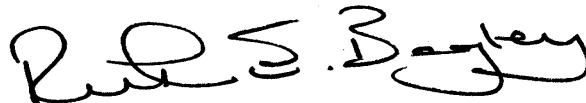


Date of issue: Tuesday, 8 November 2016

MEETING:	SLOUGH WELLBEING BOARD Councillor Sabia Hussain (Chair), Health & Social Care Commissioner Naveed Ahmed (Vice-Chair), Business Representative Ruth Bagley, Chief Executive Iain Harrison, Royal Berkshire Fire and Rescue Service Ramesh Kukar, Slough CVS Lise Llewellyn, Strategic Director of Public Health Jo Moxon, Interim Director of Children's Services Councillor Sohail Munawar, Leader Dr Jim O'Donnell, Slough Clinical Commissioning Group Les O'Gorman, Business Representative Colin Pill, Healthwatch Representative Rachel Pearce, NHS Commissioning Board Representative Alan Sinclair, Interim Director Adult Social Services Superintendent Gavin Wong, Thames Valley Police
DATE AND TIME:	WEDNESDAY, 16TH NOVEMBER, 2016 AT 5.00 PM
VENUE:	VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, BERKSHIRE, SL1 3UF
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NICHOLAS PONTONE 01753 875120

NOTICE OF MEETING

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



RUTH BAGLEY
Chief Executive



AGENDA

PART I

Apologies for absence.

CONSTITUTIONAL MATTERS

1. Declarations of Interest

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

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

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

2. Minutes of the last meeting held on 28th September 2016 1 - 6

3. Membership Report 7 - 8

ITEMS FOR ACTION / DISCUSSION

4. Improving Mental Health and Wellbeing 9 - 12

5. Slough Local Safeguarding Children's Board (SLSCB) Annual Report for 2015/16 To Follow

6. Protocol for Relations between Slough Wellbeing Board, Healthwatch Slough and Health Scrutiny Panel 13 - 24

7. Refresh of the Board's Safeguarding People Protocol 25 - 40

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
THEMED DISCUSSION			
8.	Engaging People - public and community involvement	41 - 42	
FORWARD PLANNING			
9.	Forward Work Plan	43 - 48	
ITEMS FOR INFORMATION			
10.	Frimley Sustainability & Transformation Plan	Verbal Report	
11.	Better Care Fund Quarterly Report	49 - 58	
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SUMMARY			
14.	What have we achieved tonight?		
15.	What do we want to achieve at the next meeting?		
16.	Date of Next Meeting - 26th January 2017		

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, 28th September, 2016.

Present:- Councillor Hussain (Chair), Naveed Ahmed (Vice-Chair),
Ramesh Kukar, Lise Llewellyn, Dr Jim O'Donnell, Lloyd Palmer
(representing RBF&RS) Alan Sinclair and Superintendent Wong

Apologies for Absence:- Les O'Gorman and Colin Pill

PART 1

12. Declarations of Interest

No declarations were made.

13. Minutes of the last meeting held on 20th July 2016

Resolved – That the minutes of the meeting held on 20th July 2016 be approved as a correct record.

14. Feedback from the Partnership Conference held on 22nd September 2016

The Board reviewed the Partnership Conference event held on 22nd September 2016, which had included the launch of the refreshed Slough Wellbeing Strategy. Feedback from Board Members and attendees was positive and it was agreed that the conference was a good starting point for the refreshed strategy and future engagement.

It was intended that the conference become an annual event and a range of comments were noted:

- The key actions within each of the four strategic priorities needed to be defined; progress tracked and achievements highlighted to build on the momentum.
- The Board would need to demonstrate that it had listened to and acted upon feedback and views expressed at the event.
- The range of partners in attendance was good; however, there were some gaps in terms of some NHS bodies and the VCS which could be addressed next year.
- Consideration should be given to using the conference to showcase the work of partners and/or partnerships, both through plenary speakers and possibly exhibition stands to highlight some of excellent work taking place across Slough.

The JSNA summary infographic had been effective in highlighting some of key issues and challenges facing the borough. It was agreed that an electronic version should be circulated to the Board, partners and conference attendees along with the outcomes report that the Council policy team was currently compiling from the table workshops and feedback on the day.

Resolved –

- (a) That the feedback from the Partnership Conference be noted and considered in planning for the event in 2017.
- (b) That the JSNA summary infographic be circulated to Board Members, attendees and other relevant partners along with the outcomes report and slides.

15. Slough Safeguarding Adult's Board Annual Report 2015/16

The Independent Chair of Slough Safeguarding Adults Board (SSAB), Nick Georgiou, introduced a report on the Board's Annual Report for 2015/16. Whilst the annual report itself was necessarily retrospective in nature, looking back at the key achievements and issues of the past year, Mr Georgiou took the opportunity to update the Wellbeing Board of current work and future priorities.

The reporting period covered the first full year since the introduction of the Care Act 2014 and partners had taken on board the wider definition of safeguarding, for example the inclusion of self neglect. The SSAB had sought to work co-operatively across Berkshire, partly to reflect the fact that several partners spanned a wider geography to improve engagement. There had been a continuous increase in demand for services and the Board was updated on the significant rise in the number of Deprivation of Liberty safeguards (DoLs) applications received. The report explained how the partnership was working to reduce and manage safeguarding risk. The streamlined annual report also included highlight reports from each of the partners as well as priorities for 2016/17.

The Board discussed a range of issues including the effectiveness of information sharing arrangements in processing safeguarding enquiries, known as Section 42 enquiries under the Care Act; the rise in the number of DoLs applications from 20 in March 2014 to 361 currently; and the work that could be done to focus on the Board's priority of mental health. A question was asked about the reviews undertaken in cases of suicide and it was responded that the Serious Adult Reviews Subgroup of the Board carried out such reviews, however, it was considered information flows between partners could be further improved. The issue of self-neglect for people with mental health conditions was discussed and a member asked how the process of identifying people and referring them to safeguarding could be improved. Mr Georgiou highlighted that self-neglect had been a feature in two of the most three recent Serious Adult Reviews and the learning had been taken on board as part of strategic objective 1 of the Board's Business Plan to improve identification of risk to the individual and management of that risk.

It was recognised that some partners, such as the Fire & Rescue Service, were particularly effective in reaching people in ways that the statutory safeguarding agencies could not. There was potential to make greater

linkages to the RBFRS home protection visit programme for example, and the Board's attention was drawn to the pilot underway of "The Adult Referral Guide". At the conclusion of the discussion, the Annual Report was noted.

Resolved – That the Slough Safeguarding Adults Board Annual Report 2015/16 be noted.

16. Refresh of Board's Overarching Information Sharing Protocol

A report was considered that recommended that the Board adopt a refreshed multi-agency Overarching Information Sharing Protocol to strengthen and improve the current arrangements. The revised protocol, as at Appendix A to the report, had been drafted following consultation with partners and was more focused on principles and was shorter than the previous version which the Board had approved in July 2015. It was proposed that a separate document with the more detailed arrangements would sit alongside the main protocol.

The Board was supportive of the principles set out in the protocol and felt that it would be beneficial for individual Information Sharing Agreements to be consistent. It was therefore proposed and agreed that Thames Valley Police take a lead on designing a standard template for this purpose that could be used across the partnership. It was also agreed that it was important that key partners who were not members of the Board, particularly in the NHS, be encouraged to adopt the protocol. Members were invited to advise Amanda Renn of any specific organisations who they felt should be approached.

It was recognised that strong information sharing arrangements were crucial to successful partnership working, and was regularly identified as a factor in serious case reviews. The Board therefore agreed to adopt the new protocol and welcomed the offer of Thames Valley Police to lead on the production of a standard Information Sharing Agreement for use across the partnership.

Resolved –

- (a) That the refreshed Overarching Information Sharing Protocol at Appendix A to the report be adopted, subject to any final textual amendments.
- (b) That the arrangements be reviewed in 12 month's time, or once the Pan-Berkshire Information Sharing Protocol (currently under development) had been finalised, whichever occurred first.
- (c) That Thames Valley Police take the lead in designing a standard Information Sharing Agreement for the Board.
- (d) That Board Members suggest any other relevant partners who should be approached to adopt the Protocol.

17. Housing

The Board received a presentation on the Council's emerging Housing Strategy from the Interim Director of Housing, Regeneration and Resources, Mike England, and the Interim Head of Housing, Paul Thomas. In addition to providing input to shape the new strategy, housing had been chosen as the first themed discussion as one of the four priorities in the new Slough Joint Wellbeing Strategy. It was recognised that housing linked to each of the other strategic priorities, and the wellbeing agenda more generally, and it was an increasingly important issue locally due to the significant housing pressures facing Slough and neighbouring boroughs.

The strategy included five initial objectives: supply of new homes; private rented sector; Council homes and the Housing Revenue Account; homelessness and housing need; special housing needs and vulnerable groups. The strategy was being developed in the Slough context of the fastest rate of house price growth in the country, an affordability ratio of 11:1, significant forecast population growth and 2,500 applicants on the Housing Register. During the presentation, Board Members were invited to contribute their views on issues such as housing for key workers, opportunities to maximise the use of land in public sector ownership and identifying families in need of support. The draft strategy would undergo consultation before approval by the Council in January 2017.

The Board had a wide ranging discussion on key aspects of the strategy. The processes in place to identify and support people and families housed in private rented accommodation in Slough by other local authorities was discussed at length. It wasn't possible to accurately quantify the number of people placed locally at any one time. Although Council's had a duty to notify an authority, it was recognised that this did not happen in every case and the process of recording and utilising such information could be improved. Members felt that many people placed locally in such circumstances may be vulnerable and have a high level of need which required good communication with and between the Council, families and other service providers to ensure they received the appropriate support. Accessing peoples medical records was cited as a problem which meant there was a risk that people's needs were not being properly understood. The Board asked the Council to provide assurance that a clear and effective process was in place to receive and log notifications from other authorities when people were placed in Slough. Further consideration was needed of how people placed in Slough could be directed to other relevant services, particularly GPs, perhaps through a register.

A number of suggestions were made on housing for key workers, for example housing nurses or care workers with people in need in support. The Board felt that key worker accommodation was a key issue for a range of partners and the strategy provided an opportunity to consider the options to tackle the issue together. Concern was expressed about the affordability of properties in Slough, particularly for young people, and it was suggested that the Youth Parliament be engaged in the strategy to ensure it reflected their issues and

aspirations. It was recognised that increasing supply was important in addressing affordability in the long term and the Council was also looking at the issue of differential rent levels to ensure that there was sufficient support for people with the lowest levels of income.

Other issues discussed included the outcomes of the current housing stock review; the provision of adapted and extra care housing to support independent living; and tackling under-occupation by supporting people into more suitable accommodation. The discussion was the starting point for engagement with partners and Board Members were invited to submit any further comments to the Interim Director.

Resolved –

- (a) That the presentation be noted and that Mike England and Paul Thomas be thanked for the comprehensive presentation.
- (b) That the feedback from the Board be considered and incorporated into the emerging Housing Strategy.
- (c) The any further comments from Board Members be made to the Council's Strategic Director of Regeneration, Housing & Resources.
- (d) That a housing representative be invited to future meetings of the Board where it was considered matters particularly relevant to the housing priority would be discussed.

18. Forward Work Programme

The Forward Work Programme was agreed. The themed discussion planned for November on Engaging People needed to be scoped in agreement with the Chair to maximise the value of the session.

Resolved – That the Forward Work Programme be noted.

19. Frimley Sustainability and Transformation Plan (STP)

An information report was considered on the progress being made to deliver the Sustainability and Transformation Plan for the Frimley footprint. Work was ongoing to finalise the plan ahead of submission to NHS England on 21st October 2016 and plans were in place for wider engagement and communication with partners and stakeholders.

Resolved – That the information report be noted.

20. Preventing Violent Extremism Coordinating Group Progress Report

An information report was received about the work of the Preventing Violent Extremism Coordinating Group to reduce the risk of people being drawn into

terrorism. The Board noted the report and the Prevent Action Plan for 2016/17 as attached at Appendix A to the report.

Resolved – That the information report be noted.

21. Attendance Report

The Slough Wellbeing Board attendance record for 2016/17 was received and noted.

Resolved – That the report be noted.

22. Meeting Review

The Board reviewed the key outcomes from the meeting and learning points for future meetings.

23. Date of Next Meeting

The date of the next meeting was confirmed as 16th November 2016.

Chair

(Note: The Meeting opened at 5.04 pm and closed at 7.25 pm)

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 16th November 2016
CONTACT OFFICER: Nick Pontone, Senior Democratic Services Officer
(For all Enquiries) (01753) 875120
WARD(S): All

PART I
FOR DECISION

SLOUGH WELLBEING BOARD MEMBERSHIP UPDATE

1. Purpose of Report

- 1.1. To update the Board on recent changes to membership and seek approval to recommend to Council that the Chief Executive of Slough Children's Services Trust Ltd be appointed to the Board.

2. Recommendation

- 2.1 The Board is requested to Recommend to full Council that the Chief Executive of Slough Children's Services Trust be appointed to the Slough Wellbeing Board.
- 2.2 The Board is requested to resolve that it be noted that Jo Moxon, Interim Director of Children's Services, join the Slough Wellbeing Board as a statutory member.

3. Supporting Information

- 3.1 Membership of the Slough Wellbeing Board is comprised of statutory members, as defined by Section 194 of the Health & Social Care Act 2012, and other partners that the Board believe can contribute to its work. The Terms of Reference of the Slough Wellbeing Board make provision for the Board to review its membership and make recommendations to the Council at any time.
- 3.2 The Act requires that the local authority Director of Children's Services be a statutory member of the Board and Jo Moxon has recently been appointed to this position on an interim basis. The Board is therefore requested to note that Jo Moxon has joined the Slough Wellbeing Board as a statutory member.
- 3.3 In view of the specific circumstances in Slough relating to the delivery of children's services, and the priority that the Board has given to the protection of vulnerable children in the refreshed Slough Joint Wellbeing Strategy, it is proposed that Nicola Clemo, Chief Executive of Slough Children's Services Trust Ltd (SCST) also be invited to join the Board.

- 3.4 In line with the Slough Wellbeing Board Terms of Reference and Council's Constitution, appointments to the Board usually require the approval of full Council. The Board is therefore asked to recommend to Council at its meeting on 29th November 2016 that the appointment of the Chief Executive of SCST to the Slough Wellbeing Board be approved.

4. **Appendices Attached**

None.

5 **Background Papers**

None.

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 16 November 2016

CONTACT OFFICER: Alan Sinclair, Interim Director Adult Social Care, Slough Borough Council

(For all Enquiries) (01753) 875752

WARD(S): all

PART I

FOR COMMENT & CONSIDERATION

IMPROVING MENTAL HEATH AND WELLBEING

1. **Purpose of Report**

This report provides the Slough Wellbeing Board with an opportunity to input into the mental health profiles. After discussion at the last Health and Social Care Priority Delivery Group of 1st November 2016, the Group is requesting views from the Board on the areas of concern and the identified gaps.

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

The Slough Wellbeing Board is recommended to provide an input to help shape the actions being developed for delivery of the mental health profiles in the next five years, mainly in relation to the identified gaps and areas of concern listed in paragraph 6 below.

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

Mental health is a key determinant of health and wellbeing and it is a priority in the Board's new Wellbeing Strategy 2016 - 2020. It also reflects a number of key outcomes in the Council's Five Year Plan 2016. The JSNA is the basis of the benchmark for statistical analysis of mental health disorder in Slough.

4. **Other Implications**

(a) **Financial** – None

(b) **Risk Management** – There are no risks associated with this report. A risk assessment will be undertaken as specific plans are identified.

(c) **Human Rights Act and Other Legal Implications** – None identified at the moment.

(d) **Equalities Impact Assessment (EIA)** – These will be undertaken as specific plans are identified.

(e) **Workforce** – None

5. **Summary**

This item provides members with an early opportunity to:

- Understand the existing and anticipated mental health challenges facing the borough;
- Discuss and influence the outcomes and objectives that are being considered for inclusion in the borough's mental health profiles to tackle these challenges;
- Provide views on the areas of concern and the identified gaps;
- Understand the role of the Wellbeing Board and our partnership network in addressing mental health issues to improve outcomes for people in Slough; and
- Influence the thinking towards the themed discussion on this topic at the Board's meeting on 17th January 2017.

6. **Supporting Information**

6.1 In looking at improving its ways of working the Board has restructured the format of its meetings to allow for a themed discussion. Mental health is the second subject for such as discussion and there will be a presentation to the Board meeting in January 2017 to facilitate the conversation.

