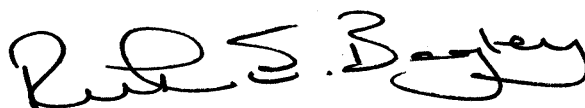


Date of issue: Tuesday, 7 July 2015

<b>MEETING:</b>	<b>SLOUGH WELLBEING BOARD</b> 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
<b>DATE AND TIME:</b>	WEDNESDAY, 15TH JULY, 2015 AT 5.00 PM
<b>VENUE:</b>	SAPPHIRE SUITE 5, THE CENTRE, FARNHAM ROAD, SLOUGH, SL1 4UT
<b>DEMOCRATIC SERVICES OFFICER: (for all enquiries)</b>	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. Election of Chair and Vice-Chair

*To elect a Chair and Vice-Chair from among the Voting Members of the Board.*

3. Minutes of the last meeting held on 13th May 2015

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**ITEMS FOR ACTION / DISCUSSION**

4. Children and Young People's Plan 2015-16

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5. Child Poverty Strategy

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6. Better Care Fund Plan 2015/16

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7. GP Planning

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8. Overarching Information Sharing Protocol

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**AGENDA**  
**ITEM**

**REPORT TITLE**

**PAGE**

**WARD**

**ITEMS FOR INFORMATION**

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| 9.  | Slough Wellbeing Board, Local Safeguarding Children Board and Adult Safeguarding Board Protocol | 185 - 192 |  |
| 10. | SWB Outcomes and Visioning Workshop   | 193 - 198 |  |
| 11. | Action Progress Report and Future Work Programme  | 199 - 204 |  |
|     | <i>To note.</i>   |           |  |
| 12. | Attendance Report   | 205 - 206 |  |
| 13. | Date of Next Meeting  |           |  |
|     | <i>23<sup>rd</sup> September 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, 13th May, 2015.**

**Present:-** Councillors Anderson (in the Chair, until 6.20pm) and Hussain (until 6.20pm), Naveed Ahmed, Ruth Bagley, Carrol Crowe (deputising for Jim O'Donnell), Lise Llewellyn, Dave Phillips, Colin Pill, Alan Sinclair (deputising for Jane Wood) and Chief Inspector Wong (deputising for Simon Bowden)

**Also present under Rule 30:-** Councillor Carter

**Apologies for Absence:-** Superintendent Simon Bowden, Ramesh Kukar, Dr Jim O'Donnell, Les O'Gorman and Jane Wood

**PART 1**

**1. Declarations of Interest**

No declarations were made.

**2. Minutes of the last meeting held on 25th March 2015**

**Resolved –** That the minutes of the meeting held on 25<sup>th</sup> March 2015 be approved as a correct record.

**3. Deaf and Hard of Hearing People's Experience when Accessing Health Services in Slough**

The Board received a presentation from Mark Cooper, Director of Deaf Positives Action and Healthwatch Champion, on their recently published report on *“Deaf and hard of hearing people's experience when accessing health services in Slough”*.

The report set out the feedback and issues that deaf and hard of hearing people faced locally when accessing health services including GP appointments, emergency services and other means of communication such as websites and online access. In addition to the day to day barriers experienced in accessing services, communication problems could have serious consequences in terms of the quality of care and outcome for the patient. A number of recommendations and practical advice was contained in the report including the provision of sign language interpreters and the greater use of technology to improve communication.

Members welcomed the report and congratulated the authors on raising the profile of such an important issue. It was recognised that the issues raised in the report extended beyond health across a wide range of public services relevant to Wellbeing Board partners. A number of specific issues were discussed including the training of GP receptionists in British Sign Language; the importance of making available International Sign Language interpreters where necessary; and the opportunities to use new technologies such as In-

vision. The Board were asked by Healthwatch to support a forthcoming workshop for sixteen GP practices in Slough on Deaf Awareness, and the CCG offered administrative support to the event. It was also noted that the report had been considered by the CCG Governing Body, where it had been well received, and by GPs who would be doing more work to take forward some of the recommendations.

**Resolved** – That the report on “Deaf and hard of hearing people’s experience when accessing health services in Slough” be noted and that partners consider the practical steps they could take to improve access to their services for deaf and hard of hearing people.

#### **4. Get Active Slough - A 5-Year Leisure Strategy for Slough**

The Board received a presentation from the Commissioner for Community & Leisure, Councillor Carter, on the Council’s new 5-year Leisure Strategy, ‘*Get Active Slough*’.

The strategy was designed to target those not participating regular physical exercise and to get “more people more active more often” to tackle the estimated cost of inactivity of £24.5m per annum in Slough. There were three key elements to the new approach – improved core facilities including investment in the ice arena and a replacement of the Montem Leisure Centre; better local provision on people’s doorsteps such as parks, cycle paths and multi-use games areas; and facilitating strategic change through co-ordination, partnerships and targeted support. Members were updated on a range of specific components of the strategy including improved signposting ([www.sloughhealth.org](http://www.sloughhealth.org)); the Get Active campaign in association with Sport England; and pop-up health and leisure activities which could be delivered in communities.

The Board welcomed the new strategy and supported the principles and objectives underpinning the new approach. The importance of providing and promoting opportunities to live healthy lifestyles and increase all types of formal and informal exercise were vital in increasing the wellbeing agenda. A number of issues were discussed which are summarised as follows:

- It was recognised that the involvement of a range of partners, including public health and employers, would be key to the successful delivery of the strategy.
- There was considerable discussion about the ways in which each partner could be engaged either by leading strands of activity; signposting; volunteering; and/or match funding. The funding of initiatives such as Smart Parks was discussed, and it was suggested that the costs be broken down so that potential public or private sector partners could consider supporting individual schemes.
- A Member asked whether the strategy also included steps to help people suffering from chronic health conditions to increase their level of activity as part of the treatment for their conditions. It was responded

that better signposting, joining up with services such as Healthy Hearts at Montem Leisure Centre and rehabilitation programmes were part of the strategy.

- Engagement with employers was discussed and it was felt that links to company's corporate social responsibility activities could provide opportunities in terms of volunteering and funding.

At the conclusion of the discussion the Board thanked Councillor Carter for his presentation and it was agreed that further discussions would be held with individual partners to consider how they could be involved in delivery.

**Resolved –**

- (a) That the Board note the report and support its objectives as described.
- (b) That partners give due consideration to how they could provide proactive support, and where possible budget, to assist in delivering the proposed outcomes.

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

The Board considered a report regarding the development of a new Voluntary Sector Strategy which focused on the services and support for adults with health and social care needs delivered by the voluntary and community sector.

It would be a joint strategy between the Council, Public Health and Slough's Clinical Commissioning Group and the level of spend of £1.4m next year would be a continuation of the existing funding with the sector. The overall indicative funding package was £4.2m over three years. The new strategy would seek to improve alignment with key priorities and outcomes and this may result in some existing services not being funded in the future. The emphasis of the new approach was to work with the voluntary and community sector to prevent future demand on public services by prioritising prevention. Members were informed of the commissioning process that would be followed over the autumn with the new contracts in place by 1<sup>st</sup> January 2016. The new approach would allow longer contracts to provide greater certainty for both services and providers.

The Board recognised the principles behind the new strategy in seeking to achieve the best outcomes for local people given the financial constraints. It was agreed that the outcomes, as detailed in paragraph 5.3 of the report, would need further definition and it was also felt that engagement with the sector would be important. In response, it was noted that an engagement process was ongoing and further work on a clear set of measurable outcomes was underway. A Member also asked how the new strategy would promote primary prevention to keep people well and reduce future demand on services. It was noted that the provision would be commissioned in three

bundles, two of which focused on primary prevention. At the conclusion of the discussion, the Board agreed to note the report.

**Resolved –** That the report on the new Voluntary Sector Strategy be noted.

*(Councillors Anderson and Hussain left the meeting at this point. Lise Llewellyn took the chair for the remainder of the meeting)*

## **6. Overarching Information Sharing Protocol**

A progress report was considered on the development of an Overarching Information Sharing Protocol for the Slough Wellbeing Board.

A draft of the Protocol, attached at Appendix A to the report, had been circulated to partners for comment since the previous meeting, however, it was noted that some partners would require more time to fully consider the draft before being in a position to sign up to the Protocol. It was therefore proposed and agreed that the current draft be re-circulated shortly after the meeting, with a deadline for partners comments of the end of June. The Board would be invited to approve the final draft at their next meeting in July. Board members were encouraged to engage with the relevant colleagues in their organisations to ensure due consideration was given to the document to enable all partners to sign the Protocol and implement it in their own organisations.

The Board discussed a number of other issues including steps to embed the Protocol which would include appropriate training and awareness raising across the partnerships. It was recognised that some bilateral information sharing arrangements were already in place and it was agreed that these should be mapped to ensure the new Protocol complemented any existing agreements. Consideration should also be given to engaging key health and social care partners not currently involved in the development of the new Protocol, notably Frimley Health NHS Foundation Trust and Berkshire Healthcare Foundation Trust. It was agreed that such organisations should be approached at the appropriate time later in the year to engage them.

**Resolved –**

- (a) That the current draft of the Overarching Information Sharing Protocol be re-circulated to partners, with comments fed back to Slough Borough Council by the end of June.
- (b) That the Board consider a revised draft of the Overarching Information Sharing Protocol for approval at their next meeting to be held on 15<sup>th</sup> July 2015.
- (c) That any relevant existing information sharing protocols between partners be mapped to ensure alignment with the new Protocol.



- (d) That Officers consider the further steps to ensure effective implementation of the Protocol, once agreed, including training and awareness raising amongst partners.
- (e) That other relevant health and social care partners, including Frimley Health NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust be approached at the appropriate time with regards to information sharing arrangements.

**7. Child Poverty Strategy**

The Board received an information report on the development of a Child Poverty Strategy for Slough, which would sit under the Slough Wellbeing Strategy and set out how partners would co-operate to tackle child poverty.

**Resolved –** That the report be noted.

**8. Children and Young People's Plan**

The Board received an information report on the development of a new Children and Young People's Plan. The draft plan for the period May 2015 to December 2016 had undergone consultation and the final plan would be considered by the Children & Young People's Partnership Board at its meeting on 18<sup>th</sup> May 2015.

**Resolved –** That the update be noted.

**9. Action Progress Report and Future Work Programme**

The Board considered the Action Progress Report and noted that most actions had either been completed or were in progress.

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

**10. Attendance Record**

**Resolved –** That the attendance record be noted.

**11. Date of Next Meeting**

**Resolved –** That the next meeting be confirmed as 15<sup>th</sup> July 2015.

Chair

(Note: The Meeting opened at 5.03 pm and closed at 6.32 pm)

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board      **DATE:** 15 July 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 AGREEMENT**

**CHILDREN AND YOUNG PEOPLE’S PLAN 2015-2016**

1. **Purpose of Report**

To present the Children and Young People’s Plan 2015-2016 to the Slough Wellbeing Board for agreement.

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

The Board is requested to agree the Children and Young People’s Plan 2015-2016.

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 sits underneath the Slough Wellbeing Strategy and sets 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 support the Joint Wellbeing Strategy priorities in the following ways:

- Health – the priorities in the CYPP aim 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 sits 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 report. EIAs will be completed on individual aspects of the action plans that will sit underneath the Plan, as required.

### 5. **Supporting Information**

5.1 The Children and Young People's Partnership Board agreed the new Children and Young People's Plan 2015-2016 at its meeting on the 18 May 2015.

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 sets out the following priorities:

- 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 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 have been 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 is the overarching strategy for improving outcomes for children in Slough. It sets 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 does 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. **Appendix**

A - Slough Children and Young People's Plan 2015-2016

8. **Background Papers**

None.

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# Children and young people's plan July 2015-December 2016







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## Foreword

We are pleased to introduce the Slough Children and Young People's Plan July 2015-December 2016. This Plan sets out the Children and Young People's Partnership Board's key priorities for the next eighteen months.

This plan, which has been developed by the Children and Young People's Partnership Board, sits alongside the strategic plans of all the key partners, and recognises that we can achieve better results for our children and young people by working together collectively to address their needs.

The seven priority areas set out in the Plan signify those areas we have identified as representing the greatest areas of need for our local children and young people, and will set the framework in which we, as a Partnership, will work to address those needs.

This Plan will be implemented during a time of significant change for children's services in the town with the establishment of the new Slough Children's Services Trust Ltd. This new organisation will be an important member of the Partnership Board, and will support our collective efforts to deliver the best services possible for children and young people in the borough, through the priorities set out in this document.

We would like to thank you for your continued commitment and support for improving outcomes for Slough's children and young people. We look forward to continuing to work with you to make the aims and ambitions set out in this new Plan a reality and making Slough a place where children can enjoy a safe, happy and healthy life.



**Councillor Pavitar Kaur Mann**  
Chair, Children and Young People's  
Partnership Board



**Krutika Pau**  
Director of Children's Services (Interim)

## Our purpose

Keeping children and young people safe, giving them the best start and creating positive opportunities for healthy, happy lives.

### Our priorities

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



# Scope of Children and Young People's Plan

The Slough Children and Young People's Partnership is made up of representatives of partners who work for, and with, children, young people and families in the borough.

This means that the remit of the Children and Young People's Plan, as the overarching Strategy for the Partnership, covers children's social care, children's centres, libraries, leisure facilities, youth activities, and all the services that make up the universal offer for children and young people across the borough.

This Children and Young People's Plan (CYPP) sets out the Partnership's specific priorities for the next 18 months, identifying the key issues to be addressed and areas for improvement, agreed by the Children and Young People's Partnership Board. It does 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 our priorities; but it does provide an agreed strategic framework, giving a shared purpose and direction for the Children and Young People's Partnership.

Whilst we have identified specific priorities, in assessing what these should be, three underlying themes developed that sit across all the priorities set out in this Plan:

- 1) **Deprivation** - Slough residents experience high levels of deprivation in some areas of the borough. The reduction in poverty levels is implicit within the work we will undertake to reduce inequalities for families in the borough.
- 2) **Early Help** - Children, young people and families can experience many different types of challenges, and they can vary in the required levels of support needed, and occur at any stage in their lives. The Children and Young People's Partnership is committed to preventing difficulties when challenges arise by offering support as early as possible, through the development of a more responsive approach, focused on prevention and helping to reduce demand for more intensive, long term support services.
- 3) **Support for those most in need** - Whilst early intervention is key we cannot ignore problems when they arise. The Children and Young People's Partnership is committed to the provision of high quality, children's social care services for those who need them, safeguarding vulnerable children and young people.

# Priority 1 - To provide outstanding services to the most vulnerable children and young people in the borough

---

In 2013 Ofsted judged Slough's services for children in need of help and protection, children looked after and care leavers to be inadequate. This followed a previous judgment of safeguarding services as inadequate in 2011. The services provided by Slough Borough Council's Children's Social Care will be transferred into the Slough Children's Services Trust during the lifetime of this Plan.

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## Services for vulnerable children and young people

### What we know:

- The Children and Young People's Partnership has a key role in driving forward improvements in services for the borough's most vulnerable children.
- Strengthening this strategic partnership is a key aspect of the improvement that needs to be made, and through the creation of the Children's Services Improvement Sub-Group this allows for focused attention on this agenda by the Partnership.

### What will we do?

#### ● Recruitment and Retention

- Deliver the Slough Children's Services Social Care Workforce Strategy 2014-2017.

#### ● Quality Assurance

- Effectively implement the Quality Assurance Framework.
- Strengthen accessibility and use of performance data.
- monthlyStrengthen the internal audit programme.

#### ● Quality of Practice

- Effectively implement the Supervision Framework.
- Strengthen training and development offer.
- Improve the quality of case recording.
- Develop Consultant Practitioner role to support improvements in the quality of practice across the service.

#### ● Leadership and Partnership

- Establish an effective Multi-Agency Safeguarding Hub (MASH).
- Improve the effectiveness of Early Help.
- Support the work of the Local Safeguarding Children Board in delivering the Child Sexual Exploitation Strategy and action plan.
- Support work across the partnership to protect against the impact of emerging issues such as radicalisation.

### How will we know we've made a difference?

- We will have a highly effective, permanent workforce (including an improved ratio between permanent and agency staff), that is well trained and motivated, with manageable caseloads that allow social workers the time to get to know children and protect them more effectively.
- All social work practice is effectively evaluated, risks mitigated and outcomes for children improved.
- Children's progress is closely monitored and partner agencies effectively held to account through rigorous challenge by the Independent Reviewing Officers and Conference Chairs.
- The voice of the child is accurately recorded and used to inform care planning.
- Children and families are receiving the right support at the right time, with children achieving good outcomes, whether through universal services, early help or children's social care.
- Care leavers are effectively supported in preparing for independence, living in safe, permanent housing, with the skills they need to live independently.
- Partnership working in Slough is dynamic and effective.



## Priority 2 - To support children and young people's emotional and mental wellbeing

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A lack of resilience and emotional well-being throughout childhood are issues which significantly impact on a young person's development, creating inequalities in their outcomes which can last a lifetime.

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### Child Mental Wellbeing

#### What we know:

- 61% of children in Slough with a diagnosable mental health problem are boys.
- The current rate of young people aged 10-24 admitted to hospital as a result of self harm is 266.5 per 10,000 10-24 year olds. This is below the England average, but is a rising trend.
- There is an average waiting time of 12-16 weeks from referral to the Common Point of Entry (CPE) of the Child and Adolescent Mental Health Services (CAMHS) triage, with a further 12 month wait for Tier 3 assessments and treatment that may be required. This increases the risk of additional pressures on acute health services, with young people attending Accident and Emergency in the interim.

#### What will we do?

- Ensure the promotion of mentalhealth4life programme.
- Support schools and other services to identify and put in place appropriate mental health support to meet the needs of children and young people.

- Put in place development programmes that will improve children and young people's mental health and build resilience, as well as challenge the stigma around mental health issues.
- Improve early identification of mental health issues, and support children and young people through Early Help services or, where appropriate, ensure a referral to CAMHS CPE is made in a timely fashion.
- Review service design for CAMHS and embed co-commissioned services that will provide a timely and effective service to children and young people.

#### How will we know we've made a difference?

- Those children and young people requiring assessment and treatment from Tiers 3 and 4 of CAMHS are able to access the system in a timely and effective way.
- Children and young people are being supported, when appropriate, through Early Help for mental health and wellbeing concerns.
- Looked after children are able to access information, advice and support for their mental health and wellbeing in and out of the borough.



## Parental Mental Wellbeing

### What we know:

- There is a significant link between parents who suffer from mental health problems and children who subsequently develop similar problems in childhood or adult life.
- In the Thames Valley, 41.5% of young people suffering from depression at the age of 18, had mothers who suffered from post-natal depression.
- Parental mental illness in Slough is one of the top 5 factors listed for children entering the children's social care system.

### What will we do?

- Identify and support more women experiencing mental health difficulties during pregnancy, following childbirth and beyond.
- Review the opportunities to commission an evidence based perinatal peer support service.

- We will use evidence to put in place the right parenting support to meet the specific needs of parents in Slough, and develop effective pathways to ensure that parents access the right support to meet their individual needs.

### How will we know we've made a difference?

- There will be fewer children requiring support from the children's social care system because of parental mental health issues.
- Women with peri-natal mental health issues are identified and access the support they need.
- Parents with mental health issues are identified and enabled to access appropriate support to meet their individual needs.



## Priority 3 - To support children and young people's physical wellbeing

---

A child or young person's physical wellbeing is as important as their emotional and mental wellbeing. These issues are intertwined, and should be addressed as part of a holistic health offer. This Plan has focused on two important elements of physical health that are particularly prevalent in Slough, oral health and issues relating to weight.

Over the next 12-18 months, following the transition of health visitor commissioning to the local authority, the Partnership will also be looking to develop a 0-19 holistic health offer for the borough's young people. The implementation and embedding of this new offer is likely to form a key area of work for the Partnership going into the next Children and Young People's Plan period.

---

### Child Oral Health

#### What we know:

- 38% of 5 year olds (65% of the age group in borough were surveyed) had experienced tooth decay. This is much higher than the national average of 27.9%.
- There are potential longstanding, harmful effects on a child's emotional, social and cognitive development stemming from poor oral health.

#### What will we do?

- Promote oral health and maximise the accessibility of dental health services amongst partners and parents.
- Promote the benefits of taking up access to free fluoride toothpaste and brushes, and a healthy eating programme for a child's oral health.
- Establish and support a network of oral health practitioners in local dental practices and the Local Dental Committee to support outreach programmes targeting areas with high levels of tooth decay amongst children.

- Strengthen links between maternity services, early years' services, primary care dental health teams and secondary care treatment services to support the community in practising good oral health for children.
- Support the production of oral health advice aimed at specific groups at high risk of oral health problems.

#### How will we know if we've made a difference?

- Fewer children entering school are experiencing tooth decay.
- More children are accessing NHS dental care annually.

## Physical and Nutritional Wellbeing

### What we know:

- 2.4% of Reception and 2.7% of Year 6 children in Slough are underweight.
- 20.2% of Reception and 36.5% of Year 6 children in Slough are of an excess weight (overweight/obese).
- Slough is above the national average for excess weight at both Reception and Year 6<sup>1</sup>.

### What will we do?

- Implement the Nutrition Plans for early years settings and schools.
- Ensure access to high quality nutritional advice for early years settings and schools.

- Promote the benefits of healthy eating and provide advice to families on how to create a balanced diet.
- Promote Everyone Active, Every Day (EAED) toolkit and Department of Health activity initiatives.

### How will we know we've made a difference?

- Programmes are in place to promote a healthy weight amongst children entering Reception and Year 6.
- Long term aim to increase the number of children entering Reception and Year 6 being judged to be a 'healthy weight' through the National Child Measurement Programme.



<sup>1</sup> 2012/13 Figures

## **Priority 4** - To reduce the level and impact of poverty on the life chances of children and young people in the borough

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Children and young people from poorer backgrounds are more likely to have poorer outcomes and life chances. The Slough Wellbeing Board is developing a comprehensive Child Poverty Strategy and this priority complements the delivery of this, recognising the central role of the Partnership in driving this agenda forward.

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### **Child Poverty**

#### **What we know:**

- As of February 2014, 21% of children aged 0-19 in the borough were living in poverty, the vast majority under the age of 16.
- The wards with the highest number of children living in poverty were Chalvey (815 children), Baylis and Stoke (815 children), Britwell (805 children) and Central (780 children).
- Universal Credit will be rolled out across Slough for families from approximately March 2016. This new system provides a series of challenges, which could impact on families in the borough limiting their access to benefits such as the need to apply on line monthly for benefits and demonstrate 37 hours a week have been spent on searching for employment.

#### **What will we do?**

- Improve identification of those families at risk of living in poverty in order to support them to access services which can help before they reach a point of crisis.
- Improve identification of those families living in 'non-decent' homes and work with them to improve their living conditions.
- Develop support programmes to educate claimants on the new Universal Credit system e.g. understanding personal budgeting.

#### **How will we know we've made a difference?**

- There will be less families at risk of living in poverty
- There will be less families living in poverty
- Families requiring benefits are able to effectively access and use the new Universal Credit system.

## Priority 5 - To deliver the expanded 'Families First' programme, achieving significant and sustained progress for our most troubled families

Troubled Families (known locally as 'Families First') is a key Government programme. Families First incorporates a number of priority areas for the Children and Young People's Partnership including safeguarding, academic achievement and economic activity; delivering support to those families identified as most in need.

Phase 1 of the Troubled Families programme required work to turn around 330 families in Slough. Having reached the 100 per cent mark for turning around families in Slough where worklessness, offending or anti-social behaviour and poor school attendance were significant issues we met the target set for us by the Department for Communities and Local Government.

### Families First

#### What we know:

- Government targets for Slough Borough Council's Phase 2 Families First programme are to 'turnaround' 1250 families over the next 5 years.
- In 2015/2016, 217 families will need to be identified and turned around.
- For inclusion in the programme families will need to be identified through at least two out of the following six outcomes criteria:
  - Parents and children involved in crime or anti-social behaviour
  - Children who have not been attending school regularly
  - Children who are the subject of children's social care plans or Early Help targeted support
  - Adults out of work or at risk of financial exclusion and young people at risk of worklessness
  - Families affected by domestic violence and abuse
  - Parents and children with a range of health problems

#### What will we do?

- Develop a Troubled Families outcomes plan that links improvements in families' outcomes to Slough's strategic priorities and goals.
- Effectively coordinate support around identified families to bring about significant and sustained progress against the agreed outcomes criteria.
- Calculate cost savings through improved coordinated interventions for the identified families.
- Contribute to the national evaluation of the programme through the provision of Family Monitoring data.
- Commission and use interventions known to work on improving outcomes for disadvantaged and vulnerable children, young people and families in the borough.

#### How will we know we've made a difference?

- Families are 'turned around' according to agreed outcomes criteria.

## Priority 6 - To strengthen our universal offer, making it accessible to vulnerable groups

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Universal services are the services that the majority of residents will use, such as schools and GP surgeries. These services offer a unique opportunity for identifying potential risks for children and families earlier and an ability to provide immediate support which may stop problems getting worse.

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### Universal Offer

#### What we know:

- Universal services play an important role in early identification of issues so that support can be targeted to address an individual's specific needs.
- With increasing pressure on services providing targeted or specialised support, making more effective use of universal services will assist in supporting children, young people and families before their needs escalate requiring higher levels of support.
- Ofsted inspected the Slough Children's Centres Group in March 2014, rating it as requiring improvement. Their specific findings included the observation that there were still some children's centres where families from priority groups were not regularly using their services.

#### What will we do?

- Make better use of information and data, consultations, referrals and outreach work, observations, assessments and discussions to effectively identify needs and help put in place services which can best meet a families needs.
- Improve our understanding of families' engagement with services, monitoring access, attendance and participation.
- Support the improvement plan for Slough's Children's Centres.

#### How will we know we've made a difference?

- More families from identified priority groups are registered with and regularly access appropriate services from children's centres.
- Universal services are adaptable to meet the identified needs of families in Slough.

# Priority 7 - To ensure children and young people are engaged and helped to access opportunities that will enable them to reach their full potential

Ensuring children and young people have the best possible start in life and have the potential to achieve their aspirations requires access to high quality, effective education and training opportunities.

## Early Years/School Readiness

### What we know:

- The borough has a vision for Early Years - "Parents, early years practitioners and partner agencies support the development of all young children, including the most vulnerable, and help them to build the skills and resilience needed to become successful adults, with the capability and willingness to make a positive contribution to society."
- Ofsted inspected the Slough Children's Centres Group in March 2014, rating it as requiring improvement. Their specific findings included the observation that not enough vulnerable 2 year olds were taking up funded places with early education providers (as of March 2015 only 56% of eligible children aged 2 who resided in Slough were accessing these places);
- 58% of Slough children achieving a Good Level of Development in early years was broadly in line with the national average (60%) and had improved over the past 2 years; however there were still over 40% of Slough children not achieving a Good Level of Development, which impacts on their educational outcomes in the future.

### What will we do?

- Increase assessment at age two, to identify which children are most in need of early intervention and put in place support with families and other agencies to enable children identified to access the help they require.
- Ensure that eligible families take advantage of free 2 year old childcare and education to support children showing early signs of developmental delay.

### How will we know we've made a difference?

- Children who are eligible for 2 year old funded early education places take up this opportunity.
- More children, regardless of their personal circumstances, are achieving a Good Level of Development at the end of Foundation Stage.

## Closing the Gap

### What we know:

- The achievement gap between those with and without Special Educational Needs (SEN)<sup>2</sup> at Key Stages 2 and 4 is approximately 50%.
- SEN pupils are also five times more likely to be excluded from school in Slough, impacting on their opportunities to effectively learn.
- The achievement gap at Key Stage 2 between disadvantaged pupils (those eligible for free school meals) and their peers has closed from 16% to 13% over the last two years.
- At Key Stage 4 the achievement gap between disadvantaged pupils and their peers is 23%. This is in line with statistical neighbours and smaller than the national average, but still equates to nearly a quarter of children in this cohort, which, with Slough's high numbers of disadvantaged children, is a concern.
- The percentage of boys achieving 5 or more GCSEs at A\*-C or Equivalent including English and Mathematics in 2014 highlighted a concern around a number of ethnic groups: Asian Pakistani (58%); White British (51%); White Other (44%) and Black Caribbean (40%).
- By Key Stage 4, the numbers of looked after children who did not make expected progress greatly exceeded those who did, and in terms of attainment no looked after children achieved the benchmark 5 A\*-C GCSEs including English and mathematics, or 5 GCSEs at these grades without these subjects.

### What will we do?

- Develop more effective strategies to support the achievement of pupils with SEN in order to reduce the achievement gap between themselves and those without SEN.
- Reduce the likelihood of SEN pupils being excluded.
- Increase the uptake of Free School Meals so that more children are eligible for pupil premium, which will help schools to better support their educational attainment.
- Develop effective strategies for supporting the attainment of boys in the borough, with a specific focus on those groups with the lowest attainment levels within this cohort.

### How will we know we've made a difference?

- The achievement gap between those with and without SEN at both Key Stage 2 and Key Stage 4 is reducing.
- Fewer young people with SEN become NEET (not in education, employment or training).
- The achievement gap between disadvantaged pupils, looked after children, and their peers at Key Stage 4 is reducing.
- Attainment levels of Boys at both Key Stage 2 and Key Stage 4 has improved, and the numbers achieving the expected levels of progress has increased.

<sup>2</sup> Specifically those with a Statement



## Not in Education, Employment or Training (NEET) and Not Known

### What we know:

- 18% of care leavers were Not in Education, Employment or Training on their 19th birthday in March 2014, which is below the national average for this group.
- Overall Slough's NEET figures for all young people are falling, but there is a growing concern around the numbers of young people whose status is 'not known' to local services, which limits the support that can be provided.
- 51% of young offenders subject to statutory orders/interventions with the Youth Offending Team were NEET at the time their interventions ended.

### What will we do?

- Improve our ability to identify 'not knowns' as early as possible.
- Establish programme of identification and support for those at risk of becoming NEET in Year 9.
- Begin developing programme of identification and support for those at risk of becoming NEET in Years 7 and 8.
- Improve the support for young offenders to access education, employment and training both in and out of the borough.

### How will we know we've made a difference?

- Fewer young people are becoming NEET or not known.
- More young offenders will be in education, employment or training at the time their interventions end.



## Implementation and monitoring

The Children and Young People's Partnership Board will establish four standing sub-groups that will be responsible for developing action plans to deliver the specific priority outcomes allocated to them.

### Children's Services Improvement Sub-Group

This Sub-Group will drive forward the Ofsted improvement agenda through multi-agency ownership and activity.

Priority 1: To provide outstanding services to the most vulnerable children and young people in the borough.

### Health Sub-Group

Priority 2: To support children and young people's emotional and mental wellbeing.

Priority 3: To support children and young people's physical wellbeing.



### Early Help Sub-Group

This Group will be tasked with focusing on improving our early identification, prevention and intervention strategies for children, young people and families who need support.

Priority 4: To reduce the level and impact of poverty on the life chances of children and young people in the borough.

Priority 5: To deliver the expanded 'Families First' programme, achieving significant and sustained progress for our most troubled families.

Priority 6: To strengthen our universal offer, making it more accessible to vulnerable groups.

### Achieving Sub-Group

Priority 7: To ensure children and young people are engaged and helped to access opportunities that will enable them to reach their full potential.

Some measures of success for specific priorities will cut across Sub-Groups e.g. improving the achievement gap for disadvantaged pupils will be looked at by the Achieving Sub-Group, but also meets the measures for assessing progress within the Child Poverty priority which falls within the remit of the Early Help Sub-Group. These cross-cutting issues will be discussed by the Executive/Board and one Sub-Group tasked with looking at the issue in question.

