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Date of issue: Tuesday, 15 September 2015

MEETING:	**SLOUGH WELLBEING BOARD** Councillor Rob Anderson, Leader Naveed Ahmed, Business Representative Ruth Bagley, Chief Executive Superintendent Simon Bowden, Thames Valley Police Councillor Sabia Hussain, Health & Wellbeing Commissioner Ramesh Kukar, Slough CVS Lise Llewellyn, Strategic Director of Public Health Dr Jim O'Donnell, Slough Clinical Commissioning Group Les O'Gorman, Business Representative Colin Pill, Healthwatch Representative Dave Phillips, Royal Berkshire Fire and Rescue Service NHS Commissioning Board Representative Jane Wood, Strategic Director of Wellbeing
DATE AND TIME:	WEDNESDAY, 23RD SEPTEMBER, 2015 AT 5.00 PM
VENUE:	FLEXI HALL, THE CENTRE, FARNHAM ROAD, SLOUGH, SL1 4UT
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NICHOLAS PONTONE 01753 875120

NOTICE OF MEETING

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

RUTH BAGLEY
Chief Executive

sustainable forest

AGENDA ITEM	REPORT TITLE	PAGE	WARD

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.

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9.	Action Progress Report and Future Work Programme *To note.*	145 - 148	
10.	Date of Next Meeting *11th November 2015*		

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, 15th July, 2015.

Present:- Lise Llewellyn (Chair), Ruth Bagley (from 5.12pm), Dr Iyer (deputising for Dr O'Donnell, Ramesh Kukar, Les O'Gorman, Dave Phillips, Colin Pill (from 5.12pm), Alan Sinclair (deputising for Jane Wood)

Apologies for Absence:- Councillors Anderson and Hussain, Naveed Ahmed, Superintendent Bowden, Dr O'Donnell and Jane Wood

PART 1

12. Declarations of Interest

No declarations were made.

13. Election of Chair and Vice-Chair

Resolved - That Councillor Rob Anderson and Lise Llewellyn be elected Chair and Vice-Chair of the Board respectively for the ensuing year.

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

Resolved – That the minutes of the meeting held on 13th May 2015 be approved as a correct record.

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

The Board considered the new Children & Young People's Plan 2015-16 which was the overarching strategy for improving outcomes for children in Slough.

The document was a concise, practical plan setting out the key priorities for the forthcoming 18 months taking account of the transition of children's services from the Council to an independent organisation. Seven priorities had been identified including providing outstanding services to the most vulnerable children in the borough; supporting emotional and mental wellbeing; and delivering the expanded 'Families First' programme. There were also strong links to the Child Poverty Strategy considered elsewhere on the agenda. The plan had been agreed by the Children and Young People's Partnership Board on 18th May 2015 and would provide a framework and shared purpose for the Partnership.

(Ruth Bagley and Colin Pill joined the meeting)

Board members asked about the engagement with schools and with young people themselves. It was responded that schools were heavily involved in the partnership and the plan had been discussed with a number of groups including primary and secondary head teachers and the Schools Forum. The

Youth Parliament had also been engaged and it had three of its members sitting on the main partnership. A number of other issues were discussed including the provision of perinatal mental health services and how links to other strategic plans would be developed and monitored. A Member asked why the plan was only for 18 months and how it would deliver a more substantial and sustained level of improvement compared to previous plans. It was responded that an 18 month timeframe had been considered most appropriate to deliver short term, focused improvements in view of the transition process to a new children's services organisation and that the CYPPB was now a more strategic, focused partnership able to own and lead delivery of the strategy.

The Board agreed that the Children & Young People's Plan be approved and that a progress report on delivery be received in six months.

Resolved –

(a) That the Children & Young People's Plan 2015-2016 be agreed.

(b) That a progress report be received by the Wellbeing Board in early 2016.

16. Child Poverty Strategy

A report was considered on a new Child Poverty Strategy and the Board were asked to agree the draft strategy, as at Appendix A to the report, which set out a vision and priorities for tackling child poverty at a local level.

The Child Poverty Act 2010 placed a duty on local authorities and their partners to publish a local child poverty needs assessment and a child poverty strategy for their area. The Needs Assessment in Slough had been completed in 2014 and it was noted that at 21% the borough had a slightly higher rate of children living in low income families than the national average of 20%. This equated to 8,000 children in the borough living in poverty, mostly under the age of 16, with particularly high rates in Britwell (28%) and Chalvey (26%). The draft strategy had been developed over the past year with significant consultation with statutory partners and a public consultation including with young people and parents. Five priorities had been identified to provide take a strategic approach to take inequality and reduce the number of children living in poverty by 2018. It provided a direction and framework for activity and would be supported by an action plan. Since the previous update to the Board in May further comments had been incorporated from the Children & Young People's Partnership Board (CYPPB) and also reflected recent shifts in government policy.

The Board supported the principles and priorities outlined the plan and sought assurance that the governance arrangements were adequate to support delivery and that there was monitoring to ensure the actions undertaken were effective. It was confirmed that a robust action plan would be developed and owned by the Early Help Sub-Group of the CYPPB with quarterly reporting

arrangements. To ensure the SWB had appropriate oversight of progress, it was agreed that the Board would receive progress reports alongside updates on the Children & Young People's Plan.

Members discussed some of the key elements of the strategy including the impact of macro-economics and the housing market which made it difficult to measure progress in a town with such significant and dynamic population movements. The Board felt that these challenges needed to be understood and that interventions should always be evidence based with a focus on short term actions to ensure resources were helping those children and families most in need. Members also discussed raising the aspirations of young people and the possible impact of the introduction of the living wage.

At the conclusion of the discussion, the Board agreed that the Child Poverty Strategy be approved and that progress against the action plan be reported regularly alongside the Children & Young People's Plan.

Resolved –

(a) That Slough's Child Poverty Strategy 2015-2018, as at Appendix A to the report, be agreed.

(b) That the Board be updated on the progress of delivery alongside the Children & Young People's Plan reporting process.

17. Better Care Fund Plan 2015/16

The Board received a report on the development of the Better Care Fund (BCF) in Slough which set out the implications, benefits and risks of the updated Better Care programme since the previous report in February.

BCF would make a contribution to the delivery of the Five Year Plan outcome of more people taking more responsibility for managing their own health, care and support needs. The Board noted the current financial position, including the 2015/16 expenditure plan set out in Appendix A, and were informed that baseline of non-elective admission activity had been reset across all areas since submission of the BCF plan in September 2014. The percentage target of a 3.5% reduction in Slough was unchanged but performance would be calculated from a higher baseline which increased the financial risk. It was stated that this could still be accommodated within the contingency funds identified; however, achieving the target reduction remained a high risk for the current year.

A detailed update was provided on progress made against each of the priority areas:

- Proactive care – GP practices across Slough were carrying out risk profiling activity to try identify the top two percent of people most at risk of an admission to hospital;

- Single point of access into integrated care services – the business case for the Single Point of Access model would be considered by the Joint Commissioning Board on 22nd July with plans for a phased implementation starting with professional referrals;
- Strengthening community capacity – activity was being taken forward through the Joint Voluntary Sector Strategy and recommissioning process led by SBC.

Performance against each key outcome measure was noted. The non-elective admissions indicator continued to rise with an increase of 5% on the same period in 2014 against a target of a 3.5% reduction. Performance against delayed transfers of care continued to be good and the reablement service was seeing 100% of people successfully reabled and at home 91 days after discharge. The Board were also updated on implementation of the Care Act, progress of the Prime Ministers Challenge Fund and programme of work to enable data sharing of part of patient records across health and social care services.

The Board discussed a range of issues including the how the outcomes achieved through the Prime Ministers Challenge Fund and the Better Care Fund could be sustained. It was felt that the funding had to be used to stimulate fundamental changes to ways of working in order to be sustainable at a time of rising demand and continued funding pressures. The Board also commented on the activity to identify people at risk and members emphasised the importance of seeking a 'different conversation' which looked at the family needs more widely rather than a narrow focus on medical interventions.

Members also discussed the procurement of an interoperable data sharing system, encouraging the use local expertise where possible; and Brunel University Cumberland Initiative's 'Living Lab' concept which recently opened on the Trading Estate as a testbed for innovation in the NHS.

Resolved – That the progress report on the Better Care Fund Plan 2015/16 be noted.

18. GP Planning

Jacky Walters, Programme Manager at Slough CCG, introduced a report setting out a range of current issues regarding the provision of GP services in Slough. The report had been requested by the Health Scrutiny Panel, primarily in relation to the ongoing discussions about the provision of new GP services from the proposed community hub on Trelawney Avenue.

The report covered a wide range of issues, including:

- an update on the primary care joint co-commissioning, which included representation of the Health & Wellbeing Board;
- the progress of the Prime Ministers Challenge Fund in increasing the number of evening and weekend appointment;

- information on practice premises funding and the number of GPs, which indicated that Slough was 'under-doctored' and faced challenges;
- changing patterns of access to services with an increase in telephone appointments and consultations by nurses; and
- access to surgeries in Langley and the CCGs position on the proposal for new GP services at the community hub planned to serve Langley.

Members discussed a number of issues, particularly the resources made available by practices for peer group support groups. The value of such groups was recognised by partners and further support could be considered where evidence showed they worked. It was also generally felt that a key principle of self care was taking personal responsibility and therefore peer groups should look to be self-sustaining wherever possible.

The Board noted the key outcomes of the Health Scrutiny Panel meeting held on 2nd July which included support in principle for a forum to improve the dialogue between councillors and GPs and continued discussions between the Council's asset management team, CCG and other relevant parties about the community hub proposal for Langley.

Resolved – That the report be noted.

19. Overarching Information Sharing Protocol

The Board considered a report seeking the adoption of a multi-agency Overarching Information Sharing Protocol to strengthen current information sharing arrangements across the partnership. The draft had been revised since the previous version received by the Board in May 2015 and comments from partners had been incorporated.

It was recognised that sharing information about individuals between partners was important in providing co-ordinated and seamless services to residents. The Protocol, as attached at Appendix A to the report, sought to ensure information was shared between partners in a responsible way which complied with current legislation and codes of practice. It would not replace existing local protocols but was designed to form the basis for a number of local and specific information sharing agreements. If approved, the next stage would be to take the document to the Priority Delivery Groups and for partners to formally sign the Protocol.

The Board discussed the support partners would require to embed the Protocol and raise awareness with staff, including the possibility an e-learning module. It was noted that further work would be need to bring council departments on board with the new ways of working. After due consideration, the Board adopted the Protocol. It was agreed to add the name of a key contact person to the Protocol to deal with any operational queries from partners in implementing the protocol. A progress report would be presented to the Board early in 2016.

Resolved –

(a) That the Overarching Information Sharing Protocol and the roll out of a common information sharing approach be agreed.

(b) That arrangements be made for members/partners of the Slough Wellbeing Board sign the Protocol.

(c) That a progress report be received by the Board in six months time.

20. Slough Wellbeing Board, Local Safeguarding Children Board and Adult Safeguarding Board Protocol

A report was considered on a joint protocol between the Slough Wellbeing Board, Local Safeguarding Children Board (LSCB) and Adult Safeguarding Board (ASB) to define how they worked together on safeguarding and promote the welfare of children and adults in Slough.

The Board noted that the protocol had already been approved by the LSCB and ASB and was in line with best practice from other authorities in Berkshire. It was agreed to adopt the protocol, add an appropriate date for review and bring an update report back to a future meeting.

Resolved – That the adoption of the Protocol be approved, subject to the addition of an approval date and suitable review period.

21. SWB Outcomes and Visioning Workshop

The Board received a report which provided an update on a planned workshop to shape and agree the future outcomes and vision for the SWB and refreshed Slough Joint Wellbeing Strategy (SJWS).

The SJWS needs analysis was being updated and would be shared with members of the Board for comment. A workshop to be facilitated by the LGA was planned for September or October. Members noted the update and requested that the needs analysis utilised the Joint Strategic Needs Assessment.

Resolved – That the plans for the workshop be noted.

22. Action Progress Report and Future Work Programme

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

23. Attendance Report

Resolved – That the attendance record be noted.

24. Date of Next Meeting

Resolved – That the next meeting be confirmed as 23rd September 2015.

Chair

(Note: The Meeting opened at 5.02 pm and closed at 6.40 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 23rd September 2015

CONTACT OFFICER: Garry Tallett, Community Safety Partnership Manager

(For all Enquiries) (01753) 47 7907

WARD(S): All

PART I
FOR CONSIDERATION

SAFER SLOUGH PARTNERSHIP (SSP) STRATEGIC ASSESSMENT 2014/15

1. Purpose of Report

Slough Wellbeing Board is asked to note the contents of this report regarding the work of the Safer Slough Partnership (SSP) to tackle crime and community safety priorities.

2. Recommendation(s)/Proposed Action

- To note the content of the Safer Slough Strategic Assessment for 2014/15;
- To consider how the strategic priorities for 2015/16 could be promoted more widely across the council and to partner organisations; and
- To note the proposed review of the SSP and how the Wellbeing Board could make a positive contribution.

3. The Slough Wellbeing Strategy, the JSNA and the council's 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).

It is a formal responsibility of the SSP to prepare and publish the Safer Slough Strategic Assessment. This document underpins the SJWS and contributes to the JSNA by delivering on the priority actions as set out in the SJWS.

3(a) Slough Wellbeing Strategy Priorities and the JSNA

The SSP supports specific delivery against each of the following SJWS priorities:

- **Health** – by reducing the harm that drugs cause to individuals, families and the wider community

- **Regeneration and Environment** – by creating a safer and cleaner environment for all those who live, work, learn, visit and invest in Slough
- **Safer Slough** - by reducing crime, anti-social behaviour (ASB) and the fear of crime

3(b) 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 SSP therefore supports specific delivery against each of the following Five Year Plan outcomes:

4 – Slough will be one of the safest places in the Thames Valley
6 - More people take responsibility and manage their own health care and support needs

4. **Other Implications**

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

(b) Risk Management - There are no risk management issues arising from this report.

(c) Human Rights Act and Other Legal Implications - There are no human rights or other legal implications arising from this report.

(d) *Equalities Impact* - Feedback and close monitoring of data will be analysed according to the council's equalities monitoring categories, to enable any differential impact on particular groups to be identified and mitigated where possible.

5. **Supporting Information**

5.1 The annual Safer Slough Partnership Strategic Assessment is a snapshot of crime and community safety, supported by data from across the partnership and feedback from residents. The Strategic Assessment allows the Partnership to bring together different data to unpick the complexity of crime and ASB in Slough. The assessment allows the Partnership to provide added value and to focus on the underlying causes of crime and ASB addressing issues of underreporting, protecting victims and working with offenders to change their behaviour.

5.2 The Strategic Assessment performs a number of functions:

- It provides headline performance information across the key crime types.
- It reviews how the SSP addressed these problems in 2014/15.
- It provides a rich picture of these key crime types providing crime levels, peer comparison, annual change, trend analysis, seasonality.
- It identifies the main crime and anti-social behaviour problems in Slough.

- It identifies emerging risks and the strategic priorities for 2015/16.

Performance

5.3 The Strategic Assessment shows that between 1st January 2014 and 31st December 2014, reported crime fell by 7.3%, and reported Burglary fell by 27% and Anti-Social Behaviour fell by 22%. The reductions are across the board; acquisitive crime, robbery, vehicle offences all showed a positive reduction.

5.4 There has been a small increase in violent crime in 2014, with 40 more violent crimes in 2014 than 2013. This is the first increase since 2010. This increase is being monitored by the Safer Slough Partnership. While violent crime is on the increase, Slough is still one of the fastest improving areas for safety against our most similar group (Luton, Hounslow, Northampton, Bristol and Reading).

- Overall reduction – from 16,440 crimes in 2010 to 10,751 in 2014 this is nearly 5700 fewer crimes (35%).
- Overall crime has fallen in Slough by over 10% compared to a year ago
- Slough has the 7th fastest crime reduction rate in Thames Valley Police over the past 5 years.
- Slough is ranked 3rd best performing police force for crime reduction in our comparator, Most Similar Group (MSG) group for overall crime.

What did we achieve in 2014/15

5.5 The following section summarises some of the key partnership activities from 2014/15:

- **Reducing burglary** - Thames Valley Police led and coordinated partnership activity through bi-weekly tasking meetings. This was supported by the employment of a burglary crime co-ordinator, a cross boarder analyst post and working closely with the SSP. The result was that by April 2015 burglary dwelling was reduced by 259 offences, a reduction of 29.6% compared to 2013/14.

- **Reducing Violent Crime** - A new pilot approach to violent crime case management started in August 2014. The VMAP, multi-agency problem solving meetings, focused on violence in Britwell/Haymill and Chalvey/Upton, bringing a wide range of agencies to focus on the victim and offender. CCTV operators have proved invaluable in identifying offenders, leading to arrests. While licensing officers from Thames Valley Police and the council have carried out operations and drug testing. Meanwhile the Police, council Wardens, Youth Services and ASB Officers have worked together on operation Nightsafe patrols.

- **Drugs Treatment Services** – These have continued to work with a challenging cohort. Work has taken place to ensure that the referral pathways are in place to support clients. The clinical provision of Slough Treatment Services has been recently re-commissioned resulting in a more effective service.

- **Youth Offending** – this continues to be a priority for the SSP. In 2014, the Youth Offending Team (YOT) exceeded their set target of reducing first time entrants to the youth justice system by 9. As part of a revamped re-offending forum structure, the YOT started working with those on the cusp of re-offending, identifying and addressing their issues.

Priorities for 2015/16

5.6 The Strategic Assessment identifies the following priorities for the year ahead:

Violent Crime
- Reduce the total crime, specifically high volume and serious crimes against the person
- Alcohol as a contributory factor in violent crime and domestic abuse

Safeguarding
- Support work around child sexual exploitation (CSE) and female genital mutilation (FMG) and protecting vulnerable adults
- A focus on responding to ASB case work and Environmental ASB through enforcement and design

Serious and Organised Crime
- Disrupt organised crime groups
- Raise awareness of cyber crime

Youth Crime
- Reduce first time entrants to the youth justice system
- Reduce the rate of proven re-offending by young offenders

Moving Forward

5.7 On the 8th September the SSP Board approved the formation of a task and finish group to review the activities of the partnership. This review will cover three key areas (governance, strategic focus and operational working). The aim of this review is to ensure that duplication is removed, where possible, and that the SSP has the operational structures to continue to deliver its partnership objectives. The task and finish group will report back to the SSP on the 17th November with recommendations and a proposed structure.

5.8 In November the Strategic Assessment will undergo a refresh to ensure that the priorities identified thus far are still current. This information will then feed into a new 3 year, rolling, Community Safety Strategy starting in April 2016. The Strategic Assessment and this Strategy will be refreshed annually to ensure the priorities remain current.

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

6.1 There are no comments from other committees.

7. Conclusion

- The overall picture of crime in Slough is positive. There are concerns with regards to the rise in Violent Crime, although this is rising slower than other areas in the Thames Valley.
- The Strategic Assessment highlights some of the key activities undertaken against 2014/2015 priorities and what the SSP has been doing to address these issues.
- The 2015/16 priorities support and continue the work around violent crime and safeguarding while addressing emerging issues such as cyber crime and human slavery.
- The plan to review the SSP will build on previous success while developing resilience in new emerging areas.

8. Appendices Attached

'A' - Strategic Assessment 2014/15
'B' - SSP Fit for Purpose Review

9. Background Papers

None.

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Appendix A

Safer Slough Partnership
Working for a safer community

Safer Slough Partnership Strategic Assessment 2014/15

Contents

Executive Summary

The Safer Slough Partnership (SSP) brings together the key agencies involved in crime prevention and community safety work in Slough. It includes Slough Borough Council, Thames Valley Police (Slough), the Royal Berkshire Fire & Rescue Fire Service, the Probation Service[1].

Our aim is to create a safe environment for all those who live, work and visit in Slough

Slough is an attractive place in which to live and work. Since 2010 overall crime in the borough has fallen by 32% (more than 5200 crimes). Over the last year, from January 2014 to December 2014, there have been significant reductions in the number of violent crime and vehicle crime.

In order to ensure that we continue to focus resources to effectively address crime, anti-social behaviour (ASB) and Domestic Abuse (DA) that impact on Slough and our residents we:-

- Conduct an annual **Safer Slough Partnership Strategic Assessment** to collate data and analyse the crime patterns for the town
- Listen to the views and concerns of Slough residents on the crime and community safety issues that matter to them
- Monitor performance and delivery against our objectives with quarterly performance reports

[1] There is now a new probation service and management structure within Thames Valley. The Thames Valley Community Rehabilitation Company (TVRC) and the National Probation Service (NPS)

Introduction

The annual Safer Slough Partnership Strategic Assessment is a snapshot of crime and community safety, supported by factual data from across the partnership and feedback from residents. We will use this years Strategic Assessment to help us identify our 2015/16 Safer Slough Partnership Priorities.

Many of our priorities continue from year to year as they follow long-term trends. We may, however, decide to re-focus the priorities in response to:

- Emerging or changing trends in crime, ASB and DA
- The impact of previous interventions
- Emerging external national and local factors
- Learning and experiences gained through the delivery of the existing priorities.

This report is a summary of the key findings of Slough's Safer Slough Strategic Assessment 2014/15. I hope that you find this summary of the SSP Strategic Assessment informative and helpful.

We value you opinion and if you would like more information about the assessment please contact the Community Safety Team.

Production of this report

The data collection and writing of this report has been facilitated by the Community Safety Team at Slough Borough Council.

Any queries or questions about the report should be directed to:

- Garry Tallett, Community Safety Partnership Manager at Garry.Tallett@slough.gov.uk or 01753 47 7907
- Jas Bhath, Community Safety Analyst at Jaswinder.Bhath@slough.gov.uk

Ruth Bagley
Chief Executive, Slough Borough Council
Chair and of Safer Slough Partnership.

Signed:

Simon Bowden
Superintendent, Local Policing Area Commander, Thames Valley Police and Deputy Chair of the Safer Slough Partnership

Signed:

Our headline performance

Slough is one of the fastest improving areas for safety

Crime in Slough[2]

- **Overall reduction – from 16,440 crimes in 2010 to 10,751 in 2014 this is nearly 5700 fewer crimes (35%)**
- **Overall crime has fallen in Slough by over 10% compared to a year ago**
- **Slough has the 7th fastest crime reduction rate in the Thames Valley Police over the past 5 years**
- **Slough is ranked 3rd best performing police force for crime reduction in our comparator, Most Similar Group (MSG)@ , group for overall crime**

Fewer victims of crime in Slough

Reduced offending means less crime and fewer residents of Slough becoming victims of crime based on the information for 2014 compared to 2010, which is used as baseline

Jan to Dec	2012	2013	2014	% change (from 2013)	Slough Per 1,000 Population
All Crime	12699	12025	10751	-10.59%	0.06 Fewer victims of Theft from a Person
Violent Crime	3352	3041	3004	-1.22%	1.80 fewer victims of violent crime
Robbery	309	191	181	-5.24%	0.34 fewer victims of Robbery
Vehicle Offences	1505	1563	1389	-11.13%	1.55 fewer victims of Theft from Vehicle
Burglary	1808	1600	1110	-30.63%	0.76 fewer victims of Burglary
ASB	4276	3337	3289	-1.44%	Data not available.

Source: iQuanta (and UK Crime Stats for 2014 ASB)

[2] All data provided by Iquanta, ONS and Thames Valley Police Performance Team

@ Slough MSG for 2014/15 is Luton, Hounslow, Northampton, Bristol, Enfield, Portsmouth, Croydon, Ealing, Stevenage, Plymouth, Hillingdon, Harlow, Southampton and Reading.

Rate of violent crime and theft of a vehicle have both fallen sharply

Violent crime and vehicle theft have been long standing issues of significant concern for the Slough community. We are pleased with the 32% reduction in Violent Crime over the past 5 years; Slough has jointly the 7th best rate of reduction within the TVP (of 13 Forces) and we are only 1% below the TVP average reduction rate of 33%, however we are aware that there is still work to be done as we saw a slight annual increase last year and violent crime will remain a priority.

What we are doing: The Police operate regular Nightsafe Patrols on during Thursday, Friday and Saturday nights to deter and tackle violent crime in the town centre and are supporting by the Street Angels volunteers. We also expect to see improvements due to the delivery of tactical options through the Violence Multi Agency Panel (VMAP) meetings, which is a pilot looking at using a problem solving approach to tackle repeat incidents.

Our priority: The Safer Slough Partnership will continue to maintain a strong focus on reducing violent crime.

Vehicle crime has reduced in Slough with the rate reduction (66%) above the Thames Valley Police average (61%) giving Slough the 7th best reduction rate in TVP. However in the past year this reduction has slowed.

