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Date of issue: Tuesday, 19 September 2017

MEETING:	**SLOUGH WELLBEING BOARD** Councillor Sabia Hussain (Chair), Cabinet Member for Health & Social Care Naveed Ahmed (Vice-Chair), Business Representative Nicola Clemo, Slough Children's Services Trust Cate Duffy, Interim Director of Children's Services 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 Rachel Pearce, NHS Commissioning Board Representative Alan Sinclair, Director of Adult Social Care Superintendent Gavin Wong, Thames Valley Police
DATE AND TIME:	WEDNESDAY, 27TH SEPTEMBER, 2017 AT 5.00 PM
VENUE:	VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, BERKSHIRE, SL1 3UF
DEMOCRATIC SERVICES OFFICER: (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

AGENDA ITEM	REPORT TITLE	PAGE	WARD
	Apologies for absence.		
APOLOGIES FOR ABSENCE			
CONSTITUTIONAL MATTERS			
1.	Declarations of Interest *All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.* *The Chair will ask Members to confirm that they do not have a declarable interest.* *All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.*		
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FORWARD PLANNING			
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AGENDA ITEM	REPORT TITLE	PAGE	WARD
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	17th November 2017		

Press and Public

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

The Council allows the filming, recording and photographing at its meetings that are open to the public. 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, 19th July, 2017.

Present:- Councillor Hussain (Chair from item 2), Naveed Ahmed (Vice Chair from item 3), Ramesh Kukar, Roger Parkin, Alan Sinclair , Eric De Mello (deputising for Nicola Clemo) and Superintendent Gavin Wong

Apologies for Absence:- Cate Duffy, Lise Llewellyn, Dr Jim O'Donnell, Les O'Gorman, Lloyd Palmer, Colin Pill and Judith Wright

PART 1

1. Declarations of Interest

None.

2. Election of Chair 2017-18

Resolved - That Councillor Hussain be elected Chair of the Board for the ensuing year.

(Councillor Hussain in the Chair for the remainder of the meeting)

3. Election of Vice Chair 2017-18

Resolved - That Naveed Ahmed be elected Vice-Chair of the Board for the ensuing year.

4. Minutes of the last meeting held on 10th May 2017

Resolved- That the minutes of the meeting held on the 10th May 2017 be approved as a correct record, subject to the following amendments:

- To note that Rachel Pearce was not present as stated.
- Minute number 68, (SPACE Annual Report 2016): To replace the word 'Members' with 'Carers' and to add the words "Those receiving wellbeing services were 98% satisfied".

5. Action Progress Report

The Board received and noted the updated Action Progress report. Members were asked to advise the Democratic Services Officer when actions were completed. All partners were reminded to inform Dean Tyler of the relevant contacts in their communications teams.

Resolved- That the Action Progress Report be noted.

6. Slough Youth Parliament Manifesto

The Board received a presentation from two members of the Slough Youth Parliament (SYP), Adam Bholah (Chair of SYP) and Raakhi Sharma (Secretary of SYP). SYP had engaged with Young People and had provided opportunities for 11-19 year old to positively influence change throughout Slough. The Youth Parliament consisted of 37 elected young people from a diverse range of backgrounds and this year was the most successful elections received with the most votes. Members were provided with an overview of the SYP's Manifesto priorities which included, mental health, environmental issues and equality. The SYP reported that there had been a significant increase in engagement during the recent election particularly on topical issues such as, self harm, tackling radicalisation, religious discrimination and racism.

The Board received SYP'S outlook on a number of issues, which included;

- Mental health- SYP outlined the importance of promoting good mental wellbeing and suggested that there should be a clear focus on PHSE (Personal, Social, Health and Economic education) and Curriculum for Life as part of the school syllabus. It was suggested that in every school there should be mental health first aid training or dedicated individuals and adults who were specifically trained to deal with mental health in young people. It was agreed that representatives of the SYP would be invited to the next meeting between the Council and Head teachers on the 28th September to discuss the school related issues raised including the provision of PHSE and other relevant manifesto priorities.

  It was also agreed that a letter be written to the relevant minister to endorse the manifesto priorities particularly to encourage a consistent delivery of the Curriculum for Life agenda in schools. It was also agreed that a report should be bought to the Board on whether PHSE and Curriculum for Life could be rolled out to all schools in Slough before the end of the year. Members also agreed that they would encourage the SYP to have a role in helping develop the Council's approach to mental health, wellbeing and diet.

- Public Travel Concessions- SYP advised that attending college students have had a 50% travel fare concession compared to their sixth form counterparts who do not. They advised that financially this was a barrier to education. The Council's Interim Chief Executive commented that discussions were underway with relevant parties and it was agreed that an update at a future meeting would be provided to the Board.

- Environmental- The SYP representatives advised that by promoting the look and feel of the borough, that this would support young people to feel safer. The SYP reported that results of the annual crime survey 2016/17, showed that there was an emerging issue of young people

feeling a need to protect themselves and that there was a desire to tackle racism and religious discrimination and that these had received the most votes in 2016, following an increase of votes in general from 2015's figures. It was agreed that TVP and the SYP would look for future opportunities to work together to design the next SYP survey into crime.

- Cycling- The SYP raised that there was a low number of young cyclists in Slough and that this was due to the need for consistent signage, better lighting, better road surfacing, danger from vehicle users, lack of committed clear cycle lanes. The SYP suggested that by increasing the number of cycle users, that this would potentially increase the air quality, reduce congestion and encourage a healthier younger population committed to their health and wellbeing.

It was recognised by the Board that there were opportunities to work with the SYP in the future and members welcomed the presentation. Members began the discussion by discussing that there are various discussions being held around cycling, and that promoting health and wellbeing were key priorities for the Council. There was a keen interest to work with the SYP to deliver the priorities of the Wellbeing Board. The Board were keen to continue to engage with the SYP about issues such as, gang violence, PHSE, Curriculum for Life and mental health first aid training. Members were supportive and were committed to endorse the drive to promote PHSE and Curriculum for life as a mandatory subject or core part of the existing secondary school curriculum. It was also agreed that two representatives of the SYP would be invited to the Young Carer's Conference and that information be circulated about the Slough Youth Awards partners to use their networks to encourage nominations.

Resolved- That the work of the Slough Youth Parliament be endorsed and the recommendations of the manifesto priorities be noted.

7. Slough CCG Operating Plan 2017-2019

The Associate Director of Strategy, Planning and OD for the East Berkshire CCGs, Helen Single introduced a report that summarised the NHS national priorities as laid out in the 'NHS Five Year Forward View' and highlighted how these together with local priorities would be delivered via the CCG Operational Plan. The report outlined the collective ambition of the three East Berkshire CCG's. The Operational Plan set out how the three East Berkshire CCGs worked with the wider health and care system to deliver the national nine 'must do's' alongside any local priorities which has achieved improvements in the quality and safety of services provided and in improved health outcomes for local people.

The Slough CCG had articulated its high level priorities over the next two years which would be aligned with the local Slough Joint Wellbeing Strategy priorities and would support the 5 Year Plan outcomes. The emerging

priorities would be delivered through integrating 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. It was reported that Slough had seen developing integrated care hubs transforming primary care services with an increased focus on self help and care successfully. The case management programme had been rolled out to the 6 East Berkshire authorities. There had also been work along personal access budgets and there was clear focus on the importance around self help and care agendas. There has also been a great emphasis on primary age children and embedding their good habits and how to maintain these habits as a lifestyle into their adult lives.

The Board recognised the scale of the challenge facing the health system and discussed the process of change and transformation that was underway. Several members of the Board commented on their recent experiences of consultation with residents about service changes affecting local communities. It was felt that there was more to do to explain, communicate and engage with local people at every stage of the changes to primary care and other services. The Director advised that there were meetings being held to discuss communication around the STP and CCGs but that it was not a seamless plan to deliver effective communication and that there were barriers which were being discussed. Members also highlighted the need to clarify how the integrated hub strategy would look after implementation and what the likely impact upon residents would be. The Board also discussed assurance and how delivery of the plan could be measured and if there were any ways to gain traction. The CCG plan had been registered through NHSE (NHS England) who have assured the plan and the first delay in April 2017 was incumbent due to the plan being submitted to the NHSE assurance process.

At the conclusion of the discussion, it was agreed that the following website details be circulated to all Board Members (www.selfcareforum.org). Members also agreed that any outcomes of the Health Scrutiny Panel discussions on the work of NHS bodies locally would be shared with the Slough Wellbeing Board as part of the process of inputting to the 2018/19 plan.

Resolved- That the report be noted.

8. BCF Plan 2017-2019

A verbal report was bought to the Board in relation of the Better Care Fund Programme 2017-2019 by the Director of Adult Social Care. The purpose of the report was to provide the Board with an update in relation to delivery of the plan and the potential governance arrangements that may emerge as the STP develops. The planning advice from NHSE had been received later than expected and a detailed report would be submitted to the Board for its consideration at a later date.

Four conditions had been set out to be agreed by the CCG Board which included, the maintenance of funding for the CCG, the Plan will invest in out of

hours hospital services, implement 8 high impact change models to delayed transfer of care along with additional social care funding received earlier in the year for maintaining investment levels. The Adult Social Care section was stated as running at a £2.5mil overspend and that the funding money was well received. The Members discussed a desire to avoid any delays with the plan and that they understood this was not due to any clerical in admission from the NHSE in sending reports later than expected. It was noted that there will be a signed off plan for the Board to consider in September and will be open for discussion once the details had been detailed.

Board members concluded the discussion by agreeing that the final BCF Plan 2017-19 would be signed off under delegated authority by the 11th September, shared with the Chair and Vice Chair then bought back to the next meeting.

Resolved- That the report be noted.

9. Frimley Sustainability and Transformation Plan (STP) integration update

The Director of Adult Social Care provided a verbal report to the Board to relay the progress made with the Frimley Health & Care Sustainability and Transformation Partnership Plan (STP).

The STP was noted to be making good recognisable progress through the relevant work streams. The accountable care system had been moving ahead and making significant progress along with the STP hubs which were being set up. There were 13 partners who were working towards gaining revenue for the plan to progress further. The 1st stream for funding was the bid for capital money and if successful work around integrated hubs in Farnham Road, Trelawney Avenue and Upton would commence.

The Memorandum of Understanding (MOU), NHS and STP sets out expectations from NHSE to deliver the Five Year Plan once it had been signed off. The Director of Adult Social Care will sign off the 2017-2019 plan so that it will be submitted to NHSE on the 11th September 2017 and the final plan can be bought back to the Board in September for discussion. It was reported that there is a Health Select Committee at the onset of August and that there is a clear focus upon health & inequalities, work around diabetes and also ways in which all Wellbeing Boards can work collaboratively were noted to be discussed.

Resolved- (a) That the verbal report be noted.

(b) That the progress of the STP work streams and integrated health hubs be reported to the Board in September.

10. Planning for the 2017 Partnership Conference

The Policy Officer outlined the report regarding the reporting of outcomes for the June workshop which was arranged to review the Board's ways of working and agree plans for the annual partnership conference. As a result of the

workshop held in June, various themes were founded for the Board to work in ways which would lead them to become one of the best Wellbeing Boards in the country. Details of this were outlined in the full report.

The second part of the discussion was an opportunity for Members to discuss their thoughts and ask questions in relating to the draft programme for the Annual Conference. Members discussed need for a suitable venue and that the timings of the conference may be difficult for some members of Children Services as there is a planned Ofsted. The Annual conference will use a world café format to advance conversations around 'wicked issues' which in turn could find solutions these topical issues.

Resolved- (a) That the outcomes of the workshop to inform the Board's ways of working be noted.

(b) That the arrangements for the Annual Conference be confirmed.

11. Forward Work Programme

The Slough Wellbeing Board Forward Work Programme for the period between September 2017- May 2018 was reviewed. The Board considered the report and no further comments were made.

The Board agreed to include Housing as a themed discussion for November and to have an update on the work streams relating to Housing. It was also agreed by the Board that Protecting Vulnerable Children be added to the themed discussion for the January 2018 meeting of the Board. Sir Andrew Morris who was leading the Frimley STP process would be invited to a future meeting to discuss progress.

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- That the work programme be agreed.

12. BCF Annual Report 2016/17

The Director of Adult Social Services outlined a report to inform the Slough Wellbeing Board of the quarter outturn position for 2016/17 and present the Annual Report on the Better Care Fund (BCF) programme for 2016/17.

The report outlined the progress and performance of the BCF programme for 2016/17. The report outlined the Five Year Plan Outcomes along with other implications. The report outlines the activities within the BCF programme which have continued to support and invest in integrated working between health and social care in Slough whilst delivering better outcomes for residents. Delayed transfers of care had improved and had been above the ambitious targets that were set earlier in the year and this was as a result of

investments made in the first two years of the BCF. Another highlight of BCF supported activity in Slough in this year include Complex Case Management approach which has been referenced in the NHS Five Year Forward View as an example of how hospital activity can be successfully reduced. The BCF continued to support integrated working and shared decision making between the partners to the pooled budget which creates firm foundations for a greater integration by 2020 in Slough and across the wider STP.

Members also discussed whether future report styles could include case studies that reflect experiences and differences the programme has had upon service users, so that this can be used as a robust evidence base to example change. The Board would like to see evidence based scenarios as part of the reporting style in the future.

Resolved- That the information report be noted.

13. Healthwatch Slough: Annual Report 2016/17

The Board considered the annual report from Healthwatch Slough for 2016/17. In 2016/17 Healthwatch undertook four focussed pieces of work which included understanding carers' experiences of accessing services, understanding the main entry points to accessing information about health and social care across Slough, looking at vulnerable patients use of the Slough Walk in Centre and how this will be impacted by future service change, and how organisations learn from feedback and complaints.

Members discussed the wording of the report and its references to Female Genital Mutilation (FGM) and how the wording stated or could be inferred to been seen as FGM was practiced in Slough. Members requested that the wording be reconsidered to ensure it did not inadvertently overstate any cases of FGM in Slough. Members advised that the partnership could utilise Healthwatch more and would welcome any focussed information and would welcome Healthwatch adding value and contribution to the Board's progressing agenda. The Members agreed that more work could be done with Healthwatch to utilise their outreach work and access, subject to this being either part of their commissioned activity or resourced elsewhere if it were to be aligned with the Wellbeing Strategy priorities. It was agreed that further discussions would be held with Healthwatch to discuss how this work could be effectively planned for better outcomes.

Resolved- (a) That the report setting out the impact Healthwatch had over the last year be noted.

(b) That the Board noted the organisations ongoing work as consumer champion for health and social care be noted.

14. Housing Strategy Implementation Plan

The Board received an information report which outlined the progress of the Housing Strategy Action Plan. It allowed for Members to ask a number of

questions and to comment/consider around the timescale of actions needed to help shape the prioritisation and allocation of resources to deliver specific actions and impacts that would have wider benefits for the Board.

At the conclusion of the discussion, Board members agreed that they would advise the policy team of any specific areas of focus for the next themed discussion on housing. The Chair also requested that an update or briefing note be circulated regarding be circulated regarding any updates to Tower Block building cladding legislation recommendations.

Resolved- That the report be noted.

15. Meeting review

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

16. Date of Next Meeting

Wednesday 27th September 2017.

Chair

(Note: The Meeting opened at 5.06 pm and closed at 6.57 pm)

Slough Wellbeing Board – Action Progress Report 2017/18

19th July

No:	Item	Action(s):	For:	Report Back To: Date:
6.	Slough Youth Parliament Manifesto	• That representatives of the SYP be invited to the next meeting between the Council and Head teachers on 28th September to raise the issues discussed including the provision of PHSE in Schools.	Roger Parkin	TBC
		• That a letter be written to the relevant minister to endorse the manifesto priorities as good work of the SYP and to promote the importance of PHSE.	Councillor Hussain & Amanda Renn	TBC
		• TVP and SYP to look for future opportunities to work together including the design of the next SYP survey into crime.	Giovanni Ferri/Spt Wong	TBC
		• That representatives be invited to the Young Carers conference.	Alan Sinclair	TBC
		• That an update be provided to the Board on Young People's bus fare concessions.	Roger Parkin	TBC
		• That information be circulated to the Board relating to the Slough Youth Awards are that		

AGENDA ITEM 3

		partners use their networks to encourage nominations. • SYP to have a role in helping develop the Council's approach to mental health, wellbeing and diet.	Policy Team Giovanni Ferri & Alan Sinclair	Completed TBC
7.	Slough CCG Operating Plan	• That the following website details be circulated to all Board Members; www.selfcareforum.org • Outcomes of the Health Scrutiny Panel discussions on the work on NHS bodies locally be shared with SWB to look at plans for the 18/19 plan.	Policy Team Policy Team	Completed Completed
8.	BCF Plan 2017/19	• The final BCF Plan 2017/19 would be signed off under delegated authority by 11th September, shared with the Chair and Vice Chair and bought back to the next meeting.	Alan Sinclair	Completed
9.	Frimley Sustainability and Transformation Plan (STP) Integration	• That the progress of the STP work streams and integrated health hubs be reported to the Board in September.	Alan Sinclair	Report will be heard on 27/09

10.	Planning for the 2017 Partnership Conference	• That the arrangements of the annual conference be confirmed.	Policy Team	Completed
11.	Forward Work Programme	• That a report on Housing be added to the themed discussion for November's Board Meeting. • That protecting Vulnerable Children be added to the themed discussion for January 2018's Board Meeting. • That the Board invite Sir Andrew Morris to a future meeting to explain the impacts of STP on Slough.	Policy Team Policy Team All	Completed Completed Completed
12.	Better Care Fund Programme 2016-2017	• To consider whether future report styles could include case studies that reflect experiences and differences that the programme had has upon service users and provided a robust evidence base.	Mike Woodridge/Alan Sinclair	Completed
13.	Healthwatch Slough: Annual Report 2016/17	• That the wording re: FGM practice in Slough within the Annual Report be amended. • That further discussions be held with Healthwatch to ensure their planned work would be aligned to the Wellbeing Strategy Priorities.	Healthwatch Slough Alan Sinclair	Completed Completed

14.	Housing Strategy Implementation Plan (Six month update)	• That Members advise the Policy Team of any specific areas of focus for the next themed discussion on housing. • The Chair requested that an update or briefing note be circulated regarding any updates to Tower Block building cladding legislation recommendations.	Housing/Legal Policy Team	TBC Completed- briefing note was circulated on 21st July 2017.

10th 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	• 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. • The MOU will seek to support delivery of the carer's strategy and possible implementation of a wider partnership strategy in the future • That the MOU will be subject to annual review • Feedback to be given to the board after the local event is held	All All All All	TBC TBC TBC TBC

68.	SPACE Annual Report 2016	• 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.	Policy Team	TBC
69.	Planning for the 2017 Partnership Conference	• 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. • That the Board hold a workshop session in June to highlight the issues mentioned within the meeting	All All	Completed Completed
70	Frimley Sustainability and Transformation Plan (STP) integration	• That a summary report to be heard at a future meeting regarding all CCG's within the STP plan • To circulate the condensed A4 STP plan to all board members • Progress of the STP work streams will be reported at future meetings	All Alan Sinclair Alan Sinclair	Completed TBC Completed- will be implemented as a recurring item at each board meeting.
71	Increasing life expectancy by focusing on inequalities	• 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	All	Completed

72	Forward Work Programme	• 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.	Policy Team	SYP expected to be in attendance to present on the 19th July 2017

29th March 2017

No:	Item	Action(s):	For:	Status
53.	Minutes	• That an action log be considered at future meetings to assist the Board in tracking actions.	Democratic Services/Policy Team	Completed
54.	Themed Discussion: Protecting vulnerable children	• 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.	DCS/SCST	Completed
		• 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.	CCG	Completed
		• Consider how CCG could get engage with schools/headteachers on wellbeing agenda, via the forum recently established by the Council.	CCG/SBC	Completed
		• Partners were encouraged get involved and resource GP Open Day in May.	All	Completed
		• SCST and CCG to discuss the potential a package for care leavers to include a one-to-one advice based	CCG/SCST	TBC

		session with an appropriate health professional. • Future partnership arrangements and strategy on the Children and Young People's agenda to be progressed in discussion with the Commissioner.	 SBC/ DCS	TBC
56.	Community Engagement Update	• That a workshop be held in June 2017 on the Board's Ways of Working	Policy Team	Completed
57.	Better Care Fund Programme	• That delegated authority be given to the Director of Adult Social Care to sign off the final BCF Plan for 2017-19.	Director of Adult Social Care	Completed

26th January 2017

No:	Item	Action(s):	For:	Status
41.	Local Plan Issues and Options Consultation	• That partners be encouraged to participate and contribute to consultation process. • That copies of the Planning Slough's Future – Issues and Options magazine and leaflet be made available to partners for circulation.	All Planning Dept.	- Completed
42.	Themed discussion: Mental Health	• 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. • 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.	Policy Team Policy Team	TBC TBC
47.	SWB Annual Report	• That the first draft of the SWB Annual Report be noted and that Board members be asked to submit	All	-

		any further comments or ideas by the end of February 2017.		

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 27 September 2017

CONTACT OFFICER: Alan Sinclair, Director Adult Social Care

(For all Enquiries) (01753) 875752

WARD(S): All

PART I

FOR COMMENT & CONSIDERATION

FRIMLEY HEALTH AND CARE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

1. Purpose of Report

This report provides the Slough Wellbeing Board with an update on progress being made to deliver the Frimley Health and Care Sustainability and Transformation Partnership (STP) Plan. The aim of the Frimley STP is:

'*to serve and work in partnership with the Frimley footprint population of 750,000 people, through the local system leaders working collaboratively to provide an integrated health and social care system fit for the future'.*

2. Recommendation(s)/Proposed Action

The Slough Wellbeing Board is recommended to note the report and the progress being made in delivering the Frimley STP and comment on any aspect of the Plan.

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

The priorities in the STP reflect the need to improve the health and wellbeing of the population. The STP will focus on those priorities that can be delivered across the system and local areas will continue to address their own local priorities. The Slough JSNA has informed the work of the STP.

3a. Slough Joint Wellbeing Strategy Priorities

The STP will meet several of the current Slough Wellbeing Board strategy priorities including:

- Protecting vulnerable children and young people
- Improving healthy life expectancy
- Improving mental health and wellbeing

The STP will do this by delivering across five priority areas:

1. Making a substantial step change to improve wellbeing, increase prevention, self care and early detection.

2. Improve long term conditions outcomes including greater self management and proactive management across all providers for people with single long term conditions.
3. Proactive management of frail patients with multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays.
4. Redesigning urgent care, including integrated working and primary care models providing timely care in the most appropriate place.
5. Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

3b. **Five Year Plan Outcomes**

The STP will support the delivery of the Council's following Five Year Plan outcomes:

- Children and young people in Slough will be healthy, resilient and have positive life chances
- More people will take responsibility and manage their own health, care and support needs

4. **Other Implications**

(a) **Financial** - One of the aims of the STP is bring financial balance to the Frimley footprint by 2020, across health and social care. There is a significant financial pressure facing all parts of the system and the plan will address how these pressures will be managed. Any future investment from the NHS in local systems will come via the STP process.

(b) **Risk Management**

Risk Area	*Risk/Threat/Opportunity*	*Mitigation(s)*
Financial *All parts of the system are facing financial challenge due to increasing demand and rising costs*	*Priority areas do not manage the financial pressures – or actions cause additional financial pressures across one part of the system or service area*	*The STP gives a system wide view and management of the whole of the footprint. Aim is to bring the whole system into financial balance*
Property *Decisions are not made about current or future use of assets that help deliver the STP ambitions*	*Each part of the system or individual service continue to make decisions on their own irrespective of STP ambitions*	*STP will support via system leaders group to have a cohesive few of assets and estates. A one public estate strategy is being developed*
Employment Issues *Not having sufficient or trained staff to deliver new ways of working*	*Each organisation already has issues of recruitment and retention of staff*	*STP priority focus on our workforce, health and social care staff will be reviewed as a whole with new roles and ways of working considered to best meet the needs of our residents.*
Equalities issues *Health inequalities*	*The specific health issues of the Slough*	*STP has focussed on the main health issues across*

	population will not be met by the STP priorities	*the footprint and this includes Sloughs priority health issues.*
Communications *The ambitions of the STP are not well understood by all parts of the system*	*Different parts of the system, workforce, residents, providers and communities have differing understanding and knowledge of the changes*	*Regular comms and workshops, briefings across the system. A unified approach of strategic direction will enable clearer communication to staff and residents. A newly established Health and Wellbeing alliance board with a focus on communications.*

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

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

(e) **Workforce** - There are no specific issues identified at this point but as workforce is one of the enablers for the delivery of the plan this will have significant focus over the coming months.

5. **Summary**

This report provides members with:

a) An update on the progress that is being made to deliver the Frimley Health and Care Sustainability and Transformation Partnership (STP) Plan; and
b) An opportunity to ask questions about and / or comment on any aspect of the Plan.

6. **Supporting Information**

6.1 As part of the NHS Forward Plan each health and social care area across the country has produced a five year Sustainability and Transformation Plan starting in 2015/16. The footprint for each area was prescribed by NHS England and for Slough this is the Frimley footprint. This covers the populations of Slough, Windsor, Ascot and Maidenhead, Bracknell and Ascot, Surrey Heath and NE Hampshire and Farnham CLINICAL Commissioning Groups (CCG's), approximately 750,000 people. Sir Andrew Morris, Chief Executive of the Frimley NHS Trust, is the senior responsible officer for the Frimley Health and Care STP.

6.2 The Plan relates to people of all ages for physical, psychological and social wellbeing, for carers and their families and covers health and social care support. A gap analysis was carried out across health and social care which helped validate the priorities and initiatives. The governance for the STP is described below:

- The **Frimley STP Decision Making Board.** One senior officer representing each of the statutory organisations with the responsibility for the delivery of health and social care services.

- A newly established **Health and Wellbeing Board Alliance Board**. This will be chaired by Sir Andrew Morris and attended by the chair and vice chair of each of the five health and wellbeing boards across the STP. The first meeting of this Board will be taking place in September 2017.

6.3 The three East Berkshire Clinical Commissioning Group's (Slough CCG, Bracknell & Ascot CCG, and Windsor, Ascot & Maidenhead CCG) have from 1st April 2017 moved to:

- Having a single Governing Body in common
- Having a single primary care commissioning committee in common
- Strengthening (GP) member meetings including public involvement
- Expanding clinical leadership capacity
- Streamlining assurance process
- Operating a financial risk share across all three CCG's

6.4 In July 2017 the CCG Governing Body agreed to pursue a formal merger, with support from the membership of the 3 CCGs and from NHS England. It is expected that this will take place from April 2018. An FAQ is attached at Appendix A for information.

6.5 Seven STP work streams have been established to deliver the priorities over the coming two years. These are at various stages of development and it is suggested that progress against delivery of each of these and their impact for Slough is reported on a regular basis to the Panel.

Work stream	Progress
Shared Care Record	This work stream will enable the system-wide sharing of patient level information which will underpin the proactive management of frail and complex patients. It is progressing well and connected care as part of the local digital road map is under way across Berkshire Health Foundation Trust, Primary Care and Bracknell Council. All other parts of the system on track for implementation in next two phases. Slough Council will be in phase later this calendar year.
Integrated Care Decision Making Hubs	This work stream has been looking at how best to implement and deliver a locally focused integrated care model. There is a particular focus on simplifying access to multi-disciplinary and community based models of care. This will involve the active identification of individuals who are frail or at risk of becoming frail in order to proactively plan and coordinate their care. For Slough this aligns with the work of the council in delivering community hubs especially for Trelawney Avenue, Britwell and Farnham Road and also work to deliver an urgent treatment centre as part of the new urgent care strategy.
GP Transformation	This work stream is focussed on delivering the NHS Five Year Forward View by developing a sustainable model of general practice including a clinical, business and career model that reduces variation in care, improving outcomes across the STP.
Unwarranted	This work stream is utilising the Right Care Approach to reduce

Variation	variation across the system in five disease areas: circulation, musculoskeletal, neurology, respiratory, and gastrointestinal. Clinical and managerial leads have been identified and work is in progress to identify areas of opportunity.
Care and Support Market	This work stream will look at three main areas: options for collaborative commissioning and procurement for care and support services; improved commissioning for our most complex/expensive people and improving quality in care homes. Work is well underway in mapping the range of care and support services that each of the 5 councils and the NHS purchase at scale and for individuals. A new care homes quality group has started to look at one best practice model of delivering this improved quality across all care homes in the STP area.
Support Workforce	The purpose of this work stream is to design a support workforce that is fit for purpose across the system. The aim is to work in partnership across the STP to recruit, retain and develop our support workforce in order to provide a joint workforce across organisations. Mobilising and making the best of the community and voluntary workforce to support delivery of our self-care and community activation plans. It will focus on three main areas: recruitment and retention; training and development; working in new ways.
Prevention	The aim of this work stream is to ensure people have the skills and support to take responsibility for their own health and wellbeing”. This is to be achieved by: a) Developing a range of digital, telephone and face to face support; b) Supporting a healthy NHS workforce to deliver sickness absence reductions; c) Tobacco cessation in elective care, early cardiac detection, diabetes and physical inactivity utilising digital technology; d) Learning from Vanguard self-care initiatives, including social prescribing and replicating effectively across the STP footprint. There will also be a focus on obesity reduction.

