Swindon Borough Council
Children’s Community Health Services
Quality Account 2016 – 2017
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Quality Account

Introduction

Statement from the Director of Children Services for Swindon Borough Council:

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

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

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

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

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

I hope that you enjoy finding out about the health services that we, as Swindon Borough Council, deliver for children and young people and families.
Statement of Accuracy

Statement of the Swindon Borough Council Directors’ responsibilities in respect of the Quality Account:

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

The Department of Health has issued guidance on the form and content of these annual Quality Accounts for NHS, and non NHS providers, which incorporates the legal requirements above.

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

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

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

John Gilbert
Chief Executive
On behalf of the Swindon Borough Council Corporate Management Team
What is a Quality Account?

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

The purpose of the Quality Account is to enable:

- Service users and their carers to make well informed choices about which provider to go to - where there is a choice - for their healthcare services;
- The public to hold providers to account for the quality of the services that they deliver;
- The Organisations delivering healthcare services to report on the improvements made during the year, and to set out their priorities for the following year;
- The people delivering services to look back on their achievements during the year, in order to focus on the quality improvements for the following year.

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

Swindon Borough Council has been a local provider of community health services for children and young people since 2008.

On the frontline, staff are organised into local multi-disciplinary teams, to enable them to deliver joined up services to the communities they work with more easily. There are four geographically based teams, they are:

- Central North, located in Penhill, and serving communities living in the following wards: Moredon, Penhill, Gorse Hill and Pinehurst, east part of Western;
- North, located in Stratton, and serving communities living in the following wards: Blunsdon, Highworth, Abbey Meads, Haydon Wick, Stratton St Phillip, Stratton St Margaret;
- Central South, located in Park South, serving communities living in the following wards: Parks, Walcot, Dorcan, Covingham, Nythe and the east part of Central (Drove catchment area);
- South, located in West Swindon, serving communities living in the following wards: Shaw and Nine Elms, Freshbrook and Grange Park, Toothill and Westlea, Wichelstowe, the West part of Western, west part of Central (Robert Le Kyng catchment), Old Town and Lawn, Eastcott, Ridgeway, Wroughton and Chiseldon;
There is one team serving disabled children, young people and their families across all of Swindon. The team are based in The Salt Way Centre, West Swindon;

Other staff are located on the Central Civic Campus in Swindon.

The practitioners and support staff who deliver health services have the following roles:

- Health Visitors
- Nursery Nurses
- School Nurses
- Children’s Community Nurses
- Family Partnership Nurses
- Named Nurse for Child Protection
- Multi- Agency Safeguarding Hub Health Decision Maker
- Mental Health Nurses
- Care Staff and Support Workers in a range of teams
- Occupational Therapists
- Physiotherapists
- Speech and Language Therapists
- Business Support Staff

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

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

In order to be sure we have a good knowledge of our community, and the health inequalities we need to focus on in each community, we use a range of resources, such as our own local Swindon Public Health-led Joint strategic Needs Assessments (JSNA). These can be found using the following link: http://www.swindonjsna.co.uk/

The Child Health Profile produced by Public Health England: this provides a snapshot of child health in the Swindon area. It is designed to help the local authority, and local health services, improve the health and wellbeing of children and tackle health inequalities. If you would like to look at the information to find out more about Swindon’s child health profile, the link is below:

http://www.swindonjsna.co.uk/Files/Files/Child-Health-Profile.pdf

We have just received our first full Inspection from the Care Quality Commission, using the new framework. This took place in the last week of March 2017, therefore, we do not yet have the report and ratings to use in our Quality Account to inform users. We have used the key lines of enquiry, which CQC use in their framework, to describe the work we have done in 2016 - 2017.
These are:

- Safe
- Effective
- Responsive
- Caring
- Well-led.

