

Date of issue: Tuesday, 11 July 2017

<b>MEETING:</b>	<b>SLOUGH WELLBEING BOARD</b> (Naveed Ahmed, Business Representative Nicola Clemo, Slough Children's Services Trust Cate Duffy, Director of Children's Services Councillor Sabia Hussain , Cabinet Member for Health & Social Care Roger Parkin, Interim Chief Executive Ramesh Kukar, Slough CVS Lise Llewellyn, Strategic Director of Public Health Dr Jim O'Donnell, Slough Clinical Commissioning Group Les O'Gorman, Business Representative Lloyd Palmer, Royal Berkshire Fire and Rescue Service Colin Pill, Healthwatch Representative Judith Wright, Interim Director of Public Health Alan Sinclair, Director of Adult Social Care Superintendent Gavin Wong, Thames Valley Police)
<b>DATE AND TIME:</b>	WEDNESDAY, 19TH JULY, 2017 AT 5.00 PM
<b>VENUE:</b>	VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, BERKSHIRE, SL1 3UF
<b>DEMOCRATIC SERVICES OFFICER:</b> (for all enquiries)	NABIHAH HASSAN-FAROOQ 01753 875018

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.



**ROGER PARKIN**  
Interim Chief Executive

**AGENDA**

## PART I

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
	Apologies for absence.		
<b>CONSTITUTIONAL MATTERS</b>			
1.	Declarations of Interest		
	<i>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.</i>		
	<i>The Chair will ask Members to confirm that they do not have a declarable interest.</i>		
	<i>All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.</i>		
2.	Election of Chair 2017-18	-	-
3.	Election of Vice Chair 2017-18	-	-
4.	Minutes of the last meeting held on 10th May 2017	1 - 8	-
5.	Action Progress Report	9 - 12	All
<b>THEMED DISCUSSION</b>			
6.	Slough Youth Parliament Manifesto	13 - 20	All
<b>ITEMS FOR ACTION / DISCUSSION</b>			
7.	Slough CCG Operating Plan 2017-2019	21 - 26	All
8.	BCF Plan 2017-2019	Verbal Report	All
9.	Frimley Sustainability and Transformation Plan ( STP) integration update	Verbal Report	All

## ITEMS FOR DECISION

10.	Planning for the 2017 Partnership Conference	27 - 34	All
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## FORWARD PLANNING

11.	Forward Work Programme	35 - 40	All
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## ITEMS FOR INFORMATION

12.	BCF Annual Report 2016/17	41 - 54	All
13.	Healthwatch Slough: Annual Report 2016/17	55 - 78	All
14.	Housing Strategy Implementation Plan ( six month update)	79 - 92	All

## SUMMARY

15.	Actions discussed and agreed tonight	-	All
16.	Date of Next Meeting		
	27 <sup>th</sup> September 2017, 5pm		

### 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. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings. 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, 10th May, 2017.**

**Present:-** Councillor Hussain (Chair), Naveed Ahmed (Vice-Chair), Cate Duffy, Ramesh Kukar, Dr Jim O'Donnell, Lloyd Palmer, Roger Parkin, Rachel Pearce, Judith Wright(deputising for Lise Llewellyn), Alan Sinclair and Superintendent Wong

**Apologies for Absence:-** Nicola Clemo, Les O'Gorman and Colin Pill

**PART 1**

**64. Declarations of Interest**

No declarations were made.

**65. Minutes of the last meeting held on 29th March 2017**

**Resolved-** That the minutes of the meeting held on 29<sup>th</sup> March 2017 be approved as a correct record

**66. Action Progress Report**

An Action Progress Report was considered which would assist the progress of actions agreed at previous meetings. The Board welcomed the addition of the report for future meetings.

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

**67. Memorandum of Understanding ( MOU) setting out an integrated approach to identifying and assessing the health and wellbeing needs of carers**

The Board received a report from Sally Kitson, Market Development Manager (ASC) that sought the endorsement for the 'Memorandum of Understanding (MOU) – An integrated approach to identifying and assessing carer health and wellbeing.'

Members were provided with an overview of how the MOU intended to support implementation of an integrated approach to the identification and assessment of carer's health and wellbeing needs across Slough. The MOU had been developed to endorse the seven underlying principles to support the Five Year Plan and the Carer's Strategy.

The following is a summary of the key points made that were raised during the course of the discussion:

## **Slough Wellbeing Board - 10.05.17**

- The Board discussed that there should be a clear focus on encouraging “self-care” through digital platforms.
- Partners should be encouraged to provide online content which could signpost information relating to “hidden carers” through partnership working arrangements and nationally through partners such as NHS England.
- That the MOU should work in line with the Carer’s Strategy and should support delivery of this through a joint approach. This could encourage wider a partnership strategy in the future.
- The board would like to see outcomes and uptake of signed statements of commitments at local events that are due to be held and would find this to be a useful benchmarking tool.
- Information relating to the MOU should be circulated to local businesses.

### **Resolved –**

- (a) That the report be noted and that the actions agreed to be progressed.
- (b) That all board members are in agreement with the report and its recommendations and endorse the MOU.
- (c) That the MOU template will be used for local health and wellbeing boards to encourage engagement from local partners to commit to work together to improve outcomes for carers.
- (d) The MOU will seek to support delivery of the carer’s strategy and possible implementation of a wider partnership strategy in the future
- (e) That the MOU will be subject to annual review
- (f) Feedback to be given to the board after the local event is held

## **68. SPACE Annual Report 2016**

The Board received a report on the work of Slough Prevention Alliance Community Engagement (SPACE) during 2016 and to highlight the key achievements of this voluntary sector partnership.

Members were provided with an overview of the range of work undertaken by the partnership. The presentation outlined the information and advice that the

## Slough Wellbeing Board - 10.05.17

services have provided. There are currently 59 charities and community groups under the SPACE umbrella and 31 are directly funded by SPACE. The outputs and achievements highlighted within the report was restricted to the 31 directly funded charities and to service outputs delivered as part of their contract. There were two notary points from the report that led to discussions from the board, which included 'Wellbeing Prescribing' and 'Self help models'

Comments that were discussed as a result of the report are as follows:

- There should be expansion beyond GP only referrals into the SPACE services
- The members thanked and appreciated the good work of the Consortium
- There are clear opportunities outlined and case studies to reinforce prevention before crisis, and a clear focus on utilising primary care.
- SPACE is a good working example of SBC & NHS working together to deliver outcomes. The report has shown that there is a good evidence base to work forward from.
- A focus upon aligning the STP, Slough Wellbeing Board and Health Scrutiny Panel's ambitions with the Hub strategies could benefit in better outcomes.
- Some members perceived satisfaction to be lower than expected at 47%, however it was explained that there have been challenges managing expectations of clients and perceptions of what they believed they would achieve opposed to realistic outcomes and interventions.
- There is clearer evidence relating to preventions in the wider community and this was welcomed.

Resolved – (a) The report was noted and comments and views are taken on board

(b) Comments from the board indicate that this could come back on the agenda at a future meeting after some work has been done at the Hubs with service level providers, joint up approaches are utilised and pathways/referrals for residents has widened.

### 69. Planning for the 2017 Partnership Conference

The Head of Policy, Partnerships and Programmes, Dean Tyler presented a report in relation to planning for the Partnership Conference 2017 to the Board for comment and consideration. The report outlined ways in which the Board could discuss and agree arrangements to plan for the 2<sup>nd</sup> Slough Partnership

## **Slough Wellbeing Board - 10.05.17**

Conference on the 21st September 2017 at The Curve. The report included information in relation to a mini workshop that will be held on the 14<sup>th</sup> June 2017 to review the effectiveness of the Board's ways of working. It was noted that there is a financial cost attached to the annual conference which is estimated at around £650.00. This would include the cost of hiring the Curve plus catering. The Board does not have a budget and this cost needs to be considered in planning the conference. It was explained that there will be approximately 140 prospective invites to be sent out and that Amanda Renn (Corporate Policy Officer) holds the invitee list.

Various suggestions were made from members and were welcomed to be part of the mini workshop being held on the 14<sup>th</sup> June 2017. The workshop will look at new ways of working as set out in July 2016 and also provides an opportunity to plan the conference in more detail. The workshop and conference will also provide a platform to progress joint working around community engagement. There will also be a chance to look at common issues emerging for all partners and communities from the Sustainability and Transformation Plan. The board are positive for the conference to be a success and will confirm their attendance.

### **Resolved-**

- (a) That members of the Board will forward any items or suggestions for discussion to the Head of Policy, Partnerships and Programmes before the mini workshop.
- (b) That the Board hold a workshop session in June to highlight the issues mentioned within the meeting

## **70. Frimley Sustainability and Transformation Plan (STP) integration update**

The Director of Adult Social Care, Alan Sinclair presented a report to the Board- Progress update on the Frimley Health & Care Sustainability and Transformation Partnership Plan (STP). The purpose of the report was to provide the Board with an update in relation to the delivery of the plan and its potential governance arrangements that may emerge as the STP develops. The report also highlighted the role in which the Board could have in ensuring local STP delivery and accountability. The report made clear that the priorities reflected the need to improve the health and wellbeing of the population under The Slough Joint Wellbeing Strategy, JSNA and the Five Year Plan.

The report also highlighted the need of the STP meeting the priorities within the Joint Slough Wellbeing Strategy 2016-2020 priorities, which primarily focus on; protecting vulnerable children and young people, improving healthy life expectancy, improving mental health wellbeing. The STP will meet those needs by delivering across five priority areas, which are set out within the report. It was reported that since the last meeting, that the sustainability and transformation n fund bids across the following prescribed areas have all been successful; Cancer, Mental Health, Diabetes and Learning Disabilities.



The report discussed the seven STP work streams that are established and are at various stages of development.

**Resolved –**

- a) That the information report be noted.
- b) The Slough Wellbeing Board is asked to note the good progress being made since its last meeting and comment on the suggested changes for the governance arrangements of the STP and the potential future role for the Board.
- c) A summary report to be heard at a future meeting regarding all CCG's within the STP plan
- d) To circulate the condensed A4 STP plan to all board members
- e) Progress of the STP work streams will be reported at future meetings

**71. Increasing life expectancy by focusing on inequalities**

The Board considered a report that discussed Increasing life expectancy by focusing on inequalities by Rebecca Howell-Jones (Consultant in Public Health.) The report outlined the current situation and for input to be provided to the strategic direction, partnerships and activities to address the inequalities in life expectancy in Slough.

Members were provided with an overview of various health and lifestyle indicators which could prevent deaths within the borough by the use of early intervention practices. The report focussed on a conceptual model of public health and summarised different burdens that affect the locality. The report put these differing levels of health factors alongside the pathways health practitioners, partners and members of the board currently use. It also highlighted the Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan by seeking to identify the inequalities across populations and targeting those individuals who are most at risk of poor health and wellbeing outcomes. The report enforces the Five Year Plan to achieve one of its key actions under outcome 2; "our people will become healthier and will manage their own health, care and support needs".

The Board discussed the report in detail and that there should be a clear focus on a few health determinants as highlighted in the report. The board discussed critical points and where there could be challenges in tackling inequalities across the borough. A focus was made on delivering better outcomes through looking at all pathways in all areas to deliver on a few key areas where outcomes could be improved. The board noted that great changes had been made over the past 4-5 years and that previously deprivation within Slough had been within the top 10% and lower 10% of statistics. Currently the board reports that there are no families affected by deprivation in the top 10%.

The board focussed their discussion upon cardio vascular health and stroke prevention. They noted that mortalities could be prevented if more work was

## **Slough Wellbeing Board - 10.05.17**

done in this area for the under 75's. The total average for mortalities under 75 years old is 10% within Slough ( below the national average) and was previously 15%. The Board acknowledged that some work could be carried out to provide early diagnosis and in facilitating healthier lifestyles.

The Board also discussed that they should draw their attention to children's health in primary schools. The Board discussed that a lot of positive work is being carried out in schools currently but that more preventative, long term would could be beneficial. The Board also commented that schools have a strong focus upon healthy eating in schools and that there should be a clear evidence base that shows the impact of childhood obesity in the locality rather than schools specifically.

### **Resolved: -**

- (a) For the board to consider and prioritise a smaller number or priority areas which could provisionally include child obesity within primary schools focussed through the STP.
- (b) A report relating to health determinants within the CCG's under the STP specifically to be presented to the board at a future meeting.
- (c) Further report back for future meetings which sets out the key health areas which require some improvement, or what is doing well within the borough and what we could progress on

## **72. Forward Work Programme**

The Slough Wellbeing Board Forward Work Programme for the period between July 2017- November 2017 was reviewed. The Board considered the report and no further comments were made. The Board were reminded of the additional workshop planned for June 2017 in preparation for the annual partnership conference to be held in September 2017.

The Board discussed the role of the Slough Youth Parliament (SYP) at a future meeting and that it would be useful to ask them to present upon the value that they may bring the meeting in line with partnership working.

### **Resolved-**

- (a) That the work programme be agreed.
- (b) That the Slough Youth Parliament be invited attend a future meeting which would provide members with a chance to ask questions and discuss the SYP's role within the board and affiliated targeted youth participation.

**73. Slough Wellbeing Board Annual Report 2016/17**

The Board was presented with the Slough Wellbeing Board's Annual Report for 2016/17 so that it could be recommended to full Council at its meeting on the 25<sup>th</sup> July 2017. The board had been presented with the report previously and it outlined the Slough Joint Wellbeing Strategy (SJWS) 2016-2020 priorities and the Five Year Plan 2017-2021 outcomes. The report also outlined other possible implications which included issues such as finances, risk management, the Human Rights Act and other legal implications, Equalities impact assessment. The report was also presented to the Health Scrutiny Panel on the 27<sup>th</sup> March. Panel members of this panel asked for their comments to be addressed and for some specific case studies to be developed in the wider context of developing an evidence base that the Board could use to communicate its achievements to the people of Slough. The previous comments were addressed from both the Slough Wellbeing Board and Health Scrutiny Panel.

The annual report provided that publishing an annual report will provide the Wellbeing Board with an opportunity to promote its work. It will also demonstrate the practical progress that has been made in delivering its statutory functions and against each other with the strategic priorities in the Wellbeing Strategy. The annual report will also identify some of the emerging challenges and opportunities that will influence the work of the Wellbeing board moving forward.

**Resolved – (a)** That all board members are in agreement with the report and its recommendations and that as agreed it shall progress.

**74. Attendance Report**

That the attendance report be noted

**75. Meeting Review**

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

**76. Date of Next Meeting**

The date of the next meeting was confirmed as 19<sup>th</sup> July 2017.

