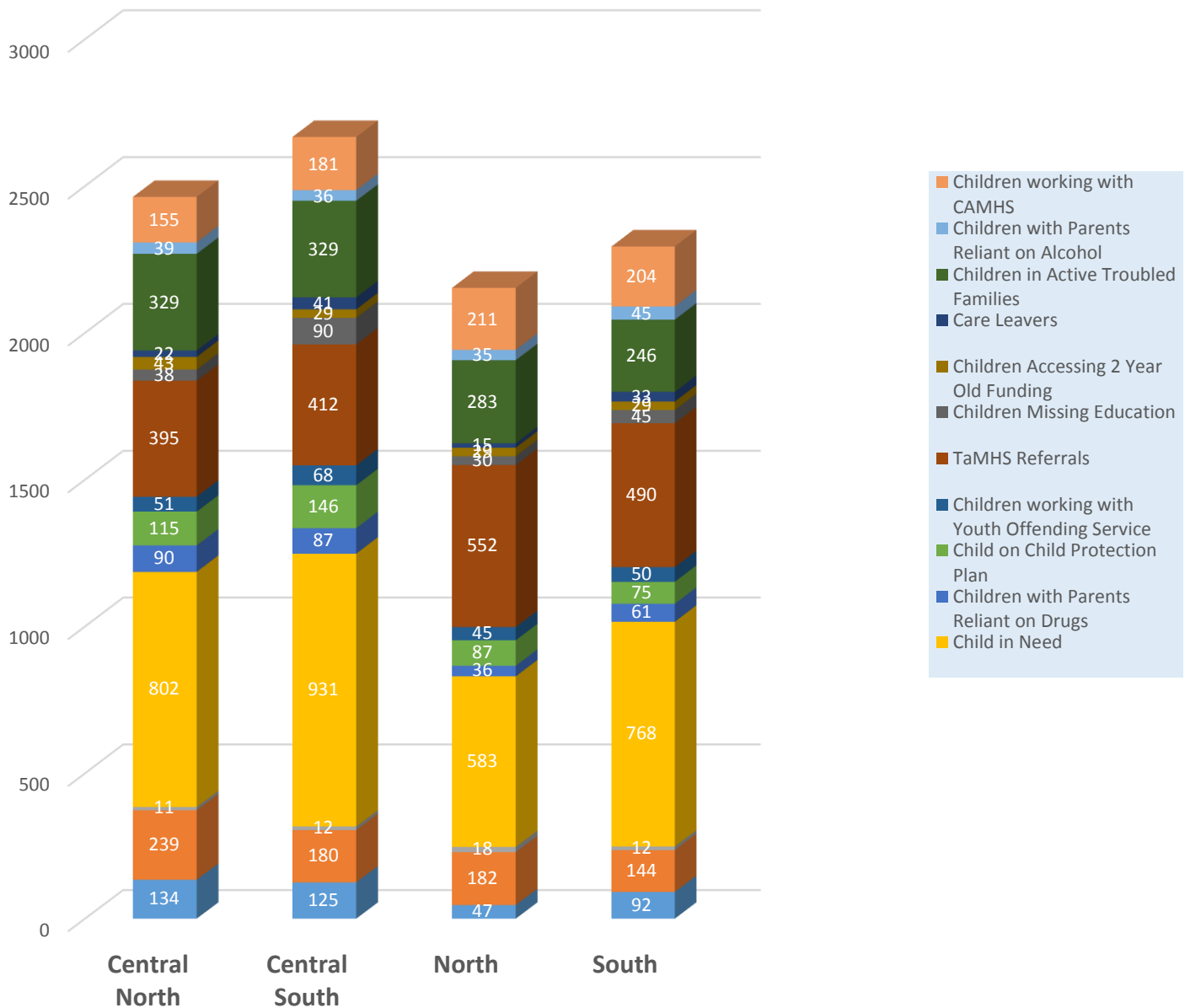
- Having support from someone you can trust
- Recognising the value of social connections
- Having more information about what is available online
- Not to be judged when we ask for help
- Continuity of care with the same professionals being involved
- Using words we can understand
- Not having to tell my story over and over again
- For professionals to speak to and listen to the young person rather than just their parents.
- To know where to go or how to get help
- To be clear who does what
- To get help when we need it and not have to wait a long time
- For services to be flexible and close to home.

Children Accessing Early Help and Social Care Services 2015/16

We have developed a geographical focus for our Early Help Offer through the creation of multi-disciplinary locality teams which have strong links with local communities. Swindon has four locality teams: Central North, Central South, North and South. These locality teams are best placed to identify need and to support their local communities in accessing services. The locality teams have a key role in facilitating strong links with both internal and external partners as well as ensuring there is a shared understanding of thresholds and intervention levels.

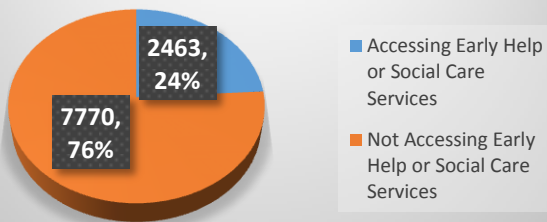
The analysis below shows the number of children accessing early help and social care services in Swindon by locality during 2015/16

Children Accessing Early Help or Social Care Services (2015/16)

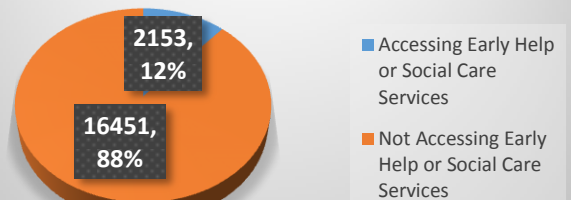


Proportion of local population accessing Early Help and Social Care Services 2015/2016

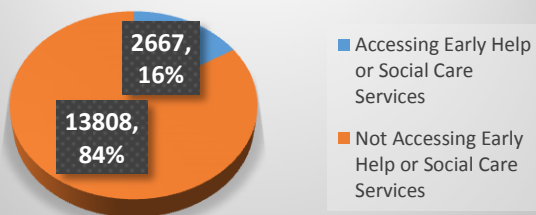
**Central North Population
2015/16**



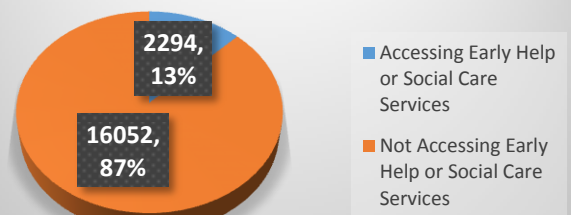
**North Population
2015/16**

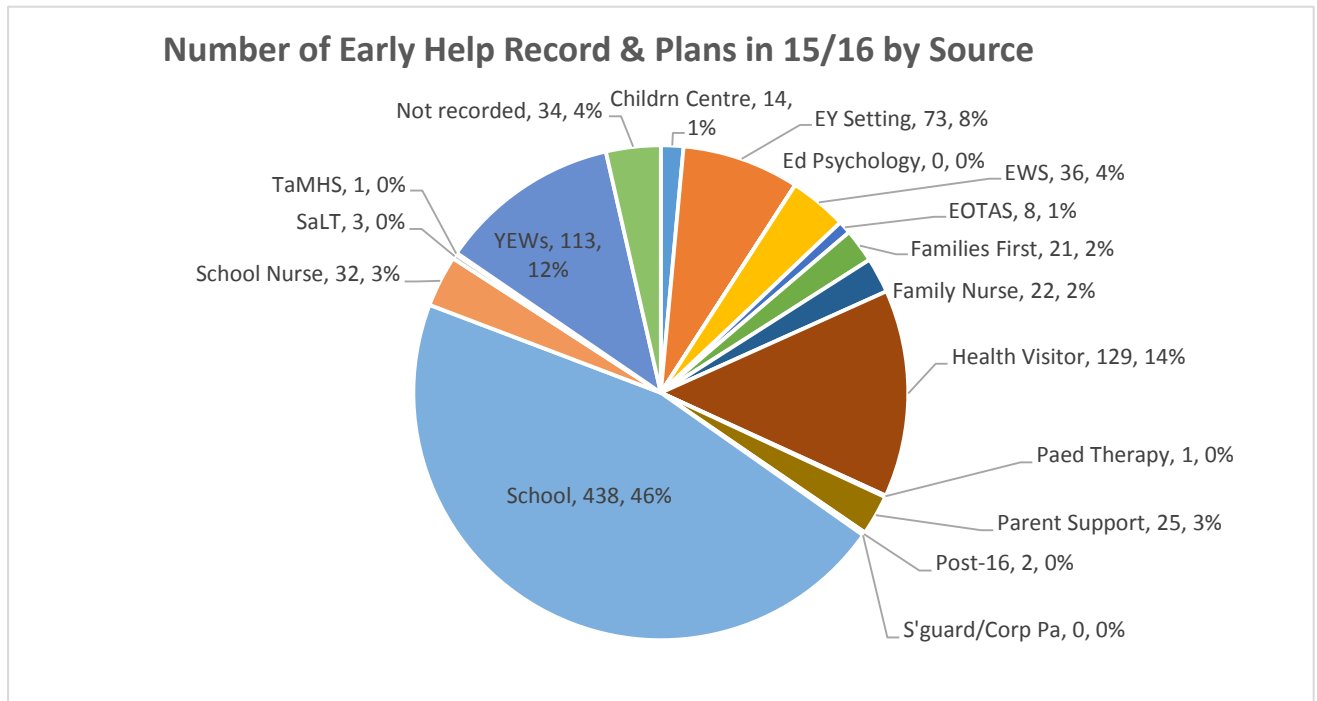


**Central South Population
2015/16**



**South Population
2015/16**



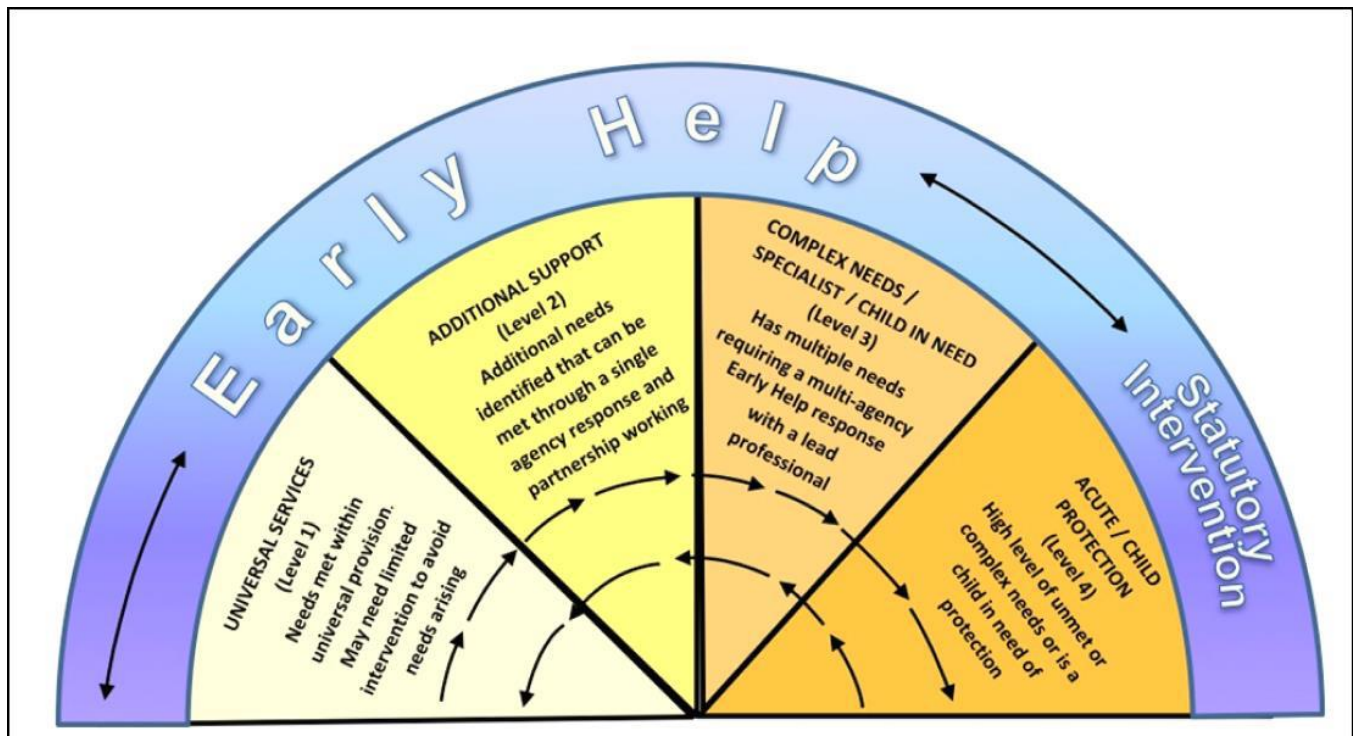


The chart above shows the number of Early Help Record and Plans (EHRPs) by assessor. 952 EHRP were completed in 2015/16 compared to 3146 social care statutory assessments. This clearly indicates the need to shift the focus to ensure families get help sooner to prevent needs escalating and reduce the need for statutory intervention. This strategy will support better working across the partnership in using Early Help Records and Plans to undertake a thorough assessment of the whole family's situation to ensure families receive support that responds to their needs and builds on their strengths.

3. Swindon's Early Help assessment and planning process

Our strategy for Early Help is based on the model of a continuum of need, recognising needs can change over a period of time depending on circumstances. In turn, this requires clarity about how all public services can support the delivery of effective Early Help, whether they are services that operate on a universal, targeted or specialist basis.

Swindon's Thresholds of Need model below illustrates how Early Help provision is part of a continuum of help and support. We must strive to ensure we maximise the use of universal services within the context of reduced public funding. We understand that some families will require additional support, perhaps even intensive support at times, and all professionals need to be aware of their responsibilities to safeguard and protect children and engage in providing Early Help.



A Multi-Agency Safeguarding Hub (MASH) has been created to deal with all contacts to Children & Families. The primary aim of this team is to receive all contacts to Children & Families; gather rich information to enable a robust decision to be made. The service aims to provide a rapid, effective and responsive screening, triage and decision making service to all those seeking assistance for vulnerable children and families at initial point of contact: aiming to ensure that children's needs are identified early so that services can be targeted early into the life of the problem. The team is co-located with Police, Early Help and Health colleagues to ensure the timely and accurate sharing of information between early help; social care, police and health

When it is clear a child may have additional needs that can't be met by universal services, an Early Help Record & Plans (EHR&P) may be required to ensure that the best possible support is provided to the child and their family. The Early Help Record and Plan is the common process in Swindon for supporting children, young people and families with additional needs through early identification, swift intervention and a planned, coordinated response. The aim is to consider the needs of the child or young person in four key areas:

- Health and Well-being
- Development needs, educational attainment and achievement
- Parenting/caring
- Family and Community

The intention is for all children and young people, irrespective of their circumstances, to have the best start in life, to grow up safe, stable and healthy, to fulfill their potential and make a contribution to their community.

The Early Help Record is the first part of the single assessment process that aims to empower children, young people and their families and provide a timely, seamless service if needs escalate. The Early Help Record and Plan supports families through early help to escalating complex needs and urgent needs that require a statutory response from children's social care (see Swindon LSCB Multi-Agency Threshold Guidance) and/or an Education, Health Care Plan to respond to special educational needs and/or disability www.mycaremysupport.co.uk

The practitioner who identifies the needs gains consent from the young person, parent or carer to undertake an assessment, following which he or she coordinates an Early Help Record and Plan and initiates if appropriate a Team Around the Child and Family (TAC/F) meeting.

The purpose of the TAC/F meeting is to bring together practitioners with the appropriate skills to meet the identified needs of the child and bring together family members who can join the TAC to jointly develop a support plan. The parents and practitioners concerned will agree the most appropriate person to undertake the Lead Professional role.

Goals will be identified and regular reviews undertaken, with the focus on a child-centered approach, positive engagement with the family, increased community involvement and collaboration between agencies.

4. An integrated Early Help Offer

Our ambition is to revitalise our offer of Early Help across Swindon. We will work closely with key partners to jointly review strengths and areas for development against the following areas to ensure that the best possible offer is available:

4.1 Strategic and structural fit

- A common understanding of early help
- Strategic buy-in and direction from across the partnership which supports a clear vision and co-ordinated early help offer.
- Links with adult services across health, social care and probation to ensure alignment with our early help offer.
- Evidence that Early Help services and interventions that already exist are evaluated to ensure they are needs led, good quality, cost effective, evidenced based, timely and co-ordinated
- Early help is part of a whole system approach and is based on a clear understanding of local need
- Partners are working together to jointly commission wherever possible

4.2 Workforce, practice and organisation

- Our Early Help Offer has appropriate social work input to provide a basis for practical family support linked to core social work principles.
- Staff across the partnership have good awareness, knowledge and understanding of Early Help
- Case management and Information systems are integrated across the partnership to support the sharing of information
- Job descriptions include well-defined and core skills and competencies required for delivering early help including ability to engage effectively with both children and adults
- There is co-ordinated management oversight of cases at EHCP/TAC level
- Clear information sharing protocols are in place which underpin integrated working
- A joint performance management framework is in place to measure the impact of Early Help, particularly where cases need to be escalated to social care despite previous interventions
- Roles of different services in supporting the Early Help pathway are clearly defined to ensure we are not inappropriately over-relying on individual services or partners

4.3 The child's journey

- Information systems support integrated Early Help working across the continuum of need
- Early Help offer is well defined and focuses on the child's journey and not confined to 'step up/step down' or 'tiers' of provision.
- There is clear articulation and expectations of the nature and level of social care involvement where thresholds are not met and after child protection plans are ceased.
- Good co-ordinated Early Help, TAC and Social Care resources are evident at the 'front door' via integration, co-location and ownership of shared thresholds.
- Early Help Records and Plans and case notes are recorded and accessible across the system.