6.6 The Frimley Health and Care STP has recently been assessed by NHS England as outstanding. The rating is based on progress of the plans relating to emergency care, elective care, safety, general practice, mental health, cancer, prevention, finance, system leadership, communications and engagement.

6.7 There have been drop-in STP information events arranged for staff to hear more about what the STP means for them. The most recent event was held at the council's St Martin’s Place offices on the 11th September 2017.

7. <u>Comments of Other Committees</u>

7.1 The STP is a regular standing item on the council’s Health Scrutiny Panel’s agenda.

8. **Conclusion**

- Significant progress has been made in developing and starting to deliver the Frimley STP.
- The Slough Wellbeing Board is asked to note and comment on the STP and progress made and the proposed merger of the three East Berkshire CCG's.

9. **Appendices Attached**

A - Proposed merger of the three East Berkshire CCGs – Frequently Asked Questions

10. **Background Papers**

1 - The STP plan can be found at http://www.slough.gov.uk/council/strategies-plans-and-policies/sustainability-and-transformation-plan.aspx

Appendix A: Proposed merger of the three East Berkshire CCGs – FAQ

Summary

Slough CCG, Bracknell & Ascot CCG, and Windsor, Ascot & Maidenhead CCG are anticipating a formal merger to come into effect from 1 April 2018. Since authorisation in 2013, there has always been a strong history of collaboration between the three organisations. In spring 2016 the CCGs' memberships and Governing Bodies agreed to restructure to form a single management team. In February 2017 it was agreed to move to a single Governing Body in Common, with shared joint subcommittees beneath this.

In July 2017 the Governing Body agreed to pursue a formal merger, with support from the membership of the 3 CCGs and from NHS England.

Frequently asked questions (FAQ)

Q. How does the proposal fit with the development of Sustainability and Transformation Partnerships?
A. It provides a logical next step in our journey of closer working in the Frimley STP footprint and thence to an Accountable Care System.

Q. Will this mean money being taken away from my area for investment somewhere else?
A. The overwhelming majority of spend on health is charged on an activity basis (for example, acute and elective work) or through a block contract (for example community nursing and mental health). The merger does not change this. There has been a small amount of discretionary investment previously, but in future NHS England is putting any additional funds into the Sustainability and Transformation Partnerships to determine the areas which will provide the greatest benefit from investment.

Q. Won't this mean a loss of local focus, understanding and engagement?
A. No. Local health status and needs will continue to be identified through the Joint Strategic Needs Assessment in partnership with each Local Authority. The three membership areas will continue to operate as they do now, so that local GPs are fully involved in the commissioning of service developments.

Q. Will the proposal help or hinder efforts to address inequalities?
A. It will lessen the risk of differential service provision between geographically very close areas (which occurs at the moment) and allow incremental investment to flow more easily to where the greatest health gain/reduction in inequality is required.

Q. What is the impact on clinical leadership?
A. The reach of clinical leadership to accelerate adoption of innovations and good practice will be broadened. The single Governing Body includes 11 clinicians.

Q. The CCGs have different strengths, how will these be maintained/shared?
A. All three of the CCGs have recently bene rated "Outstanding" by NHS England, but there is still variation in quality and outcomes between them, and particularly at practice level. The merger will support wider benchmarking and referencing between practices to drive up standards and reduce inappropriate variation.

Q. Won't the change to governance be a big upheaval and distraction?
A. No. The CCGs have been working very closely, and with a single management team, for some time. The merger builds on the current governance of a single Governing Body in Common and it is not proposed to restructure the Governing Body, subcommittees or management team.

Q. Will the merger do anything about existing boundary issues?
A. Yes. It removes several of the current boundary-related inequalities and recognises the cross-border traffic in primary care that exists between the CCGs currently (for example, branch surgeries in different CCGs).

Q. What will patients see change?
A. The merger will enable clearer pathways that are more intuitive for patients and easier for providers to support. At the moment providers have to support several different pathways/models, which is inefficient for them and confusing for patients. We aim to facilitate clearer communication to public about how services work and where/how to access them.

Q. Will useful datasets at Local Authority level be maintained?
A. Although formal measurement by NHS England will be of a single CCG, locally we will be enhancing measurement and datasets at GP practice level and maintaining the ability to view data at a Local Authority level.

Q. It doesn't sound like this is much of a change, so why do it at all?
A. For many purposes, the three CCGs are already viewed and treated as an entity – for example by NHS England. However, the merger will allow us to reduce some back-office overheads such as three sets of audits and annual reports and implement clearer pathways more rapidly as described above.

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 27 September 2017

CONTACT OFFICER: Rukayat Akanji-Suleman, Public Health Project Officer, Slough Borough Council
(For all enquiries) (01753) 875380

WARD(S): All

PART I

FOR AGREEMENT

BERKSHIRE SUICIDE PREVENTION STRATEGY 2017-2020 & SLOUGH SUICIDE PREVENTION ACTION PLAN

1. Purpose of Report

The purpose of this report is to seek the Wellbeing Board's approval of the draft multi-agency Suicide Prevention Strategy for Berkshire (at Appendix A) and Suicide Prevention Action Plan for Slough (see pages 47 – 51 of the Strategy).

2. Recommendation/s

The Wellbeing Board is requested to recommend that:

a) The draft multi agency Berkshire Suicide Prevention Strategy and the Slough Suicide Prevention Action Plan (at Appendix A) be approved; and
b) To resolve that a progress report on the Strategy be brought back to Wellbeing Board on an annual basis, preceded by Health and Adult Social Care PDG oversight.

3. The Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020, the Joint Strategic Needs Assessment (JSNA) and the Five Year Plan 2017 - 2021

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

Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. The pan-Berkshire Suicide Prevention Strategy is a response to recommendations made in the National Prevention Strategy - "Preventing Suicide in England" (DH, 2012). The aims of this Strategy are to:

- Outline how partners across the county will work to prevent suicide in Berkshire.
- Outline governance structures for Suicide Prevention work in Berkshire.
- Provide clarity on how the public, partners and other stakeholders can deliver the actions outlined therein.

The objectives of the Strategy are to:

- Reduce suicides in Berkshire by 25% by 2020; and
- Ensure better support is provided for those bereaved or affected by suicide.

Slough's Suicide Prevention Action Plan is intended to provide an approach to suicide prevention that recognises the contributions that can be made across each of the following Joint Wellbeing Strategy priorities:

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

3b. The Joint Strategic Needs Assessment (JSNA)

Slough's Suicide Prevention Action Plan has been developed using evidence *presented in the JSNA and national statistics. National statistics define suicide as "deaths given an underlying cause of intentional self-harm or an injury/poisoning of undetermined intent"*. Suicide accounted for approximately 36.9 premature years of life lost (i.e. deaths before the age of 75) in Slough, between 2012 and 2014.

3c. Five Year Plan 2017 – 2021 Outcomes

Slough's Suicide Prevention Action Plan supports the delivery of the following Five Year Plan priority outcomes: *Our people will become healthier and will manage their own health, care and support need.* It will do this by ensuring appropriate prevention, assessment and support mechanisms are in place to support people's health and wellbeing and independence. These mechanisms need to be inter-agency and reflect the wider partnership, commissioning and influencing ethos of the Council.

4. Other Implications

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

(b) **Risk Management** - There are no reported risks associated with this report.

(c) **Human Rights Act and Other Legal Implications** – None.

(d) **Equalities Impact Assessment** – The Strategy advances equality and all reasonable steps have been taken to understand and mitigate negative impact. An Equalities Impact Assessment (EIA) was been completed and the results do not require a full assessment. A copy of the EIA can be found at Appendix B to this report.

5. Summary

- *The Wellbeing Board is being asked to formally approve a draft multi agency Suicide Prevention Strategy for Slough.*
- *It is in direct response to the publication of the National Strategy by the Department of Health "Preventing Suicides in England 2012 – A cross government outcomes strategy to save lives".*
- *Slough's Suicide Prevention Strategy will also contribute to a multi - agency Suicide Prevention Plan for Berkshire which is being launched at a public event on 17th October 2017.*
- *Slough's Suicide Prevention Strategy includes six priority areas for suicide prevention in Slough with recommendations for actions. These are set out on pages 47 – 51 of the draft Strategy.*
- *A multi - agency Suicide Prevention Group is being established to implement the delivery of, and monitor the progress made, under this Strategy.*

6. Supporting information

6.1 Suicide is a major issue for society and a leading cause of years of life lost. Suicides are not inevitable. The factors and circumstances that cause a person to contemplate taking their own life are complex and varied. It can have a devastating effect on those affected by the loss, including the families, friends, communities and professionals impacted.

6.2 Berkshire's draft Suicide Prevention Strategy (at Appendix A) sets out the key priorities, opportunities and challenges associated with ensuring that there is coordinated and integrated multi-agency agreement on the delivery of suicide prevention services across Slough, which are tailored appropriately to local need and are driven by the involvement and feedback from service users. The broad aims of the Strategy are to:

- Reduce suicide rates in the general population in Slough; and
- Provide better support for those bereaved or affected by suicide.

6.3 The draft Suicide Prevention Action Plan (on pages 47 to 51 of the Strategy) is structured around six key areas for action (based on the national Strategy). These are to:

1) Reduce the risk of suicide in key high risk groups
2) Tailor approaches to mental health in specific groups
3) Reduce access to the means of suicide
4) Provide better information and support to those affected
5) Support the media in delivering sensitive approaches
6) Support research, data collection and monitoring

6.4 Within the Strategy, each area for action is accompanied by an individual action plan. These are reproduced at the end of the document as a consolidated Action Plan which will be the format in which progress is monitored over the next three years.

Consultation on the Strategy

6.5 The Strategy was informed by contributions from the following partners: all Berkshire CCGs, Network Rail, Public Health England, Local Criminal Justice Board, Berkshire Suicide Prevention steering group, BHFT and local leads on mental health. In Slough, the strategy has been approved by the Health PDG.

Launch of the Strategy

6.6 A media launch of the Strategy was held on 11th of September 2017. A county wide launch has been arranged for 17th of October 2017 at Wokingham Town Hall from 9:00am – 2:30pm. Wellbeing Board members are invited to attend this event, (a copy of the invitation is enclosed at Appendix C of this report).

Implementation of the Strategy

6.7 A multi - agency Suicide Prevention Group has been being established to oversee delivery and monitor the progress of this Strategy (See page 56 of the Strategy for membership details).
6.8 Successful implementation of this strategy will require engagement from a wide range of partners and stakeholders*, including:

a) Service users, Carers, Survivors of suicide
b) Communities and their leaders
c) Third Sector organisations
d) Health Services: GPs, Primary Care staff, Pharmacies
e) Criminal Justice: Probation, Police, Courts
f) Education: schools, colleges, university
g) Fire Service
h) Local Authority: Public health, Housing, Leisure, children's and adult's services

*Reference to partners in the Strategy includes all of these groups.

Monitoring of the Strategy

6.9 The consolidated action plan will be used to monitor the delivery of the Strategy. Progress against this will be reported on a regular basis to the Health and Social Care PDG, the Wellbeing Board and the Council's Health Scrutiny Panel. The inclusion of suicide as an indicator within the Public Health Outcomes Framework (PHOF) will enable us to track progress against this Strategy's objective to reduce the suicide rate locally.

6.10 The consolidated action plan will be refreshed on an annual basis to ensure that the key areas for action are based on need and are informed by what the local data is telling us.

7. Comments of others committees

7.1 The draft Suicide Prevention Action Plan for Slough was considered by Health and Social Care PDG at its meeting on 27 February and 29 of August 2017. At the last meeting, members asked for the following items to be included in the consolidated action plan:

- A column to be included which includes the names of officers with responsibility for delivery specific actions in the plan
- A yearly review of the action plan.

7.2 Both of these suggestions have been addressed in the attached draft.

8. Conclusion

- Slough's Suicide Prevention Action Plan is wide-ranging in its scope and covers the range of issues facing the people of the borough.
- It has been developed in direct response to the publication of the National Strategy by the Department of Health *"Preventing Suicides in England – A cross government outcomes strategy to save lives"* and has been designed to complement (and support the delivery of) Slough's Mental Health Concordat and our CAMHS Strategy.
- It will also support the development of a local Mental Health Strategy for Adults (currently underway), and it is through this aligned approach that we will tackle the harm caused by suicide and preventable deaths to our communities.
- However, the successful delivery of this Strategy will depend on the experience and expertise of a wide range of partners and agencies from the private, public and voluntary sectors working in collaboration.
- It is proposed that this Strategy is now formally approved by the Wellbeing Board.

9. Appendices

A - Berkshire Suicide Prevention Strategy 2017-2020 and Slough Action Plan
B - Equalities Impact Assessment
C - Invitation to the launch of the Berkshire Suicide Prevention Strategy

10. Background papers

The following documents in combination set the context for the responsibility of local authorities and partner organisations in preventing suicide and in identifying the evidence and best practice required for the Slough Suicide Prevention Strategy:

1) The Department of Health launched a new cross-government strategy *"Preventing Suicide in England - A cross government outcomes strategy to save lives"* on world Suicide Prevention Day (10th September 2012) - See document here

2) *"No Health Without Mental Health: A cross-government outcomes strategy for people of all ages (2011)"* is key in supporting reductions in suicide amongst the

general population as well as those under the care of mental health services. The first agreed objective of the strategy is to ensure that more people will have good mental health - See document here .

3) *"Healthy Lives, Healthy People: Our Strategy for Public Health in England (2010)"* gives a new, enhanced role to local government and local partnerships in delivering improved public health outcomes. Local responsibility for coordinating and implementing work on suicide prevention will be, from April 2013, an integral part of local authorities' new responsibilities for leading on local public health and health improvement – See document here

Appendix A

Public Health Services for Berkshire

Berkshire Suicide Prevention Strategy

2017-2020

DRAFT V6

Darrell Gale FFPH

Consultant in Public Health

NB: All comments in red are instructions to help guide the final drafting and formatting.

Front cover to be designed

Contents

	To be finalised at end of editing process	Notes for final editing
3	Acknowledgments	Update if required
4	Executive Summary	Introduction required by LL and final edit required
5	Recommendations	To be formatted to use as a standalone page
7	Background	
8	10 Things Everyone Needs To Know About Suicide Prevention	Should be formatted to use as a stand-alone page maybe with infographics
9	Strategy Aims	
10	National Context	
13	Strategic Context	
14	Evidence Base in Suicide Prevention	
15	National Best Practice in Suicide Prevention	
17	Local Context	
17	Local Suicide Audit Results	
25	Local Governance Structures	
28	Local Best Practice in Suicide Prevention	
31	Areas of High Frequency	
33	Crisis Care Concordat	
34	Gap Analysis and Emergent Berkshire-Wide Concerns	
37	Berkshire-Wide Action Plan 2017-18	To be formatted to use as a standalone page(s)
40	References	Will need checking and hyperlinks added
	Appendices	
41	Appendix 1 Resources available	Will need suggestions, checking and hyperlinks added
42	Appendix 2 Bracknell Forest Action Plan 2017-18	
44	Appendix 3 RBWM Action Plan 2017-18	
47	Appendix 4 Slough Action Plan 2017-18	
50	Appendix 5 Reading Action Plan 2017-18	
52	Appendix 6 West Berkshire Action Plan 2017-18	
54	Appendix 7 Wokingham Action Plan 2017-18	
56	Appendix 8 Membership of the Berkshire Suicide Prevention Steering Group	Needs to be updated according to membership as at 8th December 2016 meeting

Acknowledgements

Acknowledgements are due to a wide range of partners and colleagues whose work; encouragement and commitment to suicide prevention has enabled the development of this strategy and its action plans. In particular, we acknowledge the following:

Rutuja Kulkarni and the public health officers from Berkshire local authorities who undertook the Suicide Audit, and who did much to build the foundations of this strategy;

The suicide prevention and mental health leads from the Berkshire local authorities for preparing the local action plans;

Network Rail and British Transport Police for their support with work on railway suicides;

Helena Fahie at Public Health England South East Centre for encouragement; advice and going the extra mile;

David Colchester at the Local Criminal Justice Board for the Thames Valley and Thames Valley Police for their input on real-time surveillance;

The NHS Provider trusts in Berkshire for their input and continued support;

The seven Clinical Commissioning Groups in Berkshire for their strong partnership working;

and of course all past and present members of the Berkshire Suicide Prevention Steering Group.

Have we missed out anyone?

Executive Summary

To be introduced by Strategic Director and finalised at the end of the final editing process.

The NHS Five Year Forward View for Mental Health sets a target on all NHS agencies and partners to reduce the current level of suicide by 10% by 2020. This is a laudable and hopefully readily achievable aim. However as discussions across the range of organisations which have contributed to this strategy have progressed, it appears to many, that this aim is not challenging enough. Zero Suicide should be our aim; as it is in the gift of the combined efforts of these organisations, and on society at large, to put in place the policies and services which protect people from mental distress, and to ease the factors which cause that distress. This strategy therefore forges ahead with a stretch target to reduce suicide by at least 25% by 2020, thus ensuring that this becomes a shared priority across organisations and areas. We recognise that a Berkshire without suicide is the true aim to work towards.

Many stakeholders have contributed to this strategy and it should now be adopted as a joint strategy by each CCG, Local Authority, and Health and Wellbeing Boards in Berkshire. It should also be reflected in other plans and strategies when they are drafted or re-written, to ensure suicide prevention becomes a pursuit common to all agencies and professions. The strategy will be formally launched once it has been endorsed by all health and wellbeing boards in Berkshire and this will give the opportunity to report back on the delivery of many of the actions detailed herein.

RECOMMENDATION Launch this strategy at a multi-agency suicide prevention summit, by October 2017.

Recommendations

The following recommendations are the principle strategic objectives for Berkshire as a whole. These link through into more detailed action plans for Berkshire-wide work and for local authority areas. In line with the national suicide prevention strategy, the main outcomes of this strategy are to reduce suicides in Berkshire by 25% by 2020, and to provide better support for those bereaved or affected by suicide. The national strategy has identified six priority areas and the recommendations linked to these are outlined below, following those relating to the overarching aims.

Over-arching Recommendations

RECOMMENDATION
That this Steering Group revisit their terms of reference and membership and become known as the "Berkshire Suicide Prevention Steering Group", with the aim of providing the governance to this strategy and its action plans.

RECOMMENDATION
That organisations represented on the Berkshire Suicide Prevention Steering Group consider nominating a suicide prevention champion from within their membership.

RECOMMENDATION
That all agencies represented on the Steering Group commit to an annual Action Plan of their own which can then be brought together to create a Berkshire-wide Action Plan for each year of the Strategy.

RECOMMENDATION
Sign off / endorsement of this strategy by all Health & Wellbeing Boards in Berkshire.

RECOMMENDATION
Launch this strategy at a multi-agency suicide prevention summit, by October 2017.

RECOMMENDATION
Ensure strategic fit with the action plans of the Berkshire Crisis Care Concordat.

Priority Areas

1. Reduce the risk of suicide in key high-risk groups;

RECOMMENDATION
Implement the NICE guidelines on self-harm, specifically ensuring that people who present to Emergency Departments following self-harm receive a psychosocial assessment.

RECOMMENDATION
Evaluate the Berkshire CALMzone and recommission targeted suicide prevention work for younger men and middle aged men.

2. Tailor approaches to improve mental health in specific groups;

RECOMMENDATION
Work to provide and commission interventions which improve the public's mental health. These may include: awareness of mental health and peer support in young people; anti-bullying campaigns in schools; addressing stigma and social isolation in older people; workplace health promotion and support with local business; working with police on mental health literacy; and addressing issues relevant to the local population.

3. Reduce access to the means of suicide;

RECOMMENDATION
That local authority public health teams take the leadership for liaison with any Escalation Process in their area, and report on progress to the Steering Group.

RECOMMENDATION
That the Steering Group seek a named Highways England officer to act as a liaison link and group member, and to share real-time intelligence of highways network incidents.

RECOMMENDATION
That local authority public health teams work with other council departments such as car parks and open space services to identify local actions to prevent suicide including staff awareness training.

4. Provide better information and support to those bereaved or affected by suicide;

RECOMMENDATION
Ensure bereavement information and access to support is available to those bereaved by suicide.

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour;

RECOMMENDATION
Liaise with local media to encourage reference to and use of guidelines for the reporting of suicide through a summit with local press and media organisations, and to provide information to professionals on the sensitive reporting of suicide. By 20 July 2017

6. Support research, data collection and monitoring.

RECOMMENDATION
Develop working relationships between individual coroners and local public health teams ensure local plans are evidence based and responsive. Coroners can be invited to become formal members of any local suicide prevention groups or networks

Coroners can also inform the local authority or Director of Public Health if they identify particular areas of concern, e.g. locations used for suicide, possible clusters of suicide, increase in a particular method or new and emerging method of suicide.

Refresh the Berkshire-wide Suicide Audit for deaths in the period 2014-16 to include new categories based on best practice.

Background

Suicide is a devastating event. It is an individual tragedy, a life-altering crisis for those bereaved, and a traumatic event for communities and services. The impacts are immediately and profoundly distressing. We thus need to be sure that in the Clinical Commissioning Groups (CCGs) and Local Authorities in Berkshire, an alliance of stakeholders takes preventive and ongoing action covering the main risks. The 2012 national strategy ('Preventing Suicide in England') sets us two major objectives: reducing the suicide rate in England, and giving better support to people bereaved or affected by suicide. Those objectives are thus given priority in this strategy.

Suicide is not inevitable. Preventing suicides is a complex and challenging issue, but there are effective solutions for many of the individual factors which contribute towards the risk of suicide. Suicide Prevention work is cost-effective when conducted in accordance with evidence of effectiveness, and by working in partnership. Local Government, statutory services, the third sector, local communities and families each have a role to play.

Whilst suicide causes a vast negative wellbeing impact on family, friends, colleagues, and wider contacts, they also have a huge economic impact. The average cost of a single completed suicide of a working age individual in England was estimated in 2012 to be more than £1.5 million. This includes intangible costs (loss of life to the individual and the pain and suffering of relatives), as well as waged and unwaged lost output, public service time and funeral costs. Non-fatal self-harm also has major – potentially avoidable - cost implications for public services, particularly A&E and acute inpatient services and psychiatric follow-up.

Suicides are not inevitable and are a major issue for society as well as being a leading cause of years of life lost. There are many ways in which services, communities, individuals and society as a whole can help to prevent suicides. Government and statutory services have a role to play in building individual and community resilience. Vulnerable people in the care of health and care services can be supported and kept safe from preventable harm. Interventions can be provided quickly when someone is in distress or in crisis and for vulnerable people in the wider community, practical measure such as debt advice services can make all the difference.

Public Health England (PHE) has recently published a guide to local suicide prevention planning (2016). In it, they identify ten things that everyone needs to know about suicide prevention. These are re-produced here in full, and with kind permission of PHE. Simple to follow and understand, these form the basis of raising awareness of suicide prevention across Berkshire services and populations.

10 Things Everyone Needs To Know About Suicide Prevention

1 Suicides take a high toll

There were 4,882 deaths from suicide registered in England in 2014 and for every person who dies at least 10 people are directly affected.

2 There are specific groups of people at higher risk of suicide

Three in four deaths by suicide are by men. The highest suicide rate in England is among men aged 45-49. People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic group living in the most affluent areas.

3 There are specific factors that increase the risk of suicide

The strongest identified predictor of suicide is previous episodes of self-harm. Mental ill-health and substance misuse also contribute to many suicides. Suicide prevention strategies must consider and link to programmes of early identification and effective management of self-harm, mental ill-health and substance misuse.

4 Preventing suicide is achievable

The delivery of a comprehensive strategy is effective in reducing deaths by suicide through combining a range of integrated interventions that build community resilience and target groups of people at heightened risk of suicide. Directors of public health and health and wellbeing boards have a central role. Their involvement is crucial in coordinating local suicide prevention efforts and making sure every area has a strategy in place.

5 Suicide is everybody's business

A whole system approach is required, with local government, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play. Suicide prevention can also be part of work addressing the wider determinants of health and wellbeing.

6 Restricting access to the means for suicide works

This is one of the most evidenced aspects of suicide prevention and can include physical restrictions, as well as improving opportunities for intervention.

7 Supporting people bereaved by suicide is an important component of suicide prevention strategies

Compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and suicidal ideation, depression, psychiatric admission as well as poor social functioning.

8 Responsible media reporting is critical

Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour.

9 The cost of suicide justifies investment in suicide prevention work

The economic cost of each death by suicide of someone of working age is estimated to be £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering.

10 Local suicide prevention strategies must be informed by evidence

Local government should consider the national evidence alongside local data and information to ensure local needs are addressed.

Strategy Aims

In 2014, the seven Berkshire CCGs and six local authority public health teams across Berkshire began work to refresh the suicide audits previously undertaken and to recommend from this a strategy for reducing suicide risk across Berkshire. This strategy is the result of a study of national research and recommendations plus recommendations of many local stakeholders from a range of organisations.

This strategy proposes co-ordinated prevention across all the elements influencing suicide, from the wider determinants of distress and escalating desperation, and poor mental health, through coordinated local preventive action spanning local authority and voluntary services, and primary and secondary care.

The overall aim of this strategy is:

- To outline how partners across the county will work to prevent suicide in Berkshire.
- To outline the governance structure for Suicide Prevention work in Berkshire.
- To make clear how the public, partners and other stakeholders can deliver the actions outlined herein.

The objectives and six priority areas to meet this aim are also drawn from the National Suicide Prevention Strategy – "Preventing Suicide in England" (DH, 2012), and are intended to be met through coordinated multi-agency actions, under the governance of the Berkshire Suicide Prevention Steering Group.

The objectives of this strategy developed from the national strategy are:

- To reduce suicides in Berkshire by 25% by 2020;
- To ensure better support is provided for those bereaved or affected by suicide.

The priority areas of this strategy drawn from the national strategy are:

1. Reduce the risk of suicide in key high-risk groups;
2. Tailor approaches to improve mental health in specific groups;
3. Reduce access to the means of suicide;
4. Provide better information and support to those bereaved or affected by suicide;
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
6. Support research, data collection and monitoring.

These six priority areas have become the golden thread which runs through this strategy and the action plans which support it. These action plans are for the year 2017/18, whilst the strategy is for the years 2017-2020, taking this to the year when the overarching aim to reduce suicide by 10%, as stated in the Five Year Forward View on Mental Health and incorporated into the Sustainability and Transformation Plans produced by groups of CCGs. There are other recommendations around process and which address the overarching aims and/or a combination of the priority areas.

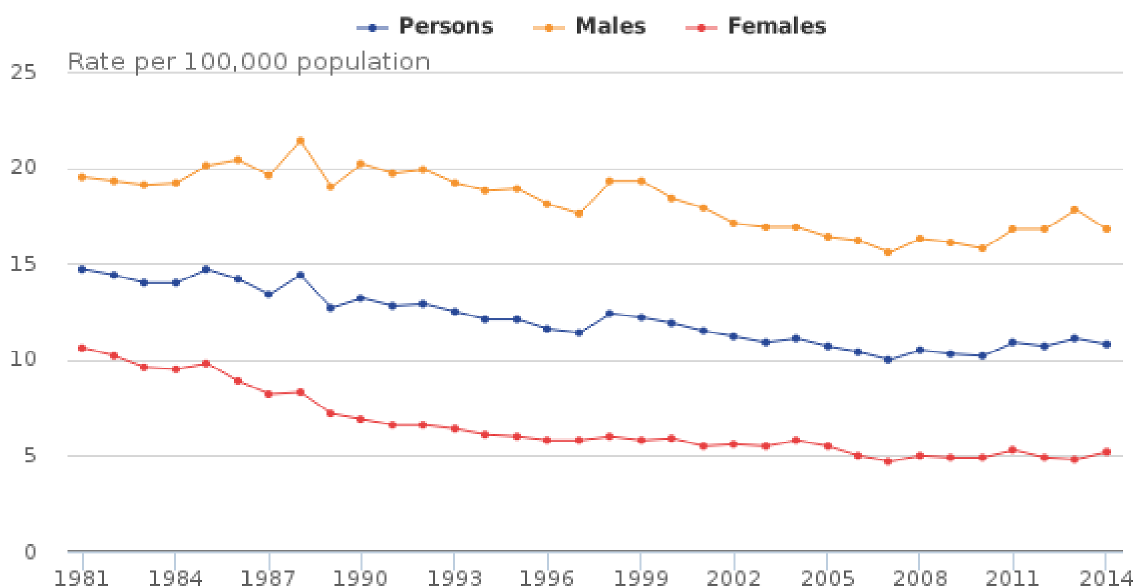
National Context

Nationally available data on suicides can help place local information on suicides in context. From the national references which include rates, trends, risk factors, suicide methods and evidence of what works to prevent suicides, a local approach for suicide prevention can be developed. This section presents the national data on suicides and is intended to be used as a guide to draw comparisons with local data and information from the Berkshire Audit.

The Office for National Statistics (ONS) provides figures on deaths by suicide, available publicly on its website at: www.ons.gov.uk. Data can be downloaded which shows numbers and rates of death by suicide per 100,000 population. Rates are important as they account for the age and size of populations, so it is more reliable when comparing suicide across age groups and areas.