Community Safety Partnership actions

Performance assessments against the 2014 strategic priorities

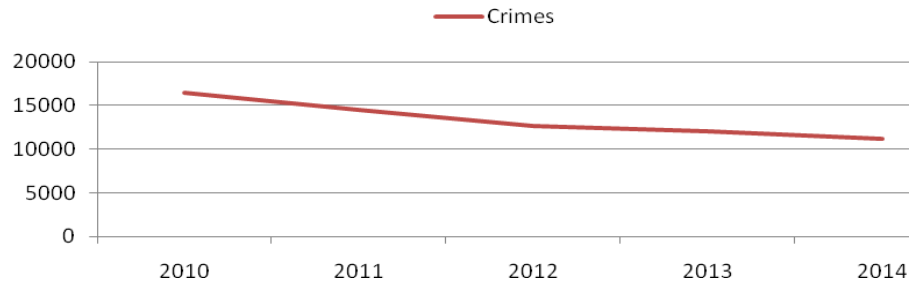
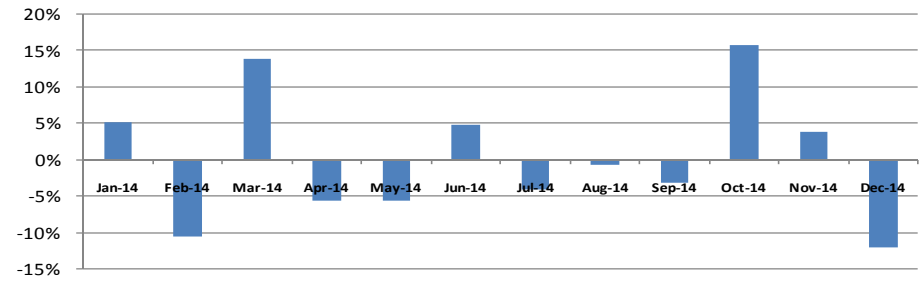
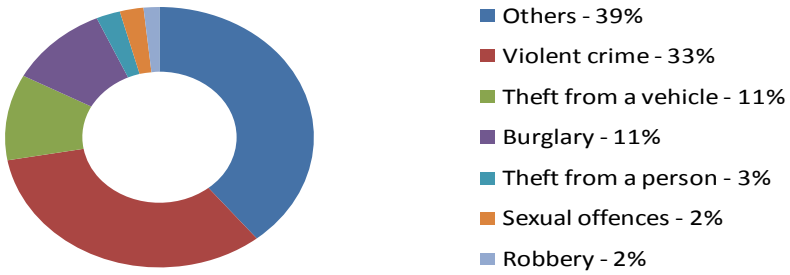
Priority	*What we have been doing*
Reducing property crime: 2% reduction in burglary from the baseline year (2012/13) and increase the detection rate to 18%	• Police sector tasking meetings with partner agencies generates numerous local crime reduction operations. • Partnership bi-weekly TTCG meeting addresses burglary series and problems. • Burglary analyst working for TVP provided data for both meetings and the SSP • Police crime co-ordinator employed with burglary as a priority role. • Operation Clockwork provides crime reduction and detection / enforcement opportunities through Autumn/Winter. • Cross border intelligence sharing meetings with neighbouring forces continued. • A cross border analysts post was created, funded by three forces. • Burglary dwelling reduced by 259 offences by April 2015 (-29.6% compared to 2013/14). • Detection rate improved numerically on 2013/14 but was at 12.8%
Reducing violent crime: 2% reduction in violent crime from the baseline year (2012/2013) and increase the detection rate to 45%	• Police Local Crime meetings review previous two weeks violence and plan for forthcoming three months of violence compared to same period in previous year, this meeting feeds into the Partnership TTCG meeting. • Sector Tasking meetings involve partners and feed into the Partnership TTCG meetings and bids for activity, resources or funding are submitted through LPA TTCG and Level II if necessary • Op Nightsafe patrols are briefed and tasked to patrol specific locations across the LPA to prevent violent crime by providing a presence as well as dealing with lower level public order and ASB before they become assault offences. Council Wardens, Street Angels and Youth Services also provide a presence. • Very effective coverage and intervention by CCTV Operators have proved invaluable in identifying and arresting offenders • Licensing Officers from TVP and SBC address non compliance with conditions and conduct operations and drug testing • Dispersal powers are used frequently • VMAP multi agency problem solving meetings began in August 2014, addressing violence in Britwell/Haymill and Chalvey/Upton. • Violent crime ended the 2014/14 year at +0.8%, with detection rate of 39.7%

Priority	*What we have been doing*
Increase in numbers accessing Domestic Abuse Services (victims and perpetrators)	• There has been a rise in referrals to all of the DA commissioned services, and to the DASH Charity who have now reached capacity. • There has also been an increase in the complexity of cases presenting to services and the number of families wishing to remain together and be supported to manage their situation.
Maintain non-police referrals to MARAC, >46%	• The MARAC Self Assessment has been completed and the results will drive future MARAC development. In the past year the MARAC has reviewed 146 cases, which have included 214 children. • 45% of referrals to MARAC came from agencies other than the police. However, a high police referral rate would be expected as MARAC is only for high risk cases, in which the police are often involved.
Maintain number of gating projects in crime and ASB hotspots, >31	• Reduced crime, ASB and fear of crime, and to reassure local communities which have been suffering from crime and ASB in their neighbourhoods. Residents have reported feeling safer in their homes and neighbourhoods once the gates were installed. • Increased spending on gating projects since 2008. 135 gating schemes have been completed from April 2008 and March 2015, incorporating over 150 gates and offering enhanced security to nearly 1000 properties. • Targeting areas for gating which have been identified by residents, councillors and resident forums including the Neighbourhood Action Groups. • 24 gating projects were completed in 2014.
Successful completions for criminal justice clients, >15%	• Slough's local drug and alcohol recovery service actively works with key criminal justice agencies to ensure criminal justice clients who are substance users engage in treatment. • The overall aim is to ensure these clients complete treatment successfully therefore reducing their chances of reoffending. • For the coming year, the services aim to increase the successful completion rate for criminal justice opiate clients, and if there are any criminal justice non opiate clients, are supported in order to complete their treatment journey.

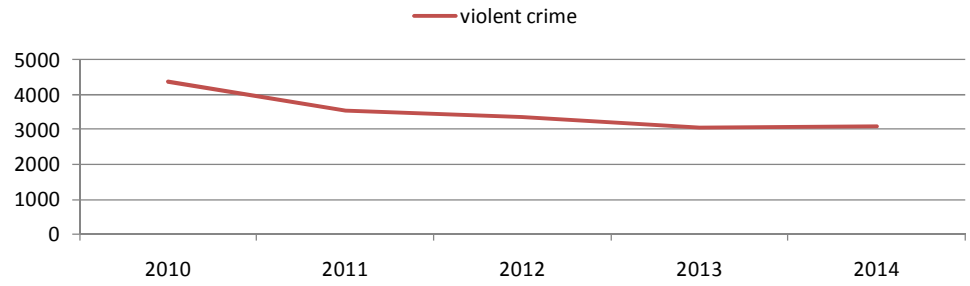
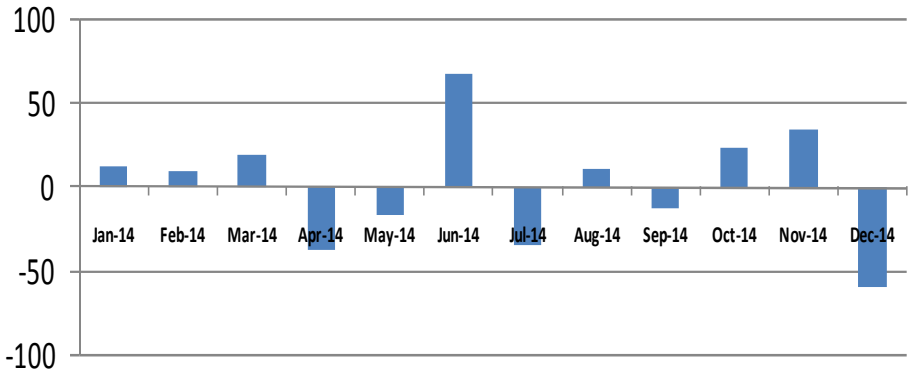
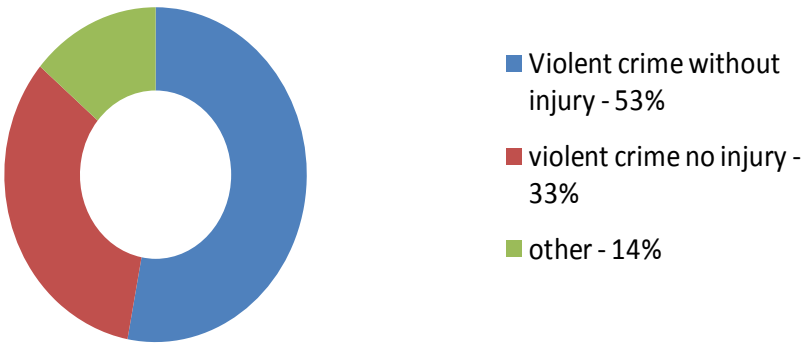
Priority	*What we have been doing*
Number of clients referred into rapid prescribing, > 56	• Ensured that criminal justice clients are being signposted to receive the treatment they require. • Working closely with partner agencies to ensure pathways are in place to support clients and the treatment services will need to be closely monitored in case of an increase of a number of referrals who many impact on the whole service.
Waiting times for rapid prescribing, < 2 days	• During the course of the year, prison leavers have always been able to be seen by our clinical services on the day of release. • The clinical provision of Slough Treatment Service has recently been re-commissioned and this part of the service has been reconfigured to deliver a streamline pathway in line with the treatment service. This will result clients being treated by a clinician in a more effective manner.
Referrals into the service from other agencies (non CIP), >322	• Slough's drug and alcohol recovery service continuously promote themselves to other agencies and to the public; this has resulted in a constant amount of referrals into treatment services.
Number of contacts with clients in prison/gate pickups, >11	• Slough's drug and alcohol recovery service make contact with clients in prison during 2014-15 including gate pick-ups. • Relationships are built before the person leaves prison and they are supported to reintegrate back into the community including accessing local treatment services.
First time entrants to the youth justice system, <70	• Slough YOT exceeded their set target by 9 entrants this year. • This is a steady improvement over the last 2 years. • The YOT has a strong Prevention Team who work with identified young people and undertake outreach/partnership work following referrals from schools, health, the police etc. • Particular focus has been on weapons in order to keep violent crime levels down.

Priority	*What we have been doing*
Rate of Proven Re-offending by Young Offenders	• Slough YOT revamped its re-offending forum structure this year to ensure that those re-offending and on the cusp of re-offending were targeted and their issues addressed. • Whilst acknowledging that the re-offending rate still remained high for this year it should be noted that there was improvement in the re-offending rate in quarter 4.

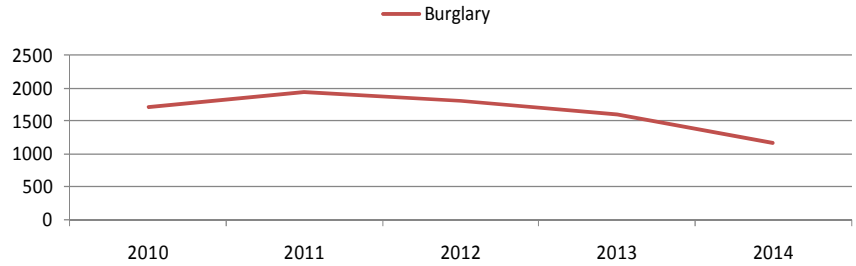
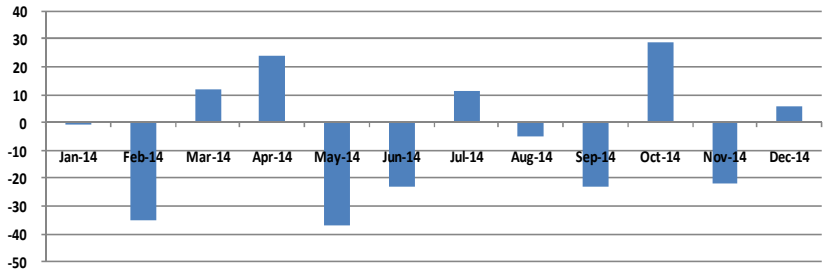
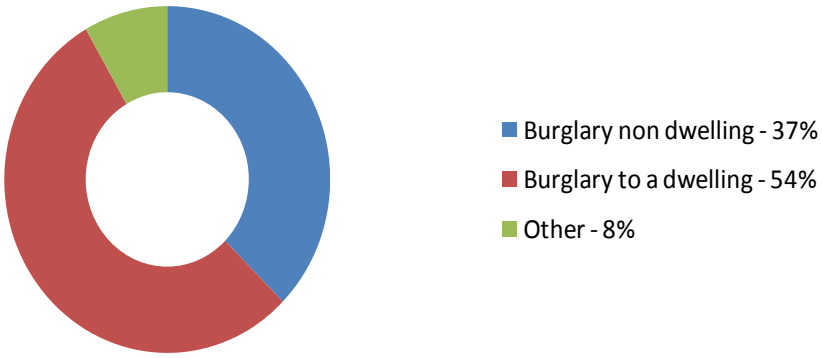
The Crime Picture

Quick facts – All Recorded Crime	
Current figures refer to 1st January 2014 to 31st December 2014	
Level of Crime	**83.32** per 1000 population
Peer Comparison	10th/13 in TVP and 13th/15 in 'Most Similar Group'
Annual Change	Reduction of 873 crimes or 7.3% compared to one year ago
General trend	
Seasonality	 ***March and October were peak months***
Breakdown of crime types	

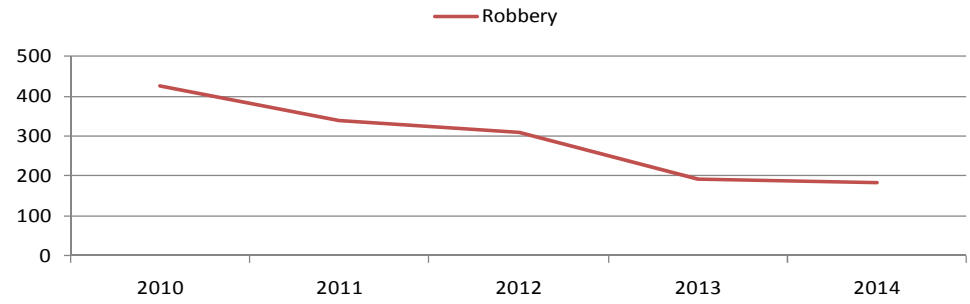
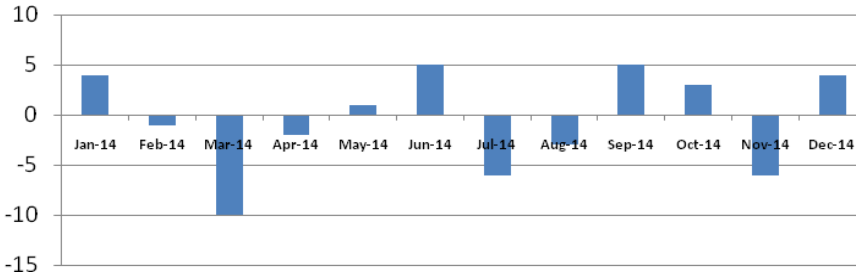
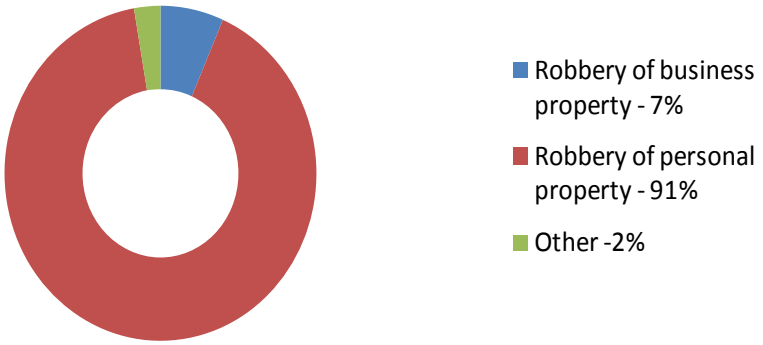
Quick facts – Violent Crime

Current figures refer to 1st January 2014 to 31st December 2014	
Level of Crime	21.21 per 1000 population
Peer Comparison	11th/13 in TVP and 6th/15 in 'Most Similar Group'
Annual Change	Increase of 40 crimes / 1% compared to one year ago
General trend	
Seasonality	 ***June and November were peak months***
Breakdown of violent crime types	

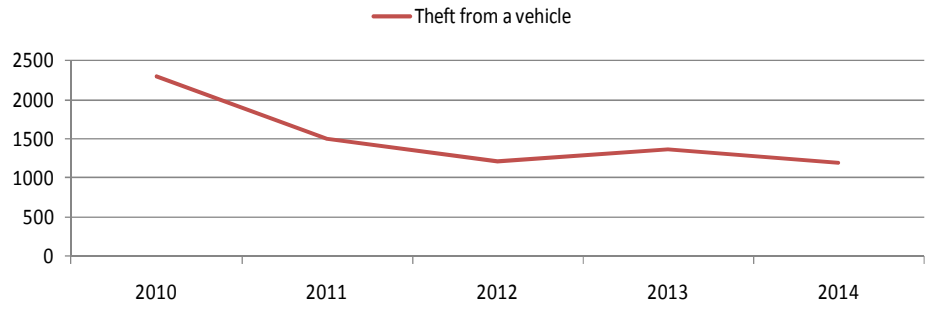
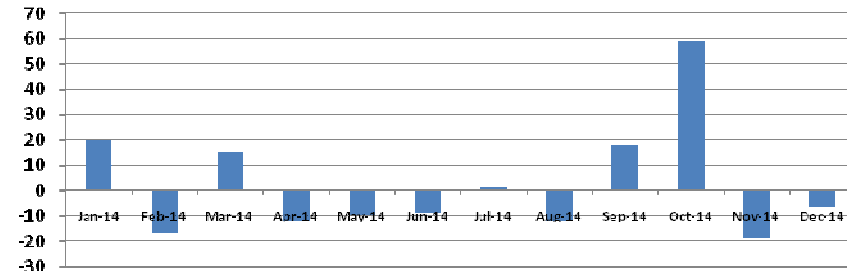
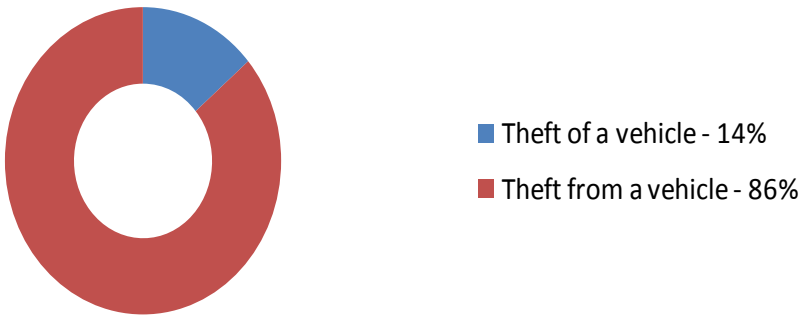
Quick facts – Burglary

Current figures refer to 1st January 2014 to 31st December 2014	
Level of Crime	11.10 per 1000 population
Peer Comparison	11th/13 in TVP and 5th/15 in 'Most Similar Group'
Annual Change	Reduction of 427 crimes / 27% compared to one year ago
General trend	
Seasonality	 ***April and October were peak months***
Breakdown of Burglary crime types	

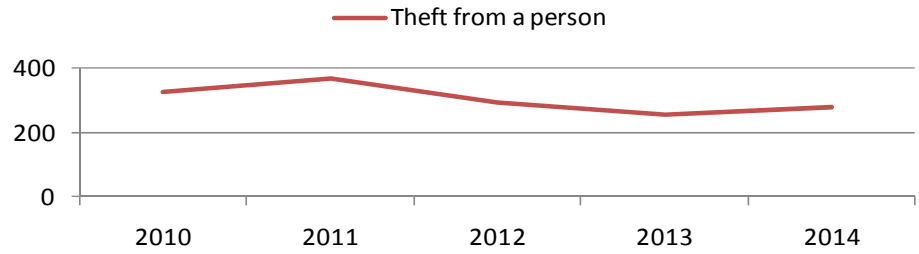
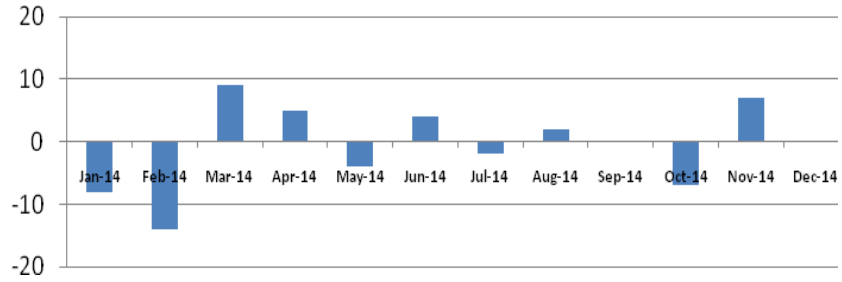
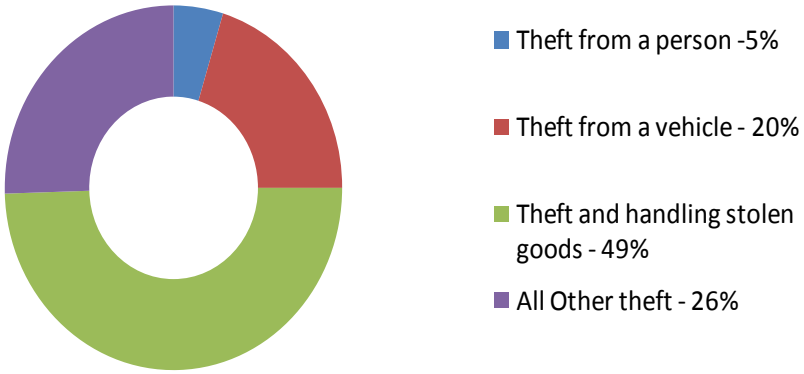
Quick facts – Robbery

Current figures refer to 1st January 2014 to 31st December 2014	
Level of Crime	1.34 per 1000 population
Peer Comparison	13th/13 in TVP and 7th/15 in 'Most Similar Group'
Annual Change	Reduction of 7 crimes / 4% compared to one year ago
General trend	
Seasonality	 ***June and September were peak months***
Breakdown of Robbery crime types	

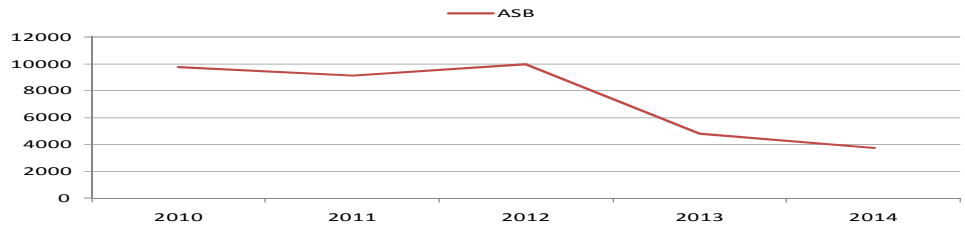
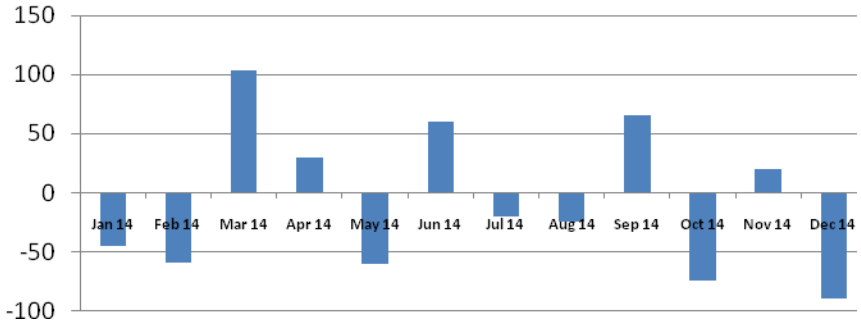
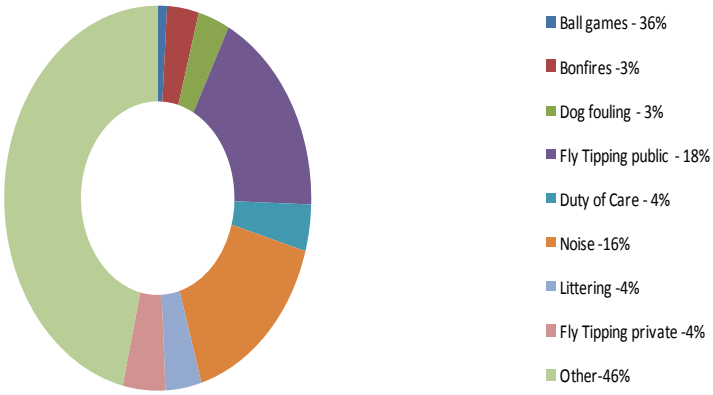
Quick facts – Theft from a vehicle

Current figures refer to 1st January 2014 to 31st December 2014	
Level of Crime	9.37 per 1000 population
Peer Comparison	12th/13 in TVP and 8th/15 in 'Most Similar Group'
Annual Change	Reduction of 166 crimes / 12% compared to one year ago
General trend	
Seasonality	 ***January and October were peak months***
Theft from a vehicle Vs theft of a vehicle crimes	

Quick facts – Theft/ Other Theft Offences

Current figures refer to 1st January 2014 to 31st December 2014	
Level of Crime	1.85 per 1000 population
Peer Comparison	10th/13 in TVP and 6th/15 in 'Most Similar Group'
Annual Change	increase of 25 crimes / 10% compared to one year ago
General trend	
Seasonality	 ***March and November were peak months***
Theft from a person vs. other theft	

Quick facts – ASB

Current figures refer to 1st January 2014 to 31st December 2014	
Level of Crime	26.17 per 1000 population
Peer Comparison	N/A
Annual Change	Reduction of 1065 incidences / 22% compared to one year ago
General trend	
Seasonality	 ***March and September were peak months***
Breakdown of ASB by incident	

What has changed?

Changing crime trends and changing environmental conditions

Violent Crime trends

Slough recorded 40 more violent crimes in 2014 than in 2013. This was the first increase since 2010. Violent crime with an injury also recorded a small increase (18) on 2013 figures. However, it was not as big an increase (77) as that seen between 2012 and 2013. In comparison, although violent crime without an injury is still falling, compared to previous years the reduction rate is slowing down.

Domestic Abuse

More DA offences are being reported to the police and DA services, which is likely due to an increased awareness of DA as a crime and more accurate recording rather than an increase in the prevalence rate. This is a positive development and reflects a concerted effort at local and national level to raise awareness about DA and the impact that it has on both adults and children.

Offending trends

Offending rate has fallen in several areas including:-

- Burglary in a dwelling
- Serious acquisitive crime
- Burglary
- Theft

New Probation service and management structure (Thames Valley)

From 1 June 2014, the rehabilitation of offenders across England and Wales will be managed and delivered by 21 regional Community Rehabilitation Companies (CRCs) and the new National Probation Service (NPS).

In Slough these two new agencies are now:-

Thames Valley Community Rehabilitation Company (TVRC)

This agency will be responsible for the management and supervision of:-

- Low to Medium Risk of serious Harm offenders in the community or custody
- Prisoners serving less than 12 months;
- High likelihood of reoffending cases months (includes additional licence supervision for 12 months)

By delivering the following:-

- Integrated Offender Management
- Domestic Abuse Programmes
- General Offending Programmes
- Activities designed to reduce re-offending (as part of the new Rehabilitation Requirement).