Chair

(Note: The Meeting opened at 5.07pm and closed at 7.28pm)

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Slough Wellbeing Board – Action Progress Report

10<sup>th</sup> May 2017

No:	Item	Action(s):	For:	Report Back To: Date:
67.	Memorandum of Understanding (MOU) setting out an integrated approach to identifying and assessing the health and wellbeing needs of carers	<ul style="list-style-type: none"> <li>That the MOU ( at Appendix A) be endorsed in order to encourage local sign from local partners to support carers within their organisations.</li> <li>That the MOU will be subject to annual review</li> </ul>	All	TBC
68.	SPACE Annual Report 2016	<ul style="list-style-type: none"> <li>The report was noted by the board</li> </ul>	All	Completed
69.	Planning for the 2017 Partnership Conference	<ul style="list-style-type: none"> <li>That members of the Board will forward any items or suggestions for discussion to the Head of Policy, Partnerships and Programmes before the mini workshop.</li> <li>That the Board hold a workshop session in June to highlight the issues mentioned within the meeting</li> </ul>	All	Completed

70	Frimley Sustainability and Transformation Plan (STP) integration	<ul style="list-style-type: none"> <li>• That a summary report to be heard at a future meeting regarding all CCG's within the STP plan</li> <li>• To circulate the condensed A4 STP plan to all board members</li> <li>• Progress of the STP work streams will be reported at future meetings</li> </ul>	All  Alan Sinclair  Alan Sinclair	TBC  TBC  TBC
71	Themed discussion: Increasing life expectancy by focusing on inequalities	<ul style="list-style-type: none"> <li>• Further report back for a future meeting which is focussed on the key health priorities which require some improvement, what is working well within the borough and specific areas for further progress.</li> </ul>	All	Completed
72	Forward Work Programme	<ul style="list-style-type: none"> <li>• That the Slough Youth Parliament be invited attend a future meeting which would provide members with a chance to ask questions and discuss the SYP's role within the board and affiliated targeted youth participation.</li> <li>• That the Pharmaceutical Needs Assessment be added to the work programme for 31<sup>st</sup> March 2018.</li> </ul>	Policy Team	SYP expected to be in attendance to present on the 19 <sup>th</sup> July 2017

### 29<sup>th</sup> March 2017

No:	Item	Action(s):	For:	Status
53.	Minutes	<ul style="list-style-type: none"> <li>• That an action log be considered at future meetings</li> </ul>	Democratic Services/Policy	Completed

		to assist the Board in tracking actions.	Team	
54.	Themed Discussion: Protecting vulnerable children	<ul style="list-style-type: none"> <li>A closed workshop to be held at a future date with young people to provide them with an opportunity to feedback on their experience of services.</li> <li>Youth Parliament to be approached to work with the CCG to champion the engagement of young people including a potential pilot to involve in PPGs.</li> <li>Consider how CCG could get engage with schools/headteachers on wellbeing agenda, via the forum recently established by the Council.</li> <li>Partners were encouraged get involved and resource GP Open Day in May.</li> <li>SCST and CCG to discuss the potential a package for care leavers to include a one-to-one advice based session with an appropriate health professional.</li> <li>Future partnership arrangements and strategy on the Children and Young People's agenda to be progressed in discussion with the Commissioner.</li> </ul>	DCS/SCST  CCG  CCG/SBC  All  CCG/SCST  SBC DCS	To be advised 10/5/17
56.	Community Engagement Update	<ul style="list-style-type: none"> <li>That a workshop be held in June 2017 on the Board's Ways of Working</li> </ul>	Policy Team	Completed
57.	Better Care Fund Programme	<ul style="list-style-type: none"> <li>That delegated authority be given to the Director of Adult Social Care to sign off the final BCF Plan for 2017-19.</li> </ul>	Director of Adult Social Care	TBC

**26<sup>th</sup> January 2017**

No:	Item	Action(s):	For:	Status
41.	Local Plan Issues and Options Consultation	<ul style="list-style-type: none"> <li>• That partners be encouraged to participate and contribute to consultation process.</li> <li>• That copies of the Planning Slough's Future – Issues and Options magazine and leaflet be made available to partners for circulation.</li> </ul>	All  Planning Dept.	-  Completed
42.	Themed discussion: Mental Health	<ul style="list-style-type: none"> <li>• That further consideration be given to the practical issues and actions raised during the course of the discussion with a report back to the Board at a future meeting.</li> <li>• That consideration be given to showcasing some of the excellent work being done locally to support people with mental health conditions at the next annual partnership conference.</li> </ul>	Policy Team  Policy Team	TBC  TBC
47.	SWB Annual Report	<ul style="list-style-type: none"> <li>• That the first draft of the SWB Annual Report be noted and that Board members be asked to submit any further comments or ideas by the end of February 2017.</li> </ul>	All	-



**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board **DATE:** 19<sup>th</sup> July 2017

**CONTACT OFFICER:** Giovanni Ferri, Youth Worker-Youth Voice, Young Peoples Service

**(For all enquiries)** 01753 875510

**WARD(S):** All

**PART I**  
**THEMED DISCUSSION**

**SLOUGH YOUTH PARLIAMENT**

1. **Purpose of Report**

To advise the Wellbeing Board on the work of the Slough Youth Parliament (SYP) regarding their manifesto priorities.

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

That the Wellbeing Board endorses the work being undertaken by the SYP and notes the recommendations of the presentation.

3. **Slough Joint Wellbeing Strategy (SJWS) priorities, and Council's Five Year Plan**

3(a) **Slough Joint Wellbeing Strategy Priorities**

The SYP 2017 / 2018 manifesto is broad in scope and helps to address and/or contribute to a number of areas of importance identified by the Wellbeing Board, including improving the mental health and wellbeing of residents (including young people), in Slough.

3(b) **Council's Five Year Plan Outcomes**

The SYP's campaign will have an impact on the following Five Year Plan outcomes:

1. Our children and young people will have the best start in life and opportunities to give them positive lives.
2. Our people will become healthier and will manage their own health, care and support needs.
3. Slough will be an attractive place where people choose to live, work and visit.

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 directly resulting from the recommendation of this report.
- c) Human Rights Act and Other Legal Implications - There are no Human Rights Act implications directly resulting from the recommendation of this report.
- d) Equalities Impact Assessment (EIA) – There are no EIA implications associated with the proposed actions.

## **5. Summary**

*The Board is asked to note:*

- a) the content of this report;*
- b) the priorities that have been included in the SYP's manifesto for 2017 / 2018; and*
- c) the local issues that the Parliament will be campaigning on throughout 2017 / 2018.*

*The Board will also receive a presentation relating to these items at the meeting.*

## **6. Supporting Information**

### ***Background***

6.1 In 2014 the Slough Children and Young People's Partnership Board (CYPPB) approved the implementation of an elected Youth Parliament for Slough. Building on the existing Youth Cabinet, which was made up of young people nominated to sit on the group, the CYPPB was keen for young people in Slough to have a truly representative group, democratically chosen by young people, which was able to influence decision making across the town.

6.2 The Young People's Service were charged with taking this forward as part of the wider Youth Voice agenda and worked closely with schools to implement the borough's first Youth Parliament.

### ***Selection process***

6.3 Any young person aged 11-19, living in Slough was able to nominate themselves to stand as a candidate on behalf of their school or college. Each participating school was an election ward, and held elections, where every student was able to vote. In the end over 120 young people put themselves up to stand for elections which first took place in January 2015.

6.4 Campaigning and elections took place across 12 secondary schools (including the specialist schools Arbour Vale and Haybrook Pru), and East Berkshire College. Using the first past the post system, the two candidates with the highest number of votes at each school become Members of Slough Youth Parliament for a two year term. 5,596 youngsters voted for their chosen representatives with some schools

achieving over 90 percent turnout in their elections, and the average turnout for the borough was 61percent.

6.5 The second Slough Youth Parliament elections took place in January 2017. Involvement from schools increased during this cycle resulting in participation from 17 local secondary schools, with only Haybrook Pru and East Berkshire College missing this time. This election resulted in 8018 young people voting for their Youth representatives; again some schools achieved over 90 per cent turnout in their elections and the average turnout for the borough increased to 78.6 percent.

6.6 Slough's new Youth Parliament (SYP) is currently made up of 33 elected young people aged 12-19 elected for a two year term of office. As well as the members elected through schools and colleges, 4 representatives come from 'co-opted' groups from under represented young people. This includes lesbian, gay, bisexual and transgender young people, service users and young carers. SYP is currently working to build closer ties with the Children in Care Council group 'Reach Out'.

### ***Progress to date***

6.7 At a weekend residential held during February half term 2017, SYP's worked hard to draft their manifesto (a copy of which is attached at Appendix A) based upon previous campaigns and two years worth of local data from the Make Your Mark consultation. They also developed a code of conduct and elected an executive committee and their representatives to a number of local strategic groups and local decision makers, including the Slough Safer Partnership, Thames Valley Police Community Consultative Group and the UK Youth Parliament (UKYP). More experienced Youth reps from SYP's first cohort also now sit as lay members on the LSCB and the Education and Children's Service's Scrutiny committee.

6.8 SYP members have helped coordinate and promote Make Your Mark consultation (UK's largest youth consultation) across local secondary schools and community groups leading to over 6000 participants (55% turnout) in 2015 compared to 697 participants (6% turnout) in 2014, which resulted in an award in Parliament for most improved L.A. SYP improved this result again in 2016 with 8000 participants (67% turnout) with Slough coming top of South East region and second in UK, and receiving a second award in parliament. Youth reps are currently registering their school in preparation for this years Make Your Mark ballot.

6.9 SYP Hosted Sloughs Young People's Awards in November 2016, to be held again in November 2017, Youth reps are currently promoting the nominations process for this years awards.

6.10 SYP Youth reps have been key speakers in both 2015 and 2016 at the UK Youth Parliament debate in the House of Commons, chaired by the speaker Rt. Hon. John Bercow MP and broadcast live on BBC Parliament. Youth reps raised the issue of curriculum to better prepare young people for life and adult fares for young people travelling on public transport. In addition to this, members successfully lobbied for Slough Council to support votes at 16.

6.11 SYP have been actively involved in community cohesion and inter generational work most recently volunteering at Home Slough's Street Alive festival in June and across Slough's libraries during mental health awareness week in May. Members are currently working on an Equality event due in Sep. SYP have held 6 Young People's Question time events working with local charity Aik Saath, the most recent Question Time was held in May and next one due in October.

6.12 SYP members have won Slough Voluntary Sector, Young Volunteer of the Year award in 2015 and again in 2016, in recognition of their campaign efforts on behalf of the Youth Parliament. In 2016, SYP was also shortlisted for Children and Young People Now, Volunteering and Social Action award.

### ***Next steps***

6.13 Youth Parliament representatives will be attending the Wellbeing Board meeting on 19<sup>th</sup> July to deliver a presentation regarding their work and to introduce their new manifesto priorities to the Board.

### **7. Appendix Attached**

Appendix A – Slough Youth Parliament Manifesto

Appendix B- Make Your Mark Infographic 2016

### **8. Background papers**

None

# Make Your Mark

The UK's largest youth consultation

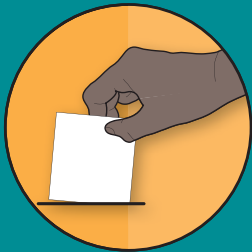


# 2016 RESULTS

## 978,216 votes

### 1 in 6

11-18 year olds vote



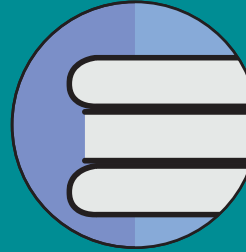
### Over 550

young volunteers recruited to help consult their peers



### 1,204

schools, colleges and youth organisations supported the campaign and vote



## ISSUES

**A curriculum to prepare us for life - 142,471**

**Tackling racism and religious discrimination - 123,944**

**Transport - 120,186**

**Votes at 16 - 112,687**

**Stop cuts that affect the NHS - 109,919**

Mental health - 105,140

First Aid Education for All Young People - 101,009

Raising Awareness of Sexual Harassment in schools - 61,930

Body Image - 60,824

Fund our youth services, don't cut them - 40,106

## TOP 5s

### Highest % turnout

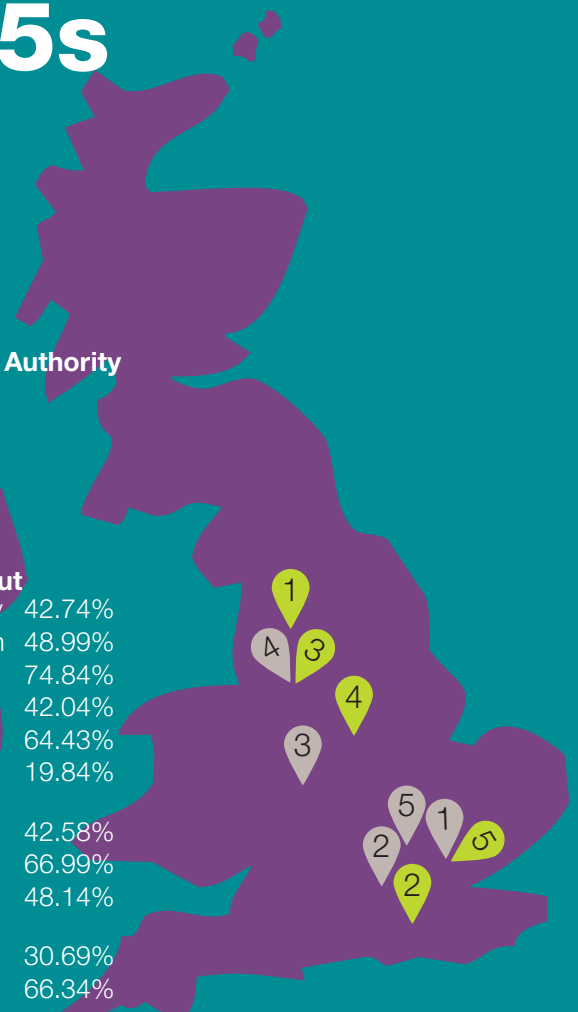
1. Redbridge 74.84%
2. Slough 66.99%
3. Walsall 66.34%
4. Manchester 64.43%
5. Harrow 64.38%

### Top number of Votes/Local Authority

1. Lancashire 30,310
2. Surrey 27,004
3. Manchester 25,406
4. Derbyshire 22,948
5. Redbridge 20,816

### Region/Nation Top % Turnout

- |                          |                       |        |
|--------------------------|-----------------------|--------|
| East Midlands            | Leicester City        | 42.74% |
| East of England          | Peterborough          | 48.99% |
| London                   | Redbridge             | 74.84% |
| North East               | Hartlepool            | 42.04% |
| North West               | Manchester            | 64.43% |
| Northern Ireland         | East Antrim           | 19.84% |
| Scotland                 | Shetland Islands      | 42.58% |
| South East               | Slough                | 66.99% |
| South West               | Plymouth              | 48.14% |
| Wales                    | The Vale of Glamorgan | 30.69% |
| West Midlands            | Walsall               | 66.34% |
| Yorkshire and the Humber | North Lincolnshire    | 52.31% |



# Make Your Mark



Over 3.5 million votes cast

## RECURRING ISSUES

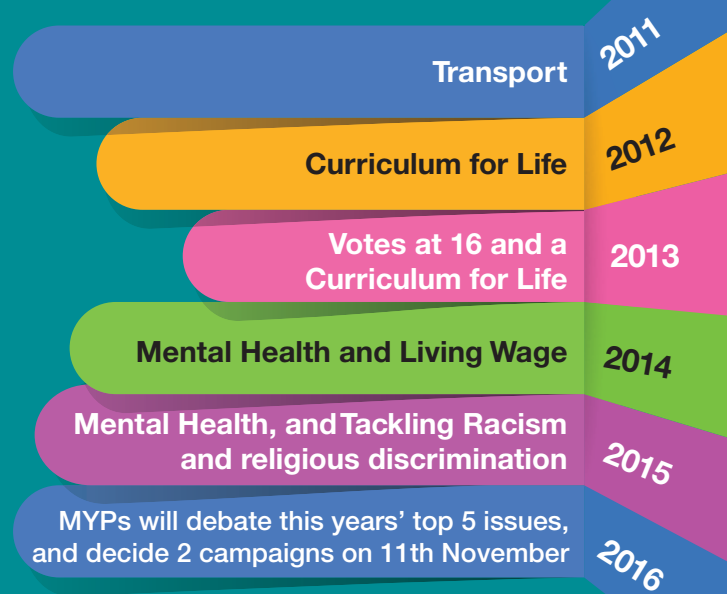
- x4**
  - Curriculum for Life
  - Transport
- x3**
  - Votes at 16
  - Living Wage/minimum wage
  - Work experience/getting ready for work
- x2**
  - Mental health
  - Bullying
  - Tackling racism & religious discrimination

## MYPs EQUAL OPPORTUNITY STATISTICS

- 52% are Female
- 33% identify as Black, Asian or a Minority Ethnic group
- 12% tell us they have a disability
- 9% are entitled to Free School Meals

# 2011-2016

## Campaigns chosen at the MYP House of Commons debate:



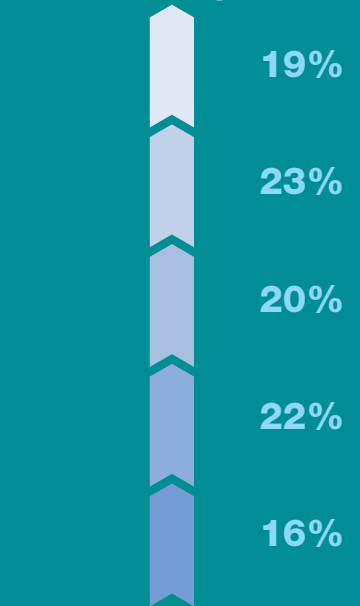
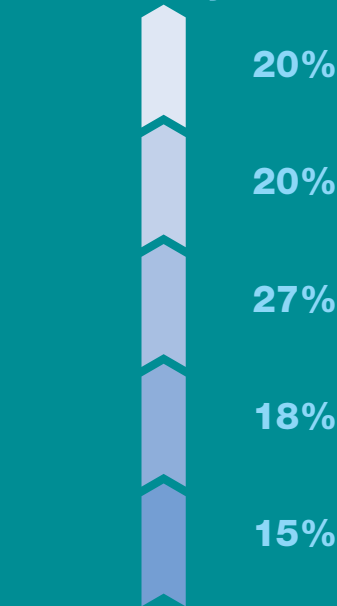
## DIVERSITY IN 2016

### MYPs IN ENGLAND

### SCHOOL, COLLEGE & YOUTH GROUPS [registered to take part in Make Your Mark 2016]

#### Most Wealthy Ward

#### Most Wealthy Ward



#### Most Deprived Ward

#### Most Deprived Ward

Data: Index of Multiple Deprivation, DCLG, 2015. England only



# Manifesto

Slough Youth Parliament 2017 - 2018

**SYP will campaign** to reduce the stigma around young people's emotional and mental health needs and improve local support services



**SYP will work** to make Slough a more environmentally friendly town and support the case for alternatives to cars and better access to public transport



**SYP will promote** equality for all and empower young people to feel safer in their communities



**SYP will enable** young people to have a greater say by capturing their views in the annual UK-wide ballot 'Make Your Mark'



**SYP will raise** the profile of young people in a positive way by celebrating their achievements at Slough Youth Awards



## UK Youth Parliament National campaigns 2017

**WHAT  
WE  
WILL DO  
FOR  
YOUTH**

**Votes at 16** Give 16 and 17 year olds the right to vote in all elections/referendums



**A Curriculum** to prepare us for life. Schools should cover topics like finance, sex and relationship education and politics



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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board **DATE:** 19<sup>th</sup> July 2017

**CONTACT OFFICER:** Alan Sinclair, Director of Adult Social Services  
Helen Single, Associate Director of Strategy, Planning & OD,  
East Berkshire CCGs

**(For all Enquiries)** (01753) 875752

**WARD(S):** All

**PART I**

**FOR DISCUSSION**

**Slough CCG Operational Plan 2017/18 – 2018/19**

1. **Purpose of Report**

The three East Berkshire Clinical Commissioning Groups (Bracknell & Ascot, Slough, and Windsor, Ascot & Maidenhead CCGs) have submitted their Operational Plan for the two years 2017/18 to 2018/19 to NHS England (NHSE). The plan has now been fully assured.

