

Date of issue: Tuesday, 7 November 2017

MEETING:	SLOUGH WELLBEING BOARD Cabinet Member for Health & Social Care Naveed Ahmed (Vice-Chair), Business Representative Nicola Clemo, Slough Children's Services Trust Cate Duffy, Director of Childrens, Learning & Skills Services Roger Parkin, Interim Chief Executive Ramesh Kukar, Slough CVS 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 Adults & Communities Superintendent Gavin Wong, Thames Valley Police Judith Wright, Director of Public Health
DATE AND TIME:	WEDNESDAY, 15TH NOVEMBER, 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 87018

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.

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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SUMMARY

19.	Actions discussed and agreed tonight	-	-
20.	What do we want to achieve at the next meeting?	-	-
21.	Date of Next Meeting	-	-

25th January 2018.

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, 27th September, 2017.

Present:- Councillor Hussain (Chair), Naveed Ahmed (Vice-Chair), Nicola Clemo, Jesal Dhokia (deputising for Ramesh Kukar), Cate Duffy, Dr Jim O'Donnell (from 6.02pm), Rebecca Howell-Jones (deputising for Judith Wright), Arunjot Mushiana (deputising for Colin Pill), Lloyd Palmer, CI Spencer (deputising for Superintendant Wong), Roger Parkin and Alan Sinclair

Apologies for Absence:- Lise Llewellyn, Ramesh Kukar, Colin Pill, Judith Wright, Les O'Gorman and Superintendant Wong

PART 1

17. Declarations of Interest

None.

18. Minutes of the last meeting held on 19th July 2017

Resolved- That the minutes of the meeting held on the 19th July 2017 be approved as a correct record.

19. Action Progress Report

The Board received and noted the updated Action Progress Report. It was requested that all completed actions be removed from the Action Progress report. Members were asked to advise the Democratic Services Officer when actions were completed.

Resolved- That the Action Progress Report be noted.

20. Frimley Health and Care Sustainability and Transformation Partnership

The Director of Adult Social Care updated the Board on the progress made with the Frimley Health & Care Sustainability and Transformation Partnership Plan (STP). The STP was noted to be making good progress through the relevant work streams. The Board was advised that the Clinical Commissioning Group Governing body had 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.

The Vice Chair updated the Board in relation to the first Alliance Board meeting which was held on the 27th September 2017. The terms of reference for this meeting had been agreed. A dash board had been set up, work streams had been updated, and feedback would be sought from each local STP. The Board welcomed the update and the intended work of the Alliance Board as a positive example of cohesive working.

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The first tangible piece of work from the STP would be the launch of the Shared Care Record, which would be rolled out over the next few months. Previous attempts to have a shared database for all NHS professionals had been unsuccessful. The implementation of a Shared Care Record would be a major IT implementation project as it would share various data systems to NHS professionals for a more joint up approach. The system would help to alleviate the pressures currently placed on the accident and emergency department and care provided by local GPs as they would be able to access all patient admission or visit records. The Shared Care Record would act as an easier tool professionals could use which would reduce delays in gaining access to client information.

Board Members discussed the good work that had been carried out to reduce admissions to hospital, however acknowledged that there was further work to be done with reducing Accident and Emergency admissions which were still high compared with national average targets. The Director of Adult Social Care advised that consideration would need to be given towards the design of the health and social care model for the upcoming years. It was also reported that there was a need to look at children's needs as part of the ongoing delivery of the model. The Board was advised that transformation funding capital had been used to start the delivery of the hub projects and that there was a decision pending for NHS capital which would also help support delivery of key projects for the transformational change. It was noted that there was less revenue received from the funding than anticipated and that the capital decisions would be issued in the Autumn quarter.

Resolved- That the report be noted.

21. **Berkshire Suicide Prevention Strategy 2017-2020 & Slough Suicide Prevention Action Plan**

The Public Health Consultant Officer outlined the report to the Board which sought approval for the draft multi agency Suicide Prevention Strategy for Berkshire along with the Suicide Prevention Action Plan for Slough. The strategy would be reviewed annually and would return to the Board for approval.

The Chief Executive of Slough Children's Services Trust stated that a reference to 'The little book of Sunshine' should be included in the report as it had received good feedback from children in care. Members discussed that other services should be referenced, and it was noted that the Fire & Rescue Services- 'safe and well' campaign and neighbourhood services provided by Slough CVS would be added to the report. Members stated that clarity around referral pathways was needed and that this should be included in the document. The Director of Children's Services advised that stronger wording was needed in relation to the reporting of suicide in children and adolescents.

The difference between the national suicide reduction target of 10% versus the 25% reduction rate as set out in the report was discussed. A member raised concerns that any arbitrary target setting should be avoided and that

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clarification behind the ambitious target should be set out. Interventions should also be documented as a percentage target when setting the new 'stretch goal'.

Resolved- (a) That the Strategy and Action plan be approved.

(b) That the progress report be brought back to the Wellbeing Board on an annual basis

22. Prevention Strategy

The Head of Adult Social Care and Rebecca Howell Jones outlined the Prevention Strategy report and gave Members the opportunity to discuss and add input to the strategy. It was outlined that at the onset of the strategy there had been 20 priorities which had been prioritised to 7. A need for action planning was raised in relation to high risk groups and that a matrix was needed to add/fill any gaps which had not been addressed. A need to address any gaps relating to preventing and reducing delayed care was a competing interest along with eradicating any replication of work.

There were two main areas that had been prioritised at the recent Partnership Conference and these included obesity and social isolation. The Head of Children Services advised that a conversation about the links to Children's Services would show a good example of cross departmental working and that the same approach was occurring. The Chief Executive of the Slough Children's Services Trust advised that some of the links to Children's strategies and plans were outdated and needed to be amended. Board Members agreed that clear links to the Children's agenda should be added to reflect the crossover of work around children's pathways as per previous discussions and some confirmation was needed around protecting vulnerable children.

Members were advised that the Early Help Board had become part of a work stream which had a particular focus on children and that discussion surrounding the impact of work undertaken and how objectives could be met should be discussed. A Member highlighted that a 'one stop' approach based resource concerning victims of domestic violence had been launched and details of this would be circulated to the Board. It was also stated that details of the Fire Rescue's- Fire Fit programme could be specified as an initiative. The Head of Adult Social Care advised that work was being carried out and that an opportunity should be given for the Board to reflect on the positive work and where improvement was needed at a later meeting.

Resolved- That the report be noted.

23. Feedback from the 2017 Partnership Conference

The Head of Policy, Partnerships and Programmes outlined the outcomes of the annual partnership conference and any next steps that would need to be implemented for the next conference. The Board was reminded that there had

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been a particular focus on three wicked issues, poverty, obesity and social isolation and that the partnership conference had changed its format to a world café. The three cross cutting issues were relevant as they had been identified as wider determinants of health and were not mutually exclusive of each other.

Speakers which included Naveed Ahmed (Slough Wellbeing Board, Vice Chair), Alan Sinclair (Head of Adult Social Care), two representatives from Slough Youth Parliament (SYP) and Windsor Forest Colleges. Positive responses for the speakers were received and their responses were handled well. Since the last Partnership Conference there had been an increase in attendees and 90 individuals were welcomed. There was a clear shift in the attendance from council officers to a more partnership focused event. Members discussed the difference between last years event and this years and that they found it to be a more useful event, as there was more engagement from partners and discussions. A Member discussed that feedback to partners should be given regarding the ideas around tackling the three wicked issues. Members stated that in consideration of the next partnership conference, that more business partners should be invited and that business partners such as Morgan Sindell, SUR and Osbornes should be invited. Members were happy that the discussions that were had at the partnership conference related to all of the Wellbeing Board's priorities.

(Dr Jim O'Donnell joined the meeting)

The Director of Adult Social Care proposed that he would be working on a series of campaigns around tackling the three "wicked issues" with Superintendent Wong and that he would bring this back to a future board meeting to discuss. The campaigns would include details of the three wicked issues with mental health and would be heard through and around the organisation and that the Slough Wellbeing Board would be the lead in delivering these campaigns.

Resolved- That the feedback of the conference be noted and considered in preparing for the 2018 conference.

24. Forward Work Programme

The Slough Wellbeing Board Forward Work Programme (FWP) for the period between November 2017- May 2018 were reviewed. The Vice Chair stated that he had a proposal which would be centred around a 'model for high value keyworkers housing' and that he would like to advance this with the themed discussion around housing. There were two themed discussions for the November meeting and the Director of Adult Social Care outlined details surrounding the update on the Draft Prevention Strategy.

The Board resolved that the FWP should include items on both Housing Strategy and Prevention taking into account the other necessary items to ensure there was sufficient time to give proper consideration to each report. Given the potential conflict of interest and need for further clarity on the

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purpose of a report to the Wellbeing Board it was agreed that a presentation by Naveed Ahmed on his proposal be made outside of the meeting.

Resolved- That the work programme be agreed.

25. Local Healthwatch for Slough

The Board were requested to note the approach taken to the procurement of the Local Healthwatch (LHW) service. The Board were informed that the LHW Service had been recommissioned and that Members considered the recommissioning options as set out in the report. The report stated that the Council would continue with the status quo individually commissioning a LHW for Slough only with the period of the contract aligned to the independent advocacy provision. The Service would be recommissioned from the 1st October.

Resolved- That the report be noted.

26. Preventive Mental Health Services in Slough (Update)

A report informing Members of local initiatives and commissioned services to promote mental wellbeing and prevent mental ill health. The report was submitted in response to a previous report submitted to the Board regarding the status of preventative services in Slough and is an update on progress being made and including other initiatives currently being delivered across Slough.

Resolved- That the report be noted.

27. Local Safeguarding Children's Board (LSCB) (Progress Report)

The Board considered a report on the progress being made in implementing the Local Safeguarding Children's Board (LSCB) delivery plan which was discussed at the November 2016 SWB meeting. The report summarised actions since the negative Ofsted report in November 2015 which informed the 2016/17 Business Plan. The LSCB Annual Report was currently in draft. Several developments were 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.

Resolved- That the report be noted.

28. Preventing Violent Extremism Co-ordinating Group (Progress Report)

A report outlining 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 was brought to the Board. In 2014, SBC established a multi-agency group, the PVE Co-ordinating Group to bring together partners in the public and voluntary and community sectors to

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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 (bi annual) report to partners on its activities. The report included details of various ways in which the PVE Coordinating Group was ensure that the Prevent Duty for local authorities and other parts of the public sector is met.

Resolved- That the report be noted.

29. Attendance Report

Resolved- That the attendance record be noted.

30. Meeting Review

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

31. Date of Next Meeting

Wednesday 15th November 2017.

Chair

(Note: The Meeting opened at 5.01 pm and closed at 6.44 pm)

Slough Wellbeing Board – Action Progress Report 2017/18

27th September

No:	Item	Action(s):	For:	Report Back To: Date:
4.	Frimley Sustainability and Transformation Plan (STP) Integration	<ul style="list-style-type: none"> That Councillor Hussain invite Sir Andrew Morris to attend a Board Meeting in relation to discuss the STP agenda. 	Councillor Hussain	TBC
5.	Berkshire Suicide Prevention Strategy 2017-202 & Slough Suicide Prevention Action Plan	<ul style="list-style-type: none"> That the Chief Executive of Slough Children's Services Trust, Director of Children's Services and Director of Adult Social Care agree to include and update information relating to suicide in adolescents. That the 25% suicide reduction rate within the report be clarified in terms of its intended ambition which exceeds the national stated rate of 10%. This should also be clarified in terms of the action plan in delivering a more ambitious target. That a link to the NHS ' Little blue book of sunshine' be added to the report. That SWB partners be highlighted in the report to show ways of how initial referrals are made and later linked to joint up approaches. This should reflect clear partner working and pathways. 	<p>Alan Sinclair</p> <p>Rebecca Howell Jones/ Darrell Gale</p> <p>Rebecca Howell Jones/ Darrell Gale</p> <p>Rebecca Howell Jones/ Darrell Gale</p>	<p>TBC</p> <p>TBC</p> <p>TBC</p> <p>TBC</p>

Slough Wellbeing Board – Action Progress Report 2017/18

6.	Prevention Strategy	<ul style="list-style-type: none"> That the Director of Adult Social Care report back to the Board in response to any gaps or trends identified once the strategy has been implemented and to showcase what has worked well. That the references to the Children’s plan are updated throughout the strategy. 	Alan Sinclair	TBC
11.	Local Safeguarding Children’s Board (LSCB) (Progress Report)	<ul style="list-style-type: none"> An email to be sent to all safeguarding leads in respect of updating contact details and process. 	Rebecca Howell Jones	TBC

19th July

No:	Item	Action(s):	For:	Report Back To: Date:
6.	Slough Youth Parliament Manifesto	<ul style="list-style-type: none"> 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. TVP and SYP to look for future opportunities to work together including the design of the next SYP survey into crime. That representatives be invited to the Young Carers conference. That an update be provided to the Board on 	Councillor Hussain & Amanda Renn Giovanni Ferri/Spt Wong Alan Sinclair	TBC TBC TBC

Slough Wellbeing Board – Action Progress Report 2017/18

	Young People's bus fare concessions.	Roger Parkin	TBC
	<ul style="list-style-type: none"> SYP to have a role in helping develop the Council's approach to mental health, wellbeing and diet. 	Giovanni Ferri & Alan Sinclair	TBC

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	<ul style="list-style-type: none"> 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	TBC
70	Frimley Sustainability and Transformation Plan (STP) integration	<ul style="list-style-type: none"> To circulate the condensed A4 STP plan to all board members 	Alan Sinclair	TBC

Slough Wellbeing Board – Action Progress Report 2017/18

29th March 2017

No:	Item	Action(s):	For:	Status
54.	Themed Discussion: Protecting vulnerable children	<ul style="list-style-type: none"> • SCST and CCG to discuss the potential a package for care leavers to include a one-to-one advice based session with an appropriate health professional. • Future partnership arrangements and strategy on the Children and Young People’s agenda to be progressed in discussion with the Commissioner. 	<p style="text-align: center;">CCG/SCST</p> <p style="text-align: center;">SBC/ DCS</p>	<p style="text-align: center;">TBC</p> <p style="text-align: center;">TBC</p>

26th January 2017

No:	Item	Action(s):	For:	Status
42.	Themed discussion: Mental Health	<ul style="list-style-type: none"> • 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. 	Policy Team	TBC

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15th November 2017

CONTACT OFFICER: Nick Georgiou, Independent Chair of the Slough Safeguarding
Adults Board
(For all Enquiries) (01753) 690924

WARD(S): All

PART I

FOR DISCUSSION

SLOUGH SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016/17

1. **Purpose of Report**

To present the Slough Safeguarding Adults Board (SSAB) Annual Report for 2016/17 and highlight key issues.

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

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

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

- The work of the SSAB contributes to the Joint Wellbeing Strategy and JSNA with a particular emphasis on priority 3: *Improving mental health and wellbeing*.
- Actions carried out by the SSAB 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 effective coordinated service.
- This is the third report that has been presented to the Wellbeing Board following the introduction of the Care Act 2014. This year we have tried to streamline the presentation of the areas of work undertaken by the Slough Safeguarding Adults Board (SSAB) in this annual report.
- This report has focuses on the key areas of work identified by the Wellbeing Board's business plan which incorporates learning from two Safeguarding Adult Reviews as well as other work areas identified by Board members.
- The Report focuses on the work undertaken by the Board in regard to five key areas which are as follows:-
 - 1) Improving identification of risk to the individual and management of that risk
 - 2) Improving safeguarding practice when working with people who self neglect/hoard.
 - 3) Mental Capacity and Deprivation of Liberty Safeguards
 - 4) Making Safeguarding Personal and Outcome focussed.
 - 5) Board Effectiveness

3a. Five Year Plan Outcomes

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

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

4. Other Implications

- (a) Financial - The Care Act identified the local authority police authority and Clinical Commissioning Group for each area as core members of the statutory Adult Safeguarding Board. As part of their core membership an expectation of funding for the board was set out with each agency making a contribution to the costs incurred in delivering the board's responsibilities. Each agency does make a contribution; for the current year, 2016/17 Thames Valley Police has contributed £4,000, the CCG £10,000 and the borough council as the lead authority meeting the costs of staff members with specific safeguarding responsibilities.

There are clearly significant financial and resource strains for all the partners of the SSAB. While it is not possible to quantify a specific and direct impact on safeguarding work, as agencies continue to make savings it is probable that the risk will be increased if support resources decrease and pressures on staff increases. While the SSAB is aware of this, its responsibility to seek assurance of the quality of safeguarding within and between local agencies remains of primary importance to the SSAB.

There is a specific financial pressure faced by the borough council from the increased DOLS work referred to above with an overspend in 2016/17 of £52,000. This is largely due to the need to commission external Best Interest Assessors to undertake the backlog of assessments needed to comply with this legislation.

This is a national problem which all local authorities are struggling to contain.

- (b) Risk Management - In large measure all safeguarding work is about risk management, and as identified above there is a concern that further savings and continuing pressure on resources, for all agencies, will increase safeguarding risks.

Risk/Threat/Opportunity	Mitigation(s)
Increase in safeguarding activity following addition of new categories set out in the Care Act 2014.	Ensure triaging system for receiving safeguarding concerns is thorough with clear management oversight.
Responding to DoLS in a timely fashion	Train more Best Interest Assessors and develop retention strategies.
Increase in Safeguarding Adult Reviews for Self Neglect cases	Further embed risk management training and tools for operational staff.
Increase in costs in relation to Serious Case Reviews	This would be an additional cost pressure to SBC unless partners increased their financial contribution.

- (c) Human Rights Act and Other Legal Implications - This is recognised in the Terms of Reference for the SSAB, particularly in the following point:

“Recognise the public duty to protect the human rights of all citizens including those who are subject of concern but who are not covered by the Safeguarding Adults Procedures. This duty falls on each of the board’s member organisations who will offer signposting, advice and support as appropriate.”

- (d) Equalities Impact Assessment - Equalities Impact Assessment will be undertaken as and when required for specific programmes of work as directed by the SSAB.

5. Summary

Members are asked to note the work that has been undertaken to evaluate the effectiveness of the SSAB’s key activities and achievements during 2016 /17 for inclusion in their third annual report to the Wellbeing Board following the introduction of the Care Act 2014.

6. Supporting information

- 6.1 The period covered in this annual report has been one of further consolidation after the introduction of the Care Act in April 2015.
- 6.2 In trying to secure that consolidation there has been a particular focus on two critical factors. These are:
- i) effective senior level strategic partnership planning;
 - ii) the delivery of effective multi-agency learning and development demonstrated in direct work with people vulnerable to safeguarding risk of abuse or neglect.
- 6.3 Additionally, through the year there has been a focus on generating closer understanding and cohesion between adult services and children’s services and in the work of the Safer Slough Partnership (SSP). There are numerous overlaps and opportunities for shared learning and practice that will improve safeguarding in Slough. We can see this in individual cases, families and in the circumstances faced by people at risk of abuse in the borough.
- 6.4 The independent Chair of the SSAB was also appointed to the role of Independent Chair of the Local Safeguarding Children`s Board (SLCSB) in September 2016.

7. Comments of Other Committees

The SSAB has considered and endorsed this Annual Report which was presented to the Slough Health Scrutiny Panel on 10 November 2017. Partner agencies of the SSAB will also be presenting this annual report to their respective Boards over the next few weeks.

8. **Conclusion**

The Slough Wellbeing Board is asked to consider and note the Annual Report of the SSAB.

9. **Appendices Attached**

A - Slough Safeguarding Adults Board Annual Report April 2016 to March 2017

10. **Background Papers**

None.

How to report adult safeguarding concerns

The Early Help Team is Slough Borough Council's adult social care central referral point. Opening hours are Monday to Friday 9am to 5pm:

- Tel: 01753 475111
- Email: Safeguardingadults@slough.gov.uk (GCSX) (This is a secure email address)
- Out of normal office hours, contact the Emergency Duty Team: 01344 786 543

Slough Borough Council's website is: www.slough.gov.uk (report abuse here for adults and children)

You can also report any concerns about abuse or neglect for yourself or someone else to:

- Your GP or nurse
- A health or social care staff member in any hospital
- A voluntary or community organisation

Foreword

The period covered in this annual report has been one of consolidation after the introduction of the Care Act in April 2015. In trying to secure that consolidation there has been a particular focus on two critical factors. These are: effective senior level strategic partnership planning; and the delivery of effective multi-agency learning and development demonstrated in direct work with people vulnerable to safeguarding risk of abuse or neglect.

Additionally, through the year there has been a focus on generating closer understanding and cohesion between adult services and children's services and in the work of the Safer Slough Partnership. There are numerous overlaps and opportunities for shared learning and practice that will improve safeguarding in Slough. We can see this in individual cases, families and in the circumstances faced by people at risk of abuse in the borough.

I am proud to have been given the opportunity to further this work by being appointed as independent chair of the Local Safeguarding Children Board in September 2016, in addition to the responsibilities I hold as chair of this board. It is heartening that the value of this approach is endorsed by all the partners working together in Slough. Our task for the future is to build on the foundation we have developed in the period covered by this annual report.

Nick Georgiou
Independent Chair
Slough Safeguarding Adults Board

1. What is safeguarding

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. We work together to ensure there are systems in place to keep vulnerable people in Slough safe and to promote their well-being, whilst having regard to their views, wishes, feelings and beliefs in deciding any action. We engage with partner agencies to ensure they are effectively safeguarding vulnerable people and are focused on improving outcomes.

Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs); and
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of those care and support needs, is unable to protect themselves from either abuse and neglect, or the risk of abuse and neglect.

Abuse or neglect can take many forms:

- | | |
|-----------------------------|------------------------------|
| Physical abuse | Modern slavery |
| Domestic abuse | Discriminatory abuse |
| Sexual abuse | Organisational abuse |
| Psychological abuse | Neglect and acts of omission |
| Financial or material abuse | Self-neglect |

All safeguarding work needs to be carried out bearing in mind the six safeguarding principles:

Empowerment - ensuring people have control and choice over the decisions taken about their care, support and protection.

Prevention - looking at the causes of abuse and picking up problems early.

Proportionality - ensuring that responses are in line with the outcome that the adult wants to achieve.

Protection - taking decisive and effective action when abuse or neglect occurs.

Partnership - ensuring that all organisations collaborate well to use joint procedures and train their staff accordingly.

Accountability - an important function of the Safeguarding Adults Board is to hold each member organisation to account for the commitments they have made.

These principles are embedded in the Berkshire Safeguarding Adults Policy and Procedures which are used in Slough. The purpose of the Policy and Procedures is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter. <http://www.sabberkshirewest.co.uk/practitioners/berkshire-safeguarding-adults-policy-and-procedures/>

The policy and procedures for safeguarding children in Slough are also Berkshire wide: <http://www.proceduresonline.com/berks/>

2. Slough Safeguarding Adults Board

Purpose and Vision

Slough Safeguarding Adults Board is made up of a range of local agencies working together to support adults at risk of abuse or harm and promote their well-being.

Our vision is “Preventing Abuse, Protecting People” and this, alongside the six safeguarding principles, is the main focus of safeguarding within Slough.

Independent Chair

Slough Safeguarding Adults’ Board has an Independent Chair who provides an independent perspective, challenge and support.

Partners

Under the Care Act 2014, the Board’s statutory partners are Slough Clinical Commissioning Group, Thames Valley Police and Slough Borough Council, with the local authority carrying a statutory lead responsibility. Each statutory partner contributes financially to the costs of the Board. Other partner agencies are also represented on the Board, including: Berkshire Healthcare Foundation Trust, National Probation Service, Royal Berkshire Fire and Rescue Service, Frimley Health NHS Foundation Trust (Wexham Park Hospital), South Central Ambulance Trust, HealthWatch, and Slough Council for Voluntary Services. Representatives are active Board members and contribute to the work of the Board and its subgroups.

Subgroups

Executive Subgroup

The Executive Subgroup is made up of the statutory partners of the Board and its function is to direct and steer the work of the Board in order to ensure that it meets statutory requirements.

Safeguarding Adults Review Panel

The Panel considers all requests for cases that may fulfil the criteria for a Safeguarding Adults Review (SAR) and then, with the agreement of the Board, will commission and monitor the work of any SARs undertaken on its behalf. The Board has a responsibility to ensure that learning from SARs is embedded so that practice is improved. See Section 3 for more information on SARs undertaken in Slough.

Training Subgroup

This is an East Berkshire wide subgroup and is made up of training and safeguarding leads from Slough Borough Council, Royal Borough of Windsor and Maidenhead and Bracknell Forest District Council. The subgroup has delegated responsibility for safeguarding awareness raising and all aspects of multi-agency training. The subgroup promotes preventative approaches while ensuring staff respond appropriately to safeguarding concerns.

Quality and Performance Subgroup

This subgroup has delegated responsibility for formulating the performance management information presented to the Board and quality issues linked to practice development from audits and learning from reviews.

Communication and Engagement Subgroup

This subgroup functions as a task and finish group, focusing on specific pieces of work to raise awareness, improve communication and engagement. It has not been as effective as intended and its focus will be sharpened in the coming year.

Berkshire Policy and Procedures Subgroup

This subgroup has formally agreed its terms of reference with the four Safeguarding Adults Boards in Berkshire it is accountable to, and has a stated purpose of ensuring that:

- The Policy and Procedures are reviewed on a regular basis (twice yearly);
- Procedures are developed to ensure that safeguarding adults activity in Berkshire is robustly and effectively co-ordinated between and within each agency;

- Policy and procedures promote confidentiality, dignity and effective access to safeguarding for all communities across Berkshire and promote Making Safeguarding Personal in line with legal requirements.

The subgroup has developed the policies and procedures to ensure that they are compliant with the Care Act 2014. The revised Berkshire Multi-Agency Adult Safeguarding Policy and Procedures document was produced based on the Pan-London ADASS equivalent. The procedures continue to be kept under review and a second version was published in October 2016 following a period of consultation. The group has supported the lead local authority in the termination of the maintenance contract with Tri.X and, following consultation with providers and practitioners, the SABs agreed to commission a new provider to develop an interactive website.

Further information on the Board

The Board’s governance arrangement and functions are set out in its Terms of Reference. The Board’s objectives for the year ahead are set out in the Strategic Business Plan. These documents, together with other information on adult safeguarding, can be found on the Slough Borough Council website at:

<http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-safeguarding-adults-board.aspx>

3. Making a difference in Slough

a) What the data tells us

At the time of publication, statutory data returns for 2016-17 have not been validated by the Health and Social Care Information Centre, so any comparisons with national or regional data is based on the latest data available (2015-16).

Safeguarding Concerns and Enquiries

284 individuals were subject to a Section 42 enquiries in the reporting year, which is 271 per 100,000 of the population. This is a marked increase from 2015-16 when 139 individuals were subject to a Section 42 enquiry, which equates to 75 per 100,000 of the population. In 2015-16 the national average was 239 and the average across similar local authority areas was 269 per 100,000 of the population.

The number of concerns received and enquiries made over the past three years are detailed below:

Year	Concerns Received	No. of enquiries undertaken	Conversion rate
2014-15	466	90	19%
2015-16	647	93	14%
2016-17	989	367	37%

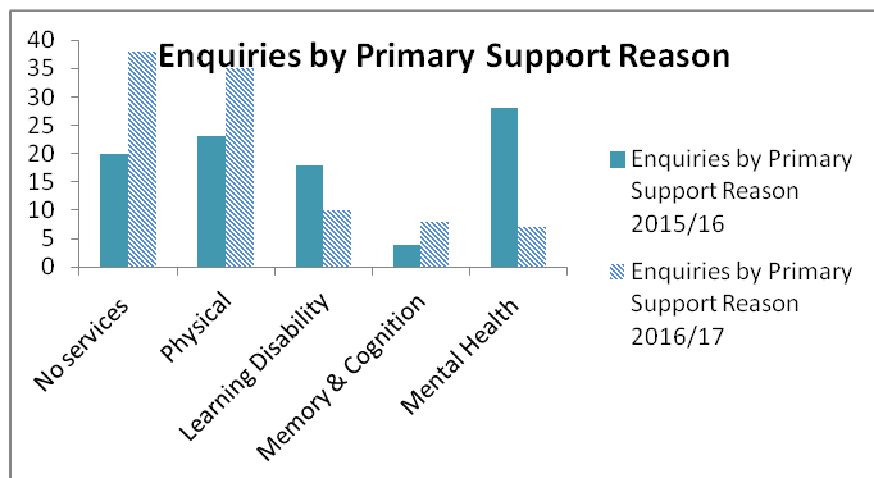
The reasons behind the low conversion rate in previous years have been explored and actions undertaken to improve understanding and practice, in particular around what constitutes a Section 42 Enquiry and a better understanding of risk across partners. This work is ongoing and there will be continued work to support partners to ensure they use appropriate referral routes and include all the required information on alert forms in the coming year.

Primary support reason

The greatest proportion of enquiries relate to people who receive **no services** (38%). These may be people that are not known to services, those who self-neglect or have chaotic lifestyles or chose not to engage with services. People with **Physical** support needs represent 35% of enquiries, those with **Learning Disability** support needs, 10%, those **Memory and Cognition** needs, 8% and people with **Mental Health** support needs make up 7% of enquiries.

This is a shift from the previous year (2015-16) when people with **Mental Health** support needs represented the greatest proportion of enquiries (28%).

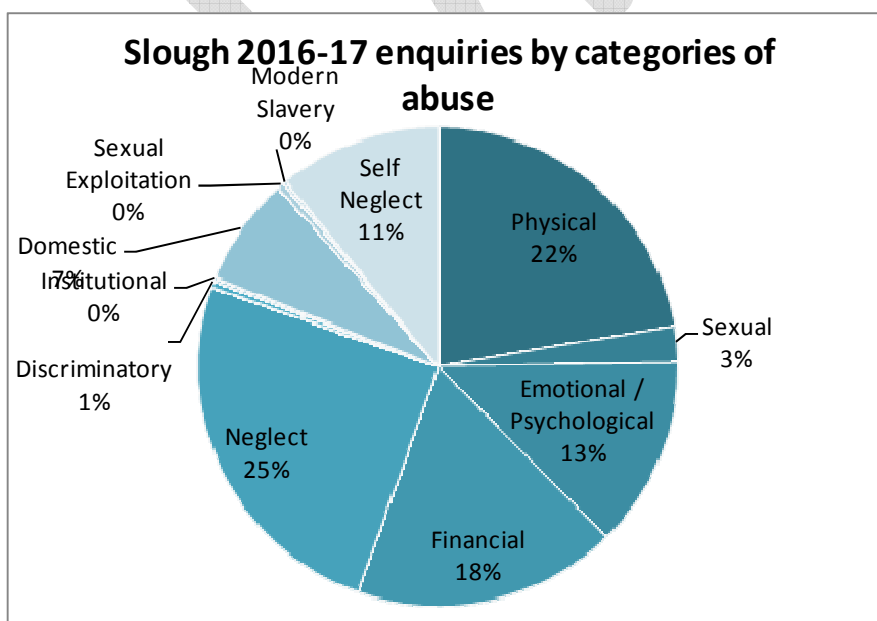
The graph below compares the primary support reason over the last two years. This information will continue to be monitored over the coming year so that we can identify trends and understand the support needs of our customers more fully.