6.2 Mental health has been identified as one of four key priorities in the Board's new Wellbeing Strategy 2016 – 2020.

6.3 Slough has adopted the World Health Organisation's (WHO) list of mental health cost effective interventions to be delivered over the next 5 years. These are:

- Intervention 1: Healthy employment programmes
- Intervention 2: Resilience building, which includes, prevention of violence, bullying, depression and postnatal depression; family support projects, social and emotional learning, mental health in the workplace, psychosocial groups for older people and parenting programmes.
- Intervention 3: Behaviour change; lifestyle diabetes prevention, restriction of alcohol, tobacco control, reduction of salt, sugar, trans fatty acids, raising awareness of healthy diets
- Intervention 4: Screening for depression among people with diabetes
- Intervention 5 Treatment of depression in people with diabetes

6.4 Slough Mental Health Services, Public Health and other partners have developed nine profiles (see the link at section 10 below) in line with these interventions. However, to enable these Services to benchmark the interventions, the following priority profiles have been identified:

- The CAMHS profile
- The CRISIS care profile
- The coexisting substance misuse and mental health issues profile
- The severe mental illness profile
- The suicide prevention profile
- The dementia profile

Identified Gaps and Areas of Concern

6.5 The Health and Social Care Priority Delivery Group met on 1st November 2016 to discuss the intervention plans. The discussion identified some gaps and areas of general concerns which are summarised below.

6.6 The Wellbeing Board is asked to provide an input and give direction on the following gaps that have been identified:

- Identifying and dealing with stress at work
- How to change stigma associated with mental health in the community. This includes old people living alone, mainly with dementia
- There is a lack of evidence based services to deal with children suffering from the effects of domestic abuse at home
- There is a need for a coordinated partnership push to endorse National Dementia Awareness campaign
- Dual diagnosis of mental health problems related to substance misuse and alcohol is a problem in the borough. There are only 50 beds in the borough, which always operate at full capacity
- Partners around the table should be asked to help in the early diagnosis of Autism Spectrum Disorder (ASD)
- Mindfulness Based Resilience training should be made a mandatory requirement for all managers in the partnership
- There are an increasing number of suicides in Slough of young people and people who do not live in the borough. More work needs to be done in conjunction with British Transport Police to deal with the issue. There is also a need to develop a process of identifying those with a history of self harm before the problem escalate
- We need to look at ways to assist mentally ill offenders within the criminal justice system
- Problems with information sharing, confidentiality and data protection
- Lack of resources in schools to deal with mental health issues
- Implementation of the SEND strategy, which is under development
- How to make sure that these concerns are shared with the wider partnership, including organisations that do not consider health issues in their outcomes

7. Comments of other Committees

7.1 None at this stage, although we expect a request from the Council's Health Scrutiny Panel to look at aspects of mental health in future.

8. Conclusion

8.1 There will be a presentation on mental health to the Board at the 17 January 2017 meeting. It is important that the identified gaps and concerns are reflected within the needs and perspectives of the wider partnership. The views of the Board are therefore important in shaping a mental health intervention plan for Slough.

8.2 Consideration should be given to the following:

- Loneliness and isolation, which are common factors prevalent with users of mental health services.

- The increasing numbers of referrals at Sloughs 'Recovery College' which was introduced last year and now operating at maximum capacity.

8.3 The College allows for co-created courses to be developed. This meets the educational and social inclusion needs of the community, evidenced by an element of 'social prescribing. The long term benefit for people attending the college is being part of the community, which gives them a sense of belonging.

8.4 Broadening the College to include older people with mental health problems and people with learning difficulties would help to deal with the problems of isolation. An element of the College is the Independent Placement Support (IPS), which focus on getting people back to work. So far, this has been very successful. Any new investment in this type of approach will contribute much to a wider and broader wellbeing strategy for Slough.

9. **Appendices**

None

10. **Background Papers**

The following background papers, which were discussed by the Health and Social Care Priority Delivery Group on 1 November, are available on request from Mervin Msaya at mervin.msaya@slough.gov.uk

1. Mental Health 4 Life
2. Dementia Strategy
3. Berkshire Care Concordat
4. Mental Health Covering Paper
5. All nine PH profiles for mental health can be found at the following link;
<https://fingertips.phe.org.uk/profile-group/mental-health>

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 16 November 2016
CONTACT OFFICER: Amanda Renn, Corporate Policy Officer, Policy Team, Slough
Borough Council
(For all Enquiries) (01753) 875560
WARD(S): All

PART I
FOR DISCUSSION

**PROTOCOL FOR RELATIONS BETWEEN SLOUGH WELLBEING BOARD,
HEALTHWATCH SLOUGH AND HEALTH SCRUTINY PANEL**

1. Purpose of Report

The purpose of this report is to:

- (a) Clarify relations between the Slough Wellbeing Board (SWB), Healthwatch Slough and the Council's Health Scrutiny Panel; and
- (b) Agree a revised protocol between these parties.

2. Recommendation(s)/Proposed Action

2.1 Slough Wellbeing Board is requested to agree on the general principles set out in the suggested protocol (at Appendix A) subject to any final amendments from Board members.

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

3a. Slough Joint Wellbeing Strategy Priorities

The protocol will support delivery against each of the Joint Wellbeing Strategy 2016 – 2020 priorities, through more effective joint working.

3b. Joint Strategic Needs Assessment (JSNA)

The protocol recommends that the Wellbeing Board will consult with each of the parties covered by this protocol on the Joint Strategic Needs Assessment as part of its annual update.

3c. Five Year Plan Outcomes 2016 - 2020

Improved joint working between each of the parties covered by this protocol will support delivery against outcome 6 of the Plan: More people will take responsibility and manage their own health, care and support needs.

4. Other Implications

- (a) **Financial** - There are no financial implications associated with the proposed action.
- (b) **Risk Management** - There are no risk management implications associated with the proposed action.

- (c) **Human Rights Act and Other Legal Implications** - There are no Human Rights Act implications associated with the proposed action.
- (d) **Equalities Impact Assessment (EIA)** - There are no equalities implications associated with adopting the proposed protocol.

5. Summary

This item provides members with an opportunity to:

- Understand the respective roles, responsibilities and statutory obligations of the Slough Wellbeing Board, Healthwatch Slough and the Council's Health Scrutiny Panel; and
- Discuss a proposed framework for handling key issues and information between these bodies in light of their individual functions.

6. Supporting Information

6.1 The Wellbeing Board's current protocol with the council's Health Scrutiny Panel was agreed July 2013.

6.2 Following a refresh of the Wellbeing Board's terms of reference earlier this year and a desk review of other Health and Wellbeing Boards collaborative working arrangements (under the Health and Social Care Act), a new protocol has been developed setting out how the following parties in Slough will work together to improve the health and wellbeing of local people and reduce local health inequalities:

- Slough Wellbeing Board (SWB)
- Healthwatch Slough
- Health Scrutiny Panel

6.3 The draft protocol at Appendix A sets out the respective roles and statutory responsibilities of each of the above parties in these areas and provides a framework for handling key issues and information between them in light of their individual functions.

6.4 Slough Wellbeing Board is requested to formally approve the adoption of this protocol.

7. Comments of other Committees

7.1 The Chair of Health Scrutiny and representatives from Healthwatch Slough have been involved in discussions about the content of the proposed protocol and their comments have been reflected in the draft at Appendix A.

7.2 It is important that we continue to build and develop the relationship between these bodies in the year ahead. Any comments or suggestions from the Board on how these relationships can be further strengthened and improved are welcome.

8. Conclusion

8.1 This Protocol will provide improved coordination of work plans and collaboration of issues between the Slough Wellbeing Board, Healthwatch Slough and the Council's Health Scrutiny Panel. As a result of this protocol the public should experience more joined up,

planned and coordinated services from the Local Authority, the NHS and other local partners in the future.

9. Appendices

A - Protocol for relations between Slough Wellbeing Board, Healthwatch Slough and Health Scrutiny Panel

10. Background Papers

1 –17 July 2013 Health Scrutiny/Slough Wellbeing Board Working Protocol – available from Amanda Renn at amanda.renn@slough.gov.uk

APPENDIX A

A PROTOCOL OUTLINING THE RELATIONSHIP BETWEEN SLOUGH'S WELLBEING BOARD, HEALTHWATCH SLOUGH AND HEALTH SCRUTINY PANEL

Date created: October 2016
Version number: 1
Date last reviewed: n/a
Date of next review: October 2017

PROTOCOL FOR RELATIONS BETWEEN SLOUGH WELLBEING BOARD, HEALTH WATCH SLOUGH AND HEALTH SCRUTINY PANEL

1. Background

The Health and Social Care Act 2012 identified a range of individual and joint responsibilities for Health and Wellbeing Boards, local Healthwatches and Health Scrutiny Committees. This protocol sets out the relationship between these bodies in Slough and explains how they will work together to improve the health of local people and reduce local health inequalities.

2. Scope

The following bodies are included in this Protocol:

- Slough Wellbeing Board
- Healthwatch Slough
- Health Scrutiny Panel

3. Aim

This protocol aims to ensure:

- There is clarity around the roles, responsibilities and statutory obligations of the above parties.
- Work is well coordinated with no duplication of effort.
- We achieve more by working together.
- Working together has a positive impact on outcomes for Slough residents.
- There is effective challenge and scrutiny of health and wellbeing arrangements across Slough.

4. Purpose

This protocol sets out:

- The distinct roles, responsibilities, statutory obligations and governance arrangements for each of the bodies covered by this protocol; and
- How we work together to improve the health and wellbeing of people living in Slough.

5. Summary of roles, responsibilities, specific functions and statutory obligations

Each of the parties covered by this protocol has distinct, yet complementary roles and responsibilities and does not exist in a hierarchy. These roles and responsibilities are summarised at appendices A and B.

6. How we will work together

Each of the parties covered by this protocol share a common interest in improving the health of people living in the borough and in reducing health inequalities. We also share a desire to engage with our communities including those who are often hard to reach.

7. Key principles

The following principles set out how we will work together to achieve the best possible outcomes for people in Slough:

- **We are committed to ensuring the quality of services provided across Slough**

- **We will promote a culture of openness**
Where issues of common concern are shared and challenged in a constructive and mutually supportive way or where there are potential conflicts of interest due to our respective roles and responsibilities.
- **We will share information, including our work programmes**
This will help coordination of particular issues and avoid potential duplication of work. It will also help to inform key decisions for the forthcoming year. Where there is common membership between us, these members will ensure relevant information is communicated to their colleagues.
- **We will work together on issues that would be mutually beneficial**
This may be through a range of different approaches e.g. joint task and finish groups, stakeholder events, workshops and meetings. In such cases the default position will be to work together to achieve the best outcomes and reduce duplication of work. Any published material arising from the work will acknowledge the contribution of all participating parties.
- **We will share information on key risks or concerns**
This will help us maintain a full understanding of any emerging risks that may be relevant to our work and support the principle of promoting a culture of openness.
- **We will work with other organisations**
To improve resident's health and wellbeing and deliver our aims where appropriate.
- **We will adopt common reporting arrangements**
In order to support closer working arrangements between us, we will adopt the reporting arrangements summarised at Appendix C.
- **We will carry out meaningful consultation and engagement**
In order to improve resident's health and wellbeing and transform, reconfigure and integrate local health and social care services we will carry out meaningful engagement with the public, service users and providers where necessary and revise reports / decisions accordingly.
- **We will communicate in plain English in a way that can be understood by partners and the public alike**
- **We will work in a sufficiently transparent way**
So that members of the public are able to quickly grasp our core business.
- **We will share good practice and resources**
In order to help us develop and improve, we will share relevant good practice and resources, where appropriate. This could include policies and practices, including those identified in other authorities and localities.

8. Review arrangements

This protocol will be reviewed on an annual basis to determine its effectiveness, unless new legislation or national guidance necessitates an earlier review. Members may also request an extraordinary review of this protocol at any time should they consider it necessary.

Appendix A: Summary of roles, responsibilities, specific functions and statutory obligations

All three bodies are legally constituted and within their statutory functions there are specific legal obligations that exist between them. These are summarised in the table below.

Name	Roles and responsibilities	Specific functions	Statutory obligations in relation to the other two bodies
Slough Wellbeing Board	<ul style="list-style-type: none"> • The Board is a committee of Slough Borough Council, set up in April 2013 in line with the requirements of the Health and Social Care Act 2012. • It takes the lead in promoting health and wellbeing across Slough and is responsible for the improvement of outcomes across all aspects of health and wellbeing in Slough. • It is also responsible for identifying the current and future health, social care and wellbeing needs of Slough's communities. • The Board is accountable for its actions to the Council and to its individual member organisations. • It is also subject to scrutiny from the council's Health Scrutiny Panel. • To ensure that a representative of the Board attends Health Scrutiny on request, providing reasonable notice has been given. 	<ul style="list-style-type: none"> • Produce a Joint Strategic Needs Assessment (JSNA). • Produce a Joint Wellbeing Strategy (SJWS) • Ensure the effective integration of health and wellbeing services. • Engage with Healthwatch Slough and Health Scrutiny in setting out draft proposals and reviewing the final draft of the JSNA and SJWS. • Receive reports from Healthwatch Slough. 	<ul style="list-style-type: none"> • To offer membership to representatives of Healthwatch Slough. • To enable Healthwatch Slough to participate in the preparation of the SJWS and the JSNA. • To have a voting representative from Healthwatch Slough on the Board.
Healthwatch Slough	<ul style="list-style-type: none"> • Healthwatch Slough is the local consumer champion for health and social care representing the collective voice of people who use services and the public. • Its role is to build a local picture of community needs, aspirations and assets and the experience of people who use services, including those who are vulnerable or often unheard. • It reports any concerns about services to commissioners, providers and Health Scrutiny. • It may also report those concerns directly to the 	<ul style="list-style-type: none"> • Share its work programme with the Wellbeing Board and Health Scrutiny. • Use evidence and intelligence from the Wellbeing Board to identify potential areas to add to its work programme. • Provide relevant public opinions/experiences about services to support the development of the JSNA. • Highlight concerns about services to Health Scrutiny. • As a member of the Wellbeing Board, 	<ul style="list-style-type: none"> • To appoint one person to represent it on the Slough Wellbeing Board. • To provide a copy of its Annual Report to the Health Scrutiny Panel and Wellbeing Board.

	<p>CQC or to Healthwatch England for those bodies to take action.</p> <ul style="list-style-type: none"> • Through its seat on the Wellbeing Board, Healthwatch Slough provides information for the JSNA .It also presents information to Healthwatch England to help form a broader national picture of health and social care. 	<p>provide information and challenge from the perspective of the public, service users and carers as well as appropriate intelligence on any strategic and/or commissioning concerns.</p> <ul style="list-style-type: none"> • Work with the Wellbeing Board and Health Scrutiny to provide information and comments as the public champion. • Share its reports on providers and services with Health Scrutiny. 	
Health Scrutiny Panel	<ul style="list-style-type: none"> • To scrutinise all issues relating to health and wellbeing in Slough, unless they are a Forward Plan item, in which case they are considered by the Overview and Scrutiny Committee. • Its remit therefore extends to all organisations involved in the provision of health and social care services in Slough and is not limited to the Local Authority and NHS. • Health Scrutiny committees also have a strategic role in assessing how well Health and Wellbeing Boards carry out their duty to promote integration – and make recommendations about how those arrangements could be further improved. 	<ul style="list-style-type: none"> • Receive referrals from the Wellbeing Board and Healthwatch Slough • Report back to the Wellbeing Board on the findings of any such referrals. • Wellbeing Board and Healthwatch Slough may make a referral of an issue to Health Scrutiny for examination. Referrals should be made in writing to the Chairman of Health Scrutiny. • Health Scrutiny will refer matters for investigation to Healthwatch Slough in situations where the organisation's 'enter and view' powers may be essential in addressing an issue or in relation to service or policy development. • Health Scrutiny encourages Healthwatch Slough to refer instances where its recommendations to NHS bodies have been rejected with insufficient response or reasoning or have not been taken seriously. • Health Scrutiny meetings will be attended by a representative from Healthwatch Slough. 	<ul style="list-style-type: none"> • To review and scrutinise matters relating to the planning, provision and operation of health services in Slough and make reports and recommendations to relevant decision makers, including the Slough Wellbeing Board. • To acknowledge and respond to referrals from Healthwatch Slough and Slough Wellbeing Board.

A summary of these bodies others functions and responsibilities is provided at appendix B.

Appendix B: Other functions and responsibilities is it worth just adding these to the table above at appendix A?