This report summarises the NHS national priorities as laid out in the 'NHS Five Year Forward View' and highlights how these, together with local priorities will be delivered via the Operational Plan.

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

The Board is requested to note the report.

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

The Operational Plan aligns with and supports the Slough Joint Wellbeing Strategy priorities.

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

The Operational Plan for Slough will help support the delivery of the following Slough Joint Wellbeing Strategy 2016 – 2020 (SJWS) priorities:

- 1) Protecting vulnerable children
- 2) Increasing life expectancy by focussing on inequalities
- 3) Improving mental health and wellbeing

3b. **The JSNA**

This Operational Plan represents the collective commissioning ambitions of the three East Berkshire CCGs and has been informed by NHSE Planning Guidance, local partner priorities, strategies, plans, the JSNA and the Frimley Sustainability and Transformation Partnership (STP).

### 3c. **Five Year Plan Outcomes**

The Operational Plan will help support the delivery of the following 2017 Five Year Plan's outcomes:

- 1) Our children and young people will have the best start in life and opportunities to give them positive lives
- 2) Our people will become healthier and will manage their own health, care and support needs

### 4. **Other Implications**

- (a) **Financial** - The Operational Plan complies with NHS England key planning requirements.
- (b) **Risk Management** - Key risks to the delivery of the Operational Plan across all work programmes have been identified and are included in Chapter 10 of the plan.

Slough CCG shares two committees that have a key role in the development and scrutiny of the delivery of the Plan. There are the Business Planning and Clinical commissioning Committee and Finance and the Quality, Innovation, Productivity and Prevention (QIPP) Programme.

Programmes of work are aligned to programme boards which have a clear focus on implementation and how risks to delivery are being managed.

- (c) **Human Rights Act and Other Legal Implications** - No Human Rights implications arise.
- (d) **Equalities Impact Assessment** - The Operating Plan aims to improve health outcomes and wellbeing for the people of Slough and to deliver sustainable, consistent standards of care within the resources available.
- (e) **Workforce** - There will be significant workforce development implications in the delivery of the local and national aspirations for healthcare provision over the coming years, alongside what we know to be ongoing challenges in recruitment and retention within health and care provision. These are recognised within our plan, and are also supported by a Sustainable Transformation Plan (STP) work stream on workforce.

### 5. **Summary**

*This report provides the Wellbeing Board with an update on the Slough CCG's Operational Plan. The document also represents the collective ambition of the three East Berkshire CCGs.*

*The Board is asked to note the report and to support the delivery of the Operational Plan and associated work programmes during 2017/18 and 2018/19.*

*The Operational Plan sets out how the three East Berkshire CCGs, working with the wider health and care system, will aim to deliver the national nine 'must do's' alongside any local priorities, achieving improvements in the quality and safety of services provided, and improving health outcomes for local people.*

## 6. **Supporting Information**

NHSE (Delivering the Forward View – NHS Planning Guidance 2016/17 – 2020/21) has set out a clear list of national priorities (nine ‘must do’s’) for 2017/18-18/19 and the longer-term challenges for local systems. These include transforming urgent and emergency care services, improving cancer outcomes by ensuring cancers are diagnosed promptly with prompt treatment and care delivered in the most appropriate setting, implementing the national Mental Health Taskforce - addressing the variation in access to and quality of care and support whilst promoting good mental health and preventing poor mental health.

The nine must do’s are:

- Sustainability & Transformation Partnership development
- Financial sustainability
- Primary Care
- Urgent & emergency care
- Referral to treatment times and elective
- Cancer
- Mental Health
- People with learning disabilities
- Improving quality in organisations

The Operational Plan also demonstrates how we will achieve financial sustainability as three CCGs and with our system partners. It describes our commitment to improving outcomes and delivering sustainable, consistent standards of care within the resources available. The Plan has been informed by local clinicians, patients, and key partners.

### **Slough CCG Local Priorities**

Slough CCG has articulated its high level priorities over the next two years which align with the local Slough Joint Wellbeing Strategy priorities and the 5 Year Plan outcomes:

:

- Ensure patient rights under the NHS Constitution are upheld
- Develop a transformed model of general practice
- Reduce unwarranted variation in outcomes and the use of money
- Prevent crisis and escalation of health issues, through early identification and treatment
- Improve urgent on the day access to services and response to those in crisis
- Ensure mental health receives as much attention as physical health
- Develop integrated services across the NHS and social care
- Give people support to live healthy lives and look at their conditions

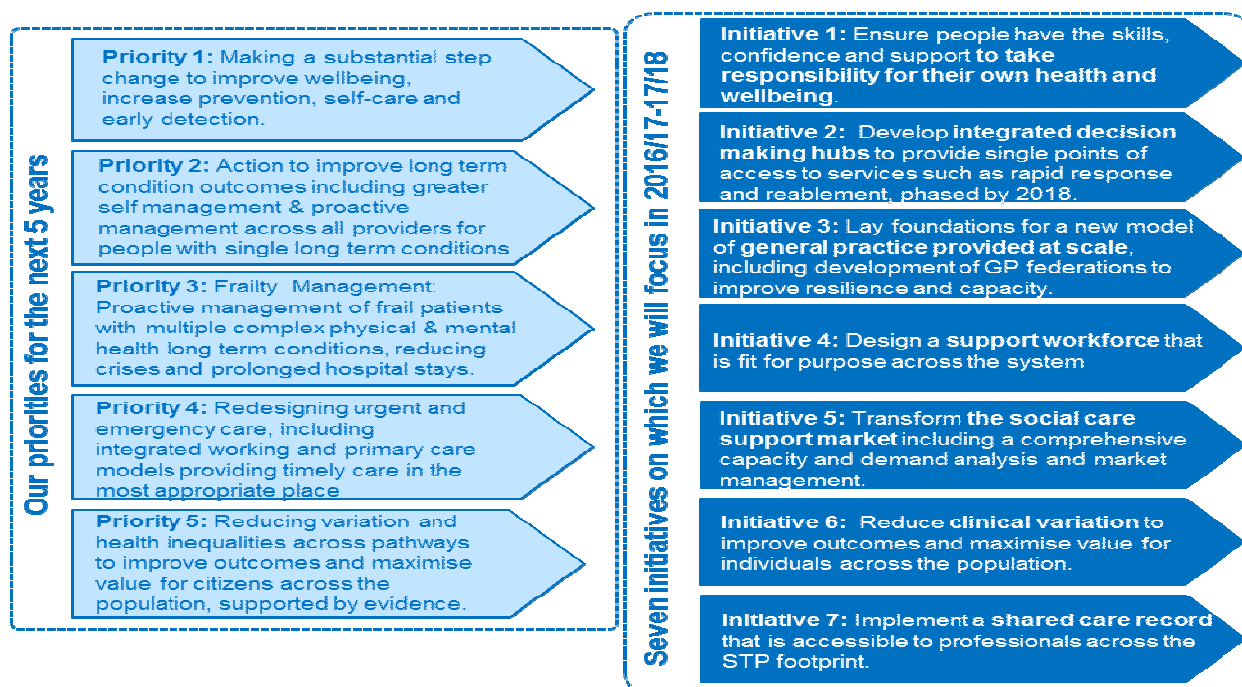
These priorities will be delivered through the following areas of work:

- Integrated Care Hubs and primary care, urgent and emergency care transformation
- Continued improvements in access to mental health services for children and young people
- Early identification of mental and physical health needs for people with a learning disability

- Increased emphasis on prevention, self-help and self-care supporting public health initiatives and STP prevention programme
- Encourage people to stop smoking, increase physical activity, reduce alcohol consumption, and reduce their weight
- Integrated care planning for those with diabetes and cardiac problems e.g. heart failure, complex case management, shared care records through interoperability solution Connected Care
- Increased access to personal health budgets and social prescribing

In December 2015, NHSE outlined a new approach aimed at ensuring that health and care services are built around the needs of local populations through the development of joint Sustainability and Transformation Plans (STP), setting out how local services will evolve and become sustainable over the next five years, thereby delivering the 'NHS Five Year Forward View' vision. Slough CCG is part of the Frimley STP and the Operational Plan sets out how over the next two years we will support the delivery of the STP.

The priorities and associated initiatives of the Frimley STP for the next 5 years are:



## 7. Comments of Other Committees

The draft Operational Plan outline was shared with the Slough Wellbeing Board prior to its submission in December 2016.

The Plan has also been discussed at Slough CCG member practices meetings, with the public through the community partnership forum and with the CCG Governing Body in several iterations before the final version was submitted to NHSE.

## 8. Conclusion

The Board is asked to note the report and to support the delivery of the Operational Plan and associated work programmes during 2017/18 and 2018/19.

9. **Appendices attached**

'A'- Slough CCG Plan on a Page

10. **Background Papers**

Delivering the Forward View – NHS Planning Guidance 2016/17 – 2020/21  
<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

Operational Plan 2017/18 – 2018/19 (Bracknell & Ascot CCG, Slough CCG, Windsor, Ascot & Maidenhead CCG) <http://www.sloughccg.nhs.uk/about-us/our-plans>

# Slough Clinical Commissioning Group: Plan on a Page



**Population**

- ❖ The population profile differs from the national picture with a larger proportion of children aged 0 to 14 and younger adults aged 25 to 44, but a smaller proportion of adults aged 45 and over. 28% of the CCG's total registered population is under 19
- ❖ 5 of the lower super output areas in the CCG boundary are in the 20% most deprived nationally
- ❖ Life expectancy at birth for men is 78.5 years, which is significantly worse than the national figure of 79.2 years. Life expectancy at birth for women is 82.7 years, which is similar to the national figure of 83.0 years
- ❖ The recorded prevalence of cardiovascular diseases, cancer, respiratory diseases, chronic kidney disease, depression and dementia is lower than the national prevalence rates and comparator CCG group. The recorded prevalence of diabetes is higher. Mental health disorders are marginally higher than England, but lower than the comparator CCG group
- ❖ The CCG had 8,144 potential years of life lost (PYLL) considered amenable to healthcare in 2012-14. This rate of 2,460 PYLL per 100,000 registered population is significantly higher than the national rate. Ischaemic heart disease was the main cause of PYLL in the CCG at 36.0%

**Opportunities for improvement** Improved outcomes in cancers, maternity, gastro-intestinal, neurology, trauma and injury, diabetes, dementia and learning disability  
 Opportunities to spend money more wisely in: neurology, respiratory, genito-urinary, gastro-intestinal and endocrine

**Our high level priorities for the next two years are**

- Ensure patient rights under the NHS Constitution are upheld
- Develop a transformed model of general practice
- Reduce unwarranted variation in outcomes and the use of money
- Prevent crisis and escalation of health issues, through early identification and treatment
- Improve urgent on the day responsiveness of services and response to those in crisis
- Ensure that mental health receives as much attention as physical health
- Develop integrated services across the NHS and social care
- Give people support to live healthy lives and look after their conditions

**Our priority areas of work**

- Improve access to general practice and integrate other services and develop capacity and skills
- Improve the use of technology for online consultations and sharing records
- Provide information about early diagnosis and screening for cancers
- Support people at risk of developing diabetes and offer all diabetics the 8 care processes, structured education and group consultations
- Commission integrated community based MSK, Eye, Neurology, Cardiology, Respiratory and Dermatology services
- Implement an integrated care record
- Increase clinical input to NHS 111 calls. Stream patients to the most appropriate service in A & E
- Improve arrangements for discharging people from hospital
- Mental health - develop services for children and young people, people in a crisis and those with long term conditions, depression and anxiety and eating disorders. Focus on physical health
- Focus on the physical health of people with a learning disability and support them in the community
- Improve support to people who have been diagnosed with dementia
- Improve maternity services
- Commission integrated teams for people with complex conditions
- Deliver personal health budgets, self help and self care programmes
- Provide 24/7 support and share care records for people at the end of their lives
- Encourage people to stop smoking, increase physical activity, reduce alcohol consumption, and reduce their weight

**What will the impact be?**

- ❖ I will be given the information I need to stop myself getting ill and will have more control if I do
- ❖ I will be helped to give up smoking or drinking too much alcohol, I will be helped to lose weight and get active
- ❖ I will be more likely to go to the correct service first time and avoid a health crisis
- ❖ I will only have to tell my story once and all the relevant services will have up to date information about me
- ❖ If I am a parent or carer I will have information to help anyone I am caring for if they are sick or hurt
- ❖ I will be less likely to stay in hospital longer than I need to
- ❖ I will be more likely to have earlier diagnosis and treatment for circulatory disease, dementia, diabetes, cancer (particularly bowel and breast) and hypertension
- ❖ If I have a learning disability or mental ill health, I will also be checked for physical health problems and will be more likely to be cared for closer to home
- ❖ I will be more likely to live longer despite any health problems (particularly cancer)
- ❖ If I am a mother, I will be more likely to have a better experience of maternity services

**Our supporting strategies**

- ❖ Engagement of communities and patients to give people the skills and confidence to look after themselves and stay healthy
- ❖ Development of our workforce to deliver new models of care
- ❖ Development of the public estate to make the best use of public resources and deliver our new models
- ❖ Use of technology to support patients and clinicians in becoming more efficient, ensuring patients have to tell their story only once and can look after themselves
- ❖ Becoming a system with a collective focus on the population
- ❖ Robust quality and safeguarding procedures

## SLOUGH BOROUGH COUNCIL

**REPORT TO:** Slough Wellbeing Board  
**DATE:** 19 July 2017  
**CONTACT OFFICER:** Dean Tyler (Head of Policy, Partnerships & Programmes)  
 (For all Enquiries) (01753) 875847  
**WARD(S):** All

**PART I**  
**FOR AGREEMENT**

**OUTCOME OF JUNE WORKSHOP TO REVIEW WAYS OF WORKING AND ARRANGEMENTS FOR THE 2017 PARTNERSHIP CONFERENCE**

1. **Purpose of Report**

- 1.1 To report the outcome of the June workshop which was arranged to review the Board's ways of working and agree plans for the annual partnership conference.

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

- 2.1 The Board is recommended to:

- Note the outcomes of the workshop which will inform our ways of working going forwards; and
- Agree the arrangements for the annual conference.

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

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

- 3.1 The Slough Wellbeing Strategy 2016-2020 was launched at last year's partnership conference in September 2016. There are four priorities:

1. Protecting vulnerable children
2. Increasing life expectancy by focusing on inequalities
3. Improving mental health and wellbeing
4. Housing

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

- 3.2 The priorities in the Wellbeing Strategy are informed by evidence of need contained in the Joint Strategic Needs Assessment and the Slough Story.

3c. **Council's Five Year Plan Outcomes**

- 3.3 The work of the Board and the Wellbeing Strategy contributes to the five outcomes in the Council's Five Year Plan:

- Our children and young people will have the best start in life and opportunities to give them positive lives

- Our people will become healthier and will manage their own health, care and support needs
- Slough will be an attractive place where people choose to live, work and visit
- Our residents will have access to good quality homes
- Slough will attract, retain and grow businesses and investment to provide jobs and opportunities for our residents

#### 4. **Other Implications**

- (a) Financial – There is a financial cost attached to the annual conference which is around **£650.00** This includes the cost of hiring The Curve plus catering. The Board does not have a budget and this cost needs to be considered in planning the conference. It was suggested at the workshop that we look to hold the conference at a larger venue and we are scoping options.
- (b) Risk Management - There are no identified risks associated with the proposed actions.
- (c) Human Rights Act and Other Legal Implications - There are no direct legal implications. The specific activity in the Wellbeing Strategy and other plans may have legal implications which will be brought to the attention of the Council's Cabinet separately. There are no Human Rights Act Implications.
- (d) Equalities Impact Assessment - There is no requirement to complete an Equalities Impact Assessment (EIA) in relation to this report. EIAs will however be completed on individual aspects of any actions produced to sit underneath the Wellbeing Strategy, as required.