National Probation Service (NPS)

This agency will be responsible for the management and supervision of:-

- High Risk of Serious Harm offenders in the community or custody
- All MAPPA[3] offenders
- Victim Liaison Service
- Approved Premises

By delivering the following:-

- Court services, including all pre-sentence reports, breaches/enforcement (both for NPS and TVRS cases)
- Recalls (as above)
- Sex offender treatment
- Risk assessments and allocation of all cases to either NPS or TVCRC

For now, all staff of the both agencies are working from the same place, on the same systems and with many of the same offenders.
Both organisations will continue to support partnership arrangements locally and contribute to SSP objectives

[3] Multi-Agency Public Protection Arrangements

Emerging risks

Key themes that have emerged from the Strategic Analysis

Our research and analysis has identified a number of emerging risks, which have a considerable impact on crime, ASB and community safety in Slough. Below is a summary of the most important risks.

Residential burglary

For 2014 Slough had one of the highest per 1000 population rates for burglary in Thames Valley Police and our Most Similar Group. However, overall residential burglary for TVP fell by 19% compare to 25% for Slough. The partnership recognises this type of offending is subject to wide variations, for example the increase in the value of gold led to a significant increase in domestic burglary. Therefore we have put in measures to improve intelligence and help direct our response to robbery and burglary.

Anti-social behaviour (ASB)

Operational responsibility for ASB sits with Neighbourhood Services, and the overall strategic control sits with the Safer Slough Partnership, supported by the Community Safety Team. Our aim is to ensure every neighbourhood provides a safe and healthy environment for any resident or visitor.

We are developing a targeted, focused enforcement service, tackling our hotspot areas and developing proactive programmes of work. Key to this is the on-going development of multi-agency tasking and co-ordination processes, alongside effective information sharing, staff training and learning. This will lead to better results for the service and wider community satisfaction, more efficient use of resources and a skilled effective workforce.

ASB Legislative Changes:

The ASB, Crime and Policing Act 2014 brought in several new powers to tackle ASB, replacing existing tools. To ensure compliance with the Acts changes, an **ASB Implementation Group** was established. This is a multi agency group including Heads of Service from TVP and SBC, ASB practitioners, SBC Legal Team and Communications Team. The new legislation was looked at in detail and then an action plan formulated.

The key areas of focus were:

- developing and agreeing policies and procedures
- embedding changes into working practices
- ensuring a co-ordinated and consistent approach across agencies
- defining roles and responsibilities
- delegating powers appropriately, and the
- development of a communication strategy.

One key area developed was the **Community Trigger**, which gives victims of ASB the opportunity to demand action, starting with a review of their case, where they have met the

local threshold. Since 20/10/14, Slough has received 3; 2 met the threshold, 1 did not.

We have also developed our local processes, procedures and templates for the new **Community Protection Notices (CPN's).** This is a 3 stage process, starting with a warning letter, then a CPN if behaviour continues and then a Fixed Penalty Notice (FPN), if the CPN is breached. CPN's are mainly being issued by Neighbourhood Services, however TVP will when required. To date we have issued approx. 70 warning letters, most resulting in improved behaviours, so only 5 CPN's have been issued, of which 1 has been breached. This is a very flexible tool, which can be used to tackle anything ASB related.

TVP are also using the new **Dispersal powers**[4] effectively; the tools more flexible approach is being used widely. We have recently secured our first **Closure Order** taken against a brothel and first **Criminal Behaviour Order** against an aggressive beggar.

Award:

The ASB Implementation Group was presented with a 2015 Achievement Award from The Berkshire Environmental Health Managers Group, at their Annual Symposium, recognising the co-ordinated multi-agency approach Slough has taken and our positive progress to date.

Next Steps:

The ASB Implementation Groups work will be on-going, until we have worked through all the areas of legislative change. We are currently evaluating all our current DPPO's and looking to transfer them over to Public Spaces Protection Orders (PSPO's).

We will also work closely with Registered Social Landlords (RSL's) to develop a co-ordinated and consistent approach to tackling ASB across the borough.

Our approach to community resilience will also be reviewed, looking at how we engage and empower local communities to tackle issues themselves.

We also introduced a Local Alcohol Action Area and the launch of a pilot Community Alcohol Partnership in Langley and Kederminster. The aim of this scheme is to tackle drink-related crime and disorder and the damage alcohol causes to people's health.

Slough put in a successful bid to become one of the government's Local Alcohol Action Areas and facilitated the development of an Alcohol Strategy. There is already a lot of good work going on in Slough which supports this work and adds value by ensuring we are working with the right people, putting effective strategies in place, sharing best practice and carrying out appropriate analysis and evaluations.

UK Alcohol Treatment Trial (UKATT) suggests that for every £1 spent on alcohol treatment, the public sector saves £5[5]. Local partners, including businesses, are helping to tackle the problem of underage drinking, counterfeit alcohol, street drinkers and anti-social behaviour.

[4] On 20 October 2014, sections 34 - 42 of the Anti-social Behaviour, Crime and Policing Act 2014 came in to force and introduce new dispersal powers. The new dispersal power replaces those available under section 30 of the ASBA 2003 and section 27 of the Violent Crime Reduction Act 2006.

The Slough DAAT continue to fund a range of initiatives which have tackled drug and alcohol related offending through the provision of high quality, effective services that enable individuals to reduce substance misuse and go on to become drug free and sustain recovery.

The Young Persons' Service remains key to working with young people to support them to making changes to their substance misuse. As mentioned previously there has been an increase in referrals to the service. In relation to alcohol use this is an opportunity for the service to complete early intervention work around the harm of alcohol with the aim to reduce problem drinking amongst this age group.

Other initiatives include:-

- **Targeted multi-agency enforcement operations, where identified hotspots have been established**
- **Improvements to multi-agency tasking and co-ordination processes**
- **Targeted project work in hotspots areas to include education, prevention and enforcement activities**
- **Supporting and working with local communities to tackle issues they have identified**
- **Enforcement training to all staff**

Re-offending

Reduce offending has translated into less crime, fewer victims of crime and a reduction in the costs relating to crime. We know that a small proportion of the most prolific offenders are responsible for a disproportionately large amount of crime. National studies (NTA, Drugscope) and local analysis (DAAT Needs Assessment) show that substance misuse (drugs and alcohol) is a significant causal factor for both acquisitive and violent offending. Major initiatives that will contribute to successfully tackling include:-

- The Police run regular Nightsafe Patrols on Thursday, Friday and Saturday nights to deter and tackle violent crime in the town centre, supporting by the Street Angels volunteers.
- The delivery of tactical options through the Violence Multiagency Panel (VMAP) meeting, a partnership problem solving approach, is due to commence in August 2014.
- The launching of the Community Alcohol Partnership (CAP) pilot, which initially covering Langley and Kedermister. Local partners, including businesses, are helping to tackle the problem of underage drinking, counterfeit alcohol, street drinkers and anti-social behaviour.

[5] Review of the effectiveness of treatment for alcohol problems published November 2006

In addition, by focusing on reducing the offending of this prolific cohort, in particular through the work of the Integrated Offender Management (IOM) Programme[6], we have been able to drive down overall crime and so reduce the number of people in Slough who become victims of crime. We intend to continue developing this programme to deliver further reductions in offending and crime.

Domestic Abuse (DA) and violence against women and girls

Analysis of the commissioned services for Early Help, IDVA and Outreach show that victims of DA in Slough come from a wide range of ethnic backgrounds with the largest groups identifying themselves as White British (39.8%), followed by Asian/Asian British (31.2%), which is not dissimilar to the population.

The Freedom Programme, which supports DA victims is now delivered in English, Punjabi, Urdu and Polish, with interpreters used for face to face consultations when necessary. Efforts have been made to raise awareness amongst practitioners about the importance of referring high risk cases to the MARAC (Multi-Agency Risk Assessment Conference) where partnership services can be co-ordinated. It is concerning that there are a number of repeat referrals to the MARAC, and this will be further investigated as part of the MARAC Development Plan.

Key actions to combat DA in Slough include:-

- The Domestic Abuse Strategy has been ratified by the DA Strategic Partnership, and an Action Plan is being developed focusing on 4 key themes:- Prevention and Early Intervention. Support Services. Risk Reduction and Enforcement. Partnership and Community.
- A monthly Operational DA group has been developed with sub groups focusing on specific projects: - Working Together. Action Planning. MARAC Development and Young People
- Coordination of services for parental factors to increase capacity and maximise impact. These include DA, Mental Health and Drug and Alcohol services
- The Sanctuary Scheme is now in operation to enable victims and their families to remain in their own home safely
- VMAP – (Violence Multi-Agency Panel) which was developed by the Police Foundation has completed its extensive research and analysis into violence, both domestic and non-domestic in the Chalvey and Britwell areas. The findings will support future development of DA services

[6] Integrated Offender Management (IOM) brings a cross-agency response to the crime and reoffending threats faced by local communities. The most persistent and problematic offenders are identified and managed jointly by partner agencies working together.

Child Sexual Exploitation (CSE)

CSE has been a key priority area since 2011 for the Slough Local Safeguarding Children Board (SLCSB). The SSP has funded a CSE coordinator to support this work, via a grant from the police & Crime Commissioner.

Developing CSE knowledge and processes are set out in the SLSCB Business Plan. We will continue to raise awareness of CSE by undertaking creative initiatives to ensure the communities and professionals recognise the signs of CSE and are able to refer concerns as appropriate. Four Ps "Prevent, Protect, Pursue and Prosecute" will be the key elements to tackling CSE.

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) an important part of our work and a working group on FGM is hosted by the Adult Safe Guarding Board which includes GPs and our local hospitals. The multiagency safeguarding children procedures include FGM as abuse; in 2012, the Council commissioned further training on FGM and was the focus of the SLSCB annual conference last year.

Families First

In April 2012 the government launched the first Troubled Families Programme – a £448m scheme to incentivise local authorities and their partners to turn around the lives of 120,000 troubled families by May 2015. The programme target were families with children not attending school regularly, young people committing crime, families involved in anti-social behaviour and adults out of work.

The Department for Communities and Local Government (DCLG) target for Slough Borough Council was 330 families to turn around by May 2015.

In March 2015 DCLG confirmed Slough had successfully achieved its target and agreed Slough's entry to the expanded programme from April 2015, also known as Phase 2. This programme is intended as a five year programme from April 2015. Slough's target for the 5 year period is to 'turnaround' 1260 families. There is an option to claim turn around of up to 213 families in 2015/16.

There are significant changes to delivery arrangements of the expanded programme. It has a widened eligibility criterion which will enable Slough Borough Council's inclusion of families that are of most concern and are high cost.

The programme has 6 strands, of which families must have at least 2 to be eligible for inclusion in the programme

1. Parents and children involved in crime or anti-social behaviour.
2. Children who have not been attending school regularly.
3. Children who need help.
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness.

5. Families affected by domestic violence and abuse.
6. Parents and children with a range of health problems.

Under these themes partners have collaborated actively in agreeing indicators. The early help sub group of the Children and Young Peoples Partnership will be suggesting interventions for workers to consider when families present with these issues, and setting out clearly the principles and expectations for all organisations work with families in the programme.

The Outcomes plan is Slough's tool which will allow Audit agree claims for families making significant & sustained progress for Payment by Results (PbR) money.

Other key features of changes in the programme are: mandatory reporting on costs saved through the programme using the Cost Benefit Calculator tool introduced by DCLG, contributing to the National Impact Study (NIS) through providing data on families, increased information for reporting to Family Progress Data (FPD) process and reporting on how we are transforming services to better meet the needs of whole families a whole family approach to working with families and improve services they receive and help them build their resilience to sustain improvements they make.

Youth Crime

Slough's Youth Offending Team (YOT) continues to work to enable and support young people not to offend, particularly in respect of violent crime. Hence robbery has fallen and is no longer in the 'Top Three offences' after three years (2011/12- 2013/14). However the YOT/partnership is aware that research shows that young people not in education are prone to offend more. Taking this into consideration, and the fact that the number of young offender's engagement in suitable education, employment or training fell from 73% in 2011/12 to 67% in 2014 it is envisaged that the focus will be on this area over the coming year.

Organised Crime

Serious and organised crime is a threat to the national security of the United Kingdom and is estimated to cost between £24 - £40 billion each year[7]. It can include drugs trafficking, human trafficking, organised illegal immigration, high value fraud, counterfeiting, organised acquisitive crimes, sexual exploitation and cyber crime.

Organised criminals are using increasingly sophisticated methods of avoiding detection and protecting their assets and the criminal justice system is often found struggling to cope. A multi agency approach is key to dealing effectively with OCG's.

The approach of the Slough police area is to firstly identify those individuals involved in organised crime and then to map the individuals and their activity onto a central Thames Valley Police Database.

[7] National Strategic Assessment of Serious and Organised Crime 1 May 2014

Once mapped, a 'Lead Responsible Officer' (LRO) sets investigation plans to allow a concerted effort of investigation and disruption to take place. This disruption is essentially using all available tactics to make criminal activity more difficult for those involved. Ultimately the aim is to dismantle the organised crime group so as to remove its effectiveness and prevent it from operating and posing a risk of harm to local communities and this is recognised by way of an official 'disruption'.

On a weekly basis the OCG mapping is updated and the matrix reviewed to take into consideration any new research or developing intelligence, this in turn allows for a review of the plan in place for disruption. Every month, the local DCI chairs an OCG management meeting where the overall picture is assessed with analytical support, Intelligence input and plan owners update on progress or problems.

These criminal organisations are involved in a wide range of crime-types, including:

- Local and cross-border (London) drug networks
- Child Sexual Exploitation issues which extend across local borders
- Rogue traders, based in Slough, but with victims across the country
- Local youth violence -related issues
- Local prostitution, possibly involving human trafficking

Other Initiatives
The Safer Slough Partnership supports a number of work areas designed to help reduce crime and make positive contributions to the community. These include:-

- Child Sexual Exploitation in Slough
- Street Angels
- High Profile Events (HPE) to reduce ASB Fire
- Fire Service engagement with the young to promote aspiration and attainment
- Environmental visual audits in partnership with Slough Borough Council

2015 Strategic Priorities

Priority	*What we will be doing*
Reduce total crime, specifically high volume and serious crimes against the person	• Monitoring violent crime • Monitoring burglary • Focus upon crimes against the person • Continue to work in partnership to engage prolific offenders and victims of violent crime
Focus on alcohol as a contributory factor in violent crimes and Domestic Abuse	• Publish and Implement the Domestic Abuse Strategy • Recruit a Domestic Abuse Coordinator • Implement a comprehensive DA training programme in a tiered approach to ensure suitability for all professionals
Focus on responding to ASB casework and Environmental ASB through enforcement and design	• Work with Registered Social Landlords to develop a co-ordinated and consistent approach to tackle ASB • Supporting and working with local communities to tackle issues they have identified • Targeted project work in hotspots areas to include education, prevention and enforcement activities • Targeted multi-agency enforcement operations where identified hotspots have been established • Improvements to multi-agency tasking and co-ordination processes
Support work around Child Sexual Exploitation and Female Genital Mutilation, and protecting vulnerable adults.	• Embed the CSE action plan and revised SERAC process enabling the Slough CSE 'work' to be as near to being 'business as usual' for all partners, ensuring its sustainability in delivery and funding • Provide safe guarding training to Taxi drivers • Review the current partnership strategic and operational structures
Disrupt Organised Crime Groups	• Form a sub group to explore the issues related to organised crime, such as people trafficking, prostitution, money laundering, counterfeit /pirate goods and other fraudulent trading. • Understand the depth of the problem • Gather data and information to help form an action plan
Raising awareness of cybercrime.	• We will set up a task group to research and understand the impact of cyber crime in Slough • The task group will make recommendations and form an action plan

Priority	*What we will be doing*
Reducing First time entrants to the youth Justice system by 3%	• Slough YOT will continue to work with partners and provide tailored programmes, working in partners. • We will continue to undertake school outreach to ensure that we reduce the numbers of FTE into the system and focus on areas such as weapons awareness and substance misuse.
Reducing – Rate of Proven Re-offending by Young Offenders by 3%	• We will continue to target young people identified as being at risk of re-offending utilising a live tracking tool with the aim of utilising focused programmes, supported by partners as required. • The aim is to reduce the rate by 3%.

Glossary

Term	Definition
ASB	Anti-social behaviour, a broad term used to describe day-to-day incidents of nuisance and disorder that affects people's lives.
CAP	Community Alcohol Partnership
CPN	Community Protection Notice
CRC	Community Rehabilitation Companies
CSE	Child Sexual Exploitation, a type of child abuse when a young person is encouraged, or forced, to take part in sexual activity in exchange for something.
DA	Domestic Abuse
DAAT	Drug and Alcohol Action Team, a partnership combining representatives from various agencies that have an interest in addressing substance misuse in the local area
DASH	Domestic Abuse Stops Here, charity founded in 1976, formerly Berkshire East Women's Aid.
DPPO	Designated Public Places Order
FGM	Female Genital Mutilation, an illegal procedure that intentionally alters or causes injury to the female genital organs for non-medical reasons.
FPN	Fixed Penalty Notice
IDVA	Independent Domestic Violence Advisor
IOM	Integrated Offender Management
IQuanta	Web based service which provides crime data before finalised National Statistics are published

Glossary

Term	Definition
MAPPA	Multi Agency Public Protection Arrangements, a process designed to protect the public from serious harm by sexual and violent offenders.
MARAC	Multi Agency Risk Assessment Conference, part of a co-ordinated community response to domestic abuse
MSG	Most Similar Group, an area or location which has similar figures to another, for example in terms of population and ethnic diversity.
NPS	National Probation Service
OCG	Organised Crime Group, serious crime planned, coordinated and conducted by people working together on a continuing basis.
ONS	Office for National Statistics
PSPO	Public Spaces Protection Order
RSL	Registered Social Landlord, not-for-profit housing providers approved and regulated by Government via Homes & Communities Agency
SBC	Slough Borough Council
SSP	Safer Slough Partnership
TVP	Thames Valley Police
TVRC	Thames Valley Rehabilitation Company
VMAP	Violence Multi Agency Panel
YOT	Youth Offending Team, multi agency team with a primary role to prevent young people offending or re-offending

Appendix B

Slough Safer Partnership – Discussion Report

Proposal - Fit for Purpose Review, Safer Slough Partnership

Date: **08th September 2015**

Author: Garry Tallett Community Safety Partnership Manager

Purpose of the report

- To set out a proposal to conduct a review across the Partnership to ensure that effective mechanisms are in place to deliver the SSP priorities.
- To secure partnership agreement to form a partnership task and finish group to carryout the review and to make recommendations to the SSP exec board.
- To agree the scope of the review and the timescale to deliver the review report.

Background

Partnership working has always been critical to ensure that Slough is a safe and prosperous town. With the continued cuts in public funding, it has become more important that the Safer Slough Partnership is able to respond to local crime and community safety issues and deliver positive outcomes in an effective way.

Officer time is becoming more valuable as each agency experiences cuts in staff and operational budgets. Staff are being asked to deliver and achieve more then they have in the past while focusing on value for money, increased effectiveness and securing sustainable outcomes.

The 2015 Strategic Assessment has identified the following priorities. The review will need to ensure that there are structures in place to deliver against these priorities and to ensure that there is appropriate strategic and operational oversight in place.

The priorities for 2015/16 are listed below,

Violent crime

- Reduce total crime, specifically high volume and serious crimes against the person.
- Alcohol as a contributory factor in violent crime and Domestic Abuse.

Safeguarding

- Support work around Child Sexual Exploitation and Female Genital Mutilation and protecting vulnerable adults.
- A focus on responding to ASB case work and Environmental ASB through enforcement and design.

Serious and Organised Crime

- Support TVP in disrupting Organised Crime Groups.
- Raising awareness of cyber crime.

Youth Crime

- Reducing first time entrants to the youth justice system by 3%.
- Reduce the rate of proven re-offending by young offenders by 3%.

Scope of the review

I am recommending that the review looks at three key areas of the partnership – Governance, Strategic and Operational.

Governance

- Review and refresh the Terms of Reference.
- Review the SSP Membership – representation from the third sector, civil society and technical specialists (covering Cyber Crime and online safety).
- Ensure that all forms of communications are up to date (web pages on all partner agencies)

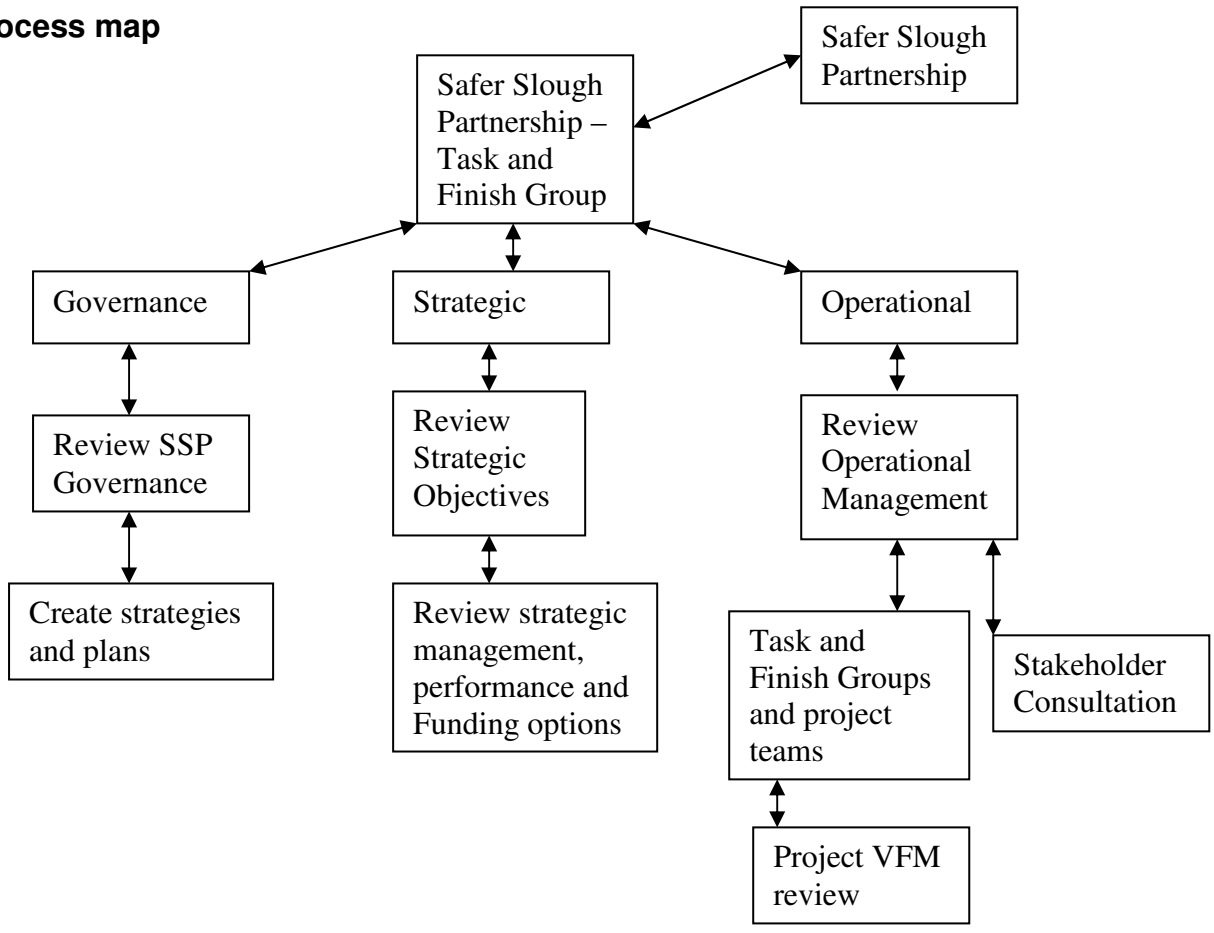
Strategic

- Confirm the strategic focus for the Partnership.
- Review the strategic management structure – oversight and direction of the action plan.
- Funding options.

Operational

- Develop an action plan for 15/16 – to deliver the priorities listed above.
- Review delivery structures (Partnership meetings and groups delivering outcomes).
- Review partnership finances and conduct a VFM audit on current projects
- Conduct a stakeholder workshop and consultation events to take into account stakeholder views.
- Review third sector relationships, including neighbourhood action groups

Process map



Planned Action and timescale.

W/C 28/09/15 – First meeting of the Task and Finish Group

- Agree the scope
- Terms of reference
- Membership
- Project plan
- Frequency of meetings

17/11/15 – report back to the SSP Exec with

- Plan of the current structure
- Recommendations and proposed structure
- Timescale for the implementation

SLOUGH BOROUGH COUNCIL

REPORT TO:	Slough Wellbeing Board **DATE:** 23 September 2015
CONTACT OFFICER:	Angela Snowling, Assistant Director of Public Health
(For all enquiries)	01753 875142
WARD(S):	All

PART I
FOR DECISION

LOCAL GOVERNMENT DECLARATION ON TOBACCO CONTROL

1. Purpose of Report

1.1 The purpose of this report is to seek the approval of the Wellbeing Board of Slough Borough Council to signing up to the Local Government Declaration on Tobacco Control.

2. Recommendation(s)/Proposed Action

2.1 Slough Wellbeing Board is asked to:

a) Consider the content of the Local Government Declaration on Tobacco Control;
b) Request the Leader of the Council, Chief Executive and Assistant Director of Public Health to sign the Local Government Declaration on Tobacco Control on behalf of Slough Borough Council; and
c) Consider how the principles of the Declaration could be developed and promoted more widely across council and amongst each of the Wellbeing Board's respective organisations.

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

3(a) Joint Wellbeing Strategy priorities

Signing up to the Declaration would support specific delivery against each of the following Joint Wellbeing Strategy priorities:

Health - Reducing inequalities and reducing the prevalence of tobacco smoking will help our communities live longer in good health and protect the unborn from the harms of smoking on their birth weight and development.

Economy and skills - When people stop smoking they tend to spend their tobacco money on other things predominantly in the local economy. It has been estimated that helping people quit smoking creates local jobs cheaper and faster than traditional economic regeneration methods. In addition there are additional benefits to the local economy by tackling the sale of illicit tobacco.