Type of abuse

The most common type of abuse was **neglect** (29%), followed by **physical abuse** (25%) and **financial abuse** (21%). This pattern reflects the national picture of 2015-16. Cases of **self-neglect** have risen to 12%, up from 4% in the previous year. Only one case of **modern slavery** was identified in Slough through the safeguarding process. Low levels of **Discriminatory** abuse continues (1% in 2015-16 and 2016-17). This is not to suggest that Discriminatory abuse (such as hate crime) or modern slavery have not been identified in Slough. We will cross reference safeguarding data with information held by the voluntary sector, Thames Valley Police and the Safer Slough Partnership to gain a wider understanding of the scope of these types of abuse in Slough.

For the last two years there have been zero enquiries categorised as **Institutional** abuse. Institutional or organisational abuse includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in an individual’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. Although cases of abuse and neglect have been identified within care homes, for example, they have not been categorised as Institutional abuse through the safeguarding process.



NOTE: It is possible for there to be multiple sources of abuse per case, therefore proportions have **not** been calculated from the number of cases in the year.

Location of abuse

The largest proportion of enquiries related to cases where alleged abuse or neglect has occurred within the individual's **own home** (67%, or 238 cases). This is a much higher percentage than either the national figure (43%) or the comparator group (44%) for the previous year. This is thought to be because Slough supports a higher proportion of people in their own homes than other authorities, with fewer care homes within the Borough and fewer out of Borough placements.

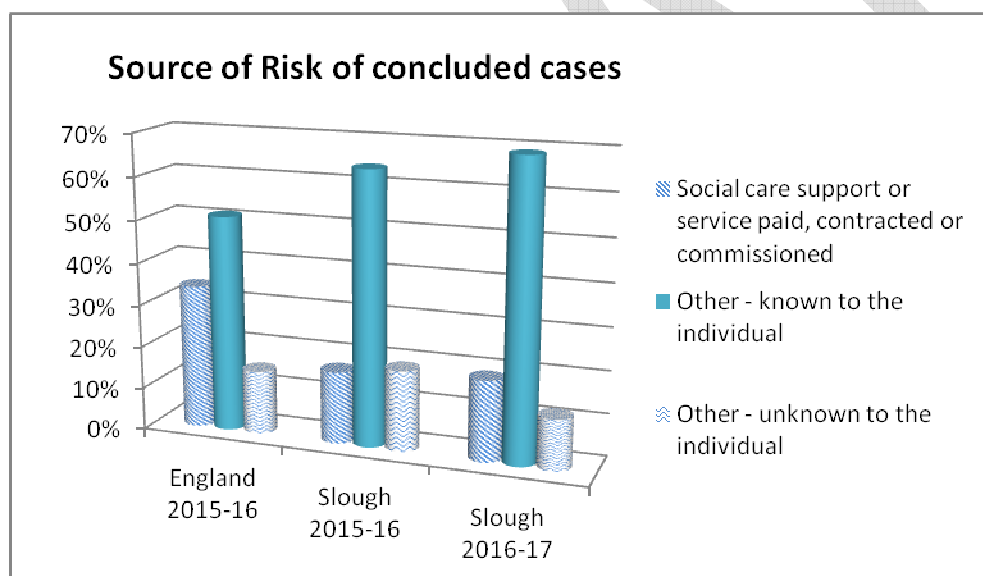
17% of enquiries related to allegations of abuse in a **Care Home** (compared to an England average of 36%). This low proportion is explained by the fact there are only six older people's care homes in Slough, where stable management has been a feature, and Slough BC has employed a rigorous quality assurance framework.

Only 1% of enquires relate to cases occurring in a **health setting**, compared to 6% nationally. An ongoing priority for the Board is to achieve a shared understanding across partners of what constitutes a safeguarding concern. It is thought that cases may be managed internally under terms such as *unsafe discharge* or *critical incident*, rather than being referred into the safeguarding process. Case file audits indicate to what extent this is happening.

Source of risk

In terms of the individual's relationship to the alleged perpetrator, the highest proportion relate to cases where the source of risk is **Other Family Member** (84 enquiries, or 23.1%). The next highest is **Social Care Staff - Residential Care Staff** (52 Enquiries, 13.5%).

The chart below shows source of risk in Slough over the last two years compared to the national average.



As indicated above, the location where most abuse or neglect has occurred is in the individual's own home. In this location, 41% of alleged perpetrators were **partner or other family member**, 17 % were **self** and 14% were **domiciliary care worker**. Awareness raising in communities, appropriate support for carers and recruitment and retention of good quality care workers are essential to mitigate the risk of harm to people in their own home.

Ethnicity

In 2016-17, 71.4% of Enquiries relate to people of white ethnicity, 14.6% Asian, 3.8% Black, 1.4% Mixed and 0.3% Chinese or other ethnic group. 8.5% of ethnicities are not yet established.

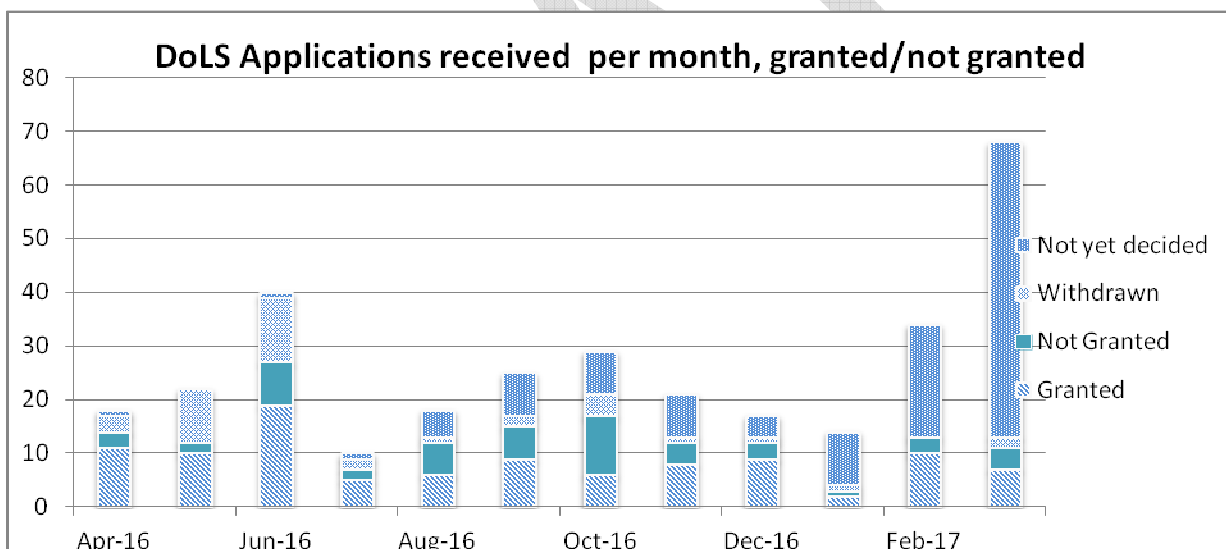
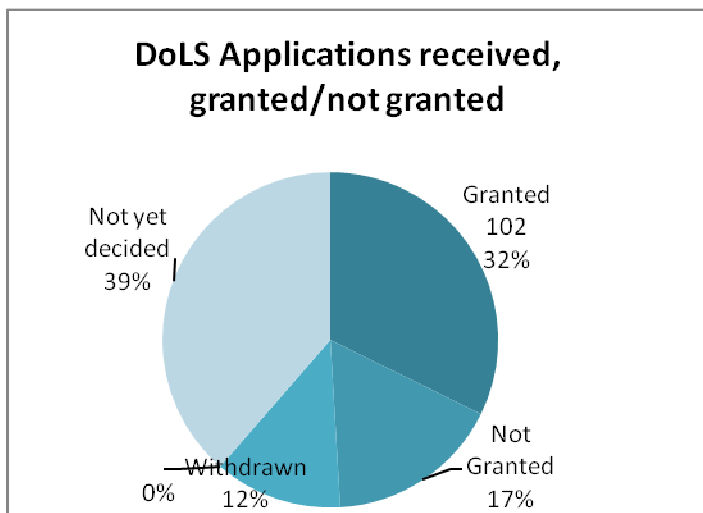
Mental Capacity Act and Advocacy

Of those individuals who lacked capacity, 88% were supported by an advocate in 2016-17, and 100% in the previous year. Slough's performance in this area is better than nationally (68%) and across the comparator group (32%). The

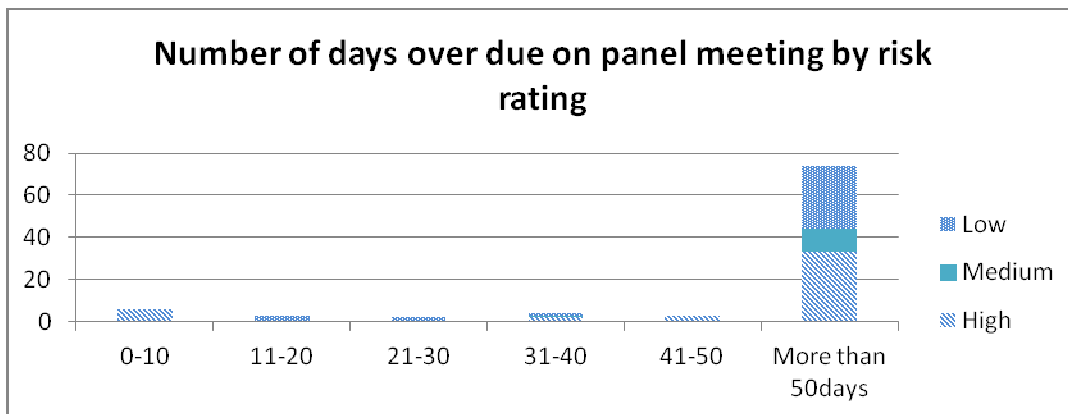
type of advocate is split equally across family or friends, Independent Mental Capacity Advocate and Independent Mental Health Advocate.

Deprivation of Liberty Safeguards (DoLS)

316 DoLS applications were received in 2016-17, of which 46% relate to clients with dementia, and 12% with learning disabilities. 32% were granted and 17% were not granted. As at the end of March, 98 applications were on the waiting list, yet to be decided.



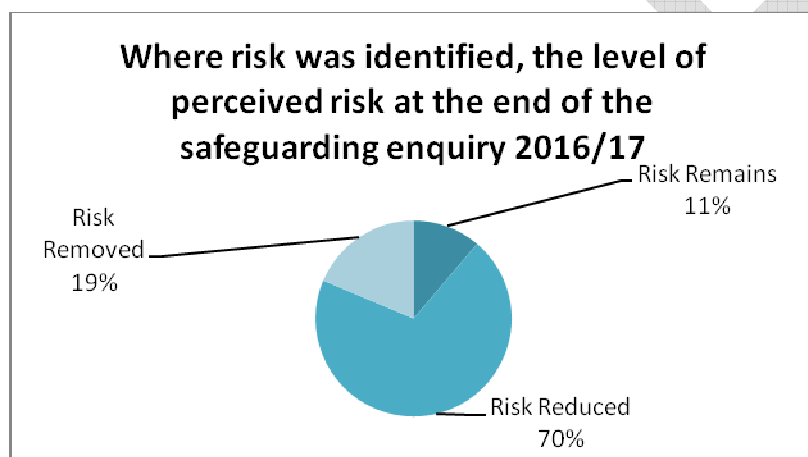
The graph below shows a breakdown of applications that were granted in 2016-17, by the number of days they were overdue when application was signed off at panel, and risk rating.



A standard application should be completed in 21 working days and an urgent application in seven working days. Data indicates that a significant number of DoLS cases have not been completed within the required timescales and although this pattern is not out of line with other Boroughs, performance in this area will continue to be monitored in the coming year, with actions to mitigate risks included in the Business Plan.

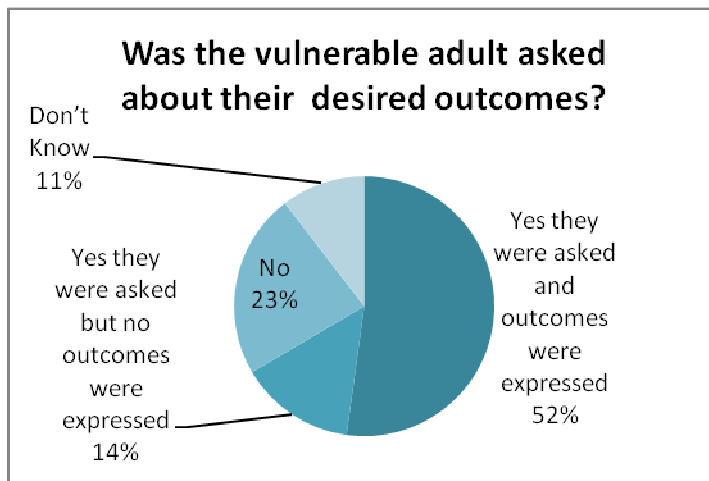
Risk and Outcomes

As in the previous year where figures compared favourably to national and comparator group averages, performance in 2016-17 to reduce or remove risk was again very positive.



Involvement in the safeguarding process

Good practice is to ask 100% of individuals what outcome they want from the safeguarding enquiry at the start of the process and seek feedback at the end to ascertain whether these outcomes have been achieved. The Board has identified actions to improve mechanisms for collecting feedback and measuring outcomes in the coming year in order to embed this area of good practice still further.



Learning from Safeguarding Adults Reviews

The Board has a legal duty to carry out a Safeguarding Adults Review (SAR) when there is reasonable cause for concern about how agencies worked together to safeguard an adult who has died and abuse or neglect is suspected to be a factor in their death, or if the adult is still alive and the SAB knows or suspects that the adult experienced serious abuse or neglect. The aim of a SAR is for all agencies to learn lessons about the way they safeguard adults at risk and prevent such tragedies happening in the future. The Safeguarding Adults Review Panel (SARP) oversees this work for the SAB.

During the reporting year, the Board did not commission any Safeguarding Adults Reviews.

However, the Board has continued to share learning and deliver actions to improve practice in response to the reviews undertaken in the previous year, the case of EE and the Domestic Homicide Review into the case of Mr F. Partners also contributed to a Significant Event Analysis of the case of XF that did not reach the criteria for a SAR. A further Significant Event Analysis on the case of Mr G was carried out and completed in May 2017.

The Serious Adult Review Panel delivered a series of multi-agency Learning from Serious Case Review events, attended by approximately 100 people. The East Berkshire Learning and Development subgroup have arranged a multi-agency conference for October 2017 with the aim of learning from safeguarding adult reviews across neighbouring areas.

The SARP produced an [Annual Report](#), presented to the June 2017 meeting of the SAB. The themes of note are:

- I. Learning disability and how this affects practitioner response.
- II. Self-neglect.
- III. Difficulties arise where there is no identified lead professional.
- IV. Interagency Communication.

c) Delivery of the Strategic Business Plan

Strategic Objective 1- Improving Identification of Risk to the Individual and Management of That Risk

The identification of risk and the development of strategies to manage such risks are critical to delivering strong safeguarding practice.

- Royal Berkshire Fire and Rescue Service (RBFRS) promoted their Adults at Risk Protocol and provided awareness raising training to improve referral rates. Across Berkshire, RBFRS has trained 12 organisations under the adult referral programme initiative outside of emergency service partners. This has generated

1761 vulnerable adult referrals to RBFRS across Berkshire. There will be continued focused work in 2017-18 to deliver further training from venues in Slough and increase referrals rates directly from partner agencies in Slough.

- Within Adult Social Care, pathways to manage referrals which do not meet the threshold for Section 42 Enquires have been improved, such as making the internal electronic recording system more user friendly and reviewing safeguarding forms. A new protocol places more ownership and accountability on decision making throughout the safeguarding process and triaging is now taking place through Locality Teams.
- Frimley Health Foundation Trust has worked with SHOC (Slough Homeless Our Concern) to manage the discharge of homeless patients from hospital back into the community. Partners hold regular meetings to discuss cases, identify what has gone wrong and develop joint action plans to avoid risk in the future.
- Two Learning Disabilities study days have been held by the Frimley Trust in conjunction with the community Learning Disabilities teams. Improved partnership working has helped raise awareness about communication, care planning and support networks, leading to improved outcomes for patients with LD.
- The development of a multi-agency organised crime group meeting has brought together partners to work together to disrupt the criminal activities of these groups whilst also looking at the longer term preventative opportunities. This group is considered as best practice nationally and Slough is a trailblazer with this approach. Through joint working with the Safer Slough Partnership, there has been considerable success in targeting domestic abuse, Honour Based Abuse, Forced Marriage and Female Genital Mutilation.
- The development of the mental health triage project has demonstrated real success between the police and mental health practitioners. Funded by the CCGs, this project helps to provide those in crisis with a more effective response by joining up police with a mental health professional to respond together. The result has been a significant reduction, during the hours of operation of the street triage service, in the number of section 136 assessments under the Mental Health Act.

Strategic Objective 2 – Improving Safeguarding Practice When Working With People Who Self Neglect/Hoard

Self-neglect is a category that falls under Safeguarding with its inclusion in the Care Act 2014. All agencies report increases in this area and aim to develop the skills of practitioners to be able to work effectively with individuals. The Board has a responsibility to develop an effective framework to promote best practice and seeks assurance from partner agencies that they have clear procedures in place to support people who may self-neglect.

- This year the Board aimed to determine the extent of self neglect / hoarding referrals and identify actions to make joint working more effective. The Quality Assurance Subgroup met in February to share cases where self-neglect was evident so that common themes could be identified and audited. Recommendations were presented to the Board and actions included in the new Business Plan.
- A guidance document to support staff to manage risks when working with people who do not engage with services was developed and disseminated across partner agencies, and good evidence of its application by Thames Valley police and Neighbourhood Services was shared with the Board. (This document was revised and re-issued in July 2017.)
- Guidance documents for practitioners on self-neglect and hoarding have been implemented across partner agencies, including the use of clutter scales (or clutter image ratings) which are used to identify the severity of hoarding in people's homes. Refresher training on clutter scales was delivered in November and February.

Strategic Objective 3 - Mental Capacity and Deprivation of Liberty Safeguards

The Board has a role in ensuring that safeguarding work carried out by partners is in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards 2009 (DoLS). The Board needs to be confident that the assessment of people in regard to the MCA, and its application in practice, is well understood by relevant practitioners and interpreted consistently by partner agencies.

Data indicates that a significant number of DoLS cases have not been completed within the required timescales and although this pattern is not out of line with neighbouring authorities and the wider national picture, performance in this area will continue to be monitored in the coming year, with actions to mitigate risks included in the Business Plan.

- A Mental Capacity Act Guidance and Checklist was developed and the MCA template was updated and promoted.
- A DoLS information sharing and support forum held its first meeting in January 2017.
- The DoLS administration and management team has been restructured and a detailed work plan with targets and timelines has been implemented. Micro level intervention is currently taking place on every DoLS case to understand its priority. Performance is now measured in terms of cases in the process and awaiting completion and this process map provides the Board with an indication of the management of Best Interest Assessor (BIA) cases.
- Work has been put in place to optimise the available BIA resources internally and also to bring in external BIA resources within available budget.
- Refresher safeguarding training delivered in November 2016 and February 2017 included an overview of the MCA and focused on specific elements of practice that required improvement.
- Introduction to MCA and Introduction to DoLS face to face workshops continue to be on offer to internal Slough BC departments and external provider services. 48 people attended face to face MCA training. 24 people attended Introduction to DoLS face to face, including a bespoke programme for reablement staff. 6 internal staff attended training on Community DOLS applications and the new Court of Protection DoLS form. Attendance from housing staff continues, although the majority attendance is from adult social care.

Strategic Objective 4 – Making Safeguarding Personal and Outcome Focused

The Care Act 2014 embeds the philosophy of Making Safeguarding Personal and the Board has a role in ensuring that all partner agencies adopt this model of practice within their Safeguarding Work.

- The Board aims to increase the volume of desired outcomes realised by participants through the safeguarding process. Performance monitoring meetings are held to ensure clearer data captured and more accurate recording. The Care Governance Board continues to monitor the information about practice contained in this data.
- The Board aims to ensure appropriate use of advocates throughout the safeguarding process. Reports from commissioned advocacy service are monitored internally for quality and quarterly monitoring meetings are attended by DoLS coordinators where advocacy provision, quality and value for money is monitored.
- Four Making Safeguarding Personal safeguarding adults' refresher days were delivered, with 50 delegates attending from social care and health services.
- A drop in session was held for partners to audit anonymised multi-agency case files using the Slough Borough Council audit tool, with recommendations presented to the Board.

Strategic Objective 5 – Board Effectiveness

The Board has a responsibility to ensure that it gives strategic guidance to partners working in Slough. It promotes the prevention of abuse and neglect, and where there is abuse, ensures effective action often on a multi-agency basis.

- The Board has maintained effective links with other key partnerships such as the Slough Health and Wellbeing Board, the Safer Slough Partnership and the LSCB.
- The Board's subgroups reflect Care Act requirements and support the delivery of strategic objectives. Summary briefings to update the Board on activity within subgroups are provided at each Board meeting.

- The Independent Chair met with the Speak Out user group and carers who wish to be involved in the work of the Board. Engaging with service users and carers will continue to be a priority for next year's Business Plan.
- Learning from Safeguarding Adults Reviews (SAR) undertaken in other areas was shared, for example, a Bristol case involving an individual who did not engage with services. Neighbourhood services reflected on the findings, identified similarities with current cases in Slough, exploring areas of local good practice and aspects that need to improve in light of the case.
- Closer connection between the SAB, LSCB and Slough Safer Partnership has been achieved with the same independent chair for both safeguarding boards in Slough. This is being further developed in 2017 with the establishment of the joint business support unit for both boards.

Additional Workforce Development Activities:

- A total of 127 people attended Safeguarding Adults Level 1 face to face training during 2016-17. Of those attending, 40% were from external agencies including provider/voluntary agencies, Slough Children's Trust, Avarto and Cambridge Education / Slough BC Education. Only 20% of these were from the PVI group. This is a continuing downward trend while agencies continue to provide their own training, but are more likely to request bespoke programmes when required.
- The following external agencies accessed the Safeguarding Adults Level 1 open programmes: Destiny Support, Chrome Tree, Hanover House, Domus Care, Slough Cross Roads, SANAS (provider group for children's services). Bespoke training was accessed by 120 people from SPACE, Age Concern, TVP, GP practices, CMHT Peer Support Group.
- Slough Borough Council staff and external providers in adult social care settings also have access to Safeguarding Adults Level 1 eLearning. 652 Slough Borough Council staff completed the mandatory eLearning Safeguarding Adults level 1 programme. 17 external organisations have accessed a range of Log Onto Care courses, including Safeguarding Adults.
- Training for every taxi driver licensed in Slough on recognising and responding to concerns about adults at risk and child sexual exploitation (further information below under Slough Borough Council's achievements).

d) Achievements by partner agencies

Berkshire Health Foundation Trust

Berkshire Health Foundation Trust (BHFT) have participated in multi-agency local safeguarding adults reviews and have contributed to the development and completion of multi-agency action plans. A highlight of this was the production of a leaflet regarding pressure area care. Attendance at Safeguarding Adults Board meetings and subgroups are prioritised and staff have participated in a multi-agency group to improve work around modern slavery and contributed to a group addressing violence against women and girls. The Head of Safeguarding is part of a working group to organise a joint children's and adults' conference around harmful practice in response to local reviews.

BHFT has achieved a 93.8% compliance at Safeguarding Level 1 training and increased compliance at Level 2 training. 86.5% of staff are now trained for Prevent (WRAP). Training and compliance for MCA and DoLS training was also achieved. Mental Capacity Act champions have been appointed for each of the community wards to improve application of the Mental Capacity Act in patient care. The safeguarding children and adults teams have amalgamated to facilitate a more joined-up, 'think family' approach to safeguarding.

BHFT has adopted the Suicide: Aspiring for Zero approach to suicide reduction, a model based on the premise that suicide can be prevented. BHFT has implemented a Strategic Oversight Group chaired by the Director of Nursing,

clinical and project lead. Systems have been optimised to enable staff to focus on engagement and collaborative approaches to risk assessment and management, keeping service users and carers at the centre. A new risk management tool has been developed to combine risk assessment, risk management and a service user safety plan, and the approach to risk audit has been refreshed. 'Suicide surveillance' involves the provision of timely support for those families bereaved by suicide and staff affected, as well as heightening awareness of community risks of contagion or suicide clusters and identifying public places where suicides/incidents are occurring. There is a high priority for learning from suicide deaths. Training and supervision has been implemented to equip staff with skills and competence (measured with the zero suicide surveys) to practice recovery focussed, compassionate approaches to suicide risk assessment and enable positive risk management and safety planning.

Frimley Health NHS Foundation Trust (Wexham Park Hospital)

There has been a heightened drive towards making safeguarding personal in Frimley Health NHS Foundation Trust. While training statistics are still not up to the required standard, the focus has very much been on identifying areas with the worst compliance levels and arranging bespoke sessions in the actual areas of practice. Regular combined adult and children safeguarding level 2 sessions have also been implemented. Bespoke training to meet the needs of different departments is delivered by the local safeguarding team.

Working together with the discharge team, processes have been established to support safe discharge of adults at risk. All patients who are admitted into hospital and are flagged up as being at risk, have a Section 2 form filled out before discharge so a means tested assessment can be completed and the correct level of support given on discharge.

As a result of a robust domestic abuse referral process, the numbers of referrals have escalated and the support of an in-house domestic abuse liaison worker has had a positive impact on outcomes. Domestic abuse awareness has been incorporated into the induction process under safeguarding. There is heightened awareness in the Emergency Department regarding the identification of patients who are experiencing domestic abuse.

Wexham Park Hospital has acquired a Band 6 Safeguarding Nurse to assist with training and safeguarding issues. There is a current bid to acquire the services of a specialist Learning Disabilities Nurse as a gap has been noted in the support of patients admitted with Learning Disabilities. A new post for Prevent Lead has been filled and training on Prevent and associated issues is currently being rolled out across the Trust.

A Trust-wide Safeguarding Adults work programme for 2017/18 has been developed in order to further strengthen Adult Safeguarding leadership, training, internal governance arrangements and meet the requirements outlined in the contract and the Care Act 2014.

Healthwatch Slough

Healthwatch Slough aims to make health and social care better for everyone, especially those who face additional challenges in accessing services. Healthwatch Slough engages with communities and plays a central role in enabling people's views and experiences of health and social care to be heard. In 2016/17 Healthwatch heard 600 issues.

Healthwatch Slough has produced a number of reports, including: How organisations in Slough learn from feedback and complaints; Raising awareness of Female Genital Mutilation in Slough; Vulnerable patients' use of the Slough Walk-in Centre; Big Food Fight and Children's Quiz.

Healthwatch undertook a case study of a 97-year-old resident, comparing the care she received from over 10 local organisations over the summer of 2016 with the East Berkshire's New Visions of Care. After discussion at the Primary Care Qualities Committee, the ten organisations involved were challenged about future improvements to services.

One of the Healthwatch Champions has established a carers' group in Cippenham. Feedback about the importance of supporting carers contributed to several developments at Frimley Health NHS Foundation Trust to support carers,

such as the launch of carers' information booklet and a Carers' Box on all wards at Wexham Park Hospital. More staff have volunteered to be Carers Champions.

Healthwatch Slough has monthly teleconference calls with the Care Quality Commission Inspectors, sharing intelligence, and this liaison has shaped CQC's inspection calendar. Healthwatch Slough also shares intelligence with partners at numerous groups and committees, including the Thames Valley Quality Surveillance Group.

Healthwatch Slough's Annual Report can be found at:

<http://healthwatchslough.co.uk/wp-content/uploads/2016/01/Annual-Report-2016-17-Slough-v12-PDF.pdf>

National Probation Service

Practice guidance regarding safeguarding adults has been developed to provide Offender Managers with all the information they need in order to effectively assess and manage the risks when working with cases where there are adult safeguarding issues. Specific reference is made to offenders with care and support needs, offenders who are adults at risk, safeguarding enquiries, residential and nursing homes, hate crime, extremism, learning disabilities or difficulties, domestic abuse, barred list, and planning for release, including the allocation of approved premises. It also provides useful guidance on abuse and neglect and care and support needs, and provides practical information on how to record and track concerns.

The National Probation Service has also issued a policy statement for 'safeguarding adults at risk'. This provides all the necessary information relating to identification, assessment and management of offenders, leadership and inter-agency collaboration including information sharing.

Both these documents are widely and easily available to staff to inform their practice on a day to day basis.

Practice meetings have been held regarding Serious Organised Crime and there is now an increased understanding in the team regarding how this type of offending significantly impacts on vulnerable adults. This has led to a different approach to supporting some of the vulnerable adults managed as 'offenders,' one which looks at moving them away from the environment and risk situations.

Royal Berkshire Fire and Rescue Service (RBFRS)

RBFRS works to identify foreseeable risk to our communities and deliver effective, managed, timely performance in a wide range of disciplines, preventing and protecting the public along with delivering effective response to incidents when required. Partnership working and information sharing with a wide range of groups and agencies have enabled identification and protection to the most vulnerable members of our communities. The fire risk based preventative intervention supports individuals to live independently and safely in their own homes.

The work of RBFRS has continued to drive down fire deaths and casualties in our communities. The Integrated Risk Management Process (IRMP) has been consulted on with the public, with proposals developed to further improve the service. This will focus attention on those groups evidenced at being more vulnerable to fire death and those whose lifestyle choice places them at elevated risk of having an accidental fire and receiving associated injury.

RBFRS is working in partnership to provide falls, age related and winter warmth services, delivered as part of our Home Fire Safety Check process, signposting those people assessed as being at risk to partner agencies.

Royal Berkshire Fire and Rescue Service (RBFRS) is undergoing an internal restructure which is due to be completed by the end of August 2017, and will include a dedicated Designated Safeguarding Officer to provide significant increased capacity and improve service delivery.

Slough Borough Council

Slough Borough Council remains committed to ensuring that adults at risk are free from abuse and that safeguarding arrangements across the council are protecting our most vulnerable residents.

Learning from safeguarding adult reviews has been invaluable in ensuring that risk is managed effectively and in a person centred way. Embedding the learning from Safeguarding Adults Reviews continued in 2016-17. Three sessions were delivered to Adult Social Care staff, with four other sessions delivered to partner agencies, including GPs and practice nurses, community and mental health staff, and a neighbouring borough's Safeguarding Adults Board. In addition, as an outcome of a Slough case review, Adult Social Care commissioned mandatory, bespoke domestic abuse training which was delivered by the local Domestic Abuse service provider.

One non-statutory review was undertaken in the time period, and this led to the development within Adult Social Care of guidance for staff when making attempts to contact someone where there is a concern. The guidance promotes a consistent approach, ensures management involvement at an earlier stage and supports requests to Thames Valley Police for "Fear for Welfare" checks, ensuring that all reasonable attempts have been made prior to contacting the police.

The Safeguarding Team played an active part in the training for every taxi driver licensed in Slough on recognising and responding to concerns about adults at risk and child sexual exploitation. Working in conjunction with the Licensing Team and Child Sexual Exploitation and Trafficking Co-ordinator, this was the first program of its kind in Berkshire. The aim was to deliver training to 934 individuals between September 2016 and March 2017. This accounts for all 880 drivers and 54 operators in the area. By March 31st 2017, 860 drivers/operatives had been trained (92% of the target group). 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.