4.4 Learning and improving

- Early Help is a strategic priority for the LSCB and there is a joint understanding of accountability

- Robust measurement is in place to assess the impact of Early Help using qualitative, quantitative and outcomes-based evidence
- A process is in place which seeks regular service user feedback to quality assure and improve the early help offer.
- A joint process has been established to robustly track, monitor and review Early Help processes, plans and outcomes to identify areas for further development

5. How we will measure success

A set of key performance measures have been identified to enable the partnership to evaluate the impact of revitalising our local offer of Early Help across and the track progress in implementing the Early Help Strategy.

Impact of Early Help	Performance measures (at borough level)
More children living safely at home	<ul style="list-style-type: none"> • Number of Children in Care (CiC) • Number of children on a Child Protection Plan • Number of children identified as a Child In Need • Children who have had a missing episode • Children at risk of child sexual exploitation • The rate of offences against children • Hospital admissions caused by unintended and deliberate injuries to children and young people • Reported incidents of domestic violence • Number of Troubled Families achieving significant and sustained outcomes
Families access help and support at the earliest opportunity	<ul style="list-style-type: none"> • Experience of the child • Number of Early Help Assessments (EHR&P) completed • Uptake of early education by eligible 2 year olds
More young people are ready for school, work and life	<ul style="list-style-type: none"> • Number of 18-24 year olds Not in Education, Employment or Training • Progress on the Strengths and Difficulties Questionnaire (SDQ) for Children in Care or all children needing Early Help • School attainment <ul style="list-style-type: none"> ○ % of pupils for whom pupil premium is paid ○ Attainment for Children in Care ○ 90% school attendance ○ Reduced school exclusions

Improved health for both parents and children and young people	<ul style="list-style-type: none"> • % of all live births at term with low birth weight • Reduce the number of pregnant women who smoke • % of homes that are smoke free • Increase smoke free sites for areas where children play • % of schools with smoke free school gates • % of children ages 4-5 and 10-11 years classified as overweight or obese • % of young people at aged 15 years who are currently smokers • Rate of hospital admissions caused by unintentional and deliberate injuries to children 0-14 years and 15-24 years • Rate of emergency hospital admissions for intentional self-harm (all ages, all persons) • Rate of under 18 admissions to hospital for alcohol specific conditions • Rate of conception per 1000 females aged 13-15 and 15-17 years
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Swindon Borough Council are amongst many local authorities operating within a climate of unprecedented challenge for the public and voluntary sector as demand for specialist services rapidly increases against a backdrop of reducing resources. For some families (nationally estimated at 30% of the population), difficulties arise which, if addressed early enough, can be prevented from escalating into costly statutory service intervention. If Early Help is not offered in a timely manner or not at all, this can in the worst cases result in children's social and emotional development being irreparably impaired and family breakdown.

If effective, Early Help empowers families to regain control of their circumstances and help transform the lives of vulnerable children without state support and have a secondary, though equally important, positive effect on cost effectiveness. The central importance of early intervention in enabling children and adults to reach their full potential has been set out in a number of government reports published nationally and these recommendations have inspired much of this Early Help Strategy.

Poverty – financial, social and health deprivation, remains the leading predictor of poor life outcomes. In Swindon one in every six children lives in poverty and in four of our most deprived areas almost every other child is living with the effects of poverty. The two factors identified that make it significantly more likely that a child in Swindon is living in poverty are worklessness and living in a lone parent family.

Enabling everyone to have fair access to the opportunities Swindon offers means addressing the root causes of poverty in the places where we know people are struggling. We need to work jointly with our partners and communities to revitalise our Early Help Offer to change this.

7 Recommendations:

The priorities for embedding Swindon's Early Help Strategy are highlighted below and will be implemented through a robust action plan. These include:

- 7.1 The Council working closely with key partners (e.g. schools, youth justice, health, voluntary and community services, housing and adult services) to ensure that the best possible offer of Early Help is available for people living in Swindon.
- 7.2 Ensuring Early Help support across the partnership is aligned to the Early Help principles and approaches and Early Help is part of the core business for improving the life chances of children
- 7.3 Using robust needs assessments to understand the nature and extent of the needs in local communities to effectively plan and commission Early Help services and address any gaps in provision or targeted programmes.
- 7.4 Providing clarity about the responsibilities of local agencies to help families early and improve the quality and consistency of using Early Help Records and Plans (EHR&Ps) across the partnership to assess needs and plan support to improve children's lives.
- 7.5 Effectively monitor the impact of Early Help through a Swindon-wide Early Help Performance Framework to identify key issues, local gaps, impact and success.
- 7.6 To establish a multi-agency Early Help working group to be accountable for overseeing the development and implementation of a robust action plan to support the delivery of the Early Help Strategy and Local Offer

Swindon Healthy Weight Strategy

Health and Wellbeing Board

Date: 12th July 2017

Author: Dr Rebecca Maclean, Specialty Registrar in Public Health,
Swindon Borough Council

Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 To inform the Health and Wellbeing Board about the Swindon Healthy Weight Strategy which has been refreshed, and is attached at Appendix 1 to the report.
- 1.2 Swindon Borough Council (SBC), local NHS partners and other key stakeholders across Swindon have an ambition to reduce child and adult excess weight in order to improve health and wellbeing, reduce costs to social services and the NHS, and support a growth in the local economy. This updated strategy is part of the process of working towards this ambition.
- 1.3 This Strategy links to SBC's Priority Four: help people to help themselves while always protecting the most vulnerable children and adults. 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, outcome 2: adults and older people in Swindon are living healthy and more independent lives and outcome 3: improved health outcomes for disadvantaged and vulnerable communities.

2. Recommendations

The Board is recommended to:

- 2.1 Discuss and approve the Swindon Healthy Weight Strategy 2017-22, attached at Appendix 1 to the report.
- 2.2 Recommend to Cabinet and the Governing Body of the Swindon Clinical Commissioning Group that they adopt the Swindon Healthy Weight Strategy for 2017-22.

3. Detail

What is excess weight?

- 3.1 Being overweight or obese (excess weight) is caused by an energy imbalance between what we eat and what we do. Healthy eating and physical activity go hand in hand to achieve a healthy weight.
- 3.2 Weight is often classified using the Body Mass Index (BMI), which calculates the amount of excess body fat in relation to a person's height. For adults, underweight is defined as a BMI of less than 18.5; overweight is defined as a BMI of over 25; and obesity is defined by a BMI over 30. Presently there is

Further information on the subject of this report can be obtained from Rebecca Maclean, 01793 444672, RMaclean@swindon.gov.uk.

Swindon Healthy Weight Strategy

Health and Wellbeing Board

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debate about the definition of childhood obesity and the best way to measure it in England. For public health programmes, such as the National Child measurement programme NCMP and the Health Survey for England, the British 1990 growth reference (UK90) charts are used.

Background

- 3.3 An obesity strategy was first published in Swindon in 2004 in response to guidance from the NHS (National Service Frameworks for Coronary Heart Disease (2001) and Diabetes (2002), and the NHS Cancer Plan (2000)) and a Chief Medical Officers Annual report in 2002. These highlighted obesity as an important risk factor for a number of chronic medical conditions and premature death in adults. The Chief Medical Officers report recommended a co-ordinated and comprehensive response from health and local authority services and across government, together with the co-operation of the food, sports and leisure industries to tackle the problem.

Healthy Weight Strategy

- 3.4 The Healthy Weight Strategy outlines:
- 3.4.1 The causes of excess weight, which is due to an energy imbalance between what we eat and how active we are.
 - 3.4.2 The evidence as to whether certain groups are more at risk of becoming overweight.
 - 3.4.3 The consequences of excess weight: it can increase both the likelihood of some chronic diseases such as type 2 diabetes and premature death. It can also increase risk to mother and baby during pregnancy.
 - 3.4.4 The national and local context both in terms of the prevalence of excess weight and initiatives that are underway to address this.
 - 3.4.5 What we are going to do in Swindon to address excess weight.
- 3.5 Data from the National Child Measurement Programme for the 2015/16 school year for Swindon shows:
- 3.5.1 21.1% of 4-5 year olds were overweight or obese, with 8.5% obese. The trend in excess weight in Swindon is down in Reception year (an average of 0.18% each year), almost double the rate compared to England, where it is down 0.1% per year.
 - 3.5.2 32.6% of 10-11 year olds were overweight or obese, with 17.6% obese.

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Swindon Healthy Weight Strategy

Health and Wellbeing Board

Date: 12th July 2017

- 3.5.3 70.8% of adults were overweight or obese in Swindon. This is significantly higher than the England percentage of 64.8%, and the South West percentage of 64.7%.
- 3.6 Unvalidated data from the National Child Measurement Programme for the 2016/17 school year for Swindon shows
- 3.6.1 23.2% of 4-5 year olds were overweight or obese, with 9.7% obese.
- 3.6.2 35.0% of 10-11 year olds were overweight or obese, with 20.6% obese.
- 3.7 The strategy sets out a vision and rationale for co-ordinated multi- agency action to achieve a healthy weight in Swindon, identifying where integration of other strategies is necessary. An integral part of achieving the vision is delivery of the Get Swindon Active Strategy. To help people maintain a healthy weight we will concentrate on an approach that looks across all aspects of people's lives; from the environment we live in to the choices we make. To do this organisations in Swindon will work together, co-ordinate services where necessary and signpost to the whole range of support available.
- 3.8 The aim of the strategy is to encourage people in Swindon to maintain a healthy weight by creating:
- An environment that encourages people to live active and healthy lives.
 - An ethos of taking responsibility for the health of yourself and your family with support when needed.
 - Communities where a healthy lifestyle is seen as desirable and the norm.
 - An understanding of what works most effectively at an individual, community and population level by including effective evaluation and learning from others.
- 3.9 There are three key objectives:
- 3.9.1 To work in partnership to deliver a range of evidence based policies and programmes across different settings that reflect the needs of people at different points in the life course to:
- Develop an environment that supports a healthy weight,
 - Help people maintain a healthy weight and therefore prevent overweight and obesity,
 - Ensure effective weight management support is in place for those at greatest risk
- 3.9.2 To tackle the inequalities in health outcomes in relation to excess weight by targeting services appropriately
-

Further information on the subject of this report can be obtained from Rebecca Maclean, 01793 444672, RMaclean@swindon.gov.uk.

Swindon Healthy Weight Strategy

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- 3.9.3 To monitor and evaluate progress related to targets as part of an on-going action plan to ensure activity and investment is effective and meeting local need.
- 3.10 There are two local targets, which relate to SBC and NHS Swindon Clinical Commissioning Group performance targets:
 - 3.10.1 Halt the rise in obesity in children (at reception year and year 6) and maintain in line with the national average by 2018/19, particularly targeting inequalities.
 - 3.10.2 Halt the rise in excess weight in adults and maintain by 2018/19, particularly targeting inequalities.
- 3.11 The strategy will be delivered via multi-agency partnership working and engaging with local communities. Local initiatives will be monitored and evaluated for effectiveness.
- 3.12 In 2017/18 as well as our current programmes, we will:
 - 3.12.1 Develop a Healthy Early Years Setting accreditation.
 - 3.12.2 Promote the national campaign SugarSmart.
 - 3.12.3 Develop a physical activity framework for school.
- 3.13 This strategy will be implemented through the healthy weight action plan. This outlines a framework for action that demonstrates a range of preventive and management interventions for excess weight across a range of settings (community, workplaces, early years settings, local authority, and health), based upon evidence for effective interventions presented in the above strategy. The Healthy Weight Implementation group oversees the implementation of the healthy weight action plan.

4. Alternative Options

- 4.1 Not to support the Swindon Healthy Weight Strategy.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial or procurement implications arising from development of the strategy. Planned work as outlined in the action plan is covered by existing budgets or will go through appropriate Swindon Borough Council approval processes. In the longer term enabling people to maintain a healthy weight may reduce health and social care cost by reducing the harms association with overweight and obesity.

Further information on the subject of this report can be obtained from Rebecca Maclean, 01793 444672, RMaclean@swindon.gov.uk.

Swindon Healthy Weight Strategy

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Legal and Human Rights Implications

- 5.2 The Health and Social Care Act (2012) conferred the responsibility for health improvement, including oral health improvement, to Local Authorities.
- 5.3 Legal and Human Rights considerations have been taken fully into account in compiling this report. It is considered that the recommendations of this report are compatible with Convention Rights.

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

- 5.4 The strategy has the potential to reduce health inequalities as there are significant inequalities in excess weight with higher prevalence in more deprived areas and those in these areas also experiencing greater harms caused by excess weight. The strategy also has the potential to improve health, as excess weight is associated with a range of conditions such as diabetes and stroke.

Diversity Impact Assessment

- 5.5 A diversity impact assessment (DIA) was completed for the 2013-15 Healthy Weight strategy. This has been reviewed and evidence collated as to the completion of specific actions from this. No additional DIA was required as the strategy is a refresh of an existing strategy and there have not been significant changes which impact upon DIA.

Risk Management

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

6. Consultees

- 6.1 The Director of Finance (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 – Swindon Healthy Weight Strategy 2017-22.

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Swindon Healthy Weight Strategy 2017-22

Foreword

Excess weight (overweight and obesity) is a major public health problem which can cause long term illnesses, reduces quality of life and increases costs to health and social care as well as having a negative impact on the local economy. Excess weight affects children and adults; in Swindon two in ten 4-5 year olds, three in ten 10-11 year olds and seven in ten adults are overweight or obese.

Achieving a healthy weight depends on factors in every part of life: the environment we live in, our workplace, school, social life, the choices we make to be active or eat a healthy diet and the people around us. In Swindon we want to build on the good work to date to support people in all aspects of their life to be a healthy weight.

This strategy includes actions to both help people stay a healthy weight and to support people who need extra help in making healthy food choices and managing their weight. Working with partners who can contribute skills, knowledge and influence is key to achieving our strategy, together with talking to local people about what encourages them or makes it difficult to be a healthy weight.

We also know that these influences are not the same for everyone – the strategy is also about reducing inequalities and ensuring people living in particular parts of Swindon are not more likely to become ill than in other areas. Eating well and moving more go hand in hand so this strategy should be read together with the Get Swindon Active Strategy which is about getting more people in Swindon active.

We are committed to making Swindon a great place to live, work and play. We need to work together to make eating healthily and being active a reality for everyone.

Swindon Healthy Weight Strategy 2017-22: Summary

Why is healthy weight important?

Being a healthy weight helps us live a healthy life. Being overweight or obese (excess weight) can have an impact on all areas of people's lives. It can increase the risk of heart disease, cancer and diabetes, as well as the need for social care. Excess weight for children can cause negative effects as they grow up but also when they are adults.

Being a healthy weight depends on factors in every part of life: the environment we live in, our workplace, school, social life, the choices we make to be active or eat a healthy diet and the people around us.

How many people are overweight or obese in Swindon?

7 in 10 adults were overweight or obese in Swindon in 2013-15. This is higher than in England or the South West.

2 in 10 Reception year children and 3 in 10 Year 6 children were overweight or obese in Swindon in 2015/16. These levels are similar to England.

Where do we want to be?

A Swindon where everyone achieves and maintains a healthy weight.

How are we going to get there?

- Develop an environment that supports a healthy weight.
- Help people maintain a healthy weight and prevent overweight and obesity.
- Have effective weight management support in place for those at greatest risk.
- Reduce differences in people's health because of things like disability, or where they live.
- Monitor progress through the Healthy Weight action plan.

As well as our current programmes in the first year of this strategy we will:

- Develop a Healthy Early Years Settings accreditation (healthy lifestyles for 0-5 year olds).
- Promote the national campaign SugarSmart.
- Develop a physical activity framework for schools.

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1. Introduction

Swindon's healthy weight strategy sets out the vision and strategic objectives needed to ensure that everyone in Swindon is able to achieve and maintain a healthy weight across the life-course.

To help people maintain a healthy weight we will concentrate on an approach that looks across all aspects of people's lives; from the environment we live in to the choices we make. To do this organisations in Swindon will work together, co-ordinate services where necessary and signpost to the whole range of support available.

The focus of this strategy is tackling excess weight (i.e. overweight and obesity). Excess weight is a major problem in today's society and predicted to become worse if nothing is done. It is linked to a range of health problems particularly in later life which reduce quality of life, reduce life expectancy and increase need for social care.

Being overweight is caused by an energy imbalance between what we eat and how much we move about. Healthy eating and physical activity go hand in hand to achieve a healthy weight. An integral part of achieving the vision is delivery of the **Get Swindon Active Strategy** which has the following aims:

- Increase the physical activity levels in adults and young people.
- Create an environment that promotes physical activity as part of everyday life.
- Empower people to be more physically active.

http://www.swindonjsna.co.uk/Files/Files/Get_Active_Strategy_Final_2015-_2MB.pdf

2. Where do we want to be?

2.1 Our vision

A Swindon where everyone achieves and maintains a healthy weight.

