

Date of issue: Tuesday, 20 March 2018

MEETING:

SLOUGH WELLBEING BOARD

Councillor Sabia Hussain (Chair), Cabinet Member for Transformation and Performance
Naveed Ahmed (Vice-Chair), Business Representative
Adam Bholah, Slough Youth Parliament Representative
Nicola Clemo, Slough Children's Services Trust
Cate Duffy, Director of Children, Learning and Skills
Darrell Gale, Interim Director of Public Health
Chief Inspector Sarah Grahame, Thames Valley Police
Ramesh Kukar, Slough CVS
Dr Jim O'Donnell, Slough Clinical Commissioning Group
Les O'Gorman, Business Representative
Nigel Pallace, Interim Chief Executive, Slough Borough Council
Lloyd Palmer, Royal Berkshire Fire and Rescue Service
Councillor Natasa Pantelic, Cabinet Member for Health and Social Care
Colin Pill, Healthwatch Representative
David Radbourne, NHS England
Alan Sinclair, Director of Adults and Communities

DATE AND TIME:

WEDNESDAY, 28TH MARCH, 2018 AT 5.00 PM

VENUE:

VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD,
SLOUGH, BERKSHIRE, SL1 3UF

**DEMOCRATIC
SERVICES OFFICER:
(for all enquiries)**

NICHOLAS PONTONE
01753 875120

NOTICE OF MEETING

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



NIGEL PALLACE
Interim Chief Executive



**AGENDA
ITEM**

REPORT TITLE

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WARD

AGENDA

PART I

Apologies for absence.

CONSTITUTIONAL MATTERS

1. Declarations of Interest

All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.

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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THEMED DISCUSSION

6.	Homelessness - The Current State of Play	131 - 136	All
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FORWARD PLANNING

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ITEMS FOR INFORMATION

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10.	Preventing Violent Extremism Coordinating Group (Six Month Progress Report)	181 - 184	All
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SUMMARY

12.	Actions discussed and agreed tonight	-	-
13.	What do we want to achieve at the next meeting?	-	-
14.	Date of Next Meeting	-	-

Wednesday 9th May 2018, 5pm

Press and Public

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

The Council allows the filming, recording and photographing at its meetings that are open to the public. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings. Anyone proposing to film, record or take photographs of a meeting is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

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Slough Wellbeing Board – Meeting held on Thursday, 25th January, 2018.

Present:- Councillors Hussain (Chair), Naveed Ahmed (Vice-Chair), Adam Bholah, Eris de Mello (deputising for Nicola Clemo), Cate Duffy, Ramesh Kukar, Dr Jim O'Donnell, CI Spencer (deputising for Supt Wong), Alan Sinclair and Darrell Gale

Apologies for Absence:- Councillor Pantelic, Nicola Clemo, Les O'Gorman, Lloyd Palmer, Colin Pill and David Radbourne

PART 1

52. Declarations of Interest

No interests were declared.

53. Minutes of the last meeting held on 15th November 2017

Resolved – That the minutes of the meeting held on 15th November 2017 be approved as a correct record.

54. Action Progress Report

The Action Progress Report was received that updated the Board on the recently completed and outstanding actions arising from previous meetings. It was noted the first public awareness campaign on obesity would begin in February.

Resolved – That the Action Progress Report be noted.

55. The Frimley Health and Care System- Moving Forward

The Council's Director of Adults & Communities introduced a report that updated on the progress being made by the Frimley Health and Care Sustainability and Transformation Partnership (STP).

The STP was expected to become an Accountable Care System (ACS) once it fulfilled the criteria necessary to achieve such status, including a focus on key priorities, governance, financial management and metrics. Progress was being made on all of the workstreams and the eight STP initiatives. Frimley was considered to be an early exemplar STP and was already in a position to move forward more quickly towards and ACS than most other parts of the country. The funding arrangements were discussed at it was noted that an ACS would need shared performance goals and a financial system 'control total' i.e. a pooled budget for NHS money. This did not include local authority social care budgets, however, the opportunities to maximise the approximate £1.3bn of health spending in the STP area were recognised. An effective partnership was required of the various NHS bodies, local authorities, providers and other stakeholders and a significant amount of work was underway to put in place the necessary arrangements and structures. An

update was provided on the communications and engagement activity and on the Health & Wellbeing Alliance Board. Communications with local people was considered to be very important and in view of Slough's diverse population it was noted that information should be available in translated versions to increase awareness across all communities.

The Board discussed a number of other issues including the links between housing and the STP, devolution deals and the importance of the public health agenda. It was noted that the Chair of the Partnership, Sir Andrew Morris, would be making a more detailed presentation on the STP at the next meeting of the Board on 28th March 2018.

Resolved – That the report and presentation on the progress being made on the Frimley Health & Care Sustainability and Transformation Partnership be noted.

56. Refreshed Overarching Information Sharing Protocol

The Council's Corporate Policy Officer introduced a report that sought the Board's agreement to adopt a refreshed multiagency Overarching Information Sharing Protocol to strengthen and improve the current information sharing arrangements.

The protocols reviewed were as follows:

- Overarching Information Sharing Protocol (to be agreed at Appendix A).
- Safeguarding People Protocol (approved in November 2017 and no further changes were required following a review).
- Protocol for relations between Slough Wellbeing Board, Healthwatch Slough and Health Scrutiny Panel (approved in November 2017 and no changes were required following a review).

If any further changes were considered necessary to comply with the forthcoming implementation of the General Data Protection Regulation (GDPR) these would come back to the Board for approval. The Board asked that it be confirmed that the Protocol was compatible with GDPR prior to it being published on the Council's website. After due consideration, the Board approved the refreshed Overarching Information Sharing Protocol and noted the update on other protocols.

Resolved –

- (a) That the refreshed Overarching Information Sharing Protocol at Appendix A to the report be adopted.
- (b) That the work undertaken to review the Board's other Protocols be noted.

- (c) That a further review of the documents take place in twelve months time.

57. Themed Discussion: Protecting Vulnerable Children

The Board held a themed discussion on the Slough Joint Wellbeing Strategy priority of protecting vulnerable children.

To introduce the discussion a comprehensive presentation was made by partners covering education, employment and apprenticeships and the work being done on the Early Help Strategy and offer. The presentation can be summarised as follows:

- The transition of children from school into further education and employment was vital in their development. The Council tracked post-16 progress and worked closely with schools and employers to provide the necessary support during transition, particularly for looked after children.
- The need to improve the life skills of young people was recognised and a programme was in place.
- Ofsted had identified a number of issues during its previous inspection on the lack of an early help strategy, and gaps in leadership and co-ordinated service provision. An Early Help Board, accountable to the SWB on partnership issues, was now in place and working to improve services and implement a new strategy.
- Partnership working was much improved and the remaining gaps in areas such as thresholds, the referral process and step down protocols were being addressed.

Members recognised the importance of the work being done to improve early help services in view of the priority the Board had given to protecting vulnerable children in the Joint Wellbeing Strategy. A Member raised a query about the time taken to reach this stage, how success and partnership working would be measured and whether the work was being adequately resourced. It was responded that there was no previous early help strategy in Slough and this had now been rectified with a clear plan to address the remaining gaps. The next steps including a comprehensive mapping analysis of early help provision, extensive partnership working and case analysis to shape to the local offer. The Board noted that an implementation plan for the strategy would be developed by July which included the indicators of success. A number of partners commented on the excellent work being undertaken and it was agreed that the Board receive a further report in July on the draft Early Help Strategy and the initial impact of the interventions.

It was noted that all partners were more generally seeking to deliver early intervention, however, it was felt that more could still be done to improve alignment and information sharing. The Board also discussed a number of other issues including the actions contributing to the success of reducing the proportion of looked after children not in education, employment or training; and the role of the Safer Slough Partnership in tackling gang related issues.

At the conclusion of the discussion, the report and presentation was noted.

Resolved –

- (a) That the points raised during the themed discussion on protecting vulnerable children be noted.
- (b) That a further report be discussed at the meeting in July 2018 on the draft Early Help Strategy and initial impact of the interventions.

58. Forward Work Programme

Members reviewed the Forward Work Programme for the Board. It was noted that Sir Andrew Morris, Chair of the Frimley Sustainability & Transformation Partnership would be making a presentation on the development of the STP at the next meeting in March.

Resolved – That the Slough Wellbeing Board's Forward Work Programme be agreed.

59. Joint Strategic Needs Assessment (JSNA)- Refresh and Redesign Process 2017-2018

An information report was considered that notified the Board of the refresh and redesign of the Joint Strategic Needs Assessment (JSNA). It was a statutory requirement for the Wellbeing Board to produce a JSNA and the redesign aimed to provide a more modern, accessible look. It was expected that the current review would be ready for publication in July 2018. Board Members were invited to make any specific comments to the Council's public health or policy teams.

Resolved – That the current position on the refresh and redesign of the Joint Strategic Needs Assessment be noted.

60. Attendance Report

Resolved – That the Attendance Report be noted.

61. Meeting Review

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

62. Date of Next Meeting

The date of the next meeting was confirmed as 28th March 2018 at 5.00pm.

Chair

(Note: The Meeting opened at 5.05 pm and closed at 7.11 pm)

Slough Wellbeing Board – Action Progress Report 2017/18

25th January 2018

No:	Item	Action(s):	For:	Update/Report Back to and date:
4.	The Frimley Health and Care System- Moving Forward	<ul style="list-style-type: none"> That the Sir Andrew Morris make a presentation at the next meeting on progress of the STP. 	Alan Sinclair	Agenda for meeting on 28 th March 2018.
5.	Refreshed Overarching Information Sharing Protocol	<ul style="list-style-type: none"> That it be confirmed that the Protocol was compatible with GDPR prior to it being published on the Council's website. 	Amanda Renn	In progress.
6.	Themed Discussion: Protecting Vulnerable Children	<ul style="list-style-type: none"> That the Board receive a further report in July on the draft Early Help Strategy and the initial impact of the interventions. 	Justin Daniels	Item added to forward work programme for July 2018.

15th November 2017

No:	Item	Action(s):	For:	Update/Report Back to and date:
6.	Campaign Proposals for the Slough Wellbeing Board on the following 'Wicked Issues': Obesity, Poverty and Social Isolation(linked to mental health)	<ul style="list-style-type: none"> That a number of public awareness campaigns be run locally on behalf of the Wellbeing Board on obesity, social isolation, poverty and mental health. 	Amanda Renn	First campaign underway.

Slough Wellbeing Board – Action Progress Report 2017/18

7.	Themed Discussion- Prevention Strategy	<ul style="list-style-type: none"> That further engagement with partners take place in the form of an Innovation Café. 	Rebecca Howell Jones/ Fatima Ndanusa	To return to Board- dependant on outcome of workshops
16.	Housing Update: Key Elements and Recent Developments including Key Worker Housing	<ul style="list-style-type: none"> Policy to assist key workers (referenced at 6.2 first bullet point) to be circulated to members of the Board if possible. 	Amanda Renn/Colin Moone	Policy still in development, will be circulated once available.

27th September 2017

No:	Item	Action(s):	For:	Update/Report Back to and 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	Invitation sent – awaiting response

19th July 2017

No:	Item	Action(s):	For:	Update/Report Back to and date:
6.	Slough Youth Parliament Manifesto	<ul style="list-style-type: none"> TVP and SYP to look for future opportunities to work together including the design of the next SYP survey into crime. 	Giovanni Ferri/Spt Wong	Currently working with PC Tom Harman “Confidence in policing in Slough Survey”- Launch in February 2018. SYP will be involved in coordination.

Slough Wellbeing Board – Action Progress Report 2017/18

		<ul style="list-style-type: none"> • That an update be provided to the Board on Young People’s bus fare concessions. • SYP to have a role in helping develop the Council’s approach to mental health, wellbeing and diet. 	<p>Roger Parkin</p> <p>Giovanni Ferri & Alan Sinclair</p>	<p>Own survey Safer Slough perceptions with Safer Slough Partnership by April 18 (questions to be finalised).</p> <p>To be referred to Savio D’Cruz for further discussion</p> <p>PHSE network agreed to implement PHSE curriculum to schools from the 24th January with input from SYP. Schools will work with SYP to design curriculum including mental health, wellbeing and diet. Update to come back to a future meeting.</p>
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Slough Wellbeing Board – Action Progress Report 2017/18

10th May 2017

No:	Item	Action(s):	For:	Update/Report Back to and 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 will be subject to annual review 	Amanda Renn	Added to the FWP for May 2018.

29th March 2017

No:	Item	Action(s):	For:	Update/Report Back to and date:
54.	Themed Discussion: Protecting vulnerable children	<ul style="list-style-type: none"> SCST and CCG to discuss the potential 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. 	CCG/SCST SBC/ DCS	N/A N/A

Slough Wellbeing Board – Action Progress Report 2017/18

26th January 2017

No:	Item	Action(s):	For:	Update/Report Back to and date:
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/ Geoff Dennis/ Susanna Yeoman	N/A

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SLOUGH BOROUGH COUNCIL**REPORT TO:** Slough Wellbeing Board**DATE:** 28th March 2018**CONTACT OFFICER:** Darrell Gale, (*Acting Strategic Director of Public Health for Berkshire*)**(For all Enquiries):** (01753) 875148**WARD(S):** All**PART I**
FOR DECISION**SLOUGH PHARMACEUTICAL NEEDS ASSESSMENT 2018-2021****1. Purpose of Report**

This report presents the Pharmaceutical Needs Assessment (PNA) for Slough (2018 to 2021) and summarises the actions carried out to refresh it.

2. Recommendations and Proposed Actions

2.1 Slough Wellbeing Board is requested to:

- a) Formally approve the PNA for 2018 to 2021;
- b) Ensure that the final PNA and appendices are published on Slough Borough Council's website and be accessible for the lifespan of the report (until 31st March 2021);
- c) Note that if local pharmaceutical services change between now and 31st March 2021, such as the opening hours, address of premises or needs of the local population, then the Council will need to publish supplementary statements to this PNA; and
- d) Note that if other significant changes occur which impact on the need for pharmaceutical services during the lifetime of the PNA this may result in the need to refresh the PNA. No such changes are expected.

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

3.1 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.

3.2 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.

3.3 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 Wellbeing Board 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 specifies 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 (EIA)** – Public Health Services for Berkshire will undertake an 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**

- Slough Wellbeing Board published its last Pharmaceutical Needs Assessment (PNA) in March 2015 and is required to undertake a revised assessment every three years.
- This report summarises the process that has been followed to revise the PNA and presents a final version of it for endorsement by the Board.
- A revised PNA is required by 31 March 2018 and once agreed the final version will be published on the council's website by 1 April 2018.

6. **Supporting Information**

6.1 Since April 2013, every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area. This is referred to as the Pharmaceutical Needs Assessment (PNA).

6.2 A PNA is the statement of the needs of pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA also considers whether there are any gaps in the delivery of pharmaceutical services and is used by NHS England to make decisions on which NHS-funded services should be provided by local community pharmacies. The PNA can also be used to inform commissioners, such as local authorities and Clinical Commissioning Groups (CCGs), who may wish to procure additional services from pharmacies to meet local health priorities.

6.3 Slough Wellbeing Board published the last PNA in March 2015 and is required to undertake a revised assessment by 31st March 2018. Public Health Services for Berkshire has led the development of the latest PNAs across the 6 Berkshire Local Authorities, as agreed with all the relevant Health and Wellbeing Boards. This report presents the Pharmaceutical Needs Assessment for Slough (2018 to 2021) and summarises the process undertaken to develop this. Slough Wellbeing Board is asked to formally approve the PNA.

Process followed to develop the PNA

6.4 The process for the development of the PNA was agreed with Slough Wellbeing Board. A small task and finish group was set up to oversee the development of the PNA. The membership of this group included the Strategic Director of Public Health for Berkshire, the Consultant in Public Health (Public Health Services for Berkshire), an NHS England pharmaceutical commissioner, a representative from the Local Pharmaceutical Committee (LPC) and the Public Health Intelligence Manager (Public Health Services for Berkshire).

6.5 The development of the PNA involved several key stages:

1) Survey of community pharmacies to map current service provision - This survey took place from June to July 2017 using an online survey accessed through PharmOutcomes. The survey collated information from local community pharmacies

about the services they provided and any gaps that they identified in local pharmaceutical service provision.

2) Survey of public to ascertain views on services - The public survey was accessible through an online portal and was live from June to August 2017. Local authorities, CCGs and local Healthwatch were encouraged to promote the survey and gather feedback from local residents.

3) Development of draft PNA Report - Public Health Services for Berkshire developed the draft PNA report. This used information gathered from the two surveys, local demographics for Slough, geographical mapping information and data provided from NHS England. A full assessment was made on the provision of pharmaceutical services in the area, based on all the information available.

4) Public consultation on the draft PNA Report - The draft PNA Report was signed off for consultation by the Slough Wellbeing Board Chair at the end of October 2017. The full draft report and supporting appendices were published on Slough Borough Council's website for a formal 60-day consultation period from 1st November to 31st December 2017. Responses from the consultation were collated by Public Health Services for Berkshire and the PNA Report was reviewed and amended accordingly

5) The final PNA Report was shared with the Slough Wellbeing Board ahead of the meeting on 28th March 2018.

Key findings

6.6 There is good provision of pharmaceutical services in Slough, with 32 pharmacies, one dispensing doctor and one distance selling pharmacy within the Borough. There are also 14 pharmacies outside the borough, but within 1.6km of borders, and these were also considered when assessing provision and access to services.

6.7 Generally, community pharmacies in Slough are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on weekdays with good provision at weekends and in the evenings across the majority of the borough. There is potential to improve access to essential services on Sundays evenings for residents of Chalvey wards where there are areas of deprivation and a high proportion of residents aged less than 18.

6.8 However, all residents are able to reach a pharmacy within a 20 minute drive, which meets a key NHS standard for accessibility.

6.9 The public survey showed that across Berkshire, 95% of respondents were able to get to the pharmacy of their choice, 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes. Overall, 91% were satisfied or very satisfied with the location of their pharmacy

6.10 There is good provision of essential and advanced pharmaceutical services for Slough residents, with a number of pharmacies also providing Locally Commissioned Services (LCS) for emergency hormonal contraception, needle exchange and supervised consumption.

6.11 Whilst not considered ‘necessary’, there is room to extend the range of LCS that are commissioned in Slough and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these service if commissioned to do so.

6.12 Based on the information outlined above no significant current gaps in provision of essential services have been identified and there are no known future developments that are likely to significantly alter demand for pharmaceutical services within the life of this PNA.

