

Health and Wellbeing Board

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 26 JANUARY 2023 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Richard Clewer (Chairman), Alan Mitchell, Cllr Ian Blair-Pilling, Cllr Laura Mayes, Fiona Slevin-Brown (BSW ICB), Terence Herbert (WC CEO), Naji Darwish (OPCC), Lucy Townsend (DCS), Emma Legg (DASS), Val Scrase (HCRG), Alison Ryan (RUH), Sarah Cardy (VCS), Stephen Ladyman (WHC), Marc House, (DWFRS), Clare Thompson (GWH).

Also Present:

Bernadette Knight (VHCA), Melanie Nicolaou, Will Oulton, Charlotte Wootton, Rachel Kent (PH), William Pett, Emma Higgins, Richard Smale (BSW ICB), Jason Goodchild.

1 Chairman's Welcome, Introduction and Announcements

Cllr Richard Clewer, Chair of the Board welcomed everybody to the meeting.

Before the meeting began each Member of the Board, other Councillors and officers who would be contributing to the meeting were given the opportunity to introduce themselves.

Cllr Richard Clewer provided the following Chairman's Announcement that further winter discharge funds would be available in the form of £600m for next year and £1bn in 2024-2025.

2 Apologies for Absence

Apologies for absence were received from Helen Jones, Nicola Hazle (AWP), Maggie Arnold, Gary McDade (HQSW), Cllr Jane Davies, Kate Blackburn (DPH), Suzanne Wigmore, Dr Edd Rendell, Dr Andy Purbick.

3 Minutes

The minutes of the meeting held on 8 September 2022 were presented for consideration.

Decision - The minutes of the meeting held on 8 September 2022 were agreed as a correct record.

4 Declarations of Interest

There were no declarations of interest.

5 **Public Participation**

There were no questions raised by members of the Public to be answered at this meeting.

6 **Integrated Care Strategy Update**

The Board received a presentation from Richard Smale (Director of Strategy and Transformation, BSW Integrated Care Board). The item covered the following matters:

- It was outlined that the following three key documents must be produced:
 - i) Integrated Care Strategy – Developed by the ICP by 31 March 2023
 - ii) Integrated Care Implementation Plan – Developed by the ICB by 30 June 2023
 - iii) Operating Plan 2023/2024 – by 31 March 2023.
- It was outlined that currently there are many strategies, and the Integrated Care Strategy would bring together elements from individual strategies whilst trying not to add complexity or duplication.
- The status of local Health and Wellbeing Strategies was outlined as well as the lead support responsible for production.
- It was outlined that there is a lot of consistency across the local Health and Wellbeing Strategies in terms of the key themes that have been identified.
- The emergent priorities for the B&NES and Wiltshire Health and Wellbeing Strategies were discussed and how the sentiments were shared.
- It was stated that the thoughts of the Board would be welcome for feedback and that this would assist the strategy as it was still in draft form and would be generated over the coming months.

Comments were received in relation to the following points:

- It was stated that currently there are a lot of strategies currently within the NHS and that there seems to be a lot of plans but not a lot of direction.
- The deadline of March was emphasised with a need to bring partners together in agreement so that a direction could be set.
- It was suggested that the report was medical heavy and that would be a challenge for those working in social care and wider public health elements. The importance of having plans as well as strategies was stressed.
- The importance of language was discussed, with it acknowledged that different areas have differing definitions.
- It was suggested that to have a direction would be helpful for the Board whilst in transition to understand and articulate the problem is that is looking to be solved.

- It was questioned what the strategy would look like in five years' time as well as the importance of what priorities are able to be formed out of data.
- It was questioned how a member of the public would be able to notice a difference, how would it be possible to describe the difference through a public rather than service lens and how would it be possible to know whether something had been achieved in five years.
- It was suggested that government guidance be considered in relation to what is expected from the ICS, with the guidance initially clear about prevention work to take demand out of the system.
- It was suggested that the strategy is an opportunity to take a step back and think long term, rather than being reactive.
- In April 2023 BSW would be responsible for pharmacies and dentists, it could therefore be an opportunity to use this area as an example about what is being done in communities.
- The importance of understanding each organisation was stressed, with a need to understand what each service does and achieves.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:

- i) **The Wiltshire Health and Wellbeing Board noted the report provided.**

7 Draft Joint Local Health and Wellbeing Strategy for consultation

The Board received an update from David Bowater (Senior Corporate Manager). The item covered the following matters:

- It was noted that the Wiltshire JSNA had been updated and published in Autumn 2022 and that this had informed the development of the draft JLHWS as well as the feedback from the workshop which took place on 1 December 2022. Additionally, it included input from a steering group that incorporated public health, social care, NHS and Healthwatch Wiltshire representatives to shape its structure and priorities.
- It was outlined that the JLHWS was a statement of medium-term goals and would work and be consistent with the themes within the Council business plan as well as linking to delivery through the Wiltshire Integrated Care Alliance.
- The strategy would feed through into the Integrated Care Strategy and Joint Forward Plan and would be an iterative process with due regard to other strategies and would evolve over the following 6 weeks to provide improved accountability for delivery from Board partners against objectives.
- The next steps were outlined in Appendix 2 as well as the meetings and deadlines. Individual partners were encouraged to take the strategy as well as the survey through their Boards with a view to bringing the strategy back to the Health and Wellbeing Board for the March meeting alongside the latest ICS strategy.

- The JLHWS would have a 10-year timeline but could be revisited within that timeframe should the Board need to.
- Attached to the minutes was the consultation survey on the Wiltshire health and wellbeing strategy, which was encouraged to be shared with others as appropriate with responses to be sent to David.bowater@wiltshire.gov.uk by 15 March 2023.

Comments were received in relation to the following points:

- Positive feedback was received for the report, with emphasis placed in reference to young people and the report's reference to the first 1000 days of a child's life.
- It was questioned whether greater emphasis could be given to partners such as the military.
- It was suggested that on page 90 of the report that staff are added to the discussion around how the current health and care system is under pressure as staff are currently confused by the ongoing change.
- It was suggested that it would be helpful to know where extra money would be placed if there was to be any, to which it was clarified that from a Council perspective this would be included within the budget.
- The private sector and landlords were identified as a big issue, with there being a lot of transient people who do not feel connected to their local community due to having to move around regularly.
- It was suggested that in relation to the diagram on page 81 of the agenda, that there would be something to be gained from a similar diagram that considered wider determinants that drive health and care need.
- The use of data was discussed, how it could be used to identify trends in the future.
- It was stated that the strategy could be an opportunity to engage with communities in a coordinated fashion.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:

- i) The Wiltshire Health and Wellbeing Board approved the draft JLHWS at Appendix 1 for public consultation and would consider the feedback at its meeting in March.**

8 Integrated Care Alliance Work Programme

The Board received an update from Emma Higgins (Associate Director – Wiltshire ICA Programme and Delivery Lead). The item covered the following matters:

- An update was provided in relation to the Wiltshire ICA, with it noted that a Partnership Committee had been established with two meetings having taken place. Over the coming months the Alliance priorities and work

programme would be refreshed and that there was set to be a committee meeting in January.