3(b) Joint Strategic Needs Assessment (JSNA)

1) In Slough, around 22% of adults aged over 16 were estimated to still smoke in (2014), this equates to approximately 22,850 people. Of these 10.48% of all pregnant women continued to smoke up to delivery and many more continue afterwards (2013/14 – 2014/15).
2) The effect of second hand smoke on unborn babies and young children is especially harmful. Slough's rates of low birth weight in babies who have been born at term was 4.0 per 1000 live births i.e. it was above the England average (in 2011-2013).of 2.8 per 1000 live births.
3) The poorest are twice as likely to smoke as the richest. Poorer smokers spend 5 times as much of their weekly household budget on smoking than richer smokers. A household where two adults smoke a pack a day each could save over £5,000 per year if they quit.
4) The estimated cost of smoking to society in Slough in 2014 was £40.3 million[1].
5) Early deaths from smoking related diseases result in 375 years of total lost productivity and cost the local economy £9m.
6) Smoking related breaks cost businesses across Slough £20.8m annually.
7) Lost productivity to local businesses is estimated at 35,796 sick days costing £3m.
8) Current and ex-smokers who require care in later life as a result of smoking-related illnesses cost society an estimated £2.2m per annum across Slough.
9) Smoking related disease costs the NHS a further £4.5 million a year in Slough.
10) The latest tobacco control profiles (for 2015) estimate that 1,436 people are admitted per 100,000 for smoking attributable diseases at a cost per head of £34.50.
11) Children of smokers are almost twice as likely to be admitted to hospital with breathing problems as those who live in a smoke free home. Current estimates of respiratory admissions for children *are* about 25 admissions per month for acute upper and lower respiratory diseases and bronchiolitis.[2]
12) Each year there are around 5 smoking related fires costing the economy £637,000 a year.
13) The vast majority of cigarette filters are non biodegradable and 84m filtered cigarettes (including roll ups) result in approximately 16 tonnes of waste each year.
14) From April 2014 to March 2015, the council's Trading Standards team seized the following items of illegal tobacco products:
    - 1,935 packs of cigarettes
    - 1,728 packs of hand rolling tobacco
    - 1,886 pouches of chewing tobacco
    - 110 packs of tobacco shisha
15) All items were either smuggled or counterfeit tobacco products, being sold at discount prices. Counterfeit and smuggled cigarettes have no fire inhibiters in their papers, which has been evidenced as contributing to house fires. Local enforcement action resulted in three written warnings, two simple cautions and four prosecutions (one currently ongoing) – total fines of £7,700 and total costs awarded of £2,661.
16) Trading standards have also carried out a concerted educational campaign to guide all SBC traders through the new Tobacco Display Regulations (which commenced on the 1st April 2015 and found compliance to be very high (90+%) and have adopted the Chartered Institute of Trading Standards Stance on engagement with the tobacco industry
17) Guidance has been sent to all shisha premises in the borough to make them aware of the law and this will be followed with visits from partner agencies[3].

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[1] ASH ready reckoner August 2015

[2] Better Care Fund

[3] There are 5 known shisha premises in Slough. All of these premises have been given detailed advice and support by the council's Food Safety Team, including site visits to advise on compliance and health risks. The Food and Safety team have also carried out a series of late night shisha visits

18) Press releases concerning the upcoming changes to the law in respect of the age limit of 18 on the sale of E-cigarettes will also be distributed.
19) Trading Standards log all intelligence relating to the supply of smuggled and illicit tobacco onto a national intelligence database and contribute to the South East England Tobacco Focus Group.

3(c) 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). Signing up to the Declaration will support specific delivery against each of the following Five Year Plan outcomes:

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 specific implications in this report. The proposed action plan (to support the strategy) and any new activities required will be delivered within existing resources. 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. Applications for specialist grant funding for regulatory enforcement activities will made to help offset delivery costs where appropriate and necessary.

(b) Legal – ASH has reviewed the health impact of being exposed to second hand smoke in cars and policy options to tackle the problem. The health risks of exposure to second hand smoke are well established[1] and in the UK it has been against the law to smoke in vehicles used for work since July 2007.
The Children and Families Act 2014 gave the Secretary of State for Health the power to legislate against smoking in private vehicles when children are present. Regulations were approved in February 2015 and the law will enter into force on 1st October 2015.

(c) Risk Management - Slough's health statistics show high prevalence of smoking and without support these health statistics may increase.

(d) Human Rights Act and Other Legal Implications - There are no specific implications in this report.

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jointly with the Licensing team and police to check on compliance and enforcement where necessary. This recently resulted in two arrests and the closure of two non complaint premises. The food and safety team have also consulted with Chartered Institute of Environmental Health on which areas of the law are open to abuse (and which are currently being exploited in Slough) and are undertaking carbon monoxide monitoring in a number of shisha premises in order to assess the health risks to employees from poorly ventilated premises.

(e) Equalities Impact Assessment (EIA) – An EIA has not been undertaken but Slough has some of the lowest life expectancy statistics in the country. Much of this is a result of lifestyles including high levels of smoking.

(f) Workforce – The cost to the local economy as a result of the number of days lost to sickness related to smoking in Slough is £3m.

5. Supporting information

5.1 Tobacco is the single greatest cause of death and disability in our communities and kills more people than the next 6 causes of premature death combined. Smoking is also the greatest cause of health inequalities. Smoking at any age has serious negative consequences for people's health with one in two life-long smokers dying early. In the UK, smoking in pregnancy causes up to 5,000 miscarriages, 300 peri-natal deaths and around 2,200 premature births each year.[4]

5.2 National Institute of Clinical Excellence (NICE) guidance states that stopping smoking at about aged 30 leads to a gain of almost 10 years of life expectancy, while stopping at age 60 still yields a 3 year gain in life expectancy. Even after the onset of life-threatening disease there are rapid benefits from quitting: People who quit smoking after having a heart attack reduce their chances of having another heart attack by 50 percent. Smoking cessation is therefore the most effective intervention for reducing health inequalities as a cause of modifiable disease.

5.3 The Local Government Declaration on Tobacco Control is a statement of a council's commitment to ensure tobacco control is part of mainstream public health work and commits councils to taking comprehensive action to address the harm that results from smoking and other tobacco use. Since it was launched in May 2013, over 80 councils across the country have signed the Declaration. A copy of the declaration and the guidance that has been produced for local authorities are appended to this report.

5.4 Signing the Declaration commits the council to:

- Reduce smoking prevalence and health inequalities
- Develop plans with partners and local communities
- Participate in local and regional networks
- Support Government action at national level
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Monitor the progress of our plans
- Join the Smokefree Action Coalition (SFAC), the alliance of organisations working to reduce the harm caused by tobacco.

5.5 The Declaration has been endorsed by a number of leading figures and authorities:

- Public Health Minister

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[4] (RCP, 2010)

- Chief Medical Officer
- Public Health England
- NHS England
- Association of Directors of Public Health
- UK Faculty of Public Health
- Trading Standards Institute
- Chartered Institute of Environmental Health
- Care Quality Commission
- Royal College of Physicians
- BMA Board of Science
- Royal College of Paediatrics and Child Health
- Royal College of General Practitioners

5.6 By signing up the Declaration and reducing smoking prevalence the council could expect to see the following improvements in Slough (and its workforce's) health and economy:

- Improvements in people's health and quality of life
- Increasing household incomes when smokers quit
- Increasing the disposable income of local populations
- Improving the life chances of young children by reducing their exposure to second hand smoke
- Reducing the costs of dealing with smoking related household fires
- Reducing the costs related to cigarette litter
- Reducing organised crime linked to the sale of illicit tobacco
- Reducing the costs of social care and productivity lost to sickness absence
- Saving money for local health and social care service providers.

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

6.1 There are no comments from other committees.

7. Conclusions

- The Local Government Declaration on Tobacco Control is a response to the enormous and ongoing damage smoking does to communities.
- It is a commitment to take action and a statement about a local authority's dedication to protecting their local community from the harm caused by smoking.
- Signing up to the Declaration could therefore be seen as a public statement of the council's ongoing commitment to ensure tobacco control is part of its mainstream employee welfare, public health and regulatory enforcement work.
- As such it is primarily an acknowledgment of existing and ongoing best practice activities - whilst linking to a nationally recognised process for assessing current practice and establishing a clear way forward (with the support and assistance of the Slough Wellbeing Board and partners, where necessary and appropriate).
- An action plan to achieve the Declarations outcomes will be developed, owned and monitored by the Health and Social Care PDG, in collaboration with the council's Workforce Project Board (which oversees the work of the

Employee Wellbeing Board) and the Corporate Enforcement Group to promote healthier lifestyles amongst its workforce and support the development of a healthier and safer community.

- It should also be noted that the council is committed to becoming a smoke free council (across all of its sites) by 1 April 2016.
- A dedicated Smoke Free Project Board has been established and is taking the lead on developing a new smoke free policy and dedicated guidance for managers etc. on how it should be implemented with key partners and trade unions.
- The council's existing smoking policy (which sets out current expectations on staff - albeit this is not smoke free) will remain in place until this new policy is ready to be implemented.
- The SmokeFree Berkshire's helpline and other smoking cessation services commissioned by the council's public health team (as part of its responsibilities under the Health and Social Care Act - and including Solutions for Health) are actively being promoted to staff to help them quit.
- A new in house awareness raising campaign will be developed to help promote these services and the new smoke free policy (once agreed) and will run up to its launch next year.
- A report summarising the effectiveness of this campaign and the activities undertaken in support of the delivery of the Declaration's outcomes could be tabled at future meeting of the Board where necessary.

8. Appendices attached

A - Local Government Declaration on Tobacco Control

9. Background papers

Local Government Declaration on Tobacco Control: Briefing Note
Local Government Declaration on Tobacco Control: Frequently Asked Questions
Tobacco Control Profile for Slough
ASH local reckoner

Local Government Declaration on Tobacco Control

We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

As local leaders in public health we welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by the Department of Health, Public Health England and professional bodies.

We commit our Council from this date .....to:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

Signatories

Leader of Council | **Chief Executive** | **Director of Public Health**

Endorsed by

Jane Ellison, Public Health Minister, Department of Health

Duncan Selbie, Chief Executive, Public Health England

Professor Dame Sally Davies, Chief Medical Officer, Department of Health

Dr Janet Atherton, President, Association of Directors of Public Health

Dr Lindsey Davies, President, UK Faculty of Public Health

Graham Jukes, Chief Executive, Chartered Institute of Environmental Health

Leon Livermore, Chief Executive, Trading Standards Institute

Department of Health | Public Health England | Association of Directors of Public Health | Faculty of Public Health | Chartered Institute of Environmental Health | trading standards institute

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 23 September 2015

CONTACT OFFICER: Nadia Barakat, Head of Mental Health and Learning Disabilities Commissioning, NHS Slough CCG

(For all Enquiries) (01753) 636031

WARD(S): All

PART I
FOR CONSIDERATION

MENTAL HEALTH CRISIS CARE CONCORDAT

1. Purpose of Report

1.1 The purpose of this report is to update the Slough Wellbeing Board (SWB) on the development of a Mental Health Crisis Concordat for Slough.

2. Recommendation(s)/Proposed Action

2.1 The SWB is requested to note the contents of this report and the action plan at appendix A.

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

3a. Slough Joint Wellbeing Strategy Priorities

Providing joined up and appropriate responses for people who are experiencing a mental health crisis through organisations that are well trained will ensure support the delivery of the following Slough Joint Wellbeing Strategy (SJWS) priorities:

Health - Slough will be healthier with reduced inequalities, improved wellbeing and opportunities for our residents to live positive, active and independent lives
Safer Slough - Slough will have levels of crime and disorder that are not significantly higher than any other town in the Thames Valley.

3b. Five Year Plan Outcomes

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

4 - Slough will be one of the safest places in the Thames Valley
5 - Children and young people in Slough will be healthy, resilient and have positive life chances
6 - More people will take responsibility and manage their own health, care and support needs

4. **Other Implications**

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

(b) Risk Management - There are no risks associated with the proposed action.

(c) Human Rights Act and Other Legal Implications -There are no Human Rights Act implications.

(d) Equalities Impact Assessment - There are no equality impacts associated with the proposed action.

5. **Supporting Information**

5.1 The Mental Health Crisis Care Concordat is a national agreement between local services and agencies involved in the care and support of people in mental health crisis. It sets out how organisations will work together better to make sure people get the help they need when they need it.

5.2 The Concordat focuses on four main areas:

1) Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
2) Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
3) Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
4) Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

5.3 Across Berkshire 24 organisations have committed to delivering the Crisis Care Concordat, including all six Local Authorities, seven Clinical Commissioning Groups (CCGs), Thames Valley Police, the Ambulance Trust, local hospitals, the Mental Health Trust, the DAATs, NHS England and Berkshire Mind.

5.4 In order to deliver this Concordat an action plan has been developed and is appended to this report. It highlights the progress made to date.

5.5 This action plan is reviewed on a quarterly basis and was last updated in June. The most recent quarterly review meeting took place on 9th September and an updated action plan reflecting recent progress made to date will be produced shortlyandf is available on request.

5.6 Two areas of activity in the action plan at Appendix A currently have a red RAG status:

1) The emergency duty service will respond within four hours so that patients will receive appropriate care in a timely basis (page 6 refers).
2) To maintain a high return on investment in the prevention of drug and alcohol related hospital admissions (page 8 refers).

5.7 These issues are being raised with the relevant Local Authorities in order to identify possible remedial/mitigating actions.

6. Comments of Other Committees

6.1 There are no comments from other Committees.

7. Conclusion

7.1 The Committee is requested to note the action plan appended to this report.

8. Appendices Attached

'A' - Crisis Care Concordat Action Plan

9. Background Papers

None

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Crisis Care Concordat
Mental Health

BERKSHIRE ACTION PLAN

Updated June 2015

1. Commissioning to allow earlier intervention and responsive crisis services					
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Progress/RAG Rating**
Matching Local Need with a suitable Range of Services - Commissioners					
1.	Frimley Health Care NHS Trust and BHFT to produce a joint business case for investment to improve access to Liaison Psychiatry Service for all ages at Wexham Park Hospital in Berkshire East.	June 2015	Frimley Health NHS Foundation Trust/BHFT/East Berkshire CCGs	All referrals at A&E will be assessed within 4 hours, subject to their referral within 2 hours of attendance and the patient being medically fit for assessment.	£400k Parity of Esteem funding has been agreed by Berkshire East CCGs. BHFT is now recruiting staff. Regular meetings established between CRHTT and A&E Consultant Mental Health Lead.
2.	Evaluate CAMHS Psychological Medicine service pilot at Royal Berkshire and Wexham Park Hospital, this will enable rapid response and assessment to those aged under18 years presenting at A&E with self-harm. Any Lessons learned will shape future commissioning intentions and service configuration.	May 2015	East Berkshire Clinical Commissioning Groups	Children and Young People access multi agency assessment and CAMHs help in a timely manner. Fewer admissions, reduced length of stay. Information gathered from the pilot will help understand how the service has helped and supported children and young person.	BE CCGs have reported there had been recruitment issues which had delayed this pilot project and therefore to date there has not been enough operational time to evaluate the service, which is funded with winter resilience monies. Berkshire West CCG will share the RBH pilot

					evaluation report when this is complete
3.	Parity of Esteem Business Cases is being developed by both East Berkshire & Berkshire West CCGs for investment in 2015/16.	June 2015	East Berkshire and Berkshire West CCGs	Improve capacity of the MH urgent care services to deal well with crises. This will meet the parity of esteem investment plan and improve mental health service across Berkshire.	Parity of Esteem funding have been approved by both Berkshire East & West CCGs in EIP, CRHTT, CAMHS & A&E Liaison Service(East Berkshire only)
4.	A mental health specialist will work jointly with the police in the West of Berkshire to assess individuals who come to their attention as presenting with possible mental health issues	June 2015	Berkshire Healthcare Trust	Fewer individuals will be detained by the police, in the West of Berkshire, under the mental health act and taken to a place of safety. The most appropriate response to the situation will be made at the first point of contact and consequently individuals will have a better experience when they are seen by the Police in a crisis.	Berkshire West Street Triage is due to go 'live' from 24th July 2015; most preparatory work has been completed, one staff has been appointed awaiting police clearance. Operational Group will meet monthly to monitor progress; Street Triage Steering Group will meet quarterly.
5.	Ensure that same day access to primary care is available for patients needing this in crisis.	Autumn 2015	CCG West & East Primary Care Programme Board	Timely assessment, de-escalation or referral for all those in crisis.	BE CCGs will include this as part of their MH Strategies; BW have invested additional resources to increase capacity in primary care
Mental Health Crisis Services Response Times					
6.	All patients referred urgently to our Berkshire Crisis Response Home Treatment Team [CRHTT] from the Trusts Common Point of Entry [CPE] service (our referral service) are contacted within 4 hours.	On-going	Berkshire Healthcare Trust	Patients will be contacted within four hours improving patient and relative satisfaction.	Implemented and on-going, reported on quarterly to CCGs with one month data as part of [Quality Schedule 15/16]
7.	Crisis calls received directly by CRHTT from	On-going	Berkshire Healthcare	Patients and carers will feel supported	Implemented and on-going,

	patients or relatives will be responded to within 1 hour by the service and where a visit is clinically required this will happen in 2 hours.		Trust	by the service because they know what service they can expect to receive.	reported quarterly to CCGs with one month data as part of [Quality Schedule 2015/16]
8.	Royal Berkshire Hospital A&E - referrals from A/E staff to the Mental Health A/E Liaison team will be assessed within two hours of referral providing the patient is well enough to undertake the assessment	1 April 2015	Berkshire Healthcare Trust	All patients presenting with mental health problems at RBH are receiving timely and appropriate care for their mental health need whilst in A&E.	Fully 'RAID' compliant Psychological Medicine Service is now operational at RBH
Responsive Ambulance Times					
9.	The current South Central Ambulance Services (SCAS) contract is being reviewed to agree on data sets in transporting mental health patient to a place of safety	April 2015	SCAS Contract Lead CSU	There is now an establish process in place to monitor compliance with the commissioned service specification for SCAS.	SCAS Clinical Lead have confirmed that there is now a facility to produce data on response time which is then submitted to SCAS contract lead as part of the 2015/16 contract agreement
10.	To review current demands and arrangements in place to support mental health patients under section 136, (urgent) 135 (planned) to be taken to a place of safety by Ambulance Services within the Thames Valley Region SCAS to work with Thames Valley Police and Mental Health Trusts via the Protocol In Partnership Group to agree a joint protocol on the above	April 2015	South Central Ambulance Service - Chief Operating Officer	An agreed protocol between SCAS & TVP is now in place.	Leads from SCAS & TVP have confirmed that there is a joint protocol in place to manage demand to convey patient to PoS (Place of Safety)
11.	Review and update contracts as appropriate when they are renewed to include specific standards on	commenced August 2014 the	South Central Ambulance Service -	Patients will receive appropriate and timely transport to support their mental	Compliant and is monitored monthly during contract

	mental health responses based on the national guidance, this will ensure that there is specific reference to the standards and measures recorded formally in any relevant contracts that SCAS is party to	action is ongoing	Chief Operating Officer	health needs as outlined in the NHS Standard Contract	performance monitoring meeting
12.	SCAS to review and agree with Berkshire Healthcare the demand and capacity required to enable SCAS to plan sufficient and appropriate resources. SCAS to agree a local protocol for response to different situations i.e. protocol for non-emergency transfers and, emergency transfers, HCP response	January – March 2015	South Central Ambulance Service - Regional Operations Director North	Patients will receive mental health services which are appropriately resourced with a joined up service approach	SCAS Clinical Lead advised that a mental health protocol has been introduced; there have been difficulties with recruitment and sourcing a suitable wheelchair accessible vehicle. Further work needs to be done to reduce unnecessary police call-out to convey mental health patient to hospital. SCAS are rolling out mental health training to all their front line staff

No.	Action	Timescale	Led By	Outcomes	
Improve Access to Support via Primary Care					
13.	Develop a comprehensive training package for General Practitioners in Mental Health.	Autumn 2015	Health Commissioners	GPs will be better equipped to understand patient's mental health condition so that they can support and sign-post patients to most appropriate	Berkshire East & West GPs have received core MH awareness training at different level, this is being rolled-out to

				services.	receptionists, practice nurses etc.
14.	A specialist training programme will be provided to GP's and teachers which will help them spot emerging mental health issues in children and young people and give them the confidence to know how best to manage the situation.	April 2015	Berkshire Healthcare Trust and Commissioners	Mental Health issues in children and young people are more likely to be identified at an early stage in education and primary care settings and be dealt with appropriately.	2 day week PPEP Care Lead appointed to roll-out the PPEP Care Training Programme to primary care and schools across Berkshire. The first train the trainer programme has been held to train CAMHS Staff who will act as the core training team. On-going train the trainer training is being developed for relevant Tier s and other colleagues who do not have a CAMHS core profession/CYP IAPT training who need some input to skill them up in CBT to become trainers. BHFT have a number of training events booked and the project lead is making contact with relevant colleagues in all localities to raise awareness of the training. This is being worked around clinical work capacity to reduce waiting lists and waiting times.

					Roll-out of this programme is in phase 2 of the CAMHS parity of esteem programme
Social Services Contribution to Improved Emergency Duty response Times					
15.	The emergency duty service will respond within 4 hours in line with the Joint Working Protocol. Response times will be monitored. During the working week, any social care response would come from the relevant community mental health team for the locality.	On-going	Bracknell local authority on behalf of all six unitary authorities	Patients will receive appropriate care in a timely basis. If response times exceed four hours then appropriate actions will be taken to ensure that it is reduced.	This is currently being reviewed by the Unitary Authorities across Berkshire.
3. Urgent and emergency access to crisis care					
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	
Improve CAMHs Alternatives to Admission and Access to Tier 4 Beds					
16.	Clinical Commissioning Groups to work with NHS England and BHFT to disaggregate the Berkshire Adolescent Service block contract into Tier 3 and Tier 4 activity NHSE to seek additional investment to enable Berkshire Adolescent Unit (BAU) to open 24/7 NHSE seek additional investment to increase the	May 2015 By summer 2015 By March 2017	Clinical Commissioning Groups/Local Authority & Education Department NHS England NHS England	Children and young person who are very unwell are placed in Berkshire and do not have to be in hospital long way from home.	Disaggregate Berkshire Adolescent Service Contract into Tier 3 & 4 activity Additional investment for Berkshire Adolescent Unit (BAU) to open 24/7 – funding have been approved This is included as part of Parity of Esteem work for Berkshire

	number of Tier 4 beds in Berkshire				East & West and will be implemented
	CCGs to consider options for enhancing crisis care at Tier 3	March 2015			On-going discussion between parties
	CCGs and BHFT to evaluate the pilot projects funded by NHSE over the winter, additional CAMHs duty clinics at weekends and bank holidays, enhanced Early Intervention in Psychosis Service and a psychological medicines service for under 18's at Wexham Park Hospital	April 2015	Clinical Commissioning Groups Clinical Commissioning Groups	Every Acute Hospital in Berkshire will have an NHS Mental Health Worker who will be able to assess and triage children in crisis to appropriate management and care.	Awaiting evaluation report

Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983					
Improved Ambulance Response Times for S135 & S136 Detentions					
Improved Training and Guidance for Police Officers					
17.	Thames Valley Police will ensure that all frontline officers and staff, who may deal with people with mental health problems, receive updated training by Autumn 2015.	Autumn 2015	Thames Valley Police	5,000 Thames Valley Police officers and staff will receive training to improve their ability to support persons suffering a mental health crisis.	Bespoke training for different roles is underway for around 6,000 TVP Staff including police officers, PCSOs, station and duty staff, special constables; this will be on-

					going in 2015/16
Response from Community Substance Misuse Service Providers					
18.	To continue to work with partners to reduce the likelihood of crisis interventions being required for individuals who use drugs and alcohol.	April 2015	Public Health DAAT Leads/Local Authority	To maintain a high return on investment in the prevention of drug and alcohol related hospital admissions.	This is work in progress based on funding allocation for DAAT in each Local Authorities in Berkshire