There has been a firm commitment to working more closely with the Community Safety Team this year, to raise awareness of the issues facing multi-agency partners in working with adults who do not have care and support needs, but who may live in ways which puts them and others at risk. This has seen the Safeguarding Co-ordinator undertaking work within the Community Safety Team for two days a week, undertaking projects such as the Slough response to Modern Slavery. It is expected that this cross-team working will continue throughout 2017 as teams continue to address a wider range of issues than previously seen within the traditional safeguarding remit.

Slough Clinical Commissioning Group

Safeguarding has continued to be a priority area for the CCGs East of Berkshire; the safeguarding team has worked hard to continuously improve safeguarding performance across the health economy of East Berkshire.

The Associate Director of Safeguarding is the chair of the Safeguarding Adults Review Panel (SARP) and presented a SARP annual report to the Safeguarding Adults Board. SAR procedures have been developed and adopted across East Berkshire.

Primary care safeguarding training was delivered in Autumn/Winter 2016 with an emphasis on implications of the Care Act 2014, care homes, MCA/DOLs and lessons from national and local serious case reviews. Safeguarding Level 3 training was delivered to each CCG. A safeguarding training strategy for CCG staff was developed, with the addition of Prevent eLearning as a mandatory requirement.

CCG staff have been engaged in raising awareness of gangs and increasing levels of violence against children and young adults. This has led to the establishment of an umbrella sub-committee of Slough Safer Partnership, Violence Against Women and Girls.

Achievements include development of documents such as the multiagency 'vulnerable adults at risk' guidance, a leaflet for carers and adults to prevent pressure ulcers, a safeguarding newsletter, a briefing on the DoLS interim

statement and impending statutory changes, and Modern Day Slavery guidance for health staff. The CCG safeguarding policy regarding allegations against staff has been reviewed.

A primary care safeguarding self-assessment was undertaken and reported to the Board.

The CCG was part of the Syrian families repatriation programme and one family has been successfully rehomed in Slough.

The CCG was successful in a £15,000 bid which will fund a conference across East Berkshire against violence and exploitation in November 2017.

South Central Ambulance NHS Foundation Trust (SCAS)

As an organisation that covers seven counties, South Central Ambulance NHS Foundation Trust (SCAS) contributes to and complies with Safeguarding Adults Boards' business plans wherever possible, including priorities within our own safeguarding developments. SCAS works closely with partner agencies and Safeguarding Boards across the area to ensure that all developments benefit the people who use our many services. In the coming year we aim to forge closer links with safeguarding hubs across our area; move to a paperless referral process; regularly undertake multi-agency audits and reviews of safeguarding referrals; and encourage regular feedback from partner agencies with regard to safeguarding cases. These actions will form part of a SCAS action plan that will be presented and monitored on a bi-monthly basis at our Patient Safety Group meeting, which feeds directly into the Trust's board.

Thames Valley Police

Safeguarding vulnerable adults is one of the core aims of Thames Valley Police and it is replicated in the local policing priorities under the theme of 'protecting children and vulnerable adults'.

Significant training has been completed over the last year aimed specifically at safeguarding adults. Training packages include the Safeguarding Vulnerability and Exploitation programme (SAVE) which helps officers to identify risk more effectively, Modern Slavery and a number of packages relating to protecting vulnerable persons. This is particularly important in Slough with the increased risks of honour based abuse (HBA), forced marriage (FM) and female genital mutilation (FGM).

Thames Valley Police has successfully utilised partial closure notices on a number of premises where vulnerable adults were being exploited, typically in connection with drug trafficking. This has helped to safeguard the adults while disrupting the activity of the crime groups.

Slough Council for Voluntary Services

The voluntary and community sector make a huge contribution to supporting and enriching the lives of the population in Slough. Over the last year, Slough Council for Voluntary Services (CVS) have represented the sector on the Safeguarding Adults Board and provided information to professionals and volunteers working to support adults in Slough. Slough CVS has communicated safeguarding messages and has supported groups to put in place effective safeguarding policies.

4. Areas for development for 2017-18 include:

- Strengthen strategic links with Slough Safer Partnership and the Local Safeguarding Children's Board (LSCB). Ensure stronger connectivity and coordinate service delivery between the SAB and the LSCB through the development of a Joint Business Unit.
- Deliver further fire safety awareness training from venues in Slough to protect vulnerable adults from risks of fire.
- Engage with a wider audience to promote safeguarding via a new Slough Safeguarding Website and social media.

- Continue to share learning from local and national case reviews and investigations to improve practice.
- Promote best practice for working with those who self-neglect or hoard.
- Develop multi-agency pathways and guidance for Modern Slavery, Domestic Abuse and working with those who choose not to engage.
- Continue to promote the rights of vulnerable adults in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards by all agencies. Work with Children's Services to ensure staff are trained and can apply the principles of MCA to transition cases.
- Ensure that people are supported during the safeguarding process by either a relative/friend or advocate.
- Develop ways to collect feedback from people who have gone through the safeguarding process and measure outcomes to evidence that Making Safeguarding Personal is embedded in practice.
- Refresh the Workforce Development Strategy to ensure multi-agency awareness training is Care Act compliant and includes Making Safeguarding Personal.
- Training priorities include: refresher programmes and bespoke training for care providers; simulation based training to support social workers with best interest decisions; mandatory Safeguarding Adults eLearning requirement for all new staff and mandatory face to face training for all front line staff within Slough Borough Council; assessment and investigation skills training for provider services carrying out enquiries; Independent Management Review training for provider and social care managers.
- Deliver further training for front line staff under the banner of Safeguarding Vulnerability and Exploitation programme (SaVE) 2 which aims to help police officers identify risk more effectively.
- Review the potential to extend the remit of the Multi-Agency Safeguarding Hub (MASH) to include adults, which will support staff to recognise risk more effectively.
- Identify gaps and improve service planning through the self-assessment safeguarding tool rolled out to smaller health providers by the CCGs.
- Deliver an East Berkshire conference Against Violence and Exploitation in November 2017.

Glossary

ADASS	Association of Directors of Adult Social Services
BHFT	Berkshire Healthcare Foundation Trust
BIA	Best Interest Assessor
CCG	Clinical Commissioning Group
DoLS	Deprivation of Liberty Safeguards
FGM	Female Genital Mutilation
FM	Forced Marriage
HBA	Honour Based Abuse
LSCB	Local Safeguarding Children's Board
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
Prevent	Prevent is one stream of the Government's Counter-Terrorism strategy; the aim is to work with communities and address any grievances in order to avoid violent extremism being supported.
RBFRS	Royal Berkshire Fire and Rescue Service
SAB	Safeguarding Adults Board
SAR	Safeguarding Adults Review

SARP	Safeguarding Adults Review Panel
SAVE	Safeguarding Vulnerability and Exploitation
SCAS	South Central Ambulance NHS Foundation Trust
Slough CVS	Slough Council for Voluntary Services
WRAP	Workshop to Raise Awareness of Prevent

DRAFT

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15th November 2017

CONTACT OFFICER: Nick Georgiou, Independent Chair of Slough's Local Safeguarding Children's Board (LSCB)

(For all Enquiries) (01753) 690924

WARD(S): All

PART I**FOR DISCUSSION****SLOUGH LOCAL SAFEGUARDING CHILDREN'S BOARD (SLSCB) ANNUAL REPORT 20/17****1. Purpose of Report**

To present the Slough Local Safeguarding Children's Board (SLSCB) Annual Report for 2016/17.

2. Recommendation(s)/Proposed Action

The Slough Wellbeing Board is requested to note and comment on the report.

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

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.

4. Other Implications

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

(b) Risk Management - The SLSCB is a partnership body; there is a reputational risk for all statutory members of the partnership in having an ineffective SLSCB. This is most significant for Slough Borough Council (SBC) as it is the lead organisation charged with establishing the SLSCB. The CEO is identified as the officer to whom the independent chair is accountable for their performance.

An effective SLSCB provides oversight, support and challenge for services of the 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 SLSCB contributes to a number of Human Rights such as the right to family life.

(d) Equalities Impact Assessment – An Equalities Impact Assessment will be undertaken as and when required for specific programmes of work as directed by the SLSCB.

5. **Summary**

This report introduces the annual report of the SLSCB and outlines priority areas for the current year to promote good service development and delivery by the partners working together for children and young people in Slough.

6. **Supporting Information**

6.1 Production of the Annual Report is a statutory requirement. Earlier drafts of the report have been discussed with members of the SLSCB and this final version will be presented to the SLSCB at their meeting on 16 November 2016. There have been discussions and contributions from SLSCB partners and it is expected that the report will be endorsed, but because of the scheduling of the Slough Wellbeing Board and the SLSCB, this is presented to you, at the same meeting as the Annual Report of the Slough Adult Safeguarding Board, prior to its formal endorsement by the Board.

6.2 This Annual Report reflects work carried out in line with the Business Plan developed to ensure that recommendations made in the Ofsted inspection in 2016 were addressed. The themes set out in both the SLSCB 2016/17 Business Plan and reported in this Annual Report reflect Ofsted's findings following on from their inspection in November 2015. The 6 themes are:

Theme 1: Revise and implement multi-agency threshold guidance

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

Theme 3: Take action to strengthen the SLSCB's oversight and scrutiny of the effectiveness of the local multi-agency response to children at risk of exploitation including CSE and (of going) missing

Theme 4: Develop and implement a funding agreement to ensure the SLSCB has sufficient resources to undertake its core business

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

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

6.3 The Annual Report shows progress against these themes. But while there has been progress it is the case that a lot more needs to be done in order to reach the goal of a good Ofsted rating, this is reflected in the work being done by the partners now and for the future. Priorities for 2017/18 are listed at section 5 in the Annual Report under the priority areas for the current year:

Objective 1: The SLSCB will have a programme of effective monitoring and quality assurance of multi-agency safeguarding practice

- Objective 2: The SLSCB will be informed by a robust approach to analysis of data and information that is qualitative and quantitative which leads to ongoing improvement activity
- Objective 3: The SLSCB will have oversight of the effectiveness of safeguarding across agencies and will hold partners to account where necessary
- Objective 4: The SLSCB will share learning and improve front line practice through an evidence informed learning and development programme
- Objective 5: The SLSCB will have clear mechanisms in place to communicate effectively with partners and stakeholders
- Objective 6: The SLSCB will work closely with other partnerships to ensure an individual (accountable) and shared responsibility for safeguarding and promote joint working around mutually agreed safeguarding priorities.

It is the ambition of the SLSCB that the Annual Report for 2017/18 will demonstrate significant progress against these objectives.

7. **Comments of Other Committees**

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

8. **Conclusion**

The Annual Report summarises actions since the negative Ofsted report in November 2015 which informed the 2016/17 Business Plan. 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 and improved safeguarding of children in Slough.

9. **Appendices attached**

None

10. **Background Papers**

SLSCB Annual Report 2016-17

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Slough Local Safeguarding Children's Board

Annual Report 2016-17

Foreword

This is my first LSCB Annual Report since being appointed as the independent chair of the board in September 2016.

I have been well received by all the partners on the LSCB and in the period covered by this annual report there has been progress in improving the effectiveness of the LSCB and in delivery of the 2016-17 business plan that has informed so much of the work of the LSCB.

There has been progress and this is illustrated in the detail within this report and I am appreciative of the effort and application that has been shown in achieving the improvement up to April 2017. However, the reality is that there is a lot more to do. I am pleased to see that this is picking up pace and it is my ambition, as it is of the LSCB in general, to ensure that our improvement continues into the future.

I am proud to have been given the opportunity to contribute to this improvement as independent chair of the LSCB as well as carrying this same responsibility in the Adult Safeguarding Board. There are numerous overlaps and opportunities for shared learning and practice that will improve safeguarding in Slough. We can see this in individual cases, families and in the circumstances faced by children at risk of abuse in the borough. It is heartening that the value of this approach is endorsed by all the partners working together in Slough.

Our task for the future is to build on the foundation we have developed in the period covered by this annual report, and it is my firm intention that such progress will be evident in the 2017-18 LSCB annual report.

Nick Georgiou

Independent Chair

Slough Local Safeguarding Children's Board

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1. Introduction

What is safeguarding?

Safeguarding is about keeping children and young people safe and protecting them from harm, while making sure they grow up in a safe environment. The Slough LSCB coordinates the safeguarding work of individual agencies on the partnership board and monitors and challenges agencies' progress on improving child protection in Slough.

Slough Local Safeguarding Children Board

Local Safeguarding Children Boards are required under the Children Act 2004. An LSCB must be established for every local authority area. The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements. The statutory objectives and functions of the LSCB are described in the extraction from Working Together to Safeguard Children:

- (a) To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) To ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

- (a) Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
 - (i) The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
 - (ii) Training of persons who work with children or in services affecting the safety and welfare of children;
 - (iii) Recruitment and supervision of persons who work with children;
 - (iv) Investigation of allegations concerning persons who work with children;
 - (v) Safety and welfare of children who are privately fostered;
 - (vi) Cooperation with neighbouring children's services authorities and their Board partners;
- (b) Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- (c) Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- (d) Participating in the planning of services for children in the area of the authority; and
- (e) Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

The Children and Social Work Act 2017 sets out a new framework for improving delivery of multi-agency arrangements to protect and safeguard children. In Slough, partners have agreed to maintain the existing LSCB arrangements to ensure a continuation of a strong local focus on partnership work to improve deficiencies identified in the Ofsted inspection in November 2015 and strengthen child protection in Slough.

The LSCB has a new independent chair who provides an independent perspective, challenge and support. The Board consists of senior representatives of all the key organisations working together to safeguard children and young people, including: Slough Borough Council, Slough Children's Services Trust, schools, Clinical Commissioning Group, Thames Valley Police, Berkshire Healthcare NHS Foundation Trust, Royal Berkshire Fire and Rescue Service, South Central Ambulance NHS Foundation Trust, Slough Council for Voluntary Services, HealthWatch, Frimley Health NHS Foundation Trust and the Youth Offending Team.

The LSCB works closely with other partnerships in Slough and with the other LSCBs across Berkshire. It is important to recognise the role of these partnerships in achieving the LSCB's safeguarding priorities and securing effective and sustainable improvements.

During the course of 2016/17 with the appointment of the same independent chair for both the Slough Children's and Adults' Boards, ties between these boards and with the Safer Slough Partnership have been strengthened.

Pan Berkshire LSCB Child Protection Procedures

The Pan Berkshire LSCB Child Protection Procedures set out how agencies and individuals should work together to safeguard and promote the welfare of children and young people: <http://www.proceduresonline.com/berks/>

Holding partners to account for safeguarding practice

The LSCB evaluates the effectiveness of the safeguarding arrangements of partners. Evidence is drawn from a range of sources including:

- Learning from both internal and external reviews and inspections
- Section 11 of the Children Act audits
- Section 175 of the Educational Act audits
- Learning from child deaths
- Performance management, quality assurance and audit activity
- Engagement with young people

2. Achievements against our priorities in the 2016-17 Business Plan

These themes reflect findings from the Ofsted inspection in November 2015 and the LSCB's actions to tackle these findings.

Theme 1: Revise and implement multi-agency threshold guidance

Purpose of this theme: Working Together 2015 requires LSCBs to publish a threshold document. The 2014 Threshold Document needs to reflect Slough's new operational arrangement together with issues such as FGM, CSE/Missing, and Radicalisation. The changes need to be disseminated to all professionals and consistently applied, resulting in effective response to referrals. Consistency of referrals will enable the LSCB to obtain accurate data regarding levels of risk in the local community. Effective sharing of information and risk will allow more effective safeguarding and decision-making.

What we did:

- The multi-agency threshold guidance was finalised and published in May 2016 and disseminated across partner organisations so that all professionals could use it in their daily practice.
- Slough Children's Services Trust (SCST) Early Help team launched and delivered a training session with early help partners and the Business Manager presented the guidance to a multi-agency early help champions meeting. The threshold guidance is incorporated within LSCB and SCST training.
- A multi-agency audit was undertaken examining referrals and initial response to test whether thresholds are consistently and appropriately applied at the first point of contact and result in effective responses to cases.
- 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."*

In the 10 months since going live, the MASH has seen greater confidence from professionals and the public in making referrals and the MASH has been positively commented on by Ofsted as improving the ability to identify risk and make informed safeguarding decisions for children: *"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.

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

Purpose of this theme: LSCBs have a statutory function to assess how effectively partners are fulfilling their statutory obligation to safeguard and promote the welfare of children. Through analysis of performance information, Section 11 audits, multi- and single-agency audits, the LSCB has oversight of safeguarding practice and performance which informs decision-making by the Board and identification of risks. The LSCB must ensure that the voice of the child is heard and used to positively influence the improvement of service delivery and outcomes for children.

What we did:

- 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 considered 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 new template for key questions for individual multi-agency audits has a standard question to confirm whether the voice of the child has been captured.

- The Quality Assurance subgroup has an audit schedule that reflects the LSCB Business Plan and 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.
- There is now consistent Slough representation on the Berkshire Section 11 subgroup

What difference did this make?

The Board receives regular performance information from all partners. Risks are identified and consistent learning is shared 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 Board and agencies. There is evidence of the child's voice leading to improved outcomes.

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.

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.

Purpose of this theme: Partner agencies need to be aware of their responsibilities to identify and protect children at risk of Child Sexual Exploitation (CSE). The LSCB needs to understand the full extent of ongoing initiatives and requires clear data to inform the strategic coordination of multi-agency response to the concern and risks and ensure there is effective CSE practice across all agencies.

What we did:

- 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, supported by cue cards for practitioner to ensure a consistent approach is taken by frontline workers. The CSE risk indicator tool has been updated and adopted across all Berkshire Local Authorities giving a consistent approach, monitored by the LSCBs.
- Slough Safer Partnership initiated and commissioned an independent overview of the scale of CSE in Slough by LIME, a specialist agency with experience of designing behaviour-change interventions to help young people at risk. The aim was to understand the dominant model of CSE so that resources could be targeted where they are most needed, and to work with those most affected by CSE locally to co-design and co-create interventions. This initiative led to the development of the Healthy Relationship programme to support children to be able to make

safe decisions in their relationships and prevent escalation into domestic abuse, sexual exploitation, Prevent and gang activity.

- The findings of a CSE audit was submitted and considered by the LSCB in November 2016.
- The CSE Pan Berkshire subgroup is now well established and has committed membership from Slough.
- Three tier training model has been developed and implemented as part of the annual LSCB multi-agency training offer, with good take up and positive feedback.
- A joint project with the Safeguarding Adults Board initiated *Safeguarding Your Passenger* training for every taxi driver licensed in Slough on recognising and responding to concerns about adults at risk and child sexual exploitation. This was the first program of its kind in Berkshire and was given an achievement award for outstanding work by the Berkshire Environmental Health Managers Group in February 2017. The long term outcomes will be evaluated by University College London in September 2017.
- Child sexual exploitation parent and child leaflets have been finalised, published on the website and shared with all partners to use.
- Improved partnership working and awareness raising in schools and for CCTV officers, who pass on concerns when they suspect someone is being groomed - an important part of monitoring and disrupting locations of interest.
- Engage carried out regular joint work with Turning Point to manage children's drug and alcohol use. Engage provide a dedicated service to young people at risk of sexual exploitation and have successfully supported young people through police investigations and court processes.
- Multi-agency SEMRAC meetings were well attended by a wide range of core partners.
- The LSCB Female Genital Mutilation (FGM) subgroup developed and launched a FGM strategy and organised and delivered a successful community awareness event.
- The Serious Case Review (SCR) subgroup has considered a local case involving gang related behaviour and has considered learning from national SCRs involving gang related behaviour.
- The Quality Assurance subgroup initiated a multi-agency audit to evaluate outcomes and learning from Serious Violent Assault.
- Honour Based Violence is a themed LSCB training session available to all partner agencies.

What difference did this make:

The November 2016 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."

Collaborative training and presentations by the CSE and Trafficking Coordinator and police intelligence officers has led to increased confidence amongst partners with information sharing pathways and the creation of a new Thames Valley Police multi-agency intelligence submission form. The outcome has been increased reports from multiple sources, for example, only 7.5 % of

intelligence reports received from Slough partner agencies were CSE related in 2015 compared to 42% in 2016.

Increased information sharing by hotels with TVP has led to CCTV footage being gained to support future investigations and arrests, disrupt activity and safeguard vulnerable people.

Through the work of Engage, levels of risk in cases have been de-escalated, in conjunction with recorded outcomes such as improved self esteem, resilience, sexual health awareness and improved school attendance.

What we need to do better:

Ensure 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 is needed for repeat missing children. All children who go missing must 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 increased use of the National Referral Mechanism (NRM) system for exploited and trafficked children.

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

Purpose of this theme: To develop a more creative and consistent method of partner contributions, financial and other, to ensure the Board's work progresses without delay. Closer working with other Boards and forums supports shared learning and enables a coordinated response to safeguarding issues.

What we did:

- Partners agreed to maintain their financial contributions to the Board for 2016 -17 and have provided venues, removing this cost for the LSCB. 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.
- SBC assured the LSCB that support is available to enable the LSCB website to be updated.
- SCST assured the LSCB that the training officer and business support is funded in order to enable the delivery of the LSCB training schedule.
- Partners provided staff with specific expertise to take part in critical case reviews and community events. Thames Valley Police volunteered their time to ensure multi-agency learning from case reviews was delivered on behalf of the LSCB at no additional cost.
- The LSCB Independent Chair and Business Manager worked closely with other Boards within Slough to ensure work on overlapping safeguarding themes is not duplicated.

- *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 Board has reassurance of its required funding and remained within budget at the end of the financial year. Increased funding from some partners enabled the Independent Chair to work additional days to ensure the work of the LSCB is progressed. 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 (2017/18) it is essential that we firm up all financial, administrative and communication processes to ensure maximum effectiveness and clarity in our strategic cohesion and service delivery.

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

Purpose of this theme: The LSCB training programme will be determined by a current Training Needs Analysis from all partner organisations. Evaluation of training will evidence improvements in practice and service delivery. Partner organisations will ensure that learning outcomes are incorporated into practice.

What we did:

- The LSCB Training Officer devised and published a training calendar for 2016-17.
- The event evaluation feedback form and follow up feedback form were redesigned, beginning the process to measure the impact of training.
- The chair of the Learning and Improvement subgroup was agreed, with the first meeting held in February 2017.

What difference did this make: Activities under this theme did not progress as effectively as intended in the period covered by this annual report, but have progressed since the Learning and Improvement subgroup was established in February. Further information is provided under the Learning and Improvement subgroup section below.

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.

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.

Purpose of this theme: The Children Act 2004 requires the LSCB to include two lay members representing the local community, helping to make links between the LSCB and community groups

and supporting an improved public understanding of the LSCB's child protection work. Slough is one of the most ethnically diverse towns in the UK, with 28.7% of Slough residents born outside the UK and the EU and 20% having been resident in the UK for less than 10 years. Slough LSCB needs to ensure that information is accessible to all members of the community.

What we did:

- The Business Manager attended the FGM community event.
- The Independent Chair and Head of Service for Performance and Quality Assurance, met with a local resident to share progress of safeguarding initiatives within Slough.

What difference did this make?

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. Progressing this is a priority for the incoming Safeguarding Business Manager.

What we need to do better:

Creating opportunities to engage with community groups is a priority for the LSCB. A LSCB leaflet and newsletter is planned, as well as community awareness events to increase awareness of child protection issues.

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.

3. Achievements by LSCB Subgroups

The work of the Board is delivered by multi-agency subgroups, some of which are Pan Berkshire in order to ensure a joined up approach to keeping children and young people safe across the county. A structure chart is included as Appendix B.

Serious Case Review

A key function of the LSCB is to undertake reviews of serious cases and advise the local authority and their partners on lessons to be learned. Serious Case Reviews are undertaken in the event of the death or serious injury of a child where abuse or neglect is known or suspected, the aim being to identify where agencies could have worked together more effectively.

The SCR Sub Group has met on a regular basis throughout the year. The chairing arrangements of the group have changed in this reporting period as the new independent chair for the LSCB came into post in September 2016.

Key activity and outcomes:

Serious Case Review

This was initiated in 2014 following the death of a child on the railway lines with their mother. The SCR concluded in 2015; however, alongside this a Mental Health Domestic Homicide Review was undertaken. Learning from the review was implemented and a further learning event in 2017 is planned which incorporates some of the themes identified in the SCR. The SCR will be published during 2017-18 in conjunction with the Mental Health Homicide Review which was carried out by NHS England.

Critical Case Review 1

A case review was completed following a serious injury to a child. A different methodology was tested whereby partner agencies were asked to complete a chronology and a single meeting convened to review the chronologies and identify key issues and areas for development. Outcomes include:

- Additional information on the Health Visitor Manual: health practitioners will record on the system that they have reviewed previous records and any significant information / risks.
- Where a family has moved around and information is not readily available from the previous area, assessments must highlight this as a potential risk.
- Continued awareness of cultural issues and how they might impact on the way in which risks are managed within a family.

Critical Case Review 2

This case review was held in response to a serious incident where an attempted abduction of a child in foster care took place.

Agencies completed comprehensive reports for the case discussion which took place at the SCR meeting. An action plan was completed at the conclusion of this review and outcomes included:

- Multi-agency escalation policy reviewed and updated in the Pan Berkshire LSCB Child Protection Procedures.
- Children's Social Care implementing a Signs of Safety framework to inform assessment and risk analysis.
- Multi-agency Safeguarding Cue Card provides all practitioners across the children's workforce with clear information about what to do if they are worried about a child.

Gangs and Youth Violence

A shooting incident that had taken place was reviewed by the SCR subgroup in the context of rising concerns about gang and youth violence. This led to a wider discussion and high quality information sharing at an LSCB meeting and an agreed action to carry out a multi-agency audit where young people were known to be associated with gangs or impacted by gangs and youth violence. The audit findings, alongside some wider research, led to the agreement to develop a more focused multi-agency approach to gangs and youth violence. This work will take place during 2017/18.

Learning

A learning event was held in July 2016 which focused on learning from national and local SCR and Critical Case Review activity, led by the Detective Chief Inspector of the Child Abuse Investigation Unit and the LSCB Business Manager. It was attended by 38 delegates from a variety of agencies and was given positive feedback with delegates saying that it was: *clear; useful; informative; revealing; valuable; thought-provoking; stimulating; realistic; interactive; fantastic content; valued multi-agency presence; the event brought professionals together.*

The SCR subgroup has continued to review publications of Serious Case Reviews and also completed a gap analysis using the SCIE – NSPCC Overview of Collation of Serious Case Reviews as a framework. This enabled the LSCB to seek assurance of agency compliance with safeguarding issues and a continued focus on areas for improvement.

Quality Assurance

The Quality Assurance subgroup undertook multi-agency audits on domestic abuse, adult mental health, and gangs and youth violence. Each audit highlighted issues and areas for development for individual agencies as well as wider strategic issues, and relevant learning and recommendations have been incorporated into the LSCB training programme.

The audit findings identified the need for a more comprehensive overview of the issues and challenges of violence and gangs and greater awareness of the impact of this emerging issue for Slough. A multi-agency strategy on gangs and youth violence has been developed, to conclude in 2017. Guidance on gangs and youth violence has been recirculated to LSCB members for wider dissemination and training has been delivered to increase staff awareness of these issues for young people in Slough.

An updated Information Sharing policy has been agreed as part of the Pan Berkshire LSCB Child Protection Procedures which has led to improved information sharing in multi-agency forums, in particular through the MASH and SEMRAC Panels.

The Quality Assurance subgroup had a change of chairing arrangements towards the end of 2016. Membership of the group and attendance has been variable and it will be necessary to refocus on this in 2017/18 to ensure all relevant partner agencies are able to contribute to the multi-agency audit process.

Learning and Improvement

Slough was a partner in the East Berkshire Training subgroup until it was disbanded in January 2016; for the major period of time covered by this annual report we did not have a functioning Training subgroup until the Learning and Improvement subgroup was established in February 2017. There was however an active schedule of training and learning and development opportunities during this period provided by the SCST Training Officer. All training has been updated in line with changes in guidance and legislation. With the absence of a subgroup for much of the reporting year, a formal training needs analysis was begun but not completed. Instead, training was based on the previous year's training needs and in response to bespoke training requests to meet the needs of the workforce, for example, apprenticeship scheme, early years, acute service and foster carers. An honour based violence and female genital mutilation update to the step up to social work students was delivered in response to a request for greater awareness in these areas.

59 sessions have been delivered, offering 752 learning opportunities for the workforce in a range of safeguarding areas through the LSCB offer. Single agency training at targeted level is also delivered. Multi-agency targeted training was reviewed in line with feedback from delegates and as a result of this, a half-day targeted refresher course is now delivered. The targeted refresher takes into account the new emerging safeguarding themes such as modern day slavery, FGM, CSE and online grooming. An additional session was delivered in response to demand for places.

Multi-agency CSE training was reviewed by the CSE subgroup and three levels have been introduced: basic (ELearning), targeted (delivered in house) and specialist (commissioned externally). CSE training has been promoted to ensure staff are able to recognise CSE and use the risk indicator tool effectively. Training provided for 860 taxi drivers licensed in Slough on recognising and responding to concerns about adults at risk and child sexual exploitation was the first program of its kind in Berkshire.

Education

This group was not established during 2016/17. A programme of school Self Evaluation Safeguarding Reports was initiated under Section 175 of the Education Act. This programme has been reviewed and incorporated into the work of the Education subgroup established in April 2017.

Strategic Child Sexual Exploitation (CSE)

The purpose of the Strategic CSE subgroup is to bring together key partners to ensure an effective response to children and young people at risk of, or subject to, child sexual exploitation, missing and child trafficking. The subgroup meets every 6 weeks. The main activity is to lead the implementation of the CSE Strategic subgroup action plan. Close working with the Learning and Improvement

subgroup ensures that training is not duplicated, is attended by appropriate staff and specialist training content is reviewed to ensure it meets the needs of the workforce and local communities. Achievements by the CSE subgroup are outlined under Theme 3 above.

An area of focus for the coming year is to ensure all partner agencies contribute consistently to the subgroup.

Female Genital Mutilation (FGM)

The FGM subgroup meets monthly and includes representation from Slough Borough Council, Slough Children's Services Trust, schools, Slough Clinical Commissioning Group, Thames Valley Police, Berkshire Healthcare NHS Foundation Trust and Frimley Health NHS Foundation Trust.

In June 2016, the Slough LSCB Strategy to Combat Female Genital Mutilation was published. The strategy sets out the local plan for tackling the illegal practice of female genital mutilation (FGM) in Slough. It recognises the interconnectedness of the FGM agenda with that of other forms of violence against women and girls. The intended outcomes of the strategy are that we have:

- instigated measures to prevent and ultimately eliminate the practice of FGM;
- the ability to identify when a child may be at risk of being subjected to FGM and respond appropriately to protect the child;
- the ability to identify when a child has been subjected to FGM and respond appropriately to support the child.

It is the responsibility of the FGM subgroup to develop and implement an action plan in support of the priorities set out in this strategy. The action plan encompasses violence against women and girls (VAWG), including FGM, child sexual exploitation, honour based violence and domestic abuse. Completed actions in the reporting year include: adoption of the Home Office VAWG strategy by the Safer Slough Partnership; actions to raise awareness of the new policing model and how it will support the identification of perpetrators and public protection; and a letter to all schools to raise awareness of FGM.