2.2 Aim

To encourage people in Swindon to maintain a healthy weight by creating:

- An environment that encourages people to live active and healthy lives.
- An ethos of taking responsibility for the health of yourself and your family with support when needed.
- Communities where a healthy lifestyle is seen as desirable and the norm.
- An understanding of what works most effectively at an individual, community and population level by including effective evaluation and learning from others.

2.3 Strategic objectives

- To work in partnership to deliver a range of evidence based policies and programmes across different settings that reflect the needs of people at different points in the life course to:
 - Develop an environment that supports a healthy weight,
 - Help people maintain a healthy weight and therefore prevent overweight and obesity,
 - Ensure effective weight management support is in place for those at greatest risk.
- 2. To tackle the inequalities in health outcomes in relation to excess weight by targeting services appropriately.
- 3. To monitor and evaluate progress related to targets as part of an on-going action plan to ensure activity and investment is effective and meeting local need.

2.4 Outcomes for Swindon

2.4.1 Local targets

These are the Swindon Borough Council and NHS Swindon Clinical Commissioning Group joint performance targets:

- Halt the rise in obesity in children (at reception year and year 6) and maintain in line with the national average by 2018/19, particularly targeting inequalities. (Source: National Child Measurement Programme (NCMP) data)
- Halt the rise in excess weight in adults and maintain by 2018/19, particularly targeting inequalities. (Source: Active People Survey)

2.4.2 National Indicators

The Swindon Healthy Weight strategy aims to improve the outcomes in the Public Health Outcome Framework (PHOF) for the following indicators:

- Overweight and obesity:
 - Excess weight in 4-5 year olds and 10-11 year olds,
 - Excess weight in adults,
 - Proportion of the population meeting recommended 5 a day on a usual day (adult), average number of portions of fruit consumed, average number of portions of vegetables consumed, proportion of the population meeting recommended 5 a day on a usual day at age 15.

3. Background

3.1 Defining healthy weight and excess weight

The term 'healthy weight' is used to describe when an individual's body weight is appropriate for their height and benefits their health. Above the healthy weight range there are increasingly adverse effects on health and wellbeing, with obesity creating a much greater risk to health than being overweight. There is a focus in this strategy on both overweight and obesity as it is easier to tackle overweight and prevent obesity occurring. Excess weight is defined as a significant excess of body fat which occurs gradually over time when energy intake from food and drink is greater than energy used through the body's metabolism and physical activity.

Body mass index (BMI) is the most commonly used measure for monitoring the prevalence of overweight and obesity at a population level. It is also the most commonly used way of estimating whether an individual is overweight or obese.

BMI is calculated by dividing a person's weight in kilograms by the square of their height in meters. (NICE, 2006) BMI does not take into account factors such as size of body frame, proportion of lean body mass, gender and age and is not a direct measure of underweight, overweight or obesity. However it is a fairly reliable indicator of body fatness for most people and is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. If there is doubt about a person's health risk, additional assessments such as waist circumference, skinfold thickness, diet and physical activity can be carried out.

For adults, underweight is defined as a BMI of less than 18.5 kg/m²; overweight is defined as a BMI of over 25 kg/m²; and obesity is defined by a BMI over 30 kg/m² (see table 1).

Table 1: Classification of underweight, overweight and obesity in adults

BMI (kg/m ²)	CLASSIFICATION
Less than 18.5	Underweight
18.5 to 24.9	Healthy weight
25 to 29.9	Overweight
30 to 34.9	Obesity I
35 to 39.9	Obesity II
40 or more	Obesity III

Assessing the BMI of children is more complicated than for adults because a child's BMI changes as they mature. There is no fixed BMI to define being obese or overweight since this varies with gender and with growth and development. Since the ratio of weight gain to height gain changes during children's normal growth the BMI figure must be adjusted using an appropriate reference chart for age and sex to give a BMI percentile (or centile). For public health programmes, such as the NCMP and the Health Survey for England, the British 1990 growth reference (UK90) charts are used. (National Obesity Observatory, 2011)

The centile compares the child's BMI to other children of the same age and gender. For example, if a boy is eight years old and his BMI falls at the 60th percentile, that means that 40% of eight-year old boys have a higher BMI and 60% have a lower BMI than that child (see table 2).

Table 2: Classification of underweight, overweight and obesity in children¹

BMI (kg/m²)	Classification
<2nd centile	Underweight
2nd centile – 84.9th centile	Healthy weight
85th centile – 94.5th centile	Overweight
≥95th centile	Obese

¹ These thresholds given are those conventionally used for population monitoring and are not the same as those used in a clinical setting, where overweight is defined as a BMI greater than or equal to the 91st but below the 98th centile and obese is defined as a BMI greater than or equal to the 98th centile.

3.2 Underweight

The focus of this strategy is tackling excess weight as this is a major complex health issue. However around 2% of adults are underweight according to the Health Survey for England.

For children, NCMP data shows that the proportion of underweight children in England in reception year was 1.0% for the 2015/16 school year. Underweight has reduced in reception years from 1.3% in 2006/07. In Year 6, the proportion of underweight children (1.3%) in 2015/16 has been similar over the last 10 years. One study by researchers at University College London found that 1.5 in every 200,000 British children under 10 have anorexia nervosa. (Micali N, 2013)

Children who are underweight in Swindon are identified through a number of routes. One is from NCMP measures. School nurses follow up children found to be underweight, unless they are known to be already being seen for medical reasons. Another route for identification of underweight is when visiting a GP with medical problems.

Underweight is considered to be a possible sign of neglect in children. There is on-going discussion about whether severe child obesity is also a sign of neglect. Section 11 of the Children Act 2004 places a statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children. Child protection training is mandatory for all staff employed by partners in this strategy to ensure that there is awareness of the child protection issues around the issue of weight in children.

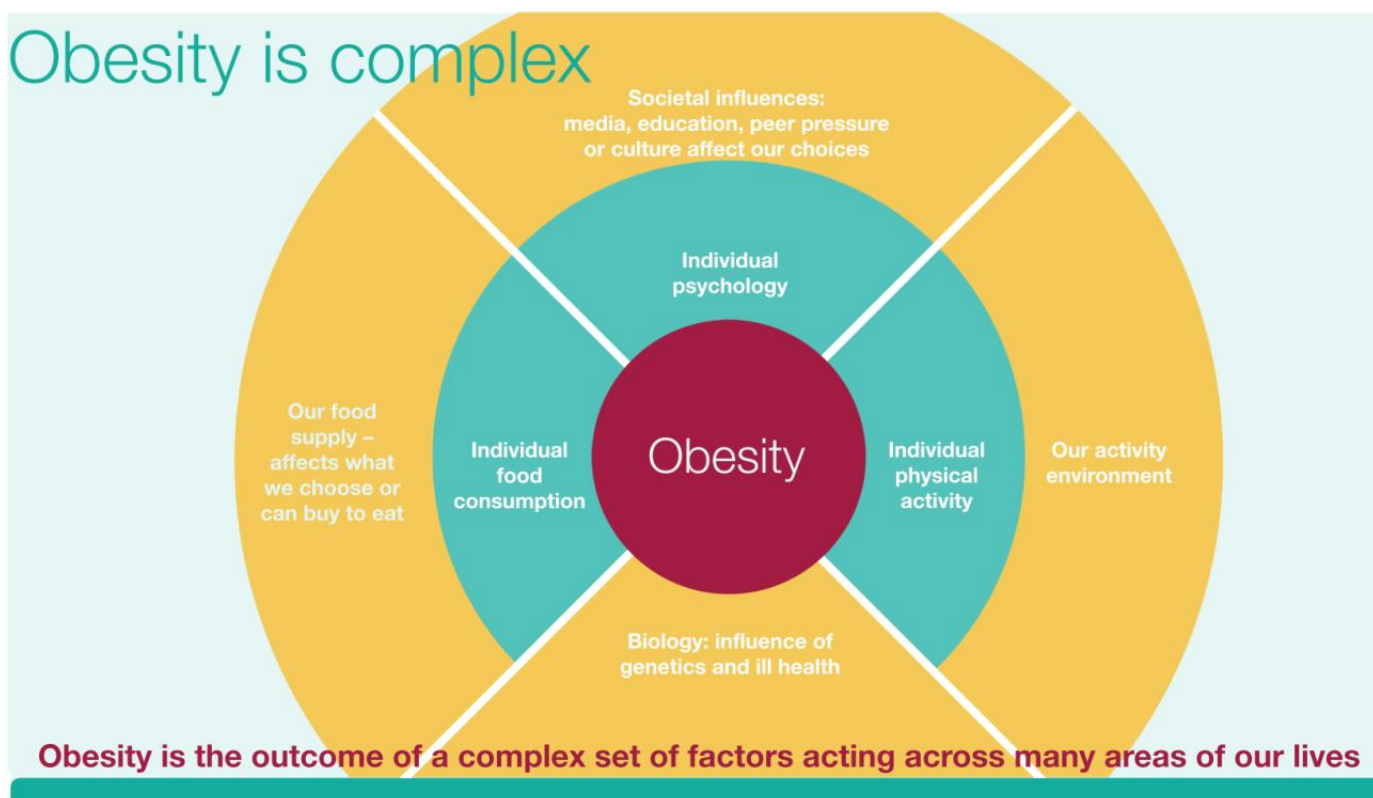
Older People are particularly vulnerable to malnutrition and becoming underweight. The National Institute of Health Care and Excellence (NICE) provide guidance and quality standards on identifying and caring for adults who are malnourished or at risk of malnutrition in hospital or in their own home or a care home. These aim to support health and social care professionals identify malnourished people and help them to choose the most appropriate form of support. (NICE, 2006) (NICE, 2012) Locally at the Great Western Hospital malnutrition is a priority. Staff are trained to use MUST, a nutrition screening tool for all patients, and there is a care pathway of action to take if there is a risk of malnutrition. There has also been training on malnutrition with GPs and care home staff by the community dietitians.

3.3 Causes of excess weight

The fundamental cause of excess weight is an imbalance between energy intake and expenditure, which is brought about by consuming more calories than are expended in daily life. It has been argued that excess weight is a predictable response to an increasing sedentary environment with, in general, a wide availability of food. (Foresight, 2007)

There are many complex behavioural and societal factors that combine to contribute to the causes of excess weight. The Foresight report (2007) referred to a “complex web of societal and biological factors that have, in recent decades, exposed our inherent human vulnerability to weight gain”. (Foresight, 2007) The report presented an obesity system map with energy balance at its center. Around this, over 100 variables directly or indirectly influence energy balance (figure1). Therefore it is important to consider the life-course and the whole system approach. This also takes into account important changes within people’s lives such as pregnancy which have been identified as potential points for change.

Figure 1: The Foresight map has been divided into 7 cross-cutting predominant themes.



Source: PHE

There are a number of factors that seem to predispose an individual to obesity and certain groups are known to be more at risk of obesity than others. (National Obesity Observatory) (Department of Health, 2006) They include:

- Individuals from some Black, Minority and Ethnic (BME) groups,
- People living on a low income,
- Women during and after pregnancy,
- Older age groups,
- People with a mental health condition,
- People with disabilities.

3.4 Consequences of excess weight

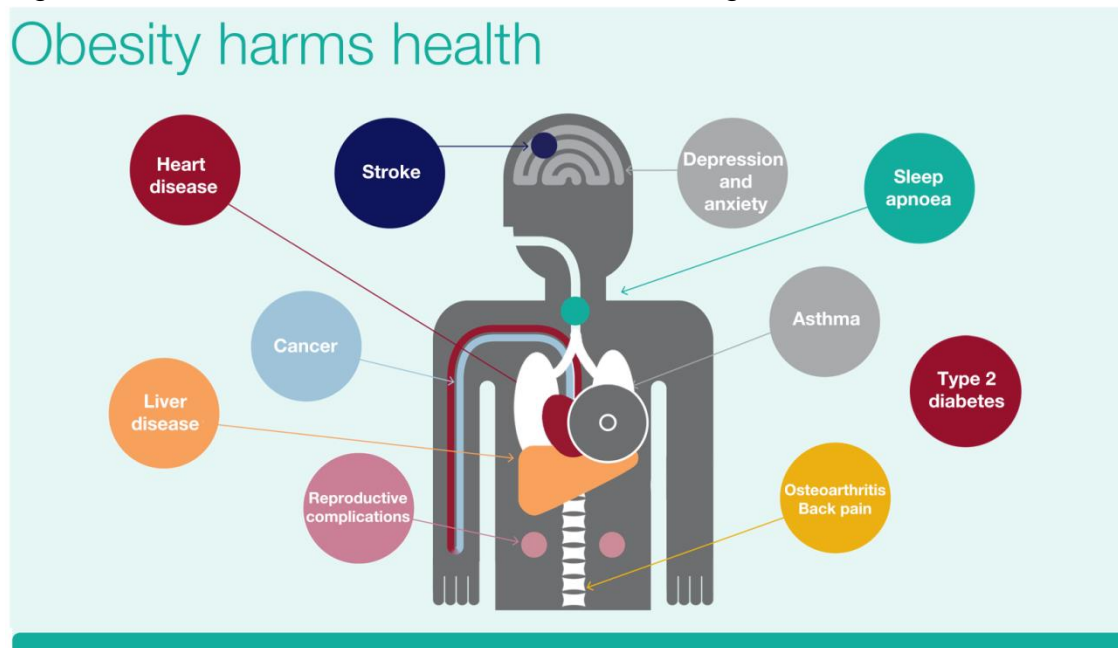
Excess weight can cause harm to children, young people and adults. For children and young people obesity can cause harm by:

- Emotional and behavioural problems from:
 - Stigmatisation,
 - Bullying,
 - Poor self-esteem.
- School absence.
- Health:
 - High cholesterol,
 - High blood pressure,
 - Pre-diabetes,
 - Bone and joint problems,
 - Breathing problems.
- Future risks:
 - Increased risk of becoming an overweight adult.
 - Risk of ill-health and premature mortality in adult life.

For adults, obesity significantly increases the risk of death at any age however the risk of death is influenced by the individual level of physical activity. Physically fit obese individuals have lower mortality risks than otherwise unfit obese individuals. (NICE, 2006) (World Health Organization, 1998)

Based on international literature it is estimated that women who are obese are nearly 13 times more likely to develop type 2 diabetes and 1.3 times more likely to experience a stroke than non-obese women. Obese men, whilst having the same increased risk for stroke as women, are 5.2 times more likely to develop type 2 diabetes. (Department of Health, 2011) Maternal obesity can increase health risks for both the mother and child during and after pregnancy. For adults the health harms are summarised in figure 2. Work in progress in Public Health England (PHE) initially suggests that severely obese people are over 3 times more likely to need formal social care than those who are a healthy weight. (PHE, 2017)

Figure 2: Health harms associated with excess weight



Source: PHE

3.5 Economic cost of excess weight

The annual cost of obesity to the wider UK economy and society is estimated at £27 billion. This includes estimated social care costs of £352 million, obesity medication and reduced productivity from 16 million obesity attributed sickness days. All these costs are predicted to rise. Around 34,000 deaths annually are attributable to obesity, one-third of which occur before retirement age. These account for an annual total of 45,000 lost working years. Obese individuals are estimated to have medical costs 30% higher than normal weight peers. (Public Health England, 2015)

4. Where are we now?

4.1 Overview of Swindon

Swindon is a new and growing town with a higher proportion of the population of working age than in England as a whole. The population of Swindon Borough is 217,160. Swindon's population is forecast to rise by about 14% by 2021 from around 209,700 in 2011 to 240,000 in 2021, and to 265,400 by 2031 (another 10% increase from 2012). Broadly speaking, the main shift will be to a more 'middle-aged' and older population.

The implications of population changes for supporting increasing physical activity and eating a healthy diet are important as people's expectations and requirements change as they get older. The take up of different activities can also reflect cultural strengths and barriers to participation.

There are extremes of poverty and wealth in the borough. In 2015 eight Swindon Local Super Output Areas (LSOAs) were in the most deprived 10% nationally. Swindon's relative deprivation is most severe in the education, skills and training domain where it is 47th most deprived out of 152 Upper Tier Local Authorities. This is important to consider as for both men and women obesity prevalence decreases with increasing levels of educational attainment.