Function	Responsibility
Call in decisions	<ul style="list-style-type: none"> Health Scrutiny Panel has the power to call in decisions if executive functions of the council have been delegated to the Slough Wellbeing Board at any time.
Issues arising from the work programmes of other Scrutiny Panels (<i>Such as the Neighbourhood and Community Services Scrutiny Panel and the Education and Children’s Services Scrutiny Panel</i>).	<ul style="list-style-type: none"> The same key working principles outlined in section 6 will apply.
Commissioning and decommissioning services	<ul style="list-style-type: none"> Slough Wellbeing Board will review the annual commissioning plans from Slough’s CCG and the council’s social care services to ensure they address the needs identified in the JSNA and the outcomes in the SJWS. Changing commissioning plans may result in some services being decommissioned or being delivered differently. Healthwatch Slough will be active in assessing residents’ and patients’ views on these proposals. Health Scrutiny Panel will hold Slough Wellbeing Board, the council, Cabinet or the CCG to account for commissioning and decommissioning decisions.
Substantial changes and variations to local health and social care services (<i>Including local resolution of issues regarding substantial variations in said services and referrals to the Secretary of State for Health</i>)	<ul style="list-style-type: none"> Health Scrutiny Panel will use its powers to determine whether any of these changes qualify as a “substantial variation”, which would require consideration at a meeting. It will check with Healthwatch Slough to ascertain whether there are any issues that Healthwatch has existing intelligence on, or would be able to make a significant contribution to.
Quality and Inspection	<ul style="list-style-type: none"> Healthwatch Slough will develop intelligence on patient and user experiences, using its ‘enter and view powers’ where appropriate. Where significant issues are identified, Healthwatch Slough will refer the matters to the Wellbeing Board, Slough’s CCG or the local authority as appropriate. Both Healthwatch Slough and the Health Scrutiny Panel will monitor reports from national inspection bodies, and where problems are identified, undertake an examination of the issues found. Health Scrutiny Panel will schedule agenda items where appropriate and request the attendance of appropriate officers from provider organisations. It may also wish to hold meeting with representatives of the CQC, where appropriate. Healthwatch Slough may also seek meetings with CQC. There maybe occasions when Health Scrutiny Panel and Healthwatch Slough may consider a joint meeting with CQC as the best means resolving a significant issue that has been identified.
New legislation and changes to the legal framework	<ul style="list-style-type: none"> Slough Wellbeing Board will consider the implications of new legislation and assess the likely impact and opportunities across the local health and care system. Both Slough Wellbeing Board and Health Scrutiny Panel may wish to respond separately to legislative proposals and consultations, where they may legitimately hold separate conclusions.

Appendix C: Reporting arrangements

	Slough Wellbeing Board	Healthwatch Slough	Health Scrutiny Panel
Slough Wellbeing Board			
Slough Joint Wellbeing Strategy (SJWS)		Consult (For annual update of priorities)	Consult (For annual update of priorities)
Joint Strategic Needs Assessment (JSNA)		Consult (For annual update of priorities) Present	Consult (For annual update of priorities) Present
Forward Work Programme		Inform (Start of municipal year)	Inform (Start of municipal year)
Annual Report		Inform (Spring)	Inform (Spring)
Performance Report		Inform (Summer for annual update of performance against SJWS priorities)	Present (Summer for annual update of performance against SJWS priorities)
Requests for information		On request & where reasonable notice has been given	On request & where reasonable notice has been given
Referrals to Health Scrutiny Panel (made in writing to the Chairman of Health Scrutiny)			Acknowledge & respond Report back on the findings
Response to Health Scrutiny Recommendations			Within 28 days of request.
Healthwatch Slough			
Forward Work Programme	Inform (Start of municipal year)		Inform (Start of municipal year)
Annual Report	Present (Autumn)		Present (Autumn)
Referrals to Health Scrutiny Panel (made in writing to the Chairman of Health Scrutiny)			Acknowledge & respond Report back on the findings
Information and reports on strategic and/or providers and services	Inform (As & when)		Present (As & when)
Health Scrutiny Panel			
Forward Work Programme	Inform (Start of municipal year)	Inform (Start of municipal year)	
Scrutiny reviews	Inform (including reasons for the review, the Terms of reference & the detailed plan for work) Inform (key findings & recommendations)	Inform (including reasons for the review, the Terms of Reference & a detailed plan for work) Inform (key findings & recommendations)	

Request for scrutiny review by Slough Wellbeing Board	Acknowledge (within 5 working days) Inform of date of panel meeting were matter will be considered Provide formal response of acceptance/ rejection of request (within 7 working dates of meeting being held) Present findings	Inform	
Results of investigations carried out (based on strategic and/or service planning information provided by Healthwatch Slough)	Inform	Present	

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 16 November 2016

CONTACT OFFICER: *Amanda Renn, Corporate Policy Officer, Policy Team, Slough Borough Council*

(For all Enquiries) (01753) 875560

WARD(S): All

PART I
FOR DECISION

DRAFT SLOUGH'S SAFEGUARDING PEOPLE PROTOCOL

1. Purpose of Report

1.1 To propose a revised protocol between the Slough Wellbeing Board, Slough Local Safeguarding Children's Board, Slough Adults Safeguarding Board, Safer Slough Partnership Board, Preventing Violent Extremism Group and the Corporate Parenting Panel, all of whom are working to safeguard children, young people and adults who are vulnerable to abuse in Slough.

2. Recommendation(s)/Proposed Action

2.1 Slough Wellbeing Board is requested to agree on the general principles set out in the suggested protocol (at Appendix A) subject to any final amendments from members.

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

3a. Slough Joint Wellbeing Strategy Priorities

The protocol will support delivery of all of the Joint Wellbeing Strategy 2016 – 2020 priorities, through more effective joint working.

3b. Joint Strategic Needs Assessment (JSNA)

The protocol recommends that the SWB will consult with all of the partnership boards covered by this protocol on the JSNA as part of its annual update.

3c. Five Year Plan 2016 Outcomes

Improved joint working between all of the partnership boards covered by this protocol will support 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.

4. Other Implications

(a) Financial - There are no financial implications directly resulting from the recommendation of this report.

(b) Risk Management - There are no risk management implications associated with this report.

(c) Human Rights Act and other legal implications - There are no Human Rights Act implications associated with the proposed action.

(d) Equalities Impact Assessment (EIA) – An EIA is not required for this protocol.

5. Summary

This item provides members with an opportunity to:

- Understand the respective roles and responsibilities of the various partnership and boards who are working to safeguard children, young people and adults in Slough and the relationships that exist between them; and
- Discuss a proposed framework for handling key issues and information between these bodies in light of their individual functions.

6. Supporting Information

6.1 The Wellbeing Board's current safeguarding protocol (between Slough's Local Safeguarding Children's Board (SLSCB) and the Adult Safeguarding Board (SASB)) was agreed in July 2015. Following a refresh of the Board's terms of reference earlier this year, a new protocol has been developed, setting out how the following partnerships and boards in Slough will work together to safeguard children, young people and adults who are vulnerable to abuse:

- Slough Wellbeing Board (SWB)
- Slough Local Safeguarding Children's Board (SLSCB)
- Slough Adult Safeguarding Board (SASB)
- Safer Slough Partnership Board (SSPB)
- Preventing Violent Extremism Group (PVEG)
- Corporate Parenting Panel (CPP)

6.2 The proposed protocol aims to improve the flow of information between the above partnerships and boards and summarises:

- a) How they work together to safeguard and promote the welfare of people living in Slough (Key principles);
- b) The distinct roles and responsibilities of each partnership and board, including their specific roles and responsibilities in relation to safeguarding (Appendix A).
- c) The governance, accountability and coordination arrangements for areas that are relevant to more than partnership or board (Appendix B).
- d) It also includes a number of proposals for shared reporting arrangements (Appendix C) and recommends that the Chairs of these partnerships and boards meet on an annual basis to agree how they will work together on themes of common interest.

7. Comments of other committees

7.1 Lead officers for each of the partnerships and boards listed in section 5.1 have been involved in the development and drafting of this protocol. It has also been shared with Slough Children's Services Trust's Programme Board and the Council's Prevent Coordinator, who have endorsed the proposed working arrangements.

7.2 The protocol will be discussed by the SLSCB on 10 November, the SSPB on 29 November and the SASB on 2 December respectively.

7.3 Slough's Joint Corporate Parenting Panel is currently under review. Panel members will however be invited to sign up to this protocol once the final details concerning its future configuration etc. have been resolved.

8. Conclusion

8.1 Safeguarding is everyone's responsibility. As such it is important that there is increased clarity, transparency and mutual understanding of the respective roles and responsibilities of the various partnership and boards who are working to safeguard children, young people and adults in Slough and the relationships that exist between them. As a result of this protocol the public should experience more joined up, planned and coordinated services from the Local Authority, the NHS and other local partners in the future.

9. Appendices

A - Draft Slough's Safeguarding People Protocol 2016

10. Background documents

1 - Protocol between Slough Wellbeing Board (SWB), Local Safeguarding Children Board (LSCB) and Adult Safeguarding Board (ASB) 2015 – available from [Amanda Renn](#) at amanda.renn@slough.gov.uk

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APPENDIX A

SLOUGH'S SAFEGUARDING PEOPLE PROTOCOL

A protocol outlining the relationship between Slough's Wellbeing Board, Slough's Local Children's Safeguarding Board, Slough's Adult Safeguarding Board, Safer Slough Partnership Board, Preventing Violent Extremism Group and Slough's Joint Corporate Parenting Panel

Date created: November 2016
Date of next review: November 2017

SLOUGH'S SAFEGUARDING PEOPLE PROTOCOL

1) Background

Where the term safeguarding is used in this document it means:

- Protecting people from abuse, maltreatment or neglect
- Preventing impairment of health or neglect
- Ensuring that children, young people and adults have safe and effective care
- Taking action to enable people to have better life chances.

2) Aim

Safeguarding is everyone's responsibility. This protocol aims to ensure:

- There is clarity around the roles and responsibilities of the Partnerships and Boards who are working to safeguard children, young people and adults to be vulnerable to abuse in Slough.
- That services are well organised, planned and coordinated with no duplication of effort.
- Partnerships and Boards achieve more by working together.
- That working together has a positive impact on outcomes for Slough residents.
- There is effective challenge and scrutiny of safeguarding arrangements across Slough.

3) Purpose

This protocol sets out:

- The distinct roles, responsibilities and inter-relationships between each of the Boards and Partnerships covered by this protocol, including their specific roles and responsibilities in relation to safeguarding.
- How they work together to plan and coordinate services that safeguard and promote the welfare of people living in Slough.
- The governance, accountability and coordination arrangements for areas that are relevant to more than one Partnership and Board.

As a result of this protocol the public should experience more joined up, planned and coordinated services from the Local Authority, the NHS and other local partners in the future.

4) Scope

The following Partnerships and Boards are included in this protocol:

- Slough Wellbeing Board (SWB)
- Slough's Local Children's Safeguarding Board (SLCSB)
- Slough's Adult Safeguarding Board (SASB)
- Safer Slough Partnership Board (SSPB)
- Preventing Violent Extremism Group (PVEG)
- Slough's Joint Corporate Parenting Panel (CPP)

5) Roles, responsibilities and governance arrangements

The roles and responsibilities that each of the Partnerships and Boards covered by this protocol have in relation to safeguarding are summarised in Appendix A.

6) How the Partnerships and Boards will work together

All of the Partnerships and Boards covered by this protocol have distinct, yet complementary functions. Safeguarding is not the core purpose for all of these Boards, but it is a key theme that unites them all. The next section sets out how we will work together to safeguard and promote the welfare of children and vulnerable adults in Slough:

7) Key principles

- **We will reflect ‘safeguarding is everyone’s business’ in our health and related wider determinants of health related policies, strategies and plans.**
- **We will focus on outcomes for children, young people and vulnerable adults**
We will ensure that our work remains focused on achieving the best possible outcomes for children, young people and vulnerable adults.
- **We will work together on themes of common interest**
There are a number of pieces of work or themes which are relevant to more than one Partnership and Board. In such cases the default position should be that we seek to work together to achieve the best outcomes and reduce duplication of work. The table at Appendix B sets out those themes where there has already been discussion and agreement on how we will work together (as at October 2016). At each revision of this document, any new areas will be added and decisions made on how this will be taken forward.
- **We will adopt common reporting arrangements that support closer partnership working**
In order to support closer working arrangements between the Partnerships and Boards we will adopt the reporting arrangements summarised at Appendix C. These reports will clearly state the response and / or action that is required from the receiving Partnership/Board and what reports will be tabled with sufficient time for appropriate discussion and challenge, for issues relevant to that Partnership/Board to be identified and necessary action agreed.
- **We will talk to each other about areas of risk**
We will share information on key risks or concerns. This will help the different Partnerships and Boards maintain a good understanding of any emerging risks that may be relevant to our/their work.
- **We will offer mutual challenge and support**
The SLSCB and SASB have a specific remit to ensure the effectiveness of safeguarding arrangements across partners. As such they will work with, and where necessary offer challenge to the SWB, SSPB, CPP and the PVEG to ensure that we all safeguard and promote the welfare of children and vulnerable adults in the work that we do. Independent of the scrutiny roles of the SLSCB and SASB, we will also offer each other mutual challenge and support in order to optimise our safeguarding arrangements and ensure we

collectively achieve the best possible outcomes for our children, young people and vulnerable adults.

- **We will share good practice and resources**
In order to help us develop and improve, we will share relevant good practice and resources, where appropriate. This could include policies and practices, including those identified in other authorities, or providing training and development opportunities across the wider partnership.
- **We will contribute information for the Slough's Joint Needs Assessment (JSNA)**
In respect of the health and well-being of children, young people (their parents/carers) and adults on at least an annual basis.
- **We will evaluate the impact of the Slough's Wellbeing Strategy on safeguarding outcomes, and of safeguarding on the wider determinants of health outcomes**
We will also share information about our performance, specifically against the priorities and outcomes in Slough's Wellbeing Strategy at least annually.
- **We will communicate relevant information across the partnerships**
Where there is common membership between the Partnerships and Boards, these members will ensure relevant information is communicated across the Partnerships. They will also raise relevant issues with the appropriate Partnership or Board's Chair.
- **Our Chairs (and our coordinators) will meet on an annual basis**
This will enable greater understanding of each other's structures, reporting mechanisms and shared priorities. It will also provide an opportunity to debate, question and share insights about the latest strategies, policies and programmes to safeguard and protect children, young people and adults vulnerable to abuse in Slough.
- **We will build relationship with other partnership forums**
In order to ensure that 'safeguarding is everyone's business' we will explore similar links with other partnership forums within the borough as and where appropriate.

8. Resolution

Where an area of concern cannot be resolved within the above arrangements, a meeting will be held between the Chairs of the respective Boards, Slough Borough Council's Directors of Children's Services and Adult Social Care and the Assistant Director of Public Health where appropriate.

9. Review arrangements

This protocol will be reviewed on an annual basis, unless new legislation or national guidance necessitates an earlier review. Members may also request an extraordinary review of this protocol at any time should they consider it necessary.