7. **Comments of Other Committees**

This report has not been presented to any other committees.

8. **Conclusions**

- Slough Wellbeing Board is requested to formally approve the Slough Pharmaceutical Needs Assessment for 2018 to 2021.
- The final PNA and appendices should be published on the Slough Borough Council website and be accessible for the lifespan of the report (until 31st March 2021).
- If local pharmaceutical services change during this time, such as the opening hours, address of premises or needs of the local population, then Slough Borough Council will need to publish supplementary statements to this PNA.
- Slough Wellbeing Board should note that if other significant changes occur which impact on need for pharmaceutical services during the lifetime of the PNA this may result in the need to refresh the PNA. No such changes are expected.

9. **Appendices**

Slough Pharmaceutical Needs Assessment 2018-2021
Appendix A: Berkshire PNA Pharmacy Survey 2017
Appendix B: Berkshire PNA Public Survey 2017
Appendix C: Opening times for pharmacies in Slough
Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment
Appendix E: PNA Consultation process and feedback report
Appendix F: Berkshire PNA Formal Consultation Survey 2017
Map 1: Pharmaceutical Services in Slough
Map 2: Slough pharmacies and Index of Multiple Deprivation by LSOA (2015)
Map 3: Slough pharmacies and population density by ward (2017)
Map 4: Slough pharmacies and weekend opening
Map 5: Slough pharmacies and evening opening
Map 6: Residents of Slough who can access a pharmacy within a 5 and 10 minute drive
Map 7: Residents of Slough who can access a pharmacy within a 15 minute walk
Map 8: Pharmacies inside and within 1.6km (1 mile) of Slough border

9. **Background documents**

'1' Slough Pharmaceutical Needs Assessment 2015 – 2018

<http://www.slough.gov.uk/council/joint-strategic-needs-assessment/pharmacy-needs-assessment.aspx>

'2' Pharmaceutical Needs Assessment Information Pack

<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

Slough Pharmaceutical Needs Assessment 2018 to 2021

Executive Summary

This is an update of the Pharmaceutical Needs Assessment (PNA) for the Slough Wellbeing Board Area. Since April 2013, every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area. The previous PNA ran from 2015 to 2018 and this update will run from April 2018 to March 2021.

The PNA describes the needs for the population of Slough and considers current provision of pharmaceutical services to assess whether they meet the identified needs of the population. The PNA considers whether there are any gaps in the delivery of pharmaceutical services.

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. The PNA may also be used to inform commissioners such as Clinical Commissioning Groups (CCGs) and Slough Borough Council of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

Public Health Services for Berkshire developed the draft PNA report for consultation, on behalf of the Slough Wellbeing Board, and were supported by other members of the task and finish group.

This PNA contains information on:

- The population of Slough, describing age, gender, socio-economic status, health needs and health behaviours which may all impact on the need for pharmaceutical services
- Pharmacies in Slough and the services they provide, including dispensing medications, providing advice on health and reviewing medicines
- Relevant maps of Slough showing providers of pharmaceutical services in the area and access to these services
- Services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Slough.
- Information about other services that pharmacies in Slough provide such as sexual health and needle exchange
- Potential gaps in provision and likely future needs.

The [2005 Contractual Framework for Community Pharmacy](#) identifies three levels of pharmaceutical service: **essential**, **advanced** and **enhanced**. This PNA considers pharmaceutical services using these categories. This framework requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of essential services.

Essential services are defined as:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances
- Repeat dispensing

- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

Advanced services include Medicines Use Review (MUR) and prescription intervention services, New Medicines Service (NMS), Stoma Appliance Customisation Service (SAC), Appliance Use Review Services (AUR) and Influenza vaccination service.

Enhanced services are developed by NHS England and commissioned to meet specific health needs.

In addition to the above, CCGs and local authorities may commission local pharmacies to provide services such as these are known as **locally commissioned services**. These services are outside the scope of the PNA, but may contribute to improvements or increasing access.

The legislation requires that the PNA:

- Describes current necessary provision of pharmaceutical services both within and outside the HWB area.
- Identifies gaps in necessary provision
- Describes current additional provision (services although not necessary to meet the pharmaceutical need of the area, have secured improvements or better access)
- Identify opportunities for improvements and / or better access to pharmaceutical services
- Describes the impact of other NHS services which affect the need for pharmaceutical services or which affect whether further provision would secure improvements or better access to pharmaceutical services.
- Explains how the assessment was undertaken

The regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of **necessary** and **relevant** services.

Necessary services are pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

Relevant services are those which have secured improvements or better access to pharmaceutical services. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

When assessing provision of services the HWB considered key characteristics of the Slough population, the number and location of pharmacies and the range of services provided. Access to services was considered by reviewing opening hours and travel times in working hours, evenings and weekends. A survey of the public's satisfaction with and current use of community pharmacies was also considered along with a survey of local pharmacy providers.

Key findings

There is good provision of pharmaceutical services in Slough, with 32 pharmacies, one dispensing doctor and one distance selling pharmacy within the Borough. There are also 14 pharmacies outside the borough, but within 1.6km of borders, and these were also considered when assessing provision and access to services.

Generally, community pharmacies in Slough are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on weekdays with good provision at weekends and in the evenings across the majority of the borough. There is potential to improve access to essential services on Sundays for residents of Chalvey wards where there are areas of deprivation and a high proportion of residents aged less than 18. However, all residents are able to reach a pharmacy within a 20 minute drive, which meets a key NHS standard for accessibility.

The public survey showed that across Berkshire, 95% of respondents were able to get to the pharmacy of their choice, 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes. Overall, 91% were satisfied or very satisfied with the location of their pharmacy

There is good provision of essential and advanced pharmaceutical services for Slough residents, with a number of pharmacies also providing locally commissioned services (LCS) for emergency hormonal contraception, needle exchange and supervised consumption.

Whilst not considered 'necessary', there is room to extend the range of LCS that are commissioned in Slough and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these service if commissioned to do so.

Based on the information outlined above no significant current gaps in provision of essential services have been identified and there are no known future developments that are likely to significantly alter demand for pharmaceutical services within the life of this PNA.

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A: Introduction

1. What is a Pharmaceutical Needs Assessment (PNA)?

A PNA is the statement of the needs of pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.

From the 1st April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to keep an up to date statement of the PNA.

This PNA describes the needs of the population of Slough.

2. Purpose of the PNA

The PNA has several purposes:

- To provide a clear picture of community pharmacy services currently provided;
- To provide a good understanding of population needs and where pharmacy services could assist in improving health and wellbeing and reducing inequalities;
- To deliver a process of consultation with local stakeholders and the public to agree priorities;
- An assessment of existing pharmaceutical services and recommendations to address any identified gaps if appropriate and taking into account future needs;
- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises or applications from current pharmaceutical providers to change their existing regulatory requirements;
- It will inform interested parties of the pharmaceutical needs in Slough and enable work to plan, develop and deliver pharmaceutical services for the population
- It will inform commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners, for example Clinical Commissioning Groups (CCGs).

The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. NHS Berkshire West and East published their first PNA in 2011. The first Slough Borough Council PNA was published in April 2015 and lasted for three years. This 2018 re-fresh provides an updated assessment of the pharmaceutical needs of residents and will last until 2021.

3. Background and Legislation

The provision and assessment of pharmaceutical services are included in legislation, which has developed over time.

NHS Act 2006

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription.

The Health Act 2009

The Health Act 2009 made amendments to the National Health Service (NHS) Act 2006 stating each Primary Care Trust (PCT) must, in accordance with regulations:

- Assess needs for pharmaceutical services in its area
- Publish a statement of its first assessment and of any revised assessment

This is referred to as the Pharmaceutical Needs Assessment (PNA).

The Health and Social Care Act 2012

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established the Health and Wellbeing Boards (HWBs) and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area through the PNA. This had to take effect from April 2013.

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). Preparation and consultation on the PNA takes account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public; however development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England.

Legislation sets out the requirements for inclusion within a PNA. In summary, a PNA must:

- Describe current necessary provision – a statement of the pharmaceutical services that are provided in the area of the HWB and are necessary to meet the need for pharmaceutical services and those which are outside the HWB area but contribute to meeting the need of the population of the HWB area.
- Identify gaps in necessary provision - a statement of the pharmaceutical services not currently provided within the HWB area but which the HWB are satisfied need to be provided or will need to be provided in specific future circumstances specified in the PNA.

- Describe current additional provision – a statement of any pharmaceutical services within or outside the HWB area which although not necessary to meet the pharmaceutical need of the area, have secured improvements or better access.
- Identify opportunities for improvements and / or better access to pharmaceutical services – a statement of services which would, if they were provided within or outside the HWB area, secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area.
- Describe the impact of other services - A statement of any NHS services provided or arranged by the HWB, NHS Commissioning Board, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect the need for pharmaceutical services or which affect whether further provision would secure improvements or better access to pharmaceutical services.
- Explain how the assessment was undertaken.

[NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) list those persons and organisations that the HWB must consult, including:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB

The consultation is required to be open publically for a minimum of 60 days ([Department of Health 2013b](#)).

4. National and Local Priorities

Pharmacy has a key role in supporting the achievement of both the *NHS Outcomes Framework* and the *Public Health Outcomes Framework*, which measure success in improving the health of the population.

Slough's local health priorities are published in the [Slough Wellbeing Strategy 2016-2020](#). These include a focus on:

- Protecting vulnerable children
- Increasing life expectancy by focusing on inequalities
- Improving mental health and wellbeing
- Housing

These priorities have been selected, as there is no single agency or group already addressing them, so everyone can make a difference.

5. Commissioning Context

Pharmaceutical services are commissioned by different national and local organisations.

NHS England

Since 2013, NHS England has commissioned the majority of primary care services and some nationally based functions through a single operating model that:

- Sets a legal framework for the system, including regulations for pharmacy
- Secures funding from HM Treasury
- Determines NHS reimbursement price for medicines & appliances

NHS England South (Thames Valley)

The local arm of NHS England has a strategic role across the Thames Valley region, working with partners to oversee the quality and safety of the NHS, as well as promoting patient and public engagement. The team also has specific roles in relation to the support and assurance of the ten CCGs across Buckinghamshire, Berkshire and Oxfordshire and directly commissions public health screening and immunisation programmes.

NHS England South (Thames Valley) has many roles, some of which play an important part in pharmaceutical services. These include:

- Assessing and assuring performance
- Undertaking direct commissioning of some primary care services (medical, dental, pharmacy and optometry)
- Managing and cultivating local partnerships and stakeholder relationships, including membership of local HWBs
- Emergency planning, resilience and response
- Ensuring quality and safety

Other commissioners

The National Pharmacy Contract is held and managed by the NHS England South (Thames Valley) Team and can only be used by NHS England. Local commissioners, such as Slough Borough Council and Slough Clinical Commissioning Group, can commission local services to address additional needs. These services, and those provided privately, are relevant to the PNA but are not defined as 'pharmaceutical services' within it.

Sustainability and Transformation Partnerships

NHS and local councils have come together in 44 areas covering all of England to develop proposals to improve health and care. They have formed new partnerships – known as Sustainability and Transformation Partnerships (STPs) – to plan jointly for the next few years. These partnerships have developed from initial Sustainability and Transformation Plans, which local areas were required to submit in 2016 to support the vision set out in the NHS [Five Year Forward View](#).

STPs are supported by six national health and care bodies: NHS England, NHS Improvement, the Care Quality Commission (CQC), Health Education England (HEE), Public

Health England (PHE) and the National Institute for Health and Care Excellence (NICE). Slough Borough Council is a key partner in the [Frimley Health and Care STP](#), which has the following priorities:

- Priority 1 - Making a substantial step change to improve wellbeing, increase prevention, self care and early detection.
- Priority 2 - Action to improve long term condition outcomes including greater self management and proactive management across all providers for people with single long term conditions.
- Priority 3 - Frailty Management: Proactive management of frail patients with multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays
- Priority 4 - Redesigning urgent and emergency care, including integrated working and primary care models providing timely care in the most appropriate places
- Priority 5 - Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence. Developing communities and social networks so that people have the skills, support and confidence to look after themselves.

Prevention forms a key part of the work of STPs and is an opportunity for the NHS to work closely with local government and other local partners including community pharmacy to build on existing local efforts and strengthen and implement preventative interventions that will close the local health and wellbeing gap and community pharmacy has a role to play in achieving these priorities.

6. Pharmacy

Pharmacists play a key role in providing quality healthcare. They are experts in medicines and will use their clinical expertise, together with their practical knowledge, to ensure the safe supply and use of medicines by the public. There are more than 1.6 million visits a day to pharmacies in Great Britain ([General Pharmaceutical Council 2013](#)).

Pharmacists are uniquely placed to contribute to the health and wellbeing of local residents in a number of ways:

- **Promoting healthy life styles** – many pharmacists and their teams have experience in promoting and supporting good sexual health, helping people to stop smoking and reducing substance misuse within communities
- **Supporting self-care and independent living** – by helping people to understand the safe use of medicines, pharmacy teams can help contribute to better health, through potential reduction in admissions to hospital and helping people remain independent for longer.
- **Making every contact count** – by using their position at the heart of communities, pharmacy teams can use every interaction as an opportunity for a health-promoting intervention. They are well placed as sign-posters, facilitators and providers of a wide range of public health and other health and wellbeing services.
- **Local business** – a community pharmacy is a core business that can help to sustain communities, provide investment, employment and training, and build social capital.

A pharmacist has to have undertaken a four year degree and have worked for at least a year under the supervision of an experienced and qualified pharmacist and be registered with the General Pharmaceutical Council (GPhC). During this time pharmacists are trained in the safe use of medicines and they are increasingly being trained to help people change to more healthy behaviours by equipping them with the appropriate behaviour change skills. Pharmacists work in a variety of settings including in a hospital or community pharmacy such as a supermarket or high street pharmacy. Latest information about local pharmacies can be found at [NHS Choices](#).

The [NHS Five Year Forward View](#) states that there is a need to make far greater use of pharmacists: in prevention of ill health, support for healthy living, support to self-care for minor ailments and long term conditions medication review in care homes and as part of more integrated local care models. Increasing the use of community pharmacy also forms part of the future vision for urgent care set out in NHS England (2013b) [Urgent and Emergency Care Review, End of Phase 1 report](#).

[The Community Pharmacy Forward View](#) (PSNC, Pharmacy Voice and the Royal Pharmaceutical Society, 2016) sets out an ambition for community pharmacies based on three key roles for community pharmacies – facilitator of personalised care for people with long term conditions, the first port of call for healthcare advice and as the neighbourhood health and wellbeing hub as well as calling for a strategic partnership approach between community pharmacy, government and the NHS.

Public Health England's (2017f) [Pharmacy: a way forward for public health](#) sets out a range of opportunities for pharmacy teams to play a role in protecting and improving health.

7. Pharmacy Contractual Framework

NHS England does not hold contracts with pharmacy contractors, unlike the arrangements for general practitioners (GPs), dentists and optometrists. Instead, they provide services under a contractual framework, which are detailed in schedule 4 of the 2013 regulations and also in the [Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013](#).

According to this framework pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services. They are **essential**, **advanced** and **enhanced**.

Locally Commissioned Services (LCS) and Local Pharmaceutical Services (LPS) do not fall under the framework, but are within the definition of pharmaceutical services.

a) Essential Services

Essential services are those which each community pharmacy **must** provide. All community and distance selling/internet pharmacies with NHS contracts provide the full range of essential services. These are:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances
- Repeat dispensing

- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

Opening hours: core and supplementary

Pharmacies are required to open for 40 hours per week. These are referred to as core opening hours, however many choose to open for longer and these additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). These 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not.

If a contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months' notice.

[NHS Choices](#) advertises "opening hours" to the public. Community pharmacies also produce their own information leaflets detailing opening hours, which are available from individual pharmacies.

Public Health

Pharmacies are required to deliver up to six public health campaigns throughout the year to promote healthy lifestyles.

Signposting and Referral

This is the provision of information from other health and social care providers or support organisations to people visiting the pharmacy, who require further support, advice or treatment. It provides contact information and/or how to access further care and support appropriate to their needs, which cannot be provided by the pharmacy.

Clinical governance

Pharmacies have to have appropriate safeguarding procedures for service users. Contractors are responsible for ensuring relevant staff providing pharmaceutical services to children and vulnerable adults are aware of the safeguarding guidance and the local safeguarding arrangements. The governance element to essential services also includes public engagement.

b) Advanced Services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements.

Medicines Use Review and Prescription Intervention Service (MUR)

Accredited pharmacists undertake a structured review with patients on multiple medicines, particularly those receiving medicines for long term conditions (LTCs), such as diabetes, coronary heart disease (CHD), and chronic obstructive pulmonary disease (COPD). The MUR process attempts to establish a picture of the patient's use of their medicines, both prescribed and non-prescribed. The review helps a patient understand their therapy and can identify any problems they are experiencing along with possible solutions. A report of the review is provided to the patient and to the patient's GP where there is an issue for them to consider.

New Medicines Service (NMS)

The new medicines service (NMS) is a nationally developed service for community pharmacy. It is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed. The underlying purpose of the NMS is to promote the health and wellbeing of patients who are prescribed new medicines for LTCs in order to:

- Help reduce the symptoms and long-term complications of the LTC
- Identify problems with the management of the condition and the need for further information or support

NMS also aims to help patients to make informed choices about their care, self-manage their LTC and adhere to the agreed treatment programme.

NHS Urgent Medicine Supply Advanced Service (NUMSAS)

NUMSAS is a national pilot running from 1st December 2016 to 31st March 2018, which has been extended until at least 30th September 2018.

The service aims to:

- appropriately manage NHS 111 requests for urgent medicine supply
- reduce demand on the urgent care system
- identify problems that lead to individual patients running out of regular medicines or appliances and recommend potential solutions to prevent this happening in the future
- increase patients awareness of the electronic repeat dispensing service

Pharmacies signed up to deliver the service must have a mechanism to enable referral from NHS 111 to community pharmacy to take place.

Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs can improve the patient's knowledge and use of their appliance(s) by:

- Establishing the way the patient uses the appliance and the patient's experience of such use

- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
- Advising the patient on the safe and appropriate storage of the appliance
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted

Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Influenza (flu) vaccination

In July 2015 NHS England agreed to allow community pharmacies in England to offer a seasonal influenza (flu) vaccination service for adult patients in at-risk groups, commissioned annually. The service aims to:

- sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice;
- provide more opportunities and improve convenience for eligible patients to access flu vaccinations
- reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

c) Enhanced Services

Enhanced services are those services directly commissioned by NHS England. There are not currently examples of this type of service in Slough.

d) Local Pharmaceutical Services (LPS)

Local pharmaceutical services (LPS) contracts allow NHS England to commission services from a pharmacy that are tailored to specific local requirements. LPS complement the national contractual arrangements and are an important local commissioning tool in their own right. LPS contracts provide flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national contractual arrangements. For the purposes of the PNA the definition of pharmaceutical services includes LPS.

e) Locally Commissioned Services (LCS)

Pharmacy contractors may provide LCS commissioned by local authorities and CCGs. Such services can be commissioned to provide choice for residents and improve access to services. For example, local authorities may commission public health services including provision of emergency hormonal contraception, chlamydia testing and treatment, needle exchange and supervised methadone consumption.

8. Healthy Living Pharmacies (HLP)

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. HLPs aim to provide self-care advice and treatment for common ailments and healthy lifestyle interventions, in addition to providing the safe supply and use of prescribed medicines. HLPs have at least one member of staff who has qualified as a health champion.

There are three levels within the framework:

- Level 1: Promotion – Promoting health, wellbeing and self-care
- Level 2: Prevention – Providing services
- Level 3: Protection – Providing treatment

Level 1 is achieved via a provider-led self-assessment, while levels 2 and 3 are commissioner led. As of 2016, more than 2,100 pharmacies in England were accredited or on track to be accredited as HLPs ([Public Health England 2016b](#)).

9. Electronic Prescription Service

The Electronic Prescription Service (EPS) enables prescriptions to be sent electronically from the GP practice to the pharmacy and then on to the Pricing Authority for payment. This means patients do not have to collect a paper repeat prescription from their GP practice and can go straight to their nominated pharmacy or dispensing appliance contractor to pick up their medicines or medical appliances. In the future, EPS will become the default option for the prescribing, dispensing and reimbursement of prescriptions in primary care in England ([NHS Choices 2016](#)).

10. Dispensing Doctors

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or where access is restricted. A patient may at any time request that a doctor provides them with pharmaceutical services, however the patient must meet particular criteria and they must be on the patient list of a doctor who is registered to provide pharmaceutical services. These include a number of factors, which include but are not limited to :

- The patient lives in a controlled locality (a rural area determined locally in line with the regulations and after consideration of a wide range of factors) and is more than 1 mile /1.6km from a pharmacy premises.
- The patient can demonstrate they would have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy because of distance or inadequacy of communication. This does not include lack of transport.

The Dispensing Review of Use of Medicines (DRUM) is also offered to patients receiving medications in this way, and involves a face-to-face review about their prescriptions ([British Medical Association 2013](#)).

11. Dispensing Appliance Contractors (DACs)

Dispensing appliance contractors (DACs) dispensing “specified appliances” such as stoma, catheter or incontinence appliances are required to provide:

- Home delivery services.
- Reasonable supplies of supplementary items such as disposable wipes.
- Access to expert clinical advice

DACs can dispense against repeatable prescriptions, and are required to participate in systems of clinical governance. They provide services nationally and serve large geographical areas, including those where they are based. They may choose whether to offer an appliance usage review (AUR) service.

12. Distance Selling Pharmacies

Online pharmacies, internet pharmacies, or mail order pharmacies operate over the internet and send orders to customers through the mail or shipping companies. The [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) detail a number of conditions for distance selling. Distance Selling Pharmacies must:

- provide the full range of essential services during opening hours to all persons in England presenting prescriptions
- have a responsible pharmacist in charge of the business at the premises throughout core and supplementary opening hours; and be registered with the General Pharmaceutical Council (GPhC)

Distance Selling Pharmacies **cannot** provide essential services face to face.

Patients have the right to access pharmaceutical services from any community pharmacy including those operating on-line.

B: PNA Process Summary

1. Summary of Overall Process

The process for the development of the PNA was agreed with the Slough Wellbeing Board. A small task and finish group was set up to oversee the development of the PNA and membership included:

- Strategic Director of Public Health for Berkshire
- Consultant in Public Health, Public Health Services for Berkshire
- NHS England pharmaceutical commissioner
- Representative from the Local Pharmaceutical Committee (LPC)
- Public Health Intelligence Manager, Public Health Services for Berkshire

Public Health Services for Berkshire developed the draft PNA report for consultation, on behalf of the Slough Wellbeing Board, and were supported by other members of the task and finish group.

The key stages involved in the development of this PNA were:

- Survey of community pharmacies to map current service provision - using an online survey accessed through PharmOutcomes
- Survey of public to ascertain views on services - using an online survey promoted through local authority, CCG and local Healthwatch
- Public Consultation on the initial findings and draft PNA – using local authority consultation mechanisms and supported by Healthwatch
- Agreement of final PNA by the Slough Wellbeing Board

Public Health Services for Berkshire were responsible for compiling demographic and other information from the Slough JSNA and other sources, developing the surveys and analysing survey data and undertaking GIS mapping of services and for compiling the draft report.

The LPC enabled the pharmacy survey to be accessed through PharmOutcomes and promoted the survey to all pharmacies in Slough and provided insight into current opportunities and challenges within the sector.

Slough Borough Council Public Health Team was responsible for disseminating the electronic survey link and promoting to local residents and was supported by Slough CCG and Healthwatch Slough. Slough Borough Council also provided information on planned developments in the area which would be realised within the three year life of the 2018 PNA.

NHS England South supplied information on pharmacy services outside the HWB boundaries and their use by Slough residents, as well as guidance on the content of the PNA and recent guidance and policies regarding community pharmacy.

The analysed data was mapped against specific population statistics and overlaid with pharmaceutical service provision. Initially, essential pharmaceutical services provided via community pharmacies alone were considered against highest needs (including proximity and access times). Distance to access pharmaceutical services was estimated and mapped

for both driving and walking distance times. Proximity to public transport was also considered. Within this PNA, dispensing doctors are considered to be providers of pharmaceutical services.

2. Stakeholder Engagement

All key stakeholders including local providers, the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), NHS England and local CCGs integral to the development of the PNA will be key to the implementation of future pharmaceutical services. Furthermore, as part of the quality commissioning process NHS England South will also need to support the performance and quality improvement of any services provided.

During the consultation the following stakeholders were specifically invited to comment in addition to the public consultation:

- Neighbouring local authorities – Buckingham County Council, London Borough of Hillingdon, Royal Borough of Windsor & Maidenhead, Surrey County Council
- Three Berkshire East Clinical Commissioning Groups (CCG) – Bracknell & Ascot CCG, Slough CCG, Windsor, Ascot & Maidenhead CCG
- The Local Pharmaceutical Committee (LPC) – Pharmacy Thames Valley
- The Local Medical Committee (LMC) – Berkshire, Buckinghamshire & Oxfordshire LMC
- Local pharmacy contractors and dispensing doctors
- Healthwatch Slough
- Local NHS Foundation Trusts – Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust

The formal consultation gave all stakeholders and members of the public further opportunity to contribute to the PNA. It lasted for a period of 60 days and commenced on 1st November 2017.

3. Pharmacy Contractor Survey

An 85 question survey was issued to all 33 pharmacies in Slough through the PharmOutcomes online system. This ran from 30th June to 16th September 2017.

The survey collected information on core and opening hours, essential advance and enhanced services and locally commissioned services. In addition, providers were asked about their ability and willingness to provide a range of other services under various circumstances. A copy of the survey is included at Appendix A.

4. Public Survey

A 27 question survey was developed to collect information on residents' use of current pharmacy services and their satisfaction with these. Residents were also asked what services they would access in community pharmacy if they were available. The survey was based online, using the Bracknell Forest Objectives survey software, and was open from 22nd June to 15th September 2017. The survey web-link was disseminated as widely as

possible, using communication channels within Slough Borough Council, Slough CCG and Healthwatch Slough. A copy of the survey is included at Appendix B.

5. Equality Impact Screening

Public Health Services for Berkshire undertook an Equality Impact Assessment (EIA) screening to assess the process used to develop and publish the PNA for Bracknell Forest, as well as the impact that the conclusions of the PNA may have on people with protected characteristics. The Bracknell Forest EIA framework was used to complete this and assesses the potential impacts (positive and negative) of the PNA process on local residents, with particular regard to the protected characteristics of gender, age, race, disability, sexual orientation, gender reassignment, religion and belief, pregnancy and maternity, marriage and civil partnership and also considers areas of deprivation. The completed EIA screening report is attached at Appendix D.

6. Assessment Criteria

The regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of **necessary** and **relevant** services.

Necessary services are pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

Relevant services are those which have secured improvements or better access to pharmaceutical services. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

For the purposes of this PNA, **necessary services** are defined as:

- Those services provided by pharmacies and DACs within the standard 40 core hours in line with their terms of service, as set out in the 2013 regulations
- advanced services

Relevant services are defined as:

- Essential services provided at times by pharmacies beyond the standard 40 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations
- Enhanced services

Information considered when assessing current need, choice, gaps and opportunities to secure improvements or better access to pharmaceutical services for people within the Slough Wellbeing Board area included:

- Demography of local population (Section C1)
- Prevalence of health conditions and health behaviours (Section C3 and C4)
- Number of pharmacies and their core opening hours (Section D)
- Range and distribution of pharmacies providing advanced services

- Location of pharmacies (Map 1)
- Areas of relative deprivation (Section C2, Map 2)
- Population density (Section C2, Map 3)
- Supplementary, evening and weekend opening hours (Appendix C, Maps 4 and 5)
- Travel time during weekdays, evenings and weekends (Map 6 and 7)
- Information on the extent and distribution of provision of advance services (section D)
- Resident feed-back from the PNA public survey (section E)

In order to assess the future need for pharmaceutical services, information on the number and location of future residential developments (section C2) was considered together with information outlined above.

When considering improvements and increasing access to pharmaceutical services, feedback from residents in relation to which services they would access if provided was considered (section E), as well as information from community pharmacies about services they would be willing to provide (section D).

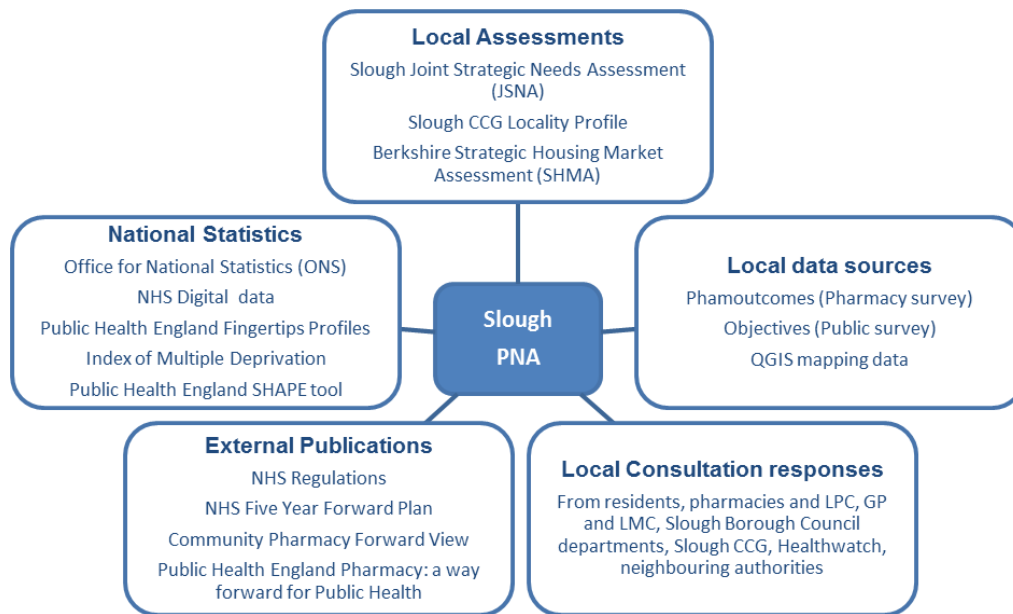
7. Data Sources Used

Slough Borough Council has conducted significant needs and health assessment work, including the JSNA and Wellbeing Strategy. The PNA draws on these and other complementary data sources, such as PHE's Health Profiles.

In addition, information was gathered from other Slough Borough Council departments, NHS England and Slough CCG including:

- Services provided to residents of the HWB's area, whether provided from within or outside the HWB area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the PNA
- Any other developments which may affect the need for pharmaceutical services (including but not limited to changes in transport systems, changes in the number of people employed in the HWB area, changes in demography of HWB population)

Figure 1: Main data sources used in developing the Slough PNA



C: Slough Population

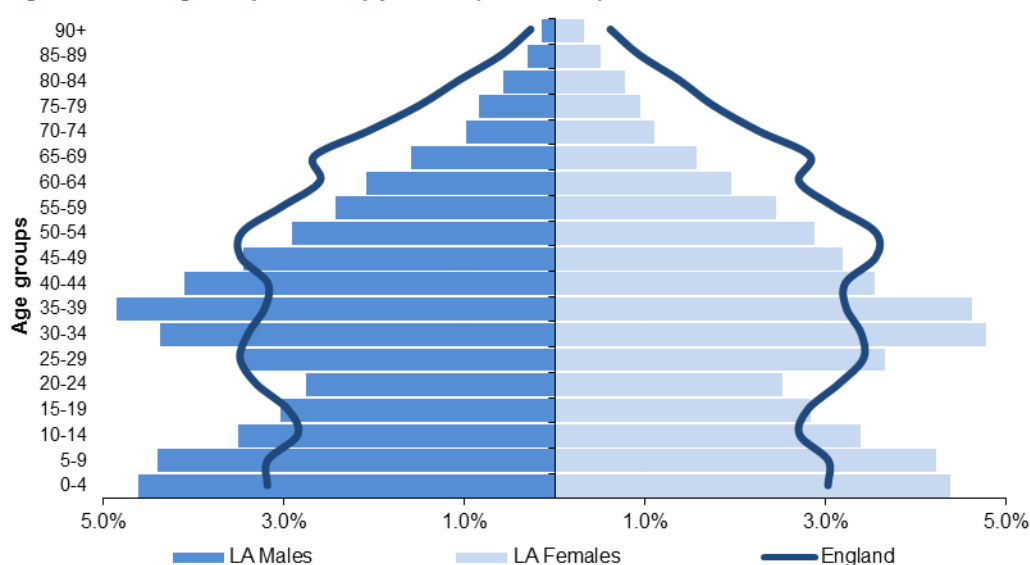
In 2015, Slough was ranked as the 78th most deprived local authority in England out of all 152 upper-tier local authorities. While the Borough has seen an improvement in deprivation levels and some health outcomes over the last 5 years, Slough residents continue to have lower healthy life expectancies compared to England. Premature mortality rates from some conditions are also significantly higher in the Borough, such as cardiovascular diseases.

The levels of good health and wellbeing differ across Slough, with certain communities and areas more likely to have poorer health outcomes. This summary provides an overview of Slough Borough's health and also highlights inequalities for consideration in this PNA.

1. Population and demographics

Slough has an estimated population of 147,181 people (Office for National Statistics (ONS) 2017). The age profile for the local authority is different to the national picture, with a much higher proportion of children aged 0 to 14 and aged 30 to 44 in Slough. In contrast, the proportion of people aged 50 and over in Slough is smaller than the national profile for each 5-year age band.

Figure 2: Slough Population pyramid (mid-2016)



Source: Office for National Statistics (2017)

Slough's population has increased by nearly 18% in the last 10 years and is expected to reach 172,400 by 2039. This is an increase of 17% on 2016's estimated population figures (ONS 2016b). The main reason for population growth in Slough has been international migration, increase in the number of births in the Borough and the increasing life expectancy of the existing population.

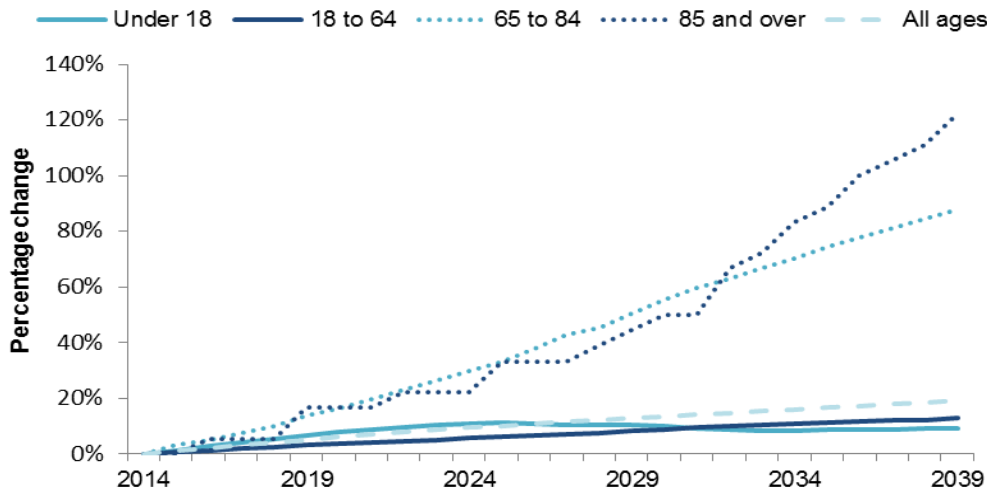
Age

Slough's population is significantly younger than England's. The average age of Slough residents was 34 years old in 2016, compared to the national average of 39.8 years old. Slough's population has not aged significantly over the last 10 years compared to the national picture and other neighbouring local authorities. In 2006, 10.5% of the population

were aged 65 and over in Slough, which decreased to 9.7% in 2016. However, this is expected to rise to 15.1% by 2039.

Figure 3 shows the estimated percentage change of different age groups in Slough up to 2039. This shows a significant increase in both the 65 to 84 and 85 and over age groups, which will have an impact on service demand and the support required for this older age group.