The impact of local demographic characteristics and changes will mean that there will be:

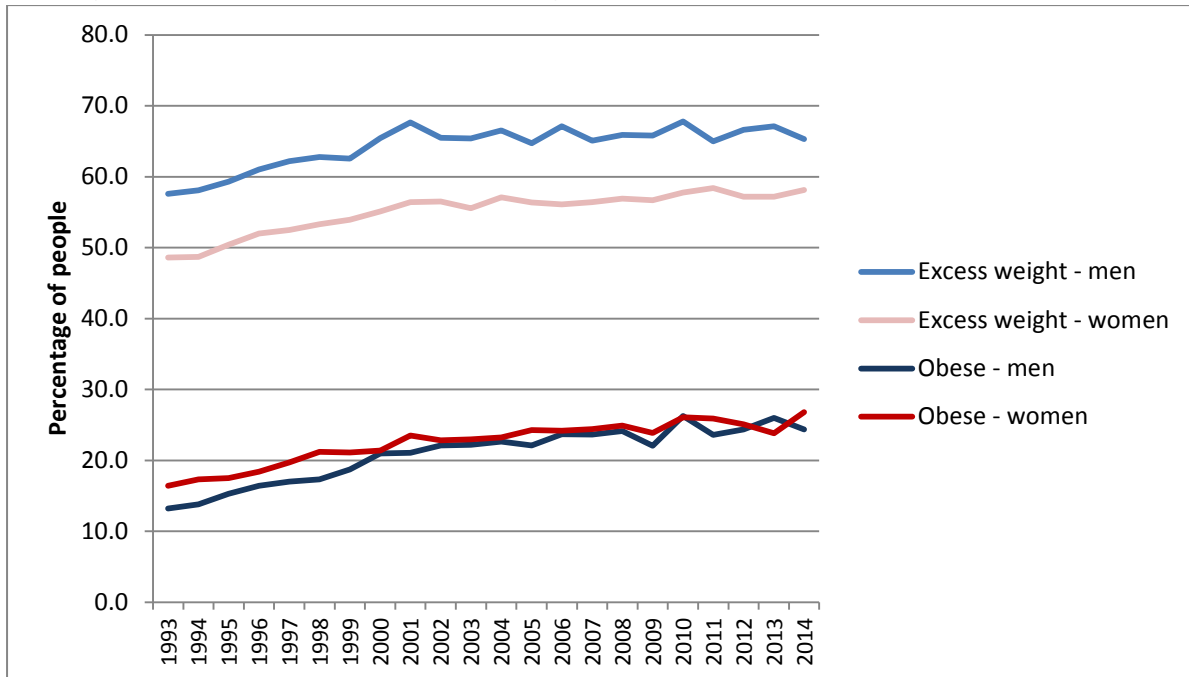
- Increased demand for services to prevent and treat excess weight due to a growing population and an increase in excess weight over time in both adults and children.
- Increased demand for health and social care services due to the effects of excess weight on health and wellbeing.
- A need for targeting services to tackle excess weight in the most deprived communities, where excess weight prevalence is highest in the population and people have fewer choices to improve their health.
- Development of services to meet the needs of communities and groups where excess weight prevalence is particularly high such as learning disability groups, certain BME communities and deprived communities.

4.2 How many adults are overweight or obese?

4.2.1 Nationally how many adults are overweight or obese?

In the 2014 Health Survey for England, the adult prevalence of obesity in England was 24% of men and 27% of women. Obesity levels for both adults have shown significant increases since the mid-1990s and obesity is predicted to affect more than half of adults by 2050.

Graph1: Prevalence of excess weight (BMI $\geq 25\text{kg/m}^2$) and obesity (BMI $\geq 30\text{kg/m}^2$) amongst adults: (Health Survey for England 1993-2014)



Source: Health Survey for England

4.2.2 Locally how many adults are overweight or obese?

Adult excess weight is reported from the Active People Survey, Sport England by Public Health England. Data for 2013-15 (most recent data) shows that 70.8% of adults were overweight or obese in Swindon. This is significantly higher than the England percentage of 64.8%, and the South West percentage of 64.7%. This is the second local adult excess weight data collected and therefore it is not possible to show trends.

Figure 3: 7 in 10 adults in Swindon are overweight or obese.



One of the Quality Outcome Framework (QOF) indicators for GPs is that each practice can produce a register of patients aged 16 years and over with a BMI of greater than or equal to 30 kg/m² in the previous 15 months: across Swindon in 2015/16 there were 19,553 people on the register, 10.9% of the 16+ practice population. This underestimates adult obesity as obesity is not systematically measured in GP practices in all patients when they visit as it is not necessarily relevant to their care.

Excess weight is one of the largest risk factors for diabetes and hypertension. In Swindon according to Quality Outcome Framework (QOF) data 2015/16 recorded by GPs, there are 12,924 people with diabetes (7.1% of patients registered) which is higher than the national prevalence. There are 31,729 people with hypertension (13.7% of patients registered).

51.0% of adults in Swindon met the recommended intake for fruit and vegetables of at least 5 a day on a usual day compared to 52.3% in England. On average adults in Swindon consumed 2.4 portions of fruit and 2.3 portions on vegetables. This is no different from the England averages.

4.3 How many children and young people are overweight or obese?

4.3.1 Nationally how many children and young people are overweight or obese?

In 2015/6 22.1% of 4-5 year olds and 34.2% of 10-11 year olds were classified as overweight or obese (NCMP). In 2015/6 9.3% of 4-5 year olds and 19.8% of 10-11 year olds were classified as obese. Obesity levels for children have shown significant increases since the mid-1990s and obesity is predicted to affect more than a quarter of children by 2050.

In reception, combined overweight and obesity prevalence ranged from 26.2% in the most deprived areas to 16.8% in the least deprived areas. In year 6, combined overweight and obesity prevalence ranged from 40.6% in the most deprived areas to 24.8% in the least deprived areas. The deprivation gap for reception and year 6 has been increasing over time.

Obesity rates are highest for children from the most deprived areas and this is getting worse. In reception obesity ranged from 12.5% of children living in the most deprived areas to 5.5% in the least deprived areas. In year 6 26% of children living in the most deprived areas were obese compared to 11.7% in the least deprived areas.

The difference in excess weight prevalence between girls and boys was larger in year 6 than reception, with 36.0% of boys obese in year 6 compared to 32.3% of girls.

4.3.2 Locally how many children and young people are overweight or obese?

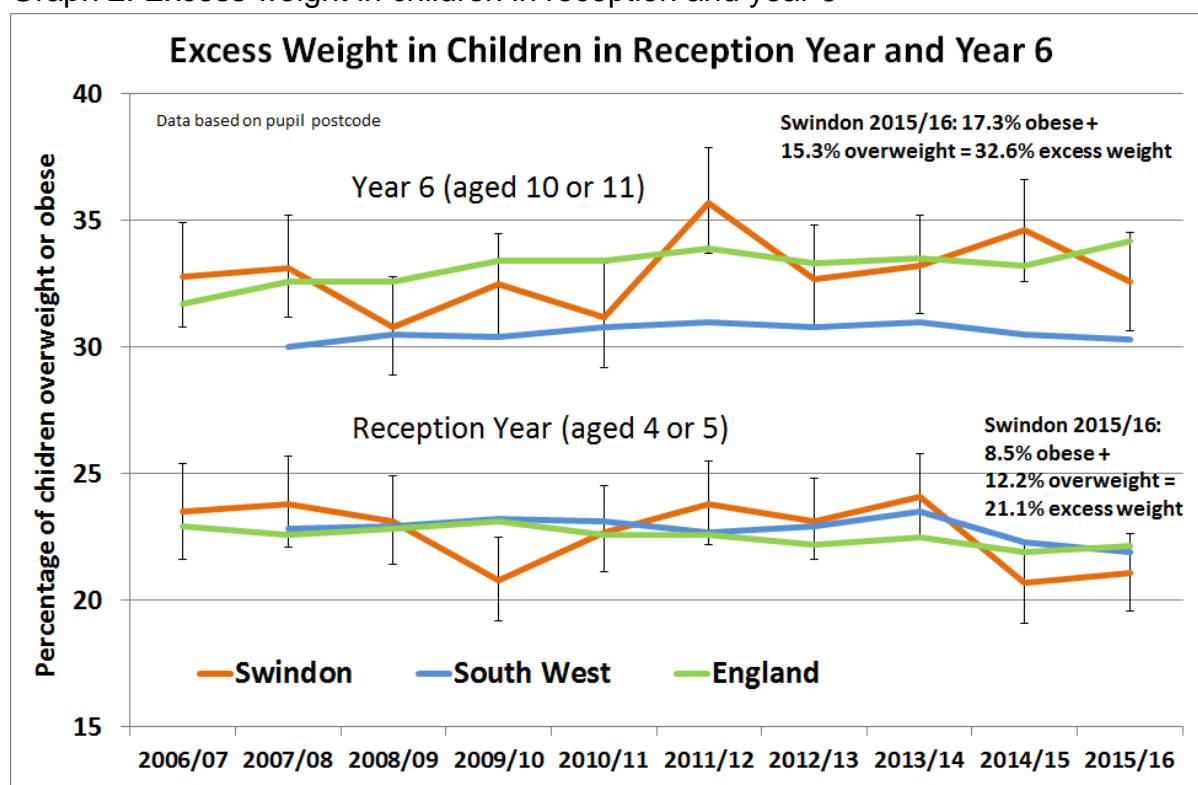
Graph 2 shows that the prevalence of excess weight in Swindon in 2015/16 was 21.1% in Reception year and 32.6% in Year 6. The trend in excess weight in Swindon is down in Reception year (an average of 0.18% each year), almost double the rate compared to England, where it is down 0.1% per year. Unvalidated² data for 2016/17 shows that the prevalence of excess weight in Swindon was 23.2% in Reception year and 35.0% in Year 6.

In Year 6, the trend in excess weight in Swindon is a 0.15% increase on average each year compared to 0.19% in England. The prevalence of children with excess weight in Year 6 has been consistently higher in Swindon than the South West region (not always statistically significant) but in 2015/16 was lower than England.

In 2015/16 there were 576 Swindon children measured as having excess weight in Reception year and 723 Swindon children measured as having excess weight in Year 6. This means at extra 147 children became overweight or obese between Reception and year 6.

² Data as of June 2017 and has not been validated and may change after this process. Data for comparison with England and other areas not available until data validated nationally.

Graph 2: Excess weight in children in reception and year 6



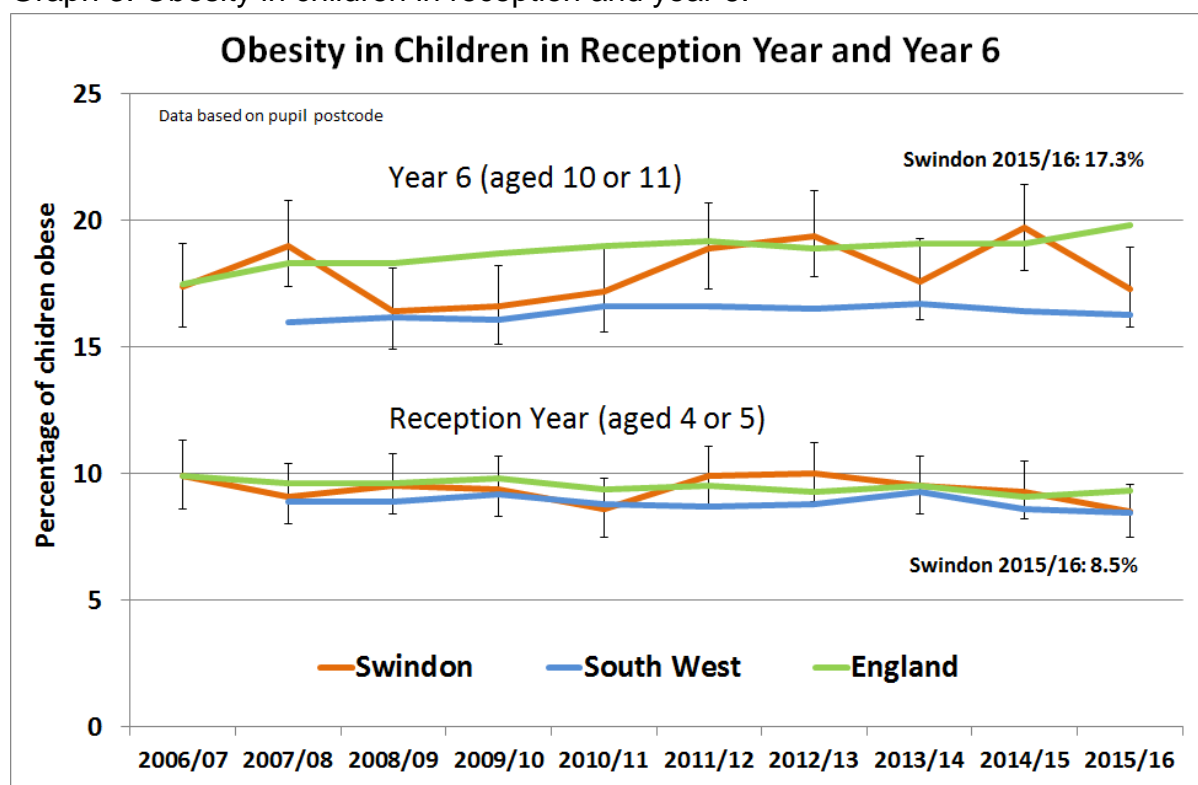
Source: NCMP

Graph 3 shows that the prevalence of obesity in Swindon in 2015/16 was 8.5% in Reception year and 17.3% in Year 6. In 2015/16, the proportion of obese pupils in Reception year and Year 6 has not differed significantly from either the regional or national averages other than compared to England in Year 6 where Swindon now has a significantly lower proportion of obese children. The trend in obesity in Swindon is essentially flat for Reception year, as it is for England. However, in Year 6 there is a 0.1% increase on average each year in Swindon. The prevalence of obese children in Year 6 has been consistently higher in Swindon than the South West region (not always statistically significantly). In 2015/16, there were 232 Swindon children measured as obese in Reception year and 384 Swindon children measured as obese in Year 6.

Unvalidated³ data for 2016/17 shows that the prevalence of obesity in Swindon was 9.7% in Reception year and 20.6% in Year 6.

³ Data as of June 2017 and has not been validated and may change after this process. Data for comparison with England and other areas not available until data validated nationally.

Graph 3: Obesity in children in reception and year 6.



Source: NCMP

Table 3: Summary of 2015/16 NCMP data for Swindon, South West and England.

Percentages for 2015/16	Reception year, age 4-5 years			Year 6, age 10-11 years		
	Swindon	South West	England	Swindon	South West	England
Underweight	0.6%	0.6%	1.0%	1.0%	1.1%	1.3%
Healthy weight	78.3%	77.5%	76.9%	66.5%	68.6%	64.5%
Overweight	12.6%	13.4%	12.8%	15.3%	14.0%	14.3%
Obese	8.5%	8.5%	9.3%	17.3%	16.3%	19.8%

Source: NCMP

There is a group of 18 Local Authority areas (Bedford, Bradford, Broxbourne, Crawley, Dartford, Derby, Gravesham, Harlow, Ipswich, Medway, Milton Keynes, Northampton, Peterborough, Sandwell, Stevenage, Swindon, Thurrock, Wolverhampton) which are in the same Office for National Statistics (ONS) cluster, called Expanding Areas and Established Cities. Thus it is useful to compare Swindon with some these areas for the purpose of comparative and benchmarking exercises. Both the proportion of Reception year children with excess weight in Swindon (20.7%) and the proportion of Year 6 children with excess weight in Swindon (32.6%) are the second lowest out of the comparator areas in 2015/16.

A recent report by Public Health England (PHE, 2017) looking at weight status between the first and final year of primary school found (summarised in figure 4):

- For children who were overweight in Reception, 31% remained overweight, around 30% became obese, and 13% severely obese by Year 6.
- For children who were obese (excluding severely obese) in reception, 36% of girls and 37% of boys remained obese in Year 6, and a further 33% of boys and 28% of girls had developed severe obesity.
- Most children who were severely obese in Reception remained severely obese in Year 6 (57% of boys, 62% of girls).
- Most children who were a healthy weight in Reception remained a healthy weight by Year 6 (77% girls, 73% boys). However, 9% of boys and 7% of girls who were a healthy weight in Reception became obese (including severe obesity) by Year 6. Although a small percentage, this represents a large number of children.

Although fewer than 10% of all healthy weight children become obese, those with a healthy weight in Reception from Asian and black groups are significantly more likely to become obese than are their white counterparts. This was also observed for overweight Asian and black Reception children (although this relationship was only statistically significant for black children). The overall trends show that the likelihood of returning to healthy weight status was less for children from black and Asian ethnic groups than children from other ethnicities, and less for those from the most deprived neighbourhoods than those from more affluent areas.

Figure 4: Summary diagram – changes in weight status during primary school.



Source: PHE (PHE, 2017)

49.9% of those aged 15 in Swindon met the recommended 5 a day intake for fruit and vegetables on a usual day compared to 52.4% in England. (PHOF)

The national dental survey measures the proportion of children with teeth which are missing, decayed or filled. More than one in four (27.9%) five year olds in Swindon experience tooth decay in a survey in the 2014/15 school year. On average, these children have 2.8 (CI: 2.26-3.37) teeth that were decayed, missing or filled.

There is evidence that suggests that breastfeeding may play a role in protection against excess weight in childhood. (WHO, 2014) More information of breastfeeding in Swindon is available in the Swindon Breastfeeding Strategy:

http://www.swindonjsna.co.uk/Files/Files/Swindon_breastfeeding_strategy_2016-2020_Final.pdf

5. What should we be doing?

5.1 Policy framework

5.5.1 Childhood obesity: a plan for action

In 2016 the government published 'Childhood obesity: a plan for action' (HM Government, 2016) which is a government plan for reducing childhood obesity. This includes:

- A soft drink levy. In England, the revenue from the levy will be invested in programmes to reduce obesity and encourage physical activity and balanced diets for school age children,
- All sectors of the food and drinks industry will be challenged to reduce overall sugar across a range of products that contribute to children's sugar intakes by at least 20% by 2020, including a 5% reduction in year one,
- Supporting innovation to help businesses to make their products healthier,
- Developing a new framework by updating the nutrient profile model,
- Making healthy options available in the public sector,
- Continuing to provide support with the cost of healthy food for those who need it most,
- Helping all children to enjoy an hour of physical activity every day,
- Improving the co-ordination of quality sport and physical activity programmes for schools,
- Creating a new healthy profile for primary schools,
- Making school food healthier,
- Clearer food labelling,
- Supporting early years setting,
- Harnessing the best new technology,
- Enable health professionals to support families.