Appendix A: Summary of roles, responsibilities and governance arrangements

Name	Purpose and function	Governance and accountability
Slough Wellbeing Board	<p>The Health and Social Care Act 2012 sets out the statutory functions of Health and wellbeing Boards.</p> <p>The SWB's role is to take the lead in improving health and wellbeing outcomes for people in Slough. Children and young people's safeguarding and the safeguarding of adults at risk of harm are key elements of this. It ensures relevant consideration is given to safeguarding for both children and vulnerable adults by:</p> <ul style="list-style-type: none"> • Addressing safeguarding holistically in local needs assessments; including by considering and addressing information provided by the SLSCB and SASB on safeguarding priorities. • Integrating safeguarding into the development of the Joint Strategic Needs Assessment and the Slough Wellbeing Strategy • Having oversight and receiving assurance from CYPPB, SLSCB, SASB and SSPB that safeguarding is being integrated into commissioning arrangements at both strategic and operational levels. 	<ul style="list-style-type: none"> • The SWB is a committee of Slough Borough Council and is accountable for its actions to the Council and to its individual member organisations. • There is sovereignty around decision making processes. • Representatives are accountable through their own organisation's decision making processes for the decisions they take. • It is expected that Members of the SWB will have delegated authority from their organisations to take decisions within the terms of reference.
Slough's Local Children's Safeguarding Board	<p>Section 14 of the Children Act 2004 sets out the statutory objectives and functions of the SLSCB, which are:</p> <ul style="list-style-type: none"> • To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and • To ensure the effectiveness of what is done by each such person or body for those purposes. <p>Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the SLSCB, are as follows:</p> <ol style="list-style-type: none"> 1. Develop policies and procedures for safeguarding and promoting the welfare of children in Slough. 2. Communicate to people and organisations in Slough the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so. 3. Monitor and evaluate the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve 4. Participate in the planning of services for children in Slough. 	<ul style="list-style-type: none"> • The SLSCB is independent – it is not subordinate to, nor subsumed within, other local structures. • The Chair of the SLSCB is independent of local agencies so that it can exercise its local challenge function effectively. • The Independent Chair is appointed by and is accountable to, the Chief Executive of Slough Council. • The Board holds organisations, individually and in partnership, to account for their performance in this respect. However, it is not accountable for their operational work and each Board partner retains their organisational lines of accountability for safeguarding. • The SLSCB discharges many of its responsibilities on behalf of its statutory partners and as such is held to account by each of these organisations for its performance. The agreement of statutory partners is required for any work that has implications for policy, planning or the allocation of resources. • Slough Borough Council's Director for Children's Services (DCS) ensures that all appropriate local authority services engage effectively with the SLSCB. • The DCS is accountable to the Chief Executive of Slough Borough Council, and where appropriate the Lead Member for

	<p>5. Undertake reviews of serious cases and child deaths and advise the authority and their Board partners on lessons to be learned.</p> <p>6. Publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in Slough.</p> <p>7. Provide challenge to ensure that there is a comprehensive, effective and adequately resourced early intervention strategy for the provision of services to children and young people in Slough.</p>	<p>Children’s Services for the effective working of the SLSCB.</p> <ul style="list-style-type: none"> Where appropriate the Lead Member for Children’s Services holds the Independent Chair to account for the effective working of the SLSCB.
<p>Slough’s Adult Safeguarding Board</p>	<p>Section 14 of the Care Act 2015 sets out the objectives of adult safeguarding boards, which are:</p> <ul style="list-style-type: none"> To co-ordinate and ensure effective and proportionate multi-agency responses to concerns around adult safeguarding or the protection of adults at risk of harm. To ensure the effectiveness of what is done by each such person or body for those purposes. To hold partners to account for their activity in relation to the safeguarding of vulnerable adults. To use data, information and intelligence to effectively identify risk and act on it. To undertake Safeguarding Adult Reviews as required using an appropriate methodology determined by the circumstances of each review. To produce an annual report and an annual work plan which it consults on with Healthwatch. The above includes a requirement to work effectively with partners across geographical borders. 	<ul style="list-style-type: none"> Slough Borough Council’s Director for Adult Social Care (DASC) ensures that all appropriate local authority services engage effectively with the SASB. The DASC is accountable to the Chief Executive of Slough Borough Council, and where appropriate the Lead Member for Adults Services for the effective working of the SASB. The Chair of the SASB is independent of local agencies so that it can exercise its local challenge function effectively. The Chair is appointed by and is accountable to, the Chief Executive of Slough Borough Council. Although the SASB produces a multi-agency adult safeguarding policy and procedure, it is the responsibility of each partner to develop their own organisational policy in relation to adult safeguarding which complies with the multi-agency policy. There is sovereignty around decision making processes. Partners are accountable through their own organisation’s decision making processes for the decisions they take. SASB members have delegated authority from their organisations to take decision within the terms of reference.
<p>Safer Slough Partnership Board</p>	<ul style="list-style-type: none"> The purpose and priorities of the Safer Slough Partnership Board (SSPB) is to meet the statutory duties of Community Safety Partnerships (CSP) and Slough Borough Council’s strategic commitments. The 2006 review of the Crime and Disorder Act and subsequent amendments to legislation resulted in an approach to CSP’s that is more flexible and allows more local discretion. However, there remain some key statutory responsibilities which must be met. These are: <ul style="list-style-type: none"> A ‘strategy’ group to be made up of senior representatives from the ‘Responsible Authorities’ (i.e. local authorities, police and other key local agencies) To prepare, implement and performance manage an evidence-led annual strategic assessment and three-yearly partnership plan for the reduction of crime and disorder in 	<ul style="list-style-type: none"> Each member of the Safer Slough Partnership Board (SSPB) is responsible for discharging the statutory duties of the CSP: setting strategy and challenging on performance. The SSPB is not accountable for member’s operational work and each member retains their organisational lines of accountability. The SSPB is currently chaired by the Chief Executive of Slough Borough Council and subject to scrutiny by the Council’s scrutiny arrangements. Where there is cross-over of membership between various boards individual members are responsible for making the links required to join-up priorities with the SLSCB, SASB and the SWB in order to ensure that any relevant safeguarding issues raised at these boards feed into and are addressed by the SSPB.

	<p>the area</p> <ul style="list-style-type: none"> ○ To consult the community on the levels and patterns of crime, disorder and substance misuse and on matters that need to be prioritised by the partnership. ○ To reduce reoffending ○ To coordinate Domestic Homicide Reviews ○ To share information among the responsible authorities within the CSP ○ To have a crime and disorder scrutiny committee with the power to review and scrutinise decisions made and action taken by the CSP. ○ To assess value for money of partnership activities. ● The CSP's role is to promote safer and stronger communities and help reduce crime and disorder (including Domestic Abuse, Violence and fear of crime) at a local level. ● The CSP's key functions in relation to safeguarding are to ensure that relevant consideration is given to safeguarding for children, young people and vulnerable adults. It does this by: <ul style="list-style-type: none"> ○ Addressing relevant safeguarding issues in local needs assessment; ○ acting on information provided by the SLSCB and SASB on safeguarding priorities, Including relevant safeguarding issues in its Community Safety Strategy; and ○ Integrating safeguarding into local commissioning arrangements at strategic, tactical and operational levels. 	
<p>Preventing Violent Extremism Group</p>	<ul style="list-style-type: none"> ● The PVEG's role is to provide a strategic overview of Prevent work within the borough and to coordinate delivery of the Prevent action plan. ● The Group also fulfills the responsibility of the Prevent Duty as a local authority as per the Counter Terrorism and Security Act (CTSA) 2015. ● Its specific responsibilities with regard to safeguarding are "<i>To ensure that preventing violent extremism forms part of safeguarding work within relevant agencies e.g. local schools, including supplementary schools and colleges</i>". Part of the way it does this is by ensuring that employees of local statutory organisations are trained and that this training is set within a safeguarding context. 	<ul style="list-style-type: none"> ● The PVEG holds organisations, individually and in partnership, to account for their performance in respect of its safeguarding agenda. ● However, it is not accountable for their operational work and each partner retains their organisational lines of accountability for safeguarding. ● It is accountable to the SWB and is chaired by the Chief Executive of Slough Borough Council.
<p>Slough's Joint Corporate Parenting</p>	<p>Slough Borough Council's Joint Corporate Parenting Panel role is to deliver better outcomes for children in care and care leavers. It</p>	<ul style="list-style-type: none"> ● The Panel is the primary vehicle for Slough Borough Council and Slough's Children's Services Trust to demonstrate their

<p>Panel</p>	<p>considers all matters relating to the Council's role as the Corporate Parent including keeping them safe during their transition to adulthood (and where necessary on to adult services).</p>	<p>commitment to deliver better outcomes for children and young people in care and care leavers.</p> <ul style="list-style-type: none">• Its role is to hold services (including the council's aftercare services) to account so that they meet the needs of the boroughs looked after children and care leavers.• It is made up of representatives from Slough Borough Council, Slough's Children's Services Trust and local partners.• It is co-chaired by Slough Borough Council's Commissioner for Education and Children and a Non-Executive Director of Slough Children's Services Trust.
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Appendix B: Working together on themes of common interest

Some areas in the table below are more developed than others. As relationships between the Boards and Partnerships covered by this Protocol develop, these areas will be developed further.

When a new piece of work or theme is identified that is likely to have relevance across more than one partnership:

- The other partnerships should be contacted to discuss the relevance of the theme / piece of work.
- There should be agreement across those partnerships for whom the theme / piece of work is relevant on the following:
 - The approach to be taken
 - Which partnership will lead and how all partners will contribute
 - Responsibility and accountability for that particular piece of work / theme
 - Communication / reporting arrangements

This is likely to require formal discussion and decision making at partnership meetings. However, in most cases this should not delay work from starting.

Theme	Lead	Work being carried out
Radicalisation and terrorism (the new Prevent Statutory duty)	PVEG	The PVEG has a strategic oversight and coordination role with regards to the Prevent Duty, including about the work of the Channel Panel. This includes: <ul style="list-style-type: none"> a) Receiving anonymised information about the cases considered by the Channel Panel and updates on referral numbers. b) Overseeing communications both within and external to the Slough partnership network. c) Receiving quarterly updates on the Prevent Action Plan. d) Taking a check and challenge approach to partners’ engagement activity around this agenda. e) Working with other agencies that are subject to the Prevent Duty, such as schools, HE/FE establishments and VCS organisations to share learning and evidenced good practice. f) Providing a single point of contact on this issue for the SLSCB and SASB.
Child Sexual Exploitation (CSE)	SLSCB	<ul style="list-style-type: none"> • The SLSCB is the lead for the strategic development and overview of Slough’s multi-agency response to CSE. It has a CSE and Trafficking Strategic Sub Group which oversees the Slough CSE Strategy. This describes both strategic and operational level arrangements for CSE across partners and includes a multi-agency action plan. The SLSCB is also responsible for ensuring that the JSNA includes robust and up to date profiling relating to CSE given that this is the starting point for many commissioning decisions. • CSE is also an important theme for the SSPB, particularly in relation to prevention, disruption and enforcement against perpetrators. The SLSCB and SSPB provide challenge and support to each other around CSE, with a particular focus on ensuring there is a coordinated, partnership approach. Community Safety partners sit on the CSE Sub Group and contribute to the development of the CSE Sub Group work plan. The SLSCB provides regular updates on CSE to the SSPB. • The SASB also has a role in ensuring that there is appropriate provision in place for children who continue to be exploited as they transition into adulthood, and for adults disclosing CSE in their past.
Female Genital Mutilation(FGM)	SLSCB	<ul style="list-style-type: none"> • The SLSCB is lead for the strategic development and overview of Slough’s multi-agency response to FGM. It has a FGM Sub Group which oversees the Slough FGM Strategy. The Sub Group is responsible for raising

		<p>awareness across partners and the wider community, in order to ensure that there is a clear understanding of the issue and situation locally. It provides guidance for professionals on how to respond to a child who may be at risk of FGM, or who has undergone the procedure in a sensitive manner, whilst emphasising the legal and health implications of FGM.</p> <ul style="list-style-type: none"> Community safety partners also sit on the FGM Sub Group to ensure regular updates are provided to the SSPB.
Human trafficking and modern slavery	SSPB	<ul style="list-style-type: none"> The SSPB is the lead for the strategic development and overview of Slough's multi-agency response to human trafficking and modern day slavery. The links between human trafficking, modern day slavery and CSE are recognised by means of representation on the CSE and Trafficking Strategic Sub Group from community safety partners. This allows relevant information from the SSPB to be cascaded to the Sub Group, and where necessary escalated to the SLSCB. Both the SLSCB and the CSE and Trafficking Strategic Sub Group offer relevant challenge to the SSPB on the work that is being done around human trafficking and modern day slavery, and the outcomes this is achieving for children and young people.
Domestic abuse	SSPB	The SSPB takes the lead on domestic abuse and oversees a multi-agency Domestic Abuse core Group and wider stakeholder world café sessions.
Forced marriage and honour based violence	SSPB	The SSPB takes the lead on forced marriage and honour based violence.
Hate crime	SSPB	The SSPB takes the lead on hate crime.

Appendix C: Reporting arrangements

	SWB	SLSCB	SASB	SSPB	PVEG	CCP
Slough Joint Wellbeing Strategy (SJWS)		Consult (For annual update of priorities)	Consult (For annual update of priorities)	Consult (For annual update of priorities)	Consult (For annual update of priorities)	Consult (For annual update of priorities)
Slough Joint Needs Assessment (JSNA)		Consult (each year for annual update)	Consult (each year for annual update)	Consult (each year for annual update)	Consult (each year for annual update)	Consult (each year for annual update)
Annual Report		Inform (Spring)	Inform (Spring)	Inform (Spring)	Inform (Spring)	Inform (Spring)
Slough's local Children's Safeguarding Board						
Annual Report	Present (Autumn)		Present (Autumn)	Present (Autumn)	Present (Autumn)	Present (Autumn)
Slough's Adult Safeguarding Board						
Annual Report	Present (Autumn)	Present (Autumn)		Present (Autumn)	Present (Autumn)	Present (Autumn)
Safer Slough Partnership						
Rolling Strategic Assessment	Inform	Inform	Inform		Inform	Inform
Preventing Violent Extremism Group						
Prevent Action Plan	Inform (Spring & Autumn)	Inform (Spring & Autumn)	Inform (Spring & Autumn)	Inform (Spring & Autumn)		Inform (Spring & Autumn)
Slough's Joint Corporate Parenting Panel						
Annual Report (on its work to deliver the Corporate Parenting Panel)	Inform	Inform	Inform			

Where issues or reports fall outside of these arrangements, any of the Chairs can:

- Make a written request to another Partnership for information or consideration of any area of concern.
- Make a request for an item to be placed on another Partnerships meeting agenda.
- Request a meeting with one or more of the other Partnership Chairs to consider and agree a way forward regarding specific issues.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 16th November 2016

CONTACT OFFICER: Ketan Gandhi, Head of Wellbeing & Community Services

WARD(S): All

PART I
FOR INFORMATION, COMMENT & CONSIDERATION

ENGAGING PEOPLE

1. Purpose of Report

This report introduces a themed discussion for the Slough Wellbeing Board to share ideas and feed into the work to develop the way in which we all engage and work with communities.

2. Recommendation(s)/Proposed Action

The Slough Wellbeing Board is recommended to comment on the work the Council is doing to join up its approach to working with communities and consider the opportunities to extend this approach across the wider partnership.

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

If we are to make a positive difference to people's lives and improve wellbeing across Slough it is important that we engage with our communities. Being able to do this effectively will ensure that we are collectively working to achieve the priorities and outcomes in the Wellbeing Strategy and Five Year Plan.

4. Other Implications

(a) Financial – None.

(b) Risk Management – None.

(c) Human Rights Act and Other Legal Implications - There are none identified at this point.

(d) Equalities Impact Assessment - This will be undertaken as specific plans are developed to deliver the priorities.

(e) Workforce – None.

5. Summary

This item provides members with an opportunity to:

- Understand the approach the Council is taking to join up its work with communities;
- Share good practice examples;
- Discuss and influence the direction of the work of the Wellbeing Board to better coordinate our approach to working with communities.

6. Supporting Information

In looking at improving its ways of working the Board has restructured the format of its meetings to allow for a themed discussion. Engaging people and communities has been identified on a number of occasions as an important area for such a discussion, most recently at the Partnership Conference on 22 September. We should look for ways in which we can do this better together – especially as we are very often engaging the same people in our communities

The presentation will explain the following:

- The ‘One Council’ approach being taken to join up the way in which we work, with communities;
- How the Council is approaching community engagement, community development and the provision of community hubs;
- Provide an example of where this is working well in the council’s work with young people;
- Invite the Board to comment on the Council’s approach and share good practice;
- Look for common ground and opportunities to extend this work across the wider partnership so that we are better coordinated in what we do.

7. Comments of Other Committees

None at this stage.

8. Conclusion

The Wellbeing Board has wanted an opportunity to look at the ways in which we engage people for some time. Having a themed discussion allows us the time to share ideas and consider ways in which we can better work together. This should help us be more efficient and remove the need to reinvent the wheel every time we start a new piece of engagement.

9. Appendices

None.

10. Background Papers

None.