- The interim delivery areas for 2022-2023 were outlined.
- The ICA work programme for 2022/2023 was outlined with specific reference given to the Alliance Neighbourhood Collaboratives programme and the Connecting with Our Communities programme. Progress updates were provided for both programmes as well as the expected and desired outcomes.
- The principles for the ICA refreshed transformation plan were outlined, which had arisen through development work which had taken place.

Comments were received in relation to the following points:

- It was suggested that hospital flow had had now been a problem for 2 years, with 57 people currently stuck in the RUH A and E department, though they are fit to go home. It was questioned whether it was known what was stopping each patient from leaving, to which it was clarified that it was pathways of care that was preventing discharge, though the condition of each individual patient was known.
- It was suggested that the ICS is well sighted of the immediate crisis and that there were other various forums across the ICB where urgent emergency care was being addressed. Additionally, a half-day workshop was set to take place for the Health Select Committee, where scrutiny would be applied to look at the whole system issue.
- It was suggested that though it is known what pathway of care a patient is on, it can be complex regarding why a patient is or is not ready to be despatched. Additionally, the government is helping to maximise capacity to gain a stronger understanding of the issue.
- Innovative work is being conducted from BSW in coordination with SWAST, Acute Care providers and community care to look at ambulance calls to determine those who need an ambulance and those who could be dealt with differently using a range of options available.
- An accommodation centre has recently started in the Great Western Hospital, which has consequently seen less use of ambulances as well as the use of care coordinators to provide prevention and intervention.
- It was stated that the ICA had been conducting a Discharge Communications Project to discuss discharge with populations and how best individuals can remain out of hospital.
- The importance of educating people to call GPs rather than 111 was stated as well as the use of technology. Additionally, hospital discharge can sometimes be delayed by the provision of data from the hospital to the ward.
- It was stated that currently the ICB has a chronic state of escalation and that this has consequently caused problems. It was acknowledged that prevention and early intervention offer long term opportunities for the population as well as being financially sustainable.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:

i) The Wiltshire Health and Wellbeing Board noted the update provided.

9 Better Care Plan

The Board received an update from Helen Mullinger (Commissioning Manager). The item covered the following matters:

- It was outlined that the Wiltshire Locality had been granted approval for proposed schemes to support hospital discharges during the winter period December 2022- March 2023. This 'Adult Social Care Discharge Funding' of £4,265,220 was a pooled fund and would be governed under the existing Section 75 agreement.
- It was stated that schemes had been devised working closely with ICB colleagues to meet the criteria and support the system which was struggling with extreme pressure.
- Several schemes had been in place over Christmas and New Year, with significant outputs already identified and further people recruited and interviewed with several Care Act Assessments and backlogs cleared.
- Further attention was drawn to the announcement that further winter discharge funds would be available in the form of £600m for next year and £1bn in 2024-2025, however it was not yet known what the criteria for this would be with, the potential for some pilot ideas to take place as well as planning for next winter.

Comments were received in relation to the following points:

- In the week following the meeting of the Health and Wellbeing Board, there would be an ICA meeting to discuss how additional funding could come into Wiltshire and how best this could be used to move towards a sustainable situation away from an escalation model.
- It was stressed that it would be positive for such funding to have maximum flexibility in terms of how it can be used, with previous examples having had a lot of conditions attached.
- It was suggested that those present had been suffering from a funding model which had not been fit for purpose as without funding, decisions are unable to be made.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:

- i) The Wiltshire Health and Wellbeing Board noted the allocation, spend and regular monitoring of the BCF winter discharge funds.**

10 **Military Covenant**

The Report attached to the agenda, was introduced to the Board by Will Oulton (Corporate Support Manager), with it outlined that the Military Covenant is a statutory duty which brings the care of the Armed Force Community to the attention of local health partners. Additionally, that a new statutory duty commenced in autumn 2022 for healthcare, housing, and education providers to have due regard to the Covenant and statutory guidance had been published to inform this.

Bernadette Knight (Veterans Health Care Alliance) was in attendance and was invited to speak regarding the report. Bernadette raised the following points:

- It was outlined that the Military Covenant had been strengthened to ensure that NHS provider organisations would comply with the overarching principles of the Covenant and therefore ensure that individuals with military status were not disadvantaged and were able to have improved healthcare access.
- The Office of National Statistics published in 2022 that 1/25 people in England have a military status and that such data was important as without knowing the population, NHS providers would be unable to conduct an effective needs assessment.
- An overview of the Veterans Health Care Alliance was provided, with it noted that the Southwest was most compliant in terms of providers working to the 8 standards outlined to the Health and Wellbeing Board: with 90% of providers meeting standards.
- The work conducted by the Great Western, Salisbury and Royal United Hospitals was detailed, with it noted that each hospital was at different stages of development, with benefits such as improved discharge identified.

Comments were received in relation to the following points:

- It was stated that the military was of critical importance to the DNA of Wiltshire, with there being around 32,000 veterans and 20,000 serving personnel and their families living in Wiltshire.
- The importance of the Covenant as a legal duty to the ICB was stressed, with the need for assurance and evidence required to meet this duty.
- Jason Goodchild (Ops Manager for Defence Primary Healthcare in Wessex) stated the importance of the Covenant with examples cited of the importance of identifying military personnel to ensure that wrap around care can be provided. Additionally, the issue of soldiers often being recruited and housed in areas that had not been built for the need was highlighted.
- Reference was drawn to a Healthwatch report produced in 2020 on the experience of military families with health and social care, which identified that military families experience the same problems as other families in Wiltshire but even more so due to moving around. Dentistry was identified as a significant issue.

- A further update from ICB on this issue later in the year would be welcome.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals

- i) **The Wiltshire Health and Wellbeing Board noted the information presented on the implications of the new Armed Forces Covenant Duty;**
- ii) **The Wiltshire Health and Wellbeing Board noted Wiltshire Council’s assessment of how it is meeting its commitments as a signatory to the Covenant and to the new Duty (appendix 1);**
- iii) **The Wiltshire Health and Wellbeing Board agreed to receive an update from the ICB on NHS activity to deliver the Duty;**
- iv) **The Wiltshire Health and Wellbeing Board agreed that partners continue to work together to consider how the Duty impacts on their services.**

The Chairman called the Board to a break at 11:15pm and resumed at 11:20pm.

11 **Workforce Health Campaign**

The Board received an update from Rachel Kent (Consultant in Public Health) The item covered the following matters:

- It was outlined that in December 2021 the Health and Wellbeing Board had requested that collectively, the organisations of the Board partake in a work force wellbeing campaign.
- A focus of the Mental Health and Wellbeing of Workforces was chosen, with organisations encouraged to go away and then report back once 12 months had passed.
- It was detailed that with Appendix 1 of the report, nine out of eleven organisations had provided feedback, which had focused on mental health training to recognise the early signs of mental and ill health: as well as first aid and suicide prevention training.
- It was noted that Wiltshire Council has introduced Mental Health Advocates, with was demonstrated within the following [video](#).

