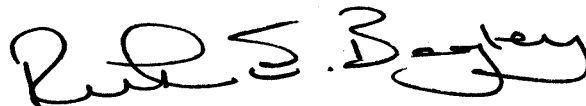


Date of issue: Tuesday, 5 May 2015

MEETING:	SLOUGH WELLBEING BOARD Councillor Rob Anderson, Leader Naveed Ahmed, Business Representative Ruth Bagley, Chief Executive Superintendent Simon Bowden, Thames Valley Police Councillor Sabia Hussain, Health & Wellbeing Commissioner Ramesh Kukar, Slough CVS Lise Llewellyn, Strategic Director of Public Health Dr Jim O'Donnell, Slough Clinical Commissioning Group Les O'Gorman, Business Representative Colin Pill, Healthwatch Representative Dave Phillips, Royal Berkshire Fire and Rescue Service NHS Commissioning Board Representative Jane Wood, Strategic Director of Wellbeing
DATE AND TIME:	WEDNESDAY, 13TH MAY, 2015 AT 5.00 PM
VENUE:	SAPPHIRE SUITE 5, THE CENTRE, FARNHAM ROAD, SLOUGH, SL1 4UT
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NICHOLAS PONTONE 01753 875120

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



RUTH BAGLEY
Chief Executive

AGENDA

PART I

Apologies for absence.

CONSTITUTIONAL MATTERS

1. Declarations of Interest

All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.

The Chair will ask Members to confirm that they do not have a declarable interest.

All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.

2. Minutes of the last meeting held on 25th March 2015 1 - 8

ITEMS FOR ACTION / DISCUSSION

3. Deaf and Hard of Hearing People's Experience when Accessing Health Services in Slough 9 - 24 All

4. Get Active Slough - A 5-Year Leisure Strategy for Slough 25 - 40 All

5. Promoting and supporting the wellbeing of residents with the voluntary sector 2015 - 2020 Partnership Strategy 41 - 46 All

6. Overarching Information Sharing Protocol 47 - 124

ITEMS FOR INFORMATION

7. Child Poverty Strategy 125 - 130 All

8. Children and Young People's Plan 131 - 134 All

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
9.	Action Progress Report and Future Work Programme <i>To note.</i>	135 - 138	
10.	Attendance Record	139 - 140	
11.	Date of Next Meeting <i>15th July 2015</i>		

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

The Council allows the filming, recording and photographing at its meetings that are open to the public. Anyone proposing to film, record or take photographs of a meeting is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

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Slough Wellbeing Board – Meeting held on Wednesday, 25th March, 2015.

Present:- Councillors Anderson (in the Chair until 6.30pm) and Hussain (from 5.10pm), Naveed Ahmed, Ruth Bagley, Ramesh Kukar, Lise Llewellyn (from 5.40pm and in the Chair from 6.30pm), Dr Jim O'Donnell, Les O'Gorman, Dave Phillips, Colin Pill, Alan Sinclair (deputising for Jane Wood) and CI Gavin Wong (deputising for Simon Bowden).

Apologies for Absence:- Jane Wood, Superintendent Simon Bowden and Rachel Pearce.

PART 1

38. Declaration of Interest

No declarations were made.

39. Minutes of the last meeting held on 12th November 2014

Resolved – That the minutes of the meeting of the Slough Wellbeing Board held on 12th November 2014 be agreed as a correct record.

40. Membership

The Board were informed that the Council had approved the proposal to increase the number of business representatives to the Board from one to two at their meeting on 25th November 2014. Naveed Ahmed from Goldteam Recruitment and Les O'Gorman from UCB UK were therefore formally welcomed as voting members of the Board.

Resolved – That Naveed Ahmed and Les O'Gorman be welcomed to the Board as Business representatives.

41. Better Care Fund Pooled Budget Agreement 2015/16

The Board considered a report which provided an update on the proposed Pooled Budget 2015/16 between the Council and Clinical Commissioning Group (CCG) in relation to the Better Care Fund (BCF).

The final BCF plan for Slough had agreed a pooled budget of £8.762m for 2015/16, which was the minimum amount required by NHS England. £694,000 would be contributed by the Council, with the rest from the CCG. The local authority would be the host of the pooled budget as the majority of the spend would be for social care. The Board noted the governance arrangements and key investment priorities as detailed in the report, and considered the financial implications, particularly of the performance related element of reducing hospital admissions through better integration of social care.

(Councillor Hussain joined the meeting)

A range of issues were discussed including risk management, and in particular the implications of the Care Act. It was noted that the BCF pooled budget would account for less than 10% of the total local spend on social care and the ambition to increase integration between health and social care extended beyond the BCF programme. The agreement would come in to effect once both parties had formally agreed the budget. The Council's Cabinet had approved the pooled budget on 9th March 2015 and the report would be considered by the CCG Governing Body on 7th April 2015.

The Board noted the update and agreed to produce a summary of key elements of the BCF programme for circulation to new members of the Board.

Resolved – That the Wellbeing Board note the following:

- (a) The Council and Clinical Commissioning Group would enter into a pooled arrangement under S75 of the NHS Act 2006.
- (b) The Council be the host of the Pooled Budget.
- (c) The financial contributions to the budget together with the proposed arrangements for governance and management of the plan.
- (d) Delegation to the Acting Director of Adult Social Care (following consultation with the Leader and Commissioner for Finance & Strategy and the Commissioner for Health & Wellbeing) and the Chief Financial Officer of the CCG (subject to approval by the Slough CCG Governing Body) for the final signing of the Section 75 Agreement.

42. Mental Health Crisis Care Concordat

The Board considered the Berkshire Mental Health Crisis Care Concordat Action Plan which set out the commitment of partners to act collaboratively to provide coordinated and comprehensive mental health crisis services for residents.

The Concordat was a national initiative arising from the increased focus on improving mental health services. The Action Plan, circulated as an appendix to the report, had been considered and signed off by all key partners across Berkshire including the Clinical Commissioning Groups (CCG), local authorities, Berkshire Healthcare NHS Foundation Trust, Frimley Health Foundation Trust, Thames Valley Police and South Central Ambulance Service. The Plan set out a range of specific actions aimed to promote early intervention and high quality treatment; improve the response times of mental health crisis and emergency services; and better access to support through primary care. The CCG reported that their operational plan supported this

work including an additional £2.9m in 2015/16 to improve mental health services.

(Lise Llewellyn joined the meeting)

The Board welcomed the Action Plan and wider focus on improving mental health services, particularly as Slough experienced a relatively high level of admissions for mental health conditions. Partners discussed a number of examples of practical work underway such as ensuring mental health patients were transported to places of safety via ambulance rather than the Police and the work of voluntary and community sector organisations in providing support. The role of employers in supporting any of their employees experiencing mental health issues was also discussed and it was agreed to circulate details of the 'Time to Change' programme to Board members.

The Board noted the Concordat Action Plan and agreed to receive a report detailing the progress made on implementation in six months followed by further reports on an annual basis.

Resolved – That the Wellbeing Board note the following:

- (a) The Crisis Care Concordat is a national requirement and the joint action plan has been produced through a steering group with invitees from all partner agencies and signatories.
- (b) The Action Plan was in alignment with the Mandate previously authorised.
- (c) There was a requirement to monitor implementation of the action plan and that that the Board be updated in six months followed by annual updates.

43. SBC Five Year Plan

The Board were updated on the recently agreed Slough Borough Council Five Year Plan 2015-2019 and considered the implications for the Board's work programme and the refresh of the Slough Joint Wellbeing Strategy (SJWS).

The Five Year Plan set out a clear vision and direction for the Council, and the borough more widely, in the period to 2019 during which the Council would face continued financial pressures due to further reductions in central government grant and rising demand for services. The outcome focused plan, which replaced the corporate plan, would determine the Council's spending priorities from 2016/17 onwards and help identify in year savings during the next financial year. A number of key challenges had been identified including a young, dynamic yet relatively unhealthy population with a critical need for new housing. The role of the Council would be to provide community leadership, place-shaping, supporting the most vulnerable and enabling people to help themselves.

The plan would help partners better understand the key challenges and priorities of the Council during the process of refreshing the Joint Wellbeing Strategy when all partners would bring their respective plans to the table. One of the key elements in delivering the Five Year Plan was the new approach taken to leisure provision and it was proposed and agreed to bring a report on the Council's new Leisure Strategy to the next meeting of the Board. At the conclusion of the discussion the plan was noted.

Resolved – That that the report on Slough Borough Council's Five Year Plan, and the implications for the Board's work programme and refresh of the Slough Joint Wellbeing Strategy, be noted.

44. Housing Update

The Board received an annual update from the Council's Assistant Director, Housing & Environment on the achievements and concerns in terms of improving housing in Slough.

Housing was recognised as a crucial factor in the wellbeing of Slough residents and the comprehensive update included the activity undertaken to work with landlords to address poor standards of private sector housing; the licensing and inspection of Houses in Multiple Occupation (HMO) to improve the quality of HMOs and tackle associated issues such as anti-social behaviour; and the adoption of a new Housing Allocation Scheme along with measures to tackle fraud with 19 sublet properties recovered since January 2014. A number of new social/affordable housing developments had either been completed or were underway notably as part of the Britwell regeneration and with the Slough Regeneration Partnership at Ledgers Road and Wexham.

The Board were updated on the Sheds project and it was reported that 4,678 sheds had been inspected in the borough with a relatively small number of properties either referred to the Valuation Office or issues related to the occupation of sub-standard properties being addressed. The inspections had identified much lower levels of occupancy of sheds than had been perceived and it had concluded that there was no hidden household community in Slough.

A number of issues were discussed including the findings of the sheds inspections and out of borough placements for people in temporary accommodation. Strategic risks were highlighted including changes to the enforcement regime for HMOs which would reduce the tools available to the Council to address issues at 2 storey HMOs and the fact that population growth would mean the demand for housing was expected to continue to rise faster than the increase in supply.

Overall, the Board welcomed the good progress that was being made and noted the report.

Resolved – That the update report be noted.

(Councillor Anderson left the meeting at this point and Lise Llewellyn took the Chair for the remainder of the meeting.)

45. Information and Data Sharing

A report regarding the development of a new overarching Information Sharing Protocol for the Slough Wellbeing Board was considered.

The Board did not currently have a common set of principles or parameters to manage the information sharing arrangements between partners and the new protocol sought to address this gap. The approach to developing a three tier model for information sharing was explained, as detailed in Appendix A to the report, as were the key principles that would underpin the protocol. All public sector partners would be asked to sign up to and adopt the broad principles in the protocol which would improve joint working and encourage transparency.

A first draft of the protocol had been prepared and would receive comments from the Council's legal services department before coming back to the Board for consideration and, if appropriate, agreement. The Board felt that the protocol should be simple to understand and not duplicate any existing statutory arrangements for information sharing. In response to a question from a member, it was noted that the draft had not yet had input from partners. The Board therefore asked that following the incorporation of legal services comments the draft be circulated to Board members for comment prior to the next meeting. The protocol would be considered for approval at the meeting to be held on 13th May 2015 if this process of consultation had been completed.

Resolved –

- (a) That the update be noted.
- (b) That the action currently underway to develop a final draft of the proposed multi-agency protocol be endorsed.
- (c) That the Overarching Information Sharing Protocol be considered for sign off/approval by the Board in May 2015, subject to the incorporation of legal comments and circulation to partners.

46. Pharmaceutical Needs Assessment - Final Document

The Board considered a report which sought approval for the final version of Pharmaceutical Needs Assessment (PNA).

The development of the PNA was the responsibility of the Wellbeing Board under the Health and Social Care Act and the first PNA produced under the new arrangements needed to be published by 1st April 2015. It would be kept up to date through supplementary updates and undergo a full review every three years. Since the last report to the Board in September 2014, the PNA

had undergone consultation, the results of which were detailed in the report. After due consideration, the final PNA was approved.

Resolved – That the Slough PNA be approved.

47. Economic Development Strategy Performance Update

The Board received an information report which updated them on status of the Economic Development Strategic Plan for Growth. The plan would evolve as Five Year Plan delivery was rolled out and further updates would be provided to the Board in the future.

Resolved – That the update be noted.

48. Primary Care Co-Commissioning

The Board received an update from the Clinical Commissioning Group (CCG) on proposals for Primary Care Co-Commissioning and presentation slides which summarised the position were tabled.

Under the Health and Social Care Act 2012, contracting of primary care was the responsibility of NHS England not the CCGs. The potential for co-commissioning of primary care services would create a clearer framework and the options available included closer working relationship; formal joint commissioning through a joint committee; or fully delegated commissioning. Slough was keen to move the delegated arrangements as soon as possible with a formal joint committee including the CCG, NHS England and the involvement of wider stakeholders such as the Wellbeing Board, Healthwatch and patient representation.

The main responsibilities would be to plan, review and co-ordinate primary medical services in Slough. Key aspects of the work plan would be to seek to sustain the activities supported by the Prime Ministers Challenge Fund which had proved popular with patients, review the Walk In Centre and strategically plan premises development.

The Board were being asked to note the update at this stage and it was recognised that the strategic development of primary care was a significant issue for the Board. It was also noted that that Health Scrutiny Panel had discussed GP provision in Slough at its meeting earlier in the week and had agreed to undertake further scrutiny on this issue in the summer of 2015. The opportunities arising from co-commissioning would therefore be of interest to the Panel as part of this scrutiny.

Resolved – That the update be noted.

49. Action Progress Report and Future Work Programme

The Board noted the Action Progress Report and the work programme for the next meeting. As discussed elsewhere on the agenda it was agreed to add the Leisure Strategy to the programme for the next meeting.

Resolved – That the Action Progress Report and the Future Work Programme be noted.

50. Attendance Record

Resolved – That the attendance record be noted.

51. Date of Next Meeting

Resolved – That the next meeting be confirmed as 13th May 2015.

Chair

(Note: The Meeting opened at 5.04 pm and closed at 7.00 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Wellbeing Board **DATE:** 13th May 2015

CONTACT OFFICER: Nicola Strudley, Healthwatch Manager
(For all Enquiries) 07912548839

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

DEAF AND HARD OF HEARING PEOPLE'S EXPERIENCE WHEN ACCESSING HEALTH SERVICES IN SLOUGH

1. **Purpose of Report**

To capture the experiences of deaf resident's experiences when accessing health services, have their voice amplified and identify areas that need improvements.

2. **Recommendation(s)/Proposed Action**

All members of the Wellbeing Board to consider what the difference is in their own organisation between practice and policy with regards accessibility for those with sensory needs.

All members of the Wellbeing Board to consider the recommendations made in the report, attached at Appendix A.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

The Slough Joint Wellbeing Strategy (SJWS) aims of;

- Enhancing positive health and wellbeing throughout life
- Ensuring better community engagement to improve the wellbeing of residents

Safer Slough aims to promote cohesive open communities that value diversity, encourage a sense of belonging and engender a sense of local pride. Regeneration and environment talks about improved access to leisure facilities, however there is no mention of improved access to health care services.

3b. **Five Year Plan Outcomes**

Explain which of the Five Year Plan's outcomes the proposal or action will help to deliver.

- More people will take responsibility and manage their own health, care and support needs
- The Council will be a leading digital transformation organisation

4. **Other Implications**

(a) Financial - There are no financial implications of proposed action.

(b) Risk Management - None stated.

(c) Human Rights Act and Other Legal Implications

The Equalities law places a duty on organisations and employers to make reasonable adjustments so that those with disabilities have the same access as an able bodied person

(d) Equalities Impact Assessment - N/A.

(e) Workforce

5. **Supporting Information**

None

6. **Comments of Other Committees**

None

7. **Conclusion**

Healthwatch Slough has highlighted an issue – it is for the Wellbeing board to decide what happens next not Healthwatch Slough.

8. **Appendices Attached**

A - Deaf and hard of hearing people's experience when accessing health services in Slough

9. **Background Papers**

None



Deaf  and hard of hearing people's experience when accessing health services in Slough 



March 2014

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Executive Summary

Deaf people and their families are a group of people who are likely to experience difficulties in accessing health and social care services. Deaf Positives Action, on behalf of Healthwatch Slough, conducted a survey with 8 Deaf people to find out about their experiences when dealing with GPs and Hospitals.

We sat down with our 8 Deaf volunteers and asked them to share their experiences that they had when accessing GPs or hospitals in the Slough area. We wanted to try and identify areas that need improvements. We recognise that this focus group is not representative of all deaf patients' experiences.

It is apparent that is that there is a clear and urgent need for Deaf Awareness training across the board, as there are problems such as not maintaining eye contact, failing to write important information down and not allowing extra time for appointments.

Recommendations

Booking a GP appointment

- Reception staff would have basic Sign Language skills and surgeries should have information screens so patients know when their name is called and which room to go to.
- A webcam service can be provided via Deaf Positives Action to communicate in an emergency.
- Normally BSL Interpreters need to be booked 2 weeks in advance and consideration needs to be given to what happens in an emergency or if an urgent appointment is required (it is not fair on Deaf patients to have to wait for an appointment longer than a hearing person).
- Referrals for tests or to specialists need to include information about the patients communication needs and if they have a preferred provider for their communication needs to ensure continuity.

Use of interpretation services

- Setting up a webcam, or Skype system on a computer and link into a live interpretation service. The Deaf patient would be able to communicate with an interpreter via the webcam system to explain their issues, book an appointment, change appointment, book a nurse or discuss any other concerns or questions they may have. The live interpreter can relay to the receptionist. Webcam is not expensive (around £25.00) and Skype is free.

Online

- In-vision on the website would make websites inclusive to the Deaf community. It would also clarify words or acronyms and stop confusion or mistakes that can often happen when the correct form of communication has not been used.
- The on-line facility should have a red flag system to alert staff that an interpreter would need to be booked. This would cause a delay in the appointment process however it is the only way for a Deaf person to book as they are unable to telephone themselves.
- Deaf Awareness training for reception staff; Including topics on 'what to say' and 'How not to offend a Deaf person,' along with a few simple signs to welcome people when they arrive at the reception.

Deafness in Slough and the UK

This report looks at the issues Deaf and hard of hearing people face in accessing health care services in Slough every day. It sets out how we identified the problems and we make recommendations to tackle inequality and to give Deaf people a stronger voice as patients.

In this report we use ‘Deaf people’ (with a capital ‘D’) to mean people who have British Sign Language (BSL) as their first or preferred language. Some Deaf people have a foreign sign language as their first language but have learned BSL when they came to live in the UK. However, there are some Deaf people who use International Sign Language as a preferred language, or choose not to learn another Sign Language at all.

According to figures sourced from Slough Borough Council (<http://www.slough.gov.uk/council/strategies-plans-and-policies/sensory-impairment.aspx>) ; an estimated 127 people in Slough have a hearing impairment. This figures will rise by 2020.

Estimated number of adults with sensory impairments

	Slough	2012	2020
Total population aged 18 and over predicted to have a moderate or severe hearing impairment		8,562	10,209
Total population aged 18 and over predicted to have a profound hearing impairment		172	219
People aged 18-64 predicted to have a serious visual impairment		59	65
People aged 65-74 predicted to have a moderate or severe visual impairment		1,569	1,870

As at September 2013, the Slough Borough Council sensory needs register includes:

- 390 people with a visual impairment
- 127 people with a hearing impairment.
- Since April 2013, 38 referrals have been made to Optalis for adult social care. Out of this number, 10 people have received mobility training. In addition 32 people with a hearing impairment have been assessed by adult social care.

Deafness at birth or in childhood has significant effects on the learning of basic skills and this affects 180,000 people in the UK. A further 500,000 people become severely or profoundly Deaf later in life. For them, deafness does not in itself create a need for basic skills, but those who wish to acquire basic skills might find it difficult to access appropriate provision. There are two important subgroups of Deaf learners: those who use BSL as their preferred language and those who use speech and lipreading. Although the best medium of instruction is different for each group, the required strategies for teaching and learning are similar. The last survey of Deaf school leavers was in 1979, it found that the average reading age for all Deaf learners was 8.6. This situation has not improved.

There are 9 million people in the UK with some form of hearing loss

Deaf patients accessing health appointments

Deaf patients had problems with GPs refusing to book British Sign Language (BSL) Interpreters or having to wait for 2 weeks before getting an appointment due to the fact that their communication requirements meant they needed a double appointment and/or the services of a BSL interpreter.

When an appointment had been made the experiences that our volunteers faced were: -

- No communication support at GPs and therefore struggled to understand the GP for a number of reasons.
- For example; the Doctor has an accent, the setup of the room was wrong, poor lighting, the Doctor was in front of the window meaning their face was in the shadow making lip reading difficult, the client was asked to lay face down or stand in front of the Doctor (facing away) again making lip reading impossible.

Further feedback includes: -

- The appointment was treated as a normal 10 minute appointment, 10 minutes is not long enough and they were concerned that the limited time meant that there may be mistakes made in diagnosis or prescriptions.
- Important information on dosage etc. this was not written down to refer to later, and the information leaflets were not in a format easily accessible to someone with English as a second language.
- To clarify BSL users class BSL as their *first* language and English as their *second*.
- To further complicate issues, if the patient is Deaf and from another country they may have learnt BSL but not written English. Patients therefore require an Interpreter to be booked for these appointments.

When our volunteers requested a BSL Interpreter to be booked for their appointment, the surgery told them they have no time to deal with the booking of an Interpreter and insufficient budget to pay for one.

The Ambulance Service and hospitals have little or no access to BSL Interpreters in an emergency situation and many people rely on family or friends to interpret. The problem with family or friends interpreting is that they are not qualified nor insured. There can be concerns for patients regarding confidentiality and often in a distressed state of mind due to them being worried about their loved one.

The same happens at dentist and opticians the problem with dentist is that they further exacerbate the problem by covering their mouth with a mask making it impossible to lip read.

On the whole, Deaf people would prefer to have a BSL Interpreter at appointments; however they would want to be able to communicate with health providers via webcam, e-mail or text. Minicom/Textphone is old technology now and many people do not use them. It is all about equality; a hearing person can use a phone to get an immediate answer and Deaf people require the same access.

Deaf patients cannot use the phone in emergencies, make appointments, to get results, have a telephone consultation or get a repeat prescription.

Recommendations by the panel

- Ideally, reception staff would have basic Sign Language skills and surgeries should have information screens so patients know when their name is called and which room to go to.
- A webcam service can be provided via Deaf Positives Action to communicate in an emergency.
- Normally BSL Interpreters need to be booked 2 weeks in advance and consideration needs to be given to what happens in an emergency or if an urgent appointment is required (it is not fair on Deaf patients to have to wait for an appointment longer than a hearing person).
- Referrals for tests or to specialists need to include information about the patients communication needs and if they have a preferred provider for their communication needs to ensure continuity.

Hard of Hearing

People that are Hard of Hearing sometimes find it difficult to use '999' to explain where they live or misunderstand the questions being asked as they can talk but not hear the information correctly, text is a great way of communication as the information would be clear. The 'emergencySMS' service has now been put in place. Please go to the website at www.emergencysms.org.uk

Sometimes the patient would rely on friends or neighbours to phone the health professionals and when they arrive it can be very confusing for the patient, the

receptionist or GP would then expect them to use pen and paper. This puts pressure on the patient and takes longer for all those involved so it would be good to have communication support or a note taker. If you could not hear the professional very well and misunderstood the communication then the patient would need to have enough time to check and make sure the information is understood correctly. Another idea would be to have a drop in centre with voice over. In a real emergency, how would a Deaf or hard of hearing person get the communication support that they really need, with no access to the phone and very little support once the emergency services arrive?

It's not good enough to provide deaf people with written material

The barrier for Deaf people who have BSL as their first language is that their school education was often not conducted in that language. The structure of BSL is different from spoken or written English. Introducing In-Vision into GPs websites would create accessible content for Deaf people and will help increase their customer base. It is also a great way to raise Corporate Social Responsibility profile.

Remember, the average reading age for all Deaf learners was 8.6 years old. This situation has not improved. Providing accessible website content not only makes good business sense, it also creates product awareness, brand loyalty and inclusion.

Deaf people and their families are a group of people who are likely to experience difficulties accessing health and social care services. Online research reveals a number of examples including a son who had to tell his Deaf father that he was going to die: <http://limpingchicken.com/2013/04/23/i-told-dad-his-battle-with-cancer-was-lost-because-the-nhs-didnt-provide-an-interpreter/>

Deaf Positives Action was asked to take on the task of undertaking a survey with Deaf and Hard of Hearing patients, and find out if all compliance and regulations were being provided to the Deaf community when accessing primary care. Deaf Positives Action did not divulge their identity so the GP surgeries were not aware that they were being evaluated. We performed specific tasks to provide a detailed report about our experiences.

We had meetings with Deaf and Hard of Hearing people; we had good discussions about their experiences at GPs and hospitals. There is no access for Deaf people e.g. webcam, text or email.