The Children and Young People's Partnership Board will develop a high level scorecard to be used to monitor progress against agreed outcome targets on a quarterly basis, with the Chairs of the Sub-Groups held to account for progress made.

## Appendix 1: Context

Slough is a predominantly urban area, situated in the east of Berkshire. Berkshire is made up of six unitary authorities: Slough; Windsor and Maidenhead; Bracknell Forest; West Berkshire; Wokingham; and Reading. Neighbouring authorities include Surrey County Council, Buckinghamshire County Council and the London Borough of Hillingdon.

In many respects, the issues impacting on the borough of Slough more closely resemble a London borough than its Home Counties neighbours, with the borough ranking as the 93rd most deprived local authority nationally in the 2010 Indices of Multiple Deprivation out of 152 areas.

Slough is an area of contrasts. There are large disparities between wards within the borough. The borough has one ward within the 10% most deprived nationally, and a further four wards within the 20% most deprived; these wards include some of the most concentrated housing areas.

The population, according to the 2011 Census, is 140,200; and the borough is made up of a younger than average population, with the highest proportion of 0-9 year olds amongst any of the South East local authorities, and has approximately 40,400 (0-19 years old) living within its boundaries (28.7% of population as a whole). The borough area is one of the most ethnically diverse local authority areas outside of London in the country. The 2011 Census recorded that the local population was made up of 45.7% White and 48.9% Black and Minority Ethnic (BME) Groups. The largest minority group being Asian/Asian British (39.7%).

Slough Borough Council's Children's Services has been the subject of an Improvement Notice since 2011, when an Ofsted inspection judged it's safeguarding to be 'inadequate'. Eighteen months later a second Ofsted inspection reported that insufficient progress had been made and that services for children in need of help and protection, children looked after and Care Leavers were 'inadequate'. Following this second inspection, the Department of Education took the decision to remove control of Children's Services from the Council, establishing a new organisation: Slough Children's Services Trust. Services are due to transfer into the new Trust during 2015/2016.

The programme of improvement requires a strong Children and Young People's Partnership and to enable this, the Children and Young People's Partnership Board has established a Children's Services Improvement Sub-Group to drive the agenda forward through a multi-partner approach.

The Slough Children and Young People's Partnership is a strategic partnership of local statutory and non-statutory partners, including the Youth Parliament, that provide services for children, young people and families. It enables partners to work together to identify and meet the specific needs of the local area, improving the outcomes for children and young people and enhancing their life chances.

## Appendix 2: Links to Slough Wellbeing Strategy

The Children and Young People's Plan sits underneath the Slough Wellbeing Strategy and sets out how we will deliver against the children and young people's agenda.

The priorities in the Children and Young People's Plan will help to deliver against the following Wellbeing Strategy priorities:

- Housing - working to improve the quality and choice of housing in the borough, and providing families with sustainable housing options; thereby preventing homelessness and limiting the number of people living in housing poverty.
- Regeneration and Environment - support the improvement in recreational and leisure facilities, along with public transport, cycling and walking activities which link with the child poverty and health priorities.
- 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 (SLSCB) in its role of ensuring that partners in Slough work together effectively to safeguard children and young people.
- Health - the priorities in the CYPP aim to deliver enhanced positive health and wellbeing, increased physical activity and healthier eating amongst children and young people, and improve the emotional and physical health of children.



## Appendix 3: Links to other Strategic Plans

### Slough Borough Council Five Year Plan

This 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 Children and Young People's 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 bring 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, personalized support from childhood to adulthood.

### Slough Local Safeguarding Children Board (SLSCB) Business Plan

The Children and Young People's Partnership will work in conjunction with the SLSCB in its role of ensuring that partners in Slough work together effectively to safeguard children and young people.

In particular the Children and Young People's Plan will support the work of the SLSCB in delivering against priority themes for Early Help and Issues of Particular Concern, with the prevention of Child Sexual Exploitation a key focus through mitigation of the risks for those most vulnerable groups. As well as developing the capacity of partners through the improvement of pathways and the delivery of the Multi-Agency Safeguarding Hub (MASH).

### Royal Berkshire Fire and Rescue Service

The Royal Berkshire Fire and Rescue Service is committed to the safety, health and wellbeing agenda for Slough. This commitment includes improving outcomes for young people through raising their aspirations, attainment and employability, and improving their safety, health and wellbeing, all of which are reflected in the new Children and Young People's Plan.

### Thames Valley Police and Crime Commissioner

The Thames Valley Police and Crime Plan 2013-2017 (refreshed 2014) sets out the strategic priorities for the Thames Valley.

The second Strategic Objective in the Plan is the protection of vulnerable people. The Children and Young People's Plan will help deliver against this priority through support to tackle child sexual exploitation and protect those at risk, and working collaboratively (including through the MASH) to safeguard the most vulnerable people in the borough, including those with mental health difficulties.

### **Safer Slough Partnership Strategic Assessment**

The Children and Young People's Plan complements the Safer Slough Partnership Strategic Assessment, including the work to reduce the levels of youth re-offending in the borough, through its priorities on poverty, engagement and attainment, and delivery of the Families First programme.

### **Slough Public Health Strategy 2013-2016**

The Slough Clinical Commissioning Group Five Year Plan states that Public Health will take forward a preventative health agenda under the themes of starting well, developing well, living well and ageing well. The Children and Young People's Plan will support this, specifically focusing on delivery against the following objectives in the Public Health Strategy:

- The development of local mental and physical wellbeing champions and measure the wider impact of joint work on local communities.
- The promotion of good oral health, healthy eating and physical activity throughout life.
- Increasing prevention, early identification and management of obesity.



### **Slough Clinical Commissioning Group (CCG) Five Year Plan**

The Slough CCG Five Year Plan is aimed at improving the health of the whole population, working with Public Health to drive the self-care agenda, and empower individuals and communities to improve their own health and wellbeing. In addition to the prevention agenda, the Slough CCG will work to improve the accessibility of the healthcare system, developing and improving on care pathways to ensure that residents receive the highest quality care available to meet their needs.

### **Berkshire Healthcare Foundation Trust Children and Young People's Strategy**

The Children and Young People's Partnership looks to work with BHFT as they deliver their five year strategy for community and mental healthcare for children, young people and families. BHFT's Strategy complement's the CYPP through improvements in joint working between partners, ensuring early identification of health needs and offering early, effective help for children and families. BHFT's Strategy specifically identifies ensuring:

- Children, young people and families/carers have an excellent experience of an integrated health service, which is responsive to their needs.
- Children, families and young people are involved at every stage of service redesign and improvement.
- Access and waiting times into Tier 3 CAMHS are improved.
- BHFT services make the most of innovation, technology and continuous learning, to develop outstanding services.

## Appendix 4:

# Membership of the Children and Young People's Partnership Board

Organisation	Name	Job title
Thames Valley Police	Gavin Wong	Chief Inspector, Deputy LPA Commander
Berkshire Healthcare NHS Foundation Trust	Susanna Yeoman	Deputy Locality Director
Slough Clinical Commissioning Group	Carrol Crowe	Director of Strategy and Development (Interim)
Slough CVS	Jesal Dhokia	Strategic Partnership Manager
St Mary's Primary School	Rachel Cross	Primary School Head Teacher
Baylis Court School	Deborah Ajose	Secondary School Head Teacher
East Berkshire College	Kate Webb	Further Education Principal
Slough Borough Council	Councillor Pavitar Kaur Mann (Chair)	Elected Member and Cabinet Commissioner for Education and Children's Services
Slough Borough Council	Krutika Pau (Vice chair)	Director of Children's Services (Interim)
Slough Borough Council	Kitty Ferris	Assistant Director, Children, Young People and Families
Slough Borough Council	Angela Snowling	Consultant and Assistant Director for Public Health
Cambridge Education	Robin Crofts	Director of Education
Slough LSCB	Phil Picton	Independent Chair
Youth Parliament	Awab Ali	Youth Parliament Representative
Youth Parliament	Tamara Pen	Youth Parliament Representative
Youth Parliament	Safiyah Nasser	Youth Parliament Representative

## Appendix 5: Contributors to the Children and Young People's Plan 2015-2016

Sector	Contributor
Education	Slough Schools Education Forum
	Slough Association of Secondary Headteachers
	Slough Primary Headteachers
	Cambridge Education
Fire Service	Royal Berkshire Fire and Rescue Service
Health	Slough Clinical Commissioning Group
	Berkshire Healthcare NHS Foundation Trust
	NHS Central Southern Commissioning Support Unit
	Healthwatch Slough
Other	Early Help Board (CYPPB Sub-Group)
Police	Thames Valley Police
Safeguarding	Independent Chair of Local Safeguarding Children Board
Slough Borough Council	Cabinet Commissioner for Education and Children
	Chief Executive
	Director of Children's Services (Interim)
	Children's Social Care
	Public Health
	Youth Offending Team
	Young People's Service
	Family Support and CAMHS
	Housing
	Families First
	Partnership Development and Client Monitoring Team
Voluntary Sector	Slough Community and Voluntary Services
Young People	Slough Youth Parliament







**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board     **DATE:** 15 July 2015

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

**WARD(S):** All

**PART I**  
**FOR DECISION**

**CHILD POVERTY STRATEGY**1. **Purpose of Report**

To recommend that the Committee agrees a Child Poverty Strategy for the borough for the next three years.

2. **Recommendation**

The Committee is requested to agree the draft strategy attached at Appendix A.

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

Priorities in the Child Poverty Strategy 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 facilities (including parks and open 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 local 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 sources. The full Child Poverty Needs Assessment is available on request.

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 specific 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.
- 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 directly resulting from the recommendation of this report. The proposed action plan (detailed in the strategy) and any new activities required will be delivered within existing resources and remodelling of services will take place where appropriate to enable a stronger emphasis on early intervention, prevention and support through specific projects such as the working with families and the council's employment offer. Any new investment that is required will be assessed within the value for money context and a business case drawn up and approved before any financial commitments are made.
- (b) **Risk Management** – There are no risk management implications associated with this report.
- (c) **Human Rights Act and Other Legal Implications** - There are no Human Rights Act implications associated with the proposed action. The Child Poverty Strategy sets out the key actions that will be undertaken to ensure that the council and partners meet the statutory duty set out in the Child Poverty Act 2010, to conduct and publish a Child Poverty Needs Assessment and have in place a strategy for addressing child poverty at a local level in close collaboration with partners.
- (d) **Equalities Impact Assessment (EIA)** – The whole thrust of this strategy is to safeguard against discrimination and reduce inequality of opportunity across the borough. Nonetheless an EIA is in hand to determine what impact the adoption of this strategy might have on particular individuals and/or groups – as well as identifying any options for their elimination and/or mitigation, where necessary.

## 5. **Supporting Information**

- 5.1 The Child Poverty Act 2010 states that compelling action needs to be taken at local and national levels to meet the target of eradicating child poverty by 2020. The Act requires government to publish a national child poverty strategy (which was published on the 1st April 2011). The Act requires local authorities and their partners to co-operate to tackle child poverty in their local areas; including the duty to publish a local child poverty needs assessment and a child poverty strategy for their area.
- 5.2 Slough's Child Poverty Needs Assessment was completed during the summer of 2014. It details some of the key issues and causes of child poverty in the borough. It also provides a detailed analysis of child poverty levels in Slough and highlights some of the key factors that can perpetuate child poverty, for example parents living on low incomes, financial capability and debt, poor-quality or overcrowded housing, parents without qualifications or employment, parents/carers with mental health problems, disability or infirmity or if children are looked after or in care.
- 5.3 Slough has a higher rate of child poverty than the national average with 21 % of its children living in poverty (compared to 20% nationally). This means that over 8,000 children in the borough live in poverty, of which 7,000 are under the age of 16. The highest rates of poverty are concentrated in the wards of Britwell (28%), Chalvey (26%), Wexham Lea (24%), Baylis and Stoke (23%), Central (23%), Colnbrook and Poyle (22%) and (Foxborough 21%).
- 5.4 The draft strategy at Appendix A sets out 5 key priorities to reduce the number of children living in poverty and improve the life chances of our children and young people over the next three years. It has been developed by working closely with services and partners, not only in developing the outcomes that we want to achieve<sup>1</sup>, but also in ensuring that the strategies they are developing/may develop in the future reflect on the need to address child poverty locally. Our priorities are to:
- Priority 1 Improve access to employment and skills
  - Priority 2 Support children and young people to lead healthier life styles
  - Priority 3 Raise the aspirations of the next generation
  - Priority 4 Maximise family incomes
  - Priority 5 Slough's environment supports children to thrive
- 5.5 Reducing and mitigating the effects of child poverty are key drivers of the Wellbeing Board's improving children and families' health and wellbeing agenda. The draft strategy at Appendix A has implications for the public, community and

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<sup>1</sup> Over the last year a series of consultations have been undertaken to inform the development and final content of this strategy. This has involved:

- consultation with statutory partners and service leads to agree a local child poverty needs assessment as the basis on which to develop a child poverty strategy for Slough (spring/summer 2014).
- consultation with service leads and statutory partners on the draft child poverty strategy (autumn/winter 2014).
- A public consultation with targeted groups (including children and young people (and their parents) and local organisations strategically linked to and/or delivering relevant services), to test the strategy's proposed priorities with local people. A report summarising the findings from this five week consultation is available on request.
- Further consultation on a draft action plan to support the delivery of the draft strategy will take place with statutory partners and service leads over the summer of 2015.

voluntary and private sectors within the town as well as residents and communities.

- 5.6 It should also be noted that the factors that influence child poverty are often longstanding, intergenerational and cultural and as a consequence, more likely to be vulnerable to the performance of the national economy. Reducing child poverty across Slough will therefore require a long term, truly collaborative and committed multi-agency approach as well as the implementation of a number of actions and initiatives by a variety of different partners and agencies, including the borough's voluntary and private sectors.
- 5.7 We also recognise that the complex causes of, and effects of child poverty mean that it will be difficult to directly attribute specific outcomes to specific action. A robust action plan to achieve the strategy's outcomes (measured by a set of specific performance indicators) will however be developed, owned and monitored by the Early Help Sub Group (in collaboration with individual service areas and partners), and regularly reported to the borough's Children and Young People's Partnership Board (CYPPB).
- 5.8 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.
- 5.9 A comprehensive review of the proposed action plan will take place annually (until 2018) to allow sufficient time for any subsequent changes to be made, such as the impact of welfare reforms which are being currently introduced, but whose impacts may take sometime to be fully understood.

## 6. **Conclusion**

- Slough's Child Poverty Strategy sets out a vision for what needs to be achieved in relation to a number of key priorities to effectively tackle child poverty at a local level.
- It recognises the policy levers the council and partners have available in Slough and commits these organisations and agencies to using them to maximum effect.
- It will (through its action plan) co-ordinate the approach of the Early Help Sub Group and the activities undertaken by services and partners to reduce and mitigate the effects of child poverty and deliver on a set of locally agreed outcomes.
- It will also ensure that all of the council and partners (future) strategies, plans and programmes link together to provide a consistent, co-ordinated and ongoing approach for our most disadvantaged families, so that resources are targeted at those children and young people (and their families) most at risk of living in poverty effectively.

## 7. **Appendices Attached**

'A' – Slough Child Poverty Strategy

# Appendix A

## Slough's Child Poverty Strategy

[2015 – 2018]

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## Foreword

### Approximately 8,000 children live in poverty in Slough

Living on a low income affects the daily lives of children and their families. The experience of poverty in childhood can be highly damaging and its consequences can be felt long into adulthood.

We are working closely with our partners to tackle poverty and reduce inequality across Slough. Successful initiatives which have helped disadvantaged families include working with schools to improve educational attainment and with JobCentre Plus (JCP) to help more young people and their parents into employment. However, despite these successes, child poverty levels across the borough remain stubbornly high, with over 8,000 (21%) children growing up in low income families.

This strategy for Slough is ambitious: it sets out what we will do to change this position and ensure that Slough is a place where everyone has the chance to achieve their potential, regardless of their circumstances. It provides a strategic approach for tackling inequality and sets out our ambition to reduce the number of children living in poverty in Slough by 2018.

We recognise the huge challenges we face in delivering this outcome, particularly in light of the government's welfare reform changes and the disproportionate impact that these are having on families with children. Nonetheless, setting this strategic direction is critical.

We want to support parents to ensure that their children are provided with the very best possible start in life. We want to break down those barriers which prevent many children and young people reaching their full potential and we want to mitigate the impacts of poverty through a continuing emphasis on access to key services and support.

And, while we do not hold all of the levers relevant to tackling poverty, we have a responsibility to maximise our efforts where those opportunities do exist, in order to support low income households. Education, health, the economy, housing, transport and the environment are all policy areas which have a significant impact and will help deliver the Slough that we all want.

This strategy reflects how tackling child poverty is a complex issue and one which cannot be solved by a single organisation on its own. We therefore urge everyone in Slough to play an active and innovative part in delivering this strategy; so that together we can deliver a better future for our children and young people.

**Cllr Anderson**  
Chair of SWB

**Cllr Mann**  
Chair of CYPPB

## Section 1: About this Strategy

Responsibility for this Child Poverty Strategy lies with Slough Wellbeing Board (SWB). In Slough the Children and Young People's Partnership Board (CYPPB) is taking the lead on child poverty on behalf of the SWB and aims to make child poverty everyone's business.

There are considerable challenges ahead if we are to deliver on our ambition to reduce child poverty across Slough. In order to overcome these challenges, this strategy sets out our vision for what needs to be achieved in relation to a number of key priorities. It recognises the policy levers we have available in Slough and commits us to using these to maximum effect.

A key focus of this strategy is on early intervention and support for children, young people and their families. It identifies the activities required to tackle child poverty locally, with particular focus on reducing inequality, increasing social mobility and improving the life chances of the borough's most vulnerable children and young people.

It also focuses on ensuring that all of our plans and programmes 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 most at risk of living in poverty effectively.

At a time of reduced funding and limited resources, we will continue to work with partners to ensure that current and future activity targets and supports those most disadvantaged residents across the borough. We will also continue to identify and apply for funding that helps to deliver the priorities identified in this strategy.

This strategy covers children and young people aged 0-19 years (25 years for children with a disability) and their families.

## Section 2: Overview

The Child Poverty Act 2010 aims to *"define success in eradicating child poverty and create a framework to monitor progress at a national and local level."* It sets out in legislation:

- **a duty on the Secretary of State to meet four child poverty targets** by 2020/21 (see appendix 2);
- requires the government to **publish a national Child Poverty Strategy**, which must be revised every three years, setting out policies to meet the targets;
- establishes a **Social Mobility and Child Poverty Commission** to provide advice on strategies;
- requires the government to publish **annual progress reports**;
- places **duties on Local Authorities and other "delivery partners"** in England to work together to tackle child poverty, conduct a local needs assessment, produce a child poverty strategy and take child poverty into

account in the production and revision of their Sustainable Community Strategies.

In addition to the Act, the government has also outlined, through its national Child Poverty Strategy, a commitment to creating a fairer and more socially mobile society, by setting out a new approach to tackling child poverty up to 2020. At its heart is the strengthening of families, encouraging responsibility, promoting work, guaranteeing fairness and providing support for the most vulnerable.

### ***What is child poverty?***

*“People are said to be living in poverty if their income and resources are so inadequate as to preclude them from having a standard of living considered acceptable in the society in which they live. Because of their poverty they may experience multiple dis-advantages through unemployment, low income, poor housing, inadequate health care and barriers to lifelong learning, culture, sport and recreation. They are often excluded and marginalised from participating in activities (economic, social and cultural) that are the norm for other people and their access to fundamental rights may be restricted.”<sup>1</sup>*

Poverty can be defined and measured in various ways. The Child Poverty Act 2010 outlines several different measures of poverty (which are summarised in appendix 1).

The most commonly used proxy measure at a local level is the proportion of children living in families in receipt of out of work benefits or in receipt of tax credits where their reported income is less than 60 per cent of median income, equivalised by household type (i.e. relative poverty).

In order to calculate this, a household's income, adjusted for family size, is compared to median income (the median is the “middle” income: half of people have more than the median and half have less). **Those with less than 60 per cent of median income are classified as poor.**

Using this definition, a family with two adults and two children under 13 **after** housing costs (AHC) have been deducted need to have £317 a week to be above the poverty line<sup>2</sup>. Many families living on a low income have only about £12 per person a day to live on. From this a family needs to cover:

- all of their **day to day expenditure**, including necessities such as food and transport
- **all household bills** such as electricity, gas and water, telephone bills and TV licences
- any **childcare costs**
- **occasional items** such as new shoes and clothes activities for children and replacing broken household items such as washing machines and kitchen equipment

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<sup>1</sup> Joint Report on Social Inclusion 2004

<sup>2</sup> Barnado's definition of child poverty

In 2011, average weekly spending for:

- coupled families with children was £658, which is equivalent to £173 per person
- Coupled families with an income in the lowest 20 per cent spent just £289 each week, which is equivalent to £80 per person.

### **That's less than half what an average coupled family spends.**

There are also big differences in crucial items of spending, such as health and transport:

- The poorest fifth of coupled families spent about £51 per week on food in 2010, compared to an average of £75 for all couple families.
- There were even bigger differences in spending on transport, where the poorest families spent £30 per week, compared to £92 on average for all families<sup>3</sup>.

For many children living in Slough this can mean growing up in a household where their standard of living is well below what is considered acceptable by most people in Britain today.

Living in these conditions can impact on a child's educational attainment, health and safety and could, if left unchecked, result in many of them suffering from an inequality of opportunity, hardship, deprivation and exclusion.

It should also be noted that low income is just one indicator of poverty. A fuller picture looks at all of a family's resources, not simply their income. This can include access to decent housing, community amenities and social networks, and assets, i.e. what people own. Somebody who lacks these resources can also be said to be living in poverty in a wider sense. There is also no one factor controlling child poverty nor one factor resulting from it – the relationships are far more complex.

Different communities are also likely to have different needs depending on extent and concentration of child poverty – which means that any effective approach to tackling child poverty locally must involve a collation of co-ordinated services working together to tackle the multiple causes of child poverty.

### ***Children living in poverty in Slough***

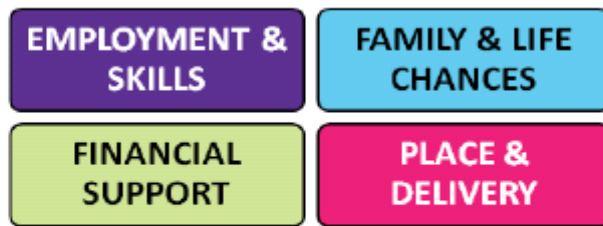
A local **Child Poverty Needs Assessment** was carried out in liaison with statutory partners and service areas during the spring and summer of 2014. It:

- Co-ordinates information from existing Needs Assessments and other data sources related to child poverty;
- Collates and analyses quantitative and qualitative data and local intelligence to build a detailed and accurate picture of child poverty locally;

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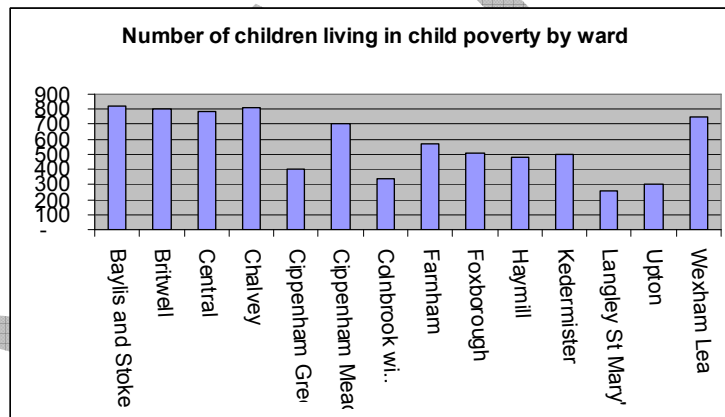
<sup>3</sup> [www.barnardos.org.uk/what\\_we\\_do/our\\_work/child\\_poverty/child\\_poverty\\_what\\_is\\_poverty.htm](http://www.barnardos.org.uk/what_we_do/our_work/child_poverty/child_poverty_what_is_poverty.htm)

- Presents a 'partnership' view of what child poverty looks like in Slough, using the four 'Building Blocks of Child Poverty' specified in the Child Poverty Act 2010, which are:



### General findings

- Using the **relative poverty** proxy measure described in the last section, latest government statistics show that 21% of the borough's children aged 0-19 are living in poverty (in February 2014), compared to 20% nationally.
- This equates to **8,035** children in Slough: 7,075 of whom were under the age of 16<sup>4</sup>.
- The following graph shows the **number of children** living in poverty by ward<sup>5</sup>.



Source: hmrc.gov.uk

- This chart shows that the wards with the **highest number of children** living in poverty were Chalvey (815 children), Baylis and Stoke (815 children), Britwell (805 children) and Central (780 children).
- The demographics of Slough are changing: Between 2001 and 2011 Slough's population increased by 16% to 140,205. This was the 11th highest increase across England and Wales, where the average population rise was just 7%. In one ward alone (Chalvey) the population almost doubled from 7,412 settled residents in 2001 to 12,717 in 2011. By mid 2013 the borough's total population had grown to 143,024 residents.<sup>6</sup>

<sup>4</sup> Health Profile 2014: Slough Unitary Authority (Public Health England)

<sup>5</sup> All of the ward figures used throughout this Strategy are based on the old ward structure of 14 wards – which was abolished in 2012 and replaced with a new structure comprising 15 wards. The data used throughout this Strategy and the accompanying Needs Assessment are based on the old ward structure unless specified otherwise.

<sup>6</sup> <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates>

- Slough's relative deprivation status<sup>7</sup> has increased in recent years: in 2010 the borough was ranked 93rd most deprived nationally out of 325 unitary and district authorities compared to 115th in 2007.
- While deprivation locally is not on the scale seen in inner city areas, it is much higher than that experienced by our more affluent close geographic neighbours.
- There are also large disparities (in deprivation) between wards within the borough: whilst child poverty is more prevalent in the wards of Britwell, Chalvey, Baylis and Stoke and Central, there are pockets of deprivation across the whole borough, including in those wards that are generally considered to be more affluent.
- More than two thirds of the children living in poverty are part of a lone parent family<sup>8</sup>: the majority of these families live in the wards of Britwell, Chalvey, Haymill and Cippenham Meadows.
- There is a strong link between access to good quality employment and child poverty (whether this is through unemployment or low wages) and a clear gap between the skills of local people and the jobs available in the local area. This places some residents at a considerable disadvantage and has real implications in terms of levels of economic activity and worklessness locally.
- Closing the gap (i.e. improving the progress of and outcomes for children and young people who are most at risk of under achievement) also needs to be a strong and recurring theme that runs throughout all of the work undertaken to improve children and young people's life chances.
- Intergenerational poverty is also a strong feature of some wards and communities: disrupting this will be difficult but represents the most cost effective, sustainable and effective means of tackling child poverty in Slough.
- Poverty can have a direct impact on the protective factors that help keep children and young people safe and as a result our approach to tackling this issue will need to reduce children and young people's vulnerability to neglect, exploitation and a range of other factors that can compromise their health and wellbeing.
- Living in poverty also reduces the options available to families and restricts their life chances – services must therefore work together to help families achieve their goals without creating future dependencies.
- Child poverty and life chances cannot be viewed in isolation from the wider family - the importance of the family must be fully reflected in our approach to dealing with this issue.

### **At risk groups**

- The Needs Assessment identified the following 'at risk' groups in Slough:

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<sup>7</sup> The Indices provide a measure of relative deprivation, i.e. they measure the position of areas against each other. All small areas in England can be ranked according to their Index of Multiple Deprivation score; this allows us to identify the most and least deprived areas in England and to compare whether one area is more deprived than another. An area has a higher deprivation score than another one if the proportion of people living there who are classed as deprived is higher.

<sup>8</sup> HMRC Child Poverty Statistics 2010, published October 2012

- Large families
  - Lone parent families
  - Low income households
  - In work families
  - Workless households
  - Families living in temporary accommodation
  - Families living in non decent accommodation
  - Households with disabled parents or children
  - Vulnerable children taking on adult roles (carers)
  - Some (BME/BAME) groups
  - Refugees and asylum seekers
- The evidence shows that these groups have a much greater likelihood of being in poverty and could face a combination of challenges across a number of building blocks, therefore increasing the likelihood of their experiencing poverty.
  - As a consequence, these groups will receive particular focus (and further analysis) in the action plan that is being developed to support the delivery of this Strategy.
  - In order to tackle child poverty some of our activities will therefore need to target those wards with a high concentration of poverty - although our activities will be scalable across the wider borough.
  - By developing a broad approach, this strategy should lead to an overall reduction in child poverty and provide support for individuals wherever they live in the borough.

### **Section 3: Acknowledging the challenge**

Tackling child poverty has been important for Slough and we have been working at a partnership, departmental and service level, to tackle the many drivers that contribute to it since 2008:

- The need to tackle child poverty was first highlighted in Slough's Sustainable Community Strategy 2008 – 2028.
- A number of the priorities in Slough's Joint Wellbeing Strategy (2013 – 2016) are helping to deliver against the borough's child poverty agenda:
  - 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 borough'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 borough and its leisure and recreational facilities (including parks and open 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 the risk of homelessness.

- 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.
- Child poverty is identified within the borough's Joint Strategic Needs Assessment (JSNA) for 2013/14.
- 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). This 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.
- Slough's Children and Young People's Plan "*Getting it Right for children*" (2015 - 2016) sets out the vision and priorities for improving the outcomes for our children and young people. Reducing child poverty and its impacts is a key outcome.
- Slough's Local Safeguarding Children Board's (SLSCB) Business Plan sets out how it is working with the CYPPB to safeguard and support the borough's most vulnerable children and young people so that they are safe and feel safe.
- Slough's Public Health Strategy (2013 – 20-16) sets out a range of preventative health measures (many of which are also reflected in this strategy), under the themes of starting well, developing well, living well and aging well. This strategy will help support the delivery of the following objectives in the Health Strategy:
  - Promoting the importance of healthy eating and increased physical activity throughout life
  - Increasing the early identification, management and prevention of obesity
  - Improving the emotional and physical health of children from 0 – 19
  - Reducing drug and alcohol misuse and their impact on domestic abuse and violent crime
- Slough's Clinical Commissioning Group's (CCG) Five Year Plan is aimed at improving the health of the borough's population by working with the council's Public health team to empower local people and our communities to take responsibility for improving their own health and wellbeing.
- This strategy is also informed by a number of other plans and strategies, such as Slough's Economic Development Strategic Plan for Growth, Housing Strategy, Safer Slough Assessment, Climate Change Strategy, Community Cohesion Strategy and Leisure Strategy.



- We will continue to build on our existing strong partnership working to embed this issue in our mainstream work and when collaborating across services.

## Section 4: Slough’s overarching priorities

We know there are considerable challenges ahead if we are to deliver on our ambition to reduce child poverty across the borough.

In order to overcome these challenges we will focus our activities and resources on delivering each of the following overarching priorities:

Building block	Employment and skills	Family and life chances	Financial support	Place and delivery
Priority	Improve access to employment and skills	Support children and young people to lead healthier life styles  Raise the aspirations of the next generation	Maximise family incomes	Slough’s environment supports children and young people to thrive

### Why tackling these priorities make sense

#### **Families will be better off:**

- More children will enjoy and achieve
- Increased health and wellbeing
- More inclusion and opportunity
- Less stress, debt and difficulty
- Able to make a positive contribution
- Better long term outcomes

#### **Communities will be better off:**

- Less deprivation and disadvantage
- More spending in the community
- Increased investment in the local economy

#### **Local services will benefit:**

- Reduced need for services leading to savings<sup>9</sup>

### How we will deliver these priorities

- By supporting the most vulnerable.
- By considering the needs of children, young people and their families in everything that we do.
- By working with local people to help them to do more for themselves.
- By working with a range of partners in the public, private, voluntary and business sector.