Slough Wellbeing Board's Work Programme

January 2017 - November 2017

Slough Wellbeing Board Forward Work Programme (January 2017 – November 2017)

26 January 2017

Subject	Decision requested	Report of	Contributing Officers(s)/sub groups	Key decision *
Discussion				
Final draft of Frimley Sustainability and Transformation Plan (STP)	The Board is asked consider and comment on the final draft of the Frimley Sustainability and Transformation Plan	John Lisle, Accountable Officer, Berkshire East CCG's and Alan Sinclair, Director Adult Social Care		(tbc)
Draft Prevention Strategy (tbc)	The Board is asked to consider and comment on an early draft of the Prevention Strategy	Alan Sinclair, Director Adult Social Care	Health and Social Care PDG	No
1 st draft of the Board's Annual Report for 2016/17	The Board is asked to note and comment on an early draft of the report	Dean Tyler, Head of Policy, Partnerships & Programmes	Chairs of subgroups	Yes
Housing Strategy and analysis of Housing Stock Review data	The Board is asked to note the final Strategy (agreed by Cabinet) and consider the analysis of the data collected as part of Housing Stock Review	Mike England, Interim Strategic Director RHR		No
Local Development Plan (tbc)	The Board is asked to note and comment on an early draft of the Plan	Paul Stimpson, Strategic Lead Planning Policy and Projects		No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes	Democratic Services	No
Themed discussion				
Improving mental health and wellbeing	(tbc)	Alan Sinclair, Director Adult Social Care	Health and Social Care PDG	No
Note				
Refresh of the council's Five Year Plan	The Board is asked to note the refreshed Plan	Dean Tyler, Head of Policy, Partnerships & Programmes		No

29 March 2017

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Refresh of the JSNA (tbc)	The Board is asked to note and comment on the Health and Social Care PDG's report	Alan Sinclair Director Adult Social Care	Health and Social Care PDG	No
Director of Public Health Annual Report 2017/18	The Board is asked to note and comment on the draft report	Dr Lise Llewellyn , Strategic Director of Public Health, Berkshire		No
Sign off of the Board's Annual report for 2016/17	The Board is asked to agree the final draft of the report	Dean Tyler, Head of Policy, Partnerships & Programmes	Chairs of subgroups	Yes
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes	Democratic Services	No
Themed discussion				
Protecting vulnerable children	(tbc)	(tbc)	(tbc)	No
Note				
BCF quarterly report	The Board is asked to note the quarterly report	Mike Woolridge, BCF Programme Manager	Director Adult Social Care	No
Prevent Action Plan	The Board is asked to note recent activity by the Prevent Violent Extremism Group (tbc)	Naheem Bashir, Prevent Coordinator	Assistant Director, Strategy and Engagement	No
Frimley Sustainability and Transformation Plan (STP)	The Board is asked to note activity under the Frimley Sustainability and Transformation Plan	John Lisle, Accountable Officer, Berkshire East CCG's and Alan Sinclair, Director Adult Social Care		(tbc)

10 May 2017

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Refreshed Terms of Reference (TOR) for the Board	To note and agree refreshed TOR for the Board	Dean Tyler, Head of Policy, Partnerships & Programmes	Democratic Services	No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes	Democratic Services	No
Themed discussion				
Increasing life expectancy by focussing on inequalities	(tbc)	Alan Sinclair, Director Adult Social Care	Health and Social Care PDG	No
Note				
Frimley Sustainability and Transformation Plan (STP)	The Board is asked to note activity under the Frimley Sustainability and Transformation Plan	John Lisle, Accountable Officer, Berkshire East CCG's and Alan Sinclair, Director Adult Social Care		(tbc)

19 July 2017

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Healthwatch Slough: Annual Report 2016/17	The Board is asked to note and comment on Healthwatch Slough's annual report	Nicola Strudley		No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes	Democratic Services	No
Themed discussion				
Note				
Frimley Sustainability and Transformation Plan (STP)	The Board is asked to note activity under the Frimley Sustainability and Transformation Plan	John Lisle, Accountable Officer, Berkshire East CCG's and Alan Sinclair, Director Adult Social Care		(tbc)
BCF quarterly report	The Board is asked to note the quarterly report	Mike Woodbridge, BCF Programme Manager	Director Adult Social Care	No

27 September 2017

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Feedback from the 2017 Partnership Conference	tbc	Dean Tyler, Head of Policy, Partnerships & Programmes		No
Slough Safeguarding Adult's Board (SSAB) Annual Report 2016/17	The Board is asked to note and comment on the SSAB's annual report	Nick Georgiou, Independent Chair of SSAB		No
Refresh of Board's Overarching Information Sharing Protocol	The Board is asked to approve a refreshed Protocol	Dean Tyler, Head of Policy, Partnerships & Programmes		No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes	Democratic Services	No
Themed discussion				
Note				
Frimley Sustainability and Transformation Plan (STP)	The Board is asked to note activity under the Frimley Sustainability and Transformation Plan	John Lisle, Accountable Officer, Berkshire East CCG's and Alan Sinclair, Director Adult Social Care		(tbc)
Prevent Action Plan	The Board is asked to note recent activity by the Prevent Violent Extremism Group	Naheem Bashir, Prevent Coordinator	Assistant Director, Strategy and Engagement	No

15 November 2017

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Slough Local Safeguarding Children's Board (SSAB) Annual Report 2016/17	The Board is asked to note and comment on the SLSCB's annual report	Nick Georgiou, Independent Chair of SLSCB		No
Refresh of Board's Safeguarding People Protocol	The Board is asked to approve a refreshed Protocol	Dean Tyler, Head of Policy, Partnerships & Programmes		No
Refresh of Board's Scrutiny Protocol	The Board is asked to approve a refreshed Protocol	Dean Tyler, Head of Policy, Partnerships & Programmes		No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes	Democratic Services	No
Themed discussion				
Note				
Frimley Sustainability and Transformation Plan (STP)	The Board is asked to note activity under the Frimley Sustainability and Transformation Plan	John Lisle, Accountable Officer, Berkshire East CCG's and Alan Sinclair, Director Adult Social Care		(tbc)
BCF quarterly report	The Board is asked to note the quarterly report	Mike Wooldridge, BCF Programme Manager	Director Adult Social Care	No

Criteria

Does the proposed item help the Board to:

- 1) Deliver one its statutory responsibilities?
- 2) Deliver agreed priorities / wider strategic outcomes / in the Joint Wellbeing Strategy?
- 3) Co-ordinate activity across the wider partnership network on a particular issue?
- 4) Initiate a discussion on a new issue which it could then refer to one of the key partnerships or a Task and Finish Group to explore further?
- 5) Respond to changes in national policy that impact on the work of the Board?

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 16 November 2016

CONTACT OFFICER: Alan Sinclair, Interim Director of Adult Social Services
Mike Wooldridge, Better Care Fund Programme Manager

(For all Enquiries) (01753) 875752

WARD(S): All

PART I
FOR INFORMATION

BETTER CARE FUND PROGRAMME 2016-17 – MID-YEAR REPORT

1. **Purpose of Report**

The purpose of this report is to inform the Slough Wellbeing Board (SWB) of the mid-year position on the Better Care Fund (BCF) programme for 2016/17.

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

The Wellbeing Board is requested to note the report.

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

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

The Better Care Fund programme is developed and managed between the local authority and CCG together with other delivery partners aims to improve, both directly and indirectly, the wellbeing outcomes for the people of Slough in the areas of increasing life expectancy by focussing on inequalities and improving mental health and wellbeing.

3b. **The JSNA**

The BCF programme is broad in scope and aims to address, or contribute significantly to a number of areas of need identified in the JSNA. This includes the improvement of health in Slough's adult population through risk stratification and proactive early interventions with people at risk of disease and ill health.

BCF also encompasses enabling people to age well by promoting good health and maximising independence but also providing short-term support and reablement when required, or help navigate to other sources of support.

There are also elements included that support children and young people in areas such as asthma and support to young carers.

3b. Five Year Plan Outcomes

The Slough BCF programme contributes to achieving the five year plan outcome of more people will take responsibility and manage their own health, care and support needs.

4. Other Implications

(a) Financial

The size of the Pooled Budget in 2016-17 is £9.035m. The expenditure plan is across 31 separate schemes between the partners of the pooled budget agreement. These are listed within the finance summary in appendix A.

(b) Risk Management

The Joint Commissioning Board continues to oversee and monitor a risk register for the BCF programme. The register identifies and scores risks of delivery of the programme together with actions to mitigate or manage the risks. The register was reviewed by the Joint Commissioning Board in August. These are summarised below:

High Risk	<ul style="list-style-type: none"> • Improvements in delivery don't translate into required reductions in acute and social care activity impacting on funds available to invest in further capacity • Financial outlook continues to be uncertain impacting on ability to invest on a sustained basis to alter patterns of care
Medium Risk	<ul style="list-style-type: none"> • Complex and changing environment across health and social care systems means BCF has interdependency with other programmes across Slough, East Berks and new STP area which have potential to impact, possibly duplicate, conflict or delay progress. • Change to population and patterns of demand exceed projections resulting in greater demand. • Cultural change and change management take longer to achieve due to operational pressures on staff • Information Governance – difficulties sharing patient/service user data across health and social care • Workforce planning – insufficient capacity with requisite skills to both plan and deliver services
Low Risk <i>(previously assessed as 'medium' but now reduced)</i>	<ul style="list-style-type: none"> • Impact of the Care Act The statutory requirements of the Care Act are in place. Further changes are underway through Social Care Reform programme to ensure services able to meet further demand and meet saving requirements on local authority. Financial risks above will also impact on ability to meet Care Act requirements.

(c) Human Rights Act and Other Legal Implications

No Human Rights implications arise.

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

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

(d) Equalities Impact Assessment

The BCF aims to improve outcomes and wellbeing for the people of Slough through effective protection of social care and integrated activity to reduce emergency and urgent health demand. Impact assessments are undertaken as part of planning of any new scheme or project to ensure that there is a clear understanding of how various groups are affected.

(e) Workforce

As previous reports have highlighted there will be significant workforce development implications within the programme as we move forward with integration which leads to new ways of working in partnership with others. Changes will be aligned together with other change programme activities such as that described in the New Vision of Care being led across the East of Berkshire, the Sustainability and Transformation Plan (STP) and the Social Care reform programme within Adult Social Care services in SBC.

5. **Summary**

The Board is asked to note the progress of the BCF in quarter two. A progress report template will also be completed and provided to NHS England from each Wellbeing Board area by 25 November. The summary of which is provided within this report.

A section 75 agreement is in place and funds held within a pooled budget arrangement, hosted by SBC. All funds are committed as outlined in the expenditure plan in appendix 1. Overall the forecast is for an underspend of £378k from the midyear position. A summary of the finance is described below.

The BCF programme is delivering on the national conditions it is required to deliver as part of access to the funds. Where it is not there is work in progress to achieve these.

Performance on the BCF metrics is currently above our planned performance in relation to key indicators or non-elective admissions to hospital and delayed transfers of care. Further focus on areas of Out of Hospital (community) services, complex case management and proactive care for children aim to improve this position in the second half of this year.

6. Supporting Information

6.1 Finance

Most schemes are forecast to be fully spent by the year end.

The following schemes have not yet started but are expected to be fully spent by year end:

- Enhanced 7-day working: will be used in support of Out of Hospital Transformation; for 2016-17 we are considering using this for additional capacity over the winter before decision on longer term proposals
- Proactive care (children): several proposals are coming forward in respect of pressures on paediatric admissions, subject to agreement of business cases
- Out of Hospital Transformation (integrated short term services): likely to be additional investment in social or community health care services

Underspends are currently forecast against four schemes:

- Stroke care: £14k, pending a decision to jointly commission an enhanced service with RBWM
- Single point of access: £60k, following approval of the 3-year business case
- Integration (local wellbeing hubs): £204k; the scheme is likely to see additional investment in social health care services as part of integrated locality teams, once new structures are in place towards the end of this year.
- Integrated cardiac prevention programme: £101k; we are currently evaluating tenders, with a view to a service being in place by December.

There is a potential pressure on two schemes:

- Falls prevention: £25k; the 6-month pilot is being evaluated for impact and return on investment. If continued a further £25k would be needed to the end of the financial year.
- Digital roadmap – Connected Care: up to £40k may be required to meet the committed contribution if additional sources of funding cannot be identified

The contingency (risk share) is currently forecast to be fully spent based on current performance on the reduction of non-elective admissions.

6.2 National Conditions

There are a number of national conditions to the BCF that areas are expected to address through their programme activities. The majority of these are being met with the following exceptions:

- I. *Are support services both at hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patients care pathway, as determined by the daily consultant led review, can be taken (standard 9)?*

This is in progress and pathways are being systematically reviewed in the light of 7 day response and clinical oversight to identify any that do not have consultant led review. Local plans are being put in place where necessary to address this.

- II. *Is the NHS number being used as the consistent identifier for health and social care services?*

Currently the NHS number is not used as unique identifier for every patient and service user record across health and social care services in Slough. SBC are using a matching service in order to check and match NHS numbers safely and securely with our social care records and currently have a match rate for 66% of records

which we expect to increase following data cleaning. The timeline for SBC being connected to the Connected Care interoperability interface with the NHS number is by March 2017.

- III. *Ensure a joint approach to assessments and care planning and ensure that, where funding is used for joint packages of care, there will be an accountable professional.*

This is happening in parts of the system but not consistently across all services. There are some joint funded packages of care and a lead agency and worker for these. The system wide 'New Vision of Care' programme aims to support the delivery of joint assessment and care planning. Timescales have slipped further for the piloting of a shared assessment as our Out of Hospital Transformation has now increased its scope from Slough alone to across East of Berkshire. A trusted assessor approach for access into short term services is part of this work.

- IV. *Agreement on the consequential impact of the changes on providers that they are predicted to be substantially affected by the plans.*

SRG (now A&E avoidance group) and STP planning programme group is working through impact of changes and mitigations needed. Preparation for submission of financial plans by year end 2016 is already underway.

6.3 Performance against BCF metrics

Non-elective admissions

Non-elective activity for quarter two is 7.6% above plan. A significant proportion of these NEAs continue to be from Children's admissions to the Paediatric Assessment unit. There was a significant 'spike' in these admissions in July of this year for fever and minor infections.

Performance and Forecast Against Plan							
Year	Forecast	Pop	Year Plan	Activity Forecast	Qtrly Rate FOT	Var FOT	
2016/17	Full Year	147,800	16,517	17,616	2,980		+6.7%

Year	Forecast	Pop	Quarter Plan	Activity Forecast	Qtrly Rate FOT	Var FOT	
2016/17	Q2	147,800	4,142	4,456	3,015		+7.6%

Year	Quarter	Pop	Activity Plan	Activity Actual	Rate Actual	Variance	
2014/15	Q1	144,700	4,147	3,916	2,706	-5.6%	
2014/15	Q2	144,700	4,297	4,066	2,810	-5.4%	
2014/15	Q3	144,700	4,441	4,279	2,957	-3.6%	
2014/15	Q4	146,200	3,798	3,780	2,586	-0.5%	
2015/16	Q1	146,200	3,991	3,742	2,560	-6.2%	
2015/16	Q2	146,200	4,161	3,844	2,629	-7.6%	
2015/16	Q3	146,200	4,294	4,355	2,979	+1.4%	
2015/16	Q4	147,800	3,665	4,384	2,966	+19.6%	
2016/17	Q1	147,800	4,007	4,352	2,945	+8.6%	
2016/17	Q2	147,800	4,142	4,456	3,015	+7.6%	
2016/17	Q3	147,800	4,373				
2016/17	Q4	149,300	3,995				

Admissions to Care Homes

Further work is underway on the analysis for the mid-year position but admissions continue to be low. For 2015/16 Slough was within the second best quartile nationally – a local result of 75 admissions created a rate of 538.9, against an England rate of 628.2 per 100,000

Reablement

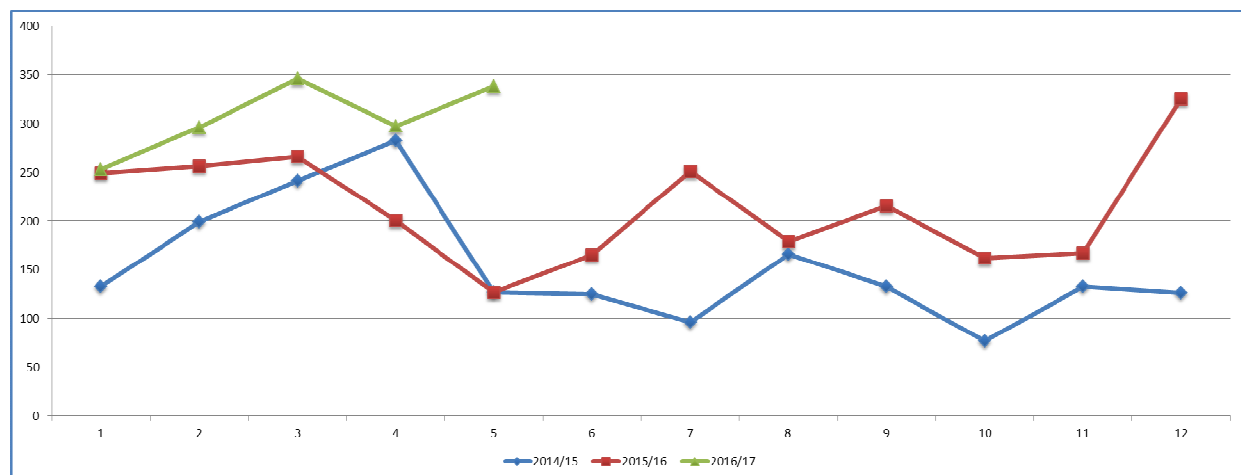
Data is collected for discharges made in the quarter September to December annually, and the discharge status is ascertained after the end of the following March for reporting in the SALT (short and long term services) statutory return.

Delayed Transfers of Care

Delays overall continue to be high with month five (August) seeing a higher number of delayed bed days than the same month in the previous two years. The full quarter two data is not yet available but Slough is forecast to be significantly above plan (91.6%). Slough set ambitious targets against DToC within the BCF plan and the Out of Hospital Transformation Programme has yet to achieve the expected impact on improving system flow and reducing delays.