#### 5. **Summary**

*This report sets out the outcomes from the workshop on 14 June which was held to review the Wellbeing Board's ways of working and discuss plans for the annual partnership conference.*

*The report sets out the outcome of the workshop discussion and summarises:*

- *what's going well;*
- *key opportunities; and*
- *what needs to change.*

*This will inform the Board's ways of working going forwards.*

*The workshop also considered a draft programme for the annual partnership conference on 21 September. This has been changed to reflect comments and a revised programme is included for agreement.*

#### 6. **Supporting Information**

- 6.1 We held the first Slough partnership conference under our new ways of working in September 2016. The conference brought together 60 representatives from across the borough and was used to launch the new Wellbeing Strategy 2016-2020.
- 6.2 As a Board we agreed new ways of working and terms of reference in July 2016 which focussed around how the Board could be more strategic and have genuine



influence and set direction. The new Wellbeing Strategy explained the role of the Board and how it has set itself an ambition to set the vision and strategic direction for partnership working in Slough.

- 6.3 The Strategy describes the relationship between the Board and the wider partnership network in Slough and how it would act to 'hold the ring', coordinating activity to make the best use of resources in achieving common outcomes.

## 7. **Comments of Other Committees**

- 7.1 Members of the Health Scrutiny Panel were invited to the June workshop.

## 8. **Conclusion**

- 8.1 The June workshop reviewed the Board's ways of working and the outcome of this discussion is set out at Appendix A. The workshop also considered a proposal for the partnership conference and the feedback has been used to develop a revised programme for the event which is included as part of Appendix A.

## 9. **Appendices**

- 9.1 A – Outcome of June workshop to review the Board's ways of working including revised programme for the annual partnership conference.

## 10. **Background Papers**

- 10.1 None.

## **APPENDIX A: OUTCOME OF SLOUGH WELLBEING BOARD WORKSHOP TO REVIEW THE WELLBEING BOARD'S WAYS OF WORKING: 14 JUNE 2017**

### **Workshop attendees:**

Councillor Sabia Hussain	Chair of Wellbeing Board
Naveed Ahmed	Business representative
Councillor Dexter Smith	Health Scrutiny Panel
Councillor Sarfraz Sunyia	Health Scrutiny Panel
Jesal Dhokia	Slough CVS
Nicola Strudley	Healthwatch
Lloyd Palmer	Royal Berkshire Fire and Rescue Service
Matt Marsden	Slough Children's Services Trust
Roger Parkin	SBC, Interim Chief Executive
Alan Sinclair	SBC, Adult Social Care
Cate Duffy	SBC, Children, Learning & Skills
Paul Thomas	SBC, Housing
Simon Hall	SBC, Economic development
Garry Tallett	SBC, Safer Slough Partnership
Craig Brewin	SBC, Adult Social Care
Ketan Gandhi	SBC, Wellbeing & Community
Dave Gordon	SBC, Scrutiny
Rebecca Howell Jones	SBC, Public Health
Rodney DCosta	SBC, Children's Partnerships
Mervin Msaya	SBC, Policy
Nick Pontone	SBC, Democratic Services
Dean Tyler	SBC, Policy & Partnerships
Amanda Renn	SBC, Policy

## **PART 1: REVIEW OF BOARD'S WAYS OF WORKING**

### **What's going well?**

1. Themed discussions – in particular the Housing discussion where the Board were presented with initial priorities and had an opportunity to influence and shape the Strategy as it was being developed
2. Mix of Board members – including the addition of the Trust
3. Change in focus of the agenda to reflect impact – the 'so what?' question

### **Opportunities**

1. Increase public profile
2. More collaboration across partners
3. Strengthen children's element
4. Pace of work and to be more reflective of emerging issues
5. To get the most out of the physical infrastructure across the Town
6. To work across geographical boundaries

## **What do we need to change?**

1. Visibility of the Board and what happens as a result of its conversations – how do we communicate this so that people can see the impact of the work?
2. Better conversations with our residents about health e.g. increasing health checks – how do we get the right message to the right sector in our communities [note this is an area where Health Scrutiny are likely to focus]
3. A strategy for communications / engagement / PR / campaigns to manage public profile and drive engagement activity. One proposal was for a single point of accountability to be identified at the Council to lead this. However it was equally felt that this should not be Council led. To be effective a joint partnership piece of work would be needed and this would need to include leads from partner organisations. It was also agreed that we have some timely high profile programmes of activity coming up including the Sustainability and Transformation Partnership work which will require specific communications and this presents an opportunity to develop our community engagement.
4. Build greater synergy between health and care systems and relationship with CCG. There was some concern about the chances of success of cross boundary working under the Sustainability and Transformation Partnership.
5. If the Board is to realise the ambition to become one of the best in the country it needs to be more than a meeting. In addition more needs to be done outside of meetings and for the lead to be clear – the Council often leads or facilitates but that need not always be the case.
6. Practical suggestions for the Board's agenda:
  - a. Proposal to theme the whole meeting
  - b. Have a narrow focus for the year for all partners on 'wicked issues' to remove duplication and identify gaps where we can commission / influence change rather than trying to fix everything. To balance this role of the Board to tackle the wider determinants of health.
  - c. Agenda items to be clear about difference between actions and outcomes – the 'so what?' question and what will be different as a result of the action proposed – be clear about how success will be measured and by whom.
  - d. Clear understanding about how items are routed to the Board

## **PART 2: COMMENTS ON DRAFT PROGRAMME FOR ANNUAL CONFERENCE**

1. This conference should be seen as a continuation from last year so that we build momentum and become focussed on results
2. Programme should be forward looking and what's happening next - don't do too much backward looking and 'you said / we did' but focus reporting successes on the 'so what?' aspect of what the Board has made happen or influenced

3. Aim for a 'road map' to set out the 'how' as well as the 'what' – what are the 'wicked issues' where we can make a difference?
4. There should be less presentations 'from the front' – use world café format to get delegates to problem solve 'wicked' issues.
5. Where we do have important updates focus on what people need to know - e.g. on the Sustainability and Transformation Partnership it is good news that Frimley is in top 9.
6. Send information in advance so that people have something to think about and can come prepared
7. Look at larger venue
8. Less Council staff and more partners to be invited.

**Slough Partnership Conference**  
**9.30 – 13.00 Thursday 21 September 2017**  
**Venue: TBC**

**Programme**

**Purpose of the session**

- To build momentum since last year and focus on what happens next
- To work together to tackle 'wicked issues'
- To strengthen partnership working in Slough

9.00      **Tea and coffee available**

9.30      **Welcome and introduction - Councillor Sabia Hussain, Chair of the Slough Wellbeing Board**

9.45      **World café – tackling wicked issues**

**Group activity:**

Develop a plan to present to the conference for solving 'wicked issues' in Slough including isolation and loneliness; obesity; poverty

- What can you offer?
- What are you already doing to tackle this?
- What support do you need?
- Where are the gaps?
- What are the key communications messages?

11.00     **Break**

11.30     **Priorities for the year ahead**

- Short presentations to include: Frimley Sustainability and Transformation Partnership; Slough Youth Parliament manifesto and future work to tackle Skills and Employment

**Questions and discussion**

12.15     **The future of partnership working in Slough**

**Group activity:**

- What do we need to do as a partnership network to influence change and improve outcomes for Slough?
- What are the key communications messages?

12.45     **Next steps Naveed Ahmed, vice-chair Slough Wellbeing Board**

13.00     **Close**

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# **Slough Wellbeing Board's Work Programme**

**September 2017 - May 2018**

27 September 2017

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
<b>Discussion</b>				
Slough Local Safeguarding Children's Board (SLSCB) (Delivery Plan update)	The Board is asked to review recent progress against the delivery plan	Nick Georgiou Independent Chair	Sandra Davies SCST	No
Revisit "improving mental health and wellbeing" priority of Wellbeing Strategy (tbc)	The Board is asked to review recent progress against this priority	Alan Sinclair, Director Adult Social Care	Geoff Dennis, Head of Mental Health, Slough Locality	No
Refresh of the JSNA (tbc)		Alan Sinclair Director Adult Social Care	Health and Social Care PDG	
Draft Prevention Strategy	The Board is asked to note and comment on the draft Strategy (This is a referral from the Health and Social Care PDG)	Simon Lawrence, Programme Manager, Wellbeing	Director Adult Social Care	No
BCF Plan 2017 – 2019	The Board is asked note and comment on the Plan	Mike Woodridge, BCF Programme Manager	Director Adult Social Care	No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes		No
<b>Themed discussion</b>				
Feedback from the 2017 Partnership Conference and launch of 2018 strategy (TBC)		Dean Tyler, Head of Policy, Partnerships & Programmes		No
<b>Information</b>				
Reprovision of Healthwatch Slough Contract (update)	The Board is asked to note recent activity in connection with the reprovision of the Healthwatch contract	Ian McIlwain	Director Adult Social Care	No
Frimley Sustainability and Transformation Plan (STP) integration	The Board is asked to note recent activity under the Frimley Sustainability and Transformation Plan	Alan Sinclair, Director Adult Social Care		
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	



15 November 2017

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
<b>Discussion</b>				
Pharmaceutical Needs Assessment (tbc)	The Board is asked to note the arrangements that are underway to consult on Slough's Pharmaceutical Assessment (the public consultation is currently planned to take place between October and December 2017)	Director of Public Health		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
Slough Local Safeguarding Children's Board (SLSCB) 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
End of 1 <sup>st</sup> year report/review regarding the operation of the Board's (a) Overarching Information Sharing Protocol (b) Safeguarding People's Protocol (c) Scrutiny Protocol	The Board is asked to note the impact that the Protocols have had on improving partnership working and consider what changes (if any) need to be made to the current Protocols	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
<b>Themed discussion</b>				
<b>Information</b>				
Frimley Sustainability and Transformation Plan (STP) integration	The Board is asked to note recent activity under the Frimley Sustainability and Transformation Plan	Alan Sinclair, Director Adult Social Care		
BCF quarterly report	The Board is asked to note the quarterly report	Mike Woodridge, BCF Programme Manager	Director Adult Social Care	
SPACE contract progress report	The Board is asked to note the progress report	Commissioning Team & Jesal Dhokia, SCVS		

25 January 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
<b>Discussion</b>				
Pharmaceutical Needs Assessment update	The Board is asked to note the progress that is being made to update Slough Pharmaceutical Assessment	Director of Public Health		No
1 <sup>st</sup> draft of the Board's Annual Report for 2017/16	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
Council's Five Year Plan (2018)	The Board is asked to note the refreshed Plan prior to it being taken to council for full sign off in March 2018	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		No
<b>Themed discussion</b>				
<b>Information</b>				

28 March 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
<b>Discussion</b>				
Pharmaceutical Needs Assessment	The Board is asked endorse the final draft of Slough's Pharmaceutical Assessment, including any recommendations so that it can be published by 31 March 2018	Director of Public Health		No
Director of Public Health's Annual Report 2018/19	The Board is asked to note and comment on the draft report	Dr Lise Llewellyn , Strategic Director of Public Health, Berkshire		No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes		No
<b>Themed discussion</b>				
<b>Information</b>				
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	Prevent Action Plan
BCF quarterly report	The Board is asked to note the quarterly report	Mike Wooldridge, BCF Programme Manager	Director Adult Social Care	BCF quarterly report

9 May 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
<b>Discussion</b>				
SPACE annual report 2017 (including 2018 plans for voluntary sector support to Slough CCG and Slough's Adult Social Care Services)	The Board is asked to note the annual report and comment on SPACES plans for 2018	Commissioning team and SCVS	Director, Adult Social Care	No
Carers MOU – one year on	The Board is asked to review how the MOU is operating and receive an update on the outcomes that it has achieved for carers.	Commissioning team	Director, Adult Social Care	No
Annual review of Joint Wellbeing Strategy priorities, ways of working (including TOR) and preparation for the 2018 Conference	The Board is asked to endorse the approach being taken to review and agree refreshed priorities for the Strategy and to comment on the early arrangements being made for the 2017 partnership conference	Dean Tyler, Head of Policy, Partnerships & Programmes	Democratic Services	No
Sign off of the Board's Annual report for 2017/18	The Board is asked to endorse the final draft of the report so that it can be taken to full Council for endorsement in July 2018	Dean Tyler, Head of Policy, Partnerships & Programmes	Chairs of subgroups	No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes		No
<b>Themed discussion</b>				
<b>Information</b>				

**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:** 19<sup>th</sup> July 2017

**CONTACT OFFICER:** Alan Sinclair, 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 – ANNUAL REPORT**

1. **Purpose of Report**

The purpose of this report is to inform the Slough Wellbeing Board of the quarter four outturn position 2016/17 and present the Annual Report on the Better Care Fund (BCF) programme for 2016/17.

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

The Wellbeing Board is requested to note the progress and performance of the BCF Programme for 2016-17.

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

3a. **Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020 Priorities**

The BCF 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:

- i) increasing life expectancy by focussing on inequalities and
- ii) 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.

### 3c. **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 B.
- b) **Risk Management** - The BCF Joint Commissioning Board oversees and monitors 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.
- 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 highlighted in previous reports there will be significant workforce development implications as we move forward towards integration for Health and Social Care by 2020. This will lead to new ways of working in partnership with others which 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 Partnership (STP) and the integration of health and social care services within local Wellbeing Centres within Slough.

## 5. **Summary**

*The Board is asked to note the content of the last quarter and summary annual report. A progress report template is completed and returned to NHS England from the Wellbeing Board area on each quarter and this was submitted on 31st May 2017. The summary of this is provided within the report.*

*Overall the activities within the BCF programme have continued to support and invest in integrated working between health and social care in Slough whilst delivering better outcomes for residents. Schemes have demonstrated an impact on reducing non-elective admissions to hospital although overall activity has been higher than that planned.*

*Delayed Transfers of Care have been above the ambitious targets set in this year but Slough continues to perform exceptionally well in this when compared to both region and national picture and this is a result of investments made in first two years of BCF.*

*Highlights of BCF supported activity in Slough in this year include the Complex Case Management approach has been referenced in the NHS Five Year Forward View as an example of how hospital activity can be successfully reduced. Another is the launch of integrated cardio prevention service as an example of innovative commissioning bringing together a range of support services that can be accessed through a single route to a qualified Wellness Coach.*

## 6. **Supporting Information**

The annual report 2016-17 (at Appendix A) describes the ambition of the Slough Better Care Fund (BCF), the use of the funding and also provides a summary of the performance against the key metrics and national conditions.

## 7. **Comments of Other Committees**

The Annual Report has been presented and discussed at the Health Priority Delivery Group.

## 8. **Conclusion**

The Better Care programme in Slough continues to support integrated working and shared decision making between the partners to the pooled budget. This sets a sound platform from which to continue further towards greater integration by 2020 not only within Slough but across the wider Sustainability and Transformation Partnership.

The national Integration and Better Care Fund Planning guidance has recently been issued and the Slough Better Care Fund plan for 2017-2019 will be presented to the September board meeting.

## 9. **Appendices attached**

'A' - BCF Annual Report 2016-17

'B' - Financial outturn 2016-17

## Appendix A

### Slough Better Care Fund Programme

#### Annual Report 2016-17

##### 1 Summary

The Slough BCF programme for 2016-17 has continued in line with the plan agreed by SWB and assured by NHSE. The plan was broadly to:

- continue investment in schemes that have an impact on avoiding non-elective admissions
- continue funding the services which actively contribute to achieving the BCF outcomes for Slough as described in the plan
- provide some additional investment into developed integrated care models and out of hospital services.

The programme has been governed through regular monthly meetings of the Delivery Group together with bi-monthly meetings of the Joint Commissioning Board (which meet as part of the Health Priority Delivery Group). There have also been regular reports to the Wellbeing Board on progress and performance, and quarterly monitoring returns to NHS England as required within the BCF guidance.

The impact of the programme on reducing non-elective admissions to hospital, a key performance indicator, has been evidenced within specific schemes supported by BCF, such as Complex Case Management, but overall activity remains consistently around 9% above that planned.

Delayed Transfers of Care have been significantly above an ambitious target of activity set in this year. However, Slough's performance is still exceptionally good when compared to the region and nationally and this is a result of investments made within the first two years of the Better Care Fund.

BCF made investment into new integrated ways of working in this year, including an integrated cardio prevention service which provides a single route for GP and self-referrals into individually tailored advice and lifestyle support from a Wellness Coach that helps people improve their cardio wellness. There was also investment to establish a single point of access through to community health and social care services.

##### 2 Background

The BCF is a national initiative designed to encourage the transition of local health and social care services towards greater integrated care with the aim of improving health and care outcomes for their local community. It requires each Wellbeing Board area to establish a pooled budget that is jointly managed between the partners.