This is what we found..... Meeting with the Deaf patient

Deaf or hard of hearing patients - trying to communicate with health professionals

<i>Patient</i>	<i>Response</i>
----------------	-----------------

<i>Live in Slough</i>	8
<i>Profoundly Deaf</i>	5
<i>Hard of Hearing</i>	3

<i>Communication Method</i>	<i>Oral</i>	<i>British Sign Language</i>	<i>English Speaker</i>	<i>International Sign Language</i>	<i>Other</i>
<i>Deaf</i>		3		2	
<i>Hard of Hearing</i>	2	1			

Most of those use BSL. Only 2 use ‘International Sign Language’ (ISL). Most GPs refused to book a Deaf Relay Interpreter as they are not aware of the importance. Some Deaf people also have additional communication needs and may require a relay interpreter, some Deaf people would benefit from specialist Deaf support i.e. Deaf counselling rather than a hearing person with an interpreter as their cultural needs are important.

Recommendations to improve communication

- Setting up a webcam, or Skype system on a computer and link into a live interpretation service. The Deaf patient would be able to communicate with an interpreter via the webcam system to explain their issues, book an appointment, change appointment, book a nurse or discuss any other concerns or questions they may have. The live interpreter can relay to the receptionist. Webcam is not expensive (around £25.00) and Skype is free.

To use of a live interpreter over webcam would charge between £1.00-£10.00 a minute depending on the supplier. To provide a Deaf Interpreter that can use ISL.

<i>Communication with reception</i>	<i>Pen and Paper</i>	<i>Basically in British Sign Language</i>	<i>Speak</i>	<i>Non-Communication</i>	<i>Other</i>
<i>Deaf</i>	11	11			111
<i>Hard of Hearing</i>	1		11		

Feedback on communication with health professionals

Most patients had a negative experience as they prefer communication via webcam, (Communication Support). They would try to communicate but if no BSL Interpreter is booked this becomes very stressful and inevitably ends with communication breakdown.

<i>Does the surgery supply an interpreter?</i>	<i>Yes</i>	<i>No</i>
<i>Deaf</i>		5

<i>Hard of Hearing</i>		3
------------------------	--	---

How the patient prefers to contact GP/Hospital

	<i>Phone</i>	<i>Mobile</i>	<i>Email</i>	<i>Webcam</i>	<i>Letter</i>	<i>Other</i>
<i>Deaf</i>		1	1			11
<i>Hard of Hearing</i>	1					11

- Prefer meeting in person e.g. going to see the receptionist in person.
- Email will be easier to communication but the patient’s level of English needs to be considered.
- Same as above by email, some people prefer text as it’s quicker.
- Webcam through Deaf Positives Action to contact on behalf of patient.

Walk in centre?

	<i>Yes</i>	<i>No</i>	<i>Other</i>
<i>Deaf</i>	5		1
<i>Hard of Hearing</i>		1	1

Patients walk into the centre to communicate with pen and paper, the patient can still struggle to communicate.

Accessibility on the Website

We looked at the accessibility for Deaf people. We were interested to find out how easy it would be to read all the information and find their way around the website. Was there a facility to see all the information in BSL, the first language for Deaf people?

Book an appointment online?

There is no online appointment system so have to rely on face to face communication with the receptionist.

How does someone contact the surgery?

The patient will go to the surgery to make an appointment or ask family or friend to make an appointment on their behalf by phone. The patient has no confidentiality, with a qualified Interpreter they would be insured and bound by a code of ethics. The National Registers of Communication Professionals (NRCPD).

Recommendations to improve communication with deaf or hard of hearing patients

- The websites are clear for people who are not Deaf and cannot speak English. However there is not a service for the information on the website to be signed in BSL. There is not any information on the facilities that Deaf people should receive as their rights. In-vision on the website would make the website inclusive to the Deaf community. It would also clarify words or acronyms and stop confusion or mistakes that can often happen when the correct form of communication has not been used.
- The on-line facility should have a red flag system to alert staff that an interpreter would need to be booked. This would cause a delay in the appointment process however it is the only way for a Deaf person to book as they are unable to telephone themselves.
- It was apparent that the receptionists would need Deaf Awareness training. The training would have to be specific to their role. Including topics on 'what to say' and 'How not to offend a Deaf person,' along with a few simple signs to welcome people when they arrive at the reception. Deaf Positives Action is a local provider and able to offer Deaf Awareness Training.

Conclusion

This work has revealed that there are a number of problems faced by Deaf people in accessing health services in Slough.

This is likely to be in breach of the duties outlined in the Equality Act 2010, which requires service providers to avoid unlawful discrimination and to make reasonable adjustments under the 'Equality Act', it is considered a 'reasonable adjustment' for organisations to book appropriate communication support. Putting Deaf people at a disadvantage when accessing health and social care services could also be seen as a failure to comply with the Human Rights Act 1998 - in particular the right to be free of inhumane or degrading treatment (article 3) and the right to a personal and family life.

As well as the human cost to the people and their families who have had these experiences, there are potential monetary costs due to missed and delayed appointments caused by the absence of interpreters. There are also potential costs arising from miss-diagnosis and inappropriate treatment.

Deaf people are not asking for special treatment, just equal treatment. Patients should have full access to information and the options available to them. Issues with communication and interpreters can mean that Deaf people are unable to be fully involved in decisions about their care.

Healthwatch Slough is committed to raising the voice of Slough patients as well as working with providers to improve service delivery. There are a number of suggestions in this report that organisations can take on board to make a real difference to the deaf patient experience.

Contact for further information

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www.healthwatchslough.co.uk
www.facebook.com/HealthwatchSlough
www.twitter.com/HWslough

Here are some of our volunteers

Contact us if you would like to work with Healthwatch Slough in helping to improve local services.



Annette Drake MBE



Clare Jacklin



Eileen Wheeler



Heather Young



Nick Campbell-White



Rebecca Day



Richard Bashford



Lorna Willis



Martin Conibear



Maureen Campbell-White



Maureen Edwin



Myrleen Beckford



Roger Kemp



Ros Croy



Sarah Bowring



Shiela Laws



Shirley Stoddart



Tony Allen



Ulla Isaken



Vera Doe



Jim Stockley



Arunjot Mushiana



Caris Thomas



Colin Philpott



Manvinder Sagoo

Your feedback

Healthwatch Slough is keen to find out how useful this report has been to you, and/or your organisation in further developing your service. Please provide feedback below or via email.

We found the report to be:

Useful / Not useful

Why do you think this?

.....
.....
.....

We have made the following changes since reading this report:

.....
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.....
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Your Name and contact details

.....

Your organisation

.....

Please mail to:

Healthwatch Slough
c/o Citizen Advice Bureau
27 Church Street,
Slough,
SL1 1PL

or email to: enquiries@healthwatchslough.co.uk

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** Wednesday 13th May 2015

CONTACT OFFICER: Roger Parkin – Director of Customer & Community Services
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WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

GET ACTIVE SLOUGH - A 5 YEAR LEISURE STRATEGY FOR SLOUGH

1. **Purpose of Report**

This report is to advise Slough Wellbeing Board of progress in implementing the Slough Leisure Strategy – “Get Active Slough”. The strategy is designed to target those not taking regular physical exercise to get more people more active more often. The report presents the proposed five year plan for community leisure development including the replacement of Montem Leisure Centre, a programme of small capital schemes aimed at improving facilities at a neighbourhood level in our parks and open spaces and a comprehensive physical activity programme targeting areas of the town with high levels of inactivity. The Wellbeing Board is also advised that the newly adopted Parks and Open Spaces Strategy plays a key role in getting local people more active and is closely interlinked with the leisure-wellbeing strategy.

2. **Recommendation(s)/Proposed Action**

The Board is requested to resolve that:

- (a) That the Slough Wellbeing Board note this report and support its objectives as described.
- (b) That where possible due consideration is given to how the Board can provide proactive support and where possible budget to assist in delivering the proposed outcome

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a **Slough Joint Wellbeing Strategy Priorities**

- **Economy and skills**
- **Health and wellbeing**
- **Regeneration and environment**
- **Safer Slough**
- **Civic responsibility**
- **Improving the town’s image**

3.1 All the actions within the Leisure Strategy will contribute towards achieving the overarching vision of the Slough Joint Wellbeing Strategy and will make significant contributions specifically to the health, wellbeing and safer Slough themes.

- **Health and Wellbeing.** Cabinet in July 2014 approved a strategy for leisure, with the overarching aim to “enhance the health and wellbeing of Slough residents by ensuring

leisure activity is adopted as a habit for life for all – more people, more active, more often”. The causal link between physical activity and overall health indicators is clear, particularly for obesity and heart disease, which are high priorities for Slough.

- **Safer Slough.** The opportunity to participate in shared leisure activities makes a positive contribution to community cohesion and interaction for all members of the varied and diverse community in Slough.
- **Regeneration and environment.** Leisure facilities, both open spaces and buildings, can be used for leisure purposes, contributing to the quality of the environment of the town. They provide opportunities to regenerate specific sites and local communities.

3.2 This will be one of a group of strategies that underpin and enable the Wellbeing Strategy. Each addresses a specific area of activity and links with and reinforces the strategic aims and objectives of others. All are linked by the common vision of the Wellbeing Strategy.

3b. **Five Year Plan Outcomes**

- By offering a wider choice of accessible leisure facilities and programmes more people will take responsibility and manage their own health, care and support needs by participating more regularly in physical activities which are proven to enhance both physical and emotional wellbeing
- Children and young people are a priority target group for increased participation in sport, play and physical activity which also contributes to targets and outcomes identified in the obesity strategy.
- The leisure capital improvement programme will maximise income and the value of our leisure assets will be maximised

4. **Other Implications**

(a) **Financial**

Within the current Medium Term Financial Strategy (MTFS) capital programme, funding has been allocated for a number of leisure projects. The main strands are:

- £1.463m related capital investment in this year’s programme predominantly for repairs and maintenance to existing facilities.
- £3.5m earmarked for future improvements to the ice arena subject to final approval.
- £450k over 3 years allocated for small capital improvements in community venues including parks for leisure purposes.
- £540k for capital improvements to Baylis Park
- £2.3m Section 106 funds, including commuted sums, allocated to parks and leisure priorities

There is currently no confirmed capital budget for major new leisure development other than ice in the Medium Term Financial Strategy. Further allocations of major capital funding will be considered as part of the detailed design development of any new facilities and will be presented to Cabinet in July 2015.

(b) **Risk Management**

Legal	None at this stage	
Property	A detailed facilities options appraisal will be carried out as part of the development of the Leisure Strategy and will be presented to Cabinet in July 2015	Release sites for housing regeneration that will generate a capital receipt

Human Rights	None	
Health and Safety	This will be addressed for new facilities as they are developed	
Employment Issues	None	
Equalities Issues	The strategy focuses on identified priority groups, but will maintain opportunities for all. There will be a clear link between local dispersed provision and the ability of priority groups to engage	Improved access to quality facilities will contribute to increasing levels of activity by Slough residents
Community Support	User and non user information has been used to inform the strategy.	Further consultation will be undertaken as proposals are developed
Communications	None	
Community Safety	None	
Financial	See section 4.1	
Timetable for delivery	5 year action plan produced and draft capital programme in place	Link with contract ending in 2017
Project Capacity	Working Group established and lead officer appointed.	

Human Rights Act and Other Legal Implications

There are no Human Rights Act implications.

Equalities Impact Assessment

An Equalities Impact Assessment will be completed for new leisure facilities when those plans have been developed.

(c) Workforce

There are no workforce implications

5. Supporting Information

5.1 Cabinet agreed the leisure strategy “Get Active Slough” in July 2014, which has been developed to achieve the overarching outcome of **more people, more active, more often**. This outcome will be achieved by maintaining levels for those who are currently active and engaging more people in active lifestyles.

1. 5% more active Slough adults than in 2013 (63% increased to 68%)
2. 1% fewer children reported as overweight or obese in reception and at year 6 in the highest rate wards

“Get Slough Active” is central to improving wellbeing and health outcomes. It is a key driver for the parks strategy. The updated draft parks strategy for the Council (summary attached as Appendix A) identifies strategic parks and priorities for development. This feeds into the overarching leisure strategy and will enable improvements that will encourage more people to use parks to improve their levels of activity which will help the community derive more benefit from the many parks that are in the town.

5.2 Five year plan for community leisure

- 5.2.1 The outline action plan for a five year community leisure programme (dispersed strategy) is included as Appendix B. Plans to increase community participation include negotiating enhanced levels of public access to school swimming pools, sports halls and playing fields, and targeted investment in locally accessible venues including particularly parks, as well as the Community Sports Activation Fund programme “Get Active”. This complements work by schools and sports clubs as well as play provision.
- 5.2.2 The community leisure programme will reach out to and engage people who are not currently active to encourage them to take exercise close to where they live or work. There will be facilities and programmed activities and outreach activities to develop new users and act as a bridge to the main leisure facilities and in turn encourage their use.
- 5.2.3 The strategy gives priority to increasing participation of children, young people and women. Key wards with poor health outcomes and low participation will be prioritised, particularly Baylis and Stoke, Britwell and Northborough, Foxborough and Wexham Lea, but there will be activities and improvements across all parts of the borough. Implementation is already in progress.
- 5.2.4 Capital funding of £150,000 a year for the next three years and revenue funding of £50,000 has been allocated to develop community facilities and build local programming. Investment will include simple and accessible facilities like walking and trim trails, outdoor gyms or MUGAs at a convenient location in an outdoor community venue, including particularly parks. This shows the intent of the Council in investing in improving health outcomes, but it is a priority to secure further funding through partners to embed and extend the improvements. Work is currently underway to install new equipment in Bloom Park, Mercian Recreation Ground and Godolphin Playing Field.

5.3 Main Leisure Facilities

- 5.3.1 A team of consultants led by FMG have assessed all available evidence of community needs for leisure. This included data from Sport England, local demographic trends information, and some user and non user surveys, as well as consultation with schools and the sports community and governing bodies. This work identified some special factors affecting leisure provision in the borough, including:
- Significant population growth
 - Unmet demand for swimming time at pools
 - Importance of a central venue to be accessible to more people
 - Charging and programming sensitive for some parts of the community
- 5.3.2 Evidence from the review proposed the following facility mix to replace the Montem Leisure Centre to meet future needs for the next 10-20 years.
- Minimum 8 lane swimming pool
 - 125m² learner pool
 - 100-125 station gym
 - 3 studios (2 fitness studios and a spinning studio)
 - 5 court sports hall
 - 2 squash courts
- 5.3.3 The leisure strategy capital programme identifies four major leisure schemes for major development and improvement works over the next five years. These include:
1. Refurbishment and improvement works to Langley Leisure Centre
 2. Refurbishment and improvement works to Slough Ice Arena
 3. Re-provision of the Montem Leisure Centre on the The Centre site

4. Development of a new community sports facility on the Arbour Park site

6. **Comments of Other Committees**

A follow up report will be taken to Cabinet in July 2015 with final, fully costed business cases for the proposed capital programmes.

7. **Conclusion**

This report outlines how the leisure strategy approved by Cabinet in July 2014 is being implemented. The strategy will ensure investment in core facilities to maintain current participation in physical activity, and in particular, the community leisure programme will reach out and enable residents to be more active in ways that fit with their lifestyles and needs in localities where they live. Targeted capital and revenue investment will mean more people are more active more often, which will deliver significant health benefits and longer term savings in health costs, as well as enhancing individuals' quality of life.

8. **Appendices Attached**

'A' Parks and Open Spaces Strategy - Summary

'B' Leisure strategy 5 year action plan

9. **Background Papers**

None

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Slough Borough Council Parks and Open Spaces Strategy 2014 – 2019**Summary****1 Introduction**

Parks and open spaces can contribute positively to a range of the council's priorities, and they fulfil several distinct roles for residents. This strategy, informed by direct engagement with residents, sets out how the council will address the aspirations and needs of residents and how we will deliver the priorities set out by the council and its partners in the Slough Joint Wellbeing Strategy by:

- Creating a positive image for the town
- Improving the health and wellbeing of the population through outdoor activity and sport
- Promoting community cohesion by providing places to share experiences
- Building safer communities through making parks safe and welcoming places
- Mitigating the impact of climate change and protecting bio-diversity.

2 As a very visible council service, and one used by around three quarters of the town's residents on a regular basis, provision of good quality parks and open spaces is a priority for residents. Slough has 87 parks and open spaces and numerous green corridors and natural features which are accessible to the public. Parks usage as well as physical activity levels in Slough are however lower than national and regional averages. Parks offer opportunities for formal and informal activity dispersed generously across the town within neighbourhoods and closer to people's homes. While some parks have become destinations, containing a range of facilities, others lack facilities sufficient to attract users.

3 Increasing the number of parks with a diverse range of facilities, which are welcoming, safe, and easily accessible are therefore the primary outcomes of this strategy, which sets out a number of priorities and actions to deliver this. Competition for resources between all council provided services necessarily requires prioritisation of funding, and this strategy sets out a framework for how this will be done.

4 Purpose of the strategy

Public parks are an essential part of the social life and fabric of our communities. They are well used and valued by local people. They encourage health and well being, provide safe places for children to play, promote civic pride and support biodiversity.

5 This strategy defines Slough Borough Council's vision and priorities over the next five years, up to 2019. It aims to influence, guide and support the work of the council and other key stakeholders in their future development, taking account of future reductions to funding.

6 The strategy incorporates the views of more than 900 residents collected by 4global on behalf of Slough Borough Council between October and December 2013.

7 There are a large number of parks and open spaces in the town and a diverse range of facilities to be found in them. The strategy identifies where the council's limited resources will be focused to make the greatest difference and opportunities to address local people's priorities and needs.

8 Scope of the Strategy

The strategy supports the council's leisure strategy 'Get Active Slough' along with the Slough Joint Wellbeing Strategy. It links with other areas of the council's work which can support the delivery of parks provision, and residents' access to them, including transport, neighbourhood enforcement, planning, environmental quality, community safety, public health and sports and leisure.

9 Most areas of open space are managed by Slough Borough Council, but there are pockets of land managed by other organisations. There will be a requirement to work with partners in the delivery of this strategy, which seeks to deliver provision that meets the needs of all of our communities.

10 Customer research and community feedback

The most recent residents Attitude Survey was carried out in 2010, and demonstrated that public satisfaction with parks had increased.

Satisfaction in service area	2007	2010
Parks and Open Spaces	71%	81%

11 A specific parks consultation in 2013 collected the views of more than 900 residents and visitors to Slough, and the main findings included:

- Respondents were **more satisfied than dissatisfied** with 30 features of parks. Respondents were more dissatisfied than satisfied with toilet provision.
- The top three features where there is not enough provision were toilets, dog fouling bins and secure bike storage.
- 25% of respondents use parks outside the borough, but 50% of these may return if some features were improved
- Safety was raised as a concern by young people; however 46% felt safe in all parks; 17% felt unsafe in all parks, all of the time; while around 25% felt unsafe either in some places, or some of the time.

12 This shows that residents are generally very satisfied with parks provision in the town, but there are some specific facilities which would encourage more people to use parks, or which would improve their experience of using parks. The safety of parks remains a concern for some. There are a range of measures the council and its partners could take, but the passive supervision of other parks users naturally makes parks safer, as well as reassuring other users.

13 Increasing usage of parks therefore not only has a positive impact on the health and wellbeing of the new users, but could encourage others who have been discouraged from using parks to use them more.

14 Vision

Using the evidence and resident research, the council has developed a vision for parks over the lifetime of this strategy.

“Parks and open spaces will be safe and welcoming places easily accessible as a destination of choice for all residents, providing opportunities for activity which contribute to the wellbeing of Slough residents”

15 Priorities

There are six high level priorities for parks, informed by the evidence and resident research, which will deliver the vision.

Priority 1: Deliver a range of new facilities across a network of destination parks which appeal to local residents

Key Actions

(a) Actions focused on the following parks:

- Upton Court Park & Lascelles Park
- Kennedy Park & Monksfield Recreation Ground
- Kederminster Park,
- Baylis Park & Godolphin Recreation Ground
- Mercian Recreation Ground

- Bloom Park
 - Bowyer Recreation Ground
- (b) Deliver new facilities most likely to lead to an improvement in the health and wellbeing of local residents and improve physical activity and deliver them in the best location to attract users and enhance the neighbourhood
 - (c) Parks buildings will support visitors' enjoyment of parks and derelict buildings will be brought back into use. Where toilets are present in buildings but not available, where possible we will trial opening them up for public use
 - (d) Ensure that open space delivered as part of development contributes appropriately to the needs of the neighbourhood and adds value
 - (e) Ensure existing courts are maintained to a useable standard and available for sport; make existing facilities such as changing rooms and toilets available more often to encourage sport activities
 - (f) Use all powers at our disposal to ensure that new and existing sports facilities have community access, e.g. school facilities and playing fields, ensuring that this is included within the planning process where possible

Priority 2: Increase the number of people using parks and open spaces for leisure and recreation, especially physical activity

Key actions

- (a) Provide more organised activities, including a range of formal and informal coaching and instruction and pilot the provision of facilities which promote physical activity and sport
- (b) Seek resources from partners to deliver key initiatives e.g. new BMX track, skate parks, outdoor gyms
- (c) Investigate activities for the elderly and disabled to deliver health benefits related to parks usage
- (d) Provide facilities which would allow schools to make greater use of parks and open spaces, such as nature walks, wildlife observation and conservation activities, as well as promoting parks facilities for sports activities which schools may not be able to provide on-site.

Priority 3: Promote the borough's parks and open spaces to all, ensuring they are accessible, welcoming and safe

Key actions

- (a) Improve the gateways to parks to make them more visible, welcoming and accessible
- (b) Include parks and routes through parks, as destinations on the council's way finding boards
- (c) Utilise and enhance existing 'green corridors' to provide a green network between parks and open spaces inside and outside of the borough
- (d) Green up more of the town's streets to create a more pleasant street scene and encourage walking around the borough
- (e) Develop access corridors to larger parks and open spaces outside of the borough, publicising the full range of nearby sites available
- (f) Any new facilities will have an integrated transport plan as part of their approval, and any transport scheme which is implemented will endeavour to enhance access to parks
- (g) Improve safety in parks by increasing the presence and visibility of staff (contractors and community wardens) for longer each day, through organised activities and events, supervised facilities and publicise this to parks users
- (h) Designate sports pitches and play areas as dog free areas and enforce this through community wardens, in conjunction with a high level campaign on responsible dog ownership
- (i) Build safety into every project delivered in and around parks, including the provision of lighting, sight lines and suitably qualified staff

Priority 4: Take opportunities to improve landscaping in parks to provide pleasant natural environments

Key actions

- (a) Introduce more trees and landscaping in parks to add interest and break up large areas
- (b) Explore opportunities to green up major transport corridors, especially where these act as gateways to parks
- (c) Any development which encroaches on parks and open space must improve the quality of that space

Priority 5: Residents will play a meaningful role in shaping the facilities and environment of local parks

Key actions

- (a) Encourage residents to take a more active hands on role in parks, contributing to the delivery of projects
- (b) Guarantee that we will always listen to any suggestions from residents or community groups, and offer support to new and existing groups who wish to get more involved
- (c) Give residents a greater say in the future of their parks and open spaces by facilitating three parks and open spaces steering groups, for east, west and central Slough, to shape master planning for development in these sectors

Priority 6: Support changes in park management and maintenance systems and look to different sources of funding and delivery

Key actions

- (a) Support changes in park management and maintenance systems through the new grounds maintenance contract from 2016
- (b) Explore new uses, facilities and events in parks which generate income
- (c) Identify more diverse sources of funding and resources
- (d) Encourage and develop new partnerships
- (e) Look at opportunities to generate income through commercial developments

16 Outcomes, targets and measures

By delivering the priorities within this strategy:

- Residents of all ages are more active
- Residents have fewer chronic health conditions, obesity levels are lower, and life expectancy is longer
- Local people are more involved in the planning and management of local parks
- Parks users feel safe using parks
- The number of car journeys will be reduced
- Park and neighbourhood satisfaction levels will be increased
- A higher proportion of parks investment will come from external sources

17 Progress will be measured against the following targets:

- 10% increase in resident satisfaction in our parks and open spaces
- 5% reduction in inactive adults
- 1% reduction in children who are reported as overweight or obese in reception year and year 6
- 5% reduction in residents who report their day to day activities are limited by a life long illness or disability.
- Increase parks usage for exercise from the current Slough rate of 8.9% to the national average of 14%.