<sup>9</sup> Child poverty – Making A Difference, June 2011, Child Poverty Unit, HM Government

## How this strategy will be used

- To focus on the delivery of the priorities identified in this strategy by prioritising activities and resources.
- To manage the increasing demand for many of our services from Slough's rapidly growing population.
- As a basis on which to have discussions with partners about the services they provide and the contribution they make to the delivery of this Strategy.
- To agree a broad basket of indicators (including performance measures), to monitor and evaluate the delivery of each action identified.
- To monitor, and where necessary, respond to the impact that national changes are having on local public services and people's lives; and which (at the time of writing) are creating some uncertainty and shifting baselines.

In the next section we set out some of the key actions that will be undertaken (and by whom) to deliver each of the priorities identified in this strategy. Details of some of the actions that are already underway are summarised in appendix 1.

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## Section 5: Child poverty priorities

### EMPLOYMENT & SKILLS

#### **Priority 1 - Improve access to employment and skills (for young people and their parents) so more people are in work that pays and have the support they need to progress**

##### **What this covers:**

- This priority covers the provision of information, advice and assistance to young people and families, to tackle worklessness and promote parental employment by addressing barriers to work (such as ill health and disability, lack of skills and labour market experience, lack of childcare and flexible working arrangements). It also provides a focus on in-work poverty.
- The term worklessness includes:
  - Those that are economically active but unemployed i.e. those claiming Jobseekers Allowance; and
  - Those who are economically inactive but want to work. There is evidence to suggest that a significant proportion of Slough's economically inactive population would like to work if they had the right opportunity, incentive or path back to employment. This could include lone parents and/or people claiming incapacity or other health/income related benefits.
- This priority also provides a focus on business development and support to attract businesses to the area and create sustainable jobs which help raise household incomes above the poverty threshold.

##### **Why this matters:**

- Research shows that individuals with higher qualifications are more likely to be employed than those with lower qualifications, and once in work they earn more on average than similar individuals with lower-level skills.
- Skills and learning issues cut across all generations in Slough and impact on an individual's ability take advantage of local employment opportunities: there are young people who are not in education and training and graduates who are unemployed. Many of our residents do not have the skills required by local employers. Some young people are choosing not to take the higher education route but still need quality employment. Some older residents have retraining needs and there are women (many of whom who are living in one parent families) who aspire to enter the labour market but face barriers around affordable childcare and/or flexible working hours. Many residents also have low aspirations and/or need language support and help with basic literacy, numeracy and IT skills.
- The underlying causes as to why so many of the borough's young people (aged 18 – 24) and older adults (aged 50+) are out of work are complex and issues differ for those who are long term unemployed compared to those who have recently lost their job.
- Unemployment of the working age population has also risen in recent years and studies show that the proportion of children living in poverty in

working families has also risen due to some employers avoiding redundancies through a reduction in hours/pay rates.

- Improving resident's skills, tackling worklessness and low pay will help to reduce poverty and decrease public expenditure on welfare spending and tax credits, with indirect savings in other public service areas, including healthcare, crime and social services. People moving into work also generate additional output, and by moving into better jobs they help raise productivity. Being in work also raises the amount of spend and demand in the local economy, directly benefiting local businesses and creating a 'multiplier' effect<sup>10</sup>.

Key outcomes	Key actions - to achieve these outcomes we will ...	Who will contribute to the delivery of these outcomes
<ol style="list-style-type: none"> <li>1. A competitive and productive local workforce</li> <li>2. A reduction in the number of young people who are not in education, employment and training (NEET)</li> <li>3. A reduction in the number of workless (including lone parent) households</li> <li>4. Maximised access to affordable child care</li> <li>5. The physical regeneration of the borough to encourage local job creation and economic growth</li> </ol>	<ul style="list-style-type: none"> <li>• Understand employers needs to inform local skills delivery and careers advice</li> <li>• Increase the opportunities available for young people to enter employment (through work experience, traineeships, apprenticeships and direct employment opportunities)</li> <li>• Increase the number of young people who take up further or higher education opportunities</li> <li>• Improve the skill and education level of residents (i.e. basic literacy, numeracy, IT &amp; language (ESOL) skills)               <ul style="list-style-type: none"> <li>○ Maximise the opportunities for employment and training through access to affordable and inclusive good quality childcare</li> <li>○ Support adults with disabilities into voluntary and paid employment</li> </ul> </li> <li>• Encourage inward business investment and establish a business retention function</li> <li>• Extend superfast broadband and improve speeds</li> <li>• Support local businesses to thrive</li> </ul>	<ul style="list-style-type: none"> <li>• Learning and Community Services</li> <li>• Employability and Learning Advice Service</li> <li>• Young People's Service</li> <li>• Families First Programme</li> <li>• Town Centre Team</li> <li>• Planning team</li> <li>• Members of the Strategic Infrastructure Group</li> <li>• Slough Aspire</li> <li>• Elevate Slough (City Deal)</li> <li>• Training providers (including the private and voluntary sector)</li> <li>• JCP</li> <li>• Secondary schools</li> <li>• East Berkshire College</li> <li>• Royal Berkshire Fire and Rescue Service (RBFPS)</li> <li>• Thames Valley Berkshire Local Enterprise Partnership (TVBLEP)</li> </ul>

<sup>10</sup> The benefits of tackling worklessness and low pay – Joseph Roundtree Foundation.

**FAMILY & LIFE CHANCES**

**Priority 2 – Support children and young people to lead healthier life styles so that they become healthier parents with healthier children**

**What this covers:**

- This priority recognises that there are significant barriers to some disadvantaged children and young people achieving positive health (physical and mental health) and wellbeing outcomes.
- The aim is to remove these barriers through interventions at key stages and help improve life chances.

**Why this matters:**

- *“Pregnancy and the first five years of life shape children’s life chances – the associations between cognitive development at age five and later educational outcomes are very strong. During the earliest years, it is primarily parents who shape their children’s outcomes – a healthy pregnancy, good mental health, the way that they parent and whether the home environment is educational.”<sup>11</sup>*
- *“Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work, and age. So close is the link between particular social and economic features of society, and the distribution of health among the population, that the magnitude of health inequalities is a good marker of progress towards creating a fairer society”<sup>12</sup>*
- A number of independent reviews about how to tackle child poverty stress the importance of intervening in the early years of a child’s life and also in intervening early to prevent problems from arising later in childhood and adolescence.
- The home environment is the single most important factor in influencing children outcomes at ages three and five.

<b>Key outcomes</b>	<b>Key actions - to achieve these outcomes we will ...</b>	<b>Who will contribute to the delivery of these outcomes</b>
<ol style="list-style-type: none"> <li>1. Reduced inequalities</li> <li>2. More children, young people and families eating healthily and undertaking physical exercise</li> <li>3. Increased levels of emotional and mental wellbeing</li> <li>4. More focus on prevention, early intervention and support for families</li> </ol>	<ul style="list-style-type: none"> <li>• Encourage all residents to manage and improve their health</li> <li>• Target those families most at risk of poor health and wellbeing outcomes to become more active, more often</li> <li>• Increase access to and</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted Family Service</li> <li>• Public Health team</li> <li>• Children’s Centres</li> <li>• Health Visitors</li> <li>• Family Nurse Partnership</li> </ul>

<sup>11</sup> *The Foundation Years: preventing poor children becoming poor adults, The Report of the Independent Review on Poverty and Life Chances, HM Government, December 2010*

<sup>12</sup> *Fair Society, Healthy Lives, the MARMOT Review Executive Summary, February 2011*

<p>5. More young people improve their parenting skills</p> <p>6. A reduction in substance and alcohol misuse across the borough</p>	<p>take up of high quality maternity services, parenting programmes and early year's services (childcare and early years education)</p> <ul style="list-style-type: none"> <li>• Promote the importance of parent attachment, physical and emotional health and cognitive, linguistic and social skills</li> <li>• Improve child oral health</li> <li>• Target areas of high health inequalities and poor rates of participation in physical activity</li> <li>• Deliver the council's Leisure Strategy</li> <li>• Develop preventative approaches to tackle parental drug and alcohol misuse</li> <li>• Improve the early identification and referral of children, young people and parents with mental health issues to appropriate services</li> </ul>	<ul style="list-style-type: none"> <li>• Wellbeing and Community Services</li> <li>• Learning and Community Services</li> <li>• Mental Health Team</li> <li>• DAAT team</li> <li>• Families First Programme</li> <li>• CAMHS</li> <li>• Members of the Care Act Programme Board</li> <li>• Members of the Health PDG</li> <li>• Slough's Clinical Commissioning Group/GPs</li> <li>• RBFRS</li> <li>• Thames Valley Police (TVP)</li> <li>• Leisure providers and sports agencies</li> <li>• Common Point of Entry Local Dental Committee</li> <li>• Home Start Slough</li> </ul>
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**FAMILY & LIFE  
CHANCES**

**Priority 3 - Raise the aspirations of the next generation so that poverty in childhood does not translate into poor experiences and outcomes in adult hood**

**What this covers:**

- This priority recognises that there are significant barriers to some disadvantaged children and young people achieving positive educational and future employment outcomes. The aim is to remove these barriers through interventions at key stages and help reduce intergenerational poverty.

**Why this matters:**

- *'Research shows that individuals with higher qualifications are more likely to be employed than those with lower qualifications, and once in work they earn more on average than similar individuals with lower-level skills. There is a clear link between poverty and under-attainment throughout the education system'*<sup>13</sup>
- Promoting the benefits of educational attainment to children early can help avoid more costly and damaging problems arising later.

Key outcomes	Key actions - to achieve these outcomes we will ...	Who will contribute to the delivery of these outcomes
<ol style="list-style-type: none"> <li>1. Children achieve a good level of development at the end of the foundation stage</li> <li>2. Children and young people enjoy learning so that they are confident about their futures and aspire to achieve their full potential</li> <li>3. Raised attainment levels for children eligible for Free Schools Meals (FSM)</li> <li>4. More young people with the knowledge and skills they need to succeed in the work place</li> </ol>	<ul style="list-style-type: none"> <li>• Increase the number of vulnerable children's groups accessing high quality universal services alongside more targeted support from the borough's Children's Centres</li> <li>• Increase the take up of free early childcare/education places amongst the borough's eligible 2 and 3-4 year olds.</li> <li>• Improve the school readiness of all children</li> <li>• Ensure sufficient school age places to meet the needs of Slough's residents</li> </ul>	<ul style="list-style-type: none"> <li>• Children's Centres</li> <li>• Targeted Family Service</li> <li>• Learning and Community Services</li> <li>• Wellbeing and Community Services</li> <li>• Young People's Service</li> <li>• Families First Programme</li> <li>• Members of the School Places Project Board</li> <li>• Members of the CYPBP</li> <li>• Schools</li> <li>• Slough Children's Services Trust</li> <li>• Cambridge Education</li> <li>• Elevate Slough (City Deal)</li> </ul>

<sup>13</sup> State of the nation report: poverty, worklessness and dependency in the UK, Department for Work and Pensions, 2010

	<ul style="list-style-type: none"> <li>• Support parents to develop the skills they need (i.e. basic literacy, numeracy, IT and ESOL skills) to support their children's education</li> <li>• Increase registration and take up of Free school meals (FSM)</li> <li>• Increase take up of Pupil Premium (PP) funding</li> <li>• Increase attainment across Key stage 2 and 4 and close the gap between pupils eligible for FSM and their peers</li> <li>• Work with all schools so that all schools are judged to be good or better</li> <li>• Increase the number of young people in (full time, further and higher) education, employment or training</li> <li>• Facilitate a greater number of work experience, traineeships, apprenticeships and direct employment opportunities for our young people</li> <li>• Provide more personalised support for children with SEND (and their families)</li> <li>• Increase the number of families who receive support through the Troubled Families Programme</li> </ul>	<ul style="list-style-type: none"> <li>• Slough Aspire</li> <li>• JCP</li> <li>• RBFRS</li> <li>• Learning to Work</li> </ul>
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**FINANCIAL SUPPORT**

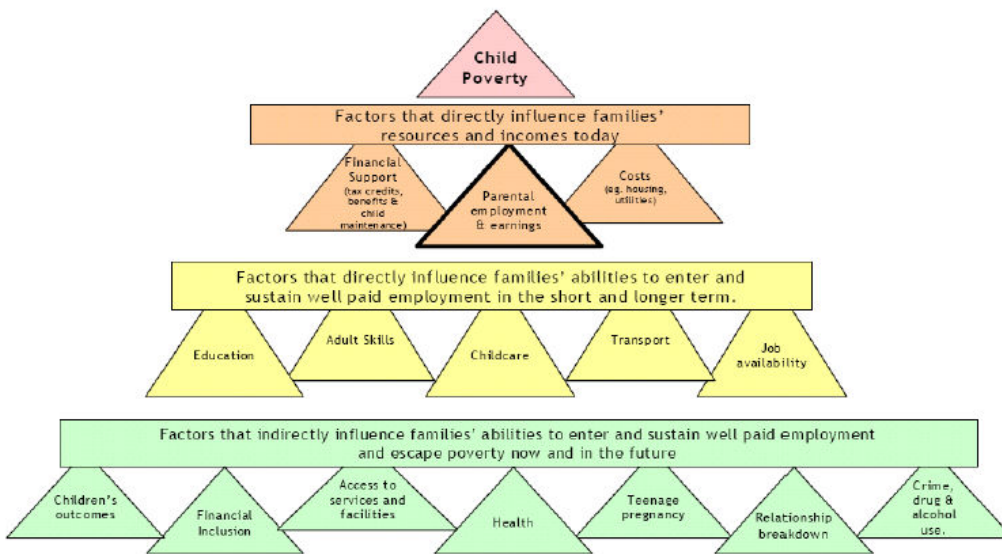
**Priority 4 – Maximise family incomes**

**What this covers:**

- This priority covers financial inclusion, debt and capability; the potential for benefits to have a positive impact on child poverty, to increase take up by vulnerable groups and improve work incentives for workless households, in conjunction with voluntary and community sector organisations.

**Why this matters:**

- The following diagram illustrates the way in which child poverty issues interlink with each other and impact on family finances.



<b>Key outcomes</b>	<b>Key actions - to achieve these outcomes we will</b>	<b>Partners who will contribute to the delivery of these outcomes</b>
<ol style="list-style-type: none"> <li>1. More families claim the benefits that they are entitled too</li> <li>2. Families improve their financial literacy, money management and household budgeting skills</li> <li>3. Increased membership of the M for Money Credit Union</li> <li>4. A reduction in the number of door stop lending/loan sharks operating in the borough</li> <li>5. A reduction in the number of families referred to foodbanks</li> </ol>	<ul style="list-style-type: none"> <li>• Increase the ability of children and young people to plan and manage their money</li> <li>• Increase residents' awareness and understanding of the Government welfare reforms</li> <li>• Support and enable people to move from benefits into work through increasing financial literacy/money managements skills and raise awareness</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted Family Service</li> <li>• Housing Services</li> <li>• Council Tax Support team</li> <li>• Housing Benefit Team</li> <li>• Tenancy Sustainment Officers</li> <li>• Neighbourhood Benefit officers</li> <li>• Trading Standards</li> <li>• Learning and Community Services</li> <li>• Wellbeing and</li> </ul>

	<p>of benefits available for working parents</p> <ul style="list-style-type: none"> <li>• Understand through consultation and intelligence the impact that welfare reforms are having on 16-17 year olds (who are unable to claim benefits)</li> <li>• Ensure provision of quality assured financial services</li> <li>• Increase membership of M for Money Credit Union</li> </ul>	<p>Community Service</p> <ul style="list-style-type: none"> <li>• Libraries Children's Centres</li> <li>• Schools</li> <li>• Cambridge Education</li> <li>• Arvato</li> <li>• Slough Citizen's Advice Bureau (CAB)</li> <li>• Training providers (including the private and voluntary sector)</li> <li>• Slough Foodbank</li> <li>• M for Money Credit Union</li> </ul>
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**PLACE & DELIVERY**

**Priority 5 – Slough’s environment supports children and young people to thrive**

**What this covers:**

- This priority focuses on housing (both the built or natural environment), regeneration, transport, crime, communities and the promotion of social inclusion.
- It also includes the physical regeneration of key parts of the borough’s infrastructure.
- Localism and the 'big society' approach are driving this agenda, and services are being encouraged to establish a clearer picture of their role and what the impact of their activities could have on decreasing child poverty.

**Why this matters:**

- Housing issues such as poor property condition, overcrowding, fuel poverty and housing related debt can all act as contributing factors to child poverty.
- *“Children who live in poverty are almost twice as likely to be in bad housing. Poor housing during childhood has huge financial and social costs across many areas, including health, education and the economy. Children who live in poor housing are almost twice as likely to have poor health as other children and be more unhappy and depressed. Bad housing affects children’s ability to learn at school; children in bad housing are nearly twice as likely to leave school with no GCSEs. Lower educational attainment and health problems associated with poor housing impact on opportunities in adulthood and increase significantly the chances of unemployment and low paid jobs. 50% of young offenders had experienced homelessness.”<sup>14</sup>*
- Poor public transport can mean that low income families face reduced choice or difficulties in accessing services, employment and support - or are forced into car ownership (thereby reducing the money they have available to spend on other things).

Key outcomes	Key actions - to achieve these outcomes we will ...	Who will contribute to the delivery of these outcomes
1. More homes across all tenures 2. Quality homes for children and their families 3. More people feel safe 4. An affordable, accessible and sustainable public	<ul style="list-style-type: none"> <li>• Utilise land and resources in and outside the council’s direct control to build new homes across all tenures to meet local need</li> <li>• Identify opportunities for new high quality, family</li> </ul>	<ul style="list-style-type: none"> <li>• Transport team</li> <li>• Planning Services</li> <li>• Housing Services</li> <li>• Learning and Community Services</li> <li>• Wellbeing and Community</li> </ul>

<sup>14</sup> Shelter 2009

<p>transport system</p>	<p>and high density residential developments through the Local Plan</p> <ul style="list-style-type: none"> <li>• Use early intervention and a range of housing options to minimise homelessness</li> <li>• Discharge the council's statutory homelessness duty into the private rented sector</li> <li>• Identify areas with the poorest quality housing through private sector stock condition survey</li> <li>• Work with landlords to improve the quality of private rented accommodation</li> <li>• Use established programmes to carry out home improvements</li> <li>• Make best use of the existing council housing stock to meet housing need</li> <li>• Improve the energy efficiency of homes across all tenures</li> <li>• Develop a proportionate, timely multi-agency response to keep children and young people safe</li> <li>• Improve the identification of people who are most at risk from domestic abuse</li> <li>• Develop effective multi agency responses to domestic abuse, anti-social behaviour and retail crime</li> <li>• Deliver the borough's Community Cohesion Strategy</li> <li>• Further develop volunteering and participation in the community</li> <li>• Deliver the Local Transport Plan (LTP3)</li> <li>• Centralise community</li> </ul>	<p>Services</p> <ul style="list-style-type: none"> <li>• Youth Offending Team (YOT)</li> <li>• Members of the Slough Regeneration Partnership</li> <li>• Members of the Local Safeguarding Children's Board (LSCB)</li> <li>• Members of the Safer Slough Partnership</li> <li>• Members of the Climate Change PDG</li> <li>• Private rented sector landlords</li> <li>• Private sector developers</li> <li>• Registered housing providers</li> <li>• Land owners</li> <li>• Energy Companies</li> <li>• TVBLEP</li> <li>• RBFRS</li> <li>• TVP</li> <li>• Schools</li> <li>• Citizen Advice Bureau (CAB)</li> <li>• Shelter</li> </ul>
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	facilities in locations that serve the needs of local people	
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## **Section 6: Child poverty is everyone's business**

At the heart of this strategy is the need to increase visibility and ownership of the child poverty agenda amongst our partners and communities. This will require considerable effort and investment over a sustained period of time.

### **Governance**

Reducing child poverty across Slough will require a truly collaborative multi-agency approach and implementing this strategy will involve actions from a number of different partners and agencies including the voluntary and private sectors.

The following governance arrangements have been put in place to oversee delivery of this Strategy:

**The SWB will oversee the strategic delivery of this Strategy. It will do this by:**

- Showing strategic leadership and ownership of the issue.
- Embedding child poverty across the Board's key strategies and plans and the operating plans of its key partners (where appropriate).

**Responsibility for overseeing the delivery of this strategy rests with the CYPFB. Its role is 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.
- Embed child poverty across its (and partner's) strategies and plans.
- 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 that draw on the best available evidence and best practise.
- Agree the actions necessary to deliver the aims of this strategy.
- Agree a broad basket of indicators to help monitor the delivery and evaluate the effectiveness of this strategy.
- Provide an annual progress report to the SWB.
- Develop ways to more rigorously identify families in poverty.
- Review this 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 of this issue, along side the SWB.
- Embed child poverty across its key strategies and plans and the operating plans of its major partners.

- Regularly review and update the Child Poverty Needs Assessment, in line with government requirements, and share these findings with the SWB, the CYPFB and other statutory partners, where appropriate.

## **Monitoring delivery**

A child poverty action plan to support the delivery of this strategy is currently being developed. This plan will set out the detailed delivery plans for each priority, including the performance measures that will be used (and which services and partners will be held accountable) to monitor the effectiveness of this strategy.

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 and 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.

It should also be noted that 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<sup>15</sup>.

Given the still vast array of indicators available, we 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 provide 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 while indicator 009-00 from the government's single data list (statutory homelessness statistics and information on homelessness prevention and relief<sup>16</sup>) can evidence the impact of this strategy's housing related activities.

## **Equality and Diversity**

The whole focus of this strategy is to tackle inequality.

An Equalities Impact Assessment (EIA) is currently underway and any adverse or positive impacts identified from an equalities perspective will be incorporated in to the action plan that is being developed to support the delivery of this strategy.

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<sup>15</sup> [www.phoutcomes.info/](http://www.phoutcomes.info/)

<sup>16</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/412597/Detailed\\_Single\\_Data\\_List\\_2015\\_-\\_2016.xls](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/412597/Detailed_Single_Data_List_2015_-_2016.xls)

This action plan will be a live, working document and as such there will be an opportunity to review progress from an equalities perspective. This demonstrates best practice and ensures that any equality issues identified are embedded and addressed within the various outcomes plans that are developed within the action plan.

## **Risk Assessment**

At the time of writing, the UK is emerging from recession and the government is implementing a major spending reform and is reducing the budget for many public services. It is difficult to know how these changes will impact on the delivery of this strategy.

The government's new welfare reform programme is replacing the current benefit structure with Universal Credit (UC) (which began rolling out in 2013) (see appendix 2 for further details).

These changes are intended to make the transition between the different types of benefits and employment easier. The government also made changes to the way Housing Benefit (HB) is calculated in April 2011. These changes are intended to have a positive effect on poverty - but it will be some time before the real impact can be properly measured and assessed.

Locally, the provision of services is being reviewed by all partner agencies in light of these reforms, policy changes and the publication of the council's Five Year Plan. As a result there is a risk that some of the activities outlined in this strategy will reduce and/or be delivered differently in future.

We will monitor these changes, their impact and any unforeseen consequences that may arise as a result of any changes introduced. Any specific risks that arise to the delivery of this strategy will be considered and escalated to the SWB, where appropriate.

## **Section 7: Contact Information**

For queries relating to this document please contact:

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## Appendix 1: Current activity in Slough

This strategy builds on a range of activities that are already underway, some of which are highlighted in the Needs Assessment, including:

### Employment and Skills

- The council's Learning and Community Service is delivering adult and community learning across the borough, including English language skills (ESOL), basic literacy and numeracy skills, computing, skills for work, personal development and family learning programmes in order to support local people into work and further learning.
- Various agencies are working with the council to raise the basic skill level and language skills of local people so that they can access local higher paid jobs.
- Job Clubs, organised by the Learning and Community Service and private providers are providing practical support in looking for work, including access to the internet and relevant job vacancy sites.
- The council's Employability and Learning Advice Service also provide a range of information, advice and guidance to help local people meet the employability needs of local businesses.
- Slough Aspire, a public private sector led skills and training social enterprise is helping local people develop the right employability skills to meet the needs of Slough businesses.
- Elevate Slough resources are also being targeted at some of the borough's hardest to help groups (i.e. lone parents, economically inactive young people) to help them return to learning, learn a new skill and get into work.
- Aspire business start up is providing business advice, training courses and workshops for local people looking to start their own businesses.
- Weekly skills and employment workshops are also being held in collaboration with the JCP and Slough's Children's Centres to help at risk and hard to reach groups (such as lone parents and some BME/BAME groups) with dependent children to acquire basic employability skills.
- The council, in partnership with Learning to Work, is giving school leavers, students and graduates the opportunity to gain valuable work experience through its work experience placement scheme.
- Elevate Slough (City Deal) (a Cabinet Office funded programme, comprised of local colleges, businesses, training providers and support agencies) is helping 16-24 year olds get their foot onto the career ladder by bringing together the best available advice and support on employment, work experience, volunteering and mentoring in the engaging format of a personalised virtual borough web app.
- Elevate Slough is also delivering a number of construction, retail hospitality (i.e. catering and tourism), IT and care training opportunities to help fast track young people under the age of 25 who are NEET into employment.
- The council, in collaboration with JCP are offering work place experience placement for 16 – 24 year old JCP claimants to prepare them for work.

- Apprenticeship and traineeship opportunities are routinely being built into the council's contractual arrangements with partners and stakeholders
- The council's business administration apprenticeship scheme is also helping young people achieve nationally recognised qualifications and gain valuable work experience.

## **Family Life Chances**

- Home-Start Slough are working with parents with children under 5 to improve their parenting skills, provide access to services in the local community and give their children the very best possible start in life.
- Slough's primary and secondary schools are providing a range of closing the gap initiatives, including in class support, 1:1 and small group support, breakfast clubs, booster sessions during school holidays, after schools clubs and revision and study support sessions and learning mentors to address barriers to learning and boost pupils literacy and numeracy skills. Other initiatives include funding cultural enrichment activities for pupils, such as instrumental music lessons, trips and visits etc and providing internet/computer facilities for use at home and in school.
- The council provides training and support for practitioners (including local organisations and agencies) working with children, young people and their families to enable them to understand the early help process and undertake Early Help Assessments on behalf of their clients.
- Family support workers (from the council's Targeted Family Service) are helping families seek the help they need in a variety of settings (including school settings), when they would not normally be willing to disclose their anxieties to a third party.
- The council's Families First programme is also working to understand and support the complex needs of families suffering from multiple forms of inter-generational deprivation – this programme should help approximately 330 families into work.
- The council is implementing a Sport and Physical Activity Strategy and a Leisure Strategy to increase physical activity across the borough and improve the health and wellbeing of local people.
- The council is working in partnership with Slough School Sports Coordinator, sport and leisure leads, healthy eating leads, Public Health and a number of schools to launch a range of community based initiatives to tackle the growing problem of obesity in Slough. This includes the Berkshire based healthy lifestyle initiative called "Let's get going", which provides targeted weight management programmes for children and families living in areas of high deprivation and health inequalities in Slough.
- RBFRS is working with overweight young people and their families to support them to make sustainable lifestyle changes that will improve their health and fitness: their Firefit programme uses practical, physically demanding fire service related activities and more traditional exercise classes to improve the physical health and psychological wellbeing of those young people who attend.

- Under the RBFRS FireEd programme fire-fighters are being recruited into the role of school fire liaison officers (SFLO) to work with children in the heart of the school environment. The programme aims to raise the general aspirations and attainment of the young people taking part in the programme.
- RBFRS officers are also working intensively as role models and mentors with some of the borough's most vulnerable, socially isolated and hardest to reach students to help keep them engaged in full time education, reduce truancy and exclusion rates, reduce anti social behaviour, reduce risk in the lives of the student population and improve the health and fitness of all those in the school community.
- Young people who may be at risk of getting into trouble at school and /or with the police, or who are not in education, employment or training (NEET) are also being given the opportunity to take part in the RBFRS FireBreak programme, which encourages participants to undertake various practical fire related tasks in order to build their confidence and help them make safer and more positive life choices.
- The council is using funding from Sport England to provide activities for over 14 year olds and women through its Community Sport Activation Fund (CSAF).
- The council's DAAT team are developing a strategic multi-agency approach with partners to help tackle drug and alcohol misuse across the borough.
- Thames Valley Police (TVP) are working with the Police Federation to improve the early identification of people who are most at risk from domestic abuse in the wards of Chalvey and Britwell.
- The YOT is working with young people to tackle an increase in shoplifting across the borough.
- The council has recruited a number of Youth Commissioners to help it engage with children and young people to ensure that the services it provides are redesigned to meet the needs of our young people.

### **Financial support**

- The council is working with the Illegal Money Lending Team and partner agencies to identify illegal lenders and offer specialist advice and support to borrowers.
- The council's Trading Standards team is also raising awareness on this issue with the public and other related issues such as Rogue Traders.
- Slough's foodbank provides 3 days food to those residents that are referred to it.
- A number of partners (including Slough Sure Start, the WEA and Healthwatch Slough's Young Citizen Medallion pilot project) are providing family learning programmes that include financial literacy training and money management and budgeting skills for parents.

### **Place and Delivery**

- The council started to build more than 200 affordable homes for local residents in 2014/15.
- The council's Housing Allocation Policy has been refreshed to ensure that local families, those in employment (but on low incomes) and those

who actively contribute to their community are prioritised for its new housing stock.

- The allocation of newly developed homes is being prioritised to reward council and housing association tenants who have a good track record of sustaining their tenancy and being good neighbours.
- The council's Housing Regulation Team is working with private landlords to address issues with the quality, condition, accessibility and availability of private rented housing across the borough to meet the needs of residents for whom the council owes a duty under homelessness legislation.
- The council's Housing Regulation Team is also working with private landlords to address fuel poverty.
- Mediation services are being offered to private landlords and their tenants to resolve problems and prevent retaliatory evictions.
- The council is also working with private landlords to encourage the use of longer term tenancies to give tenants a sense of stability and encourage more integration and community cohesion.
- The council is working collaboratively with partners to identify the type, style and mix of housing needed to meet local residents' needs particularly when planning new development and regeneration schemes.
- A number of major improvements are being undertaken across the borough as part of the council's Heart of Slough project and the Chalvey, Britwell and Langley regeneration plans - to completely change the look and infrastructure of the borough and help make it a place where people want to live, work, play, learn, shop and invest and where young people can enjoy opportunities to exercise and play to improve their health and well-being.
- The principles of Safe by Design are being used when developing new housing or regeneration schemes to create safe, sustainable communities.
- The council has created a Neighbourhood Services team to tackle problems within the community, regardless of whether the tenant rent or own the property.
- SWB's Place Shaping Initiative is helping to bring partners and local people together to improve their health and wellbeing and reduce inequalities in their communities: residents in Chalvey and Foxborough are being given more say, along with voluntary groups and businesses, in how local services in both of these areas are being redesigned and delivered.
- The council is working with RBFRS to co-locate community services at a number of local fire stations. At the same time, the RBFRS is also making its assets (i.e. its buildings, equipment, people and brand) available to partners and commissioners in order to improve safety, health and wellbeing outcomes for people across the borough.
- The council's Parks and Open Places Strategy and its Sport and Physical Activity Strategy are helping to ensure the borough's sports facilities become a place of choice for physical activity - with modern, fit for purpose facilities in safe, convenient and accessible locations.