Suicide is defined in England and Wales as a death with an underlying cause of intentional self-Harm and/or an injury/poisoning of undetermined intent (ICD10 codes X60-X84 - all ages and Y10-Y34 – for ages over 15 years). There is an assumption that most injuries or poisonings of undetermined intent are self-inflicted and where there is insufficient evidence to prove that the person intended to kill themselves. This assumption however is not applied to children due to the possibility that these deaths were caused by other situations – such as abuse or neglect. For this reason, data on suicides in England only include persons aged 15 years and over for deaths from injury of undetermined intent and may therefore lead to an under-reporting of deaths as a result of suicide in children.

Figure 1: Age-standardised suicide rates by sex, deaths registered between 1981 and 2014, United Kingdom



Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency. 2016.

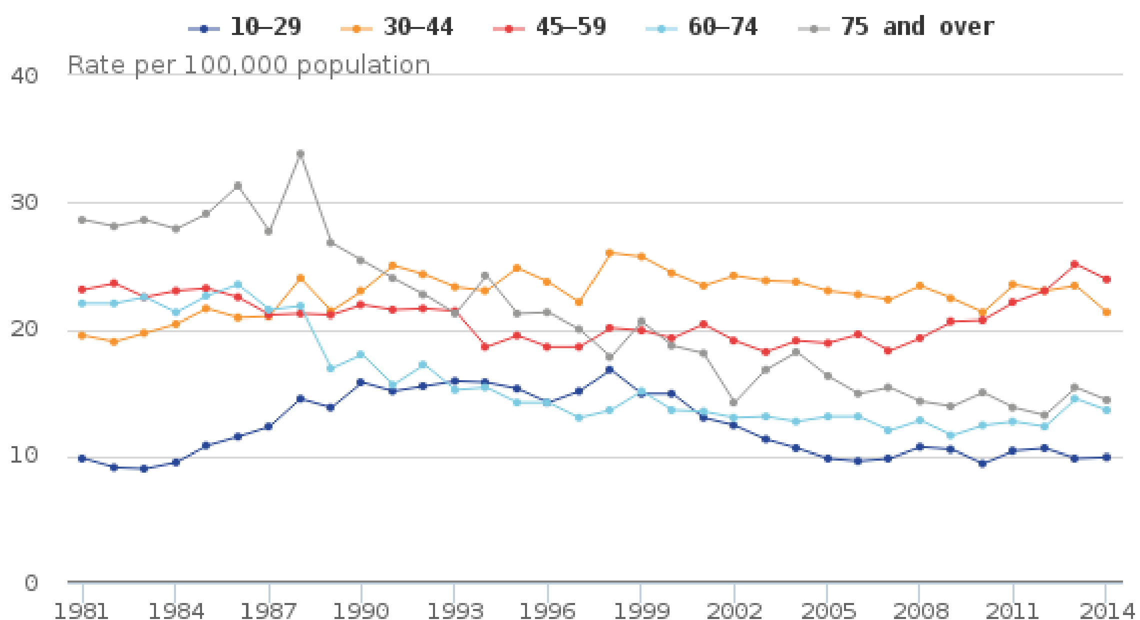
Figure 1 above shows the age standardised suicide rates for the UK since 1981. A generally downward trend in suicide rates was observed between 1981 and 2007, with a decrease from 15.6 to 10.6 deaths per 100,000 population (see figure 1). There has been a slight overall increase in suicide rates since 2007, to 10.8 per 100,000, which is part of an upward trend since 2007 for both sexes.

Suicide continues to be more than three times as common in males. The male suicide rate in 2013 was the highest since 2001. The lowest male rate since the beginning of the data series, at 16.6 per 100,000, was in 2007.

The highest suicide rate in the UK in 2014 was among men aged 45 to 59, at 23.9 deaths per 100,000, slightly lower than the record high seen in 2013. This age group also had the highest rate among women, at 7.3 deaths per 100,000 population.

Men aged 45 to 59 had the highest suicide rate in 2014 for the second year in a row with a rate of 23.9 deaths per 100,000 population. Between 2000 and 2011, the rate in this age group was the second highest, behind men aged 30 to 44. Since 2007, the rate in the 45 to 59 age group has been increasing.

Figure 2: Age-specific suicide rate, males, deaths registered between 1981 and 2014, United Kingdom

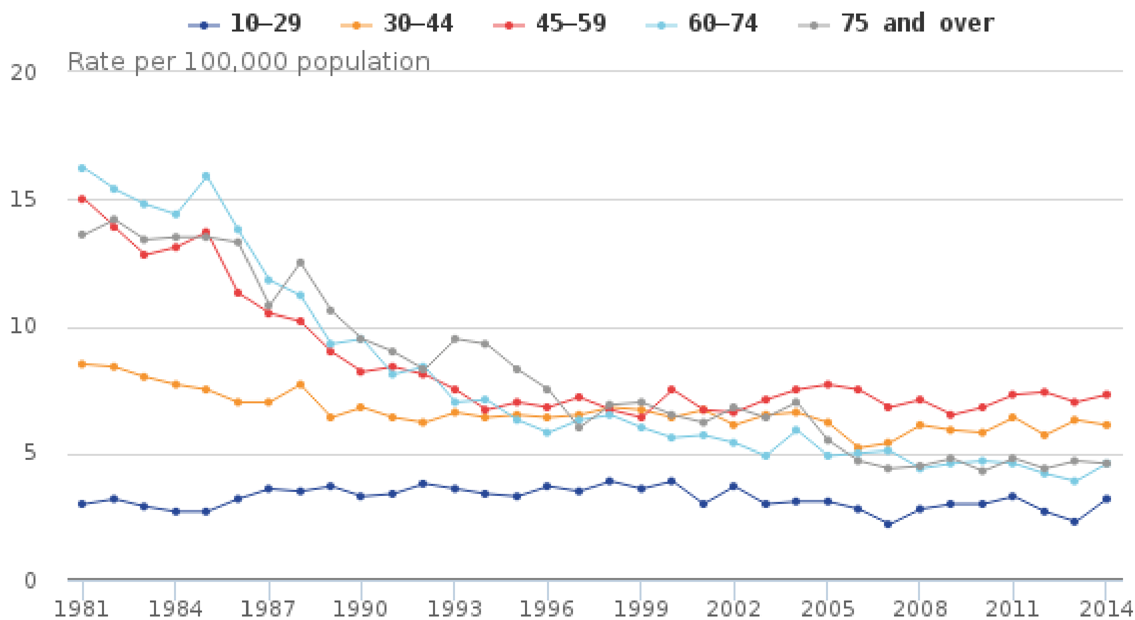


Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency. 2016.

Female rates have stayed relatively constant since 2007. In 2014, the age group with the highest suicide rate for females was 45- to 59-year-olds, with a rate of 7.3 deaths per 100,000 population (see Figure 3). This has been the case since 2003. Analysing this data by 5 year age group shows that females aged 50 to 54 have the highest suicide rate at 8.0 per 100,000 population. Between 1981 and 1994, female suicide rates decreased across all broad age groups apart from 10 to 29 year-olds. Suicide rates for

women under 60 have remained relatively constant since 2008, and for women aged 60 and over continue to show a broadly decreasing trend,showing the biggest reduction since 1981.

Figure 3: Age-specific suicide rate, females, deaths registered between 1981 and 2014, United Kingdom



Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency. 2016.

A time trend analysis in England suggested that the recent recession in the UK could be an influencing factor in the increase in suicides. The study found that local areas with greater rises in unemployment had also experienced higher rises in male suicides (Barr et al 2012). A review by the Samaritans (2012) emphasised that middle-aged men in lower socioeconomic groups are at particularly high risk of suicide. They pointed to evidence that suicidal behaviour results from the interaction of complex factors such as unemployment and economic hardship, lack of close social and family relationships, the influence of a historical culture of masculinity, personal crises such as divorce, as well as a general 'dip' in subjective wellbeing among people in their midyears, compared to both younger and older people (Office for National Statistics, 2014).

Suicide in mental health inpatients had almost halved since 1997 and deaths had also fallen among prisoners. The most recent National Confidential Inquiry into Suicide and Homicide annual report (July 2013) shows a rise in overall patient suicide, probably reflecting the rise in suicide in the general population, which has been attributed to current economic difficulties. There are twice as many suicides under crisis resolution / home treatment compared to in-patients. Hanging, strangulation and suffocation account for the largest number of suicides in males, at 60% of the total. In females hanging and drug related poisoning are the joint most frequent methods, 38% *(Preventing suicide in England: 1 year on, 2014).*

Strategic Context

Local suicide prevention planning is the responsibility of local authority public health teams to deliver with clinical commissioning groups (CCGs), health and wellbeing boards and a wider network of partners. Very recent guidance to inform this strategy has been developed by Public Health England (2016) in partnership with the National Suicide Prevention Alliance.

The need to develop suicide prevention strategies and action plans at a local level and which engage with a wide network of stakeholders in reducing suicide is set out in the government's national strategy for England, Preventing Suicide in England, a cross government strategy to save lives (HM Government, 2012). It is also reinforced by the Mental Health Taskforce's report to NHS England, *The Five Year Forward View for Mental Health* (NHS England, 2016).

Two key objectives are laid out in the national suicide prevention strategy:

- to reduce the suicide rate in the general population, and
- to provide better support for those bereaved or affected by suicide.

This national strategy in turn set out six key areas for action:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

Responsibility for suicide prevention action plans and strategy lies with local government through health and wellbeing boards. Local authorities report on the quality and success of initiatives to improve the health and wellbeing of their populations, using national indicators set out in the Public Health Outcomes Framework. Indicators relevant to suicide prevention include suicide rate, self-harm and excess mortality in adults aged under 75 years with serious mental illness

Around half of people who die by suicide have a history of self-harm, and self-harm is a sign of serious emotional distress in its own right. Mental health promotion, prevention and early intervention are essential to help reduce self-harm in the community that does not present to health services. The effective assessment and management of self-harm by NHS services where people do present with self-harm, particularly in Emergency Departments, represents a huge opportunity to reduce repetition of self-harm and future suicide risk. In June 2013, NICE published a new quality standard to improve the quality of care and support for people who self-harm. The Spending Review (2013) committed to every Emergency Department having constant access to mental health professionals and Public Health Outcomes Framework published in (2013) includes the definition of the new indicator on self-harm. This makes clear the priority given to the prevention and management of self-harm across local authority and NHS services.

Evidence Base in Suicide Prevention

The Government published its review of the suicide strategy, *“Preventing suicide in England: Two years on Second annual report on the cross-government outcomes strategy to save lives”* (Department of Health, 2015). This section summaries this, the latest evidence and best practice as identified within the report.

Men and Economic Crisis

A recent study found that men in different age brackets had different suicide risks during the recent recession. Those aged between 35-44 years old experienced increased suicide rates corresponding to economic decline. The study also found the halt in the downward trend in suicide rates amongst men aged 16-34 may have begun before the 2008 economic recession (Coope, et al, 2014).

Self-Harm and Alcohol

There was a higher rate of alcohol-related deaths for those presenting at emergency departments with self-harm for both males and females. Local areas need to ensure that those presenting to hospital with self-harm should be assessed for alcohol problems to identify issues early and get treatment (Bergen, et al, 2014). This is in line with NICE guidelines. In the year following self-harm the risk of suicide is raised 49-fold in the year, this increases with age at initial self-harm (Hawton, et al).

Crisis Resolution

Crisis resolution home treatment services have a key role to play in suicide prevention. Approximately 180 suicides each are patients who are under crisis resolution home treatment services, with approximately 80 among in-patients (Hunt, et al; NCISH 2014).

Primary Care Patients

Both frequent attendance and non-attendance at GP surgeries is linked to increased risk of suicide. For young men, non-attendance is a particular risk factor (NCISH 2002-20012).

Discharge Processes

The first 3 months following discharge from a mental health inpatient episode remains a high risk, with the highest risk at 2 weeks discharge. Community Care reforms which recommend a 7 day follow up have shown positive results although progress has stalled recently (Psychiatry Online).

Self-harm in Prisons

There is an association between self-harm and suicide within the prison setting. Prevention and treatment of self-harm should be part of the suicide prevention efforts within prisons (Hawton, et al, 2014).

National Best Practice in Suicide Prevention

These case studies were reported in, *"Preventing suicide in England: Two years on Second annual report on the cross-government outcomes strategy to save lives"* (Department of Health, 2015).

U Can Cope

The U Can Cope film and online resources were designed for people in distress and those trying to support them, to instil hope, promote appropriate self-help and inform people regarding useful strategies and how they can access help and support. They have been endorsed by the International Association of Suicide Prevention: www.connectingwithpeople.org/ucancope

Social Media

Emerging findings from the research study on Understanding the role of social media in the aftermath of youth suicides (COSMOS), commissioned in support of the suicide prevention strategy, are that:

- Suicidal tweeters show a high degree of reciprocal connectivity (i.e. they follow each other), when compared with other studies of the connectivity of Twitter users, suggesting a community of interest.
- A retweet graph shows that users who post suicidal statements are connected to users who are not, suggesting a potential for information cascade and possibly contagion of suicidal statements.
- The reaction on Twitter to the Hayley Cropper Coronation Street suicide storyline was mostly information/support and debate about the morality of assisted dying, rather than statements of suicidal feelings.
- Tweets about actual youth suicide cases are far more numerous than newspaper reports and far more numerous than tweets about young people dying in road traffic accidents. This suggests that suicide is especially newsworthy in social media. In newspapers there is no significant difference between the two types of death, in terms of number of reports per case.

Nottinghamshire Healthcare NHS Trust and Connecting with People

Nottinghamshire Healthcare NHS Trust is implementing an innovative approach to suicide prevention to improve both patient care and clinical governance. The Trust has developed a team of in-house trainers to deliver suicide and self-harm awareness and response training across the Trust. They are also piloting a web-based App to help to consistently record individual assessments. The App is integrated securely within the NHS system and is based on peer-reviewed clinical tools.

Other Trusts are also involved in the pilot of the App in partnership with the social enterprise *Connecting with People*. The approach being taken:

- Is evidence based and uses peer reviewed clinical tools. It combines compassion with sound clinical governance.

- Is proactive, emphasising safe triage and the co-creation of immediate safety plans for all patients with suicidal thoughts, irrespective of risk. It documents evidence on level of risk and actions agreed to mitigate the risks.
- Has been developed by healthcare practitioners, third sector organisations and service users, for delivery to health and social care practitioners in primary and secondary care and in third sector organisations.

It is an example of how the third sector can work effectively in partnership with the NHS to improve patient care in specialist areas, forming part of the RCPsych OnSite training.

Safety Collaboratives in Mental Health

The South West of England has had a safety collaborative in Mental Health since 2010. This work spread across the South of England in 2013. It involves the majority of Mental Health Trusts in the region. Work streams include getting medicines right, improving physical health care and delivering safe and reliable care. This includes reducing absence without leave from inpatient units and reducing suicides.

North Essex Partnership University NHS Foundation Trust and Samaritans

Three Samaritans branches together with the North Essex Partnership University Foundation Trust have signed a partnership agreement to develop a range of opportunities for patients and staff to benefit from the knowledge, experience and complementary services offered by Samaritans in support of emotional wellbeing and suicide prevention. This will include:

- NHS staff organising for a patient (with their consent) to receive a call from Samaritans.
- Training for non-clinical NHS staff on handling challenging contacts, suicide awareness and emotional well-being.
- Establishing referral pathways between Samaritans and GPs in the area.
- Samaritans presence in Emergency Departments.

This partnership is an example of how the voluntary sector and NHS can deliver better support to people by working together more closely.

Healthtalk Online for parents whose child is self-harming

Drawing on research with families, this website enables parents to see and hear parents and other family members of young people who self-harm share their personal stories on film. The films cover issues such as why young people self-harm, discovering that a young person is self-harming, how they helped their young person, living with self-harm, support and treatment, and what helped them cope. www.healthtalk.org/peoples-experiences/mental-health/self-harm-parents-experiences/topics

Staying safe if you're not sure life's worth living

A new online resource developed by the Royal College of Psychiatrists, Connecting with People, Samaritans, Grassroots Suicide Prevention, State of Mind, leading academics, people with lived experience and their carers.

Staying safe if you're not sure life's worth living includes practical, compassionate advice and many useful links for people in distress:
www.connectingwithpeople.org/StayingSafe .

Local Context

In Berkshire, the trends in suicides broadly reflect the national trends, and the results from the most recent local suicide audit, carried out in 2015, are shown below.

Of note:

- more males completed suicide than females
- 70% of the deaths recorded between 2007-2014 were in age group 30-59 years
- The percentage of deaths among the unemployed rose from 13% in 2007 to 38% in 2014
- The most common method for suicide was hanging/strangulation.

Local Suicide Audit Results

During 2015, Public Health Teams in Berkshire undertook an audit of suicide and undetermined deaths during the 2012-2014 period. This audit provides an analysis of the most recent audit and includes comparative data from previous audits. The audit defined suicide as a death where the coroner has given a verdict of suicide (based on evidence that the intent was to cause death or take own life) or where an open verdict was reached in a death from injury or poisoning. The definition comprises suicides and open verdicts coded as ICD10 X60-X84 and Y10-YY34.

Data for the audit was collected from Berkshire Coroner Office case notes for people who died from suicide or undetermined injuries during 2012-2014. The audit only includes Berkshire residents who died in the County. It is important to note that there can be a substantial delay between the date of death and the date of registration for suspected suicides, so it is likely that not all deaths from 2014 were included in this audit.

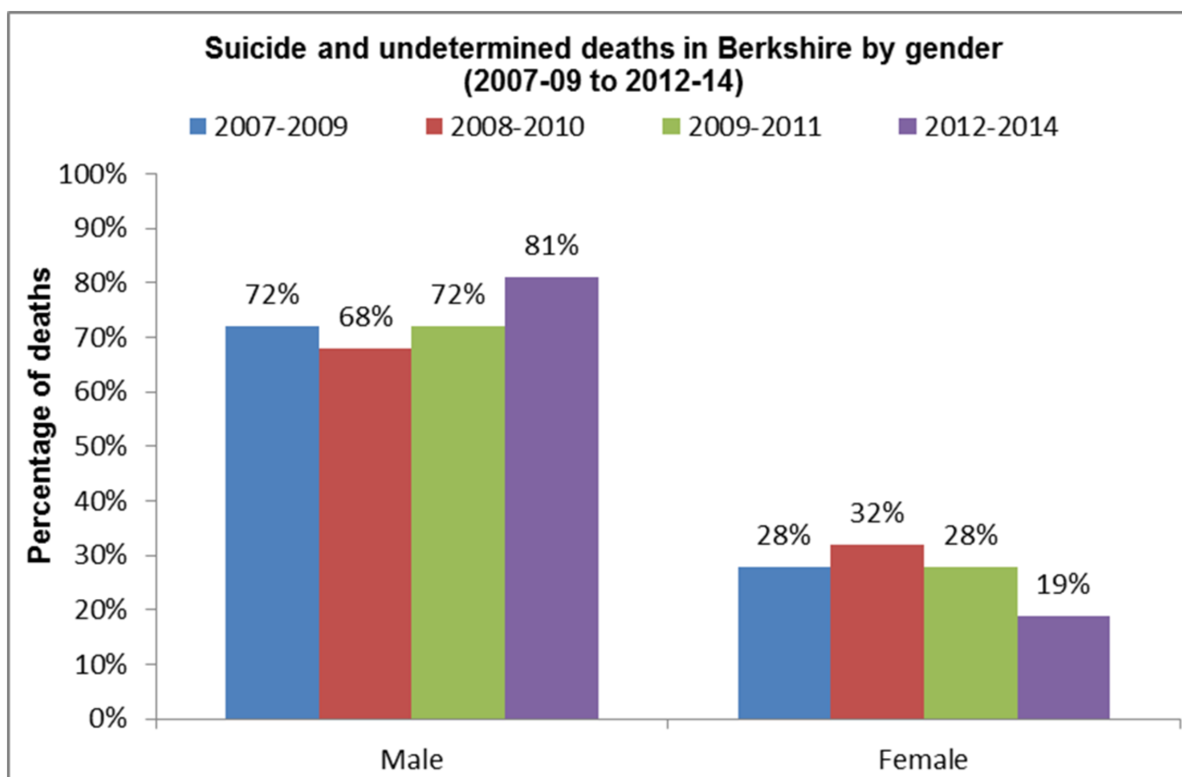
The analysis of suicide data is based on small numbers and is likely to show differences over time or between different groups that are due to random occurrence. However, the analysis of this data can give some indication as to local patterns in suicide deaths. Data from the audit is presented as averages over a three year period to reduce some of the random variations that occur when analysing small numbers. For confidentiality reasons, figures under 5% have been supressed and data is shown at a Berkshire level, rather than by individual local authorities.

120 deaths were included in the Berkshire suicide audit for 2012-14. 70% of these were classified as suicide by the coroner and the other 30% were undetermined deaths / open verdicts.

Gender

Data from all recent audits show that males have a higher suicide rate compared to women in Berkshire. This is consistent with national figures.

Figure 4: Suicide and undetermined deaths in Berkshire by gender (2007-09 to 2012-14)



Age

70% of the deaths recorded in 2012-14 were for people aged 30-59.

Age group	2012-2014
10-19	*
20-29	13%
30-39	23%
40-49	23%
50-59	24%
60-69	*
70-79	*
80-89	7%

Ethnicity

The majority of people dying from suicide or an undetermined death in Berkshire are White-British. This is largely representative of Berkshire's population. In 2011, 73% of Berkshire's population were from a White-British background, ranging from 35% in Slough to 80% in West Berkshire. The majority of deaths from other ethnic groups (Asian/Asian-British and White-Other) were Slough residents and this also reflects the Borough's population profile. It is important to note that 15% of the cases included in the 2015 audit did not have an ethnic origin recorded in the audit. This is a higher proportion than the previous audit and will therefore have affected the validity of the analysis for 2012-2014 data.

Ethnicity	2007-2009	2008-2010	2009-2011	2012-2014
White-British	77%	75%	77%	61%
White-Other	10%	15%	13%	13%
Asian/Asian-British	<5%	<5%	<5%	12%
Black/Black-British	<5%	<5%	<5%	0%
Not Known	<5%	<5%	<5%	15%

Diurnal and Seasonal Variation

The following tables illustrate the day of the week and seasons in which deaths from suicide occurred in Berkshire during 2007-2011 and 2012-2014.

Day of the week	2007-2009	2008-2010	2009-2011	2012-2014
Monday	19%	21%	21%	20%
Tuesday	16%	17%	17%	13%
Wednesday	16%	11%	10%	9%
Thursday	10%	10%	15%	16%
Friday	8%	9%	7%	14%
Saturday	19%	14%	15%	13%
Sunday	14%	17%	15%	13%

The data shows a relatively even spread across the whole week, with no particularly ‘common’ day.

Season	2007-2009	2008-2010	2009-2011	2012-2014
Winter (Dec-Feb)	24%	23%	27%	28%
Spring (Mar-May)	29%	30%	27%	31%
Summer (Jun-Aug)	25%	21%	21%	21%
Autumn (Sept-Nov)	21%	26%	28%	18%

Figure 5: Suicide and undetermined deaths in Berkshire by day of week (2007-09 to 2012-14)

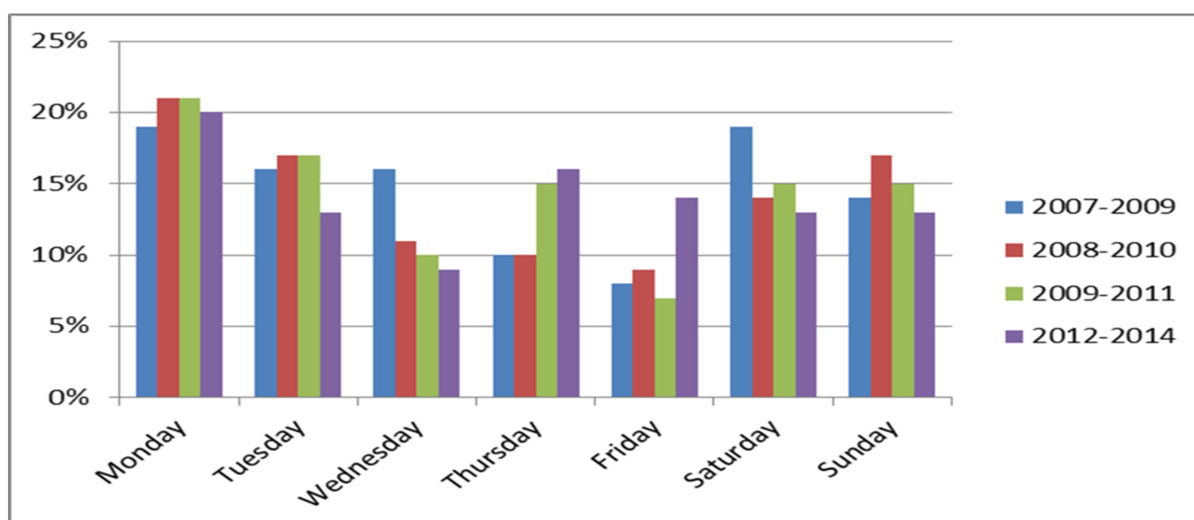
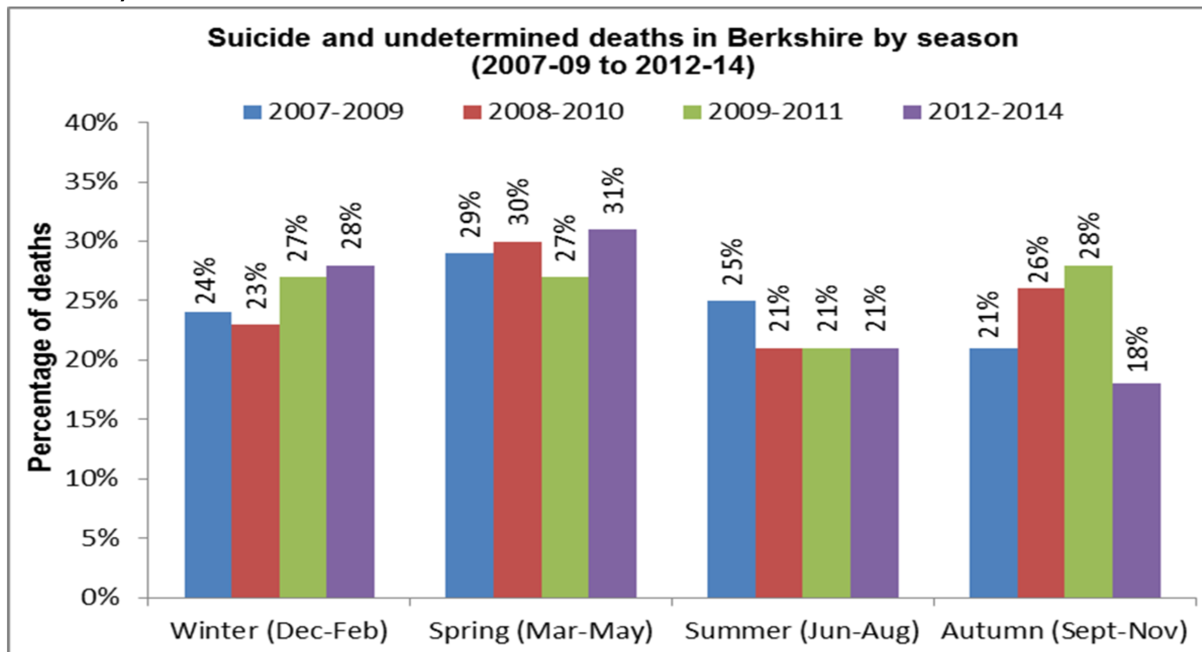


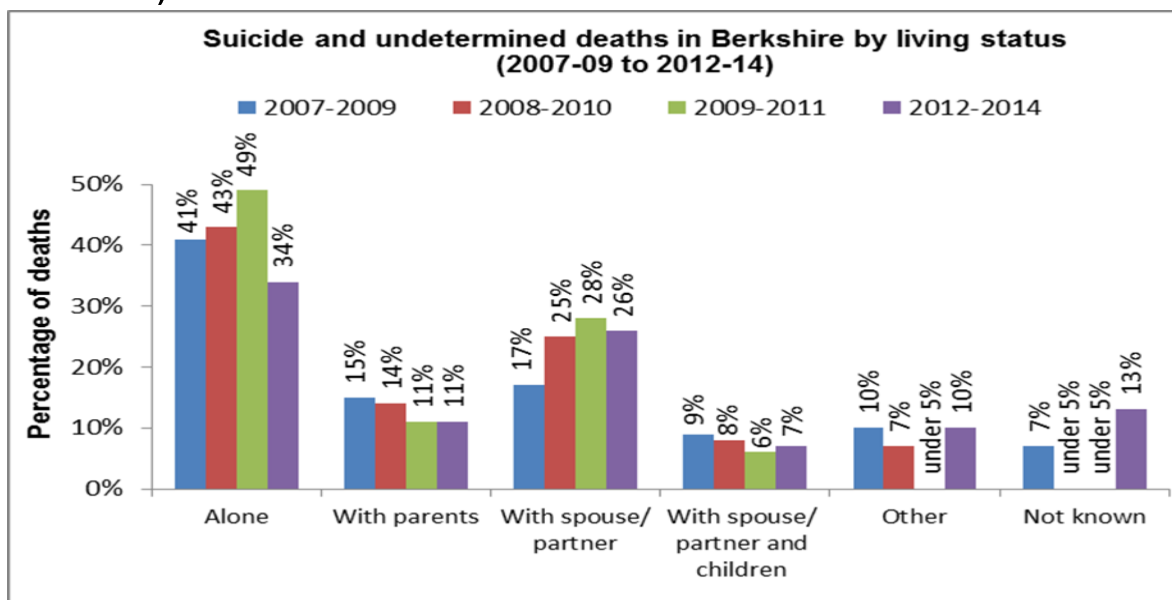
Figure 6: Suicide and undetermined deaths in Berkshire by season (2007-09 to 2012-14)



Marital and Living Status

Recent data from the Office for National Statistics shows that 13% of usual residents in England and Wales were living on their own in 2011. The table below indicates that those living alone in Berkshire are therefore over-represented in suicide deaths. This percentage has reduced from 49% in 2009-2011 to 34% in 2012-2014, however it is still the main living status recorded. It is important to note that the number of people with a living status not recorded or not known is higher in 2012-2014 (13%), which makes comparisons of data difficult.