APPENDIX B Outline 5 year community leisure plan

Success Measures

By 2019 5% more adults will be physically active

By 2019 1% fewer children will be classed as overweight or obese

CSAF Targets - Individuals (over the age of 14) registered and taking part in physical activity and sport programmes as part of the 3 year get Active Programme of activity

YEAR 1 760

YEAR 2 960

YEAR 3 930

Ref	Theme	Action	Target Year for Delivery	Owner	Cost	Secured funding	Funding Partners	Priority
Core Leisure offer								
Core 1	Replace Montem Leisure Centre - Essential	Secure funding, site and procurement route subject to business case.	2018	AS, AH	£12 Million	TBC	Slough BC	A
Core 2	Refurbish Ice Centre	Secure funding, site and procurement route subject to business case.	2015	AS, AH	£3.5 Million	3,500,000	Slough BC	A
Core 3	Refurbish Langley Leisure Centre	Secure funding, site and procurement route subject to business case.	2015	AS, AH	750,000	400,000	Slough BC	A
Local Capital Investment								
Local 1	Baylis and Stoke - Outdoor Fitness	Outdoor gym subject to surveys	2019	AH	TBC	TBC	TBC	B
Local 2	Baylis and Stoke - Outdoor Fitness	Fitness trail subject to surveys	2019	AH	TBC	TBC	Slough BC	B
Local 3	Baylis and Stoke - Outdoor Classes	Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)	2015	AH	4,000	4,000	Sport England	B
Local 4	Baylis and Stoke - MUGA	MUGA with football goals or informal kick-about area subject to surveys	2019	AH	TBC	TBC	TBC	B
Local 5	Baylis and Stoke - Older Children's Play Provision	Play provision for older children subject to surveys	2019	AH	TBC	TBC	TBC	B
Local 6	Britwell & Northborough - Outdoor Fitness	Outdoor gym subject to surveys	2018	AH	30,000	30,000	Section 106	B
Local 7	Britwell & Northborough- Outdoor Fitness	Fitness trail subject to surveys	2018	AH	30,000	30,000	Section 106	B
Local 8	Britwell & Northborough- Outdoor Classes	Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)	2015	AH	4,000	4,000	Sport England	B
Local 9	Britwell & Northborough - MUGA	MUGA with football goals and tennis markings and / or informal kick-about area subject to surveys	2015	AH	90,000	90,000	Section 106	B
Local 10	Britwell & Northborough - Older Children's Play Provision	Play provision for older children subject to surveys	2015	AH	110,000	110,000	Section 106	B
Local 11	Central - MUGA (cricket markings)	Cricket targets / non turf wickets on existing MUGA	2015	AH	5,000	5,000	Slough BC	B
Local 12	Chalvey - Outdoor Fitness	Outdoor gym subject to surveys	2019	AH	TBC	TBC	TBC	B
Local 13	Chalvey - Outdoor Fitness	Fitness trail subject to surveys	2019	AH	TBC	TBC	TBC	B
Local 14	Chalvey - Outdoor Classes	Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)	2018	AH	4,000	4,000	Slough BC	B

Ref	Theme	Action	Target Year for Delivery	Owner	Cost	Secured funding	Funding Partners	Priority
Local 15	Cippenham Green and Cippenham Meadows - MUGA (markings)	Cricket targets / non turf wickets and Tennis markings on existing MUGA	2016	AH	5,000	5,000	Slough BC	C
Local 16	Colnbrooke with Poyle - Routes	Improved connectivity through cycling / running / walking routes	2017	AH	10,000	10,000	Section 106	C
Local 17	Elliman - Outdoor Fitness	Outdoor gym subject to surveys	2019	AH	TBC	TBC	TBC	B
Local 18	Elliman - Outdoor Fitness	Fitness trail subject to surveys	2019	AH	TBC	TBC	TBC	B
Local 19	Elliman - Outdoor Classes	Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)	2018	AH	4,000	4,000	Slough BC	B
Local 20	Farnham - Outdoor Fitness	Outdoor gym subject to surveys	2019	AH	TBC	TBC	TBC	B
Local 21	Farnham - Outdoor Fitness	Fitness trail subject to surveys	2019	AH	TBC	TBC	TBC	B
Local 22	Farnham - Outdoor Classes	Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)	2018	AH	4,000	4,000	Slough BC	B
Local 23	Farnham - Older Children's Play Provision	Play provision for older children subject to surveys	2018	AH	10,000	10,000	Slough BC	B
Local 24	Foxborough - MUGA	MUGA with football goals and tennis markings and / or informal kick-about area subject to surveys and impact of Maplin Park MUGA	2014	AH	79,000	79,000	Slough Borough Council	C
Local 25	Foxborough - Older Children's Play Provision	Play provision for older children subject to surveys	2018	AH	TBC	TBC	TBC	B
Local 26	Haymill & Lynch Hill - Routes	Improved connectivity through cycling / running / walking routes making use of green space to connect the ward to facilities in Britwell & Northborough	2019	AH	TBC	TBC	TBC	B
Local 27	Langley Kedermister - Older Children's Play Provision	Play provision for older children subject to surveys	2019	AH	70,000	TBC	External funding	C
Local 28	Langley Kedermister and Langley St Mary's - MUGA or Increased access and footlighting of Langley Academy and East Berkshire College	MUGA with tennis markings / tennis court or community access to and floodlighting of Langley Academy 3G pitch and and East Berkshire College MUGA	2015	AH	0	0	Slough BC	C
Local 29	Upton - Outdoor Fitness	Outdoor gym	2014	AH	30,000	30,000	Slough BC	C
Local 30	Upton - Outdoor Fitness	Fitness trail subject to surveys	2015	AH	20,000	20,000	Section 106	C
Local 31	Upton - Outdoor Classes	Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)	2014	AH	4,000	4,000	Slough BC	C
Local 32	Wexham Lea- Outdoor Fitness	Outdoor gym subject to surveys	2019	AH	TBC	TBC	TBC	B
Local 33	Wexham Lea- Outdoor Fitness	Fitness trail subject to surveys	2019	AH	TBC	TBC	TBC	B
Local 34	Wexham Lea- Outdoor Classes	Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)	2018	AH	4,000	4,000	Sport England	B
Local 35	Upton: Upton Court Park	Improvement to park building and changing rooms and development of designated cycle routes and tracks.	2018	AH	121,000	121,000	Section 106	B
Local 36	Britwell & Northborough: Kennedy Park with Monksfield Recreation Ground	Sereis of trim / walking trails and natural play area for younger children	2017	AH	30,000	678,000	Section 106	B
Ref	Theme	Action	Target Year for Delivery	Owner	Cost	Secured funding	Funding Partners	Priority

Local 37	Baylis & Stoke - Baylis Park with Godolphin Recreation Ground	Development of cycling routes using cinder track	2017	AH	20,000	540,000	Slough BC	C
Local 38	Langley Kederminster - Kederminster Park	Development of sporting provision	2019	AH	TBC	TBC	TBC	C
Local 39	Cippenham Meadows - Mercian Recreation Ground	Development of sporting provision	2019	AH	TBC	TBC	TBC	C
Local 40	Langley St Mary's - Bloom Park	New play area for younger children and fitness related provision including trim trails	2015	AH	45,000	45,000	Section 106	B
Local 41	Central - Bowyer Recreation Ground	Programme coach led activity programme targetting children and families	2015	AH	4,000	4,000	Slough BC	C
Community Sport and Physical Activity Programme								
Prog 1	HITZ – NEETs Rugby Programme	Implement as per CSAF Delivery Plan	2014	AH	n/a	100%	emiership Rugby / London Iris	A
Prog 2	Sports Passport Scheme	Implement as per CSAF Delivery Plan	2014	AH	n/a	100%	Sport England	A
Prog 3	Disability Road Show Programme	Implement as per CSAF Delivery Plan	2014	AH	n/a	100%	Sport England	A
Prog 4	Multi-sports Programme	Implement as per CSAF Delivery Plan	2014	AH	n/a	100%	Sport England	A
Prog 5	Bootcamps	Implement as per CSAF Delivery Plan	2014	AH	n/a	100%	Sport England	A
Prog 6	Rowing / Canoeing Programme	Implement as per CSAF Delivery Plan	2014	AH	n/a	100%	Sport England	A
Prog 7	Develop training programme for sports activists and volunteers	Implement as per CSAF Delivery Plan	2014	AH	n/a	100%	Sport England	A
Prog 8	Level 1 coaching qualification courses	Implement as per CSAF Delivery Plan	2014	AH	n/a	100%	Sport England	A
Prog 9	HITZ – NEETs Rugby Programme	Implement as per CSAF Delivery Plan	2015	AH	n/a	100%	emiership Rugby / London Iris	A
Prog 10	Sports Passport Scheme	Implement as per CSAF Delivery Plan	2015	AH	n/a	100%	Sport England	A
Prog 11	Disability Road Show Programme	Implement as per CSAF Delivery Plan	2015	AH	n/a	100%	Sport England	A
Prog 12	Multi-sports Programme	Implement as per CSAF Delivery Plan	2015	AH	n/a	100%	Sport England	A
Prog 13	Bootcamps	Implement as per CSAF Delivery Plan	2015	AH	n/a	100%	Sport England	A
Prog 14	Rowing / Canoeing Programme	Implement as per CSAF Delivery Plan	2015	AH	n/a	100%	Sport England	A
Prog 15	Develop training programme for sports activists and volunteers	Implement as per CSAF Delivery Plan	2015	AH	n/a	100%	Sport England	A
Prog 16	Level 1 coaching qualification courses	Implement as per CSAF Delivery Plan	2015	AH	n/a	100%	Sport England	A
Prog 17	Urban Action Sports Festival	Implement as per CSAF Delivery Plan	2015	AH	n/a	100%	Sport England	A
Prog 18	HITZ – NEETs Rugby Programme	Implement as per CSAF Delivery Plan	2016	AH	n/a	100%	emiership Rugby / London Iris	A
Prog 19	Sports Passport Scheme	Implement as per CSAF Delivery Plan	2016	AH	n/a	100%	Sport England	A
Prog 20	Disability Road Show Programme	Implement as per CSAF Delivery Plan	2016	AH	n/a	100%	Sport England	A
Prog 21	Multi-sports Programme	Implement as per CSAF Delivery Plan	2016	AH	n/a	100%	Sport England	A
Prog 22	Bootcamps	Implement as per CSAF Delivery Plan	2017	AH	n/a	100%	Sport England	A
Prog 23	Rowing / Canoeing Programme	Implement as per CSAF Delivery Plan	2017	AH	n/a	100%	Sport England	A
Prog 24	Develop training programme for sports activists and volunteers	Implement as per CSAF Delivery Plan	2017	AH	n/a	100%	Sport England	A
Prog 25	Level 1 coaching qualification courses	Implement as per CSAF Delivery Plan	2017	AH	n/a	100%	Sport England	A
Prog 26	Urban Action Sports Festival	Implement as per CSAF Delivery Plan	2017	AH	n/a	100%	Sport England	A
Prog 27	Slough Sports Awards	Implement as per CSAF Delivery Plan	2016	AH	n/a	100%	Sport England	A
Prog 28	Training	Implement as per CSAF Delivery Plan	2017	AH	n/a	100%	Sport England	A

Get Active Slough 5 Year Delivery Plan

Version 2.0

Date 25/11/14

Ref	Year 1 Apr 2015 - Mar 2016	Funding status	Year 2 Apr 2016 - Mar 2017	Funding status	Year 3 Apr 2017 - Mar 2018	Funding status	Year 4 Apr 2018-Mar 2019	Funding status	Year 5 Apr 2019 - Mar 2020	Funding status	£ Unsecured
Core Strategy											
Core 1	Montem Replacement: Secure funding, site and procurement route subject to business case.	Secure	Montem Replacement: Council Approval on facility mix and procurement route	Secure		Secure	Montem Replacement: Construction Commences	Secure	Montem Replacement: Construction completed	Secure	
Core 2	Montem Replacement: Secure funding for additional 2 lanes for an 8 lane main pool	Unsecure	Montem Replacement: Secure funding for additional 2 lanes for an 8 lane main pool	Unsecure							500,000
Core 3	Ice Centre: Secure funding, site and procurement route subject to business case.	Unsecure	Ice Centre: Council Approval on facility mix and procurement route	Unsecure	Ice Centre: Construction Commences	Unsecure	Ice Centre: Construction completed	Unsecure			TBC
Local Capital Investment											
Local 1									Baylis and Stoke: Outdoor gym fitness trail subject to surveys	Unsecure	TBC
Local 2									Baylis and Stoke: Fitness trail subject to surveys	Unsecure	TBC
Local 3					Baylis and Stoke: Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)	Unsecure					TBC
Local 4									Baylis and Stoke: MUGA with football goals or informal kick-about area subject to surveys	Unsecure	TBC
Local 5									Baylis and Stoke: Play provision for older children subject to surveys	Unsecure	TBC
Local 6					Britwell & Northborough - Outdoor gym subject to surveys	Unsecure					TBC
Local 7					Britwell & Northborough - Fitness trail subject to surveys	Unsecure					TBC
Local 8					Britwell & Northborough: Fitness classes in local facilities / parks (dependant on findings of full audit of existing surveys)	Unsecure					TBC
Local 9					Britwell & Northborough - MUGA with football goals or informal kick-about area subject to surveys	Unsecure					TBC
Local 10									Britwell & Northborough: Play provision for older children subject to surveys	Unsecure	TBC
Local 11	Central: cricket targets / non turf wickets on existing MUGA	Unsecure									TBC
Local 12									Chalvey: Outdoor gym subject to surveys	Unsecure	TBC
Local 13									Chalvey: Fitness trail subject to surveys	Unsecure	TBC
Local 14					Chalvey: Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)	Unsecure					TBC
Local 15	Cippenham Green and Cippenham Meadows: cricket targets / non turf wickets and Tennis marking on existing MUGA	Unsecure									TBC
Local 16			Colnbrooke with Poyle: improved connectivity through cycling / running / walking routes	Unsecure							TBC
Local 17							Elliman: Outdoor gym subject to surveys	Unsecure			TBC
Local 18							Elliman: Fitness trail subject to surveys	Unsecure			TBC
Local 19					Elliman: Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)	Unsecure					TBC
Local 20							Farnham: Outdoor gym subject to surveys	Unsecure			TBC
Local 21							Farnham: Fitness trail subject to surveys	Unsecure			TBC
Local 22					Farnham: Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)	Unsecure					TBC
Local 23					Farnham: Play provision for older children subject to surveys	Unsecure					TBC
Local 24									Foxborough: MUGA with football goals and tennis markings and / or informal kickabout area subject to surveys and impact of Maplin Park MUGA	Unsecure	TBC
Local 25					Foxborough: Play provision for older children subject to surveys	Unsecure					TBC
Local 26							Haymill & Lynchill: improved connectivity through cycling / running / walking routes making use of green space to connect the ward to facilities in Britwell & Northborough	Unsecure			TBC
Local 27									Langley Kederminster: Play provision for older children subject to surveys	Unsecure	TBC
Local 28									Langley Kederminster & Langley St Mary's: MUGA with tennis markings / tennis court or community access to and floodlighting of Langley Grammar School courts (6)	Unsecure	TBC
Local 29									Upton: Outdoor gym subject to surveys	Unsecure	TBC
Local 30									Upton: Fitness trail subject to surveys	Unsecure	TBC
Local 31					Upton: Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)	Unsecure					TBC

Local 32							Wexham Lea: Outdoor gym subject to surveys	Unsecure			TBC	
Local 33							Wexham Lea: Fitness trail subject to surveys	Unsecure			TBC	
Local 34						Wexham Lea: Fitness classes in local facilities / parks (dependant on findings of full audit of existing services)		Unsecure			TBC	
Local 35						Upton: improvement to park building and changing and development of designated cycle routes and tracks in Upton Court Park		Secure			TBC	
Local 36						Britwell & Northborough: series of trim / walking trails and natural play area for younger children in Kennedy Park with Monksfield Recreation Ground		Secure			TBC	
Local 37						Baylis & Stoke: development of cycling routes using cinder tracks in Baylis Park with Godolphin Recreation Ground		Secure			TBC	
Local 38										Langley Kedermister: development of sporting provision at Kedermister Park	Unsecure	TBC
Local 39										Cippenham Meadows: development of sporting provision at Mercian Recreation Ground	Unsecure	TBC
Local 40						Langley St Mary's: New play are for younger children and fitness related provision including trim trails in Bloom Park		Secure			TBC	
Local 41										Central: Coach led activity programme targetting children and families at Bowyer Recreation Ground	Unsecure	TBC
Community Sport and Physical Activity Programme												
Prog 1	HITZ – NEETs Rugby Programme	Secure	HITZ – NEETs Rugby Programme	Secure								
Prog 2	Sports Passport Scheme	Secure	Sports Passport Scheme	Secure								
Prog 3	Disability Road Show Programme	Secure	Disability Road Show Programme	Secure								
Prog 4	Multi-sports Programme	Secure	Multi-sports Programme	Secure								
Prog 5	Bootcamps	Secure	Bootcamps	Secure								
Prog 6	Rowing / Canoeing Programme	Secure	Rowing / Canoeing Programme	Secure								
Prog 7	Develop training programme for sports activists and volunteers	Secure	Develop training programme for sports activists and volunteers	Secure								
Prog 8	Level 1 coaching qualification courses	Secure	Level 1 coaching qualification courses	Secure								
Prog 9			Bootcamps	Secure								
Prog 10			Urban ActionSports Festival	Secure								
Prog 11			Slough Sports Awards	Secure								
Prog 12			Training	Secure								
Procuring a new Leisure provider												
Proc 1			Undertake a procurement exercise to secure a new provider - Business case and procurement of advisers	Secure								
Proc 2			Leisure provider in place - provider contract commences	Unsecure								

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 13th May 2015

CONTACT OFFICER: Alan Sinclair - Acting Director Adult Social Services
 Ian Mcilwain - Adult Social Care Commissioner 01753 875523
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WARD(S): ALL

PART I
FOR INFORMATION

PROMOTING AND SUPPORTING THE WELLBEING OF RESIDENTS WITH THE VOLUNTARY SECTOR 2015 – 2020 PARTNERSHIP STRATEGY

1. Purpose of Report

The purpose of this report is to inform the Slough Wellbeing Board about the development of a new Voluntary Sector Strategy. The strategy focuses on support for adults with health and social care needs and our relationship with the voluntary and community sector delivering and focusing on 6 key priority outcomes.

This is a joint strategy with Slough Borough Council, Public Health and Slough's Clinical Commissioning Group (CCG) and sets the direction for the work of the Council and the Slough CCG with the voluntary and community sector in Slough. It will also set the direction of the future funding of the voluntary and community sector by the Council and the Slough CCG.

2. Recommendation(s)/Proposed Action

The Board is requested to comment on and note the report.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

The strategy relates to all aspects of the Slough Joint Wellbeing Strategy's (SJWS) priorities and cross cutting themes including civic responsibility.

3a Slough Joint Wellbeing Strategy

The overall vision for Health as set out in the SJWS is that by 2028....

“Slough will be healthier, with reduced inequalities’, improved wellbeing and opportunities for our residents to live positive, active and independent lives”.

A key focus of SJWS is on prevention and early intervention. This strategy identifies the activities required to deliver the SJWS' vision, with particular focus on reducing inequality and improving the life chances of the borough's most vulnerable and disadvantaged residents.

This strategy also takes into account the borough's vision for the future of social care in which we need to move away from a more traditional model of service delivery to one in which we are more responsive to local needs and in which users will manage their care and support needs and have improved choice about how they can do this.

3b Five Year Plan Outcomes

Reducing inequality, supporting the most vulnerable and enabling people to help themselves are threads that run through each of the challenges and opportunities identified in the councils Five Year Plan (2015 -2019). The Voluntary Sector Strategy will support delivery against the following Five Year Plan outcome:

More people will take responsibility and manage their own health, care and support needs.

4. Other Implications

(a) Financial

£1.4 million will be committed to procuring services to deliver health and social care outcomes which includes £0.2m of Slough CCG funding in the Better Care Fund. This level of funding is a continuation of existing funding levels to the community and voluntary sector.

(b) Risk Management

Risk/s	Current Risk Assessment		Risk Mitigation
	Likelihood	Impact	
Market response	H	M	Utilise workshops and communication opportunities with VCS to increase understanding and ability to respond
Understanding of outcomes – VCS and ASC	H	H	Utilise workshops and communication opportunities with VCS to increase understanding of outcomes. Outcomes approach is being covered in Management Development Training. This could be filtered down to ASC staff or be considered by ASC workforce development team.
Effectiveness of an outcomes commissioning model	H	H	Linked to risks 1 and 2.
Members support for decommissioning	H	H	Carry out engagement with key lead members in order to manage. Hold briefings for members and utilise sign off via Cabinet to gain support.
Capacity to deliver project	M	M	Various service restructures could affect the ability of the project team to deliver milestones. Project Manager will be leaving SBC in May 2015. Early identification of additional support.
Partner support to deliver and re-commission	M	H	Continued engagement with partners.
Outcomes commissioning does not have desired impact	H	M	Up skill sector to respond and understand outcomes. Ensure robust systems in place to record outcomes and impact

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications that will arise from the strategy.

(d) Equalities Impact Assessment

This Equalities Impact Assessment examines how the strategy and framework will ensure equality of access to council support and funding. The new outcome based commissioning model sets out how the Council will deliver on the Strategy in order to achieve the best possible outcomes for the residents of Slough.

(e) Workforce

There is likely to be an impact on the existing workforce working and volunteering in the current services funded by the council and Slough CCG if there is a change of providers or services as a result of this re-commissioning work.

5. Supporting Information

The strategy document sets out a number of challenges facing the Council, Slough CCG and the Voluntary Sector in supporting adults with health and social care needs to live independently at home. It aims to provide an overarching framework for the future relationship between the council, our partners and Slough's voluntary and community sector. We will use it to guide how we will work with the boroughs voluntary and community sector to deliver these priorities.

In these current economic times, the way the council, its partners and the community and voluntary sector work together, will need to change if we are to deliver improved outcomes for the benefit of our residents and communities. For example, with increasing demand for health and social care services in Slough there is huge potential for the voluntary sector to step in and meet needs, by acting more entrepreneurially, and to be able to compete with the private sector in tapping into new and growing markets.

As a consequence we need to create a significant change in our relationship with the sector, based on clear priorities and outcomes that improve people's lives - rather than simply funding individual organisations and services as we have been doing for sometime. This does not mean that we do not value each and every one of the organisations operating in our community but we will need to concentrate resources on the highest priorities.

Therefore our emphasis will be on preventing future demand on public services through prioritising prevention.

Whilst these are significant changes we still wish to develop the conditions which will allow the voluntary and community sector in Slough to thrive and this Strategy represents the first step in that process.

5.1 The strategy sets out the following vision for working with the community and voluntary sector:

- Find innovative and effective ways to provide high quality services and support with and for residents
- Focus on shared outcomes which promote positive wellbeing and the prevention, delay and reduction of the need for care
- Support the community and individuals to be more resilient and do more to help themselves

We want to work more effectively with Slough's voluntary and community sector to deliver best value for money and outcomes for residents when resources are constrained.

5.2 To help us achieve this, the strategy has 3 key aims:

1. To strengthen communities and to increase the effectiveness and impact of the voluntary sector so that it can support communities to be more resilient, by enabling neighbours, communities and families to support one another, and local people to take the lead on improving their local areas through voluntary action.

2. To develop an integrated approach to improve local voluntary sector capacity to deliver quality local services that people need, and that new types of services, which best meet people's needs are developed with and by the sector (through new models of delivery).
3. To improve social value by taking into account social, economic and environmental value when we choose suppliers, rather than focusing solely on cost. The expectation is that this will enable smaller organisations or those from the charitable or voluntary sectors to compete more successfully.
- 5.3 To deliver the key aims we will work closely in partnership with the local voluntary sector, community groups and networks to develop services that achieve the following positive outcomes for people in Slough:
- Access to good information, support, advice and, for those that need it, advocacy so that people have more choice and control in making decisions about their lives while reducing inequalities in accessing services and in achieving positive outcomes.
 - Services and support that enable people to change their lives for the better so they stay healthy and actively involved for longer while reducing the need for more intensive targeted services.
 - Providing joined-up and person centred care and support that enables service users and carers to plan all aspects of their lives using personal budgets and direct payments where they want them.
 - Better access to active and supportive communities that offer better personal and social support networks and membership of groups; welcoming and inclusive local communities; opportunities to participate and make a contribution and support for carers
 - Maintaining independence with help for people to stay, or get back, home
 - Improving economic wellbeing, financial inclusion with support to develop the skills and knowledge to enter or maintain employment.
- 5.4 There is already considerable good practice shown by many within Slough's voluntary and community sector and we need to continue to build on this expertise to help develop new projects and services that meet the needs of individuals, groups and communities. In this way Slough's voluntary and community sector can add social value - by improving the well-being and quality of life of our communities and developing the skills and resilience of local people.
- 5.5 The strategy sets out how SBC and Slough CCG will work together to fund the voluntary and community organisations to deliver health, social care and wellbeing outcomes for the people of Slough.
- 5.6 The joint strategy will lead to the investment from SBC and Slough CCG of approximately £4.2m over a proposed 3 year contract period. This commissioning model will enable our partners in the Voluntary and Community Sector to take a preventative approach to meeting care and support needs in our local communities over a longer timescale rather than the in year contacts and agreements they currently have.