Pan Berkshire Subgroups:

Section 11 Panel

This pan Berkshire panel oversees the Section 11 Children Act 2004 process for all Berkshire wide organisations and the six local authorities to support improvement. Through a rolling programme, it reviews and evaluates Section 11 returns of the full three yearly audit in order to assess agencies' compliance with the duty to safeguard and to identify and share learning. The subgroup also reviews and evaluates those organisations' mid-term status of compliance against the three yearly full audits and provides support as needed. A sixth monthly and annual report is provided and members take responsibility for feeding back these updates to their respective LSCBs.

Since March 2016, three S11 meetings were held with two additional meetings to complete the Local Authority Audits which had been submitted late. Membership is now more comprehensive, but continues to lack consistent attendance from Children Social Care managers. The LSCB acknowledged that this is an issue for Slough that requires addressing and has sought to ensure improved attendance.

In the reporting year, the panel reviewed its tool and format, agreeing actions to make processes as robust as possible. Guidance notes have been revised and made more explicit.

Policy and Procedures Subgroup

Slough LSCB uses the *Pan Berkshire Child Protection Procedures* and the development and review of these are the responsibility of a pan Berkshire subgroup which reports to each of the six Berkshire LSCBs. This subgroup meets quarterly to identify areas that require review, ensuring policies and

procedures are kept up to date and communicating changes to the LSCB partners. Significant amendments are presented to the six LSCBs for endorsement. Slough LSCB hosted this subgroup until December 2016 but it has since moved to a shared arrangement between Bracknell and Reading LSCBs. The subgroup routinely considers findings from audits, inspections and reviews in order to identify whether changes to the procedures are required.

Agreed changes to the procedures were uploaded in January 2017 and an update on the changes were included in a Policy and Procedures Newsletter which was circulated to all six Berkshire LSCBs for onward dissemination to staff. Further changes were agreed in February to the Information Sharing Agreement, Escalation Policy, Strategy Meetings Timescales and Frequency of Child Protection Plan social work visits. These amendments will be included in the next update in July 2017, along with two new chapters on 'Dangerous Dogs' and 'Modern Slavery' and additional changes to the Domestic Abuse chapter.

Chapters on Child Protection conferences, bullying, organised and complex abuse, and neglect will be reviewed early in the coming year.

Child Death Overview Panel (CDOP)

The CDOP has a statutory function for reviewing the deaths of all children (0 to 18 years) in Berkshire. Through a comprehensive and multi-disciplinary review of child deaths, the aim is to understand why a child died and use the findings to take action to prevent other deaths and improve the health and safety of all our children. Learning is shared regionally and nationally so that it has a wider impact.

The Panel met regularly throughout the year, with good partnership representation. There were 46 deaths in 2016-17, which reflects a downward trend since April 2011. The Panel reviewed 53 cases, including some deaths notified in the previous year but not reviewed until this year. In Berkshire 92% of cases were reviewed within 12 months, compared to 76% nationally. 68.8% of actual deaths were of children under 1 year which is broadly consistent with the national figure of 66%.

In response to the high proportion of neonatal deaths among the overall numbers of child deaths reviewed, the Berkshire CDOP established a specialist panel to better consolidate learning. Most deaths are due to congenital anomalies and/or perinatal medical problems, particularly complications of prematurity and low birth weight.

Modifiable factors are defined as 'those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced.' Nationally, the proportion of deaths assessed as having modifiable factors remained unchanged at 27%. Locally, 11% of cases were assessed as having modifiable factors, which included co-sleeping with an infant, alcohol consumption, consanguinity, untreated UTI in mother before delivery and missed opportunity.

During the last six years, the number of unexpected deaths continues to show a downward trend and over 90% of all deaths now occur within a hospital setting. 11 cases of unexpected deaths were reviewed in 2016-17. All have documented rapid response reviews. Learning led to the following procedural changes for health services (particularly hospitals or ambulance services):

- A consultant and anaesthetist should always be called for a second opinion following a sudden deterioration.
- A member of staff should be appointed to take notes e.g. junior nurse, A&E nurse or junior doctor to ensure case documentation is accurate.
- All second presentations at A&E should have a senior review.
- A review of the sepsis triage tool and a collaboration of practice over the county.

- Training for health care professionals should include recognition of shockable heart rhythms and defibrillation.

The full annual report will be published on the CDOP website:

<http://www.westberkslscb.org.uk/professionals-volunteers/cdop/>

Child Sexual Exploitation Leads (CSE)

Although not strictly a subgroup of the Board, the CSE leads from the six Berkshire local authorities meet regularly to share good practice and initiatives and identify areas for joined up working.

4. Safeguarding Performance in 2016-17

Contacts

From 1 April 2016 to 31 March 2017 there were 9,861 contacts made to Children's Social Care, down from 11,145 in the previous year. There has been a change in the way these figures are recorded, therefore we may continue to see some changes as the new system is embedded.

Referrals

In the same year, there were 2,219 referrals, down from 2,774 in the previous year.

The rate of referrals per 10,000 0-17 year old population was 535.9, which is lower than the previous year's rate (670). Comparator figures are only available up to March 2016: the rate was lower than the statistical neighbour rate (586.2), but higher than the England rate (532.2).

Of the 2,779 referrals received in the year, 96.5% led to an assessment being undertaken; this was similar to the proportion in the previous year (97.6%).

Repeat Referrals

The proportion of referrals that were repeat referrals was 20.4% in the reporting year; this was slightly higher than the proportion in the previous year (18.5%). Our proportion of repeat referrals was similar to statistical neighbours (18.9%) and slightly lower than England (22.3%).

Single Assessments

In the reporting year, 2,134 single assessments were started; this was lower than the number in the previous year (2,686). 2,355 assessments were completed and authorised in the year, compared to 2,601 in the previous year. Of these, 78.8% were completed within 45 working days; this was slightly lower than the proportion in the previous year (81.8%).

Section 47 Investigations

885 Section 47 investigations were completed in 2016-17; this was slightly lower than the previous year (918). Of these, 317 led to an Initial Child Protection Conference (35.8%); again this was slightly lower than 356 in the previous year (38.8%).

Initial Child Protection Conferences in Timescales

A total of 331 ICPCs took place; this was similar to the previous year (345). 272 of these (82.2%) were held within 15 working days; this was similar to the proportion in the previous year (82.9%) and was above the statistical neighbour (75.6%) and England (76.7%) rates.

Children with a Child Protection Plan on 31 March 2016

On 31 March 2017 there were 157 children who were subject to a Child Protection Plan; this was much lower than the previous year (225). This is a rate of 38.7 per 10,000 0-17 year population, which was below the previous year's figure (54.3) as well as the statistical neighbour (47.1) and England (43.1) rates.

Children in Care

On 31 March 2017 there were 197 children who were looked after; this was a slight increase from the figure of 185 at 31 March 2016. This is a rate of 48.6 per 10,000 0-17 year old population, which is slightly above the previous year's rate (44.7) but remains significantly below the statistical neighbour (59.4) and England (62.0) rates. Note that, unlike those above, the statistical neighbour and England rates in respect of children looked after are at 31 March 2017.

Placement Stability (this is determined by the length of time in placement and the number of placement moves)

On 31 March 2017 12.7% of children had experienced three or more placement moves within the year; this represented a decrease compared to the figure of 15.0% at 31 March 2016, but is still above the statistical neighbour (10.7%) and England (10.0%) rates.

On 31 March 2017 66.0% of children in care under the age of 16 had been in a stable placement for at least two years; this represented an increase compared to the figure of 63.0% at 31 March 2016 but is still slightly below the statistical neighbour (68.3%) and England (68.0%) proportions.

Due to changes made by the Department for Education, these statistical neighbour and England figures are as at 31 March 2016, as no later comparator figures are yet available.

Health and Dental Checks for Children in Care

On 31 March 2017 82.1% of children in care were up to date with all of their health checks; this was below the figure at the end of the previous year (92.9%).

Percentage of children in Care Adopted or Granted a Special Guardianship Order

On 31 March 2017 16.4% of children in care had been adopted or granted a Special Guardianship Order (SGO); this figure is based on the number of adoptions and SGOs in the previous 12 months compared to the number of children in care as at 31 March 2017 who had been looked after for at least 6 months. This was a smaller proportion than the previous year (32.1%) but the figure is susceptible to changes in the cohort of children looked after.

Parental Factors

The most common parental factors applying to all open cases, in descending order, are:

- A known history of domestic abuse (victim)
- A known history of domestic abuse (perpetrator)
- Parental mental health
- Substance abuse
- Alcohol abuse.

These are the same factors, in the same order, as at 31 March 2016.

5. Priority areas for 2017-18

Objective 1: The LSCB will have a programme of effective monitoring and quality assurance of multi-agency safeguarding practice. Actions include: a rolling programme of multi-agency thematic audits; a local three yearly cycle of S11 self assessment activity for identified services and agencies; a local programme of S175 self assessment activity to inform safeguarding in schools.

Objective 2: The LSCB will be informed by a robust approach to the analysis of data and information that is qualitative and quantitative and leads to ongoing improvement activity. Actions include: a multi-agency dataset that enables the LSCB to identify and understand safeguarding issues so that it can respond with appropriate challenge and action.

Objective 3: The LSCB will have oversight of the effectiveness of safeguarding across agencies and will hold partners to account where necessary. Actions include: a challenge and escalation log to be used effectively by partners so that there is a clear record of the challenges made through the LSCB and a record of the impact and outcomes of these challenges; results of S11 and S175 audits to be analysed by subgroups and progress reported to the LSCB.

Objective 4: The LSCB will share learning and improve front line practice through an evidence informed learning and development programme. Actions include: an annual, multi-agency training needs analysis to inform the ongoing training programme which can be accessed by all partners, including the voluntary and community sector; a mechanism to evaluate the quality and impact of training; dissemination of learning from serious case reviews across the workforce through a variety of ways.

Objective 5: The LSCB will have clear mechanisms in place to communicate effectively with partners and stakeholders. Actions include: improved communication across the subgroups to reduce duplication and provide opportunities to share practice; promotion of the LSCB's roles and responsibilities by board members to increase awareness within their own agencies; promotion of the LSCB and its work through a new website, social media, public awareness raising events, leaflets and newsletters.

Objective 6: The LSCB will work closely with other partnerships to ensure individual accountability and shared responsibility for safeguarding and promote joint working around mutually agreed safeguarding priorities. Actions include: ensure stronger connectivity and coordinate service delivery between the SAB and the LSCB through the development of a Joint Business Unit; ensure strong and effective links with other multi-agency boards so that learning is shared and a coordinated response is made where safeguarding issues cut across agendas; ensure Board membership is representative of the partner agencies in Slough, including lay members and the voluntary and community sector; ensure partner members contribute to Pan Berkshire subgroups as necessary to ensure there is a coordinated and consistent approach across Berkshire.

6. Achievements by partner agencies

Berkshire Healthcare Foundation Trust

BHFT have continued to work closely with other organisations and partners agencies. This includes multi-agency audits, provision of targeted level three training, membership of forums and provision of advice to partner agencies on the services within the Trust. The Trust is represented at all relevant LSCB subgroups by the Safeguarding Children Team, with senior management representation on the LSCB.

Named professionals work closely with their safeguarding colleagues across Berkshire, participating in serious case reviews and meeting regularly to share information, influence policy change and discuss relevant cases to influence continued improvement and increased knowledge in safeguarding.

Achieving training compliance has been a priority for BHFT this year and the Trust have achieved compliance above 90% to all levels of safeguarding children training during 2016/17. The safeguarding children and adults teams amalgamated during 2016/17 to facilitate a more joined-up 'think family' approach to safeguarding. Specialist child protection supervision has been extended to all staff groups who work directly with children during the year.

Frimley Health NHS Foundation Trust (Wexham Park Hospital)

Frimley Health Trust (HWPH) has experienced recent staff changes within the Safeguarding Children Team. A newly appointed Lead Named Nurse for Safeguarding Children commenced in May 2017 and a Specialist Nurse for Safeguarding Children has recently been appointed. The team is further complimented by a Named Doctor, a Paediatric Liaison Health Visitor and a senior administrator. Specialist staff are based in maternity (Named Midwife), Neonatal Unit and the Emergency Department.

The Trust is represented at the Slough LSCB by senior post holders (namely the Named Doctor for Safeguarding Children or the Lead Named Nurse) and on of a number of subgroups. The relationships developed through the LSCB enable Frimley Health Trust to provide best practice, up to date safeguarding training, supervision and care to children, young people and families. Strong links have been established within Slough LSCB to provide joined up support in areas such as youth gang violence and child sexual exploitation.

During the reporting year, the Named Nurse for Safeguarding Children recognised an increase and potential trend of violence amongst young people living in Slough Borough attending Wexham Park Hospital Emergency Department. The injuries related to stabbings and involved weapons. The children injured ranged between 14-17 years old. Recognition of the trend was shared with partner agencies (Designated Nurse, Police, Slough Children's Trust) leading to further discussion at the LSCB Quality and Assurance Group. Timely sharing of the information was key to providing effective help for young people and helped to raise awareness of the current gang situation in Slough. The Slough Youth Violence Group received a commendation from the Home Office. Gang violence is now included in safeguarding children training.

Healthwatch Slough

During 2016/17 Healthwatch Slough commissioned Slough Refugee Support to undertake some awareness raising workshops to highlight the fact that Female Genital Mutilation (FGM) existed and was practiced not only in countries across the world but also in the UK, including Slough, provide information and advice on concerns raised by either families or their children, and strengthen the voice of women and communities speaking out against FGM.

Healthwatch Slough also developed a fun initiative to engage local children and to gather information about their understanding and experience of health, wellbeing and related local services. The initiative was carried out in partnership with Slough Libraries, Public Health team and two local schools. Healthwatch Slough delivered a talk at two school Food Fight events (no actual food was wasted in this process!) Children who participated in the sessions received a goodie bag containing a quiz card from Healthwatch Slough. The quiz was also available in local libraries and at local community events. 168 children completed and returned the quiz card. Their responses provided valuable insight into their perspectives on staying happy and well, including their awareness of local health services. In response to the questionnaire findings, Healthwatch Slough recommended seven actions to improve children's health and wellbeing in Slough.

During the year, Healthwatch Slough worked with organisations to raise awareness of young carers and the challenges they face.

Healthwatch Slough also held a number of 'talking shops' with statutory and voluntary organisations which have enabled people to find out more about opportunities, projects and initiatives for supporting wellbeing throughout communities, including for children and young people.

Slough Clinical Commissioning Group

A new named safeguarding professional to work with the Deputy Director of Nursing was appointed. The post of Associate Director of Nursing incorporated the Looked After Children designated nurse role. Achievements so far include an East Berkshire multi-agency liaison group, lobbying for health assessments for LAC children placed 20 miles away from Slough and production of health passports.

An audit of GP case conference reports was completed in March 2017. Primary care safeguarding self-assessments were reported to the Section 11 panel, with gaps addressed in the 2017-18 plan and used to inform GP training.

Primary care safeguarding training took place in autumn/winter 2016 with an emphasis on the Care Act, care homes, MCA/DOLs and lessons from national and Berkshire serious case reviews. Safeguarding level 3 training was delivered to each CCG based training event in the winter of 2016. A safeguarding training strategy for CCG staff was developed, with the addition of Prevent ELearning as a mandatory requirement. The CCG has been successful in a £15,000 bid to fund a conference across east Berkshire against violence and exploitation, scheduled for November 2017.

The concealed pregnancy guidance and the bruising protocol guidance have been updated and republished in the Berkshire Child Protection Procedures. The CCG safeguarding policy in relation to allegations against staff was updated in January 2017.

Communication has taken place with primary care providers regarding the DoLS interim statement and impending statutory changes, and children who are at risk of sexual exploitation. A safeguarding newsletter was published in the summer of 2016.

Slough Children's Services Trust

Slough Children's Services Trust (SCST) was established as a not-for-profit trust on 1 October 2015 after intervention by the Department for Education to remove children's services from Slough Borough Council, following a series of 'inadequate' ratings.

The Trust in partnership with Slough Borough Council submitted an improvement plan in June 2016 which laid out the key recommendations made by Ofsted and what actions the Trust and partners were taking to address the recommendations. A multi-agency Joint Improvement Board was established to oversee the delivery of the plan and progress areas of concern.

A key task for the Trust in its first year was to develop a model of working that was evidence based and proven to make a difference to children and young people. The 'Safe, Secure, Successful' approach is based on working in Hubs which include Consultant Social Workers, Senior Social Workers, Social Workers, Child and Family workers with a Clinician in place for each Hub to support the systemic approach to social work. This model is now implemented across the Trust and an evaluation of the impact on families called 'Measuring What Matters' has been commissioned through Bedford University, to conclude in 2017/18.

The Trust has established a clear single point of contact for all referrals and the revised threshold document is used to inform decision making. Ofsted reviewed the First Contact service during a monitoring visit in November 2016 (<https://reports.ofsted.gov.uk/local-authorities/slough>). Ofsted said that they saw evidence of the multi-agency threshold document being used at the front door and that social workers made timely decisions. Ofsted monitoring visits continue into 2017/18 as part of the ongoing programme of improvement and support.

The Multi-Agency Safeguarding Hub was launched fully in September 2016 and this has been an important part of ensuring a multi-agency response to referrals that have been made and is an important part of the pathway for children and families.

The Trust was also successful in securing innovation funding to offer a multi-agency approach to helping families before statutory intervention is required. This team includes a domestic abuse worker, drug and alcohol worker, Family Group Conference Coordinator and Child and Family workers.

The PAUSE project (providing direct support to mothers who have had more than two children taken into care) will also work alongside the new hub to prevent more children coming into care and support women who are vulnerable to this happening.

In reviewing the Private Fostering arrangements in Slough Children's Services Trust the following activity has taken place to ensure that there is compliance with the Private Fostering standards:

- A Private Fostering Statement of Purpose was completed in 2014 by Slough Borough Council; this has been updated in 2017 and is published on the Trust website.
- An information sheet on Private Fostering has been written and has been circulated widely to a range of partners and stakeholders including all schools, Children's Centres, Early Years network and LSCB members for onward dissemination.
- Slough Children's Services Trust website contains information about private fostering which can be accessed at: <http://www.scstrust.co.uk/what-we-do/fostering/private-fostering/>
- Private fostering is addressed in targeted safeguarding training.
- Cases that were identified as Private Fostering have been reviewed to ensure compliance with the standards.
- Slough Children's Services Trust has a nominated manager with lead responsibility for Private Fostering and will be responsible for future reporting to the LSCB.

Slough Council for Voluntary Services (CVS)

Over the last year, Slough CVS has continued to inform the voluntary sector of the importance of safeguarding children and young people in Slough. A weekly electronic newsletter is emailed to over 400 recipients a week and includes messages from the LSCB. An important impact of the work of the CVS is to develop a workforce equipped to deliver effective, safe and quality provision to children and young people in Slough and the use of a quality assurance toolkit has supported the voluntary sector staff delivering robust and safe practices.

Thames Valley Police

Thames Valley Police (TVP) have delivered the initial Safeguarding Vulnerability and Exploitation (SaVE) training and awareness programme to all front line staff and are currently delivering SaVE 2, SaVE specialist and SaVE for Leaders inputs. The programme is designed to improve staff ability to recognise vulnerability and ensure appropriate steps are taken to manage the associated risk. It involves the use of the ABCDE vulnerability tool to support a consistent approach and response.

TVP's dedicated review team conducted a thematic review of all Serious Case Reviews (SCRs) and Domestic Homicide Reviews (DHRs) for which an Independent Management Review was completed in the last five years and identified five themes which have subsequently gone on to inform the Force's Delivery Plan, Strategic Assessment and the training delivery of the SaVE programme, including the dissemination of organisational learning. HMIC commented that this is the first time they have seen a force complete this piece of work and that they see this as excellent practice.

TVP have changed their performance framework which now involves Force meetings around areas of risk including a number of the vulnerability strands. There are now dedicated meetings for child protection, CSE and missing, honour based abuse, forced marriage, female genital mutilation and domestic abuse, chaired by either the Deputy or Assistant Chief Constable. These are attended by key stakeholders from across the Force and the emphasis is on identifying areas of risk, areas for improvement and recognising and developing best practice. HMIC have commented on this approach being the 'Jewel in TVPs crown'.

TVP have developed its Performance Team into the Service Improvement Unit working to the new framework. This has significantly improved the ability to undertake single and multi-agency audit activity with delivery of a consistent standard of product. Internal audits in the last year include a review of data quality in MASH referrals and a review of decision making by TVP within the MASH.

Youth Offending Team (YOT)

Work with partners, young people and their families, in respect of safeguarding, continues to be evident with attendance from the YOT team at strategy and professionals meetings. All staff are up to date in respect of safeguarding training and CSE training.

This year, Slough YOT continued to see a rise in the number of young people involved in serious youth violence or having gang affiliations. In order to safeguard those individuals involved with gangs, Slough YOT has implemented a robust programme of activities and interventions to address offending behaviour. This resulted in a 'Real World' group programme which targeted the siblings of young people who commit violent offences. At the time of writing, only one out of six young people who completed this group have come to the attention of the courts.

Slough YOT attends and contributes to Slough Violence Multi-Agency Panel, the recently established Organised Crime Group and the Local Police Area Gangs Meetings which seeks to reduce violent activity via problem solving and supporting enforcement activity. Work around gangs and serious youth violence is in line with findings highlighted in the County Lines Gang Violence, Exploitation and Drug Supply 2016 published by the National Crime Agency. The YOT seeks to work with various organisations that aim not only to safeguard but also to protect the public, such as the embryonic working relationship with East Berkshire College.

Appendix A

Glossary

BHFT	Berkshire Healthcare Foundation Trust
CCG	Clinical Commissioning Group
CSE	Child Sexual Exploitation
CP	Child Protection
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
Engage	A project initiated by the Young People's Service and aims to support young people at risk of sexual exploitation through 1:1 and group support sessions
FGM	Female Genital Mutilation
FM	Forced Marriage
HBA	Honour Based Abuse
HMIC	Her Majesty's Inspectorate of Constabulary. HMIC independently assesses police forces and policing.
IMR	Independent Management Review
JTAI	Joint targeted area inspections involving Ofsted, Care Quality Commission, HMI Constabulary and HMI Probation.
LSCB	Local Safeguarding Children's Board
MASH	Multi Agency safeguarding Hub
MCA	Mental Capacity Act
NRM	National Referral Mechanism for exploited and trafficked children
Prevent	One stream of the Government's Counter-Terrorism strategy; the aim is to work with communities in order to avoid violent extremism being supported.
RBFRS	Royal Berkshire Fire and Rescue Service
SAB	Safeguarding Adults Board
SAVE	Safeguarding Vulnerability and Exploitation
SCAS	South Central Ambulance Service
SCST	Slough Children's Services Trust
Section 11	Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to

others, are discharged having regard to the need to safeguard and promote the welfare of children

Section 175 Under Section 175 of the Children Act 2004 the schools safeguarding audit is designed to assist schools in ensuring that they have the evidence to show that their safeguarding procedures are robust and to identify any actions needed to make improvements regarding their safeguarding responsibilities.

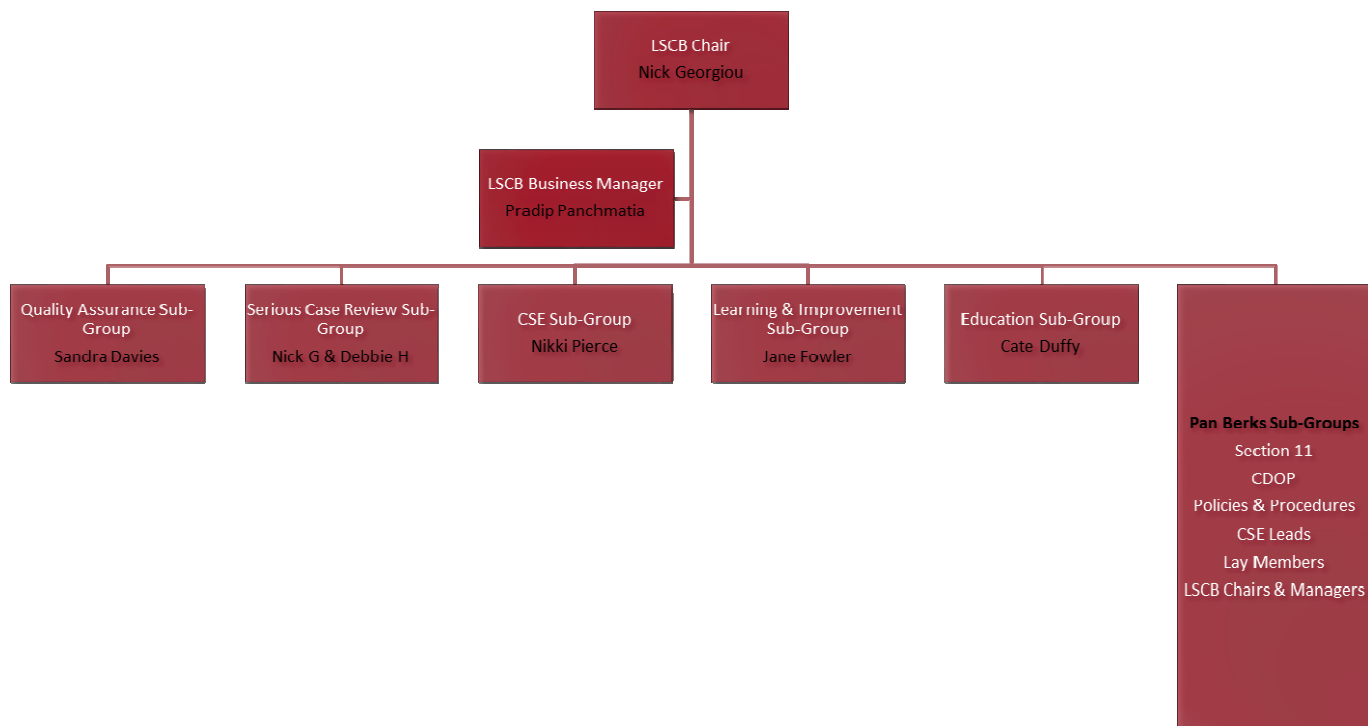
SEMRAC Sexual Exploitation and Missing Risk Assessment Conference

Slough CVS Slough Council for Voluntary Services

TVP Thames Valley Police

WRAP Workshop to Raise Awareness of Prevent

Appendix B Slough LSCB Structure Chart



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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15th November 2017

CONTACT OFFICER: Dean Tyler, Service Lead Strategy & Performance,
Slough Borough Council
(For all Enquiries) (01753) 875847

WARD(S): All

PART I

FOR DISCUSSION

CAMPAIGN PROPOSALS FOR THE SLOUGH WELLBEING BOARD ON THE FOLLOWING WICKED ISSUES: OBESITY, POVERTY AND SOCIAL ISOLATION (LINKED TO MENTAL HEALTH)

1. **Purpose of Report**

To review draft proposals to launch a number of public awareness campaigns on obesity, social isolation, poverty and mental health.

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

The Board is recommended to:

- 1) Note the recommendations at section 6; and
- 2) Commit to a number of public awareness campaigns to be run locally and on behalf of the Wellbeing Board, on obesity, social isolation, poverty and mental health.

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

The campaigns will be planned using data and Intelligence from the JSNA and from partners, including:

- the demography of Slough
- the differing needs of communities in Slough
- the services currently available to slough residents

The proposed campaigns will contribute directly to the delivery of the following SJWS priorities: *priority 2 increasing life expectancy by focussing on inequalities and priority 3 improving mental health*

They will also contribute to the delivery of the following council's **Five Year Plan** outcomes: *outcome 1 – our children and young people will have the best and outcome 2 - our people will become healthier and will manage their own health, care and support needs.*

4. Other Implications

- a) Financial – No financial implications arise from this report.
- b) Risk Management - The following early risks to the campaign have been identified.

Recommendation	Risk/Threat/Opportunity	Mitigation(s)
Campaigns are launched within required timeframe	Campaigns can't start on time	The project timings will be carefully planned in agreement with SWB Chair and vice chair and relevant communication teams
Campaigns will use existing resources	Those resources will not be available to lead on this agenda and that the impact of these issues continues to cost society and the individual.	The task and finish groups will identify the resources required during each start up phase
Campaigns take account professional opinion	Lack of engagement from public, partners and stakeholders	Wide dissemination of fact sheets and direct emails to key partners and stakeholders A range of methods will be used to engage and involve the public in the campaigns / events

- c) Human Rights Act and Other Legal Implications – No human rights implications arise.
- d) Equalities Impact Assessment – The proposed campaigns aim to improve health and wellbeing outcomes for all residents in Slough.
- e) Workforce – No work force implications arise from this report.

5. **Summary**

This report proposes a number of public awareness campaigns to support local action to tackle obesity, social isolation, poverty and mental health throughout 2018.

6. **Supporting information**

- 6.1 The Wellbeing Board agreed when it met in September 2017 to establish a small group to look at the feedback received on the three wicked issues from the Partnership Conference (plus mental health) and come up with proposals for how a coordinated partnership campaign might be developed for roll out in 2018.
- 6.2 This small 'Sponsor group' met on 2 November to review the summary of the world café discussions on the three wicked issues (see appendix A) and agree next steps. Members of this group include Alan Sinclair, Gavin Wong, Nicola Strudley, Dean Tyler and Amanda Renn.

Coordinated partnership campaign proposal

- 6.3 The key recommendations of the 'Sponsor group' are to:
- 1) Run a separate public information campaign on each of the wicked issues discussed at the partnership conference and mental health throughout 2018.
 - 2) Link the timing of these campaigns to existing national or local campaigns wherever possible (e.g. World Mental Health Day) and build on existing work in these areas. A diagram showing how this might work in practise is attached at Appendix B.
 - 3) Use the NHS "One You" branding (<https://www.nhs.uk/oneyou>) for each of the campaigns i.e. One You: Get Active (for obesity), One You: Get Connected (for loneliness and social isolation) and One You: Be Resourceful (poverty).
 - 4) Kick start the year by focussing on One You: Get Active (obesity) campaign.
 - 5) Structure the time allocated for each campaign to include planning, 3 week intensive activity and evaluation phases. A diagram showing how this might work in practise and the separate activities that could be undertaken under each phase (using One You: Get Active as a theme) is at Appendix C.
 - 6) Establish dedicated task and finish groups for each theme and direct these groups to:
 - a) Create a dedicated fact sheet to be shared with key partners, stakeholders and practitioners to increase their knowledge and understanding of each issue and providing information and advice on the range of local services and activities that are available and which we should like them to actively publicise and promote to the public during the campaign.
 - b) Identify and agree a number of extra projects that the Wellbeing Board and partners might like to get behind e.g. getting the Daily Mile into every primary school, increasing number of people attending Slough Park run each week etc.
 - c) Identify and agree a list of potential partners to get involved in each campaign (i.e. staff, board members, celebrities, patrons, volunteers, community groups, politicians, businesses and other partners) and consider what we might like

them to do i.e. do we want partners to simply share data/information with us, promote the campaign on social media, or take a more active role i.e., such as host a pop up event in the community, participate in media interviews etc.

d) Identify the key measures of success to evaluate each campaign to feed into and inform the next campaign on the list.

7) Share the cumulative effectiveness of these campaigns with partners at the 2018 conference and agree next steps/activities for 2019.

8) Create a logo and distinct branding for the Wellbeing Board so that these campaigns are suitably branded.

9) Register a separate domain name for the Wellbeing Board and create a dedicated website for it so that information about these campaigns can be shared with the public from this platform.