Cllr Ian Blair-Pilling (Cabinet Member for Public Health, Leisure, Libraries, Facilities Management, and Operational Assets) then spoke to the Board regarding the next steps of the campaign, which included the following points:

- It was questioned what amongst all the systems in place would be the verification that the work conducted is working?
- Though two of the eleven organisations had not reported back to be included within the Appendix, there was nothing to suggested that they hadn’t conducted any work towards the campaign.
- The following options for possible next steps were outlined to the Board:

- i) To carry on with the campaign with a mental health focus.
- ii) To focus on another area such as smoking reduction, reducing obesity or reducing substance abuse.
- iii) To identify another aspect to build the resilience and capacity of workforces.

Comments were received in relation to the following points:

- The Chairman noted that from a Wiltshire Council perspective, the campaign had made a positive impact and there are other areas of work going on that, such as a piece of work around community conversations that would report back in 6 months' time, which the board could benefit from hearing about.
- From a Great Western Hospital perspective, it was suggested that mental health had been embedded and there was a desire to now focus on physical activities as this was a big challenge for public health.
- It was stated that representatives from the voluntary sector would like to be included in the campaign, with it acknowledged that some organisations have mental health training and champions. Additionally, it is positive to share and learn from information and materials and that there is a huge workforce within the voluntary sector who could promote such a campaign.
- It was suggested that regarding the template it is difficult to separate out both mental and physical health and that a broader approach would be welcomed.

Following the conclusion of the discussion, the Wiltshire Health and Wellbeing Board agreed for the focus of the Workforce Health Campaign to be smoking cessation. With it the outcome of the campaign to be brought back to the Board in 12 months' time to see what had been embedded within organisations.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:

- i) **The Wiltshire Health and Wellbeing Board noted the update provided.**

12 **Date of Next Meeting**

It was agreed that the next meeting of the Health and Wellbeing Board would be on 30 March 2023, starting at 09.30am.

13 **Urgent Items**

Safeguarding Vulnerable People Partnership (SVPP) Annual Report Submission 2021-2022.

The Board received a presentation from Lucy Townsend (Corporate Director People). The item covered the following matters:

- It was outlined how the SVPP had responded to its priorities for 2019-2020, including areas such as Safeguarding Under 1s, Domestic Abuse and Criminal Exploitation.
- The development and impact of the SVPP was outlined, how communication had improved with partners, improved oversight and governance of multi-agency safeguarding training through the creation of a Practice Development Group as well as working closer with schools, colleges, and early years settings through an Education Safeguarding Committee.
- System assurance of the SVPP was detailed, from both a children and adult's safeguarding perspective, as well as practice reviews that had taken place in relation to both children and adults.
- The SVPP Strategic Priorities for 2023/2026 were outlined as well as Golden Threads to be developed.
- It was noted that the SVPP Annual reports could be accessed via the following [link](#) as well as that the 2021-2022 report attached to the minutes.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:

- i) The Wiltshire Health and Wellbeing Board noted the report provided.**

(Duration of meeting: 9.30 am - 12.10 pm)

The Officer who has produced these minutes is Ben Fielding of Democratic Services, direct line 01225 718221, e-mail benjamin.fieldingi@wiltshire.gov.uk
Press enquiries to Communications, direct line 01225 713114 or email communications@wiltshire.gov.uk

Wiltshire Health and Wellbeing Strategy 2023-2032 consultation

The health and wellbeing of the people of Wiltshire is the highest priority for the Wiltshire Health and Wellbeing Board. We are determined to achieve the best outcomes for our population through good quality housing, education, employment and safe communities. Our ambition is to enable and support everyone to flourish and live well. This strategy marks a chapter in the continuous development for our Health and Wellbeing board. It has been developed based upon the evidence of need and has enabled the board to focus on four thematic areas where it can have its most impact ensuring everyone has access to the opportunities and services that we would expect for our own friends and families.

To read the draft strategy please click [here](#).

We would like your views on the current draft of the strategy by **15 March 2023**. Your views will help to re-shape the final draft.

The 2023 Health and Wellbeing strategy focuses on 4 key themes:

1. Improving social mobility and tackling inequalities
2. Prevention and early intervention
3. Localisation and connecting with communities
4. Integration and working together

Do you agree with these 4 strategic areas?

Are there any changes you would suggest?

Are there any additional aims you feel should be included?

Improving social mobility and tackling inequalities

In everything we do, we consider the impact of the action on social mobility and ask how we can help to tackle the disparities in opportunities, experience, access and health outcomes that exist within Wiltshire. We focus on the factors that have the greatest influence on people's health, such as ensuring good and secure homes and jobs.

Achieving change

We will:

- Promote health in all policies – including housing, employment and planning. This will include the development of sustainable communities, whole life housing and walkable neighbourhoods. The review of Wiltshire's Local Plan and Local Transport Plan is an important opportunity to deliver this.
- Support healthy home settings – with action on fuel poverty, helping people to find work, mental health and loneliness and by increasing digital inclusion
- Give children the best start in life – with a focus on the whole family, family learning, parenting advice, relationship support, the first 1000 days/ early years and community health services
- Target outreach activity – identifying particular groups to improve health outcomes and access to services (identifying and then focusing on several of these each year) - work to tackle root causes, plan delivery and carry out evaluation.
- Improve access through online services, community locations and mobile services as well as community diagnostic hubs.

Do you agree with how we will achieve change?

Are there any further methods to achieve change you would like added to the strategy?

Prevention and early intervention

We take a long-term view, focusing on what is right for Wiltshire and invest in prevention and early intervention to tackle problems before they get worse. We encourage personal responsibility and have a whole life approach to planning and providing services for our residents alongside this, aimed at improving outcomes in population health and care.

Achieving change

We will:

- Lay the foundations for good emotional wellbeing whilst young – by developing a coordinated approach and promoting a core offer in schools across Wiltshire relevant to the challenges young people face (including new challenges such as social media)
- Encourage personal responsibility across the life course – in all schools, with working age adults and for the elderly – focusing on healthy lifestyles, smoking cessation, alcohol and substance misuse
- Prevent ill health - through increased uptake of screening, health checks and immunisations as well as ensuring the best use of antibiotics.
- Enable a healthy workforce through targeted preventative activity
- Adopt a proactive population health management approach – rolling this out to new areas (such as management of moderate frailty) each year to enable earlier detection and intervention

Do you agree with how we will achieve change?

Are there any further methods to achieve change you would like added to the strategy?