We are registered to deliver the following CQC categories of regulated health activities:

- Personal Care - For example, the Continuing Care and Complex Health team, who support families with children with complex health conditions, and work with them, in their homes and daily settings, such as nurseries and schools, helping them with all aspects of daily care;

- Nursing Care – This category refers to the sort of work that our Health Visitors and School Nurses do, when they give advice and helpful information based on evidence based practice. Examples of this might be linked to feeding guidance, healthy weight information, advice regarding toilet training and immunisations;

- Diagnosis, assessment and screening – Community health staff utilise assessment tools, based on validated results, using population measures. For example, the neo-natal hearing screening assessment, delivered by Health Visitors, using calibrated in ear probes, and the swallowing assessments, carried out by Speech and Language Therapists, using video fluoroscopy techniques;

- Treatment of disease, disorder and injury - This covers all the work our frontline staff do to develop, and deliver, direct, evidence-based interventions and treatment programmes, for children and young people with diagnosed health conditions, or a disability. For example, a Physiotherapist, who carries out a programme of exercises with a child, specifically designed to improve their impairment, or a Mental Health Nurse, delivering an evidence-based package of care, to help a young person reduce their anxiety levels.

We have a dedicated Principal Officer for Health and Well-Being, working in the senior management team of our Swindon Borough Council Children, Families and Community Health service. Their job is to work with the professional leads and managers across the Service, to lead the quality assurance work, and practice development, to assure the service users, senior managers, commissioners and regulators that we are delivering services to the required standards.
All our practitioner groups develop, and deliver, annual quality improvement plans, which are monitored across the Service on a quarterly basis. These plans are based on the key lines of enquiry, used by CQC, in inspections.

How do we know our services are safe and what have we done in 2016-2017 to improve safety?

We have worked hard across the Service, in 2016-2017, to try and increase the confidence of staff to report incidents and issues of safety. We know that a genuine culture of transparency is one that enables services to be safer. We have improved the reporting and sharing of learning from incidents, and extended this across all frontline teams, to ensure they are fully involved in developing good, safe practice at work. Incidents are reported, monitored and reviewed at the weekly senior managers’ meeting, to enable this to happen. When things go wrong, we share this with our service users, and involve them, wherever possible, in helping to make improvements, to ensure we learn from these events.

The Director of Children Services chairs a quarterly Quality and Performance Board, where all of the performance and quality indicators for our community health services are reported, reviewed and monitored.

The following examples highlight the key areas for improving safety that we have carried out over the last 12 months, and the impact these have had:

- In Health Visiting, Family Nurse Partnership team, School Nursing and Targeted Mental Health team, the staff have focused on improving record keeping, to ensure there is better use of analysis, and more consistent and accurate inputting practice. Templates and guidance have been developed by the staff, to improve this aspect of their work;

- In Speech and Language Therapy, following a big increase in demand over the last few years, we developed new protocols for referrals, to ensure that children who have the highest need, are seen in a timely way;

- In our young people’s substance misuse service (U Turn), the staff sought training around new guidance and advice on Heroin use, as the numbers of local young people using Heroin have decreased significantly over the past few years, and staff wanted to be sure their competencies were up to date, and they were using best practice and the most recent evidence;

- In Children’s Complex and Continuing Care, the team focused on ensuring all their device training and staff competency frameworks were as per the manufacturers’ directions. This should ensure that all children have the safest possible outcomes, and equate to fewer incidents accordingly;
• In Physiotherapy, and Occupational Therapy, the team redesigned the clinical audit form used to monitor recording practice, especially to make sure aspects of safety were being shared by all practitioners. This has led to a greater awareness, amongst all staff, of safety issues within practice, and more opportunities to find solutions and make improvements;

• The Named Nurse for Child Protection focused on the development of a new rota, for ensuring quicker, and more consistent health representation and participation at strategy meetings for children at risk of harm. Guidance for staff, and a template for reporting to the strategy meeting, have been developed, to ensure better, and more consistent practice, across all those who participate.

How effective are our services and what have we done specifically to improve the effectiveness of these?

We believe we can evidence that we take a holistic approach across all of our services, for assessing, planning and delivering care and interventions to children, young people and families, who access our services. New evidence based techniques and technologies are used, wherever possible, to support improved care. Quality assurance activities are programmed, and all staff have an opportunity to participate in these, to ensure there is full engagement in improving quality and outcomes. We have an excellent workforce development programme, which staff are supported to access, to ensure the continuing development of their skills, competencies and knowledge. There are lots of examples to show how we work with partners and colleagues to deliver more joined up care. Information sharing is a key element for successful transition, both out of services, or across, into new services, and we believe we have good examples of how we have further developed information sharing practice within a safe framework, which has reviewed and managed risks safely, whilst ensuring better outcomes for children. We have plans to continue to extend and develop the ways we engage service users in planning services over the next year.