We are using an outcome based approach to commission services from voluntary and community organisations which will enable us to enhance the capacity of individuals and the wider community to provide personalised preventative support that builds on people's strengths and assets to reduce the demand on social care and health services.

6. High level timetable

Existing Contracts Extended from Dec 2014 to Dec 2015

Strategy Approved June 2015

Procurement to new commissioning outcomes (including workshops with the voluntary and community sector facilitated by Slough Council for Voluntary Services) July – October 2015

New contracts in place December 2015

7. Comments of Other Committees

None at this stage but the strategy will be presented to SBC Cabinet in June 2015, Health Scrutiny in July 2015 and Slough CCG governing body.

8. Conclusion

This report outlines how we will work with the voluntary and community sectors to deliver key outcomes to improve the health and wellbeing of residents living in Slough. The strategy aims to ensure that the outcomes which have been informed through engagement with the voluntary and community sector are delivered working in partnership with residents, Slough CCG and public health partners. The change of focus from current services and supports provided by the voluntary and community sector will deliver greater health and social care benefits and longer term savings in health and social care as well as enhancing individuals' quality of life.

9. Appendices Attached

None

10. Background Papers

None

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 13 May 2015

CONTACT OFFICER: Amanda Renn, Corporate Policy Officer, Policy Team,
Slough Borough Council
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WARD(S): All

PART I
FOR DECISION**OVERARCHING INFORMATION SHARING PROTOCOL****1. Purpose of Report**

To recommend that the Slough Wellbeing Board adopts a multi agency, Overarching Information Sharing Protocol to strengthen its current information sharing arrangements.

2. Recommendation

That Slough Wellbeing Board members sign the Overarching Information Sharing Protocol at Appendix 'A' and agree to the roll out of three tier information sharing approach over the summer of 2015.

3. The Slough Joint Wellbeing Strategy, the JSNA and Five Year Plan

The Protocol relates to all aspects of the Slough Joint Wellbeing Strategy's (SJWS) priorities and cross-cutting themes, in so far as they relate to the sharing of personal information, as set out below.

4. Other Implications

(a) Financial - There are no financial implications arising from this report.

(b) Risk Management - Slough Wellbeing Board, the council and the other agencies could be open to challenge if they failed to comply with their duties regarding the confidentiality of personal information. The Protocol will provide a framework for all parties to comply with their legal responsibilities.

(c) Human Rights Act and Other Legal Implications – Slough Wellbeing Board, the council and the other agencies are required to comply with the Data Protection Act 1998 and other legal restrictions (see section 5 below) regarding the confidentiality of personal information. The Protocol will help to ensure that all parties operate these processes in a way that complies with these duties by requiring these agencies to implement and follow appropriate procedures.

The Protocol has been cleared by the council's legal department for adoption by the Slough Wellbeing Board.

(d) Equalities Impact Assessment (EIA) - The Protocol promotes the provision of a more seamless service for all the groups served by the Slough Wellbeing Board, particularly the most vulnerable, whilst imposing the necessary controls on the protection of personal data. As a result there are no EIA implications arising from this report.

(e) Workforce - There are no workforce implications arising from this report.

5. Supporting Information

5.1 The requirement to share information about an individual between partner agencies is central to how Health and Wellbeing Boards are expected to operate and subsequently provide co-ordinated and seamless services on behalf of their residents. Health and social care providers are therefore required to establish inter-agency Protocols to ensure that cross boundary processes work safely and are effectively managed.

5.2 The Protocol at appendix A is based on guidance from the Information Commissioner (ICO) and advice from the council's Legal Department, which recommends a three tier approach where information sharing across three levels of complexity is considered appropriate; a high level overarching protocol establishes principles, middle tier agreements agree purposes while third tier agreements define the processes.

6. Comments of Other Committees

6.1 Only one of two Priority Delivery Groups (PDGs) that currently report into the Wellbeing Board (Safer Slough Partnership) has a middle tier agreement in place to manage its information sharing arrangements (*although these arrangements are currently being refreshed*). None of the other key PDGs or partnerships that report into the Wellbeing Board (i.e. the Children and Young People's Partnership Board (CYPPB), the Climate Change PDG and the Slough Local Safeguarding Children's Board (SLSCB)) currently has this documentation.

6.2 The Policy team are planning a continuing programme of engagement with these bodies to develop the middle and third tier agreements needed over the summer of 2015, thereby avoiding an 'all or nothing' scenario where the Protocol at Appendix A cannot be signed-off by members due to lack of agreement over the detailed procedures.

6.3 Staff will need to be trained on how to use the Protocol and there may be management implications for drawing up of some of these agreements. Support will be offered (by the Policy team) to those who will be completing these agreements with partner organisations. The Policy team will also monitor the implementation of these agreements.

7. Conclusion

7.1 Signing up to the Protocol will:

- Provide a clear framework for all parties involved in the Slough Wellbeing Board to comply with their legal responsibilities.
- Provide a strong commitment to the sharing of personal information (where legally permitted) across the local health and wellbeing community of Slough.
- Ensure that Wellbeing Board members' organisational requirements are consistent regardless of the source or purpose of the Protocol (or agreement). This will allow for the option of common approaches to training and procedures (where appropriate) across member agencies and on specific projects and help reduce some of the complexity associated with managing compliance across Protocols for organisations involved in multiple information sharing initiatives.
- Give a clear mandate to the Wellbeing Board's PDGs and partnerships that report into it to develop their own 'fast tracked' quality assured information sharing agreements, using the guidance and templates included within the Protocol.
- Ensure that responsibility for developing these information sharing agreements remains the responsibility of the member organisations comprising the PDGs and partnerships, thereby allowing existing procedures and structures to be used within the context of the Protocol (where they meet the requirements of the Protocol) and ensure that any newly developed procedures fit with existing ways of working, where possible.

8. Appendices Attached

'A' Overarching Information Sharing Protocol

9. Background Papers

- 2 February 2015 report to Slough Wellbeing Board concerning the - development of a new Overarching Information Sharing Protocol

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Appendix A: Slough Wellbeing Board's Overarching Information Sharing Protocol

Document Control

Document details	
Document name	Slough Wellbeing Board's Overarching Information Sharing Protocol
Document version number	1.0
Document status	Live
Author	Amanda Renn, Policy Officer, Policy and Communications team
Lead Officer	Samantha Jones, Policy Manager, Policy and Communications team
Approved by	
Scheduled review date	

Version History		
Version	Change/Reasons for Change	Date
1	<i>Initial draft</i>	<i>March 2015</i>
2	<i>(a) Minor changes needed to paragraph 6 of the Protocol and paragraph 7 of the Guidance to reflect Legal Service's advice; and (b) Guidance and templates brought into the main body of the Protocol as appendices (and original appendices and annexes renumbered accordingly).</i>	<i>April 2015 April 2015</i>

Approval history		
Version	Approving body	Date
2	Slough Wellbeing Board	

**Slough Wellbeing Board's
Overarching Information Sharing Protocol**

April 2015

DRAFT

Slough Wellbeing Board's Overarching Information Sharing Protocol

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Slough Wellbeing Board's Overarching Information Sharing Protocol

1. Background

Sharing information about individuals between organisations is often essential to keep people safe, or make sure they get the best services.

Organisations involved in providing services to the public have a legal responsibility to ensure that their use of personal information is lawful, properly controlled and that an individual's rights are respected. The balance between the need to share information in order to provide quality services, protecting privacy and complying with confidentiality requirements is often a difficult one to achieve.

The legal situation regarding the protection and use of personal information can be unclear. This may lead to information not being available to those who have a genuine need to know, in order for them to carry out their work effectively.

This Protocol (and its accompanying best practice guide at appendix B) has been developed to ensure that the Slough Wellbeing Board and other organisations working in partnership with it, comply with the law. It describes a common set of principles and defines the general parameters within which each of the signatory organisations that are party to this Protocol will share information with each other.

This Protocol does not have any legal standing, nor does it extend or alter the existing legal framework that governs the use and sharing of personal information.

It does however establish ownership and transparent agreement to the spirit of information sharing in the best interests of service users and their families and carers and commits those who sign up to it to share information lawfully, ethically and effectively at all levels of their organisation or agency.

It also provides the context for the underlying tiers in Slough Wellbeing Board's Information Sharing Framework.

Individual signatory organisations will need to agree individual agreements that deal with more specific issues – e.g. crime and disorder or the sharing of information about children.

These individual agreements will need to refer to, and be compatible with, the requirements of this Protocol.

2. Organisations covered by this Protocol

This Protocol has been developed to meet the information security requirements for sharing information between the partner organisations listed at appendix A.

3. Strategic purpose of this Protocol

The strategic purpose of this Protocol is to promote the:

- (a) Delivery of integrated public sector services in line with government initiatives and public expectations; and
- (b) The management and planning of cost effective and efficient services.

4. Aims and objectives of this Protocol

This Protocol aims to provide Slough Wellbeing Board with a robust framework for the lawful, secure and confidential sharing of personal information between Slough Wellbeing Board members and other public, private or voluntary sector organisations that they work, or wish to work in partnership with.

It will enable all partner organisations to meet their statutory obligations and the expectations of the people they serve.

The objectives of this Protocol are to:

- (a) Identify the lawful basis for information sharing;
- (b) Provide guidance on the legal requirements associated with information sharing (see appendix B);
- (c) Increase awareness and understanding of the key issues involved;
- (d) Emphasise the need to develop and use individual agreement where appropriate;
- (e) Explain security requirements relating to the sharing of information;
- (f) Encourage flows of data;
- (g) Support a process, which will monitor and review all data flows; and
- (h) Protect partner organisations from accusations of unlawful use of personal data.

5. Scope

For the purposes of this Protocol, the terms *personal information* and *personal data* are synonymous.

This Protocol applies to all personal information processed by partner organisations that will be shared as a result of partnership arrangements under this Protocol.

The term 'personal information' refers to any information held as either manual or electronic records, or records held by means of audio and/or visual technology, about an individual who can be personally identified from that information.

The Data Protection Act 1998 (DPA) defines personal data as:

"... data which relate to a living individual who can be identified -

- (a) from those data; or*
- (b) from those data and any other information which is in the possession of, or is likely to come into the possession of the data controller [the person or organisation processing that information], and includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual".*

Processing is defined as collecting, obtaining, recording, organising, holding, retrieving, altering, destroying or disclosing data.

The DPA further defines certain classes of personal information as 'sensitive data', and additional conditions must be met for that information to be used and disclosed lawfully.

This Protocol applies to Slough Wellbeing Board members, elected members and all employees of the council and partner organisations, who are involved in partnership working arrangements under this Protocol. It also applies to anyone working in a voluntary capacity within those arrangements.

6. General responsibilities of partner organisations

By becoming a partner to this Protocol, partner organisations agree to:

- (a) Adhere to or demonstrate a commitment to achieving the appropriate compliance with the Data Protection Act 1998 and other associated privacy legislation;
- (b) Adhere to or demonstrate a commitment to achieving the appropriate compliance with any guidance published by the Information Commissioner's Office; and
- (c) Develop and agree agreements detailing the data sharing arrangements for specific, individual information sharing initiatives between partner organisations.

7. Individual agreements

This Protocol serves as the overarching framework to enable the legal and secure exchange of personal information between partner organisations (comprising the Slough Wellbeing Board) that have a common obligation or desire to provide services within the community.

Individual agreements prescribed by this Protocol (such as Community Information Agreements (CIA) (tier 2) and Purpose Specific Information Agreements (PSIA) (tier 3) will be developed and agreed by participating organisations that need to share personal information to provide particular services.

These agreements will be approved by the respective nominated lead person within each partner organisation participating in the specific information sharing initiative.

Where individual agreements already exist between organisations prior to Slough Wellbeing Board members signing up to this Overarching Information Sharing Protocol, these arrangements will remain valid.

However, these agreements will be reviewed and if necessary amended so that they are brought into line with this Protocol at the earliest opportunity in order to maintain a consistent approach.

8. Conditions for sharing information

All organisations party to this Protocol agree that they will only share information with one another if the following conditions can be met:

- (a) The legal basis for sharing information has been established;
- (b) The purpose and necessity to share information has been agreed by all parties;
- (c) The sharing of information is proportionate to meet the purpose.

9. Recording disclosure / receipt of information

All organisations party to this Protocol will put in place systems to record the disclosure and receipt of information shared under this Protocol and any individual agreement created under it. These will:

- (a) Create an audit trail to identify wrongful or excessive sharing of information;
- (b) Allow partner organisations to inform each other whenever information is identified as being inaccurate, misleading or disputed, so that all instances can be corrected, destroyed, clarified or annotated as appropriate;
- (c) Facilitate periodic retrospective assessment to be made of whether the information sharing achieved its objectives and where it is determined that it failed to do so, the information sharing should cease or be modified as appropriate; and
- (d) Enable partner organisations to meet their obligations with respect to subject access requests which (unless an exemption applies) include informing the individual of the source of information and details of to whom it has been disclosed.

In most instances, this will simply be a matter of recording the fact on the file / record. However, particular care will be taken to record instances where sensitive personal information is shared without consent. Partners will ensure that any requests to disclose information in such circumstances and the disclosures that result in response to these requests are documented using a Disclosure Request / Record of Disclosure form.

Partners will also ensure that any information sharing which occurs during multi-agency or partnership meetings are also recorded using an Information Sharing notice and Attendance sheet.

10. Legal requirements

Under this Protocol, the principal* legislation concerning the protection and use of personal information is:

- (a) Data Protection Act 1998 (DPA)
- (b) Human Rights Act 1998 (Article 8) (HRA)
- (c) The Common Law Duty of Confidence

**Other legislation may be relevant when sharing specific types of information.*

11. The use of non-personal or depersonalised information

Non-personal or depersonalised information is not covered by the DPA, HRA or the common law duty of confidence, as these all relate to personal information. In view of this, non-personal or depersonalised information can be lawfully shared be shared under this Protocol. However, partner organisations will ensure that the information is in a form where the identity of the individual cannot be recognised i.e. that:

- (a) Any reference to information that could lead to an individual being identified has been removed; and
- (b) The information cannot be combined with any other sources of information held by partner organisations to produce personal identifiable data.

12. Notification requirements of partner organisations

All partner organisations are responsible for ensuring that their DPA notifications to the Information Commissioner's Office cover the information sharing arrangements established under this Protocol and any associated individual agreements.

13. General principles governing the disclosure of personal information

Partner organisations will ensure that all staff involved in the sharing of personal information under this Protocol possesses the knowledge and authority to take responsibility for making such disclosures.

This is particularly important where the disclosure of sensitive personal information takes place without consent within health and social care organisations.

Under the terms of this Protocol it is generally accepted that the person involved in such decisions within health and social care organisations will be their Caldicott Guardian.

The sharing of personal information without statutory justification, or the consent of the individual concerned, can place partner organisations and members of staff at risk of prosecution. In order to reduce this risk, the disclosure of personal information under this Protocol will be:

- (a) For a specific, lawful purpose;
- (b) Absolutely necessary to meet the purpose;
- (c) The minimum necessary to meet the purpose;
- (d) On a 'need to know' only basis. This protocol does not give license for unrestricted access to personal information held by another partner organisation;
- (e) To identified, authorised persons within the partner organisations; and
- (f) Recorded by both the providing and receiving partner organisations.

Adhering to these general principles meets the requirements of the DPA and also satisfies some of the key requirements of the Caldicott principles*.

**The Caldicott principles are not a statutory requirement; however national health service and social care organisations are committed to them when considering whether confidential information can be shared.*

14. Access rights

Under section 7 of the DPA, individuals have a right of access to personal information held about them, subject to any relevant exemptions which may apply. This means that any information provided by a partner organisation under this Protocol (and any individual agreement created under it) may be disclosed to the individual without the need to obtain the provider's consent.

However, the partner organisation will be expected to consult with the provider if they have any concerns and in particular if:

- (a) The provider has previously stated that the information supplied is subject to an exemption and therefore should not be disclosed to the individual.
- (b) The partner organisation is not sure whether an exemption applies.
- (c) A Health Practitioner has supplied the information.
- (d) Any exemptions under the DPA may apply to the information provided, e.g. prevention and detection of crime, legal professional privilege, health and safety of staff, etc.

Where two or more partner organisations have a joint (single) record on an individual, that individual may make their request for access to any of the partner organisations. In such cases, the organisation receiving the request will be responsible for processing the request to the whole record and not just the part that they may have contributed, subject to the conditions detailed above.

15. Security and retention of information

All organisations party to this Protocol will put in place appropriate policies and procedures covering the security, storage, retention and destruction of personal information.

For the purposes of information sharing under this Protocol, each partner organisation will ensure that:

- (a) The transfer or transmission of personal information is via secure means; and
- (b) That all requests for information are responded to within a reasonable and realistic time scale.

16. Staff training and awareness

All organisations party to this Protocol will be expected to promote staff awareness of the legal requirements of information sharing. This will be supported by the production of appropriate guidance where required, which will be made available to all staff via their Intranet sites and/or via other suitable means of communication.

They will also ensure that their Designated Officer(s) is widely known within their organisation.

17. Review of this Protocol

Slough Wellbeing Board will review this Protocol annually.

In addition to this annual review, any party to this Protocol can request an extraordinary review, at any time, should they consider it necessary.

Reasons to request an extraordinary review may include the publication of new guidance, legal precedents (both domestic and European), the amendment of existing legislation or implementation of any new legislation as it is enacted.

Every effort will be made to update this Protocol to reflect any changes required by any of the above, as soon as practicable. Any individual agreements made under this Protocol will specify a regular review period, typically an annual occurrence, but this may be shorter or longer depending on the nature of the partnership working taking place.

Additionally, any party to an individual agreement can request an extraordinary review at any time should they consider it necessary. Reasons to request an extraordinary review of an individual agreement may include significant changes in the nature of the partnership working or service delivery.

If during the course of a review of this Protocol, or any individual agreement made under it, it becomes evident that changes are required, all the parties to the relevant agreements will be informed of the fact.

All partner organisations will provide assistance in identifying and implementing any necessary amendments.

18. Monitoring

All organisations that are party to this Protocol must implement systems capable of monitoring the operation of any individual agreements in which they are involved. This will allow a periodic retrospective assessment to be made of whether the information sharing arrangements that have been put in place achieve their objectives and where it is determined that they failed to do so, the information sharing arrangements should cease or be modified as appropriate.

All organisations party to this Protocol and any individual agreements created under it will routinely identify and log the following types of incidents:

- (a) A refusal by a partner organisation to disclose information when requested;
- (b) Conditions being placed on disclosure;
- (c) Delays in responding to requests;
- (d) Disclosure of information to members of staff who do not have a legitimate reason for access;
- (e) Inappropriate or inadequate use of procedures e.g. insufficient information provided;
- (f) The use of information for purposes other than those agreed;
- (g) Inadequate security arrangements;
- (h) Any actual or attempted security breach by an external party (e.g. hacking);
- (i) Subject access requests; and
- (j) Any actions or omissions, which staff consider to be a breach of this Protocol, individual agreements or any relevant legislation.

19. Complaints procedure

All organisations that are party to this Protocol will ensure that they have appropriate complaints procedures in place, relating to the collection, use and disclosure of an individual's personal information.

In the event of a complaint regarding the disclosure or use of personal information that has been supplied / obtained under this Protocol, or any individual agreements made under it, all organisations party to this Protocol or the individual agreement will provide co-operation and assistance in the investigation and resolution of the complaint.

Appendix A: Signatories to the Slough Wellbeing Board Overarching Information Sharing Protocol

This Protocol has been signed by the following Chief Executive (or equivalent) of the respective organisations on behalf of their organisations and their Caldicott Guardians (or Designated Officers).

Organisation	Post/position	Name	Signature	Date

DRAFT

**Appendix B: Overarching Information Sharing Protocol:
Guidance**

April 2015

DRAFT

Slough Wellbeing Board

Overarching Information Sharing Protocol: Guidance

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Overarching Information Sharing Protocol Guidance

1. Executive Summary

This guidance summarises the arrangements for inter-agency information sharing in Slough.

It sets out the standards that elected members, council employees and other organisations working in partnership with the Slough Wellbeing Board must adhere to.

It is intended to complement any existing professional codes of practice that apply to any relevant professionals working in or with partner agencies.

2. Introduction

Organisations involved in providing services to the public have a legal responsibility to ensure that their use of personal information is lawful, properly controlled and that an individual's rights are respected. The balance between the need to share information in order to provide quality services, protecting privacy and complying with confidentiality requirements is often a difficult one to achieve.

The legal situation regarding the protection and use of personal information can often be unclear. This may lead to information not being available to those who have a genuine need to know, in order for them to carry out their work effectively.

This guide has been developed to help elected members, council employees and other organisations working in partnership with the Slough Wellbeing Board, to ensure compliance with the law.

It does not have any legal standing, nor does it extend or alter the existing legal framework that governs the use and sharing of personal information.

3. Strategic purpose of this guide

The strategic purpose of this guide is to promote the:

- (a) Delivery of integrated public sector services in line with government initiatives and public expectations; and
- (b) The management and planning of cost effective and efficient services.

4. Aims and objectives

This guide **aims** to provide elected members, council employees and other organisations working in partnership with the Slough Wellbeing Board with a robust framework for the lawful, secure and confidential sharing of personal information between themselves and other public, private or voluntary sector organisations that they work, or wish to work in partnership with.

It will enable elected members, council employees and partner organisations to meet their statutory obligations and the expectations of the people they serve.

The **objectives** of this guide are to:

- (a) Identify the lawful basis for information sharing;
- (b) Provide guidance on the legal requirements associated with information sharing;
- (c) Increase awareness and understanding of the key issues involved;
- (d) Emphasise the need to develop and use Community Information Agreements (CIA) and Purpose Specific Information Agreements (PSIA) where appropriate;
- (e) Explain security requirements relating to the sharing of information;
- (f) Encourage flows of data;
- (g) Support a process, which will monitor and review all data flows; and
- (h) Protect elected members, council employees and partner organisations from accusations of unlawful use of personal data.

5. Scope

For the purposes of this guide, the terms *personal information* and *personal data* are synonymous.

This guide applies to all personal information processed by council staff and partner organisations that needs to be shared as a result of partnership arrangements under the Slough Wellbeing Board's Overarching Information Sharing framework.

The term 'personal information' refers to any information that is held manually or electronically, including records held by means of audio and/or visual technology, about an individual who can be personally identified from that information.

The Data Protection Act 1998 (DPA) defines personal data as:

"... data which relate to a living individual who can be identified -

- (a) From those data; or*
- (b) from those data and any other information which is in the possession of, or is likely to come into the possession of the data controller [the person or organisation processing that information], and includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual".*

Processing is defined as collecting, obtaining, recording, organising, holding, retrieving, altering, destroying or disclosing data.

The DPA further defines certain classes of personal information as 'sensitive data', additional conditions must be met for that information to be used and disclosed lawfully.

Annex 4 provides further guidance on this issue.

This guide applies to elected members and all employees of the council and signatories to the Slough Wellbeing Board's Overarching Information Sharing Protocol and who are involved in partnership working arrangements under that Protocol. It also applies to anyone working in a voluntary capacity within those arrangements.

6. Information sharing framework/structure

Slough Wellbeing Board's information sharing framework comprises the following elements:

Tier 1 - Slough Wellbeing Board's Overarching Information Sharing Protocol

This Protocol is a high level policy document common to all organisations delivering health, social and community services across Slough. It describes a common set of **principles** and defines the general parameters within which the signatory organisations that are party to it will share information with each other.

It establishes ownership and transparent agreement to the spirit of information sharing in the best interests of service users and their families and carers, and it commits those who sign it to sharing information lawfully, ethically and effectively at all levels of their organisation. Slough Wellbeing Board's Overarching Information Sharing Protocol also provides the context for each of the underlying tiers in the model (see below).

Slough Wellbeing Board's Overarching Information Sharing Protocol was signed by members the Chief Executives (or their equivalents) and by their Caldicott Guardians (or Designated Officers).

Tier 2 - Community Information Agreements (CIA)

These agreements are high level agreements common to organisations and agencies delivering health, social and community services.

They satisfy the Tier Two level of the Model and focus on the collective **purpose** underlying the sharing of information with the 'information community' and describe common contexts and shared objectives between agencies delivering services of a similar scope.