Localisation and connecting with communities

We ensure our dialogue with communities is open, transparent and inclusive, in the right place and at the right time so that the distinctive needs of local communities are met. We enable stronger and resilient communities and support broader social and economic development

Achieving change

We will:

- Support local community action – through initiatives such as neighbourhood collaboratives allied to the development of Primary Care Networks, the community mental health model, area board activity using community area JSNAs to inform local action planning and the allocation and bidding for wellbeing grants
- Pilot community conversations – starting with neighbourhoods in Wiltshire that have significant deprivation and roll these out gradually across the county.
- Consider the way in which we buy goods and services can deliver improved local job opportunities (acting as ‘anchor’ institutions) and other wider benefits (social value)
- Embed Healthwatch Wiltshire and voluntary and community sector voices in relevant decision-making structures and ensure the public voice is heard with consultation results and co-production reflected in decision papers and relevant attendance at the Health and Wellbeing Board.

Do you agree with how we will achieve change?

Are there any further methods to achieve change you would like added to the strategy?

Working together and integration

We design and deliver our activities in partnership with service users, local communities and public sector partners. We collectively consider how to integrate our work, get maximum value for public sector spend and plan our use of the public sector estate together.

- Provide integrated, personalised services at key stages in a person's life – this will include starting to complete later life planning with people in their early 60s (or before that in more deprived areas) so that we are preparing for when they are older, end of life care, and increasing the provision of personal budgets
- Boost 'out-of-hospital' care, encouraging a 'hospital without walls' model with improved digital and local access to consultants, and dissolving the divide between primary and community health services - through coordination of community multi-disciplinary teams, clustering services around primary care networks, and guaranteeing support to people in care homes
- Enable frontline staff to work more closely together – planning our workforce needs together, developing case studies on front line cooperation, supporting shared records and IT and sharing estates wherever possible
- Ensure carers benefit from greater recognition and support by improving how we identify unpaid carers
- Improve integration of services through community healthcare, primary, secondary and tertiary healthcare (including specialist services, armed forces and their families, pharmaceutical services and healthcare in the justice sector)
- Drive improvement by delivering our vision through collective oversight of quality and performance, reconfiguration of clinical pathways, recommissioning of services and overseeing pooled budgets and joint teams together (through the Wiltshire Integrated Care Alliance). The ICA will bring together officers from the relevant organisations and report regularly to the Health and Wellbeing Board on progress against this plan and its own work programme as well as the Better Care Plan.

Do you agree with how we will achieve change?

Are there any further methods to achieve change you would like added to the strategy?

Are there any additional strategies or plans you feel should be added to the diagram at the end?

Any other comments?

*Please email your response to David.bowater@wiltshire.gov.uk by **15 March 2023**.*

This page is intentionally left blank



Wiltshire
**Safeguarding
Vulnerable
People Partnership**

Annual Report 2021-2022

Contents

Chapter 1: Introduction and context	Page 2
Chapter 2: Responding to our forward plan 2020-2021	Page 2
Chapter 3: SVPP Development and Impact	Page 4
Chapter 4: Practice reviews – activity and impact	Page 5
Chapter 5: System Assurance	Page 9
Chapter 6: Impact of multi-agency training	Page 12
Chapter 7: Independent Scrutiny	Page 13
Chapter 8: Next steps and priorities for the partnership	Page 13

Chapter 1: Introduction and context

This is the SVPP's third Annual Report. The safeguarding arrangements have continued to evolve and have strengthened the links with the Community Safety Partnership.

In January, the Independent Chair stepped down and the safeguarding partners committed to take on the chairing of the SVPP Executive going forward; held in the first 12 months by the local authority.

The impact of the pandemic continues to be felt by all agencies in relation to capacity and resourcing and this has at times presented challenges for the partnership to push forward work in a timely way, for example embedding the work of the new Practice Development group.

Last year we set out to ensure that safeguarding systems and safeguarding leadership are an integral part of developing a safe and effective ICB and with their introduction delayed until July 2022 this will be a focus during 2022-2023.

Whilst we have been able to embed new ways of working introduced during the pandemic, many of which support partnership working, all organisations continue to experience significant pressures which can impact on their ability to proactively engage with partnership work. Continuing to have a flexible and responsive partnership helps us respond to such challenges whilst focussing our activity on some key areas of work.

We have however been able to further develop our case review processes, receiving very positive feedback on our rapid reviews for children from the national Child Safeguarding Practice Review Panel, improve our communication with partners through our new website and improve partnership working with schools.

Chapter 2: Responding to our forward plan 2019-2020

In last year's report we committed to drive forward work in the following areas:

Safeguarding of Under 1yrs

Under 1s remain one of our most vulnerable groups in Wiltshire with 9 of the 14 notifications to the national CSPR Panel submitted since 2018 relating to children under 1. In response a Safeguarding Under 1s Steering group was established in January 2021 to ensure better oversight of and the ability to further develop the work taking place to safeguard them and share existing and developing best practice in this area. This group sits across the ICB footprint - BaNES, Swindon and Wiltshire - in recognition of the role of health in this agenda and that families in Wiltshire will travel to one of 3 acute hospitals across this footprint, only one of which is in Wiltshire.

To date this group has been able to:

- Map existing service provision for under 1s and their families - as well as identifying focussed provision from which learning can be shared it has also identified a lack of clarity on the commissioning and use of Dads Pad and inconsistent use of ICON across BSW. Knowing where the gaps or inconsistencies are will now enable us to address these.
- Analysed the learning from case reviews relating to under 1s across BSW to understand themes and key practice issues which can then be addressed through further guidance or training for example.
- Improve our understanding of barriers to working with and engaging fathers by learning from existing practice in this area, including from the Dads Matter Too Project in Wiltshire.
- Led work on developing a joint policy on injuries to non-mobile babies to ensure consistency of messages and response across BSW.
- Have oversight and scrutiny of our response to the findings from the national CSPR Panel reports, the Myth of invisible men and Out of Routine.

Domestic Abuse

The duties set out in the Domestic Abuse Bill have been incorporated into the Domestic Abuse Local Partnership Board in Wiltshire. In addition, a robust health needs assessment has informed the new Improvement Plan 2022-2024. This sets out clear strategic priorities and outcome measures to evidence impact. In addition, further impact on this agenda can be evidenced through:

- the creation of a DA Military Forum in recognition of the specific needs of this community in Wiltshire and this group creates an opportunity for agencies to build relationships and networks and raises awareness of domestic abuse and the impacts within military families.
- a focus on employers having appropriate support and guidance in place for staff who are victims of domestic abuse.
- development of a data dashboard.

A new Perpetrator and Offender Group has also been established and the impact of this has been to develop a DA Perpetrator Focussed Strategy in Wiltshire for the first time.

Criminal Exploitation

We set out in the previous annual report the creation of a Pan Wiltshire all age Exploitation Subgroup, sitting across both the Wiltshire and Swindon safeguarding partnerships. During 2021-2022 a decision was made to create separate groups focussed on children and adults reporting into one strategic group to increase effectiveness and focus on key issues; and in recognition that understanding of exploitation and related practice in adults is less embedded than for children.