4. Quality of treatment and care when in crisis					
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	
Review Police use of Places of Safety under the Mental Health Act 1983 and Results of Local Monitoring					
19.	Thames Valley Police will work with partners to ensure that custody is only used as a place of safety on an exceptional basis (below 5%)	Summer 2015	Thames Valley Police	The use of police cells as places of safety falling to below 5% of Section 136 detainees ensuring patients are accommodated in an appropriate health facility.	TVP confirmed that numbers have reduced to 8.8% against a target of 5% but this is an improvement over the last twelve months; there are 3 places of safety assessment rooms across Berkshire, it is anticipated that street triage will support further reduction.
Develop further Alternatives to Admission (NHS & Local Authority)					
20.	We have established three crisis beds at Yew Tree Lodge in Reading run by Care UK as alternative to hospital admission.	September 2014	Berkshire Healthcare Trust	The facility will offer residents of the West of Berkshire a more personal, less institutional alternative to hospital admission when in crisis.	Remains in place, this service are managed by Partnership in Care with full compliments of staff.
Use of Restraint					
21.	Our staff at Prospect Park Hospital who has direct contact with patients will receive Promoting Safer & Therapeutic Services (PSTS) training.	September 2015	Berkshire Healthcare Trust	The training will mean that our staff will use different techniques to reduce the use of restraint in the wards. This will improve patient experience.	Standards achieved – all staff facing mental health patient receive PSTS training and bi-monthly annual update. Those working in inpatient settings receive this via SMART week, PMVA or standalone courses; community staff will

					receive this via standalone bespoke courses
22.	Calming (de-escalation) areas will be introduced to all mental health ward environments.	June 2015	Berkshire Healthcare Trust	Patients who are very agitated and who potentially might be violent and aggressive will have a dedicated area on each ward to receive individual care. This will promote privacy and dignity, reduced the use of restraint and an overall improved patient experience.	All de-escalation areas open and in use
23.	All mental health inpatient and crisis response home treatment team staff will be trained in Breakaway techniques so that they are able to safely manage situations where an acutely unwell patient may be a risk to staff and others.	December 2015	Berkshire Healthcare Trust	Staffs are supported to maintain both their own personal safety and that of their patients.	Ongoing training; CRHTT Staff are also allocated a lone worker device for their protection.
24.	On the rare occasions when restraint is used, our staff will only use techniques and interventions that are designed not to cause pain or injury and maintain the principles of dignity and respect for patients. All patients will receive a de brief following such an event.	April 2014	Berkshire Healthcare Trust	Patients will be helped to understand the reasons why restraint was used. Patients will also tell staff how it felt to be restrained and together they will agree a joint plan of what to do should another incident occur to try and avoid the use of restraint in the future.	All patients are offered a post-incident review following a restraint event, either with ward staff or through SEAP
25.	Clinical Staff at the Royal Berkshire Hospital in A&E department and other relevant wards and departments will receive Conflict Resolution Training using a scenario based approach relevant to the patient cared for.	September 2015	Royal Berkshire Health Care Foundation Trust	The training will mean that our staff will use de-escalation techniques to minimise the need for restraint. This will improve patient experience.	80% of nurses in ED have undertaken a 5 hour conflict resolution training in the last year; an additional training for ED Consultants has been designed and will be delivered during Aug/Sept and the 5 hour training for ED Consultants will be

					scheduled over the following year.
26.	Security Staff do not restrain patients unless there is a serious risk of them harming themselves or other people. They are trained in techniques and interventions that are designed not to cause pain, to maintain privacy and dignity and they work with clinical staff to ensure patient safety. Where ever possible the patient or their family is given an opportunity to discuss the reasons for using restraint and there is a team debrief to learn lessons.	September 2014	Royal Berkshire Health Care FT	Patients will only be restrained when it is absolutely necessary and when they are episode of restraint this will be looked at by the security, clinical and safeguarding team to learn lessons about avoiding using restraint whenever possible.	All security staff provided to the RBFT by Keyline Security Services are trained in techniques to restrain that are designed not to cause pain and to maintain privacy and dignity, however patient are only restrained when it is absolutely necessary.
27.	Police officers should not be deployed to restrain persons suffering mental illness unless there is a serious and imminent risk of harm to any person or serious damage to any property.	Spring 2015	Thames Valley Police	The use of police to restrain persons in mental health crisis, both in a health care setting and in the community, is significantly reduced.	TVP reported that there is a National Working Group looking at whether police should ever have to do this and if yes, how and if not, who should do it? It was noted that Police Officers are not trained to restrain MH patients
Primary care response					
28.	Improve Primary Care response to Mental Health Crisis by providing education to GPs in all 7 CCGs in Berkshire so that each GP knows who it is appropriate to refer and to phone for urgent referrals Establish DXS system in Primary Care Computer IT systems to guide GPs in Berkshire West to better signpost to appropriate mental health services.	January 2016 November 2015	Clinical Commissioning Groups (CCGs)	Improved timeliness and quality of referrals to CPE Better training are available for GPs in primary care to support clinicians to manage mental health patients who present in crisis Deliver an enhanced level of IT software system to support access to patient records	GP education programme is now fully rolled-out across Berkshire Currently under review

	Better GP signposting i.e. to Access to debt/welfare advisors in Primary Care Settings and support.	September 2015		Primary Care Clinicians can make direct referrals to debt/welfare advisors for those with finance problems	BW Clinical Lead advised that BW are working with RVA as CAB have capacity issues
	Explore increased use of Peer mentors & peer navigators to support access to services and decrease DNA rates.	June 2015		Mental Health patients have access to peer mentoring in the community via voluntary sector providers	BW are working with Reading Your Way and BE are working with Depression Alliance
	Sharing of patient records with NHS Providers and Emergency Services so that when patients contact in crisis, their primary care records can be accessed easily.	November 2015		Better record sharing system are in place to allow emergency services to access patients records both for primary care and secondary care	This is being progressed through Programme Board

5. Partnership Working					
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	
Monitoring Progress and Planning Future System Improvements					
29.	Expand the Emergency Department of the Royal Berkshire Hospital to provide a new Observation Unit. This will be made up of 8 beds (2 bays of 4 beds) to provide single sex accommodation and 5 ambulatory chairs. The facility will have a mental health assessment room that is compliant with National Standards, a side room with shower facilities	November 2014	Royal Berkshire Foundation NHS Trust	To provide a ward environment for those patients requiring treatment within the Emergency Department post 4 hours with the expectation that they will be discharged home. Promoting privacy and dignity and an improved patient experience. A significant number of patients attending ED with mental health problems fall into this category.	○ ED Observation Bay is fully operational since November 2014 which has a mental health assessment room with appropriate furnishings
	Provide office accommodation for the new Acute Mental Health Liaison Service based at the Royal Berkshire Hospital	October 2014	Royal Berkshire Health Care FT	The Observatory Unit and Mental Health Assessment Room will improve the working conditions for both ED staff and the Acute Mental Health Liaison Team and support better care for their patients.	○ Office accommodation for PMS achieved
	Joint Clinical Governance arrangements for the ED and newly commissioned Psychological Medicine Service at Royal Berkshire Health Care FT	October 2014	Royal Berkshire Health Care FT	A working environment, adjacent to Emergency Department colleagues and the Older Peoples Mental Health Liaison Team that will promote multidisciplinary, and partnership working and lead to improved holistic care of patients with mental health problems who attend the Emergency	○ ED & PMS clinical governance meeting fully established since Oct 2014
	A comprehensive safeguarding training strategy that includes mental capacity assessment and mental health act training and addresses the knowledge and competencies of the work force in relation to care of mental health patients	April 2015	Royal Berkshire NHS FT	Provide a forum for close partnership working where key performance indicators, clinical incidents, complaints and patient experience in relation to the care of mental health patients can be	○ Safeguarding training strategy approved by the Strategic Safeguarding Committee since

	who have acute and chronic physical health needs requiring admission to hospital. Royal Berkshire FT will be able to 'flag' individual crisis care plans shared by Berkshire Health Care FT on the A&E electronic patient record system. The Crisis Care Concordat should be placed on the agenda of Local Safeguarding Adults Boards, which have a statutory basis under the Care Act 2014 from 1st April 2015. Mental capacity awareness needs to be supplemented by consideration of the potential for Deprivation of Liberty Safeguards to be applied, for example, in certain cases of informal admission. The Concordat will be of interest and relevance to the work of our Health and Wellbeing Boards, some of which may wish to endorse the concordat individually for their area.	April 2015 April 2015 April 2015 April 2015		monitored and a culture of continuous improvement fostered. There is patient representation on the ED Clinical Governance Committee. A work force that has the knowledge and skills to support mental health patients with acute physical health needs, respecting their rights and recognising when and how to make reasonable adjustments to ensure they have access to appropriate care. Staff at A&E will be able to understand what the most appropriate care is for an individual when they are in crisis. Concordat to be circulated to DASS in Berkshire for the attention of the Safeguarding Co-ordinator. All Unitary Authorities in Berkshire Concordat to be circulated to Health and Wellbeing Board Chairs in each of the 6 areas.	April 2015 ○ Individual patient crisis management plans can be flagged as a safeguarding concern on First Net, ED EPR before
30.	We will share individual crisis care plans with the police, ambulance service and acute hospitals regarding patients who are frequently in contact with our mental health and	September 2015	Berkshire Healthcare Trust	The police and ambulance service will be able to understand what the most appropriate care for an individual is when they are in crisis.	Being implemented; patient being identified through the Berkshire PIP (Protocol In Practice) as well as more

	emergency services.				locally amongst partner organisation

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 23 September 2015

CONTACT OFFICER: Roger Parkin, Director of Customer and Community Services

(For all Enquiries): (01753) 87 5207

WARD(S): All

PART I
FOR INFORMATION

CLIMATE CHANGE PRIORITY DELIVERY GROUP (PDG) – CLIMATE CHANGE AND CARBON MANAGEMENT PROJECTS AND ACHIEVEMENTS

1. Purpose of Report

The purpose of this report is to update the Slough Wellbeing Board (SWB) on all current climate change and carbon management projects and achievements.

2. Recommendation(s)/Proposed Action

The SWB is requested to note the contents of this report.

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

3(a) Joint Wellbeing Strategy priorities and the Joint Strategic Needs Assessment (JSNA)

The Climate Change PDG (and the council's Carbon Management Board) supports specific delivery against each of the following Joint Wellbeing Strategy's (SJWS) regeneration and the environment priorities (which are taken from the strategy's supporting JSNA evidence base):

- Improve public transport, cycling and walking facilities to increase use of sustainable forms of transport
- Reduce energy consumption, water usage and the amount of carbon emissions generated

3(b) 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 Climate Change Priority Delivery Group (CCPDG) (and the

council's Carbon Management Board) supports 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 by:
- Ensuring a fit for business transport infrastructure

7 The council's income and the value of its assets will be maximised by:
- Using new approaches to revenue and asset maximisation through Slough Regeneration Partnership and other delivery options
- Rationalising the operational property estate, through disposals and shared use
- Maximising savings from procurement, commissioning and contract management
- Ensuring that a revolutionised approach to household waste collection is in place

4. **Other Implications**

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

(b) Risk Management - There are no risk management issues arising from this report.

(c) Human Rights Act and Other Legal Implications - There are no human rights or other legal implications arising from this report.

(d) Equalities Impact - There are no equalities impacts arising from this report.

5. **Supporting Information**

- The CCPDG last produced an annual report on its activities in September 2014. This report covers the period October 2014 – July 2015.
- It is currently in the process of producing a new Climate Change Strategy for the borough (which will be and linked to the council's forthcoming Waste Strategy).
- The council's Carbon Management Plan for the period April 2015 – March 2020 has also been updated and shows how the council in collaboration with CCPDG and other partners can continue to reduce CO2 emissions across the council's corporate assets and estate.
- Membership of the CCPDG has increased throughout the year – representatives from Heathrow Airport Ltd (HAL), Slough Community Transport (who replaced the Seeds Trust) and SSE have recently joined the Group.
- The CCPDG is currently in the process of tendering for Heat Network Funding (along with SSE) and if it is successful, this will become one of the Group's flagship projects for 2015/16.

- The Group is currently considering how it can work more closely with Slough's industrial and commercial sector to reduce the CO2 emissions of those organisations that are strongly represented on the CCPDG.
- A list of all the CCPDG's current carbon management and climate change projects together with a summary of Slough's cycle hire scheme (which is being delivered by the council in partnership with Groundwork South and with support from Avarto and MARS) are appended to this report.

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

6.1 There are no comments from other committees.

7. Appendices Attached

'A' - Carbon Management/climate change projects 2015
'B' - Slough Cycle Scheme Update

8. Background Papers

None.

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APPENDIX – 'A'

Climate Change PDG Annual Report 2014 - 2015

No.	Current Projects	Programmes / Initiatives	Status
1.	• **SBC Company Car Ultra Low Emission Salary Sacrifice Scheme**	• Joint iniative between HR and Environmental Quality • Procurment Business Case Approved June 2015 to enter into Framework Agreement with Tusker 'the provider' • Open to all SBC staff to lease an ultra low emission company car for 3 year period • Incentivisation for staff as save in lower tax benefit in kind rate, cheaper running costs, still eligible for 45p mile rate • Employer – assist with staff retention as perk, reduced CO2 emissions (quantifiable) and improved local air pollution • **CO_2 reduction aim 5% per annum for Grey Fleet emissions (18 tonnes per annum)**	Internal officer meeting to resolve any outstanding issues September 2015 Implementation Meeting with Tusker to set up scheme (annual cost to SBC £400 per annum Communication and Promotion of Scheme • **Go Live Data December 2015/January 2016**
2	**My Electric Avenue** **Workplace Electric Vehicle Cluster** **Community Transport and Pool EV cars**	• Slough BC is taking part in a EV workplace trail • De Montfort University undertake regular user surveys • 9 members of staff and 1 Councillor have leased a Nissan Leaf car for 18 months at discount rate of £100/month • Over 100,000 electric miles have been driven to date • 3 workbased dual EV charging points installed to service the MEA **(used over 1000 charge events) charging is currently free** • Saving against UK average CO_2 emission for passenger car (http://www.smmt.co.uk/co2report/ 124.6g/KM) **equivalent to 20 tonnes of Carbon to date**	• Workplace cluster trail started in June 2014 • Due to finish December 2015 • Excellent user feedback (management of range and range anxiety dispelled) • EV provision at workplace proved to be significant incentive and advantage • Over 1,500 charge events at SMP workplace • Press release on My Electric Ave – Radio coverage on Radio Berks 22/08/14 • **Lead to PID for EV Pool Cars and Community Transport – generate CO2 and £ savings**
3.	**Slough Electric Vehicle Charging Points Network and Electric Car Club for Town Centre** **OLEV Bid for Electric buses** **OLEV Bid for Electric Taxis**	• 2013 - 5 EV charges installed by SSE **July 2013** at Langley Leisure Centre, Montem Ice Rink, Hatfield Car Park, Herschel Car Park, and The Centre (currently de-commissioned). (supplied free of charge) tri-party agreement with SBC and Source London coming to end **March 2016 (total number of charge events to date is over 1000 charge events) charging is free** • Ballore Group restructured new agreement for SBC to remain in Source London currently with legal (concerns over the offer does not benefit Slough in mid-long term) • One succesful bid applications submitted to in **April 2013** for public asset EV charges 4 dual charges installed at Britwell Centre, Cippenham Library and Chalvey Community Centre in **November 2014 (over 150 charge events have been recorded to date) across these sites Charging is free** • One successful bid for rapid Charger submitted in **April 2013**, installed and commissioned in **December 2014 (over 80 charge events recorded tariff is set at £5)** • One succesful bid to install three rapid chargers in **October 2013**	• All EV points are installed except the 3 rapid charges under the latest bid • Charge point at The Centre EV point has been replaced but is down • All points have been accepted on Source London Network • SBC transport team are looking at expanding the EV network in 2 SBC owned mutlistorey car parks • 1 Rapid charger installed in Brunel way • Second bid has been made for 3 more chargers – locations to be decided – close to M4 Junction 5/6 (not installed) • 3 new sites have been identified in Town Centre, Cippenham and Langley (Business Capex Case to be prepared) • S106 Funding for electric charging has been programmed subject to approval by Planning along with Air quality guidance for ULEV uptake at least £1 million pounds to be secured over 5 year timeframe to expand the network and implement electric car club • Feasibility Bid in June for SBC electric taxis failed due to scale

		– implmentation due by **March 2015** (SBC failed to implement – the project was meant to be led by Transport Team) EQ team formed project group **Feb 2015** and obtained quotes for charging units from ABB supplier OLEV refused to extend the funding implemenation deadline £200k has been allocated in the Capex fund to delivery – Business Case on payback to be prepared •	against city bids • Bid for electric buses to be submitted by 31st October 2015deadline
5.	**Green house gas (GHG) reporting**	• SBC collects and publishes greenhouse gas emissions from its own estates and operations Scope 1, 2 & 3 emissions on an annual basis • Slough emissions from the whole borough for 2013 have been published on DECC website https://www.gov.uk/government/statistics/local-authority-emissions-estimates • Slough Emissions for **whole** borough are high in comparison to other Berks authorities – this is because we have a large indistrial and commercial sector • Collate **annual** data for 14/15 baseline and prepare the **Council's** greenhouse gas report for DECC which is then published on slough.gov.uk • The Slough Borough GHG report is Part of the DCLG single data list	• Annual DECC statistics have been released • SBC Baseline collated for 14/15 – data checking and veryfying from last year in process • Other Scope 3 data included in GHG 13/14 baseline is business mileage (grey fleet), council owned fleet, outsourced services (Amey and Interserve), fugitive emissions, community and foundation schools, street lighting, traffic lights, corporate waste

APPENDIX – 'A'

No.	Current Projects	Programmes / Initiatives	Status
6.	**Carbon Management Plan (CMP) (April 2015 – March 2020)**	• Carbon Management Plan up to March 2015 – April 2020 signed off – this plan is aligned to the corporate Asset Challenge process • Governance of the Carbon Management Plan is the Carbon Management Board • The plan is based on 13/14 SBC CO2 baseline and savings target have been set according to this CO2 baseline and the total energy spend on utlities (gas, electricity water, waste, business mileage). • The new CMP is linked into the 5 year plan Outcome 7 *(using resources wisely)* • Next phase of CMP is to identify year on year reduction in carbon emissions **and** energy running cost from SBC corporate buildings • This cannot happen until the corporate Asset challenge process has been completed • Identify badly performing (energy hungry) builidings and look at ways of mitigating high CO2 emissions and costs • SBC has purchased a CO2 emission baseline tool to track he annual baseline which also assists with GHG emissions • Link into a fleet challenge to drive through C02, AND revenue savings	• CO2 footprinting and benchmarking process for corporate buildings once asset challenge is complete • Work out CO2/Energy KPI's and benchmarking buildings once we know which assets SBC is retaining • We will then be able to indentify badly performing buildings and look at making energy efficieny improvements • Once energy saving projects have been identifed the environmenal quality team will put together bids to go to captial strategy board which have direct energy and carbon savings • A carbon savings fund has been allocted for the Carbon Management Plan projects • Investigate cost of installing more AMR across all SBC sites including review of electricity Non Half hourly sites (NHH) (council has around 480 sites on the corporate energy contract) • PID for SBC fleet review to be developed
8.	**Home Energy Conservation Act (HECA) Progress Report 2015**	• Progress report submitted to DECC in 31 March 2015 • Identify progress on existing projects SBC Property Services team are implementing which target fuel poverty • Identify new projects SBC Property Services team are implementing which target fuel poverty e.g. solar PV instalment of council owned properties • Link up with housing regulation team inspections on cold and damp • Mapping of DECC fuel poverty database on Slough Maps to identify fuel poverty hotspots • Mapping benefits data to indentify for low income families and cross check against fuel poverty data to indentify hotspots • Working with public health team to identify GP locations and respiratory diseases hotspots – cross check against fuel poverty data to identify hotspots	• SBC has made much progress looking at own housing stock • Targeting any solid wall properties to install external wall insulation (EWI) • The challenge is to look at tackling fuel poverty in private sector housing, rental properties and HMO's.
9.	**Green Champions**	• Relanched in 2014 • Linking into the Staff travel plan intiatives • In future will be recruiting green champions • Grapevine articles on Green Champions topics	**Key Green Champion projects** • Food waste composting – composters installed on all floors at SMP • Look to rolling it out in other council corporate buildings • Next project will look at reducing paper usage in line with smarter working and improved IT and acces to staff home working

APPENDIX – 'A'

No.	Current Projects	Programmes / Initiatives	Status
10	**Climate Local**	• LGA run programme which is successor to Nottingham Declaration www.local.gov.uk/climate-local • Slough Signed up in June 2014 • We are able to share climate change resources/strategies with other councils • Created a climat e change action plan in line with existing Climate change strategy • We are in the process of updating the Climate Change Strategy 2015 -2020 and aim to complete this work by Dec 2015	• Slough BC publish updated action plan on council website by March 2016 • Share best practice on tackling climate change with other councils • More engagement with members on climate change issues • Many leads members resources for Cllr Parmar to use • Resources have more focus on adaptation including business continuity planning after the severe flooding events in Jan 2014
11.	**Climate Change Strategy and Climate Change Action Plan**	• Update the Climate change strategy • Produce 1st draft with outcome linked into the council corporte objectives on carbon mangement and energy savings, planning, fuel poverty, waste and transport. • Review and update Council's Climate Change Action Plan with new projects form PDG partners and SBC	• Meet with policy team to discuss producing the new climate change strategy • Look at how Slough can address mitigation and adaptation and future challenges, this is to be included in the updated strategy
12.	Slough Bike Hire scheme https://www.cyclehireslough.com/ **Appendix B Slough Cycle Hire Scheme Update**	• Local Sustainable Transport Fund (LSTF) funding • Looking for a replacement sponsor • Cycle Hire Slough scheme, providing short-term cycle hire across the borough linking key stations and employment areas • Slough Cycle Hub – implementation and running of the hub, providing secure cycle parking, locker and changing facilities • Project delivered in partnership with Groundwork South Scheme commenced Oct 2013 with 7 hubs (new ones a Langley and Colnbrook) with 20 bikes at each hub – Slough Station, Burnham Station, Trading Estate and Montem Leisure Centre. • Corporate membership cards on offer to Climate Change partners and other slough based corporate's	• ANESCO funding is finished at the end of Oct 2014 • New sponsorship for the scheme must be found • Climate change partners have been approached for additional funding • Focus on promoting the average number of hires per day • Groundwork South have a dedicated member of staff for bike scheme • A new cycle hub is has opened and is located at Slough Station. • Look at increasing the number of hubs – locations considered
13.	**Slough Street Lighting Project**	• SBC Highways have won bid to upgrade all street lights in Slough Borough Council • The funding is coming DfT Challenge Fund • This is a joint bid with Wokingham and Reading Borough Council • The bid was successful and the capital cost of £19 million has been awarded the additional 30% of the funding needed is coming from 3 councils • Current streetlight accounts for **2916 tonnes of CO2** which is 18.4 % of the total SBC CO2 emissions for 2014/15 • Reduction in energy and carbon consumption in the region of 70% (after full implementation in year 3) • Significant reduction in street lighting cyclic maintenance • Significant reduction in street lighting capital costs to 2035	• Tendering evaluation has commenced • Contract awarded end of Oct 2015 • Upgrading of streetlighting to commence April 2016 over 3 year programme
14	**Heat Network Fund**	• Slough has been awarded £70K from DECC	• Compiling the tendering specification

		• Slough is putting £5K of own funding into the project • This will be used for heat network master planning and heat mapping focusing on the Slough Trading Estate, town centre The Crematorium and Wexham Park Hospital • Also to investigate the potential of expanding the existing power station district heating scheme, owned by SSE, to The Centre, where new leisure centre will be located.	• Contractor appointed by October

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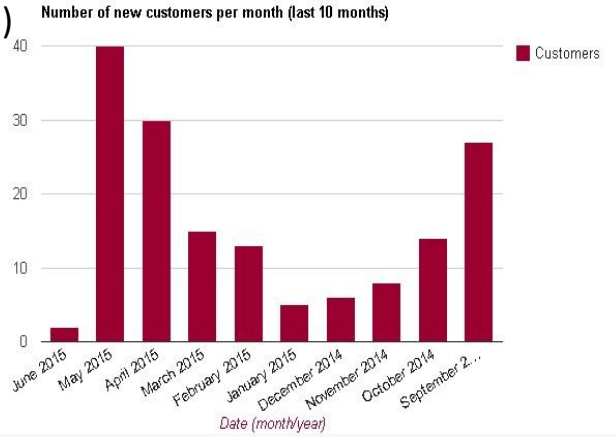
Slough Cycle Hub/Cycle Hire

Members Card security access and button release

80 secure Bike Lockers
Members changing room
Personal Lockers

4 new docking stations recently installed in Langley, Colnbrook and Yarmouth Road
52 new active members in the last 6 months
187 members renewed membership this year
350 current active members
A total of 83 Bikes across 8 Docking stations and growing (potentially 2 more docking stations in 2015)



Hub launch and summer promotions planned

Training programme being designed to launch in the autumn

Hub workshop now operational and the continued maintenance of hire bikes has resumed

Members break out area. Offering vending refreshments. Public use bicycle pump and inner tube vending machine.

Slough Borough Council
www.slough.gov.uk

www.cyclehireslough.com

GROUNDWORK
CHANGING PLACES
CHANGING LIVES

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 23 September 2015

CONTACT OFFICER: Dr Angela Snowling (Assistant Director of Public Health)

(For all enquiries): 01753 875142

WARD(S): All

PART I
FOR INFORMATION

'MENTAL HEALTH 4 LIFE: BUILDING RESILIENT COMMUNITIES' – SLOUGH CAMHS[1] STRATEGY (2015-19)

1. Purpose of Report

To inform the Slough Wellbeing Board of the consultation and development of a CAMHS Strategy for Slough. The Strategy will establish a framework for local partners to work together to support the (physical and mental) health and wellbeing ambitions, set out in within the borough's overarching Children's and Young People's Plan (CYPP) for 2015 - 2016.

2. Recommendation(s)/Proposed Action

The Committee is requested to note the report.

3. The Slough Wellbeing Strategy, the Joint Strategic Needs Assessment (JSNA) and the Five Year Plan

3(a) Slough Wellbeing Strategy priorities

The priorities in the CAMHS Strategy will support specific delivery against each of the following Joint Wellbeing Strategy priorities:

Health – Reducing inequalities and improving the (emotional and physical) health and wellbeing of our children and young people will help them live more positive, active and resilient lives.
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. The Strategy will support the Slough Local Safeguarding Children Board (LSCB) in safeguarding and supporting vulnerable children through the children's services improvement programme and early help agenda.

3(b) Joint Strategic Needs Assessment (JSNA)

[1] CAMHS' stands for Child and Adolescent Mental Health Services. CAMHS are provided by a range of statutory and non-statutory agencies

The CAMHS Strategy is based on a local CAMHS Needs Assessment, originally produced in 2008, but subsequently refreshed using information from the borough's 2015 JSNA and other key data sources. It found that there was a need for:

- A perinatal mental health service to address the needs of three different groups: those who have experienced a traumatic birth, those who had ongoing mental health problems and those who have developed post natal depression (not at clinically high levels but still requiring support).
- Adopting the results of pilot school based interventions with Mindfulness.

The refreshed CAMHS Needs Assessment is available on request.

3(c) 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 CAMHS Strategy will support delivery against outcome 5 in the Five Year plan i.e. that children and young people will be healthy, resilient and have positive life chances. It will do this by:

- Developing more preventative approaches to ensure children, young people and families are safe, independent and responsible.
- Ensuring that 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.
- Ensuring vulnerable children and young people are safe and feel safe.
- Ensuring children and young people are emotionally and physically healthy.
- Ensuring children and young people enjoy life [and learning] so that they are confident about the future and aspire to achieve to their individual potential.
- Ensuring 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 the proposed action - but if the action plan for CAMHS transformation is agreed with NHS England some additional funding could be drawn down to enable Slough's Clinical Commissioning Group (CCG) to commission a perinatal mental health service to reduce the delay for ASD and ADHD diagnoses and to support governance at a targeted level from specialist CAMH services which has been identified as a gap.