7. **Comments of Other Committees**

7.1 This report has not been presented to any other committees.

8. **Conclusion**

8.1 The creation of a number of time limited Wellbeing Board led campaigns on a series of wicked issues facing Slough will help inform future plans for tackling these issues locally. The campaigns will also help support the delivery of the following outcomes:

- Delivery of the Wellbeing Strategy priorities
- Enable partners to see the Wellbeing Board as a strategic body with influence to deliver real change
- Improve public awareness of the Wellbeing Board
- Provide opportunities to increase knowledge of services and schemes via multidisciplinary working
- Encourage individual responsibility for health and lifestyle and related behaviour change

9. **Appendices**

A - Summary of the world café discussions on the three wicked issues at the 2017 Partnership Conference

B - Diagram showing the timing of the proposed campaigns

C - Diagram showing how the campaigns might be structured and the separate activities that might need to be undertaken under each phase

10. **Background documents**

None

Appendix A: Summary of the world café discussions on the three wicked issues at the 2017 Partnership Conference

Activity 1: Obesity

Drivers of Obesity

- Normalised community and individual behaviour
- Intergenerational Obesity
- Everything in life is too easy (people do not make the effort)
- Calorie intake and poor portion control
- Incorrect food labelling
- Fast food is usually convenient
- Lack of engagement in Schools
- People feeling unsafe to do outdoor physical activities
- Busy lives leaves no time to be active

How do we change behaviour?

- Reduction in takeaways or options to make them healthier
- Better parental engagement in both physical activity and healthy eating with children
- Better engagement from schools with Physical Activity
- Making the Council lead by example
- Better promotion of what is already available for physical activity
- Promote safe outdoor opportunities and change perception of danger outside for being active
- Better use of communication and technology to promote healthy living

Activity 2: Poverty

Causes of Poverty

- Low wages, hence low income (not having enough to live on)
- Changing living standards and expectations (finding yourself unemployed)
- Lack of training (or access to affordable training) to improve job prospects
- Lack of awareness of job opportunities
- Lack of knowledge of benefits you are entitled to
- Breakdown of family units (e.g. finding yourself as a lone parent with no second income)
- Benefit delays and changes
- Changes in life circumstances
- Enforced zero contract hours
- Gambling
- Finding yourself in a debt-trap
- High cost of fuel (fuel poverty)

Solutions

- Early identification within schools and offer support through Early Help

- Encourage families to grow their own vegetables
- Support cooking together programmes
- Emergency payments for those with delayed benefit support
- Money/Debt management programmes
- Benefit advice to make sure people get all the benefits they are entitled to.
- Encourage apprentice programmes to all school leavers from people with low income
- Target poverty in old age
- Making sure rent is affordable through legislation
- Build more affordable homes
- End zero contract hours to those that are considered victims
- Dressing inequality
- Make living wage mandatory

Activity 3: Social isolation and loneliness

Differentiate between the two:

Isolation: Disconnected

Lonely: State on mind (you can be isolated but not lonely. Some people like their own company)

There are wrong assumptions that social isolation and loneliness only applies to the elderly. This is not so. Everyone can be isolated / lonely as this is not age specific. Even young people can feel disconnected, leading to mental health problems

Causes

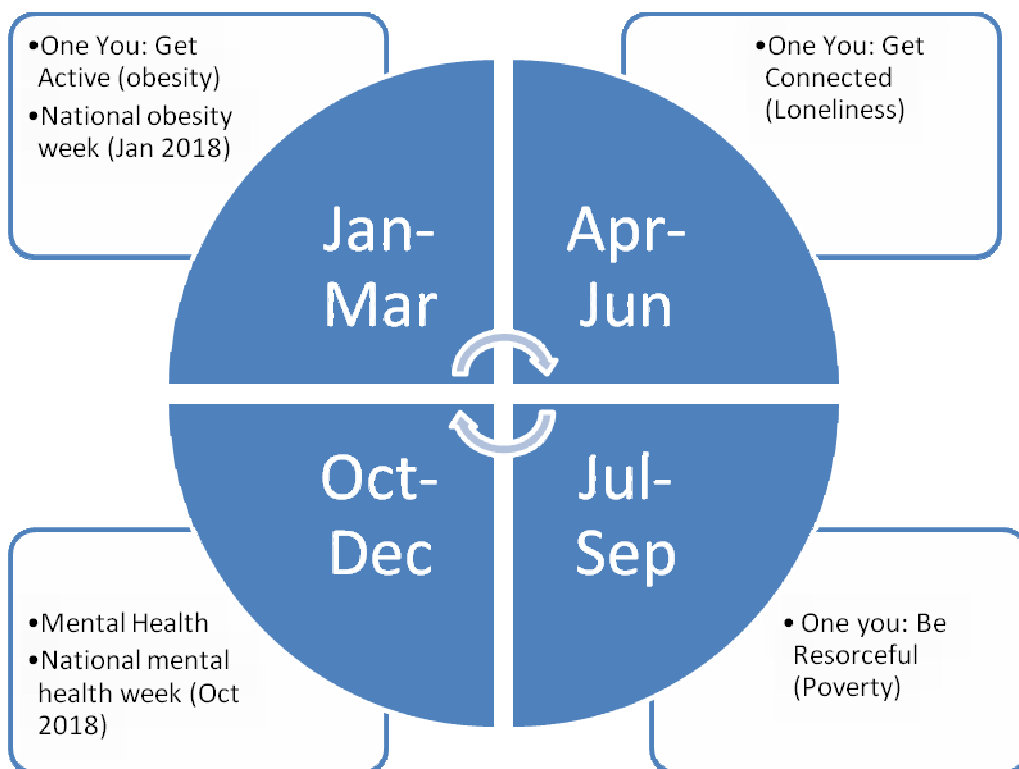
- Emotional mental health
- Physical health (not being able to physically go out and socialise)
- Fear
- Poverty – geo-social economics
- Lack of tolerance of others
- Age factors
- Being withdrawn, which creates a negative perception of social conditions
- Community conditions, which creates silos / exclusive mentalities

Solutions

- Positive community activities for those identified as lonely
- Develop a work life / social balance
- Develop emotional literacy and healthy relationships
- Allow exposure to life experience
- Offer and facilitate mechanisms for people to normalise feelings and create safer spaces to be themselves
- Buddy referral programmes for young people
- Run integration project that link the young people with the elderly (and make home visits) through Slough Youth Parliament / Schools / Adult Social Care through volunteering programme – step up to save
- Tackle fear of crime – specifically targeted to key areas

- Deal with cyber bullying especially for isolated young people
- Encourage volunteering to help those that need support and give yourself sense of purpose (retirement offer)
- Encourage family pubs and clubs events
- Deal with stigma attached to admitting to loneliness
- Town regeneration opportunities to foster greater sense of community – and set up local community events
- Age UK telephone befriending service– where friendships could be developed
- SPACE “One Place” to make links and have conversations with other people
- Fire Services safe and well programme
- Proactive early identification via “tell us once”
- Business conversation – asking them what they can offer to Slough
- Employers for carers – need to sign up
- Family Information Service
- Electronic and Frailty Index (EFI) use digital technology to support those feeling lonely/isolated

Appendix B: Diagram showing the timing of the proposed campaigns



Appendix C: Diagram showing how the campaigns might be structured and the separate activities that might need to be undertaken under each phase

One You: Get Active (obesity) campaign



SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15 November 2017

CONTACT OFFICER: Fatima Ndanusa/Rebecca Howell-Jones
(For all Enquiries) (01753) 875148/ (01753) 875142

WARD(S): All

PART I

THEMED DISCUSSION

PREVENTION STRATEGY

1. **Purpose of Report**

This report provides an overview of the prevention strategy workshop which aims to elicit Board input to help shape the Prevention Strategy Implementation and Action Plan. Specifically, the Prevention Strategy Project Team is requesting input from the Board to provide system leadership and strategic input to the identified priorities, in order to generate meaningful and sustainable actions to drive the prevention strategy

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

The Board is recommended to participate in a workshop to help shape the Prevention Strategy Action Plan.

The workshop will be centred on three priorities: Substance abuse, Domestic Abuse and Social Isolation.

Working in three groups as identified above, the Board will be requested to:

- explore key levers of change for health and wellbeing outcomes within their sphere of influence as system leaders
- Agree strategic approach/framework to promoting broad level action to contribute to reducing inequalities by ensuring that prevention will be at a minimum as effective in groups of the population with the worst health.

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 new Wellbeing Strategy, mainly Priority 2: Increasing life expectancy by focussing on inequalities. It also reflects a number of key outcomes in the 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** – None

- (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 – None

5. **Summary**

This item provides the Wellbeing Board with an opportunity to:

- Understand the existing and anticipated prevention challenges facing the borough;
- Discuss and influence the outcomes within the priorities that are being considered for inclusion in the Prevention Strategy to tackle these challenges;
- Provide views on the areas of concern and the identified gaps; and
- Understand the role of the Wellbeing Board in shaping the prevention strategy action plan in order to improve outcomes for people in Slough.

6. **Supporting Information**

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 or a range services that reduce needs for support among people and their carers in the local area, and contributes towards preventing or delaying the development of such needs.

On 27 September the Prevention Strategy was presented to the Board. This gave an overview of the priority areas identified and current preventative work being undertaken in the Borough as well as future developmental work being proposed.

This workshop is the next step in shaping actions, ensuring that there is strong leadership and strategic framework within which resources across the board can be organised to address the prevention needs in slough and reduce health inequalities for the people of Slough.

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
- Ensure 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 a range of services, facilities or resources which would prevent, delay or reduce and individual's 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 provides a three their 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, prevent people from being overweight and obese through physical activity and increased the use of our local assets, e.g. parks and green spaces
- 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, the delayed transfer of care
- 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 and delay. For example, delay the need for residential or nursing care

6.3 Priorities

As part of the Care Act 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 consultation with colleagues from Primary Care, Social Care, Voluntary and Community 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:

- Scrutinise the local picture (needs and trends analysis) from available data and assess needs analysis
- Identify gaps, strengths, weaknesses, opportunities, threats
- Examine/benchmark other local authorities
- Explore the Principles of the Prevention
- Agree measurable priority areas
- Agree outcomes and outputs that would be implemented in Slough
- Agree measures required 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. The priorities in **bold** will be looked at during the workshop.

- **Substance Misuse (Drugs and Alcohol Abuse)**
- Smoking
- Obesity
- Diabetes
- Cancer

- **Domestic Abuse**
- **Social Isolation**

7. **Comments from 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 Prevention Strategy implementation and action plan within the next few months. This will pull together identified gaps in current 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 Strategy action plan.

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 Prevention Strategy

10. **Background Papers**

None.

Slough Prevention Plan 2017- 2018

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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.



Alan Sinclair
Director of Adult Social Care and Wellbeing

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.

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'.

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. <ul style="list-style-type: none">• 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. <ul style="list-style-type: none">• 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. <ul style="list-style-type: none">• 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

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 femoral 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".

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 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.

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.

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

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.

<p>Joint SWB Strategy 2016 – 2020</p>	<p>The Strategy is focussed on four key priorities to improve the health and wellbeing of the people in Slough. These are:</p> <ol style="list-style-type: none"> 1. Protecting vulnerable children 2. Increasing life expectancy by focusing on inequalities 3. Improving mental health and wellbeing 4. Housing <p>The priorities are cross-cutting in nature and directly or indirectly improve outcomes. They are focussed on where real difference can be achieved</p> <p>Delivery of the Strategy is underpin five key principles, which are:</p> <ul style="list-style-type: none"> • 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.
<p>Public Health Commissioning Strategy</p>	<p>Outlines our vision to transform public health services to improve health and wellbeing for our local communities.</p>
<p>CCG Strategic Plans</p>	<p>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”.</p> <p>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.</p>
<p>Slough Borough Council's Five Year Plan</p>	<p>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 Slough are healthy, resilient and have positive life chances. Slough aims to enable more people to take responsibility and manage</p>

	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	<p>The vision for strategy is: <i>'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'</i></p> <p>To help us achieve this, the strategy has 4 key aims:</p> <ul style="list-style-type: none"> • 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. <p>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</p>
SBC Leisure strategy: Get Active Slough	<p>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.”</p> <p>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.</p> <p>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</p>
West Berkshire Health and Wellbeing Strategy 2015 – 2018: Berkshire Falls prevention	<p>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 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,</p>

	<p>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.</p>
<p>Slough CAMHS strategy (2015-19)</p>	<p>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:</p> <ul style="list-style-type: none"> • 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
<p>Mental Health: Crisis Care Concordat</p>	<p>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</p> <p>There are 14 Categories of the Concordat that are being implemented.</p> <p>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.</p> <p>Locally:</p> <ul style="list-style-type: none"> • 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.
<p>Housing Strategy 2016-2020</p>	<p>The strategy’s aim to “Joining Outcomes Together” would result in:</p> <ul style="list-style-type: none"> • 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.

DRAFT

Slough Wellbeing Board's Work Programme

January 2018 - November 2018

25 January 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Joint Strategic Needs Assessment (JSNA) redesign (progress report) (Statutory)	The Board is asked to note the progress that is being made to update Slough's Joint Needs Assessment	Rebecca Howell-Jones, Consult Public Health		No
Frimley Sustainability and Transformation Plan (STP) integration	The Board is asked to note and comment on recent activity undertaken to deliver the STP	Alan Sinclair, Director Adult Social Care		No
Scrutiny Review of CCG's Operating Plan for 2017 – 2019 (Statutory)	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
End of 1st year report/review regarding the operation of the Board's Overarching Information Sharing Protocol / Review of Protocol in light of new (national) data protection requirements to be introduced in March 2018	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	Dean Tyler, Head of Policy, Partnerships & Programmes		No

28 March 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Constitutional matters				
Nominations for the election of the chair and vice chair for 2018/19 municipal year	Members are invited to put forward their nominations for the positions of chair and vice chair in accordance with paragraph 2.7	Democratic Services		Yes

of the Board's Terms of Reference				
Discussion				
Final draft of Pharmaceutical Needs Assessment (PNA) (Statutory)	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	Rebecca Howell-Jones, Consultant Public Health		No
Director of Public Health's Annual Report 2018/19 (Draft) (Statutory)	The Board is asked to note and comment on the draft report	Judith Wright, Interim Director of Public Health, Berkshire		No
Frimley Sustainability and Transformation Plan (STP) integration	The Board is asked to note and comment on recent activity undertaken to deliver the STP	Alan Sinclair, Director Adult Social Care		No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes		No
Themed discussion				
To be confirmed	To be confirmed	To be confirmed		
Information				
Prevent Action Plan	The Board is asked to note recent activity by the Prevent Violent Extremism Group	Naheem Bashir, Prevent Coordinator	Assistant Director, Strategy and Engagement	No
BCF quarterly report (Statutory)	The Board is asked to note the quarterly report	Mike Woodridge, BCF Programme Manager	Director Adult Social Care	No
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

9 May 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Constitutional matters				
Election of the chair and vice chair for 2018/19 municipal year	The Board is asked to elect the chair and vice chair for the 2018/19 municipal year	Democratic Services		Yes
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 SPACE's plans for 2018	Commissioning team and SCVS	Director, Adult Social Care	No

Frimley Sustainability and Transformation Plan (STP) integration	The Board is asked to note and comment on recent activity undertaken to deliver the STP	Alan Sinclair, 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	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	No
SWB Annual report for 2017/18	The Board is asked to endorse the final draft of the annual report so that it can be taken to full council for endorsement	Dean Tyler, Head of Policy, Partnerships & Programmes	No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes	No
Themed discussion			
To be confirmed	To be confirmed	To be confirmed	
Information			
To be confirmed	To be confirmed	To be confirmed	

18 July 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Frimley Sustainability and Transformation Plan (STP) integration	The Board is asked to note and comment on recent activity undertaken to deliver the STP	Alan Sinclair, Director Adult Social Care		No
BCF annual report 2017/18	The Board is asked to discuss and comment on annual report	Mike Woodridge, BCF Programme Manager	Director Adult Social Care	Yes
Healthwatch Slough Annual Report 2017/2018	The Board is asked to discuss and comment on annual report	Nicola Strudley		Yes
Planning for 2018 Partnership Conference	The Board is asked to agree the programme for, and the arrangements being made, for the 2018 partnership conference	Dean Tyler, Head of Policy, Partnerships & Programmes		No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes		No

Themed discussion			
To be confirmed	To be confirmed	To be confirmed	To be confirmed
Information			
To be confirmed	To be confirmed	To be confirmed	To be confirmed

26 September 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Frimley Sustainability and Transformation Plan (STP) integration	The Board is asked to note and comment on recent activity undertaken to deliver the STP	Alan Sinclair, Director Adult Social Care		No
Feedback from the 2018 Partnership Conference	The Board is asked to discuss and comment on feedback from the conference and agree next steps	Dean Tyler, Head of Policy, Partnerships & Programmes		No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes		No
Themed discussion				
To be confirmed	To be confirmed	To be confirmed		
Information				
BCF quarterly report (Statutory)	The Board is asked to note the quarterly report	Mike Wooldridge, BCF Programme Manager	Director Adult Social Care	No
Prevent Action Plan	The Board is asked to note recent activity by the Prevent Violent Extremism Group (tbc)	Naheem Bashir, Prevent Coordinator	Assistant Director, Strategy and Engagement	No
Berkshire Suicide Prevention Strategy and Action Plan update	The Board is asked to note recent activity under Berkshire's Suicide Prevention Strategy's Action Plan (annual update)	Rebecca Howell-Jones, Consultant Public Health		No

14 November 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Frimley Sustainability and Transformation Plan (STP) integration	The Board is asked to note and comment on recent activity undertaken to deliver the STP	Alan Sinclair, Director Adult Social Care		No
Slough Safeguarding Adult's Board (SSAB) Annual Report 2017/18 (Statutory)	The Board is asked to note the annual report and comment on the SSAB's plans for 2018/19	Nick Georgiou, Independent Chair of SSAB		Yes
Slough Local Safeguarding Children's Board (SLSCB) Annual Report 2017/18 (Statutory)	The Board is asked to note the annual report and comment on the SLSCB's plans for 2018/19	Nick Georgiou, Independent Chair of SLSCB		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				
To be confirmed	To be confirmed	To be confirmed		
Information				
BCF quarterly report (Statutory)	The Board is asked to note the quarterly report	Mike Woodridge, BCF Programme Manager	Director Adult Social Care	No

Criteria

Does the proposed item help the Board to:

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

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15th November 2017

CONTACT OFFICER: Alan Sinclair, Director Adults and Communities
(For all Enquiries) (01753) 875752

WARD(S): All

PART I

FOR INFORMATION, 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**

<i>Risk Area</i>	<i>Risk/Threat/Opportunity</i>	<i>Mitigation(s)</i>
Financial <i>All parts of the system are facing financial challenge due to increasing demand and rising costs</i>	<i>Priority areas do not manage the financial pressures – or actions cause additional financial pressures across one part of the system or service area</i>	<i>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</i>
Property <i>Decisions are not made about current or future use of assets that help deliver the STP ambitions</i>	<i>Each part of the system or individual service continue to make decisions on their own irrespective of STP ambitions</i>	<i>STP will support via system leaders group to have a cohesive few of assets and estates. A one public estate strategy is being developed</i>
Employment Issues <i>Not having sufficient or trained staff to deliver new ways of working</i>	<i>Each organisation already has issues of recruitment and retention of staff</i>	<i>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.</i>
Equalities issues <i>Health inequalities</i>	<i>The specific health issues of the Slough</i>	<i>STP has focussed on the main health issues across</i>

	<i>population will not be met by the STP priorities</i>	<i>the footprint and this includes Sloughs priority health issues.</i>
Communications <i>The ambitions of the STP are not well understood by all parts of the system</i>	<i>Different parts of the system, workforce, residents, providers and communities have differing understanding and knowledge of the changes</i>	<i>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.</i>

- (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.
- 6.3 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 Variation	This work stream is utilising the Right Care Approach to reduce 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	<p>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:</p> <ul style="list-style-type: none"> 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.
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6.4 The newly established Health and Wellbeing Board Alliance Board has started. 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. Terms of reference for the board are attached at Appendix A.

7. Comments of Other Committees

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

9. Appendices Attached

A Draft Terms of reference for Frimley Health & Care Sustainability & Transformation Partnership Health & Wellbeing Alliance Board

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

Frimley Health & Care Sustainability & Transformation Partnership Health & Wellbeing Alliance Board

Draft Terms of Reference

1. Context

The Frimley Health & Care STP has an ambition to operate as a single place based care system, encompassing health and social care, with the overarching driver of all partners being to maximize the greatest health & care benefits for the 750,000 residents that the system serves. The STP has a clear set of priorities for the next five years which we have all agreed are vital to improve the health and wellbeing, care and quality and sustainability of services for the residents.

Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They are charged with promoting greater integration and partnership between bodies from the NHS, public health and local government (King's Fund 2016). A key way in which Health & Well-Being Boards can promote integration and partnership is through their local Sustainability and Transformation Partnership (STP). The guidance for STPs in relation to engaging people (NHS England 2016)¹ makes it clear that "...*Health and Wellbeing Boards provide established channels to consult the public and involve local politicians.*"

The engagement guidance for STPs also emphasises the need to balance the value of a local focus with the need for a coherent, STP wide approach. For example, it suggests that: "Where a proposal for change covers more than one local authority area, STP partners will need to talk to local authorities about joint arrangements"

2. Purpose

The establishment of a joint 'group' to represent the five Health & Well-Being Boards covered by the Frimley Health & Care footprint to bring added value to the STP and to ensure communication and engagement is not only locally valid, but consistent and coherent across the STP patch.

The Health and Wellbeing Alliance Board is made up of the Chairs and Vice Chairs of the Health & Well-Being Boards from across the STP footprint.

In fulfilling this purpose, the Health & Well-Being Alliance Board will provide a vital link between STPs and the local communities they serve.

3. Responsibilities

- Advise STP leaders on what information needs to be communicated at a local level and how, in a timely manner.
- Provide a mechanism to drive the work of the STP communications resources and advise on local concerns and issues in relation to the STP.
- Facilitate effective dissemination, ensuring residents, service staff and stakeholders are receiving and understanding what is communicated.
- The range of communications advised upon and facilitated by the Alliance may include press releases, formal consultations and any exercises aimed at co-design or production of services.

- In all cases the aim is to ensure that engagement and communication is focused on highlighting the relevance of STP initiatives to local people or staff. This may include raising awareness of the changes people will have to make on a day to day basis and the intended benefits.
- In order to effectively meet this aim, the Health & Wellbeing Alliance Board will look for assurance that no groups within our local communities are being 'left behind' in STP engagement and communication. Groups requiring consideration may include those living with physical, mental or learning disabilities, people from BME backgrounds, children and young people.

4. Membership

This group consists of the Health & Well-Being Board Chairs and Vice-chairs from across the STP footprint and will be supported by STP resources (level and type of resource to be agreed). Initially the Health & Well-Being Alliance Board will be chaired by the STP nominated lead, Sir Andrew Morris.

Name	Organisation
Naveed Ahmed	Goldteam Recruitment
Andy Brooks	SHCCG
Dale Birch	Bracknell Forest BC
Roz Chadd	Hampshire CC
Helyn Clack	Surrey CC
David Coppinger	RBWM
Liz Fairhurst	Hampshire CC
Adrian Hayter	WAMCCG
Sabia Hussain	Slough BC
Andrew Morris	FHFT
William Tong	Bracknell & Ascot CCG
Barbara Rushton	SE Hants CCG
Tina White	STP
Sharon Ward	NEHF CCG
Jane Hogg	FHFT/STP

5. Attendance

Others may be invited to help the group deliver its responsibilities.

6. Decision making

If a member is unable to attend there will be agreed and nominated deputies who will also be able to make decisions on their behalf.

The aim is that the group can deliver its responsibilities through discussion and consensus.

7. Quorum

The group is quorate when the chair or his nominee and at least one representative from each Health & Wellbeing Board or their nominees are present

8. Frequency, organisation & PMO Support

The group will meet monthly in the first instance and then reviewed after three months. A PMO function has been set up, led by a Programme Director, to lead and support delivery of the STP. Meetings will be organised by the PMO. Details on how the Health and Well-Being Alliance Board meetings are structured and how the Health and Well-Being Alliance Board receives information from the STP will need to be worked up and agreed.

9. Reporting

The Health and Well-Being Alliance Board will provide a quarterly report for the Shadow ACS Board, and the group will get feedback on this from the Chairman.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15th November 2017

CONTACT OFFICER: Giovanni Ferri, Youth Worker- Youth Voice
(For all Enquiries) (01753)875510

WARD(S): All

PART I

FOR INFORMATION

SLOUGH YOUTH PARLIAMENT UPDATE

1. **Purpose of Report**

This report provides the Slough Wellbeing Board with an update on recent activities of the Slough Youth Parliament following the themed discussion held on their manifesto at the Board's July 2017 meeting. It also provides an opportunity for consideration around the timescale of a number of actions to help shape future activity.

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

The Slough Wellbeing Board is recommended to note this report.

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

By providing young people with opportunities to have their voice heard and to shape service planning and delivery; Slough's Youth Parliament Manifesto makes significant contributions to delivery of the following Five Year Plan outcome:

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

4. **Other Implications**

- (a) **Financial** – Currently the work of the Youth Parliament is totally funded via the Council's Young People's Service. This may need reviewing if the work continues to grow. Currently primary schools are very interested in developing a similar model for young children and this would need to be costed.
- (b) **Risk Management** - There are no risk management implications arising from this report.
- (c) **Human Rights Act and Other Legal Implications** – There are no Human Rights Act implications arising from this report.
- (d) **Equalities Impact Assessment** - There are no equality impact implications arising from this report.

5. Summary

This item provides members with an update on recent activity, including that following

- a) Slough Youth Parliament's (SYP) presentation to the Wellbeing Board in July 2017; and
- b) the Partnership Conference in September 2017.

6. Supporting Information

6.1 At the last Slough Youth Parliament (SYP) presentation to the Wellbeing Board there was a request that a report be brought back on the progress made to address a number of issues identified by members and which may have wider impacts across the council, the Youth Parliament and the council. Members identified the following follow up actions and these are named and updated below:

1) That the SYP should be invited to the next meeting between the Council and Head teachers to discuss the provision of PHSE in Schools.

Two representatives from SYP attended, and gave a presentation on the Parliament's intention to establish a local PHSE network, to the SBC / Head teachers & Governors Meeting on the 28th September. Following this meeting a small group has been established (comprising the Chair of Slough Association of Secondary Heads (SASH), the Head of Langley Grammar, PHSE leads from Langley Grammar and Wexham and youth Parliament reps) to develop a School Improvement funding bid to recruit two additional PSHE leads. The progress of this bid will be reviewed and next steps explored at SASH's next meeting on 22 November. A successful meeting also took place between Slough's MP and representatives from the Youth Parliament in September which secured his support for their campaign to include PSHE in the national school curriculum.

2) That a (follow up) report be considered by the Board on whether PHSE and Curriculum for Life could be rolled out to schools before the end of the year.

The timing of this report is dependent on the successful resolution of the above activities. Once these details are available, the follow up report will be added to the Wellbeing Board's Forward Work Plan. The possibility of creating a PSHE Network for schools is being developed and will be discussed at the 22nd November SASH meeting.

3) 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

Update required.

4) Thames Valley Police (TVP) and SYP to identify opportunities to work together in the future (including the design of the next SYP survey into crime).

Partnership work to design a follow up survey into young people's perception of crime will start later this month. This will be supported via the Council's One Council approach to community engagement.

5) Those representatives are invited to the Young Carers conference.

Young Carers conference to be planned for 2018, young people were invited to launch of young carers awareness week in June 2017. Young Carers Support Coordinator will be consulting with young people regarding how a future service and offer will be shaped.

6) That an update be provided to the Board on Young People's bus fare concessions.

Update required

7) That information be circulated to the Board relating to the Slough Youth Awards and that partners use their networks to encourage nominations.

This information was circulated to members immediately after the July meeting. Over 50 nominations for young people aged 11-19 (up to 25 with learning difficulties or disabilities) were received by the 25 September deadline. The award ceremony took place on 2 November 2017. Full details of this year's winner are available at <http://www.slough.gov.uk/young-people/slough-youth-awards.aspx>

8) SYP to have a role in helping develop the Council's approach to mental health, wellbeing and diet

This will be built in to the curriculum for life agenda via the PSHE network.

Activity following the 2017 Partnership Conference

SYP engagement with Primary Schools

SYP representatives have been invited to attend the 20th March 2018 meeting of the Slough Primary Head teachers Association to explore the possibility of establishing a Junior Youth Parliament.

Other recent activity

Make Your Mark 2017: Thousands of young people have their say

- *The annual Make Your Mark ballot asks young people aged 11-18 across the country to choose the top five issues that matter most to them.*
- *Slough achieved an 80 per cent turn out (the highest voter turn out in the country) as 9,368 young people chose from 10 big issues affecting their lives, including lowering the voting age to 16 and making public transport cheaper.*
- *Sixteen secondary schools took part in the ballot, as well as youth groups from the YES Consortium and the Young People's Service.*

- *The five issues with the most votes locally were:*
 - 1) *Work experience hubs for 11-18 year olds*
 - 2) *Making public transport cheaper*
 - 3) *A curriculum to prepare us for life*
 - 4) *Protecting school budgets from damaging cuts*
 - 5) *Votes at 16.*
- *Slough's Youth Parliament will now bring the results of the ballot to the attention of local decision makers, including local councillors, the MP for Slough and the Slough Association of Secondary Heads to discuss next steps.*
- *The top five issues nationally were:*
 - 1) *A curriculum to prepare us for life*
 - 2) *Making public transport cheaper*
 - 3) *Work Experience hubs for 11-18 year olds*
 - 4) *Votes at 16*
 - 5) *Protect LGBT+ People*
- *The national result will now go on to be debated by the UK Youth Parliament during their House of Commons sitting on 10 November, chaired by the Speaker of the House of Commons, Rt. Hon. John Bercow MP and broadcast live on BBC Parliament.*
- *Slough's UKYP member will be represented at this debate for the third year running.*
- *Following the debate two issues will be shortlisted to become UKYP national campaigns for 2018.*

7. **Comments of Other Committees**

This report has not been discussed by any other committees.

8. **Conclusion**

- Officers have made good progress on the majority of actions identified at the July 2017 meeting as outlined above.
- Work will commence on the remaining items over the autumn/winter 2017.

7. **Appendices**

None.

8. **Background Papers**

None.

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15th November 2017

CONTACT OFFICER: Simon Broad, Service Lead – Adult Social Care Operations
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WARD(S): All

PART I

FOR INFORMATION

SLOUGH MULTI AGENCY PROTOCOL FOR TRANSITION FROM CHILDHOOD TO ADULTHOOD

1. Purpose of Report

1.1 The purpose of the report is to advise the Slough Wellbeing Board of the arrangements that have been put in place to manage the transition of young people with ongoing or long-term health or social care needs into adult services.

2. Recommendation(s)/Proposed Action

2.1 The Board is requested to:

- a) Note the contents of this report; and
- b) Agree and endorse the implementation of the draft Transition Protocol at Appendix A.

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

The draft Protocol links to the priority 1 of the Slough Joint Wellbeing Strategy (SJWS): *“Protecting Vulnerable Children”* and outcome 1 of 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”*.