The table below summarises the work we have completed over the 2016 -17 financial year to improve the effectiveness of the health services we deliver:

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<tr>
<th>Professional group</th>
<th>Work Done</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Young People’s Substance Misuse Service</td>
<td>The team undertook to seek feedback from every young person who used the service as well as those who chose not to engage</td>
<td>To understand how the Service could increase access and engage with all young people needing to have support</td>
</tr>
<tr>
<td>Professional group</td>
<td>Work Done</td>
<td>Outcome</td>
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<td>--------------------------------------------</td>
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<tr>
<td>School Nursing</td>
<td>The team reviewed the service they offer to children identified at risk of significant harm</td>
<td>All children on child protection plans are now automatically offered full health assessments and reviews by school nurses throughout the CP process, to ensure they have full access to health services</td>
</tr>
<tr>
<td>Complex and Continuing Health Care</td>
<td>The team have worked to improve the information and communication they share with families when a decision has been made about access to care from this service</td>
<td>Families say they feel well informed, and understand better how decisions have been made</td>
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<tr>
<td>Health Visiting</td>
<td>The team have worked hard at ensuring they continue to increase the coverage of the Universal Healthy Child programme. They have become more skilled at using the data they receive, and have developed some innovative ways of service delivery</td>
<td>The team have maintained good performance levels, despite reductions in the HV staffing baseline, and a significant number of maternity leaves during the year</td>
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<td>Family Nurse Partnership</td>
<td>The Family Nurse Partnership team commenced evaluation of long-term outcomes for the graduates of the programme, going back to its early days locally</td>
<td>This work has shown some excellent outcomes for children and parents who worked with the programme, in terms of employment and training status of adults, children’s engagement with education, and developmental outcomes</td>
</tr>
<tr>
<td>Professional group</td>
<td>Work Done</td>
<td>Outcome</td>
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<td>---------------------------------</td>
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<td>Targeted Mental Health</td>
<td>Development with partners of a single point of access to all children's mental health services in Swindon</td>
<td>Children then receiving the right interventions in timely way, so better outcomes. Good partnership work</td>
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<td>Speech and Language Therapy</td>
<td>Implementation of the national Therapy outcomes measures (TOMS) framework locally, to ensure really good evaluation practice and better knowledge of impact and outcomes for children</td>
<td>Speech and Language Therapy staff trained, and documentation and tools for implementing TOMS in place, and being used</td>
</tr>
<tr>
<td>Physiotherapy and Occupational Therapy</td>
<td>The team wanted to implement the learning from some key audits carried out in 2015-2016, especially with regard to children referred with spasticity</td>
<td>To ensure all children receive the correct evidence-based approach and intervention, in a timely way, to secure best outcomes</td>
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<tr>
<td>Managers</td>
<td>To improve the recruitment and retention of staff, thereby ensuring adequate workforce to deliver services for service users</td>
<td>Improved opportunities for staff to develop professionally, and more stability in workforce. Less change for our service users</td>
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We were able to share information and outcomes of this work with the CQC inspectors when they visited us on site in March.
How caring are we as a service, and how responsive are we to our service users?

In order to evidence that we respect and care about the children, young people and their families, who use our services, we strive to demonstrate that we value them and their individual needs. There are lots of examples where staff go the extra mile, and where care exceeds people’s expectations, and captures this feedback, as well as comments from services users where it hasn’t felt that way. Our Swindon Borough Council staff are highly motivated to offer care that is responsive, and promotes children’s dignity and their personal, cultural, social and religious needs. This can range from being flexible about where and when services can be delivered—perhaps ensuring for a child receiving care, in school time, that they are not removed from favourite lessons, or from the same lesson each week, thereby compromising their ability to keep up at school.