They reference the relevant underpinning legislation and the associated duties and powers that enable legally justifiable exchanges of information within the same information community.

They also provide the context for a supporting set of individual Purpose Specific Information Agreements (PSIA) (Tier 3) (see below), which set out at a detailed level, how personal information can be shared amongst organisations within the same information community.

Community Information Agreements are usually signed by Service Directors or the equivalent functional leads.

Tier 3 - Purpose Specific Information Agreements (PSIA)

These agreements are the lowest level of the three tier model.

They are aimed at an organisation's "operational management/practitioner" level and define the relevant processes which support the information sharing between two or more organisations or agencies for a specified purpose.

These documents capture:

- What information is to be shared
- What it is being shared (for what purpose)
- Who it is being shared with (between organisations and agencies)
- When it is being shared (the times and frequency etc)
- How is it being shared (format)

Purpose Specific Information Agreements are usually signed by Heads of relevant services who have the devolved local and/or operational responsibility for delivery.

7. General responsibilities of partner organisations

By becoming a partner to the Slough Wellbeing Board's Overarching Information Sharing Protocol, signatories are making a commitment to:

- (a) Adhere to or demonstrate a commitment to achieving the appropriate compliance with the Data Protection Act 1998 and other associated privacy legislation;
- (b) Adhere to or demonstrate a commitment to achieving the appropriate compliance with any guidance published by the Information Commissioner's Office; and
- (c) Develop and agree the use of individual Community Information Agreements (CIA) and Purpose Specific Information Agreements ((PSIA) (see section 8 below) that detail the data sharing arrangements for specific, individual information sharing initiatives between partner organisations.
- (d) Promote staff awareness of the requirements of information sharing and support by the production of appropriate guidelines where required.

8. Community Information (CIA) and Purpose Specific Information (PSIA) Agreements

Slough Wellbeing Board's Overarching Information Sharing Protocol serves as the overarching framework to enable the legal and secure exchange of personal information between partner organisations that have a common obligation or desire to provide services within the community.

Individual CIAs and PSIAs, as prescribed by Slough Wellbeing Board's Overarching Information Sharing Protocol, must be developed and agreed by participating organisations that need to share personal information to provide services.

A specimen CIA is attached at annex 11.

A specimen PSIA is attached at annex 12.

All signatories to Slough Wellbeing Board's Overarching Information Sharing Protocol must ensure that any CIAs or PSIAs developed contain:

- (a) The purpose(s) for the sharing of personal information (CIA).
- (b) The processes that will be used to support information sharing between two or more organisations or agencies for a specified purpose (PSIA)
- (c) The legislative basis for the sharing of personal information.
- (d) Full details of the organisations that are party to each CIA or PSIA.
- (e) A nominated lead person for information sharing in each organisation.
- (f) The types of personal information that will be shared.
- (g) Details of any other organisations with whom personal information may also be shared by the recipient.

All CIAs and PSIAs must be approved by the respective nominated lead person within each partner organisation participating in the specific information sharing initiative.

Where information sharing protocols and or agreements between organisations exist prior to members having signed up to Slough Wellbeing Board's Overarching Information Sharing Protocol, such protocols and agreements will remain valid. However, these documents should be reviewed and if necessary brought into line with Slough Wellbeing Board's Overarching Information Sharing Protocol at the earliest opportunity in order to maintain a consistent approach.

9. Conditions for sharing information

All signatories to Slough Wellbeing Board's Overarching Information Sharing Protocol have agreed that they will only share information with one another if the following conditions are met:

- (a) The legal basis for sharing information has been established;
- (b) The purpose and necessity to share information has been agreed by all parties;
- (c) The sharing of information is proportionate to meet the purpose.

A flow chart of key questions to ask is at annex 1. Annex 5 also provides additional guidance on this issue.

10. Recording disclosure / receipt of information

All signatories to Slough Wellbeing Board's Overarching Information Sharing Protocol are required to put in place systems that record disclosures of and receipt of information shared under a CIA or PSIA. This will:

- (a) Create an audit trail to identify wrongful or excessive sharing of information.
- (b) Allow partner organisations to inform each other whenever information is identified as being inaccurate, misleading or disputed, so that all instances can be corrected, destroyed, clarified or annotated as appropriate; and facilitate periodic retrospective assessment to be made of whether the information sharing achieved its objectives and where it is determined that it failed to do so, the information sharing should cease or be modified as appropriate.
- (c) Enable partner organisations to meet their obligations with respect to subject access requests which (unless an exemption applies) include informing the individual of the source of information and details of to whom it has been disclosed.

In many instances, this will simply be a matter of recording the fact on the file / record. However, particular care should be taken to record instances where sensitive personal information is shared without consent.

Any requests to disclose information in such circumstances and the disclosures in response to these requests should be documented.

A specimen Disclosure Request / Record of Disclosure form can be found at annex 10.

Care should also be taken to ensure that any information sharing which occurs during multi-agency or partnership meetings is recorded.

It is best practice to adopt and use information sharing notice and attendance sheet on such occasions. A specimen can be found at annex 9.

11. The legal position in respect of information sharing

Legal framework

The principal legislation concerning the protection and use of personal information is:

- (a) Data Protection Act 1998 (DPA)
- (b) Human Rights Act 1998 (Article 8) (DPA)
- (c) The Common Law Duty of Confidence

Other legislation may be relevant when sharing specific types of information.

Legal powers to share information

Local authorities are able to provide services, collect revenue and undertake a wide range of functions because they are authorised to do so either expressly or implicitly by statute. In view of this any sharing of information that is not authorised by statute would be unlawful. Therefore, a legislative basis must be identified prior to any sharing of information within a partnership arrangement.

Annex 2 identifies some of the relevant legislation that facilitates the lawful sharing of information.

The legislation listed is not definitive, but represents the most likely to apply to partnership arrangements involving the council, the wellbeing board and its partner organisations.

The Data Protection Act 1998

The Data Protection Act 1998 governs the protection and use of personal information relating to living individuals.

Any organisation processing personal information is responsible for abiding by the data protection principles and may be under a legal obligation to notify the Information Commissioner of that processing.

Although primarily concerned with protecting personal information, the Act recognises the need to share personal information in certain circumstances. It therefore contains provisions which permit the sharing of such information in certain situations.

Annex 3 explains these conditions in more detail.

The Human Rights Act 1998 – Article 8

Article 8.1 states that: *“Everyone has a right to respect for his private and family life, his home and his correspondence”*.

However, this right is not absolute. Article 8.2 acknowledges that under certain conditions, this right can lawfully be overridden.

Annex 5 explains these conditions in more detail.

The Common Law Duty of Confidentiality

Information has a necessary quality of confidence when it is of a confidential character. This does not mean that the information need be particularly sensitive, but simply that it must not be publicly or generally available. For personal information to have the necessary quality of confidence it:

- (a) Is not in the public domain or readily available from another source;
- (b) Has a degree of sensitivity; and
- (c) Is communicated for a limited purpose and in circumstances where the individual is likely to assume an obligation of confidence, e.g. health practitioner/patient, banker/customer, solicitor/client, etc.

The Common Law Duty of Confidentiality requires that unless there is a statutory requirement or other legal reason to use information that has been provided in

confidence, it should only be used for purposes that the subject has been informed about and has consented to.

This duty extends to deceased persons as well as living individuals.

Where such a duty exists, it is not absolute. It can lawfully be overridden if the holder of the information can justify disclosure as being in the public interest.

Annex 5 explains this in more detail.

12. The use of non-personal or depersonalised information

Non-personal or depersonalised information is not covered by the DPA, HRA (Article 8) or the common law duty of confidentiality, as these all relate to personal information. In view of this, non-personal or depersonalised information can be lawfully shared. However, staff must ensure that the information is in a form where the identity of the individual cannot be recognised i.e. that:

- (a) Any reference to information that could lead to an individual being identified has been removed; and
- (b) The information cannot be combined with any other sources of information held by partner organisations to produce personal identifiable data.

Non-personal or depersonalised data should be used wherever possible. It is a breach of the HRA (Article 8) to use personal data when non-personal or depersonalised data would serve the same purpose.

13. Notification requirements of partner organisations

All signatories to Slough Wellbeing Board's Overarching Information Sharing Protocol are responsible for ensuring that their DPA notification to the Information Commissioner covers the information sharing arrangements established under the Overarching Information sharing Protocol and any individual CIAs and PISAs created under it.

14. General principles governing the disclosure of personal information

All signatories to Slough Wellbeing Board's Overarching Information Sharing Protocol are required to ensure that all staff involved in the sharing of personal information under this Protocol possess the relevant knowledge and authority to take responsibility for making such disclosures.

This is particularly important where the disclosure of *sensitive personal* information takes place without consent within health and social care organisations. It is generally accepted as good practice that the person involved in such decisions within health and social care organisations will be the Caldicott Guardian.

The sharing of personal information without either statutory justification, or the consent of the individual concerned places partner organisations and members of staff at risk of prosecution.

The disclosure of personal information under Slough Wellbeing Board's Overarching Information Sharing Protocol should only occur:

- (a) For a specific, lawful purpose;
- (b) Where it is absolutely necessary to meet the purpose;
- (c) As the minimum necessary to meet the purpose;
- (d) On a 'need to know' only basis. Slough Wellbeing Board's Overarching Information Sharing Protocol does not give license for unrestricted access to personal information held by another partner organisation;
- (e) To identified, authorised persons within the partner organisations; and
- (f) Recorded by both the providing and receiving partner organisations.

Adherence to these general principles meets the requirements of the DPA and also satisfies some of the key requirements of the Caldicott principles.

The Caldicott principles are not a statutory requirement; however national health service and social care organisations are committed to them when considering whether confidential information can be shared.

The flow chart of key questions at annex 1 explains some of the key considerations that need to be taken into account when sharing personal information.

15. Consent

Disclosing information without consent

Consent is not the only means by which personal information can lawfully be disclosed. HRA, DPA and common law all permit personal information to be disclosed without consent under certain circumstances. These circumstances are summarised as follows:

Data Protection Act 1998

- (a) In the case of non-sensitive personal information, an alternative Schedule 2 condition is met; or
- (b) In the case of sensitive personal information, an alternative Schedule 2 **AND** an alternative Schedule 3 condition are met: and
- (c) The 'fair processing' provisions of the Act are met i.e. That the processing concords with what the individual has been told or what they can reasonably expect; or
- (d) A relevant exemption under the Act applies. Many of the exemptions are subject to a test of prejudice. Where it is unlikely that advising an individual that you intend to share their personal information would give rise to prejudice, then the fair processing provisions must still be met.

Schedule 2 conditions, schedule 3 conditions and fair processing provisions are detailed in annex 4.

For further information on exemptions available under DPA, see annex 6.

Human Rights Act 1998 - Article 8

- (a) The information has no connection with and cannot impact on the private life of the individual; or
- (b) It is in accordance with the law; and
- (c) It is necessary in a democratic society; and
- (d) It is for a legitimate aim; and
- (e) It is proportionate.

Common Law Duty of Confidentiality

- (a) The information does not have the necessary quality of confidence; or
- (b) There is a statutory obligation to disclose; or
- (c) Disclosure is justified as being in the public interest.

Obtaining Consent

Signatories to Slough Wellbeing Board's Overarching Information Sharing Protocol may choose to obtain consent even when it is not absolutely necessary. This will often represent best practice and it provides a sound basis for the sharing of sensitive personal information. Many of the difficulties in achieving compliance with the legislation can be resolved if the consent of an individual has been obtained.

Where consent is required, or considered to be desirable, partner organisations will obtain it from the individual at the earliest opportunity.

A specimen consent form is attached at annex 7.

What is Consent?

For consent to be valid the individual concerned must:

- (a) Possess the capacity to give consent.
- (b) have received sufficient information to make an informed decision, which includes:
 - i. The nature of the information which may be shared.
 - ii. Who it may be shared with.
 - iii. The purpose, or purposes, for which it will be shared.
 - iv. Any other relevant details.
- (c) Not be acting under duress, i.e. consent must be voluntarily and freely given without any pressure or undue influence.

Capacity to give consent

In order for an individual to possess the capacity to give consent, they must be capable of retaining, understanding and assessing information material to making that decision.

People under sixteen are capable of giving consent, provided that they are judged to be of sufficient age and maturity to have a general understanding of the nature of what they are being asked to consent to. Obviously some will reach sufficient maturity earlier than others and each case must be assessed individually.

The consent of a parent should be sought if the young person is judged to be incapable of giving consent.

However, even when it is not necessary, parent(s) should be involved in the consent process wherever possible, unless this is against the wishes of the young person.

An individual may lack the mental capacity to give consent. Where another person has been granted a lasting power of attorney or has been appointed to act on their behalf by an order of the Court of Protection, that person should be asked to give consent on behalf of the individual.

Where no such authority exists and depending on the circumstances, it may be necessary to seek consent from an “appropriate person”, such as next of kin or carer.

Implied or explicit consent?

Implied consent may be acceptable where for example, it is clear from an action somebody takes, such as signing up for a particular service, that they agree to the collection / disclosure of personal information to enable the delivery of that service.

Explicit or written consent is preferable where sensitive personal data is to be shared. If this is not possible non-verbal or oral consent should be recorded and witnessed.

Duration of consent

In general, once a person has given consent, that consent may remain valid for an indefinite duration for the purposes as defined by the CIA or PSIA. If the purpose of the specific partnership significantly changes it may be necessary to seek fresh consent.

Restrictions on consent

Partner organisations will, as a matter of good practice, seek fresh consent if there are significant changes in the circumstances of the individual or the work being undertaken with them.

A person, having given consent, is entitled at any time to subsequently withdraw that consent or to place restrictions upon the personal information that may be shared. Their wishes must be respected unless there are sound legal reasons for not doing so.

In the event of a person making a request to withdraw or place restrictions on consent previously given, the agency receiving such a request will at the earliest opportunity inform all other partner organisations that may be affected. Details will be recorded by the receiving organisations.

Refusal of Consent

Where an individual has refused consent and no other lawful reason for processing exists, their personal information must not be shared. Details of the refusal will be recorded by the relevant organisation.

In such circumstances, the individual should be made aware that the level of the service they receive may be adversely affected as a result of their decision, but no undue pressure should be applied to obtain consent.

16. Access rights

Under section 7 of the DPA, individuals have a right of access to personal information held about them, subject to any relevant exemptions which may apply.

Information provided by a partner organisation under this overarching Protocol and an associated CIA or PSIA may be disclosed to the individual without the need to obtain the provider's consent. However, a partner organisation will consult with the provider if they have any concerns and in particular if:

- (a) The provider has previously stated that the information supplied is subject to an exemption and therefore should not be disclosed to the individual.
- (b) The partner organisation is not sure whether an exemption applies.
- (c) A Health Practitioner has supplied the information.
- (d) Any exemptions under the DPA may apply to the information provided, e.g. prevention and detection of crime, legal professional privilege, health and safety of staff, etc.

Where two or more partner organisations have a joint (single) record on an individual, that individual may make their request for access to any of the partner organisations.

In such cases, the organisation receiving the request will be responsible for processing the request to the whole record and not just the part that they may have contributed, subject to the conditions detailed above.

17. Security and retention of information

Signatories to Slough Wellbeing Board's Overarching Information Sharing Protocol will have appropriate policies and procedures covering the security, storage, retention and destruction of personal information.

For the purposes of information sharing under Slough Wellbeing Board's Overarching Information Sharing Protocol, each partner organisation will ensure that the transfer or transmission of personal information is via secure means.

A checklist explaining some 'safe haven' procedures to ensure the secure handling and transfer of personal information is at annex 8.

18. Staff training and awareness

All signatories to Slough Wellbeing Board's Overarching Information Sharing Protocol are expected to promote staff awareness of the legal requirements of information sharing.

See section 22 for further guidance on this issue.

19. Review of CIAs and PSIA's

Slough Wellbeing Board will review its Overarching Information Sharing Protocol annually. In addition to this annual review, all parties to this Protocol can request an extraordinary review, at any time, should they consider it necessary. Reasons to request an extraordinary review may include the publication of new guidance, legal precedents (both domestic and European), the amendment of existing legislation or implementation of any new legislation as it is enacted. Every effort will be made to update this protocol to reflect any changes required by any of the above, as soon as practicable.

All CIAs and PSIA's created under the Overarching Protocol will specify a regular review period, this is typically an annual occurrence, but it may be shorter or longer depending on the nature of the partnership working taking place. Additionally, any party to a CIAs or PSIA's can request an extraordinary review at any time should they consider it necessary. Reasons to request an extraordinary review of a CIAs or PSIA's may include significant changes in the nature of the partnership working or service delivery.

If during the course of a review, it becomes evident that changes are required, all the parties to the relevant agreement will be informed of the fact. All partner organisations will provide assistance in identifying and implementing any necessary amendments.

20. Monitoring

Partner organisations are expected to implement systems capable of monitoring the operation of individual CIAs and PSIA's in which they are involved. This will enable a periodic retrospective assessment to be made of whether the information sharing arrangements achieve their objectives and where it is determined that they have failed to do so, the information sharing should cease or be modified as appropriate.

All signatories to any CIAs and / or PSIA's created under Slough Wellbeing Board's Overarching Information Sharing Protocol are also required to routinely identify and log the following types of incidents:

- (a) A refusal by a partner organisation to disclose information when requested;

- (b) Conditions being placed on disclosure;
- (c) Delays in responding to requests;
- (d) Disclosure of information to members of staff who do not have a legitimate reason for access;
- (e) Inappropriate or inadequate use of procedures e.g. insufficient information provided;
- (f) The use of information for purposes other than those agreed;
- (g) Inadequate security arrangements;
- (h) Any actual or attempted security breach by an external party (e.g. hacking);
- (i) Subject access requests; and
- (j) Any actions or omissions, which staff consider to be a breach of Slough Wellbeing Board's Overarching Information Sharing Protocol, individual CIAs or PSIAs and relevant legislation.

21. Complaints procedures

All signatories to Slough Wellbeing Board's Overarching Information Sharing Protocol will ensure that they have appropriate complaints procedures in place, relating to the collection, use and disclosure of an individual's personal information.

In the event of a complaint regarding the disclosure or use of personal information that has been supplied / obtained under a CIA or PSIA all parties to the agreement will provide cooperation and assistance in the investigation and resolution of the complaint.

22. General information sharing guidance

Data Protection Act 1998 – Guidance for Social Services

Available at

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4010391

Confidentiality: NHS Code of Practice (DH, 2003)

Available at www.dh.gov.uk/assetRoot/04/06/92/54/04069254.pdf

Confidentiality: protecting and providing information (GMC, 2004)

Available at www.gmc-uk.org/guidance/current/library/confidentiality.asp

The NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics (NMC, 2004)

Available at www.nmc-uk.org

HM Government Information sharing vision statement (HMG, 2006).

Available at www.justice.gov.uk/publications/informationsharingvision.htm

NHS Information Governance (DH, 2007).

Available at

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079616

Mental Capacity Act: 2005 Code of Practice (DCA, 2007)
Available at www.justice.gov.uk/guidance/mca-code-of-practice.htm

MAPPA (Multi Agency Public Protection Arrangements) guidance (2007)
Available at www.probation.homeoffice.gov.uk/output/page30.asp

Information Sharing: Guidance for practitioners and managers (HMG, 2008)
and case examples, training materials and further information about powers/
legislation.
Available at
www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00807-2008

Information Sharing: ICO guidance for organisations on Data Protection Act and
other legislation including good practice notes, codes of practice and technical
guidance notes.
Available at www.ico.gov.uk/Home/for_organisations/data_protection_guide.aspx

Information sharing: ICO Information sharing pocket.
Available at www.teachernet.gov.uk/publications. Search using the ref: DCSF-00808-2008

Information sharing: ICO Information Sharing Golden Rules. The Seven Golden
Rules for information sharing is an extract from HM Government 'Information
sharing: Guidance for practitioners and managers', DCSF 2008

Confidentiality and Disclosure of Health Information Toolkit (BMA, 2008)
Available at www.bma.org.uk/ap.nsf/Content/ConfToolKit08

MARAC (Multi-Agency Risk Assessment Conference) toolkits
Available at www.caada.org.uk/index.html

Guidance for children's services

Guidance on the Children Act 2004 (HMG, 2004)
Available at www.ecm.gov.uk/strategy/guidance

Sharing Personal and Sensitive Personal Information on Children and Young
People at Risk of Offending: A Practical Guide (Youth Justice Board, 2005)
Available at www.yjb.gov.uk/publications

Child Health Promotion Programme (DH, 2006)
Available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083645

Working Together to Safeguard Children and What to do if you are worried a child
is being abused (HMG, 2006)
Available at www.ecm.gov.uk/safeguarding

0-18 years: guidance for all doctors (GMC, 2007)
Available at www.gmc-uk.org/guidance/ethical_guidance/children_guidance/index.asp

When to share information: Best practice guidance for everyone working in the youth justice system (2008)
Available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/

Information Sharing – Advice for practitioners providing safeguarding advice to children, young people, parents and carers (2015)

Guidance for working with vulnerable adults

No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse
Available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/

23. Links to other information

Reaching Out: Think Family, analysis and themes from the Families at Risk Review (Cabinet Office, 2006) and Think Family: Improving the life changes of families at risk (Cabinet Office, 2008)
www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk.aspx

Local Safeguarding Children Boards information available at www.ecm.gov.uk/lscb

Every Child Matters (TSO, 2003)
Available at www.everychildmatters.gov.uk/aims/background/

Children's Centres – information available at www.surestart.gov.uk/surestartservices/settings/surestartchildrenscentres/

Youth Inclusion and Support Panels – information available at www.yjb.gov.uk/en-gb/yjs/Prevention/YISP/

Single Assessment Process – information available at www.dh.gov.uk/en/SocialCare/Chargingandassessment/SingleAssessmentProcess

Common Assessment Framework – information available at www.ecm.gov.uk/caf

ContactPoint – information available at www.ecm.gov.uk/ContactPoint

CWDC Share! (2007-08) – available from the Children's Workforce Development Council at www.cwdcouncil.org.uk/cwdc-share

Our Health, Our Care, Our Say (DH, 2006)
Available at www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/index.htm

24. Links to legislative documents

Links to legislation referenced in this document are given below:

The Data Protection Act 1998. Information available at www.ico.gov.uk/what_we_cover/data_protection.aspx

Education and Inspections Act 2005. Information available at www.dcsf.gov.uk/publications/educationandinspectionsact/

Mental Capacity Act 2005. Information available at www.justice.gov.uk/guidance/mental-capacity.htm

National Health Service Act 2006. Information available at www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_064103

Safeguarding Vulnerable Groups Act 2006. Information available at www.opsi.gov.uk/ACTS/acts2006/ukpga_20060047_en_1

25. Links to documents related to bulk or pre-agreed information sharing

Data Protection and Sharing – Guidance for Emergency Planners and Responders (HMG, 2007). Available at www.ukresilience.gov.uk/response/recovery_guidance/generic_issues/data_protection.aspx

Data handling procedures across government. Information available at www.cabinetoffice.gov.uk/csia

Data Sharing Review Report (Richard Thomas and Mark Walport, 2008) Available at www.justice.gov.uk/docs/data-sharing-review.pdf

26. Links to council policies and procedures

The council's Information Governance Policy gives clear direction to staff on the legal requirements and best practice standards for managing council information.

The following council policies support the overall Information Governance Policy:

- Information Security Policy
- Records Management Policy
- Information Handling and Protective Marking Policy
- Data Protection and Privacy Policy
- Information Security - Mobile Working Policy
- Information Security Incident Reporting Policy
- Removable Media and Devices Policy
- Password Policy
- Email and Internet Usage Policy
- IT Hardware and Media Disposal Policy.