(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 (EIA) - An EIA has been completed – key issues relate to the BME and LGBT communities. The Strategy's action plan

aims to reduce bullying within schools and stigma through a comprehensive schools based training programme for staff and young people.

5. Supporting Information

5.1 Background

The development of a CAMHS Strategy for Slough has paid regard to what has emerged in national policy since 2011, including a raft of new strategy, policy and guidance published in March 2015 [e.g. Mental Health 4 Life, Five Year Forward View, Future in Mind], with a particular focus on the use of evidence based interventions to promote emotional health and wellbeing of children and young people, including the role of schools, colleges and the delivery of earlier help. Parity of esteem between mental health and physical health in the delivery of health services has been highlighted in several recent national policies and a commitment has been made to support the Mental Health 4 Life themes.

The Government's 'No Health without Mental Health' policy [2]placed an emphasis on early intervention to prevent serious mental health issues developing, particularly amongst children. It highlighted that, in addition to mental health professionals, there are a wide range of professionals and groups who can support and improve a child or young person's psychological wellbeing, including:

- Midwives
- Health visitors
- Children centre staff
- School staff
- School nurses
- Community workers.

These professionals are mostly located in "universal services" and are in a good position to provide help.

In October 2014, the Department of Health published Achieving Better Access to Mental Health Services by 2020[3]. This emphasised the need to bring about 'parity of esteem' between mental health services and physical health services and to put into place better prevention and early intervention to support children and young people.

The government's most recent policy update published in 2015, 'Future in Mind[4]' includes five themes to support the mental health of young people:

- promoting resilience prevention and early intervention
- improving access to effective support – a system without tiers
- care for the most vulnerable
- accountability and transparency

[2] Department of Health 2011 https://www.gov.uk/government/publications/no-health-without-mental-health-a-cross-government-outcomes-strategy
[3] https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020
[4] Department of Health and NHS England 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

- developing the workforce

5.2 Strategy development

The Children and Young People's Partnership Board (CYPPB) agreed in February 2015 that a new CAMHS Strategy should be written covering the five year period May 2015 to March 2019. This Strategy will replace the existing Strategy that was developed in 2008.

Slough's new CAMHS Strategy will set out how council and partners will work together to meet the mental health needs of children and young people in Slough. It will incorporate the latest national guidance from Mentalhealth4life and use the following Mentalhealth4life themes (together with a life course approach) to deliver the following aims of the Government's Mental Health Strategy:

THEME 1: Promoting Mental Health 4 Life with parents
THEME 2: Promoting Mental Health 4 Life with children and young people
THEME 3: Promoting Mental Health 4 Life with schools

The current draft of the Strategy includes feedback received from key partners and service areas involved in the pathways project (including the Berkshire Healthcare Foundation Trust, Slough Schools, national bodies such as; the CAMHS outcomes research collaboration working on the funding criteria, the national group working on the THRIVE model, the advisory group responsible for the Mentalhealth4life resources, Slough's Emotional and Behavioural Outreach Service (SEBDOS) (a not for profit community interest group), Cambridge Education, Healthwatch Slough, Public Health England and Slough's Clinical Commission Group (CCG).

A pilot service redesign (with young people and local schools) also took place between January and July 2015 to help inform the development of the Strategy.

Feedback from a number of 'Implementing pathway changes and engagement sessions' held with young people (to develop a bespoke website), Slough's Youth Parliament, colleagues from the council's Youth Engagement Team (within Ice Creates) and members of the CYPPB has also be reflected in the current draft.

A final round of consultation is currently underway (running from September 9th to October 30th[5]) to identify whether there are any actions that could be developed but are as yet undefined. Subject to the successful outcome of this final phase of consultation, Health Scrutiny will be given an opportunity to review a final draft of this Strategy in November 2015, before it is passed to the CYPPB and Slough Wellbeing Board for final endorsement in January 2016. The latest draft of this Strategy is appended to this report.

5.3 Governance

Action plans to support the delivery of this Strategy have already been developed and agreed in principle by the CYPPB (it may be necessary to revisit these once the current phase of public consultation has concluded) and will sit within the

[5] http://www.slough.gov.uk/downloads/draft-CAMHS-strategy-2015-2019.pdf

CYP priority 2 subgroup for delivery. This sub group will meet bimonthly and escalate issues to the CYPPB for resolution. Any exceptions which require further escalation will brought to the Slough Wellbeing Board as required. Specific questions about the management of vulnerable cases will be dealt with by Slough's Local Safeguarding Children's Board (LSCB).

5.4 Monitoring delivery

The action plans that have been developed will, by their very nature, not be able to cover everything that is happening across the borough in relation to our children and young people or all of the activities that will take place to achieve the outcomes identified in the Strategy, but it will provide a common framework, a shared sense of purpose and a clear direction for those looking to co-operate.

The Strategy will also be underpinned by a joint CAMHS transformation fund action plan for all tiers of children and young people's mental health and wellbeing in accordance with "Future in Mind" recommendations. This fund will provide additional funding to the CCG to enable it to address the following issues i.e.

- Roll-out of the CYP IAPT measures
- Improving perinatal mental health
- Strong focus on creating best evidence based community ED teams with details of how capacity freed up by specialist teams will be redeployed to improve crisis and self harm services
- Work with collaborative commissioning groups between specialised commissioning teams and CCG
- Commitments to transparency, service transformation, meeting legal duties with regard to quality and health inequalities and demonstrating improvement

This funding is however contingent on the development of a transformation plan that aligns with the principles and ambitions set out in the Future in Mind policy.

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

6.1 There are no comments from other committees.

7. Conclusion

- Improving outcomes for children and young people with poor mental health and wellbeing will make a difference to their lives, and to the lives of their parents, carers, family, friends and wider community.
- By supporting children and young people they are less likely to need adult mental health services and more likely to enjoy a higher quality of life into adulthood.
- The proposed CAMHS Strategy will be the overarching strategy for improving the emotional health and physical wellbeing of Slough's children and young people.
- It identifies the key issues to be addressed and is based on a comprehensive assessment of what works and is the most effective approach to avoiding adult mental health problems.
- It will also contain detailed estimates of costs that could be avoided by implementing the suggested approach and will support the delivery of nationally agreed CAMHS transformation fund priorities.

7. Appendices attached

A - Mental Health 4 Life: Building Resilient Communities – Slough CAMHS Strategy 2015-2019

8. Background papers

None

Slough
Children and Young People's
Partnership Board
Getting it right for children

Promoting Mental Health 4 Life
Building Thriving Communities

Slough CAMHS Strategy 2015-2019

Consultation draft
version 30.07.15

www.slough.gov.uk
Slough
Borough Council

ACKNOWLEDGEMENTS

Sincere thanks are acknowledged to the many young people and staff in the organisations listed in listed below who have been consulted in the development of this strategy.

- Anna Freud Centre and the Tavistock and Portman group
- Berkshire Healthcare Foundation Trust (specialist CAMHS and school nursing service)
- Cambridge Education educational psychology and integrated support team
- Healthwatch Slough
- NHS England - Thames Valley Children and Maternity Network
- Public Health England
- SBC's Public Health and primary mental health teams
- SBC's early help, children's social care and youth services team
- Slough Clinical Commissioning group
- Slough schools
- Slough Youth Parliament
- Slough Emotional and Behavioural Outreach Service (SEBDOS)
- The Puffell design team at Creates

CONTENTS

FOREWORD

On behalf of the Slough Children's and Young People's Partnership I am delighted to support this strategy which reflects the work of many agencies who have collaborated so effectively to assure our children and young people have the best possible start in life.

The partnership is grateful to Professor Kamaldeep Bhui for the opportunity to structure the strategy around the life course based Mental Health 4 Life materials produced this year and to the research team led by Dr Miranda Wolpert who developed the national THRIVE model for CAMHS.

The materials support our commitment to reducing the negative effects of emotional distress as this begins in early life and accounts for 23% of the burden of ill health. We have, with permission, adopted the first three themes of Mental Health 4 Life into this strategy which focus on prevention and early intervention. The strategy does not explicitly cover the treatment or rehabilitation of mental ill health yet the new pathways and service standards that our staff and our specialist services now work to, in our preventative and treatment services are all NICE compliant and meet the national specification requirements.

We are grateful too for support from Public Health England for funding the development of a young people friendly website which focuses on building positive mental health and wellbeing. This website is based on the Five Ways to Wellbeing themes – staying connected, being active, taking notice, keep learning, give. The website and app encourage the adoption of self care techniques, enabling an on line assessment and early access to effective services if needed. Our Slough Youth Parliament, who have included promoting resilience as one of their manifesto priorities, will be a key asset in promoting this to all young people in Slough.

We have made a very good start and whilst I am pleased to see that our low referral rates to specialist CAMHS are genuine, reflecting the level of support we have retained in the early years and school settings, we are ambitious to continuously improve. There is more to do with regard to promoting parental mental health and ensuring that our mobile communities receive support to build resilience and develop their own competencies to promote mental health. I am delighted to know that our voluntary sector is supporting training for the community in line with this strategy.

I therefore welcome the support shown by the education scrutiny panel in endorsing the Mental Health 4 life materials and training and look forward to seeing the impact of this strategy on our early years and schools and communities in the coming years.

Insert signature

Councillor Pavitar Mann, Chair of the Slough Children and Young Peoples Partnership

Introduction

This strategy provides the strategic overview and priorities for tackling the drivers of poor emotional resilience and addresses the needs identified by local families and children in the 2014 Thames Valley CAMHS survey[29] and supports the Child and Parental Mental Wellbeing priority in the Slough Children and Young Peoples Plan 2015-16.

It is based on a public mental health approach and on the evidence base for mental health promotion which is cost effective.

The basis for the Mental Health 4 Life approach is set out in the following principles.

Table 1. Core principles for supporting mental health – source Mental Health 4 Life[44]

Know	Believe	Act
Know the nature of mental illness	Understand your own mental health, what influences it, its impact on others and how you can improve it	Communicate effectively with children, young people and adults about mental health
Know the determinants at a structural, community and individual level	Appreciate that there is no health without mental health and the mind and body work as one system	Integrate mental health into your own area of work and address mental and physical health holistically
Know how mental health is a positive asset and resource to society	Commitment to a life course approach and investment in healthy early environments	Consider social inequalities in your work and act to reduce them and empower others to do so
Know what works to improve mental health and prevent mental illness within own area of work	Recognise and act to reduce discrimination against people experiencing mental illness	Support people who disclose lived experience of mental illness

The strategy that follows is built not only on national best evidence but is grounded in powerful local tests of whether the interventions work, from feedback from training offered through the voluntary sector, for schools and young people, for general practices and from co-creation of the wellbeing website with young people.

DEFINITIONS

Early intervention – implementing evidence based programmes and interventions for children and young people which can have a lasting effect on their life long mental wellbeing

Mental health - is a state of wellbeing by which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.

Prevention – preventing the development of mental illness, preventing suicide and also doing something for people without a mental illness, for examples preventing stigma or discrimination

Promotion – promoting a healthy lifestyle for body and mind, helping people choose activities that are enhancing their wellbeing

Public health - is the art and science of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society

Public mental health - is the art and science of improving mental health and wellbeing and preventing mental illness through the organised efforts and informed choices of society, organisations, public and private, communities and individuals. Includes promotion, prevention and early intervention. See details in the key themes.

WHY DO WE NEED THE STRATEGY

National figures [2, 3, 4] show that

- Between 10 and 20% of women develop a mental illness during pregnancy or within the first year after having a baby[4]. Examples of illnesses include antenatal and postnatal depression, obsessive compulsive disorder, post-traumatic stress disorder and postpartum psychosis. These conditions often develop suddenly and range from mild to extremely severe, requiring different kinds of care or treatment.
- The average cost to society of one case of perinatal depression is around £74,000, of which £23,000 relates to the mother and £51,000 relates to impacts on the child. Perinatal anxiety (when it exists alone and not with depression) costs about £35,000 per child, of which £21,000 relates to the mother and £14,000 to the child. Perinatal psychosis costs around £53,000 per child, but this is a substantial under-estimate because of lack of evidence about the impact on the child; costs relating to the mother are about £47,000 per case, roughly double the equivalent costs for depression and anxiety
- Half of those with lifetime mental health problems first experience symptoms by the age of 14 and three quarters before their mid 20's
- Nationwide, 4% (4,028) of callers to ChildLine[5] report a problem relating to parental mental health. Of these, 35% stated that physical abuse was the main problem they were concerned about. This was followed by family relationship problems (20%) and sexual abuse (10%). The ACE study[11] estimated that preventing four or more adverse childhood events such as; abuse, neglect and witnessing of domestic violence could reduce heroin/crack use by 59%, violence by 51%, incarceration by 53%, and unplanned teenage pregnancies by 38%.
- WHO[34] estimates child maltreatment is responsible for almost a quarter of the burden of mental disorders. The All Parliamentary report on the first 1001 days of a child's life[2] noted that 80% of maltreated children could be classified as having disorganised attachment which can have lifelong effects on the infant, including high levels of physical and mental illness, high levels of entry into care, disruptive behaviour in preschool and school, low educational and employment

achievement, poor relationship skills, high levels of violence, imprisonment, worklessness and homelessness. Over 25 years the CMO report[1] estimated the total return from parenting programmes, for children with conduct disorder, is between 2.8 and 6.1 times the intervention cost, much of this through reduced crime.

- One in ten young people between 5 and 16 years has a mental health problem[4] young people are estimated to have a mental health condition of which 25% will need to access professional help. (This figure increases to 72% of young people in care and 95% of young people in custody). The majority of mental health conditions include anxiety and depression and conduct disorders and these occur in direct response to what is happening in their lives (Source Mentalhealth4life[4]; Promoting Mental Health in Schools).

- The Chief Medical Officers report[1] identified that in 2000, the service costs associated with childhood psychiatric disorders were 12 times greater for frontline education services than for specialist mental health services. Early intervention services that provide intensive support for young people experiencing a first psychotic episode can help avoid substantial health and social care costs: over 10 years for every £1 invested £15 in costs can be avoided.

- Public Health England[23] have noted that in an average class of 30 15-year-old pupils: three could have a mental disorder, ten are likely to have witnessed their parents separate, one could have experienced the death of a parent, seven are likely to have been bullied, six may be self-harming

- Early intervention is cost effective (for every £1 spent £85 pounds is saved on costs of care)[4]

DRIVERS FOR CHANGE

NATIONAL

- All Parliamentary report into child and adolescent mental health (2015)
- APHO 2015. The Chief Medical Officer's annual report 2012
- NHS England 2015. Five Year Forward View
- NHS England 2014. Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3)
- PHE (2014) Improving Young Peoples Health and Wellbeing -
- Tavistock and Portman 2014. THRIVE model for CAMHS services
- CYP IAPT principles in Child & Adolescent Mental Health services values and standards 2014. Delivering with and delivering well (National standards for operating CAMH services)
- NHS England guidance (awaited) on CAMHS transformation plans

LOCAL

- Thames Valley CAMHS Engagement Programme (2014)
- Slough Joint Strategic Needs Assessment (2013-14 and 2015)
- Slough Five Year Plan 2015-2019
- Slough Children's and Young Peoples Plan (2015-16)
- Slough Alcohol and Domestic Abuse Strategies
- Results of evaluation of the Mindfulness programme
- Results of the Slough public mental health service redesign

LOCAL CONTEXT

The Slough JSNA 201527[27] is based on the same life course sections (Starting well, Developing well, Working well, Aging well) as used in the Mental Health 4 Life materials.

The JSNA has identified that further work is needed to commission an effective parental mental health service which supports parents in pregnancy and immediately after birth continuing through childhood throughout adult life and in older age. The latter two life stages are out of scope for this strategy but will be integrated into the adult mental health framework.

In 2013-2014 Slough was the lowest referrer into specialist CAMHS services and various explanations were proposed i.e;

- that our BME communities were not using services due to the stigma associated with a mental health diagnosis
- there was greater or equivalent need which was being met through schools and other support mechanisms in the community.

In 2014 public health and the CAMHS primary mental health team agreed to lead on the development of a national website and app which required a full review of; pathway improvements, existing tier 1-3 services and resources for schools and GPs. This opportunity has resulted in changes to;

- eight pathways which set out what can be done by the person themselves from taking a self care approach right the way through to accessing local services which can be found in the family services guide under health and wellbeing
- resources for schools which can be found in the Family Services Guide under health and wellbeing /resources and professional guides
- an updated list of local services that fit into the original tier 1-4 model of CAMHS services which can be found in the Family Services Guide under health and wellbeing/resources and professional guides
- professional guides to responding to emotional health and wellbeing issues (GP, social care, school staff etc) can be found in the Family Services Guide under health and wellbeing/resources and guides
- A schools training programme was developed and various hubs established to test the effectiveness of national programmes locally. There are now support hubs running in local schools, within social care (the CAMHS and wellbeing hub for our most vulnerable young people) and for coordination and quality assurance of all our services (the Five Ways to Wellbeing hub). A parental mental health programme has been tested and is providing clients with facilitated self help but as yet the only commissioned parental mental health service is through the CCG IAPT service. Further work is planned through the CAMHS transformation fund[17] to adopt a range of approaches to supporting women prior to and post pregnancy.
- Work undertaken by the Five Ways to Wellbeing hub during the pilot phase has identified new ways of delivering evidence based programmes at a community level. Results show reduced anxiety and depression and increased self awareness and a reduction in self harm in targeted

groups. Those who were unable to benefit (in the minority) required more support due to their additional support needs on a complex care pathway

- Waiting times to discuss childrens and young peoples issues and improve access a range of support to address mental health and wellbeing needs (for anxiety, depression and self harm) in the pilot schools was no longer than two weeks. In addition, since the launch of the pathway changes. the profile of cases managed by the primary mental health and specialist CAMHS teams has changed.

- During the pilot phase the specialist CAMHS team received additional funding to reduce waiting times for diagnosis of Autism Spectrum Disorder and Attention Deficit Disorder and to operate a response for complex trauma cases arriving at hospital. In addition the teams are developing an on line case management programme for young people called Young ShaRon which fits well with young peoples preferences shown in Figure 2.

- The model for a future integrated public mental health service has now been clarified for commissioning through the CAMHS transformation fund.

- The baseline demands on existing services has been determined. The primary mental health team manages over 900 calls for information and face to face consultations per annum and a caseload of which around 65 are open at any one time. Specialist CAMHS manages c 750 referrals into their service which is expected to rise to 850 for 2016-17; of these around 140 are stepped down per year to the primary mental health team (of which half are known to social care) and as a result of the changes to pathways less than 5 have been stepped up to specialist CAMHS. The additional coordinated support from a range of services such as early help advisors, SEBDOS, educational psychology, school nursing and youth services has also informed the pilot and future models of service.

- During the pilot in two secondary schools over 50 young people who were self harming or struggling with low mood/anxiety have all have received an intervention and a proportion have taken part in evidence based Mindfulness programmes. Results show a measurable reduction in anxiety and depression in the majority

- The co-created Slough wellbeing website can be found at www.puffell.com which contains sections for young people and adults

Figure 2. Work with young people identified their desired content for the on line offer

Their must have priorites are shown below and embedded in the website. The ‘should have’ and ‘could have’ sections will be incorprated in later releases.

Table 2. Young peoples views on ‘Must have’, ‘Should have’ and ‘Could have’ topics on the website

Must have topics	Should have	Could have
Self harm	Relationships	Eating problems/disorders
Anxiety/Depression	Domestic Violence	School Life
Anger Management	Drugs	Coping with Parents
Bullying	Parents Section	
How to Help Others		

Key points that the young people noted would help them use this resource are shown below

- Confidentiality is key – must be secure
- Needs to be useful and not just information
- They should be able to personalise it and make it their own
- Has to work across all devices
- Should be a mix of content styles e.g video, text etc
- Should have an interactive place where they can chat with others and with health professionals
- Needs to connect to a service if they need it
- Should have tools that help people manage and improve

- Make it feel like it is ok for young people to struggle with mental wellness – 'it's nothing to be ashamed of'

OUR VISION

That children and young people are able to achieve supportive relationships, a sense of belonging in their families, schools and communities and gain the skills needed to be resilient for life. And for our most vulnerable young people that their needs are identified early and that evidence based support is available as soon as possible.

STRATEGIC AIMS

- Promoting attachment and positive mental health across the life course
- Building resilience and early intervention in early years and school settings
- Empowering people to make informed decisions about their mental wellbeing
- Working with schools and communities to reduce harm at a population level
- Enabling young people and families to obtain access to evidence based support when needed
- Improving the physical health of those who struggle with mental health problems
- Ensuring the standards of commissioned services meet those agreed nationally and locally

Outcomes and expected benefits for health and social care in Slough

- Informed and resourced parents, professionals, children and young people who can support others in their community
- School and community based interventions are effective and support both parental, children's and young people's wellbeing
- Fewer children and young people require specialist CAMHS support
- For those children and young people who do need a diagnosis, shorter waiting times and effective exit pathways reduce the length of stay with specialist CAMHS
- High quality, accessible and cost effective local services reduce demands on education and children's social care

Thematic priorities

THEME 1: Promoting Mental Health 4 Life with parents

- All professionals working with women during the antenatal period need to be aware of the signs of distress and know how to offer help that avoids stigma or fear
- High quality training is offered in infant mental health (e.g. www.1001criticaldays.co.uk and www.chimat.org.uk/pimh)

- All professionals working with families and young children need to know how to respond to a request for help and refer to effective interventions e.g. www.centreformentalhealth.org.uk/parenting, http://bit.ly/FPHgoodstart, http://www.education.gov.uk/commissioning-toolkit,

- The LSCB coordinates and ensures the effectiveness of action to promote the welfare of children e.g. for domestic abuse at www.nice.org.uk/guidance/ph50, for social and emotional wellbeing guidance at www.nice.org.uk/guidance/ph40 and safeguarding at http://bit.ly/LGAsafeguarding

THEME 2: Promoting Mental Health 4 Life with children and young people

- All professionals working with families and young children need to know how to respond to a request for help and refer to effective interventions e.g. www.centreformentalhealth.org.uk/parenting, http://bit.ly/FPHgoodstart http://www.education.gov.uk/commissioning-toolkit, www.triplep.net, www.incredibleyears.com

- Children are enabled to fulfil their potential and are less likely to develop mental health conditions and other problems e.g. in primary schools www.nice.org.uk/guidance/ph12, in secondary schools www.nice.org.uk/guidance/ph20 (for every £1 spent £84 is saved)

- Whole school antibullying approaches save the taxpayer £14 for every £1 invested e.g. on domestic abuse www.nice.org.uk/guidance/ph50

- The LSCB coordinates and ensures the effectiveness of action to promote the welfare of children e.g. for domestic abuse at www.nice.org.uk/guidance/ph50, for social and emotional wellbeing guidance at www.nice.org.uk/guidance/ph40 and safeguarding at http://bit.ly/LGAsafeguarding

THEME 3: Promoting Mental Health 4 Life with schools

- School staff need to know how to respond to a request for help and where to refer to effective interventions e.g. www.centreformentalhealth.org.uk/parenting, http://bit.ly/FPHgoodstart, http://www.education.gov.uk/commissioning-toolkit, www.triplep.net, www.incredibleyears.com

- School based training is compliant with NICE guidance for promoting social and emotional wellbeing; in primary schools www.nice.org.uk/guidance/ph12 or in secondary schools www.nice.org.uk/guidance/ph20

- Whole school, whole community action is taken to tackle bullying e.g. www.nice.org.uk/guidance/ph40

- Schools should work closely in partnership with local authority children's services, the NHS and other services to develop and agree local protocols covering the assessment, referral and definition of the role of schools and other agencies in different interventions e.g. the eight care pathways (insert link here)

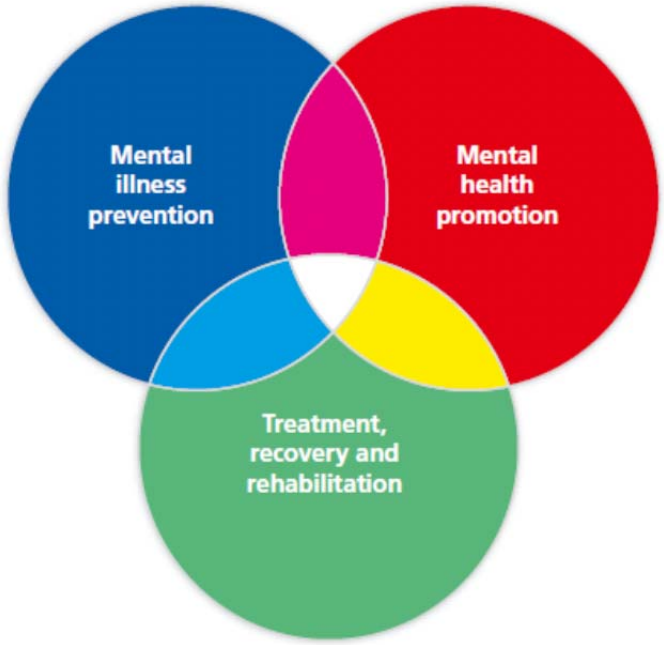
The timescales for achieving the themes are as follows;

- In one year, the goal is for the integrated service to be operating in as many secondary schools that are able to engage in the programme,
- In three years, all primary and secondary schools to have a rolling programme of training and integrated support
- In five years, theme 1 (which is the most challenging to implement in our diverse communities) would be supported through professional development programmes nationally and locally and measurable changes would be available showing long term reduction in harm at a community level.

National context and THRIVE model of CAMHS

The Chief Medical Officers independent report[1] noted that there were three distinct areas of public mental health for which there is a strong evidence base as shown overleaf

Figure 1: The World Health Organisation conceptual model of public mental health



The CMO report made a strong recommendation that the NHS and Public Health England should not commission services under the description of 'supporting well-being', but should focus on commissioning services for which there is evidence according to the WHO model. This is because people with self reported high levels of wellbeing may in fact have mental illness. Until valid measures can be put in place the Chief Medical Officer's (CMO) report recommended a focus on the evidence base for public mental health within the known domains of; mental illness prevention, mental health promotion, treatment, recovery and rehabilitation.