Staff offer many different ways for services users to contact them, such as text messaging and email. All our staff are equipped with mobile smart phones and laptops, to ensure they can stay connected when out and about at work. Practitioners routinely develop bespoke materials to meet children’s needs, based on their interests and what is culturally and age appropriate. The importance of staff being able to build strong respectful relationships with children, their parents, carers and other colleagues, is valued by the leadership within our organisation, and promoted through learning and development. Opportunities to thank staff for going the extra mile, and to celebrate good practice, are taken at every level of the Organisation, as we know there is good evidence that how we value our staff, is reflected in how they value the people they work with.

- Staff in our Complex Health and Continuing Care service, and Looked After Children’s Nursing teams have developed health passports, in partnership with service users, to ensure that children and young people have the critical health information needed, to share with other providers, in a format they like, and co-produced;

- Health Visitors and the Family Nurse Partnership team have sought user input, from new parents, and colleagues from other services, to design new feeding pathways and guidance;

- Our young people’s Substance Misuse service will be regularly sharing feedback, in the form of: “You said, and we did”, through the “Dock”, a web-based platform for young people to feed back comments, as well as find out about services;

- The Family Nurse Partnership staff use “How is it going between us?” feedback forms regularly, throughout their time working with families, to ensure they get detailed feedback about the intensive service they offer to young parents;
✓ Our Baby Steps Programme, which runs as part of our targeted Health Visiting antenatal service offer, takes detailed feedback, at various points throughout the Programme, to identify exactly which parts of the Programme work best for individual parents, and ensure continual improvement.

How well led are we?

In our Swindon Borough Council Children, Families and Community Health service, we have, as a senior leadership team, tried to ensure that we provide both challenge and support to the workforce. This is to ensure delivery of high quality services, with objectives which are stretching and challenging, whilst remaining achievable, to ensure we improve and stay innovative. There has been good feedback in 2016 - 2017, about this aspect of leadership from staff, through our organisational staff surveys and exit interviews from leavers. We realise we are still embedding this culture, and that it is fragile when there is workforce turnover, and through periods of financial pressure, so we do have to keep working at this. Our strategic objectives are supported by measurable outcomes, and these are shared at every level of the Organisation through the Performance Dashboard. Staff in most areas know, and understand the vision, values and strategic goals, and can see how the work they do fits with these, and how they contribute to the overall objectives of the Council. Quality indicators receive as much emphasis as measurable performance, and this information is shared at individual practitioner, team and service level, so that everyone understands their contribution to the holistic performance of the service for our local community. Each professional team identified improvement targets in this area, for 2016 -2017, as follows:

✓ The three Therapy teams embarked on developing a new leadership structure, to ensure good professional leadership for all staff to support their management model;

✓ In the Family Nurse Partnership and School Nursing teams, the professional leads have worked with their staff to identify specific areas for them to develop as individual lead roles, to ensure best practice is continually being championed by new evidence and research-based information;

✓ In Health Visiting the Consultant Health Visitor has worked with the team leaders to develop their knowledge, skills and strategies, using the management data they receive to manage individual and team performance more accurately, and to plan better to improve performance across the whole Healthy Child Programme;

✓ The professional lead for the Complex Health and Continuing Care team has developed better training and care packages, to ensure more consistent practice across the staff group, as demand for the service has increased.
What does our Performance Data for 2016 - 2017 tell you about our service?

The specific information about each professional area is not included here, as this would be vast and complex. The key message from the performance data is that all our service areas have seen an increase in demand. This increase presents many challenges, and we are trying to manage new ways of working, to ensure safe and quality practice continues. This pressure has also shown the value of our excellent work with partners in many areas, where we strive to do better by joining forces and working collaboratively.

Our performance in delivering the Universal Healthy Child Programme has continued to be challenged by managers and commissioners, and we have managed to improve the delivery of the antenatal visit for parents at between 28 and 34 weeks of pregnancy. We have been delivering this contact at 60% and over for the whole of 2016 -2017, despite having workforce availability issues in the latter half of the year, with maternity leave and some staff sickness, meaning our available workforce has declined by up to 20% on occasions.

Our School Nurse-led Delivery Programme, for all school-aged immunisations in Swindon, has performed extremely well again in 2016 -2017. This programme demonstrates the importance of the partnership work with schools; the Child Health information service and local team-based business support teams; the skills and competencies of the staff offering the programme and the excellent leadership of the immunisation co-ordinator.