5.5.2 Population-based approaches to childhood obesity prevention.

The World Health Organisation (WHO) suggest population-based approaches to childhood obesity prevention (World Health Organisation, 2012). This suggested that these approaches can be divided into three main components; structures within government, population-wide policies and initiatives, and community-based interventions (table 4). A comprehensive strategy needs to incorporate aspects from each component.

Table 4: Population based approaches to childhood obesity prevention

Structure to support policies and interventions	Population-wide policies and initiatives	Community-based interventions
<ul style="list-style-type: none"> • Leadership. • 'Health-in-all' policies. • Dedicated funding for health promotion. • Non communicable disease* monitoring systems. • Workforce capacity. • Networks and partnerships. • Standards and guidelines. 	<ul style="list-style-type: none"> • Marketing of unhealthy foods and beverages to children. • Nutrition labelling. • Food taxes and subsidies. • Fruit and vegetable initiatives. • Physical activity policies. • Social marketing campaigns. 	<ul style="list-style-type: none"> • Multi-component community-based interventions. • Early childcare settings. • Primary and secondary schools. • Other community settings.

*Non communicable diseases include a range of chronic conditions such as cardiovascular disease, diabetes, cancer, and dementia.

Source: WHO (World Health Organisation, 2012)

5.5.3 Healthy Lives, Healthy People: A call to action on obesity

This is the national strategy for improving public health in England, in response to future challenges including obesity. (Department of Health, 2011). It includes:

- Local government taking new responsibilities for public health (including obesity and nutrition initiatives), supported by Public Health England.
- A stronger focus on outcomes.
- A commitment to reduce health inequalities.

5.5.4 Physical activity: Everybody active, every day: An evidence-based approach to physical activity

This is a national framework to support embedding physical activity into everyday life. (HM Government, 2014). This includes the Chief Medical Officers guidelines developed in 2011 on physical activity:

- Under-fives - 180 minutes (three hours) each day, once a child is able to walk.
- Children and young people (5-18 year olds) - 60 minutes and up to several hours every day of moderate to vigorous intensity physical activity.
- Adults (19-64 years old) and older people (65+) - 150 minutes (two and half hours) each week of moderate to vigorous intensity physical activity (and adults should aim to do some physical activity every day).

5.5.5 Delivering Better Oral Health

In 2014 'Delivering Better Oral Health: a toolkit for prevention' set out the evidence base and clear guidance on healthy eating advice, tooth brushing, fluoride and the importance of regularly attending the dentist. (PHE, 2014). Making healthy choices easier with regard to healthy, sugar free foods and drinks is an important part of improving oral health.

5.2 National interventions

There are a number of government strategies and programmes that will impact achievement and maintenance of a healthy weight.

5.2.1 The Healthy Start Scheme

The Healthy Start scheme allows eligible pregnant women, mothers and young children to get free vitamins and free weekly vouchers to exchange for milk, fresh fruit, vegetables and infant formula. <https://www.healthystart.nhs.uk/> (Healthy Start)

5.2.2 5ADAY Programme

Current recommendations are that everyone should eat at least 5 portions of a variety of fruit and vegetables each day, to reduce the risk of death from chronic diseases such as heart disease, stroke, and cancer by up to 20%. The National School Fruit and Vegetable Scheme is part of the 5ADAY programme to increase fruit and vegetable consumption, offering every child age 4 to 6 years old at a fully state funded infant, primary or special school a free piece of fruit or vegetable on every school day. <http://www.nhs.uk/Livewell/5ADAY/Pages/Schoolscheme.aspx>

5.2.3 School meals

Food served in some schools and academies in England must meet the school food standards so that children have healthy, balanced diets. The school food standards apply to all maintained schools, and academies that were founded before 2010 and after June 2014. They must provide:

- High-quality meat, poultry or oily fish,
- Fruit and vegetables,
- Bread, other cereals and potatoes.

There can't be drinks with added sugar, crisps, chocolate or sweets in school meals and vending machines or more than 2 portions of deep-fried, battered or breaded food a week. From September 2014 every infant child in state funded schools receives a free school lunch. (HM Government, 2016)

5.2.4 Soft drink levy - spending

The Government have said that income from the Soft Drink Industry Levy will be spent on school PE and sport provision and breakfast clubs in England. The 2016 Budget document provided more information about this investment (HM Government, 2017):

- Double the primary school PE and sport premium from £160 million per year to £320 million per year from September 2017 to help schools support healthier, more active lifestyles.
- Provide up to £285 million a year to give 25% of secondary schools increased opportunity to extend their school day to offer a wider range of activities for pupils, including more sport
- Provide £10 million funding a year to expand breakfast clubs in up to 1,600 schools starting from September 2017, to ensure more children have a nutritious breakfast as a healthy start to their school day.

5.2.5 Change4life

Launched in 2009 in England and is a government backed, phased social marketing campaign aiming to prevent obesity. (Change 4 Life) Change 4 Life targets young families to 'Eat Well, Move More and Live Longer'. Evaluation of the first year found that families were making changes to their children's diet or activity levels but further work was required to assess whether this led to reductions in obesity. Campaigns for 2016/17 included '10 minutes Shake Up adventure' for kids, a Be Food Smart app and healthy recipes.

5.2.6 Healthy Eating Advice

The Government has a set of Eight Guidelines for a Healthy Diet. It aims to help people to understand and enjoy healthy eating. The guidelines are supported by the Eatwell Guide, a pictorial food guide showing the proportion and types of food that are needed to make up a healthy balanced diet. (NHS, 2015)

5.2.7 One You

This is a lifestyle brand launched in 2016 to target adults, mainly focussing on 40-60 year olds, living in England. It covers a range of lifestyle issues including excess weight, physical activity, smoking, alcohol, mental health and screening. (PHE)

5.2.8 Making Every Contact Count

Making Every Contact Count (MECC) is about making the most of the opportunities to make a difference to people's health and wellbeing. By supporting people to make changes to their lifestyles it is possible to prevent ill-health, improve health and wellbeing and reduce health inequalities. MECC lets organisations and people develop a different way of working with people to address health and wellbeing. Telling people what to do is not the most effective way to help them change. MECC is about altering how we interact with people through having Healthy Conversations and learning how to spot opportunities to talk to people about their wellbeing. (Health Education England, 2017)

5.2.8 The Local Transport Plan

This is a statutory requirement for every local authority with a responsibility for transport. It must set out the transport objectives that the Council wants to achieve over the next five years, and the types of schemes, which the Council would like to implement. These schemes include measures to encourage walking, cycling and public transport use.

5.3 Evidence

There is a strong body of evidence provided by the NICE around maintaining a healthy weight and preventing excess weight gain, and well as identification, assessment and management of excess weight. Guidance on maintaining a healthy weight includes recommendations for: the public; the NHS; local authorities and partners in the community; early years' settings; schools; workplaces; self-help, commercial and community programmes; and national policy.

Relevant NICE guidance includes:

- Obesity prevention (CG43, updated 2015),
- Cardiovascular disease prevention (PH25, 2010),
- Maintaining a healthy weight and preventing excess weight gain among adults and children (NG 7, 2015) ,
- Managing overweight and obesity in adults – lifestyle weight management services (PH53, 2014),
- Obesity: Identification, assessment and management of overweight and obesity in children, young people and adults (CG 189, 2014),

NICE quality standards (QS 94 and QS111) for prevention and lifestyle weight management programmes state that for adults and children and young people identified as being overweight or obese (and their parents or carers as appropriate):

- People using vending machines in local authority and NHS venues can buy healthy food and drink options.
- People see details of nutritional information on menus at local authority and NHS venues.
- People see healthy food and drink choices displayed prominently in local authority and NHS venues.
- People have access to a publicly available, up-to-date list of local lifestyle weight management programmes.
- People can access data on attendance, outcomes and views of participants and staff from locally commissioned lifestyle weight management programmes.
- People identified as being overweight or obese are given information about local lifestyle weight management programmes.

Specifically related to adults:

- Adults identified as overweight or obese, with comorbidities are offered a referral to a lifestyle weight management programme.
- Adults about to complete a lifestyle weight management programme agree a plan to prevent weight regain.

Specifically related to children and young people:

- Family members or carers of children and young people are invited to attend lifestyle weight management programmes, regardless of their weight.

In addition table 5 summarises specific action to meet local need (NICE, 2013).

There are other NICE guidance documents about specific groups, nutrition and physical activity. Recommendations from NICE will be included within the action plan.

Table 5: Preventing obesity and helping people to manage their weight, specific

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action to meet local need.

Encouraging healthy eating	Make people aware of their eligibility for welfare benefits and other schemes that supplement the family food budget.	Use existing powers to control the number of take-aways and other food outlets in a given area, particularly near schools.	Local authority and NHS commissioners could make a difference by ensuring healthier choices are included in catering contracts and are promoted through pricing and educational initiatives.
Encouraging physical activity	Work in partnership to create and manage more safe spaces for incidental and planned physical activity, addressing any concerns about safety, crime and inclusion. Audit and amend bye laws that prohibit games.	Plan local facilities and services to ensure they are accessible on foot or by bicycle.	Ensure leisure services are affordable, culturally acceptable and accessible by public transport or by safe 'active travel' routes. Ensure provision is made for women who wish to breastfeed.
Developing community programmes to combat obesity	Ensure obesity prevention programmes are highly visible and easily recognisable. Consider adapting a widely known brand for use locally (such as the Department of Health's Change4Life).	Consider the type of language and media used to communicate about obesity, tailoring language to the situation or intended audience. Ensure messages are consistent and clear.	Address local people's concerns about issues such as the cost of eating more healthily or being more physically active and the perceived dangers of children playing outside.
Commissioning community weight management programmes	Commission lifestyle weight management services from either NHS or non-NHS providers. Ensure they meet the needs of high risk groups.	Ensure lifestyle weight management services meet current best practice guidance.	Work in partnership with NHS colleagues, leisure services and providers of weight management services to support women who wish to lose weight after childbirth.
Ensure LA and NHS are exemplar employers	Set an example by ensuring on-site catering offers healthier choices.	Encourage physical activity by improving the décor and signposting of stairs, and by providing showers and secure cycle parking to encourage active travel.	Offer lifestyle weight management services for overweight or obese staff who would like support to manage their weight.
Involving local businesses and social enterprises	Encourage local organisations and businesses to recognise their corporate social responsibilities in relation to health and wellbeing. For example, they should ensure the range and content of the food and drink sold does not create an incentive to over-eat and gives people the opportunity to eat healthily.	Encourage local organisations to provide information, such as the calorie content of meals, on menus.	Encourage venues frequented by children and young people to resist sponsorship and product placement from companies associated with foods high in fat, sugar and salt.

Source: NICE (NICE, 2013)

6. What are we doing?

In Swindon interventions include both local implementation of national interventions and local activity specific to the needs of the borough. Table 6 gives some examples showing the breadth of local interventions by age groups and setting. This is not an exhaustive list. We are aware in Swindon of the importance of reaching a wide audience to help everyone maintain a healthy weight.

This is underpinned by the role of the Health and Wellbeing Boards which have a statutory responsibility to develop and implement a Health and Wellbeing Strategy by bringing together key partners and understanding the needs of the local area. NICE Guidance published in November 2012 included an expectation that Directors of Public Health would secure high level commitment as part of the Health and Wellbeing Strategy to long-term integrated action on obesity.

Table 6: Examples of local interventions and national initiatives by setting

Setting	Children and Teenagers	Adults and Older People
Early Years	Breastfeeding Baby Friendly Initiative; Breastfeeding Welcome; Breastfeeding peer support Toddler and parent healthy lifestyle course Happy Little Teeth Award scheme for playgroups and nurseries Health Visitors work on weaning and healthy lifestyle	To support Mums: Baby Friendly Initiative; Breastfeeding Welcome; Breastfeeding peer support
Schools	School Fruit and Vegetable Scheme Healthy Schools Programme School meals and school food - national food and nutrition standards NCMP Food for Life Partnership in schools Pupil premium supporting physical activity School sports and school after school clubs Active travel to school initiatives	

Community	<p>Child & Family Weight Management Programme</p> <p>Working together with dental health colleagues to ensure consistent messages on public health promotion</p> <p>Dental staff also work with children centres, health visitors and nursery nurses in baby clinics and post-natal groups.</p> <p>Sports clubs</p> <p>Junior Park Run</p>	<p>Change 4 Life</p> <p>Physical Activity Programmes</p> <p>Dietbusters- adult weight management</p> <p>Football fans in training MEND weight management programme</p> <p>Ability sports</p> <p>Community Dietitian Clinics</p> <p>Exercise on referral schemes (Steps to Health)</p> <p>Walking for Health/Walk Swindon</p> <p>Walking, cycling and swimming sessions for inactive people.</p> <p>Walking football</p> <p>Walking netball</p> <p>Exercise group for people with a medical condition e.g. cardiac rehab; chronic obstructive pulmonary disease</p> <p>Swindon running groups</p> <p>Community navigators</p> <p>Health ambassadors</p> <p>Physical activity sessions run by local leisure organisations, businesses, social enterprises and charities</p> <p>Weight management sessions run by local leisure organisations, businesses, social enterprises and charities</p> <p>Making Every Contact Count training for frontline staff</p>
Workplace		<p>Swindon Mindful Employers scheme</p> <p>Great Western Hospital Travel Policy to encourage active transport to work</p>
Environment		<p>Active Travel</p> <p>Promotion walking and cycling as part of built environment development in the Swindon Core Strategy</p> <p>Implementation of the Local Sustainable Transport Fund bid to promote cycling and walking</p>

Hospital	Underweight care pathway Obesity care pathway	Obesity care pathway Maternal obesity pathway Underweight care pathway Intense specialist weight management programme Pre and post bariatric surgery support service Access to bariatric surgery at Bristol, Cornwall, Plymouth, Gloucestershire , Bournemouth & Christchurch or Taunton
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Swindon has also been pro-actively involved in the whole system obesity programme. This is a three-year programme funded by Public Health England, with the support of the Local Government Association and the Association of the Directors of Public Health. Its key objective is to consider how a local authority can use its levers, leadership, evidence and relationships with stakeholders and communities to create a more effective, sustainable, system-wide approach to tackling obesity.

The programme is exploring how we can collectively use this new way of looking at tackling obesity. In particular, we are aiming to answer:

- How can the Foresight report be translated into a ‘Whole Systems Approach’ locally?
- What does a “whole systems approach” actually mean in practice?
- How can Local Authorities and their partners create and maintain an effective, sustainable whole systems approach that can help them drive their major priorities, including tackling obesity?

7. Where do we want to be and how are we going to get there?

Section 2 outlines the vision, aims, strategic objectives and targets for Swindon over the next five years.

7.1 What are we going to do?

VISION

A Swindon where everyone achieves and maintains a healthy weight.

ACTION

In the first year of this strategy (2017/18) alongside our current programmes in Swindon we will:

- Focus on Early Years (0-5 years) and develop a Healthy Early Years Settings accreditation.
- Promote SugarSmart e.g. in Early years settings and in schools
- Continue to develop work in schools to promote healthy eating and physical activity e.g. development of a schools physical activity framework, increasing the numbers of schools with Healthy School Awards with related to healthy lifestyles.
- Implementing Making Every Contact Count.
- Work with local organisations to promote displaying calories on menus.
- Encourage local retailers to offer and promote affordable fruit and vegetables.
- Review programmes to ensure effective services are being offered to those at greatest risk.

Tackling inequalities will be considered as part of every element relating to Healthy Weight. As part of these we will aim to reduce differences in health outcomes between different groups by reducing social inequalities and targeting services appropriately.

From reviewing the local needs for Swindon, local provision and national evidence we will concentrate on Healthy Weight in Early Years Settings over the first year of this strategy. We will review and decide an area for year two through the Healthy Weight Implementation Group.

7.2 Swindon Health Weight action plan

This strategy will be implemented through the healthy weight action plan which will monitor and evaluate progress related to targets to ensure activity and investment is effective and meeting local need. This outlines a framework for action that demonstrates a range of preventive and management interventions for excess weight across a range of settings (community, workplaces, early years settings, local authority, and health), based upon evidence for effective interventions presented in the above strategy. The Healthy Weight Implementation group oversees the implementation of the healthy weight action plan.

The action plan is separate as it is a working document- available from Fiona Dickens, Public Health Programme Manager at Swindon Borough Council (Contact details: fdickens@swindon.gov.uk 01793 444680).

7.2.1 Working in partnership

Tackling obesity and promoting healthy weight depends on action to address many different areas as health depends on physical, social and environmental factors. Therefore the healthy weight strategy will link to the range of local strategic documents which all contribute to preventing and reducing excess weight and promoting healthy lifestyles:

- Get Swindon Active Strategy and Implementation Plan
- Swindon Breastfeeding Strategy and implementation plan
- Children and Young People's Early Support Strategy
- Swindon Core Local Plan
- Local Transport Plan
- Green Infrastructure Strategy
- Local NHS strategies on Cancer, Coronary Heart Disease, Diabetes
- Safer and Smarter Journeys to School Strategy
- Swindon Borough Councils Initiatives on Building Community Capacity and Corporate Responsibility
- Development Management Policies and the Local Plan 2026
- Promoting healthy weight will also be a key part of workplace health initiatives and healthy lifestyle courses.