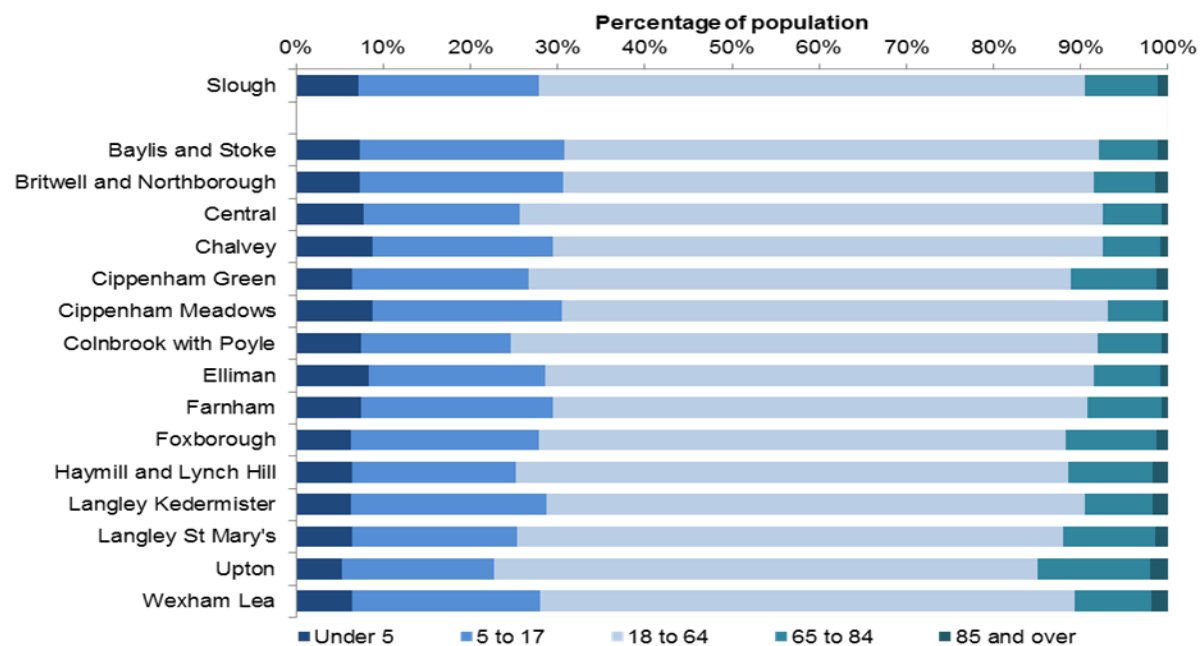
Figure 3: Percentage change in Slough’s population 2014 to 2039 by age group



Source: Office for National Statistics (2016b)

The age distribution within different Slough wards vary considerably and this will impact on the service and access needs of people living in different areas of the Borough. Figure 4 shows the age profile of the wards, highlighting the youngest and oldest age groups. Almost 15% of people living in Upton are aged 65 and over, compared to 10% in the Borough overall. The proportion of the population aged under 18 varies between 23% in Upton to nearly 31% in Baylis and Stoke, Britwell and Northborough and Cippenham Meadows wards.

Figure 4: Age profile of Slough wards (mid-2015)



Source: Office for National Statistics (2016c)

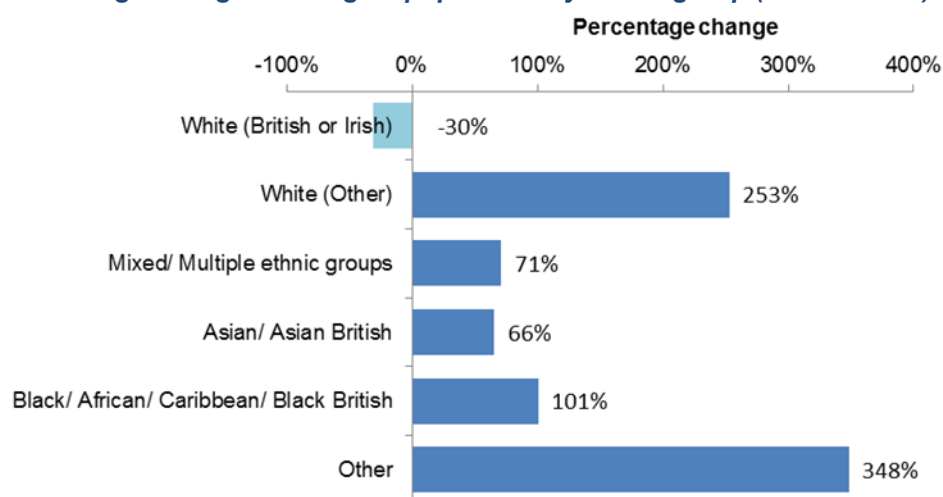
Ethnicity

54% of Slough's population were from a black or minority ethnic (BME) group in 2011, compared to 14% nationally. The largest BME group in Slough was people from an Asian/Asian British group at 40% of the total population, and these were primarily people from Pakistani or Indian backgrounds. In addition, 10.1% of the population were from white backgrounds other than British or Irish (ONS 2013).

The ethnic profile of different areas across Slough varied significantly in 2011. 5 wards had over 70% of people from a BME or other minority ethnic group, including Central, Baylis and Stoke, Chalvey, Farnham and Upton. The highest proportion of people from an Asian/Asian British background lived in Baylis and Stoke (62.2% of the population) and Central (58.1%). The highest proportion of people from a white background other than British or Irish lived in Chalvey (15.9%) and Farnham (14.8%). The highest proportion of people from a Black/Black British background lived in Chalvey (14.1%) and Britwell (11.3%).

The proportion of Slough's population from BME and minority ethnic groups continued to increase from 2001 to 2011. Figure 5 shows that while the number of people from a White British or Irish background decreased by 30% over this time, all other ethnic groups increased in number. The most notable are people from 'Other' ethnic backgrounds, which increased by over 300% over the 10-year period, and people from white backgrounds other than British or Irish that have increased by over 250%.

Figure 5: Percentage change in Slough's population by ethnic group (2001 to 2011)



Source: Office for National Statistics (2013)

The proportion of school pupils from minority ethnic groups has steadily increased in Slough from 74% in 2010 to 83% in 2017 (Department for Education 2017).

Religion

82% of Slough's population stated that they had a religion in the 2011 Census. 41.2% were Christian, 23.3% were Muslim, 10.6% were Sikh and 6.2% were Hindu (ONS 2013).

People living with long-term health problems or disabilities

Nearly 19,000 people in Slough reported that they were limited in their daily activities by a long term health problem or disability in the 2011 Census. This equates to 13% of the population. This was higher for people aged 65 and over at 56%, and higher still for those aged 85 and over at 82% (ONS 2013).

Carers

Over 11,600 Slough residents identified themselves as a carer in the 2011 census, which was 8.3% of the population. This is a slight decrease on the 2001 census figures of 8.6%, which is different to the national picture.

The percentage of the population who are carers does vary between wards in Slough from 6.8% in Chalvey to 9.4% in Langley St Mary's. Unpaid carers in Slough are more likely to suffer from poorer health with 74% describing their health as "good or very good", compared to 84% of people who do not provide unpaid care. The likelihood of reporting poorer health rose with the number of hours of care provided. Carers providing 50 or more hours of unpaid care a week were three times more likely to describe their health as "bad or very bad" compared to people who did not provide unpaid care (ONS 2013).

Employment and benefits

In 2016/17, 78% of people aged 16 to 64 in Slough were in employment, compared to 74% nationally. Slough's unemployment rate was 4.3%, compared to 4.7% nationally. Full-time workers in Slough have lower average earnings than workers in both the South East and England, with an average weekly income of £524 per week compared to £541 nationally.

In November 2016, 9.0% of Slough's working-age population were claiming benefits, compared to 11.0% nationally. 76% of claimants in Slough received an out of work benefit, such as Job Seekers, Employment Support Allowance/ Incapacity Benefit and Lone Parent Benefits.

In 2016, 4,300 households in Slough were classified as 'workless'. This means that at least one person of working age lives in the household, but no-one is economically active. This constitutes 9.6% of all working age households, compared to 11.6% in the South East and 15.1% nationally (NOMIS 2017).

Education and qualifications

The percentage of working-age people in Slough with at least a bachelor's degree was 41% in 2016, compared to 38% nationally. This figure continues to rise in line with the national increase (NOMIS 2017).

The proportion of people in Slough with A-levels or equivalent was 55% and GCSEs or equivalent was 77%. 6.5% of people had no qualifications in Slough, compared to 8.0% nationally.

The proportion of school children in Slough who achieved school readiness was similar to England's in 2015/16, with 69% of 5 years olds reaching a good level of development and 81% of Year 1 children achieving the expected level in the phonics screening check. The local authority's GCSE results were similar to the national figures in 2015/16, with 59% of Slough's pupils achieving 5 A* to C grade, including English and Maths (PHE 2017g).

2. Place

Deprivation

Deprivation is not just associated with income or poverty, but can also be a lack of access to adequate education, skills and training, healthcare, housing and essential services. It may also mean exposure to higher rates of crime and a poor environment. These aspects of deprivation all attribute to areas experiencing significantly poorer health outcomes.

Slough has seen an improvement in deprivation levels over the last 5 years. In 2015, the index of multiple deprivation (IMD) ranked the Borough as the 78th most deprived local authority in England out of all 152 upper-tier local authorities. Slough is the 5th most deprived local authority in the South East and the most deprived authority within Berkshire (Department for Communities and Local Government 2015).

5 neighbourhoods (Lower Super Output Areas) in Slough rank amongst the 20% most deprived areas in England. These include parts of Britwell, Elliman, Chalvey and Colnbrook with Poyle wards. Approximately 6% of Slough's population live in these neighbourhoods. Map 2 shows the level of deprivation across Slough at a ward level, based on the 2015 index of multiple deprivation (IMD).

Population density

In 2016, Slough's population density was 4,460 people per square kilometre. This number has continued to increase since 2004, when there were just over 3,662 people per square kilometre. Slough's density is also significantly higher than the national average of 424 (ONS 2017).

Levels of population density vary across the Borough, although all Slough LSOAs have a higher density than the national average. A neighbourhood in Wexham Lea has the highest density in Slough at 12,107 people per square kilometre. Other areas with significantly higher density include neighbourhoods within Baylis and Stoke, Farnham and Britwell wards. Colnbrook with Poyle ward has areas with the lowest population density in Slough. Map 3 shows population density at a Slough ward level.

Housing and homelessness

The 2011 Census showed that there were 50,766 households in Slough. Nearly 53% of these houses were owned by the occupant, whether outright or with a mortgage or loan. 24% were privately rented and 21% were socially rented. The pattern of housing tenure across the Borough varied across wards, with 66% of household owned by their occupants in Cippenham Green and Langley St Mary's, compared to 37% in Chalvey. Social renting was much higher in Britwell at 41% and private renting was higher in Chalvey, Upton and Colnbrook with Poyle wards between 35-41%.

In 2011, nearly 29% of households in Slough were occupied by people living alone. This equated to 14,447 people (10% of the population). 28% of these households were people aged 65 and over living alone, which made up 31% of the total population aged 65 and over. While this does not equate to loneliness, older people living alone are significantly more likely to be socially isolated and unable to access support or services easily. Britwell, Kedermister and Foxborough wards had the highest proportion of one-person households aged 65 and over.

Nearly 13% of households in Slough were occupied by lone-parent families in 2011 and this also differed across areas of the Borough. Britwell had the highest proportion of lone-parent family households at just fewer than 20% (ONS 2013).

During 2015/16, 241 households in Slough were identified as statutorily homeless. This means that they are unintentionally homeless, in priority need and the local authority accepts responsibility for securing accommodation for them. This equates to a rate of 4.4 per 1,000 households, which is significantly higher than the national rate of 2.5 per 1,000 households. On 31st March 2016, 225 households were living in temporary accommodation provided under homelessness legislation in Slough. This was a rate of 4.1 per 1,000 households and also significantly higher than the national figures. Both of these indicators have increased significantly in Slough since 2012/13 (PHE 2017g).

Residential developments since the 2015 PNA

Thames Valley Berkshire Local Enterprise Partnership and the six Berkshire local authorities commissioned a Strategic Housing Market Assessment (SHMA) at the beginning of 2015. The primary purpose of the SHMA was to provide an assessment of the future needs for housing in the area, together with the housing needs of different groups in the population. The conclusion of the SHMA was that between 2013 and 2036, 957 additional dwellings were needed per annum in Slough. The Council are seeking to meet this ambitious target, depending on availability of sufficient land and sites for development (Slough Borough Council 2017a).

The number of households in Slough has increased since the last Pharmaceutical Needs Assessment. In 2014/15, 512 additional dwellings were completed and a further 789 were completed in 2015/16. The majority of these were on large housing development sites. Over the next 5 years to 2020/21, the availability of known large sites means that the number of new dwellings completed per year is likely to average 700 and 750 homes per year. Many of the proposed sites are in Central, Chalvey and Upton ward (Slough Borough Council 2017a).

Other developments which may affect the need for pharmaceutical services

The SHMA stated that additional housing was needed in Slough for older people, including specialist housing units. The Assessment projected that 957 additional dwellings were required from 2013 to 2036, which is 42 per year (Slough Borough Council 2017a). The location of these developments may impact on the coverage and type of pharmaceutical services needed for residents.

Housing demand is set to increase further with the regeneration of Slough town centre and the potential expansion of transport links, such as Heathrow and Cross rail. Substantial numbers of new homes are already planned as part of Slough's regeneration, but demand for housing will also continue due to growth in employment opportunities and population in the Borough. These factors were not taken into account in the SHMA, so there may be an underestimation in housing need. These developments may impact on the pharmaceutical services required to meet the needs of the larger population, however these are not known at this stage.

Developments to NHS services which may affect the need for pharmaceutical services

During the lifetime of the PNA the following changes to NHS services are planned and have potential to impact on the demand for pharmaceutical services in Slough. Generally, these changes are not expected to increase the overall need for pharmaceutical services in the area.

- Changes to GP practice services, which will include extended opening hours. This may mean that there would need to be pharmacies open at weekends to allow patients to obtain their prescriptions. As stated in Section F - Assessment of Pharmaceutical Service Provision, generally there is good provision of services during weekends and evenings in Slough. All community pharmacies are open until at least 6pm on weekday evenings, with eight open until at least 10pm. All but two pharmacies are open on Saturdays with five open until at least 10pm. Twelve pharmacies are open on Sunday with two open until at least 9.30pm. Extended GP practice opening hours is therefore not expected to result in a need for additional pharmaceutical services.
- Development of GP hubs or clusters and new ways of working - With the increasing numbers of GP pharmacists, there could be an increase in the number of prescription items and reviews of medication. This is not expected to impact on the MUR and NMR services currently provided by community pharmacies.
- Following the national consultation on the prescribing of low value medicines and the drive for patients to self-care, an increased footfall into pharmacies is expected, however current service provision is expected to provide sufficient access to pharmaceutical services in West Berkshire.

At the time of writing the PNA, no other developments were identified as having an effect on the need for pharmaceutical services in Slough.

3. Health behaviours and lifestyle

Lifestyle and the personal choices that people make significantly impact on their health. Behavioural patterns contribute to approximately 40% of premature deaths in England (Global Burden of Disease 2015), which is a greater contributor than genetics (30%), social circumstances (15%) and healthcare (10%). While there are a large number of causes of death and ill-health, many of the risk factors for these are the same. Just under half of all years of life lost to ill health, disability or premature death in England are attributable to smoking, diet, high blood pressure, being overweight, alcohol and drug use.

Community pharmacy teams have a key role in delivering healthy lifestyle advice and interventions and in signposting to other services as set out in [Pharmacy: a way forward for public health](#) and [The Community Pharmacy Forward View](#).

Smoking

Smoking is the single biggest cause of premature death and preventable morbidity in England, as well as the primary reason for the gap in healthy life expectancy between rich and poor. It is estimated that smoking is attributable for over 16% of all premature deaths in England and over 9% of years of life lost due to ill health, disability or premature death (Global Burden of Disease 2015). A wide range of diseases and conditions are caused by smoking, such as cancers, respiratory diseases and cardiovascular diseases.

18% of Slough's adult residents smoke, which is significantly higher than the national prevalence rate of 15.5%. The rates differ between men and women, with approximately 20.5% of men smoking in Slough, compared to 15.7% of women. There are also noticeable differences in smoking prevalence rates between socio-economic groups both locally and nationally. While 15% of Slough residents in a managerial and professional occupation are current smokers, nearly 25% of people in a routine and manual occupation smoke.

Smoking prevalence rates are also monitored for pregnant woman, due to the detrimental effects for the growth and development of the baby and health of the mother. The proportion of Slough mothers who smoke has remained significantly lower than the national average and was at 8.3% in 2015/16, compared to 10.6% nationally.

A total of 450 deaths in Slough were attributable to smoking in 2013-15, at a rate of 323 per 100,000 population aged 35 and over. This was significantly worse than the national rate of 284 per 100,000 (PHE 2017d).

Alcohol

Harmful drinking is a significant public health problem in the UK and is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage and poor mental health. The Global Burden of Disease (2015) showed that nearly 4% of all deaths and years of life lost to ill health, disability or premature death were attributable to alcohol in England. Alcohol can also play a role in accidents, acts of violence, criminal behaviour and other social problems.

Estimates from Alcohol Concern (2016) indicate that 19% of people in Slough drink at a level which increases the risk of damaging their health, which is more than 15,200 people. Within this proportion there are over 4,900 people who drink at a very heavy level who have significantly increased the risk of damaging their health and may have already caused some harm to their health.

137 people in Slough attended treatment for alcohol misuse in 2015. 57% of these people left treatment free of alcohol dependence and did not represent again within a 6 month period. This was significantly better than the national treatment success rate of 38%.

In 2015/16, there were 727 alcohol-related hospital admissions for Slough residents, which equates to 618 admissions per 100,000 population. Slough's rate has remained similar or significantly better than the national average since 2008/09, although it has increased over this time. There are significant differences between the admission rate for men and women in Slough, at 864 and 389 per 100,000 population respectively. This is in line with the national picture.

A total of 51 deaths in Slough were alcohol-related in 2015, at a rate of 54.4 per 100,000 population. This was similar to the national rate of 46.1 per 100,000 (PHE 2017c).

Drug use

The Crime Survey for England (2015/16) indicated that 1 in 12 adults aged 16 to 59 had taken an illicit drug in the previous year, which would equate to over 7,500 people in Slough. The prevalence of drug use in young people is higher; with approximately 1 in 5 people aged 16 to 24 having taken an illicit drug. This would equate to nearly 3,000 young people in Slough (NHS Digital 2017).

Men are more than twice as likely to have used cannabis in the last year as women, and more than three times as likely to have taken powder cocaine and ecstasy.

449 people in Slough attended treatment for opiate drug use in 2015. 9.4% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This was significantly better than the national treatment success rate of 6.7%. 98 people in Slough attended treatment for non-opiate drug use in 2015. 50.0% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This was also significantly better than the national treatment success rate of 37.3% (PHE 2017g).