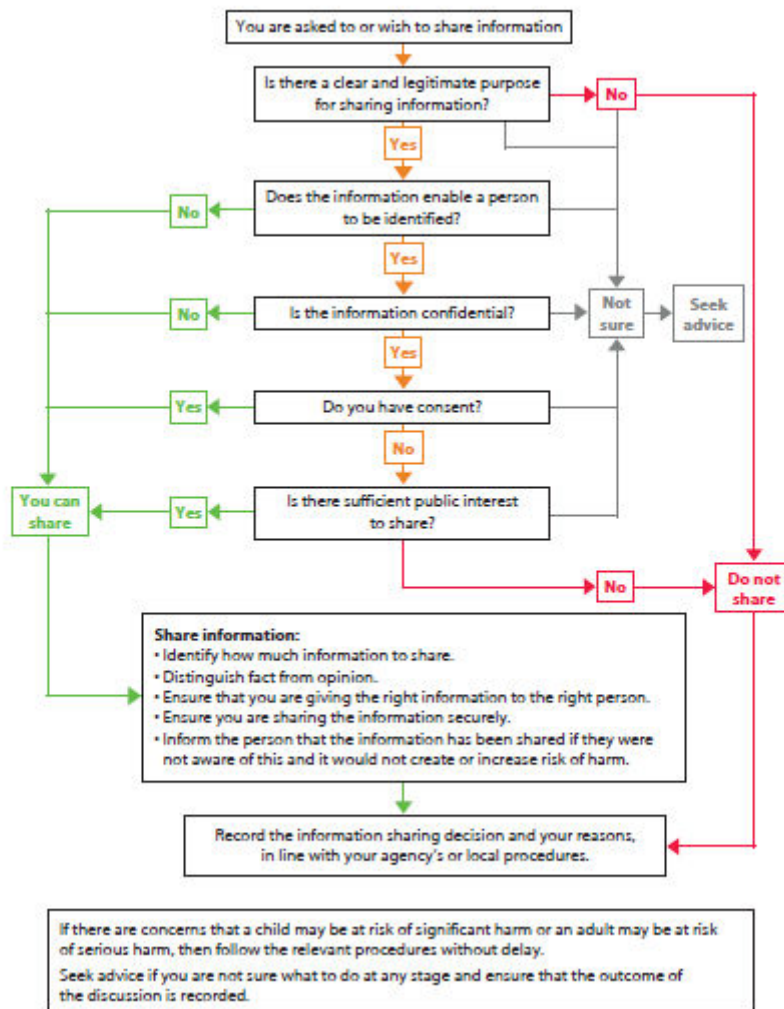
All of these policies can be downloaded from the IS&T forms, policies and procedures page.

Further information

For further information on this issue, contact the council's Information & Records Manager on 01753 875070.

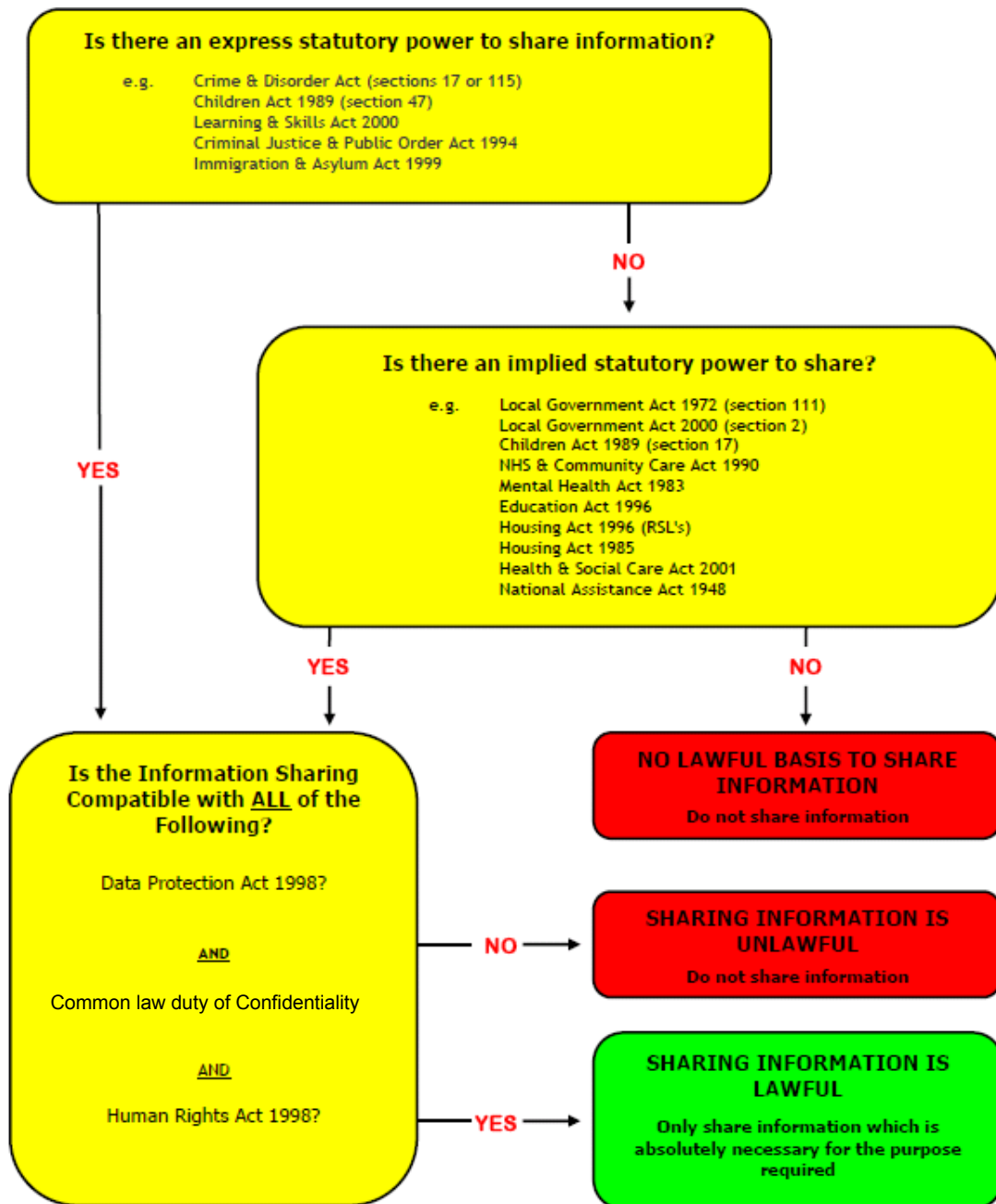
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Annex 1: Flow chart of key questions for information sharing

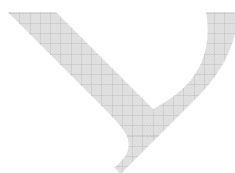
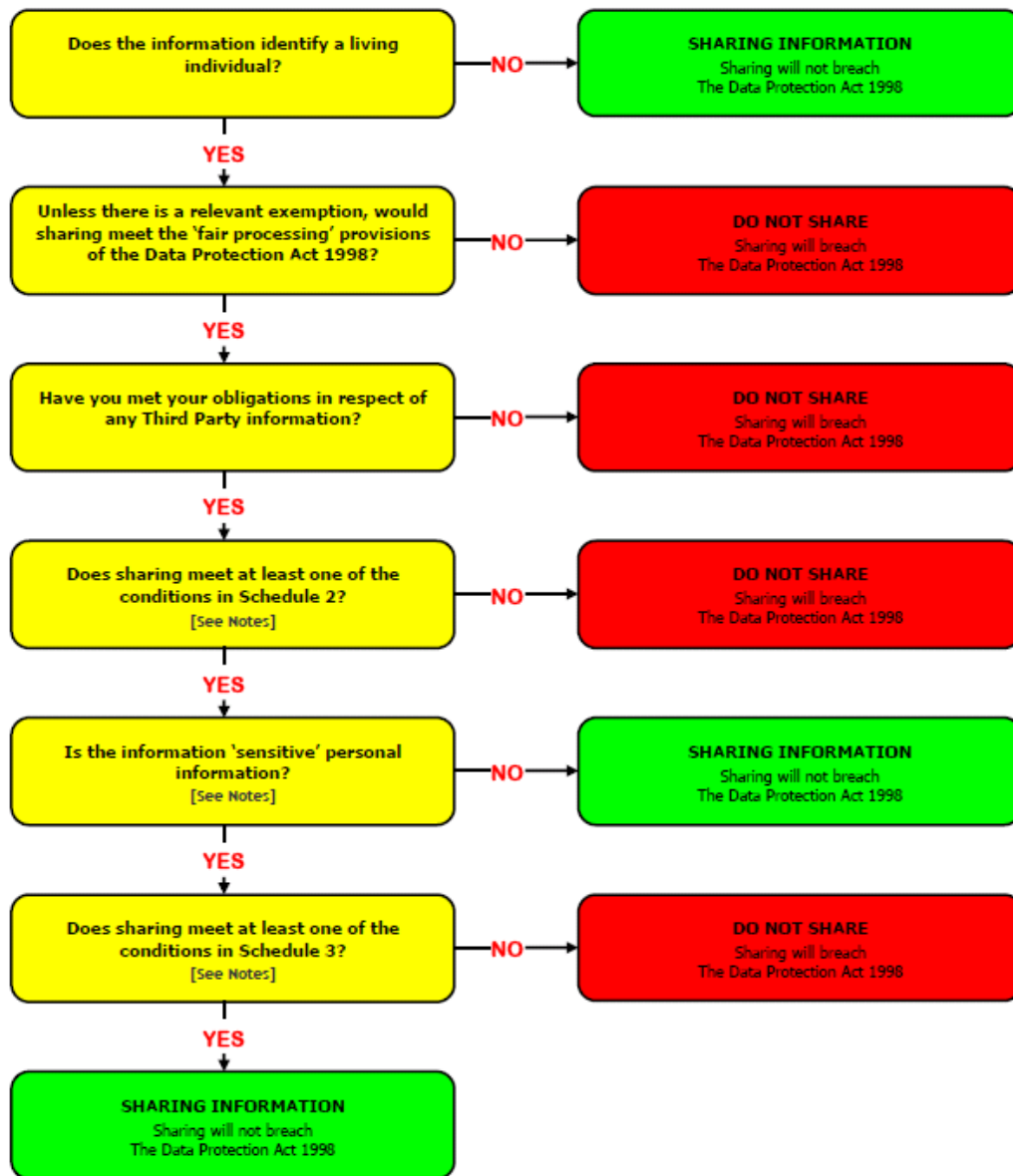


If after following the steps in this diagram, you have any doubts about the whether the proposed information sharing is lawful, you should seek advice from your line manager/your Designated Officer or the person with responsibility for data protection within your organisation.

Annex 2: Is information sharing lawful?



Annex 3: Is information sharing compatible with the DPA



Annex 4: Additional DPA information

Schedule 2 Conditions

One of the following conditions must apply:

1. The individual has consented to the processing;
2. (a) The processing is necessary for the performance of a contract to which the individual is a party; or
(b) In response to a request by the individual to enter into such a contract.
3. To fulfil any legal obligation, other than that imposed by contract.
4. To protect the vital interests of the individual, i.e. to protect life or to prevent significant physical / mental harm to the individual or any other person.
5. The processing is necessary –
 - (a) For the administration of justice;
 - (b) For the exercise of any functions conferred on any person by or under any enactment;
 - (c) For the exercise of any functions of the Crown, a Minister of the Crown or a government department; or
 - (d) For the exercise of any other functions of a public nature exercised in the public interest by any person.
6. For the purposes of the legitimate interests of the organisation holding the information or of the partner organisation to whom it is disclosed but only if those interests do not prejudice the rights and freedoms or legitimate interests of the individual. The Secretary of State may by order, specify particular circumstances in which this condition will or will not apply.

Schedule 3 Conditions

In the case of sensitive personal data, as well as satisfying one of the conditions in Schedule 2, at least one of the following conditions must also apply:

1. The individual has given explicit consent.
2. It is necessary for exercising or performing any right or obligation which is conferred or imposed by law in connection with employment. The Secretary of State may by order, specify circumstances in which this condition does not apply or the circumstances in which additional conditions must be met.
3. To protect a persons vital interests i.e. to protect life or to prevent significant mental / physical harm to the individual or any other person. This condition applies where consent could not reasonably be obtained, or where it is unreasonably withheld, against another persons vital interests.
4. Processing is part of the legitimate activities of a non-profit organisation for political, philosophical, religious or trade union purposes and is carried out with appropriate safeguards for the rights and freedoms of individuals. This condition only applies where the personal information relates to those who are either members of the organisation or have regular contact with it and does not involve disclosing information without the individuals consent.
5. The individual has deliberately caused the information to be made public.

6. Processing is necessary for current or prospective legal proceedings, necessary to obtain legal advice or for establishing, exercising or defending legal rights.
7. Necessary for the administration of Justice, the exercise of any functions conferred on any person by or under an enactment or in the exercise of any function of the Crown, a Minister of the Crown or a government department. The Secretary of State may by order, specify circumstances in which this condition does not apply or the circumstances in which additional conditions must be met.
8. Necessary for medical purposes and is undertaken by a health professional or someone with an equivalent duty of confidentiality.
9. Processing is necessary for the recording of racial or ethnic origin and is necessary for the monitoring and promotion of equal opportunities for racial and ethnic groups.

Such processing must be carried out with appropriate safeguards for the individual's rights and freedoms.

Fair Processing Provisions

To comply with the 1st principle of the Data Protection Act individuals must be informed of:

1. Who is responsible for their personal information (who the Data Controller is);
2. The purpose or purposes for which their information will be used; and
3. Who their information may be shared with.
4. Any further information required to allow the individual to fully understand the processing being undertaken and any possible consequences which may result from any information sharing which may take place.

Sensitive Data

Sensitive data is defined as:

1. Racial or ethnic origin.
2. Political opinions / affiliations.
3. Religious beliefs or other beliefs of a similar nature.
4. Trade union membership.
5. Physical or mental health or condition.
6. Sexual orientation or activity.
7. Whether they have carried out or been accused of committing any offence.
8. Details of court proceedings for any offence committed or alleged to have been committed.
9. The disposal of such proceedings or the sentence of any court in such proceedings.

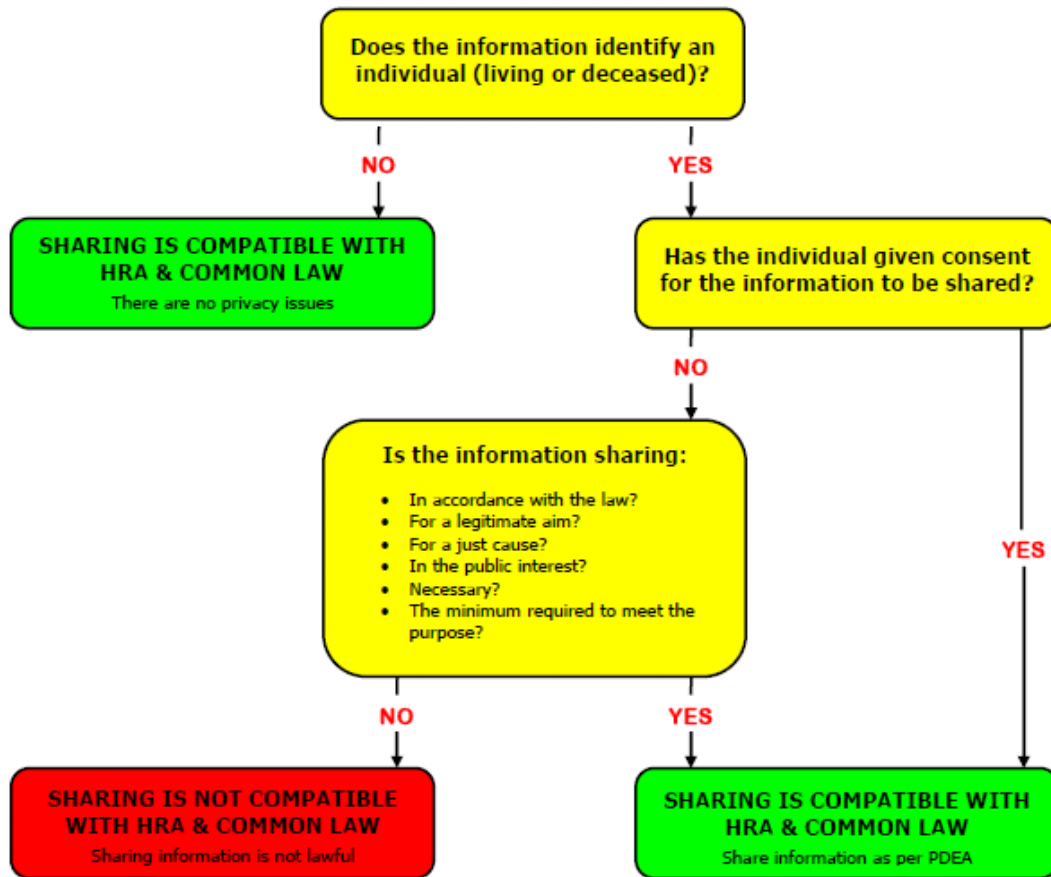
The Data Protection Principles

The rules for processing personal information are known as the **8 data protection principles**; these are that information must be:

1. Lawfully and fairly processed;
2. Not processed for incompatible purposes;
3. Adequate, relevant and not excessive;
4. Accurate;
5. Not kept for longer than is necessary;
6. Processed in line with an individuals rights;
7. Secure; and
8. Not transferred to countries without adequate protection.

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Annex 5: Is sharing compatible with HRA and Common Law?



Public Interest criteria include:

- The administration of justice.
- Maintaining public safety.
- The detection and prevention of crime and disorder.
- The apprehension of offenders.
- The protection of vulnerable persons.

Annex 6: Can information be shared without consent?



Note:
The exemptions contained in this flowchart are those that you are most likely to come across but there are others.

There is a degree of overlap between the DPA, HRA and common law duty (tort) of confidentiality. If you have established that the information sharing activity falls within one of the DPA exemptions, it is likely that you will also meet HRA (Article 8) and common law duty of confidentiality requirements.



Annex 7: Specimen information sharing consent form

Consent To Share Personal Information About				
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/> Other:
Surname			Address	
Forenames				
Date of Birth (if under 16yrs)				
Worker Responsible For Acquiring Consent				
Name			Position	
Organisation			Location	
Actions Carried Out Prior To Obtaining Consent				
I have explained to the person:				
<input type="checkbox"/>	Why we would like the personal information.	<input type="checkbox"/>	Who we will share the information with.	
<input type="checkbox"/>	Who will have access to the information.	<input type="checkbox"/>	Their rights under the Data Protection Act.	
<input type="checkbox"/>	How long the information will be kept.	<input type="checkbox"/>	Their right to withdraw or restrict consent.	
<input type="checkbox"/>	What information will be shared.	<input type="checkbox"/>	The complaints procedure.	
<input type="checkbox"/>	Why we need to share the information.	<input type="checkbox"/>	Who to contact for further information.	
<input type="checkbox"/>	Possible consequences of any restrictions or refusal of consent.			
Any other actions carried out prior to obtaining consent:				
Brief Description Of Type Of Information And Purpose Of Sharing				
Personal Information Will Or May Be Shared With				
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>		

Restrictions To Consent

The following restrictions apply to these information sharing arrangements (indicate if none):

Duration Of Consent

- As long as required for the purpose(s) as detailed.
-

Any Other Relevant Details

Declaration

Read this form carefully. If you have any concerns, please discuss them with the person who is seeking your consent.

I confirm that I have been informed of the information sharing arrangements as detailed above and that *I consent / do not consent to those arrangements. I understand that I have the right to withdraw or restrict my consent to these arrangements at any time. * Delete as appropriate

Signature		Date	
------------------	--	-------------	--

Parental Consent Or Alternative Lawful Authority

If the individual is too young or otherwise incapable of giving informed consent, the consent of an appropriate person with lawful authority to act on behalf of the individual should be recorded below.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other:
Name			Relationship to individual		

I confirm that I have been informed of the information sharing arrangements in respect of the above named individual as detailed above and that *I consent / do not consent on their behalf to those arrangements. I understand that I have the right to withdraw or restrict my consent to these arrangements at any time. * Delete as appropriate

Signature		Date	
------------------	--	-------------	--

Witness To Consent (If Unable To Obtain Written Consent)

If the individual is unable to sign but has indicated their consent by other means, an independent witness should sign below to confirm that fact.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other:
Name					

I confirm that the person named overleaf has indicated that they *consent / do not consent to the information sharing arrangements as detailed. * Delete as appropriate

Signature		Date	
------------------	--	-------------	--

Annex 8: Safe haven procedures for the secure handling of personal information

Safe Haven procedures in the context of this Protocol/Agreement cover:

- Fax
- Paper records
- E-mail/computer
- Telephone/Spoken communication
- Post/Informal messages e.g. post-it notes/telephone message notes
- Text messages

Best practice checklist

Fax machines

- Ensure fax equipment is sited where unauthorised people cannot access it.
- When sending information by fax, do not include customer/client/patient details unless absolutely necessary.
- Programme numbers into the fax machine memory to avoid misdialling.
- Confirm the fax number before sending.
- Check that recipient is waiting to receive a confidential fax.
- Always use an official fax header with a confidentiality statement printed on it.

Paper records and files

- All paper records containing personal and/or confidential information must be maintained and handled securely.
- Effective security must be maintained when personal and/or confidential information is being transferred or taken out of a secure environment.
- Any loss of personal and/or confidential records must be reported immediately to the officer who has responsibility for information compliance within the organisation/department, e.g. Caldicott Guardian, Information Governance Manager, Data Protection Officer, Unit Information Compliance Officer, etc., and the line manager.

E-mail and computer use

- Only use electronic mail in accordance with your organisation's policy.
- do not send external emails containing confidential and/or personal customer/client/patient information unless suitable encryption facilities are available.
- Ensure that computer screens showing confidential and/or personal information cannot be seen by unauthorised people.
- Ensure that passwords are maintained securely, not shared with others and changed regularly.
- Ensure that all personal customer/client/patient information stored is accurate.
- Only record information that is relevant and remember that an individual has a right of access to their personal information.

Telephone, texts & verbal communication

- Check to see whether confidential conversations may be overheard and take steps to ensure that they are not.
- When discussing confidential information using the telephone you must be confident that the person on the other end should be receiving the information.
- Avoid sharing confidential information in public places, e.g. reception counters.

Post, informal messages and notes

- Check addresses are up to date and ensure that letters are addressed correctly.
- Always seal envelopes containing confidential information.
- Destroy in a secure manner, all informal or 'short shelf life' information which is no longer required, e.g. post-it notes, telephone messages.

General

- Ensure that visitors are not able to access confidential information.
- All contractors have a contractual obligation to maintain confidentiality, but access to sensitive personal data should be restricted where practicable.
- Take care when releasing information to relatives, e.g. giving information to separated parents about children.

This list is not definitive, but highlights some areas of best practice. The list may be amended or added to provide a more detailed guide for Partner Organisations.

Annex 9: Information sharing notice and attendance record for multi-agency / partnership meetings

Details of Meeting			
Meeting			
Location			
Date		Time	
Lead Agency			
Purpose of Meeting	e.g. meeting the objectives of the Crime, Drugs & Disorder Strategy		
Lawful Basis For Sharing Information	e.g. Section 115 of the Crime and Disorder Act 1998		
Any Other Relevant Information			

Confidentiality Notice
<p>We, as signed overleaf, understand that personal information sharing at this meeting is for the purpose stated above. The lawful basis for such information sharing is [state legislative basis, e.g. Section 115 of the Crime & Disorder Act].</p> <p>We understand and agree to comply with:</p> <ul style="list-style-type: none"> the information sharing principles as set out in [whichever Information Sharing Protocol and Personal Data Exchange Agreement that apply, e.g. the Bournemouth, Dorset & Poole Over-Arching Information Sharing Protocol and the Prevent & Deter Personal Data Exchange Agreement]. our obligations under the Data Protection Act 1998, Article 8 of the Human Rights Act 1998 and the common law duty of confidentiality. <p>We also understand that any personal information shared as part of this meeting, is only to be used for the purpose(s) detailed above and cannot be used for any other purpose(s), unless there is a lawful power to do so.</p> <p>The minutes / notes of this meeting will serve as a formal record of the personal information that has been exchanged between those present.</p>

Information Sharing And An Individual's Rights Under The Data Protection Act 1998

The Data Protection Act 1998 includes provisions which grant individuals a number of statutory rights. The following are of particular relevance to information sharing:

- Fair processing provisions - which require that an individual is informed about the purpose(s) for which their personal information will be used and who it may be shared with.
- The subject access provisions - which gives individuals a right of access to any recorded personal information that is held about them.
- Non-disclosure provisions - which prevent personal information being disclosed unless the individual has been informed of such disclosure and has consented to it.

In order to comply with these provisions, individuals whose personal information is shared at this meeting, must have been informed about the multi-agency partnership working to which these meetings relate and provided with (or provided access to) the Information Sharing Protocol & Personal Data Exchange Agreement referred to above.

They will normally have a right of access to personal information recorded during this meeting; this includes personal information included in the notes / minutes of this meeting.

However, the Act does contain exemptions to the above provisions. Where information sharing is taking place under an exemption, that fact should be clearly indicated in the notes / minutes.

The most likely exemptions are listed below. If there is any doubt as to whether an exemption applies, the lead agency will seek appropriate advice in order to establish the legal situation.