The report therefore recommended that until there was measurable evidence of the psychometric relationships between measures of mental wellbeing and measures of mental disorder/illness councils should not support wellbeing programmes. Further the report recommended that 'well-being' social

marketing campaigns for public mental health should not be rolled out, unless and until there is robust evidence for their effectiveness.

This has led to the generation of new evidence based resources (under the Mentalhealth4life logo)[4] which include the development of public mental health competencies across the life course. Slough Borough Council has made a commitment to incorporate this programme into its work with early year's services, schools, through its services for adults and older adults and through support to roll this out through the voluntary sector. The free resources can be downloaded from our Slough Service Guide *(link to CAREIF national resources[4]).*

Other national and regional reports emerged in the course of 2014 such as; the House of Common CAMHS review (2014), the local Thames Valley Child and Adolescent Engagement survey (2014) the Thames Valley Child and Maternity network report into perinatal mental health service provision (2014) and latterly the development of the THRIVE model of CAMHS provision (Wolpert et al 2014, 2015). All of these pointed towards a review of local services based on a life course and public mental health approach.

The House of Commons report[2] identified that GPs did not feel confident to identify and refer to CAMHS services and requested training to support them in their role

Young peoples and families views were gathered regionally in a very comprehensive engagement exercise, as reported in the Thames Valley Child and Adolescent Mental Health survey (2014). This report[29]29 provided the mandate for redesigning Child and Adolescent Mental Health services (CAMHS) locally, as families and children reported three areas of concern; the timeliness of services, the efficiency and effectiveness of services. The report showed that the language of the tiered model of CAMHS is not well understood by; parents, teachers, social care workers or GPs who; as primary referrers to specialist CAMHS, were seeing rising rates of referrals for autism spectrum disorder, for attention deficit disorder and for self harm in addition to the core work on anxiety and depression and a range of other diagnosable conditions.

Much of the confusion about CAMHS came from the lack of understanding about what services were available and how they worked together to deliver a comprehensive Child and Adolescent Health service. Up to 2014 CAMH services were defined in terms of tiers i.e;

Tier 1: consists of universal, non-specialist services who support children and young people these include; special educational needs coordinators, educational psychologists, behavioural support teams, health visitors working with, for example, common emotional and behavioural problems of childhood such as, sleeping difficulties or feeding problems and school nurses who can provide signposting and support for self management and early emotional needs.

Tier 2: consists of specialised Primary Mental Health Workers (PMHW's) offering support to other professionals around child development; assessment and treatment in problems in primary care, such as family work, bereavement, parenting groups etc. This also includes Substance Misuse & Counselling Services. Counselling services such as Cognitive Behaviour therapy, Mindfulness and nurture groups can be offered on an individual basis or in groups by primary mental health workers and educational psychologists. DfE guidance sets out the quality standards required when schools commission counselling services as up to 80% of schools use the pupil premium to do so.

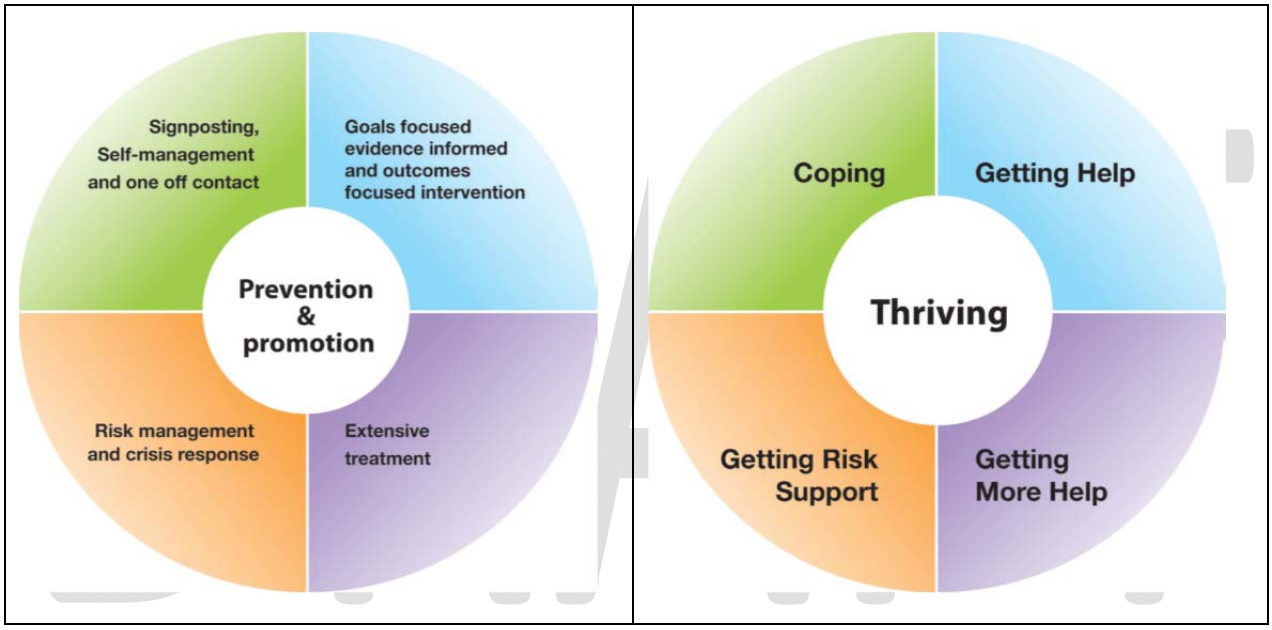
Tier 3: consist of specialist multidisciplinary teams such as Child & Adolescent Mental Health Teams based in a local clinic. Problems dealt with here would be problems that are too complicated to be dealt

with at tier 2 e.g. assessment of development problems, autism, hyperactivity, depression, early onset psychosis.

Tier 4: consists of specialised day and inpatient units, where patients with more severe mental health problems can be assessed and treated.

CAMHS tier 2 and 3 service staff have worked nationally to design a much more understandable and comprehensive model for CAMHS (THRIVE, Wolpert et al, 2014, 2015). The model shown in Figure 2 encourages staff at any stage to reflect on; whether they are offering evidence based interventions to help young people and to consider what they are doing under the four categories of; coping, getting help, getting more help or getting risk support. It is underpinned by a strong evidence base.

Figure 2; The THRIVE model of CAMHS (Wolpert et al 2015)



Caring for young minds
Anna Freud Centre
The Tavistock and Portman NHS
NHS Foundation Trust

The THRIVE model above sets out four clusters (or groupings) for young people with mental health issues and their families, as part of the wider group of young people who are supported to thrive by a variety of prevention and promotion initiatives in the community. It is in essence a discussion tool for practitioners to use in shared decision making with young people and their families and moves away from a diagnosis based grouping,

Wolpert et al 2015 note that currencies are classifications that aim to group together episodes of health care (or advice/help) with broadly similar resource use, in a manner that is compatible with need. In the national guidance produced by the NHS pricing team these should

- be clinically meaningful,
- identify health care provision of broadly similar resource usage, reflecting patient need and
- group units of care consistently (i.e. be reliable).

Wolpert et al noted was that the national costing model did not find any measurable relationship between the need for resources and the complexity of cases which is a common misperception. The categories examined included whether young people were in employment, education or training and other contextual factors such

as; looked after children, serious health issues, autism, Aspergers, neurological problems (Tics and Tourettes), on a child protection plan, children in need, refugee or asylum seeker, previous experience of war, torture or trafficking, abuse or neglect, parental ill health, contact with youth justice system, living in poverty.

The national payment system will undergo further revisions to inform future commissioning for tier 2 and 3 services and the national tariff will apply to specialist CAMHS when reporting goes direct to the Health and Social Care Information Centre through the Mental Health Services dataset. The latter is a combination of the Children and Young Peoples Introducing Access to Psychological therapies and the adult mental health datasets.

Specialist CAMHS in Berkshire are accessed by the common point of entry and they are contracted to lead on the following pathways; autism spectrum disorder (for a diagnosis), attention deficit disorder (for a diagnosis and treatment), anxiety and depression, eating disorders, crisis response for early psychosis and trauma or self harm.

By contrast the work of the primary mental health services covers the sections of the model that relate to coping and getting help with some group treatment programmes that can be offered in school or community settings and last for less than 12 weeks. National agreed tariffs are being launched as part of the CAMHS transformation plans which will allow the work of the integrated support services that collectively deliver the Five Ways to Wellbeing service to be commissioned. This public mental health and CAMHS service is coordinated by the primary mental health team and lead on; promoting information and support direct to schools through; the Slough Services Guide, training for school staff and GPs, evidence based interventions for self harm, anxiety and depression for secondary school pupils. This service supports young people who have been 'stepped down' from the common point of entry at specialist CAMHS. See the full service guide in the Slough Services Guide.

Slough's emotional, behavioural difficulties outreach service (SEBDOS) supports children in early years and primary school settings after a diagnosis has been made and supports specialist schools and resource centres. The service also offers support to schools to challenge sexting and cyber bullying as young people have reported these as continuing issues.

Interviews with young people reflect other factors that help them to cope; the importance of good relationships is at the centre of the model for young people's health and wellbeing shown in Figure 3.

Figure 3 Model for promoting young people's health and wellbeing (PHE, 2015)

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Evidence on what works in enabling young people to build strong relationships to enable them to cope[21] starts from birth by enhancing the bond between the mother and child (based on Attachment Theory[12]) examples of programmes that incorporate attachment based interventions include the Family Nurse Partnership, baby massage[17,21] nurture programmes[26,28] as well as a range of DfE approved parenting support and parenting programmes cited in the conduct disorders and attachment pathways.

NICE guidance and PHE guidance for schools on emotional health and wellbeing cites examples of what works in building social and emotional and life skills for school aged children and young people[19,20,23]

There is a clear message that life skills can be learned and enable young people to cope and become resilient to both internal and external stressors. Ungar (2014)[26] noted that *"In the context of exposure to significant adversity, resilience is both the capacity of individuals to **navigate** their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to **negotiate** for these resources to be provided in culturally meaningful ways."*

In terms of interventions in school settings;

- Mindfulness training is a well evaluated intervention for symptoms of depression and anxiety disorders in in young people as well as adults as reported in a metanalysis published by Zoogman et al 2014[35]. Further evaluations of Mindfulness are planned nationally. The learning from local pilots has also been captured and is awaiting publication

- CBT based approaches for youth and adult counselling are evidence based as cited in NICE guidance and form the basis of the CYPIAPT offer nationally which all specialist CAMHS services should report to the Health and Social Care Information Centre in future.

- Systemic Family Practice is evidence based and cost effective[28]
- Nurture groups can be effective in supporting those with behavioural difficulties at key transition stages, with supervision and peer support[322.]

In summary therefore the THRIVE categories provide a useful bridge between the language of 'wellbeing' and 'building resilience' used by staff and pupils in schools, and that used by professionals who work in specialist treatment services.

JOINT ACTION PLAN

The joint action plan shown in Appendix 3 is owned by the Children and Young Peoples Partnership subgroup for health.

The objectives are based on the four categories of the THRIVE model (Wolpert M. et al 2014) which fit with the emergent themes from young people obtained during the design and testing of the web based service, from engagement with young people and school staff during the service redesign phase and with engagement with specialist CAMHS services and the national team leading on the development of the Mentalhealth4 life resources.

- signposting and information
- getting help and early intervention
- timely access to evidence based care
- risk management for vulnerable young people
- service quality standards.

COMMUNICATIONS

Effective communication is vital to the successful implementation of this strategy and the joint action plan. There is a duty for all statutory bodies to consult and include the people they serve in the development of their services. This is known as the 'Duty to Involve' and influences all the councils and NHS engagement and communication activities. It is therefore important that all stakeholders are aware of this strategy and what it is intended to achieve. The joint communication plan with the youth council will set out how this strategy is to be communicated. This will be done using a variety of methods and media to encourage participation and ownership of the strategy by all stakeholders.

IMPLEMENTATION AND GOVERNANCE

Responsibility for the implementation of this strategy rests with the Slough Children's and Young Peoples board and the health subgroup. Decision making in relation to the commitment of statutory funding rests with Slough Borough Council's Cabinet and Slough CC Governing body

REVIEW

This strategy and its joint action plan will be in place from 2015-19 and will be reviewed annually to;

- Review the effectiveness of the actions and programmes

- Respond to local, regional and national changes
- Identify new priorities that have emerged since the implementation of the strategy
- Reassess priorities, actions and initiatives
- Plan for future development and or/amendment

The detailed action plans shown in Appendix 4 are already aligned to the THRIVE headings which support a payment schedule for the interface between primary and specialist CAMHS services. The detailed planning templates of the CAMHS transformation funding will be announced in the summer of 2015 during the consultation period. The final plans are required to cover five priority areas; all of which are mentioned in the action plans attached i.e; building capacity and capability across the system, rolling out the CYPIAPT programme, developing evidence based eating disorder services, improving perinatal care, bringing schools and local children and young peoples services together around the needs of the individual child.

Further local testing within further schools in the Autumn term will also inform the plans for the eating disorder service.

The continuing funding of the delivery organisations will be dependent on effective delivery of the targets and outcomes. Consistent monitoring arrangements will be in place across all agencies to assess performance against these outcomes.

Equality impact assessment

The full EIA can be found at Appendix 1. We aim to promote and deliver healthcare services that are equitable and are appropriate to each service user's needs regardless of age, disability, race, ethnic or national origin, gender, religion, belief, sexual orientation or domestic circumstances. Some groups are more likely to be affected by mental health disorders as shown below;

- Conduct disorders disproportionately affect males compared to females
- Self harm disproportionately affects females compared to males. There are multiple causes of self harm with rates of self harm reported as between 6-20% generally and more common in young people who are; lesbian, gay, bisexual transgender or questioning
- Eating disorders affect females disproportionately to males
- The PHE wellbeing report identified those who are most vulnerable i.e.; living in poverty, with special educational needs, Not in Education, Employment of Training, providing targeted support for those in care, those in youth custody (up to 40% having emotional and mental health needs where rates of mental illness are higher), asylum seekers, those excluded from school, teenage parents and young people in the Troubled Families programme.

CONTACT INFORMATION

For queries relating to this document contact the author on 01753 875142 or email publichealth@slough.gov.uk. The full consultation will take place from August-October 2015 and can be found at (insert link on SBC site when ready)

Appendix 1: Equality impact assessment

	Positive impact (Y or N)	**Negative Impact** (Y or N)	**Reasoning / evidence**

Age			
Older people(60 +)		✓	Separate services exist for adults with mental health problems. Families will however be encouraged to engage with this new service.
Younger people(17-25)	✓		Higher risks of suicide are reported among children in care or leaving care 4-5 fold increased risk of attempted suicide 7.5 fold increased risk if in long term foster care Young offenders are at increased risk of self harm and suicide with increased risk of severe mental health problems in later life and in association with solitary confinement. Alcohol misuse can lead to: psychosis . Self harm and suicide are more common in people who misuse alcohol. (RCP 2014). Alcohol affects the chemistry of the brain, increasing the risk of depression. Peer victimization has been associated with lower levels of personal wellbeing (Wolke and Skew 2011). 86% of children and young people report that they are members of social networking sites (ONS 2014) Although positive connections can form it has also been associated with increased rates of depression. Social media increases the risk of cyber bullying, sexting and exposure to risky situation but as yet there is no quantitative survey data on the impact of cyberbullying.
Gender			
Men	✓		More than half of all adults with mental health problems were diagnosed in childhood. (Young Minds 2015) Males members of social class V are at greater risk of committing suicide than females (National Institute of Mental Health 2003)
Women	✓		Between 10 and 20% of women develop a mental illness during pregnancy or within the first year after having a baby. Examples of these illnesses include antenatal and postnatal depression, obsessive compulsive disorder, post-traumatic stress disorder (PTSD) and postpartum psychosis. Symptoms range from mild to severe. Anxiety is more common in women than men (RCP 2014)

Ethnicity			
Asian or Asian British people	✓		The Mental Health Foundation notes that In general, people from black and minority ethnic groups living in the UK are: • more likely to be diagnosed with mental health problems • more likely to be diagnosed and admitted to hospital • more likely to experience a poor outcome from treatment • more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health Bhui and McKenzie 2008 noted that South Asian females aged 25–39 are at increased risk of suicide and self harm (OR 2.8)
Black or Black British people	✓		The Mental Health Foundation noted that African Caribbean people living in the UK have lower rates of common mental disorders than other ethnic groups but are more likely to be diagnosed with severe mental illness. African Caribbean people are three to five times more likely than any other group to be diagnosed and admitted to hospital for schizophrenia. Bhui and Mckenzie 2008 noted that rates of suicide and self harm were higher in black males i.e Black African (OR 2.5) and Black Caribbean (OR 2.9) aged 13–24 And among females the rates were increased in Black African (OR 3.2) and Black Caribbean (OR 2.7) groups

Ethnicity continued			
Chinese people	✓		The Mental Health Foundation notes there is very little information about the incidence of mental health problems in this category
Gypsy, Roma and Traveller People	✓		Evidence from a number of studies (Parry et al, 2004; Goward et al, 2006; MIND Bristol, 2008) shows that Gypsies and Travellers have greatly raised rates of depression and anxiety, the two factors most highly associated with suicide, with relative risks 20 and 8.5 times higher than in the general population (Harris & Barraclough, 1997).
Irish People	✓		Irish people living in the UK have much higher hospital admission rates for mental health problems than other ethnic groups. In particular they have higher rates of depression and alcohol problems and are at greater risk of suicide. Mind 2015.

People of Mixed Heritage	✓		See other categories
White People	✓		The Mental Health Foundation report that one in four people will experience a mental health problem in their lifetime. Mixed anxiety & depression is the most common mental disorder in Britain, with almost 9% of people meeting criteria for diagnosis. (The Office for National Statistics Psychiatric Morbidity report, 2001) Between 8-12% of the population experience depression in any year. (The Office for National Statistics Psychiatric Morbidity report, 2001) Rates among children are reported in the various pathways
People of other ethnic backgrounds	✓		See other categories
Asylum Seekers and Refugees	✓		Robjant et al 2009 noted that among those in detention centres. Anxiety, depression and post-traumatic stress disorder were commonly reported, as were self-harm and suicidal ideation. Time in detention was positively associated with severity of distress. There is evidence for an initial improvement in mental health occurring subsequent to release, although longitudinal results have shown that the negative impact of detention persists. Homeless people have an increased risk of suicide 61% reported suicidal ideation 34% attempted suicide
Disability			
People with physical or sensory difficulties	✓		Physical health and life expectancy are severely compromised in individuals who self-harm compared with the general population (Bergen et al 2012)
Deaf People who use British Sign Language.	✓		Children with early onset, severe to profound deafness are more vulnerable to mental health problems than their hearing peers. The key risk factors are developmental delays associated with early communication deprivation, CNS disorders associated with specific causes of deafness and abuse. Early psychological support to families and a wide range of communication options are crucial components in preventing mental health problems. Clinicians working with deaf children need to be sensitive to their communication needs and if necessary use British Sign Language (BSL) interpreters. Deaf children can benefit from a wide range of mental health interventions provided by generic and specialist services. (Hindley 2006)
People with mental health issues	✓		Suicide and self harm rates are reportedly 7% among 11-16 year olds (Green et al, 2005). Among those with existing mental health problems increased rates are suggested according to the condition.

People with learning disabilities	✓		The National Autistic Society note that people with autism or Asperger syndrome are particularly vulnerable to mental health problems such as anxiety and depression, especially in late adolescence and early adult life (Tantam & Prestwood, 1999). Young people with other learning disabilities in this age group will not be excluded and pathways for autism have been developed and included

Appendix 2 Needs and estimated demand for CAMHS in Slough

Automated CAMHS needs assessments are produced nationally on the Child and Maternal Health Intelligence Network (CHIMAT) website and these are being updated. The latest was reproduced in the JSNA CAMHS section available at http://www.slough.gov.uk/council/strategies-plans-and-policies/child-and-adolescent-mental-health.aspx

The extract that follows is for Slough CCG which is coterminous to Slough UA and is awaiting update by CHIMAT which has produced a series of prevalence estimates for mental health disorders in children. These combine the findings from different national and international studies to provide modelled estimates at a local level. Slough Clinical Commissioning Group's (CCG's) CAMHS Needs Assessment has been summarised below and is based on the 2012 registered population information. The full report can be found on the Slough JSNA website[27].

Pre School children

1,900 children aged 2-5 have the potential to develop a mental health disorder (based on a modelled prevalence of 19.6%)

School-age children

The prevalence of mental health disorders in school-age children vary by age and sex, with boys more likely (11.4%) to have experienced or be experiencing mental health problems than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems.

In 2012, 2,170 children aged 5-16 were estimated to have a mental health disorder in the CCG.

Table 3. Estimated number of children with mental health disorders in Slough CCG by age group and sex

All mental health disorders	6 to 10 year olds	11 to 16 year olds	Total number
Boys	655	680	1335
Girls	305	530	835
Total	960	1210	2170

Table 4 Estimated number of children with specific mental health disorders in Slough CCG by age group and sex

Conduct disorders	6 to 10 year olds	11 to 16 year olds	Total number	Emotional disorders	6 to 10 year olds	11 to 16 year olds	Total number
Boys	445	440	885	Boys	145	220	365
Girls	170	265	435	Girls	150	315	465
Total	615	705	1,320	Total	295	535	830

Table 5 Hyperkinetic and less common disorders

Hyperkinetic disorders	6 to 10 year olds	11 to 16 year olds	Total number	Less common disorders	6 to 10 year olds	11 to 16 year olds	Total number
Boys	175	130	305	**Boys**	145	90	235
Girls	25	25	50	**Girls**	25	60	85
Total	200	155	355	**Total**	170	150	320

Young people aged 16-19

The prevalence of neurotic disorders in young people aged 16-19 is shown below

Table 6: Estimated number of young people aged 16-19 with neurotic disorders in Slough CCG

	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	All phobias	Obsessive compulsive disorder	Panic disorder	Any neuroti disorder
Males (aged 16-19)	185	60	35	25	35	20	310
Females (aged 16-19)	420	40	95	75	115	25	650
Total	605	100	130	100	150	45	960

Local child health and wellbeing profiles are produced by Public Health England[24] and the 2015 report shows that in comparison with the 2008/09-2010/11 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm was below the England average in the 2011/12-2013/14 period.

Although the admission rate in the 2011/12-2013/14 period is lower than the England average, nationally and locally our work shows that, levels of self-harm are higher among young women than young men.

Estimated need for CAMHS services

CAMHS Tier 1: 5,580 children and young people. Service provided by professionals whose main role and training is not in mental health. These include GPs, health visitors, school nurses, social services, voluntary agencies, teachers, residential social workers and juvenile justice workers.

CAMHS Tier 2: 2,605 children and young people. Provided by specialist trained mental health professionals. They work primarily on their own but may provide specialist input to multiagency teams. Roles include clinical child psychologists, paediatricians, educational psychologists, child psychiatrists and community child psychiatric nurses. **I think this describes teir three? Teir two are the ed psyches, school nurse,PMHW's,specialist TA's, youth service,YOT ect**

CAMHS Tier 3: 690 children and young people. Aimed at young people with more complex mental health problems than those seen in Tier 2. This service is provided by a multidisciplinary team, including child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists and art, drama and music therapists)

CAMHS Tier 4: 30 children and young people. Aimed at children and adolescents with severe and/or complex problems. These specialised services may be offered in residential, day patient or out-patient settings. These services include in-patient units, secure forensic adolescent units, eating disorder units, specialised teams for sexual abuse and specialist teams for neuropsychiatric problems

Children with a learning disability

Approximately 555 children aged 5 to 19 are estimated to have a learning disability in Slough CCG. This figure increases by age group:

- 5 to 9 year olds: 125
- 10 to 14 year olds: 200
- 15 to 19 year olds: 235

Approximately 225 children aged 5 to 19 are estimated have a learning disability with mental health problems in Slough CCG. This figure also increases by age group:

- 5 to 9 year olds: 50
- 10 to 14 year olds: 80
- 15 to 19 year olds: 95

The JSNA[27]26 provides estimates of the numbers of young people with learning disability and within other protected groups.