Figure 7: Suicide and undetermined deaths in Berkshire by living status (2007-09 to 2012-14)



The table below shows that there were more deaths from single people in the two audit periods, ranging from 39% to 45%.

Marital status	2007-2009	2008-2010	2009-2011	2012-2014
Single	45%	39%	39%	40%
Married	23%	29%	30%	29%
Divorced	14%	13%	13%	8%
Separated	10%	7%	7%	<5%
Widowed	4%	6%	7%	<5%
Co-habiting	<5%	<5%	5%	10%
Not stated	<5%	<5%	<5%	6%

Employment Status

Some studies have indicated that there is a strong independent association between suicide and individuals who are unemployed (Lewis and Sloggert, 1998). Unemployment in the Thames Valley is low, although there has been some fluctuation between 2007 and 2014. The lowest level of unemployment during this time was 3.4% in Jul-07 to Jun-08, with the highest rate of 6.1% in Apr-09 to Mar-10.

Data from the 2012-2014 Berkshire audit shows that 38% of people dying from suicide and undetermined deaths were unemployed. This is an over-representation of the population, considering that only 4-5% of people were unemployed during that time period. This is also a notable increase on the figures from 2007-2011, which ranged from 11%-14%. This change may be down to a random occurrence, due to small numbers.

Employment status	2007-2009	2008-2010	2009-2011	2012-2014
Full Time	46%	51%	55%	36%
Part Time	5%	<5%	<5%	<5%
Unemployed	13%	11%	14%	38%
Student	6%	6%	<5%	<5%
Retired	18%	17%	17%	11%
Long-term illness/ disability benefits	<5%	<5%	<5%	<5%
Housewife/husband	<5%	<5%	<5%	<5%
Not known	8%	5%	<5%	12%

Suicide Note

The table below shows the proportion of deaths where a suicide note was left.

Left a suicide note?	2007-2009	2008-2010	2009-2011	2012-2014
Yes	29%	32%	40%	36%
No	71%	68%	60%	54%
Not known	0%	0%	0%	10%

Housing Status

A large number of the cases included in the 2012-2014 audit did not capture the housing status for people, which means that the data cannot be presented in this analysis.

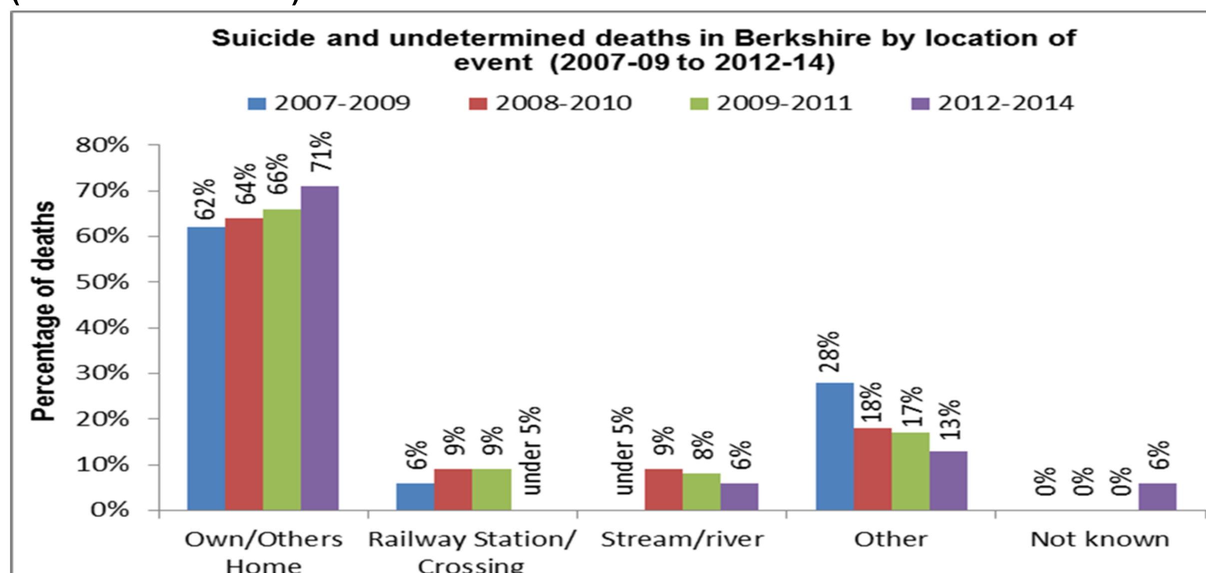
Housing status	2007-2009	2008-2010	2009-2011	2012-2014
Owner/Occupier	46%	46%	52%	35% of these cases did not have a housing status recorded and therefore this data cannot be presented
Privately Renting	41%	33%	25%	
Council House/ Housing Association	5%	9%	11%	
With Parents	<5%	<5%	<5%	
Supervised Hostel	<5%	<5%	<5%	
Unsupervised Hostel	<5%	<5%	<5%	
Other	<5%	<5%	<5%	
Not Known	<5%	<5%	<5%	

Location of event

The majority of deaths identified in the local audits took place in the person's own home or another person's home. This proportion has continued to increase from 62% in 2007-2009 to 71% in 2012-2014.

Location of event	2007-2009	2008-2010	2009-2011	2012-2014
Own/Others Home	62%	64%	66%	71%
Railway Station/ Crossing	6%	9%	9%	<5%
Stream/river	<5%	9%	8%	6%
Other	28%	18%	17%	13%
Not known	0%	0%	0%	6%

Figure 8: Suicide and undetermined deaths in Berkshire by location of event (2007-09 to 2012-14)



Methods Used

Suicide methods can be classified as either ‘active’ or ‘passive’. Active methods are quick and effective allowing little time for reconsideration. Such methods are hanging, shooting, jumping in front of a train or from a height. Among the general population hanging, strangulation and suffocation has been identified as the most common cause of suicide for men. Passive methods are less violent and allow some time for reconsideration or intervention (e.g. self-poisoning, carbon monoxide). Hanging/strangulation has been the most common cause of death over 2007-2014.

Methods used	**2007-2009**	**2008-2010**	**2009-2011**	**2012-2014**
Hanging / Strangulation	54%	47%	48%	49%
Carbon Monoxide Poisoning	8%	<5%	<5%	<5%
Jumping / laying before a train	6%	9%	9%	<5%
Jumping from a height	11%	11%	8%	<5%
Self-Poisoning	10%	9%	12%	0%
Drowning	<5%	7%	7%	6%
Other	7%	12%	14%	38%
Not known	0%	0%	0%	<5%

Alcohol and drugs taken at time of death

The audit of people dying from suicide and undetermined deaths during 2012-14 identified whether alcohol or prescribed drugs were detectable in the deceased. This data was not collected in the previous audit. The tables below show that at least 36% of people who died in 2012-14 had taken alcohol prior to their death and at least 42% had taken prescribed drugs, and outlines those drugs that were implicated in suicide deaths.

Alcohol present?	**2012-2014**	
At intoxicating level	23%	
At non-intoxicating level	13%	
No alcohol detected	54%	
Not known	11%	
Prescribed drugs present?	**2012-2014**	
At fatal level	14%	
At intoxicating level	8%	
At therapeutic level	20%	
No prescribed drugs detected	43%	
Not known	16%	
Drugs implicated	**Male**	**Female**
Antidepressants	✓	✓
Paracetamol	✓	
Coproxomal or similar	✓	✓
Benzodiazepine	✓	
Other hypnotic		
Anti-psychotic	✓	✓

Other substances implicated in suicide deaths in 2012-14 were:

Other substances	Male	Female
Amphetamines	✓	✓
Ecstasy	✓	
Crack/Cocaine	✓	
Ketamine	✓	
Heroin	✓	✓
Opiates	✓	
Methadone	✓	✓

Personal, Social and Health Factors associated with deaths from suicide

The following factors were identified from records at the Coroner's Office as being associated with suicide:

Factor identified	2007-2009	2008-2010	2009-2011	2012-2014
Relationship problems	14%	6%	<5%	29%
Financial problems	9%	6%	<5%	24%
Depression	25%	42%	51%	67%
Low self esteem	<5%	<5%	<5%	Not collected
Other Mental health Issues	8%	8%	<5%	Not collected
Pending Police Investigation	<5%	<5%	<5%	12%
Family bereavement	<5%	<5%	<5%	12%
Physical Health	8%	<5%	<5%	33%
Job related	<5%	<5%	<5%	17%
Not Stated	15%	13%	20%	-

Local Governance Structures

In order to facilitate the production of this strategy and to steer the Berkshire-wide audit of suicides, a strategic group was convened with representatives from organisations across county. This worked under the identity of the Berkshire Suicide Risk & Self Harm Reduction / Prevention Steering Group. During 2015/16 as key staff changed, the group has lost some of its membership and had become less strategic. The original terms of reference state that the group:

> "*will provide public health leadership and advice to support a joint approach to achieve real change in the prevention of suicides and self- harm through actions taken by member organisations. It will facilitate the bringing together of clinicians, professionals and organisations, with the patient's voice, to deliver surveillance data to support projects / programmes to prevent suicides and offer support to those who are bereaved.*"

Public Health England (2016) suggests that the membership of suicide prevention partnerships is made up of representative working with adults, children and young people. The following diagram suggests the range of partners who may be included.

The Berkshire Steering Group will need to own this strategy, and the membership should be updated to ensure a closer fit with the groups suggested above. The membership of the current group as at December 2016 is detailed in Appendix 8.

RECOMMENDATION

That the Berkshire Steering Group re-visits their terms of reference and membership and become known as the "Berkshire Suicide Prevention Steering Group", with the aim of providing the governance to this strategy and its action plans.

There are other groups for whom this strategy and its action plans are an important issue, and these include commissioning boards in the East Berkshire and West Berkshire Confederations of CCGs; Health and Wellbeing Boards; Health Overview and Scrutiny Committees; Adult Safeguarding Boards; and Community Safety Partnerships. In order to get full endorsement of this strategy and for organisations to commit to their action plans, the terms of reference should ensure that the links to these other structures are robust and transparent.

Members of the Steering Group could be asked to act as suicide prevention champions. These are individuals who get involved in specific pieces of suicide prevention work – and might include people who have been bereaved by suicide or those with a special interest or expertise. They can be pivotal in raising issues regarding suicide awareness locally, and drive forward the action plans of their agencies. A specific initiative to engage the elected members of councils as Mental Health Champions may provide an opportunity for them to also speak out on suicide prevention. Details of this initiative are available here: http://www.mentalhealthchallenge.org.uk/the-challenge/

RECOMMENDATION
That organisations represented on the Berkshire Suicide Prevention Steering Group consider nominating a suicide prevention champion from within their membership.

Monitoring & Evaluation and Progress

This is a pan-Berkshire and multi-agency Strategy and the action plans for this strategy which are overseen by the Berkshire Suicide Prevention Steering Group are set out below.

Individual Borough action plans for each of the six Berkshire Unitary Authorities are also included and are set out in appendices 2-7. These give a more local set of priorities and respond to the particular geographical issues, population structures and general health needs of the Authorities.

Other agencies which are part of the Steering Group may have their own action plans and an objective of this strategy is to bring these into one combined action plan as far as possible and to share openly the actions plans of all agencies in order to learn from one another; to avoid un-necessary duplication of effort or resources; and to encourage co-production of outcomes.

Links to Other Local Strategies

This is the first comprehensive Berkshire-Wide Suicide Prevention Strategy and action plans have been produced for the year 2017-18. One of the objectives is to ensure that this strategy, its aims and objectives are shared and upheld in the strategies, action plans and objectives of all those groups across Berkshire who are committed to improving health outcomes, promoting wellbeing, removing the stigma associated with mental health and preventing suicides.

Local Joint Health and Wellbeing Strategies and their action plans should endorse this Strategy and Health and Wellbeing Boards are key to the governance of this Strategy and the Steering Group. Through tightly-knit joined up thinking, organisations, individual and communities across Berkshire can come together to make the progress necessary to reduce suicides in our populations.

RECOMMENDATION
That all agencies represented on the Steering Group commit to an annual Action Plan of their own which can then be brought together to create a Berkshire-wide Action Plan for each year of the Strategy.

Local Best Practice in Suicide Prevention

Thames Valley Suicide Prevention and Intervention Network (SPIN) CALMzone

The Campaign Against Living Miserably (CALM) was originally a Department of Health helpline project on suicide prevention particularly targeting younger men using marketing methodology and images to specifically engage with this audience on issues surrounding mental distress and social alienation. The resources produced directed men to a special helpline, and latterly to web-based resources. In 2000, a partnership of six areas in the North-west of England commissioned this work for young men in Merseyside, which continued when CALM transferred into a national charity. There is a local CALMzone Coordinator who promotes CALM across Merseyside in collaboration with the local community – pubs and clubs, venues and universities, sports teams and clubs – to encourage them to join and promote the campaign.

In 2015, the local authorities across the Thames Valley through SPIN funded a Thames Valley CALMzone, and employed a coordinator undertaking similar promotions as in Merseyside. CALM have provided local commissioners with anonymised reports on numbers and trends of calls and web chats across the Thames Valley. As well as providing funding to support the helpline, the commissioners ensure CALM has an up-to-date local database of agencies which local callers can be referred to. Berkshire local authorities have continued to fund the helpline until June 2017, although the local coordinator post is no longer funded.

RECOMMENDATION
Evaluate the Berkshire CALMzone and recommission targeted suicide prevention work for younger men and middle aged men.

Real Time Suicide (and near fatal self-harm) Surveillance

It is important to have a real time overview of self-inflicted deaths/suspected suicides and near fatal self-harm in order to provide timely support for those bereaved and affected, pick up community risks of contagion or suicide clusters and identify public places where suicides/incidents of near fatal self-harm appear to occur with increasing frequency. All of these activities contribute to suicide reduction and prevention in line with national and local strategy. Thames Valley Police (TVP) and the Thames Valley Suicide Prevention and Intervention Network (SPIN), supported by funding from the Thames Valley Strategic Clinical Network are collaborating to build on the supportive signposting for people bereaved by suicide work and develop a robust real time surveillance process.

In simple terms this process is as follows:

- TVP identifies and collates suspected suicides on the Gen 19 sudden death form.
- Coroner's officers send Gen 19s of suspected suicides to a central TVP email for monitoring.
- Details of the incidents in real time are thereby collated and are available for analysis, reporting and provide the ability to respond.

- Details of families who consent to 'Supportive Signposting' are sent to a central NHS England suicide bereavement address.
- Supportive literature and referral signposting links to organisations and charities are provided to relatives.

RECOMMENDATION
Ensure bereavement information and access to support is available to those bereaved by suicide.

Further data is being collated from the following sources;

- NHS England monitor the strategic executive information system database for suspected suicides and near fatal self-harm.
- Links are being established with British Transport Police to monitor suspected suicides and near fatal attempts on the railways
- Links are being established with prisons to monitor prison suspected suicides and near fatal attempts.
- Links are to be established with the general hospital psychiatric liaison services to monitor incidents of near fatal self-harm.

All of this information will be reviewed by the TVP and SPIN leads and figures and concerns will be communicated to local public health suicide prevention leads for consideration within the local multi-agency suicide prevention action groups. A hub of SPIN comprising TVP, public health, NHS and the University of Oxford Department of Psychiatry Centre for Suicide Research has been established to maintain oversight of the regional prevalence of suicide with the aim of collaborating where indicated, in order to respond to issues that concern the whole geography, for example contagion and clusters.

Berkshire Healthcare Foundation NHS Trust (BHFT) Zero Suicide Programme

Reducing suicide for BHFT means early identification of people who may be at risk of taking their own lives and putting into place crisis plans so that patients and carers know what to do in a crisis. This can only be achieved by the early identification of individuals who are particularly at risk of suicidal thoughts and behaviours. The key objective of the BHFT Zero Suicide programme is to develop a culture of zero suicide where patients, families and carers feel supported to manage illness when in crisis.

By March 2018:

- BHFT staff will have received suicide prevention training and feel confidence in their practice. In the event of a suicide occurring, they will feel they had done everything in their power to avoid that outcome.
- BHFT will have risk management and safety plans which patients and carers recognise, understand, and consider being valid and useful.
- BHFT will have the evidence to demonstrate the same.
- BHFT will have identified local and national resources aimed at helping people who feel suicidal.

Benefits to be realised through the Zero Suicide programme are as follows:

- Staff have confidence in their practice and ability to work with patients in crisis.
- Patients and carers will know what to do in a crisis.
- Potential reduction in suicide.
- Potential for reduction in waste (via QI methodology) as patients become more able to cope with periods of crisis.
- Staff will feel more supported by the organisation to do their work effectively (including less exposed to criticism).
- Staff will have access to a broader range of resources that can assist them in their work.

Through 2016 – 2018 BHFT will be running targeted promotional campaigns to raise awareness with key at risk groups and provide signposting to local resources.

Areas of High Frequency

Due to their geography, design or operational use, there are places which present easier access to the means of suicide than others. This could be as a result of their isolation from staff operating their functions; because they are more generally isolated from crowds and the general public: or because life-threatening hazards exist which are generally mitigated by normal operation. They may have become known as places where suicides have occurred previously, either via media reports, or word of mouth.

The Railway Network

The railway network, mostly operated by Network Rail, is in places associated with higher frequencies of suicides, injurious attempts at suicide and suicide attempts and other incidents of people in hazardous positions which do not cause physical injury. The rail network in Berkshire includes a section of the main Great Western Railway routes from London to Wales and the South West, as well as sections of suburban rail lines and minor branch lines. The Great Western lines feature high-speed trains, and is presently being electrified by means of overhead cables. Most of the suburban rail lines are electrified using a third rail system. As well as a high volume of passenger trains, most local lines also feature freight trains operating throughout the day and night.

On average there are 255 suicides on the network per annum. Rail staff particularly drivers, are likely to be severely traumatised by these events and some may never return to work and therefore might need to access support services because of that. Network Rail operates a comprehensive programme of suicide prevention, working to reduce the potential for suicides to occur on the rail network and the industry sees its potential as going beyond that by seeking to do all it can to prevent suicides in its neighbouring communities. In 2015 Network Rail, together with British Transport Police, and The Samaritans agreed a process whereby any location that experienced three suspected suicide or injurious attempt incidents (or a combination of the two) would be subject of an escalation process. This would mean that enhanced working would be taken by all three parties in order to prevent further incidents at that that location. In Berkshire, there are locations where this process has been enacted. Actions taken at these locations include engineering solutions, such as the replacement of crossing with overbridges; or the fencing off of platforms on non-stopping fast lines; and the placement of Samaritans posters across the location.

RECOMMENDATION
That local authority public health teams take the leadership for liaison with any "Escalation Process" in their area, and report on progress to the Steering Group.

The Motorway and Roads Network

Most motorways and trunk roads (the strategic road network) are the operational responsibility of Highways England, with most other roads being the responsibility of local authorities, whilst some roads and byways are in private ownership. In Berkshire, the main London to South Wales Motorway, the M4 passes through the length of the county through all of the six unitary authorities and is managed by Highways England,

whilst the adjoining A329(M) motorway is the responsibility of Wokingham Borough Council. The speed of traffic on these roads and other major roads together with their overbridges provide places which can give access to the means of suicide. In 2013, the Highways Agency Traffic Officer Service attended 293 of 652 suicide/attempted suicide incidents on the strategic road network. Between April 2013 and December 2014, there were over 1,500 incidents which were brought to the attention of a Traffic Officer (Sutherland, 2015). Definitions in this area are not clear, but this does seem to indicate an increase in the reporting of road network incidents, if not in the number of incidents themselves.

RECOMMENDATION
That the Steering Group seek a named Highways England officer to act as a liaison link and group member, and to share real-time intelligence of highways network incidents.

Car Parks and Tall Buildings

Berkshire towns feature a number of multi-storey car parks of which some in the management or ownership of the Local Authorities. There are also many other tall buildings both residential and commercial, and together these locations can sometimes provide an access route to a means of jumping from a height.

The Horsham branch of The Samaritans is working with a local shopping centre and car park where suicides have occurred. They offer sessions for the car park attendants who are generally the first on the scene. They also have an arrangement with the shopping centre to call Samaritans if there is an incident, either to support the staff involved or to support shoppers/shop workers more generally if the incident was widely witnessed. (Sutherland, 2015). This is a simple intervention in which suicide prevention training could be incorporated.

Local Authority Settings

Local authorities may be responsible as owners, operators or managers of other facilities and locations where suicides may take place. This may be because of their isolation or due to their inclusion of specific means of suicide within them. Generally the local authorities in Berkshire look after many hectares of open space; parkland; and woodland, some of which may be managed as part of the highways network; but with most likely to be part of an open spaces portfolio. There is also significant waterside public realm managed or owned by the authorities. The risks at these sites include strong, tall trees as a means of hanging; access to water features such as lakes, rivers and canals which pose a risk of drowning; and dense undergrowth which could allow a person to die through neglect and exposure. Council staff and contractors may have an enhanced role to play in identifying suicide risks and in supporting people who appear to be in distress

RECOMMENDATION
That local authority public health teams work with other council departments such as car parks and open space services to identify local actions to prevent suicide including staff awareness training.

Mental Health Crisis Care Concordat

The Mental Health Crisis Care Concordat is a national agreement between 22 national agencies involved in the care and support of people in crisis and includes health, policing, social care, housing, local government and the third sector. It sets out how these agencies will work together better to make sure that people get the help they need when they are having a mental health crisis. Local areas have submitted declarations and developed action plans for the improvement of local mental health crisis care for their areas.

The Concordat focuses on four main areas:

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

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. This strategy includes and reflects some of the key messages and recommendations from the concordat, aiming to reinforce a commitment by partners to work together in preventing and managing crises.

The local Crisis Care Concordat has, common to this strategy, been set at Berkshire-wide level, and has a comprehensive action plan, and certain actions include specific suicide prevention actions. These relate to the work of British Transport Police and the escalation process and staff training issues. They are more detailed than the recommendations and actions set out in this strategy, but there is strategic fit. There is a need to ensure full reference to this strategy in the Crisis Care Concordat action plans, and for further synergies to be explored.

RECOMMENDATION
Ensure strategic fit with the action plans of the Berkshire Crisis Care Concordat.

Gap Analysis and Emergent Berkshire-Wide Concerns

A gap analysis was undertaken by members of the Steering Group to identify the areas of the National Strategy which were not seen to be adequately addressed across Berkshire, taking into account the results of the local Suicide audit and the demography of the six unitary authorities. Some emergent concerns have also been captured which reflect discussion on the audit findings.

High Risk Groups

This strategy recognises that individuals may fall into two or more high-risk groups. Conversely, not all individuals in the group will be vulnerable to suicide. Other risk factors, such as loneliness, social circumstances and physical illness, must also be considered within the wider context or risk (Preventing suicide in England, Department of Health, 2012).

Berkshire is home to the University of Reading and other higher and further education establishments. Although the risk of suicide in the student population locally has not been established, recent ONS data (ONS, 2012) has shown a substantial increase nationally in both male and female suicides in the student population from 2007-2011.

Carers and people with long-term conditions have been highlighted as a local population at particular risk and this has been reinforced by the investigations into domestic homicides where a partner had subsequently taken their own life or attempted to. Adult Social Care and Public Health Outcomes Frameworks record measures of carer social interaction and that of people receiving care which give an insight into the vulnerabilities of these groups, and these are highlighted in the PHE Suicide Prevention Profiles. Not all people with a long-term health condition will be captured within these data, however; and the impact of symptoms such as chronic pain and reduced mobility, and access to certain medicines make this a group with heightened risk and access to means of suicide.

Berkshire no longer contains a prison. People in the criminal justice system will be imprisoned in neighbouring counties, which could make access visits more difficult for family and friends leading to increased isolation for the imprisoned.

Self-Harm continues to be an important risk factor for suicide and growing evidence to support using self-harm as an outcome measure for suicide prevention work with evidence showing that hospital presentation following self-harm is a clear risk factor for suicide (Hawton et al. 2012). There are around 200,000 episodes of self-harm that present to hospital services each year in England, although the true scale of the problem is not known as many people who self-harm do not attend A&E, or seek help from health or other services. Around 50% of people who die by suicide had a history of self-harm, in many cases with an episode shortly before their death, and around 15% of those who die by suicide have carried out an act of self-harm leading to presentation at hospital in the year before their death (PHE 2016).

The table below shows the rates of self-harm and suicide in the six authorities in Berkshire from the PHE Suicide Prevention Profiles (PHE, 2016A). All authorities have lower rates than England, although there is quite some variation across the authorities. It is important to ensure implementation of the NICE standards and pathways CG16 and CG133 for managing patients who self-harm.

Indicator	Period	England	SE England	Bracknell Forest	Reading	Slough	West Berkshire	Windsor & Maidenhead	Wokingham
Hospital stays for Self-Harm	2014-15	191.4	193.1	118.3	130.0	162.2	127.0	150.6	91.1
Suicide Rate persons	2013-15	10.1	10.2	8.1	11.0	8.8	7.0	7.1	6.0
Suicide rate (male)	2013-15	15.8	15.9	*	19.0	14.8	*	*	*
Suicide rate (female)	2013-15	4.7	4.8	*	*	*	*	*	*

Source: PHE Prevention Profiles. 2016

RECOMMENDATION
Implement the NICE guidelines on self-harm, specifically ensuring that people who present to Emergency Departments following self-harm receive a psychosocial assessment.

Tailor approaches to improve mental health in specific groups

Work on detailed Mental Health Strategies is underway across the Berkshire East and Berkshire West health systems. It will be important to ensure a good strategic fit between this strategy and those that are developed. Mental health and wellbeing promotion will remain important objectives of both strategies.

RECOMMENDATION
Work to provide and commission interventions which improve the public's mental health. These may include: awareness of mental health and peer support in young people; anti-bullying campaigns in schools; addressing stigma and social isolation in older people; workplace health promotion and support with local business; working with police on mental health literacy; and addressing issues relevant to the local population.

Support research, data collection and monitoring

With real-time surveillance giving information on suicides and many near fatal self-harm events, there is concern that not all events will be recorded, for instance those attempted suicides which occur on the highways network.

There is further analysis of Coroner's case notes that is recommended as good practice, such as the last contact with a GP which have not been captured in the last local audit. A new audit should be run with this new category for deaths in the period 2014-16, beginning as soon as practicable. This can then be appraised alongside data received through real-time surveillance; gaps identified and protocols and policies put in place to

ensure that data can be confidentially shared for the purposes of identifying trends and clusters in order to take appropriate preventative actions.

RECOMMENDATION

Develop working relationships between individual coroners and local public health teams ensure local plans are evidence based and responsive. Coroners can be invited to become formal members of any local suicide prevention groups or networks

Coroners can also inform the local authority or Director of Public Health if they identify particular areas of concern, e.g. locations used for suicide, possible clusters of suicide, increase in a particular method or new and emerging method of suicide.

Refresh the Berkshire-wide Suicide Audit for deaths in the period 2014-16 to include new categories based on best practice.