Most Likely Exemptions Under The Data Protection Act 1998

- Prevention and detection of crime and the apprehension and prosecution of offenders. This exemption must be considered on a 'case by case' basis. Information shared for these purposes is exempt from the fair processing provisions and subject access provisions if complying with them would prejudice that purpose.
- Health, education and social work, where disclosure would be likely to cause serious harm to the physical or mental health or condition of the individual or any other person.
- Disclosures required by law in connection with legal proceedings.
- Legal professional privilege.
- Regulatory functions - this includes securing the health, safety and welfare of employees.
- Third Party Information - there is no obligation to disclose information which would identify an individual who has expressed a desire for confidentiality or where it is reasonable to assume such a desire.
- Third Party Information - there is no obligation to disclose information if it relates to or was supplied by an individual and disclosure would identify that individual and represent a breach of their rights under the Data Protection Act 1998.

This exemption does not apply to organisations, thus information that would reveal that a particular organisation had supplied information is not exempt, unless disclosure would identify a particular individual. Information is not usually completely withheld in these circumstances, but if possible edited to conceal the identity of the third party.

Statutory Instruments have been issued, which provide that information which identifies health professionals or social workers acting in their professional capacity should normally be disclosed.

Information Sharing Notice and Attendance Record

For Multi-Agency / Partnership Meetings

Name	Post	Organisation	Signature

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Annex 10: Specimen disclosure request / record of disclosure

Disclosure Request

To be used when requesting disclosure of personal information without the consent of the individual.

Request From			
		Request Ref.	
Organisation		Location	
Person		Post	
Request To			
Organisation		Location	
Person (If known)		Post (If known)	
Subject Details			
Surname		Address (if Relevant)	
Forenames			
Date of Birth			
Unique Personal Identifier			
Information To Be Disclosed			
Purpose for which information is required: (e.g. Child in Need assessment, prevention or detection of crime).			
Lawful Basis for Request: (e.g. Specific statute or exemption to the Data Protection Act 1998).			
Information Required & Requested Means of Disclosure: (e.g. Fax, Post, By Hand etc.).			
If Information is to be Shared Without Consent or After Consent Refused, State Reasons for Doing So.			
Any Other Relevant Information: (include name of relevant Personal Data Exchange Agreement).			
Declaration			
I confirm that the above information is required for the purposes stated. Any obligations arising from the Data Protection Act 1998, Article 8 of the Human Rights Act 1998 or any Common Law Duty of Confidentiality will be observed. The information will not be used for any purpose other than that for which it is being requested and will not be further disclosed to any unauthorised person. It will be kept securely and where necessary, disposed of correctly in accordance with the relevant retention schedule.			
Signed		Date	

Record of Disclosure

To be used when disclosing personal information without the consent of the individual.

Request Received By			
Request Ref.		Disclosure Ref.	
Person		Post	
Receipt via		Date Received	
Information Disclosed			
Purpose of Information Disclosure: (e.g. Child in Need assessment, prevention or detection of crime).			
Lawful Basis for Disclosure: (e.g. Specific statute or exemption to the Data Protection Act 1998).			
Information Disclosed:			
If Information was Shared Without Consent or After Consent Refused, State Reasons for Doing So.			
Means of Disclosure: (including details of person information disclosed to).			
Details of Any Differences Between Request and Disclosure:			
Reasons for Refusal / Limited Disclosure:			
Declaration			
I confirm that to my knowledge, the above information is a true record of the information as held by us, that it was obtained fairly and lawfully, and that I am authorised to make the disclosure as detailed above.			
Signed		Date	

* Use continuation sheet if required.

Disclosure Request

To be used when requesting disclosure of personal information without the consent of the individual.

Continuation Sheet
<p data-bbox="220 389 542 416">Any Other Relevant Information:</p>

Annex 11: Specimen Community Information Agreement

Community Information Agreement [Name of partnership/programme]

Document control

Author	
Contributors	
Version	
Date of production	
Review date	
Responsibility for review	
Primary circulation list	
Sign off	

Document history

Date	Version	Comments

Community Information Agreement

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18. Termination of this agreement by an organisation
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Appendix A: Signatories to the *[Insert title]* Community Information Agreement

Community Information Agreement

1. Introduction

This agreement is made under [name of the over-arching information sharing protocol that applies. *For example: The Slough Wellbeing Board Overarching Information Sharing Protocol (OISP)*] between:

[Names of organisations involved in partnership working under the agreement].

Note: The organisations signing up to this agreement must also be signatories to the overarching information sharing protocols detailed above.

2. Purpose of this agreement

This document is Tier Two level Community Information Agreement.

As such it is not a legally binding document.

It aims to provide the basis for an agreement between the agencies and other organisations engaged in [*insert the name and function of the partnership*] to facilitate and govern the efficient, effective and secure sharing of good quality information.

It sets out:

- (a) The principles underpinning information sharing
- (b) The general purposes for information sharing
- (c) The responsibilities and commitments of partners to this agreement
- (d) The arrangements for monitoring and review

This agreement complies with the information sharing principles defined in [*Slough Wellbeing Board's Overarching Information Protocol*].

It aligns with all other agreements to which agencies may already be signatories and does not in any way supersede those existing agreements.

This document is not intended to be definitive or exhaustive, it is recognised that as policy develops and implementation arrangements mature, this agreement will need to be reviewed and amended in light of new information sharing requirements to ensure that it is 'fit for purpose'.

As such this agreement aims to provide a set of guiding principles for information sharing within the context of [*provide the name of the programme, policy area or function for which the partnership has been formed*] to which partners can sign up, its purpose is not to be specific.

It is a key principle of Slough Wellbeing Board's Protocol that this agreement should be underpinned by a series of purpose specific data sharing agreements

that detail the specific data/information sharing requirements between partner organisations and agencies.

3. Policy context

[Enter statement that explains the policy area within which the partnership activities sit and what it aims to achieve through a multi-agency approach]

In order for the development of the *[enter name of programme]* to be successful it is essential that all agencies and organisations engaged in its development and implementation are empowered and committed to share good quality and relevant information in a responsible and secure way.

4. Scope

This agreement covers the sharing of information between all agencies and organisations engaged in/or who are identified as holding relevant information for the purposes of developing, implementing, monitoring and evaluating *[name of programme]*.

A list of signatories is at Appendix A. This list is not exhaustive and will be updated regularly as part of the agreement monitoring and review process as required.

Information may be *[state types of information to be shared e.g. anonymised, personal and/or sensitive or confidential]* in nature and may be shared where *[state the basis for sharing e.g. is a legal power to do so, where informed consent has been sought]*.

The relevance of the scope of the agreement should be considered as part of the *[name of programme]* a regular monitoring and review process.

This is not intended to be an exhaustive list as policy changes or delivery approaches mature and other purposes may be identified and these will be incorporated into this agreement during the monitoring and review process.

5. Type of personal information that will be shared

[Provide details of the broad categories of personal information to be routinely shared under this agreement. For example:

- *Personal details - name, address & DOB*
- *Employment details*
- *Financial details*
- *Family, lifestyle and social circumstances*
- *Criminal offences, or alleged offences*
- *Physical or mental health or condition Classified as sensitive personal*
- *Sexual life information under the DPA*
- *Racial or ethnic origin'*

Note: A combination of categories of personal information may apply under this agreement.

6. How personal information will be shared

[Statement defining the method(s) that will be used to effect the:

- Safe and secure exchange of personal information between agencies, including where applicable the identification of officers within each organisation who are authorised to disclose and receive personal information under this agreement*
- Availability of requested personal information.*
- Recording of requests for, and disclosures of, personal information].*

For example:

- Personal information must be requested in writing using the agreed proforma.*
- Personal information may be requested by telephone, fax, or in writing.*
- Personal information will only be disclosed by a nominated, named officer.*
- Personal information will be disclosed by officers of the (name of Team, Unit, Section, etc.), who will all be considered to be authorised officers for the purposes of this agreement*
- Responses to requests for information will be effected within (x) days of receipt.*
- A written record will be maintained of all requests for, and disclosures of, personal information, including requests that have been refused.*

7. Purposes for sharing information

Under the terms of this agreement information may be shared for any purpose that supports the development of the *[name of programme]* in *[place]* and that has been agreed within a specific information sharing agreement.

In general information sharing will be required to support the development and operation of *[name the programme/function]*.

This may include the following:*[List the different functions for which information will be require]*

8. Consent *[delete where consent is not to be used]*

Explicit consent will be sought from data subjects in accordance with individual partner agency policies and procedures where it has been identified as a necessary condition for the processing of the information as set out in the Data Protection Act 1998.

Where consent is required it is the responsibility of partner agencies to seek consent from their clients to share information for the purposes identified.

Where consent is refused or withdrawn by the data subject that information will not be used unless there is a risk of harm to the individual or others.

It should be made clear to the data subject/s the circumstances under which information will be shared with other agencies without their consent and the implications to them of not being able to share their information. The responsibility for ensuring this lies with the partner agency.

9. Lawful basis for the sharing of personal information

It is essential that all information shared under the terms of this agreement is done so in compliance with the following key legislation:

- (a) The Data Protection Act 1998
- (b) The Human Rights Act
- (c) Common Law Duty of Confidentiality

In addition each agency / organisation signed up to this agreement will have their own legal framework that governs their functions and that sets out the circumstances under which personal and sensitive information may be shared.

The relevant legislation is as follows: *[Insert list of legislation]*

It is the responsibility of the individual agency/organisation to ensure that their data sharing transactions undertaken are done so legally and fairly and that they comply with their own legal powers and the legislation detailed above.

[Note: Whilst more than one piece of legislation may support the general information sharing framework, the purpose of this agreement is to clearly define specific, local information sharing initiatives. In view of this, the statutory powers to share information under this agreement should ideally be confined to one 'key' piece of legislation.]

10. Key principles

In signing up to this agreement the signatories agree and commit to the following principles:

- This agreement aims to align with individual partner agency statutory, legal and common law duties.
- This agreement is to be entered into alongside any existing protocols, procedures, policies and guidance to which the partner already adheres and does not supersede them.
- This agreement will be underpinned by Tier 3 purpose specific information sharing agreements that will govern data sharing transactions between partners.
- Information will only be used for the purposes stated in this agreement, and as detailed in individual purpose specific information sharing agreements.
- Partner agencies comply with the requirements of the Data Protection Act 1998 and in particular the eight data protection principles

- Partner agencies support, endorse and promote the accurate, timely, secure and confidential sharing of information for the purposes stated in this agreement.
- Where it is agreed that it is necessary to share personal information it will be shared only on a 'need to know' basis and this will be detailed in the purpose specific information sharing agreement. All other information will be statistical and aggregated.
- Personal and sensitive Information will only be shared under this agreement where there is a statutory power to do so and the conditions for processing as determined in the Data Protection Act 1998 can be met.
- Agencies agree to ensure that data sharing takes place in accordance with their legal, statutory and common law duties and that responsibility for ensuring that they have adequate notifications, privacy notices, policies, procedures and guidance to do so remains with them.
- All information will be supplied in line with the relevant standards for information quality and security.

11. Supporting policies

[List any supporting policies or procedures that signatories also have to follow in their partner organisation or agency here].

12. Restrictions on the use of shared personal information

[List any specific additional restrictions that signatories to this agreement have on the use of personal information here].

13. Breaches of confidentiality

[Include a statement defining how breaches of confidentiality by any agencies party to the agreement will be monitored and dealt with].

14. Complaints

Complaints about this disclosure of information under this agreements, or breaches of this agreement, will be dealt with under the complaints procedure of the partner organisation concerned.

15. Further framework documents

The signatories to this agreement will be responsible for developing and issuing purpose specific information sharing arrangement guidance and training to staff to ensure compliance with this agreement.

16. Governance, monitoring and review

The review, monitoring and amendment of this agreement will be undertaken by *[state who will be responsible]*.

Formal review will be undertaken [annually] unless legislation or policy changes dictate otherwise.

New parties to this agreement may be included at any time, the formal arrangements for which will be managed by *[state who will be responsible]* and agreed by *[state who will endorse the decision]*.

All amendments to the agreement will be reported to and signed off *[insert who will be responsible for endorsing changes to this agreement]*.

All will reviews of this agreement will have regard to:

- (a) Changes in the relevant law and statutory or other government or national guidance;
- (b) Service-user and staff opinions, concerns and complaints;
- (c) Failures in compliance and disagreements between partner organisations;
- (d) Any other relevant information.

17. Effective date

This agreement is effective from an agreed common implementation date of [insert date] and will be subject to a common review period *[insert period]* from the implementation date.

18. Termination of this agreement by an organisation

[Statement defining the method by which agencies can terminate their involvement in the agreement and the length of notice required].

19. Conclusion

This agreement proposes a consistent approach to the sharing of information between partner agencies for the purposes of developing and implementing the *[name of programme]*. All partners need to be able to balance the conflicting demands between the need to share information with other agencies and the requirement to maintain confidentiality. These conflicting demands are acknowledged by this agreement which provides a basis for partners to be confident that where information is shared it will be done in a consistent, responsible and secure way for the purpose of *[state the programme/partnership aims]*.

20. Signatories to the agreement

Authorised signatories from each organisation listed in the table at appendix A accept this agreement.

Appendix A: Signatories to the [Insert title] Community Information Agreement

Organisation	Post/position	Name	Signature	Date

DRAFT

Appendix 12: Specimen Purpose Specific Information Agreement

Purpose Specific Information Agreement [Name of partnership/programme]
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Document control

Author	
Contributors	
Version	
Date of production	
Review date	
Responsibility for review	
Primary circulation list	
Sign off	

Document history

Date	Version	Comments

Purpose Specific Information Agreement

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- Appendix A: Signatories to the *[Insert title]* Purpose Specific Information Agreement

Purpose Specific Information Agreement

1. Introduction

This agreement is made under [name of the over-arching information sharing protocol or community information agreement that applies. *For example: The Slough Wellbeing Board Over-Archiving Information Sharing Protocol (OISP)*] between:

[Names of organisations involved in partnership working under the agreement].

2. Purpose of this agreement

This document is Tier Three level Purpose Specific Information Sharing Agreement. As such it is not a legally binding document.

It aims to provide the basis for an agreement between the agencies and other organisations engaged in [*insert the name and function of the partnership*] to facilitate and govern the efficient, effective and secure sharing of good quality information.

It sets out:

- (a) What information is to be shared
- (b) What it is being shared (for what purpose)
- (c) Who it is being shared with (between organisations and agencies)
- (d) When it is being shared (the times and frequency etc)
- (e) How is it being shared (format)

This agreement complies with the information sharing principles defined in [*Slough Wellbeing Board's Overarching Information Protocol*].

It aligns with all other agreements to which agencies may already be signatories and does not in any way supersede those existing agreements.

This document is not intended to be definitive or exhaustive, it is recognised that as policy develops and implementation arrangements mature, this agreement will need to be reviewed and amended in light of new information sharing requirements to ensure that it is 'fit for purpose'. As such this agreement aims to provide a set of guiding principles for information sharing within the context of [*provide the name of the programme, policy area or function for which the partnership has been formed*] to which partners can sign up, its purpose is not to be specific.

3. Policy context

[*Enter statement that explains the policy area within which the partnership activities sit and what it aims to achieve through a multi-agency approach*]

In order for the development of the [*enter name of programme*] to be successful it is essential that all agencies and organisations engaged in its development and

implementation are empowered and committed to share good quality and relevant information in a responsible and secure way.

4. Scope

This agreement covers the sharing of information between all agencies and organisations engaged in/or who are identified as holding relevant information for the purposes of developing, implementing, monitoring and evaluating *[name of programme]*.

A list of signatories is at Appendix A. This list is not exhaustive and will be updated regularly as part of the agreement monitoring and review process as required.

Information may be *[state types of information to be shared e.g. anonymised, personal and/or sensitive or confidential]* in nature and may be shared where *[state the basis for sharing e.g. is a legal power to do so, where informed consent has been sought]*.

The relevance of the scope of the agreement should be considered as part of the *[name of programme]* a regular monitoring and review process. This is not intended to be an exhaustive list as policy changes or delivery approaches mature and other purposes may be identified and these will be incorporated into this agreement during the monitoring and review process.

5. Who will share information?

Under this agreement, the following partners are required to share information under the *[list the legislation]*.

[List the organisations]

Under this agreement, the following organisations may also be required to share information under the *[name relevant information/ legislation]*. These include

[List the organisations]

The following organisations may also be to share information under this agreement for *[specify the purpose/ name relevant information/ legislation]*.

[List the organisations]

6. Type of personal information that will be shared

[Provide details of the specific categories of personal information to be shared under this agreement and the state frequency.]

For example:

- *Personal details - name, address & DOB*
- *Employment details*
- *Financial details*

- *Family, lifestyle and social circumstances*
- *Criminal offences, or alleged offences*
- *Physical or mental health or condition Classified as sensitive personal*
- *Sexual life information under the DPA*
- *Racial or ethnic origin'*

Note: A combination of categories of personal information may apply under this agreement.

Additional information may also be shared in order to maximise the ability of the [insert name of partnership] to deliver against its requirements.

7. How personal information will be shared

[Include a statement defining the method(s) that will be used to effect the:

- *Safe and secure exchange of personal information between agencies, including where applicable the identification of officers within each organisation who are authorised to disclose and receive personal information under this agreement*
- *Availability of requested personal information.*
- *Recording of requests for, and disclosures of, personal information].*

For example:

- *Personal information must be requested in writing using the agreed proforma.*
- *Personal information may be requested by telephone, fax, or in writing.*
- *Personal information will only be disclosed by a nominated, named officer.*
- *Personal information will be disclosed by officers of the (name of Team, Unit, Section, etc.), who will all be considered to be authorised officers for the purposes of this agreement*
- *Responses to requests for information will be effected within (x) days of receipt.*
- *A written record will be maintained of all requests for, and disclosures of, personal information, including requests that have been refused.*

Signatories to this agreement are responsible for ensuring that any data they supply is current, accurate and suitable for the purpose.

All data should be shared and stored in accordance with the relevant legislation.

Any information shared should only be kept as long as it is necessary and then destroyed.

8. Purposes for sharing information

Under the terms of this agreement information may be shared for any purpose that supports the development of the [name of programme] in [place] and that has been agreed within a specific information sharing agreement.

In general information sharing will be required to support the development and operation of *[name the programme/function]*.

This may include the following: *[List the different functions for which information will be required]*.

9. Consent

Explicit consent will be sought from data subjects in accordance with individual partner agency policies and procedures where it has been identified as a necessary condition for the processing of the information as set out in the Data Protection Act 1998.

Where consent is required it is the responsibility of partner agencies to seek consent from their clients to share information for the purposes identified.

Where consent is refused or withdrawn by the data subject that information will not be used unless there is a risk of harm to the individual or others.

It should be made clear to the data subject/s the circumstances under which information will be shared with other agencies without their consent and the implications to them of not being able to share their information.

The responsibility for ensuring this lies with the partner agency.

10. Lawful basis for the sharing of personal information

It is essential that all information shared under the terms of this agreement is done so in compliance with the following key legislation:

- (a) The Data Protection Act 1998
- (b) The Human Rights Act
- (c) Common Law Duty of Confidentiality

In addition each of the signatories to this agreement will have their own legal framework that governs their functions and sets out the circumstances under which personal and sensitive information may be shared.

The relevant legislation is as follows:

[Insert list of legislation]

It is the responsibility of each signatory to ensure that their data sharing transactions are done so legally and fairly and that they comply with their own legal powers and the legislation detailed above.

[Note: Whilst more than one piece of legislation may support the general information sharing framework, the purpose of this agreement is to clearly define specific, local information sharing initiatives. In view of this, the statutory powers to

share information under this agreement should ideally be confined to one 'key' piece of legislation.]

11. Roles and responsibilities of signatories

In signing up to this agreement, the signatories at appendices A and B to this agreement will undertake the following roles, responsibilities and actions in order to achieve agreement sign off' by *[state who will endorse the agreement]* and ensure that this agreement is maintained appropriately:

- Provide training to staff in the use of this agreement.
- Take steps to comply with the Data Protection Act, the Human Rights Act and the Caldicott Principles.
- Ensure that their organisational and security measures comply with ISO 27001, or equivalent internal standards, to protect the lawful use of information shared under this agreement.
- Ensure that all appropriate staff who have access to shared information have the necessary level of CRB clearance in accordance with relevant legislation.
- Only use the information for the purpose for which it has been shared.
- Use all reasonable actions to ensure that information provided under this agreement is, and remains, accurate.
- Record improvements in information sharing between each other, for example where information was not readily available before but where professionals now feel able to share.
- Ensure that senior managers provide advice and support in implementing this agreement and any operational arrangements, particularly when resolving disagreements within or between other partner organisations.
- Help ensure that service-users are made aware that this agreement governs the use of their personal information and provide copies on request.

12. Nominated representatives

Each signatory to this agreement shall have a lead nominated representative for the purpose of this agreement, who will ensure there are Designated Officers who will make and receive data-sharing requests and who will support further review of this agreement.

Nominated representatives will meet at least every *[specify when]*, or as necessary, to discuss the working of this agreement.

A list of nominated representatives to this agreement can be found at appendix B. This list is not exhaustive and will be updated regularly as part of the agreement monitoring and review process as required.

Any disputes or disagreements between parties shall be resolved by discussion between the nominated representatives and/or between the heads of each organisation where appropriate.

13. Data controller responsibilities

Data controllers will make appropriate notification to the Information Commissioner as defined by the Data Protection Act 1998 and the Information Commissioner.

14. Agents and sub-contractors

Each signatory to this agreement will ensure that its agents and sub-contractors comply with the provisions of this agreement.

15. Arrangements for data sharing at multi-agency meetings [delete where unnecessary]

Meetings, such as [insert name], which regularly require partners to share information will be categorised according to the government protective marking¹ scheme and appropriate security procedures put in place accordingly.

All parties to this agreement understand that in keeping with government initiatives to invite a wider spectrum of society to assist the relevant authorities to implement the [insert relevant legislation], it is likely that there will be individuals present at certain meetings who are not representing an organisation which is a signatory to this agreement.

The first time any individual attends a meeting covered by this agreement, they should be required to sign a Confidentiality Agreement form.

¹ *'Protective marking' is the method by which the originator of an asset (that is all material assets, i.e. papers, drawings, images, disks and all forms of electronic data records), indicates to others, the levels of protection required when handling the asset in question, in terms of its sensitivity, security, storage, movement both within the guidance and outside the originator's own department or force and its ultimate method of disposal.*

The ACPO guide to Protective Marking details this scheme and the security measures which need to be put in place to comply with it.

The levels of restriction are:

- *No protective marking*
- *Restricted*
- *Confidential*
- *Secret*
- *Top Secret*

The meeting organiser should clearly designate the meeting, using this scheme, prior to any information being shared and ensure that all partners are aware of the data handling and sharing requirements relevant to the designation.

Responsibility for ensuring that this takes place and for retaining a signed copy of this Confidentially Agreement form rests with the Chair of these meetings.

16. The process for data sharing outside meetings

If information is to be shared outside of the [*insert name of partnerships*] meeting structure, a brief Information Sharing Statement will be drawn up setting out the procedures that should be followed.

17. Key principles

In signing up to this agreement the signatories agree and commit to the following principles:

- This agreement aims to align with individual partner agency statutory, legal and common law duties.
- This agreement is to be entered into alongside any existing protocols, procedures, policies and guidance to which the partner already adheres and does not supersede them.
- Information will only be used for the purposes stated in this agreement.
- Partner agencies comply with the requirements of the Data Protection Act 1998 and in particular the eight data protection principles.
- Partner agencies support, endorse and promote the accurate, timely, secure and confidential sharing of information for the purposes stated in this agreement.
- Where it is agreed that it is necessary to share personal information it will be shared only on a 'need to know' basis. All other information will be statistical and aggregated.
- Personal and sensitive information will only be shared under this agreement where there is a statutory power to do so and the conditions for processing as determined in the Data Protection Act 1998 can be met.
- Agencies agree to ensure that data sharing takes place in accordance with their legal, statutory and common law duties and that responsibility for ensuring that they have adequate notifications, privacy notices, policies, procedures and guidance to do so remains with them.
- All information will be supplied in line with the relevant standards for information quality and security.

18. Supporting policies

[List any supporting policies or procedures that signatories also have to follow in their partner organisation or agency here].

19. Restrictions on the use of shared personal information

[List any specific additional restrictions that signatories to this agreement have on the use of personal information here].

20. Breaches of confidentiality

[Include a statement defining how breaches of confidentiality by any agencies party to the agreement will be monitored and dealt with].

21. Complaints

All complaints about the disclosure of information under this agreement will be dealt with under the complaints procedure of the partner organisation concerned.

If two or more partner organisations receive a complaint about the same matter, they should investigate and respond to the complaint jointly.

If a partner receiving a complaint believes another partner may be responsible, wholly or partly, for the matters complained of, it should notify the other organisation and the organisations should investigate and respond to the complaint jointly.

22. Non-compliance and partner disagreement

In the event of a suspected failure within a partner organisation to comply with this agreement, the partner organisations will ensure that an adequate investigation is carried out and recorded.