Slough's BCF programme this year has seen a continuation of the plan written and assured in 2015-16 in line with the published BCF policy and guidance. There was a total of £9,034,554 into the Pooled Budget for Slough, which consisted of the CCG minimum contribution of £8.259m together with the full Disabled Facilities Grant allocation of £775k.

A financial plan was agreed detailing the investment against each area as well as performance targets against the five key indicators (see performance summary). The planning guidance also required that BCF plans met the eight national conditions. These were:



1. Plans to be jointly agreed
2. Maintain provision of social care services
3. Delivery of seven day services across health and social care to prevent unnecessary admissions
4. Better data sharing based on NHS number
5. A joint approach to assessment and care planning
6. Agreement on the impact on providers
7. Agreement to invest in NHS commissioned out of hospital services, which may include social care
8. Agreement on DTOC target and joint local action plan

The BCF did not in this year set a plan for additional reductions in the non-elective activity but that the activities within the programme would contribute to the 2% reduction target set within the CCG Operational Plan for 2016-17.

There was new investment in 2016/17 assigned to the delivery of our Out of Hospital Transformation project (which was key part of the plan for reducing DTOCs), commissioning of an integrated cardio prevention project and investment towards integration within local community wellbeing hubs. There was also additional funding going into Telehealth, Care Homes, Equipment and to maintaining social care.

### 3 Finance

Slough Borough Council host the Better Care Fund pooled budget which has been effective from 1<sup>st</sup> April 2015.

A pooled budget agreement is in place, signed by the two partners of Slough Borough Council and NHS Slough Clinical Commissioning Group under Section 75 of the National Health Service Act 2006. In 2016-17 the BCF comprised of 34 schemes grouped under the following workstreams:

- Proactive Care
- Single Point of Access & Integrated Care
- Strengthening Community Capacity
- Enablers, Governance & Social Care

The BCF also included a contingency fund of £542k, available for release into the pooled budget depending on performance against targets for reducing non-elective hospital admissions. As NEL admissions have been greater than the plan this contingency has been used to support this additional activity (see performance section below).

	<b>2016/17</b>	<b>2015/16</b>
	<b>£000</b>	<b>£000</b>
<b>Funding provided to the pooled budget:</b>		
Slough Borough Council	775	694
Slough CCG	8,260	8,068
	9,035	8,762
<b>Expenditure met from the pooled budget:</b>		
Slough Borough Council	775	694
Slough CCG	7,807	6,899
	8,582	7,593
<b>Net surplus arising on the pooled budget during the year</b>	452	1,169

In accordance with the section 75 agreement, NHS funded services that are commissioned directly by the Clinical Commissioning Group, do not require transactions to be via the Council. Consequently, the actual transfer of funding from the CCG to the council as a result of the fund is £5.335m.

There was an overall underspend in the pooled budget of £0.452m which has been used to support other activity, including £0.143m to maintaining Adult Social Care services in Slough. The use of underspend was agreed as per the s75 risk share agreement and leaves a balanced budget at year end.

#### **4 Progress within BCF projects**

##### **4.1 Integrated cardio prevention service**

A new integrated cardio prevention service was commissioned in this year for Slough and awarded to Solutions4Health. This has brought together several elements of cardiovascular health support into a single integrated service. Through a single referral route and one contact phone number people can access a Wellness Coach who provide brief Interventions and advice, signposting to local opportunities or onward referrals to specialised services if required. These include:

- Physical activity: *Active Slough, Exercise for referral*
- Adult Weight management: *Eat 4 Health*
- Children and Family Healthy Lifestyle: *Let's Get Going*
- Smoking: *Smokefreelife Berkshire*
- Alcohol misuse: *Slough Drugs and Alcohol service*
- Mental/Emotional wellbeing: *IAPT or Talking therapies*
- Falls prevention: *Slough FallsFree4life*

The service started in January and by end of May had received 421 referrals to behaviour change services and carried out 214 health checks and currently there are over 200 people supported within this range of interventions.

##### **4.2 Falls Prevention**

The Slough Falls prevention service has been recommissioned in this year and the FallsFree4Life programme has continued to provide both assessments and active interventions. In the last 6 months (Sept 16 - March 17) it carried out over 300 falls risk assessments with 161 referrals to well-balanced classes. The service is aimed at people with medium and low risk of falls and those who are assessed as high risk on assessment are referred into the Falls Clinic. Falls related non-elective admissions over people over 60 have reduced from the two previous years (399 against 434 in 2015-16, and 421 in 2014-15) and costs reduced by £198k.

##### **4.3 Complex Case Management**

Our Complex Case Management programme continued in this year using the ACG risk stratification tool to identify people most at risk of admission, allowing GPs to be proactive in providing focused primary care support over a 3 month period to help improve management of their health conditions. Data from month 6 to 12 shows that the numbers of non-elective admissions have reduced in this cohort by an average of 22.9%. This is an estimated cost saving of £205k (16% reduction on same period 2015/16). The numbers of A&E attendances and outpatient appointments for this group have also similarly reduced.

#### **4.4 Community asthma service**

The nurse led asthma service continues to provide valuable advice, training and support to children, families and to other health professionals in order to help improve management of asthma related conditions. In Jan- Dec 2017 the service held 171 clinics and had 861 'first contacts' with children and young people with asthma.

Overall asthma related admissions of under 18s has risen in 2016-17 (172, from 148 in 2015-16) but this is largely attributed to the service carrying a vacancy for one of the two nursing posts for four months of the year. This has now been recruited to and a programme of activity to work with local practices to identify and refer their cases into the services, continue raising awareness in schools and communities and provide training to other healthcare assistants and practice nurses.

#### **4.5 Single Point of Access**

This project has been running throughout the year to do the preparatory work to establish a single route and contact number for professional referrals to community health and social care. The process has been complex and involved having the appropriate Information Governance agreements in place, secure IT networking connections as well as developing clear referral pathways, operating processes and shared information records in order to inform decision and safe transfer of the onward referral. The SPA is due to go live in June 2017 by starting to take GP referrals into the Health and Social Care hub. It will be run by BHFT from their existing Healthcare hub based in Wokingham.

#### **4.6 Responder service**

The responder service was commissioned as a pilot scheme in 2015-16 to reduce the number of avoidable conveyances to hospital by the ambulance service when alerts have been raised with the community care line but have no one to respond. Between April 16 – Mar 17 there have been 589 call outs of the service, and 43 of these then led to an ambulance call out. About 45% of the call outs are related to a fall and the service arrives within 33 mins on average. The cost of the service has increased in this year to £73,500 largely due to number of bariatric cases requiring two people and higher number of calls as more people now using the telecare service. 273 calls were between 10pm and 8am when people would be more likely to be conveyed to A&E, saving on A&E attendance costs, and possible admission. Prior to the service being in place all these 589 calls would have been an ambulance call out with an estimated cost of at least £138k.

### **5 Performance summary**

#### **5.1 Non-elective admissions to hospital**

During 2016-17 Slough has continued to maintain a steady position on performance against non-elective admissions (NEL) but overall outturn is that activity has been 9.2% above the planned trajectory for 2016-17. This equates to an additional 1707 NELs on the outturn activity in 2015-16 and 1515 above our plan. The estimated cost of this additional activity is £2.265m and therefore the £542k contingency within BCF has been used to support.

Actual NEL activity has been at a consistent level over the past 6 quarters and the pattern shows that whilst significant progress was made in the first part of 2015-16, it has been difficult to sustain that position. Schemes such as Complex Case Management have resulted in a reduction of NELs among the

cohort of people the scheme is reaching, but it is recognised that continuation of our existing BCF schemes in themselves will not contain increasing demand and that further investment and innovation in BCF schemes is needed to ensure a stronger position is achieved for next year and beyond.

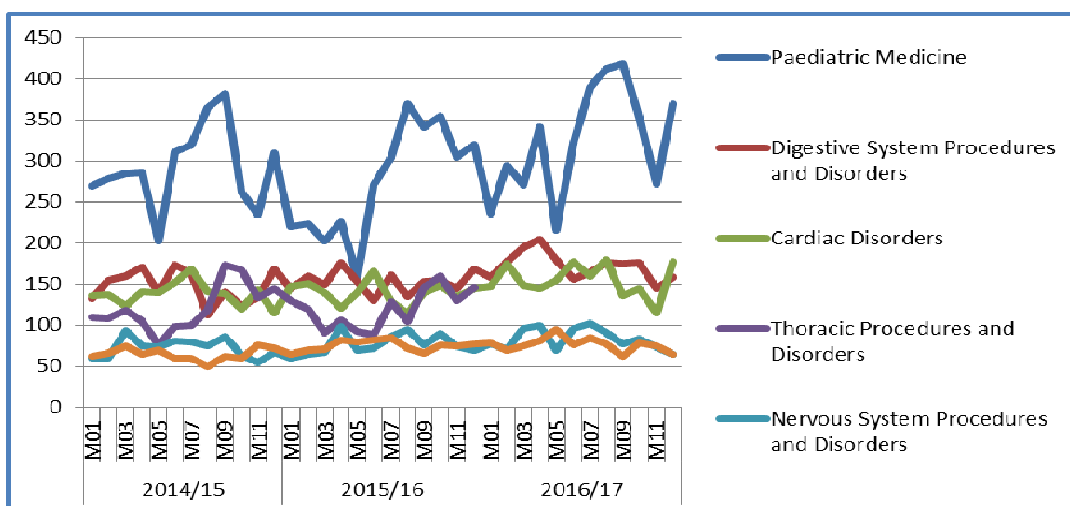
**Table 1 – Non-elective admissions to hospital – performance against plan.**

Year	Forecast	Pop	Year Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	Full Year	147,821	16,517	18,032	3,050	🟡 +9.2%

Year	Quarter	Pop	Activity Plan	Activity Actual	Rate Actual	Variance
2014/15	Q1	144,575	4,147	3,916	2,709	🟢 -5.6%
2014/15	Q2	144,575	4,297	4,066	2,812	🟢 -5.4%
2014/15	Q3	144,575	4,441	4,279	2,960	🟢 -3.6%
2014/15	Q4	146,304	3,798	3,780	2,584	🟢 -0.5%
2015/16	Q1	146,304	3,991	3,742	2,558	🟢 -6.2%
2015/16	Q2	146,304	4,161	3,844	2,627	🟢 -7.6%
2015/16	Q3	146,304	4,294	4,355	2,977	🟢 +1.4%
2015/16	Q4	147,821	3,665	4,384	2,966	🔴 +19.6%
2016/17	Q1	147,821	4,007	4,346	2,940	🟡 +8.5%
2016/17	Q2	147,821	4,142	4,480	3,031	🟡 +8.2%
2016/17	Q3	147,821	4,373	4,809	3,253	🟡 +10.0%
2016/17	Q4	149,285	3,995	4,398	2,946	🔴 +10.1%

Analysis of the 3 top Acute Healthcare Resource Group (HRG) subchapters for Slough NEL shows that paediatric admissions continue to generate the highest activity, followed by digestive system and cardiac disorders at similar rates. Although Q4 NEL activity is above plan it is comparative to the Q4 activity in 2015-16 (a 0.3% increase for Q4 2016-17). The costs of these admissions are, however, significantly higher (increase of £237k) which indicates greater acuity generally of those being admitted. This in line with local ambition to treat our population as close to home as possible, and to only call on acute services when absolutely necessary.

**Graph 1 - Top 6 HRG (Healthcare Resource Group) subchapters for 2014-2017**



## 5.2 Delayed Transfers of Care (DTC)

Slough set an ambitious target to improve its DTC position in 2016-17 setting a trajectory to maintain a strong performance baselined in Q2 of 2015-16. The Out of Hospital transformation programme was

the vehicle through which we would drive these improvements but has experienced delays from factors arising from the complexity of working and aligning together the necessary pathways and resources with Local Authority, CCG and providers across the wider Wexham hospital and STP footprint.

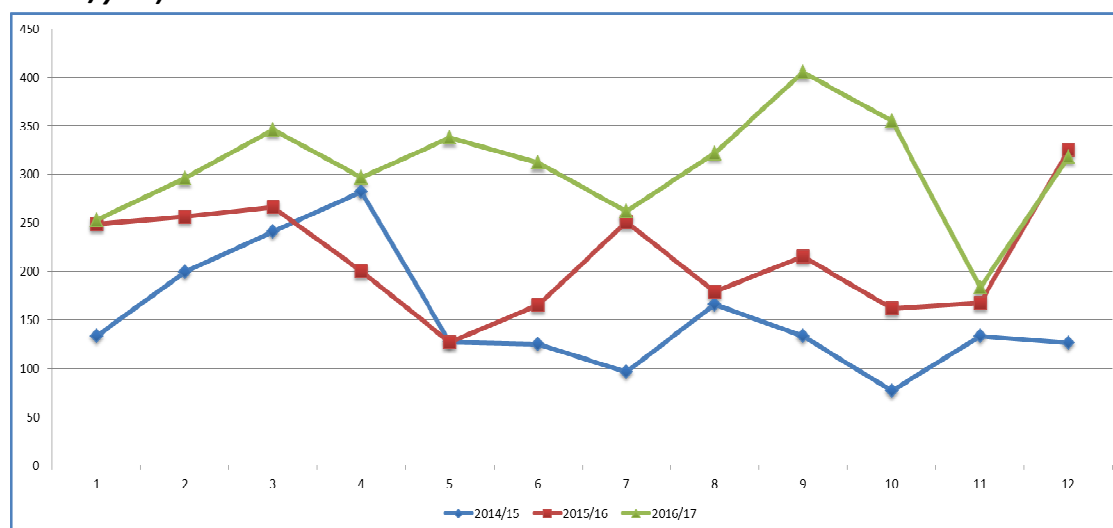
Performance outturn against DTOC this year is 97.2% above plan (3687 delayed bed days against plan of 1870). The main causes of delays are waiting for completion of assessment (889 days) and nursing home placements (771), but this year also had significant increases in non-acute NHS care (534 days, up from 180 in 2015-16) and patient/family choice (322, up from 192 in 2015-16). Delays have increased in all areas apart from those due to community equipment which have improved (128 delayed bed days, down from 182 in 2015-16).

There is continued focus on improving performance on this area and this will form an integral part of BCF plans for 2017-19 as we work as across the STP system to introduce High Impact Changes in transfers of care.

**Table 2 – Delayed Transfers of Care (delayed bed days)**

Year	Forecast	Pop	Year Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
<b>2016/17</b>	<b>Full Year</b>	<b>106,723</b>	<b>1,870</b>	<b>3,687</b>	<b>864</b>	<b>+97.2%</b>
Year	Quarter	Pop	Activity Plan	Activity Actual	Rate Actual	Variance
2014/15	Q1	104,708	490	573	547	+16.9%
2014/15	Q2	104,708	490	534	510	+9.0%
2014/15	Q3	104,708	490	395	377	-19.4%
2014/15	Q4	105,864	480	336	317	-30.0%
2015/16	Q1	105,864	496	771	728	+55.4%
2015/16	Q2	105,864	493	492	465	-0.2%
2015/16	Q3	105,864	496	645	609	+30.0%
2015/16	Q4	106,723	490	654	613	+33.5%
2016/17	Q1	106,723	470	895	839	+90.4%
2016/17	Q2	106,723	465	947	887	+103.7%
2016/17	Q3	106,723	465	989	927	+112.7%
2016/17	Q4	107,546	470	856	796	+82.1%

**Graph 2 - Patient days delayed (comparison by month/year)**



**Table 3 - Reason for delays (as categorised in [definitions and guidance](#))**

Days	2014/15	2015/16	2016/17
	A COMPLETION ASSESSMENT	502	726
DII NURSING HOME	374	662	771
C FURTHER NON ACUTE NHS	361	180	534
DI RESIDENTIAL HOME	231	279	403
E CARE PACKAGE IN HOME	78	200	348
G PATIENT FAMILY CHOICE	73	192	322
F COMMUNITY EQUIP ADAPT	197	182	128
B PUBLIC FUNDING	16	76	112
I HOUSING	6	65	83
H DISPUTES			97
<b>Grand Total</b>	<b>1,838</b>	<b>2,562</b>	<b>3,687</b>

### 5.3 Rate of permanent admissions to residential care

The plan for 2016-17 was to maintain the low admission rate to care homes in Slough against an increasing population. The indicator is reporting a maximum of 75 older people have been placed in this year (against a plan of 76). This figure is still undergoing validation and final figure may be lower still.

		Actual 14/15	Planned 15/16	Actual 15/16	Planned 16/17
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	558.1	554.8	518.7	534.7
	Numerator	76	77	72	76
	Denominator	13,620	13,880	13,880	14,215

### 5.4 Reablement

The final outturn for this indicator is 87.4% of people discharged into reablement services remained at home 91 days later. In terms of actual numbers this was 83 of a total of 95, which is lower than the planned activity but is in line with the performance in the previous year. Planning precise numbers to be discharged from hospital into the service is difficult to predict but numbers do reflect Slough's ambition to provide the benefits of reablement to all older people leaving hospital in order to regain and maintain their independence once they return home.