The strategy is closely aligned to Swindon Borough Council's priority 4 'Help people to help themselves while always protecting the most vulnerable children and adults.'

7.2.2 Engaging with communities

In order to tackle excess weight effectively, talk to local people about all areas related to Healthy Weight, including developing strategies, commissioning and service provision, particularly those at higher risk of excess weight. There are a number of opportunities for engagement. These include at local events and festivals, using local volunteers and champions for health programmes (e.g. walk to health volunteers and health champions) and other local networks.

It is also recognised that schools and Early Years settings have a potential role in both promoting physical activity and influencing healthy food choices. The action plan includes linking to our local Healthy Schools Programme and looking for opportunities to work collaboratively with schools in Swindon: evidence suggests that a whole school approach may be most effective in reducing childhood obesity. This could include healthy school lunches, healthy choices in vending machines, safe walking to school routes, and encouraging sport and activity for all abilities. There is also opportunity to work with the Planning Department to look at the public health impact of licensing applications for food outlets nearby to schools, and engage with workplace health. We will also consider developing programmes for Early Years settings.

7.2.3 Monitoring and evaluation

Evaluation is vital for understanding what works and why, and also for ensuring that funding is spent in the most cost-effective way. Evaluating interventions to tackle obesity can be challenging as short term success is not always sustained long term and following up people over time is difficult. Any commissioned initiatives are required to include evaluation as part of delivery.

7.2.4 Communication and awareness training

Communication is important in a number of ways:

- To explain why being a healthy weight matters,
- To engage with the local community,
- To provide consistent messages to local people about what is important for achieving and maintaining a healthy weight,
- To link lifestyle services so people are aware of what is available in Swindon to keep active, stop smoking, improve their mental health as well as specifically about weight management,
- To celebrate success,
- To raise awareness.

There is a lot of evidence that people with excess weight experience inequalities in employment, education, and health care as a result of weight discrimination. We will strive to promote positive, fair and non-biased representation of people who have excess weight. The action plan will include a communications strategy which incorporates these aspects.

Appendix 1: Diversity Impact Assessment

As part of this strategy review we have completed a diversity impact assessment (DIA). The considerations of these are included in the main report (3.3, 4.1, 4.3.1) but are summarised here for clarity.

A Diversity Impact Assessment was completed as part of the Healthy Weight Strategy 2013-15. This concluded *“We will include equality and diversity requirements within our commissioning specifications and require providers to demonstrate how services reach different groups in the community. The women only walking group is an example of responding to an identified need in the community where some BME communities feel more comfortable in a single sex activity. Over the next year we will also look at service provision for limiting long-term illness (LLTI). Targets have been set as to the success of the strategy as outlined in chapter 4. Where available data will also be gathered on these broken down by protective characteristics.”*

As the current strategy is a refresh of the 2013-15 strategy there have been no new diversity considerations however we have reviewed the DIA and considered whether we have achieved the above conclusions and whether there are any further actions.

There are a number of factors that seem to predispose an individual to obesity and certain groups are known to be more at risk of obesity than others. They include:

- Individuals from some Black, Minority and Ethnic (BME) groups,
- People living on a low income,
- Women during and after pregnancy,
- Older age groups,
- People with a mental health condition,
- People with disabilities.

There is no specific information about outcomes depending on demographics within the strategy. This is mainly due to how the data is collected nationally.

The impact of local demographic characteristics and changes will mean that there will be:

- Increased demand for services to prevent and treat excess weight due to a growing population and an increase in excess weight over time in both adults and children.
- Increased demand for health and social care services due to the effects of excess weight on health and wellbeing.
- A need for targeting services to tackle excess weight in the most deprived communities, where excess weight prevalence is highest in the population and people have fewer choices to improve their health.
- Development of services to meet the needs of communities and groups where excess weight prevalence is particularly high such as learning disability groups, certain BME communities and deprived communities.

The service level agreement for the Swindon Borough Council health and wellbeing team, which includes weight management programmes for adults and children, requires service providers to consider protected characteristics and report these against specific targets. Reports from providers include information about how services reach different groups in the community. There are specific programmes for people with physical disabilities. There was a specific programmes for people with learning difficulties but this has been incorporated into the wider service.

Review of these shows that providers are reaching a range of different groups in the community and meeting the targets specified to them. Some of the programmes are specifically targeted at certain groups and generally these groups are engaging in the programmes. Outcomes for the programmes are good but due to the data and numbers it is not possible to assess outcomes by different groups.

These elements will be incorporated into the Healthy Weight action plan. This will include:

- Information about recruitment and target groups for programmes.
- Outcomes by different groups where possible.
- Prioritise certain areas where evidence shows greatest potential benefits.
- Review healthy weight provision which have been embedded within other areas (learning difficulty).

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Healthwatch Swindon Annual Report 2016/17

Health and Wellbeing Board

Date: 12th July 2017

Author: Morgan Daly – Director, Healthwatch Swindon

Wards: All

Parishes Affected: All

1. Purpose and Reasons

1.1 To update the Board on the work of Healthwatch Swindon during 2016/17.

1.2 To fulfil the local Healthwatch statutory requirement to produce and distribute an annual report, as attached at Appendix 1 to the report.

2. Recommendations

The Board is recommended to:

2.1 Note the Healthwatch Swindon Annual Report for 2016/2017, as attached at Appendix 1 to the report, and provide any feedback on the content.

3. Alternative Options

3.1 The Board could choose to not acknowledge the annual report.

4. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

4.1 None.

Legal and Human Rights Implications

4.2 None

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

4.3 None.

Diversity Impact Assessment

4.4 Not required.

Risk Management

4.5 None.

5. Consultees

5.1 Healthwatch volunteers were consulted for input into report.

Further information on the subject of this report can be obtained from Morgan Daly, 01793 497777, info@healthwatchswindon.org.uk.

Healthwatch Swindon Annual Report 2016/17

Health and Wellbeing Board

Date: 12th July 2017

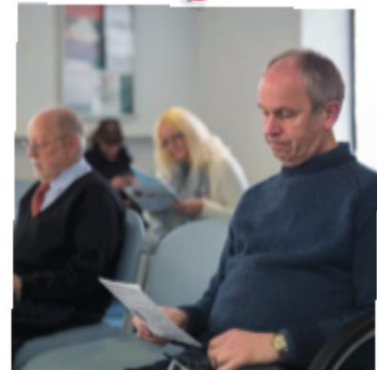
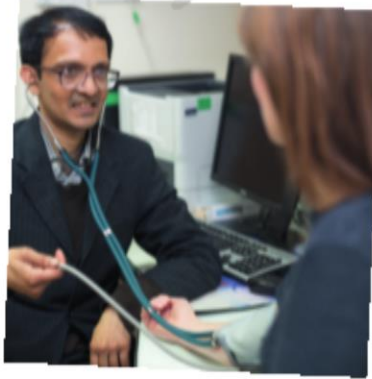
5.2 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

6. Background Papers

6.1 None.

7. Appendices

7.1 Appendix 1 – Healthwatch Swindon Annual Report 2016/17.



Healthwatch Swindon Annual Report 2016/17



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Message from our Project Coordinator

2016/17 has been a really busy year for Healthwatch Swindon. A fantastic amount of work has been achieved by the staff team and the volunteers who support our work.



Mark Edwards – Project Coordinator

It was been a privilege and a pleasure to have worked in Swindon over the past twelve months.

The Healthwatch Team of staff and volunteers worked tirelessly to raise the profile of Healthwatch and make sure that every voice in Swindon can be heard.

We have provided feedback into key health and care service purchasing decisions, helped people find key information, supported patients with NHS complaints and heard from residents and organisations about the issues facing Swindon.

We are aware that Swindon continues to face challenges from:

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

“Healthwatch Swindon has worked hard this year to establish a presence across the borough”

Our annual event in March 2017 brought together key professionals and volunteers to hear about and learn more about Ageing Well in a Dementia Friendly Swindon.

None of this would have been possible without the involvement of the people of Swindon; giving valuable feedback and the support of the staff and volunteer team

Message from our Director of Community Services



Morgan Daly

Director of Communities

We know that health and social care is changing. People want more integrated services, which are tailored to meet their needs. We also hear that people are aware of pressure on the health and social care system and want to do their bit to help.

Swindon is a vibrant borough with diverse communities within it. Healthwatch Swindon empowers people from all walks of life and to hear from the marginalised and seldom heard.

Healthwatch is seeking to play its part and is working together across the Sustainability and Transformation partnership footprint of Swindon, Wiltshire and Bath and North East Somerset. By joining together we have a stronger voice.

Looking forward Healthwatch Swindon will work hard to ensure that local views are considered in the development of accountable care systems.

During the past twelve months we have continued to share information through regular e-bulletins, the Healthwatch Swindon website, social media platforms and meeting residents in person.

“ The transfer of the service from the previous provider was very positive and smoothly managed. We have been encouraged by the strategic approach, the recruitment of volunteers and the work plan to address the identified priority areas”

[Feedback from Healthwatch Swindon
Commissioner-August 2016]

As we move into 2017/18 we have clear work priorities which will be delivered under a new Team Manager.

We couldn't do what we do without the support of the staff team and the hardworking volunteers in Swindon. I would like to express my thanks to you all.



Highlights from our year

*This year
we've reached
71,644 people on
social media*



*Our volunteers help us with
everything from engaging with
the public to representing us
at meetings*



*We completed two enter and
view visits this year*



*We attend over thirty eight
boards, committees and
working groups across the
borough*



*We've spoken to 1126
local people*



*We hosted an 'Ageing Well'
event in March 2017*



Who we are

We know that people want services that work for them, their friends and family. That's why we want you to share your experiences of using health and care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.

Anyone can speak to Healthwatch Swindon about their experiences of health or social care services (including GPs, dentists, hospitals, mental health services and social care teams) and feedback and make changes to their services.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our vision

Communities and people in all their diversity in Swindon can maintain their health and wellbeing, and care for themselves and each other.

We do this by

- Signposting to other helpful services
- Promoting and sharing health and social care events and activities
- Inviting residents to complete surveys
- Help people access advocacy support
- Report feedback to the people who commission services ensuring user

voices are considered when developing health & care services

- Recruit and support volunteers to make a difference

Our priorities for 2016/2017

- Children and Young people
- Community Health re-procurement
- Diabetes and Managing Healthy Weight
- Sustainability and Transformation plan

The Care Forum



Healthwatch Swindon is a project delivered by The Care Forum. As an Independent voluntary and community sector infrastructure organisation. We work across Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire, Somerset and Swindon.



Dementia Friends

As part of our commitment to promote Dementia Awareness and Swindon's ambition to become a Dementia Friendly Town, the Healthwatch staff team became Dementia Friends in October 2016.



A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action - anyone of any age can be a Dementia Friend

For more details check out :www.alzheimers.org.uk or call 01249 443469

How we are measured – our outcomes

- + Improve the awareness and profile of Healthwatch Swindon.
- + Engage the public in planning health services to ensure there is greater patient, carer and public satisfaction in health and social care services.
- + Build strong relationship with commissioners, Health and Wellbeing Board and Adult Health, Social Care and Housing Overview Scrutiny Committee and other key partners such as Learning

Disability Partnership Board and Swindon Equality Coalition.

- + Improved patient and user experience.
- + Working in partnership with other providers to influence commissioners to improve services using data and improving integration between services.
- + Identify health inequalities and solutions to addressing them.
- + Provide information and advice to residents.
- + Improved satisfaction with health and adult social care services in Swindon.
- + Deliver an effective and responsive NHS Complaints Advocacy Service.

What stakeholders said about us :

Healthwatch Swindon are very approachable and show a keen interest in engaging with a range of stakeholders.

Healthwatch Swindon achieve a huge amount with a particularly small team and do great work with volunteer recruitment and involvement. The organisation is proactive with partnership work and staff are passionate and well informed and keep others continually up to date with local and national developments. Pleasure to work in partnership with.

[Stakeholder Survey – Spring 2017]



We can
help you...

Are you struggling
with social care?
Are you concerned

Your views on health and care

Listening to local people's views

Prescription Ordering Direct (POD)

In August 2016 the NHS Swindon Clinical Commissioning Group launched a telephone based prescription re-ordering service. Healthwatch Swindon was invited onto the steering group and provided feedback from patients and carers.

What we heard

- + “My brother is hard of hearing, he cannot manage to use the phone, how will he order a repeat prescription?”
- + “My surgery has taped up the repeat prescription post box, is this correct?”
- + “My local pharmacy has told me that I must use the POD in future”

We worked with the Clinical Commissioning Group to let patients and carers know that the telephone service was in addition to other methods of getting a repeat prescription.

NHS Swindon CCG also confirmed they had let GP practices and Pharmacies have updated information on the role of the POD

“We shared your comments directly with the CCG and ensure that action was taken”

Community Health Services Procurement & Primary Care Procurement

The Clinical Commissioning Group with Swindon Borough Council were looking to find a provider to take on a new contract for the provision of community health services in Swindon from February 2017.

- + The community care contract was awarded to Great Western Hospital

NHS England and NHS Swindon Clinical Commissioning Group sought providers for GP and medical services provision in existing and new developments in Swindon.

- + These contracts were awarded to Carfax Health Enterprise

In both procurements Healthwatch Swindon had a place on the board and volunteers were recruited to the evaluation panels to ensure that the voice of the patient was heard.

Sustainability & Transformation Partnership (STP)

Health and care organisations and local councils from Bath & North East Somerset (B&NES), Swindon & Wiltshire have come together to plan for the future provision of services.

There are three areas which the plan seeks to address urgently

- + Improving health and wellbeing
- + Improving the quality of care people receive
- + Ensuring services are efficient

The three Healthwatch in the footprint area have come together and have:

- + promoted and signposted residents to the plan and how to give feedback
- + provided feedback on proposals for the easy read plan and future surveys
- + have shared with the STP board a local Healthwatch offer document
- + have a place at the STP board and continue to champion



West Swindon Health Centre

What we've learnt from visiting services

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

Where we went we were courteously received by staff at both centres, they went out of their way to show us around and introduce us to colleagues from different services on the premises at the time.

- + Eldene health centre was busier than West Swindon when we visited. The dental service and GP practice had a constant flow of patients.
- + We received only positive comments from the small number of patients we spoke to about the services provided. We also received two positive comments in writing.
- + We have made recommendations about access and signage at both centres.
- + We have made recommendations about the general appearance, upkeep and display of information – more particularly at West Swindon Health Centre.

- + We have made recommendations about the provision of public information about both centres.

Another of our key roles is to ensure that local people are involved and engaged in planning and developing health and social care services.

We were pleased to be involved in an engagement event with Avon and Wiltshire Mental Health Partnership Trust in July 2016.



Mental Health Event July 2016

Our outreach activity included working with cancer service users and Great Western Hospital to plan the second Living Well with Cancer event which we attended in November



Outreach includes contact with all kinds of organisations

We were invited by New College Swindon to attend their annual health and wellbeing week in February 2017.

We asked 100 students about their knowledge of access to urgent care services and published our findings. Our objective was to test out students' awareness of the local alternatives to a GP appointment should a friend become unwell or injure themselves.



New College students 2017

Engagement and involvement work sometimes meant working in partnership with other organisations – as in this with Swindon Borough Council prior to an application by them to Sport England for some targeted funding.



Sports Bid 2017

Community Conference



Community Conference January 2017

In January 2017 Swindon's community and voluntary sector came together for a Community Conference at the National Trust 'Heelis' head offices, organised by Voluntary Action Swindon.

The theme of the conference was around tackling inequality and a wide range of groups presented on a range of issues and projects.

Healthwatch Swindon presented a section on health inequalities and asked delegates to identify some of the key barriers patients face in Swindon

Barriers identified included:

That demand outweighs supply

That better communication was required

That people needed more information

Things that need to change

+ Take more self-responsibility

Which is achieved by having:

+ Access to information and advice

+ Access to the range of services and support available

+ Be supported to change (and support others to change)

Ageing Well in a Dementia Friendly Swindon

In March 2017 Healthwatch Swindon hosted a networking event for professionals and volunteers working in Swindon.



Opening of Ageing well event

Speakers included Dr Roger Bullock, Martin Kelly (Safe Places) and John Kirk (Dementia Action Alliance). The event was opened by the Mayor of Swindon Cllr Eric Shaw.

Delegates heard from speakers on Dementia Services, Dementia Design, Sanford House, Swindon Hindu Temple, Swindon Travel Choices, Live Well Swindon, Libraries and Information Services, Safe Places scheme and Volunteering.



Break out session - Ageing Well

Delegates could also network and gather information from a market place of stalls.

The event venue was kindly provided by Swindon Borough Council.