- The council's Primary Strategy for Change is helping to provide facilities that actively support the provision of world class education for all of the boroughs children; by putting schools at the heart of the community and narrowing the attainment gap for those from disadvantaged backgrounds. Under this strategy 50% of the borough's primary and primary special schools will be replaced or refurbished by the end of 2023.
- Superfast broadband is being expanded across Berkshire. This is will enable many local people and businesses to have access to this new technology.

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## Appendix 2: National policy context

### Why is tackling child poverty important?

Tackling child poverty is important to everyone concerned with improving outcomes for children. 22% of children (2.8 million children) in the UK live in relative poverty<sup>17</sup>; of these 1.5 million children live in families where at least one adult is in work. Child poverty costs £25 billion each year<sup>18</sup>.

Child poverty almost doubled between the 1970's and mid-1990s, resulting in the UK having one of the highest child poverty rates in the industrialised world. In 1999 a cross party commitment was made to 'eradicate child poverty within a generation.'

Living on a low income has significant impacts on children's outcomes as they grow up. The experience of poverty in childhood can be highly damaging and its effects can be felt into adulthood<sup>19</sup>.

Poverty affects every part of a child's life: from economic and material disadvantage, to impacting negatively on their health and their education. Children growing up in poverty are more likely to be born premature, are half as likely to gain five good GCSEs, around three times less likely to go to university and more likely to become NEET (i.e. not in full time education, employment or training).

### Child Poverty Act 2010

The Child Poverty Act enshrines in law duties required to tackle child poverty by this and future governments, by the devolved administrations and by Local Authorities and their statutory partners (i.e. the Police Authority, Chief Officer of Police; Strategic Health Authority; Primary Care Trust; YOT; Probation Service and JCP).

The Act requires the government to publish a national strategy(see below) outlining its plans to work towards alleviating child poverty, tackle socio-economic disadvantage and meet four child poverty targets, by 2020.

The Act outlines 4 different measures of poverty:

1. **The relative low income measure** - this captures those children living in a household whose income is less than 60 per cent of the contemporary median, equivalised by household type.
2. **The absolute low income measure** – this captures children in households that fall below a specific poverty line, which rises each year in line with prices. Until data for 2010/11 becomes available this is measured against incomes in 1998/9)
3. **The material deprivation and low income combined measure** – this captures those children whose household income is less than 70 per

<sup>17</sup> Households below average income 2008/09 <http://statistics.dwp.gov.uk>

<sup>18</sup> Estimating the costs of child poverty, Joseph Rowntree foundation <http://www.jrf.org.uk/publications>

<sup>19</sup> Fair Society, Healthy Lives, The Marmot Review, February 2011

cent of the median, and who go without a range of necessary items and activities.

4. **The persistent poverty measure** - this captures children who have lived in relative low income in at least three of the last four years.

The Act also places a statutory duty on Local Authorities to carry out a Child Poverty Needs Assessment in their area and to develop a local child poverty strategy, thereby establishing a framework for local partners to co-operate to tackle child poverty.

## **National Child Poverty Strategy**

Since May 2010, the government has made clear its commitment to the goal of ending child poverty by 2020. Improving life chances by addressing poverty and inequality is at the heart of its agenda.

The government is clear that tackling child poverty requires more than simply treating the short-term symptoms of poverty or moving families across an arbitrary income line. Making real progress requires a new focus on promoting fairness, opportunity and social mobility – to help address ingrained patterns of worklessness, family breakdown and educational under-achievement. The government commits to breaking intergenerational poverty by tackling the root causes<sup>20</sup>.

On 5 April 2011, following public consultation, the government published the first National Strategy for Child Poverty 'Tackling the Causes of Disadvantage and Transforming Families Lives'<sup>21</sup>, covering 2011/2014. It published this alongside the national Social Mobility Strategy<sup>22</sup>, building on the work by Frank Field MP<sup>23</sup> and Graham Allen MP<sup>24</sup>; which recognise the importance of the Foundation Years (aged 0-5) and Early Intervention in improving the lives of vulnerable children. The Strategy, jointly produced by the Department for Work and Pensions and the Department for Education, draws together the government wide approach.

The national Child Poverty Strategy sets out measures to address the range of factors that may cause poverty within the three main areas below:

### **1. Supporting families to achieve financial independence**

- Removing financial disincentives to work whilst supporting those who cannot, making work pay and reducing welfare dependency
- Tailoring services for parents who are not in work but could be
- Helping families manage money and avoid problem debt

### **2. Supporting family life and children's life chances**

- Supporting stable families, promoting good parenting and a positive home environment
- Improving educational aspirations, attainment and progression

<sup>20</sup> <http://www.education.gov.uk/inthenews/pressnotices/a0071184/government-sets-out-new-vision-for-ending-child-poverty>

<sup>21</sup> 'Tackling the Causes of Disadvantage and Transforming Families Lives'

<sup>22</sup> Social Mobility Strategy [www.dpm.cabinetoffice.gov.uk](http://www.dpm.cabinetoffice.gov.uk)

<sup>23</sup> Independent Review on Poverty and Life Chances (Field, 2010)

<sup>24</sup> Independent Review on Early Intervention (Allen 2011)

- Improving health outcomes
- 3. The role of place, partnerships and transforming lives**
- Enhancing localism, devolving power, building the Big Society and developing the role of voluntary and community sector
- Rolling out Community Budgets
- Supporting local areas to take forward their Child Poverty duties

The government's national Child Poverty Strategy focuses on increasing the life chances of children by supporting families and raising aspirations. Policies include changes to Local Housing Allowance, Community Budgets, Early intervention Grants for Local Authorities to invest in addressing local needs, a Work Programme for the long-term unemployed and other at-risk groups, Pupil Premium (PP) funding allocated to schools and the introduction of Universal Credit (UC), which is aimed at reforming welfare to help families work their way out of poverty.

### **Welfare Reform Act 2012**

This Act:

- Reforms welfare to improve work incentives simplifies the benefits system and tackles administrative complexity.
- Introduces UC (From April 2013) with the overall aim of reducing worklessness and poverty.
- Limits the payment of contributory Employment and Support Allowance (ESA) to a 12 month period.
- Replaces Jobseekers Allowance and 'passport benefits' (such as HB and tax credits).
- Caps the total amount of benefit that working age people can claim, including specific caps on housing allowance. Households on working age benefits can no longer receive more in benefits than the average wage for working families<sup>2526</sup>. The cap can be applied through HB

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<sup>25</sup> The cap applies to the total amount that the people in a household get from the following benefits:

- Bereavement Allowance
- Carer's Allowance
- Child Benefit
- Child Tax Credit
- Employment and Support Allowance (unless the claimant is paid the support component as part of their award)
- Guardian's Allowance
- Housing Benefit
- Incapacity Benefit
- Income Support
- Jobseeker's Allowance
- Maternity Allowance
- Severe Disablement Allowance
- Universal Credit
- Widowed Parent's Allowance (or Widowed Mother's Allowance or Widow's Pension that started before 9 April 2001)

<sup>26</sup> The cap does not apply to households that include somebody receiving:

- Disability Living Allowance
- Personal Independence Payment
- Industrial Injuries Benefit (and those receiving War Disablement Pension and the equivalent payments from the Armed Forces Compensation Payments Scheme)
- Attendance Allowance



payments or UC. At the time of writing, when applied through HB the cap is £500 a week for couples and single parent households and £350 a week for single adult households without children. When applied through UC the cap is £2,167 a month for joint claimants and single claimants with children, and £1,517 a month for a single claimant with no dependent children. These arrangements will continue until UC is fully in place and the cap from HB is no longer required.

- Reforms the Social Fund and replaces it with locally based provisions delivered by Local Authorities<sup>27</sup>.

## **Welfare to Work Programme**

In April 2011, JCP was given increased flexibility to make decisions on how best to help local people into work and can now deliver more personalised support to its customers. JCP was also given the responsibility to work with local businesses and organisations to support people through the government's new welfare-to-work Work Programme.

## **Local responsibility**

The national Child Poverty Strategy acknowledges, in keeping with the government's localism and decentralisation agenda, that Local Authorities and their partners know the challenges their residents face better than anyone else, including central government.

Removing targets, de-ring fencing funding streams and giving Local Authorities control over planning decisions means that there is greater local responsibility to ensure that resources are targeted to meet the needs and priorities of local people. This gives local partners the flexibility to meet their duties in a way that allows them to focus on the needs of their residents<sup>28</sup>. This should, in turn, help to achieve the national child poverty objectives. The government intends to ensure delivery in local communities through:

- A universal offer of support, which recognises that all families need help at certain times, such as the birth of a child
- Targeted support for those in disadvantaged circumstances, such as those with particular barriers to employment or school achievement
- Specialist intensive engagement with families facing entrenched and multiple problems such as addiction and offending

- 
- *the support component of Employment Support Allowance*

*The cap will not apply to households entitled to Working Tax Credit, or the earnings equivalent under Universal Credit. It also doesn't apply to war widows and widowers.*

<sup>27</sup> *In Slough this scheme is known as the Local Welfare Provision (LWP) Scheme. It uses funding provided by central government to provide locally-administered assistance to vulnerable people. The LWP scheme has been in operation for two years. Central government provided funding for two years. The council has funds available to continue the scheme for further another year. It will then review the scheme.*

<sup>28</sup> <http://www.education.gov.uk/childrenandyoungpeople/families/childpoverty/b0066306/tackling-child-poverty-locally/>

## Appendix 3: Glossary

**Absolute low income measure** – see appendix 2.

**Asylum seeker** - This is someone who has fled her/his own country and applies to the government of another country for protection on the basis of the Refugee Convention or Article 3 of the European Court of Human Rights (ECHR). The 1951 UN Convention on Refugees defines this as a *'person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.'* Someone who has gone through the legal process and is refused asylum becomes a refused asylum seeker and can often be liable to detention prior to deportation to his/her country of origin. Someone who is granted asylum, i.e. recognised as a refugee, can stay (in the UK) for five years, after which s/he has to show, to retain refugee status, that there is still a risk of persecution in the home country.

**BME/BAME** – Black and Minority Ethnic or Black, Asian and Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent.

**Carer (young)** - This is usually someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem. The majority of young carers look after one of their parents or care for a brother or sister. They do jobs in and around the home, such as cooking, cleaning, or helping someone to get dressed and move around.

**Closing the gap** - this term means improving the rate of progress and outcomes for children who are at risk of underachievement – those whose performance may be affected by factors relating to their socio - economic circumstances, their ethnicity, gender or their social, cognitive and linguistic development.

**Demographics** - Demographics are the quantifiable statistics of a given population. Demographics are also used to identify the study of quantifiable subsets within a given population which characterize that population at a specific point in time.

**Deprivation** - Deprivation refers to a lack of welfare, often understood in terms of material goods and resources, but equally applicable to psychological factors. Deprivations are loosely regarded as unsatisfactory and undesirable circumstances, whether material, emotional, physical or behavioural, as recognised by a fair degree of societal consensus. They usually involve a lack of something generally held to be desirable – an adequate income, good health, etc. – a lack which is associated to a greater or lesser extent with

some degree of suffering. Implicit in the statement that something is 'lacking' is some norm or standard which determines whether or not a person has sufficient. In order to measure poverty accurately, it is necessary to measure both resources and deprivation. Poor people/households have increasingly been identified as those who both have a low 'standard of living' and low resources. Standard of living is generally measured using a deprivation index, and resources are usually estimated using disposable income or gross expenditure. A variety of statistical techniques can then be used to determine the level of the poverty threshold below which people are defined as 'poor'. Those who fall below this threshold suffer from multiple rather than single deprivations.

**Deprivation indices** - These are a measure of the level of deprivation in an area.

**Disability** - A person is said to have a disability if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

**Disadvantage** - This term usually relates to a social relationship where the position of one person is worse because the position of another person is relatively better. People may be disadvantaged in many contexts: in relation to poverty, the term most frequently refers to command over resources, the structure of opportunities and the distribution of power in a society. The term is directly equivalent to the concept of inequality in a social context.

**Ethnicity/ethnic group** - A group of people whose members identify with each other through a common heritage, often consisting of a common language, common culture (which can include a religion) and or an ideology which stresses a common ancestry. It is the way that most countries and peoples choose to delineate groups and has superseded the biological idea of 'race'.

**European Convention on Human Rights (ECHR)** - This is an international legal instrument adopted under the auspices of the Council of Europe. Its provisions are enforceable in UK law courts.

**Exclusion** - People are 'excluded' if they are not adequately integrated into society. The primary forms of exclusion cover:

- Circumstances in which people are left out of society, through non-inclusion in systems of social protection.
- Circumstances, like poverty and disability, when they are unable to participate in ordinary activities.
- Circumstances in which people are shut out, through stigma or discrimination.

**Financial exclusion** - A person is considered financially excluded when they have no access to some or all of the services offered by mainstream financial institutions or do not make use of these services.

**Free school meals (FSM)** - These are a school meal provided to a child or young person during a school break and paid for by government. Claimants who are currently entitled to out-of-work means tested benefits or tax credits (see below) can also be eligible for a range of other support, including free school meals. These are known as 'passported' benefits. Free school meals are offered to children of families who receive:

- Income support
- Income Based Jobseeker Allowance (IBJSA)
- Employment & Support Allowance (Income Related) (ESA(IR))
- Support under Part VI of the Immigration and Asylum Act 1999
- Child Tax Credit (TC602) - if they have a yearly income of less than £16,190 and do not get working tax credit, then the child/children are entitled to free school meals
- Guarantee Element of State Pension Credit (M1000 Award Notice)

*Following the introduction of UC (from October 2013) some existing means-tested benefits will no longer exist, including income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, Income Support, Tax credits and HB. The impact that these changes will have on the eligibility of some families to claim passported benefits such as FSM in Slough is currently being considered.*

**Fuel poverty** - This is defined as the need to spend more than 10% of household's income to achieve adequate levels of warmth in the home and meet other energy needs. Adequate warmth is defined as 21°C/23°C in the main living areas and 18°C in other areas.

**Homelessness** – This term is used to describe people who are actually homeless (roofless) or are threatened with homelessness within the next 28 days. There are very specific criteria within the categories of people the council must assist, although generally families with children under 18 years old are normally included in this group.

**Income** - Income is a key concept in almost all definitions and studies of poverty. However, 'income' is an extremely difficult concept to define and agree upon. The term is sometimes used loosely to refer only to the main component of monetary income for most households – that is, wages and salaries or business income. Others use the term to include all receipts including lump-sum receipts and receipts that draw on the household's capital. Classically, income has been defined as the sum of money or its equivalent received during a period of time in exchange for labor or services, from the sale of goods or property, or as profit from financial investments.

**Material deprivation and low income combined measure** – see appendix 2.

**NEET** - A person is NEET if they are aged 16 to 18 and not in education, employment or training. A person is considered to be in education or training if they:

- are doing an apprenticeship
- are on a government employment or training programme
- are working or studying towards a qualification
- have had job-related training or education in the last four weeks or
- are enrolled on an education course and are still attending or waiting for term to (re)start

Therefore, anybody aged 16 to 18 who is not in any of the above forms of education or training and who is not in employment, is considered to be NEET.

**Overcrowding** - Overcrowding is measured by either the number of people who must sleep in a room or the amount of space in the home and the number of people living in it. A home may be overcrowded if it cannot provide a separate room for sleeping for each:

- couple
- single adult aged 21 or older
- two young people of the opposite sex aged 10 or over.

**Persistent poverty measure** - see appendix 2.

**Poverty line** - This is generally taken to be a threshold, in terms of income or wealth, below which people can be considered to be 'poor'.

**Pupil premium** - This is additional funding given to publicly funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers. The eligibility criteria for FSM is used to access the main measure of deprivation at pupil level.

**Relative low income measure** – see appendix 2.

**Refugee** - According to the UN Refugee Convention, a refugee is a person who is outside their own country and is unable or unwilling to return due to a well-founded fear of being persecuted because of their race, religion, nationalist, membership of a particular social group, political group, sexual orientation.

**Special Educational Needs and Disabilities (SEND)** - This term refers to children who have a learning difficulty or disability, which makes it harder for them to learn than most children of the same age. Many children will have special needs of some kind at some time during their education. Help is usually provided in their ordinary school, sometimes with the help of specialists.

**Temporary accommodation** - This term means accommodation into which people are placed whilst their homelessness is being investigated or sometimes if a positive decision has been made, however it often means placements into B&B's and hostels (sometimes outside of the borough) if the councils own temporary accommodation is full at the time of homelessness.

**Vulnerability** - Vulnerability is closely related to risk, although there are important distinctions between them. People are at risk if something negative is likely to happen. People are vulnerable when, if something negative happens, it will damage them; vulnerability is defined by the damage, not the risk. People who are at risk are often vulnerable, but many more people are vulnerable than those who are at risk. A person who is in a high-paid, low-security occupation (like executive management) is at risk, but not vulnerable; a person who is in secure, low-paid employment, but is not covered for housing costs in the event of unemployment, is vulnerable but not at risk. Poor people are, notoriously, more vulnerable than many others. But vulnerability is not equivalent to poverty, and it is possible to construct circumstances in which richer people are more vulnerable than poor ones.

DRAFT

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board **DATE:** 15<sup>th</sup> July 2015

**CONTACT OFFICER:** Alan Sinclair, Acting Director Adult Social Care,  
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**WARD(S):** All

**PART I**  
**FOR INFORMATION****BETTER CARE FUND PLAN 2015/16****1. Purpose of Report**

- 1.1. This report updates the Slough Wellbeing Board (SWB) on developments of the Better Care Fund (BCF). It also outlines the implications, benefits and risks of the updated BCF.
- 1.2. The BCF plan was approved by the SWB on the 24<sup>th</sup> September 2014 and then also approved on 19th December 2014 following the NHS England National Consistent Review Process.
- 1.3. The Better Care Fund is managed through a Pooled Budget agreement between Slough Borough Council and Slough CCG.

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

- 2.1 The SWB is asked to note this progress report of the Better Care Programme for Slough.

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

The Slough Joint Wellbeing Strategy (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA).

**3.1 Slough Wellbeing Strategy Priorities**

The actions the local authority and CCG will take to address the requirements of the BCF, will aim to both improve, directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities of the strategy but especially the Health priority.

- 3.1.2 It will do this by promoting people's wellbeing, enabling people and families to prevent and postpone the need for care and support, and

putting people in control of their lives so they can pursue opportunities underpinned by the theme of civic responsibility.

- 3.1.3 The BCF plan addresses a range of activities which focus on diversion from A&E and increasing community based support services. These services improve health and wellbeing outcomes for people in Slough. The plan seeks to address key cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion.

### 3.2. **Five Year Plan Outcomes**

- 3.2.1 The Better Care programme will contribute towards the outcome of more people taking responsibility and managing their own health, care and support needs.
- 3.2.2 Working together with the CCG and provider partners there is a strong focus on a Proactive Care approach which will see us working collaboratively with individuals and communities in advance and mitigating or reducing risk of deterioration or repetition of episodes of ill health.

Proactive Care requires forecasting to anticipate what may happen to someone in the future, preparing for that change and putting a plan into action. It also puts the individual at the centre of their care so that NHS and social care staff work together with the person in planning and supporting them to manage their own care as well as help identify other sources of help. This also extends to Children and Young People which supports them to be healthy, resilient and have positive life chances.

- 3.2.3 The Better Care programme also encompasses the bringing together of a range of health and social care services that focus on recovery and reablement to work better together to ensure that people are supported to regain and maximise their independence. Integrating these areas of joint working will bring efficiencies and benefits financially but also in avoiding duplication and delivering better outcomes for people in Slough.
- 3.2.4 The Better Care programme contributes funding to the Community and Voluntary sector recommissioning project aligning health and social care strategic priorities with the work of the third sector to help deliver better outcomes for individuals and communities. These include an independent information and advice service but also practical support and activities which promote self-management, peer support, prevention and use of personal budgets.

## 4. **Other Implications**

### (a) **Financial**

- 4.1 The development of the BCF has financial implications for both the Council and the CCG for the following reasons:
- the ongoing financial and demographic pressures facing Councils and the NHS



- the combining of CCG funds and SBC funds into a pooled budget and the changed status this brings for the governance and risks related to the identified funds
- the implications of implementing elements of the Care Act for new health and social care responsibilities
- The releasing of funding from the hospital sector over the 5 years to support the implementation of the BCF
- The risk the fund carries if agreed outcomes measures are not delivered
- Costs arising from the escalation of non-elective admissions into the acute sector hospitals

4.2 Change in policy and the late release of guidance for the BCF in 2014 meant little time to carry out detailed analysis of financial implications ahead of submission. Building the evidence case for financial benefits of our proposed schemes is an integral part of the review and approval of business cases for each project within the programme. Financial risks are reviewed and managed within the risk and issues log and overseen by the BCF Joint Commissioning Board with escalation to the Wellbeing Board, CCG Governing Body and SBC Cabinet as appropriate.

The BCF Plan has identified £1.158m contingency monies within the pooled budget to cover areas of risk. This included a sum of £802,723 which was set against a target of 3.5% reduction in admissions (the Payment for Performance element of BCF).

The Better Care national programme has now reset the baseline of Non-elective admission activity across all Health and Wellbeing Board areas since the submission of the plan and supporting metrics in September 2014. Whilst the percentage target reduction of 3.5% remains the same for Slough, when calculated from a higher baseline (where non-electives have continued to rise) this now equates to a higher Payment for Performance figure of £867,180. Therefore failure to achieve the target reduction will now carry a higher financial risk. This can still be accommodated within the contingency funds Slough has identified but achieving the target reduction within this year remains high risk (see risk table below).

The Better Care Pooled Budget expenditure plan also includes £483,000 for additional protection of social care services. This is one of the national conditions set in the BCF planning guidance.

(b) Risk Management

4.3 The BCF has a risk register to monitor any associated risks.

Risk	Mitigating action	Opportunities
Legal	A Section 75 (Pooled Budget) agreement in place for 2015/16.	Improved joint working and better value for money.
Property	None	None

Human Rights	Engage residents and service users in BCF development.	Improved wellbeing for residents and positive experience of services.
Health and Safety	None	None
Employment Issues	Consultations will be carried out with staff if necessary.	Improved joint working and better value for money.
Equalities Issues	EIA to be carried out on proposed changes.	Improved wellbeing for all residents.
Community Support	Engage community services in BCF development.	Improved joint working and better value for money.
Communications	Utilise communication functions to keep stakeholders up to date.	Better understanding of BCF and health and wellbeing in Slough.
Community Safety	Engage community safety services in BCF development.	Improved joint working and better value for money.
Financial	Robust risk and project management in place.	Improved joint working and better value for money.
Timetable for delivery	Timetable agreed with SWB, CCG and SBC. Programme managed to deliver on agreed milestones on time.	Improved joint working.
Project Capacity	BCF Programme Manager for Slough in post	Improved joint working and better value for money.
Acute Sector.	Ensure that Acute Health Sector is part of planning and delivery of BCF priorities.	Improved joint working and better value for money.

4.4 There are specific risks which were highlighted within the submitted plan which identified the high level risks in relation to overall delivery of the plan and the financial and policy context in which it operates. The programme is set within a dynamic and fast evolving environment with many interdependencies and a proactive approach to risk mitigation and management is required.

4.5 The key risks to the BCF programme are:

- Improvements through the delivery of the programme do not translate in to the required reductions in acute and social care activity impacting on the funding available to invest in further alternative capacity
- The financial outlook for the health and care economy continues to be uncertain and challenging with a knock on effect on the ability to invest on a sustained basis to alter patterns of care.
- The introduction of the Care Act and wider social care reform will result in unanticipated consequences including additional unforeseen costs.

These are identified in the risk register together with other risks to the programme. They are being actively reviewed within the fortnightly BCF Delivery Group meetings and at the quarterly BCF Joint Commissioning Board against potential impact and any mitigating actions that can be taken to reduce the risk.

(c) Human Rights Act and Other Legal Implications

No Human Rights implications arise.

There are legal implications arising from how funds are used, managed and audited within a Pooled Budget arrangement under section 75 of the NHS Act 2006.

The Care Act 2014 provides the legislative basis for the Better Care Fund by providing a mechanism that allows the sharing of NHS funding with local authorities.

(d) Equalities Impact

The BCF aims to improve outcomes and wellbeing for the people of Slough through effective protection of social care and integrated activity to reduce emergency and urgent health demand. Impact assessments will be undertaken within each project to ensure that there is a clear understanding of how various groups are affected.

## **5. Supporting Information**

### **5.1 National context**

In the 2013 Chancellor's Spending Round a £3.8 billion fund was announced for 2015-16 for integrating health and social care services. This fund is known as the 'Better Care Fund' (BCF).

The purpose of the BCF is to create a health and social care pooled budget which brings together services for adults in order to improve integrated and holistic working and improve outcomes for service users.

The funding of the Care Act 2014 will also form part of the responsibilities of the BCF. It was announced as part of the Spending Round that the BCF included funding for some of the costs to councils resulting from care and support reform.

### **5.2 Key outcome measures for the BCF are:**

- Reducing emergency admissions;
- Reducing delayed transfers of care;
- Increasing the effectiveness of re-ablement;
- Reducing admissions to residential and nursing care;
- Improving patient and service user experience;
- And one further locally agreed outcome measure from a pick list provided by NHS England. Slough's chosen measure is *improving the health-related quality of life for people with long-term conditions*.

### **5.3 Key conditions to be met as part of the BCF plan are:**

- A jointly agreed local plan approved by each areas Health and Wellbeing Board
- Protection for social care services (not spending);
- 7-day working in health and social care to support patient discharge and prevent unnecessary admissions at weekends;

- Improved data sharing between health and social care, using the NHS patient number;
- Joint assessments and care planning;
- One point of contact (an accountable professional) for integrated packages of care;
- Risk-sharing principles and contingency plans in place if targets are not met – including redeployment of the funding if local agreement is not reached; and
- Agreement on the consequential impact of changes in the acute sector.

## 6. **Local Context**

- 6.1 In the final BCF plan Slough has agreed on a pooled budget of £8.762 million for 2015/16. This is the minimum amount required for 2015/16 by NHS England.

<b>Organisation</b>	<b>Contribution 2015/16 (£000's)</b>
Slough Borough Council	£694
Slough CCG	£8,068
<b>TOTAL</b>	<b>£8,762</b>

The full expenditure plan for the Pooled Fund in 2015/16 is included in appendix 1.

There is a Pooled Budget manager appointed to oversee the management and reporting of the financial progress against the agreed expenditure plan. The Joint Commissioning Board receives quarterly financial reports against the plan and the voting members of the Board agree any variation to the plan, use of any potential underspends or virement of funding between schemes. The board will receive the financial report for the first quarter at the next meeting on 22 July.

- 6.2 The BCF expenditure plan has been agreed to deliver the Slough BCF vision of:

*“My health, My care: Slough health and social care services will join together to provide consistent, high quality personalised support for me and the people who support me when I’m ill, keeping me well and acting early to enable me to stay happy and healthy at home.”*

- 6.3 Slough’s BCF delivery centres on the following priority areas:

### **Proactive Care**

Identifying those people in our community who are the most vulnerable and supporting them through care planning and providing access to an accountable professional. This includes the targeting of effective

intervention and support to those most at risk of ill health and would most benefit from the interventions.

#### Outline and progress update

GP practices across Slough are all carrying out risk profiling activity on their patient data to support proactive case finding of the top two percent of patients who are likely to have an admission to hospital in the next 12 months. There are now over two thousand patients on the case management register.

Recruitment is underway to appoint two specialist nurses to identify and support children and young people with respiratory problems who have had an admission to hospital. They will provide advice and support to better manage respiratory conditions as well as education and guidance to GP practices.

#### **A Single Point of Access into Integrated Care Services**

Establishing and running a single contact point (with a single phone number) for accessing community health and social care services that will support those in crisis and direct them into the right services in a co-ordinated and timely way. Through this there will be greater co-ordination of the range of services locally that support people in crisis or short term need. This will lead into the integration of local care teams and services where appropriate and will bring greater benefit.

The ambition is to establish our single point of access in response to the needs of the local community, it will operate 7 days a week, initially as a screening and referral service streamlining access to community based health and social care.

#### Outline and progress update

A working group has been meeting regularly to scope and design the model of a Single Point of Access into a detailed business case. This will be presented to the Joint Commissioning Board on 22 July and a wider group of stakeholders, including patients and public, consulted on the proposal.

In the first phase, the SPA will be open to professional referrals and subject to a period of stability phase two will encompass referrals from the public. The scope is to have:

- a co-located SPA and a service that is available 7/7 days,
- Shared and agreed initial assessments to enable professionals to screen and refer on to appropriate services. Response and service standards will be developed to reflect need and risks, this will be reflected through different response times for urgent and non-urgent care,
- Patients will enter the system with one phone call, and is exclusive to Slough residents 18years plus and/or registered with a GP,
- Strong interface between SPA and a host of services including intermediate care (RRR), community health services, integrated cluster teams, bed based services, domiciliary care, telehealth/telecare, palliative care and or nursing home provision to improve access

- Monitoring of outcomes, usage and capacity of each component of the service to assess impact on metrics/targets articulated in the BCF
- To gather intelligence on usage to design a full service for Integrated Care in Slough

The establishment of the SPA will be the first phase towards integrating services in Slough but we are now beginning discussions on the next phase already and how we can accelerate our plans for integration in parallel with the implementation of SPA. A workshop bringing together the Operational Leadership Team of the CCG and the BCF Joint Commissioning Board will take place on 14 July 2015. This will start to build consensus of our next steps and shape our plans towards integration between health and social care services.

### **Strengthening Community Capacity**

Greater utilisation and development of the voluntary and community sector through a more co-ordinated and integrated commissioning approach under a potential prospectus based approach to help deliver better outcomes for vulnerable people by supporting them within the community. This will encourage contribution from the community and voluntary sector to integrated care services locally and improving and maintaining the health of Slough residents.

#### Outline and progress update

Our BCF workstream for building capacity in the Community and Voluntary sector is being taken forward through the Joint Voluntary Sector strategy and the recommissioning programme underway being led by SBC. The strategy and programme of work has been reported to the Slough Wellbeing Board in a separate report.

Within this workstream we also have support for Carers which we will be reviewing through the development of a new Carers Strategy for Slough in light of the changes within the Care Act.

## **7. Performance against key outcome measures**

- 7.1 Performance against the non-elective admissions indicator has continued to climb in the last quarter of this year (January to March) and the outturn position was of an increase of 5% of Slough admissions above the same period in 2014.

Each Health and Wellbeing Board area has now had their baseline reset on actual outturn figures (see 4.2) but the target reduction for BCF is still 3.5% for 2015/16,

- 7.2 Performance against Delayed Transfers of Care (measured in bed days per 100,000 people 18+) continues to be good with outturn in the last quarter of 2014/15 (Jan- March) at 30% below that anticipated within the BCF plan.
- 7.3 The reablement service is still seeing 100% of people successfully reabled and at home 91 days after discharge. The 2014/15 outturn figures were of

61 people discharged into reablement all of whom were still at home 3 months later.

- 7.4 Performance activity in terms of admissions to residential care also performed well through 2014/15 with the outturn figure of 74 admissions through the year against the BCF plan of 76.
- 7.5 Slough has included a further performance metric within the BCF Plan on the health related quality of life for those people reporting having one or more long term condition. This is collected through the national GP survey every six months and local data is not yet available to report progress on this.

## 8. **National conditions and national assurance process**

- 8.1 The Better Care programme nationally continues to be monitored through a central support team. After several revisions on the information collection and reporting requirements the first quarterly reporting template was completed and returned to the Better Care Support Team on 29 May with sign off from the Chair of the Slough Wellbeing Board.