Berkshire-Wide Action Plan 2017-18

Areas for Action	Specific Risk Groups	Action in 2017-18	Timescale by:	Delivery Lead
Overarching Aims		Sign off / endorsement of this Berkshire Suicide Prevention Strategy by all Health & Wellbeing Boards in Berkshire.	1 April 2017	Lead Consultant Mental Health
		All other local governance completed thus enabling this strategy to be owned by the Local Authorities and their partners.	1 April 2017	Local PH Mental Health Leads
		Launch of strategy at multi-agency suicide prevention summit.	15 Oct. 2017	Strategic DPH
		Identify Suicide Prevention Champions to promote the Berkshire Strategy; and to work within the Local Authorities and partner agencies.	15 Oct. 2017	Local PH Mental Health Leads
		Develop Berkshire-wide information sharing protocols to best utilise real time surveillance of suicides and near misses, in order to respond promptly to local trends and risks to reduce risk of clusters, and inform future service delivery.	30 July 2017	Lead Consultant Mental Health
		The Steering Group revisit their terms of reference and membership and become known as the "Berkshire Suicide Prevention Steering Group", with the aim of providing the governance to this strategy and its action plans.	1 April 2017	Steering Group Members
		Ensure strategic fit with the action plans of the Berkshire Crisis Care Concordat.	1 April 2017	Lead Consultant Mental Health
National Strategy				
1. Reduce the risk of suicide in key high-risk groups	Men	Evaluate the Berkshire-Wide CALMzone initiative and agree Berkshire-wide commissioning of specific support services for men for future years. To include future commissioning of CALMzone for younger men; and services for middle aged men and older men.	15 Oct. 2017	Lead Consultant Mental Health
	People who self-harm	Ensure agencies have plans to Implement the NICE guidelines on self-harm	15 Oct. 2017	Lead Consultant Mental Health
	People who misuse substances	Ensure local strategies and contracts for DAAT services include suicide prevention objectives.	Ongoing work	Local PH Mental Health Leads

	People in mental health care	Support BHFT in its Zero Suicide Approach	Ongoing work	Steering Group Members
	People in contact with the criminal justice system	Through Community Safety Partnerships, identify local actions to prevent suicide in those in contact with the criminal justice system.	30 July 2017	Local PH Mental Health Leads
	Occupational groups	Ensure local health trusts and providers can demonstrate actions to prevent suicide and promote metal wellbeing amongst their staff.	30 July 2017	Steering Group Members
		Identify particular local action plans for those in agricultural / land-based industries.	30 July 2017	Local PH Mental Health Leads
2. Tailor approaches to improve mental health in specific groups	Community based approaches	For the Steering Group to assess community-based interventions which may be best delivered at scale across the county.	Ongoing work	Steering Group Members
	Suicide prevention training	Coordinate a database on evidence based suicide prevention training programmes and providers across the county.	Ongoing work	Steering Group Members
	People vulnerable due to economic circumstances	For the Steering Group to solicit data from each LA on key indicators that may highlight risk: e.g. number of homelessness presentations.	Ongoing work	Steering Group Members
	Pregnant women and those who have given birth in last year	To undertake a needs assessment of this group in relation to suicide prevention.	30 July 2017	Local PH Mental Health Leads
	Children and young people	Through LSCBs, identify local actions to prevent suicide in children and young people.	30 July 2017	Local PH Mental Health Leads
3. Reduce access to the means of suicide		Support Network Rail, British Transport police and The Samaritans with local escalation process locations and general suicide prevention work.	Ongoing work	Steering Group Members
		Investigate suicides on council owned land and properties, and agree a local action plan.	15 Oct. 2017	Local PH Mental Health Leads
		Analyse local data gathered from the suicide audit and/or real-time surveillance to identify trends and clusters and take appropriate action(s) e.g. work with local media.	Ongoing work	Local PH Mental Health Leads

		The Steering Group seek a named Highways England officer to act as a liaison link and group member, and to share real-time intelligence of highways network incidents.	1 April 2017	Lead Consultant Mental Health
4. Provide better information and support to those bereaved or affected by suicide		Promote resources for people bereaved and affected by suicide (e.g. Help is at Hand and National Suicide Prevention Alliance resources).	Ongoing work	Steering Group Members
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour		Convene a Berkshire-wide Summit on journalism and reporting standards with local press and media organisations, to develop and agree standards for reporting. Agree a local action plan with the local communications team to support this aim. Identify a lead officer to monitor internet and both local and social media. Challenge stigma: Media campaign to support world suicide prevention day Update council and stakeholder webpages to ensure effective signposting for those bereaved by suicide	20 July 2017 20 July 2017 Ongoing work 1 Sept 2017 1 April 2017	Lead Consultant Mental Health Local PH Mental Health Leads Local PH Mental Health Leads Local PH Mental Health Leads Local PH Mental Health Leads
6. Support research, data collection and monitoring		Refresh Berkshire-wide suicide audit to include deaths during 2014-2016 to include data on GP consultations. To update data on the JSNA summary on suicide.	30 July 2017 As per JSNA timetable	Local PH Mental Health Leads Local PH Mental Health Leads

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To be checked and formatted

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Public Health England (PHE). Local Suicide Prevention Planning, A Practical Resource. Public Health England; 2016.

Samaritans. Men, Suicide and Society: Why disadvantaged men in mid-life die by suicide. Ewell; The Samaritans; 2012.

Sutherlands, R. PACTS: 26th Westminster Lecture for Samaritans on ‘Working together to reduce suicide in transport’. 2015.

Preventing Suicide in England: 1 year on. 2014.

Appendix 1: Resources available

These need adding to and amending

Factsheet on managing suicide risk in Primary Care
http://www.connectingwithpeople.org/sites/default/files/SuicideMitigationInPrimaryCareFactsheet_0612.pdf

A free booklet on debt advice is available from:
http://www.moneysavingexpert.com/credit-cards/mental-health-guide#collect

Guide for health and social care workers to support people with debt and mental health problems written by the Royal College of Psychiatrists and Rethink Mental Illness:
http://www.rcpsych.ac.uk/pdf/FinalDemandcf.pdf

Primary Care Guidance on Debt and Mental Health from the Royal College of GPs and Royal College of Psychiatrists, due to be updated shortly:
http://www.rcgp.org.uk/clinical/clinical-resources/~/media/Files/CIRC/Mental%20health%20forum/Mental%20Health%20Page%20Sept%202013/PCMHF-Guidance-Debt-Mental-Health-Factsheet-2009.ashx

Leeds Bereavement Forum has produced a short document with details of local and national support services available.
http://www.leeds.gov.uk/docs/Bereavement%20leaflet%202013.pdf

Grassroots Suicide Prevention Brighton & Hove Suicide Prevention Strategy Group provides an excellent website full of practical suicide prevention expertise.
http://prevent-suicide.org.uk/suicide_safer_brighton_and_hove.html

RAID service saves money as well as improving the health and well-being of its patients.
http://www.bsmhft.nhs.uk/our-services/rapid-assessment-interface-and-discharge-raid/

NHS Cornwall and Isles of Scilly, in partnership with Outlook South West
http://www.outlooksw.co.uk/suicide-liaison-service

Children and Young People's Mental Health Coalition Resilience and Results:
http://www.cypmhc.org.uk/resources/resilience_results/

State of Mind is a Rugby League mental health and wellbeing initiative which aims to raise awareness and tackle stigma. The organisation aims to reach men who may not normally contact health and social care services, and signpost them to where support is available. A round of Rugby League fixtures is dedicated to State of Mind, which maximises the publicity. The focus is on promoting player welfare and resilience in local communities. Super League players act as ambassadors reaching fans and amateur players through presentations, meetings and social networking, with positive messages being specially commissioned and tweeted. Films with specific themes are available at www.stateofmindrugby.com

Samaritans Media Reporting Guidance:
http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide

Appendix 2: Bracknell Forest Action Plan 2017-18

Areas for Action	Specific Risk Groups	Action in 2017-18	Timescale
Overarching Aims		Sign off / endorsement of this Berkshire Suicide Prevention Strategy by all Health & Wellbeing Boards in Berkshire. All other local governance completed thus enabling this strategy to be owned by the Local Authorities and their partners. Launch of strategy at multi-agency suicide prevention summit. Identify Suicide Prevention Champions to promote the Berkshire Strategy; and to work within the Local Authorities and partner agencies.	1 April 2017 1 April 2017 15 Oct. 2017 15 Oct. 2017
National Strategy			
1. Reduce the risk of suicide in key high-risk groups	Men People in mental health care Occupational Groups Carers (including young carers) Socially isolated	Promotion of CALM to a wider audience Support BHFT in its Zero Suicide Approach Work with local Carers' support groups to highlight Mental Wellbeing issues and risk factors Multi agencies approach to identify individuals and sign posting for support/ local befriending service/ other services Increase local befriender 's awareness of Mental Wellbeing issues and Risk factors	1 June 2017 Ongoing work
2. Tailor approaches to improve mental health in specific groups	Community based approaches People vulnerable due to economic circumstances	Work with local Domestic Abuse Forum and Executive Group to provide support and information on suicide prevention To share local Suicide Prevention strategy/action plans/supporting materials with IAPT/Job Centre and other employment support agencies Increase agencies awareness of Mental Wellbeing issues and Risk factors	

3. Reduce access to the means of suicide		Support Network Rail, British Transport police and The Samaritans with local escalation process locations and general suicide prevention work. Investigate suicides on council owned land and properties, and agree a local action plan. Analyse local data gathered from the suicide audit and/or real-time surveillance to identify trends and clusters and take appropriate action(s) e.g. work with local media.	Ongoing work 15 Oct. 2017 Ongoing work
4. Provide better information and support to those bereaved or affected by suicide		Promote resources for people bereaved and affected by suicide (e.g. Help is at Hand and National Suicide Prevention Alliance resources).	Ongoing work
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour		Convene a Berkshire-wide Summit on journalism and reporting standards with local press and media organisations, to develop and agree standards for reporting. Agree a local action plan with the local communications team to support this aim. Identify a lead officer to monitor internet and both local and social media. Challenge stigma: Media campaign to support world suicide prevention day Update council and stakeholder webpages to ensure effective signposting for those bereaved by suicide.	20 July 2017 20 July 2017 Ongoing work 10 Sept. 2017 1 April 2017
6. Support research, data collection and monitoring		To update data on the JSNA summary on suicide.	As per JSNA timetable

Appendix 3: Royal Borough of Windsor and Maidenhead Action Plan 2017-18

Areas for Action	Specific Risk Groups	Action in 2017-18	Timescale by:
Overarching Aims		Sign off / endorsement of this Berkshire Suicide Prevention Strategy by all Health & Wellbeing Boards in Berkshire.	1 April 2017
		All other local governance completed thus enabling this strategy to be owned by the Local Authorities and their partners.	1 April 2017
		Launch of strategy at multi-agency suicide prevention summit.	15 Oct. 2017
		Identify Suicide Prevention Champions to promote the Berkshire Strategy; and to work within the Local Authorities and partner agencies.	15 Oct. 2017
		Establish a multi-agency steering group: terms of reference to be agreed. Group will also be responsible for reviewing communication between primary and secondary care including risk assessment and escalation protocols	Locally determined
National Strategy			
1. Reduce the risk of suicide in key high-risk groups	Priority groups for 17/18: men; carers; unemployed; those who misuse substances; and those with mental health diagnoses.	Build on existing local voluntary and community group programmes e.g. men in sheds.	Ongoing work
		Training for gatekeepers relating to priority at-risk groups (Warwickshire).	Locally determined
		Support BHFT in its Zero Suicide Approach	Ongoing work
		Ensure adequate arrangements are in place for follow-up after discharge from secondary care	Ongoing work
		Consider strengths and issues arising from the Berkshire crisis concordat relating to the Royal Borough of Windsor and Maidenhead.	Ongoing work
2. Tailor approaches to improve mental health in specific groups	Suicide prevention training	Map evidence of coverage by sector/organisation of self-harm and suicide prevention training.	Ongoing work

3. Reduce access to the means of suicide		Support Network Rail, British Transport police and The Samaritans with local escalation process locations and general suicide prevention work. Investigate suicides on council owned land and properties, and agree a local action plan. Analyse local data gathered from the suicide audit and/or real-time surveillance to identify trends and clusters and take appropriate action(s) e.g. work with local media.	Ongoing work 15 Oct. 2017 Ongoing work
4. Provide better information and support to those bereaved or affected by suicide		Promote resources for people bereaved and affected by suicide (e.g. Help is at Hand and National Suicide Prevention Alliance resources). Update council and stakeholder webpages to ensure effective signposting for those bereaved by suicide. Map existing bereavement support and pathways.	Ongoing work Locally determined Ongoing work
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour		Convene a Berkshire-wide Summit on journalism and reporting standards with local press and media organisations, to develop and agree standards for reporting. Agree a local action plan with the local communications team to support this aim. Identify a lead officer to monitor internet and both local and social media. Challenge stigma: Media campaign to support world suicide prevention day Update council and stakeholder webpages to ensure effective signposting for those bereaved by suicide.	20 July 2017 20 July 2017 Ongoing work 10 Sept. 2017 1 April 2017

6. Support research, data collection and monitoring		To update data on the JSNA summary on suicide. Develop a suicide audit database (based on Bromley model) and continue to update relevant local data from sources which include: Office for National Statistics, Coroner's records, Thames Valley Police Work with steering group members to review data about current levels of population need and service provision Work with steering group members to map areas of high risk through information on locations of deaths and attempts. Take action to reduce suicide enablers (e.g. install signage, barriers) in line with evidence base Undertake mapping relating to local suicide prevention and self-harm services.	As per JSNA timetable Locally determined Locally determined Locally determined Locally determined

Appendix 4: Slough Suicide Prevention Action Plan

Areas for Action	Specific Risk Groups	Action in 2017-18	Timescale by:	Who?
Overarching Aims		Sign off / endorsement of this Berkshire Suicide Prevention Strategy by all Health & Wellbeing Boards in Berkshire. All other local governance completed thus enabling this strategy to be owned by the Local Authorities and their partners. Launch of strategy at multi-agency suicide prevention summit. Identify Suicide Prevention Champions to promote the Berkshire Strategy; and to work within the Local Authorities and partner agencies.	1 April 2017 1 April 2017 15 Oct. 2017 15 Oct. 2017	Public Health (Rukayat Akanji-Suleman) Public Health (Rukayat Akanji-Suleman) Suicide Risk and Self Harm Reduction/Prevention in Berkshire Steering Group Suicide Risk and Self Harm Reduction/Prevention in Berkshire Steering Group
National Strategy				

1. Reduce the risk of suicide in key high-risk groups	Men People who misuse substances People in mental health care Occupational Groups	Promotion of CALM to a wider audience To partner with the drugs and alcohol team on reviewing the referral pathway for dual diagnosis. To continue to ensure that information on how to access DAAT services and seek help are readily available for young men. Support BHFT in its Zero Suicide Approach To support SME business on the Slough Trading Estate on incorporating mental health and wellbeing in their policies and advise on how to improve staff well-being; i.e.; promote resilience training	Locally determined Ongoing work	Public Health (Rukayat Akanji-Suleman) Public Health and DAAT Public Health (Rukayat Akanji-Suleman) & DAAT Public Health and Community mental health team Public Health (Rukayat Akanji-Suleman)
2. Tailor approaches to improve mental health in specific groups	Community based approaches Suicide prevention training	To work with the community development team – to continue to build community cohesion, etc. To identify and work with Housing and unemployment teams on MHFA training for staff To deliver MHFA	Ongoing work December 2017	Public Health (Rukayat Akanji-Suleman)

		training to managers of SME businesses in Slough	March 2018	Public Health (Rukayat Akanji-Suleman)
	People vulnerable due to economic circumstances	To partner with NEET young people's team and train staff on MHFA	February 2018	Public Health (Rukayat Akanji-Suleman) and Young people's services
	Children and young people	To design a service information leaflet for new migrant arrivals and to ensure that all frontline services have access to the leaflet.	March 2018	Public Health, CAMHS and Young peoples service
		To partner with young people service to design an intergenerational programme addressing loneliness and social isolation		Public Health and Young peoples service
3. Reduce access to the means of suicide		Support Network Rail, British Transport police and The Samaritans with local escalation process locations and general suicide prevention work.	Ongoing work	Public Health
		Investigate suicides on council owned land and properties, and agree a local action plan.	15 Oct. 2017	Public Health (Rukayat Akanji-Suleman)
		Analyse local data gathered from the suicide audit and/or real-time surveillance to identify trends and clusters and take appropriate action(s) e.g. work with local media.	Ongoing work	Public Health Rukayat Akanji-Suleman
4. Provide better information and support		Promote resources for people bereaved and affected by suicide (e.g. Help is	Ongoing work	Suicide Risk and Self Harm Reduction/Prevention in Berkshire Steering Group

to those bereaved or affected by suicide		at Hand and National Suicide Prevention Alliance resources) In order to understand referral mechanisms in Slough and to better understand the needs of the Slough population we will conduct a local mapping of services available to Slough residents, this will include the mapping of bereavement services. Contact the community mental health team to ensure all frontline staff have the information required to signpost patients to bereavement services To identify other local stakeholders and provide better information and support to those bereaved or affected by suicide	 December 2017 December 2017 Ongoing	 Public Health (Rukayat Akanji-Suleman) Public Health (Rukayat Akanji-Suleman) Public Health (Rukayat Akanji-Suleman)
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour		Convene a Berkshire-wide Summit on journalism and reporting standards with local press and media organisations, to develop and agree standards for reporting. Agree a local action plan with the local communications team to support this aim.	20 July 2017 20 July 2017	Suicide Risk and Self Harm Reduction/Prevention in Berkshire Steering Group Public Health and Comms team

		Challenge stigma: Media campaign to support world suicide prevention day	10 September 2017	Public Health and Comms team
		Update council and stakeholder webpages to ensure effective signposting for those bereaved by suicide	1 April 2017	Public Health and Comms Team (Rukayat Akanji-Suleman)
6. Support research, data collection and monitoring		To update data on the JSNA summary on suicide.	As per JSNA timetable	Public Health Rukayat Akanji-Suleman

Appendix 5: Reading Action Plan 2017-18

Areas for Action	Specific Risk Groups	Action in 2017-18	Timescale by:
Overarching Aims		Sign off / endorsement of this Berkshire Suicide Prevention Strategy by all Health & Wellbeing Boards in Berkshire.	1 April 2017
		All other local governance completed thus enabling this strategy to be owned by the Local Authorities and their partners.	1 April 2017
		Launch of strategy at multi-agency suicide prevention summit.	15 Oct. 2017
		Identify Suicide Prevention Champions to promote the Berkshire Strategy; and to work within the Local Authorities and partner agencies.	15 Oct. 2017
		Establish local oversight arrangements for development and delivery of Reading suicide prevention plan; including local links with Reading Mental Health Steering Group around local oversight of action plan delivery.	Locally determined
National Strategy			
1. Reduce the risk of suicide in key high-risk groups	Men	Promotion of CALM to a wider audience	1 June 2017
	People in mental health care	Support BHFT in its Zero Suicide Approach	Ongoing work
2. Tailor approaches to improve mental health in specific groups	Community based approaches	Promote existing local voluntary and community group programmes e.g. via Reading Services Guide	
	Suicide prevention training	Delivery of Adult Mental Health First Aid Training	
	Children and young people	Delivery of Youth Mental Health First Aid Training	

3. Reduce access to the means of suicide		Support Network Rail, British Transport police and The Samaritans with local escalation process locations and general suicide prevention work. Investigate suicides on council owned land and properties, and agree a local action plan. Analyse local data gathered from the suicide audit and/or real-time surveillance to identify trends and clusters and take appropriate action(s) e.g. work with local media.	Ongoing work 15 Oct. 2017 Ongoing work
4. Provide better information and support to those bereaved or affected by suicide		Promote resources for people bereaved and affected by suicide (e.g. Help is at Hand and National Suicide Prevention Alliance resources) Promote effective signposting for those bereaved by suicide, e.g. via Reading Services Guide.	Ongoing work Locally determined
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour		Convene a Berkshire-wide Summit on journalism and reporting standards with local press and media organisations, to develop and agree standards for reporting. Agree a local action plan with the local communications team to support this aim. Identify a lead officer to monitor internet and both local and social media. Challenge stigma: Media campaign to support world suicide prevention day Update council and stakeholder webpages to ensure effective signposting for those bereaved by suicide.	20 July 2017 20 July 2017 Ongoing work 10 Sept. 2017 1 April 2017
6. Support research, data collection and monitoring		Update Reading JSNA module on suicide and self-harm Work with Reading Mental Health steering group members to review data about current levels of population need and service provision Ensure local data and evidence is fed through to Berkshire level to support identification of wider trends and to share learning.	As per JSNA timetable

Appendix 6: West Berkshire Action Plan 2017-18

Areas for Action	Specific Risk Groups	Action in 2017-18	Timescale by:
Overarching Aims		Sign off / endorsement of this Berkshire Suicide Prevention Strategy by all Health & Wellbeing Boards in Berkshire. All other local governance completed thus enabling this strategy to be owned by the Local Authorities and their partners. Launch of strategy at multi-agency suicide prevention summit. Identify Suicide Prevention Champions to promote the Berkshire Strategy; and to work within the Local Authorities and partner agencies. Set up local quarterly meetings to review the action plan	1 April 2017 1 April 2017 15 October 2017 15 October 2017 Quarterly interval
National Strategy			
1. Reduce the risk of suicide in key high-risk groups	Men People who self-harm People who misuse substances People in mental health care	Further development of "Pie and a pint" interventions Promotion of CALM to a wider audience Monitor levels of self-harm Liaising with local substance misuse services Support BHFT in its Zero Suicide Approach	Ongoing work Ongoing work Ongoing work
2. Tailor approaches to improve mental health in specific groups	Community based approaches Suicide prevention training Children and young people	Improve public awareness of suicide Link with West Berkshire Emotional Health Academy Delivery of Adult Mental Health First Aid Training Delivery of Youth Mental Health First Aid Training and MHFA Schools Training	

3. Reduce access to the means of suicide		Support Network Rail, British Transport police and The Samaritans with local escalation process locations and general suicide prevention work. Investigate suicides on council owned land and properties, and agree a local action plan. Analyse local data gathered from the suicide audit and/or real-time surveillance to identify trends and clusters and take appropriate action(s) e.g. work with local media.	Ongoing work 15 October 2017 Ongoing work
4. Provide better information and support to those bereaved or affected by suicide		Promote resources for people bereaved and affected by suicide (e.g. Help is at Hand and National Suicide Prevention Alliance resources) Seek views of those with lived experience on draft action plan Promotion of Newbury SOBs group	Ongoing work Locally determined Ongoing work
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour		Convene a Berkshire-wide Summit on journalism and reporting standards with local press and media organisations, to develop and agree standards for reporting. Agree a local action plan with the local communications team to support this aim. Identify a lead officer to monitor internet and both local and social media. Challenge stigma: Media campaign to support world suicide prevention day Update council and stakeholder webpages to ensure effective signposting for those bereaved by suicide	20 July 2017 20 July 2017 Ongoing work 10 Sept. 2017 1 April 2017
6. Support research, data collection and monitoring		To update data on the JSNA summary on suicide. Develop infographics to share with public. Link to W Berks mental health strategy Link to W Berks health and wellbeing strategy	As per JSNA timetable Locally determined

Appendix 7: Wokingham Action Plan 2017-18

Areas for Action	Specific Risk Groups	Action in 2017-18	Timescale by:
Overarching Aims		Sign off / endorsement of this Berkshire Suicide Prevention Strategy by all Health & Wellbeing Boards in Berkshire. All other local governance completed thus enabling this strategy to be owned by the Local Authorities and their partners. Launch of strategy at multi-agency suicide prevention summit. Identify Suicide Prevention Champions to promote the Berkshire Strategy; and to work within the Local Authorities and partner agencies.	1 April 2017 1 April 2017 15 Oct. 2017 15 Oct. 2017
National Strategy			
1. Reduce the risk of suicide in key high-risk groups	Men People in mental health care Occupational Groups LGBT groups Carers (including young carers) and People with LTC People who misuse substances	Promotion of CALM to a wider audience Support BHFT in its Zero Suicide Approach Awareness raising and training for local businesses on identifying early signs and how to respond. Working with local services such as TVPS. Work with local carer groups to raise awareness of Mental Health risks and prevention, promote local befriending and support groups. Work with the local treatment provider to ensure that risk of suicide and mental health are part of the assessment.	1 June 2017 Ongoing work
2. Tailor approaches to improve mental health in specific groups	Community based approaches Suicide prevention training	Engage with local groups such as faith groups and befriending services. Wellbeing work with tenants services Plan and prioritise a programme of suicide prevention training and integrate into MECC work stream.	

3. Reduce access to the means of suicide		Support Network Rail, British Transport police and The Samaritans with local escalation process locations and general suicide prevention work. Investigate suicides on council owned land and properties, and agree a local action plan. Analyse local data gathered from the suicide audit and/or real-time surveillance to identify trends and clusters and take appropriate action(s) e.g. work with local media.	Ongoing work 15 Oct. 2017 Ongoing work
4. Provide better information and support to those bereaved or affected by suicide		Promote resources for people bereaved and affected by suicide (e.g. Help is at Hand and National Suicide Prevention Alliance resources). Review the availability of support for families and communities bereaved by suicide and affected by near misses. Promote the local Wokingham SOBS group, working with them to identify gaps.	Ongoing work Locally determined Ongoing work
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour		Convene a Berkshire-wide Summit on journalism and reporting standards with local press and media organisations, to develop and agree standards for reporting. Agree a local action plan with the local communications team to support this aim. Identify a lead officer to monitor internet and both local and social media. Challenge stigma: Media campaign to support world suicide prevention day Update council and stakeholder webpages to ensure effective signposting for those bereaved by suicide	20 July 2017 20 July 2017 Ongoing work 1 Sept. 2017 1 April 2017
6. Support research, data collection and monitoring		To update data on the JSNA summary on suicide.	As per JSNA timetable

Appendix 8: Membership of the Berkshire Suicide Prevention Steering Group as at December 2016

Angela Baker	Deputy Centre Director	PHE South East
Angus Tallini	GP	Newbury & District CCG (West)
Anthony Barrett		NHS
Belinda Dixon		RBWM
Caroline Attard		Berkshire Healthcare Foundation NHS Trust
Chris Allen		NHS
Colin Bibby		SEAP
Daren Bailey		Berkshire Healthcare Foundation NHS Trust
Darrell Gale	Consultant in Public Health	Public Health, WBC
Debbie Daly	Director of Nursing and Quality	NHS West
Eugene Jones		Berkshire Healthcare Foundation NHS Trust
Geoff Dennis		Berkshire Healthcare Foundation NHS Trust
Gillian McGregor		Reading Council
Gwen Bonner		NHS
Helen Ranasinghe		Samaritans
Helena Fahie	Public Health Support Manager	PHE South East
Jason Jongali		NHS West
Jillian Hunt		Bracknell Forest
Jo Baskerville		NHS West
Jo Greengrass		NHS
Jonathan Groenen		Thames Valley Police
Julia Wales,		Slough Council
Kate Ford		Thames Valley Police
Kate Jahangard		Reading Council
Katie Simpson	GP	NHS East
Ken Hikwa		Berkshire Healthcare Foundation NHS Trust
Kim McCall		Reading Council
Lesley Wyman	Consultant in Public Health	West Berkshire Council
Lisa McNally	Consultant in Public Health	Bracknell Forest
Lise Llewellyn	Strategic Director of Public Health	Public Health Services Berkshire
Natalie Mears	Public Health Programme Officer	RBWM
Mark Spencer		Thames Valley Police
Sally Murray		NHS West
Nadia Barakat		NHS East
Nick Davies		RBWM
Rachel Johnson	Public Health Programme Officer	West Berkshire Council
Ramesh Kukar		Slough Council of Voluntary Services
Reva Stewart		Berkshire Healthcare Foundation NHS Trust

Rukayat Akanji-Suleman	Public Health Programme Officer	Slough Council
Sarah Bellars		NHS
Sue McLaughlin		Berkshire Healthcare Foundation NHS Trust
Susanna Yeoman		Berkshire Healthcare Foundation NHS Trust
Tandra Forster		West Berkshire Council
Tanya Demonne		Royal Berkshire Hospital Foundation NHS Trust
Timothy Foley		SEAP
Tony Dwyer		Berkshire Healthcare Foundation NHS Trust
Trudi Sams		

Back Cover to be designed and add contact details of Shared Team etc.

URL of Strategy

Appendix B: Equality Impact Assessment

TRIGGER QUESTIONS	YES / NO	IF YES PLEASE BRIEFLY EXPLAIN…..
Does the change reduce resources available to address known inequalities?	**No**	
CHANGES TO A SERVICE		
Does the change alter access to the service?	**No**	
Does the change involve revenue raising?	**No**	
Does the change alter who is eligible for the service?	**No**	
Does the change involve a reduction or removal of income transfers to service users?	**No**	
Does the change involve a contracting out of a service currently provided in house?	**No**	
CHANGES TO STAFFING		
Does the change involve a reduction in staff?	**No**	
Does the change involve a redesign of the roles of staff?	**No**	

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Appendix C: Invitation to the Suicide Prevention Strategy launch

Attention to: Slough Borough Council Health and Wellbeing Board

Invitation to launch of the Berkshire Suicide Prevention Strategy & Conference

Wokingham Town Hall, 17th October 2017, 9.30am-2.00pm

Suicide is a devastating event. It is an individual tragedy, a life-altering crisis for those bereaved, and a traumatic event for communities and services. The impacts are immediately and profoundly distressing. Suicides are tragedies for all involved. For every person who dies by suicide at least 10 people are directly affected. The social and economic cost of a suicide is substantial. The average cost of suicide in someone of working age in England is estimated to be £1.67 million. The highest suicide rate in the UK in 2015 was among men aged 45 to 59, at 22.3 deaths per 100,000, slightly lower than the record high seen in 2013. This age group also had the highest rate among women, at 7.3 deaths per 100,000 population.

The suicide audit taken in Berkshire between 2012-14 recorded 120 deaths, 70% of these were classified as suicide by the coroner and the other 30% were undetermined deaths / open verdicts.