4. Other Implications

- (a) Financial – None
- (b) Risk Management – None
- (c) Human Rights Act and Other Legal Implications – The Care Act 2014 guidance states that: ‘Effective person-centred transition planning is essential to help young people and their families prepare for adulthood.’
- (d) Equalities Impact Assessment – Local authorities have a legal duty to challenge discrimination and prejudice, and to work with partners to improve equality of opportunity, particularly for those who are most disadvantaged. Understanding the needs and the differences in younger people as they transition to adulthood is vital to making the best decisions and best use of resources. The draft Protocol has been reviewed to ensure compliance with the Equality Act 2010 across each of the nine protected characteristics.
- (e) Workforce – None.

5. Summary

The purpose of the Transitions Protocol

6.1 Supporting Information

6.1 The term 'transition' is used to describe the process of moving from childhood into adulthood. Transition can be defined as *"a purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child-centred to adult-oriented health care systems."* (Transition: getting it right for young people, DfES & DH, 2006₁)

6.2 The draft Transition Protocol at Appendix A is a formal document outlining the way in which the council's Adult Social Services and Slough Children's Services Trust (SCST) intend to act during the process of transition. It is designed to assist the decisions and actions necessary to ensure that the day to day procedure are carried out to achieve the desired outcomes for the young person. It is based on current local and national guidance and best practice and provides a framework context, to capture what should happen to achieve clearer and transparent systems and joined up working.

6.3 It sets out how we will work in partnership to ensure that those who require Adult Social Care for their care, health or education in adulthood are supported as they move from SCST to SBC services. The key aim of this Protocol is to ensure that these young people are identified early and provided with timely and appropriate information and advice, and to facilitate effective early commissioning of services which enables a smooth transition.

6.4 The Protocol will be reviewed annually (or sooner if new legislation, codes of practice or national standards are introduced) to ensure that the care provided to individuals achieves the desired outcomes. Strategic oversight of the Protocol will be undertaken by the Transitions Steering Group (chaired by the council); with operational discussions taken place within the Transitions Forum (chaired by the Trust). Throughout the year, the Steering Group will be responsible for the monitoring the effectiveness of the policy. This will help contribute to the process, efficiency and effectiveness of the annual review. Senior Managers involved from the Council and the Trust will be responsible for signposting reasons to bring the review date forward.

7. Comments of Other Committees/Partners

7.1 The Protocol has been commented on by partners and approved by the Corporate Management Team.

8. Conclusion

8.1 This Protocol sets out the commitment of all agencies: - Slough Borough Council, Slough Children's Services (SCS) Trust, Health and partner agencies to young people whose significant needs suggest that they will require support services for their care, health or education in adulthood. The Protocol aims to facilitate partnership working between agencies to ensure the process of transition is seamless. It is important that the process is timely, meets the needs of the young person and their family and that the young person is central to the process and remains involved and informed throughout. The

Protocol also seeks to ensure that all the agencies working with the young person are clear about their role and responsibilities, adopt an effective person centred approach, sound professional judgement and a commitment to partnership working.

9. **Appendices**

A - Transition Protocol

10. **Background Papers**

None

Slough Multi Agency Protocol for Transition from Childhood to Adulthood

Multi-Agency Guidance

Working in Partnership to Improve Outcomes for Children and
Families

September 2017

Review date: September 2018

Appendix A

Contents

1. Introduction
2. Scope of Protocol
3. Aims
4. Commencing the Process of Transition
5. The Transition Review
6. Referrals to Adult Social Care
7. Advocacy
8. Transition and Mental Capacity
9. Continuing Health Care
10. Looked After Children
11. Continuity of Care
12. Transitions Planner
13. Transitions Forum (Operational)
14. Transition Steering Group (Strategic)

Appendices

Legal and Policy Context

- A. Eligibility Criteria for Services for Adult Social Care

- B. Charging for Adult Social Care services
- C. Personal Budgets
- D. Meeting the Needs of the Carer
- E. Roles and Responsibilities of Agencies
 - Children with Disability and Looked After Children Hub
 - SEND Service
 - Adult Social Care
 - Schools
 - Colleges
 - Slough Clinical Commissioning Group
 - Berkshire Healthcare Foundation Trust
 - Voluntary Agencies

1. Introduction

Effective person-centred transition planning is essential to help young people and their families prepare for adulthood. (The Care Act 2014 Guidance, Paragraph 16.1)

This Protocol sets out the commitment of all agencies: - Slough Borough Council, Slough Children's Services (SCS) Trust, Health and partner agencies to young people whose significant needs suggest that they will require support services for their care, health or education in adulthood.

The Protocol aims to facilitate partnership working between agencies to ensure the process of transition is seamless. It is important that the process is timely, meets the needs of the young person and their family and that the young person is central to the process and remains involved and informed throughout. The Protocol also seeks to ensure that all the agencies working with the young person are clear about their role and responsibilities, adopt an effective person centred approach, sound professional judgement and a commitment to partnership working.

2. Scope of Protocol

This Protocol covers all young people who are eligible for a service from Slough Borough Council, the SCS Trust or the Slough Clinical Commissioning Group. This includes young people who are currently living in the Borough and those who have been placed in specialist education, care or health provision outside of the Borough. This Protocol will also cover some young people who are in receipt of specialist mental health provision and some young people detained within the criminal justice system.

This Protocol will cover young people who have significant:

- physical disabilities or sensory needs
- long term health needs
- learning disabilities with an IQ below 70,
- enduring mental health conditions.
- autism spectrum conditions

In addition, Slough Borough Council has a duty to assess:

- A, Young carers turning 18 to ascertain their support needs
- B, Adult carers of a young person turning 18 to ascertain if the carer has eligible need of support

3. Aims:

The Protocol aims to ensure:

- vulnerable young people who may be in need of care and support in adulthood are identified early and they know how they will be supported
- young people and their carers are given timely and appropriate information and advice about the transition, the associated review processes and opportunities that are available in the community
- young people and carers receive a timely transition assessment

- the most appropriate adult pathway is identified early, to facilitate a smooth transition with effective early commissioning of services
- the roles and responsibilities of all the services working with young people at the transition stage are clearly defined
- the transition process is successful, coordinated; it offers the young person and their carers choice and options; and takes account of their feedback
- there is joint working, good quality transition planning and positive person centred outcomes for the young person

4. Commencing the Process of Transition

Transition describes the time in a young person's life when they are leaving children's social care and health services and entering adult social care and health services. The Care Act identifies the transition period as being between 14 and 25 years old. However, in Slough the process will begin at 14 years when the young person is in year 9. The annual review of the Education Health and Care Plan (EHC plan) in year 9 when the young person is 14 will be regarded as the Transition Review meeting.

Prior to this meeting and when the young person reaches 14, young people who are known to SCS Trust and who may require adult services will have an updated single assessment. This assessment will inform the young person's transition process and any future pathway plan.

It is important that the assessment and the EHC plan captures the young person's and their carer's views as well as any:

- Occupational Therapy (OT) provision
- CAMHS provision
- Current package of care /direct payments/ or residential care provision.
- Costs of the current care provision
- Continuing health care needs

Where it is appropriate, the SCS Trust social worker will ensure that Adult Social Care is invited to the Transition Review meeting for the young person. Prior to the Transition Review meeting the SCS Trust social worker will send an Adults Social Care referral for services for the young person, alongside a copy of the updated single assessment and the EHC plan.

5. The Transition Review

The EHC plan annual review is usually hosted and held in the school and it will be important to invite to the Transitions Review meeting (when the young person is 14) all the professionals that are currently involved with the young person, or may be involved in the future. This could include the:

- Social worker (SCS Trust)
- Social Worker Adult Social Care
- Consultant Social Worker (SCS Trust)
- Occupational Therapist
- Health professionals
- Continuing Health Care

- School/ Education provider
- CAMHS

The combined annual EHC plan and Transitions Review should ensure a Transitions plan is created that clearly identifies what services the young person is likely to need in adulthood, especially in relation to:

- care
- health (including any therapy the young person may require)
- education
- employment
- housing
- independent living
- community inclusion

The plan should also include:

- Specify who will be responsible for arranging and accessing the services on behalf of the young person if the young person is not able to do this themselves.
- Identify a named lead transition worker for every young person (this may be the SCS Trust social worker if one is allocated).
- Ensure there are robust processes in place to review the progress of the transitions plan. (Children in need and children looked after will have their transitions plans reviewed through their child in need and children looked after reviews, other children may require a professionals meeting to co-ordinate and review the progress of their transitions plan between annual EHC plan reviews.)

At this stage there is no expectation that an assessment is undertaken by Adult Social Care, but attendance at the Transitions Review meeting will act as an early alert to the requirement for future services.

The Adult Social Care social worker will facilitate the planning and commissioning of services for the young person into adulthood. This will require Adult Social Care commissioners to be informed of the young person's needs at an early stage and for early planning in relation to these needs.

The Adult Social Care social worker will attend subsequent annual EHC plan reviews for the young person (and any other planning meetings such as Looked After Children meetings and Child In Need meetings) especially if the young person has extensive care or health needs. In these meetings the Adult Social Care social worker will be expected to report on the transition plans for the young person and ensure the young person and their family/carers are engaged in the transition process. It is expected the Adult Social Care social worker will also undertake joint visits with the SCS Trust social worker until the young person transitions to services provided by Adult Social Care. For all other young people whose needs are not extensive, a named worker will be assigned from Adult Social Care to whom the family can refer until a service has been agreed.

Young people and their carers should be kept fully informed of the services that are being proposed for them in the future and where possible should be offered options, choices and an opportunity to explore any proposed provision.

The young person will be formally assessed by Adult Social Care when they become 17 years and 6 months old. This assessment will formalise the young person's eligibility for services in adulthood.

6. Referrals to Adult Social Care

Adult Social Care (ASC) will become involved with the young person when the referral is made, but a formal assessment is not likely to take place until the young person is 17 plus. When a referral is made to ASC the referral will be allocated to the appropriate team based on the primary need of the young person. This will be area-based Locality teams for young people with physical and sensory needs, the Learning Disability Team for young people with a significant learning disability and the Community Mental Health Team for young people who have enduring mental health needs. CAMHS (Children and Adolescent Mental Health Services) will be involved with young people who have a diagnosis of an enduring mental health need and the transition between the CAMHS to the Community Mental Health Team will be discussed at the joint Mental Health Panel and any care package approach needed in the future will be agreed.

7. Advocacy

Assessment for transition to Adult Social Care and support must involve the young person and anyone else they want to involve in the assessment. The Care Act places a duty on local authorities to provide an independent advocate to facilitate the involvement in assessments, and at any point throughout the transition process, where an individual would experience substantial difficulty in understanding the necessary information or in communicating their views.

8. Transition and Mental Capacity

Young people over 16 have the right to make decisions about their future provision. However, some young people and their parents may not have the mental capacity to make certain decisions.

It is essential that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made or action taken on their behalf is done in their best interests.

Assessments about mental capacity must be time and decision specific and may vary according to the nature of the decision. Someone who may lack capacity to make a decision in one area of their life may be able to do so in another.

Young People and their families must be given information by all agencies regarding how the mental capacity legislation affects them and the processes by which decisions are made (e.g. Best Interest Decisions, Lasting Power of Attorney, referral to the Court of Protection)

Professionals should be aware:

- A young person or their carer, or someone acting on their behalf, has the right to request a transition assessment.
- The young person or carer must agree to the assessment where they have mental capacity and are competent to agree.

- Where there is a lack of capacity the professionals must be satisfied that an assessment is in the young person's best interests.
- A young person has the right to refuse a transition assessment unless the local authority suspects a child is experiencing or at risk of abuse or neglect
- Professionals have a legal duty to provide independent advocacy where the person would experience substantial difficulty in being involved in the assessment process and there is no appropriate individual to facilitate their involvement.

9. Continuing Health Care

Continuing Health Care services are required when the child or young person has a need arising from a disability, accident or illness and their needs cannot be met by universal services from the GP or specialist health services.

The Continuing Health Care team will be invited to the Transitions Review meeting when the young person is 14 years of age. If it is considered that the young person will require services in adulthood, at 16 the lead professional will be asked to complete the Continuing Health Care checklist and submit this.

The referrer will be informed if the young person is not eligible for a service. In the event that the young person is eligible for a service the referrer, the young person's GP and other health professionals working with the young person will be informed of this by letter. The young person's case will be discussed at the Continuing Health Care Children's Panel when the young person becomes 16 years old. This Panel will agree the transition process on an individual needs led basis. They will also agree when the Service assessment will be completed and how Adult Continuing Health Care will be engaged.

The Continuing Health Care Children's Panel will ensure services are commissioned for the young person at the most appropriate time. The outcome of this assessment will be communicated to: the young person, professionals, parents and carers by the time the young person is 17 years old.

By the age of 18, services will be commissioned to meet the young person's needs and the lead transitions professional will hand over to the Continuing Health Care Nurse Assessor.

10. Looked After Children

SCS Trust will continue to have a responsibility to support children who have been looked after and who are eligible for services into adulthood, especially if the young person is in education or has a disability. However the Trust will not be responsible for the cost of care when young person reaches the age of 18.

Adult Social Care will nominate a named Social worker as a key contact for the transition process.

SCS Trust will facilitate the transition process for any young person who has been placed out the borough and who wishes to remain in their location in adulthood due to the networks and relationships they may have developed. It will be the responsibility of the young person's SCS social worker to facilitate the transitions process and ensure that all the processes are followed in accordance with the transitions protocol in the borough that the young person has been placed.

SCS Trust has a duty to consider the needs of young people placed in Slough by other local authorities as part of this Protocol. When a young person reaches 18 and has eligible needs for care and support under the Care Act 2014, Adult Social Care will assess their needs and ordinary residence to determine which local authority will be responsible for ensuring that their needs are met.

11. Continuity of Care

If adult care and health support is not in place on the young person's 18th birthday and the young person or their carer has been receiving services under children's legislation; Slough Borough Council or the SCS Trust must continue to provide services until such time that the transition assessment has been completed and a decision reached about eligible needs and how these will be met.

12. Transition Planner

The names of all young people who are considered eligible for services when they become 18 will be placed in a data base known as the Transition Planner. This Planner will be a comprehensive list of all young people that may require adult services – occupational health, social work, mental health, learning disability services; or continuing health care services.

The Transition Planner will be used by the multi-agency network to plan services and to review the progress of transition for the named young people.

13. Transitions Forum (Operational)

The Transitions Forum is the professional operational forum which will review the progress of transitions plans for young people on the Transitions Planner. The purpose of the Forum will be to ensure a smooth and effective transition process for young people who are transitioning to adult services.

The meeting will be held quarterly, attended by operational managers in the Children with Disabilities Hub, Looked After Children Hub, SEND service, Adult Social Care and Continuing Health Care service. Other services, such as the Occupational Health or Adult Mental Health service will be asked to attend for discussion on specific young people.

The Transitions Forum will be facilitated by the Children with Disabilities Hub, for whom the majority of the cases with a transitional plan to adult services will be located. Social workers from Adult Social Care and across the Trust will be invited to the Forum to discuss progress on their cases.

The Transitions Forum will consider the needs young people placed outside of Slough by the SCS Trust and also consider requests made to discuss young people who are placed in Slough by other local authorities.

14. Transitions Steering Group (Strategic)

The Transitions to Adulthood Steering Group is the strategic meeting which will oversee the transition processes. The Transitions Steering Group will be led by the Head of Service, Adults Social Care and will include other heads of service for Health and the SCS Trust. The meetings will be quarterly. The purpose of the Transitions Steering Group will be to provide a strategic overview of the transitions process to ensure:

- person-centred planning, that offers the young person and their parents choice and control and reflects their needs, hopes and aspirations
- effective, multi-agency partnership that reflects a shared vision, places young people at the centre and achieves improved life chances for the young person in transition
- early assessment, planning, commissioning, provision and review of transition services
- the identification of any gaps in service
- monitoring and innovatory use of the transition budget
- quality assurance of the outcomes for young people

APPENDICES

A. Legal and Policy Context

The Children and Families Act 2014 introduced the principle that support extends from birth, potentially up to age 25 through the process of integrated Education, Health and (social) Care plans (EHCPs).

The Care Act 2014 sets out all adult social care responsibilities for those aged 18 and over.

The emphasis in both Acts is on outcomes focussed, person-centred practice when considering assessment, planning and support as well as co-production and multi-agency approaches to planning and commissioning.

B. Eligibility Criteria for Services for Adult Social Care

Under section 13 of the Care Act 2014 the eligibility criteria for services from Adult Social Care are as follows:

- The adult's needs are caused by a physical or mental impairment or illness; and
- As a result if the adults needs they are unable to achieve two or more specified outcomes;
 - Managing and maintaining nutrition
 - Maintaining personal hygiene
 - Managing toilet needs
 - Being appropriately clothed
 - Being able to make use of the home safely
 - Maintaining a habitable home environment
 - Developing and maintaining family or other personal relationships
 - Accessing and engaging in work, training, and education or volunteering.
 - Making use of necessary facilities or services in the local community including public transport and recreational facilities or services.
 - Carrying out any caring responsibilities.

And;

- As a consequence there is or likely to be a significant (substantial/critical) impact on the person's well-being.

C. Charging for Adult Social Care Services

Under section 14 of the Care Act 2015 Adult Social Care support services are subject to means-testing and charging. This is known as the 'client contribution'. Further information will be published for consultation prior to the implementation of this review.

D. Personal Budgets

Under section 26 of The Care Act 2014 where a transition assessment undertaken by ASC identifies the young person has needs that are likely to be eligible for adult services; ASC will calculate an indicative personal budget of the proposed care and support costs. Young People must be advised that their personal budget will be finalised when their support plan is formally agreed.

Young people can choose to use their personal budget as:

- A direct payment
- A managed budget
- A combination of these two options

E. Meeting the Needs of a Carer

- Local authorities must assess the needs of an adult carer where there is likely need for support after the child turns 18
- Local authorities must assess the needs of young carers where there is a likely need after 18, and consider how to support young carers to prepare for adulthood and how to raise and fulfil their aspirations

F. Agency Roles and Responsibilities

Children with Disabilities and Look After Children and Leaving Care Hub

- Complete a written report in advance of the Transition Review Meeting (for young people in Years 9 and above who are known to the team) and distribute it to parents/carers, school and other relevant agencies, including the SEND Case Officer and Independent Reviewing Officer.
- Refer the young person to Adult Social Care Team when the young person is 14 years of age, using the agreed referral process
- Attend Transition Review Meetings of young people known to the team in Years 9 and above.
- Arrange Child in Need, Looked After Children reviews of the young person and at the appropriate time involve the adult social care professional.
- Provide information to the young person and their parents/carers on the eligibility criteria for accessing Adult Social Care.
- Ensure the young person and their carer has information about preparing for adult rights and responsibilities

- Signpost parents, carers and young people to information on transition, including the SCST, Local Offer at; www.servicesguide.slough.gov.uk and provide information on services and options available, including self directed support.
- Refer a young person with medical needs to the Continuing Health Care Panel in accordance with current procedures, when the young person reaches 16 years of age.
- Share information from ICS/files with Adult Social Care Services as part of the transition process and update with any significant changes up to the point of handover to Adult Social Care. according to information sharing and safeguarding procedures.
- Agree the date for transitions of the young person's case with the Adult Social Care social worker and jointly progress the young person's case.
- Share risk assessments with Adult Social Care and professionals that work with the young person according to information sharing and safeguarding procedures.
- The Group Manager for the Children with Disabilities Hub will chair the Transition Forum to enable early identification of young peoples' needs in a timely manner.

SEND Service

- Provide a complete list of young people with an EHC plan/statement aged 14 plus to the Transition Forum at the start of each academic year and ensure this is updated and accurate. This list will capture information related to young people with complex needs who remain in an educational provision and where an EHC plan is in place.
- Ensure that information held on all young people is timely and accurate, that their EHC plan is reflective of their needs and that this is recorded on the relevant Education Records System (currently Capita ONE-EMS).
- Send "trigger" letters to schools to action annual review meetings and pass on all relevant information about annual review dates to relevant managers within the service.
- Record whether a Transition Plan has been completed, with the date, and update for each subsequent Transition Plan Review. Record attendance of professionals, parents/carers and young people at the Transitions Review meetings.
- Ensure that all schools and colleges attended by a young person from Slough are aware of and follow the policies and procedures set out in this protocol.
- Provide regular updated guidance for schools on Transition Planning, including advising on young people's rights and opportunity as adults in the community.
- Request details from schools, of the current situation/plans, of all anticipated leavers who have an EHC plan and their intended destinations and ensure data is collated by the summer half term.

- Record intended destinations for all young people who have an EHC plan during Year 11 and confirm details after the young person has left school.
- Inform Adult Social Care and the SCS Trust of the destinations of all young people who have an EHC plan who meet the criteria and who have left school. Ensure Adult Social Care receive a copy of the EHC Plan.
- Support young people to the age of 25 and families to access funding for education and transport to access education

Adult Social Care Services

All care teams working with adults with learning disabilities, physical disabilities, sensory needs, mental health needs and autism spectrum conditions will:

- Progress referrals for children from the age of 14 using the agreed procedure.
- Undertake Transition Assessments jointly with the SCS Trust to give information and advice or determine young peoples' eligible needs under the Care Act 2014.
- Attend Transition Reviews from Year 9 onwards, as prioritised, for young people with profound and complex needs and from Year 11 onwards for young people who may be eligible for a service. Prioritisation will take place by the Transition Forum each term.
- Attend the Look After Children, Pathway Plan, Child in Need review or professionals meeting for young people who are likely to meet the eligibility criteria for Adult Social Care.
- Signpost parents, carers and young people to information on transition. Including the SCST Local Offer at; www.servicesguide.slough.gov.uk and provide information on services and options available, including self directed support.
- Work in partnership with the SCS Trust allocated worker to refer and present young people's needs including the Transitions assessment, to the Continuing Health Care Panel.
- Gather information about potential eligible need under the Care Act 2014 as necessary when the young person is in Year 9 (profound and complex needs) and Year 11 (other young people) as identified by the Transition Forum.
- Complete a joint home visit with the SCS Trust social worker when the young person is in Year 11 to provide information on eligibility for Adult Services, in conjunction with undertaking the Care Act Assessment.
- Work in partnership with all agencies to identify the most appropriate support interventions that meet needs, wishes and outcomes in the context of eligibility and available resources.
- Where a transition process has been followed, arrange the support plan to be in place from the young person's 18th birthday. Review provision six weeks after the young person's care transfer to Adult Social Care and arrange subsequent reviews.

- Exchange data with local colleges in order to secure a placement for the young person.

Schools

Schools in Slough- including Academies and out of authority schools which are commissioned for Slough children and young people, will:

- Arrange Transition Reviews for pupils who have an EHC plan in Year 9 and above in accordance with the Slough Annual Review Guidance and the SEN Code of Practice, ensuring dates are negotiated in advance with professionals whose attendance is essential (usually the children's' social worker, SEND representative and Adult Social Care representative) and that the young person, their parent/carers and other agencies are given a choice of dates..
- Conduct Transition Reviews in a person centred way to ensure meaningful involvement of the young person and their parent/carers.
- Produce a Transition Plan following the Transition Review meeting in Year 9, based on input and desired outcomes of the young person, their parent/carers and all other agencies involved.
- Provide an updated Transition Plan following Transition Reviews in Year 10 and 11 (and in subsequent years where the young person remains in school post 16). The person centred review will include services for a phased transfer process from school to the young person's next step and amend/convert the statement to EHC plan in include planning for adulthood.
- Distribute the Transition Plan to the young person and their parent/carers, the SCS Trust and ASC social worker and any other agency involved.
- Ensure actions within the Transition Plan which are the responsibility of the school are carried out.
- Arrange Year 11, 12, 13, and 14, Transition Reviews for the autumn term where possible. Ensure that the EHC plan supports young people leaving school to continue with their further education at college.
- Inform the SEND Service of all young people with SEND leaving at the end of the academic year, with details of intended destinations.
- Where the young person is moving on to college or another educational placement, pass on relevant information including the most recent Annual Review and Transition Plan and ensure appropriate transition arrangements are in place.
- Ensure that the young person and their family receive appropriate advice and information about the range of potential support that is available for young people when they become adults.

Colleges

Staff working in local colleges (and other colleges which are commissioned by SBC or the SCS Trust to provide education to Slough young people) will:

- Use data supplied by the Transition Forum and sub-regionally to predict demand for courses/provision that are being commissioned and plan accordingly, allowing time to ensure information can be disseminated to professionals working with young people. Courses should respond to demand and consider the whole range of a young person's needs with the Local Authority/Trust. This allows providers to start to plan their provision accordingly, responding to demand and developing curriculums, study programmes, staffing and support needs in advance.
- Provide an appropriate variety of courses to meet a wide range of needs for local young people with LDD and/or complex health needs and keep this provision under constant review with the Local Authority/SCSTrust.
- Ensure that information is made available to schools, School Services and Special Educational Needs and Disability Service, the SCS Trust and any other relevant Local Authority staff on courses which are available. These will be accessible on the Slough Local Offer website. Visits and taster days are available which enable young people with SEND to familiarise themselves with the college environment and gain some experience of college life and study.
- Attend school open evenings to ensure that information is disseminated as widely as possible.
- Work with schools, the Local Authority and the SCS Trust to ensure appropriate arrangements are in place for the successful transition of young people from school to college placements.
- Arrange support for students that require it, including 1:1 and transport liaising with SEND, Leaving Care teams and Education, which will always be discussed and decided in specific panels.
- Arrange Year Annual Reviews for the autumn term to plan ongoing support and transition from college to the young person's next steps.

Slough Clinical Commissioning Group

- Clinical Commissioning Groups (CCG's) should refer to the National Framework for NHS Continuing Healthcare (CHC) to determine what ongoing care services people aged 18 or over should receive. CCG's should ensure that the adult NHS Continuing Healthcare Team is appropriately represented at all transition planning meetings regarding young people whose needs suggest that there may be potential eligibility.
- Where a young person has been receiving Children's Continuing Health Care from a relevant CCG, it is likely that they will continue to be eligible for a package of adult NHS Continuing Health Care when they reach the age of 18.

- The CCG should continue to participate in the transition process, in order to ensure transfer of responsibilities, including consideration of whether there should be commissioning, funding or provision of services towards a joint package of care.

Berkshire Healthcare Foundation Trust

- CAMHS provides a service to meet the needs of children and young people up to their 18th birthday. This includes providing an interface with other services commissioned to ensure the young person has well integrated care.
- Where a young person is approaching their 18th birthday and it has been identified that they need ongoing mental health support, a transfer of care to adult mental health services needs to take place.
- It is paramount for the health and well-being of the young person that this transfer process is undertaken as seamlessly as possible and with as little disruption as possible in their treatment pathway.
- CAMHS will ensure that any young person with enduring mental health needs will be discussed at the Adult Social Care and CAMHS joint panel and a care programme approach developed to meet the young person's needs.

Housing

- Housing will support young people putting themselves on the housing register at 16.
- Housing providers will also ensure that young people with SEND who may need support with housing and their parents or carers are provided with good quality information and advice so they can understand what support is available and what they need to do to access services to meet their needs.

Voluntary Agencies

- Voluntary agencies have an important role to play in supporting the transition process for young people with SEND. Special Voices a local parent/carer forum works closely to support young people and parents/carers with the transition process and can provide advice, guidance. For further information visit Slough's Local Offer at: www.servicesguide.slough.gov.uk
- If young people want/need an advocacy service they can access the National Advocacy for Children and Young People Service at; <https://www.nyas.net/children-vulnerable-adults-services/advocacy-for-children-young-people>
- Young people over the age of 18 can access advocacy from Slough Advocacy via: <http://www.slough.gov.uk/health-and-social-care/advocacy.aspx>

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15th November 2017

CONTACT OFFICER: Rebecca Howell-Jones, Consultant in Public Health (Acting up), Slough Borough Council
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WARD(S): All

PART I

FOR INFORMATION

REFRESH OF SLOUGH'S PHARMACEUTICAL NEEDS ASSESSMENT 2015 - 2018

1. **Purpose of Report**

This report summarises the arrangements that have been put in place for refreshing the 2015 Pharmaceutical Needs Assessment (PNA) for Slough.

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

The Board is asked to:

- 1) Note the arrangements that have been put in place for carrying out a fit for purpose (PNA) for Slough as set out in this paper;
- 2) Note the consultation ending on 31 December 2017; and
- 3) Consider a progress report on this work in January 2018 and receive the final draft of the PNA in March 2018 for endorsement.

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

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

The PNA ensures that the provision of pharmaceutical service meet the needs of Slough residents across the life course. It ensures that there is appropriate access to pharmaceutical services for Slough residents and allows residents to receive appropriate advice and treatment for self care. A refreshed PNA therefore contributes to the Joint Wellbeing Strategy and JSNA with a particular emphasis on priority 2: *Increasing life expectancy by focussing on inequalities.*

3b. **Five Year Plan Outcomes**

The PNA directly contributes to the following outcomes in the council's Five Year plan: *More people will take responsibility and manage their own health, care and support needs.*

4. **Other Implications**

(a) **Financial**

The draft PNA does not recommend any changes to provision of pharmaceutical service. PNAs are used by NHS England to make decisions on which NHS-funded services need to be provided by local community pharmacies. These services are part of local health care, contribute to public health and affect NHS budgets.

(b) **Risk Management**

Recommendation	Risk/Threat/Opportunity	Mitigation(s)
PNA is published within required timeframe	Delay to timescale for writing, consultation and/or sign off of PNA.	The project timings have been carefully planned in agreement with Slough WBB Chair.
PNA includes consideration of future changes in Slough	PNA becomes redundant due to changes in Slough	PNA has considered future housing and demographics in making its recommendations
PNA takes into account professional opinion	Lack of engagement from stakeholders	Wide dissemination of PNA consultation link and direct emails to key stakeholders
PNA takes into account public opinion	Lack of engagement from public and stakeholders	Survey of public conducted and public also invited to input during consultation phase

(c) **Human Rights Act and Other Legal Implications**

The provision of pharmaceutical services falls under the National Health Service (Pharmaceutical and Local Pharmaceutical services) Regulations 2013. Schedule 1 of the regulations specify the specific content of these assessments. The regulations also state that Health and Wellbeing Boards must undertake a consultation on the content of their PNA's and that these consultations must run for minimum of 60 days.

(d) **Equalities Impact Assessment**

Public Health Services for Berkshire will undertake an Equality Impact Assessment (EIA) of the PNA process and of implementing the recommendations and this will be published with the final version of the PNA. The Bracknell Forest EIA framework will be used to assess the potential impacts (positive and negative) of the PNA process on local residents, with particular regard to the protected characteristics of age, race, disability, sexual orientation, gender reassignment, religion and belief, pregnancy and maternity,

marriage and civil partnership and also considers rural communities and areas of deprivation.

(e) Workforce

The draft PNA does not recommend any changes to provision of pharmaceutical service and as such would not have a direct impact on workforce.

5. Summary

This report summarises the arrangements that have been put in place (including a public consultation) to develop and publish a refreshed PNA for Slough by 31 March 2018.

6. Supporting information

- 6.1 The Health and Social Care Act 2012 gave Health and Wellbeing Boards the statutory duty to develop and publish Pharmaceutical Needs Assessments (PNAs) for their areas by 1st April 2015. Slough Wellbeing Board published their first PNA in April 2015 and is required to publish a revised assessment by 31st March 2018.
- 6.2 Requirements for PNAs are set out in the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. These regulations cover the production of the PNA, the application and decision making process for opening pharmacies and also details the term of services for pharmacies, dispensing appliance contractors and dispensing doctors. They also cover the minimum information to be included, the matters which must be considered, and the process to be followed, including the formal consultation with specific stakeholders and the public for a minimum of 60 days.
- 6.3 The PNA is a key commissioning tool to ensure that local areas have high quality pharmaceutical services that meet local needs. It sets out the community pharmaceutical services that are currently provided and gives recommendations to address any identified gaps, taking into account future needs.
- 6.4 It also supports the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers and informs commissioning decisions by local authorities, NHS England and clinical commissioning groups.