It should be noted that these figures are reported by Frimley NHS Trust overall and therefore includes both Wexham hospital (Frimley North) and Frimley South. Work is underway to produce a local report for Wexham only to better understand the position. Delays relating to social care continue to remain low.

Patient Days Delayed

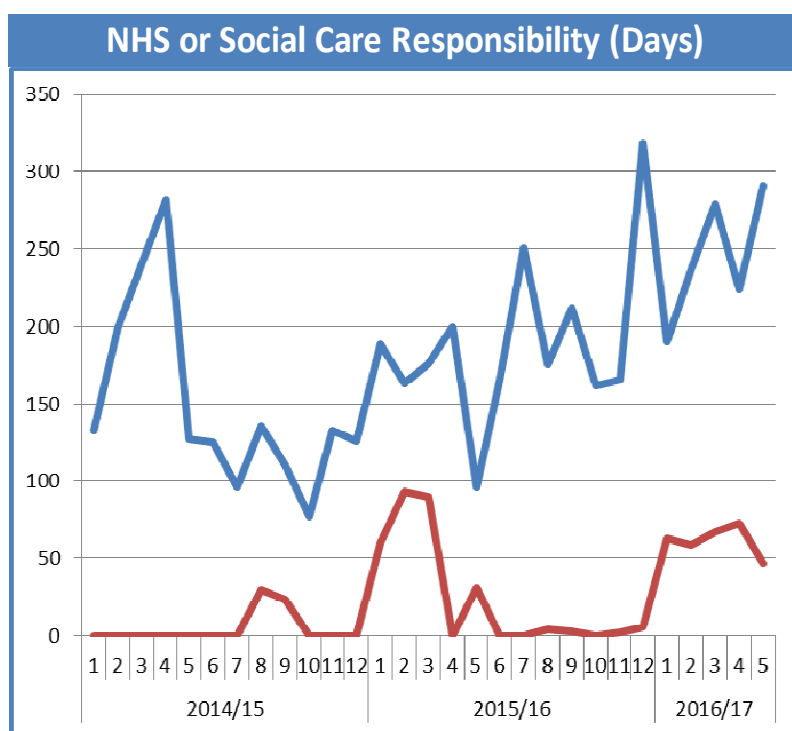


Performance and Forecast Against Plan

Year	Forecast	Pop	Year Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	Full Year	103,400	1,870	3,576	865	● +91.2%

Year	Forecast	Pop	Quarter Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	Q2	103,400	465	891	862	● +91.6%

Year	Quarter	Pop	Activity Plan	Activity Actual	Rate Actual	Variance
2014/15	Q1	101,500	490	573	565	● +16.9%
2014/15	Q2	101,500	490	534	526	● +9.0%
2014/15	Q3	101,500	490	395	389	● -19.4%
2014/15	Q4	102,500	480	336	328	● -30.0%
2015/16	Q1	102,500	496	771	752	● +55.4%
2015/16	Q2	102,500	493	492	480	● -0.2%
2015/16	Q3	102,500	496	645	629	● +30.0%
2015/16	Q4	103,400	490	654	632	● +33.5%
2016/17	Q1	103,400	470	895	866	● +90.4%
2016/17	Q2	103,400	465	297	287	● -36.1%
2016/17	Q3	103,400	465			
2016/17	Q4	104,400	470			



Local patient/service user experience metrics

Confidence in managing own health is an indicator collected through the GP survey. Latest data from July 2016 is aggregated from July - Sept 15 and Jan - Mar 16. Slough currently scores 89% which is 2% below our target of 91%.

The client satisfaction with adult social care is done as part of an annual survey report and mid-year data is not available to report. The target is to achieve 59% satisfaction rate (equal to 2015/16)

7. **Comments of Other Committees**

A BCF update was taken to the Scrutiny Panel on 1 Sept. The progress report on the Better Care Fund was noted and at the request of the Panel a more detailed summary of the impacts of key BCF projects was circulated to Panel Members via email.

8. **Conclusion**

This report outlines the quarter two stocktake position on the Slough BCF programme and summaries the quarterly report template that will be completed and returned to NHS England from the Wellbeing Board.

9. **Appendices attached**

'A' - Slough BCF financial report September 2016

10. **Background Papers**

'1' Slough Better Care Fund Plan 2016-17. Included in Slough Wellbeing Board reports pack [Weds 11 May 2016](#).

Workstream	No.	Scheme	Area of spend	Commissioner	Risk	Category	September 2016			Financial Year 2016-17		
							YTD Plan	YTD Actual	Variance	Plan	Forecast	Variance
Proactive Care	1	Enhanced 7 day working	Other	CCG	CCG	1	-	-	-	99	99	-
	2	Complex Case Management	Primary Care	CCG	CCG	1	30	30	-	60	60	-
	3	Falls Prevention	Other	Local Authority	SBC	3	33	33	-	50	50	-
	4	Stroke	Other	Local Authority	SPLIT	1	29	22	7	57	43	14
	5	Dementia Care Advisor	Other	Local Authority	SBC	1	15	15	-	30	30	-
	6	Children's Respiratory Care	Community Health	CCG	CCG	1	48	48	-	95	95	-
	7	Proactive Care (children)	Other	CCG	CCG	1	-	-	-	127	127	-
Access	8	Single Point of Access	Community Health	CCG	ALL	2	75	29	47	150	90	60
Integrated Care	9	Telehealth	Social Care	Local Authority	SBC	1	25	25	-	50	50	-
	10	Telecare	Social Care	Local Authority	SBC	3	31	31	-	62	62	-
	11	Disabled Facilities Grant	Social Care	Local Authority	SBC	4	388	388	-	775	775	-
	12	RRR Service (reablement and intermediate care)	Social Care	Local Authority	SBC	3	1,092	1,092	-	2,184	2,184	-
	13	Joint Equipment Service	Social Care	CCG	SPLIT	1	397	397	-	793	793	-
	14	Nursing Care Placements	Social Care	Local Authority	SBC	3	200	200	-	400	400	-
	15	Care Homes - enhanced GP support	Primary Care	CCG	CCG	1	55	55	-	110	110	-
	16	Domiciliary Care	Social Care	Local Authority	SBC	3	15	15	-	30	30	-
	17	Integrated Care Services / ICT	Community Health	CCG	ALL	2	374	374	-	748	748	-
	18	Intensive Community Rehabilitation	Social Care	Local Authority	ALL	3	41	41	-	82	82	-
	19	Intensive Community Rehabilitation	Community Health	CCG	ALL	3	85	85	-	170	170	-
	20	Responder Service	Social Care	Local Authority	SBC	1	40	40	-	60	60	-
	21	Out of Hospital Transformation (integrated short term services)	Other	Joint	ALL	2	-	-	-	200	200	-
	22	Integration (local Wellbeing Hubs)		Joint	ALL	2	-	-	-	272	68	204
	23	Digital roadmap - Connected Care	Other	Joint	CCG	3	86	86	-	172	172	-
	24	Integrated Cardiac prevention programme	Community Health	Local Authority	SBC	1	-	-	-	151	50	101
	Capacity	25	Carers	Social Care	Local Authority	ALL	3	98	98	-	196	196
26		EoL Night Sitting Service	Community Health	CCG	CCG	1	7	7	-	14	14	-
27		Community Capacity	Social Care	Local Authority	ALL	3	100	100	-	200	200	-
Enablers	28	Programme Management Office & Governance	Other	Joint	ALL	2	130	33	97	260	260	-
Other	29	Contingency (risk share)	Other	CCG	ALL	2	-	-	-	542	542	-
	30	Care Act funding	Social Care	Local Authority	SBC	3	148	148	-	296	296	-
	31	Additional Social Care protection	Social Care	Local Authority	SBC	3	300	300	-	600	600	-
							3,840	3,690	150	9,035	8,656	378

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 16 November 2016

CONTACT OFFICER: Viki Wadd, Associate Director Strategy, Planning and OD
(For all Enquiries) (01753) 636802

WARD(S): ALL

PART I
FOR CONSIDERATION

SLOUGH CLINICAL COMMISSIONING GROUP (CCG) COMMISSIONING INTENTIONS AND OPERATING PLAN

1. **Purpose of Report**

To provide the Wellbeing Board with:

- a) an overview of Slough Clinical Commissioning Group's (CCG) Commissioning Intentions (at appendix A), which were released to providers in October 2016, and
- b) an overview of the Operational Plan for 2017/18 and 2018/2019, (which is still being developed and needs to be submitted to NHS England by 23 December 2016).

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

The Committee is requested to note and comment on the report and attachments.

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

The CCG uses the Joint Wellbeing Strategy as a basis for understanding local priorities and particularly to inform the prevention section of the Plan.

3a **Slough Joint Wellbeing Strategy Priorities**

The Operational Plan sets out how the CCG will commission services over the next two years to improve mental health and wellbeing. There is a particular emphasis in this Operational Plan on mental health.

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

The Operational Plan uses the JSNA as a basis on which to understand population needs. Specific needs that have been highlighted in the JSNA and which are reflected in the Operational Plan and Commissioning Intentions are:

- child and parental mental health
- prevention of and reduction of early deaths from cardiovascular disease

3b. **Five Year Plan Outcomes**

The Operational Plan and Commissioning Intentions will contribute to the following outcomes in the Five Year Plan:

- Children and young people in Slough will be healthy, resilient and have positive life chances.

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

4. **Other Implications**

(a) **Financial** - The final Operational Plan will set out the financial implications of any commissioning investments or financial benefits programmes that are required to meet the NHS Constitutional Standards, NHS mandate or local priorities.

(b) **Risk Management** - There are no significant risks inherent in the Operational Plan or Commissioning Intentions. This year the timescales for production of the Operational plan risk less engagement with all stakeholders than was initially envisaged, however this is being mitigated by a round of discussions with member practices, patients and public and other stakeholders, including the Wellbeing Board.

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

(d) **Equalities Impact Assessment (EIA)** - Individual programmes and initiatives will undertake EIAs, which will be reviewed prior to implementation of any business cases.

(e) **Workforce** - Workforce is a key consideration for the delivery of the Operational Plan and a specific section will be included to cover how workforce challenges, particularly in primary care, will be addressed.

5. **Summary**

The Wellbeing Board is asked to note and comment on the national 'must dos' and local priorities, which will be included in the Operational Plan and the timescale for production.

6. **Supporting Information**

6.1 The Wellbeing Board is asked to note the CCGs Commissioning Intentions in its current draft and the mapping of these into the first draft Operating Plan, that will be submitted to NHS England on 24 November.

6.2 Members are asked to consider these Commissioning Intentions in light of the Joint Strategic Needs Assessment (JSNA), as these highlight the priority areas for health gain in Slough, and feedback any areas that they feel should be more strongly reflected in the Operating Plan.

6.3 The timetable is being driven by NHS England, with the first submission on 24 November, followed by feedback, before final submission on 23 December. A copy of the draft Operating Plan will follow shortly.

7. **Comments of Other Committees**

The Operational Plan and Commissioning Intentions have been discussed at Slough Locality and the Slough Patient Reference Group, both of whom have supported the direction of travel.

8. **Conclusion**

The Wellbeing Board is asked to note and support the progress made to date and direction of travel.

9. **Appendices attached**

- 'A' Commissioning Intentions document (published in October 2016)
- 'B' Draft Operating Plan – to follow

10. **Background Papers**

- 1 NHS Planning Guidance 2017-2019
- 2 Operational Planning Process, May 2016
- 3 Presentations to Patient Reference Group and Slough Locality

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**Appendix A: Bracknell and Ascot, Slough and Windsor, Ascot and Maidenhead
Clinical Commissioning Group's (CCG's) Commissioning Intentions 2017/18**

Version control

Version	Date	Changes	Author/ Changes by
1.0	6 September 2016	First version	Viki Wadd
1.1	6 September	Amendments to Urgent and Emergency Care and Specialist Commissioning sections	Rachel Wakefield
1.2	7 September	Amendments to Mental health and LD, Children's and Maternity and Planned Care Sections	Nadia Barakat, Sangeeta Saran
1.3	7 September	Primary Care input	Alex Tilley
1.4	7 September	Amended first section	FSB
1.5	9 September	Changes to section format and style, editing. Addition of the Finance Section	Viki Wadd
1.6	11 September	Changes to all sections and editing.	Fiona Slevin-Brown
1.7	12 September	Updated Finance Section	Nigel Foster
1.8	12 September	Formatting changes	Viki Wadd
1.9	12 September	Equality and diversity Editing	Annette Willcox
2.0	13 September	Version to Business Planning and Development	Viki Wadd
2.1	13 September	Revised version for BP&D	Fiona Slevin-Brown

2.2	13 September	Revisions following initial comments	Fiona Slevin-Brown
2.3	20 September	Revisions following BP&D and initial feedback from B&A Council.	Fiona Slevin-Brown
2.4	23 September	Revisions following feedback from Cardiology and Diabetes Programme Boards	Fiona Slevin-Brown
2.5	28 September	Addition of engagement section	Viki Wadd/ Sabahat Hassan

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Index to be added to final version

LEADER

1. Introduction

This document sets out at a high level the commissioning intentions of the 3 East Berkshire CCGs for the period April 2017 to March 2019. This document has been informed by NHS England planning guidance, the emerging Frimley Sustainability and Transformation Plan (STP) (Appendix 1) and key transformation programmes such as New Vision of Care (Appendix 2). These commissioning intentions reaffirm our collective commitment to improving outcomes and delivering sustainable, consistent standards of care within the resources available. It is important to note that the CCGs detailed plans will be set out within the Operating Plan for 17/19 which will be submitted to NHS England in December, and that some sections of the document, including the business rules and finance sections will be reviewed and amended following publication of the NHS England Planning Guidance (expected towards the end of September 2016), and to reflect ongoing discussions with our partners within the STP as the priorities and work streams articulated within it are progressed .

We will reflect national strategies and priorities in our Operating Plan for 2017/19. We will translate our plans into delivery through collaboration with our partners, striving to achieve for transformation at scale and at pace. Our plans will continue to be underpinned by ongoing engagement with patients, users and key partners, and seeking to exploit opportunities to pool collective resources where this achieves better value across our health and care system.

2. A message from our Chief Officer and Clinical Chairs

Our aim is to commission person centred and integrated care, particularly for those most frail and vulnerable in our communities. The emerging Frimley Sustainability and Transformation Plan provides an exciting opportunity to work with a range of partners to realise system level changes that ensure the long term sustainability of the health and care sector in both East Berkshire and across the Frimley STP footprint.

During 2017/18 we will be taking on further commissioning responsibilities for general practice, with Windsor, Ascot and Maidenhead CCG becoming fully delegated commissioners from 1 April 2017. At this stage Bracknell and Ascot and Slough CCGs will be continuing with the joint commissioning arrangements with NHS England; however this situation may change over the coming months. We will be publishing our strategy for a sustainable model of Primary Care later in the autumn following extensive engagement with member practices, partners and our patients.

Principles which will underpin our commissioning ambitions for 17/19

3.1 Our approach is to:

- Put a greater emphasis on prevention and putting patients in control of their own care planning
- Ensure our plans explicitly align with the CCG Strategies and Programmes such as New Vision of Care, and the STP vision and priorities
- Use the Right Care programme as a basis for identifying opportunities for reducing unwarranted variation
- Exploit opportunities for expanding the use of technology enabled care
- Commission services which provide our populations with information and choice, ensuring care closest to home is offered wherever possible
- Expand and strengthen the role of primary and out of hospital care, whilst ensuring our acute providers are equipped to treat patients who require in-hospital care
- Only purchase interventions, treatments and drugs that are evidenced to be cost-effective, including through NICE TAG or evidence reviews that have been specifically accepted and adopted on the recommendation of the Thames Valley Priorities Committee
- Commission additional services from Primary Care where these support delivery of our strategic vision
- Actively consider decommissioning services where there is limited evidence of improved outcomes for patients and value for money for the taxpayer
- Evaluate the impact of the current Better Care Fund arrangements and consider greater pooling of resources with our three local authorities, ensuring alignment with the Sustainability and Transformation Plan for the Frimley Footprint;
- Use quality incentives effectively and consistently across the health economy to focus on improving outcomes for patients;
- Use 16/17 Q2 forecast outturn as the basis for baseline setting unless there is a clear rationale to do otherwise

3. Financial resources and system risk

In 2016/17 the three CCGs in East Berkshire received a combined funding allocation from NHS England of £490 million. Although a significant increase, this was less than anticipated. Changes in the funding formula and target allocation resulted in the East Berkshire CCG's not receiving as much additional funding as was previously anticipated. Coupled with growth in acute hospital activity, this has put the CCG budgets under pressure with a significant QIPP requirement in 2016/17 and going forward in order to maintain financial balance and deliver the level of surpluses required by NHS England. All three CCGs are required to deliver surpluses in excess of the standard 1%, with Bracknell & Ascot CCG's requirement being more than 2%. We do not expect to be able to 'draw down' and utilise these additional surpluses in 2017/18, but plan to do so over the strategic planning period (i.e. to 2020/21). The indicative funding allocations for the next two years, through to 2018/19 are:

Year	Bracknell and Ascot CCG	Slough CCG	Windsor and Maidenhead CCG	All Berkshire East CCGs
	£m	£m	£m	£m
2016/17	153.4	171.8	165.1	490.3
2017/18	157.3	175.9	168.7	501.9
2018/19	160.7	180.2	172.2	513.1

The Frimley Sustainability and Transformation Plan Footprint (which includes Surrey Health CCG and NE Hampshire & Farnham CCGs) has been told to expect an additional £47m of funding from the national Sustainability and Transformation Fund in 2020/21, but at the time of writing these Commissioning Intentions it has not been notified of any additional funding above the published allocations for the intervening years.