The NHS Five Year Forward View for Mental Health sets a target on all NHS agencies and partners to reduce the current level of suicide by 10% by 2020. Ultimately, zero Suicide should be our aim; as it is in the gift of the combined efforts of these organisations, and of society at large, to put in place the policies and services which protect people from mental distress, and to ease the factors which cause that distress. This strategy therefore forges ahead with an ambition to reduce suicide by at least 25% by 2020, thus ensuring that this becomes a shared priority across organisations and areas. We thus need to be sure that in the Clinical Commissioning Groups (CCGs) and Local Authorities in Berkshire, an alliance of stakeholders takes preventive and ongoing action covering the main risks.

We hope you can join us at the launch of this strategy at our Suicide Prevention Conference on the 17th October 2017 at Wokingham Town Hall. We are inviting a range of speakers to support and work in partnership with us to reduce suicide, support families and raise awareness.

If you would like to book your free place, please email Rukayat.Akanji-Suleman@slough.gov.uk and provide your name, title and organisation name. For any queries please contact Manawar Jan-Khan on 0118 908 8195. Lunch will be provided so please do let me know if you have any dietary requirements or if you have access needs.

Yours sincerely

Darrell Gale
Public Health Consultant FFPH
Berkshire Suicide Prevention Lead

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 27 September 2017

CONTACT OFFICER: Alan Sinclair / Rebecca Howell-Jones
(For all Enquiries) (01753) 875752 / (01753) 875 142

WARD(S): All

PART I

FOR COMMENT & CONSIDERATION

PREVENTION STRATEGY

1. Purpose of Report

This report provides the Wellbeing Board with an opportunity to input into the Prevention Strategy. The Prevention Strategy Project Team is requesting views from the Board on the strategy and the proposed action plan template format.

The Prevention Strategy applies to work being undertaken to deliver adult social care priorities. Prevention outcomes relating to children and young people are being developed within the Early Help and Obesity Strategies.

2. Recommendation(s)/Proposed Action

The Wellbeing is recommended to provide an input to help shape the actions being developed for delivery of the Prevention Strategy in the next year, mainly in the aims, objectives and identified priorities. These will be reviewed every year

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

Prevention is a key determinant of health and wellbeing and it is a priority in the Wellbeing Strategy, mainly Priority 2: Increasing life expectancy by focussing on inequalities. It also reflects a number of key outcomes in the Council's Five Year Plan. The JSNA is the basis of the benchmark for statistical analysis of the Prevention Strategy in Slough.

4. Other Implications

(a) Financial – There are no financial risks associated with this report. Financial implications will depend on the approval of resources and possible commissioned funding when required to design and evaluate appropriate interventions

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

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

(d) Equalities Impact Assessment – To be undertaken as specific plans are identified

(e) Workforce – Depending on the delivery plans, staff training and awareness raising may be required

5. **Summary**

This item provides Wellbeing Board members with an opportunity to:

- Understand the existing and anticipated prevention challenges facing the borough;
- Discuss and influence the outcomes within the priorities to be considered for inclusion in the Prevention Strategy to tackle these challenges;
- Provide views on the areas of concern and the identified gaps not covered in existing preventative associated policies or Sustainability and Transformation Plans (STP); and
- Understand the role of the Wellbeing Board in addressing prevention action plans to improve outcomes for people in Slough.

6. **Supporting Information**

In looking at improving its ways of working the Health and Social Care Priority Delivery Group restructured its priorities. Prevention was identified as one of nine key priorities within the Health and Social Care Priority Delivery Group.

In addition the Care Act (2014) places a duty on local authorities to promote individual wellbeing and provide prevention services. This requires the Council to provide a range of services that reduce need for support among people and their carers in the local area, and contributes towards preventing or delaying the development of such needs.

This paper provides an overview of the current preventative work being undertaken in the Borough and future development work being proposed through the Sustainability and Transformation Plan so as to avoid duplication. In as such, this paper makes a series of recommendations on the gaps in preventative work in the Slough area.

6.1 **Prevention Strategy Key Aims:**

- Prevent ill health/create healthy communities by reshaping healthy lifestyle services/ embed self care
- Provide people with information
- Use local assets to support people and carers
- Make health and wellbeing everyone’s business
- Reduce and delay the need for care
- Make sure that key populations at risk are identified and their needs assessed

Our first integrated Prevention Framework will aid us in developing a local approach to prevention in order to meet the recommendation outlined by the Care Act (2014) that:

‘a local authority must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals’ needs for care and support, or the needs for support of carers whilst recognising and responding to those who continue to require care’.

6.2 **Objectives**

In order to deliver these aims, the following objectives were adopted from the Care Act: The Care Act 2014 providers a three tier definition model for prevention:

Prevent: These are services, facilities or resources that are universally accessible and are aimed at individuals with no current health or care support needs to prevent, for example, people from being overweight through physical activity

Reduce: These are services, facilities or resources that are targeted towards individuals who are at risk of developing further health or care support needs to reduce, for example, the number of hospital admissions.

Delay: These are services, facilities or resources that are for individuals with existing health and care support needs; the emphasis is placed on minimising further deterioration and delay, for example, the need for residential or nursing care

6.3 **Priorities**

As part of the Care Act's mandate, the Project Team made sure that stakeholders were consulted and given an opportunity to co-produce the Prevention Strategy. The strategy was developed through a series of stakeholder workshops, presentations and consultations with colleagues from Primary Care, Social Care, Voluntary Sector, Slough GP Lead Locality Group and Slough Borough Council Operational Teams during 2016.

The main purpose of the workshop and the consultation meetings was to:

- Look at the local picture (needs and trends) from available data and assess needs analysis
- Identify gaps, strengths, weaknesses, opportunities and threat
- Look at what other local authorities are doing
- Explore the Principles of the Prevention
- Agree priority and measurable areas
- Agree outcomes and outputs that would be implemented in Slough
- Agree measures that we need to put in place to monitor progress; and
- Analyse any gaps and demand Profile

As a result of the consultation exercises, the following priorities were agreed as "in scope" of the joint prevention strategy:

- Substance Misuse (Drugs and Alcohol Abuse)
- Smoking
- Obesity
- Diabetes
- Cancer
- Domestic Abuse
- Social Isolation

6.4 **Other Strategies**

The following strategies are being undertaken already at either a local area of STP level:

- Housing strategy (appropriate accommodation)
- Fire Prevention
- Mental Health
- Leisure strategy
- ADD STP prevention areas as well

7. **Comments of Other Committees**

None at this stage, however, we expect a request from the Health Scrutiny Panel to look at aspects of Prevention Strategy.

8. **Conclusion**

The Project Team is planning to complete drafting the implementation and action plan based on age value within the next few months (please see working template in Appendix 1). When completed, this will pull together identified gaps in the work being undertaken within the partnership, which would add value to the strategy.

The views of the Wellbeing Board are therefore important in shaping the Prevention Strategic action plans.

Consideration should be given to the following:

- The aims, objectives and identified priorities.
- Outcomes and outputs that could be implemented in Slough
- Measures that could be put in place to monitor progress; and
- Any identified gaps

9. **Appendices**

Appendix 1: Draft Template for implementation / action plan &
Prevention Strategy 2017 – 2018 Final Draft

10. **Background Papers**

None.

Appendix 1: **Prevention Strategy: Implementation Action Plan**

Current Provision	General Group	45 to 65 Year old	65 Years Plus	Carers	Physical and Learning Disabilities
Substance Misuse (Drugs and Alcohol Abuse)					
Smoking					
Obesity					
Diabetes					
Cancer					
Domestic Abuse					
Social Isolation					

Slough Prevention Plan 2017-2018

DRAFT

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Foreword

This is Slough's first Prevention Plan (2017-2018), a joint Plan of Slough Borough Council, Clinical Commissioning Group and the Berkshire Healthcare Foundation Trust (BHFT). The Social Care Act 2014 requires local authorities to provide services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support. This plan sets out our plans for meeting these prevention needs of Slough residents.

Slough Borough Council, Slough Clinical Commissioning Group, Slough Public Health and the Frimley? NHS Trust are working together to make sure that residents are supported and encouraged to live independent lives. As people live longer and the expectations of how they want to live changes, so too does our role as service providers, balancing our statutory duties to deliver services to those most in need with encouraging independence, personal responsibility and increasing choice for individuals and their families.

The Prevention Plan focuses on promoting independence for those at risk of, or already using, health and social care services. This will be accompanied by an implementation action plan in order to meet the needs and aspirations of people living in the Borough. The implementation action plan will focus mainly on adults and children going through transition.

The need to invest in preventative services to delay people's need for social care and health services and to promote the wellbeing of our community is widely recognised. A major focus is to identify, at the earliest possible stage, the most vulnerable people in our communities, who are at risk of poor health and likely to require social care.

A shared preventative approach across all organisations in the public, voluntary, community and private sector to deliver services to a changing and ageing population is required if health and social care services are to be sustainable.

Valuing our residents means we are committed to listening to their views and their advice on how we can improve our care and support services they receive. Part of developing the Prevention Plan included engagement and consultation with services providers, service users, voluntary groups, communities, patients and carers to better understand their needs, current services and any gaps. The prevention project team will continue to work with all relevant groups to develop and implement the prevention action plans to make sure that they meet the needs of those using these services.

We are committed to working together to enable the residents of Slough to live more independent and healthier lives by giving them greater choice and control and strengthening support in the community.

The success of the Prevention Plan will depend on the strength of partnership, working across the health, social care, housing, leisure, the voluntary sector and other partners, to come together in a joined up approach to address the needs and aspirations of people living in Slough to live healthy lives for longer.

Alan Sinclair
Director of Adult Social Care and Wellbeing

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1. Vision

We will improve social care and wellbeing outcomes of the residents of Slough and their carers by enabling people to do more for themselves, focusing on people's strengths even at points of crisis in their lives, by promoting more choice and control of the support options available and connecting the residents of Slough to a network of wellbeing, care and support services.

2. Introduction

To comply with the Care Act 2014, the local authority and its partners are required to have in place a Prevention Strategy. Instead of putting in place a prevention strategy that does not go out of the 'Social Welfare' limits, Slough Borough Council decided to put in place a strategy that looks for opportunities outside the normal council's limits, and includes Outcome 2 of Slough's 2017 – 2021 Five Year Plan (Our people will become healthier and will manage their own health, care and support needs)

Slough Borough Council is already undertaking a lot of meaningful work to deliver on its outcomes. However, as part of the Care Act's mandate, we made sure that our stakeholders were included and given an opportunity to contribute to the development and implementation of the Prevention Strategy. This would make sure that the work organisations are doing would add value to their work to improve the health of the population. The strategy would provide an opportunity for organisations to reset their ways of working and make sure that they focus on priorities that will make a difference beyond the statutory requirements.

The strategy will be reviewed annually

3. Key aims

Our key aims are to:

- Prevent ill health/create healthy communities by reshaping healthy lifestyle services/ embed self care
- Provide people with information
- Use local assets to support people and carers
- Make health and wellbeing everyone's business
- Reduce and delay the need for care
- Make sure that key populations at risk are identified and their needs assessed

Our first integrated Prevention Framework will aid us in developing a local approach to prevention in order to meet the recommendation outlined by the Care Act (2014) that:

'a local authority must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support, or the needs for support of carers whilst recognising and responding to those who continue to require care'.

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4. Objectives

To deliver these aims we have set ourselves the following objectives from the Care Act:

To prevent	These are services, facilities or resources that are universally accessible and are aimed at individuals with no current health or care support needs.
• people from developing long term conditions, e.g. diabetes, heart disease, dementia • substance misuse, smoking, alcohol, tobacco abuse etc.	
To Reduce	These are services, facilities or resources that are targeted towards individuals who are at risk of developing further health or care support needs.
• the number of obesity levels • the number of people treated for diabetes	
To delay	These are services, facilities or resources that are for individuals with existing health and care support needs; the emphasis is placed on minimising further deterioration.
• the need for hospital admissions • the need for crisis care support	

5. Setting

The total projected population of Slough in 2016 is estimated to be 147,181, an increase of 1,447 on the previous year (or just less than 1%). The projected population comprises of 74,326 (50.5%) males, 72.855 (49.5%) female, 41,406 (28%) children (those aged less than 18) as well as 91,544 (62%) of ‘working age’ (those aged 18 to 64) and 14,231 (10%) ‘older people’ (aged 65 or above). Our population is therefore young, dynamic and growing.

Slough has a long history of ethnic and cultural diversity that has created a place that is truly unique and valued by those who live and work here. 45% of our population is white or white British, 40% is Asian or Asian British and 15 % Black or black British, mixed race or other.

Slough has a number of neighbourhoods that include households facing multiple challenges, for example, with no adults in employment, low incomes, children living in poverty and poor quality housing. These factors can lead to inequalities in health and wellbeing.

Life expectancy varies between wards with men expected to live on average until 78.6 while women are expected to live until 82.9. The number of older people in the borough is increasing and people will live longer but with poorer health. Around 19,000 adults in Slough have a limiting long term illness or disability and around 3,000 are economically inactive due to a long term sickness. 62% of Slough’s adults are overweight and 25% are obese. Diabetes, cardiovascular disease, strokes, chronic respiratory disease and cancer are the biggest causes of death in Slough and account for much of the inequalities in life expectancy within the borough.

19% of adults aged over 16 were estimated to smoke in Slough in 2015, this equates to approx. 22,850 people. Slough town centre experienced high levels of alcohol-related recorded crime (at 9.25 per 1,000 compared to 5.74 nationally). The rate for alcohol related violent crime was 6.15 per 1,000 compared to 3.13 nationally

Compared to regional and national averages, there is a high level of drug misuse in Slough. In 2014/15, there were an estimated 1,045 opiate and/or crack users (OCUs) in Slough

Other local context information is provided in appendix 2

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6. National Context

The Care Act 2014

The Care Act 2014 brought a significant reform in care and support, putting those with care needs and their carers in control and at the heart of their care and support to improve independence and wellbeing.

The Act recognises that people are happier and have a better quality of life if they are healthy and can stay independent and in control of what they do. And if they do need help because of health problems or a disability then their experience of receiving care and support will be much more positive if they have choice over how they are supported, and can stay in control of their lives as much as possible.

The Care Act states that local councils must provide or arrange services that help prevent people from developing a need for care and support, or delay people deteriorating to the point where they will need long-term care and support. The Act gives councils a duty to provide information and advice on how people can lead healthier and more active lives, and on what care and support will be available to them should the need arise.

The Joint Strategic Needs Analysis

The JSNA work related to prevention requires the council and its partners to develop a local system-wide strategy and action plan, spanning from voluntary, health and social care services to maintain a healthy population in the community, working with the high consumers of services through targeted wellbeing and prevention plans.

NHS Five Year Forward View (2014)

The NHS Five Year Forward View (2014) sets out a vision for the future of the NHS and calls on system leaders, NHS staff, patients and the public, to play their part in disease prevention alongside the development of new, flexible and integrated models of service delivery tailored to local populations. This 'Forward View' sets out a clear direction for the NHS – showing why change is needed and what it will look like

The NHS is now backing hard-hitting national action on obesity, smoking, alcohol and other major health risks. Forward View is helping to develop and support new workplace incentives to promote employees' health and cut sickness-related unemployment, and advocating for stronger public health-related powers for councils and elected mayors. Forward View work includes: helping patients to gain a far greater control of their own care; taking decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, and between health and social care

7. Priorities

As part of the Care Act's mandate, we made sure that stakeholders were consulted and given an opportunity to co-produce the Prevention Strategy. The strategy was developed through a series of stakeholder workshops, presentations and consultations with colleagues from Primary Care, Social Care, Voluntary Sector, Slough GP Lead Locality Group and Slough Borough Council Operational Teams.

As a result of the consultation exercises, the following priorities were agreed as "in scope" of the joint prevention strategy:

Priority 1: Substance Misuse (Drugs and Alcohol Abuse)

What the evidence tells us

A number of risk factors increase the likelihood of young people using drugs or alcohol. These include abuse and neglect, truancy, crime, early sexual activity, anti-social behaviour and parental substance misuse. Young people who misuse drugs and/or alcohol are at higher risk of achieving poor outcomes in terms of education, training and employment. There is also an increased risk of family breakdown and accommodation issues. Young people may also turn to crime in order to fund their drinking or drug use.

Approximately 50% of the young people in treatment in Slough are 16 years old with 81% of them in education (this is higher than the figure nationally of 71%). The majority of them are white British (65%) and male (65%). 81% of the clients reported various mental health issues, including attempted suicide, depression, mental illness and self-harm, so this should continue to be an area of focus for services (Source: service data from Turning Point).

What we have in place

The Substance Misuse Strategy sets out the council's commissioning intentions on substance misuse services taking into account identified needs. The Slough young people's substance misuse service has the following objectives:

- Decrease the consumption of substances used by individual young people taken onto the caseload
- Increase the numbers engaging in effective services
- Increase the number of days attended at School, College or Employment by individual young people taken onto the caseload
- Decrease offending by individual Young People not subject to Youth Offending Team (YOT) supervision
- Improve the health and wellbeing of individual young people taken on to the caseload

The Drug and Alcohol Action Team (DAAT) also support and commission an intensive service for families affected by substance misuse. There is a family support worker within the substance misuse service who works with parents who need more support. The Family Support Worker liaises with the early intervention team and children's social care as part of the main treatment service. They also work within the Troubled Families agenda.

Priority 2: Smoking

What the evidence tells us

Smoking harms nearly every organ of the body. It causes many diseases and reduces quality of life and life expectancy. The younger a person quits, the greater the benefit but stopping smoking is beneficial at any age. Many smokers think that smoking helps relieve stress but in fact ex-smokers are more likely to have better mental health and be happier.

18% of adults aged over 16 were estimated to still smoke in Slough in 2014, this equates to approximately 21,647 people.

What we have in place

As a response to the Department of Health's National Tobacco Plan national priorities and local consultations, six areas were developed for focus in order to improve outcomes. These are:

- Bringing partners together to develop an integrated tobacco control programme.
- Reduce the number of young people taking up smoking
- Encourage and support existing smokers to quit
- Work with businesses to take up cessation plans for staff and provide Smoke Free advice
- Protect communities and families from tobacco related harm.

Together with our partners in Public health, CCG and Health Trust and GPs, we will develop an action plan to implement the six areas with monitored outcomes.

Priority 3: Obesity

What the evidence tells us

Slough has the highest levels of childhood obesity in East Berkshire and the south east. There is a strong, positive relationship between deprivation and obesity in children for each school year, with obesity prevalence being significantly higher in deprived areas.

In 2014/15, child obesity in reception year children in Slough was 9.8% compared with 9% nationally. Amongst children in year 6, child obesity was 24.2% compared to 19% nationally. In 2013/14, 23.5% of boys compared to 18.8% of girls were obese by year 6. This difference is less pronounced at Reception with 11.9% of boys and 11.7% of girls being obese. In adults, 63% of residents are considered overweight or obese compared to 65% nationally.

Children who are overweight or obese are at greater risk of developing health problems in childhood (including type 2 diabetes), problems with breathing (including obstructive sleep apnoea (OSA)) and problems with joints and bones (including joint pain and slipped upper fermoral epiphysis (SUFE)). Due to this greater risk of illness, children who are obese are more likely to be absent from school due to illness.

What we have in place

- Children and young people's plan 2015-2016 (to be revised), has 'Physical and Nutritional Wellbeing' as a key aspect of priority 3, encompassing both childhood obesity and, more broadly, diet and nutrition.
- Slough Youth Offer, includes offers to provide support for young people to make informed choices about any aspect of their lives and to support young people in leading healthy lifestyles.
- Get Active Slough: a Leisure Strategy, outlines the plans for encouraging physical activity, to make sure that this is adopted as a habit for life for all, making "more people, more active, more often".

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Priority 4: Diabetes

What the evidence tells us

Diabetes is a common long-term health condition which results when the body cannot properly control glucose (sugar) levels in the body. There are different types of diabetes but the four commonest are:

- Type 1 diabetes: where the pancreas does not produce any insulin, or not enough insulin, to help glucose enter the body's cells.
- Type 2 diabetes: where the insulin that is produced does not work properly (known as insulin resistance). This could also be associated with overweight and obesity and high blood pressure (NHS Choices).
- Gestational diabetes: poor control of blood sugar during pregnancy
- Secondary diabetes: damage to the pancreas due to other medical conditions or treatments

There are over 3.2 million people diagnosed with diabetes in England; 10% of those diagnosed have Type 1 diabetes and 90% have Type 2 diabetes. An additional 9.6 million are thought to be at risk of developing Type 2 Diabetes. By 2025, it is estimated that there will be 4 million people with diabetes in England alone (Diabetes UK, 2014). In 2014/15, in the adult population in Slough, 9,500 people are diabetic.

Slough has a high proportion of BME (Black and Minority Ethnic) patients: according to the national Census, 54% of Slough's population is non-White (40% Asian, 9% Black). Over a quarter of adults in Slough are estimated to be obese, hence the higher numbers of diabetes cases.

What we have in place

The National Diabetes Prevention Programme NDPP is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale, an evidence-based behavioural programme to support people to reduce their risk of developing Type 2 diabetes. The programme is mainly about weight reduction, healthier diet and increasing physical activity. This will have a knock-on effect to reduce a host of other health risks/long-term conditions and dependency on social care services. Slough has been selected as a site for the "first wave" of roll out of the programme.

The Slough Diabetes Network will play a key role in making sure that there is cohesion of the above services and in ensuring clear and consistent communication between teams. The Slough Diabetes Network has the goal of sharing innovation and best practice both within the Clinical Commissioning Group and across the wider federation.

Priority 5: Cancer

What the evidence tells us

There were 326 early deaths from cancer (deaths under the age of 75 years) between 2012 and 2014 in Slough and the borough was ranked 89th of 150 local authorities on such early deaths. Generally, 12% of women in the general population will develop breast cancer at sometime during their lifetime. Deaths from lung cancer between 2007 and 2009 and 2012 and 2014 fell from 72.6 to 59.5 per 100,000 (as did new registrations for lung cancer).

What we have in place

There are three areas that the partnership will focus, mainly through the CCG, Public Health and GPs to prevent, reduce and delay health issues associated with cancer:

Reducing the risk – As about a third of all cancers are caused by lifestyle factors such as smoking, unhealthy diet, alcohol and obesity, tackling these issues is therefore a priority in helping to reduce people's risk of cancer. Other ways of reducing cancer risk include our GPs and residents in general encouraging people to be careful in the sun to avoid skin cancer and vaccinating young women against the human papillomavirus (HPV) to prevent cervical cancer.

Early Diagnosis – Earlier diagnosis of cancer can be achieved through two main routes: screening for cancer to identify disease before it causes any symptoms, and making people aware of the warning signs of cancer. We will encourage residents to speak to their GP as soon as symptoms are present. This will help in the cancer screening programmes currently in operation, i.e.; cervical screening, breast cancer screening and bowel cancer screening.

Access to treatment – Lastly, it is important that when symptoms or signs of cancer are identified, diagnosis and treatment occurs in a timely fashion to ensure that patients have the best chance of recovery. In order to ensure this process happens as swiftly as possible, the government has introduced waiting times targets to limit the time people wait for cancer tests and treatment. In addition to this, the government in England in 2011 established a Cancer Drugs Fund (CDF) in order to fund certain cancer treatments that had not met the required criteria for cost-effectiveness as required by the National Institute for Health and Care Excellence.

Priority 6: Domestic Abuse

What the evidence tells us

Domestic abuse is 'any incident of threatening behaviour, violence or abuse (physical, psychological, sexual, financial or emotional) between adults aged 16 and above, who are or have been intimate partners or family members, regardless of gender and sexuality'. (Family members are defined as: mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family). Domestic abuse also affects the health and wellbeing of children in the family.

Most domestic abuse offenders tend to be young men, under 30, who perpetrate crimes against women, usually their partner. There is a strong White British component to the borough's domestic violence offenders (39.8%), followed by Asian/Asian British (31.2%) which is not dissimilar to the local population.

What we have in place

We will have the use of:

- The Thames Valley Police website, which has information on what to do and where to get help, and how they deal with domestic abuse.
- The local Women's Aid website, which offers support and advice.
- The Respect phone-line, which offers advice if someone is are worried about their behaviour towards their partner.

Priority 7: Social Isolation

What the evidence tells us

Social Isolation and exclusion contribute to the risk factors associated with (adult) abuse. Around 5,700 people aged 65 and over living in Slough were estimated to be unable to manage at least one domestic task (including shopping and housework) on their own in 2015. This figure is estimated to increase to over 6,300 by 2020.

Similarly, around 4,600 people aged 65 and over living in Slough were estimated to be unable to manage at least one self-care activity (including bathing, dressing, feeding) in 2015. This figure is expected to rise to 5,200 by 2020.

Around 3,200 people over the age of 65 were predicted to be living alone in Slough in 2015, with around 330 living in a care home (residential or nursing) (Source: Projecting Older People Population Information).

In the 12 months April 2016, 1,085 people over the age of 65 were assessed by the Reablement Team in Slough Borough Council's Adult Social Care Services. This is a small increase from the previous year. Of these, 853 (or 79%) were over the age of 75.

What we have in place

In response to increasing demand on services, changes to legislation, and funding of services the provision of adult social care services, Slough Borough Council is reviewing and redesigning its services through a reform programme. The Slough Adult Social Care Reform Programme is centred on the use of asset-based conversations, community hubs and use of local links.

Through this programme, we hope to move Slough towards a model that focuses on neighbourhood based support and care, maximising all the resources, assets and skills available to people and families where they live.

We will help with the implementation of Slough Adult Social Care Reform Programme recommendations for consideration by other key organisations to deal with social Isolation and exclusion, which are

- To continue working towards integration of health and social care.
- To continue to explore joint health and social care personal budgets.
- To continue to develop models to enable people to take more responsibility for their own care and support with the assistance of council, voluntary sector and the NHS.
- To make more effective use of local assets and to develop community resilience.
- To support people through the pathway by providing clear and concise information and advice in a seamless manner.

8. Our Approach

An action plan for the strategy would be developed within the co-production and an asset-based approach. This will include the resources that individuals and communities have that help protect against poor health and support the development and maintenance of good health and quality of life. The plans will focus on the key population at risk so that there is a clear and direct link to possible interventions designed to reduce such risk factors.

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Risk factor would be linked to outcomes relevant to specific people at risk based on good evidence. The planned interventions would address these risk factors to produce real benefits for people, structural and community factors in terms of better outcomes.

9. Implementation and Governance

The Prevention Project Team of Health, Social Care, Public Health and Clinical Commissioning Group representatives, will undertake the mapping and development for this strategic framework across the borough. The Project Team reports to the Health and Social Care Priority Delivery Group, which in turn reports to Slough Wellbeing Board and the Health Scrutiny Panel.

An integrated action and implementation plan which will take forward the priority actions of the direction of care will be developed in response to this framework. The plan will outline specific actions and priorities for year 1, with a built in annual review programme for years 2 to 5. Monitoring and review of the implementation will incorporate the actions identified in the Health and Equality Impact Needs Assessments. The plan will be signed off by the Health and Social Care Priority Delivery Group. An operational prevention project team will meet on quarterly basis to oversee the implementation and liaise across the whole Council, CCG and Public Health to facilitate and support implementation when necessary.

A communications strategy will be developed to align with the implementation plan.

10. Conclusion

There is a rising need in preventative services at the time when public spending in services is falling due to central government cutting local authority funding, with most of this need remaining unmet.

The Office for National Statistics (ONS) population projections stated that, between 2010 and 2030, the numbers of people entering social care and needing support would rise by 17.7% in home care services; by 22.4 in day care services; by 25.1% in residential and nursing care; while the numbers of all groups including those without disability would rise by 10.0%

Implementation of the action plans for the strategy would be through co-production in future programme of community development and engagement work. Through “One Slough” approach, we will work with communities in Slough with a view of developing skills and knowledge so that residents are better placed to flourish from the wide range of opportunities available in Slough as well as being equipped to better meet some of their own needs. This will incorporate three main projects under a single community development programme, these are: Community Hubs, Community Development and Integrated Community Working.

Through joint working through the multi-agency project team, we will create a picture of the existing preventative landscape across the borough, as well as recommending actions to take forward.

Delivering and monitoring these actions will be essential to making sure that we are able to achieve our vision.

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Appendices 1 – How the Strategy Was Developed

To inform the strategic framework, we analysed the needs of the population in Slough, which included looking at the projections for the characteristics of a growing population, including age and the prevalence of long term conditions. Given the known detrimental impact of loneliness and isolation, the number of older adults living alone was also assessed.

We used the Joint Strategic Needs Assessment [will insert link] and Slough Story [will insert link] to provide the evidence base that informs the needs of the population of Slough (see below). A link to the key issues facing Slough that this Strategy seeks to address is provided here [will insert link].

There was also a consultation with our partner organisations through a series of events that included a response to questionnaires during 2016. A workshop was held in February 2016, which brought together representatives of the key partnerships organisations across the borough. The main purpose of the workshop was to:

- Look at the local picture (needs and trends) from available data and assess needs analysis
- Identify gaps, strengths, weaknesses, opportunities, and threats
- Look at what other local authorities are doing
- Explore the Principles of the Prevention Strategy
- Agree priority and measurable areas
- Agree outcomes and outputs that would be implemented in Slough
- Agree measures that we need to put in place to monitor progress; and
- Analyse any gaps and demand Profile

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Appendices 2 Other local context

Slough Digital Transformation

Slough is developing a digital capability that would enable digital leadership and innovation to: improve the way we deliver and commission services; use our data in a more proactive way; enable Slough to become a Smart City; and develop more mobile and flexible working. This would play a big part in the prevention activities of this strategy.