It is also a key document used in decisions around applications to open new and close existing pharmacy premises.

Local arrangements for producing the next Slough PNA

- 6.5 The provision of pharmaceutical services across Slough has been reviewed to produce a draft PNA, and we are now consulting local stakeholders on its key findings and recommendations.

6.6 The current draft includes statements about:

- the demography of Slough
- the pharmaceutical services available to Slough residents
- whether there is sufficient choice with regard to accessing pharmaceutical services
- the differing needs of communities in Slough

6.7 The consultation will take place from 1st November to 31 December 2017. After the end of the consultation period, comments will be considered and the final document will be presented to the Board in March 2018 in advance of formal publication on 1 April 2018.

7. **Comments of Other Committees**

This report has not been presented to any other committees.

8. **Conclusion**

- Slough needs a thorough and robust PNA that complies with the regulations and follows due process.
- The refreshed assessment will ensure that community pharmacy services are provided in the right place and that commissioned services meet the needs of local communities.
- Responses to the consultation will help shape the final PNA report, which will be used by the NHS to inform decisions on applications for new pharmacies and applications for changes at existing pharmacies.
- Local organisations, such as local authorities and Clinical Commissioning Groups, will also use the PNA to inform the services they commission from local pharmacies.

9. **Appendices** – not reproduced. Available in Appendix Pack:

‘1’ Draft Slough PNA 2018-2020

‘A’ Appendix A: Berkshire PNA Pharmacy Survey 2017

‘B’ Appendix B: Berkshire PNA Public Survey 2017

‘C’ Appendix C: Opening times for pharmacies in Slough

‘D’ Appendix D: PNA maps (1 – 8)

10. **Background documents**

1. Slough Pharmaceutical Needs Assessment 2015 – 2018 at <http://www.slough.gov.uk/council/joint-strategic-needs-assessment/pharmacy-needs-assessment.aspx>

2. The draft 2018-2020 PNA consultation can be accessed at; <https://www.slough.gov.uk/health-and-social-care/accessing-nhs-services.aspx>

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15th November 2017

CONTACT OFFICER: Helen Single, Associate Director of Strategy & Planning,
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WARD(S): All

PART I

FOR INFORMATION

SLOUGH CLINICAL COMMISSIONING GROUP (CCG) OPERATIONAL PLAN 2017-19 REFRESH

1. **Purpose of Report**

- 1.1 This paper provides the Slough Wellbeing Board with an update on the east Berkshire CCGs Collaborative Operational Plan 2017-19, which will be managed in line with the refresh of the CCGs' Operating plans and objectives.
- 1.2 NHS England (NHSE) and NHS Improvement (NHSI) are still to issue formal planning guidance for 2018/19 and this is anticipated in December 2017. It is expected that any requirement is likely to be at the Frimley Health and Care Sustainability and Transformation Partnership (STP) level and will support the delivery of the requirements for the STP as set out in the Memorandum of Understanding (MOU) with NHSE and NHSI. CCGs' local timelines will mirror the requirements of the STP to support appropriate discussions during this process.
- 1.3 Plans developed will help to support system discussions across the Frimley Health and Care STP.
- 1.4 This report highlights the work undertaken by the CCG in collaboration with our partners and the progress made in 2017/18 and what we intend to focus on in 2018/19.

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

The Wellbeing Board is requested to note the report.

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

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

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

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

3b. **The JSNA**

This Operational Plan represents the collective commissioning ambitions of the three east Berkshire CCGs and has been informed by NHSE Planning Guidance, local partner priorities, strategies, plans, the JSNA and the Frimley Health and Care STP.

3b. **Five Year Plan Outcomes**

The Operational Plan will help support the delivery of the following Slough Borough Council Five Year Plan's 2017 – 2021 outcomes:

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

4. **Other Implications**

- (a) **Financial** - The Operational Plan complies with NHS England key planning requirements.
- (b) **Risk Management** - Key risks to the delivery of the Operational Plan across all work programmes have been identified and are included in Chapter 10 of the plan. Slough CCG shares two committees that have a key role in the development and scrutiny of the delivery of the Plan. These are the Business Planning and Clinical Commissioning Committee and Finance and QIPP. Programmes of work are aligned to programme boards which have a clear focus on implementation and how risks to delivery are being managed.
- (c) **Human Rights Act and Other Legal Implications** - No Human Rights implications arise.
- (d) **Equalities Impact Assessment** - The Operating Plan aims to improve health outcomes and wellbeing for the people of Slough and to deliver sustainable, consistent standards of care within the resources available.
- (e) **Workforce** - There will be significant workforce development implications in the delivery of the local and national aspirations for healthcare provision over the coming years, alongside what we know to be ongoing challenges in recruitment and retention within health and care provision. These are recognised within our plan, and are also supported by a STP work stream on workforce.

5. **Summary**

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

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

6. **Supporting Information**

- 6.1 Annually as part of their business planning process, CCGs are usually required to publish their commissioning intentions together with an Operational Plan that

is submitted to NHSE. In December 2016 Slough CCG submitted its Operational Plan that details how it will deliver the NHS national requirements as set out by NHSE (in the Five Year Forward View) through its local programmes of work and how this will support delivery of the system priorities within the Frimley Health and Care STP. For the first time in the planning process, this was a two year plan (2017/19) supported by two year contracts and financial allocations.

6.2 In the Slough Operational Plan 2017/19 the focus has been on delivering local priorities, the nine national 'must dos' set by NHSE and ensure alignment with STP priorities to achieve system outcomes. There has been extensive engagement with member practices, patients and wider stakeholders in the development and implementation of the plan for example, via member meetings workshops, east Berkshire GP Collaborative Event, Patient Panels and including patients on individual service redesign steering groups and workshops. We have been working collaboratively with our local partners in the delivery of these local priorities and work programmes.

6.3 Slough CCG has articulated its high level priorities over the next two years which align with Slough Joint Wellbeing Strategy priorities and the Council's Five Year Plan outcomes:

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

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

- Integrated care decision-making and primary care, mental health, urgent and emergency care transformation
- Continued improvements in access to mental health services for children and young people
- Early identification of mental and physical health needs for people with a learning disability
- Increased emphasis on prevention, self-help and self-care supporting public health initiatives and STP prevention programme
- Encourage people to stop smoking, increase physical activity, reduce alcohol consumption, and reduce their weight
- Integrated care planning for those with diabetes and cardiac problems e.g. heart failure, complex case management, shared care records through interoperability solution Connected Care
- Increased access to personal health budgets and social prescribing

- 6.5 NHSE and NHSI are still to issue formal planning guidance for 2018/19 and this is anticipated in December 2017. It is expected that any requirement is likely to be at the STP level and will support the delivery of the requirements for the STP as set out in the MOU with NHSE and NHSI. CCGs' local timelines will mirror the requirements of the STP to support appropriate discussions during this process.
- 6.6 During this period as our current Operational Plan and Commissioning Intentions cover 2018/19, we are pre-emptively undertaking a 'refresh' of the existing Plan that updates our commissioning intentions and programmes of work for 2018/19 prior to national guidance being issued. We will also look to engage with stakeholders to discuss our areas of focus, however, it is not expected that significant new intentions will be generated as part of this process.
- 6.7 **Appendix A** details what we said we would do within 2017/18, what we have achieved thus far and what we intend to do in 2018/19.

7. **Comments of Other Committees**

- 7.1 The draft Operational Plan outline was shared with the Slough Wellbeing Board prior to its submission in December 2016. The Plan has also been discussed at Slough CCG member practices meetings, with the public through the community partnership forum and with the CCG Governing Body in several iterations before the final version was submitted to NHSE.
- 7.2 An update on the Plan was taken to the Slough Wellbeing Board on 19th July 2017 and this report was also shared with the members of the Health and Adult Social Care PDG at their meeting on 30 October 2017.

8. **Conclusion**

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

9. **Appendices attached**

- 'A' - Commissioning Intentions Refresh of CCG work programmes
- 'B' - Slough CCG Plan on a Page

10. **Background Papers**

- 1 - Operational Plan 2017/18 – 2018/19 (Bracknell & Ascot CCG, Slough CCG, Windsor, Ascot & Maidenhead CCG) <http://www.sloughccg.nhs.uk/about-us/our-plans>
- 2 - Delivering the Forward View – NHS Planning Guidance 2016/17 – 2020/21 <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

APPENDIX A: Planned Care Programme

Our strategy for planned care is to reduce unwarranted variation in both outcomes and activity using the Right Care programme methodology to identify priority specialties and to deliver Constitutional standards. We are working with our providers to model the demand and capacity for all specialties including diagnostics to ensure we are commissioning the appropriate level of services and pathways are delivered efficiently. This workstream is aligned to the STP Managing Variation workstream and shares the same priority areas*.

For 2017/18 We Said We Would	We Have	For 2018/19 We Will
<p><u>Diabetes</u></p> <ul style="list-style-type: none"> Introduce a new specification for an Integrated Diabetes Service across community and acute services Work with general practice and other healthcare professionals/clinicians to develop the necessary skills, competencies and confidence to improve the quality of routine diabetes management Review the current dietetic service as part of the implementation of an integrated diabetes service Commission new ambulance pathways for the management of hypoglycaemia <p><u>Cardiology</u></p> <ul style="list-style-type: none"> Review all current locally commissioned services from primary care associated with cardiology Improve management of patients with hypertension Evaluate the provision of cardiac rehabilitation across the three CCGs Develop an integrated community heart failure nursing team expanding the use of telehealth Commission an IV diuretic lounge with all our providers 	<p><u>Diabetes</u></p> <ul style="list-style-type: none"> Drawn up an Integrated Diabetes Service specification that is being negotiated into contracts for 2018/19 Implemented Diabetes care and support planning services, Diabetes foot care pathway, Diabetes inpatient nursing services, Digital access to structured education as well as commencement of referral hub Put new ambulance pathways in place for the management of hypoglycaemia <p><u>Cardiology</u></p> <ul style="list-style-type: none"> Commissioned GP outcomes framework to include increasing prevalence of Atrial Fibrillation and Hypertension to expected rates Cardiac rehabilitation service specification agreed and is with providers to commence provision Commissioned an integrated community heart failure service. Improved AF and 	<ul style="list-style-type: none"> *Continue the service redesign for integrated community neurology service, MSK and gastrointestinal pathways Advice & Guidance/Triage – building on the success of dermatology and ophthalmology prioritise the following pathways: MSK, Pain, GI, Urology, Pain Complete an intermediate services review to include ENT and ophthalmology *Continue our Cancer and Diabetes services improvement work Maintain key area of focus on our demand management work including access to regular data at practice level, peer review and education, access to guidelines and evidence based information, and reducing consultant to consultant referrals and follow up appointments) Review anticoagulation LCS in line with renewed guidelines of the use of newer agents. Work on a CKD pathway that incorporates Frimley Health and Royal Berkshire Hospital (resource

For 2017/18 We Said We Would	We Have	For 2018/19 We Will
<p>Page 136</p> <p><u>Reducing clinical variation/ demand management</u></p> <ul style="list-style-type: none"> • *Engage in the STP wide unwarranted variation programme, influencing service and pathway changes as these are developed • Commission a new model of dermatology services • *Develop a strategy for neurology service provision basing as much of the service within the community as possible • Commission an expanded community ophthalmology model • *Evaluate local demand management pilots, with a view to defining a future strategy for the commissioning of musculoskeletal (MSK) services • De-commission the existing GRACE service. Develop a new specification to re-commission a service which will provide triage and update all referral forms and pathways on DXS. • Work with general practice to reduce unwarranted clinical variation in primary care • Improve utilisation of e-Referral. Providers to ensure that the DXS system is notified of changes to pathways and referral forms. Providers will ensure that sufficient bookable slots are available on e-referrals • Commission new contracts for MSK physiotherapy, audiology, podiatry, and other small contracts including ENT, and ophthalmology 	<p>hypertension prevalence within practices</p> <ul style="list-style-type: none"> • Commissioned an IV diuretic lounge • Implemented new stroke pathway <p><u>Reducing clinical variation/ demand management</u></p> <ul style="list-style-type: none"> • Engaged with STP wide unwarranted variation workstream on MSK, Diabetes, Gastro-Intestinal, Respiratory and Neurology • Dermatology business case to be considered in November • *Progressed development of an integrated community neurology service across the STP • Commissioned Evolutio to help manage ophthalmology referrals with a view to commissioning an integrated approach in 2018/19 • Decommissioned the existing GRACE service • Commissioned a LCS for referral management to reimburse practices for management of referrals and to utilise DXS as well as e referral systems. Support practices to undertake clinical peer review of referrals • Improved the utilisation of e-referrals • MSK Physiotherapy, Audiology and Podiatry contracts are being negotiated with Berkshire Healthcare Foundation Trust and are near completion • Ophthalmology contracts are being reviewed with a contract issued for 1 year to October 2018 	<p>allocation permitting)</p> <ul style="list-style-type: none"> • Review ENT contracts and commission an integrated ENT service (resource allocation permitting)

For 2017/18 We Said We Would	We Have	For 2018/19 We Will
<p><u>Cancer</u></p> <ul style="list-style-type: none"> • Review cancer services • Improve management of patients with Chronic Kidney Disease (CKD) 	<p><u>Cancer</u></p> <ul style="list-style-type: none"> • Reviewed and improved Cancer services – cancer champions in place; 99.9% sign up to the LCS; 64% of practices engaging with CRUK Berkshire facilitators - 60% of Bracknell & Ascot practices, 50% of Slough Practices and 82% of WAM practices, and improved rehabilitation service offer to patients post treatment in place 	

* STP footprint projects

Integrated Care Programme

In line with our local priorities set out in the plan and in the context of the vision of the Frimley Health and Care STP, we are working in partnership with Bracknell Forest Council, Slough Borough Council and the Royal Borough of Windsor and Maidenhead and to deliver plans to integrate health and social care services which improve the lives of the local people.

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<p>Page 138</p> <ul style="list-style-type: none"> • Increase the number of personal health budgets in line with national policy • Expect all providers to adopt and work to the New Vision of Care principles and its approach to frailty identification and management. This includes adopting a locally agreed frailty tool within their services and applying the principles of “Making every contact count” • Review key service lines and agree revised service specifications including the Mobility Service, Community Hospital in-patients, and Community Nursing through the remainder of 2016/17 with a view to having a new service specification in place by April 2017 • Review community services currently provided by Virgin Care for our registered population living in Surrey with a view to re-procurement during 2017/18 • Explore with our local authority commissioners opportunities for joint commissioning for individuals who are eligible for funding from Continuing Healthcare, voluntary sector provision and learning disability and mental health placements 	<p>In conjunction with our partners:</p> <ul style="list-style-type: none"> • Piloted process for extending personal health budgets in partnership with the 3 Unitary Authorities. Pilot to complete in November 2017 • Extended the reach of our New Vision of Care Programme across the STP by agreeing a common clinical definition of frailty and a common population stratification tool across the STP population • Completed phase 1 of our Community Nursing Review and agreed an interim service specification for 2017/18 and an extended service for our Surrey population following the end of the Virgin Care contract • Developed a proposal for integrating Section 117 and CHC budgets across the 3 CCGs and UAs • Implemented an End Of Life Locally Commissioned Primary Care Service (LCS) to improve the integrated approach to care for people approaching the end of their lives • Commissioned a 24/7 Rapid Response team from Thames Valley Hospice to provide advice and home based support 24/7/365 • Appointed a care home delivery manager to 	<p>Work collaboratively with our partners to:</p> <ul style="list-style-type: none"> • Integrate Decision Making in the community, bringing together multi-disciplinary teams, led by Primary Care, to develop anticipatory and advanced care plans for our most vulnerable patients (Severely Frail, and multiple co-morbidities) • Inclusion of social prescribing as a core component to Primary Care and Integrated Decision Making in the community • Commission a Frailty Pathway through prevention to acute care, including outreach of frailty specialists from the acute to support community teams and GPs to keep people out of hospital • Implement the Enhanced Care Homes framework to enable a step-change in the quality, consistency and resilience of our care home workforce • Develop a Market Management strategy for the home care workforce across the STP to build capacity, confidence and resilience • Extend the Complex Case Management LCS across the east Berkshire footprint and

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
	<p>enhance the support to care homes and work with Registered Managers to improve education and training</p> <ul style="list-style-type: none"> • Appointed two Wellbeing Prescribers to work in Primary Care on a Social Prescribing Pilot • Supported the developed of a community asset map for GPs to search and refer to social prescribing offers • Piloted a Complex Case Management Locally Commissioned Primary Care Service to proactively manage conditions in the community and avoid crisis and hospital admission (<i>see also under Primary Care</i>) 	<p>incorporate new services as they come on-line (e.g. Social Prescribing)</p> <ul style="list-style-type: none"> • Extend the Wellbeing Prescribers across the east Berkshire footprint • Complete phase 2 of our Community Nursing Review with a revised specification of service expectations of a modern, integrated district nursing service

Urgent & Emergency Care

We are committed to designing a simplified system with fewer access points, greater coordination across pathways and providers, supported by more effective information sharing. From a public perspective there will only be 4 points of access to urgent and emergency care services: 111, GP, 999 and A&E. Regardless of the point of access there will be a consistent approach dependent on the level of need.

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<p>Page 140</p> <ul style="list-style-type: none"> • Mobilise the new Integrated NHS111/ Urgent Care contracted service model • Review the Bracknell and Maidenhead Urgent Care Centres, the Slough Walk-in centre and East Berkshire Out of Hours Services and commission new service models • Review the impact of all of our resilience and out of hospital investments from 2015/16 and 2016/17 • Review of the impact of the recently commissioned AIRS service in Bracknell, Ascot, Windsor and Maidenhead populations with a view to extending the service to Slough from April 2017 • Work with our local Acute Providers to expand the use of ambulatory care pathways, and agree a local price for this activity • Revise our approach to the management and use of the directory of service (DOS) • Work with South Central Ambulance Service (SCAS) to implement the recommendations from the national review of Ambulance Services • Work with providers to ensure that national quality indicators, best practice and standards are embedded within the contracts for 17/19 	<ul style="list-style-type: none"> • New 111 service launched in September 2017 with the implementation of the new integrated clinical hub – this will be further developed during the course of the contract. Direct booking into OOHs in EB went live during October 2017 and plans are in place to extend this to urgent care centres and walk in centres during 2017/18 • Developed the Out of Hospital strategy with wider partners and bringing together the urgent and emergency care, integrated care and the primary care strategy to enable alignment and better outcomes for patients from greater integration of services • AIRs extension to Slough from September 2017 • Emergency ambulatory care services were expanded to 7 days a week from October 2017 and financial arrangements have been agreed across the STP • A review of the DOS has taken place to ensure that all services are represented on the DOS and that dispositions into pharmacy, OOHs, UTCs and other local services are utilised fully rather than directing patients to A&E • SCAS mobilisation of Ambulance Response 	<ul style="list-style-type: none"> • Through the Frimley System Joint A&E Delivery Board, work together with all partners to deliver the transformation of urgent and emergency care across the 7 pillars of transformation: 111 on line, 111 calls, ambulance, Urgent Treatment Centres (UTC), GP access, hospital and hospital to home. These plans will be monitored monthly and outcomes reported through a bespoke Alamac dashboard. • As current contracts come to an end, continue the review of the Bracknell and Maidenhead Urgent Care Centres, the Slough Walk-in centre, East Berkshire Out of Hours Services, and GP extended access to agree a model of services that supports our Out of Hospital Strategy and under market testing (subject to procurement advice) and commence the commissioning process for new service models • Deliver the national integrated urgent care specification through the extension of the clinical hub, DOS development and direct booking in and out of hours to meet national trajectories

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
	Programme (ARP) will go live October 2017 All urgent and emergency care services are contracted for using NHS Standard Contract which includes comprehensive quality sections. Contracts are monitored on a monthly basis	

Primary Care

Our Primary Care Strategy is to develop a transformed and sustainable model of general practice for east Berkshire, improve overall access to general practice appointments and realise the opportunities and benefits set out in the general practice forward view through delegated commissioning. We are working with our member practices as providers to develop how they will work together across GP Federations and clusters. This programme of work is aligned to the STP General Practice Transformation work.

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<p>Page 142</p> <ul style="list-style-type: none"> • Transition of delegated authority for the Primary Medical Services contracts to the CCG from NHS England • Invest in General Practice transformation enabling practice to work differently together to develop services such as proactive care for housebound patients using appropriate skill mix and integration with other teams • Commission extended hours general practice services for all patients in East Berkshire for evenings and weekends as population needs require. • Commission a single quality scheme to replace the current locally commissioned services to include atrial fibrillation, complex case management, and near patient testing • Support the use of technology in primary care to support self-care, patient communication, reduction in DNAs and public health screening/prevention improvement • Develop social prescribing across general 	<ul style="list-style-type: none"> • Maintained our Delegation transition on plan with NHS England for completion in March 2018 • Invested in General Practice transformation enabling practice to work differently together to develop services such as proactive care for housebound patients using appropriate skill mix and integration with other teams • Commissioned extended hours general practice services for all patients in East Berkshire for evenings and weekends as population needs require • Commissioned a single quality scheme to replace the current locally commissioned services to include atrial fibrillation and near patient testing (<i>Commission the complex case management service from General Practice by December 2017</i>) • Developed an approved Primary Care Strategy across the CCGs • Launched the Practice Resilience Programme supporting practices in identifying areas requiring greater resilience within their practice and providing through GPFV investment funding for improvement and developing resilience for the future 	<ul style="list-style-type: none"> • Support the use of technology in primary care to support self-care, patient communication, reduction in DNAs and public health screening/prevention improvement • Develop social prescribing across general practice to widen the support for patients and carers • Commission a practice resilience programme to support all practices • Commission complex case management that will also include and support social prescribing • Commission a visiting service to ensure proactive care for housebound and care home patients using appropriate skill mix on a population basis • Develop infrastructure plans to support the Primary Care Strategy for the sustainability of general practice services, including estates assessments, workforce development with the STP and technology aligned with the Connected Care programme • Invest further in General Practice sustainability through the local delivery of the General Practice Forward View aligned to the Primary Care Strategy

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<p>practice to widen the support for patients and carers</p> <ul style="list-style-type: none"> • Commission a practice resilience task force to support practices in crisis • Commission specimen collection to support 7 day services, support interoperable primary care/general practice records and identify professional resources to support the realisation of the estates and other infrastructure proposals 	<ul style="list-style-type: none"> • Developed and implemented the Time for Care Programme that will support practices in developing greater efficiency, taking forward innovation and provide skills and resources into practices • Piloted various models of Social prescribing working in partnership with social care, public health and the voluntary/community service • Commissioned specimen collection to support 7 day services, support interoperable primary care/general practice records and identify professional resources to support the realisation of the estates and other infrastructure proposals being considered by NHSE to create capacity in general practice 	

Mental Health & Learning Disabilities

The CCGs are committed to transforming locally commissioned services, co-produced with people with lived experience of services, their families and carers, in order to ensure sustainability as well as delivering the key priorities outlined in the Five Year Forward View for Mental Health.

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<p>Page 144</p> <ul style="list-style-type: none"> • Reduce the numbers of learning disability assessment and treatment unit beds • Implement the Learning Disability Community Intensive Support service • Re-scope the role and function of the Learning Disability Community Teams • Develop the market for local placements and support for people with mental ill health, LD and/or autism thereby reducing the number of out of area placements. We will de-commission the Out of Area Placement Brokerage Service provided by BHFT with effect from 1 April 2017 and intend to provide this service in house • Expect a learning disability liaison nurse function to be provided at Wexham Park in line with other providers • Expect the prescribing of antipsychotics to be reduced in all care settings • Develop a locally commissioned service to improve the quality of learning disability health checks in primary care • Commission consolidated acute based mental health liaison services • Review Community Mental Health Teams and work with partners to jointly commission a transformed 	<ul style="list-style-type: none"> • Reduced the numbers of learning disability assessment and treatment beds and commissioned a community intensive support service • Supported some people with learning disabilities to move into their own homes using the HOLD scheme and Transforming Care Partnerships • Commissioned a placement review team in house to review the quality and appropriateness of people who are in placements funded through section 117 aftercare. This will include looking at the prescribing of antipsychotic medications for people in these placements • Commissioned an improved service for psychiatric liaison and crisis at Wexham Park Hospital and reviewed the Crisis Response and Home Treatment Teams locally. We have also increased the provision in Street Triage service • Successfully obtained funding to support IAPT's services work with people who have long term conditions and have operationalised this service, including working closely with the community nurses to support people more psychologically • Commissioned Healthmakers a group of volunteers who have long term conditions 	<ul style="list-style-type: none"> • Continue to work with the transforming care partnership to support people with learning disabilities to live better lives locally. This will include working with the community teams • Work together with the local authority and voluntary sector locally to develop the market for local placements and support for people with mental ill health, LD and/or autism • Continue to develop plans to ensure people with Learning Disabilities and mental health issues receive good quality physical health care and the checks they require and enhance the learning disability liaison service at Wexham Park • Further explore new models of care for people who are experiencing a mental health crisis to continue to improve the quality of care and choice available • Redesign the 'front door' to mental health services (common point of entry – CPE) and monitor the impact on Community Mental Health Teams and other parts of the system • Continue to work with our partners to reduce the numbers of people who need acute inpatient care or long term placements many of which are out of area. Develop a pathway of care and support for

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<p>model of community mental health provision</p> <ul style="list-style-type: none"> • Review the current Crisis Response Home Treatment Teams and commission a new model of urgent and emergency care for mental health users • Expand the Increasing Access to Psychological Therapies (IAPT) service. Expand the psychology intervention community nursing pilot (PINC) across the 3 CCGs in line with the IAPT expansion programme • Continue to increase dementia diagnosis rates and review post diagnostic support for people with dementia. Developing dementia friendly practices and expanding the service for younger people with dementia from 2 to 5 days • Review the existing Friends in Need service with a view to expand this to Slough and Bracknell and Ascot CCGs • Review the Street Triage pilot and explore the potential for continuation in conjunction with Local Authorities 	<p>offering support to others</p> <ul style="list-style-type: none"> • Commissioned a Young People with Dementia service improving the support available to people when initially diagnosed • Improved the Dementia diagnosis rates locally • Expanded Friends in Need services across all three boroughs to support people who are socially isolated 	<p>people with dementia that is equitable across the CCG's</p> <ul style="list-style-type: none"> • Develop our current limited Individual Placement Service (IPS) with support from our colleagues in our STP footprint. This will facilitate an increase in the numbers of people accessing the IPS and the numbers of people gaining meaningful employment

Children’s and Maternity Services

Our aim is to commission high quality evidence based mental and physical health services which are fully integrated, inclusive, accessible, timely, and responsive and informed by the needs expressed by children and young people.

In 2017/18 We Said We Would	We Have	In 2018/19 We Will
<p>Page 146</p> <ul style="list-style-type: none"> • Commission a fully NICE compliant community eating disorder and perinatal services • Work with our providers to implement the recommendations from Better Births • Review the Children’s and Young Persons Transformation pilots and make recommendations on future commissioning <p>Continue to reduce CAMHS waiting times across all pathways</p> <p>Work with partners to ensure that our collective responsibilities for children with special educational needs and disabilities are met</p> <ul style="list-style-type: none"> • Commission upstream support to children and young people and their parents before they develop a mental health disorder 	<ul style="list-style-type: none"> • Received funding and commissioned NICE compliant eating disorders service for children locally and a perinatal service • Commissioned a number of CAMHS transformation projects e.g. Kooth online, counselling services to support children wellbeing • Developed and published ‘The Little Book of Sunshine’ CAMHS resource • Reduced waiting times and improved access for CAMHS • Reduced the number of young people we are sending out of area for specialist hospital treatment for their mental health needs • Worked with our local partners to support the SEND agenda <p>Developed with partners across STP a local maternity transformation plan</p>	<ul style="list-style-type: none"> • Review the CAMHS Transformation Projects to assess their impact • Work closely with local authorities to commission children’s services more collaboratively • Assess the need for an ageless Autism and ADHD service and the impact this could have for local people • Work more collaboratively to further the impact we have for young people with special educational needs and disabilities • Continue to work with providers in implementing recommendations from Better Births as detailed in the local maternity transformation action plan

Slough Clinical Commissioning Group: Plan on a Page



Population	<ul style="list-style-type: none"> ❖ The population profile differs from the national picture with a larger proportion of children aged 0 to 14 and younger adults aged 25 to 44, but a smaller proportion of adults aged 45 and over. 28% of the CCG's total registered population is under 19 ❖ 5 of the lower super output areas in the CCG boundary are in the 20% most deprived nationally ❖ Life expectancy at birth for men is 78.5 years, which is significantly worse than the national figure of 79.2 years. Life expectancy at birth for women is 82.7 years, which is similar to the national figure of 83.0 years 	<ul style="list-style-type: none"> ❖ The recorded prevalence of cardiovascular diseases, cancer, respiratory diseases, chronic kidney disease, depression and dementia is lower than the national prevalence rates and comparator CCG group. The recorded prevalence of diabetes is higher. Mental health disorders are marginally higher than England, but lower than the comparator CCG group ❖ The CCG had 8,144 potential years of life lost (PYLL) considered amenable to healthcare in 2012-14. This rate of 2,460 PYLL per 100,000 registered population is significantly higher than the national rate. Ischaemic heart disease was the main cause of PYLL in the CCG at 36.0%
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Opportunities for improvement Improved outcomes in cancers, maternity, gastro-intestinal, neurology, trauma and injury, diabetes, dementia and learning disability
 Opportunities to spend money more wisely in: neurology, respiratory, genito-urinary, gastro-intestinal and endocrine

Our high level priorities for the next two years are	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Improve access to general practice and integrate other services and develop capacity and skills</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Improve the use of technology for online consultations and sharing records</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Provide information about early diagnosis and screening for cancers</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Support people at risk of developing diabetes and offer all diabetics the 8 care processes, structured education and group consultations</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Commission integrated community based MSK, Eye, Neurology, Cardiology, Respiratory and Dermatology services</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Implement an integrated care record</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Increase clinical input to NHS 111 calls. Stream patients to the most appropriate service in A & E</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Improve arrangements for discharging people from hospital</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Mental health - develop services for children and young people, people in a crisis and those with long term conditions, depression and anxiety and eating disorders. Focus on physical health</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Focus on the physical health of people with a learning disability and support them in the community</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Improve support to people who have been diagnosed with dementia</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Improve maternity services</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Commission integrated teams for people with complex conditions</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Deliver personal health budgets, self help and self care programmes</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Provide 24/7 support and share care records for people at the end of their lives</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Encourage people to stop smoking, increase physical activity, reduce alcohol consumption, and reduce their weight</div>	What will the impact be?
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Ensure patient rights under the NHS Constitution are upheld</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Develop a transformed model of general practice</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Reduce unwarranted variation in outcomes and the use of money</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Prevent crisis and escalation of health issues, through early identification and treatment</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Improve urgent on the day responsiveness of services and response to those in crisis</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Ensure that mental health receives as much attention as physical health</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Develop integrated services across the NHS and social care</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Give people support to live healthy lives and look after their conditions</div>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">❖ I will be given the information I need to stop myself getting ill and will have more control if I do</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">❖ I will be helped to give up smoking or drinking too much alcohol, I will be helped to lose weight and get active</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">❖ I will be more likely to go to the correct service first time and avoid a health crisis</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">❖ I will only have to tell my story once and all the relevant services will have up to date information about me</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">❖ If I am a parent or carer I will have information to help anyone I am caring for if they are sick or hurt</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">❖ I will be less likely to stay in hospital longer than I need to</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">❖ I will be more likely to have earlier diagnosis and treatment for circulatory disease, dementia, diabetes, cancer (particularly bowel and breast) and hypertension</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">❖ If I have a learning disability or mental ill health, I will also be checked for physical health problems and will be more likely to be cared for closer to home</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">❖ I will be more likely to live longer despite any health problems (particularly cancer)</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">❖ If I am a mother, I will be more likely to have a better experience of maternity services</div>	

Our supporting strategies	<ul style="list-style-type: none"> ❖ Engagement of communities and patients to give people the skills and confidence to look after themselves and stay healthy ❖ Development of our workforce to deliver new models of care ❖ Development of the public estate to make the best use of public resources and deliver our new models 	<ul style="list-style-type: none"> ❖ Use of technology to support patients and clinicians in becoming more efficient, ensuring patients have to tell their story only once and can look after themselves ❖ Becoming a system with a collective focus on the population ❖ Robust quality and safeguarding procedures
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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15th November 2017

CONTACT OFFICER: Alan Sinclair, Director of Adults and Communities
Mike Wooldridge, Better Care Fund Programme Manager
(For all Enquiries) (01753) 875752

WARD(S): All

PART I

FOR INFORMATION

BETTER CARE FUND PLAN 2017-2019

1. **Purpose of Report**

The purpose of the report is to provide the Wellbeing Board with the final Slough Better Care Fund Plan 2017-19

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

The Board is asked to note the content of the Slough Better Care Fund Plan 2017-19 which was submitted on behalf of the Board on 11 September 2017.