4.1 Key national business rules

NHS England has advised CCGs that the business rules set out in the 2016/17 Operating Plan guidance should be assumed to continue to apply for future years:

- A minimum 1% surplus (or mirroring current year surpluses if greater than 1%) which can be carried forward to future years.
- In order to provide funds to insulate the health economy from financial risks, a further 1% of allocations should be set aside for non-recurrent expenditure, and this must be uncommitted at the start of the year (and will only be available for investment later in the year to the extent that it is not required to secure the overall national financial position). As a consequence of creating this reserve, commissioner plans are inherently riskier than in previous years.
- A minimum requirement to show 0.5% contingency

4.2 Current financial position

As at month 5 (August) of 2016/17, increases in demand and acuity have put the CCGs under significant financial pressure, and the first call on any increase in funding next year will again be to rebuild a modest level of contingencies. This year each CCG has contributed about £8m into 'Better Care Funds' with our local authorities. These comprise a range of existing health and social care budgets, plus additional monies for new community based services. This has provided some support from health into challenged social care budgets, but the overall financial position for our three local authorities remains extremely challenging. We have also seen a reduction in public health budgets, which, in the longer term, is likely impact on overall health and social care costs.

We also recognise that the position of our main health providers, although improved, remains challenging. Frimley Health Foundation Trust is still operating with an underlying deficit and they need to return to financial balance by 2020. We believe this can only be achieved through extensive collaboration with CCG commissioners. We know our other key providers also remain financially challenged – Berkshire Healthcare Foundation Trust, Royal Berkshire Foundation Trust and South Central Ambulance Service. The collaborative approach of the STP with Commissioners and Providers is therefore of primary importance as we move into the next planning round.

4.3 Summary financial analysis from the Frimley Footprint STP

- The system is experiencing increasing pressure and our modelling of the demography and financial challenges clearly

shows that we need to respond with much greater transformation if we are to address our 'do nothing' gap of £249m by 2020/21

- The Frimley system will spend c£1.4billion on health and social care in 2016/17.
- Although there are modest increases in funding over the period to 2020/21, demand will far outstrip these increases if we do nothing.
- We have assumed health providers can continue to make efficiency savings of 2% per annum, and demand can be mitigated by 1% per annum. This is in line with historic levels of achievement. Including broader efficiencies from Social Care will deliver about £176m by 2020/21.
- If a further £28m can be saved across our five priority areas, this coupled with an allocation of £47m from the national Sustainability and Transformation Fund (STF) will bring the system into balance by the end of the period

STP 2020/21 Summary			
	Do Nothing g £m	Solutions £m	Do Something g £m
Commissioner Surplus / (Deficit)	(78)	81	3
Provider Surplus / (Deficit)	(135)	102	(33)
Footprint NHS Surplus / (Deficit)	(214)	183	(30)
Indicative STF Allocation 2020/21	-	-	47
Surplus / (Deficit) after STF Allocation	(214)	183	17
Social Care Surplus / (Deficit)	(35)	21	(14)
Total Surplus / (Deficit)	(249)	204	3

5 Our approach to Engagement

We want our public, patients, carers, partners and other stakeholders to be involved in our work and to help us design services that are high quality, affordable and sustainable for the future. This includes supporting self-care and helping people stay healthy. Our strategy for communications and engagement is based on the principle of open and continuous communication with patients, the public, member practices, staff and key stakeholders. It also acknowledges our statutory responsibilities and the NHS commitment to involve patients in the way in which health services are planned and managed. Engagement is delivered in different ways for each CCG through separate action plans.

Our three objectives are:

1. To proactively engage with stakeholders and enable people in east Berkshire to contribute to shaping future health services commissioned by the CCGs.
2. To develop a culture that promotes open communication and engagement with patients and the public.
3. Ensure member practices and staff are informed, engaged and involved in the work of their CCG and participate in commissioning activities for the benefit of patients.

Our principles for communications and engagement are:

- Be accessible and include all sections of our community.
- Be honest and transparent.
- Use different ways to communicate to reach more people
- Be open and clear from the start about what our plans are, be realistic about what is and what is not possible and why?
- Make sure people have the right information at the right time.

- Inform and involve people as early as possible
- Listen to people as well as provide information
- Use plain language that people understand.
- Work with other organisations

Aside to public Governing Body meetings, we have active patient participation groups, a Patient Panel and Community Partnership Forum which are regular and structured channels through which we can engage with the public. We also use digital technology such as social media and HealthConnect, our online consultation tool to make sure we are reaching out to hear from those who cannot attend meetings. We have a number of websites which we manage and the CCGs are well-linked to community and partner organisations, and work across the patch with these organisations to ensure strong engagement.

6 Urgent and Emergency care

6.1 Our strategy for urgent and emergency care is to:

- Prevent crisis through improved access to Primary Care to avoid the escalation of health issues
- Improve urgent on the day services responsiveness through helping people easily navigate services, offering direct access to clinical advice, and which enables people to have their care needs met outside of a hospital setting where clinically appropriate
- Patients only to stay in hospital as long as they need to, supported by an integrated model of community health and social care services

6.2 Our focus will be on the following 5 national priority areas:

- Streaming at the front door – to ambulatory and primary care
- NHS 111 – Increasing the number of calls transferred for clinical advice
- Ambulances – Directory of Services and code review pilots; Health Education England increasing workforce

- Improved flow – ‘must do’s that each Trust should implement to enhance patient flow – SAFER Bundle
- Discharge – mandating ‘Discharge to Assess’ and ‘Trusted Assessor’ models

6.3 Commissioning Intentions 2017/18 - Urgent and Emergency Care

We will:

- Mobilise a new Integrated NHS111/Urgent Care contracted service model from 1 April 2017 including a clinical hub with access to patient records and development of extended clinical services and social care support.
- Review the Bracknell and Maidenhead Urgent Care Centres, the Slough Walk-in centre and East Berkshire Out of Hours Services, as current contracts come to an end, undertaking market testing (subject to procurement advice) and commission new service models which align with our future vision for Primary Care during 2017/18
- Review of the impact of the recently commissioned AIRS service in Bracknell, Ascot, Windsor and Maidenhead populations with a view to extending the service to Slough from April 2017.
- Work with our local Acute Providers to expand the use of ambulatory care pathways, and explore new payment arrangements with a view to agreeing a local price for this activity.
- Review the impact of all of our resilience and out of hospital investments from 15/16 and 16/17 with the aim of continuing to invest only where there is clear evidence that this has had a positive impact on system performance including reducing non-elective admissions, attendances at A&E and reducing delays in discharge from hospital.
- Revise our approach to the management and use of the directory of service (DOS) to enable a comprehensive real time support service. In doing so we will review the current contractual arrangements with the CSU as our DOS provider including agreeing a new specification.
- Work with South Central Ambulance Service to implement the recommendations from the national review of Ambulance Services.
- Work with all out providers to ensure that national quality indicators, best practice and standards associated with effective urgent and emergency care are embedded within the contracts for 17/19.

7 Integrated Care

7.1 Our Strategy for integrated care is to:

- Reflect our New Vision of Care Programme through all of our commissioning activities (see Appendix 2)
- Work with the public and a range of partners from all sectors including Primary Care, Social care, and the third sector to create a fully integrated system delivering new care models.
- Use shared care records and the recently commissioned interoperability solution; joint commissioning arrangements, pooled budgets and the development of common care principles across the STP footprint to accelerate the opportunities for integrated care delivery.
- Work closely with our partners to commission care that supports people with complex needs and those who are frail to live independently for as long as possible.
- Work to realise the vision for primary care as central to the development of local integrated clusters/hubs
- Work with partners to improve the way that we commission wellbeing and preventative services

7.2 Our focus will be on:

- Extending the CCGs personal health budgets offer, focussing initially on people with a learning disability
- People approaching the end of their lives
- People who are at risk of or in an early stage of frailty and giving them access to a team of people who can provide proactive help, with one person known to them co-ordinating their care
- Community capacity and sustainability in particular care homes and carers provision with local authority colleagues
- Expanding the use of social prescribing, care navigators, and health makers.

7.3 Commissioning Intentions 2017/18 – Integrated Care

We will:

- Increase the number of personal health budgets in line with national policy.

- Expect all providers to adopt and work to the New Vision of Care principles and its approach to frailty identification and management. This includes adopting a locally agreed frailty tool within their services and applying the principles of “Making every contact count”.
- Review key service lines and agree revised service specifications including the Mobility Service, Community Hospital in-patients, and Community Nursing through the remainder of 16/17 and with a view to having new service specification in place by April 2017.
- Review community services currently provided by Virgin Care for our registered population living in Surrey with a view to re-procurement during 17/18
- Explore with our local authority commissioners opportunities for joint commissioning for individuals who are eligible for funding from CHC, voluntary sector provision, and learning disability and mental health placements.

8 Mental Health, Learning Disability and/or Autism

8.1 Our strategy for mental health, learning disability and autism in line with the national Transforming Care agenda and is to:

- Improve the physical health outcomes of people with mental health, learning disability and/or autism
- Provide opportunities for people with mental health a learning disability and/or autism to live and be treated in a safe environment as close to home as possible
- Ensure those in crisis receive the rapid support they need
- Support people with long term conditions and dementia
- Support people to maintain or secure employment
- Develop our joint commissioning capacity with local authorities
- Provide people with opportunities to be supported by their peers

8.2 Our focus will be on

- Implementing our Transforming Care Plan.
- Improving dementia diagnosis rates and post diagnostic support
- Improving response rates for those in a crisis

- Commissioning enhanced psychological support for people with long term conditions
- Reducing the number of care and treatment beds for people with a learning disability and out of area placements through the commissioning of care for people closer to home

8.3 Commissioning Intentions 2017/18 - Mental Health, Learning Disability and/or Autism

We will:

- Work with providers to reduce the numbers of Learning Disability assessment and treatment unit beds
- Implement the Learning Disability Community Intensive Support service
- Re-scope the role and function of the Learning Disability Community Teams.
- Develop the market for local placements and support for people with mental ill health, LD and/or autism thereby reducing the number of out of areas placements.
- Expect a Learning Disability liaison nurse function to be provided at Frimley North in line with other providers
- Expect the prescribing of antipsychotics to be reduced in all care settings.
- Develop a locally commissioned service to improve the quality of Learning Disability health checks in primary care
- Commission consolidated mental health liaison services to ensure delivery of the one hour response access target and a core 24 service standard through the development of an integrated service specification.
- Review Community Mental Health Teams, and work with partners to jointly commission a transformed model of community mental health provision.
- Work with our provider and key partners to review the current Crisis Response Home Treatment Teams, and commission a new model of urgent and emergency care for Mental Health users.
- Expand the IAPT service with support from national pilot funding, increasing the number of employment advisers and integrate the service with primary care. Expanding the psychology intervention community nursing pilot across the 3 CCGs in line with the IAPT expansion programme and continuing to meet national targets for access and recovery
- Continue to increase dementia diagnosis rates and review post diagnostic support for people with dementia. Developing dementia friendly practices and expanding the service for younger people with dementia from 2 to 5 days.
- Review the existing Friends in Need service and if it demonstrates it is delivering value for money results with good outcomes expand this to Slough and Bracknell and Ascot CCGs

- Review the Street Triage pilot and explore the potential for continuation in conjunction with Local Authorities
- Undertake a review of the requirement for further places of safety by April 2017.

9. Children’s and Maternity services

9.1 Our strategy for children’s and maternity services is aligned to the delivery of the Children’s and Young Peoples and Better Births Plans and we will commission jointly with our local authority partners

9.2 Our focus will be on:

- Ensuring NICE compliant services
- Providing children and young people with faster access to mental health services
- Understanding the needs of asylum seekers
- Ensuring the CCGs meeting their obligations for children with Special educational needs and disabilities

9.3 Commissioning Intentions 2017/18 – Children’s and Maternity Services

We will:

- Commission a fully NICE compliant community eating disorder and perinatal services
- Work with our providers to implement the recommendations from Better Births
- Review the Children’s and Young Persons Transformation pilots and make recommendations on future commissioning
- Continue to reduce Child and Adolescent Mental Health Service (CAMHS) waiting times across all pathways
- Identify the needs of new asylum seekers and commission additional capacity once we have agreed options for delivery in conjunction with partners
- Work with partners to ensure that our collective responsibilities for children with special educational needs and disabilities are met.
- Commission upstream support to children and young people and their parents before they develop a mental health disorder

10 Planned Care

10.1 Our strategy for planned care is to:

- Reduce unwarranted variation in both outcomes and activity using the Right Care Programme methodology to identify priority specialities

10.2 Our focus will be on:

Exploring service redesign opportunities which add value to review and transform current pathways in the context of our Right Care priorities which will include but may not be limited to:

Gastroenterology, Neurology,	Musculoskeletal Cardiology Respiratory
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10.3 Commissioning Intentions 2017/18 – Planned Care

We will:

- Commission new ambulance pathways for the management of hyperglycaemia
- Introduce a new specification for an Integrated Diabetes Service across community and acute services to support uncontrolled diabetics and the proactive management of diabetic patients.
- The current diabetes service to work with General Practice and other healthcare professionals/clinicians to develop the necessary skills, competencies and confidence to improve the quality of routine diabetes management
- Review the current dietetic service as part of the implementation of an integrated Diabetes service and work with providers to ensure an effective service for newly diagnosed diabetic patients to support patients to self-care for both their mental and physical wellbeing

- Engage in the STP wide Unwarranted Variation programme, influencing service and pathway changes as these are developed
- Review all current locally commissioned services from Primary Care associated with Cardiology to ensure consistency and the expected outcomes to increase the reported prevalence of atrial fibrillation, hypertension, heart failure, and chronic kidney to expected levels and reduce current variation.
- Aim to address the inequity of provision of cardiac rehabilitation across the three CCGs through evaluation of the benefits of the service. All providers must adhere to or working towards the NACR accreditation of service standards.
- Work with providers to develop an integrated community heart failure nursing team expanding the use of telehealth and working towards best practice caseload levels.
- Commission an IV Diuretic lounge with all our Providers
- To improve management of patients with hypertension by promoting active case finding and titrating medication to optimal levels.
- To improve management of patients with CKD by promoting active case finding and titrating medication to optimal levels.
- Commission a new model of dermatology services which enables faster diagnosis and improvement in the two week cancer pathway performance, yet recognises the national shortage in consultant Dermatologists. Access will also be improved for those patients not on the two week pathway.
- Work with providers to review Cancer services to ensure the priorities in “Achieving World Class Cancer Outcomes – A Strategy for England 2015-2020” are implemented and tailored for local requirements through a local cancer framework. Continue to deliver the national performance standards for Cancer.
- We will be evaluating local demand management pilots, with a view to defining a future strategy for the commissioning of MSK services to include increased use of shared decision making in particular in respect of hip and knee replacements, direct access Physiotherapy for East Berkshire, and an integrated community Pain and Spinal service
- De-commission the existing GRACE service and develop a new specification to re-commission a service which will provide triage and update all referral forms and pathways on DXS.
- Work with general practice to reduce unwarranted clinical variation in primary care, extending the use of DXS, and reviewing variation in activity levels with individual practices where this is identified.