Appendix 3 Joint action plans

Theme	Objective Number	Objective	Measure	Owner
Signposting, information, peer support and training	1	Ensure young people are aware of what they can do to help others, can promote a range of self help resources, can tackle stigma and ensure confidentiality is maintained	Use of Puffell wellbeing deck Nos of young people trained in Youth MHFA and in anxiety and depression and self harm Feedback from courses	Youth Parliament, app champions, young peoples services. The Five Ways to Wellbeing team
Signposting, information, peer support and training	1	Ensure school staff are competent to understand their own response to promoting wellbeing and can assess and detect health problems early	No's of staff accessing MHFA, self harm training or training in using the pathways or resources Feedback from courses	Head teachers, SENCOS and pastoral staff supported by the Five Ways to Wellbeing hub partnership (including PMHWs, SEBDOS, SN, EHAs, Family support and educational psychologists)
Signposting, information, peer support and training	1	Ensure that early years and schools settings have information to promote Mentalhealth4life and pathway related resources, know their responsibilities and can get support to improve their practice in engaging the help of others	Information to be distributed to all new and existing schools on a termly basis	Slough Services Guide, Five Ways to Wellbeing hub partnership. and Gateway school distribution team
Signposting, information, peer support and training	1	Ensure that voluntary and community services have introductory training around Mental Health First Aid	No's of courses and feedback	Slough Council for Voluntary Services and SBC young peoples services
Signposting, information, peer support and training	1	Encourage GPS and other primary care professionals to promote Mentalhealth4life resources	No's accessing from the Slough Services guide	Practice managers and patient navigators
Signposting, information, peer support and training	1	Promote and support awareness of the SBC website and Puffell website	No's accessing per quarter	Slough services guide and public health

Theme	Objective Number	Objective	Measure	Owner
Signposting, information, peer support and training	1	Ensure that family courts and magistrates are trained to recognise mental health conditions and self help options	No's trained per quarter	BHFT specialist CAMHS

Theme	Objective Number	Objective	Measure	Owner
Getting early help and building resilience	2	Schools and services in other educational settings, ensure that effective social and emotional education is available for children, young people and parents.	Use of evidence based PSHE programmes Use of Mindfulness or THRIVE interventions Use of pupil premium to fund CBT and behaviour support interventions	Five Ways to Wellbeing Hub, schools and Young Peoples Services
Getting early help and building resilience	2	Develop parents' understanding of the impact of their own mental health on themselves and on their children. Develop professionals understanding of postnatal depression Provide Mentalhealth4life resources to enable schools to help parents understand the role of mental ill health plays in their and their family's lives so they can develop the skills to change behaviours	No's accessing supported parental self help groups through the voluntary sector No's accessing Institute of Health Visiting resources for fathers and mothers No's using e-learning for post natal depression No's of CCs offering in reach services for post natal depression	Perinatal support groups, CAMHS and Wellbeing hub, schools
Getting early help and building resilience	2	Encourage GPs to signpost to CPE where necessary and based on the pathways	% of appropriate referrals from GP surgeries to CPE No's stepped down from CPE to Five Ways to Wellbeing hub	Specialist CAMHS and Five Ways to Wellbeing hub
Getting early help and building resilience	2	More young people get access to help early	Nos of early help assessments completed	All agencies and settings
Getting early help and building resilience	2	Ensure that interventions are available at all stages of the criminal justice system, enabling young offenders to address their mental health or developmental delays and to understand how this is tied to their offending behaviour.	Significant decrease in the number of referrals to CAMHS coming from within the justice system	Young peoples services, TVP, YOS, specialist CAMHS, social care

Theme	Objective Number	Objective	Measure	Owner
Timely access to evidence based interventions	3	Improve the provision of evidence based mental wellbeing education in antenatal settings to promote maternal health and attachment	No's of referrals to Introducing Access to Psychological Therapies, baseline 89 in 2014-15	Slough GPs and CCG, BHFT perinatal mental health services, midwives and health visitors
Timely access to evidence based interventions	3	Improve the provision of evidence based mental wellbeing education in early years settings to promote attachment	No's of mothers attending peer led support programmes to reduce post natal depression	Health visitors, voluntary sector providers
Timely access to evidence based interventions	3	Ensure that young people are supported to access early interventions within all school settings	No's of referrals and cases held in school settings No's of Mindfulness and nurture group sessions No's of CBT sessions	School hubs, Five Ways to Wellbeing hub and CAMHS and wellbeing hub, and educational psychology services
Timely access to evidence based interventions	3	Promote and support awareness of the Young Sharon website and app	No's of specialist CAMHS users supported on line quarterly figures	Specialist CAMHS
Timely access to evidence based interventions	3	Ensure staff and peer leaders have access to a rolling programme of training to ensure high quality implementation of agreed programmes	No's of staff taking part in training	Learning and development team, Slough Council for Voluntary Services, specialist CAMHS and MHFA providers
Timely access to evidence based interventions	3	Ensure consistent quality standards are met across all agencies providing specialist counselling or family services	No's of schools that have had training in accessing key resources and guidance provided via the Five Ways hub	Training offered through the Five Ways to Wellbeing hub supported by specialist CAMHS
Timely access to evidence based interventions	3	Improve data collection and sharing for the Troubled Families programme and reduce anxiety and depression using a range of techniques in areas disproportionately affected by domestic abuse and related crime and disorder in the borough	Hub metrics and routine GIS based reporting of domestic abuse issues, driven by data sharing between stakeholders.	Troubled Families coordinator

Theme	Objective Number	Objective	Measure	Owner
Risk management of complex and vulnerable cases	4	Ensure that mental health services engage as early as possible with the families of complex cases. Improve capacity and capability for the identification, assessment and referral of children and young people affected by parental mental health problems.	Training of CSC staff in FST. Waiting times to access FST. Changes to CYP global scores Changes in parental and carers ability to cope	Integrated support service, CAMHS Wellbeing service, Troubled Families support partners
Risk management of complex and vulnerable cases	4	Assertive outreach is provided by BHFT working with local accident and emergency/hospital services	Crisis response rates for early psychosis and self harm	Frimley Park Hospital and Slough CCG, specialist CAMHS
Risk management of complex and vulnerable cases	4	Provide effective family based therapeutic services for children placed in care	LAC and foster carer reports. SDQ changes at reviews. Corporate parenting panel reviews	Children's Trust CSC, family services and Specialist CAMHS
Risk management of complex and vulnerable cases	4	Integrate motivational interviewing and mental health interventions into CSE action plans	No's of young people and families supported No's of plans with a mental health action	CSE coordinator and CAMHS wellbeing hub
Risk management of complex and vulnerable cases	4	Provide effective interventions to address attachment and understanding of behaviour for foster carers (NICE guidance)	No's of families accessing training	Children's Trust
Risk management of complex and vulnerable cases	4	Coordination of post ASD and ADHD diagnosis support is reviewed annually	No's of cases supported per quarter	SEBDOS, educational psychology and specialist CAMHS

Theme	Objective Number	Objective	Measure	Owner
Risk management of complex and vulnerable cases	4	Mainstream OOH and crisis support services into core services	No's of cases supported per quarter	Specialist CAMHS
Risk management of complex and vulnerable cases	4	Enhance the early intervention in psychosis service and 24/7 inpatient services	No's of cases supported per quarter	Specialist CAMHS
Risk management of complex and vulnerable cases	4	Drugs and alcohol services for young people are integrated with mental health services	No's of cases supported per quarter	DAAT commissioned services Specialist CAMHS

Theme	Objective Number	Objective	Measure	Owner
Service quality standards	5	Waiting times for consultation and action plans in the school based hubs are no longer than 2 weeks (for those screened and where a need has been identified or if there is a programme in school running) or 24 hrs in a crisis (a CPE role for the crisis response team) for the CAMHS and wellbeing hub.	Waiting times for those stepped up to and down from specialist CAMHS and for direct referrals. Bank Holiday and OOH reports from A and E	Five Ways to Wellbeing and specialist CAMHS metrics
Service quality standards	5	Young people are included in annual reviews of the service	Engagement reports through the youth parliament	Youth Parliament, app champions, youth engagement services
Service quality standards	5	Information on what each service does is freely available and updated regularly	Service guide and dates of updates	Slough Services Guide, Five Ways to Wellbeing hub partnership
Service quality standards	5	Children and young people friendly environments are available at specialist services e.g. magazines, websites, leaflets, apps, stress balls in waiting areas, posters which focus on positive mental health	*Mystery shopper reports from Youth Parliament*	Berkshire Healthcare Foundation Trust specialist CAMHS
Service quality standards	5	Electronic apps, tablets and Smartphone accessible services are monitored	Service metrics	Young SHARON and Slough CAMHS website
Service quality standards	5	Service letters and referrals are clear and enable improved case management		GPs, SENCOS and pastoral staff supported by the Five Ways to Wellbeing hub partnership
Service quality standards	5	Care plans include physical and emotional health measures	All statutory care plans for YOS, LAC, CP, CIN, and on the edge of care include measures such as SDQ, BAI, BDI and self harm metrics and health assessments for LAC	CAMHS and wellbeing hub, Five Ways to Wellbeing partnership, specialist CAMHS and LAC school nurse
Service quality standards	5	Staff are trained to national competencies appropriate to their role	No's trained per quarter by category; GPs, school staff social workers, PMHWS, family workers, other hub staff	CAMHS and wellbeing hub, Five Ways to wellbeing partnership and specialist CAMHS
Service quality standards	5	Trauma and specialist DAAT support can be accessed when needed	No's of cases requiring family support	DAAT family services reports

Theme	Objective Number	Objective	Measure	Owner
Service quality standards	5	Learning disability services are trained to provide appropriate mental health support	No's of outreach sessions by location and type of LD	Specialist CAMHS

APPENDIX 4 STATUTORY DUTIES IN RELATION TO ASSESSING AND IMPROVING CHILD AND ADOLESCENT MENTAL HEALTH

Legislation of particular relevance (identified in the statutory guidance) includes:

- The Crime and Disorder Act 1998
- The Children Act 1989 and associated regulations
- The Children Act 2004
- The Health and Social Care Act 2012
- The Care Act 2014
- The Children and Families Act 2014.

The Crime and Disorder Act 1998 requires the council and its partners to set up a youth offending service. The YOS duties include for the assessment of the health needs (including emotional and mental health) needs of young people. The initial screening is accomplished with a number of nationally determined tools. Of particular relevance here are "SQIFA" (the mental health screening questionnaire for adolescents) and "SIFA" (the mental health screening interview for adolescents). These are only completed if a more general assessment (Asset) shows a need for this more detailed assessment

Under **Section 10 of the Children Act 2004**, the Children's Services authority is required to promote co-operation with its partners and others with a view to improving the physical, mental health and emotional well-being of children in its area.

The Children Act 1989: Section 1(3) establishes a set of principles which must guide any decision made in relation to a child. The overriding principle is the welfare of the child and further considerations include (at sub-section 1(3)(b)) the child's physical, emotional and educational needs).

Section 17 deals with Children in Need and establishes the LA's duty to provide a "range and level of services appropriate to those children's needs".

Section 11 establishes that disabled children (who are established to be "Children in Need" in section 10) includes children with poor mental health

Section 23 (3) (a) of the Children Act 1989 establishes the key duty for a local authority to be "to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption". Health Care Assessments include the requirement for the completion of a "Strength and Difficulties Questionnaire" (initially and as part of the normal review process). This is an important tool for identifying those individuals in need of specialist (Tier 3) support and is (in aggregate) a measure of the performance of the emotional health and wellbeing arrangements across a local authority area.

The Health and Social Care Act 2012 established local health and wellbeing boards, charged with "preparing the joint strategic needs assessment, the joint health and wellbeing strategy and in promoting integrated working between NHS, public health and social care commissioners (Chapter 2)."

Other acts establish specific duties for Local Authorities. In particular there are specific duties relating to emotional health and wellbeing for Children in Care Children and Young People involved with the Youth Justice System (under the Youth Offending Team) and Children in Need.

The Care Act 2014 requires A local authority must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers (including young carers)

The Children and Families Act 2014 requires the integration of educational provision and training provision with health care provision and social care provision and the preparation and maintenance of an education, health and care plan to promote the well-being of children or young people in its area who have special educational needs or a disability

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ACRONYMS

BAI	Becks anxiety inventory
BDI	Becks Depression Inventory
BHFT	Berkshire Healthcare Foundation Trust
BP	Boxall profile
CAMHS	Child and adolescent health services
CBT	Cognitive behaviour therapy
CCG	Clinical commissioning group
CGAS	Child global assessment score
CORC	Child outcomes research consortium
CSE	Child sexual exploitation
CYPIAPT	Children and young peoples improving access to psychological therapies
EPDS	Edinburgh Postnatal Depression Score
GP	General Practitioner
HV	Health visitor
IAPT	Improving access to psychological therapies
MH	Mental health
MMQ5	Mindfulness Questionnaire
PIMH	Parental and infant mental health
PND	Post natal depression
SEBDOS	Slough Emotional and Behavioural Outreach Service
SDQ	Strengths and difficulties questionnaire
SN	School nurse

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE**: 23 September 2015

CONTACT OFFICER: Alan Sinclair, Acting Director Adult Social Services

(For all Enquiries) (01753) 875752

WARD(S): All

PART I
FOR INFORMATION

CARE ACT 2014 PROGRESS UPDATE

1. Purpose of Report

To provide Board members with a brief overview of the Care Act 2014 (the Act), an update on the progress of implementing this new legislation (the positive impacts and emerging pressure points) and the Councils development plans in the social care reform programme.

2. Recommendation(s)/Proposed Action

The Board is requested to note and comment on the report and progress being made on the implementation of the new Care Act responsibilities and the development of the department's new operational model to deliver the Act and the 2015-18 savings plan.

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

3.1 The Act and subsequent reform programme will, through a number of key initiatives, bring about a fundamental change in the way in which the Council delivers adult social care. Through the promotion of the Act compliant assessments, the commissioning of support services and the emphasis on the wellbeing principle our focus will be on the wider client health and wellbeing issues related to quality of life and social inclusion.

3.2 Through the voluntary sector outcome based contract one of the main aims of this work will be to nurture a strong and inclusive community, building on social support networks by connecting residents to the resources in their community and increasing the diversity of choice and the level of personalisation.

3.3 A number of projects in the programme have involved residents in the development of initiatives related to online access to services and through to the development of Council strategies. We will continue to build these relationships with the residents of Slough particularly with regard to the emerging operational model for the Department.

3.4 The Adult Social Care Reform Programme supports outcome 6 of the Council's five year plan "People take more responsibility for their own care and support".

3.5 This will be accomplished by establishing a new operating model that will prevent, support and delay the need for social care services through the provision of information and advice, increasing the provision of direct payments, promoting an individual's wellbeing, developing prevention and reablement services and connecting people with the social capital in the community.

4. Other Implications

4.1 Financial Implications

The implementation of the Care Act has meant that from April 2015 there were additional financial costs, associated with the increase in demand for assessments, reviewing cases under the new legislative framework and the associated support costs for individuals and carers.

The Council used a modelling tool supported by the Local Government Association and Association of Directors of Social Services to assist with understanding the potential cost implications of the Act. This analysis, supplemented with local information, has been factored in to the budget for 2015/16 and the subsequent financial savings plans.

Additional national funding has been made available in 2015/16 in the form of a new burdens grant of £454,000 and within the Better Care Fund allocation of £317,000. Our estimates are that this funding is £100,000 short in 2015/16 and the gap will increase over future years especially if demand is more than has been planned. This funding shortfall has been met by the Council in 2015/16.

Early indications are that there are additional financial pressures to deliver the information technology requirements and for the general implementation of the wider social care reform programme. In relation to the IT costs approximately £95,000 of capital will be required to implement systems and hardware. This will be met by the council's capital funding allocation.

National consultation held earlier this year highlighted significant concerns about phase 2 of the Act. Consequently the proposed changes to financial assessment thresholds and the introduction of the Care Cap have been postponed until 2020.

4.2 Risk Management

Risk	Mitigation
Uncertainty about additional demand from carers	• New voluntary and community sector outcomes based contract • New carers strategy to be launched • Develop channel shift plans including digit capabilities • Remodel social care pathways to proactively find cases
Total implementation costs for 2016/17 and Total implementation costs for 2015/16	• Monitor, review and escalated to the Council's cabinet • Strong programme and project management governance in place
Council financial position to 2020	• Reform Programme • Raising of risks

4.3 Human Rights Act and Other Legal Implications

The Act will ensure that all people's rights including their human rights are met. The impact of the implementation of the Act will be monitored over the next two years.

4.4 Equalities Impact Assessment

National impact assessments were completed for all aspects of the Care Act. Equality Impact Assessments will be undertaken as part of formal project initiation for any new projects in the social care reform programme to assess the impact of any proposals on the protected characteristics.

4.5 Workforce

No major impacts in relation to the implementation of the Care Act.

The social care reform programme has a strong focus on workforce development. The aim of this component of the programme will be to develop a sector wide strategy to develop the capacity and capability of informal carers, personal assistants, community groups, volunteers, paid care home workers, social care workers and other Council officers engaged with the public in the Borough.

The strategy will be implemented though a focussed plan that will bring long term and sustained change, addressing recruitment, retention, capacity and competency issues of the care and support sector in Slough. Importantly opportunities to develop a system wide workforce development plan will be explored.

5. Supporting Information

5.1 The Act received Royal assent on the 14th May 2014. The Department of Health intend to introduce the Act in two phases, the first phase of the Act in April 2015 and the second phase of the Act in April 2020.

5.2 The Act attempts to re-balance the focus of social care by postponing the need for care rather than providing care at the point of crisis. It introduces a number of new duties and powers for Local Authorities including duties to integrate local services, promote the wellbeing of residents and new rights for carers.

5.3 The first phase of the implementation consolidates and modernises the framework of social care law for adults in England that has stood for nearly 70 years and brings in new duties for local authorities and new rights for social care service users and carers, putting people and their carers in control of their care and support.

5.4 The Act introduces national eligibility criteria, removing previous eligibility thresholds which were applied locally for those clients with critical and substantial needs only. The new criteria require the department to now consider the wellbeing of people by addressing deficits in their wellbeing.

5.5 The Act also places duties upon councils to support shaping a vibrant market giving individuals real choice and control; a universal right to a deferred payment for residential care; new duties to coordinate and provide information and advice and promote personalisation.

5.6 As a result of consultation on phase 2 of the Act the Minister of State for Community and Social Care announced on the 17th July a delay to the introduction of phase 2 of the Act until April 2020. The main reasons cited were the need to consolidate phase 1, the lack of a private insurance market, it not being the right time to implement expensive new commitments and gives time to better understand the impact on the care market.

5.7 Currently, the proposed second phase of the Act will introduce a new capped care cost system. This will provide more help to clients and self-funders with the cost of care by ensuring that people will not have to pay more than £72,000 for their care. Any costs above this cap would be met by the Council.

5.8 From April 2020, the means tested threshold for people going into a care home will also increase from £23,250 to £118,000. This means that the Council will not contribute towards the cost of a service user's care until they are below the asset threshold of £118,000 or they have reached the Care Cap of £72,000.

5.9 Councils have discretionary powers within the Care Act in respect of charging for care services. One area of discretion is to apply charges to carers for services they have been assessed to need. In recognition of the valuable contribution made by carers, the March 2015 Cabinet agreed not to apply this charge for carers.

6. Progress since April 2015

6.1 The following areas of change have been noted over the first 110 days of the Act:

- The clarification on the coordination of safeguarding concerns has been appreciated. Whilst leading to an increase in the number of concerns made to the department it has in practice terms tightened protocols for multi-agency working.
- Staff feedback on the changes to social work practice is positive in particular to the new duties and they have embraced the principles of wellbeing and prevention. They are keen to now develop these as we re-model the care and support pathways.
- 100% of all new contacts to social care which would have previously ended with a signposting or information and advice outcomes, now result in a prevention and support plan being provided to the client.
- A new financial advice service for self-funders is in place
- Additional advocacy support has been provided
- The Slough Services Guide (online local service directory) has been refreshed and search engine optimised.

7. Initial Impacts

7.1 Whilst the demand is largely "as expected" it is too early to understand the precise demand or any emerging trends for services to carers and eligible people under the new assessment framework and the financial impact.

7.2 There has been a small increase on the numbers of carer assessments undertaken in April/ May of 2015 when compared to the same period in 2014.

7.3 150 prevention and support plans were recorded in line with new Prevention duties.

7.4 In order to meet the new prevention and carers' duties additional staff (2FTEs) have been recruited to manage the potential demand to the First Contact Team.

7.5 There is a "hidden" demand of re-assessing clients under the Act by April 2016 against other departmental priorities such as the assessment of self-funders that have the same timescale.

8. The Adult Social Care Reform Programme

8.1 The Act provides clear opportunities for improvements in the provision of Adult Social Care and consequently a wider reform programme has been established to undertake this work.

8.2 This Adult Social Care Reform Programme governs a wider portfolio of projects including the Department's transformation, financial savings plans as well as the embedding of the new responsibilities of the Act and the second phase of the Act.

8.3 A programme board comprising of partner agencies, Council officers, voluntary sector and user and carer representatives has been set up to oversee and steer this work.

8.4 This programme of work will build on the areas of good practice that exist in Slough and will modernise them still further in order to deliver services that will meet the current and future needs of our population.

8.5 This will result in a shift from traditional residential and domiciliary services, which are delivered to clients at the point of crisis to one where people are managing their own care and support needs at a much earlier stage.

8.6 Working closely with health, internal Council services, providers, the voluntary sector and the residents of Slough will be critical in the development of an offer that will meet the future social care and support needs.

8.7.1 The programme will focus on 6 main development domains:

a) **Prevention** – The development of a local system-wide strategy and action plan, spanning voluntary, health and social care services to maintain a healthy population in the community. We will work with high consumers of services through targeted wellbeing and prevention plans and move our front door services to identify emerging cases more proactively.
b) **Information & Advice** – This component will ensure that the right information is provided to the right people, at the right trigger points in their lives. Proactive care and support planning will become the norm and independent advice and advocacy will be provided to people to help develop their support plans.
c) **Personalised Outcomes** – Through the development of the market place and safeguarding outcomes, people will have the choices of finding the right care and support at the right times in their lives. Increasing the use of direct payments is fundamental to enabling this change.
d) **Building Community Capacity** – Enabling people, voluntary organisations and the community to proactively manage their wellbeing and increase their resilience to succeed during periods of crisis.
e) **Workforce Development and Quality** – both internal and external workforces will be developed to deal with the changing and growing

demands facing the health and social care economy over the next 5 years. This will require staff to adapt to flexible, multi-disciplinary ways of working.

f) **Integration** – the scale of the change required cannot be managed in isolation; people do not access care and support from just one single source. Slough services will continue to be commissioned from a whole systems perspective around the best outcomes for residents.

8.8 The Act now frees the Department to have a fundamental review of what adult social services and wider public services need to directly and indirectly deliver. The purpose of the programme of work will be to shape and then deliver this new operating model.

8.9 In summary the main benefits expected as a result of this programme of work include:

- People take more responsibility of their own care and support
- Reduction in operating costs for complex cases
- Increase in co-produced services that are more likely to achieve personal outcomes
- Reduction in admissions to care home and acute settings
- Reduction in re-admission rates to acute settings
- Cashable savings to both local Social Care and Health budgets
- Increase in self-directed support and direct payments as people take more control of their own c-are and support
- Operational workload management efficiencies
- Improvement in choice and outcomes for individuals
- Untapped social capital reduces local authority and NHS revenue and capital costs
- Staff are more fulfilled in their professional lives
- Reduction in staff absence and sickness
- Increase staff retention rates

9. Conclusion

Members of the Wellbeing Board are asked to review this paper for information purposes, but note the significant level of transformational activity currently being undertaken in the Department in order to achieve the changes required and the 2015-2018 saving target and the recent changes to the timelines for the implementation of phase 2 of the Act.

10. Appendices Attached

NONE

11. Background Papers

NONE

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SLOUGH WELLBEING BOARD – 23rd SEPTEMBER 2015

ACTION PROGRESS REPORT and FUTURE WORK PROGRAMME

Progress key

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

Meeting date	Action agreed	Progress / comment	Lead member/officer
24/09/14	The Self Care, Personal Responsibility and Engagement Task & Finish Group – Final Report • That details of the report be noted and a further report be considered by the Board in six months time. • Conclusions formulated regarding the findings of the Group be circulated to all partner agencies. • Further work to be carried out by the Group examining GP appointments not attended by individuals.	√√ **C** √√ **C** √ **P**	Samantha Jones
12/11/14	Slough Wellbeing Board (SWB) Development Plan 2014/15 That the Slough Wellbeing Board Development Plan 2014/15 be agreed. • A review of the Slough Joint Wellbeing Strategy in 2015 which would include a review of the vision, priorities and workplan for the Board. • Update the Board's terms of reference including a 'Welcome to SWB' guide and implementation of a SWB newsletter. • A review of the membership of the Board, including acute sector representation.	√ **P** √√ **C** √ **P**	Samantha Jones
12/11/14	Transfer of Commissioning Responsibilities for Health Visiting and Family Nurses to Slough Borough Council • That the plans for the transfer of Health Visitors and Family Nurse services to Slough Borough Council be noted. • That the Board receive a further report on progress in due course.	√√ **C** √ **P**	Angela Snowling

12/11/14	Heatherwood and Wexham Park Operational Resilience and Capacity Planning (ORCP) 2014/15 • That the update on the Operational Resilience and Capacity Planning 2014/15 at Heatherwood and Wexham Park be noted. • That the concerns of the Board be expressed in relation to timescales imposed on the planning process for Winter 2014/15.	√ **P**	Carrol Crowe
25/03/15	Mental Health Crisis Care Concordat Action Plan That the Wellbeing Board note the following: • The Crisis Care Concordat is a national requirement and the joint action plan has been produced through a steering group with invitees from all partner agencies and signatories. • The Action Plan was in alignment with the Mandate previously authorised. • There was a requirement to monitor implementation of the action plan and that that the Board be updated in six months followed by annual updates.	√ **P**	Carrol Crowe
13/05/15	Deaf and hard of hearing people's experience when accessing health services in Slough That the report on "Deaf and hard of hearing people's experience when accessing health services in Slough" be noted. That partners consider the practical steps they could take to improve access to their services for deaf and hard of hearing people.	√ **P**	All
13/05/15	Get Active Slough – A 5-Year Leisure Strategy for Slough That the Board note the report and support its objectives as described. That partners give due consideration to how they could provide proactive support, and where possible budget, to assist in delivering the proposed outcomes.	√ **P**	All
13/05/15	Overarching Information Sharing Protocol 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. 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. That any relevant existing information sharing protocols between partners be mapped to ensure alignment with the new Protocol.	√√ **C** √√ **C** √ **P**	Amanda Renn

	That Officers consider the further steps to ensure effective implementation of the Protocol, once agreed, including training and awareness raising amongst partners. 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.	√ **P** √ **P**	
15/07/15	Children & Young People's Plan 2015-16 That the Children & Young People's Plan 2015-2016 be agreed. That a progress report be received by the Wellbeing Board in early 2016.	 √ **P**	Krutika Pau
15.07/15	Child Poverty Strategy That Slough's Child Poverty Strategy 2015-2018, as at Appendix A to the report, be agreed. That the Board be updated on the progress of delivery alongside the Children & Young People's Plan reporting process.	 √ **P**	Sarah Forsyth
15/07/15	Overarching Information Sharing Protocol That the Overarching Information Sharing Protocol and the roll out of a common information sharing approach be agreed. That arrangements be made for members/partners of the Slough Wellbeing Board sign the Protocol. That a progress report be received by the Board in six months time.	 √ **P**	Amanda Renn
15/07/15	Slough Wellbeing Board, Local Safeguarding Children Board and Adult Safeguarding Board Protocol That the adoption of the Protocol be approved, subject to the addition of an approval date and suitable review period.	 √ **P**	Amanda Renn

DRAFT FUTURE WORK PROGRAMME

Meeting date	Business Items	Lead member/officer
23/09/15	• Progress report on The Care Act 2014 – Reforming Care and Support • LSCB Annual report 2014/15 • LSCB data /scorecard • SSP Annual Report • Smoke free declaration • Berkshire Mental Health Crisis Concordat Action Plan update? • CAMHS Strategy update	

To be scheduled:

- Progress report on Slough CCG 5 Year Final Plan

MEETING DATES FOR 2015/16

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