This agenda remains a key focus however requires a clear strategic direction to further drive activity and outcomes and ensuring all agencies are actively engaging with the work needed through the subgroup. Ensuring the strategic group has clear line of sight to operational practice and the mechanisms in place, to support this agenda, such as the Safer Young People Group, is necessary to provide assurance that we are protecting children and adults from this form of abuse in Wiltshire and to better enable us to evidence impact of this work. Working across Swindon and Wiltshire has brought benefits and challenges and the partnership will need to decide how work can best be taken forward in Wiltshire.

Operationally work to safeguard children and young people from exploitation has been further driven forward by the piloting of the risk outside the home child protection conference process, supported by the DfE. This is innovative work, and Wiltshire is the only area nationally to pilot this, offering a different approach where the risk is extrafamilial, working closely with parents as safeguarding partners. Whilst this new approach continues to be tested, internal auditing and feedback from the contextual safeguarding research team at Durham University suggests this is a promising alternative child protection pathway for children at risk of significant harm outside of the home. The process has so far demonstrated evidence of supporting advocacy of children and protective parents and focussing planning on the source of harm. Wiltshire will continue to test this approach and develop the contextual interventions available through our further partnership with Durham University and it's 'Planning for Safety' research strand. Through this research strand, Wiltshire's approach is also being tested by 3 other local authorities, demonstrating the lead role Wiltshire has nationally in developing practice in this area.

In addition, the roles and functions of the Vulnerable Adolescent Risk Management and Vulnerable Adolescents Contextual Safeguarding panels have been reviewed to ensure effectiveness. In response to the learning from these meeting structures, and with consideration of Wiltshire's strength-based approach, the Safer Young People groups have been developed: the Safer Young People Context Meetings provide locality based multi-agency oversight to groups and contexts of concerns; whilst the Safer Young People Partnership Group provides strategic oversight of exploitation and other forms of harm outside the home. A review completed in 2022 found that these meetings are successful in pulling together shared aims and language around extra-familial harm and provided an essential platform to share information between the professional networks. The approach was found to support planning which addresses the risks in the context where harm occurs, which is vital when working to safeguard adolescents.

Understanding the protective nature of being in education has led to an improved focus on children missing education and children who are electively home educated or who are subject to CiN or CP. The impact of this work, which is ongoing, is that it has improved our ability to know who the most vulnerable children are and put in place additional plans to support and protect them. This data is used to inform targeted work to ensure these pupils are receiving a full-time suitable education, through the extended duties of the Virtual School, Attendance Strategy and Targeted Education Service.

Leadership and Culture

The move by the safeguarding partners to take on the chairing of the SVPP Executive demonstrates their willingness to provide strategic leadership. This was also a focus of the Southwest Regional Improvement Alliance event: The role of safeguarding partnerships in regional sector lead improvement in July 2021, bringing together safeguarding partners from across the region for the first time. This event helped inform scrutiny practice across the region. Partners identified that the focus should be on peer challenge, learning from and sharing best practice from reviews and independent scrutiny. This new network will be further built on in 2022 to help strengthen partnerships and their impact across the southwest.

Progressing a DfE funded pilot to improve our data analysis and intelligence-led approach to safeguarding

The SVPP received funding from the DfE to take forward work to make better use of data and intelligence in the system informed by the voice of children and families and practitioners. We were unsuccessful in recruiting to a Data Analyst role to take forward the work to collate and analyse intelligence and how this can inform and improve the safeguarding system, however we have been able to:

- complete the design, testing and launching of a new website which is now live – it is the intention that this function as the site for all case based and research learning including the development of podcasts and interviews available to practitioners to download and listen when convenient.
- explore the ability to set up chat rooms to support frontline practice and member engagement.
- work with schools and designated safeguarding leads to ensure the website meets their specific needs and as a way to better engage the education sector in the work of the partnership.

The final area of focus set out in last year's report relates to a programme of independent scrutiny, which in 2022-23 will include independent scrutiny of the progress against the partnership priorities.

Chapter 3: SVPP Development and Impact

Improving communication with practitioners and partners

Our Safeguarding Plan set out our ambition to “ensuring users and the wider community are properly engaged in the work of the SVPP”. The Community Voice and Engagement Officer post has supported engagement with service users and practitioners and improved and sustainable communications across the partnership during the past 12 months.

This post has delivered a new partnership website bringing together the existing SVPP website, Wiltshire Safeguarding Adults Board (WSAB) website and creating information on the work of the Community Safety Partnership (CSP) for the first time. This has:

- provided centralised communications across the partnership and is helping us to build an identifiable brand.
- improved navigation and user experience and therefore ability of access information, including learning from case reviews.
- creation of an e-newsletter as a more effective way to share safeguarding news and partnership updates.
- the ability to set up member only forums and work is currently taking place to consider how we can use this to support subgroup members and provide induction information to help new members understand their role within the partnership.
- improved our ability to monitor use and an analysis of website usage, showing that the new site has an average of over 2000 views per month with the majority of people visiting the Learning Hub and News pages
- added to our ability to use a range of media through which to disseminate learning and information, such as webinars and podcasts

This post has also mapped voice activity across the partnership and provided a number of recommendations on which work is currently taking place to ensure voice informs the work of the SVPP.

Communication between the SVPP and wider stakeholder has also been improved through our Stakeholder Network meetings; established in January 2022 to strengthen communication between the SVPP and its partners. This meeting has a broad remit and is open to all practitioners and managers, including volunteers, who work with children or adults in the county. Network meetings this year have focussed on: learning from case reviews including the CSPR national Panel report on Myth of Invisible Men; Information sharing and provided the opportunity for attendees to discuss safeguarding issues they are experiencing in their own practice.

Improving our oversight and governance of multi-agency safeguarding training

A new Practice Development Group was established in January 2022, to provide governance of the multi-agency training offer for both the children's and adults workforce. Progress has not been at the pace we would have wanted due to operational pressures, however such a governance structure has not previously been in place and the groups is making headway with:

- identifying areas for practice development and make recommendations regarding the facilitation and commissioning of appropriate training resources
- ensuring the regular review and evaluation of the training, ensuring training content is current and relevant and aligns with SVPP priorities and wider agendas to create safer communities
- improving the learning loop from case reviews and audit activity back into practice
- exploring learning opportunities with neighbouring partnerships.

Improving our ability to work closely with early years, schools and colleges

A new Education Safeguarding Committee has been established improving the links between the SVPP and education settings, including early years. This is a significant addition to the partnership and has already evidenced impact through:

- improved oversight and governance of safeguarding training provided for schools
- improved line of sight into children missing education and electively home educated children
- improved our ability to feed relevant learning from case reviews into the education system
- improved oversight of safeguarding complaints to Ofsted
- improved understanding of local themes from Ofsted inspections enabling plans to be drawn up to address these
- driving the response to and support for schools in relation to peer-on peer abuse.