Financial Restraints

Coupled with the identified issues above, public services continue to be issued with challenging efficiency savings. Locally, Slough Borough Council has allocated to the Adult Social Care a savings plan of around £7.9 million (approximately 21% of the 2015/16 budget) over the 5 year strategic plan.

Sustainability and Transformation Plan

The Frimley Health and Care System's aim is to make sure that most of the residents have the skills, confidence and support to take responsibility for their own health and wellbeing. The STP intends to do more to assist residents in this and is committed to developing integrated decision making hubs with phased implementation across the area by 2018. Integrated hubs will provide a foundation for a new model of general practice, provided at scale. This includes development of GP federations to improve resilience and capacity and provides the space for GPs to serve their residents in a hub that has the support of a fit for purpose supported workforce.

The first priority of Frimley Health and Care's Sustainable Plan states that the STP would make a substantial step change to improve wellbeing, increase prevention, self-care and early detection of health issues of the population. Through focussing on the individual, as opposed to structure, there would be an increased focus on prevention and pro-active care rather than reactive treatment.

The Social Care Reform programme

The purpose of the Social Care Reform programme is to coordinate and direct the Adult Social Care's service plans. These would implement a range of projects that will transform the department's activities, and that manage care at the point of crisis towards a model of care and support that works with both internal and external partners. The programme aims to: manage the complex organisational dependencies; communicate with senior stakeholders the importance of realising the benefits of the programme; and manage the Council's exposure to risk and financial deficit.
The programme works with the spirit of the Care Act 2014, building on the areas of good practice that exist in Slough and to modernise them still further in order to deliver services that will meet the needs of our population now and to ensure that these are fit for purpose for the next generation of service users. The Prevention Strategy would help in that delivery process.

Appendix 3 – Other Strategies and Plans

This strategy is complemented by other strategies, which set out our overall approach and priorities for improving the health and wellbeing of local people in Slough.

Joint SWB Strategy 2016 – 2020	The Strategy is focussed on four key priorities to improve the health and wellbeing of the people in Slough. These are: 1. Protecting vulnerable children 2. Increasing life expectancy by focusing on inequalities 3. Improving mental health and wellbeing 4. Housing The priorities are cross-cutting in nature and directly or indirectly improve outcomes. They are focussed on where real difference can be achieved Delivery of the Strategy is underpin five key principles, which are: • Focus on prevention, early intervention and health promotion • Provide opportunities for individual and community empowerment and volunteering • Promote a culture of self care and personal responsibility • Achieve more for less by making the very best use of resources. • Engage in an on-going dialogue with residents, communities and patients.
Public Health Commissioning Strategy	Outlines our vision to transform public health services to improve health and wellbeing for our local communities.
CCG Strategic Plans	Slough Clinical Commissioning Group would face its challenges over the next five years in Slough by "Preserving the values that underpin a universal health service, free at the point of use, will mean fundamental changes to how they deliver and use health and care services". The CCG Local Vision is aimed at children **starting and developing well**, residents living well, and the elderly ageing well. The vision focus on (among others issues): An increase in immunisation and screening rate particularly for MMR; Reviewing school nursing service, with a particular focus on the importance of children and young people's mental wellbeing; New information resources to support self-care and expand access to primary prevention services; Help GPs deliver best practice support for people with diabetes; Expand Falls Prevention work; Develop programmes for positive physical and mental wellbeing, looking at social isolation; and Work together to integrate health and social care to reduce the number of emergency admissions.
Slough Borough Council's Five Year Plan	The priority outcomes in the Slough's in the Five Year Plan is for Slough to be a place where people choose to live and work; where children can have the best start in life; where residents can become healthier by managing their own health, care and support needs; and where residents have access to good quality homes. Enabling and preventing is one of the outcomes within the "Five Year Plan. This is to make sure residents in

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	Slough are healthy, resilient and have positive life chances. Slough aims to enable more people to take responsibility and manage their own health, care and support needs
Children and Young People's Plan	Focuses on how we will give every child the best start in life and the ability to reach their full potential
Slough ASC/Voluntary Sector Organisation Partnership Strategy 2015 to 2020	The vision for strategy is: ***'To promote a healthy and thriving voluntary and community sector that focuses on meeting the needs of the most vulnerable adult residents living in Slough'*** To help us achieve this, the strategy has 4 key aims: • Find innovative and effective ways to provide high quality services and support with and for residents. • Focus on shared outcomes which enhance wellbeing through promoting prevention services which avoid, delay and reduce the need for care and support. • Support the community and individuals to be more resilient and do more to help themselves to meet their health and care needs. • To improve social value by taking into account social, economic and environmental value when choosing suppliers rather than focussing solely on cost. The expectation is that this will enable smaller organisations or those from the charitable and voluntary sectors to compete more successfully. To deliver the key aims, the Slough Borough Council would work in partnership with the local voluntary sector, community groups and networks to develop services that achieve the positive outcomes for people in Slough
SBC Leisure strategy: Get Active Slough	The Leisure Strategy has a vision to "Enhance the health and wellbeing of Slough residents by ensuring that physical activity and sport is adopted as a habit for life for all - more people, more active, more often." The council is implementing the leisure strategy by making sure that all key facilities are provided for. This helps the council to bring opportunities for leisure participation closer to local people, many of whom are reluctant to travel or are put off by a large leisure centre. There is more flexible in the way Leisure is able to respond to needs of people and maximise all opportunities as they arise. There is much stronger connection between facilities and capital investment and targeted programmes to engage local people and run activities in a wide variety of venues, from parks or community centres to leisure centre
West Berkshire Health and Wellbeing Strategy 2015 –	Falls are among the most common and serious problems facing older people. They result from the interaction of multiple and diverse risk factors and situations, many of which can be corrected. Critically, older people themselves are often not aware of their risks of falling, nor do they report

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2018: Berkshire Falls prevention	the presence of risk factors to others who might be able to help. By introducing an integrated falls service for Slough, Berkshire Health Care Trust aim to reduce the number of falls and their seriousness. As osteoporosis increases the risk of an older person sustaining a fracture resulting from a fall, osteoporosis too must be targeted in a joint approach (See the National Service Framework for Older People, 2001). As a result, this would maximise independence in older people by preventing falls, reducing preventable hospital admissions due to falls and improving rehabilitation services. This will secure improved outcomes for older people, including greater independence and an improved quality of life. It will also reduce pressure on the NHS and social services.
Slough CAMHS strategy (2015-19)	The 3 CCGs for Bracknell and Ascot, Slough, Windsor and Maidenhead work together with Social Care to improve the local CAMHS system. They formed a partnership called the East Berkshire Transforming Children's Health Board and wrote the East Berkshire Transformation Plan for Children and Young People's Mental Health and Wellbeing. The transformation plan aim to improve CAMHS by: • Promoting resilience and providing early support • Improving access to a joined up system • Caring for the most vulnerable children and young people • Developing its staff • Taking responsibility for the services provided
Mental Health: Crisis Care Concordat	The actions set out in the Concordat are driven by people and place based evidence of need in the JSNA. Wider determinants such as housing, physical health problems and levels of community support inform the actions in this plan There are 14 Categories of the Concordat that are being implemented. On top of this, Slough adopted the World Health Organisation list of interventions that can be cost effective within 0-5 years – the lifetime of the mental health and wellbeing elements of Slough Wellbeing strategy, these include: Healthy employment programmes; Resilience building; violence prevention, prevention of postnatal depression, family support projects, mental health in the workplace, psychosocial groups for older people, parenting programmes, depression prevention, Behaviour change, restriction of alcohol. Locally: • Mental Health patients have access to peer mentoring in the community via sector providers. This service is provided through the Slough CMHT • Slough also has a Recovery College with over 30 courses and 200 students. The college utilises personal budgets for some students and college courses via local providers. • Slough has 22 peer mentors who are delivering services across the College. These mentors are part of the Royal College of Psychiatry Peer Review Programme. • Peer Mentors from Embrace facilitate group work in Prospect Park Hospital.

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Housing Strategy 2016-2020	The strategy's aim to "Joining Outcomes Together" would result in: • Improved housing choice in the size and types of properties in the areas that people and families need to live and that they can afford. • People with long term conditions are supported by suitable housing which is safe, warm and resource efficient allowing access to appropriate prevention services including adaptations to stay well and maintain their independence. • People with mental health, learning or physical vulnerabilities, whether in childhood, adulthood, or in older age have choice of access to suitable or specialist accommodation, maintain their independence and report a better quality of life.
Fire Prevention	Along with providing a swift and effective response to incidents, one of the Royal Berkshire Fire and Rescue Service (RBFRS) key aims is to educate people on how to prevent fire and other emergencies. To do this, we will work with schools, businesses, residents and community groups throughout Berkshire to raise awareness and educate people about a wide variety of safety issues.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 27 September 2017

CONTACT OFFICER: Dean Tyler (Head of Policy, Partnerships & Programmes)
(For all Enquiries) (01753) 875847

WARD(S): All

PART I

THEMED DISCUSSION

FEEDBACK FROM THE 2017 PARTNERSHIP CONFERENCE

1. **Purpose of Report**

1.1 To discuss the outcome of the annual partnership conference and next steps.

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

2.1 The Board is recommended to:

- Review the outcome of the conference;
- Agree next steps; and
- Reflect on what we could do next year in light of any lessons learned.

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 **£750.00.** This includes the cost of hiring The Curve plus catering. The Board does not have a budget and this needs to be considered for next year including looking into the possibility of sponsorship.

(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 provides the Board with an opportunity to discuss the annual partnership conference held on 21 September 2017 and consider next steps.

The purpose of the conference was to share success; tackle priorities for the year ahead and improve partnership working to deliver better outcomes for Slough.

It brought together partners from the public, private and voluntary sectors and the programme included a range of formats to engage delegates including a world café style session to tackle 'wicked issues.'

6. **Supporting Information**

6.1 We held the first Slough partnership conference 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 The Wellbeing Strategy explains 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. 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.

6.3 The purpose of the 2017 partnership conference was discussed at a workshop on 14 June which was held to review the Wellbeing Board's ways of working and the programme was agreed at the Wellbeing Board on 19 July.

7. **<u>Comments of Other Committees</u>**

7.1 Members of the Health Scrutiny Panel were invited to the conference.

8. **<u>Conclusion and next steps</u>**

8.1 The annual conference provides the Board with an opportunity to engage partners working in Slough from across the public, private and voluntary sectors.

8.2 It enables a debate on the strategic issues facing the town and this year we also drilled down into three wicked issues which were interconnected as wider determinants of health and wellbeing.

8.3 Following this year's conference the Board will use the contributions from delegates to feed into strategies for tackling 'wicked issues' and improving the wider determinants of health and wellbeing in the town.

9. **<u>Appendices</u>**

9.1 A – Programme for partnership conference.

10. **<u>Background Papers</u>**

10.1 None.

Working together to deliver better outcomes for Slough

Slough Partnership Conference

9.00 – 13.00 Thursday 21 September 2017
The Venue, The Curve, Slough Town Centre

Programme

Purpose

- To share success and achievements
- To tackle priorities for the year ahead
- To improve partnership working
- To deliver better outcomes for Slough

9.00 **Tea and coffee available**

9.30 **Welcome and introduction**
Naveed Ahmed, vice-chair Slough Wellbeing Board

Looking back – successes and achievements

World café – tackling wicked issues:

- Social isolation and loneliness
- Obesity
- Poverty

The year ahead:

- Health and Social care – Alan Sinclair, Slough Borough Council
- Slough Youth Parliament – Adam Bholah and Raakhi Sharma
- Skills and Employment partnership – Kate Webb, East Berkshire College

Call to action – getting mobilised to improve outcomes for Slough

Next steps
Councillor Sabia Hussain, Chair of the Slough Wellbeing Board

13.00 **Lunch and networking**

Slough Wellbeing Board's Work Programme

November 2017 - May 2018

15 November 2017

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Slough Youth Parliament Manifesto	The Board is asked to note and comment on recent activity undertaken in support of the Youth Parliament's manifesto for 2017-2018 (incl. an update on whether PHSE and Curriculum for Life could be rolled out to schools before the end of the year)	Giovanni Ferri, Youth Worker - Youth Voice, Young People's Service		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		Yes
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		Yes
Transitions Protocol (to be confirmed)	The Board ids asked to note and endorse the Protocol (to be confirmed)	Alan Sinclair, Director Adult Social Care/ Nicola Clemo, CEO Slough Children's Services Trust		
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes	Democratic Services	No
Themed discussion				
Draft Prevention Strategy	Focus of discussion to be confirmed following feedback from members	Alan Sinclair, Director Adult Social Care		No
Housing	Focus of discussion to be confirmed following feedback from members	Paul Thomas, Interim Head of Housing		No
Information				
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		No

BCF quarterly report	The Board is asked to note the quarterly report	Mike Wooldridge, BCF Programme Manager	Director Adult Social Care	Yes
SPACE contract progress report	The Board is asked to note the progress report	Commissioning Team & Jesal Dhokia, SCVS		No
Pharmaceutical Needs Assessment (PNA)	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
End of 1st year report/review regarding the operation of the Board's Overarching Information Sharing Protocol	The Board is asked to note the impact that the Protocol has had on improving partnership working and consider what changes (if any) need to be made to the Protocol (to be confirmed)	Dean Tyler, Head of Policy, Partnerships & Programmes		No

25 January 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Joint Strategic Needs Assessment (JSNA) redesign (progress report)	The Board is asked to note the progress that is being made to update Slough's Joint Needs Assessment	Rebecca Howell-Jones		No
Pharmaceutical Needs Assessment (progress report)	The Board is asked to note the progress that is being made to update Slough's Pharmaceutical Assessment	Director of Public Health		No
Scrutiny Review of CCG's Operating Plan for 2017 – 2019	The Board is asked note and comment on any recommendations contained in the Health Scrutiny Panel's report into a review of the CCG's Operating Plan for 2017 – 2019 (this is a referral from the Health Scrutiny Panel)	Chair of Health Scrutiny Panel	Alan Sinclair, Director Adult Social Care	Yes
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes		No
Themed discussion				

Protecting vulnerable children	Details to be confirmed			
Information				
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

28 March 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Final draft of Pharmaceutical Needs Assessment (PNA)	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	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
Themed discussion				
Information				
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
Latest draft of the Board's Annual Report for 2017/16	The Board is asked to note the latest draft of the annual report	Dean Tyler, Head of Policy, Partnerships & Programmes	Chairs of subgroups	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		

9 May 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
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 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
SWB Annual report for 2017/18	The Board is asked to endorse the final draft of the annual report	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
Themed discussion				
Information				
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		

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?*

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SLOUGH BOROUGH COUNCIL

REPORT TO:	Slough Wellbeing Board	**DATE:**	27 September 2017
CONTACT OFFICER: **(For all Enquiries)**	Alan Sinclair Director Adult Social Care (01753) 875752		
WARD(S):	All		

PART I

FOR INFORMATION

LOCAL HEALTHWATCH FOR SLOUGH

1. Purpose of Report

To inform the Slough Wellbeing Board about the recommissioning of the Local Healthwatch (LHW) service.

2. Recommendation(s)/Proposed Action

The Board is requested to note the approach taken to the procurement of the LHW service.

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

3a. Slough Joint Wellbeing Strategy Priorities

LHW contributes to the delivery of the Slough Wellbeing Strategy priorities by providing an independent consumer voice. This gives residents more choice and contributes to reducing inequalities and improving the health and wellbeing of our residents helping them live more positive, active and resilient lives. Consumer engagement in health and social care decision making can be a key element of people having more control over their own lives and contributing to improving the quality of services received by the whole community locally.

3b. Five Year Plan Outcomes

LHW contributes to the delivery of the Five Year Plan outcome two, that more people will become healthier and will manage their own health, care and support needs, through addressing cross cutting themes such as prevention, early intervention and facilitating the integration of services.

4. Other Implications

(a) Financial - The Health and Social Care Act 2012 placed a statutory duty on the council to commission a LHW service to act as the consumer champion across health and social care from 1st April 2013. At the outset of the contract in 2013 the annual cost of the provision was £113,164. During the contract term, efficiency savings were negotiated reducing the annual cost to £95,000 per annum. A re-procured service will enable further cost savings, with the annual cost reducing to a maximum of £90,000. This means since 2013 20 per cent efficiency saving have been achieved in monetary terms which equates to nearly 24 per cent in real terms.

Using the latest available costings (2016/17) the benchmarked per capita cost for Slough is now slightly below the average for the County.

LHW expenditure	Population	2013/14	£per head 15/16	New contract	£per head 16/17	LRCV allocation 16/17
Slough	145,734	£113,163	£0.78	£90,000	£0.62	£31,200
Total Berkshire	889,635	£674,179	£0.76	2016/17 £588,764	£0.66	*c£105,773*

(b) Risk Management

Risk	Mitigation(s)	Opportunities
Legal Failure to find a suitable LHW provider would have put the council in breach of its statutory requirements	Market interest was tested through the issue of a Prior Information Notice prior to tender. This indicated a restricted marketplace and pointed to the use of open tender process to maximise provider interest. Need for efficiency savings has been balanced with ensuring adequate funding is available. Service specification has sought to avoid setting unrealistic outcome targets.	Effective LHW will give strategic commissioners intelligence on consumer views about health and care services
Property There are no Property issues	None required	N/A
Health and safety There are no health and safety issues	None required	
Employment	Provider employees protected under Transfer of Undertakings Regulations (TUPE)	This will allow for continuity
Equalities issues	An Equalities Impact Assessment (EIA) has been completed	Increased engagement with hard to reach groups and individuals
Community Support	Included within the service specification by adoption of Healthwatch England's Quality Standards	
Communications	Included within the commissioning and procurement process	Implementation of the quality standards will develop the effectiveness of communications
Community safety	None required	
Financial	The specification includes	Will allow provider to

Continued reduction in funding will undermine service effectiveness	approach to develop improved sustainability	develop innovative approaches to service delivery more focused to strategic priorities.
Timetable for delivery	12th October 2017.	Seamless transfer from one service to another
Project capacity	Within existing resources	

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

(d) *Equalities Impact Assessment* (EIA) - An EIA has been completed as part of the commissioning process. The impact is neutral across all protected characteristic groups.

(e) Workforce - It is the view of the council TUPE likely to apply with regard to the procurement and this was detailed in the procurement documents.

5. **Summary**

This report outlines the

1) Options that were considered to re-procure the new service from 1st October 2017;
2) The approach that was taken; and
3) Details about the new service.

6. Supporting information

Re-commissioning options

6.1 In 2016/17 the council explored individually and with the other Berkshire authorities a range of options for recommissioning LHW which included:

a) A pan Berkshire wide solution;
b) An East/West Berkshire split;
c) Ad hoc partnership with other local authorities; and
d) Continue with the status quo individually commissioning a LHW for Slough only with the period of the contract aligned to the independent advocacy provision.

6.2 Each of the options had advantages and disadvantages but taken everything into account the options appraisal concluded that option four was the best approach because aligning the contract term with the advocacy provision contractual term will allow the opportunity to explore combining LHW with the complaints and advocacy provision.

Procurement approach

6.3 As LHW falls under the health, care and other services listed in Schedule 3 of the Public Contract Regulations 2015 (PCR). The procurement was conducted in accordance with the Light Touch Regime (LTR) of the PCR. A Prior Information Notice (PIN) was issued to alert the market to the tender in April 2017. The PIN revealed a very limited market so a single stage open tender process was used with selection based on 75 per cent on quality and 25 per cent price.

6.4 A tender notice was placed on Contract Finder on 26th July 2017 and the tender process ran from then until 4th September 2017. Fourteen organisations expressed interest of which three submitted tenders. The tenders were evaluated on week commencing 4th September against a range of selection and award criteria with the award based on the most economically advantageous tender with 75 per cent of the marks for quality and 25 per cent for price.

6.5 A Tender Evaluation report has been submitted to the council's Procurement Review Board setting out the results of the tender process and recommending that the council enters into a contract with the most economically advantageous tenderer based on the award criteria set out in the tender documents. The contract will run from 12th October 2017 to 31st March 2019 with the option to extend for a further one year period subject to satisfactory performance and strategic priorities. The duration has been aligned with the independent advocacy service contract so that the option of combining some element of the two can be explored.

6.6 Following the award there is a 10 day standstill period before the new service will mobilise. There is an implementation process to ensure a smooth transfer from the previous service to the new service.

The New Service

6.7 As well as retaining the existing statutory functions the new service incorporates the Healthwatch England's Quality Standards developed in 2016. The standards include the following key elements:

- Strategic context and relationships - to have a strong understanding of the strengths and weaknesses of the local health and social care system
- Community voice and influence – to enable local people to have their views, ideas and concerns represented as part of the commissioning, delivery, design and scrutiny of health and social care services
- Making a difference locally - to formulate views on the standard of health and social care provision and identify where services could be improved by collecting the views and experiences of the members of the public who use them
- Informing people - to provide advice about local health and social care services to the public
- Relationship with Healthwatch England - to enable people's concerns to influence national commissioning, delivery, and the re-design of health and social care services

7. Comments of Other Committees

None at this stage

8. Appendices Attached

None.

9. Background Papers

1. Local Healthwatch for Slough report to Wellbeing Board dated 19th July 2017

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 27 September 2017

CONTACT OFFICER: Geoff Dennis, Head of Mental Health, Wellbeing Directorate, Slough Borough Council
(For all Enquiries) 01753 690590

WARD(S): All

PART I

FOR INFORMATION

PREVENTIVE MENTAL HEALTH SERVICES IN SLOUGH (UPDATE)

1. Purpose of Report

This report provides the Wellbeing Board with information on local initiatives and commissioned services to promote mental wellbeing and prevent mental ill health. The report is submitted in response to a previous report submitted to the board regarding the status of preventive services in Slough and is an update on progress being made and including other initiatives currently being delivered across Slough.

2. Recommendation(s)/Proposed Action

The Wellbeing Board is requested to note and comment on any aspects of the report.

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

Improving mental health and wellbeing is one of the key priorities within the Slough Joint Wellbeing Strategy 2016-2020. The Strategy notes the prevalence of mental health problems, with 1 in 4 people likely to be affected at some point in their lives. It also highlights the growing trend of social and lifestyle stresses impacting upon wellbeing, with a corresponding increase in problems ranging from mild anxiety through to depression and psychosis. The Strategy also highlights the heightened risk of social exclusion, unemployment, poor housing, isolation and poverty for people with a serious mental illness, alongside the risk of poor physical health.

This report focusses on preventive services for adults, however, parental mental health and wellbeing is noted within the JSNA as providing a positive start to support children and young people to develop well.

Perinatal mental health identified as a key issue nationally and particularly relevant to Slough's population profile, with 300 women expected to require support each year.
Loneliness and isolation, particularly for older residents is noted as a key issue impacting upon health and wellbeing.

3(a) Slough Joint Wellbeing Strategy Priorities

Slough Joint Wellbeing Strategy (SJWS): Priority 3: Improving Mental Health and Wellbeing.

The Strategy notes the imperative to actively promote opportunities to improve mental wellbeing, particularly as a large proportion of residents do not seek help despite high levels of mental illness in Slough. Slough's ambitions to both prevent mental ill health developing, as well as respond effectively to any emerging mental health problems is noted as a key ambition.

3(b) **Five Year Plan Outcomes**

Outcome 2 of The Five Year Plan 2017-2021 describes how communities will be engaged in initiatives to support Slough residents to become healthier and to manage their own health, care and support needs. This will be done with recognition of inequalities which can impact upon health outcomes, as well as an understanding of the wider social determinants which can impact upon health and wellbeing.

4. **Other Implications**

(a) Financial - There are no immediate financial implications arising from this report, as it details services which are currently provided through existing commissioning arrangements.

(b) Risk Management - This report is for information only and there are no immediate risks to be considered.

(c) Human Rights Act and Other Legal Implications - There are no Human Rights Act Implications. All services are provided with respect to individuals' rights and preferences. Legal frameworks including Mental Capacity Act 2005 and Mental Health Act (1983, amended 2007) are applied where indicated.

(d) Equalities Impact Assessment (EIA) - Equalities Impact Assessment is applied to all commissioned and established services where they are formally provided or commissioned by Slough Borough Council or Slough CCG.

(e) Workforce - An ongoing challenge to mental health service delivery is the shortage of appropriately qualified and /or registered health and social care practitioners, which is well known locally and nationally. Community and voluntary sector initiatives are a crucial element of the overall preventative offer in Slough and increasingly opportunities are being sought for joint approaches and innovative workforce solutions. Peer mentors and 'Experts by Experience' are also key roles within the new workforce.

5. **Supporting Information**

This report provides the Wellbeing Board with information on local initiatives and commissioned services to promote mental wellbeing and prevent mental ill health.

The importance of prevention in mental health:

(a) There is a spectrum of services available to Slough residents representing a mix of both reactive and preventative services. It is difficult to quantify the balance of such services as much preventive work is done at community level without reference to formal mental health service provision.

(b) Prevention is a crucial factor in creating sustainable modern mental health provision and is seen as the only way lasting change can be achieved. Prevention is a key foundation of current policy and legislation including the NHS Five Year Forward View 2016 and the Care Act 2014.

(c) NHS England Mental Health Taskforce notes that 75% of people experiencing mental health problems are not using health services. This may be due to stigma, inadequate provision and people using their own resources to manage their mental health. In many cases, solutions are likely to be best provided outside mental health services, and the development of 'mentally healthy communities' depends upon contributions from, for example, workplaces, families, community groups and schools, and importantly with involvement of people with lived experience of mental ill health.

6. **Prevention Initiatives: national and local**

(a) A Prevention Alliance was convened by Public Health England (PHE) in 2016, representing a broad spectrum of voices, including a strong representation from community sectors and agencies. The Alliance will continue to evolve, and the Mental Health Foundation has been commissioned to summarise the available evidence in relation to preventive mental health.

(b) Public Health England is also leading on the development of a Prevention Concordat for Better Mental Health. Similar to the Crisis Care concordat, this will involve multi-agency stakeholders, and a key set of actions across a local area which are selected on the basis that they can make a lasting impact to prevention and mental health promotion.

(c) Locally, Slough Public Health team has promoted many initiatives including training in Mental Health First Aid, access to MH4Life materials, and some local workplaces have signed up to initiatives such as 'Time to Change' a movement aiming to address stigma and discrimination for those experiencing mental illness.

(d) In line with the Care Act 2014, 'Prevention planning' has become a key element of adult social care and mental health care, with advice and signposting to individuals to address primary and secondary prevention. This includes asset based conversations and an increase in the use of direct payments and personal budgets. Slough has successfully introduced this methodology alongside the Recovery College and which has allowed for bespoke learning opportunities to be developed and delivered.

(e) Suicide prevention is identified as a key area for focus. Berkshire's multi agency suicide prevention strategy was developed in 2017, in line with the requirements outlined in the Five Year Forward View for Mental Health, which identifies an aspiration to reduce suicide by 10% in all areas. Berkshire Healthcare NHS Foundation Trust (BHFT) has committed to the 'Zero Suicide' initiative, implementing a raft of actions to avoid preventable death by suicide and ensure that there exists effective learning opportunities in all cases. PHE and Samaritans have published prevention and post-intervention toolkits in March 2017. Some of Berkshire's suicide prevention initiatives will be presented at the Regional Suicide Prevention and Intervention (SPIN) conference in September 2017.

7. Formal support and intervention for mild mental health conditions: Primary Care and Talking Therapies

(a) Most people with mild – moderate mental health conditions such as stress, anxiety or mild depression who seek formal help via their GP will be seen within primary care in Berkshire, there is a Talking Therapies service (formerly known as improving Access to Psychological Therapies - IAPT), commissioned by the CCG and provided by BHFT at primary care level.

(b) Talking Therapies in Slough: Talking Therapies is a free NHS psychological service available to provide support and treatment for people with low mood, depression, anxiety, stress and phobias. The service is provided by Berkshire Healthcare NHS Foundation Trust and offers a range of NICE recommended treatments including Cognitive Behavioural Therapy (CBT) and Counselling for Depression. To help ease of access, people can self -refer via the website, telephone, email or text or they can be referred by their GP or health professional. All clients are assessed within 2 weeks.

(c) In order to promote the Talking Therapies service there are leaflets and posters available in GP surgeries, local libraries and other community settings. A recent joint initiative with the Slough library service uses stickers publicising our service on books that are promoted through the Books on Prescription scheme. Stress management workshops where people can walk in and attend are advertised in local surgeries, on BHFT website, schools and pharmacists and are held as a rolling programme.

(d) The Talking Therapies service is extensively promoted across the Slough locality. Slough GP's and local community groups are informed of service developments via regular newsletters and community and GP outreach opportunities and talks to introduce the service. So far in 2017 the service has participated in the following events:

- Samaritans Wellbeing event on 16th February,
- Slough Senior Citizens event – 20th January
- Chalvey Community Centre –20th April
- Slough Curve library for Mental Health Awareness Week – 10th May
- Godolphin School – presentation to PTA – 25th May
- Slough Senior Citizens Event – 21st June
- People, Potential Possibilities – 23rd June
- Future plans for World Mental Health Day (10th October) are currently being planned and there will be stands and activity in the town centre.