If the partner finds there has been a failure it will ensure that:

- Necessary remedial action is taken promptly;
- Service-users affected by the failure are notified of it, the likely consequences, and any remedial action;
- Partner organisations affected by the failure are notified of it, the likely consequences, and any remedial action.

If one partner believes another has failed to comply with this agreement it should notify the other partner in writing giving full details.

The other partners will then investigate the alleged failure.

If they find there was a failure, they will take the steps set out above.

If they find there was no failure they will notify the first partner in writing giving their reasons.

Partners will make every effort to resolve disagreements between them about personal information use and sharing.

Nominated representatives will ensure they are notified at an early stage of any suspected or alleged failures in compliance or partner disagreements relating to their partner Organisation.

23. Governance, monitoring and review

The review, monitoring and amendment of this agreement will be undertaken by *[state who will be responsible]*.

All formal reviews will be undertaken *[state when]* unless legislation or policy changes dictate otherwise.

All reviews of this review will have regard to:

- Changes in the relevant law and statutory or other government or national guidance;
- Service-user and staff opinions, concerns and complaints;
- Failures in compliance and disagreements between partners;
- Any other relevant information.

New signatories to this agreement can be included at any time, the formal arrangements for which will be managed by *[state who will be responsible]* and agreed by *[state who will endorse the decision]*.

All amendments to this agreement will be reported to and signed off by *[insert who will be responsible for endorsing changes to this agreement]*.

24. Effective date

This agreement is effective from an agreed common implementation date of *[insert date]* and will be subject to a common review period *[insert period]* from the implementation date.

25. Termination of this agreement by an organisation

[Insert statement defining the method by which agencies can terminate their involvement in the agreement and the length of notice required].

26. Links to other Purpose Specific Information Agreements

Title	Effective From	Effective to	Lead Agency	Contact Details

27. Conclusion

This agreement proposes a consistent approach to the sharing of information between partner agencies for the purposes of developing and implementing the *[name of programme]*.

All signatories to this agreement need to be able to balance the conflicting demands between the need to share information with other agencies and the requirement to maintain confidentiality.

These conflicting demands are acknowledged by this agreement which provides a basis for partners to be confident that where information is shared it will be done in a consistent, responsible and secure way for the purpose of *[state the programme/partnership aims]*.

28. Signatories to this agreement

Authorised signatories from each organisation listed in the table at appendix A accept this agreement:

DRAFT

Appendix A: Signatories to the *[Insert title]* Purpose Specific Information Agreement

Organisation	Post/position	Name	Signature	Date

DRAFT

Appendix B: List of Partnership Organisations, Signatory Persons and Nominated Representatives

Partnership member	Signatory person and position	Nominated representative	Contact details (include telephone number and email address)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 13 May 2015

CONTACT OFFICER: Amanda Renn, Corporate Policy Officer, Policy Team, Slough
Borough Council
(For all Enquiries) (01753) 875560

WARD(S): All

PART I
FOR INFORMATION

CHILD POVERTY STRATEGY1. **Purpose of Report**

To inform the Slough Wellbeing Board to the development of a Child Poverty Strategy for Slough.

2. **Recommendation(s)/Proposed Action**

The Committee is requested to note the report.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**3a. **Slough Joint Wellbeing Strategy Priorities**

The Child Poverty Strategy will sit under the Slough Joint Wellbeing Strategy (SJWS) and set out how the Children and Young People's Partnership Board (CYPPB) will establish a framework for local partners to co-operate to tackle child poverty. The priorities in the Child Poverty Strategy will support specific delivery against each of the following Joint Wellbeing Strategy priorities:

- Economy and skills - Improving the educational attainment of our children and young people and developing a strong, competitive and sustainable business sector, supported by a local workforce who have the skills to meet local businesses' changing needs, will increase local families incomes and help grow and maintain the town's prosperity and local economy.
- Health - Reducing inequalities and improving the health and wellbeing of our children and young people (and their families and carers) will help them live more positive, active and resilient lives.
- Regeneration and the environment - Improving the physical fabric of the town and its leisure and recreational faculties (including parks and opens spaces) to create an attractive environment for our children and young people (and their families) will help improve their health and wellbeing.
- Housing - Developing a strong, attractive and balanced housing market which includes a range of housing options will help reduce homelessness and limit the number of people living in fuel poverty.
- Safer communities - Reducing crime, the fear of crime and anti social behaviour and safeguarding and supporting our most vulnerable children and young people will help keep them safe, feel safe and make Slough a place where people want to live, work and visit.

3b. **Joint Strategic Needs Assessment (JSNA)**

A Child Poverty Needs Assessment was completed (in liaison with statutory partners and service areas) in the summer of 2014, using the JSNA and other key data sources¹. It found that:

- Over 8,000 children in the borough live in poverty, of which 7,000 are under the age of 16.
- Slough has a higher rate of child poverty than the national average with 21 % of children living in poverty (compared to 20% nationally).
- Child poverty is concentrated in a number of wards including Britwell (28%), Chalvey (26%), Wexham Lea (24%), Baylis and Stoke (23%), Central (23%), Colnbrook and Poyle (22%) and (Foxborough 21%).
- There are a number of at risk groups who are particularly vulnerable to child poverty and the negative outcomes associated with it.

3c. **Five Year Plan Outcomes**

Reducing inequality, supporting the most vulnerable and enabling people to help themselves are threads that run through each of the challenges and opportunities identified in the council's Five Year Plan (2015 – 2019). The Child Poverty Strategy will support delivery against each of the following Five Year Plan outcomes:

- 1 - Slough will be the premier location in the south east for businesses of all sizes to locate, start, grow and stay.
- 2 - There will be more homes in the borough, with quality improving across all tenures to support our ambitions for Slough.
- 4 - Slough will be one of the safest places in the Thames Valley.
- 5 - Children and young people will be healthy, resilient and have positive life chances.
- 6 - More people take responsibility and manage their own health care and support needs.

4. **Other Implications**

(a) Financial

There are no financial implications of the proposed action.

(b) Risk Management

There are no identified risks to the proposed action.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications to the proposed action.

The Child Poverty Strategy sets out the key actions the CYYPB, the council and partners will take to meet the council's statutory duty under the Child Poverty Act 2010, to conduct and publish a Child Poverty Needs Assessment and have in

¹ Including the four 'Building Blocks of Child Poverty' as specified in the Child Poverty Act 2010.

place a Strategy for addressing child poverty at a local level and in collaboration with partners.

(d) Equalities Impact Assessment

There is no requirement to complete an Equalities Impact Assessment in relation to this information report.

5. **Supporting Information**

5.1 Strategy development

A final draft of the Child Poverty Strategy is currently being developed.

It is based on the four 'Building Blocks of Child Poverty' (specified in the Child Poverty Act 2010), the local Child Poverty Needs Assessment and feedback received from key partners, stakeholders and the public (including children and young people and their families and Slough's voluntary and community sector) following three rounds of consultation² held between August 2014 and March 2015.

A key focus of the Strategy will be on early intervention and support for children, young people and their families. It identifies the key issues to be addressed and areas for improvement, with particular focus on reducing inequality, increasing social mobility and improving the life chances of the borough's most vulnerable children and young people.

The current draft includes the following strategic priorities to help tackle/mitigate child poverty at a local level:

Employment and skills

1. Improved access to employment and skills.

Family and life chances

2. Slough's children and young people lead healthier life styles.
3. The aspirations of the next generation are raised.

Financial support

4. Family incomes are maximised.

Place and delivery

5. Slough's environment supports our children to thrive.

A fourth and final round of consultation is currently underway to identify and agree the key actions that need to be undertaken by the CYYPB and the council, in partnership with a range of organisations and the community, to support the delivery of each of the priorities identified overleaf.

² Over the last year a series of consultations with council staff and statutory partners has been undertaken to support the development of this work. This has involved:

- Consultation with statutory partners and service leads to agree local child poverty needs assessment - as the basis on which to develop a child poverty strategy.
- Consultation with statutory partners and service leads on the draft child poverty strategy.
- Five week public consultation with partners and children and young people and their families and residents. These consultations have helped to clarify the initial focus of the Strategy, understand what activities are already being undertaken to help mitigate/maximise child poverty locally, as well as ascertain what opportunities to work together were available with partners and communities to tackle the issues identified.

Subject to the successful outcome of this final phase of consultation, we envisage that the CYPPB will endorse the final Child Poverty Strategy at its meeting on the 18 May 2015. A final draft of the Child Poverty Strategy will be brought to the Slough Wellbeing Board for agreement in July.

5.2 Governance

In order to ensure that action on child poverty happens it is proposed that the following governance arrangements are put in place to monitor progress once the Strategy has been finalised:

- That the Slough Wellbeing Board oversees the strategic delivery of this Strategy. It will do this by:
 - Showing strategic leadership and ownership of this issue, along side the CYPPB.
 - Embedding child poverty across the Board's key strategies and plans and the operating plans of its major partners (where appropriate).
- That responsibility for overseeing the delivery of the Child Poverty Strategy (and its action plan) rests with the CYPPB. Its role will be to:
 - Raise the profile of child poverty in the borough - through effective communication and engagement, thereby ensuring that our approach to tackling child poverty is well publicised, open and transparent;
 - Ensure buy in from key partners and stakeholders (including Slough's voluntary and community sector) and local communities to enable the delivery of this Strategy.
 - Develop approaches to tackling child poverty locally that draw on the best available evidence and best practise.
 - Embed child poverty across the CYPPB's and partner's key strategies and plans.
 - Agree the actions necessarily to deliver the outcomes identified in this Strategy.
 - Agree a broad basket of indicators, including performance measures, to help monitor and evaluate the effectiveness of this Strategy and its supporting action plan (see below).
 - Provide regular progress reports to the SWB.
 - Deliver an annual stakeholders conference on child poverty.
 - Review the Strategy's effectiveness at regular intervals as local needs change and new priorities emerge.
- Slough Borough Council also has a statutory responsibility to take child poverty into account, whenever it, or its partners, produce strategies and plans. Its role is to:
 - Show leadership and ownership of this issue, along side the SWB and CYPPB.
 - Embed child poverty across the council's key strategies and plans and the operating plans of its major partners.
 - Regularly review and update the Needs Assessment that underpins this Strategy, in line with government requirements, and share these findings with the SWB, the CYPPB and other statutory partners, where appropriate.

5.3 Monitoring delivery

Reducing child poverty across Slough will require a truly collaborative multi-agency approach and implementing the final Strategy will involve actions from a number of different partners and agencies, including the voluntary and private sectors. The complexity of the cause and effects of child poverty mean that it is often difficult to directly attribute specific actions to specific impact.

Since the Child Poverty Act came into force in 2010, national indicators have been abolished (central government have re-considered data collection and performance indicators, greatly reducing the number of indicators local authorities have to record and measure – there is now a Single Data List of all the data that local authorities are required to submit to central government departments in a given year) and the Public Health Outcomes Framework (PHOF) was published in 2013.

An action plan to support the delivery of this Strategy will be developed over the summer. This action plan by its very nature will not be able to cover everything that is happening across the borough in relation to our children, young people (and their families), or all of the activities that will take place to achieve the outcomes identified, but it will provide a common framework, a shared sense of purpose and a clear direction for those looking to co-operate when tackling child poverty locally.

Given the still vast array of indicators available, the CYPPB will identify and compile a list of indicators to provide a useful marker for aiding the identification of areas of need (existing and emerging) and providing evidence of good outcomes. For example, the Fuel Poverty indicator from the PHOF can show over time whether there is a growing need to increase support for this issue and, likewise, indicator 009-00 from the government's single data list (statutory homelessness statistics and information on homelessness prevention and relief) can evidence the impact of this Strategy's housing related activities.

The CYPPB will compile a list of indicators in a 'scorecard' which it will regularly report to the SWB.

6. **Conclusion**

Slough's Child Poverty Strategy will coordinate the approach of the CYPPB and partner organisations in order to mitigate the effects of child poverty.

It sets out a vision for what needs to be achieved in relation to a number of key priorities in order to tackle child poverty at a local level. It recognises the policy levers we have available in Slough and commits the CYPPB, the council, key organisations and agencies to using these to maximum effect. It will also focus on ensuring that all of the SWB and CYPPB's (future) strategies, plans and programmes, and those of our partners etc link together to provide a consistent and ongoing approach for our most disadvantaged families, so that we target our resources at those children and young people (and their families) most at risk of living in poverty effectively.

7. **Background Papers**

None.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 13 May 2015

CONTACT OFFICER: Krutika Pau (Director of Children’s Services, Interim)
(For all Enquiries) Sarah Forsyth (Children’s Services Partnership Lead)
 (01753) 875657

WARD(S): All

PART I
FOR INFORMATION

CHILDREN AND YOUNG PEOPLE’S PLAN

1. **Purpose of Report**

To inform the Slough Wellbeing Board of the development of a new Children and Young People’s Plan.

2. **Recommendation(s)/Proposed Action**

The Committee is requested to note the report.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a. **Slough Joint Wellbeing Strategy Priorities**

The new Children and Young People’s Plan 2015-2016 will sit underneath the Slough Wellbeing Strategy and set out how the Children and Young People’s Partnership will deliver the children and young people’s agenda within it.

The priorities in the Children and Young People’s Plan will support the Joint Wellbeing Strategy priorities in the following ways:

- Health – the priorities in the CYPP aims to improve children and young people’s emotional and physical health and encourage healthy eating.
- Economy and Skills – working on the child poverty and educational attainment priorities directly links to the Slough Wellbeing Strategy’s aim to increase prosperity, improve the take up of free school meals and improve the educational attainment of the most deprived pupils.
- Safer Communities – the Plan will support the Slough Local Safeguarding Children Board in safeguarding and supporting vulnerable children through the children’s services improvement programme and early help agenda.

A children and young people’s needs assessment was completed using the Joint Strategic Needs Assessment and other data sources to help identify the key priorities that the Children and Young People’s Partnership should include in their Plan.

3b. **Five Year Plan Outcomes**

The Children and Young People's Plan will sit in line with Slough Borough Council's Five Year Plan in delivering against Outcome 5: Children and Young People in Slough will be healthy, resilient and have positive life chances.

There are a series of key actions underneath Outcome 5, which the Plan will help to deliver:

- Develop more preventative approaches to ensure children, young people and families are safe, independent and responsible.
- Slough Children's Services will be one of the best providers of children's services in the country, providing timely, purposeful support that brings safe, lasting and positive change.
- Ensure vulnerable children and young people are safe and feel safe.
- Ensure children and young people are emotionally and physically healthy.
- Ensure children and young people enjoy life and learning so that they are confident about the future and aspire to achieve to their individual potential.
- Ensure children and young people with SEND and their families receive comprehensive, personalised support from childhood to adulthood.

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

There are no identified risks to the proposed action.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications to the proposed action.

(d) Equalities Impact Assessment

There is no requirement to complete an Equalities Impact Assessment in relation to this information report.

5. **Supporting Information**

5.1 The Children and Young People's Partnership Board agreed in February 2015 that a new Children and Young People's Plan should be written covering an 18-month period (May 2015 – December 2016).

5.2 The new Plan was developed in line with the JSNA, and other related needs assessments such as the Child Poverty Needs Assessment, which established specific areas of priority need. This was followed by a period of consultation with key partners including Slough Borough Council, Thames Valley Police, Slough Clinical Commissioning Group, Berkshire Healthcare Foundation Trust, Slough Schools Education Forum, Slough Association of Secondary Heads, Slough Primary Headteacher Association and the Royal Berkshire Fire and Rescue Service.

5.3 The Plan is yet to be finalised, but the following are the draft priorities that are being developed:

- 1) To provide outstanding services to the most vulnerable children and young people in the borough.
- 2) To support children and young people's emotional and mental wellbeing.
- 3) To support children and young people's physical wellbeing.
- 4) To reduce the level and impact of poverty on the life chances of children and young people in the borough.
- 5) To deliver the expanded 'Families First' programme, achieving significant and sustained progress for our most troubled families.
- 6) To strengthen our universal offer, making it accessible to vulnerable groups.
- 7) To ensure children and young people are engaged and helped to access opportunities that will enable them to reach their full potential.

5.4 The final Plan is due to be considered by the Children and Young People's Partnership Board at its meeting on 18 May 2015.

5.5 The Children and Young People's Partnership structure has been reviewed and rationalised to avoid duplication within the Partnership and improved coordination between key partnership bodies in the borough such as the Local Safeguarding Children Board and Safer Slough Partnership . The new structure establishes four standing sub-groups under the main Board that will be allocated responsibility for the delivery of specific priorities from the new Plan, and held to account by the main Board:

- Children's Services Improvement Sub-Group (Priority 1)
- Health Sub-Group (Priorities 2 and 3)
- Early Help Sub-Group (Priorities 4, 5 and 6)
- Achieving Sub-Group (Priority 7)

6. **Conclusion**

6.1 The Children and Young People's Plan will be the overarching strategy for improving outcomes for children in Slough. It will set out the Children and Young People's Partnership's priorities for the next 18 months, identifying the key issues to be addressed and areas for improvement.

6.2 The Plan will not cover everything that is happening across the borough in relation to children, young people and families, or all of the activities that will take place to achieve the set priorities, but it will provide a framework, giving a shared purpose and direction for the Partnership.

7. **Background Papers**

None.

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SLOUGH WELLBEING BOARD – 25th MARCH 2015

ACTION PROGRESS REPORT and FUTURE WORK PROGRAMME

Progress key √√ **C** - Action completed
 √ **P** - Action commenced but not yet complete
 A - Awaiting action

Meeting date	Action agreed	Progress / comment	Lead member/officer
29/01/14	<p>Strategic Asset Planning Report – Options for Improving Primary Care</p> <ul style="list-style-type: none"> • Endorsed the use of spatial planning guidance in future decisions about land use, to improve health outcomes such as mental health, obesity, physical activity, alcohol harm reduction etc. • Endorsed the use of the data on ward outcomes when considering the disposal of sites such as future health hubs. • Endorsed the adoption of spatial planning as a key enabler in any revisions of the Wellbeing Strategy. 	<p>√√ C</p> <p>√√ C</p> <p>√√ C</p>	Lise Llewellyn / Angela Snowling
29/01/14	<p>Childhood Immunisation Update</p> <p>To note:</p> <ul style="list-style-type: none"> • Past and current performance in childhood immunisations. • Changes in the immunisation schedule and the amended roles and responsibilities for commissioning and monitoring immunisations. • Opportunities for local support to develop the action plan with partners, identify resources and implement it with a view to improving uptake and reducing inequalities. 	√ P	Angela Snowling
24/09/14	<p>Better Care Fund Update and NHS England Funding Transfer to Social Care 2014/15</p> <ul style="list-style-type: none"> • To note that the Council will enter into a Section 256 Agreement to receive £2.362m for the purpose of providing health and social care services and that this funding forms part of the Slough Better Care Fund from 2104/15. • The proposed use of funding to maintain existing services, protect preventative services and to invest in new services to meet increased demand arising from population growth and ill health be approved. 		Alan Sinclair

	<ul style="list-style-type: none"> The proposed targets and governance arrangements for the spending of the funds be approved. The updated Slough Better Care Fund Plan 2015/16, as submitted to NHS England on 19th September, be endorsed. A further report on the Better Care Fund performance, funding and delivery to be presented to the Board in February 2015. 	<p>√√ C</p> <p>√√ C</p>	
24/09/14	<p>The Self Care, Personal Responsibility and Engagement Task & Finish Group – Final Report</p> <ul style="list-style-type: none"> That details of the report be noted and a further report be considered by the Board in six months time. Conclusions formulated regarding the findings of the Group be circulated to all partner agencies. Further work to be carried out by the Group examining GP appointments not attended by individuals. 	<p>√ P</p> <p>√√ C</p>	Samantha Jones
12/11/14	<p>Slough Wellbeing Board (SWB) Development Plan 2014/15</p> <p>That the Slough Wellbeing Board Development Plan 2014/15 be agreed.</p> <ul style="list-style-type: none"> A review of the Slough Joint Wellbeing Strategy in 2015 which would include a review of the vision, priorities and workplan for the Board. Update the Board's terms of reference including a 'Welcome to SWB' guide and implementation of a SWB newsletter. A review of the membership of the Board, including acute sector representation. 	<p>√ P</p> <p>√√ C</p>	Samantha Jones
12/11/14	<p>Transfer of Commissioning Responsibilities for Health Visiting and Family Nurses to Slough Borough Council</p> <ul style="list-style-type: none"> That the plans for the transfer of Health Visitors and Family Nurse services to Slough Borough Council be noted. That the Board receive a further report on progress in due course. 	<p>√√ C</p> <p>√ P</p>	Angela Snowling
12/11/14	<p>Heatherwood and Wexham Park Operational Resilience and Capacity Planning (ORCP) 2014/15</p> <ul style="list-style-type: none"> That the update on the Operational Resilience and Capacity Planning 2014/15 at Heatherwood and Wexham Park be noted. That the concerns of the Board be expressed in relation to timescales imposed on the planning process for Winter 2014/15. 	<p>√ P</p>	Carrol Crowe

25/03/15	<p>Better Care Fund Pooled Budget Agreement 2015/16 That the Wellbeing Board note the following:</p> <ul style="list-style-type: none"> • The Council and Clinical Commissioning Group would enter into a pooled arrangement under S75 of the NHS Act 2006. • The Council be the host of the Pooled Budget. • The financial contributions to the budget together with the proposed arrangements for governance and management of the plan. • Delegation to the Acting Director of Adult Social Care (following consultation with the Leader & Strategy and the Commissioner for Health & Wellbeing) and the Chief Financial Officer of the CCG (subject to approval by the Slough CCG Governing Body) for the final signing of the Section 75 Agreement. 	√ P	Alan Sinclair & CCG CFO
25/03/15	<p>Mental Health Crisis Care Concordat Action Plan That the Wellbeing Board note the following:</p> <ul style="list-style-type: none"> • The Crisis Care Concordat is a national requirement and the joint action plan has been produced through a steering group with invitees from all partner agencies and signatories. • The Action Plan was in alignment with the Mandate previously authorised. • There was a requirement to monitor implementation of the action plan and that that the Board be updated in six months followed by annual updates. 	√ P	Carrol Crowe
25/03/15	<p>Slough Borough Council Five Year Plan</p> <ul style="list-style-type: none"> • That that the report on Slough Borough Council's Five Year Plan, and the implications for the Board's work programme and refresh of the Slough Joint Wellbeing Strategy, be noted. • That a report be brought to the next meeting of the Wellbeing Board on the Council's Leisure Strategy. 	√ P	Councillor Martin Carter
25/03/15	<p>Draft Overarching Information and Data Sharing Protocol</p> <ul style="list-style-type: none"> • That the action currently underway to develop a final draft of the proposed multi-agency protocol be endorsed. • That the Overarching Information Sharing Protocol be considered for sign off/approval by the Board in May 2015, subject to the incorporation of legal comments and circulation to partners. 	√ P	Amanda Renn

DRAFT FUTURE WORK PROGRAMME

Meeting date	Business Items	Lead member/officer
13/05/15	Central Public Health spend – budget and expenditure annual report 2015 to 2016 Child Poverty Strategy sign off CYPPB update Healthwatch - Deaf and Hard of Hearing report SWB Info Sharing Protocol - Sign off.	

To be scheduled:

- Progress report on The Care Act 2014 – Reforming Care and Support
- Progress report on Slough CCG 5 Year Final Plan

MEETING DATES FOR 2015/16

- Wednesday 13th May 2015, 5.00pm
- Wednesday 15th July 2015, 5.00pm
- Wednesday 23rd September 2015, 5.00pm
- Wednesday 11th November 2015, 5.00pm
- Thursday 21st January 2016, 5.00pm
- Wednesday 23rd March 2016, 5.00pm
- Wednesday 11th May 2016, 5.00pm

SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2014/15

MEMBER	16/07	24/09	12/11	02/02 CANCELLED	25/03
Naveed Ahmed	-	-	-	-	P
Cllr Rob Anderson	P	P	P	-	P*
Ruth Bagley	P	P	P	-	P
Simon Bowden	Sub	P	Ap	-	Sub
Cllr Sabia Hussain	P	Ap	P	-	P
Ramesh Kukar	P	P	Ab	-	P
Lise Llewellyn	Ab	P	P	-	P*
Jim O'Donnell	Ap	P	P	-	P
Les O'Gorman	-	-	-	-	P
Dave Phillips	Ap	P	P	-	P
Colin Pill	P	P	Ab	-	P
NHS England representative	Ap	P	Ap	-	Ap
Jane Wood	P	P	Ap	-	Ap

P = Present
Ap = Apologies given

Sub = Substitute sent
Ab = Absent, no apologies given

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