		Actual 14/15	Planned 15/16	Actual 15/16	Planned 16/17
Proportion of people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Annual %	100.0%	94.3%	87.6%	90.4%
	Numerator	60	66	99	104
	Denominator	60	70	113	115

### 5.5 Confidence in managing own health

A baseline set in Jan 2016 of 90% of patients reporting that they were confident in managing their own health. The latest survey data available is from July 2016 and is reporting 89%. Data for confidence in managing health for Jan 2017 is not yet available. Improvement on this indicator fits with our ambition to support more people towards self-help but also knowing where to go for information and advice, having access to support when needed and proactive case management for those with complex long term conditions

### 5.6 Client satisfaction with care and support

This indicator is collected as part of the annual social care survey. The plan is to maintain at 58.7% in the survey for 2016-17 but results are not yet available.

		Actual 15/16	Planned 16/17
Client satisfaction with care and support (3a of the ASCOF framework). This is a provisional proxy baseline indicator and Slough will use the national metric when available.	Metric Value	58.2	58.7
	Numerator	645.0	651.0
	Denominator	1,108.0	1,108.0

## 6 National Conditions

The Better Care programme nationally continues to be monitored through a central support team. Progress is reported against each of the national conditions (page 2) and whether they are on track as per the BCF Plan. Slough has made good progress against these and achieved most of the conditions with the following exceptions:

Delivery of 7 day services to prevent unnecessary admissions and facilitate transfer to alternative care settings.	Some services are now operating seven days a week but these are not universal or consistent across the wider system.
The NHS number being used as a consistent identifier across health and social care services	The number of ASC records with NHS number as consistent identifier has increased significantly in this year. Once Slough establishes N3 connection and goes live with the Connected

	Care programme in September 17 this will be used for all records
A joint approach to assessments and care planning and ensure that where funding is used for integrated packages of care there will be an accountable professional	This continues to happen in parts of the system but still not consistent in all areas. There are some joint funded packages of care and a lead agency and worker for these. Further progress against this will form part of our delivery against the High Impact Change model which includes trusted assessors using an agreed single, shared assessment.
Agreement on the consequential impact of the changes on the providers that are predicted to be substantially impacted by the plans	The A&E Delivery Board and STP Board group continues to work through system wide changes, their impact and plan for any mitigation needed.

## 7 Conclusion

The Better Care programme in Slough has continued to be a catalyst toward improved joint working and as well as shared decision making over use of the funds. It has promoted open discussion to share perspectives and priorities as well as strengthen the shared commitment to improving outcomes for our residents. The Joint Commissioning Board has now been incorporated into the Health Priority Delivery Group which has broadened the scope of discussions between partners beyond BCF funded activity.

The majority of schemes have been developed as planned. There have been delays in establishing the Single Point of Access within this year and it has been a complex piece of planning and development work but is set to go live in June 2017. Our Out of Hospital programme has not progressed significantly in this year but this work has new impetus within the new Sustainability and Transformation Partnership (STP) and commitment to delivery of the High Impact Change model. This will see greater integration of community health and social care short term services working as a multi-disciplinary team to deliver a 'home first' discharge model and support us to maintain a strong performance against delayed transfers of care in Slough.

There has been evidence within schemes of positive impact non-elective admissions although at population level these have been greater than that which was planned. Overall BCF made positive contribution to containing and maintaining levels of A&E activity and admissions against increasing demand.

There are challenges and opportunities that remain and these include whole system review and resign of the existing services within BCF (integrated care teams, short term reablement, intermediate care and community rehabilitation) in support of the High Impact Change model. Linked to this is the importance of their being clarity around governance processes and decision making responsibilities between BCF (Wellbeing Board), A&E delivery, CCG Governing Body and the new STP with the larger change programme ahead towards an accountable care system, and aligning the programme objectives, activities and delivery plans.



## Appendix B - Final outturn financial statement 2016-17 by scheme

### SLOUGH BETTER CARE FUND FINANCIAL REPORT

Workstream	No.	Scheme	Area of spend	Commissioner	Provider	Source	Risk	Category	2016-17			
									Approved Plan	Final Plan	Final Outturn	Variance
Proactive Care	1	Enhanced 7 day working	Other	CCG		CCG Minimum Contribution	CCG	1	99	99	-	99
	2	Complex Case Management	Primary Care	CCG	CCG	CCG Minimum Contribution	CCG	1	60	60	3	57
	3	Falls Prevention	Other	Local Authority	Private Sector	CCG Minimum Contribution	SBC	3	50	75	75	-
	4	Stroke	Other	Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	SBC	1	57	57	50	7
	5	Dementia Care Advisor	Other	Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	SBC	1	30	30	30	-
	6	Children's Respiratory Care	Community Health	CCG	NHS Acute Provider	CCG Minimum Contribution	CCG	1	95	95	79	16
	7	Proactive Care (children)	Other	CCG		CCG Minimum Contribution	CCG	1	127	127	5	122
Single Point of Access	8	Single Point of Access	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	ALL	2	150	150	49	101
Integrated Care	9	Telehealth	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	SBC	1	50	50	50	-
	10	Telecare	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	SBC	3	62	62	62	-
	11	Disabled Facilities Grant	Social Care	Local Authority	Private Sector	Local Authority Social Services	SBC	4	775	775	775	-
	12	RRR Service (reablement and intermediate care)	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	SBC	1	2,184	2,184	2,184	-
	12a	RRR Service (reablement and intermediate care)	Social Care	Local Authority	Local Authority	Local Authority Social Services	SBC	1				-
	13a	Joint Equipment Service	Social Care	CCG	Private Sector	CCG Minimum Contribution	CCG	1	663	663	696	33
	13b	Joint Equipment Service	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	SBC	1	130	130	130	-
	13b	Joint Equipment Service	Social Care	Local Authority	Private Sector	Local Authority Social Services	SBC	1				-
	14	Nursing Care Placements	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	SBC	3	400	400	400	-
	15	Care Homes - enhanced GP support	Primary Care	CCG	CCG	CCG Minimum Contribution	CCG	1	110	110	65	45
	16	Domiciliary Care	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	SBC	3	30	30	30	-
	17	Integrated Care Services / ICT	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	ALL	2	748	748	748	-
	18	Intensive Community Rehabilitation	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	SBC	3	82	82	82	-
	19	Intensive Community Rehabilitation	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	CCG	3	170	170	170	-
	20	Responder Service	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	SBC	1	60	60	60	-
	21	Out of Hospital Transformation (integrated short term services)	Other	Joint		CCG Minimum Contribution	ALL	2	200	150	150	-
22	Integration (local Wellbeing Hubs)	Social Care	Joint		CCG Minimum Contribution	ALL	2	272	-	-	-	
23	Digital roadmap - Connected Care	Other	Joint	Private Sector	CCG Minimum Contribution	CCG	3	172	147	197	50	
24	Integrated Cardiac prevention programme	Community Health	Local Authority	NHS Community Provider	CCG Minimum Contribution	SBC	1	151	151	62	89	
Community Capacity	25	Carers	Social Care	Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	SBC	3	196	196	196	-
	26	EoL Night Sitting Service	Community Health	CCG	Charity/Voluntary Sector	CCG Minimum Contribution	CCG	1	14	14	14	-
	27	Community Capacity	Social Care	Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	SBC	3	200	200	200	-
Enablers	28	Programme Management Office & Governance	Other	Joint		CCG Minimum Contribution	ALL	2	260	260	260	-
Other	29	Contingency (risk share)	Other	CCG		CCG Minimum Contribution	ALL	2	542	542	542	-
	30	Care Act funding	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	SBC	3	296	296	296	-
	31	Additional Social Care protection	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	SBC	3	600	922	922	-
	<b>Total BCF Pooled Budget</b>									<b>9,035</b>	<b>9,035</b>	<b>8,582</b>

CCG Share of Underspend per Risk Share  
SBC Share of Underspend per Risk Share

310  
143

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board **DATE:** 19 July 2017

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

**(For all enquiries** (01753) 875752

**WARD(S):** All

**PART I**

**FOR INFORMATION**

**HEALTHWATCH SLOUGH ANNUAL REPORT 2016/17**

1. **Purpose of Report**

1.1 To present the Board with the annual report of Healthwatch Slough for 2016/17 and bring to the attention of the Board trends in public opinion with regard to health and social care services in Slough.

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

2.1 The Board is recommended to:

- a) Consider the report and note the impact that Healthwatch Slough has had in the last year; and
- b) Note the organisation’s ongoing work as consumer champion for health and social care services.

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

3a. **The Slough Joint Wellbeing Strategy,**

Healthwatch Slough contributes to the delivery of the Slough Wellbeing Strategy priorities by:

- providing an independent consumer voice,
- contributing positively to reducing inequalities and improving the health and wellbeing of our residents; and
- helping them live more positive, active and resilient lives.

3b. **Five Year Plan Outcomes**

Healthwatch Slough contributes to the delivery of the Five Year Plan outcome that “our people will become healthier and will manage their own health, care and support needs”.

4. **Other Implications**

- a) Financial - None.
- b) Risk Management - None.

- c) Human Rights Act and Other Legal Implications - None
- d) Equalities Impact Assessment – Healthwatch Slough has regard to the Equalities Act 2010 and a specific objective is to provide all sections of the local population with the opportunity to have their views and experience of health and social care listened to and represented.

## 5. Summary

- This report is for members to review the work of Healthwatch Slough during 2016/17.
- It outlines the work that has been undertaken by Healthwatch during the year and highlights their achievements and challenges.
- It also shows how they interact with the public, capture their opinions and reflect them back to commissioners of both health and social services.

## 6. Supporting Information

6.1 The Annual report (at Appendix A) outlines local people's experiences of accessing health and care services and how Healthwatch has provided people with information to help them navigate the complex health and social care system.

6.2 It also outlines the recommendations made by the Care Quality Commission (CQC), a number of providers and commissioners who responded to information requests and the impact Healthwatch has made on service improvement.

## 7. Comments of Other Committees

None to date.

## 8. Conclusion

8.1 Healthwatch Slough is required to report on how it has delivered against its statutory activities and the impact of its work on the commissioning, provision and on the management of local health and care services. This service is due to be recommissioned from 1<sup>st</sup> July 2017.

## 9 Appendices Attached

A – Healthwatch Slough Annual Report 2016/17

## 10. Background Papers

None

# Healthwatch Slough Annual Report 2016/17





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# Message from our Chair

*For me as chairman of the Board, I find our annual report is a time of reflection. Why, you might ask?*



I've lived in Slough all of my life - 64 years in total - and seen so many changes.

When I was younger, people used to say the best view of Slough was in the rear-view mirror of a car as you were leaving. The only way Slough was ever mentioned was on a signpost for people looking for Heathrow airport or Slough Trading Estate.

Over the years, it began to grow into a town where 150 languages are spoken. In one school alone - St Anthony's Catholic Primary School - there are 31 different languages are spoken.

Now we have a town that is featured on television on a regular basis, whether in the advert "Wake up, wake up, we're going to Slough" or in the series *GPs Behind Closed Doors*.

We have also seen our NHS changing in so many ways with the redevelopment taking place at Wexham Park Hospital as an ongoing project.

While all this has been happening, we have people that are monitoring the changes in the health and social economy, trying to make sure that care and quality doesn't suffer due to an ever tightening finances.

Healthwatch Slough is the organisation working on your behalf, raising voices that normally wouldn't be heard. I must congratulate all of our Healthwatch officers, Board Directors and most of all our wonderful volunteers who never fail to help when asked.

I would also like to thank all the many organisations that have welcomed Healthwatch Slough and all that we represent and do.

Thank you.

**Colin Pill**  
**Chairman, Healthwatch Slough**



# Highlights from our year

*This year we've reached 56,651 people on social media*



*Our volunteers have given over 200 hours of their time*



*We've visited 55 local services*



*Our reports have tackled issues ranging from vulnerable patients' use of the walk-centre to female genital mutilation.*



*We've spoken to over 150 people as part of our 'Access to Health & Care Information' project*



*We've met hundreds of local people at community events.*





# Who we are

***Healthwatch Slough came into effect in April 2013 as an independent organisation to give the people of Slough a voice to improve and shape all publicly-funded health and social care services for adults and children.***

We do this by being an independent consumer champion ensuring that the voices of Slough citizens reach the ears of the decision makers.

- We engage with and listen to people from all parts of Slough so that we can offer reliable evidence that can be trusted
- We enable people to share views and concerns about local health & social care services
- We provide evidence-based feedback to commissioners and providers to influence, inform and, if necessary, challenge decisions and plans
- We provide - or sign post to - information about local services and how to access them

## ***Our vision***

Our vision is for Healthwatch Slough to be the 'go to' organisation for people's feedback and views on health and social care in Slough.

We want to empower all Slough citizens to speak up and share their experiences of care.

We would like Healthwatch Slough to be recognised as being innovative, sustainable and responsive for driving change and improvement locally.

## ***Our priorities***

We want to influence decision making at senior strategic level & be able to evidence what difference we have made

In addition, in 2016-17 we undertook four focused pieces of work to:

- Understand carers' experiences of accessing services
- Understand the main entry points to accessing information about health and social care across Slough
- Look at vulnerable patients use of the Slough Walk In Centre and how this will be impacted by future service change
- Look at how organisations learn from feedback and complaints.



*Giving  
Slough  
a voice*

## Listening to Slough people's views on health & care

600 people contacted us direct either by phone, e mail, using our Speak Up App, by returning a comment card or speaking to us at one of our pop up events.

A wide variety stories were shared: from difficulty getting a GP appointment to what it was like to attend a carers support group, to care of elderly patients at Wexham Park hospital.

We work to ensure the the range of channels people can communicate with us though is as broad as possible. Healthwatch Slough joined Instagram this year!

And our promotional video was shown on all 18 GP surgery information screens.



<https://www.youtube.com/watch?v=07rRLWxwMfU>

### In touch



enquiries@healthwatchslough.co.uk



@HW Slough



01753 325 333



Healthwatch Slough



healthwatchslough.co.uk /tell-us-your-story



healthwatchslough

### Feeding back

Each quarter we published an intelligence report on our website outlining what we heard from you and how health and care organisations responded to your feedback and comments.

### Hearing from everyone

We have worked hard to hear from as many people as possible, not just those who are part of a group already.



## Some of the voices we championed in 2016-17

An estimated 137,000 girls and women are affected by **Female Genital Mutilation (FGM)**. The highest prevalence is London, followed by Manchester, Leicester, Birmingham and Slough.

We commissioned Slough Refugee Support to undertake some **awareness raising workshops**, in order to:

- highlight the fact that FGM existed and was practiced not only in countries across the world but also in the UK, including Slough
- provide information and advice on concerns raised by either families or their children
- strengthen the voice of women and communities speaking out against FGM.

Healthwatch Slough developed a fun **initiative to engage local children** and to gather information about their understanding and experience of health, wellbeing and related local services. The initiative was carried out in partnership with Slough Libraries, Public Health team and two local schools.

Healthwatch Slough delivered a talk at two out of five school **Food Fight events** (no actual food was wasted in this process!). Children who participated in the sessions received a goodie bag containing a quiz

Our volunteer Champion, Zhora Jefferies, spent time every month at Wexham Park Hospital. She started chatting to people in the café or main reception; then began to speak to people on the wards.

**Zhora collected lots of stories** about the care patients received during their stay, what it was like waiting in the discharge lounge to go home, patients' frustration at not being treated holistically but ailment by ailment. We also heard many positive experiences of how pleased people with the standard of care they received. **We fed back to Wexham Park Hospital**, and they replied to each concern, implementing solutions wherever possible.

For example, Zhora highlighted how some elderly patients had told her they were unable to get out of bed due to their toenails not being cut for so long. This resulted in the hospital launching a new **podiatry service** to compliment the service offered by Age Concern at the day centre. Responding to this need undoubtedly increased elderly patients' mobility and independence.

card from Healthwatch Slough. The quiz was also available in local libraries and at local community events.

**168 children completed and returned the quiz card.** Their responses provided valuable insight into their perspectives on staying happy and well, including their awareness of local health services.

Based on the questionnaire findings, Healthwatch Slough recommended **seven actions to improve children's health and wellbeing** in Slough.



*Helping  
you find the  
answers*

## Need information?

We provide a wide range of information, non-clinical advice and local knowledge about accessing health and care services. This includes:

- help navigating the complex NHS system
- non-clinical information about local services
- support in making choices about the services you receive
- signposting to other organisations who can help
- information about a particular service, care facility or NHS venue

## How we have helped the community access the services they need

By phone 01753 325333

We have a dedicated telephone number that people can call to share their experiences, get information about health and social care services and get advice about how to make a complaint.