Progress was reported against each of the national conditions and whether they were on track as per the BCF Plan. All national conditions were being met through the BCF programme with the exception of the following two areas which are yet achieved but in progress. These are:

- The NHS number being used as the primary identifier for health and social care services
- Joint assessments and care planning taking place and, where funding is being used for integrated packages of care, there is an accountable professional.

### 8.2 Protecting social care services

Within the pooled budget for 2015/16 there has been a proportion of funding specifically assigned for the implementation of the Care Act (£317,000) but locally there has also been a further £483,000 identified for additional social care protection to ensure the ability to continue meeting statutory requirements and the maintenance of essential services.

### 8.3 Seven day services to support discharge and avoid admissions

Slough CCG has a programme using the Prime Ministers Challenge Fund (PMCF) which has been used in part, to deliver additional GP appointments in the evenings (Monday to Friday) and at weekends. This is working well and was positively received by patients and GPs. An evaluation of the first year is now underway and this is being shared with patients. As the programme enters its second year there will be more focused approach on using additional time for patients with more complex needs and long term conditions. This should improve the intended outcomes of demonstrating health improvements and reducing the need for non-elective admissions to hospital.

The RRR and Intermediate Care services already work extended hours and seven day services but there has been additional funds (£159,000)

identified within the BCF Pooled Budget for 2015/16 for additional staffing capacity to support seven day services where required.

#### 8.4 Data sharing

There is a programme of work underway across the East of Berkshire ('Share Your Care') which is looking to procure a system which is able to provide part of patient records to view by professionals working together across health and social care services. A pilot has been running across parts of the system to see how this can work and assess the benefits as well as identify technical issues. There is a need for strong information governance around the use of a system which connects separate databases which contain personal and confidential data. In this respect there has been concerns raised by some clinicians around the sharing of patient records. This is requiring further work and assurance around the programme and the system requirements. Feedback in consultation with people receiving care from a variety of different providers has been the desire to only tell their story once.

#### 9. **Comments of Other Committees**

A BCF progress report is due to be discussed at the 28<sup>th</sup> July 2015 Slough Health Scrutiny Panel.

#### 10. **Conclusion**

This report provides an update on progress of the Slough Better Care programme at the end of its first quarter of 2015/16. Performance against the BCF metrics is good in most areas with the exception of non-elective admissions where this continues to rise. There is contingency funding in place to manage this financially within the expenditure plan in this year and risk against further increase is identified within the risk register. The expenditure plan has been agreed and set for the 2015/16 financial arrangements and is being actively monitored alongside the risk register.

It is planned that the programme will have a positive impact on non-elective activity for Slough through this year and this will continue to be regularly managed, monitored and reported going forward.

#### 11. **Appendices Attached**

Appendix 1 – Better Care Expenditure Plan 2015/16

#### 12. **Background Papers**

[Better Care Fund Planning Guidance, Templates and Allocations](#)

[Slough Better Care Fund Plan](#)



## Appendix 1 – Better Care Fund Expenditure Plan 2015/16

Workstream	No.	SCHEME	Area of Spend	Commissioner	Provider	Source of Funds	2015/16	Full Budget	RISK	Category	CCG Fund	CCG Pay	SBC Fund	SBC pay
Proactive Care (adults)	1	Enhanced 7 day working	To be determined	CCG	System	CCG	159	Part	CCG	1	159	159		
	2	Falls Prevention (project)	Community (pilot)	Joint	GP/NHS Community	CCG	50	Part	CCG	3	50			50
	3	Footcare	Community Health	CCG	Voluntary sector	CCG	14	Full	CCG	1	14	14		
	4	Accountable professional	Primary Care	CCG	GP/NHS Community Health	CCG	-	Part						
	5	Stroke service	Voluntary sector	SBC	Stroke Association	CCG	40	Full	SBC	1	40			40
	6	Stroke service	Voluntary sector	CCG	Stroke Association	CCG	10	Part	CCG	1	10	10		
Proactive Care (children)	7	Children's respiratory pathway (project)	Community Health	CCG	NHS Community	CCG	88	Full	CCG	1	88	88		
	8	To be allocated	To be determined	CCG	NHS Community	CCG	177	Full	CCG	1	177	177		
Single Point of Access	9	Single Point of Access (project)	Other	Joint	Integrated service	CCG	200	Part	ALL	2	200	200		
Integrated Care	10	Telehealth (project)	Community (pilot)	SBC	Private sector	CCG	25	Full	SBC	1	25			25
	11	Telecare	Social Care	SBC	SBC/Private sector	CCG	62	Part	SBC	3	62			62
	12	Disabled Facilities Grant	Social Care	SBC	SBC	SBC	407	Full	SBC	4			407	407
	13	RRR Service (Reablement and Intermediate Care)	Social Care	SBC	SBC	CCG	2,184	Part	SBC	3	2184			2184
	14	Post acute reablement	Community Health	CCG	NHS Community	CCG	215	Full	CCG	1	215	215		
	15	Joint Equipment Service	Health equipment	CCG	Private sector	CCG	533	Full	CCG	1	533	533		
	16	Nursing care placements	Nursing Care	SBC	Private sector	CCG	400	Part	SBC	3	400			400
	17	Care Homes - improving quality (project)	Joint	Joint	Education and primary care	CCG	50	Full	ALL	2	50			50
	18	Domiciliary Care	Social Care	SBC	Private sector	CCG	30	Part	SBC	3	30			30
	19	Integrated Care Services / ICT Team	Joint	Joint	SBC/ NHS Community	CCG	748	Full	ALL	2	748	748		
	20	IT systems and shared assessment	Shared (enabler)	CCG	Private sector	CCG	208	Part	CCG	3	208	208		
	21	Intensive Community Rehabilitation service	Social Care	Joint	SBC	CCG	82	Part	ALL	3	82			82
		Intensive Community Rehabilitation service	Community Health	Joint	Community Health	CCG	170	Part	ALL	3	170	170		
Community Capacity	22	Carers	Various	SBC	Miscellaneous	CCG	196	Part	ALL	3	196			196
		End of life night sitting service	Community Health	CCG	Voluntary sector	CCG	14	Part	CCG	1	14	14		
	23	Community Capacity	To be determined	SBC	Joint	CCG	200	Part	ALL	3	200			200
Enablers	24	Project Management Office (Joint posts) & Governance	Joint	Joint	SBC/CCG	CCG	260	Part	ALL	2	260			260
	25	Social Care Capital Grant	Social Care	SBC	Local Authority	SBC	287	Full	SBC	4			287	287
Other	26	Contingency - Payment for Performance (NEL)	tbc	CCG	tbc	CCG	867	Full	ALL	2	867	867		
		Contingency - other	tbc	CCG	tbc	CCG	286	Full	ALL	2	286	286		
	27	Care Act implementation	Social Care	SBC	SBC	CCG	317	Part	SBC	3	317			317
	28	Additional social care protection	Social Care	SBC	SBC	CCG	483	Part	SBC	3	483			483
							Total	8,762			8,068	3,689	694	5,073

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**Report for Health Scrutiny Panel 2<sup>nd</sup> July 2015 and Slough Wellbeing Board 15<sup>th</sup> July 2015**

**GP Provision in Slough**

**1 Introduction**

The purpose of this paper is to respond to the Health Scrutiny Panel on matters relating to the provision of General Practitioner services to the population of Slough, with particular focus on the Langley, Kedermister Trelawney Avenue area. It will seek to address issues that have been raised specifically, as well as inform the panel on more general issues relating to the provision of primary medical services to the population and our strategic direction in developing primary care services

**2 Context**

NHS England (NHSE) is an independent body, arm's length to the government and its main role is to improve outcomes for people in England. It commissions primary care services of which GP services are one group. In Slough there are 16 GP practices that deliver services to a registered population of over 150,000 patients. These services are delivered from 21 sites. See Appendix A.

CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area. CCGs members include GPs and other clinicians such as nurses and consultants. They are responsible for about 60% of the NHS budget and commission most secondary care services.

From 1<sup>st</sup> April 2015, Slough CCG has entered into primary care joint co-commissioning arrangements with NHS England. Sharing this responsibility will mean that services can be better integrated around the patient and that the CCG will have more influence over the wider NHS budget.

Co-commissioning is seen as an enabler to improving access to primary care and wider out of hospital services, delivering a better patient experience.

The co-commissioning committee will have representation from both Healthwatch and the Health and Wellbeing board. The committee will have oversight of the present services commissioned from primary care, the quality and outcomes framework and practice premises and development issues.

The Chair of the CCG Dr J O'Donnell and the Governing Body have made a commitment to ensure primary care services in Slough are adequately resourced and support all efforts to improve primary medical services provision in Slough via these arrangements.

The GP contract is called a medical services contract and it is based on a set of national regulations. These regulations cover all issues related to the delivery of primary medical services, ranging from clinical governance, patient registration, Information Technology to provision of prescriptions.

Commissioners will work with practices to ensure that they are delivering quality services to the contractual requirements and now the Care Quality Commission plans to monitor, inspect and regulate all GP services to make sure they meet fundamental standards of quality and safety.

All GP practices must be registered with the Care Quality Commission (CQC) and in the latter part of 2014 the CQC inspections have now been linked to ratings.

The new vision and direction for the Care Quality Commission is set out in the document *Strategy for 2013- 2016, Raising standards and putting people first* and they also consulted via *A new start*, on changes to the way they regulate health and social care services.

### New inspection ratings

☆ **Outstanding** – the service is performing exceptionally well.

● **Good** - the service is performing well and meeting our expectations.

● **Requires improvement** – the service isn't performing as well as it should and we have told the service how it must improve.

● **Inadequate** – the service is performing badly and we've taken enforcement action against the provider of the service.

● **No rating/under appeal/rating suspended** – there are some services which we can't rate, while some might be under appeal from the provider. Suspended ratings are being reviewed by us and will be published soon.

The changes included a focus on highlighting good practice; and a commitment to listen better to the views and experiences of people who use services. The inspections cover five key questions about services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

CQC use patient feedback e.g. GP practice survey and other intelligence monitoring to review GP practice services.

There are no current published inspection reports on Slough GP practices on the new inspection regime. Currently three practices in Slough have been inspected under the new regime and we await the outcomes of these inspections.

Healthwatch is another organisation, a statutory watchdog, whose role is to ensure that health and social care services, and the government, put people at the heart of their care. The Slough Healthwatch is actively working to review access to Slough GP practices and will be reporting on a series of measures over coming weeks. See below our response to the latest survey report published.

### **Statement from the CCG on the recent Healthwatch surveys titled: A review of the impact of the Prime Ministers Challenge Fund**

We always welcome feedback about the services we commission and we listen to, and work closely and collaboratively with our patients, practices and partners.

GP access is a national issue and in Slough we took a pro-active approach with our patients and practices which led to the successful bid for the Prime Ministers Challenge Fund (PMCF) to improve access at a local level.

In April 2014, Slough CCG on behalf of its member practices and their patient groups was awarded £2.95m through PMCF. PMCF is a pilot project to enable practices to deliver GP appointments seven days a week and to test new and improved new ways of working.

Within three months of receiving the funds, extended opening hours had been fully implemented across Slough (the fastest implementation in England) and now patients have access to local GP appointments seven days a week until 8pm, and 9am until 5pm at weekends, delivered by four hub practices.

This has been a huge undertaking and one that is being successfully delivered with an additional 44,000 appointments provided over the last 11 months. This has only been possible with the hard work of our patient groups, GP practices and support from our partner organisations including Healthwatch, who also participated in our patient workshops.

In addition, the funds have enabled us to take forward a number of innovative projects which have come from direct patient feedback and via Healthwatch and others about services they wish to see, such as Group Consultations and text messaging services.

To be clear, the funds are not intended to be used to update practice websites, as this would be an inappropriate use of the money. There are strict NHS England criteria and a great deal of close national oversight in how the money is spent and this is fully audited. However, all practice websites include information on their opening hours.

We note from the Healthwatch report that three GP Practices were highlighted as not having websites. This is incorrect. Only one does not have an individual website: The Chapel Medical Centre, co-located with the Slough Walk-in Centre and operated by the Berkshire Healthcare Foundation Trust on whose website its opening hours and practice information can be easily found.

### **3 GP Practice premises**

Many GPs own their premises or lease them from a landlord, with a few practice buildings being owned by the NHS, the exceptions are health centres often built in 1960s and 70s. These NHS buildings are now managed by NHS Property services on behalf of the Secretary of State for Health.

As part of the payments for provision of primary medical services GP practices are given rent reimbursement for their premises by NHS England, who commissions these services. Rent reimbursement is determined using national regulations as to the size of the building in relation to the practice list size and value for money is determined by the District Valuer service.

If a practice identifies a need to expand their current facilities as their patient list grows, they are able to develop a business case for extension to an existing facility or a new build which NHS England will consider for either capital funding, or if the Practice finance the build, they can apply for additional rent reimbursement before commencing the works.

In January 2015 NHS England wrote to all GP Practices across the country inviting Bids for Capital Grants to fund increases in Primary Care capacity. The total fund is £1bn spread over 4 years starting in 2015/2016 and allocating £250m in this year. The primary criteria are that the money must be spent on buildings (and IT) to facilitate extra Primary Care capacity and for successful bids the money must be spent by March 31st 2016.

In Slough 10 practice bids were successful, 1 is proceeding without due diligence as the scheme is relatively small Scale.

5 ( one of which is the Langley practice) are proceeding with due diligence and expect to start building works during the summer/ early autumn and 4 are subject to further business case development due to the scale of the bids and will be allocated into 2016/17 or 2017/18.

The Schemes are spread across Slough and therefore increased capacity for Primary Care is evenly spread.

In Chalvey, a proposal for the current practice to operate within a purpose built site has also been approved.

In the Thames Valley these decisions are made by NHS England, with input from NHS Property Service expertise and the CCG view as to the fit with local strategic plans. Where there is a planned increase in population through housing development, NHS England will be approached by Local Authorities, who have responsibility for developing housing strategies, to determine whether in the current GP practices there is capacity to accept additional patients, both in terms of the buildings and their workforce. The local co-commissioning committee will have an important role in enacting these decisions.

Where it is identified that additional population would result in the need for additional capacity, NHS England will apply to the Local Authority for funding known as Section 106 or Community Infrastructure Levy (CIL). This can be in the form of land or money to be spent on capital programmes to build or extend practices.

If the new population growth is of significant size, viability as a practice and potential value as a contract to deliver services will need to be considered. NHS England will consider options for future provision of primary care to the new population following the principles of procurement legislation.

#### **4 Life Expectancy in Slough**

Life expectancy in Slough is increasing in line with the national rate. However, there are variations between wards in Slough and between different socio-economic groups within the town. These differences need to be considered.

All age deaths for both males and females are reducing over time. The mortality rate is similar in Slough to that across England and Wales and to the average of local authorities with similar level of deprivation. It is higher than the mortality rate of the south east region with this gap more apparent in females than it is in males. (source Slough profile 2015).

In terms of life expectancy, a child born in Slough today is predicted to live until the age of 78.4 years (if male) and 82.5 years (if female). These life expectancies have improved markedly over the past decade and are broadly similar to the England average.

However, life expectancies for Slough still lag behind those of other neighbouring areas, reflecting the many differences in lifestyles and outcomes experienced by residents of these communities. Life expectancy is 8.3 years lower for men and 6 years lower for women in the most deprived areas of Slough than in the least deprived areas. (JSNA).

To address this variation in life expectancy, the 5 year plans across Health and Social Care have a range of strategies to develop preventative, supportive, screening and treatment interventions to work across the whole system and with the population themselves. It is not the intention to revisit those here. However, the question is raised – Does a low doctor to patient ratio allow this to be effectively addressed?

#### **5 GP provision in Slough**

In September 2014, there were 80 full time equivalent (FTE) GP's in Slough. This was an

### Clinical Commissioning Group

increase of 4 from the same time the previous year. The majority of these GP's work full time with the second largest cohort working half to full time. 8.5% work quarter to half time and there are no GPs working less time than this on a regular basis.

The table below shows 2 measures of GP capacity. The number of GP's (headcount) per 100,000 patients compared to the national average and also the Full Time Equivalent GP's per 1,000 population and reflects a rapidly growing population in Slough.

The population of Slough is set to rise by 2020 to 158,306, an increase of 7% on today's figures.

#### HSCIC DATA SEPT 2014

#### GP Patient Ratio

Table 11 C

	All patients	Patients per practice	Patients per GP (excl ret & reg)	All GPs (excl ret & reg) Headcount per 100,000 pop	All GPs (excl ret & reg) Full time equivalent per 1,000 pop
NHS Slough	148,422	9,276	1,810	57.3	0.48
NHS WAM	153,894	8,100	1,673	65.8	0.54
NHS Bracknell and Ascot	138,362	9,224	1,667	61.8	0.54
<b>England</b>	<b>56,469,999</b>	<b>7,171</b>	<b>1,577</b>	<b>66.5</b>	<b>0.58</b>

Slough has 16 GP's or 19.2% (headcount excl. registrars and retainers) over the age of 55 years and so this presents a real challenge in coming years for training, recruitment, and retention. These are reflective of other local CCG figures and slightly lower than the England figure of 22%.

Practices are reporting that some Locum GPs have become permanent staff to work in the PMCF (Prime Minister's Challenge Fund) and also that some part time staff have increased their hours. Senior GP principles continue to play a leading role in the provision and management of the PMCF service.

There had been a significant wide reaching recruitment campaign during 2014 but this did not result in any permanent new GPs and so we are also reaching out to encourage new recruits at an early stage in their careers e.g. engaging them from the beginning of their placements in the work we do across Slough on programmes of work e.g. stroke care, dementia and health education in schools Having recently qualified herself, Dr Priya Kumar contacted the local Slough GPVTS group and designed a presentation on the basic concepts of commissioning services. To enhance learning experience, a second session incorporated an interactive session by which the GPVTS trainees were requested to design and commission a service for Slough. All the students have been given the opportunity to be linked with a clinical lead at Slough CCG to observe them and take on their own projects to encourage other potential leaders of the future.

NHS England in collaboration with Health Education England (HEE), the Royal College of General Practitioners (RCGP) and the BMA have agreed a 10 point plan, *Building the Workforce - the new deal for general practice*, to increase the number of GPs and develop

the role of other primary care staff such as nurses and pharmacists.

There are three key strands to this work:

- improving recruitment into general practice
- retaining doctors within general practice
- supporting those who wish to return to general practice

Whilst extremely important to address the impending GP shortage highlighted above, there are other ways of responding to the needs of the population and helping them stay healthy and manage their care if they do have health related issues and this does not always need the intervention of a GP. We have worked closely with our in- house pharmacist team to design innovative ways of utilising their skillsets and support better management of chronic illnesses e.g. diabetes. Many practices have recruited health care assistants to undertake simple tasks in a supervised setting e.g. phlebotomy, health checks.

## **6 Changing GP consultations**

Consultations by nurses rose from 21% to 34% between 1995 and 2008, 0.8 to 1.9 consultations per patient per year.

Over this same period the proportion of all GP consultations conducted on the telephone trebled from 3% to 12% and the proportion recorded as visits halved from 9% to 4%. (QResearch & HSCIC 2009).

The average patient had 3.9 consultations (all types) in general practice each year in 1995 rising to 5.4 consultations per year in 2008. It remained fairly steady however for GP's only, rising from 3 up to 3.4 GP consultations per year by 2008.

This study did not look at the length or complexity of appointments but remains the largest study of trends undertaken in primary care.

In Slough we have provided access to an extra 60,000 appointments over the last 2 years. 48,000 of those being in the last year alone through the Prime Minister's Challenge Fund (PMCF) appointments after 6.30pm weekdays and 9am to 5pm at weekends.

Our early review of PMCF indicates that this could be in excess of what is now required as DNA (did not attend) rates have been very high on some occasions, with average numbers of appointments lost in this way being around 10-15% percent. Work is underway to analyse this data further.

Slough has a growing population with more complex health problems and people often have more than one long term condition. This requires a different way of thinking and not just more 10 minute appointments.

Work is currently taking place to introduce Group Consultations, Peer Support Groups, and training to encourage clinicians to use simple language to enable patients to understand the first time. These are just some examples of how access is being looked at in a way that was co-designed by GPs and their patients and is different to just providing more appointments in the system. The pilot is indicating that this is not the only solution to achieving best outcomes for patients and best value from the service provision.



## **7 Home visits and boundaries**

Neither NHSE nor the CCG collect details on the number of home visits conducted by practices on a routine basis. However, Langley Health Centre has provided details of a typical visit pattern for their registered population of 17,282 patients. See Appendix B. This shows a total of 477 home visits being undertaken across 5 months. With a range from 0 to 10 on any one day, it also reflects the variance in demand.

It has been raised that if patients that are registered at Ragstone Road surgery in Chalvey, do they receive home visits if they live in Langley? The answer is yes they do if their clinical need requires a home visit. GP's will sometimes have conversations with patients about registering at surgeries near to where they live if they require frequent home visiting a long way from their registered practice. GP records will be transferred to a new surgery and the GPs will arrange to have a conversation when cases are complex.

Every practice will have in place, a home visiting policy that meets the requirements of its contract. This will refer to patients being seen that are too ill or physically incapable of coming to the surgery. Reception staff will accept requests for visits and the patients request is then reviewed by the GP to decide whether a visit needs to take place or if the patient can be helped in any other way.

From 5 January 2015, all GP practices in England have the option of registering patients from outside their practice boundaries without the obligation to provide home visits.

NHSE hold details of each GP surgery's 'practice area'. This forms part of the medical services contract and should be available to patients at the surgery and be indicated on the practice leaflet and website.

## **8 Access to GP surgeries in Langley**

- Langley residents have to travel to Chalvey and Cippenham to see a GP. Is that fair?
- Patients queue from 7.30am to get an appointment. Is that acceptable?
- Are practices aware of the strength of feeling around this?

Both Orchard and Langley practices have open lists and this means that any patient can apply to register there. For whatever reason however, some people may choose to register at a practice outside of the area where they live and that is their right, if the practice agrees to accept them.

Patients can find out about GP practices in the area by entering their postcode on the NHS Choices website. Practice leaflets and websites and the CCG website also have information connecting them to the site. Many patients will also come through to the CCG PALS (patient advice and liaison) service who can also guide them.

The CCG and practices are very aware that patients feel very strongly about the difficulties they sometimes face in booking an appointment in Slough. In the Langley Health Centre, this has been a particular problem, and staff have worked extensively with their Patient Participation Group to engage and inform patients and had this statement;

*Patients do not need to queue at 7.30am for an appointment; in fact we strongly discourage this. Our appointment lines and doors open at 8am and we now have an improved telephone system which has meant much diminished queues as patient's have learnt that booking via telephone is much more convenient for them. In addition we provide online booking for appointments. If patients choose to come to the surgery on foot to book an appointment, we also accommodate this by having an*

*additional reception staff now at 8am to book patients as they arrive into the practice. We are advertising the improved telephone system via waiting room media and via our PPG newsletter so patients do not need to queue to book an appointment.*

Integrated and active patient groups are key to helping practices understand key issues and problems like this and the PMCF has supported practices and patients in working together and co-designing solutions. We hope to begin to see the fruits of this work.

From 1 April 2015, the GP contract requires all practices to establish (if it has not already done so) and maintain a patient participation group (PPG) and make reasonable efforts during each year for this to be representative of the practice population.

The purpose of the Patient Participation Group (PPG) is to ensure that patients and carers are involved in decisions about the range, shape and quality of services provided by their practice. The requirement aims to promote the proactive and innovative involvement of patients and carers through the use of effective PPGs and to act on a range of sources of patient and carer feedback in order to improve the services delivered by the practice. 14 Slough practices currently have active PPG's.

## **9 What do we know about patient satisfaction with access?**

The national GPPS (GP patient survey) has been the main source of independent measure of satisfaction and the responses for Slough practices can be seen at Appendix C. Next survey results are due out in July 2015 and will show us any progress.

Furthermore, we have undertaken 3 local surveys of over 500 patients across Slough relating to the extended PMCF hours and this asked about ease of booking an appointment. 89% of respondents said that their experience of making an appointment was good or very good and for Langley and Orchard practices this was 82%.

These figures are significantly higher than in the GPPS survey and we should reflect on the learning if that differential persists in July.

From the high DNA rates to the significant number of extra appointments, the variance in patient satisfaction responses and the extra availability of on line booking and texting reminder and cancellation services it is important to try and understand the complexity of human behaviour and the impact on access to services. This is not always predictable or consistent. However, the combination of patient and clinician engagement has strengthened considerably over the last year in the form of the Patient Reference Group, links to surgeries and several primary care events. There is a willingness to try new approaches and to work on improving the patient experience together.

## **10 CCGs recommendation and direction of travel**

Through our work with the patient groups and the practices we have gathered some key learning and it informed our 5 year vision for primary care.

Patient's want a quick and responsive service for their urgent medical queries but want a continuity care through named professionals for their chronic illnesses and complex needs. All patients want more support to help themselves keep well and to use medical services only when they need to.

Strategically the CCG and NHS England policy drivers are toward supporting existing practices to deliver at scale, enable spread of best practice and to move away from small

individual single professional types of services.

This is even more important in service located within areas of high deprivation where health needs outstrip availability of highly skilled medical professionals.

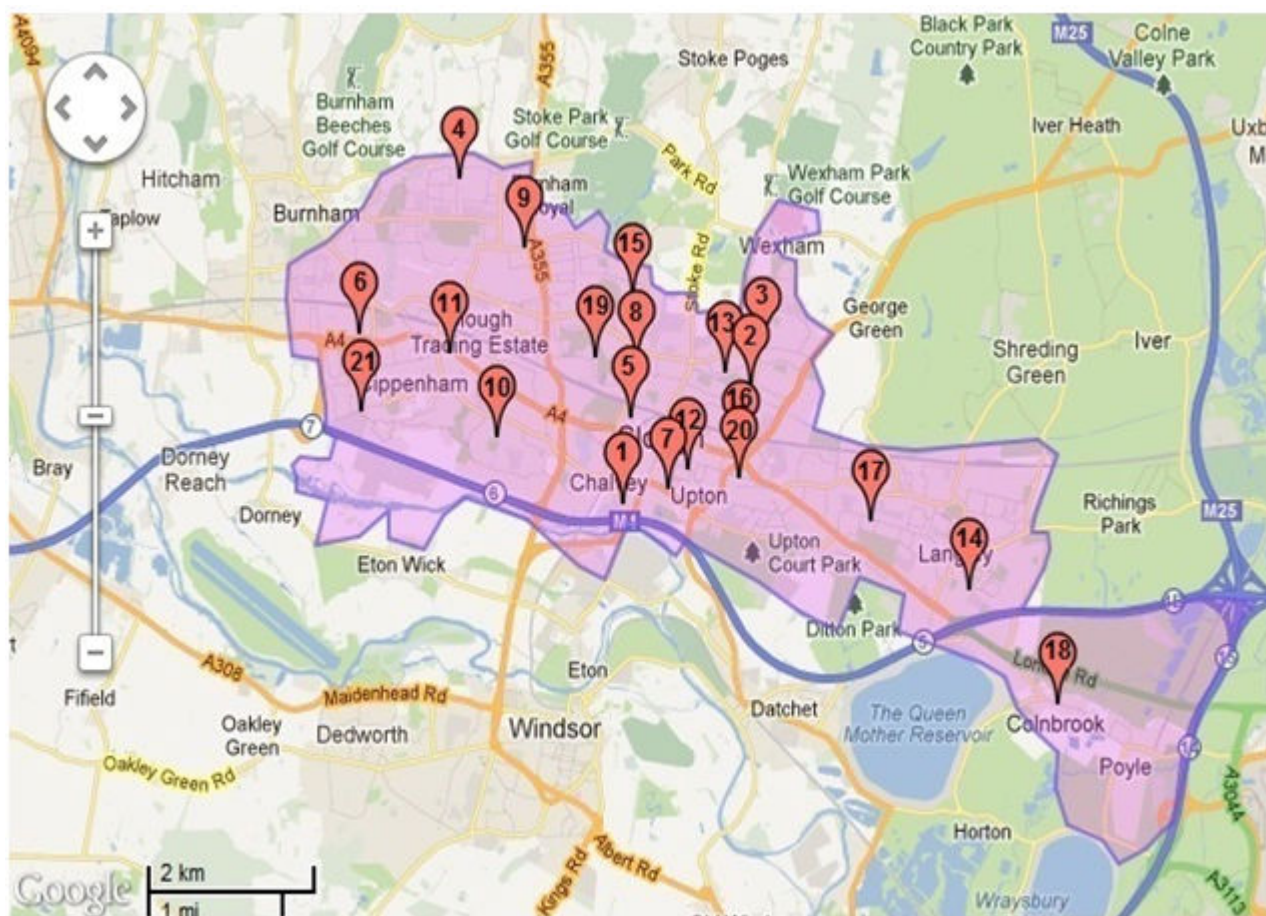
The proposed Langley Hub development site with a small GP practice would not enable the CCG and NHS England to deliver the strategic direction of travel set out above. In fact it may hinder us to deliver high quality responsive services to the population.

The CCG and NHS England however be interested in looking at the feasibility of using the hub to relocate some existing primary care services and this could potentially include a practice relocation . This solution may require support from the council around lease issues.

If this is not feasible we would still want to actively engage as a commissioner to assess whether the hub could be used for wider community services.