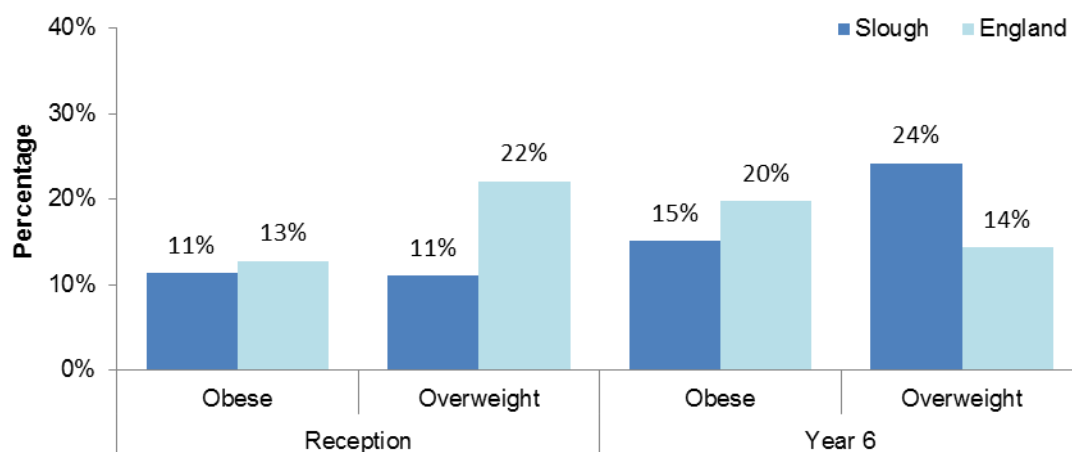
Obesity

Obesity is indicated when an individual's Body Mass Index (BMI) is over 30. It increases the risk of heart disease, diabetes, stroke, depression, bone disease and joint problems and decreases life expectancy by up to nine years. High BMI is the second biggest cause for premature death and preventable morbidity in England, attributable for 9% of all years of life lost to ill health, disability and premature mortality.

Figures collected through the Active People Survey (2013-2015) estimate that 24% of adults living in Slough are obese and a further 38% are overweight. These figures are similar to the national picture and continue to increase (PHE 2017g). GP Practices keep a register of patients who are obese and these indicate that 8.6% of Slough CCG registered population aged 16 and over are obese, which is similar to the national figure of 9.5% (NHS Digital 2016b). This is likely to be an underestimation, as not all people have their BMI recorded on their GP record.

The National Child Measurement Programme (NCMP) is delivered in schools and measures the height and weight of children in their first and last year of primary school (Reception Year and Year 6). This provides robust information about the level of childhood obesity locally and nationally. In 2015/16, 22% of Reception children in Slough were overweight or obese and 39% of Year 6 children were overweight or obese. Figure 6 shows how this compares to the national picture.

Figure 6: Percentage of children in Reception and Year 6 who are obese or overweight (2015/16)



Source: Public Health England (2017g)

Analysis of local and national NCMP data from 2011/12 to 2015/16 shows that obesity prevalence among children in both reception and year 6 increases with deprivation.

Physical Activity

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those with a sedentary lifestyle. Physical activity is also associated with improved mental health and wellbeing. In contrast, the Global Burden of Disease (2015) showed that physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality.

The Chief Medical Officer recommends that adults undertake 150 minutes of moderate activity each week. In 2015, 50% of adults in Slough were estimated to have met these recommendations, which was significantly worse than the national figure of 57%. Over 31% of adults in Slough were classified as 'inactive', achieving less than 30 minutes of moderate physical activity each week (PHE 2017g).

Sexual health

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. While sexual relationships are essentially a private matter, good sexual health is important to individuals and to society as a whole. Public Health England (2015b) states that the success of sexual and reproductive health services "depends on the whole system working together to make these services as responsive, relevant and as easy to use as possible and ultimately to improve the public's health".

The rate of new STI diagnoses in Slough is lower than the national rate. In 2016, 698 people were diagnosed with a new STI in Slough at a rate of 723 per 100,000 population (excluding chlamydia diagnoses for people aged under 25). Rates of gonorrhoea are also lower than the national rate, while syphilis diagnoses and the HIV diagnosed prevalence rates are similar to England's (PHE 2017h).

Chlamydia is the most commonly diagnosed STI in England, with rates substantially higher in young adults than any other age group. In 2016, 2,484 young people (aged 15 to 24) from Slough were screened for chlamydia, which was 15% of the total population. 172 had a positive chlamydia diagnosis at 1,042 per 100,000 population. The proportion of young people screened and the detection rate in Slough was significantly lower than the national or regional rate.

Slough's teenage conception rates are similar to England's. In 2015, 58 females aged 15 to 17 and 7 females aged 13 to 15 had a pregnancy that either led to a birth or legal abortion. 60% of under 18 conceptions led to an abortion (35 in total).

The Department of Health's (2013a) Framework for Sexual Health Improvement in England includes the ambition to reduce unwanted pregnancies by increasing knowledge, awareness and access to all methods of contraception. Long Acting Reversible Contraception (LARC) methods are highly effective, as they do not rely on individuals to remember to use them. Implants, intrauterine systems (IUS) and intrauterine devices (IUD) can remain in place for up to 10 years, depending on the type of product. In 2015, Slough females aged 15 to 44 were prescribed 1,247 LARC (excluding injections) from a GP or Sexual and Reproductive Health Service. This was a rate of 38.3 per 1,000 females and was significantly lower than the England rate (PHE 2017h).

4. Focus on specific health conditions

Health conditions prevalent within a population have an impact on the need for pharmaceutical services within an area. Community pharmacy teams are well placed to support people to manage their long term conditions and this is a key area set out in [The Community Pharmacy Forward View](#).

Cancer

Cancer incidence rates have increased by more than one-third since the mid 1970s, with approximately 910 people being diagnosed with cancer every day in the UK. Although more than 1 in 3 people will now develop some form of cancer in their lifetime, the mortality rate for cancer has actually decreased. Over half of people diagnosed with cancer in the UK will survive 10 or more years after diagnosis (Cancer Research UK 2017).

From 2010-2014, there were 2,335 new cases of cancer diagnoses in Slough. 16% of all these cases were for breast cancer, 12% for lung cancer, and 11% for both prostate cancer and colorectal cancers (PHE Local Health 2017). The route to a cancer diagnosis ultimately impacts on patient survival and the three national cancer screening programmes help to detect cancers at an earlier and more treatable stage. Slough's screening coverage levels are significantly worse than England's for all three screening programmes and do not meet the national targets. In March 2016, the breast screening coverage for eligible women in Slough was 70.4% and the cervical screening coverage was 66.9%. The bowel screening coverage level was 43.3%. There is variation in screening coverage levels across Slough with many GP Practices not meeting the minimum standard for coverage (PHE 2016a).

Circulatory disease

In March 2016, 2.5% of people registered with Slough CCG GP Practices were diagnosed with Coronary Heart Disease and 1.1% were recorded as having had a stroke or TIA (transient ischaemic attack). These were both lower than the national prevalence rates (NHS Digital 2016b).

High blood pressure (hypertension) is one of the leading risk factors for premature death and disability, although it is often preventable. Once diagnosed, people with hypertension can receive advice and treatment from their GP to control and lower their blood pressure, reducing their future risk of cardiovascular diseases. In March 2016, 16,400 people in Slough were diagnosed with hypertension, which was 11% of the population. However, it is estimated that the actual number of people with the condition was much higher at 20%. This means that there were approximately 12,900 people in Slough with undiagnosed hypertension, who had not received treatment to control their blood pressure (PHE 2016d).

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, is invited every five years to assess their risk of developing these conditions. They are given support and advice to help them reduce or manage that risk. From 2013/14 to 15/16, 11,117 Slough residents had received an NHS Health Check, which was 32% of the eligible population. This was significantly lower than the national figure of 36% (PHE 2017g).

Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. In the UK, diabetes affects 2.8 million people and there are estimated to be an additional

980,000 people with diabetes who are undiagnosed. The chances of developing diabetes depend on a mix of genetics, lifestyle and environmental factors. Certain groups are more likely to develop the condition than others, for example people from South Asian and Black communities are 2 to 4 times more likely to develop Type 2 diabetes than those from Caucasian backgrounds (Diabetes UK 2016). Higher levels of obesity, physical inactivity, unhealthy diet, smoking and poor blood pressure control are also inextricably linked to the risk of diabetes. Deprivation is strongly associated with all these factors, and data from the National Diabetes Audit suggests that people living in the 20% most deprived areas in England are 1.5 times more likely to have diabetes than those in the 20% least deprived areas (Diabetes UK 2016).

In March 2016, over 9,945 Slough residents (aged 17 and over) were diagnosed with diabetes, which was 8.7% of that age group. This was significantly higher than the national prevalence of 6.5% (PHE 2017b).

The prevalence of diabetes is expected to increase over the next 20 years, due to the aging population. By 2035, 11.9% of Slough's population aged 16 and over are expected to have diabetes, which is 15,478 people (PHE 2015a).

Respiratory disease

Chronic Obstructive Pulmonary Disease (COPD) is the name for a collection of lung diseases, such as chronic bronchitis, emphysema and chronic obstructive airways disease. In March 2016, 1.1% of people registered with Slough CCG GP Practices were diagnosed with Chronic Obstructive Pulmonary Disease (COPD), which was lower than the national rate of 1.9% (NHS Digital 2016b).

The prevalence of asthma in England is amongst the highest in the world. 6% of the population are diagnosed with asthma, although 9.1% are actually expected to have the condition. In March 2016, 7,960 people registered with Slough CCG GP Practices were diagnosed with asthma at 5.2% of the total population. An additional 5,862 people in the CCG were expected to be undiagnosed and therefore not receiving necessary support or treatment from their GP (NHS Digital 2016b).

Mental Health problems

Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time. Common mental health problems include anxiety, depression, phobias, obsessive compulsive disorders & panic disorders. In March 2016, there were over 6,700 Slough adult residents who had an unresolved diagnosis of depression registered with their GP. This was 6.0% of the adult population and was significantly lower than the national prevalence rate of 8.3% (PHE 2017e).

Not everybody demonstrating signs of mild to moderate mental illness would describe their condition in this way and some are likely to be short term. The Annual Population Survey (2015/16) indicated that 23.2% of adults in Slough had self-reported high anxiety, which was significantly higher than the national response. 10.0% had a low happiness score, which was similar to the national response (PHE 2017g).

Approximately 1% of the UK population has a severe mental health problem and many will have begun to suffer from this in their teens or early twenties. In March 2016, 1,426 adults in Slough were on the GP Mental Health Register, which meant that they had an unresolved record of a schizophrenic or bipolar disorder. This was 0.93% of the adult population and similar to the national prevalence rate of 0.90% (PHE 2017e).

Mental health problems also affect 1 in 10 children and young people. This can include depression, anxiety, conduct and emotional disorders, which can often be a direct response to what is happening in their lives. The Office for National Statistics estimates that there are 2,455 young people aged 5 to 16 in Slough, with a mental health disorder. This is 9.6% of the population. In 2016, 75 school children in Slough were recorded as having social, emotional and mental health needs through their school. This is 2.5% of all Slough school children, compared to 2.3% nationally (PHE 2017a).

Dementia

In March 2016, 564 people in Slough were recorded as having dementia, which was 0.4% of the population. This was significantly lower than the England prevalence of 0.8% (PHE 2017e). It is estimated that half of people with dementia are undiagnosed. In recent years, there has been a political commitment to increase the number of people living with dementia who have a formal diagnosis. A timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve their health and care outcomes.

One in three people over 65 will develop dementia in their lifetime. 877 people aged 65 and over in Slough were estimated to have dementia in April 2017, although 35% of these were not diagnosed. As Slough's population increases and ages, the number of people living with dementia will therefore also increase (POPPI 2016).

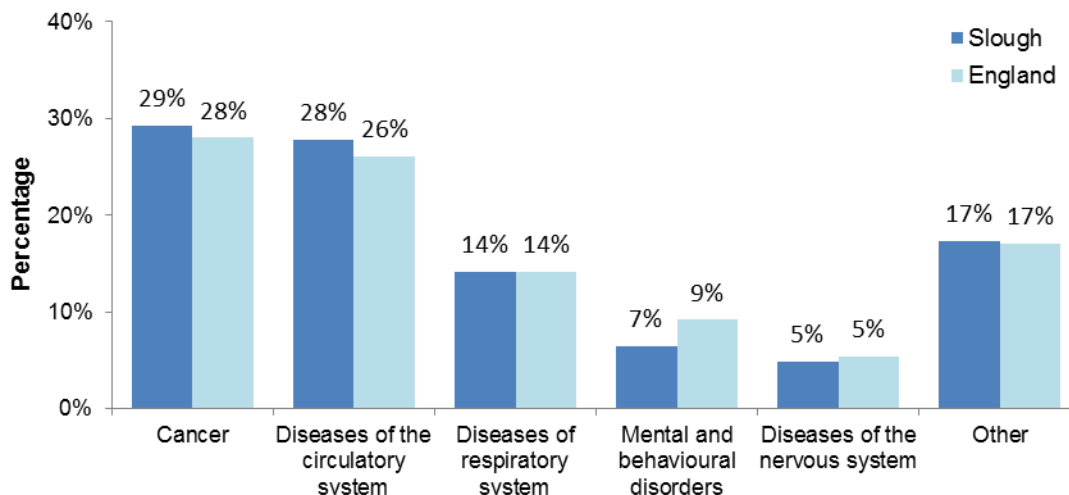
5. Life expectancy and mortality

Boys born in 2013-2015 are expected to live to 78.4 years in Slough, which is 1.1 years less than the national average. Girls born in Slough are expected to live to 82.8 years, which is 0.4 years less than the national average (PHE 2017g).

There are inequalities in life expectancy within the Borough. Men living in the most deprived areas of Slough are expected to live 1.1 years less than those living in least deprived areas. The gap for women is lower at 0.4 years. The life expectancy gap between Slough's most and least deprived areas is attributable to different causes of death for men and women. In 2012-14, the main cause of the male life expectancy gap was circulatory disease at 32%, followed by respiratory diseases at 31%. For women, the main cause of the life expectancy gap was also circulatory disease at over 6%, followed by cancer at 16% (PHE 2016d).

The main causes of death in Slough are cancer and circulatory disease, as shown in Figure 7. This reflects the national picture.

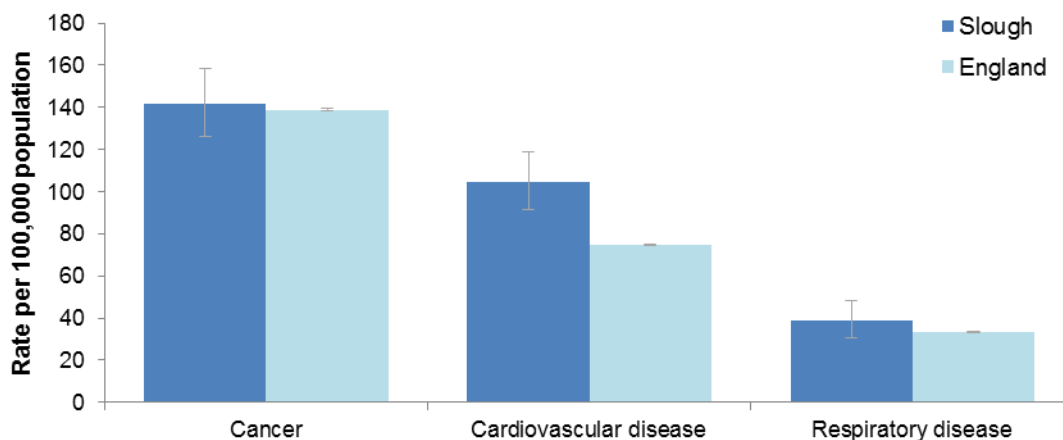
Figure 7: Percentage of all deaths by main underlying cause (2015)



Source: Office for National Statistics (2016c)

42% of all deaths in Slough are among people aged under 75 and these are termed premature deaths. Slough’s premature mortality rates for cancer and respiratory diseases are similar to England’s, while premature mortality from cardiovascular disease is significantly worse. This is shown in Figure 7. Men have significantly higher mortality rates than women for all of these causes at both a local and national level (PHE 2017g).

Figure 8: Under 75 mortality rate by underlying cause of death (2013-15)



Source: Public Health England (2017g)

Cancer is the biggest cause of premature mortality for both men and women in Slough. In 2013-15, approximately 210 premature cancer deaths were considered to be preventable in Slough, which is 62% of all premature cancer deaths. This means that the underlying cause could potentially have been avoided with public health interventions. The main risks attributed to cancer deaths and years of ill-health in England are smoking, occupational risks, diet, high body mass index and alcohol and drug use.

67% of premature deaths from cardiovascular diseases in Slough were considered to be preventable in 2013-15, which was 169 deaths. The rate of preventable deaths from cardiovascular diseases was significantly higher in Slough, compared to the national figure. The main risks attributed to cardiovascular disease deaths and years of ill-health in England are high blood pressure, poor diet, high cholesterol and high body-mass index.

Respiratory diseases are the third biggest cause of death for people aged under 75 in Slough. In 2013-15, 46% of premature deaths from respiratory diseases in Slough were considered to be preventable, which was 39 deaths. The main risks attributed to respiratory disease deaths and years of ill-health in England are smoking and air pollution (PHE 2017g).

D: Pharmacy Provision in Slough

The recent PNA survey asked local pharmacies in Slough to detail the services that they currently provide, as well as those that they would be willing to provide if they were commissioned to do so. 27 of Slough's pharmacies responded to the survey and this information, along with information provided by NHS England, has been used to summarise the pharmacy provision across Slough in October 2017.

1. Type of Pharmacy services within Slough

There are currently 32 community pharmacies in Slough and 1 distance selling pharmacy. This is one less than the provision identified in the previous Pharmaceutical Needs Assessment. Community pharmacies vary from multiple store organisations to independent contractors. All pharmacies provide the mandatory essential services, as well as a range of other advanced and enhanced services. Map 1 shows the location of all pharmacies based in Slough. Appendix C gives a full list of these pharmacies, including addresses and opening times.

Advanced Services

Pharmacies can choose to provide advanced services, but must meet certain requirements to do so. Within Slough, 28 (88%) of the community pharmacies provide the Medicine Use Review (MUR) service and 19 (59%) provide the New Medicines Service (NMS). AJ Campbell Pharmacy (Cippenham Meadows) also stated that they hoped to provide the New Medicine Service soon.