**“To renew a blue badge for my mother I have to get a GP letter as proof that her condition is worse. As her carer this means more work and running around for me, and another cost to pay for the letter.”**

.....  
Caller to Healthwatch Slough's dedicated telephone line.

Healthwatch Slough contacted Slough Borough Council and were able to provide the client with welcome reassurance that a GP letter would not be required.



## Online

People can e-mail us at [enquiries@healthwatchslough.co.uk](mailto:enquiries@healthwatchslough.co.uk) or use our online 'Tell Us Your Story' form at [www.healthwatchslough.co.uk/tell-us-your-story](http://www.healthwatchslough.co.uk/tell-us-your-story).

## Our Speak Out app

Healthwatch Slough's Speak Out app is free to download for Android and Apple phones. You can let us know about your experience even easier.

## Factsheets



As a result of so many people's enquiries about topics we decided to produce factsheets - summarising information in a clear, readable way.

People had told us that national information was easier to come across but localised information about local services was harder to source.

Healthwatch decided to create single documents addressing common queries and issues presented in a clear, focused and readable way.



This year we published nine factsheets.



Our 'Valuing our NHS' factsheet outlined how much you might cost the NHS in your lifetime (on average £51,000) through your everyday choices. This factsheet went viral and was retweeted nationally, printed in Slough Borough Council's *Citizen* magazine and quoted in regional meetings.

### In Person

Slough people love to meet up and talk. Healthwatch had a regular presence throughout Slough via our 'Talking Shops' - we coordinated a range of professionals & services to find out information, update members of the public and offer Q&A sessions. We had overwhelmingly positive feedback from all who attended.

**"The sorts of open and honest conversations that we've been able to have today would never have happened at a Council meeting."**

*Talking Shop attendee*

Not being able to find an organisation to support the continuation of our Talking Shops we now hold 'Pop Ups'. We advertise where we will be and members of the public come and talk to us. Occasionally you wanted to carry on your conversation with us and we arranged to meet for coffee.

**"I usually don't like meeting with professionals, but meeting with Healthwatch was really productive. I felt properly listened to."**

*Client after one to one session with Healthwatch Slough development officer*



*Making a  
difference  
in Slough*



## What we do with your stories

We keep a central record of all the stories, feedback and suggestions we get from the meetings and events we go to and people contacting us directly. We collate all the feedback to identify trends and themes.

Some of the ways we act on what we hear:

- **Raise** what we have heard with those responsible
- **Pass** the information on to the Care Quality Commission who regulate and inspect services
- **Share our findings** with Healthwatch England and the wider public through our website
- **Make recommendations** to commissioners in all our reports
- **Use** our seat on Slough Wellbeing Board to influence discussions about the future of Slough

Our case study of an elderly person's care contrasted the East Berkshire 'New Visions of Care' aspiration with the reality.

After discussion at the Primary Care Qualities Committee, we wrote to the ten organisations involved and asked how things could be different/improved in the future.

## Reporting what we find

We published five reports this year:

- How organisations in Slough learn from feedback and complaints
- Raising awareness of Female Genital Mutilation in Slough
- Vulnerable patients' use of the Slough Walk-in Centre
- Big Food Fight & Children's Quiz

## So what? How small changes can create big impact

All the time we are asking ourselves "So what difference has Healthwatch Slough made?"

Healthwatch identified young carers as a priority group in Slough. Now a Steering Group has been set up which is overseeing a Borough wide strategy.

The impact we have on health and social care services ranges from behind the scenes changes leading to improvements for everyone using a service to changes for specific groups of people, improvements for a particular community and help for individuals through our information services.

We supported one of our Healthwatch Champions to establish a carers group in Cippenham.

Our feedback about the importance of supporting carers contributed to the following developments at Frimley Health NHS Trust:

- the launch of a carers information booklet which offers advice for carers when their relative/friend is in hospital
- the introduction of a Carers Box on all wards at Wexham Park Hospital. The box contains support and information for carers. Each ward has a laminated poster that alerts staff, patients and carers to the Carers Box.
- more staff have volunteered to be Carers Champions.

## Working with other organisations



Due to the contract for the Slough Walk-in Centre at Upton Hospital expiring in December 2015, then extended for a further 18 months until June 2017, Slough Clinical Commissioning Group (CCG) and NHS England have been working together to seek views on what the longer term future of the Slough Walk-in Centre might be.

In April 2016 we published a report about vulnerable patients' use of the Walk-in Health Centre at Upton hospital.

We had commissioned **The Dash Charity** to collect views from people who find it difficult to access traditional primary care services. We wanted to give a voice to these patients who may have difficulties registering with a GP or booking and keeping appointments, such as:

- people with language barriers
- people with substance misuse issues
- homeless people

We also sought the views of Slough residents in fulltime employment who needed to access primary care outside working hours, e.g. evenings and weekends.



Our report and the issues we highlighted influenced the Slough Walk In Centre (SWIC) Steering Group to:

- re-consider their Equalities Impact Assessment
- make a commitment to put more Volunteer Navigators into the SWIC to better understand this population's needs.

The local Care Quality Commission inspector e-mailed to thank Healthwatch Slough for highlighting key issues. Our report contributed to the intelligence which formed the basis of the CQC's August 2016 inspection.


### *Health Activists hearing the voice of those eligible for cancer screening*

<https://youtu.be/VjeOTVcaQyc?t=8>



Healthwatch Slough teamed up with Slough Clinical Commissioning Group and Macmillian Cancer to support trained Health Activists engage with people in their communities to help promote and build awareness around the importance of cancer screening, in particular, bowel cancer.

The Health Activists became Healthwatch Champions and were able to pass on what they heard about local services to Healthwatch Slough.



*Our plans  
for next  
year*

## ***What next?***

Our priorities for the year ahead are as follows:

- Understand carers experiences of accessing support
- Explore what children and young people from lower income backgrounds know about their health & wellbeing
- Undertake outreach and engagement around Service Change (e.g the Frimley Sustainability & Transformation Partnership, Slough Borough Council's Asset Based Social Work model, the new A&E building at Wexham Park Hospital, future of the Walk In Centre at Upton Hospital, mental health service development etc.)
- Revisit our work around extended hours access to Primary Care (PMCF)





# *Our people*

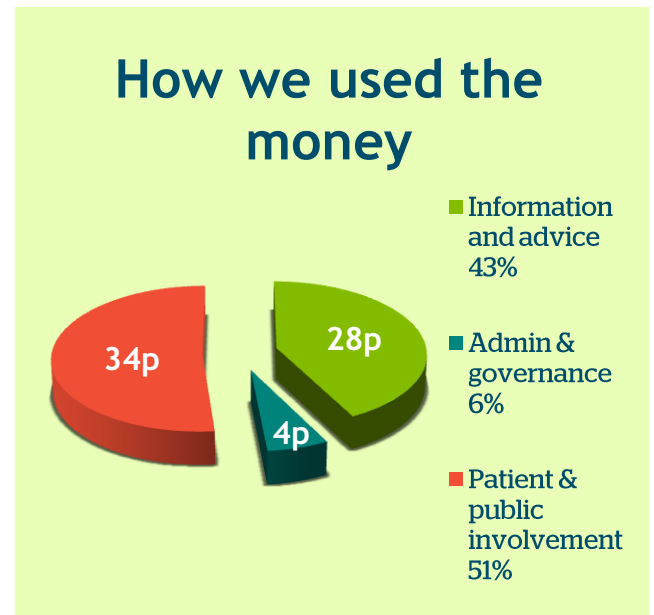
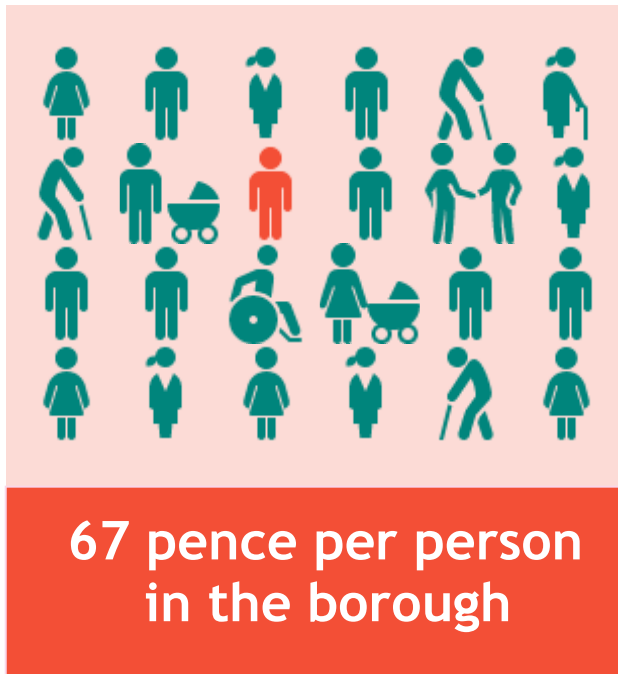




*Our  
finances*

Our contract with Slough Borough Council gave us funding in 2016/17 of £95,000.

With a population of over 140,200 this equates to 67 pence per head.



**Patient and public involvement £48,354**  
**Information, advice & signposting £41,131**  
**Administration and governance £5,515**

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	95,000
Additional income	
<b>Total income</b>	<b>95,000</b>
Expenditure	
Patient & public involvement	48,354
Information, advice & signposting	41,131
Administration & governance	5,515
<b>Total expenditure</b>	<b>95,000</b>





# Contact us

## Get in touch

**Healthwatch Slough** is a Community Interest Company limited by guarantee

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Berkshire SL1 1DP  
Email: [enquiries@healthwatchslough.co.uk](mailto:enquiries@healthwatchslough.co.uk)  
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Website: [www.healthwatchsloughco.uk](http://www.healthwatchsloughco.uk)  
Twitter: @HW Slough  
Facebook: [www.facebook.com/HealthwatchSlough](http://www.facebook.com/HealthwatchSlough)



## Partner organisation

Help and Care  
The Pokesdown Centre  
896 Christchurch Road  
Bournemouth, Dorset BH7 6DL  
Tel: 0300 111 3303  
[www.helpandcare.org.uk](http://www.helpandcare.org.uk)

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## *This report*

We will be making this annual report publicly available by 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Slough Clinical Commissioning Group, Slough Borough Council, and the Wellbeing Board and Overview & Scrutiny Committee.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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[www.healthwatchslough.co.uk](http://www.healthwatchslough.co.uk)

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tw: @HWSlough

fb: [facebook.com/HealthwatchSlough](https://www.facebook.com/HealthwatchSlough)

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board      **DATE:** 19<sup>th</sup> July 2017

**CONTACT OFFICER:** Paul Thomas, Interim Head of Housing Services  
**(For all Enquiries)** (01753) 874057

**WARD(S):** All

**PART I****FOR INFORMATION****HOUSING STRATEGY IMPLEMENTATION**1. **Purpose of Report**

This report provides the Slough Wellbeing Board with an update on the progress of implementation of the Housing Strategy Action Plan. It also provides an opportunity for comment and consideration around the timescale of actions to help shape the prioritisation and allocation of resources to deliver specific actions and impacts that have wider benefits for the Slough Wellbeing Board.

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

The Slough Wellbeing Board is recommended to note this report and provide input to help shape the delivery of the Housing Strategy Action Plan.

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

- The priorities of the Slough Joint Wellbeing Strategy (SJWS) have been taken account of in the production of the Housing Strategy and cross linked to the JSNA and the Five Year Plan, with a detailed action plan that details the priorities agreed for Slough with partner organisations.
- The Housing Strategy for Slough presents a clear ambitious way forward to improve housing in the borough. It sets out priorities which will form the focus of activities and resources over the next 5 years in line with our Five Year Plan and Local Plan in seeking to deliver more homes in the borough, and of better quality to improve health and economic outcomes for residents.
- The Housing Strategy draws together all of the housing issues into one comprehensive document. It also comprises the Private Sector Housing Strategy, Homelessness Strategy, the Council's New Build Strategy and our approaches to supporting vulnerable adults and children as part of wider Council objectives laid out in the Five Year Plan.

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

Housing is a key determinant of health and wellbeing and it is a priority in the new Wellbeing Strategy.

It aims to ensure:

- The right supply and mix of new homes including maximising affordable housing
- That quality and best use of existing homes is improved across the council, housing association and private sector
- That land and capital resources are used in the most efficient way
- That a sustainable balance is struck between housing supply, regenerated areas and community infrastructure demands

### 3b. **The JSNA**

The Housing Strategy is a “broad brush” strategy and the key needs assessment data relating to its production ranged from specific client group needs and wider determinants of public health gained through consultation and research.

Key objectives identified:

- That specialist accommodation is available for adults and children (if needs cannot be met within ordinary housing solutions)
- That homelessness and rough sleeping is reduced
- That professionally managed and well-maintained homes are delivered including increased controls and regulation of the Private Sector
- That we ensure “Green and healthy homes” wherever possible

### 3b. **Five Year Plan Outcomes**

The key driver for the Housing Strategy is to deliver Outcome 4 of the 2017 Five Year Plan “Our residents will have access to good quality homes”. It also helps to deliver and makes significant contributions to each of the other outcomes:

- 1) Our children and young people will have the best start in life and opportunities to give them positive lives
- 2) Our people will become healthier and will manage their own health, care and support needs
- 3) Slough will be an attractive place where people choose to live, work and visit
- 5) Slough will attract, retain and grow businesses and investment to provide jobs and opportunities for our residents.

## 4. **Other Implications**

- (a) **Financial** – There are no financial implications of the proposed action.
- (b) **Risk Management** - There are no financial implications of the proposed action.
- (c) **Human Rights Act and Other Legal Implications** – There are no Human Rights Act implications from the proposed Action
- (d) **Equalities Impact Assessment** - An Equality Impact Assessment has been undertaken in relation to the Housing Strategy and its implementation.

## 5. **Summary**

*This item provides members with a detailed update on the delivery of the Housing Strategy over the first six months of implementation.*

*It gives members a better understanding of the size and scale of our ambition and a better understanding of the housing challenges facing the borough.*

*The Board is being asked to note the progress and successes to date and comment and offer wider solutions to joint areas of operation as contained within the Action Plan.*

## 6. **Supporting Information**

6.1 Housing has been identified as one of the four key priorities in the Wellbeing Strategy. At the last housing presentation to the Wellbeing Board there was a request that housing report on the progress of implementation of the Housing Strategy and to flag-up any early challenges and issues that may have wider impacts across the partnership and the Council. The key partnership issues identified by the Board have been incorporated into the Housing Strategy as key actions and include:

- Housing opportunities for key workers.
- Services to allow elderly and disabled residents to live independently in their home and which reduce the impact of poor housing on health. These will be developed through partnership working, particularly with adult services, public health and the CCG.
- Joint work would be undertaken with the health sector and other agencies to monitor and address the health and care needs of vulnerable homeless
- People placed in Slough by other local authorities and that those authorities are required to review their placement and notification policies.

6.2 The Board has also considered whether a lead officer for housing should be a member of the Board and the option of occasional attendance and presentation of progress was considered to be the best approach.

6.3 The Housing Strategy has been finalised since the last presentation and an Equality Impact Assessment completed. It provides a comprehensive picture of the current housing needs and demands in Slough and how the Council will counter existing and anticipated challenges through robust delivery and monitoring of the implementation plan.

6.4 It is recognised that the scope of the Housing Strategy is of prime importance to the Board as it reaches far beyond lack of housing supply or poor housing as both have a fundamental affect on both physical and mental wellbeing, education, employment and community safety affecting all aspects of life and life chances for the borough's residents.

6.5 The Council is obliged to produce a new Homelessness Strategy this year and new legislation gives added weight to the prevention of homelessness. Our shared aim is to enable people to take control of their lives, remain free from negative behaviours including offending, stay mentally and physically active and avoid social exclusion.

## 7. **Comments of Other Committees**

7.1 The draft Housing Strategy was discussed by the Council's Overview and Scrutiny Committee on 20th December 2016. The Committee agreed that:

- They should be responsible for scrutinising the Housing Strategy and for formally reviewing progress against its accompanying action plan at six monthly intervals; and that
- The Council's Neighbourhood and Community Services Scrutiny Panel should be responsible for scrutinising all other housing related matters, including performance and operational issues.

7.2 The Council's Cabinet on the 6<sup>th</sup> April 2017 approved the draft Housing Strategy and associated Action Plan following full public consultation and consideration by the Council's Overview and Scrutiny Committee.

7.3 The Safer Slough Partnership at its meeting on the 14th June 2017 have recognised the progress made in the Housing Strategy and agreed to fully engage in the production of a new Homelessness Strategy. They recognise it is an opportunity for capturing the most pressing and complex needs in homelessness, and creating new services that have wider community benefits.