Our Family Nurse Partnership team have continued their excellent performance in delivering the Programme, and recruiting the majority of eligible young parents, within the target timescales of before 16 weeks into the pregnancy. The national unit were impressed with their performance data, in terms of the dosage of the Programme and the excellent outcomes they could demonstrate. For example, a significant number of the families move to only needing universal services when their child graduates out of the Family Nurse Partnership service at 2 years old. Many parents return to education or employment, and family stability is significantly better in many cases.

Our staff in the Targeted Mental Health service have worked hard to improve the processes from referral to assessment and treatment, and reduce waiting times. They have worked with the Children and Adolescent Mental Health Service (CAMHS) provider, to develop a single point of access, with joint screening and assessment processes, and the development of evidence-based, self-help, strategy sheets and packages of care for early intervention. They work in many Swindon schools through a traded element to their service, and have many examples of really good partnership work here. For example, in one of the schools where there is a large population of children from BME groups, the team carried out a piece of work with the school to understand and learn from the children, parents and carers, how
access to the service could be improved. This followed a careful analysis of their ethnicity and diversity monitoring data, which showed the take up of the service did not match the school population diversity profile. Changes were made to information, and the service is now introduced directly to young people, as well as families, when they start school.

What Quality Assurance work have we done in 2016 -2017, and what difference has it made?

We follow an annual Quality Assurance Programme, which is developed from identified priorities locally, as well as nationally, and each health professional area has a clear programme of audit activity for the year. The outcome of this work is shared in detail with practitioners in the teams, and reported through the Quality and Performance Boards and to Commissioners.

Our annual Programme includes infection prevention and control across the whole range of health practice, as well as specific audits for each area. In the Care Bundle audits, and the annual Hand Hygiene audit, we demonstrated improvements in most service areas. We identified improvements that needed to be made, for example, in having conversations with service users and being fully compliant with the “bare below the elbow” guidance. We developed action plans linked to these areas, to ensure improvements are evident in the next round of audits.

Health providers must be registered with the Care Quality Commission, and have a duty to ensure compliance with the Health and Social Care Act (2012). This includes compliance with the Code of Practice on the prevention and control of infection, and guidance and standards about the safety, availability and suitability of equipment. The provision of care that meets the standards of quality and safety, including the prevention of infection, must be a key priority for health settings. Our small team, who work both with children with complex health needs, and some with continuous care needs, have a detailed programme of auditing and observed practice quality visits, to ensure the standards of care are high, and practitioners are adhering to good practice routines, to reduce the chance of infections for the vulnerable children who use this service.

The table overleaf shows the results of the annual programme of audits across the majority of teams for infection prevention and control, from April 2016 to February 2017, when we were collating this Quality Account:
Actions have been identified to ensure improved practice where performance has fallen below 100%.

We have carried out audits on our record keeping practice across all our health professional areas, adhering to practice guidelines for specific conditions in a number of areas, and participated fully in the Local Safeguarding Board’s Quality Assurance Programme, looking into the effective safeguarding practice of our practitioners working with children who are identified as being at risk. We have participated in the 2 Serious Case Reviews, which were published in December 2016, and a new Serious Case Review, which commenced in January 2017. We contributed full independent management reviews of practice, as well as actively contributing to the learning events that were held as part of the process. We have been implementing the actions recommended for each professional area, following the publication of the reviews, to ensure learning is embedded into frontline practice. This will be monitored carefully to ensure there is evidence of impact of all of the work in this area.

Work is underway at the point of writing this account, to determine, and develop, the business plan for our service for the next 3 years, so that we continue to transform and modernise practice, and deliver the best services for our local families, in line with the commissioned specifications. We are joining with Swindon CCG to undertake a full quality review of all of the health services local providers deliver for children and young people.

More information on all services for children and young people in Swindon can be found on the Swindon My Care My support website:
http://children.mycaremysupport.co.uk/

We hope that this report enables you to get a flavour of the services we provide, and our commitment to working with children, young people and families.

**Louise Campion - Principal Officer for Health and Well-Being**