Pharmacy and Location	Medicine Use Review	New Medicine Service
Kamal Enterprises Ltd, Baylis and Stoke	Currently provide	Currently provide
Khatkar Dispensing Chemist, Baylis and Stoke	Currently provide	Currently provide
The Martin Pharmacy, Baylis and Stoke	Currently provide	Do not provide
Harrisons Chemist, Britwell and Northborough	Do not provide	Do not provide
Moonlight Pharmacy, Britwell and Northborough	Currently provide	Do not provide
Boots Pharmacy, Central	Currently provide	Currently provide
John Ross Pharmacy, Central	Currently provide	Do not provide
Lloyds Pharmacy, Central	Currently provide	Currently provide
Superdrug Pharmacy, Central	Currently provide	Currently provide
Tesco Pharmacy, Central	Currently provide	Currently provide
J's Chemists, Chalvey	Do not provide	Do not provide
Kamal Enterprises Ltd, Chalvey	Currently provide	Currently provide
Boots Pharmacy, Cippenham Green	Currently provide	Currently provide
Lloyds Pharmacy, Cippenham Green	Currently provide	Currently provide
A J Campbell, Cippenham Meadows	Do not provide	Will provide soon
Asda Pharmacy, Cippenham Meadows	Currently provide	Do not provide
B&P Pharmacy, Cippenham Meadows	Do not provide	Do not provide
The Village Pharmacy, Cippenham Meadows	Currently provide	Do not provide
Colnbrook Pharmacy, Colnbrook with Poyle	Currently provide	Currently provide

Pharmacy and Location	Medicine Use Review	New Medicine Service
Lloyds Pharmacy, Elliman	Currently provide	Currently provide
Wexham Road Pharmacy, Elliman	Currently provide	Do not provide
Alchem Pharmacy, Farnham	Do not provide	Do not provide
Crystal Pharmacy, Farnham	Currently provide	Do not provide
H A McParland, Farnham	Currently provide	Currently provide
K Pharmacy, Farnham	Currently provide	Currently provide
Superdrug Pharmacy, Farnham	Currently provide	Currently provide
Langley Pharmacy, Foxborough	Currently provide	Do not provide
Lloyds Pharmacy, Foxborough	Currently provide	Currently provide
H A McParland, Langley Kedermister	Currently provide	Currently provide
H A McParland, Langley St Mary's	Currently provide	Currently provide
Willow Pharmacy, Langley St Mary's	Currently provide	Currently provide
Lloyds Pharmacy (Sainsburys), Upton	Currently provide	Do not provide

Source: NHS England (2017)

The survey of Slough pharmacies provided additional information about the advanced services delivered in the local area. 27 pharmacies responded to this and indicated the following:

- Urgent Medicine Supply Services (NUMSAS) are being delivered by Langley Pharmacy (Foxborough). 17 other pharmacies stated that they hoped to provide this service soon.
- An Appliance User Review (AUR) service is available at HA McParland Pharmacy (Langley Kedermister). 4 other pharmacies stated that they hoped to provide this service soon.
- A Stoma Appliance Customisation service is provided by HA McParland Pharmacy (Langley Kedermister). 3 other pharmacies in Slough stated that they hoped to provide this service soon.
- Seasonal Flu vaccinations are currently being provided by 11 pharmacies in the area. This service is also provided privately in 7 of these pharmacies. Berkshire East CCGs have expressed an aim to improve the co-ordination between community pharmacies and GP Practices for the delivery of flu vaccination.

Enhanced Services

NHS England does not currently commission any enhanced services from Slough pharmacies.

Locally Commissioned Services

Slough Borough Council has offered a contract to all community pharmacies based in the Borough for the provision of emergency hormonal contraception, supervised consumption and needle exchange.

3 pharmacies have informed us that they provide emergency hormonal contraception services, 19 provide supervised consumption and 12 provide needle exchange services. The

table below shows the level of provision for these locally commissioned services and pharmacies that have stated that they would be willing to provide these in the future.

Pharmacy	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange
Kamal Enterprises Ltd, Baylis and Stoke	Willing and able to provide	Currently provide	Willing and able to provide
Khatkar Dispensing Chemist, Baylis and Stoke	Willing and able to provide	Currently provide	Currently provide
The Martin Pharmacy, Baylis and Stoke	Willing and able to provide	Currently provide	Willing and able to provide
Harrisons Chemist, Britwell and Northborough	Willing and able to provide	Do not provide	Willing and able to provide
Moonlight Pharmacy, Britwell and Northborough	Willing to provide, but would need training	Currently provide	Willing to provide, but would need training
Boots Pharmacy, Central	Willing to provide, but would need training	Willing to provide, but would need training	Currently provide
John Ross Pharmacy, Central	Willing to provide, but would need training	Currently provide	Currently provide
Lloyds Pharmacy, Central	Willing to provide, but would need training	Currently provide	Currently provide
Superdrug Pharmacy, Central	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
Tesco Pharmacy, Central	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
J's Chemists, Chalvey	Currently provide	Currently provide	Willing and able to provide
Kamal Enterprises Ltd, Chalvey	Provides private service	Currently provide	Currently provide
Boots Pharmacy, Cippenham Green	Do not provide	Currently provide	Currently provide
Lloyds Pharmacy, Cippenham Green	Willing and able to provide	Do not provide	Currently provide
A J Campbell, Cippenham Meadows	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
Asda Pharmacy, Cippenham Meadows	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
B&P Pharmacy, Cippenham Meadows	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
The Village Pharmacy, Cippenham Meadows	Willing to provide, but would need training	Currently provide	Willing to provide, but would need training
Colnbrook Pharmacy, Colnbrook with Poyle	Willing and able to provide	Currently provide	Currently provide

Pharmacy	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange
Lloyds Pharmacy, Elliman	Willing to provide, but would need training	Currently provide	Currently provide
Wexham Road Pharmacy, Elliman	Provides private service	Currently provide	Willing to provide, but would need training
Alchem Pharmacy, Farnham	<i>No data provided</i>	<i>No data provided</i>	<i>No data provided</i>
Crystal Pharmacy, Farnham	Currently provide	Currently provide	Currently provide
H A McParland, Farnham	Willing and able to provide; Provides private service	Currently provide	Willing and able to provide
K Pharmacy, Farnham	Do not provide	Currently provide	Currently provide
Superdrug Pharmacy, Farnham	Provides private service	Do not provide	Do not provide
Langley Pharmacy, Foxborough	Willing to provide, but would need training	Do not provide	Do not provide
Lloyds Pharmacy, Foxborough	Willing to provide, but would need training	Currently provide	Willing to provide, but would need training
H A McParland, Langley Kedermister	Currently provide	Currently provide	Willing to provide, but would need training
H A McParland, Langley St Mary's	Willing to provide, but would need training	Currently provide	Willing and able to provide
Willow Pharmacy, Langley St Mary's	Do not provide	Willing to provide, but would need training	Currently provide
Lloyds Pharmacy (Sainsburys), Upton	Willing to provide, but would need training	Do not provide	Do not provide

In addition to these services, East Berkshire CCGs have an arrangement with some pharmacies to hold palliative care emergency drugs to fill any urgent prescriptions. The CCGs then fund any used or expired stock. The arrangement is in place with the following community pharmacies:

- Willow Pharmacy, Langley St Mary's
- H A McParland Ltd, Langley Kedermister

Healthy Living Pharmacy

6 Slough pharmacies have confirmed that they are Healthy Living Pharmacies. These pharmacies have a total of 7 qualified Healthy Living Champions (full time equivalents). 18 other community pharmacies in Slough are working towards the Healthy Living Pharmacy accreditation.

Berkshire East CCGs have also highlighted possible areas for future local commissioning and involvement with Healthy Living Pharmacies. These include more integrated working and planning between pharmacies, primary care and Bracknell Forest Public Health to improve the signposting and services for patients with Long Term Conditions. The CCGs also echo a suggestion made in the public survey, that community pharmacies could be used to measure certain aspects of patient's physical health, such as blood pressure testing. These areas, and other local priorities, will be explored during the lifetime of this PNA.

2. Access to pharmacy services within Slough

Accessibility to pharmacy services is affected by the opening hours of different providers across the local area, as well as both the distance and time it takes people to reach their nearest pharmacy. This could be by car, walking or other methods of transport. We asked residents about how they accessed local pharmacy services and the results from this are found in Section E.

Slough has eight 100 hour pharmacies, based across the Borough, and one distance selling pharmacy. The majority of Slough pharmacies open on a Saturday, with only 3 not opening at all on that day. 12 pharmacies also open on a Sunday, as shown in Map 4.

8 Slough community pharmacies are open until at least 10pm on a weekday, and a further 7 are open until at least 7pm. Map 5 shows all community pharmacies based in Slough that are open weekday evenings.

Walking time measures are based on an average walking speed of 3 miles/ 4.8 km per hour, which is a recognised standard developed by the [Department for Transport](#). This walking time may differ for certain individuals, such as older people or those with disabilities, and is shown here as an estimation only. All residents of Slough are able to access a pharmacy within a 10 minute drive, if neighbouring authority pharmacy provision is also taken into account. This is illustrated in Map 6. Similarly, 100% of the population can access a pharmacy within a 20 minute cycle.

98% of Slough's residents are able to access a pharmacy in the Borough within a 15 minute walk and a further 1% can access a pharmacy outside the Borough in this time, as shown in Map 7. Households that cannot reach a pharmacy in a short walk are located in parts of Haymill and Lynch Hill, Cippenham Meadow, Colnbrook with Poyle, Upton and Wexham Lea wards. These households are generally in less densely populated areas. It is important to note that this level of accessibility does reduce on weekday evenings (after 7pm), when 79% of the population can get to a pharmacy within a 15 minute walk. This reduces further on a Sunday to 70% of the Slough population. It is important to note that all residents are able to reach a pharmacy within a 20 minute drive, which meets a key NHS standard for accessibility.

All of the community pharmacies who responded to the survey stated that they provided a delivery service for dispensed medicines that was free of charge. Some pharmacies only provided this service for specific patient groups, such as house bound patients, people in care homes and the elderly or infirm, while others provided this for anyone who requested the service. All community pharmacies in Slough are enabled to provide an Electronic Prescription Service.

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or access is restricted. One of the requirements for the

service is that patients live in a controlled locality (a rural area determined locally in line with the regulations and after consideration of a wide range of factors) and are more than 1mile/ 1.6km from a pharmacy premises. Map 8 shows that the majority of communities within Slough are within a 1.6km radius of a pharmacy.

Slough residents can also access pharmacies in other areas. The Borough borders with the Royal Borough of Windsor and Maidenhead, Hillingdon, South Buckinghamshire and Spelthorne and the nearest pharmacy for some residents may be located within these HWB areas. There are 9 pharmacies located in other boroughs that are within 1.6km of the Slough border and some of these have extended opening hours. Residents of neighbouring areas may also use pharmaceutical services in Slough, but their needs are outside the remit of this PNA.

The current provision of pharmacies in Slough means that there are 22 pharmacies per 100,000 population. In March 2016, there were 22 pharmacies per 100,000 population across England and 19 per 100,000 population in the South East (NHS Digital 2016a). Using population and housing projection figures, we can expect the pharmaceutical provision in Slough to reduce to 20 per 100,000 population by March 2021.

E: Public Survey

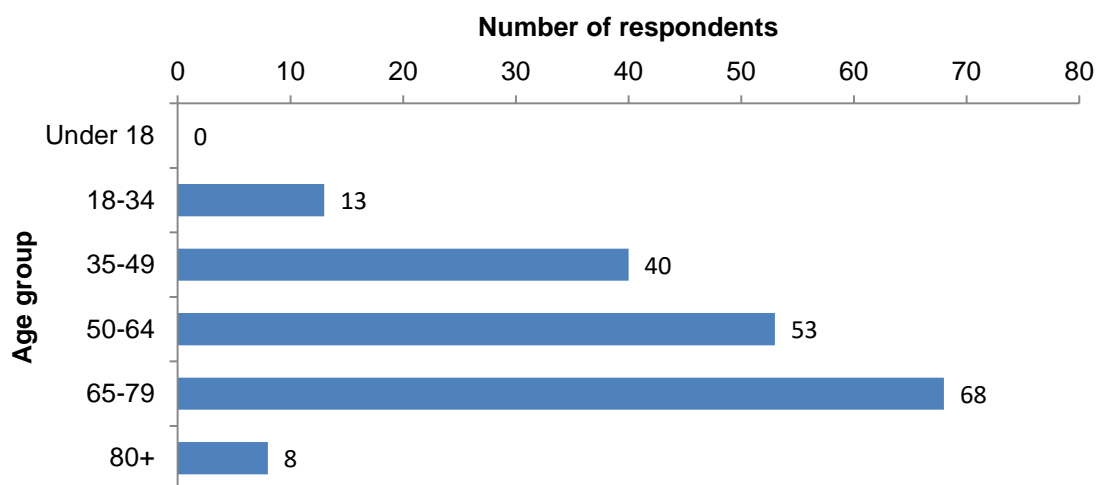
A key aspect of the pharmaceutical needs assessment is to obtain the views of residents who use our community pharmacy and dispensing doctor services. This section provides a summary of the responses that were received through the Berkshire PNA public survey, which was open from mid June to mid September 2017. A copy of the survey can be found at Appendix B.

184 people participated in the PNA survey. These responses included 16 Slough residents and 168 residents from other Berkshire local authorities. The results from the survey have been analysed together, due to the relatively low response rate. All the figures included below therefore represent the views of all Berkshire respondents, and not just Slough residents.

1. Demography of survey respondents

66% of survey respondents were female and nearly 90% classified themselves as White-British. The age of respondents spanned across all adult age groups, as shown in Figure 9, with over 70% of respondents aged over 50. 43% of respondents stated that they were retired.

Figure 9: Age of respondents to Berkshire PNA public survey (2017)



66% of respondents stated that they had a health problem or disability and 27% stated that their day to day activities were limited.

2. Use and access to local pharmacies

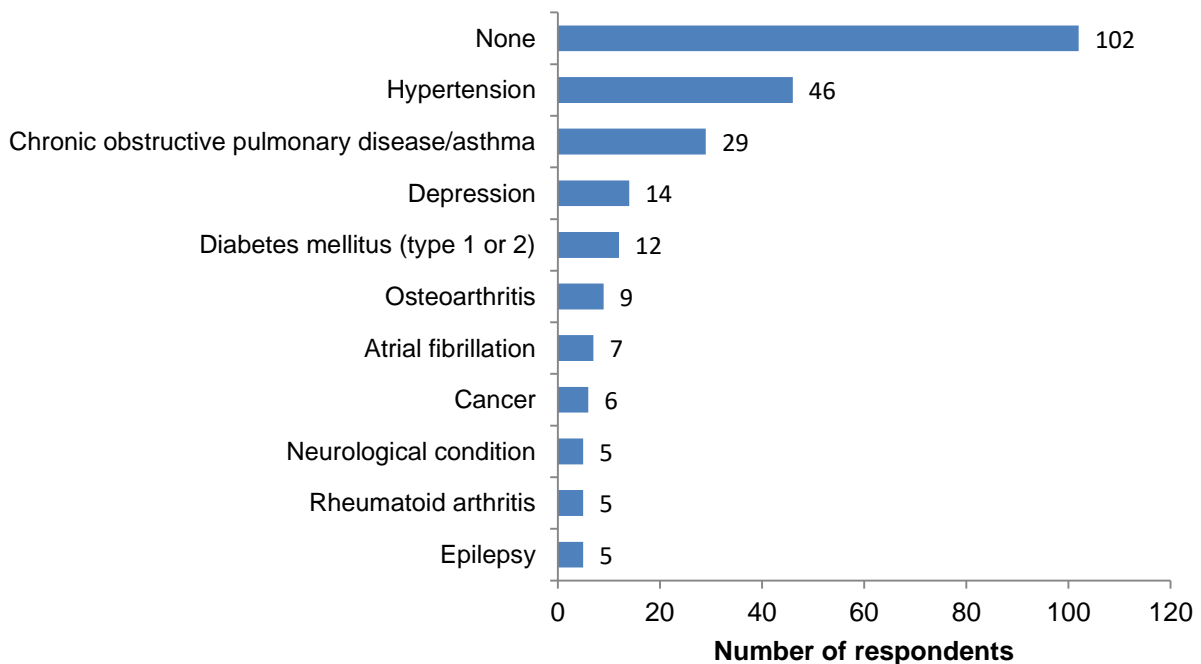
Respondents were asked about the pharmacies they used and how they accessed these. Key findings about pattern of use included:

- 93% reported using a community pharmacy. 5% used a dispensing appliance supplier and 5% used an internet pharmacy.

- 32% stated that they used a pharmacy more than once a month, with a total of 64% using a pharmacy at least once a month.
- 95% reported being able to get to the pharmacy of their choice
- Driving was the most common way that respondents accessed a pharmacy (55%) and walking was a close second (41%). 2% people stated that they cycled and 2% used public transport.
- 86% stated that it took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes.

Survey respondents were asked whether they visited their pharmacy for any particular chronic health conditions. 45% of respondents reported that they did, with the most common conditions reported as hypertension, chronic obstructive pulmonary disease/asthma and depression. Less than five participants reported visiting the pharmacy for each of the following conditions: heart failure, stroke/transient ischaemic attack, ischaemic heart disease, Parkinson’s disease, severe mental illness and chronic kidney disease. Figure 10 shows the full responses for this question.