Improving our ability to work across the partnership structure

Restructuring of the strategic roles within the SVPP Business Support team and the creation of Partnership Lead posts have enabled a clearer strategic focus and the ability to work across the three agendas: safeguarding of children; safeguarding of vulnerable adults; community safety partnership. These roles now work to ensuring the necessary integration across the three agendas, preventing duplication and enabling learning from case reviews to more effectively be shared across the multiagency safeguarding arrangements.

Chapter 4: Practice Reviews – activity and impact

The Partnership Practice Review group (PPRG), which is our local mechanism for the identification and reviewing of all case reviews for the partnership including serious child safeguarding cases, is now well embedded. The introduction of a Development Plan and key performance indicators have enabled further improvements to the case review process this year including:

- Clarifying and improving links to the LeDeR process in Wiltshire to ensure relevant learning is shared and duplication of review processes avoided.

- Implementation of a standardised process for publication of final reports for statutory reviews to include the publication of a briefing, summary slides for agency use and virtual briefings to improve and better support the sharing of learning by the partnership and within agencies.
- Reintroduction of the requirement on agencies to tell us how they have disseminated learning and any impact.
- Workshops with practitioners who have been involved in case reviews to ensure our guidance for participants is clear, and that they feel supported and safe to participate in case reviews at both an agency and partnership level.
- Introduction of a case data tracker to enable better oversight of timeliness of notifications and publication of reviews and will enable further analysis of themes and characteristics of cases.
- Introduction of a case learning tracker enabling improved oversight of the actions in response to recommendations and learning and their impact.

The PPRG Development Plan for 2022-23 will focus on improving family involvement in case reviews, improving timeliness of publication of statutory reviews, and further embedding the case learning tracker and ability to evidence impact on practice. Where the publication of the final report is outside the expected 6 months' work will have already started on taking the learning forward to ensure it is implemented quickly.

Consideration has been given to the dip in referrals to the case review group with no cases relating to children referred in the last 2 years that have not been notified. Whilst the PPRG will not review cases that do not provide new learning we need to be assured that all partners are aware of and feel able to refer cases into the group including near misses and examples of good practice. Regional benchmarking in relation to rapid reviews and CSPRs is taking place but we remain an outlier in relation to the commissioning of SARs. Further communications reminding partners about the referral process have been put in place and a wider partners meeting planned for November 2022 will provide a further opportunity to discuss this with partners.

Case reviews relating to children

During 2021-2022 there were 3 referrals into the PPRG, and all of these notified to the CSPR Panel. Two of these cases progressed to a CSPR. Whilst it remains a local authority duty to notify in Wiltshire, we have embedded a multi-agency discussion to inform the decision about whether a notification is made. This has created ownership of and responsibility for this process by all safeguarding partners.

LCSPR Long term sexual abuse of children in care (Rapid Review 1)

This case related to disclosure of long-term sexual abuse within a long-term fostering placement by foster carer father. The LCSPR found that: there were no systemic practice issues; few, if any, indicators that the children were being sexually abused prior to the disclosure; and there were no concerns about the placement which was considered to be stable and providing a good quality of care. No practitioner considered the possibility of sexual abuse; it was "unthinkable".

One of the strengths of this review was the voice of the two sibling victims who were interviewed by the report author. They provided insights into the grooming behaviour of the perpetrator as well as important insights into the disclosing of abuse: one of the siblings told us that she wanted to be in control of the disclosure and would have been unlikely to disclose even if asked directly; that she "put on an act to hide the abuse"; and she worried that she would not be believed.

Much of the other learning from this case is not new but this case has reinforced the following:

- That a child who is being sexually abused may not show any obvious symptoms that suggest they are being abused.
- That all professionals need to be able to consider the 'unthinkable' about carers who they may know well and who they may work closely with and be alert to the possibility of sexual abuse.

- Schools are a key part of the system of providing a general environment where children know who they can talk to about sexual abuse and what will happen if they tell someone.

In response the report and response to recommendations have been reported into the Corporate Parenting Panel and work is taking place with staff from schools about what more education settings can do to support children to disclose harm and abuse.

The CSPR was published within 8 months of initiating the review.

Rapid Review 2: Sudden unexpected death of a 1-year-old child in the context of significant risk of physical harm.

This case highlighted the importance of organisational memory in order for the system to be alerted to known offenders who are not under probation or MAPPA review case reviews. The impact of this is that the system should be better able to identify such individuals at the earliest opportunity following work by police and social care agencies to put in place flags on their systems.

Learning in relation to safe sleeping is being responded to by the new Safeguarding Under 1s Steering group as referenced in Chapter 3.

The national CSPR Panel described the rapid review report for this case as “exemplary”, further providing evidence that we have a high quality and robust process for rapid reviews in Wiltshire. This case did not progress to a LCSPR.

LCSPR Eva (Rapid Review 3) – non-accidental injuries to a 3-month-old baby resulting in her death (published August 2022)

This local case reflected some of the issues set out in the CSPR Panel Report, [The myth of invisible men](#), and the key learning in this case related to the understanding and assessment of the risk of problematic cannabis use and its impact on parenting capacity. In response the development of training and further guidance is underway.

An interview with the report author has been made available as a webinar and this has proved to be a very successful way of sharing learning on a case review with over 260 views to date and we will continue to expand the use of different mediums for sharing of learning.

The CSPR was published within 9 months of initiating the review with some delay in publication in order to avoid sensitive dates.

Wiltshire was also involved in a further rapid review following the death of a Wiltshire child in a residential mental health hospital in another local authority area. The rapid review was completed by the partnership in which the hospital was located, on the advice of the CSPR Panel. Learning from this case has led to improvements in the pathway for information sharing on children that are in hospital and are receiving education provision.

The Joint communication from CSPR Panel and DfE received in December 2021 prompted a further analysis of practice in relation to case reviews for children as set out in the table below, providing further assurance to the SVPP Executive in relation to our arrangements in Wiltshire for the identification and reviewing of serious child safeguarding cases, as set out in Working together 2018.

Activity	Response/ Wiltshire Position (as at April 2022)
All serious incident notifications must be sent to the Panel within 5 working days of the local authority becoming aware of the incident	10 notifications made since June 2018 All made within 5 working days
Rapid Reviews should be submitted to the Panel within 15 working days of the safeguarding partners becoming aware of the incident	8 Rapid Reviews completed since June 2018 7 submitted within 15 working days (date set out by the Panel) 1 submitted on day 16

<p>Full Reports should be sent to the Panel and the Secretary of State seven working days in advance of the publication date.</p> <p>Local CSPRs should be published within 6 months of initiation*.</p>	<p>CSPR Thematic Review into significant physical injuries in under 1s – published 6 months after initiation</p> <p>CSPR Family N – published 9 months after initiation</p> <p>*Initiation of CSPR defined locally as: date of receipt of the letter from the CSPR Panel following submission of the rapid review.</p> <p>Case data tracker now in place to improve tracking of timeliness of notifications, rapid reviews and publication of reports.</p>
<p>Complete/incomplete and unpublished SCRs sent to safeguarding partners, the panel and DfE</p>	<p>No incomplete SCRs outstanding.</p>

Safeguarding Adult Reviews

As part of the Safeguarding Adult Board responsibilities of the SVPP, the partnership is required to commission Safeguarding Adult Reviews (SARs) when an adult with care or support needs dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult.