- Expect general practice to utilise e referral to agreed levels: and for all providers to ensure that the DXS system is notified of and changes to pathways and referral forms. Our aim is to increase the number of directly bookable slots on E-Referral and that at least 80% of referrals to clinics that are available on E-referral to be made via the E-referral system

11. Primary Care

11.1 Our strategy is to:

- develop a transformed and sustainable model of General Practice for East Berkshire
- Improve overall access to general practice appointments
- Realise the opportunities and benefits set out in the general practice forward view through delegated commissioning

11.2 Our focus will be to:

- Develop an agreed strategy for Primary Care across the CCGs
- Review all locally commissioned services
- Improve prevention and screening uptakes
- Improve engagement and communication with patients
- Develop the seven day service infrastructure

11.3 Commissioning Intentions 2017/18 – Primary Care

We will:

- Work, through the Joint Primary Care Co-Commissioning Committee, to align contractual models with the delivery of our strategic vision, aligning payment levels and working to improve quality and sustainability.,
- Invest in such a way as to support sustainable primary care services and enable practices to take on enhanced roles.

- Look to evaluate and consolidate locally commissioned services from April 2017 through a single quality scheme, ensuring that all patients have access to these, and developing new processes for supporting quality improvement in primary care.
- Undertake redesign projects aiming to support providers to address current challenges through new workforce models and new approaches to managing demand and promoting self-care. As part of the delivery of our Primary Care Strategy we will link very strongly with the wider estates review, the Connected Care programme and Digital Roadmap.
- Work with HEE Thames Valley to develop the new workforce
- Work with practices to understand address workload, workforce and capacity challenges and opportunities to take on out of hospital work
- Work with NHSE to improve and monitor the quality of services provided under primary care contracts, and we would look for providers to support delivery of QIPP schemes

Specifically we will

- Commission a single quality scheme to replace the current locally commissioned services to include but not exclusively, AF, Complex case management, and Near patient testing
- Support the use of technology in primary care to support self-care, patient communication, reduction in DNAs and public health screening/prevention improvement
- Commission a visiting service to ensure proactive care for housebound and care home patients using appropriate skill mix on a population basis
- Develop social prescribing across general practice to widen the support for patients and carers
- Commission a practice resilience task force to support practices in crisis,
- Commission specimen collection to support 7 day services, support interoperable primary care/general practice records and identify professional resources to support the realisation of the estates and other infrastructure proposals being considered by NHSE – creating capacity in general practice

12. Specialised Care

From 16/17 CCGs have been responsible for Commissioning Severe and Complex Obesity Services. It is our intention to adopt the current Thames Valley IFR policy and to undertake an in year review via the Thames Valley Priorities Committee. The commissioning of Specialist Neurology services also transferred on the 1st April 2016.

It is recognised that discussions are ongoing at national level in relation to the co-commissioning of specialised services. It is too early at this point to assess the full extent to which national guidance or expectation in relation to co-commissioning will impact of 2017-19 contracts.

12.1 Commissioning Intentions 2017/18 – Specialised Care

We will:

- Participate in the Strategic Services Review Programme and will be working with NHS England to enable collaborative commissioning arrangements for specialised services where appropriate.
- Utilise the evidence based Commissioning for Value and Right Care data to reduce unnecessary variation.

13. Policies and Protocols

The CCGs will only contract with Providers that abide by our policies and protocols. These include, but are not limited to local clinical policies and access criteria (including procedures of limited clinical effectiveness, prior approval thresholds and pathways for BMI and smoking) as determined by the CCGs, which may be different to the Provider's host CCG. Referrals will clearly specify when patients are being referred for clinical opinion and patients will only be treated if they meet the CCGs criteria for treatment.

14. Quality and Performance

The Commissioners expect all providers to uphold the rights and responsibilities contained in the NHS Constitution and comply with the national quality and performance standards and targets included in the Planning Guidance and Operating and Outcomes Frameworks for 2017-19. In addition, the CCGs may wish to agree a number of local performance measures intended to either address particular issues with performance locally, or support delivery of their improvement priorities.

We expect Providers to engage with the CCGs to develop jointly agreed plans to ensure the effective delivery of Policy and Planning requirements as well as local QIPP/CIP savings.

We will:

- work with providers to ensure that all NHS Constitutional standards are achieved. This will include Referral to Treatment, Cancer waiting and ambulance response time standards that have been particularly challenging during 2016/17. Where Constitutional standards are not achieved, we will expect providers to put in place remedial action plans that ensure recovery in performance at the earliest opportunity.
- work jointly with Providers to deliver the improvements across the five domains in the NHS Outcomes Framework.
- closely monitor and report Providers quality achievements to our constituent CCGs.
- look to redirect CCG activity where quality concerns are identified and not rectified in a timely manner, notwithstanding patient choice.
- regularly review Provider services to ensure that NICE Quality Standards and recommended pathways are being delivered.
- work with Providers to ensure patients who are receiving care out of area are offered the opportunity of repatriation as early as is clinically possible
- require Providers to ensure patients are offered a choice of local provider for ongoing treatment and care wherever this is appropriate.
- seek full provision of referral information from Providers in SUS to enable effective demand management strategies.
- look to reduce the first: follow up ratios at Providers that remain an outlier against benchmarks and seek performance in the upper 10%.

- seek to develop innovative shared care arrangements between local secondary, primary and community care services, to reduce the requirement for patients to travel out of area for a range of treatments and drugs.
- require all Providers to ensure that they adhere to our prior approval and individual funding request process to ensure consistency. Commissioners will not be financially liable for procedures when providers have failed to adhere to those policies.

15. Capacity Planning

2016/17 Activity Plans were mutually agreed as a reasonable reflection of anticipated activity. Month 6 outturn will be used as the basis for 2017/18, except by mutual agreement, or to reflect contract variations agreed during 2016/17.

We will undertake a continuous programme of efficiency benchmarking to ensure value for money and cost effectiveness. Key assumptions will include: In the event that non- recurrent or extraordinary patterns of activity are noted, these will be considered for exclusion from the baseline.

Impact of repatriations of patients to local services and clinical pathway redesign will inform contract activity.

The impact of new technologies and service developments, evidence-based practice, locally developed best practice pathways and national guidelines, Impact of any specific Thames Valley initiatives or changes, including demand management initiatives will also inform activity plans for 17/18.

Where activity is transferring between commissioning organisations, the 2016/17 plan will be used as the basis for this transfer, except by mutual agreement.

16. Equality and Diversity

Section 149 of the Equality Act 2010 places a public sector Equality Duty (PSED) on all statutory public authorities and those who act on their behalf. Our general duty and one which the CCGs are committed to is to eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity between different groups and foster good relations between different groups. We recognise and value the diversity of our communities and believe that equality is pivotal to the commissioning of modern, high quality health services.

17. Business Rules/Counting and Coding

All Counting and Coding changes to Contract Terms must be supported by impact data showing the expected activity, and associated costs at least 6 months prior to the proposed effective date unless we have been specifically consulted on such changes, prior to agreement being reached. Commissioners expect that any service changes or developments are supported by a business case and approved by the relevant CCGs together with technical agreement on counting and coding before services commence. The developments and changes must be evidenced to be affordable by the health economy. Where this process is not followed Commissioners will not pay any additional costs or charges

We will:

- Hold Providers to account for their responsibilities in managing activity in line with the overall plan, including withholding of payment for provider generated demand.
- Agree Contract Terms that mitigate financial risk for both parties, including marginal rates and 'floors and ceilings' where contractually appropriate.
- Validate all invoices and withhold monies where we believe charges do not comply with the Contract or the rules governing the national tariff payment system, counting and coding.
- Include thresholds within our activity plans where national terms permit and require implementation of plans to manage activity where thresholds are breached, to ensure Contracts are managed to the agreed plan.

- Require providers to have systems in place to routinely alert us to high-cost, long stay patients (>14 days in critical care) (>40 days) who have not been discharged at Month end.

Providers should strive to procure drugs and devices at the minimum cost while ensuring optimum patient outcomes. The commissioners wish to work in partnership with Providers to explore the use of biosimilar and generic alternatives to ensure best value for money is delivered. It is the Commissioners expectation that the Provider will realise the savings, when available, through Patient Access Schemes.

18. Non-tariff services for Acute Providers

We will only agree bespoke local prices with Providers where full costings are provided, demonstrating the make-up of those prices and these are agreed to be fully supportable, fair and reasonable. We ask that all Providers provide satisfactory reassurance to commissioners that they follow relevant national guidance. We will audit Providers against the costings they provide us, to ensure that these are reflective of the true costs incurred.

Where Providers are unable to provide backing information to ensure that prices are transparent and fair, we will either pay national average price (adjusted for regional price variation) less 5% or the previous year's prices, less 1.9%, whichever is the lower. We will look to apply penalties where data fields essential for commissioning are not provided.

Where a patient is referred on to a different consultant for the same condition the first attendance with the second consultant will be paid as a follow up attendance (although it should be recorded as a first as per NHS Data Dictionary guidance) in line with the locally agreed consultant to consultant policy.

It is an expectation that providers comply with the recommendations of the Thames Valley Priorities Committee in relation to pricing and agree 'fair' and 'reasonable' prices where tariffs are deemed to be excessive in relation to costs incurred.

19 Data Quality and Information

We require Providers to provide complete, accurate and timely data to support contracts and patient level clinical validation and to examine their performance and put arrangements in place to ensure that they comply with the data and information sharing clauses of the contract and the best practice behaviour set out within the Code of Conduct for Payment by Results. We will raise this as a significant performance issue, with full contractual financial penalties being imposed; where providers fail to provide data and information on a monthly basis, in line with the requirements of commissioners to effectively performance manage the contract.

In line with the national contract template, providers are expected to comply with the reporting requirements of Secondary Uses Service (SUS) and UNIFY. This includes compliance with the required format, schedules for delivery of data and definitions as set out in the Information Centre guidance and all Information Standards Notices (ISNs) where applicable to the services being provided. As a minimum, providers will be expected to flow admitted patient care, intensive care data extensions and outpatient data to SUS for all activity that can be evidenced in that manner even if the method for payment of the activity is outside the national tariff payment system.

We expect that the Provider shall meet the NTPS monthly reporting requirements as set out in NTPS Guidance. Where activity is outside national tariff scope, providers should make returns of equivalent data in CDS format through local monitoring direct to the Commissioner by the nationally agreed SUS inclusion dates. If any non-specialised activity is not submitted through to SUS, this should be identified via SLAM monitoring, including all of the fields set out within our SLAM monitoring template. In accordance with the NHS Standard Contract providers must ensure that each dataset that they provide for monthly reporting requirements contains the ODS organisation code for the relevant Commissioner. We require all data to be submitted on a month actual and cumulative basis each month at flex and freeze.

Where the Provider submits data more than two months after the final reconciliation date the CCGs will not pay against the activity. We expect the variance between first and final reconciliation dates to vary by no more than 1% and un-coded activity at first reconciliation to be less than 5% of the months total activity (in activity terms by POD). In the event this is exceeded, the CCGs will pay 50% of the activity exceeding the threshold.

In order to validate data, we may also request more information regarding the clinical reasons for admission, outpatient attendances etc. We expect providers to comply with these requests.

A&E observation ward activity where the bed does not appear on a KH03 return will be paid as an A&E attendance and not an admission. If the patient is subsequently admitted then this should generate a new FCE rather than a readmission.

Maternity admissions to a nurse led ward will be recorded as outpatients (as per the NHS Data Dictionary) and paid at the appropriate national mandated outpatient HRG tariff or 60% of the national mandated inpatient per diem tariff if no such outpatient tariff exists

Ward attenders. These will be recorded as outpatients (as per the NHS Data Dictionary) and will be paid at the appropriate national mandated outpatient HRG tariff or 60% of the national mandated inpatient per diem tariff if no such outpatient tariff exists.

Regular day / night activity should be counted as such and the appropriate locally agreed tariff applied.

Procedures that take place in an outpatient setting will be reimbursed at either national mandated outpatient HRG tariff or a tariff to be agreed between the provider and the CCGs. The nature of the procedure does not affect the data set the activity is reported in.

Non-consultant led outpatient clinics will be reimbursed at a tariff of not more than 40% of the consultant-led tariff with the exception of activity that already has a national mandated tariff.

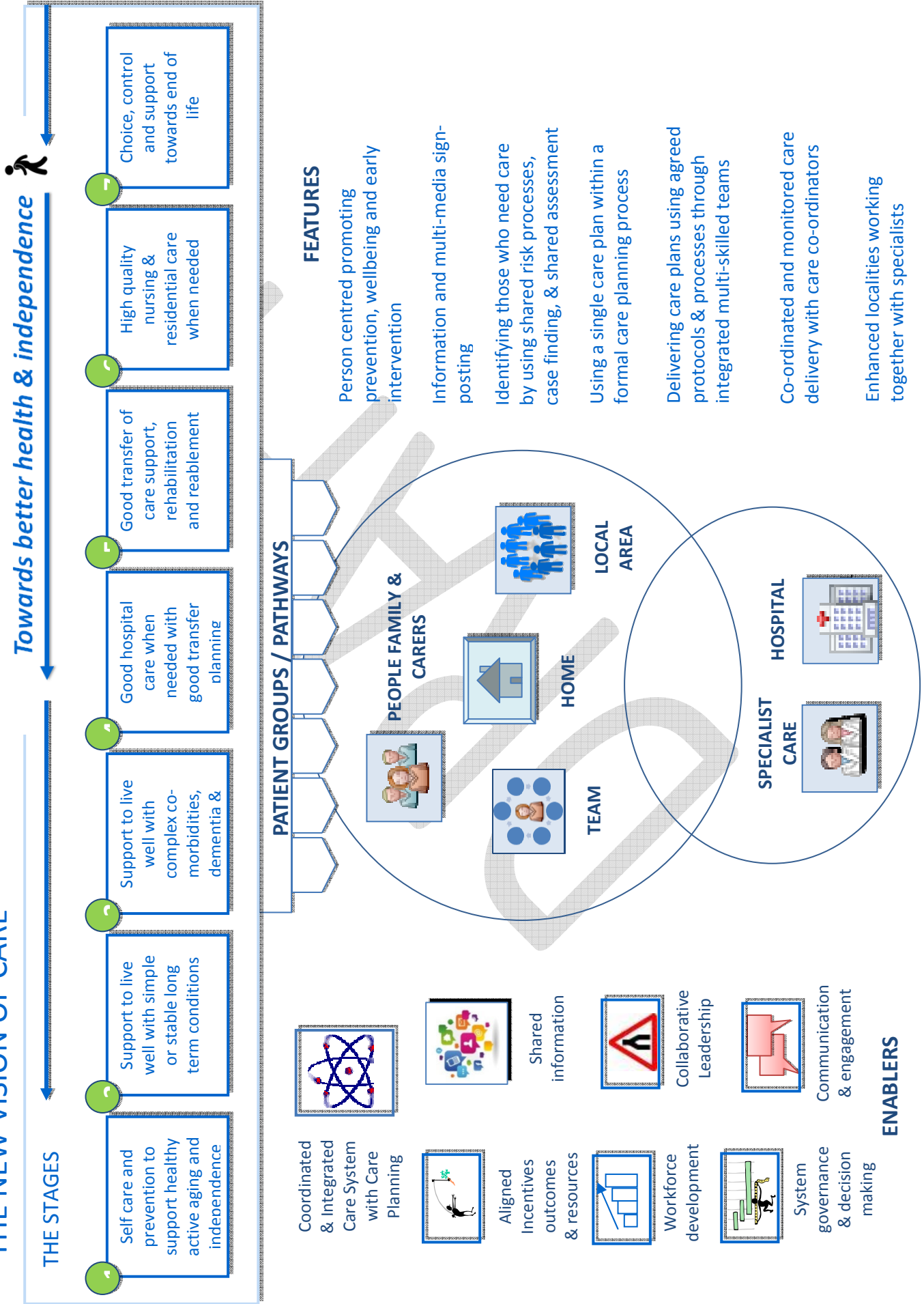
20. Concluding remarks

This letter has outlined the current known commissioning expectations for 2017/18 and I trust that you will recognise many of the issues highlighted as either work in progress our areas for development, the underlying objective being to improve the quality, effectiveness and efficiency of the services we commission and the care you provide. You will see that there are clearly a number of work areas that will require our joint commitment and engagement.

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Appendix 2 THE NEW VISION OF CARE



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SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2016/17

MEMBER	20/7	28/9	16/11	26/1	29/3	10/5
Naveed Ahmed	P	P				
Ruth Bagley	Ap	Ap				
Iain Harrison	Sub (Mark Gaskarth)	Sub (Lloyd Palmer)				
Cllr Sabia Hussain	P	P				
Ramesh Kukar	P	P				
Lise Llewellyn	Ab	P				
Cllr Sohail Munawar	Ap	Ab				
Jim O'Donnell	P	P				
Les O'Gorman	Ap	Ap				
Krutika Pau	P	Ab				
Colin Pill	P	Ap				
NHS England representative	Ab	Ab				
Alan Sinclair	P	P				
Supt. Wong	P	P				

P = Present
 Ap = Apologies given
 Sub = Substitute sent
 Ab = Absent, no apologies given

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