(e) Talking Therapies has worked hard to promote access to the service that ensures the diverse cultures are represented within Slough and many of the therapists are multi–lingual and come from a range of diverse backgrounds.

(f) The number of referrals that have entered treatment has increased over the past three years as follows: *(numbers based on those registered with a Slough GP)*

2014-15 1910 Slough patients entered treatment
2015-16 2305 Slough patients entered treatment

2016-17 2385 Slough patients entered treatment

(g) New services delivered by Talking Therapies this year – 2017 include:

- Integrated services for those clients with a long term physical health problem and a common mental health problem have started in some surgeries to relieve distress and help improve well being
- Health Makers run peer led groups for people who have long term health problems. These are co-facilitated by trained clinicians and volunteers who also have a long health problem.

8. **Slough Borough Council commissioned services for MH prevention**

Slough Borough Council commissioned Hope Recovery College in 2015 in partnership with BHFT. Hope College includes four pathways however the service user (student) chooses the pathway which they think is best for them.

The pathways include:

(a) Recovery – The pathway aims to help students understand their mental and physical health issues and treatment options, teaching them how to manage their own difficulties.
(b) Life-skills – The pathway includes social based activities to link students with the local community. This includes a weekly activity timetable.
(c) Working Towards Recovery – The pathway is all about links to paid employment. It introduces the students to the Employment service in Slough, workshops designed to increase motivation to work and signposting information to the local community.
(d) Peer Support - Pathway to enable clients to become peer mentors, support with co-developing and co-facilitating courses within the college, includes a 10 week training course run three times a year.

The College goes from strength to strength and during 2016-17 there have been; 658 enrolments in the college, 91 courses delivered, 31 trained Peer mentors, and 53 people back to work through the Independent Placement Service (IPS).

9. **Support to MH carers**

(a) Carer Café being held once every 2 months – support from other carers and mental health professionals, opportunities for training, information, signposting, pampering, time out from caring.

(b) Carer training programme – occurring twice per year on average – carers attend sessions around psychoeducation, understanding medication, healthy living, substance misuse, communication skills, dealing with challenging behaviours, problem-solving, relapse prevention, coping with stress and carers' rights and welfare.

(c) Carers are encouraged to attend Hope College courses and get involved.

(d) Carer database being developed for those who have given consent – carers are contacted about events, training, activities etc. that are relevant both in Slough and

the wider Trust area, and are also encouraged to participate in training e.g. being co-facilitators etc.

(e) We are also working with the Carer Partnership Board in Slough to promote greater attendance and participation by carers there, as this will give carers a greater voice.

(f) Carer noticeboards and reception noticeboards regularly updated with information, events, training, advice etc.

(g) Working with the BHFT Carer Strategic Development Group on implementing the Carer Strategy.

(h) Triangle of Care action plan has been updated and is being followed to improve the outlook for carers.

10. **Earlier intervention**

(a) Early intervention in Psychosis (EIP) service was established in Berkshire with new investment in 2016. There is clearly established evidence to show that earlier intervention with this group delivers improved clinical outcomes, and NICE compliant pathways now available to Slough residents experiencing a first episode of psychosis. The interventions include biological, psychological and social interventions to support service users and families to better understand and manage the condition and support recovery.

(b) The Berkshire EIP Service provides assessment and interventions for individuals experiencing a first onset of psychosis, during the first 3 years of initial onset. EIP are commissioned to provide a community based service, with the flexibility to provide in reach into mental health wards as required. The service was initially commissioned to work with those aged 14 to 35; from October 2015 the service extended this from birth to 65 years following national mandate as part of the Five Year Forward View.

(c) National service delivery targets for EIP service have been set by NHS England and Department of Health:

- 50% of those referred to receive NICE compliant treatments by April 2016, increasing to 60% by 2020/21.
- The new EIP Standards require all EIP teams to have the capacity and competency to deliver the following NICE interventions as follows:

  1) CBT for psychosis
  2) Physical Health Assessments
  3) Family Interventions
  4) Wellbeing support
  5) Management of clozapine prescribing
  6) Carer focused education and support
  7) Education and employment support

(d) The remit of EIP service has also recently been further expanded with provision to those deemed to have an 'At Risk Mental States' (ARMS) in order to prevent the emergence of psychosis

(e) Predicted Prevalence rate for Slough is 30.7 new cases of psychosis per year.

(f) Referrals

2016/17 – Slough total referrals 23, April 2017/18 =17 referrals to date.
2016/17 – Service total referrals was 142 against a prevalence rate of 128.7

(g) Across the service 86% of all referrals are assessed, allocated and started on a NICE concordant care package within 2 weeks.

11. **Perinatal Mental Health**

Currently since the CSDF (Community Services Development Funding from 1.1.17) the Specialist Perinatal Mental Health Service provides (county wide): Assessment (either telephone triage or face to face assessment) for new perinatal (pregnant or up to one year post-partum) referrals into secondary care mental health services including those for: Pre-conceptual counselling (women at high risk i.e. bi-polar disorder) and Concealed Pregnancy.

The service offers:

(a) Assessment most often in the home environment, signposting to other services including 3rd sector and IAPT and community follow up.

(b) Perinatal CBT for women open to the perinatal service most often in the home environment.

(c) Access to Perinatal Psychiatrist and maternity planning for high risk women.

(d) Advice, support and gatekeeping for professionals or teams providing care for women who require admission to Mother and Baby unit (MBU).

(e) Advice and guidance to other MH teams with women open to them coming under the perinatal remit and training to colleagues and 3rd sector.

(f) Moderation on SHaRON, SHaRON is a safe and secure social networking website, designed to support mental health recovery and is being used for maternal wellbeing, partners and carers subnets and in due course to birth trauma subnet.

As part of the funding the service also provides:

(a) Access to medication advice either with the psychiatrist or our perinatal pharmacist
(b) Perinatal Nursery Nurses
(c) Trauma pilot (active)
(d) Development of complex needs pathway (in discussion)
(e) Maternity clinic pilot (commenced at WPH 8.8.17)
(f) SHaRON lead to recruit peer moderators for SHaRON and increase referrals to peer support

(j) 113 Perinatal referrals during 2016/17 for Slough

12. **Crisis and secondary care treatment services**

(a) Crisis Resolution and Home Treatment Team (CRHTT) is a 24 hour service which serves the purpose of providing an alternative to hospital admission to those individuals who have been assessed and found to be going through a mental health crisis which would have otherwise required an admission to an acute mental health ward. The team also works with individuals to resolve any mental health crisis which could have led to an admission being required within a week.

(b) The East CRHTT service covers the three localities within East Berkshire: Slough, Windsor/Ascot/Maidenhead and Bracknell.

(c) The service consists of a crisis hub which takes referrals from the Common Point of Entry, from other parts of the mental health service, direct referrals for patients who have been under the care within the last 6 months or from their relatives/carers. We also take referrals from police, drug and alcohol services, probation services, the liaison and diversion teams, Wexham Park Hospital A&E liaison service, other local and national A&E liaison services. Out of hours, when the Common Point of Entry is not in operation, the CRHTT becomes the first point of contact to local mental health services.

(d) The other parts of the CRHTT are locality specific home treatment teams which assures the day to day care for the service user who is being home treated as an alternative to hospital admission. The HTT also provides an option of early discharge for those service users who have been admitted to our local mental health beds

(e) Mental Health Liaison – development of service based at WPH enabled through - increased investment from 2017 to achieve Core 24 Compliant service by March 2018. The new investment will include a component to provide short term support following presentation at WPH to support access to appropriate follow up treatments and prevent re-attendance.

(f) CRHTT/HTT had 515 referrals during the period January-June 2017 and with an average case load of 564 patients at any one time for Slough.

13. **Parity of esteem**

Progress has been made to raise the profile of issues and Crisis Care Concordat had 14 points to address:

(a) Matching local need with a suitable range of services
(b) Mental Health Crisis Services Response Times
(c) Responsive Ambulance Times
(d) Improve Access to Support via Primary Care
(e) Social Services Contribution to Improved Emergency Duty response Times
(f) Improve CAMHs Alternatives to Admission and Access to Tier 4 Beds
(g) Improved Ambulance Response Times for S135 & S136 Detentions
(h) Improved Training and Guidance for Police Officers
(i) Response from Community Substance Misuse Service Providers

(j) Review Police use of Places of Safety under the Mental Health Act 1983 and Results of Local Monitoring
(k) Develop further Alternatives to Admission (NHS & Local Authority)
(l) Use of Restraint
(m) Primary care response
(n) Monitoring Progress and Planning Future System Improvements, some investment has been made but needs continued focus.

The 5YFV has increased funding to MH services in Berkshire and there are further opportunities being explored through the Frimley Health and Care Sustainability and Transformation Partnership. A MH work stream was recently launched to increase the profile of MH in STP planning and initiatives. The STP provides us with opportunities to develop preventive MH services across the Frimley footprint, in particular opportunities to improve the mental health service interface with primary care and in the integrated decision making hubs.

14. Comments of Other Committees

This report has not been presented to any other committee.

15. Conclusion

- There has been significant national attention in recent years on the importance of prevention and earlier intervention, as well as the vital role played by the community and voluntary sector.
- This has been reflected in legislation and policy guidance.
- Recent investment has enabled the development and expansion of primary care level and preventive services; however the growing demand will continue to require ongoing innovation and creative approaches.
- One such approach is the recovery focused Peer Mentors, experts by experience inclusion strategy for building community capacity and resilience.
- Slough has achieved a high level of engagement and with excellent outcomes with the development of Hope Recovery College.
- This approach supports independence and a route out of mental health services. Evidence suggests this area of service delivery has proved so successful and has created a problem insomuch that demand outstrips capacity of the service.
- All the indicators are that more investment in this area is required and which allows for movement through the treatment system.
- Historically secondary mental health services had little to offer patients at this stage of treatment and as such had limited discharge options for some of the most complex patients.
- The chosen methodology has opened up so much potential for the client group and including 53 people supported back in to work over the last 12 months.

16. Appendices Attached

None.

17. Background Papers

None.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 27th September 2017

CONTACT OFFICER: Nick Georgiou, Independent Chair of Slough LSCB
(For all Enquiries) (01753) 690924

WARD(S): All

PART I

FOR INFORMATION

LOCAL SAFEGUARDING CHILDREN'S BOARD (LSCB) (PROGRESS REPORT)

1. Purpose of Report

To update the SWB on the progress being made in implementing the LSCB delivery plan discussed at the November 2016 meeting.

2. Recommendation(s)/Proposed Action

The Committee is requested to note the report.

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

3a. Slough Joint Wellbeing Strategy Priorities

The Slough Joint Wellbeing Strategy (SJWS) identifies children's services as a priority: Protecting vulnerable children is now clearly articulated as a major priority.

Actions carried out by the LSCB and the continuing focus on assurance of good safeguarding practice and procedures by agencies working in partnership across Slough are of critical importance in delivering the SJWS priority to protect vulnerable children.

3b. Five Year Plan Outcomes

The work of the LSCB directly contributes to the following outcomes in the Council's Five Year plan:

4 - Slough will be one of the safest places in the Thames Valley.
5 - Children and young people will be healthy, resilient and have positive life chances.

4. Other Implications

(a) **Financial** - There are no financial implications of the proposed action. There is a financial contribution to the LSCB's budget from the core statutory partners of the local authority, the police and the NHS.

(b) **Risk Management** - The LSCB is a partnership body; there is a reputational risk for all statutory members of the partnership in having an ineffective LSCB.

This is most significant for Slough Borough Council (SBC) as it is the lead organisation charged with establishing the LSCB. The CEO is identified as the officer to whom the independent chair is accountable for their performance.

An effective LSCB provides oversight, support and challenge for services of the Council and partner agencies. It is at the forefront in ensuring a strategic assessment of the risks posed to children and young people in Slough by the statutory partners working in Slough.

(c) **Human Rights Act and Other Legal Implications** - There are no Human Rights Act Implications of proposed action although the work of the LSCB contributes to a number of Human Rights such as the right to family life.

(d) **Equalities Impact Assessment (EIA)** - There is no requirement for an EIA attached to the proposed actions. LSCB is aware of the need to ensure lay membership on the board and is progressing a recruitment approach with the assistance of input of Community services in Slough.

5. **Summary**

This report summarises actions since the negative Ofsted report in November 2015 which informed the 2016/17 Business Plan. Greater detail will be contained in the LSCB's Annual Report for this period which is currently in draft.

Several developments are in train intended to promote closer partnership between agencies, a clear governance line to the responsible key partner for both adult and children's safeguarding: SBC, and improved coherence across the span of partnership forums.

6. **Supporting Information**

6.1 The Wellbeing Board is asked to accept this progress update with information on achievements against the 2016/17 Business Plan summarised from a draft of the Annual Report prior to consideration by the LSCB in November 2017. Production of the Annual Report is a statutory requirement but at the time of presenting this update to the SWB the LSCB has not yet received the Annual Report.

6.2 Additionally this update describes progress in governance and management arrangements since the 2016/17 Business Plan was developed.

6.3 **Achievements against our priorities in the 2016/17 Business Plan**

6.3.1 **Theme 1: Revise and implement multi-agency threshold guidance**

The multi-agency threshold guidance was finalised in May 2016, published on the website and disseminated across partner organisations. The LSCB disseminated the document so that all professionals could use it in their daily practice. The threshold guidance is incorporated within all LSCB training and training delivered within Slough Children's Services Trust (SCST). It has also been subject to multi-agency audit.

In September 2016 the Multi Agency Safeguarding Hub (MASH) was launched, with Police, Children's Social Care and health professionals co-located at Slough Police Station. Regular evaluation reports into the effectiveness of MASH arrangements enabled the LSCB to monitor progress and performance and identify actions for improvement.

What difference did this make?
Understanding the threshold document and applying it consistently has enabled effective responses to referrals. The November 2016 Ofsted monitoring visit identified: *"Since the inspection, a comprehensive multi-agency threshold document has been published and we saw evidence that it is being effectively applied at the front door."*

The MASH has been positively commented on by Ofsted as improving the ability to identify risk and make informed safeguarding decisions for children. Ofsted said*: "The recently established MASH provides a timely, considered and proportionate response to children. Consent is well considered."*

What we need to do better:
These developments are being further progressed during the current year including an education presence in the MASH and the intention to relocate the MASH at St Martin's Place.

6.3.2 **Theme 2: Establish a programme of effective monitoring and quality assurance of multi-agency safeguarding practice.**

The LSCB Quality Assurance subgroup completed three successful multi- agency audits: Domestic Violence; Safeguarding Children - Adult Mental Ill Health; and Safeguarding Children - Serious Violent Assault and Aggravated use of Weapon. The learning, themes and recommendations from the audits were accepted by the LSCB.

The LSCB specifies that all auditing and evaluation reports include an analysis of the contribution that the child's voice is making to service delivery and outcomes for children. The Quality Assurance subgroup has an audit schedule that reflects the LSCB Business Plan, although it is flexible to accommodate emerging issues within Slough. Slough Borough Council completed its statutory Section 11 audit and a summary of its findings was submitted to the LSCB Executive Board and presented to the Education and Scrutiny Panel in May 2016.

What difference did this make?
The LSCB receives regular performance information from all partners. Risks are identified and consistent learning and debriefing takes place to effect quality safeguarding practice. Organisations are informed about the quality of their arrangements to safeguard and promote the welfare of children. Audit reports are used to decide future actions by the LSCB and agencies.

The November 2016 Ofsted Monitoring visit identified: *"Quality Assurance, including case auditing by managers, has improved. Themed case audits, such as the recent child sexual exploitation audit, routinely identify good and inadequate practice. Overall, inspectors agreed with the findings of the case audits undertaken by the Trust during the monitoring visit."*

"Single assessments are increasingly analytical, with the perspective of children considered well in most cases…. We saw examples of sensitive conversations with

children who have been sexually abused, and creative direct work with young children. The views of children are evident in most records, supported by observation."

What we need to do better:
Ofsted found examples of good practice in the involvement of children and evidence of the child's voice leading to improved outcomes, but further focus is still needed to ensure that this is consistent across all cases.

6.3.3 **Theme 3: Take action to strengthen the LSCB's oversight and scrutiny of the effectiveness of the local multi-agency response to children at risk of exploitation including CSE and Missing.**

A revised Child Sexual Exploitation (CSE) and Missing Children Strategy and Action Plan were agreed by the LSCB in March 2016 with a revised CSE and Missing Pathway agreed in November 2016. Slough Safer Partnership initiated and commissioned an independent overview of the scale of CSE in Slough (LIME report). The findings of a CSE audit was submitted and considered by the LSCB in November 2016. CSE awareness leaflets have been published. The CSE risk indicator tool has been revised by the Pan Berkshire CSE Subgroup and has been uploaded to the Berkshire Policy & Procedure website. The CSE Pan Berkshire Subgroup is now well established and has committed membership from Slough.

A joint project with the Safeguarding Adults Board initiated training for every taxi driver licensed in Slough on recognising and responding to concerns about adults at risk and child sexual exploitation. Joint working with the Licensing Team, Child Sexual Exploitation and Trafficking Co-ordinator, this was the first program of its kind in Berkshire. This program was given an achievement award for outstanding work by the Berkshire Environmental Health Managers Group in February 2017 and the long term outcomes will be evaluated by University College London in September 2017.

The LSCB FGM subgroup developed and launched a FGM strategy; organised and delivered a successful community awareness event.

What difference did this make?
The November Ofsted Monitoring visit identified:
"In the cases we considered, risk assessments for children at risk of sexual exploitation were thorough and analytical."

"The contributions of professionals who attend SEMRAC are reflective and child focused. Attendees share ideas and solutions as well as information."

"Overall, concerns about children who are at risk of sexual exploitation are steadily reducing.

"In-house and commissioned services to undertake interviews with children who go missing from home or care are now in place. The records we reviewed of these interviews included detailed and helpful conversations."

What we need to do better:
Ensure the Sexual Exploitation and Missing Risk Assessment Conference (SEMRAC) process are strengthened and focus on people and places of interest as well as victims. SEMRAC guidance issued in March 2017 sets out a required agenda but the minutes of conferences need to be improved to ensure that they include relevant information, multi-agency risk analysis and agreed actions.

There is a lack of knowledge around the activity of missing children; this is being addressed but more robust care planning needed for repeat missing children. All children who go missing need to receive a return home interview within 72 hours of their return.

Multi-agency response and coordinated working with the Safeguarding Adults Board to agree processes to support young people who have been sexually exploited but do not meet criteria for Adult Social Care services when they reach 18. Without effective, coordinated support, these young people will continue to be vulnerable, exploited, moving into more chaotic lifestyles with multiple and complex needs.

Further training and awareness raising for frontline workers so there is consistent knowledge about CSE, appropriate identification of risk, better awareness of links between CSE and other modern slavery categories, and increase use of National Referral Mechanism (NRM) system for exploited and trafficked children.

6.3.4 **Theme 4: Develop and implement a funding agreement to ensure the LSCB has sufficient resources to undertake its core business.**

Partners agreed to maintain their financial contributions to the LSCB for 2016 – 17 and have provided venues, removing the costing for the LSCB. Slough Borough Council now funds the cost of the LSCB Independent Chair as an addition to the main LSCB budget. Partners have agreed to share costs if a Serious Case Review is initiated. A system to receive payment from partners attending LSCB training is now in place. THE Council has assured support is available to enable the LSCB website to be updated. The Trust has assured the LSCB training officer and the officer's business support is funded to enable the delivery of the LSCB training schedule. Partners are providing staff with specific expertise, to take part in critical case reviews and community events.

The LSCB Independent Chair and Business Manager work closely with other Boards within Slough to ensure overlapping safeguarding themes are not duplicated.

The "Slough Safeguarding People Protocol" was agreed and outlines the relationship between Slough Wellbeing Board, Slough Local Safeguarding Children's Board, Slough Adult Safeguarding Board, Safer Slough Partnership, Preventing Violent Extremism Group and Slough Joint Corporate Parenting Panel.

What difference did this make?
The LSCB has reassurance of its required funding and will remain within budget at the end of the financial year. The work of the LSCB benefits from the expertise of a wide range of partners. Joint working with other multi-agency boards within Slough and across Berkshire encourages efficient and cost effective working and reduces duplication of efforts.

What we need to do better:
As the Slough Safeguarding Business Unit is developed in this current year (217/18) it is essential that we firm up all our financial, administrative, and communication processes to ensure maximum effectiveness and clarity in our strategic cohesion and service delivery.

6.3.5 **Theme 5: Undertake a training needs analysis and regularly evaluate the quality and impact of training (including e-learning).**

The LSCB Training Officer devised and published a training calendar for 2016-17. The event evaluation feedback form and follow up feedback form have been redesigned, to assess the impact of training; the first meeting of the Learning and Development sub-group was held in February 2017.

What difference did this make?
The LSCB Training Directory setting out learning and development requirements and opportunities with clear access arrangements is in place and is well used across the agencies. Learning is taken from the work of the LSCB sub-groups for incorporation into the learning and development opportunities described in the Training Directory and in the evaluation of the effectiveness of the LSCB's training.

What we need to do better:
Outstanding actions have been incorporated into the Business Plan for 2017-18 under Objective 4: The LSCB will share learning and improve front line practice through an evidence informed learning and development programme. Specific actions will focus on an annual multi-agency training needs analysis, a multi-agency training programme, and evaluation of the quality and impact of training. There will be a facility to book training through the new LSCB website, which will include links to other relevant training and safeguarding ELearning.

6.3.6 **Theme 6: Engage the wider community in the work of the LSCB by ensuring that the Board has lay member representation and through engagement with local faith groups.**

The LSCB has not made sufficient progress in this aspect of its work. We are in discussion with two possible lay members and will be attending a Slough Youth Parliament in the autumn but we still have a lot to do to make a significant improvement in achieving wider understanding and engagement with the work of the LSCB.

What we need to do better:
Progressing this is a priority for the incoming Safeguarding Boards Manager. A new, safeguarding website is under development, due to be launched in the autumn 2017, which will be easy to use and compatible with mobile devices. A social media platform will be instrumental in supporting the Board's priority to engage with a wider audience and will be integrated within the website. The website will have links to access the Safeguarding Board's Twitter account and Facebook Page. Opportunities to engage with community groups is a priority. An LSCB leaflet and newsletter is planned, as well as community awareness events to increase awareness of child protection issues.

6.4 Governance arrangements for the LSCB are now clearly with the Council rather than with the Trust. This is an important change as the statutory responsibility rests with the local authority and it is right that the governance line is within the local authority's services.

6.5 The newly recruited Joint Safeguarding Business Unit manager will take up her post in November when she will be responsible for developing safeguarding across the span of the Adult and Children's Boards and will also have an important connection to the safeguarding work undertaken within the Safer Slough Partnership. The Joint Safeguarding Business Unit manager will report managerially to the Director of Adult Services.

6.6 A proposal is being considered during September 2017 for a Slough Safeguarding Executive to be formed to ensure that there is consistent consideration of safeguarding issues that span the range of formal partnerships. This will promote the development of coherence in strategic planning between key local agencies to identify and tackle emerging issues.

7. Comments of Other Committees

To date this report has not been presented to any other committee.

8. Conclusion

This report summarises actions since the negative Ofsted report in November 2015 which informed the 2016/17 Business Plan. Greater detail will be contained in the LSCB's Annual Report for this period which is currently in draft.

Several developments are in train intended to promote closer partnership between agencies, a clear governance line to the responsible key partner for both Adult and Children's safeguarding: Slough Borough Council, and improved coherence across the span of partnership forums.

9. Appendices attached

None.

10. Background Papers

None.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 27th September 2017

CONTACT OFFICER: Naheem Bashir, Prevent Coordinator, Slough Borough Council
(For all Enquiries) (01753) 875201

WARD(S): All

PART I

FOR INFORMATION

PREVENTING VIOLENT EXTREMISM COORDINATING GROUP(PROGRESS REPORT)

1. **Purpose of Report**

1.1 To inform the Board about the recent work of the Preventing Violent Extremism (PVE) Coordinating Group, including activity to meet the Prevent Duty created by the Counter Terrorism and Security Act (CTSA) 2015.

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

2.1 The Board is requested to note the work of the PVE Coordinating Group and the Group's Prevent action plan (at Appendix A).

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

3a. **Slough Joint Wellbeing Strategy Priorities 2016 - 2020**
The action plan at Appendix A supports delivery of the following Joint Wellbeing Strategy 2016 – 2020 priority: Protecting vulnerable children and young people.

3b. **Joint Strategic Needs Assessment (JSNA)**
The Wellbeing Board's Safeguarding Protocol 2016/17 recommends that the PVE Coordinating Group will contribute information to the Joint Strategic Needs Assessment as part of its annual update.

3c. **Five Year Plan Outcomes 2016 - 2020**
The action plan at Appendix A supports delivery against each of the following Five Year Plan outcomes:

4 - Slough will be one of the safest places in the Thames Valley.
5 - Children and young people will be healthy, resilient and have positive life chances.

4. **Other Implications**

(a) Financial - There are no financial implications directly resulting from the recommendation of this report.
(b) Risk Management - There are no risk management implications associated with this report.
(c) Human Rights Act and other legal implications - There are no Human Rights Act implications associated with the proposed action. Following the introduction of the

Prevent Duty for local authorities and other parts of the public sector (contained within the Counter-Terrorism and Security Act 2015), the public sector has a key role to play in preventing people from being drawn into terrorism.

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

5. **Summary**

- Slough Borough Council established a multi-agency group, the PVE Coordinating Group, in 2014 to bring together partners in the public and voluntary and community sectors to help coordinate work in this area and provide strategic oversight.
- The PVE Coordinating Group currently sits under the Slough Wellbeing Board and provides a regular (twice yearly) report to partners on its activities.
- This report is the second of these updates to be presented to the Board.

6. **Supporting Information**

6.1 The updated action plan at Appendix A sets out the various ways in which the PVE Coordinating Group is ensuring that the Prevent Duty for local authorities and other parts of the public sector is met. The Board will note work to engage local communities, including faith intuitions, staff training, and work with schools. The emphasis in all this activity is that it is set within the context of safeguarding.

7. **Comments of Other Committees**

7.1 The action plan will also be shared with the following partnerships and boards in Slough shortly:

- Slough Local Safeguarding Children's Board (SLSCB)
- Slough Adult Safeguarding Board (SASB)
- Safer Slough Partnership Board (SSPB)
- Children and Young People's Partnership Board (CYPPB))
- The Council's Corporate Parenting Panel (CPP)

8. **Appendices Attached**

'A' - Prevent action plan

9. **Background Papers**

None.

Prevent Action Plan 2017/18 – September 2017

Action	Progress update/comments
Agree a programme to engage with faith and other community organisations to raise awareness	○ Engagement with all faith institutions has taken place on a regular basis over the past 12 months. ○ Key individuals have been invited to meetings/events involving Prevent organised by Prevent Coordinator, as well as, events run by Partner agencies. ○ Slough Prevent Advisory Group (SPAG) has been set up since December 2016. The group is chaired by a member of the community and Prevent Coordinator provides admin support. The aim of the group is to have a two way dialogue and discussion on Prevent and to ensure that Prevent is carried out effectively and efficiently and to address community concerns and grievances via the Prevent Coordinator.
Schools training programme to be completed and kept under review	○ Ongoing WRAP and Prevent Awareness sessions to Primary and Secondary Schools taking place on a regular basis. ○ Improved communication has lead to a better understanding of the referral process. ○ Prevent awareness and discussion with students in Secondary Schools during PSHE and/or assemblies. ○ Prevent Education Officer (PEO) has joined Slough Borough Council as on 04/09/2017. The main role of the PEO is to provide support, advice and guidance to the Education Sector in Slough. ○ Provide support to the Prevent Coordinator.
Develop a joint communication plan including: ○ consistent messages for all partners ○ messages on travel to Syria ○ charitable giving ○ community's role "what is your contribution to the solution"	○ Regular communications and briefings by the SBC Senior Leadership Team and Members is communicated through the SBC website, local Press and Twitter. ○ National key messages on Prevent and travel to conflict zones is communicated through the SBC website, local Press and Twitter. ○ Advice and guidance on donating safely is available on the SBC website, under 'Charitable Collections'.

Action	Progress update/comments
Prevent Coordinator	○ Engagement with key community individuals takes place on a regular basis. ○ Information and update provided in relation to Prevent and its implications. ○ Organise community meetings/events to provide a two way dialogue in relation to the Prevent Strategy and Duty. ○ Provide support to the Prevent Education Officer.

SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2017/18

MEMBER	19/07	27/09	15/11	25/01	28/03	09/05
Naveed Ahmed	P					
Nicola Clemo	Eric De Mello (Sub)					
Cate Duffy	Ap					
Cllr Sabia Hussain	P					
Roger Parkin	P					
Ramesh Kukar	P					
Lise Llewellyn	Ap					
Dr Jim O'Donnell	Ap					
Les O'Gorman	Ap					
Lloyd Palmer	Ap					
Colin Pill	Ap					
Judith Wright	Ap					
Alan Sinclair	P					
Supt. Wong	P					
NHS England representative	Ap					

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

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