“It was great to see a number of local organisations who offer support to some of the most vulnerable people in our society, gather together for this event today. By 2025 there is set to be over 1 million people with Dementia in the UK”

Justin Tomlinson - North Swindon MP”

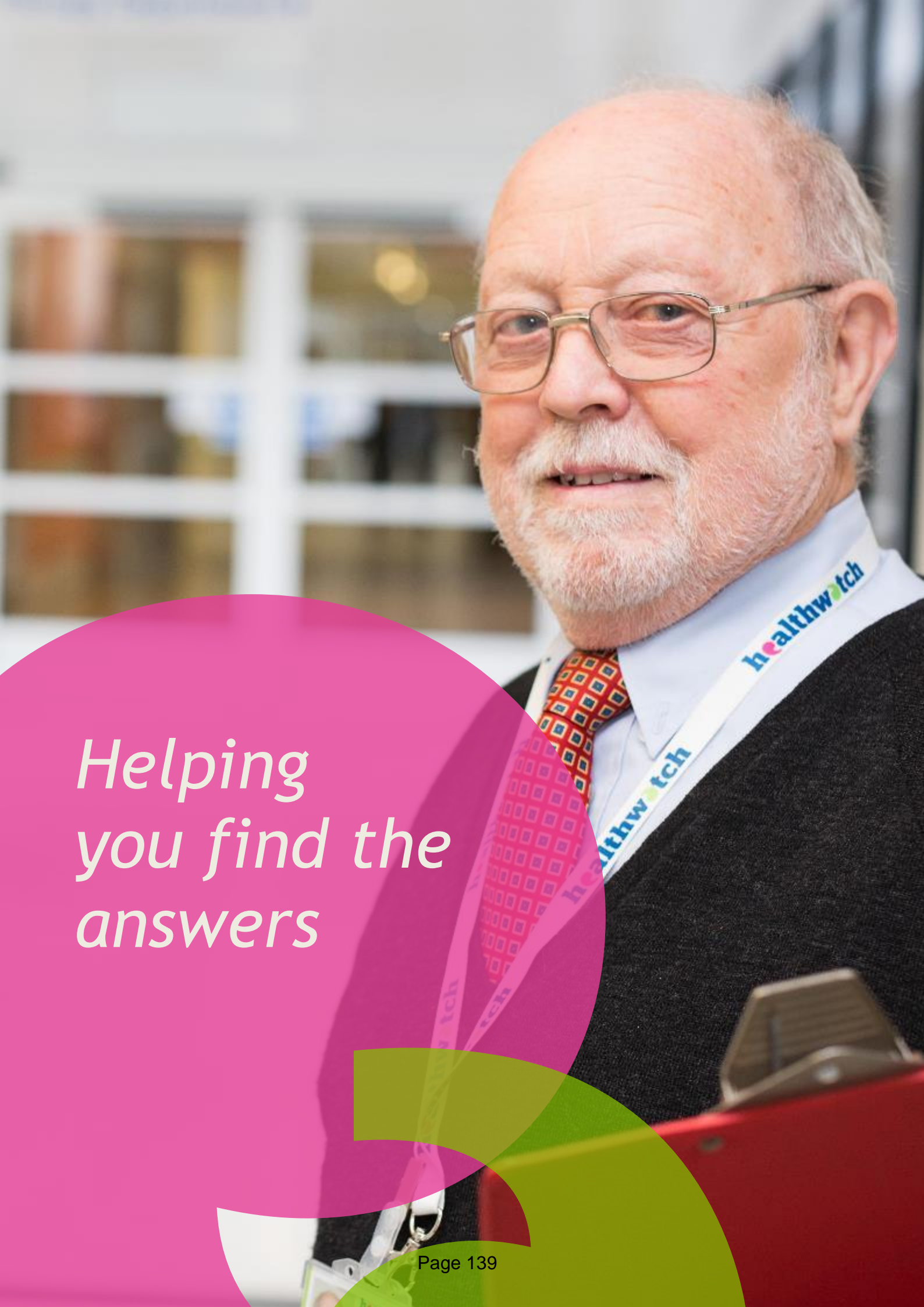
What delegates said about barriers to ageing well:

Insufficient information and advice and not knowing how to access support
Not knowing what is already available
Not enough dementia friendly shops and businesses
Transport and getting around Swindon
Attitudes and behaviours

Delegates were also asked to make a pledge about what they could as an individual or their organisation could do to promote Ageing Well in a Dementia Friendly Swindon. These will be followed up and shared with the Dementia Action Alliance.

What delegates said about the event:

- + Very good, learnt some useful information, good idea moving from table to table.
- + A very useful and well organised event, with some great speakers



*Helping
you find the
answers*

How we have helped the community access the care they need

- + The Harbour Project asked us to help them raise the issue of delays to the issuing of HC2 certificates which help those on low incomes with their healthcare costs. We contacted the local MPs and shared the issue with Healthwatch England
- + We asked the Health and Wellbeing Board 25 May for an update on the progress being made in relation to waiting times for children on the Autistic spectrum highlighted at the March Board. NHS Swindon CCG reported that since March a number of steps had been taken to increase capacity at the clinic to reduce waiting times.

Patient Transport

One of the areas we heard about during the year was Non Emergency NHS Patient Transport provision in Swindon.

Issues raised included:

- + Leaving voice messages and not receiving return calls to book transport.

We flagged this concern with the provider. Arriva checked and removed the option from the telephone system as it shouldn't have been an option

- + Being given local Healthwatch telephone number to book transport when it seems they may be eligible for transport through Arriva.

We flagged this concern the with the provider and Arriva updated staff training.

- + Delays in transport turning up prior to appointments, patients running late for appointments & in some cases having to reschedule.

We shared these cases with Arriva for investigation.

We also heard the following positive feedback which we shared with Arriva

- + Praised recent experience of Arriva and said that the whole experience from start to finish was "excellent".



We met with Arriva staff in March 2017 to talk through the issues we had heard about.



'Healthwatch Swindon can help you find alternative transport options to get to appointments or visit family in hospital'



*Making a
difference
together*

Healthcare without an appointment

Healthwatch Swindon has promoted and signposted local people to the range of options available to them if they cannot get a GP appointment.



Working with other organisations

People in Health West of England is a collaborative approach to involving patients and other members of the public to promote a strong public voice for better involvement, better research and better health.

In November 2016 we co-hosted a workshop “using and understanding research evidence” with them at our Sanford House base.



PHWE event November 16

Learning Disability and Autism Partnership Boards

Committed to working as members of both boards, this year we took a greater role supporting involvement at the LD board's quarterly forums.



We also undertook engagement work at The Open Door, SAM Buddies and OK4U.

We worked and spoke with people with a Learning Disability to establish their views and thoughts on Healthy Friendships

This work will culminate in a forum in November 2017 which will be led by Healthwatch staff and volunteers.



Sanford House provides a link to adult health, wellbeing and support services in Swindon. We are pleased to be located in the heart of Swindon working alongside other voluntary and third sector organisations.



The following organisations are working in the building:

- + •Citizens Advice Swindon
- + •Swindon Carers Centre
- + •Swindon Mind
- + •Swindon Advocacy Movement
- + •Healthwatch Swindon
- + •Wiltshire Law Centre
- + •Developing Health and Independence Swindon (DHI)
- + •DASH – Discovering Autistic Spectrum Happiness
- + •The Alzheimer's Society
- + •LIFT Psychology (April 2017 onwards)

Collaboration event

In February 2017 Healthwatch Swindon contributed to a collaboration event which all tenant employees and volunteers were invited to attend.

We spoke with 80+ people about the role of Healthwatch and how to refer clients.

12 days of Sanford

Using social media we lead and supported a seasonal campaign to promote our neighbour organisations across Twitter

SWINDON²⁰⁰

Swindon200 is a campaign to support Swindon to be an equal and inclusive society.

We are pleased to be able to support the work of this important project. We contribute as part of the steering group.

More details can be found at <http://swindon200.uk/>

PPG Forum

Our work with Patient Participation Groups (PPGs) at GP surgeries includes support to individual groups and the development of PPGs, over a number of years, and our PPG forum brings representatives from surgeries together.

A PPG is a group of patients of a surgery, usually working with a member of staff, who want to help it work as well as it can for patients, doctors and staff.

To join your local PPG ask for details at your surgery or contact the Healthwatch Swindon office

The PPG forum met five times during the year.

- + In April - Harry Dale (Homeground/North Swindon and Phil Baker (Westrop, Highworth) PPGs presented slides and talked about the productive use of available information from the National

Patient Survey, NHS Choices, Friends and Family Test, surgery websites and from talking to patients at local groups.

- + PPG Awareness Week (6-11 June) was promoted across the borough.
- + In June - NHS Swindon Clinical Commissioning Group presented an overview of the Primary Medical procurement for replacement or additional services in Tadpole Farm and Kingsdown (North Swindon), Wichelstowe (South Swindon), Eastern Villages and Swindon Town Centre.
- + In August – NHS Swindon Clinical Commissioning Group presented information describing changes and developments in primary care (GP services in particular) and about the telephone clerk regarding the telephone prescription re-ordering service (POD)
- + In December 2016 – Healthwatch Swindon led a discussion on how PPG members could work with practices to maximise communications with patients to greatest effect. This forum looked at communications in the widest possible way, verbal and written, and shared what worked well.
- + In February 2017 – Carfax Health Enterprise (CHE) talked about the arrangements for management of existing and new contracts at Great Western and Hermitage surgeries

The PPG forum is hosted and supported by Healthwatch Swindon in conjunction with a Steering Group.

Swindon Borough Council

- + Through our presence and support of the Local Safeguarding Adults Board we

hosted a safeguarding training session for the voluntary sector at Sanford House

- + We supported the annual Home Care survey
- + We attended the Transitions Roadshow event held at Sanford House
- + We attend the Joint Strategic Needs Assessment steering group and have encouraged Healthwatch volunteers to provide input and feedback into needs assessments
- + Healthwatch staff have met with the Chair of the Health & Wellbeing Board, Brian Mattock and the Cabinet Member for Adult Care Cllr Brian Ford.

Swindon Clinical Commissioning Group

- + We have promoted opportunities for people to get involved including providing feedback on proposed changes to policies such as In vitro fertilisation (IVF) in Swindon
- + Healthwatch Swindon staff and volunteers attend the Patient & Public Involvement Forum committee
- + Healthwatch Swindon staff attend the Joint Primary Care Commissioning Committee (now Primary Care Commissioning Committee)

Avon & Wiltshire Mental Health NHS Foundation Trust

- + We met regularly with the trust with other Healthwatch as part of their local Healthwatch engagement group
- + We commented on the Annual Quality Account
- + We attended an engagement event in July 2016

Great Western Hospital

- + We met regularly with the trust with Healthwatch colleagues from Wiltshire and West Berkshire during the year
- + We met with the trust and Healthwatch Wiltshire to discuss the Emergency Department performance concerns
- + We jointly hosted an information stand with Healthwatch Wiltshire in the atrium of the hospital
- + We have promoted and shared information in relation to parking pressure on the hospital site
- + We commented on the Annual Quality Account jointly with Healthwatch Wiltshire

Care Quality Commission

- + We have met with the Care Quality Commission during the year
- + We have shared local feedback with the Care Quality Commission when asked ahead of inspections

Healthwatch England

- + We attended regional meetings with other local Healthwatch
- + We attended the national conference in Nottingham

Quality & Surveillance Group

- + Healthwatch staff have contributed and attending meetings throughout the year
- + We have contributed to weekly teleconferences around single issue quality concerns

Dying Matters Community Charter

- + We have continued to support the charter and attend the steering group
- + We supported the Dying Matters Conference held at STEAM in May 2016
- + We promoted Dying Matters events

The Dying Well Community Charter Principles of care and support

More details can be found at:



<http://www.mycaremysupport.co.uk/>

Swindon NHS Complaints Advocacy Service

Supporting you to complain
about NHS services

Healthwatch Swindon is commissioned to provide 20 hours per week of free, confidential and independent NHS complaints advocacy to the people of Swindon.

What we do:

We support people who wish to make a complaint about NHS funded services. Our advocates can:

- + Explain how the complaints procedure works
- + Support people through the process of complaining
- + Provide a self-help pack

Between 1 April 2016 and 31 March 2017, Healthwatch Swindon have supported 41 new clients to pursue complaints through the NHS Complaints Procedure.

These clients can be separated into two groups:

- + Clients who require arm's length support, where no active casework was undertaken, following an initial consultation by the NHS Complaints Advocate, categorised as "Brief Interventions"
- + Clients who require casework support, which may include multiple consultations and communication with outside agencies. Categorised as "Full Case Work".

Case Study 1

Client contacted Healthwatch Swindon, as they had undergone a medical diagnostic procedure at the hospital. The client was concerned by the way that the results of this procedure had been conveyed to them by hospital staff. The client was of the opinion that the results of the procedure had not been made clear to them and that the member of staff lacked a caring attitude.

Following a meeting between the client and the NHS complaints advocate, it was agreed that a letter of complaint would be written on the client's behalf and sent to the Chief Executive at the hospital. The client stressed that they wanted the Chief Executive to be aware that this communication problem existed, and would like an apology from the Trust.

Following an investigation by the hospital, the client was sent a complaint response letter, which apologised to them, and also informed them that this complaint would be discussed at the next nursing team meeting, to ensure that the staff were aware of the standard of care expected to be provided to patients.

The client was happy with this outcome.

The total number of Brief Interventions for the period 1 April 2016 to 31 March 2017 is 41.

These cases can be broken down

- + Healthwatch Swindon NHS Complaints Self Help Pack sent to client
- + Client signposted to another organisation
- + Information given to client
- + PALS contacted by Advocate

The main themes of complaint over the past year were:

- + Care and treatment
- + Diagnosis
- + Unsatisfactory service
- + Finance
- + CHC funding
- + Staff behaviour

Outcomes sought

- + Explanation/ Apology from provider
- + Financial remuneration
- + Support with complaints procedure in order to self-advocate

Outcomes achieved

- + Explanation/ Apology from provider
- + Financial remuneration
- + Support with complaints procedure in order to self-advocate

Advocacy Service

The service is free of charge

Everything people say to our advocate is kept confidential, unless we feel you or someone else is at risk

You can refer yourself or be referred by someone else

The self-help pack is available on the Healthwatch Swindon website

www.healthwatchswindon.org.uk

Case study 2

Client contacted Healthwatch by email, to say “After downloading your informative self-help pack I raised a complaint with the hospital”.

The client enclosed copies of the complaint paperwork and requested that this was reviewed by the complaints advocate, with a view to discussing the best way to proceed the complaint, as they were feeling a “bit out of their depth”

A meeting was arranged with the NHS complaints advocate to discuss the clients concerns, and to talk through issues, prior to the meeting with hospital staff.

Following the hospital meeting, the client contacted the advocate to say that all their concerns had been resolved. The client was grateful for the support and advice which had been received from Healthwatch.

Contact

Phone: 01793 497777

Email:

nhs.complaints@healthwatchswindon.org.uk

In person or by post:

NHS Complaints Advocacy Service

Healthwatch Swindon

Sanford House

Sanford Street

SWINDON

SN1 1HE

A woman with dark hair, wearing an orange blazer and a pink lanyard, is shown from the chest up, looking slightly to her left and speaking. She has pink nail polish. Overlaid on the image are two large, semi-transparent circles: a blue one on the left and a green one on the right. The text "It starts with you" is written in white, italicized font within the blue circle. The background is a plain, light color.

*It starts
with you*



We are planning a campaign in July to celebrate the people who help make health and social care services by speaking up about their experiences.

Our campaign aims to:

- + Raise awareness of the impact that people can have by sharing their experiences with Healthwatch
- + Encourage more people to engage with their local Healthwatch
- + Recognise the work of Healthwatch staff and volunteers which helps bring about change that benefits the local community

Case study

Thanks to the **Harbour Project** accessing health care and dealing with prescriptions is now easier for people on low incomes.

Harbour Project works with refugees and asylum seekers in Swindon. Some of their visitors were facing £100 fines by an NHS agency for claiming exemption from prescription and other health charges because it was unaware that another Government agency had issued an HC2 exemption certificate.

Harbour Project asked us to help them raise the issues nationally. We contacted NHS England, local MPs and Healthwatch England.

It transpired that the two agencies were not communicating effectively. In addition, there were significant delays in renewing certificates which caused difficulties to patients with little or no funds to pay for prescriptions.

It was acknowledged by the Department of Health that the system was failing patients.

By September 2016 we heard that the two government agencies were working together and that the situation should therefore be resolved.

Six months later we were told that many fewer visitors to the Harbour Project were having this particular problem.

Thanks to the work of **Harbour Project** and other local people who gave up their time to help us understand this issue, people on low incomes should now have a better experience of health care services he service they offer Deaf patients.

A woman with long brown hair is looking down at a brochure titled 'Your voice counts'. The brochure is blue and white with a green circular graphic. It contains text about local council services and a contact number. The background is a blurred indoor setting with a red circular graphic on the left and a green circular graphic in the foreground.

Our plans for next year

Our work priorities for 2017/2018

Sustainability and Transformation
Partnership – making it real for Swindon
Young people's mental health and wellbeing
Ageing Well
Community Health - new contract
Re-shaping the Adult Social Care service

Accountable Care and the Sustainability & Transformation Partnership

There are lots of different parts of the NHS and social care system. From GP practices to hospitals and urgent care centres. In Swindon the approach is for everyone to work together to provide high-quality care for patients. This makes the system less complicated, less fragmented, and reduces hospital delays. Getting referred when we need to should be more straightforward too.

Healthwatch Swindon will be working hard to ensure that everyone can have a voice and help shape the future direction of services.

Engagement and collecting feedback

We will continue to be represented at over 38 boards and committees and work within the borough, regionally and nationally to ensure the voice of Swindon residents is heard in relation to health and social care issues

We will continue to collect feedback and share this through our Feedback Feed Forward reporting process.