Two referrals were received by the PPRG in relation to adults during 2021-2022, none of which met the threshold for a SAR. Both cases related to suicide/sudden deaths and further join up with the Suicide Reduction Group and their real time tracking of suicides/sudden deaths will enable any safeguarding themes to be identified.

One SAR was published in 2021-2022, as set out below.

SAR Adult L

This case was referred to the SVPP following the death of a vulnerable 59-year-old woman with significant physical and mental health needs and a diagnosis of terminal alcoholism. Adult L had multiple hospital admissions and a history of addiction to opiates. She had also made allegations of domestic abuse against her husband; frequently cancelled appointments to address her care and support needs; and lived in conditions considered to be unhygienic and unsafe. This review found that:

- for adults with care and support needs, consideration needs to be given to any risks posed by those who care for them, and that seemingly unwise choices could be the result of coercion and controlling behaviour by another person.
- practitioners find it difficult when working with adults who display high risk behaviours who are deemed to have mental capacity but are actively resistant to intervention.

Recommendations included:

- Increasing awareness of how coercive and controlling behaviours may inhibit people disclosing or revealing the extent of domestic abuse. Work is underway to develop a DASH risk assessment for adults with care and support needs with a supporting toolkit to assist conversations about the dynamics of domestic abuse.
- Consideration of services for adults adopting the SVPP 'Case Resolution Protocol' to support cases where levels of risk may be severe and the way forward not clear.
- Reviewing and disseminating the High-Risk and Self Neglect multi-agency procedures to include clear pathways for convening professionals' meetings, escalation of concerns and arrangements for agreeing on lead agency and key worker to coordinate practice. Both documents were updated, and their use assessed using a questionnaire and feedback from practitioners was that both procedures were effective. In addition, a webinar on self-neglect was held as part of the SVPP Safeguarding Week, using SAR L as a case study to raise awareness of the procedures and explore best practice in managing cases with longstanding and complex needs.

Non-statutory reviews relating to adults with care and support needs

The partnership is proactive in reviewing cases referred into the PPRG which do not meet the threshold for a statutory review, where the potential for new learning is identified. Learning from these non-statutory reviews is disseminated to partner agencies for internal dissemination only.

Case 1: A death of an adult with learning disabilities in a care home. This case had been subject to a LeDeR review and although did not meet the criteria for a statutory SAR the PPRG felt there were opportunities to learn from practice. Learning from this case highlighted: the complexity of navigating services that support adults with learning disabilities; diagnostic overshadowing; and the need for greater awareness about routes to escalate safeguarding concerns.

Learning from SARS (national): responding to SAR Joanna, Jon & Ben

Following the requirement that all CCGs review the care of all individuals with a learning disability and/or autism in a mental health hospital, the CCG Programme Manager presented an update to the Partnership Practice Development Group in February. Findings of all the reviews for the 26 BSW residents identified as being in a hospital setting as of 31st October 2021 and meeting the criteria set. There will be a national response to the regional summaries, but initial findings suggest that several individuals who do not need to be in hospital, have been for some time, and the challenge is how to create the capacity within the system to discharge them to homes of their own. It is important to note that the concerns identified in the SAR might well apply to individuals in a range of settings, and not just within hospital care.

Domestic Homicide Reviews

DHR Ellie was published in November 2021 and relates to the murder of a teenager by her ex-boyfriend. The learning from this case has focused on support for and awareness raising with young people in relation to the signs and symptoms associated with domestic abuse and coercive control and highlighting healthy relationships.

Two further reports have been submitted to the Home Office Quality Assurance and whilst we await feedback response to the recommendations are under way.

Chapter 5: System Assurance

As previously stated, the Independent Chair, Mark Gurrey, stepped down in January 2022. He has continued to provide some independent oversight through his involvement as author of CSPR Eva, published in August 2022.

Meetings with the senior safeguarding partners have continued pan Wiltshire. This has ensured that they have a direct line of sight into the effectiveness of partnership arrangements and specific safeguarding issues. Although a clear programme of independent scrutiny has yet to be set out there is a commitment to independent scrutiny of progress against the priorities in 2022-2023.

External scrutiny of the systems has taken place through the following inspections:

Ofsted Focussed visit on the experience of care leavers which concluded that leavers are supported by a “passionate, skilled and stable workforce” with care leavers receiving the “right support, at the right time, to help them make progress in their lives”.

HMICFRS Police Inspections – PEEL Inspection and national Child protection Inspections identified a number of recommendations for the force as referenced on page 13.

The SVPP Executive now review quarterly updates on inspections that have taken place to improve oversight of this element of external scrutiny and any key safeguarding concerns identified through this process.

A partnership risk register has also been established to ensure the SVPP executive are sighted on significant risks across the safeguarding system, and this will be further embedded over the next 12 months.

Children's Safeguarding

Areas of focus and activity remain driven by either national agendas or issues raised locally, led by the Families and Children's Systems Assurance group (FCSA).

Child Death Process

The child death process in Wiltshire is well embedded and effective, however there was a challenge back to the Child Death Overview Panel to improve the quality of their annual report and to address the backlog of actions and oversight of this. There is a new Chair in place, and actions have now been addressed and updated and the revised annual report sets out key learning points and actions to address these more clearly. Gaps in attendance at the panel have also been addressed.

Everyone's Invited

There was a prompt and effective response to Everyone's Invited, with exceptional meetings held to ensure a joined-up partnership response and identify specific actions for the Wiltshire schools named. Information from Operation Hydrant was fed into the meetings and provided access to all the testimonies, informing our response, which included:

- Letter sent to all schools making them aware of the website and recommending action they could take in relation to peer-on-peer abuse; all independent and secondary schools directly contacted as a follow up to the letter to ensure they were sighted on it.
- Individual contact with all schools named and relevant follow up.
- One Independent School in Wiltshire received more than 20 testimonies and a Safeguarding Review was carried out led by Directors from Children's Social Care and Education and Skills at Wiltshire Council.
- Police reviewed intelligence on all schools named.
- Review of relevant PHSRE resources for schools by the Healthy Schools Coordinator.

The direct work with schools was led by the School Effectiveness Team supported by the Young People's Service which provided additional expertise in relation to contextual safeguarding:

Backlog in the Child Internet Exploitation Team

Operationally, police raised the backlog in their Child Internet Exploitation Team in relation to online sex offender referrals. Police were challenged to why they had not raised this with the partnership as this was potentially leaving children at risk of harm. The backlog has been proactively addressed with clear oversight of the plan to reduce the backlog, within the FCSA, whilst acknowledging the unprecedented demand. In addition, work was undertaken to review all cases that were waiting to be reviewed to ensure there were no children at risk of harm whilst further capacity and a new operating model were put in place to enable earlier sharing of information with partners to inform risk assessments.