The Board agreed at the meeting on 29 March 2017 for the delegated final decision to sign off on the plan to the Director of Adult Social Care. The Health Partnership Delivery Group reviewed and agreed the plan in the meeting on 29 August. It was then also shared and agreed with the Chair of the Slough Wellbeing Board ahead of final submission on 11 September.

Following submission the plan has been through a regional and national assurance process involving representatives from NHS England, the Local Government Association (LGA) and the Association of Adult Social Services (ADASS). Slough received a letter of approval for the plan on Monday 30 October 2017.

The plan is now published and available to the public via the weblink at the end of this report.

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

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

The Better Care Fund programme is developed and managed between the local authority and CCG together with other delivery partners and aims to improve, both directly and indirectly, the wellbeing outcomes for the people of Slough in the areas of:

- i) increasing life expectancy by focussing on inequalities and
- ii) Improving mental health and wellbeing.

3b. **The JSNA**

The BCF programme is broad in scope and aims to address, or contribute significantly to a number of areas of need identified in the JSNA. This includes the improvement of

health in Slough's adult population through risk stratification and proactive early interventions with people at risk of disease and ill health.

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

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

3c. Five Year Plan Outcomes

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

4. Other Implications

(a) Financial

The size of the Pooled Budget in 2017-18 is £11.901m and rises to £12.799m in 2018-19. The budget funds a broad range of activity across 32 schemes within the programme which are either commissioned or directly managed services and projects co-ordinated between the partners of the pooled budget agreement.

(b) Risk Management

The Joint Commissioning Board continues to oversee and monitor a risk register for the BCF programme. The register identifies and scores risks of delivery of the programme together with actions to mitigate or manage the risks. These risks have been reviewed and updated again as part of the planning round for 2017-19.

(c) Human Rights Act and Other Legal Implications

No Human Rights implications arise.

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

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

(d) Equalities Impact Assessment

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

(e) Workforce

As previous Better Care reports have highlighted there will be significant workforce development implications as we move forward towards integration for Health and

Social Care by 2020. This will lead to new ways of working in partnership with others which will be aligned together with other change programme activities such as that described in the New Vision of Care being led across the East of Berkshire, the Sustainability and Transformation Partnership (STP) and the Social Care reform programme within Adult Social Care services in SBC.

5. **Summary**

The Better Care Fund is a pooled budget between the Slough CCG and Slough Borough Council to support the integration of health and social care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. It aims to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support with integrated health and social care support, resulting in improved experience and better quality of life.

The plan for 2017-19 is the third Better Care Fund plan for Slough and marks a mid-point in the journey towards integrated health and social care services by 2020.

6. **Supporting Information**

Supporting information is within the contents of the plan (link below).

7. **Comments of Other Committees**

A draft of the plan was presented and discussed at the Health Partnership Delivery Group. The outline of the plan was agreed by the committee and comments and additions were noted for inclusion in the final document.

8. **Conclusion**

The Board is asked to note the plan and support its direction towards integration of health and social care services. The Board will continue to receive regular updates on progress on implementation of the plan including, financial and risk management and performance against key metrics.

9. **Background Papers**

'1' Slough Better Care Fund Plan 2017-19

<http://www.sloughccg.nhs.uk/about-us/your-slough-ccg/better-care-fund>

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15th November 2017

CONTACT OFFICER: Rodney D’Costa, Head of Children’s Partnerships
(For all Enquiries) (01753) 787649

WARD(S): All

PART I

FOR INFORMATION

TERMS OF REFERENCE – EARLY HELP BOARD

1. Purpose of Report

1.1 The Early Help Board (EHB) is a multi-agency forum, which held its inaugural meeting on 18 September 2017. At this meeting, Terms of Reference (ToR) were discussed and agreed, specifically that the EHB is accountable to the Slough Wellbeing Board (SWB) for escalation of partnership issues and reporting progress on implementation of the Early Help Strategy.

2. Recommendation(s)/Proposed Action

2.1 The Board is requested to note the report.

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

3a Early Help is about providing proactive support as soon as a problem emerges, at any point in a child’s life – from pre-birth, the foundation years through to teenage years. Early Help directly links to the Slough Joint Wellbeing Strategy (SJWS) Priority “Protecting Vulnerable Children”, Joint Strategic Needs Assessment (JSNA), and the Council’s Five Year Plan Priority “Our children and young people will have the best start in life and opportunities to give them positive lives”.

4. Other Implications

- (a) Financial – None
- (b) Risk Management – None
- (c) Human Rights Act and Other Legal Implications – None
- (d) Equalities Impact Assessment – None
- (e) Workforce – None

5. Supporting Information

5.1 Refer to Appendix (Terms of Reference – Early Help Board).

6. Comments of Other Committees

6.1 Not Applicable.

7. Conclusion

7.1 Committee is requested to note the Terms of Reference for the Early Help Board and the accountability of the EHB to the SWB in the context of escalation of partnership issues and reporting progress on implementation of the Early Help Strategy.

8. **Appendix**

8.1 Terms of Reference – Early Help Board

9. **Background Papers**

9.1 None.

**Early Help Board (EHB)
Terms of Reference
September 2017**

Role and Purpose

- With reference to Section 10 of the Children Act 2004, to evaluate the quality and effectiveness of early help processes and services, including identifying and responding to any gaps, so as to inform and improve future planning and service delivery in order to improve outcomes for children, young people and families; and
- Drive the delivery of the objectives of the Multi-Agency Early Help Strategy

Responsibilities

- Oversee the Multi-Agency Early Help Strategy
- Oversee the Local Area Collaboratives
- Champion the voice of children, young people and families, ensuring that they are represented in both strategic planning and service delivery
- Engage with relevant forums within Slough Borough Council and Partners, including the Local Safeguarding Children's Board (LSCB), Joint Improvement Board, Safer Slough Partnership and Slough Wellbeing Board to promote excellent outcomes for children, young people and families
- Work in partnership to identify and resolve any issues that appear in the Early Help System to ensure families receive timely and effective support at the earliest opportunity

Membership

- Membership to be finalised and agreed at the inaugural meeting of the EHB on 18 September 2017
- The proposed quorum of 60% of members to be agreed at the inaugural meeting

Chairing Responsibilities

- Co-chaired by the Director of Children, Learning and Skills; and the Chief Executive of Slough Children's Services Trust with the primary aim as detailed in "Role and Purpose"
- Be a Champion for children, young people and families
- Secure active involvement and commitment from all agencies involved in the delivery of Early Help in Slough

Role of Members

- Attend and actively engage in meetings, challenging and supporting members of the group
- Take responsibility for a specified area of delivery if required and drive improvements

**Early Help Board (EHB)
Terms of Reference
September 2017**

- Represent and feed in the views of your representing organisation
- Communicate any issues or messages back to respective organisations effectively
- Be champions for children, young people and families
- Actively work in partnership to deliver the objectives of the Multi-Agency Early Help Strategy

Governance

- Reflecting the multi-agency nature of the Early Help Strategy, the EHB is accountable to the Slough Wellbeing Board for escalation of partnership issues and reporting progress on implementation of the Early Help Strategy. The EHB will review its Terms of Reference and Membership in August 2018 and annually thereafter.
- The EHB will agree the need for and remit of any sub-groups relating to the planning and delivery of the EHS

18 September 2017

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 15th November 2017

CONTACT OFFICER: Colin Moone , Service Lead - Strategic Housing Services
Paul J Thomas, Interim Housing Supply Manager
(For all Enquiries) (01753) 874057 & (01753) 874097

WARD(S): All

PART I**FOR INFORMATION****HOUSING UPDATE: KEY ELEMENTS AND RECENT DEVELOPMENTS INCLUDING KEY WORKER HOUSING****1. Purpose of Report**

This report provides the Slough Wellbeing Board with an update on the Housing Strategy Action Plan particularly in relation to Theme 5 of the Housing Strategy: Special Housing Needs and Vulnerable People. It also provides an opportunity for consideration around the timescale of actions to help shape the priorities.

2. Recommendation(s)/Proposed Action

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

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

The priorities of the Slough Joint Wellbeing Strategy (SJWS) have been taken account of in the production of the Housing Strategy and cross-linked to the JSNA and the Five Year Plan with a detailed action plan that sets out the priorities agreed for Slough with partner organisations.

The Housing Strategy for Slough presents a clear ambitious way forward to improve housing in the borough. It sets out priorities which will form the focus of activities and resources over the next 5 years in line with our Five Year Plan and Local Plan in seeking to deliver more homes in the borough and of better quality to improve health and economic outcomes for residents.

The Housing Strategy draws together all of the housing issues into one comprehensive document. It also comprises actions for Private Sector Housing, Homelessness, Council new build housing and our approaches to supporting vulnerable adults and children as part of wider Council objectives laid out in the Five Year Plan.

3a. Slough Joint Wellbeing Strategy Priorities

Housing is a key determinant of health and wellbeing and it is a priority in the new Wellbeing Strategy. It aims to ensure:

- The right supply and mix of new homes including maximising affordable housing

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

3b. **The JSNA**

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

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

3c. **Five Year Plan Outcomes**

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

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

4. **Other Implications**

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

5. **Summary**

- This item provides members with an update on the delivery of the Housing Strategy over the first eight months of implementation.
- It gives members a better understanding of the size and scale of our ambition and a better understanding of the housing challenges facing the borough.
- The Wellbeing Board is asked to note the progress to date and comment and offer wider solutions to joint areas of operation as contained within the Housing Strategy Action Plan.

6. Supporting Information

- 6.1 Housing has been identified as one of the four key priorities in the Wellbeing Strategy.
- 6.2 At the last housing presentation to the Wellbeing Board there was a request that housing report on the progress of implementation of the Housing Strategy and to identify any early challenges and issues which may have wider impacts across the partnership and the council. The six key partnership issues identified by the Wellbeing Board have been incorporated into the Housing Strategy and are named and updated below.

- **Housing opportunities for key workers.**

The council's new subsidiary housing company - James Elliman Homes has purchased its first 20 new properties across the town of which at least six have been identified as suitable for key workers. These will be offered at an affordable rent i.e. below Housing Benefit Levels namely a "Slough Living Rent" which is based on average earnings not just local rent levels to ensure affordability. A policy to assist key workers from Education, Adults and Children Services (those working with vulnerable people) has been drafted and is currently being discussed.

- **Services to allow elderly and disabled residents to live independently in their home and which reduce the impact of poor housing on health.**

Over 40 new homes have been built by the council itself in the last 6 months which are largely suitable for older people on the council's waiting list. This includes a specifically adapted property designed to full disabled standards at Lydia Court our newly opened housing development providing 11 new homes to meet specific individual needs.

- **Priorities will be developed through partnership working, particularly with adult services, public health and the CCG.**

We have commenced partnership work to design an Older Persons Housing Strategy as an identified gap in the wider housing strategy. Terms of Reference are currently being considered for a time-limited working group to look at the issues.

- **Joint work would be undertaken with the health sector and other agencies to monitor and address the health and care needs of vulnerable homeless**

We have commencing partnership work to design a new Preventing Homeless Strategy as required by new legislation and have bid for and secured transformation funding to employ project staff to re-design homeless systems to better prevent homelessness and reduce the number of families in temporary accommodation. This is a priority as we understand the negative impacts on the health and wellbeing of families if they remain in temporary accommodation too long and subsequently on partner agencies such as GPs, Education and the wider health economy.

- **People placed in Slough by other local authorities and that those authorities are required to review their placement and notification policies.**

This is an on-going process and the transformation funding should allow more staff resources to focus on holding other authorities to account for not notifying their placements, however there is no legislation or specific guidance in place to prevent this practice.

6.3 The focus of the Housing Strategy is now on delivery of the Action Plan and how the council will counter existing and anticipated challenges through robust delivery and monitoring of housing supply and wider aspects of housing as outlined.

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

7. **Comments of Other Committees**

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

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

8. **Conclusion**

8.1 Officers have made progress on the identified partnership housing objectives as outlined and have begun work on two further major strategic documents in the shape of a Preventing Homeless Strategy and effectively an Accommodation Strategy for Older People. This will include extra-care development options. Our shared aim is to enable people to take control of their lives, remain free from negative behaviours including offending, stay mentally and physically active and avoid social exclusion.

9. **Appendices**

None.

10. **Background Papers**

1 – Board Themed Discussion Housing Report – Key Priorities: September 2016
<http://www.slough.gov.uk/moderngov/ieListDocuments.aspx?CId=592&MId=5616&Ver=4>

2 – Housing Strategy Update for Board
<http://www.slough.gov.uk/moderngov/ieListDocuments.aspx?CId=592&MId=5661&Ver=4>

3 - Equalities Impact Assessment – Available on request from the author

SPACE Activities

January — September 2017

9 Month Highlight Report

Capacity Building

Information & Advice

Carers

Health & Wellbeing

6,067

residents
served

305

volunteers
working
across SPACE
organisations



Background

In July 2015, Slough CVS invited all local and regional charities to come together and form a consortium to collaboratively deliver community based health and social care services under the Umbrella name SPACE – Slough Prevention Community Alliance Engagement. In June 2017 SPACE underwent a commissioning process to reshape 2018 provision and achieve cost savings. Eight new associates have been commissioned as a result.

There are currently 59 charities and community groups currently under the SPACE umbrella that are working together to collaboratively deliver health and social care services. (31 are directly funded by SPACE). The outputs and achievements highlighted in this report are restricted to the 31 directly funded charities and to services and outputs delivered as part of their contract. Therefore, the full value of the Slough voluntary sector and civic contribution of Slough residents is far higher than presented here.

Many clients present themselves with multiple problems, to ensure a holistic wrap around service from than one charity; an intranet referral process has been developed and implemented to facilitate this.

Information and Advice

Slough Advice Centre was established in April 2016. This is a physical gateway to both generic, specialist and online support, it is located at Shelter's offices in 27 Church Street, and is a partnership delivery model with 10 charities as members, including those who provide specialist advice such as to those with sensory disabilities, refugees and immigration advice.

Wellbeing

A variety of activities are available for residents such as physical exercise sessions delivered by Slough Active and many other smaller voluntary groups, social activities such as lunch clubs and befriending, and services to assist people to remain independent and in their own homes such as a handyperson service and assistance with gardening and transport.

Carers

Slough Carers Support operates a telephone and digital platform based support service to local people who care for a family member or friend, this includes access to information and advice and signposting to activities for carers and the wider community. This service has recently been aligned with the Wellbeing Prescribing service. A successful carers week was also delivered in June 2017 and is detailed in this report.

Capacity Building

Charities and community groups are supported with various services during year. To bring in external grant funding and recruit volunteers. There is weekly communication with 552 trustees of 350 charities and community groups with newsletters, funding alerts, consultation events, and community events.

Wellbeing Prescribing

Slough CVS has developed a new service and point of access to the voluntary sector through the Wellbeing Prescribing service. GPs, Adult Social Care and Neighbourhood Services refer clients with whose quality of life may be improved by accessing voluntary sector services. The Wellbeing Prescribing Co-ordinator contacts the resident and have an intervention session by telephone and wrap a range of appropriate voluntary sector services around them.

Social Value

The social value of SPACE funded interventions has been calculated using the nationally established model from Housing Associations Charitable Trust (HACT).

SPACE

89% of clients surveyed felt that SPACE services were easy to access

89% of clients surveyed felt they were treated fairly

86% of clients surveyed were satisfied with the knowledge of staff and volunteers



Capacity Building



57
groups
supported

Volunteering

**SOCIAL
VALUE**
£790,192

£400,197

generated in
income from
external sources
for 27 charities

Number of hits
to
Slough Get Involved
website

92,816

Information & Advice

Satisfaction

85 % of clients surveyed felt SPACE I&A providers' services were clearly explained and 73% of those questioned felt the service did what it set out to.

Shelter

The main reception area has recently been renovated by refreshing the décor. It now boasts an Information Resource Centre, a suite of computers to allow staff and volunteers to give self-guided support and assistance on a range of topics. So far, they have had people coming in to access the IRC to fill out benefit forms, create marketing materials for their personal businesses and look up community activities to attend with their family and friends. A screen has been installed with rolling information for clients to find out more about voluntary sector activity and how they can access it through the Centre.

At the end of the quarter, Shelter jointly held a Showcase of the Slough Advice Centre with SCVS. This celebrated the work that the centre had achieved in supporting over 3,000 Slough residents in the previous year including the partnerships with other associates in information and advice. There were over 50 guests on the day hailing from the community, local charities, local press, and statutory services. The response was incredibly positive and demonstrated the centre's strength in collaboration, innovation and overall community reach.



Slough Advice Centre launch with Slough CVS, Shelter and Destiny Support

Slough Advice Centre with Cllr Sohail Munawar, Leader of Slough Borough Council, Geoff Saunders, Kier and a volunteer from The Real Experience



Information & Advice

Slough Refugee Support

Syrian Family support from Slough Refugee Support: The Syrian Family have settled well - it has now been over 6 months since they first came to the UK. The children are well settled in school and are making friends as well as good progress in School. The parents are getting private English Tuition as well as help from SRS English class and the Father also volunteers for SRS occasionally. They have also started receiving their benefits and have started paying the bills themselves. SRS are encouraging the Father to start looking for jobs and SRS Job club co-ordinator is helping him prepare his CV.



Case Study

Mr. C had been working and became sick in the last 1 year. SRS Advisers using their experience and expertise helped him successfully to claim ESA, Housing Benefit and Council Tax Support as well as complete the Capability for Work questionnaire. He also was assisted to claim Discretionary Housing Payment because whilst his ESA application was being processed he fell into rent and Council tax arrears. When his health improved and he was well enough to work, SRS helped him to complete job application forms for Employment agencies. He is now back to work, supporting himself and contributing actively to the local community.

Slough Refugee Support report that the case work is getting more difficult due to changes in legislation and law on asylum seekers and indefinite leave granted to refugees. We are constantly facing different challenges going forward. The activities we provide are assessed and delivered after consultation and discussion with our clients.

Destiny Support



Case Study

An elderly client referred by Shelter came to Destiny Support as she wanted assistance in finding an affordable house insurance quote as her current insurance renewal was too expensive for her small pension. The client spoke very little English, as her first language is Malaysian. She brought a friend with her who helped in the interpretation, but there was still an evident language barrier. The client was supported to find a quote that she felt was affordable. A phone call was then made to the insurance provider and she was able to secure the insurance. The client was extremely relieved to have her house insured, as it had not been insured for several months and she was evidently worried about the security of her home and possessions. After further discussion, it also became evident that the client was socially isolated since her husband passed away. The community activity form was completed with her, and she found several social activities, including lunch clubs and dancing classes which she said she would like to attend.

Destiny Support's Drop-In I&A sessions at local Children's centres



Carers

15,127

Number of unique users accessing Slough Carers Support website



Slough Carers Support
Number of wellbeing/prevention
plans produced

107

415

Carers registered with Slough
Carers Support



Case Study

Carer B cares for her boyfriend. Due to complex mental health problems she finds it difficult trusting people and feeling safe. She really appreciated the kindness, support and encouragement from Slough Carers Project in identifying events that were suitable for her. She felt Carers Week brought her out of isolation and greatly benefited from the healthy walk and mindful photography event saying she enjoyed being with the ducks and out in nature and going into London with a group of carers to experience the Opera. It made her sad to realise how she forgot to do activities for herself and make time for her own interests. This has been an opportunity for her to reconnect with her own needs.

Carers

Carers Week 2017

A variety of events were held across Slough to celebrate the work of unpaid carers in the area, the exciting timetable was developed to give carers a break away from their caring responsibilities and treat them to experiences they may not otherwise be able to take part in. The annual national Carers Week campaign raises awareness of caring, highlights the challenges carers face and recognises the incredible contribution they make to families and communities throughout the UK.

The week started with a healthy walk and mindful photography led by Berkshire Healthcare Foundation Trust and those taking part enjoyed being outside with nature, and in the evening a celebration event at the Copthorne Hotel attended by over 100 carers. One carer said "The performance was well organised and entertainment was superb!" By the second day activities had become more energetic, with seated exercise and boxercise sessions, one carer said the session was 'well programmed, fun and enjoyable as well as helpful'.

Other activities during the week included art and craft workshops, day trips and pamper sessions which were well attended and enjoyed by all, carers saying "thank you very much for putting on such a great list of activities. I will make sure I am free next carers week to take part in all the activities"

The finale of carers week was a grand day out with complimentary tickets to the Royal Opera House in London, carers were treated to an afternoon tea and performance of La Traviata. One of the carers who attended said 'I felt valued as a carer from start to finish, I was able to tick and item off my bucket list, we were well taken care of. The venue, food and level of service were of a very high standard'



Health & Wellbeing

406

activities held in Slough

3,291

clients attended activities for more than 2 months

Physical activity sessions

SOCIAL VALUE

£1,323,129

240

Hours of staff support to Syrian families

273

people received Good Neighbours services



Slough Community Transport & Shopmobility

5,057

resident journeys

2,067

hours of home visits undertaken

Number of unique users accessing Slough Health website

10,171

Health & Wellbeing

70% of clients referred to social activities by Wellbeing Prescribing were still attending three months after referral.



Case Study Wellbeing Prescribing

Miss A. was referred to the wellbeing prescribing service by her Social Worker. It was indicated that she may benefit from longer term support and connections with her community.

Through conversations with the Wellbeing Prescribing Coordinator, it was identified that Miss A. was having trouble managing her money and cooking healthy yet affordable meals.

In response to this, a referral was made to Feel at Home with Your Finances to support Miss A. in creating a personal budget and taking back control of her finances. A referral was also made to Slough Foodbank's, Eat Well Spend Less course. This free 6-week course teaches attendees how to cook and eat healthily on a budget.

Miss A. is now linked up to two community provisions and is receiving support and advice around her finances and health and wellbeing. She has reported feelings of increased confidence and has even suggested that she would like to get involved with volunteering. The service will now look to support Miss A. in finding a volunteering opportunity.

63% of clients referred to Wellbeing Prescribing improved their overall health and wellbeing score.



Case Study Slough Older Peoples Forum

Ms T, a member of the Older Peoples Forum began experiencing problems with her health and also had some housing issues. Through the information gained from Forum speakers, in particular the Falls 4 Free For life service and Halsia – Chiropractor clinic she was able to make a partial recovery.

However, in early 2017, her health deteriorated again and she also experienced some confusion and memory loss. Other committee members became increasingly concerned for Ms.T's wellbeing and personal safety as she had apparently lost all contact with her only relatives. With her permission, Slough Borough Council Safeguarding Team was contacted and asked to assist Ms.T, helping to monitor her personal situation. Currently, Slough Borough Council social work and safeguarding teams are continuing to work with her.

Health & Wellbeing



Case Study

Shelter's Senior advisor met Ms A & Mr A at a pre-arranged drop in at SHOC, the homeless day centre. They were street homeless and living in a tent next to Jubilee River. During our meeting she discovered that Ms A has severe and enduring mental health issues and was prescribed a number of medications to manage her condition, and the couple had recently discovered that Ms A was pregnant. The couple had approached SBC homelessness team a number of times and had been advised they could not be assisted other than with housing benefit once they had found their own place.

During the meeting the Shelter advisor composed a letter to the local authority housing team advising them why they believed the couple meet the 5 tests of homelessness and that Shelter believed they should be provided with temporary accommodation. SBC agreed to place Ms & Mr A in temporary accommodation while they investigated their homeless application. SBC then accepted a full housing duty which means that they will continue to provide temporary accommodation until eventually permanent accommodation either through the housing register or long term private rented accommodation.

In order to help in the longer term, Shelter referred the family for support from the Feel at Home with your Finances project who supported the family to work on maintaining their tenancy and assisted the family to apply for grants to clear utility arrears. Mr A is now working and Ms A had her son in July 2017: he is doing well at home with his parents.



Health & Wellbeing



Case Study Sewak

Sewak supported a young client who fled honour based violence and forced marriage . She was offered support and accommodation at their refuge. They supported her with holding, one to one Freedom Programme sessions which helped her to recognise signs of abuse and to overcome the abuse she suffered . She attended Talking Therapies and was supported in one to one link sessions on weekly basis at the refuge.

All this support helped her to regain her confidence and build up her self esteem. She is now back into further education and is living independently.



Case Study SRS Syrian Families

Mrs F arrived in England with her son, daughter-in-law and 3 grandchildren in July 2017 from

Syria. She was granted humanitarian protection under the SVRP programmer due to her complex needs. Since settling in England she has had numerous hospital referrals to the urologist,

gastrologist, cardiologist, cancer screening units and surgical departments. Her medication has been reviewed and reduced, which she has commented that has “made her feel so much better” than when in Syria.

A recommendation to improve her health and quality of life further she has been advised to stop smoking. Since obtaining her prized possession of a bus pass she independently travels into Slough to buy knitting wool to indulge in her favourite hobby.

However, Mrs F has noted that that if her hands are occupied and she is distracted, it stops her desire to smoke. Staff are now the proud owners of knitted beany hats!

Health & Wellbeing



Case Study

Apna Virsa

Apna Virsa's yoga classes are run as part of the Community Ambassadors Project, and are very popular amongst the 50+ group. Mr S, and his son who is also his carer attend the yoga class. In May 2016, Mr Sharma, who is aged 86, was living in Punjab India, with his wife. Sadly, his wife passed away, and a few months afterwards, Mr S suffered a stroke. The stroke left him paralysed on his left side, unable to walk, dress himself or even attend the bathroom without help. With all his children now leading their own lives abroad, there was no one in India to take care of him. Mr S had also been diagnosed with dementia in 2013. His son went to India to be with his father, and decided that he would bring him to the UK to look after him.



At this stage Mr S was confined to a wheelchair, and having been discharged from the hospital, it was up to his son to encourage him to do his physio exercises. Knowing his father has he does, he set about finding opportunities for his father to keep his body active in a way that he enjoyed and to get him out and about, making friends and socialising. Mr S had always been a very friendly and social person, with many friends. He also had grit, and was up for a challenge!

Yoga was an activity that Mr Sharma had done previously, albeit a long time ago, so when his son saw an Apna Virsa leaflet, advertising Yoga classes for 50+ residents, he was sure that this could be what he was looking for! He enrolled Mr S making sure that the Apna Virsa were aware that Mr Sharma was in a wheelchair, and that that he would also need to attend to assist his father.

Starting anything new, anywhere and at any age is daunting, but Mr S got to work, putting his all into trying his best, every move, every time. His son was on hand to support him through the sessions. I asked the son what improvements he had noticed in his father's ability to partake in the class since he first started.

"At first he was happy to stay in his wheelchair and do what he could from that position. After a while he wanted to be out of the wheelchair and to do the exercises either standing or on the floor mat, like everyone else! He wants to remain active and pushes himself to do more each session. I am there with him to make sure that he doesn't fall or hurt himself. His legs are getting stronger and so he can now stand for short amounts of time. There has been considerable improvement, he is stronger and more confident in his movements, and he continues to improve with each session! It's great to see him trying, and he knows he's getting better which makes him feel good. He loves seeing everyone, and although he may not remember who everyone is, he loves the social interaction; talking to people. He may not remember people, but it allows him to remember who he is; a very friendly, chatty man, always smiling and happy."

Mrs S' son also practised yoga, although it had been a while! Attending the class alongside his father means that he can also join in where possible!

"I find that doing the yoga moves destressing, and that's great as life is pretty stressful! It helps keep me healthy and balanced, and keep an eye on dad at the same time. We are both benefiting. If there is anyone out there who is in a similar situation to me, I would recommend these classes. It benefits both the attendee and the carer on so many different levels. I feel supported by Apna Virsa, which is in itself makes me feel like I am not alone and know that there are people out there willing to listen, understand and help."

I asked Mr S if he enjoyed yoga and after letting out a hearty laugh he replied; *"How do I like yoga?! Yoga is my gym! I love to exercise, lots of moves, bending one way then the other, always moving! I used to do yoga, but that was a long long time ago! I am getting better at it!"*



Health & Wellbeing

There were **388** referrals from GPs and Adult Social Care to the voluntary sector.

Social activities

**SOCIAL
VALUE**

£838,986



Case Study



Janet got in touch with RVS after seeing an advert in Iver parish magazine asking for people to come along and volunteer, as she wanted to give something back to the local community after retiring.

Client Diana came to us as a self-referral, she used to work in a college but had retired and then suffered from ill health and felt she was becoming isolated.

Janet and Diana have already developed a very good relationship. Janet was able to accompany Diana in a taxi to a hospital appointment as Diana needed support to go there and back. Janet goes to see Diana once a week for a coffee and a chat and they have plans to get out a bit in the summer to garden centres or parks. Diana told me that her life was already more happier and that she looks forward to Janet's visits every week and that she enjoys the fact that their personalities are very similar and that she feels comfortable with Janet and enjoys having someone to talk to about many interests and topics.

Janet is also really enjoying visiting Diana, she said it makes her feel good that she can help someone and that it also gives her someone new to get to know and to talk to.



Case Study

One participant who attends Active Life seated Exercise classes on a Monday at Cippenham Library has attended almost all of the classes since the programme begun. Since coming the participant has expressed how much she enjoys the session and the positive impact it has had on her wellbeing. Despite this being the only class the participant attends each week, there are improvements in both to this individual's health and wellbeing. Additionally her feeling of anxiety decreases as a result of attending these classes. The participant is still regularly taking part in the seated exercise class and has even asked for the exercises to be written down, so that she can complete similar movements at

SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2017/18

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

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

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