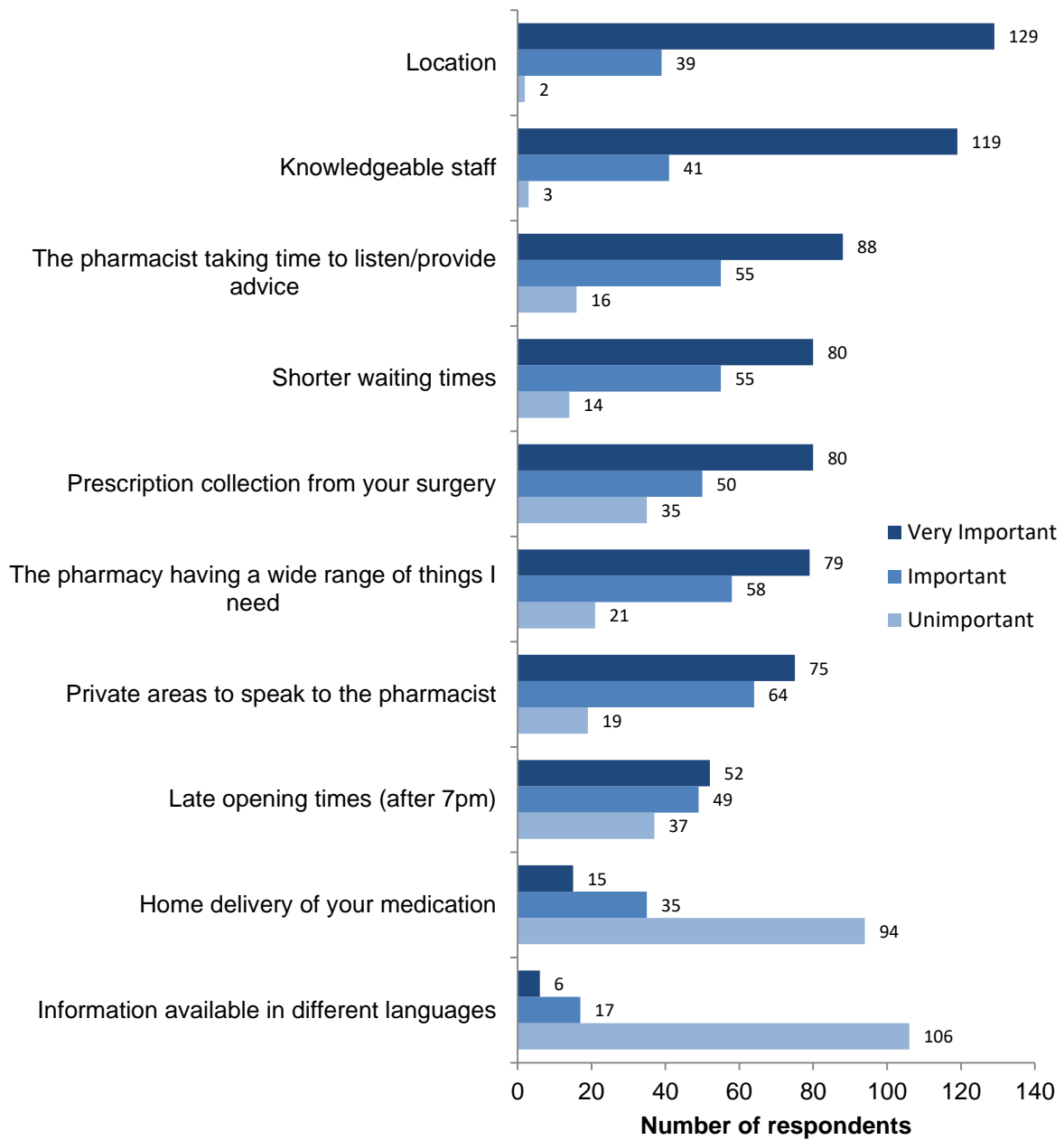
Figure 10: Summary of response to “Which of the following chronic health conditions do you visit your pharmacy for?”



3. Pharmacy characteristics and services

Respondents were asked to rank the importance of a number of specific pharmacy characteristics and services. The most important factor was considered to be location, followed by knowledgeable staff. When asked about location, 49% of respondents said that they chose to use a pharmacy near to home, 17% chose a pharmacy close to their GP Practice and 14% chose to use a pharmacy in a supermarket. The full list of responses about the importance of pharmacy services is shown at Figure 11.

Figure 11: Summary of response to “How important are the following pharmacy services?”

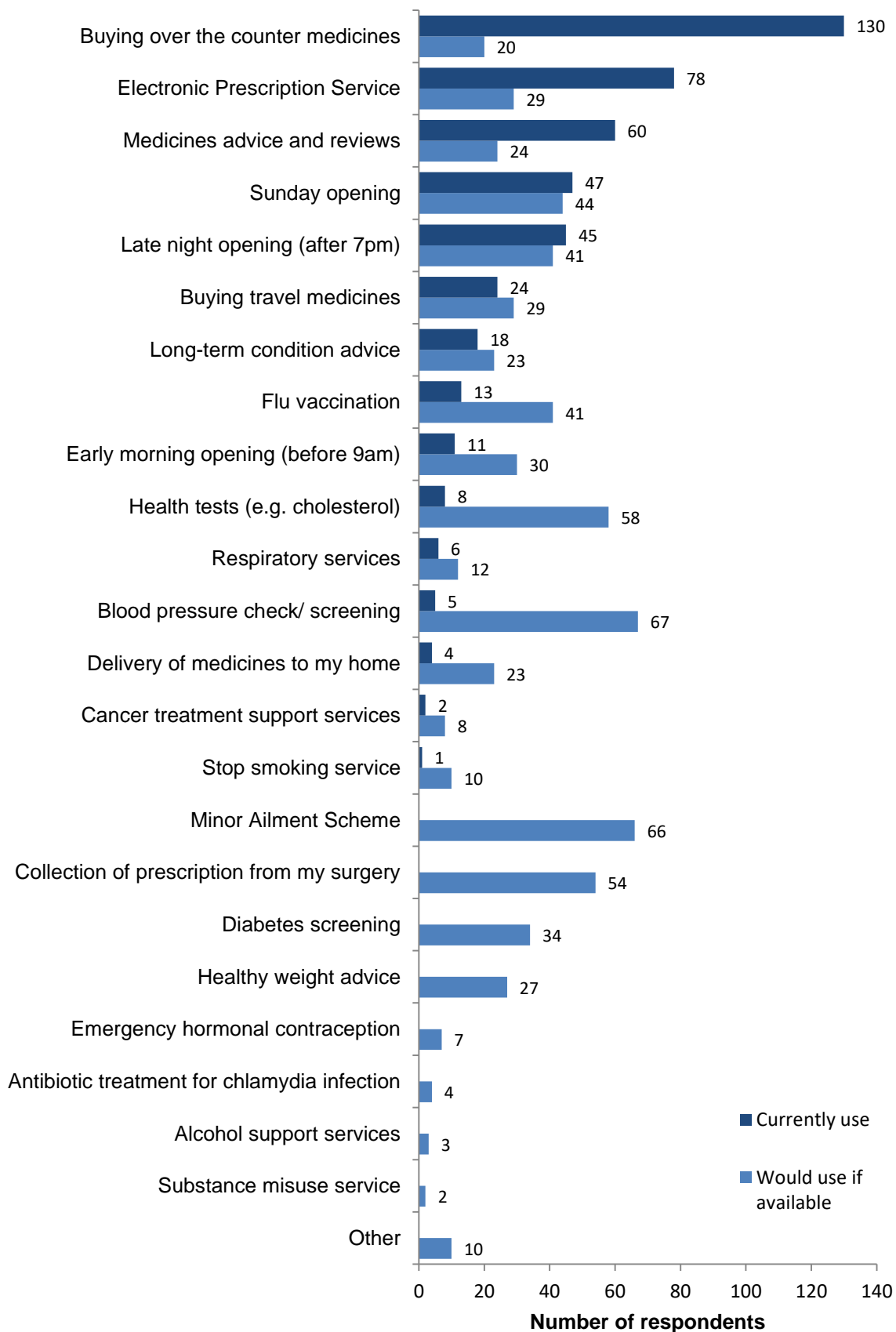


Respondents were asked about the pharmacy services they currently used, as well as services that they would use if they were available. The most commonly used services were buying over the counter medicines, the Electronic Prescription Service (EPS) and medicine advice and reviews. 36% of respondents stated that they would use a blood pressure check/screening service if it was available and 36% also stated that they would use the Minor Ailment Scheme. Other requested services included health tests, collection of prescription from surgery and flu vaccination.

24% of respondents stated that they would use Sunday opening times, if they were available, and 22% stated that they would use late nights opening (after 7pm).

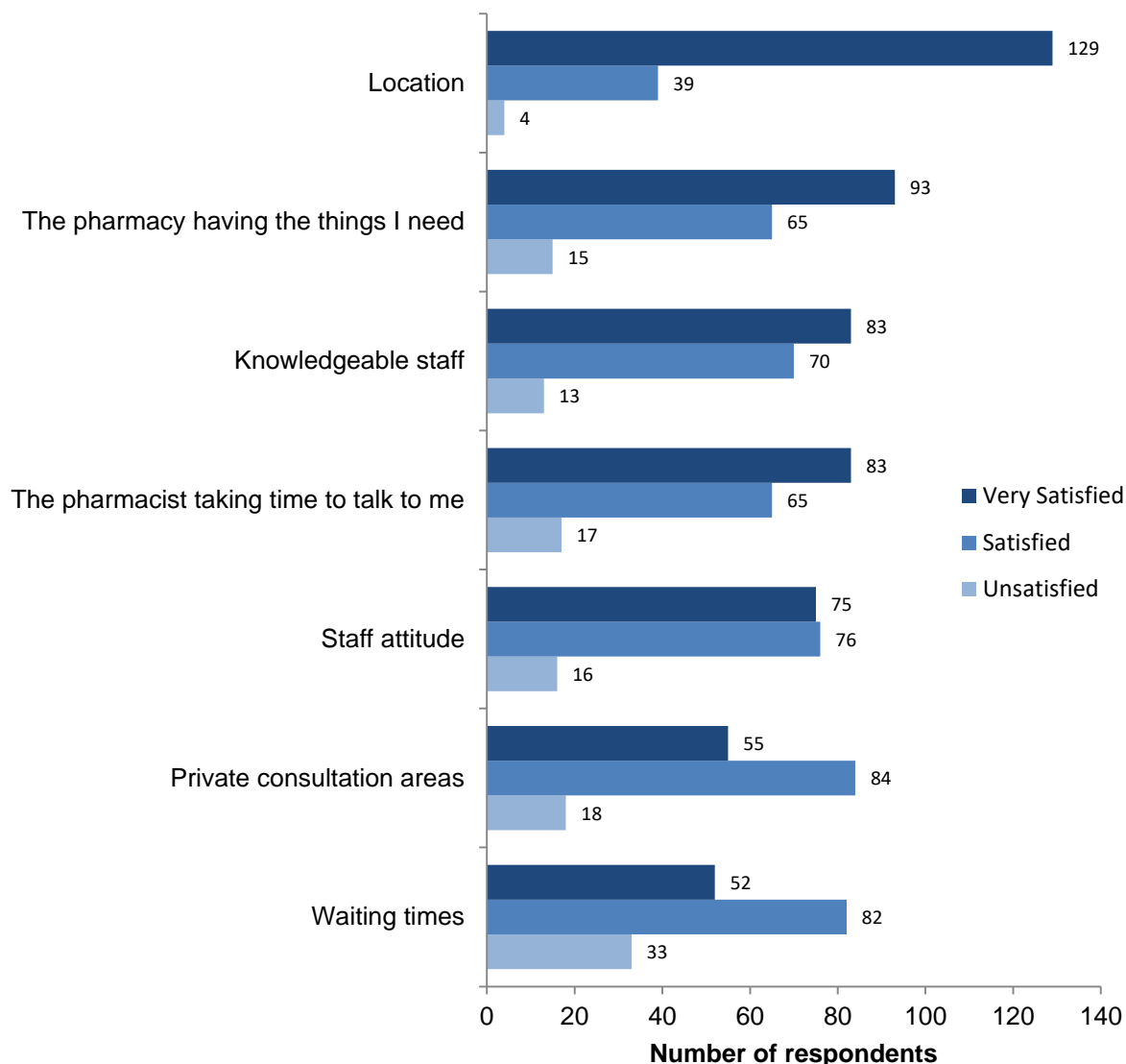
The full list of responses is shown at Figure 12.

Figure 12: Summary of response to “Which of the following services do you currently use at a pharmacy and which would you also use if they were available? (Multiple choices could be picked)



Finally, participants were asked to state how satisfied they were with a number of specific characteristics and services of their regular pharmacy. The majority of respondents stated that they were most satisfied with the location of their pharmacy. Waiting times has the least satisfaction with 20% of respondents stating that they were unsatisfied. However, the clear majority of respondents still stated that they were satisfied or very satisfied with this factor overall. The full level of responses is shown at Figure 13.

Figure 13: Summary of response to “How satisfied are you with the following services at your regular pharmacy?”



4. Feedback

The public survey gave respondents the opportunity to provide additional feedback on pharmaceutical services in their local area. 70 people left a free text comment and these have been summarised below:

- 9 comments related to the way the survey was worded.
- 15 comments related to satisfaction with current services and / or the importance in retaining access to local community pharmacy services

- The most common theme identified from other comments related to unfriendly or unhelpful staff attitudes or concern about staff being trained appropriately (11)
- Dissatisfaction with long waiting times, particularly in regards to collection of electronic prescriptions was also raised (7), as were comments relating to perceived lack of or reduction in access to pharmacies within close distance of home (8)
- Three respondents were concerned about the use of generic drugs over brand names and / or frequent changes in brands
- There were 8 comments relating to specific services, two of which related to problems using EPS, two expressed dissatisfaction with no longer being able to access sharps disposal (both Bracknell Forest residents), one suggested a delivery service (West Berkshire resident) and one suggested accessing blood pressure testing in pharmacy would be useful (Bracknell Forest resident).

F: Assessment of pharmaceutical service provision

As described in Section B6, the regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of necessary and relevant services.

Services provided within the standard pharmacy contract of 40 core hours and advance services were regarded as necessary. The spread of opening times and core hours are included in Appendix C and supported by Maps 4 and 8.

Relevant services are those services which have secured improvements or better access to pharmaceutical services.

- There are 32 pharmacies providing essential pharmaceutical services in Slough, which is one less than the previous PNA.
- There is also one distance selling pharmacy.
- There are 22 pharmacies per 100,000 population in Slough. This is expected to reduce to 20 per 100,000 population by 2021, based on population projections and growth from new housing developments.
- Pharmacies are well placed to serve the borough in which all LSOAs are more densely populated than the national average.
- There is good access to a range of pharmacies during core opening hours with all residents able to access a pharmacy within a 10 minute drive during normal working hours, if neighbouring authority pharmacy provision is also taken into account.
- Generally there is good provision of services during weekends and evenings; all community pharmacies in Slough are open until at least 6pm on weekday evenings, with eight open until at least 10pm. All but two pharmacies are open on Saturdays with five open until at least 10pm. Twelve pharmacies are open on Sunday with two open until at least 9.30pm.
- Areas of relative deprivation in Britwell & Northborough Ward, which has a high proportion of under 18 year olds are well served at weekends and evenings. Other areas with similar deprivation levels in parts of Chalvey ward are less able to access services during Sunday evenings.
- There are 9 pharmacies located within 1.6km of Slough borders and a number of these offer extended opening hours.
- There is variable provision of advanced services across Slough. 28 Slough pharmacies (88%) provide MUR, 19 provide NMS with a second planning to provide soon. Twenty seven pharmacies responded to the survey; only 11 (34%) of these reported providing flu vaccination. One pharmacy reported providing NUMSAS although 17 say they are planning to provide this in the near future. No pharmacy reported providing SAC and one reported provision of AUR, with a four others planning to provide in the near future.
- NHS England encourages pharmacies and pharmacists to become eligible to deliver the NMS and flu vaccination service, so that more eligible patients are able to access and benefit from these services. Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services, due to the much smaller proportion of the population who may require this type of service.
- In terms of improvements, there is room to extend the range of LCS that are commissioned in Slough and to increase the number of pharmacies providing these.

A number of pharmacies have stated that they would be willing to provide these service of commissioned to do so.

- The public survey showed that:
 - 95% of respondents were able to get to the pharmacy of their choice
 - 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes.
 - 91% were satisfied or very satisfied with the location of their pharmacy

Locally commissioned services fall outside the definition of pharmaceutical services, as set out in legislation. These were therefore not considered when assessing provision or future need of necessary or relevant pharmaceutical services. However, in assessing opportunities for improvements, accessibility of locally commissioned services have been considered alongside the necessary and relevant service provision.

G: Conclusions

1. Current necessary provision

Pharmaceutical services that are provided in the area of the HWB and are necessary to meet the need for pharmaceutical services, as well as those services outside the HWB area that contribute to meeting the need of the population of the HWB area

Conclusion: Whilst not all the current provision described in Section D is necessary (as defined in the 2013 Act), it is concluded that the majority of the provision is likely to be necessary and that advance services provided outside the core hours provide improvement or better access.

2. Current gaps

Pharmaceutical services not currently provided within the HWB area, which the HWB are satisfied need to be provided now.

Conclusion: Based on the information available at the time of developing this PNA, no current gaps in provision of essential services during normal working hours have been identified.

3. Future gaps

Pharmaceutical services not currently provided within the HWB area, which the HWB are satisfied need to be provided in specific future circumstances specified in the PNA.

Conclusion: Although there is likely to be an increase in the number of houses available, there are no known future developments that are likely to significantly alter demand for pharmaceutical services in normal working hours due to the coverage currently provided by pharmacies.

4. Current additional provision

Pharmaceutical services within or outside Slough Wellbeing Board area that have secured improvements or better access, although they are not necessary to meet the pharmaceutical need of the area.

Conclusion: NHS England does not commission any enhanced services within Slough. Based on the information available at the time of developing this PNA, no current gaps in the provision of advanced and enhanced services have been identified.

5. Opportunities for improvements and/or better access to pharmaceutical services

A statement of services which would secure improvements or better access to pharmaceutical services, or services of a specific type, if they were provided within or outside the HWB area.

Conclusion: Generally there is good access to pharmaceutical services across Slough including during evenings and weekends, however based on the information available at the time of developing this PNA there is an opportunity to increase access to services on Sunday for residents of Chalvey ward. However, this PNA has not identified a need for additional pharmaceutical services in this area at other times.

As part of the essential pharmacy offer, pharmacies are required to deliver up to six public health campaigns a year to promote healthy lifestyles. These are selected by NHS England. There is scope to gain more impact from national public health campaigns by ensuring that these are delivered in a coordinated way through community pharmacies.

Locally commissioned services and Healthy Living Pharmacies are not included in the assessment of current or future need for pharmaceutical services. However, these both provide an opportunity to secure improvements and increase access to services, such as sexual health, healthy lifestyle advice and brief and very brief lifestyle interventions.

Delivery services are out of scope of the PNA and are not commissioned by NHS England. However, Slough community pharmacies can choose to provide this service privately.

6. Impact of other NHS services

A statement of any NHS services provided or arranged by the HWB, NHS Commissioning Board, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect the need for pharmaceutical services or which affect whether further provision would secure improvements or better access to pharmaceutical services.

Conclusion: Based on the information available at the time of developing this PNA, no NHS services have been identified which would affect the need for or impact on the need to secure improvements or better access to pharmaceutical services either now or in specified future circumstances.

H: Sources

The sources used in this Pharmaceutical Needs Assessment have been included below, as well as other key documents that support the information provided. Hyperlinks to sources are provided where possible and are correct at 13th October 2017.