**APPENDIX A**

**Member Practices**



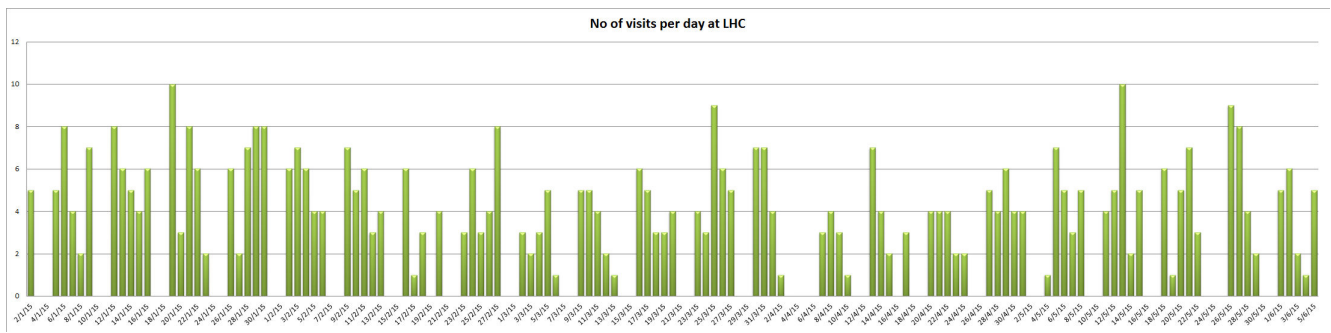
1. 40 Ragstone Road
2. 240 Wexham Road
3. 242 Wexham Road
4. Avenue Medical Centre
5. Bharani Medical Centre - Lansdowne Avenue
6. Bharani Medical Centre - Bath Road
7. Slough Walk-In Centre
8. Crosby House Surgery
9. Farnham Road Surgery - Farnham Road
10. Farnham Road Surgery - Weekes Drive
11. Cippenham Surgery
12. Herschel Medical Centre
13. Kumar Medical Centre
14. Langley Health Centre
15. Manor Park Medical Centre - Lerwick Drive
16. Manor Park Medical Centre – Princes Street
17. The Orchard Practice - High Street, Langley
18. The Orchard Practice - Wheelwrights Place
19. Shreeji Medical Centre
20. Upton Medical Partnership - Sussex Place
21. Upton Medical Partnership - Village Medical Centre, Mercian way

**APPENDIX B**

**HOME VISITS FOR PRACTICE OF 17,000 PATIENTS**

**January to early June 2015**

**Average 5 per day. Range 0 to 10 visits**



**APPENDIX C**

**National GP Patient Survey**

**Results are from December 2013 and Green (shaded) indicates an improvement since December 2012. Next results are due in July 2015.**

9 Questions from the GPPS survey that are being looked at as a KPI for the Prime Ministers challenge Fund. (practices are just sorted alphabetically)	Q3 Ease of getting through to someone at GP surgery on the phone. Total positive.	Q4 How helpful do you find the receptionists at your GP surgery? Total helpful.	Q18 Overall Experience Making an Appointment - Total Good	Q22 Confidence and trust in the GP you spoke to? - Total Positive	Q24 Confidence and trust in the nurse you spoke to? - Total Positive	Q25 Satisfaction with Opening Hours - Total Positive	Q29 Recommend your GP surgery to someone who has moved into area? - Total Positive	Q33 How confident are you to manage your own health? - Total Positive	Q28 Overall experience of GP surgery - Total Positive
240 WEXHAM ROAD	84.8%	91.4%	77.7%	92.8%	93.4%	79.7%	71.0%	90.1%	87.8%
BHARANI MEDICAL CENTRE	38.6%	74.3%	49.1%	90.1%	95.5%	73.8%	58.3%	84.1%	68.7%
CROSBY HOUSE SURGERY	49.2%	82.9%	62.4%	89.9%	96.3%	76.6%	56.1%	89.2%	71.4%
DR NABI	68.0%	65.4%	61.0%	96.9%	97.8%	57.5%	56.3%	84.3%	70.7%
<b>ENGLAND</b>	<b>74.4%</b>	<b>86.9%</b>	<b>73.8%</b>	<b>95.3%</b>	<b>97.2%</b>	<b>75.7%</b>	<b>78.0%</b>	<b>92.5%</b>	<b>85.2%</b>
FARNHAM ROAD PRACTICE	27.2%	79.5%	55.8%	87.6%	94.7%	69.2%	64.9%	88.2%	72.5%
HERSCHEL MEDICAL CENTRE	60.4%	76.1%	70.6%	98.5%	94.0%	70.9%	74.9%	90.4%	78.9%
KUMAR MEDICAL CENTRE	83.6%	79.1%	62.3%	84.4%	98.0%	64.9%	51.4%	86.4%	61.3%
LANGLEY HEALTH CENTRE	17.2%	67.4%	32.9%	93.7%	95.8%	60.7%	43.1%	84.1%	58.9%
MANOR PARK MEDICAL CENTRE	60.0%	85.6%	61.8%	92.7%	96.0%	72.2%	65.4%	90.3%	78.5%
<b>NHS Slough CCG</b>	<b>47.7%</b>	<b>79.2%</b>	<b>56.1%</b>	<b>91.9%</b>	<b>95.0%</b>	<b>69.1%</b>	<b>61.5%</b>	<b>88.5%</b>	<b>71.4%</b>
RAGSTONE ROAD SURGERY	75.3%	85.7%	50.1%	92.6%	97.3%	67.1%	54.1%	94.3%	74.1%
SHREEJI MEDICAL CENTRE	69.9%	81.8%	68.7%	97.8%	96.0%	74.8%	77.4%	90.5%	74.2%
SLOUGH WALK-IN HEALTH CENTRE	53.7%	72.0%	60.3%	88.3%	90.3%	77.5%	56.2%	86.7%	67.5%
THE AVENUE MEDICAL CENTRE	72.3%	93.7%	77.9%	89.5%	94.1%	84.8%	76.9%	89.8%	83.6%
THE ORCHARD SURGERY	34.2%	87.4%	50.4%	94.7%	88.9%	58.1%	67.3%	92.2%	70.4%
THE VILLAGE MEDICAL CENTRE	36.1%	80.1%	37.2%	90.5%	98.1%	56.5%	53.9%	92.0%	62.5%
WEXHAM ROAD SURGERY	92.6%	86.1%	80.5%	95.9%	88.5%	78.9%	76.1%	87.7%	89.3%

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board    **DATE:** 15 July 2015

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

**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 a common information sharing approach over the summer/autumn 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 other organisations and agencies could be open to challenge if they fail to comply with their duties regarding the confidentiality of personal information. The proposed Protocol provides 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 other organisations and agencies are required to comply with the following legislation concerning the protection and use of personal information:

- The Human Rights Act 1998 (Article 8) (HRA)
- The Data Protection Act 1998 (DPA)
- The Freedom of Information Act 2000 (FOIA)
- The Common Duty of Confidence

The Protocol will ensure that all partner organisations' signatories comply with these duties by requiring them to implement and follow appropriate procedures. The procedures to be followed are based on guidance from the Information Commissioner's Office (ICO), advice from the council's Legal Department and SWB members' information governance leads, and has been cleared for adoption by the 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 organisations 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. It is, however, essential that organisations comprising Health and Wellbeing Boards share this information in a responsible way and that they comply with all current legislation and codes of practice. In order to achieve this, health and social care providers are therefore recommended to establish high level multi-agency Information Sharing Protocols to ensure that cross boundary processes work safely and are effectively managed.

5.2 The proposed Protocol at appendix A has been developed to provide local partner organisations comprising the Slough Wellbeing Board with an agreed framework at high level for the lawful sharing of information.

5.3 This Protocol is not intended to provide scenarios that cover all situations nor provide specific guidance for individual sharing requirements. It is, however, intended that it will form the basis for a number of local and specific information sharing agreements (which define the purposes for which, and the procedures that will be used, to share information), that should be written to meet specific organisational needs in relation to a organisation's or partnership's information sharing and data flow needs. As such, the proposed Protocol is not intended to replace existing local organisational policies, but by formalising the role of the Slough Wellbeing Board through this Protocol, it will provide a standardised approach to information sharing, enable the confident sharing of information, whilst respecting an individual's right of privacy and ensure compliance with statutory obligations.

## **6. Comments of Other Committees**

6.1 All of the Priority Delivery Groups (PDGs) that currently report into the Slough Wellbeing Board (i.e. the Safer Slough Partnership (SSP), the Children and



Young People's Partnership Board (CYPPB) and the Healthier Communities and Climate Change PDGs), together with a number of other key partnerships whose work closely aligns with that of the Board (such as Slough's Local Safeguarding Children's Board (SLSCB)) are aware of the approach being proposed to strengthen Slough Wellbeing Board's information sharing arrangements.

6.2 They are also aware of the expectation (on the part of the Board) that these committees will adopt this Protocol or develop individual agreements that cover their own specific information sharing requirements (where appropriate), with support from the Policy team, over the summer/autumn of 2015.

## **7. Conclusion**

7.1 Signing up to the proposed Protocol will:

- Provide a clear framework for partner organisations to comply with their legal responsibilities.
- Identify the lawful basis for information sharing.
- Identify partner organisations' responsibilities.
- Guide partner organisations on how to share personal information lawfully.
- Provide clarity on the security and confidentiality laws and principles of information sharing.
- Increase awareness and understanding of the key issues.
- Emphasise the need to develop and agree specific information sharing agreements (where appropriate).
- Support processes and procedures that monitor and review all data flows.
- Protect partner organisations from accusations of wrongful use of sensitive personal data.

## **8. Appendices Attached**

'A' - Slough Wellbeing Board's Overarching Information Sharing Protocol  
'B' - Slough Wellbeing Board Guidance on developing information sharing agreements

## **9. Background Papers**

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

13 May 2015 - Report to Slough Wellbeing Board concerning the development of an Overarching Information Sharing Protocol

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

**July 2015**

**Document Control**

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**Slough Wellbeing Board  
Overarching Information Sharing Protocol**

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# Slough Wellbeing Board's Overarching Information Sharing Protocol

## 1. Introduction

This document is an Overarching Information Sharing Protocol (and for the purposes of this Protocol, the terms data and information are synonymous).

The aim of this document is to facilitate the sharing of information in accordance with the law between the public, private and voluntary sectors so that:

- (a) Members of the public receive the services they need.
- (b) Public sector services are delivered in line with government initiatives and public expectations.
- (c) Services are planned, delivered and managed cost effectively and efficiently.

## 2. Background

Organisations that are 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 individuals 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 also 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) has been developed to ensure that the Slough Wellbeing Board and other organisations and agencies working in partnership with it, comply with the law.

It sets out the rules that all people working for, or with partners organisations, must follow when using and sharing information.

**This Overarching Information Sharing Protocol sets out the principles for information sharing between the partner organisation and agencies identified at annex A.**

Under the terms of this Protocol, individual signatory organisations and agencies are expected to develop and agree individual information sharing agreements that deal with their specific needs in relation to information and data flows – particularly with regard to 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.

It is not, however, intended that this Protocol will replace existing local organisational agreements or policies - but by formalising the role of the Slough Wellbeing Board through this Protocol, it provides a standardised approach to information sharing and

to do so confidentially whilst respecting an individual's rights of privacy concerning compliance with the relevant statutory obligations.

### **3. Scope**

This Protocol applies to the organisations and agencies (listed in annex A), elected members and all of the employees of the council and said partner organisations and agencies, who are involved in partnership working arrangements under this Protocol.

It also applies to other public sector, private and voluntary organisations working in partnership with the signatories to this Protocol to deliver services.

This Protocol will be further extended to include other public sector, private and voluntary organisations and agencies working in partnership with the Slough Wellbeing Board to deliver services, where appropriate.

This Protocol applies to the following information:

- All personal information processed by the organisations and agencies (listed in annex A) including electronic systems (e.g. computer systems, CCTV, audio etc.) or in manual records.
- Anonymised (including aggregated) personal data. The considerations though less stringent, must take into account factors such as commercial and or business sensitive data and the effect of any data sets being applied.

The purposes for using and sharing information and the procedures that will be followed, will be defined in specific information sharing agreements.

These agreements will be individual to partner's organisations and agencies arrangements for sharing information and managing data flows.

### **4. Aims and objectives**

This **aim** of this Protocol is to:

- Provide a robust framework for partner organisations and agencies that need to share personal data; and
- To establish and regulate working practises between partner organisations and agencies.

This Protocol also provides guidance to ensure the secure transfer of information and that information is shared for justifiable 'need to know' purposes.

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

- Guide partner organisations and agencies on how to share personal information lawfully.
- Identify the lawful basis for information sharing.
- Explain the security and confidentiality laws and principles of information sharing.

- Provide guidance on the legal requirements associated with information sharing.
- Increase awareness and understanding of the key issues involved.
- Emphasise the need to develop and agree individual agreements (where appropriate).
- Support processes and procedures that will monitor and review all data flows.
- Explain security requirements relating to the sharing of information.
- Encourage appropriate flows of data.
- Protect partner organisations and agencies from accusations of unlawful use of sensitive personal data.

## **5. Partners responsibilities**

By becoming a signatory to this Protocol, partner organisations and agencies have agreed to:

- Apply and evidence that they have complied with Slough Wellbeing Board's best practise guide on information sharing, the Information Commissioner's Code of Practise's Fair Processing and Best Practise Standards and any other guidance published by the Information Commissioner's Office.
- Adhere to and demonstrate a commitment to achieving the appropriate compliance with the Data Protection Act 1998 (DPA) and other associated privacy legislation.
- Develop and agree local information sharing agreements that detail the data sharing arrangements for specific, individual information sharing initiatives between partner organisations (see Slough Wellbeing Board's best practise guide for example templates).
- Apply and evidence NHS Caldicott confidentiality standards where appropriate.
- Promote staff awareness of the major requirements for information sharing.
- Produce local guidelines (where required) for staff via their intranet sites and /or via other communications media.

## **6. General principles**

This Protocol has been written to set out clear and consistent principles that satisfy the requirements of the law that all staff must follow when using and sharing personal information. The principles outlined in this Protocol are recommended good practice and/or legal requirements that should be adhered to by all partners' organisations and agencies.

This Protocol should be used in conjunction with local service level agreements, MOUs, contracts or any other formal agreements that exist between partner organisations and agencies.

This Protocol sets the core standards applicable to all partner organisations and agencies that should be used to inform the basis of all individual information agreements established to secure the flow of personal information.

The specific purposes and procedures that will be followed for using and sharing information will be defined in individual agreements and will be specific to the partner organisations and agencies sharing information.

## **7. Legal requirements**

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

- (a) The Data Protection Act 1998 (DPA)
- (b) The Human Rights Act 1998 (HR) (Article 8)
- (c) The Freedom of Information Act 2000 (FOIA)
- (d) The Common Law Duty of Confidence

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

## **8. Data covered by this Protocol**

Data covered by this Protocol refers to all personal identifiable information as defined in the DPA and as amended by the FOIA (Section 68).

### **8.1 Personal Information**

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 term is further defined in the DPA as:

- Data relating to a living individual who can be identified from the data, or
- Any other information which is in the possession of, or is likely to come into the possession of the Data Controller (i.e. person or organisation collecting or processing that information).
- Consideration should also be given to relevant case law that is defined as personal data such as the Durant ruling.

The DPA also defines certain classes of personal information as 'sensitive data' where additional conditions must be met for that information to be used and disclosed lawfully. An individual may consider certain information about them to be particularly 'sensitive' and may request data items to be kept especially confidential e.g. any use of pseudonym where their true identity needs to be withheld to protect them.

All medical data is deemed to be 'sensitive personal data' and is held under a duty of confidence.

### **8.2 Anonymised Data**

Partner organisations and agencies must ensure anonymised data is not capable of being matched especially when combined with any additional information that could lead to the identity of individual, either directly or by summation.

Anonymised data about an individual can, in some circumstances, be shared without consent (subject to certain restrictions regarding health/social care records) and regard to secondary use principles.



## **9. Purpose for sharing information**

- Each partner organisation and agency will operate lawfully in accordance with the DPA and its principles at all times.
- Information should only be shared for a specific lawful purpose, basis or where appropriate consent has been obtained.
- Staff should only have access to personal information on a justifiable need to know basis, in order for them to perform their duties in accordance with the services they are there to deliver.
- Having this Protocol (or any individual agreement developed to support it) does not give licence for unrestricted access to information another partner organisation and agency may hold: it simply lays the parameters for the safe and secure sharing of information for a justifiable 'need to know' purpose.
- All staff should follow the standards that have been agreed within this Protocol and the processes and procedures that are included in any associated individual information sharing agreements developed in support of it.
- Every member of staff has an obligation to protect confidentiality and is responsible for ensuring that information that is only disclosed to those who have a right to see it.
- All staff should be trained and be fully aware of their responsibilities to maintain the security and confidentiality of personal information.
- Staff contracts should (where appropriate) contain a clause on confidentiality which all employees are bound by.
- Clinical/social care staff are also bound by their appropriate professional codes of conduct.

## **10. Restrictions on use of information shared**

- Information must only be used for the purpose(s) specified at the time of disclosure(s) as defined in the relevant, associated information sharing agreement.
- It is a condition of access that it must not be used for any other purpose without the permission of the Data Controller who supplied the data, unless an exemption applies within the DPA or the information is required to be provided under the terms of the FOIA or any other statutory obligation.
- Additional statutory restrictions apply to the disclosure of certain information for example: Criminal Records, HIV and AIDS, Assisted Conception and Abortion, Child Protection.
- Information about these will be included in the relevant organisational information sharing agreement.

## **11. Consent**

- Consent is not the only means by which data can be disclosed. Under the DPA, in order to disclose personal information, at least one condition in Schedule 2 must be met. In order to disclose sensitive personal information at least one condition in both Schedules 2 and 3, must be met.
- Where a partner organisation or agency has a statutory obligation to disclose personal information, then the consent of the data subject is not required; the data subject should be informed that such an obligation exists. However the common law duties of confidence may still exist or prohibit this disclosure.

- If a partner organisation or agency decides not to disclose some or all of the personal information, the requesting authority must be informed. For example the partner organisation or agency may be relying on an exemption or on the inability to obtain consent from the data subject.
- Consent has to be signified by some indication on the part of the data subject to the data controller organisation. It is the provider organisation or agencies responsibility therefore to ensure that the necessary consent to share criteria has been satisfied as implied consent can often not be relied upon. When using sensitive data, explicit consent must be obtained subject to any existing exemptions. In such cases the Data Subject's consent must be clear and cover items such as the specific details of processing; the data to be processed and the purpose for processing.
- If consent is used as a form of justification for disclosure, the data subject must have the right to withdraw consent at any time.
- Specific procedures will apply where the data subject is either under the age of 16, or where the data subject does not have the capacity to give informed consent. In these circumstances the relevant policy of the partner organisation and agency or agency should be referred to.
- Consideration should also be given to other case law, such as the Fraser Guidelines and the requirements of the Mental Capacity Act 2005.

## **12. Organisational responsibilities**

- Each partner organisation and agency is responsible for ensuring that their organisational security measures protect the lawful use of information shared under this Protocol.
- Partner organisations and agencies will agree to all appropriate security measures necessary for the protection of the supplied information and will at all times handle the information accordingly.
- Partner organisations and agencies accept responsibility for independently or jointly auditing compliance with the individual information sharing agreements that they are involved within reasonable time-scales and where this is appropriate to do so.
- Each partner organisation and agency is responsible for ensuring that their employees, agents or contractors abide by the agreed rules and policies in relation to protection, security and use of confidential information.
- Any failure by an individual to follow these policies should be dealt with in accordance with that organisation's disciplinary procedures.
- Each partner organisation and agency should ensure that their contracts with external service providers abide by their rules and policies in relation to the protection and use of confidential information. The partner organisation and agency originally supplying the information should be notified of any breach of confidentiality or incident involving a risk or breach of the security of information.
- Partner organisations and agencies should have well documented policies for the retention, weeding and secure waste destruction of information.
- Each partner organisation and agency is responsible for putting in place systems to record the disclosure and receipt of information shared under this Protocol and any individual agreement created under it. These systems should:
  - Create an audit trail to identify wrongful or excessive sharing of information.
  - Allow partner organisations and agencies 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.

- 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.
  - Enable partner organisations and agencies 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 must be taken to record instances where sensitive personal information is shared without consent. Partner organisations and agencies must 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.
- Each partner organisation and agency should ensure that any information sharing which occurs during multi-agency or partnership meetings is also recorded using an Information Sharing notice and Attendance sheet.
  - Partner organisations and agencies should be committed to having procedures in place to ensure the quality of information i.e. that they consider having a Data Quality Strategy. A strategy will secure and ensure the maintenance of good quality standards and identify areas for improvement.
  - Partner organisations and agencies must be aware that the Data Subject may withdraw consent to processing (i.e. Section 10 DPA) unless an available exemption applies. Where the partner organisation and agency relies on consent as the condition for processing, then withdrawal means that the condition for processing will no longer apply. Any such withdrawal of consent should be communicated to partner organisations and agencies and processing cease as soon as possible.
  - Partner organisations and agencies are expected to have procedures in place to address complaints relating to inappropriate disclosure or failure to disclose personal information. Individuals must be provided with information about these procedures. *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.*
  - The sixth principle of the DPA provides individuals the right to access information held about them, with limited exemptions. Partner organisations and agencies are therefore expected to ensure that only appropriate access to information is granted and to ensure that appropriate procedures are in place to ensure an individual's rights are met.
  - Partner organisations and agencies must also ensure that their data protection Notifications to the Information Commissioner are appropriately maintained and reflect any information provided by an external agency.

### **13. Individual responsibilities**

- Each individual working for an organisation or agency listed in annex A of this Protocol is personally responsible for the safekeeping of any information they

obtain, handle, use and disclose in relation to any individual agreements developed and agreed under this Protocol.

- Each individual should know how to obtain, use and share information they legitimately need to do their job.
- Each individual has an obligation to request proof of identity or takes steps validate the authorisation of another before disclosing any information.
- Each individual should uphold the general principles of confidentiality and follow the rules laid down in this Protocol and seek advice when necessary.
- Each individual should be aware that any violation of privacy or breach of confidentiality is unlawful and a disciplinary matter that could lead to their dismissal.
- Criminal proceedings might also be brought against that individual.

#### **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 or agency 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 or agency 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 or agency 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 and agencies have a joint (single) record on an individual, that individual may make their request for access to either partner organisation or agency. 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. Monitoring**

- All organisations and agencies 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 and agencies party to this Protocol will routinely identify and log the following types of incidents:
  - (a) A refusal by a partner organisation or agency 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.
- (j) Any actions or omissions, which staff consider to be a breach of this Protocol, individual agreements or any relevant legislation.

## **16. Review of this Protocol**

- This Protocol will be reviewed annually by the members of the Slough Wellbeing Board, unless new revised legislation or national guidance necessitates and earlier review.
- Any of the signatories to this Protocol can request an extraordinary review at any time should they consider it necessary.
- If during the course of this review it becomes evident that changes are required, all parties will be informed of the fact.
- All partner organisations and agencies will be expected to provide assistance in identifying and implementing any amendments that are required.

### **16.1 Review of any individual agreements made under this Protocol**

- 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.
- In addition, 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 this review, it becomes evident that changes are required, all of the parties to the relevant agreement will be informed of the fact.
- All parties to the relevant agreement will also be expected to provide assistance in identifying and implementing any amendments that are required.

## Annex A: Signatures and contact information

### Agreement:

We the undersigned do hereby agree to implement the terms and conditions of this Protocol and confirm that we have read understood and agree to:

### The Confidentiality Statement at Annex B

#### Slough Borough Council

Name:	
Signature:	
Position:	
Contact Name:	
Telephone:	
Email:	

#### Thames Valley Police (TVP)

Name:	
Signature:	
Position:	
Contact Name:	
Telephone:	
Email:	

#### Slough Council for Voluntary Services

Name:	
Signature:	
Position:	
Contact Name:	
Telephone:	
Email:	

#### Clinical Commissioning Group Slough

Name:	
Signature:	
Position:	
Contact Name:	
Telephone:	
Email:	

**Head of Prevention and Protection, Royal Berkshire Fire and Rescue Service (RBFRS)**

Name:	
Signature:	
Position:	
Contact Name:	
Telephone:	
Email:	

**Slough Healthwatch**

Name:	
Signature:	
Position:	
Contact Name:	
Telephone:	
Email:	

**NHS Commissioning Board**

Name:	
Signature:	
Position:	
Contact Name:	
Telephone:	
Email:	

## **Annex B: Confidentiality statement**

To enable the exchange of information to be carried out in accordance with the Data Protection Act 1998 (DPA), the Human Rights Act 1998 (HRA), the Freedom of Information Act 2000 (FOIA) and the Common Law Duty of Confidence, all parties are asked to agree to the following.

This information sharing activity contains confidential person (and where applicable patient) identifiable information. In order to comply with the law protecting confidentiality, the information can only be supplied subject to the following conditions:

- (a) A senior member of staff in your organisation must take personal responsibility for maintaining confidentiality.
- (b) The information is stored in a secure environment at all times.
- (c) Once the task has been completed, and wherever possible (there may be a justifiable reason to retain data which is in the subjects best interest), the original information and all copies will be destroyed or returned to the originator as soon as possible.
- (d) Only members of staff legitimately involved in the work should have access to this information in order to carry out agreed task(s).
- (e) Members of staff accessing this information are aware of the conditions under which it is supplied and have an appropriate staff or honorary contract with the organisation they are working for.
- (f) The information will only be used for the purpose for which it is supplied.
- (g) Information supplied will not be disclosed to any other organisation or individual unless there is an overriding and legally justifiable (statutory) requirement to release the information.

This agreement must be signed by a member of the organisation with sufficient seniority to ensure that these terms are met.



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

**Guidance**  
**July 2015**

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# Slough Wellbeing Board

## Overarching Information Sharing Protocol

### Guidance

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# Slough Wellbeing Board

## Overarching Information Sharing Protocol Guidance

**Please note this document has been prepared as a guide and there may well be a requirement to include further sections or make amendments to this document as necessary.**

**In all instances please refer to your Information Governance lead officer for further guidance and support.**

### 1. Foreword

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 also 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 guidance has been developed to help elected members, council employees and other organisations working in partnership with the Slough Wellbeing Board, meet their statutory requirements and the expectations of the people they serve.

Following this guidance will ensure compliance with the law when sharing personal information between Wellbeing Board members and other public, private or voluntary sector organisations that they work, or wish to work, in partnership with.

This guidance also applies to anyone working in a voluntary capacity within those organisations.

### 3. Scope

This guidance 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 Protocol.

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

### 4. Definitions

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.

### 5. Information sharing framework

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

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

- Slough Wellbeing Board's Overarching Information Sharing 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 framework (see below).

### **Tier 2 - Community Information Sharing Agreements (CISA)**

- These agreements are high level agreements common to organisations and agencies delivering health, social and community services.
- They satisfy Tier Two level of the Slough Wellbeing Board's Information Sharing framework and focus on the collective **purposes** 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 Sharing Agreements (PSISA) (Tier 3) (see below), which set out at a detailed level, how personal information will be shared amongst organisations within the same information community.
- Community Information Agreements are usually signed by Service Directors or the equivalent functional leads.
- A specimen CISA is at **annex 11**.

### **Tier 3 - Purpose Specific Information Sharing Agreements (PSISA)**

- These agreements are the lowest level of the Slough Wellbeing Board's Overarching Information Sharing framework.
- They are aimed at an organisation's "operational management/practitioner" level and define the relevant **procedures** 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.
- A specimen PSISA is at **annex 12**.

## **6. Conditions for sharing information**

All of the signatories to Slough Wellbeing Board's Overarching Information Sharing Protocol have agreed that they will:

- Adhere to and demonstrate a commitment to achieving the appropriate compliance with the Data Protection Act 1998 (DPA) and other associated privacy legislation.

- Adhere to/or demonstrate commitment to achieving the appropriate compliance with guidance published by the Information Commissioner's Code of Practise's Fair Processing and Best Practise Standards and any other guidance published by the Information Commissioner's Office.
- Develop and agree individual information sharing agreements that detail the specific data sharing arrangements that exist between partner organisations and agencies.
- Promote staff awareness of the requirements of information sharing and support the production of appropriate guidelines where required.
- 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 intended.
- Where information sharing agreements between partner organisations and agencies already exist prior to members having signed up to the Slough Wellbeing Board's Overarching Information Sharing Protocol, these agreements will remain valid. However, these agreements 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.
- A flow chart of key questions partner organisations need to ask when looking to develop an individual information agreement under the Wellbeing Boards Protocol is at **annex 1**.
- Annex 5 also provides additional guidance on this issue.

## **7. The legal position in respect of information sharing**

### **7.1 Legal framework**

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

#### **(a) The Data Protection Act 1998 (DPA)**

- Data Protection legislation governs the standards for the processing of personal data including the collection, use and disclosure of such information. The legislation requires that Data Controllers meet certain obligations.
- It also gives individuals or 'Data Subjects' certain rights with regard to their own personal data.
- The main standard for processing personal data is compliance with the eight data protection principles summarised as follows:
  - All personal data will be obtained and processed fairly and lawfully.
  - Personal data will be held only for the purposes specified.
  - Only personal data will be held which are adequate, relevant and not excessive in relation to the purpose for which the data is held.
  - Personal data is accurate and where necessary, kept up to date.
  - Personal data will be held for no longer than is necessary.

- Personal data will be processed in accordance with the Rights of the Data Subject.
- Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing for personal data and against accidental loss or destruction of, or damage to, personal data.
- Personal data shall not be transferred to countries outside the European Economic Area (EEA) except in limited circumstances.
- The first principle states that personal data shall be processed fairly and lawfully and shall not be processed unless at least one Schedule 2 condition and in the case of 'sensitive personal data', at least one Schedule 3 condition is also met.
- The type of information being disclosed may constitute 'sensitive personal data' which means that at least one of both Schedule 2 and Schedule 3 conditions must be satisfied.
- Even in the event that the prevention and detection of crime exemption (Section 29 Data Protection Act) is being relied upon, or other power such as S.115 Crime and Disorder Act, Schedules 2 and 3 conditions must still be satisfied.
- **Annex 3** explains these conditions in more detail.
- Although the aforementioned conditions are likely to apply to any or all of the variable circumstances, it is likely that for the purposes of most individual information sharing agreements one of the additional conditions specified in secondary legislation, for example: S.I No 417 The Data Protection (Processing of Sensitive Personal Data) Order 2000 and (Daft) The Data Protection (Processing of Sensitive Personal Data) Order 2006, may also apply.

***Data Protection (Processing of Sensitive Personal Data) Order 2000***

- The Order lists additional circumstances in which sensitive personal data may be processed. For example, it covers processing for purposes of the prevention or detection of any unlawful act, where seeking the consent of the data subject would prejudice those purposes.
- It also covers processing required to discharge functions involving the provision of services such as confidential counselling and advice where the subject's consent has not been obtained. In each of the examples above, processing would have to be 'in the substantial public interest'. This could mean for example, that processing is necessary to protect public safety or to protect vulnerable people.

***Data Protection (Processing of Sensitive Personal Data) Order 2006***

- The Order specifies that information about a criminal conviction or caution may be processed for the purpose of administering an account relating to the payment card used in the commissioning of one of the listed offences relating to indecent images of children

**(b) *The Human Rights Act 1998 (HRA) (Article 8)***

- The UK Human Rights Act 1998 gives further effect in domestic law to Articles of the European Convention of Human Rights (ECHR).
- The Act requires all domestic law to be compatible with the Convention Articles and places a legal obligation on all public authorities to act in a manner compatible with the convention. Should a public authority fail to act in such a manner then legal action can be taken under Section 7 of the Act.

- Article 8 of the Act states that: *'Everyone has the right to respect for his private and family life, his home and his correspondence and that there shall be no interference by a public authority with this right except as in accordance with the law'*.
- It is likely that this exchange of information will be for the purposes of one of the following legitimate aims:
  - In the interests of nation security
  - Public Safety
  - Economic well-being of the country
  - The prevention crime and disorder
  - The protection of health or morals
  - The protection of the rights or freedoms of others
- 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.

**(c) *The Freedom of Information Act 2000 (FOIA)***

- Information held by or behalf of a public authority may be disclosed to a party requesting it except where statutory exemption applies. For example, personal data is normally exempt under the Act (but may be disclosable under the DPA); as is information provided under a duty of confidence.

**(d) *The Common Law Duty of Confidence***

- 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.
- This duty falls within common law as opposed to statutory law and derives from cases considered by the courts.
- There are generally three categories of exception to the duty of confidence:
  - Where there is a legal compulsion to disclose
  - Where there is an overriding duty to the public
  - Where the individual to whom the information relates consented
- It 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.
- Partner organisations should consider which conditions are the most relevant ones for the purposes of their individual information sharing agreements.



- The guidance from the Information Commissioner states that because such decisions to disclose 'in the public interest' involve the exercise of judgment, it is important that they are taken at an appropriate level and that procedures are developed for taking those decisions.
- Partner organisations should document within their individual agreements how this duty will be maintained, e.g. need to know.
- Other legislation/requirements may also be relevant when sharing specific types of information:
- **Annex 5** explains this in more detail.

**(e) Caldicott principles**

- Where health data is concerned; when sharing information with others, due regard must be given to the following Caldicott principles:
  - Justify the purpose before sharing information.
  - Only use patient identifiable data when absolutely necessary.
  - Use the minimum that is required, do not share more data than is necessary, i.e. do not send the whole patient record when only the request relates to a recent event.
  - Access to the data should be on a strict need to know basis.
  - Staff must be aware of their responsibilities in complying with organisational policies relating to confidentiality.
  - Understand the law, if uncertain; staff should speak to their line manager or the appropriate Caldicott Guardian.
  - The duty to share information can be as important as the duty to protect patient information.
  - Ensure that wherever possible the NHS number is present and person identifiable data has been removed.
- Partner organisations must ensure that all these conditions are met before sending any data.
- Where Health Data is concerned Health staff and others working in partnership with them, should be aware of the concept of Safe Haven. Safe Havens will:
  - Provide a secure location restricting access to only authorised staff and will be locked outside normal hours.
  - Be staffed by those individuals with authority to access confidential information and who are under contractual and statutory obligations to maintain confidentiality.
- Ensure that no confidential information will be released to parties outside the Trust unless it is deemed appropriate. Health Staff should make reference to the Caldicott Principles listed above and seek advice from their Caldicott Guardian where uncertain.
- **Annex 8** provides further information on this issue.