We will support, host collection and share feedback about services to include:

- + Carers Services Survey
- + Long Term Conditions – working to support the Joint Strategic Needs Assessment (JSNA)
- + Pharmaceutical Needs Assessment
- + Accountable Care

Our work plan will be reviewed and agreed by our advisory group

April – June

- + We will host our advisory group
- + We will host the Carers Services Survey
- + We will support the work of the Oral Health Steering Group
- + We will host the PPG Forum

July- September

- + We will host our advisory group
- + We will run our #ItStartsWithYou campaign
- + We will host the PPG Forum

October – December

- + We will host a forum for the Learning Disability Partnership Board in November
- + We will host our advisory group
- + We will host the PPG Forum

January – March

- + We will host our advisory group
- + We will host the PPG Forum

We will continue with our core services

Information and signposting
NHS Complaints advocacy
Engagement
Recruiting and supporting Volunteers

A photograph of a Black man with a friendly expression, wearing a black button-down shirt and a teal stethoscope. He is positioned on the right side of the frame. Overlaid on the left side are two large, semi-transparent circles: a red one on top and a green one below it. The text "Our people" is written in white, italicized font within the red circle.

Our people

Decision making

Healthwatch Swindon's advisory group is made of volunteers and representation from Swindon Carers Centre, Swindon Advocacy Movement and Swindon Citizens Advice.

The meeting is held in public and the group meet monthly.

The work plan is regularly monitored at advisory group meetings and staff report on progress. All Healthwatch volunteers are invited to participate and share feedback at the meetings.



How we involve the public and volunteers

Feedback received by Healthwatch Swindon through activities, tell us your story leaflet, website and social media channels is entered into the Feedback Feed Forward database. This data is then analysed quarterly and shared with the advisory group.

Feedback received about individual health and social care providers is shared with them to allow them to comment back on the feedback received.

Our Advisory group was established in June 2016 and meet monthly. The group provides direction and oversight to the work plan and reviews actions against the identified priorities

We have quartley reviews with our commissioner (Swindon Borough Council) which help to monitor outcomes of the work being undertaken.

Our volunteers

We started the year with no volunteers formally on the books and ended it with seventeen – some of whom had been working with us previously.

Volunteers attend training sessions

- Introduction to Healthwatch
- Equality & Diversity
- Representing Healthwatch

What is a Healthwatch Champion

- Be the point of contact between Healthwatch and your group
- Promote the role of Healthwatch within local groups/communities
- Ask people in your group about their views and experiences of local health and social care services
- Impartially report the views of your group back to Healthwatch
- Feedback information from Healthwatch to your group in a way that is easily understood
- Attend Healthwatch volunteer training and group support sessions as appropriate



Our finances



Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	143,424
Additional income	0
Total income	143,424
Expenditure	
Operational costs	6,225
Staffing costs	116,594
Office costs	9,063
Total expenditure	131,882
Balance brought forward	11,542



Contact us

Get in touch

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the care forum

The Care Forum, The Vassall Centre, Gill Avenue, Fishponds, Bristol, BS16 2QQ.

The Care Forum is a charitable company limited by guarantee. Registered in England no. 3170666. Registered charity no. 1053817. Registered office as above.

We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board

Date: 12th July 2017

Author:	Sue Wald – Director of Adult Services, Swindon Borough Council
Wards:	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 16 May 2017, the minutes of which are attached at Appendix 1 to the report.
- 1.2 To allow the Health and Wellbeing Board to consider the amended Terms of Reference for the Joint Commissioning Group attached at Appendix 2 to the report.

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 16 May 2017, and where appropriate request additional information or reports in relation to issues raised.
- 2.2 To note the amended Terms of Reference for the Joint Commissioning Group.

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 16 May 2017 and to request additional information and/or reports on issues raised.
- 3.2 At its meeting held on 9 March 2017, the Joint Commissioning Group considered its amended Terms of Reference, and agreed that these be shared with the Health and Wellbeing. These are attached at Appendix 2 for the Board's consideration.

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.

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

Consideration of Joint Commissioning Group Minutes

Health and Wellbeing Board

Date: 12th July 2017

Legal and Human Rights Implications

5.2 This report has no legal or Human Rights considerations.

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

5.3 None.

Diversity Impact Assessment

5.4 No Diversity Impact Assessment is required at this stage.

Risk Management

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

6. Consultees

6.1 This covering report presents the minutes of the Joint Commissioning Group at its meeting on 16 May 2017. 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 16 May 2017.

8.2 Appendix 2 – Amended Terms of Reference for the Joint Commissioning Group.

JCG Minutes for Meeting 16th May 2017

Present:

Sue Wald	SBC – Director Adult Social Services
Phillipa Lamb	SBC – Strategy & Development Manager
Karen Reeve	SBC – Director of Children’s Services
Joy Kennard	SBC – Head of Commissioning Adults
Gill May	CCG - Executive Nurse
Claire Smith	SBC - Commissioning Manager
Matthew Hawkins	CCG - Deputy Financial Officer
Dr Ayoola Oyinloye	SBC -Consultant in Public Health Medicine

1.	<p>Welcome & Apologies</p> <p>Apologies: Cherry Jones, Lyn Frith, Sheila Baxter, Jackie Walker</p> <p>Action Tracker: (see Phillipa)</p>	
2.	<p>SEND</p> <p><u>SEND Joint Commissioning Group</u></p> <p>Proposals for this group was circulated prior to the meeting. Further clarity is required as to how this group would link with Health Forum, the Creative Solutions Group and SENRAP panel.</p> <p>The group was reminded that this year JCG had agreed to amalgamate the joint commissioning intentions and BCF Plan into one document. The emerging BCF Plan for 2017 now covers adult and children’s services and includes a summary section on SEND. It had previously been agreed by JCG that the 2017 BCF Plan would be shared once NHS England issued the national planning guidance and template.</p> <p>Action: All to send comments to LF on JCG proposals</p> <p>Action: PL to send KR the children’s services sections of BCF Plan</p> <p><u>High Needs Provision and funding review April-September 2017</u></p> <p>The paper presenting the objectives, outcomes and scope of the review was shared prior to the meeting. The paper had also been presented to the SEND Board. The overarching purpose of the review is to gather information from schools, other providers, parents and young people and neighbouring authorities to review and advise on the way high needs funding is currently used and advise Swindon Borough Council on how best to use mainstream, specialist, and alternative provision across. It was agreed the review needs to engage with both health and social care commissioners. Comments on the paper to be send to LF</p> <p>Action: All to send comments to LF on objectives, outcome and scope of the review</p>	

3.	<p>Re-Procurement of Carers Contract</p> <p>A briefing paper was shared presenting the timeline and process for re-procuring the carers contract. Current provision is high quality and delivers good outcomes. The proposal is to procure for 5 years 1+1. A steering group will be established in June to oversee the development of carer's strategy. It was noted health and social care colleagues would jointly prepare the new specification. Work is underway to review the current carers offer and re-shape where appropriate. The re-procurement exercise needs to include a benchmarking exercise. The procurement process will have a financial envelop and adopt an outcome based accountability approach.</p> <p>Action: CS to liaise with Maria Young to ensure young carers with high needs benefit from the provision.</p> <p>Action: GOM and quality CCG rep to be involved with the re-procurement</p>	CS CS/GOM
4.	<p>NHS Diabetes Prevention Programme</p> <p>Paper circulated prior to the meeting. In summary:</p> <ul style="list-style-type: none"> • There are currently 5 million people in England at high risk of developing Type 2 diabetes. Across our STP area, there are an estimated 80,000 at risk and therefore eligible for the NDPP. In Swindon, the number at risk is estimated to be nearly 19,000. Swindon has high numbers and poor outcomes e.g. high number of amputees • NHS England who provided funding of £72,000 over a two-year period. • Swindon Borough Council, Bath & North East Somerset Council and Wiltshire Council have commissioned Reed Momenta, an experienced provider of lifestyle change interventions to launch the new Healthier You: NHS Diabetes Prevention Programme across our STP area <p><i>Who should be referred to the Diabetes Prevention Programme?</i></p> <p>Patients who are eligible for the programme are those:</p> <ul style="list-style-type: none"> • Aged 18 years or over • Registered with a BaNES, Swindon or Wiltshire General Practice • Have a blood glucose level in the past 12 months that indicates pre-diabetes with HbA1c 42 - 47 mmol/mol (6.0%-6.4%); FPG 5.5 – 6.9 mmol/l) • Who do not to have Type 2 diabetes • Are not pregnant at the time of referral • Who have a history of gestational diabetes <p>Action: Information to be shared with social work practitioners</p>	AO
5.	<p>Financial Outturns</p> <p>SBC shared outturn and budget for 17/18. There was a £4.6M overspend in adult social care due to cost pressures in older people. The draft budget for 17/18 still in development. Cost pressures in children's services relate to spend on agency staff and placements for children looked after</p>	

	<p>CCG – the required 1% saving had been achieved for 2016/17 budget. NHS-Funded Nursing Care (FNC) had led to additional cost pressures of over £1m.</p> <p>Action: To present CCG budget update for next meeting with schedule a CCG financial update on a quarterly basis.</p>	MH
6.	<p>Improved Better Care Fund Update</p> <p>In the recent Budget, the government announced new money for Adult Social Care of £1bn in 2017-18, with a further £1bn over the following two years. This additional funding represents £2.9m for 2017/18 in Swindon, £2.2m for 2018/19, £1.2m for 2019/20. At this moment in time, the funding is non – recurring with a review into adult social care expected in the autumn of 2017</p> <p>This grant is to meet adult social care needs; reduce the pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported. Swindon Borough Council plans to use the grant to support the development of a sustainable whole system, ensuring people are discharged from hospital in a safe and timely manner focussing on:</p> <ul style="list-style-type: none"> • Funding additional capacity for care packages and fee increase in domiciliary care and care homes including national living wage pressures • Implement a redesign programme as outlined above starting in April 2017 with reablement and hospital social work team • Potential one off investment into social care services whilst services are re-designed • Following outcome of re-design process consider what financial support is required to secure sustainable long term improvements in adult social care • Contribute financially to a system wide contingency fund <p>These proposals will go to H&W Board in May 2017</p>	
7.	<p>Place of Safety Consultation update</p> <p>AWP will no longer attend Health and Well Being Board due to Purdah - elected members will write to the AWP. Andrew Dean reported at Health Overview and Scrutiny that the new proposals would not result in additional financial pressures for SBC.</p>	
8.	<p>AOB</p> <p>To note next meeting is 29 June 2017</p> <p>To the following two items on the next agenda:</p> <ul style="list-style-type: none"> • Children's commissioning and review • Funding Panels and Governance 	

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Joint Commissioning Group

Terms of Reference v6

1. Overview

These Terms of Reference observe the principles within the core standards of conduct as defined in the **Code of Conduct for NHS Managers**.

They reflect the role of the Joint Commissioning Group in the compliance with the NHS Act 2006 Section 75 Agreements for the commissioning of services and ensure the use of resources and performance contributes towards putting national policy into practice and delivering targets. This includes compliance with Standards for Better Health, the NHS Constitution, Diversity and Equality and the Care Act 2014

2. Purpose of the Group

The Joint Commissioning Group's primary role is to ensure the CCG and SBC is compliant with the annual joint commissioning plan. This will be the Better Care Fund plan for 2017 – 2019.

The objectives of the Joint Commissioning Group are:

- To monitor the section 75 Commissioning and Better Care Fund Plan
- To set and review priorities based on an effective needs analysis and performance management of the Section 75 Commissioning
- To performance manage the targets set for Section 75 commissioning and ensure effective management actions are taken by all partners to achieve improvement in outcomes.
- To contribute annually to the review of relevant plans for the NHS and the Council
- To develop the Better Care Fund Plan and present to Executive Management Team in CCG and Corporate management team in SBC before presenting to HWB for discussion and agreement
- To lead the development of commissioning strategies based on analysis of needs and findings from joint strategic needs assessments
- To achieve collaborative working and planning between all partners and with other partnerships.
- To provide reports to the Health & Wellbeing Board and the CCG Governing Body and its successors bodies on progress made against the joint commissioning plan including operational risk assessments, on the content and delivery of plans, and on instances of effective practice.
- To identify all key strategies related to the section 75 across health, education, social care and public health includes those related to Special Educational Needs reforms
- To provide minutes of Joint Commissioning Group meeting to relevant Boards

- To encourage responsible staff to work closely together, preventing duplication of effort and enabling more efficient use of resources
- To monitor the health protection system across Swindon and receive annual health protection report
- To develop and implement commissioning support arrangements and provide staff with the appropriate tools to enable them to discharge their responsibilities to consistently high standards.
- To ensure good information and corporate governance practice underpins the performance and contributes towards service improvements in a systematic and effective way.

The Joint Commissioning Group has delegated responsibility for ensuring compliance with CQC core standards (list each one that is relevant, C2 – safeguarding, C6 – Partnerships, C22a&c – children’s partnership arrangements) and contributing evidence towards other core standards identified in the domains.

The Joint Commissioning Group also has delegated responsibility for ensuring compliance with the core values of the NHS Constitution (list each Element that is relevant at Appendix A) and contributing evidence towards other Guiding Principles identified in the NHS Constitution Framework.

3. Accountability/Authority

The Joint Commissioning Group is authorised by the Health & Wellbeing Board to investigate any activity within its terms of reference. It is authorised to request any information it requires from any employee and all employees are directed to co-operate with any request made by the Joint Commissioning Group. The Chair of the Joint Commissioning Group is authorised by the Health & Wellbeing Board to obtain outside legal or other independent professional advice in accordance with trust policy and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Chair of the Joint Commissioning Group will be directly accountable to the Chief Executive of Swindon Borough Council and Accountable officer of the CCG

4. Membership and Quoracy

Membership of the Joint Commissioning Group shall be the named commissioners responsible for ensuring objectives are delivered. A quorum shall be (4) members. Each member is required to attend at least four of the (monthly) scheduled Joint Commissioning meetings and substitute representatives are acceptable as part of the quoracy.

The Chair of the Joint Commissioning Group is approved by the Chief Executive and Accountable Officer of the CCG. One of the members will be appointed Vice Chair of the Group if the Chair is unable to chair the meeting

Service representatives from the following teams shall normally attend meetings.

Director of Adult Social services (DASS) SBC
Director of Children's Services (DCS) SBC
Executive Nurse (CCG)
Head of Education
Director of Public Health
Head of Children, Families and Community Health
Head of Commissioning SBC
Associate Director Urgent Care,
Children's Commissioner,
Mental Health Commissioner
CCG Quality Lead
Representative Economy & Attainment
Finance representative SBC and CCG
Performance manager as required

If a consensus cannot be reached, decisions will be taken by majority vote – each member organisation represented will have one vote.

If a decision needs to be made that, in the view of the Group cannot await the next meeting of Health & Wellbeing Board, the Chief Executive of SBC and the Accountable Officer will be approached.

5. Responsibilities/Duties

Management

The Joint Commissioning Group is accountable for ensuring the CCG and SBC comply with the requirements of the agreed objectives.

The Joint Commissioning Group will ensure that there is an effective audit function established which supports the CCG and SBC in demonstrating compliance with policies and procedures. This will be achieved by:

- Demonstrating Equality Impact Assessments are completed on all new Policies established by this Group.
- Demonstrating policies support CQC core standard requirements and future regulation needs.
- Demonstrating policies support NHS Constitution core principles

Action plans will be implemented and approved by the Group and will be monitored to address any areas of concern in order to ensure compliance across the CCG and SBC. This may involve partnerships with other organisations where relevant. In particular plans shall demonstrate:

- Identified leads
- Agreed action
- Timeframe to complete
- Progress against plan.

Each provider contract is managed through monthly contract meetings, which monitoring performance against the agreed service contract. The commissioners of each of the contracts part of the NHS Act Section 75 Commissioning will meet monthly to review population outcomes and the budget of the section 75 Commissioning and agree the reports taken forward to the Health & Wellbeing Board

OTHER FUNCTIONS OF JOINT COMMISSIONING GROUP

- Takes a leading role to champion the development and delivery of the outcomes.
- Oversees performance and removes barriers to service delivery.
- Facilitates consultation with potential service users where appropriate.
- Uses plain language for clarity.
- Ensures all the relevant strategies to support this outcome are implemented.

6. Frequency of Meetings and Reporting Framework

Meetings shall be held not less than (10) times a year.

The servicing, administrative and appropriate support to the Chair and members of the Joint Commissioning Group will be undertaken by a nominated role who will record formal minutes of the meeting. The planning of meetings is the responsibility of the Director of Adult Social Services.

The Joint Commissioning Group will receive the minutes of the Quality and Performance Review Group as required to identify progress in relation to agreed plans and strategies

The Joint Commissioning Group will report to the Health & Wellbeing Board on its work in fulfilling the purpose of the Group and on completeness of work in association with compliance with CQC core standards and the core values in the NHS Constitution. The frequency will be six monthly.

7. Review Arrangements

The Joint Commissioning Group Chair will lead an annual effectiveness review with the initial review being undertaken by (31/3/) at the latest

APPROVED:

DATE OF REVIEW OF TERMS OF REFERENCE: February 2017

NEXT REVIEW:

APPENDIX A

NHS CONSTITUTION ELEMENTS

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism.
4. NHS services must reflect the needs and preferences of patients, their families and their carers.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
7. The NHS is accountable to the public, communities and patients that it serves.

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