Improving Line of sight

There has been a challenge to partners to improve the exception reporting and therefore system assurance about how well the system and its constituent parts are working, including commissioned services for children. Improved line of sight is being embedded and this includes areas identified though the Solihull JTAI Report prompted by the murder of Arthur Labinjo Hughes and the national CSPR Review Child Protection in England.

Adult Safeguarding

Following restructure of the SVPP in 2020 to better coordinate the partnership functions in relation to adult safeguarding the Safeguarding Adults' System Assurance (SASA) Group has been further developing to provide assurance to the SVPP that systems in relation to the safeguarding of vulnerable adults are working effectively. Key areas of work and impact are set out below:

- Regular review of data from the Adult MASH to consider the number and nature of referrals that are taken to a s42 enquiry. The SASA group scrutinise data and request assurance on any areas of concern. For example, concerns relating to low numbers of self-neglect referrals were explored and the group received assurance that local practice guidance recommends self-neglect cases should be worked in long term teams.

- Scrutiny of MASH Audit feedback: the report highlighted the lack of available specialist provision and the impact this had on referrals. The group received assurance from commissioners that barriers to accessing health funded placements were being addressed.
- The group received a report on quality improvement work in hospital discharge from Wiltshire Council and the ICB. The work focused on how discharge to assess processes have improved on their MCA adherence and whether we are assured that best interests in MCA and decision making is effective within the discharge to assess process. The group were assured that there is a robust multi-agency quality assurance oversight of the processes around hospital discharge and discharge to assess.
- Following reviews of the [Safeguarding Adults Collection \(SAC\)](#) return to NHS Digital the group discussed the impact of COVID on safeguarding referrals. The SAC showed more safeguarding concerns raised this year than the previous year with an increasing number of cases where the source of risk was a service provider. The group received assurance that the increase was likely due to the number of hospital discharges to care homes and the group has identified hospital discharge as a priority area for further scrutiny in its strategic plan.

In addition, the SASA group has maintained oversight and scrutiny of the system relating to adult safeguarding, in particular relation to:

- Oversight of the implementation of Integrated Care System (ICS) to ensure that safeguarding was being considered within the ICS structure. This was an issue raised by the southwest Safeguarding Adults Board (SAB) Chairs Network. The group requested a response from the Integrated Care Board (ICB) to provide detail on the new arrangements and assurance that safeguarding was being considered.
- Scrutiny of BSW CCG Primary Care Safeguarding Contract. The group were given details of some of the common challenges experienced by GP practices and an initiative started last year by the MASH nurse to look at how many practices were invited to and attended safeguarding meetings. It was identified that just over 50% of GPs were returning information or attending meeting for safeguarding enquiries. The group have requested further audits of GP engagement in order to monitor improvements.
- Oversight of Implementation of Liberty Protection Safeguards (LPS) Guidance. The group received readiness reports from LPS Leads but the guidance implementation date has now moved from April 2022 to an unspecified date. The group will resume the request for update reports once the new implementation date is set.
- The issue of SAB engagement with prisons was highlighted by the SVPP Chair and has been discussed at the SAB National Chair Network. The group received a report from the Head of Ongoing Support at Wiltshire Council outlining operational work with Erlestoke Prison. The group were provided with assurance that the working relationship between the local authority and the prison is positive and proactive and where concerns have been raised these have been addressed.

Supporting the safeguarding of under 1s - Parents as Service Users Audit

The Thematic Review of Under 1s Audit Report undertaken by the SVPP highlighted that parents, or those in parenting roles, who represent a risk to children, are often either in need of or are in receipt of services in their own right. When that is the case, there is evidence that there is often insufficient linkage between children's and adults' services. To try and understand how organisations in Wiltshire routinely assess the parenting roles (and wider familial risks) of adults who access services, an online questionnaire was sent to adult facing agencies. Most agencies confirmed that they routinely ask about family status when working with new service users. The majority of agencies responding said that they recorded children's information within their systems and could provide reports to identify service users who are parents. Learning from this audit further informs the system wide work to improve safeguarding of under 1s led by the Safeguarding under 1s group.

Chapter 6: Impact of multi-agency training

The multi-agency training offer continues to be successful, with consistently high feedback from delegates rating courses as 'excellent' or 'good'. Over 900 practitioners accessed a SVPP training event in 2021/22. In August 2021 a new Learning Management System was introduced providing improved access to practitioners to book on courses and an improved ability to gather and report on feedback on the quality and impact of training.

Practitioner comments:

As a Deputy DSL this course will have a huge impact upon my confidence when working with families and children who are experiencing domestic abuse. (Domestic Abuse)

This training will have a positive impact upon my work. I have gained knowledge of tools which can support working with young people who may have experienced sexual harm, which will be beneficial in my practice (Sexualised Behaviour Course)

This training has refreshed my knowledge about Neglect and will support me to recognise and react appropriately to neglect and support families to provide a safe emotional and physical environment for their children to thrive in. (Neglect)

SVPP Safeguarding Week

The SVPP held its first Safeguarding Week in October 2021. The purpose of the week was to raise awareness of safeguarding, create opportunities to share learning from case reviews, and talk to local practitioners about some of the changes that have taken place within the partnership over the past year. The week of events aimed to bring together a wide range of accessible (virtual) learning opportunities with the objective of reaching sectors and stakeholders that may not traditionally have accessed events through the SVPP. A total of 11 sessions were held and 147 delegates attended. There was underrepresentation from the education sector, but this is likely to be pressure on staff capacity to attend due to the impact of covid.

Feedback from evaluations surveys told us that 100% of delegates rated the overall quality of the workshops as 'good' or 'excellent'. Comments included:

'I really enjoyed looking at strengths-based approaches in the making safeguarding personal training' (Making Safeguarding Personal)

'Excellent, great training, well done trainers'
(Managing High Risk).

Another safeguarding week is planned for 2022 where it is hoped there will a wider range of learning opportunities and improved attendance from a broader range of agencies.

Our priorities for 2023-2026 are:

**Safeguarding Under 1's
Domestic Abuse
Transitional safeguarding
Exploitation and Contextual Safeguarding
Social, emotional and mental health**

Independent scrutiny is also a priority and will include an independent review of progress against these in 2023.

In addition we will set out an annual strategic plan for children and adults safeguarding, to include action plan against each priority by which we can measure progress and impact. This will enable all partners to be clear on the focus of our work and activity.

Wiltshire Police have been placed into HMICFRS 'ENGAGE' status following their National Child Protection Inspection (NCPI) and 2022 PEEL inspections and the SVPP will work with them to support improvements.

We will also continue to work closely with the Families and Children's Transformation programme (FACT), including joint workforce development and supporting the piloting of a Family Help Model.

This page is intentionally left blank