**(f) Legal Government Act 2000**

- The main power specific to local authorities is section 2 Local Government Act 2000 – the power of 'well-being'.
- This enables local authorities to do 'anything' to promote social, economic or social well-being in their area provided the act is not specifically forbidden by general powers available to local authorities.

- In addition, authorities are granted statutory powers relating to specific activities and these should be referred to as appropriate in relevant information sharing agreements or other statutes (including the DPA) and that in carrying out the Act it gives regard to its own community strategy. For example, all councils are taking measures, including data sharing, to reduce crime in their area in order to promote well-being.
- In addition s.111 Local Government Act 1972 enables local authorities to do anything conducive or incidental to the discharge of any of its functions, providing it has specific statutory authority to carry out those main functions in the first place.
- The above are granted statutory powers relating to specific activities and these should be referred to as appropriate in relevant information sharing agreements.

**(g) The Police Act 1996**

- The Police Act 1996 gives a Constable certain powers.
- Section 30(1) gives constables all the powers and privileges of a constable throughout England and Wales and Section 30(5) defines these powers as powers under any enactment whenever passed or made.
- These powers include the investigation and detection of crime, apprehension and prosecution of offenders, protection of life and property and maintenance of law and order. Under the Police Reform Act 2002, the Chief Constable can delegate certain powers to police staff.
- In addition, the Code of Practice on the Management of Police Information 2005 defines the policing purpose as:-
  - Protecting life and property
  - Preserving order
  - Preventing the commission of offences
  - Bringing offenders to justice
  - And duty or responsibility arising from common or statute law
- The policing purpose set out in the Code does not replace or supersede any existing duty or power defined by statute or common law.
- In addition this does not define every policing activity and does not mean that there is no legal basis for performing such activities. For example, roads policing, public order, counterterrorism or protection of children or other vulnerable groups while not referred to explicitly are none the less legitimate policing functions.

**(h) The Crime and Disorder Act 1998**

- Section 115 of the Crime and Disorder Act 1998 confers power on any 'relevant authority' (which are the police, local authority, health authority and probation service or to any other person acting on behalf of such authority) to exchange that information which is 'necessary' or 'expedient' to help implement the provisions of the Act which includes contributing to local strategies to reduce crime and disorder.
- The parties to this exchange agreement are relevant authorities for the purposes of this legislation.
- Section 17 Crime and Disorder Act 1998 requires that all local authorities consider crime and disorder reduction while exercising their duties.

- Section 5 and 6 of the Crime and Disorder Act also imposes a general duty upon local authorities to formulate and implement a strategy for the reduction of crime and disorder in its area.

## 7.2 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.

## 8. 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 possesses 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.

## **9. 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.

## **10. 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 CISA or PSISA 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.

## 11. Consent

### 11.1 *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 (DPA) 1998***

- In the case of non-sensitive personal information, an alternative Schedule 2 condition is met; or
- In the case of sensitive personal information, an alternative Schedule 2 **AND** an alternative Schedule 3 condition are met: and
- The 'fair processing' provisions of the Act are met i.e. That the processing concurs with what the individual has been told or what they can reasonably expect; or
- 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 (HRA) (Article 8)***

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

#### ***Common Law Duty of Confidentiality***

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

### 11.2 *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

### **11.3 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**.

### **11.4 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.

### **11.5 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.

### **11.6 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 CISA or PSISA. If the purpose of the specific partnership significantly changes it may be necessary to seek fresh consent.

### **11.7 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.

### **11.8 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.

## **12. 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 the disclosure of and receipt of information shared under any individual information sharing agreement are created under it. This is in order to:
  - (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.

- (d) A specimen Disclosure Request / Record of Disclosure form can be found at **annex 10**.
- (e) Care should also be taken to ensure that any information sharing which occurs during multi-agency or partnership meetings is recorded.
- (f) It is best practice to adopt and use information sharing notice and attendance sheet on such occasions.
- (g) A specimen can be found at **annex 9**.

### **13. Security and retention of information**

All signatories to Slough Wellbeing Board's Overarching Information Sharing Protocol are required to put in place 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.

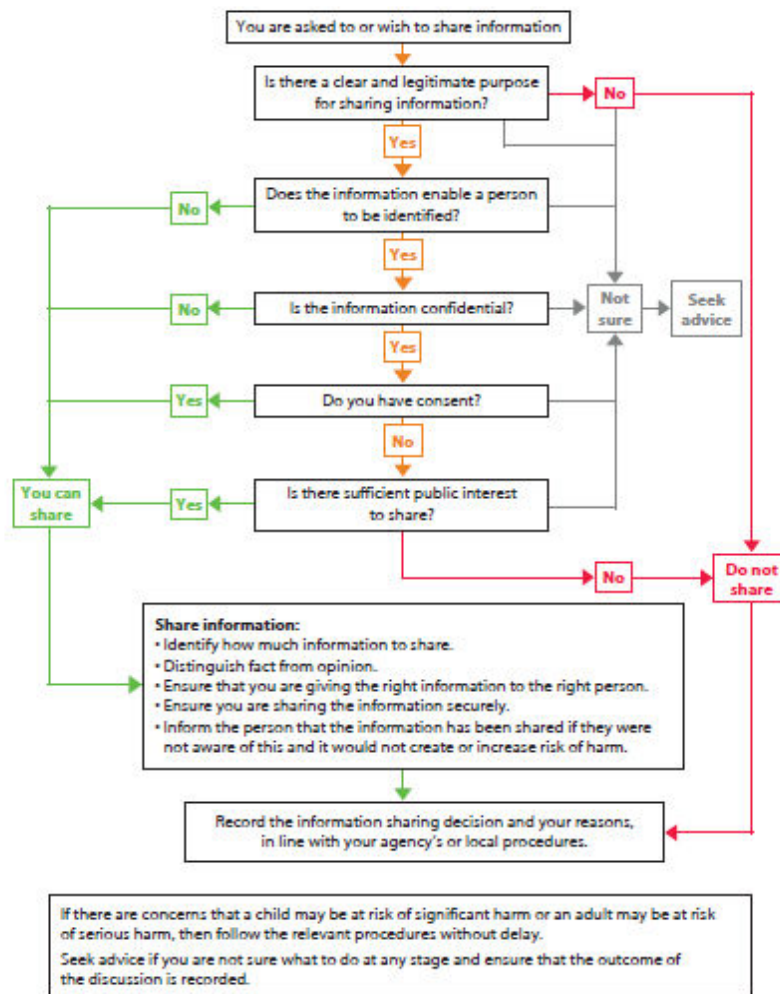
A checklist explaining some 'safe haven' procedures to ensure the secure handling and transfer of personal information is at **annex 8**.

### **14. Notification requirements of partner organisations**

- All signatories to Slough Wellbeing Board's Overarching Information Sharing Protocol are responsible for ensuring that their DPA notifications to the Information Commissioner's Office cover the information sharing arrangements established under the Board's Overarching Information Sharing Protocol and any individual agreements created under it.

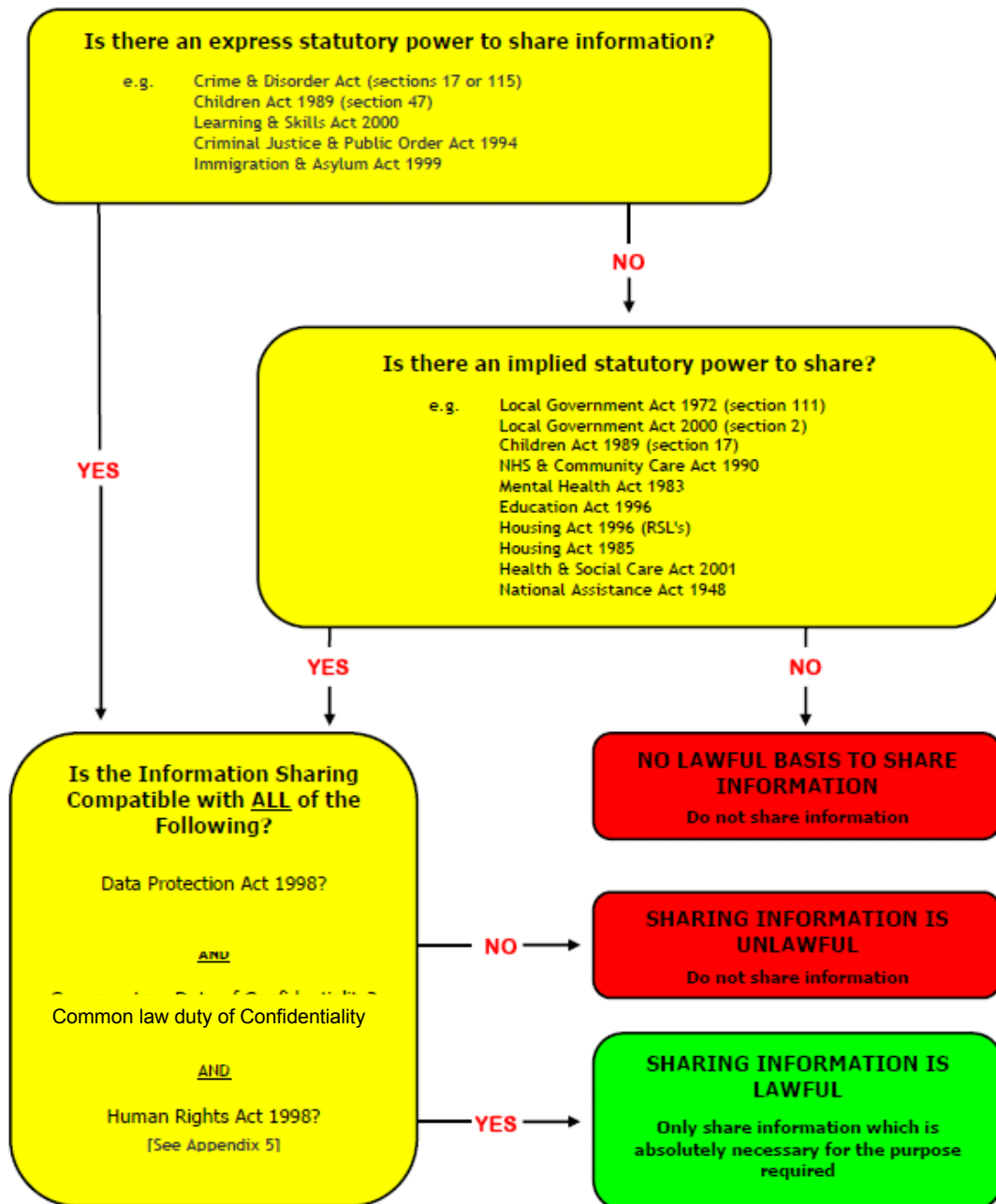


## Annex 1: Flow chart of key questions for information sharing

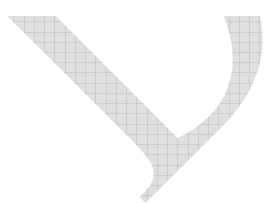
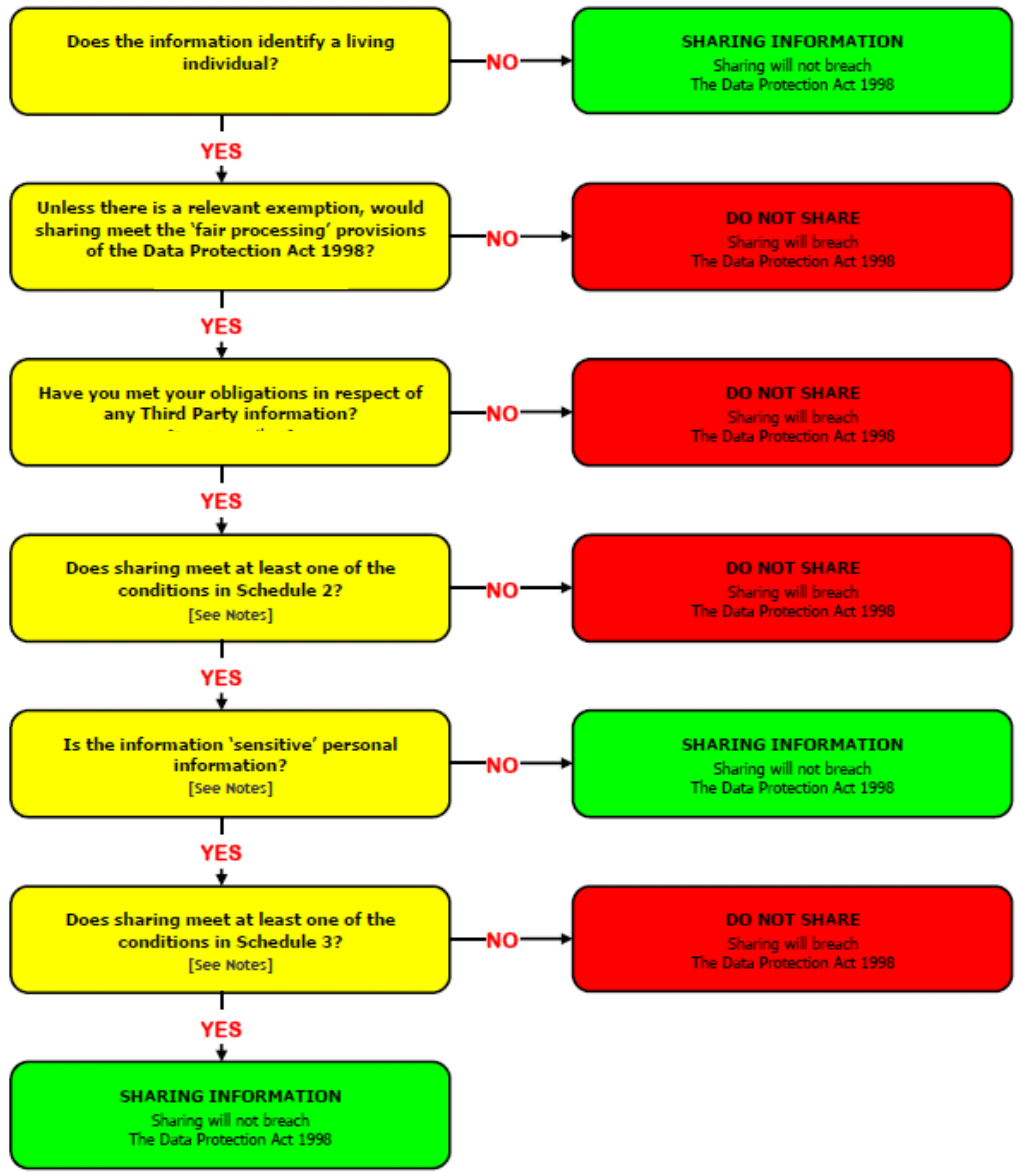


If after following the steps in this diagram, you have any doubts about the whether the proposed information sharing is lawful, you should seek advice from your line manager/your Designated Officer or the person with responsibility for data protection within your organisation.

## 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 person's 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.
10. Processed in circumstances ordered by the Secretary of State, to include matters deemed to be in the substantial public interest, for the prevention of fraud and malpractice, and necessary for the exercise of any functions conferred on a constable.<sup>1</sup>

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.

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<sup>1</sup> As required under *The DP (Processing of Sensitive Personal Data) Order 2000*

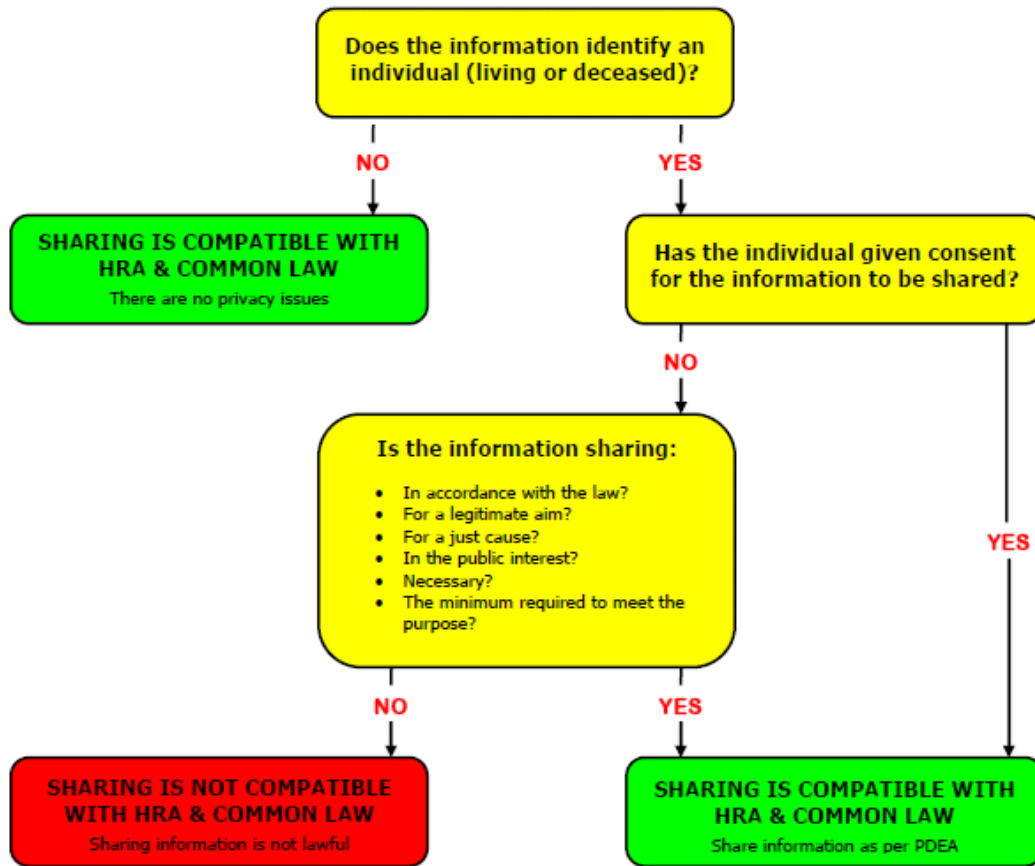
## The Data Protection Principles

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 individual's rights;
7. Secure; and
8. Not transferred to countries without adequate protection.

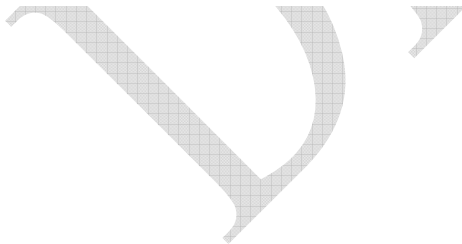
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## Annex 5: Is sharing compatible with HRA and Common Law?



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"/>		

<b>Restrictions To Consent</b>			
The following restrictions apply to these information sharing arrangements (indicate if none):			
<b>Duration Of Consent</b>			
<input type="checkbox"/> As long as required for the purpose(s) as detailed. <input type="checkbox"/>			
<b>Any Other Relevant Details</b>			
<b>Declaration</b>			
<p>Read this form carefully. If you have any concerns, please discuss them with the person who is seeking your consent.</p> <p>I confirm that I have been informed of the information sharing arrangements as detailed above and that <b>*I consent / do not consent</b> to those arrangements. I understand that I have the right to withdraw or restrict my consent to these arrangements at any time. <span style="float: right;">* Delete as appropriate</span></p>			
<b>Signature</b>		<b>Date</b>	
<b>Parental Consent Or Alternative Lawful Authority</b>			
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.			
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		
<b>Name</b>		<b>Relationship to individual</b>	
<p>I confirm that I have been informed of the information sharing arrangements in respect of the above named individual as detailed above and that <b>*I consent / do not consent</b> 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. <span style="float: right;">* Delete as appropriate</span></p>			
<b>Signature</b>		<b>Date</b>	
<b>Witness To Consent (If Unable To Obtain Written Consent)</b>			
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.			
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		
<b>Name</b>			
<p>I confirm that the person named overleaf has indicated that they <b>*consent / do not consent</b> to the information sharing arrangements as detailed. <span style="float: right;">* Delete as appropriate</span></p>			
<b>Signature</b>		<b>Date</b>	

## **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 &amp; Disorder Act].</p> <p>We understand and agree to comply with:</p> <ul style="list-style-type: none"> <li>• the information sharing principles as set out in [whichever Information Sharing Protocol and Personal Data Exchange Agreement that apply, e.g. the Bournemouth, Dorset &amp; Poole Over-Arching Information Sharing Protocol and the Prevent &amp; Deter Personal Data Exchange Agreement].</li> <li>• our obligations under the Data Protection Act 1998, Article 8 of the Human Rights Act 1998 and the common law duty of confidentiality.</li> </ul> <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="220 389 528 416">Any Other Relevant Information:</p>

## Annex 11: Specimen Community Information Sharing Agreement

<b>Community Information Sharing Agreement</b> [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

# Community Information Sharing Agreement

## Contents

[insert details]

DRAFT

## Community Information Agreement

### 1. Forward

This agreement is the agreement between the partner organisations and agencies detailed in annex 1 to govern the sharing of information.

It provides the framework for the secure and confident sharing of information between partner organisations in order to satisfy the requirements of the law and guidance regulating working practises and provides guidance to operational staff.

### 2. Purpose of agreement

This agreement relates to [.....]

The purpose of this agreement is for [.....]

The purpose of this agreement is primarily so that [.....].

It sets out:

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

### 3. Slough Wellbeing Board's Overarching Information Sharing Protocol

Slough Wellbeing Board's Overarching Information Sharing Protocol provides a framework for the secure and confidential sharing of information between partnership organisations and agencies in order to satisfy the requirements of the law and central guidance regulating to working practise and provides operational guidelines for staff.

The purpose of Slough Wellbeing Board's Protocol is to facilitate and govern the sharing of information to enable partner's organisations and agencies to meet their responsibilities to protect, support and care for individuals within the Slough community.

Slough Wellbeing Board's Protocol comprises the common principles which will be adopted whenever the partner organisations and agencies listed in annex A have to share information and covers the sharing of information for any of the following purposes:

- Improving and supporting the health and social care for people
- Protecting people and communities
- Prevention and detection of crime
- Investigating complaints
- Developing interagency strategies and co-ordinating the provisions of care.

Partner organisations and agencies which are party to the Slough Wellbeing Board's Protocol are required to comply with both the statutory and organisational policies when using information shared between one or more of the parties. Therefore, there must either be informed consent given from the data subject that their personal data will be shared with a 3rd party organisation (as we are working in partnership), or alternatively, if informed or explicit consent cannot be obtained there must be reliance upon another statutory requirement to do so.

The Slough Wellbeing Board's Protocol will be supplemented by individual information sharing agreements and guidance for staff, specific to particular applications/situations, which will set out the detailed arrangements relevant to that particular application.

All individual agreements will be fully compliant and consistent with the Wellbeing Board's Overarching Protocol.

**It is acknowledged that this agreement is in accordance with fair processing under the Data Protection Act 1998 (DPA), but as a local agreement all information will be processed in accordance with the Slough Wellbeing Board's Overarching Information Sharing Protocol.**

#### **4. 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.]*

#### **5. Agreed use of information**

The information will only be used for the purpose stated within this agreement (as specified in section 2) but will permit the information to be used for the purposes of additional service planning and provision

The agreement allows the frequent exchange of the specified information and the processes will be reviewed on a regular basis by the organisations concerned.

#### **6. How personal information will be requested**

*[Insert a statement explaining the method(s) that will be used to ensure:*

- *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*
- *The availability of requested personal information.*
- *The 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. Methodology/process (example wording)**

Information will be provided electronically from (...) to (...) who will disseminate it appropriately and securely.

This information will be sent in (word/excel) format as an attachment over secure mail or sent by (*insert alternative methods*).

## **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 (DPA)
- (b) The Human Rights Act 1998 (Article 8) (HRA)
- (c) Freedom of Information Act 2000 (FOIA)
- (d) Common Law Duty of Confidence

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.

### **10. Data Protection Act – subject access request**

Under DPA legislation individuals have the right of access to any personally identifiable information held about them, This right may be defined in certain limited circumstances and will be defined in local; organisations and agencies policies and in statute(e.g. DPA).

Where a party to this agreement receives a request for information and compliance with that request would involve disclosing information relating to another individual who can be identified from that information, they should not comply with that request unless:

- The other individual has consented to the disclosure of the information to the person making the request; or
- Compliance with the request can be justified on the grounds of a greater public interest overriding the individual's right to confidentiality; or
- The information is capable of anonymisation so that the individual cannot be identified.

Where a party to this agreement seeks to rely on an exemption to the disclosure of personal information under the DPA, it needs to consider in light of other relevant information, whether failure to disclose would be likely to adversely affect the treatment or services given to the service user.

The decision made must take into account all the relevant circumstances of the case in the balance and if necessary further legal advice should be taken. Deliberations should be fully documented so that the reasons behind the decision are clear.

Consideration should be given to all aspects of the FOIA with regards to ownership of the data, for example if the holding organisation has a request for data under the FOIA, then proper process should be followed to ensure that both the holding organisation and the owning organisation are compliant with the act.

Where a party of this agreement receives a request for information and compliance with that request would involve disclosing information relating to another individual



who can be identified from that information, they should seek guidance from the organisation's Information Governance lead officer.

## **11. 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].*

## **12. Breaches of confidentiality**

*[Include a statement explaining how breaches of confidentiality will be monitored and dealt with].*

## **13. Complaints**

*[Include a statement explaining how complaints will be monitored and dealt with by the partner organisation concerned].*

## **14. 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 complaint.
- (c) Failures in compliance and disagreements between partner organisations.
- (d) Any other relevant information.

## **15. 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.

## **16. Termination of this agreement by an organisation**

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

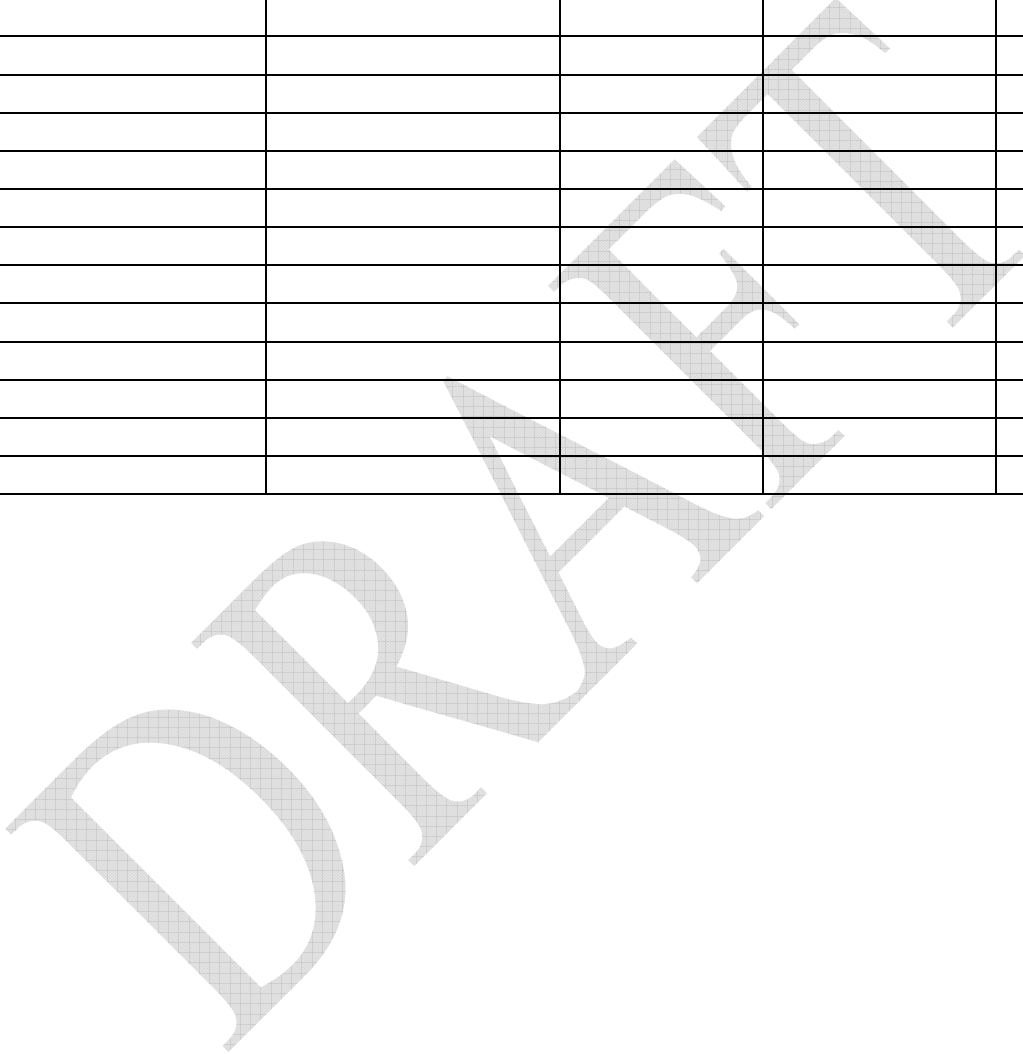
**17. Supporting policies**

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

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**Annex A: Signatories to the [Insert title] Community Information Sharing Agreement**

<b>Organisation</b>	<b>Post/position</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>



## Annex 12: Specimen Purpose Specific Information Sharing Agreement

<b>Purpose Specific Information Sharing Agreement</b> [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**

**Contents**

[Insert details]

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## **Purpose Specific Information Sharing Agreement**

### **1. Forward**

This agreement is the agreement between the partner organisations and agencies detailed in annex 1 to govern the sharing of information.

It provides the framework for the secure and confident sharing of information between partner organisations in order to satisfy the requirements of the law and guidance regulating working practises and provides guidance to operational staff.

### **2. Purpose of this agreement**

This agreement relates to [.....]

The purpose of this agreement is for [.....]

The purpose of this agreement is primarily so that [.....].

It sets out the **procedures** that need to be followed, including:

- (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)

### **3. Slough Wellbeing Board's Overarching Information Sharing Protocol**

Slough Wellbeing Board's Overarching Information Sharing Protocol provides a framework for the secure and confidential sharing of information between partnership organisations and agencies in order to satisfy the requirements of the law and central guidance regulating to working practise and provides operational guidelines for staff.

The purpose of Slough Wellbeing Board's Protocol is to facilitate and govern the sharing of information to enable partner's organisations and agencies to meet their responsibilities to protect, support and care for individuals within the Slough community.

Slough Wellbeing Board's Protocol comprises the common principles which will be adopted whenever the partner organisations and agencies listed in annex A have to share information and covers the sharing of information for any of the following purposes:

- Improving and supporting the health and social care for people
- Protecting people and communities
- Prevention and detection of crime
- Investigating complaints
- Developing interagency strategies and co-ordinating the provisions of care.

Partner organisations and agencies which are party to the Slough Wellbeing Board's Protocol are required to comply with both the statutory and organisational policies when using information shared between one or more of the parties. Therefore, there must either be informed consent given from the data subject that their personal data will be shared with a 3rd party organisation (as we are working in partnership), or alternatively, if informed or explicit consent cannot be obtained there must be reliance upon another statutory requirement to do so.

The Slough Wellbeing Board's Protocol will be supplemented by individual information sharing agreements and guidance for staff, specific to particular applications/situations, which will set out the detailed arrangements relevant to that particular application. All individual agreements will be fully compliant and consistent with the Wellbeing Board's Overarching Protocol.