## 8. **Conclusion**

8.1 The Council's Housing Strategy is an important document in setting out our vision and priority objectives for the future of Slough. The views of the Board are important in assessing the progress and priorities of the Housing Strategy Implementation Plan and capturing the early impacts and successes in housing delivery to help shape the priorities, timetable and practical joined-up approaches to delivering the Housing Strategy Action Plan including the requirement to develop a new Homeless Prevention Strategy by September 2017.

## 9. **Appendices attached**

'A' - Housing Strategy Implementation Plan – updated June 2017

## 10. **Background Papers**

'1 – Board Themed Discussion Housing Report - September 2016

<http://www.slough.gov.uk/moderngov/ieListDocuments.aspx?CId=592&MId=5616&Ver=4>

2 – Housing Strategy Update for Board

<http://www.slough.gov.uk/moderngov/ieListDocuments.aspx?CId=592&MId=5661&Ver=4>

3 - Equalities Impact Assessment – Available on request from author

## Appendix A: Housing Strategy Implementation Plan – updated June 2017

Action Plan				
Action	Who	Target Date	Progress	RAG
<b>Theme 1: New Housing Supply</b>				
Seek to enable the provision of 927 new units of housing per year for Slough in line with the SHMA.	HoHS Plng	Continuous Monitoring	Priority - High Planning led targets. Local Plan Review to seek to enable target. Achieving target is primarily dependent upon land owners/developers bring forward development.	
The Council will directly deliver or facilitate a programme 200 units per year of new housing over the life of this Strategy and beyond, including affordable housing.	HoHS	March 2021	<p>Priority - High Need to clarify how the 200 unit figure was estimated It is assumed to cover the following :</p> <ul style="list-style-type: none"> <li>• Council built affordable homes</li> <li>• Units purchased by Council on SUR development sites.</li> <li>• Units (any tenure) built by Council local housing company</li> <li>• New units (any tenure) purchased by Council local housing company</li> <li>• Units purchased by Council on private development sites under Sec 106 obligation for affordable housing.</li> <li>• i.e. Affordable Housing (Rented and Intermediate)</li> </ul> <p>To clarify as could also include under the 'facilitate' category the following but doubt this was intended when the 200 figure established :</p> <ul style="list-style-type: none"> <li>• Units (any tenure) built on land disposed of by the Council for residential development (including transfer of land to SUR).</li> <li>• Units built by or purchased (new build on 106 sites) by Housing Associations with Council top up money.</li> </ul>	

			Historically RSL & SBC new supply reported.	
Maximize the provision of affordable housing on Council-owned land through infill development and estate renewal, including the net gain of 1,000 units on HRA land over the period 2016 to 2031.	HoHS HoNS	Continuous Monitoring	<p>Priority – High / Medium Part of above action over 15 years. Should this list of 1000 units be documented/refined?</p> <p>Infill sites high priority and already well underway. Estates renewal (medium priority) to follow Stock Condition survey report and Options Appraisals project.</p> <p>Clarify if net increase? T&amp;A &amp; Estates renewable will only marginally increase net supply. Need to tie figures in with Planning capacity studies.</p>	
Prioritise available funds and council assets to provide for the delivery of affordable housing schemes in partnership with SUR and Housing Associations.	HoHS HoAM	Continuous Monitoring	<p>Priority - High Clarify SUR/HAs? Priority to fund council built homes on Infill sites.</p> <ul style="list-style-type: none"> <li>Establish acceptance of current RTB receipts.</li> <li>Clarify Countryside's Britwell additional funds?</li> </ul> <p>RSL top-ups an option. Council purchase on private development sites under Sec 106 obligation for affordable housing an option.</p> <p>Options Appraisal Project to inform delivery of affordable housing beyond HRA Small sites &amp; 18/19.</p> <p>Analyze assumptions on AH purchases on future SUR sites.</p>	
Develop a Revised Affordable Housing policy for the Borough.	HoHS Plng		<p>Priority - High High priority to establish SLR by early July. S106 Contributions review by August for Sept adoption of revised planning policy. . Secondary priority to review s106 thresholds on private developments to inform Local Plan Review by end of year.</p>	
Work with private and public sector partners to acquire and assemble	HoAM	Continuous Monitoring	Priority – Medium / High SG to comment if covers all	



sites to facilitate the delivery of new housing.			tenure housing. Liaise with Planning re id of sites to purchase.	
Improve partnership arrangements with housing associations to facilitate the delivery of new affordable homes	HoHS	Oct 2017	Priority - Medium Follow on from establishing SLR and impact to s106 sites. Can re-establish formal relationship with meetings (Q. with whom in SBC). Operationally update Guidance to Developers & in preApps. Provide list of known sites to active RSLs on regular basis.	
Extend our programme of Council mortgage lending through our existing LAPP scheme.	ADFA	Mar 2018	Priority - Medium NC to comment on behalf of Finance.	
Produce a plan to improve housing opportunities for key workers.	HoHS	July 2017	Priority - Medium Part of above and delivery of Intermediate Housing by Housing Company.	
Provide new homes for particular groups within the community where required, for example those needing extra care or care leavers.	HoHS	Continuous Monitoring	Priority – Medium / High Higher priority than KW? Timetable & lead on Older persons Strategy? As above client group, should Plan be produced for specific groups? Part of Estates renewal and remodeling of existing HRA Older persons schemes to follow Stock Condition survey & Options Appraisal reports.	
Use our Subsidiary Housing Companies to assist in providing homes for vulnerable groups within the community.	HoHS	May 2017 Continuous Monitoring	Priority – Medium / High Subset of above action? And Deadline passed. PJ to comment.	
Pro-actively use powers to increase the supply of homes by bringing long-term empty homes back into use.	HoNS		Priority - Medium The impact of this approach is extremely effective and is certainly demonstrating the Council's intent to put the local resident at the forefront of its activity by addressing the issue of derelict empty properties	
<b>Theme 2: Private Sector Housing</b>				
Create two wholly-owned Subsidiary Housing Companies to act as exemplar private landlords in the borough and to assist homeless households and others on low or modest incomes to access affordable private sector homes.	HoAM	Jan 2017	<b>Priority</b> The Companies have already been created and registered.	
Undertake a feasibility study for introducing a borough-wide Landlord Registration Scheme. This is to protect good landlords and drive our	HoNS	Oct 2017	<b>Priority</b> This is in progress and on track. We aim to submit our data analysis; the evidence	

rogue or criminal landlords from Slough.			based rational, findings and option appraisal to the Cabinet in October 17.	
Following the announcement of the expansion of mandatory HMO licensing we will implement the scheme once the commencement date has been announced.	HoNS	Oct 2017	<b>Priority</b> We are waiting for the Parliamentary Approval and the secondary legislation which was/is expecting to be in early or mid-2017. We think at this rate it may be announced for Autumn 2017. We will however fully incorporate this requirement within the scheme we will be designing as part of any Landlord Registration or Licensing Schemes.	
Undertake rigorous enforcement and prosecution against rogue landlords who have a history of breaking the law.	HoNS	Continuous Monitoring	<b>Ongoing</b> The Hsg Regulation Team has been expanded and all the posts recruited to. The New officers are going through comprehensive training. The team has already doubled its enforcement activities including prosecutions of Rogue L/Ls. Going forward; we will develop a set of SMART KPI which will demonstrate the outcome focused approach and the impact of the team in improving PRS as whole. This will be towards the end of 2017 when the new officers are fully trained and have achieved the required levels of competency on a consistent basis.	
Support responsible landlords and work with them to become professional and grow their business.	HoNS	Continuous Monitoring	<b>Ongoing</b> We will be developing the Council's offer to private L/Ls through a combination of the RMI Service Menu, working within and in conjunction with the Council's subsidiary companies. This will be developed alongside the RMI mobilization and development of SROI.	
Use the new RMI contract to provide support and services to private landlords.	HoNS	Dec 2017	<b>Ongoing/Medium to Long Term</b> As Above	

<p>Use all available powers to bring empty properties back into use. Work with our partner agencies to tackle the problem of illegally-occupied outbuildings.</p>	<p>HoNS</p>	<p>Continuous Monitoring</p>	<p><b>Priority- ongoing Medium term</b>          Currently we are dealing with over 20 long term problematic cases, 7 of which are at various stages of the CPO proceedings.</p> <p>We plan to submit another CPO report to the Cabinet in August or Sept 2017 for a further 4-5 Empty Properties which a CPO will be the only option. The impact of this approach is extremely effective and is certainly demonstrating the Council's intent to put the local resident at the forefront of its activity by addressing the issue of derelict empty properties.</p>	
<p>Work with utility companies and other agencies to insulate homes and improve the energy ratings of older buildings.</p>	<p>HoNS</p>	<p>Aug 2017</p>	<p><b>Priority – to be delivered Medium/Long Term</b>          The Council is at the advanced stage of rolling out a Borough wide insulation programme in partnership with one of the ECO delivery agent funded by British Gas and EDF.</p> <p>We hope and envisage the project to be in place by September 17 at the latest. The government has recently announced an extension to ECO which will run for a further 15 months under ECO2t. It is therefore crucial to capture as many of those residents who require insulation and encourage them to take up the offer. This is/ will be a key part of the Council's strategy to tackle fuel poverty, improving health&amp; wellbeing and meet its obligation in reducing CO2 emission.</p>	
<p>Through partnership working, particularly with Adult Services, Public Health and the CCG, develop services to allow elderly and disabled residents to live independently in their home and reduce the impact of poor housing on the health of borough residents.</p>	<p>HoNS HoHS</p>	<p>Continuous Monitoring</p>	<p><b>Priority – to be delivered In Medium Term</b>          To establish a steering group made up of all the relevant partners, particularly, Adult Social Care, Health the Public Health (CCG) and Housing to develop a joined up</p>	

			Strategy based around prevention agenda. This group will develop an all-encompassing delivery mechanism of services that improve health & wellbeing by promoting independence, preventing hospitalization or the need for residential care and develop a practical service for hospital discharge.	
Build a well-resourced Private Sector Housing Service to support good landlords and carry out the Council's statutory responsibilities towards tenants and landlords.	HoNS	Apr 2017	Priority to be delivered Medium to Long Term. The first Part of this has been achieved. However, this is to be further developed though well trained staff, tools such as L/L Registration or Licensing, cohesive partnership and prevention strategy. The second part will gradually be developed and through Annual Service Planning to set out outcome based SMART KPIs to evaluate / measure effectiveness.	
<b>Theme 3: Council Homes</b>				
Publish a baseline 30 year Business Plan for the Housing Revenue Account in the Autumn of 2016.	HoNS	Oct 2016		
Undertake a comprehensive survey of the condition of the Council's housing stock, for completion by January 2017.	HoNS	Jan 2017		
In the light of the results of the condition survey and the implementation of the provisions of the Housing and Planning Act, produce an updated HRA Business Plan in March 2017.	HoNS	Mar 2017		
In partnership with residents, undertake a formal asset management review and option appraisal of the Council's housing stock for completion by December 2017.	HoNS	Dec 2017		
Complete the existing programme of 190 new homes on Housing-owned land and seek to continue the programme beyond 2020.	HoHS	Mar 2020		
Adopt the following priorities for improving the services to residents; <ul style="list-style-type: none"> <li>Awarding a new Repairs, Maintenance and Investment contract for council homes to improve the quality and responsiveness of repair for</li> </ul>	HoNS	Dec 2017		

<p>residents and to act as a catalyst for the development of local and in-house capacity to provide maintenance services</p> <ul style="list-style-type: none"> <li>Engaging and enabling residents so as to create a culture of accountability and responsibility and to broaden opportunities for tenants and leaseholders to be involved in the development and monitoring of services ;</li> <li>Increasing resident satisfaction through greater responsiveness to customers and in particular through the greater use of digital technology.</li> </ul>		<p>Dec 2017</p> <p>Continuous Monitoring</p>		
Develop a new Tenancy Strategy for council tenancies in the light of the Housing and Planning Act.	HoNS	Sept 2017		
Undertake a formal review of the scheme for the Allocation of social housing in Slough.	HoHS	May 2017		
Develop proposals for the more effective use of council homes by increasing the number of tenants choosing to downsize when their family circumstances change.	HoHS HoNS	Mar 2018		
<b>Theme 4: Homelessness and Housing Need</b>				
Develop and adopt a Preventing Homelessness strategy in collaboration with clients, landlords, the voluntary sector and other partner agencies.	HoHS	Sep 2017	Homeless Prevention Board set-up with bi-weekly meetings, will set the direction of partner engagement e.g. Safer Slough Partnership Board.	
Develop new partnerships with private and third sector landlords to maximize opportunities for tenancies for homeless families and individuals.	HoHS	Continuous Monitoring	New initiatives tried include landlord incentives for private sector landlords, work initiatives in TA so that families can qualify for Band B on the Housing Register with an outcome of around 40 families. Partnership Building with Registered Social Landlords and consideration of an Out of Borough placement policy next stages.	
Establish a Subsidiary Housing Company to acquire homes to alleviate the pressures on temporary accommodation and Bed & Breakfast provision.	HoAM	Jan 2017	Company established with capital funding available, properties to be transferred or acquired to meet targets and alleviate pressures.	
End the use of Bed & Breakfast for families with children.	HoHS	Mar 2017 Continuous Monitoring	Ended and kept under review.	

Review the Council's Allocation Scheme to re-evaluate the priority which homeless people receive under the scheme.	HoHS	May 2017	Work has commenced and key areas of policy change identified. Dates set to begin the consultation process as required.	
Work with the Health sector and other agencies to monitor and address the health and care needs of vulnerable homeless people placed in Slough by other Local Authorities and require those authorities to review their placement and notification policies.	HoHS	Continuous Monitoring	Work has commenced though a systematic process and group needs to be set up to review needs on a case by case basis.	
Produce service proposals for multi-agency working for rough sleepers during periods of cold weather.	HoHS	Aug 2017	The preferred option is a Housing First model in line with the Manchester proposals and buys in from the voluntary sector to provide support.	
Roll out the MEAM approach and develop new partnerships that makes homelessness everyone's business in Slough.	HoHS	Mar 2018	As above, as part of a wider strategy of partner involvement as again this is a preferred way of working with voluntary and community groups to secure buy-in and shared resources.	
<b>Theme 5: Special Housing Needs and Vulnerable People</b>				
Build on the Joint Strategic Needs Assessment (JSNA) on health and disability housing needs and produce service proposals with partners and stakeholders to examine what housing options are required to best meet current and future demand and changing needs.	HoHS	Oct 2017	Significant work has been completed here, new service models offered to the Trust for care leavers. Rochfords site (nr Wexham) has been given the go ahead for development to provide the main accommodation for LD/PD groups for the Borough.	
Through our new Subsidiary Housing Company, develop new partnerships with the Children's Trust, Health and Adult Social Care to maximize opportunities for specialist and alternative accommodation to be delivered locally and more cost effectively.	HoHS	Continuous Monitoring	As above, plus keen interest from Mental Health to provide community based options. JE Homes currently looking to purchase 25 or more 3 bed and 2 bed homes suitable for independent living and to meet a broad range of housing needs.	
In collaboration with the Children's Trust, ensure there is an adequate supply of accommodation for care leavers.	HoHS	Continuous Monitoring	Significant work has already been undertaken to ensure that social workers in the Trust are aware of the priority B banding that care leavers already attract on the Housing Register. And the process to follow to ensure that when leavers care are ready a social	

			tenancy is available. The Register is also kept under review to ensure that care leavers do not miss out on opportunities by the Allocations manager. Plus the work did through JE Homes to offer new housing solutions for those not ready for an independent tenancy and at risk of subsequent eviction.	
Undertake a review of Housing-Related Support services in the borough.	ASC	Dec 2017		
Undertake a review of the Home Improvement Agency	HoHS ASC	Mar 2018	Currently under review at a Directorate level between ASC and RHR.	
Deliver up to 3 new mixed use extra care schemes in the borough during the life of this strategy where there is established local need.	HoHS HoAM ASC	Mar 2021	ASC are progressing one site independently and the Community Hub strategy is expected to deliver at least 1 more through land assembly and provider procurement.	
Develop an Older Persons Housing Strategy for Slough.	HoHS ASC	Apr 2019	Work to be commenced.	
Within the review of the Scheme of Allocation, ensure full account is taken of the needs of people with a disability.	HoHS	May 2017	This is an identified priority in the Allocations review, The focus is on those unable to work through disability.	
Improve the recording and matching of adapted properties to ensure the best use of existing council stock.	HoNS	Apr 2018		
Improve partnership between Housing, Adult Services, Public Health and Slough CCG to allow more elderly and disabled residents to live independently at home.	HoHS ASC	Continuous Monitoring	Probably need to tie this in with an Older Person's Strategy and form a Board to ensure delivery including the named partners.	

<b>Key</b>	
HoHS	Head of Housing Services
HoNS	Head of Neighbourhood Services
HoAM	Head of Asset Management
ASC	Adult Social Care
ADFA	Assistant Director, Finance and Audit
Plng	Planning Officers

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