**It is acknowledged that this agreement is in accordance with fair processing under the Data Protection Act 1998 (DPA), but as a local agreement all information will be processed in accordance with the Slough Wellbeing Board's Overarching Information Sharing Protocol.**

#### **4. 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.

#### **5. 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]*.

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.

## **6. 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*]

## **7. 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.]*

## **8. Agreed use of information**

The information will only be used for the purpose stated within this agreement (as specified in section 2 and 4 above) but will permit the information to be used for the purposes of additional service planning and provision

The agreement allows the frequent exchange of the specified information and the processes will be reviewed on a regular basis by the organisations concerned.

## **9. How personal information will be requested**

[*Insert a statement explaining the method(s) that will be used to ensure:*

- *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*
- *The availability of requested personal information.*



- *The 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.*

#### **10. Methodology/process (example wording)**

Information will be provided (specify) from (...) to (...) who will disseminate it appropriately and securely.

This information will be sent in (word/excel) format as an attachment over secure mail or sent by *(insert alternative methods)*.

#### **11. 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.

#### **12. 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 (DPA)
- b) The Human Rights Act 1998 (HRA)
- c) The Freedom of Information Act 2000 (FOIA)
- d) 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.

### **13. Data Protection Act – subject access request**

Under DPA legislation individuals have the right of access to any personally identifiable information held about them, This right may be defined in certain limited circumstances and will be defined in local; organisations and agencies policies and in statute(e.g. DPA).

Where a party to this agreement receives a request for information and compliance with that request would involve disclosing information relating to another individual who can be identified from that information, they should not comply with that request unless:

- The other individual has consented to the disclosure of the information to the person making the request; or
- Compliance with the request can be justified on the grounds of a greater public interest overriding the individual's right to confidentiality; or
- The information is capable of anonymisation so that the individual cannot be identified.

Where a party to this agreement seeks to rely on an exemption to the disclosure of personal information under the DPA, it needs to consider in light of other relevant information, whether failure to disclose would be likely to adversely affect the treatment or services given to the service user.

The decision made must take into account all the relevant circumstances of the case in the balance and if necessary further legal advice should be taken. Deliberations should be fully documented so that the reasons behind the decision are clear.

Consideration should be given to all aspects of the FOIA with regards to ownership of the data, for example if the holding organisation has a request for data under the FOIA, then proper process should be followed to ensure that both the holding organisation and the owning organisation are compliant with the act.

Where a party of this agreement receives a request for information and compliance with that request would involve disclosing information relating to another individual who can be identified from that information, they should seek guidance from the organisation's Information Governance lead officer.

### **14. Roles and responsibilities of signatories**

In signing up to this agreement the signatories at annex A agree to and commit to observe the following principles:

- Align this agreement with their individual organisation or agencies statutory, legal and common law duties.
- Only use information for the purposes stated in this agreement.
- Comply with the requirements of the Data Protection Act 1998 and in particular the eight data protection principles.
- 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.
- Only share personal and sensitive information where there is a statutory power to do so and where the conditions for processing as determined in the Data Protection Act 1998 can be met.
- Ensure that data sharing takes place in accordance with signatories 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.
- Supplied information in line with the relevant standards for information quality and security.

The signatories at annex A of this agreement also agree to 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 DAP, HRA, FOIA 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.

## **15. 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 annex 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.

## **16. 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.

## **17. Agents and sub-contractors**

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

## **18. 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 marking<sup>2</sup> scheme and appropriate security procedures put in place accordingly.

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<sup>2</sup> *'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*

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.

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

## **19. The process for data sharing outside meetings**

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

## **20. 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].*

## **21. 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.

- 
- *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.*

- 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.

## **22. Breaches of confidentiality**

*[Include a statement explaining how breaches of confidentiality will be monitored and dealt with].*

## **23. Complaints**

*[Include a statement explaining how complaints will be monitored and dealt with by the partner organisation concerned].*

## **24. 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.

## **25. 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.

## **26. Termination of this agreement by an organisation**

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

**27. Supporting policies**

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

**28. Links to other Community Information Sharing Agreements**

*[List relevant agreements here]*

**29. Links to other Purpose Specific Information Sharing Agreements**

*[List relevant agreements here]*

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## **Annex 13 - Glossary**

**Aggregated** – Collated information in a tabular format.

**Anonymised data** – Data where an Organisation does not have the means to identify an individual from the data they hold. If the Data Controller has information, which allows the Data Subject to be identified, regardless of whether or not they intend to identify the individual is immaterial – in the eyes of the Information Commissioner this is not anonymous data – see Pseudonimised data. The Data Controller must be able to justify why and how the data is no longer personal.  
CCTV – Close circuit television.

**Consent** – The Information Commissioner’s legal guidance to the Data Protection Act 1998 is to refer to the Directive, which defined consent as ‘...any freely given specific and informed indication of his wishes by which the data subject signifies his agreement to personal data relating to him being processed’ (3.1.5) data or Information –

- a) Information being processed by means of equipment operating automatically; or
- b) Information recorded with the intention it being processed by such equipment.
- c) Recorded as part of a relevant filing system; or
- d) Not in (a), (b) or (c), but forming part of an accessible record.
- e) Recorded information held by a public authority and does not fall within any of paragraphs (a) to (d).

**Data Controller** – A person or a legal body such as a business or a public authority who jointly or alone determines the purposes for which personal data is processed.

**Data Flows** – The movement of information internally and externally, both within and between organisations.

**Data Processing** – Any operation performed on data. The main examples are collection, retention, deletion, use and disclosure.

**Data Processor** – Operates on behalf of the Data Controller. Not staff.

**Data Subject** – An individual who is the subject of personal information.

**Disclosure** – The passing of information from the Data Controller to another organisation or individual.

**Duty of Confidentiality** – Everyone has a duty under the Common Law to safeguard personal information.

**EEA – European Economic Area (EEA)** – this consists of the fifteen EU members together with Iceland, Liechtenstein and Norway.

**Fair Processing** – To inform the Data Subject how the data is to be processed before processing occurs.

**Information Agreement** – The local Information Sharing Agreement based on the attached templates (see Annexes 11 and 12).

**Informed consent** – In order to comply with the Data Protection Act, to validate implied consent if necessary and to satisfy moral obligations, the sender must always strive to fully inform the subject wherever possible of the uses to which their information will be put, what disclosure could envisaged and what the consequences of the processing are. All parties must strive to be open and transparent.

**Health Professional** – The Data Protection Act 1998 defines a health professional as: a medical practitioner, dentist, optician, pharmaceutical chemist, nurse, midwife or health visitor and osteopaths. Any person who is registered as a member of a profession to which the Professions Supplementary to Medicine Act 1960 currently extends to clinical psychologist, child psychotherapist and speech therapist, music therapist employed by health service body and scientist employed by such a body as head of department.

**Health Record** – Any information relating to health produced by a health professional.

**HIV** - Human Immunodeficiency Virus.

**Need to know** – To access and supply the minimum amount of information required for the defined purpose.

**Personal Data** – Means data relating to a living individual who can be identified from that data (including opinion and expression of intention).

**Processing** – Any operation performed on data. Main examples are collection, retention, use, disclosure and deletion.

**Pseudonymised data** – Where personal information has been ‘de-identified’ i.e. personal information which directly identifies an individual, e.g. name or date of birth and address used together, has been replaced by non-identifying, artificial data, e.g. NHS number or other code. Pseudonymised data is partially anonymised data and the identification of an individual can be re-established using other available data held by the Data Controller organisation. See also anonymised data.

**Purpose** – The use/reason for which information was originally collected for processing.

**Recipient** – Anyone who receives personal information for the purpose of specific inquires.

**Relevant Filing System** – Two levels of structure, (i) filing system structured by some criteria (ii) each file structured so that particular information is readily accessible.

**Sensitive Personal Data** – The DPA defines sensitive personal data as:

- (a) the racial or ethnic origin of the data subject;
- (b) his/her political opinions;

- (c) his/her religious or other beliefs of a similar nature;
- (d) whether he/she is a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992;
- (e) his/her physical or mental health or condition;
- (f) his/her sexual life;
- (g) the commission or alleged commission by him/her of any offence; or
- (h) any proceedings for any offence committed or alleged to have been committed by him/her, the disposal of such proceedings or the sentence of any court in such proceedings.

**Subject Access** – the individual’s right to obtain a copy of information held about themselves.

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board      **DATE:** 15 July 2015

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

**WARD(S):** All

**PART I**  
**FOR DECISION**

**SLOUGH WELLBEING BOARD (SWB), LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) AND ADULT SAFEGUARDING BOARD (ASB) PROTOCOL**

1. **Purpose of Report**

The purpose of this report is to present the SWB, LSCB and ASB protocol, and to request the agreement of the board to the adoption of this joint protocol.

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

The Committee is requested the approve adoption of this protocol.

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

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

This protocol will support delivery of the current Joint Wellbeing Strategy priorities, through more effective joint working:

- Economy and skills
- Health
- Regeneration and the environment
- Housing
- Safer communities

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

The protocol recommends that the SWB will consult with the LSCB and ASB on the Joint Strategic Needs Assessment as part of its annual update.

3c. **Five Year Plan Outcomes**

Improved joint working between the SWB, LSCB and ASB 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 directly resulting from the recommendation of this report.
- (b) **Risk Management** - No risk management implications associated with this report.
- (c) **Human Rights Act and Other Legal Implications** - There are no Human Rights Act implications associated with the proposed action.
- (d) **Equalities Impact Assessment** – An EIA is not required for this protocol.

#### 5. **Supporting Information**

5.1 In May 2015 a joint protocol between the SWB, LSCB and ASB was drafted.

5.2 The purpose of this protocol is to define how the Slough Wellbeing Board (SWB), Adults Safeguarding Board (ASB) and Local Safeguarding Children Board (LSCB) work together in the pursuit of safeguarding and promoting the welfare of children and adults in Slough.

5.3 The protocol states that:

- The SWB will consult with the LSCB and ASB on the Joint Strategic Needs Assessment.
- The SWB will present to the safeguarding boards the updated JSNA and performance against priorities and outcomes in the Slough Wellbeing Strategy at least annually
- The SWB will provide information to the LSCB and ASB, in respect of the health and well-being of children, young people and their parents/carers on at least an annual basis by means of updates to the JSNA
- The LSCB and ASB will present their annual reports to the SWB and the SWB will provide a formal response to the LSCB and ASB.
- All Boards will ensure that messages and information about keeping children and adults with needs for care and support safe are disseminated within partner organisations
- All Boards will ensure that action taken by one body does not duplicate that taken by another

5.4 The full protocol can be found at appendix A

5.5 This protocol was been agreed by the LSCB on 11<sup>th</sup> June 2015 and the ASB on 5<sup>th</sup> June 2015.

5.3 The SWB are requested to formally approve adoption of this joint protocol.

#### 6. **Conclusion**

6.1 The proposed joint protocol between the SWB, LSCB and ASB will improve the flow of information between the three boards and ensure good governance systems are in place across these three statutory bodies.

#### 7. **Appendices Attached**

'A' – SWB, LSCB, ASB protocol

## **APPENDIX A**

### **PROTOCOL BETWEEN THE SLOUGH LOCAL SAFEGUARDING CHILDREN BOARD, SLOUGH ADULTS SAFEGUARDING BOARD AND SLOUGH WELLBEING BOARD**

#### **1. AIM**

1.1 The aim of this Protocol is to define how the Slough Wellbeing Board (SWB), Adults Safeguarding Board (ASB) and Local Safeguarding Children Board (LSCB) work together in the pursuit of safeguarding and promoting the welfare of children and adults.

#### **2. INTRODUCTION**

2.1 The LSCB is a statutory body created under the Children Act 2004. It is responsible for challenging all relevant organisations on their performance in ensuring that children and young people are kept safe.

2.2 The LSCB is not a delivery body: it is a scrutiny and assurance body. However, it would expect to initiate activities which investigate and improve practice in safeguarding. It has the authority to call any local agency representatives to account for its safeguarding activity.

2.3 The work of the LSCB contributes to the wider goal of improving the wellbeing of all children and young people. Within its wider governance arrangements, its role is to assess the effectiveness of the arrangements made by the individual agencies and the wider partnership to safeguard and promote the welfare of children and young people

2.4 The SWB is a statutory committee of the Council. The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Its overall aim is to improve the health and wellbeing of the population of Slough from pre-birth to end of life, reduce inequalities and improve the quality of health and social care services. It will do this by promoting the Slough Joint Wellbeing Strategy; a strategy of prevention, early intervention, and rehabilitation; supported wherever possible by community based public health programmes, education, health care and social care.

2.5 The multi agency Adults Safeguarding Board (ASB) is established in accordance with the Care Act (2014). It makes strategic decisions in response to national and local policy developments, and works to ensure the safety and wellbeing of adults at risk of abuse and neglect in Slough through the work of the Board, its sub groups and partner agencies

2.6 The main objective of an ASB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in Slough who meet the criteria as set out in the Care Act (2014).

### **3. ROLE OF THE SLOUGH LOCAL SAFEGUARDING CHILDREN BOARD (SLSCB)**

The statutory objectives and functions of the SLSCB as set out in section 14 of the Children Act 2004 are:

To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

To ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, as follows:

Developing policies and procedures for safeguarding and promoting the welfare of children in the area including policies and procedures in relation to:

- i) The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention
  - ii) Training of persons who work with children or in services affecting the safety and welfare of children
  - iii) Recruitment and supervision of persons who work with children
  - iv) Investigation of allegations concerning persons who work with children
  - v) Safety and welfare of children who are privately fostered
  - vi) Cooperation with neighbouring children's services authorities and their Board partners
- b) Communicating to persons or bodies in the area the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so
  - c) Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve
  - d) Participating in the planning of services for children in the area
  - e) Undertaking reviews of serious cases and advising the Board partners of on lessons to be learned



In order to fulfil its statutory functions under regulation 5 an LSCB should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

Working Together 2015 sets out additional responsibilities as follows:

LSCBs should conduct regular assessments on the effectiveness of Board partners' responses to child sexual exploitation and include in the [annual] report information on the outcome of these assessments.

This should include an analysis of how the LSCB partners have used their data to promote service improvement for vulnerable children and families, including in respect of sexual abuse. The report should also include appropriate data on children missing from care, and how the LSCB is addressing the issue.

#### **4. ROLE OF THE ADULT SAFEGUARDING BOARD (ASB)**

The ASB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect.

These will include the safety of patients in local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services. It is important that ASB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners as well as providers of services.

In particular, the Board will:

- Oversee the development of effective interagency policies and procedures for safeguarding and promoting the welfare of vulnerable adults within the borough of Slough.
- Provide support and guidance to communities and organisations to ensure that in Slough we are actively identifying and preventing the circumstances in

which neglect and abuse occurs, promoting the welfare and interests of vulnerable adults.

- Develop a robust overarching strategy for Safeguarding in Slough, within which all agencies set their own strategy and operational policy.
- Raise awareness, knowledge and understanding of abuse and neglect in order that communities and organisations know how to respond effectively and coherently where issues arise.
- Engage and encourage dialogue with local partnerships (within Slough and where appropriate across Berkshire) with responsibilities for the safety and welfare of all adults so that we are all able to respond effectively to vulnerable adults.
- Ensure that vulnerable adults who use the services we provide or commission are safe and their care and treatment is appropriate to their needs

## **5. SLOUGH WELLBEING BOARD (SWB)**

The Slough Wellbeing Board takes the lead in promoting health and wellbeing in Slough.

It is a focused decision-making committee of Slough Borough Council, set up in April 2013 in line with the requirements of the Health and Social Care Act 2012, in order to:

- deliver the statutory functions placed on Health and Wellbeing Boards under the Health and Social Care Act (2012)
- act as a high level strategic partnership for the borough
- develop and publish a [Joint Strategic Needs Assessment](#) for the borough following consultation with Slough's residents, health and social care professionals and the voluntary and community sector
- agree the priorities to improve the health and wellbeing and reduce the inequalities of Slough residents
- oversee the delivery of the [Slough Joint Wellbeing Strategy](#)

In particular, it has the responsibility;

- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the area.
- To encourage persons who arrange for the provision of health-related services in its area to work closely with the Board.
- To give its opinion to the Slough Clinical Commissioning Group (the CCG) as to whether their Commissioning Plans adequately reflect the current JSNA and SWS.
- To comment on the sections of the CCG's Annual Report which describe the extent of the CCG's contribution to the delivery of the SWS.

- To give an opinion as requested by the NHS Commissioning Board on the CCG's level of engagement with the Board, the JSNA and the SWS.
- To give its opinion to the Council on whether the council is discharging its duty to have regard to the JSNA and SWS in the exercise of its functions.
- To exercise any council function which the Council delegates.

In addition, the Board has the following locally-agreed objectives:

- To act as the umbrella high level strategic partnership for the Borough, working to agree on the priorities that will improve the health and wellbeing and reduce the inequalities of the residents of Slough.
- To deliver the Board's duty to promote joint commissioning and integrated provision, by bringing together a wider range of resources across NHS, social care, public health and other related services;
- To give the public a voice in shaping health and wellbeing services in Slough, and provide a key forum for public accountability of the NHS, public health, social care and other commissioned services that are related to health and wellbeing in Slough.

## **6. ARRANGEMENTS TO SECURE COORDINATION BETWEEN THE BOARDS**

The three Boards will work together by the following means:

The SWB will consult with the LSCB and ASB on the Joint Strategic Needs Assessment.

The SWB will present to the safeguarding boards the updated JSNA and performance against priorities and outcomes in the Slough Wellbeing Strategy at least annually

The SWB will provide information to the LSCB and ASB, in respect of the health and well-being of children, young people and their parents/carers on at least an annual basis by means of updates to the JSNA

The LSCB and ASB will present their annual reports to the SWB and the SWB will provide a formal response to the LSCB and ASB.

All Boards will ensure that messages and information about keeping children and adults with needs for care and support safe are disseminated within partner organisations

All Boards will ensure that action taken by one body does not duplicate that taken by another

## **7. OPERATIONAL ARRANGEMENTS**

The SWB, ASB and LSCB will share their Board Minutes.

This Protocol will be reviewed on an annual basis or when national guidance or legislation affecting any of the Boards is revised or introduced.

## **8. RESOLUTION PROCESS**

Where any of the Boards are concerned that this protocol is not succeeding in ensuring strong partnership working to keep children and adults who are vulnerable safe and healthy, resolution should be sought through communication between the Chairs of the Boards, the Lead Members and the Directors of Children’s Services, Adult Social Care and Public Health.

## **9. SIGNATORIES**

This protocol is agreed by the undersigned on behalf of the Slough Local Safeguarding Children Board, Slough Adult Safeguarding Board and Slough Wellbeing Board:

.....

Phil Picton, Independent Chair. Slough LSCB

..... Nick Georgiou,  
Independent Chair, Slough ASB.

.....

Cllr R Anderson. Chair. Slough Wellbeing Board

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board      **DATE:** 15 July 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**

**SLOUGH WELLBEING BOARD (SWB) OUTCOMES AND VISIONING WORKSHOP**

1. **Purpose of Report**

The purpose of this report is to make the board aware of a forthcoming workshop to shape and agree the future outcomes and vision for the SWB and refreshed Slough Joint Wellbeing Strategy (SJWS) for 2016.

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

The Committee is requested to note the plans for this workshop.

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

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

This workshop will support the refresh of the current Joint Wellbeing Strategy priorities:

- Economy and skills
- Health
- Regeneration and the environment
- Housing
- Safer communities

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

The workshop will utilise an updated needs analysis informed by Slough's JSNA.

3c. **Five Year Plan Outcomes**

Agreeing future SWB outcomes and vision 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 directly resulting from the recommendation of this report. The workshop will be facilitated free of charge by the Local Government Association (LGA) and held (where possible) in a cost neutral venue.
- (b) **Risk Management** - No risk management implications associated with this report.
- (c) **Human Rights Act and Other Legal Implications** - There are no Human Rights Act implications associated with the proposed action.
- (d) **Equalities Impact Assessment (EIA)** – A full EIA will be completed for the subsequent refresh of the SJWS, which will be informed by the proposed workshop.

#### 5. **Supporting Information**

- 5.1 In June 2014 the SWB held a development workshop to review its performance and agree next steps for the board's development. A SWB development plan was drafted and agreed by the SWB on 12<sup>th</sup> November 2014.
- 5.2 The first three actions from this development plan are to:
  - Agree a statement of purpose/vision for SWB.
  - Carry out a root and branch review of SWB/SJWS priorities.
  - Agree SWB key priorities.
- 5.3 The proposal presented in this report is to hold a half day workshop, facilitated by the LGA, to agree a set of updated outcomes for the refreshed SJWS 2017-2020 and a new vision for the SWB.
- 5.3 The outcomes from the proposed workshop would be:
  - A shared sense of purpose for all SWB members
  - Clear and aligned outcomes for the SWB based on operational and local need.
  - SWB members will be clear on what the SWB will deliver.
- 5.4 The Policy team are currently updating the SJWS needs analysis to highlight new or emerging trends and needs. The outcomes of this needs analysis will be shared with SWB members to support and be used to agree the SWB outcomes and vision at the workshop.
- 5.5 Subject to support by the SWB, the Policy team will be in contact with SWB members to agree a date for the workshop and a further update on progress will be given either at the September SWB meeting or by email, depending on the date agreed.
- 5.6 Next steps following this workshop are to:
  - Agree what good performance for the SWB looks like
  - Agree monitoring and reporting of outcomes with milestones
  - Agree structure under the SWB to deliver the agreed outcomes
  - Agree an annual SWB workplan based on agreed priorities
  - Look at agreeing SWB shared budget to enable further development.
  - Draft and consult on the SJWS

- Launch SJWS and vision.

6. **Conclusion**

- 6.1 The proposed workshop will assist with shaping further development of the SWB and inform the refresh of the SJWS.

7. **Appendices Attached**

'A' – SWB development plan

8. **Background Papers**

Slough Development workshop June 2014 – Final report.

Appendix A

SWB annual development plan 2015-2016.  
Updated June 2015.

Action	Timescale	Outcome	Responsibility	Status/Progress
<b>*Review of Slough Joint Wellbeing Strategy:</b>				
*1. Agree statement of purpose/vision for SWB	Autumn 2015	1. Shared sense of purpose for all SWB members. 2. Increased understanding about what the SWB will do for SBC staff and SWB partner agency staff and stakeholders	NI/AR	Await agreement from SWB at proposed development workshop. SBC 5 year plan in place. CCG 5 year plan in place.
*2. Carry out a root and branch review of SWB/SJWS priorities	Autumn 2015	1. Clear and aligned priorities based on operational and local need.	NI	
*3. Map local SWB/SBC public spend to highlight areas of focus	By end of financial year April 2016	1. SWB will have clear understanding of how funding links to key priorities for partners.	TBA	
*4. Agree SWB key priorities	Autumn 2015	1. SWB members clear on what SWB will deliver. 2. SBC staff and SWB partner agency staff will be clear on what SWB will deliver.	NI/AR	
*5. Agree what good performance for the SWB looks like		1. Success is clearly defined. 2. Improved ability to performance monitor and evidence impact of SWB.	TBA	
*6. Agree monitoring and reporting of priorities with milestones		1. SWB can evidence progress, delivery and impact against priorities.	TBA	



Action	Timescale	Outcome	Responsibility	Status/Progress
*7. Agree an annual SWB workplan based on agreed priorities	TBA agreed based completion of action 4,5 & 6	1. SWB will focus on key activity.	TBA	
*8. Look at agreeing SWB shared budget to enable further development.	TBA agreed based on completion of action 4,5 & 6	1. Further Improve input into BCF planning. 2. Better enable SWB to effectively commission joint services.	TBA	
*9. Following review of priorities - refocus PDGs looking at governance, purpose/focus and performance management	TBA based on completion of actions 1 - 8	1. PDG will have clear focus and workplan. 2. PDGs will have appropriate membership. 3. PDGs will link directly to work of the SWB.	TBA	
<b>Actions independent of SJWS review</b>				
10. Update SWB ToRs – “Welcome to SWB” proposed	End of November for Welcome guide. May 2015 for updated terms of reference	1. SWB members will be clear of how board operates and their role. 2. Increased awareness and understanding across a range of stakeholders about what SWB does and why.	TBA	In draft.
11. Implement SWB newsletter	By end of August 2014	1. A wide audience will have an understanding of what the SWB is, what it does and how this related to their work or their lives in Slough. 2. Increased attendance at SWB meetings from interested parties.	SJ	Complete

Action	Timescale	Outcome	Responsibility	Status/Progress
12. Agree and invite Acute Service rep	By end of November 2014	1. Key delivery partners are involved in key decision making of the board.	SJ	Agreed.
13. Manage a balance between and mechanism for formal and informal SWB business and discussions	By end of December 2015	1. SWB members will be able to carry out creative planning in an informal environment. 2. SWB will continue to develop and grow in terms of effectiveness.	TBA	Not yet started
14. NHS England to attend meetings	With immediate effect	1. Governance is improved with attendance from NHS England. 2. Support and challenge for and from SWB is enabled more efficiently.	SJ	Letter sent to Mathew Tait NHS England requesting attendance
15. Consider BCF workshop for SWB to get to grips with key issues and challenges	TBC	1. Further Improve input into BCF planning. 2. Better enable SWB to effectively commission joint services.	TBA	Planned workshop not held due to lack of availability. Follow up workshop to be agreed.

**SLOUGH WELLBEING BOARD – 15<sup>th</sup> JULY 2015**

**ACTION PROGRESS REPORT and FUTURE WORK PROGRAMME**

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

<b>Meeting date</b>	<b>Action agreed</b>	<b>Progress / comment</b>	<b>Lead member/officer</b>
29/01/14	Childhood Immunisation Update To note: <ul style="list-style-type: none"> <li>• Past and current performance in childhood immunisations.</li> <li>• Changes in the immunisation schedule and the amended roles and responsibilities for commissioning and monitoring immunisations.</li> <li>• 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.</li> </ul>	√ <b>P</b>	Angela Snowling
24/09/14	The Self Care, Personal Responsibility and Engagement Task & Finish Group – Final Report <ul style="list-style-type: none"> <li>• That details of the report be noted and a further report be considered by the Board in six months time.</li> <li>• Conclusions formulated regarding the findings of the Group be circulated to all partner agencies.</li> <li>• Further work to be carried out by the Group examining GP appointments not attended by individuals.</li> </ul>	√√ <b>C</b>  √√ <b>C</b>  √ <b>P</b>	Samantha Jones
12/11/14	Slough Wellbeing Board (SWB) Development Plan 2014/15 That the Slough Wellbeing Board Development Plan 2014/15 be agreed. <ul style="list-style-type: none"> <li>• A review of the Slough Joint Wellbeing Strategy in 2015 which would include a review of the vision, priorities and workplan for the Board.</li> <li>• Update the Board’s terms of reference including a ‘Welcome to SWB’ guide and implementation of a SWB newsletter.</li> <li>• A review of the membership of the Board, including acute sector representation.</li> </ul>	√ <b>P</b>  √√ <b>C</b>  √ <b>P</b>	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"> <li>• That the plans for the transfer of Health Visitors and Family Nurse services to Slough Borough Council be noted.</li> <li>• That the Board receive a further report on progress in due course.</li> </ul>	<p>√√ <b>C</b></p> <p>√ <b>P</b></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"> <li>• That the update on the Operational Resilience and Capacity Planning 2014/15 at Heatherwood and Wexham Park be noted.</li> <li>• That the concerns of the Board be expressed in relation to timescales imposed on the planning process for Winter 2014/15.</li> </ul>	<p>√ <b>P</b></p>	Carrol Crowe
25/03/15	<p>Better Care Fund Pooled Budget Agreement 2015/16</p> <p>That the Wellbeing Board note the following:</p> <ul style="list-style-type: none"> <li>• The Council and Clinical Commissioning Group would enter into a pooled arrangement under S75 of the NHS Act 2006.</li> <li>• The Council be the host of the Pooled Budget.</li> <li>• The financial contributions to the budget together with the proposed arrangements for governance and management of the plan.</li> <li>• Delegation to the Acting Director of Adult Social Care (following consultation with the Leader and Commissioner for Finance &amp; Strategy and the Commissioner for Health &amp; 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.</li> </ul>	<p>√ <b>P</b></p>	Alan Sinclair & CCG CFO
25/03/15	<p>Mental Health Crisis Care Concordat Action Plan</p> <p>That the Wellbeing Board note the following:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The Action Plan was in alignment with the Mandate previously authorised.</li> <li>• 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.</li> </ul>	<p>√ <b>P</b></p>	Carrol Crowe

25/03/15	<p>Slough Borough Council Five Year Plan</p> <p>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.</p> <p>That a report be brought to the next meeting of the Wellbeing Board on the Council's Leisure Strategy.</p>	√√ C	Councillor Martin Carter
25/03/15	<p>Draft Overarching Information and Data Sharing Protocol</p> <ul style="list-style-type: none"> <li>• That the update be noted.</li> <li>• That the action currently underway to develop a final draft of the proposed multi-agency protocol be endorsed.</li> <li>• 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.</li> </ul>	√√ C	Amanda Renn
13/05/15	<p>Deaf and hard of hearing people's experience when accessing health services in Slough</p> <p>That the report on "Deaf and hard of hearing people's experience when accessing health services in Slough" be noted.</p> <p>That partners consider the practical steps they could take to improve access to their services for deaf and hard of hearing people.</p>	√ P	All
13/05/15	<p>Get Active Slough – A 5-Year Leisure Strategy for Slough</p> <p>That the Board note the report and support its objectives as described.</p> <p>That partners give due consideration to how they could provide proactive support, and where possible budget, to assist in delivering the proposed outcomes.</p>	√ P	All
13/05/15	<p>Overarching Information Sharing Protocol</p> <p>That the current draft of the Overarching Information Sharing Protocol be re-circulated to partners, with comments fed back to Slough Borough Council by the end of June.</p> <p>That the Board consider a revised draft of the Overarching Information Sharing Protocol for approval at their next meeting to be held on 15th July 2015.</p> <p>That any relevant existing information sharing protocols between partners be mapped to ensure alignment with the new Protocol.</p> <p>That Officers consider the further steps to ensure effective implementation of the Protocol, once agreed, including training and awareness raising amongst partners.</p>	<p>√√ C</p> <p>√√ C</p> <p>√ P</p> <p>√ P</p> <p>√ P</p>	Amanda Renn

	That other relevant health and social care partners, including Frimley Health NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust be approached at the appropriate time with regards to information sharing arrangements.		
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## DRAFT FUTURE WORK PROGRAMME

Meeting date	Business Items	Lead member/officer
15/07/15	CYPP rewrite Child Poverty Strategy sign off BCF Quarterly Update GP Planning Information Sharing Protocol LSCB/ASB/SWB protocol sign off SWB priority and vision workshop proposal	

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

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**SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2015/16**

<b>MEMBER</b>	<b>13/05</b>	<b>15/07</b>	<b>23/09</b>	<b>11/11</b>	<b>21/01</b>	<b>23/03</b>
Naveed Ahmed	P					
Cllr Rob Anderson	P					
Ruth Bagley	P					
Simon Bowden	Sub					
Cllr Sabia Hussain	P					
Ramesh Kukar	Ap					
Lise Llewellyn	P					
Jim O'Donnell	Sub					
Les O'Gorman	Ap					
Dave Phillips	P					
Colin Pill	P					
NHS England representative	Ap					
Jane Wood	Sub					

P = Present  
Ap = Apologies given

Sub = Substitute sent  
Ab = Absent, no apologies given

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