- Alcohol Concern (2016); [Alcohol Harm Map](#)
- British Medical Association (2013); [Dispensary Services Quality Scheme](#)
- Cancer Research UK (2017); [Understanding cancer statistics](#)
- Department of Health (2013a); [Framework for Sexual Health Improvement in England](#)
- Department of Health (2013b); [Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards](#)
- Department of Health (2013c); [Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013](#)
- Department for Communities and Local Government (2015); [English indices of deprivation 2015](#)
- Department for Education (2017); [Schools, pupils and their characteristics: January 2017](#)
- Department for Transport (2017); [Journey Time Statistics: Notes and Definitions](#)
- Diabetes UK (2016); [Facts and Stats](#)
- General Pharmaceutical Council (2013); [General Pharmaceutical Council Annual Report 2012/13](#)
- Global Burden of Disease (2015); [GBD Compare](#)
- NHS Choices (2017); [Find pharmacy services near you](#)
- NHS Choices (2016); [Electronic Prescription Service](#)
- NHS Digital (2017); [Statistics on Drugs Misuse: England, 2017](#)
- NHS Digital (2016a); [General Pharmaceutical Services in England: 2006/07 to 2015/16](#)
- NHS Digital (2016b); [Quality and Outcomes Framework \(QOF\) 2015-16](#)
- NHS England (2017); Provision of Advanced Services in Berkshire Pharmacies
- NHS England (2014); [Five Year Forward View](#)
- NHS England (2013a); [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)
- NHS England (2013b); [Urgent and Emergency Care Review, End of Phase 1 report](#)
- NOMIS (2017); [Labour Market Profile – Slough](#)
- Office for National Statistics (2017); [Population Estimates for UK, England and Wales, Scotland and Northern Ireland Mid-2016](#)
- Office for National Statistics (2016b); [Subnational Population Projections for Local Authorities in England: Table 2](#)
- Office for National Statistics (2016c); [Ward Level Mid-Year Population Estimates \(Experimental Statistics\) Mid-2015](#)
- Office for National Statistics (2016a); [Deaths registered in England and Wales: 2015](#)

Office for National Statistics (2013); [Census 2011 data tables](#)

Pharmaceutical Services Negotiating Committee, Pharmacy Voice and the Royal Pharmaceutical Society (2016); [The Community Pharmacy Forward View](#)

Public Health England (2017a); [Children and Young People's Mental Health and Wellbeing Profile](#)

Public Health England (2017b); [Disease and risk factor prevalence Profile](#)

Public Health England (2017c); [Local Alcohol Profiles for England](#)

Public Health England (2017d); [Local Tobacco Control Profile](#)

Public Health England (2017e); [Mental Health and Wellbeing JSNA Profile](#)

Public Health England (2017f); [Pharmacy: a way forward for public health](#)

Public Health England (2017g); [Public Health Outcomes Framework Fingertips tool](#)

Public Health England (2017h); [Sexual and Reproductive Health Profiles](#)

Public Health England (2016a); [Cancer Services](#)

Public Health England (2016b); [Healthy Living Pharmacy: Introductory slides](#)

Public Health England (2016c); [Segment Tool](#)

Public Health England (2016d); [Slough Hypertension Profile](#)

Public Health Education (2015a); [Diabetes prevalence model estimates for local authorities](#)

Public Health Education (2015b); [Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV](#)

Public Health England Local Health (2017); [Local Health](#)

Public Health England - Strategic Health Asset Planning and Evaluation (2017); SHAPE Atlas tool (restricted access)

Public Health Services for Berkshire (2017); Slough Clinical Commissioning Group Locality Profile

Slough Borough Council (2017a); [Housing Strategy 2016 to 2021](#)

Slough Borough Council (2017b); [Slough Joint Strategic Needs Assessment](#)

Slough Wellbeing Board (2015); [Slough Wellbeing Strategy 2016-2020](#)

I: Glossary of terms and acronyms

AUR	Appliance Use Review
BME	Black Minority Ethnic
BMI	Body Mass Index
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
DAC	Dispensing Compliance Contractors
DCLG	Department of Communities and Local Government
DfE	Department for Education
DH	Department of Health
EIA	Equality Impact Assessment
ESP	Essential Small Pharmacy
EPS	Electronic Prescription Service
GBD	Global Burden of Disease
GP	General Practitioner
GPhC	General Pharmaceutical Council
HEE	Health Education England
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
IMD	Index of Multiple Deprivation
IUD	Intrauterine Device
IUS	Intrauterine System
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LARC	Long Acting Reversible Contraception
LCS	Locally Commissioned Service
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
LTC	Long Term Condition
MUR	Medicines Use Review
NCMP	National Child Measurement Programme
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONS	Office for National Statistics
PCT	Primary Care Trust
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information
PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality and Outcomes Framework
SAC	Stoma Appliance Customisation
SALP	Site Allocations Local Plan
SHAPE	Strategic Health Asset Planning and Evaluation
SHMA	Strategic Housing Market Assessment
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Partnership
TIA	Transient Ischaemic Attack

I: Appendices and Maps

Appendices

- A: Berkshire PNA Pharmacy Survey 2017
- B: Berkshire PNA Public Survey 2017
- C: Opening times for pharmacies in Slough
- D: Equalities Screening Record for Pharmaceutical Needs Assessment
- E: PNA Consultation process and feedback report
- F: Berkshire PNA Formal Consultation Survey 2017

Maps

- Map 1: Pharmaceutical Services in Slough
- Map 2: Slough pharmacies and Index of Multiple Deprivation by LSOA (2015)
- Map 3: Slough pharmacies and population density by ward (2017)
- Map 4: Slough pharmacies and weekend opening
- Map 5: Slough pharmacies and evening opening
- Map 6: Residents of Slough who can access a pharmacy service within a 5 and 10 minute drive time
- Map 7: Residents of Slough who can access a pharmacy service within a 15 minute walk
- Map 8: Pharmacies inside and within 1.6km (1 mile) of Slough border

Service Design PNA Questionnaire 2017 (Preview)

- Browse Service Library
- View service accreditations
- Edit Service Design
- Preview Claim for this service
- View/Edit Claim Amounts

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

Pharmacy Questionnaire-PNA
Please complete this questionnaire ONCE only to report the facilities and services offered by your pharmacy.

In the event of any query arising regarding this questionnaire please contact [Insert name of local contact here](#) for advise on local arrangements regarding the PNA process

For technical support on the use of this data capture set please contact Pinnacle Support via the "Help" tab

Date of completion

Trading Name

Post Code

Is this a Distance Selling Pharmacy? Yes No
(i.e. It cannot provide Essential Services to persons present at the pharmacy)

Pharmacy email address
If no email write no email

Pharmacy telephone

Pharmacy fax

Pharmacy website address
If no website write no website

Can we store the above information and use this to contact you?
Consent to store Yes No

Is this pharmacy open

Core hours of opening

Please complete your core hours of opening. Enter closed if closed

Monday Open <input type="text"/>	Monday Close <input type="text"/>
	Monday Lunchtime (from - to) <input type="text"/>
Tuesday Open <input type="text"/>	Tuesday Close <input type="text"/>
	Tuesday Lunchtime (from - to) <input type="text"/>
Wednesday Open <input type="text"/>	Wednesday Close <input type="text"/>
	Wednesday Lunchtime (from - to) <input type="text"/>
Thursday Open <input type="text"/>	Thursday Close <input type="text"/>
	Thursday Lunchtime (from - to) <input type="text"/>
Friday Open <input type="text"/>	Friday Close <input type="text"/>
	Friday Lunchtime (from - to) <input type="text"/>
Saturday Open <input type="text"/>	Saturday Close <input type="text"/>

	Saturday <input type="text"/>
	Lunchtime (from - to)
Sunday Open <input type="text"/>	Sunday Close <input type="text"/>
	Sunday Lunchtime (from - to)

Total hours of opening (Core + Supplementary)

Please complete your total hours of opening

Monday Open <input type="text"/>	Monday Close <input type="text"/>
	Monday Lunchtime (from - to)
Tuesday Open <input type="text"/>	Tuesday Close <input type="text"/>
	Tuesday Lunchtime (from - to)
Wednesday Open <input type="text"/>	Wednesday Close <input type="text"/>
	Wednesday Lunchtime (from - to)
Thursday Open <input type="text"/>	Thursday Close <input type="text"/>
	Thursday Lunchtime (from - to)
Friday Open <input type="text"/>	Friday Close <input type="text"/>
	Friday Lunchtime (from - to)
Saturday Open <input type="text"/>	Saturday Close <input type="text"/>
	Saturday Lunchtime (from - to)
Sunday Open <input type="text"/>	Sunday Close <input type="text"/>
	Sunday Lunchtime (from - to)

Consultation Facilities

Consultation areas should meet the standard set out in the contractual framework to offer advanced services

Is there a consultation area?

- Available (including wheelchair access) on the premises
- Available (without wheelchair access) on premises
- Planned within next 12 months
- No consultation room available
- Other

If Other please specify

Where there is a consultation area

Is this enclosed? Yes No N/A
N/A if no consultation room

Off-site arrangements

- Off-site consultation room approved by NHS
 - Willing to undertake consultations in patients home/ other suitable site
 - None apply
 - Other
- If Other please specify

Hand washing and toilet facilities

What facilities are available to patients during consultations?

Facilities available

- Handwashing in consultation area
- Hand washing facilities close to consultation area
- Have access to toilet facilities
- None

Tick all that apply

Information Technology

Is the pharmacy EPS* R2 enabled?

- Yes, EPS R2 enabled
- Planning to become EPS R2 enabled in the next 12 months
- No current plans to provide EPS R2

EPS R2: Electronic Prescription Service Release 2

Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy:

File format types

- Microsoft word
- Microsoft Excel
- Microsoft Access
- PDF
- Unable to open or view any file formats

Please tick all that apply

Essential Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?

- Yes - All types, or
- Yes, excluding stoma appliances, or
- Yes, excluding incontinence appliances, or
- Yes, excluding stoma and incontinence appliances, or
- Yes, just dressings, or
- None
- Other

If Other please specify

Advanced Services

Please give details of the Advanced Services provided by your pharmacy.

Please tick the box that applies for each service.

Yes - Currently providing

Soon - Intending to begin within the next 12 months

No - Not Intending to provide

Yes Soon No

Medicines Use Review service

New Medicine Service Yes Soon No

Urgent Medicines Supply (NUMSAS) Yes Soon No

Appliance Use Review service Yes Soon No

Stoma Appliance Customisation service Yes Soon No

Commissioned Services

Use this section to record which Local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS England Area Team, Public Health Services commissioned by a Local Authority or CCG services. Please tick the box that applies for each service.

CP - Currently Providing NHS funded service
WA - Willing and able to provide if commissioned
WT - Willing to provide if commissioned but would need training
WF - Willing to provide if commissioned but require facilities adjustment
PP - Currently providing private service
If you are not willing or able to provide please leave blank.

Anticoagulant Monitoring Service CP WA WT WF PP

Anti-viral Distribution Service CP WA WT WF PP

Care Home Service CP WA WT WF PP

Chlamydia Treatment Service CP WA WT WF PP

Contraception Service CP WA WT WF PP
(not an EHC service)

Local Authority Commissioned Services
List services already commissioned in your locality here

Disease Specific Medicines Management Service:

Allergies CP WA WT WF PP

Alzheimer's/dementia CP WA WT WF PP

Asthma CP WA WT WF PP

CHD CP WA WT WF PP

Depression CP WA WT WF PP

Diabetes type I CP WA WT WF PP

Diabetes type II CP WA WT WF PP

Epilepsy CP WA WT WF PP

Heart Failure CP WA WT WF PP

Hypertension CP WA WT WF PP

Parkinson's disease CP WA WT WF PP

Other (please state - including funding source)

Area Team Services
List your Area Team commissioned services here

End of Disease specific Medicines Management Service options.

CP WA WT WF PP

Emergency Hormonal
Contraception Service

Gluten Free Food Supply CP WA WT WF PP
Service (i.e. not supply on FP10)

Home Delivery Service CP WA WT WF PP
(not appliances)

Independent Prescribing CP WA WT WF PP
Service

Therapeutic areas covered
(if providing)

Language Access Service CP WA WT WF PP

Note: This is not the NMS or MUR service.

Medication Review Service CP WA WT WF PP

Medicines Assessment and Compliance Support Service:

Medicines Management CP WA WT WF PP
Support Service: i.e. the EL23 service (previously the Vulnerable
Elderly / Adults Service)

DomMAR Carer's Charts CP WA WT WF PP

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme CP WA WT WF PP

MUR Plus/Medicines CP WA WT WF PP
Optimisation Service

Therapeutic areas covered
(if providing)

Needle and Syringe CP WA WT WF PP
Exchange Service

Obesity management CP WA WT WF PP
(adults and children)

On Demand Availability of Specialist Drugs Service:

Directly Observed Therapy CP WA WT WF PP

If yes state which
medicines

Out of hours services CP WA WT WF PP

Palliative Care scheme CP WA WT WF PP

End of On Demand Availability of Specialist Drugs Service options

Patient group directions

Many Local Services involve the supply of a POM using a PGD. please
list those provided by the pharmacy in the text box below but indicate
who commissions the service by ticking the boxes below and annotating
each service name with the key:

AT=Area Team

LA=Local Authority

CCG=Clinical Commissioning Group

Pr=Offers a Private Service

Patient Group Direction AT LA CCG Pr
Service Not including EHC (see separate question)

Please list the names of the medicines available if providing PGD
services

Medicines available

Phlebotomy Service CP WA WT WF PP

Prescriber Support Service CP WA WT WF PP

Schools Service CP WA WT WF PP

Screening Service:

Alcohol CP WA WT WF PP

Cholesterol CP WA WT WF PP

Diabetes CP WA WT WF PP

H. pylori CP WA WT WF PP

HbA1C CP WA WT WF PP

Hepatitis CP WA WT WF PP

HIV CP WA WT WF PP

Other Screening (please state - including funding source)

End of screening service options

Seasonal Influenza Vaccination Service CP WA WT WF PP

Other vaccinations

Childhood vaccinations CP WA WT WF PP

HPV CP WA WT WF PP

Hepatitis B CP WA WT WF PP
(at risk workers or patients)

Travel vaccines CP WA WT WF PP

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service CP WA WT WF PP

Stop Smoking Service:

NRT Voucher Service CP WA WT WF PP

Smoking Cessation Counselling Service CP WA WT WF PP

End of Stop Smoking Service options

Supervised Administration CP WA WT WF PP
Of methadone, buprenorphine etc.

End of Supervised Administration Service options

Supplementary prescribing CP WA WT WF PP

Which therapy area

Vascular Risk Assessment Service CP WA WT WF PP
NHS Healthchecks

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy

- Yes
 Currently working towards HLP status
 No

If Yes, how many Healthy Living Champions do you currently have? Full Time Equivalents

Collection and Delivery services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries Yes No

Delivery of dispensed medicines - Free of charge on request Yes No

Delivery of dispensed medicines - Selected patient groups
List criteria

Delivery of dispensed medicines - Selected areas
List areas

Delivery of dispensed medicines - chargeable Yes No

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following two questions:

What languages other than English are spoken in the pharmacy

What languages other than English are spoken by the community your pharmacy serves

Almost done

If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:

Other

Please tell us who has completed this form in case we need to contact you.

Contact name

Contact telephone

For person completing the form, if different to pharmacy number given above

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Appendix B: Berkshire PNA Public Survey 2017

The PNA Public Survey was available online. This provides a summary of the questions included in the survey.

1. Which Local Authority area do you live in?

- Bracknell Forest.....
- Slough.....
- Reading.....
- Royal Borough of Windsor and Maidenhead.....
- West Berkshire.....
- Wokingham.....
- Not Sure.....

If you have said you are "Not Sure", which town do you live in?

2. Do you use?

- Community Pharmacy.....
- A Dispensing Appliance Supplier (someone who supplies appliances such as incontinence and stoma products).....
- An Internet Pharmacy (a service where medicines are ordered online and delivered by post).....

3. How often do you use a Pharmacy?

- More than once a month.....
- Once a month.....
- 3-11 times a year.....
- Less than 3 times a year.....

4. How do you usually travel to your usual Pharmacy?

- Walk.....
- Car (Passenger).....
- Car (Driver).....
- Taxi.....
- Bus.....
- Bicycle.....

5. How long does it take you to travel to your Pharmacy?

- Less than 15 mins.....
- 15-30 mins.....
- 30-60 mins.....
- Over an hour.....

6. Which of the following services do you currently use at a Pharmacy?

- Sunday Opening.....
- Late Night Opening (after 7pm).....
- Early Morning Opening (before 9am).....
- Prescription Dispensing.....
- Buying over the counter medicines.....
- Buying travel medicines (e.g. anti-malarials).....
- Medicines advice and reviews.....
- Delivery of medicines to my home.....
- Electronic Prescription Service (sends your prescriptions electronically to the pharmacy or dispenser of your choice).....
- Long-term condition advice (e.g. help with your diabetes or asthma).....
- Respiratory services.....
- Emergency Hormonal Contraception (Morning-after pill)..

Appendix B: Berkshire PNA Public Survey 2017

- Cancer treatment support services.....
- Substance misuse service.....
- Alcohol support services.....
- Stop smoking service.....
- Health tests (e.g. cholesterol, blood pressure).....
- Healthy weight advice.....
- Flu Vaccination.....
- Diabetes screening.....
- Blood Pressure check/screening.....

7. Which of the following chronic health conditions do you visit your pharmacy for?

- Hypertension.....
- Ischaemic heart disease (Coronary heart disease)
- Diabetes (Type 1 or 2)
- Chronic kidney disease.....
- Stroke/Transient ischaemic attack (TIA)
- Atrial Fibrillation.....
- Heart Failure.....
- Chronic Liver Disease
- Chronic Obstructive Pulmonary Disease (COPD/Asthma)
- Cancer.....
- Severe Mental Illness.....
- Depression.....
- Dementia.....
- Parkinson’s Disease.....
- Osteoarthritis.....
- Epilepsy.....
- Rheumatoid Arthritis.....
- Neurological Disorders (e.g. Multiple Sclerosis)
- None.....

7b. [If chronic health condition is selected in Qu7] Which of the following services do you visit your pharmacy for because of your chronic health condition?

- Prescription medicine.....
- Over the counter medicines.....
- Advice about medicines for condition and interactions with other medicines.....
- Advice on managing symptoms of one or more chronic health conditions.....

8. Which of the following services would you use at a Pharmacy if available?

- Sunday Opening.....
- Late Night Opening (after 7pm).....
- Diabetes screening.....
- Flu Vaccination.....
- Healthy weight advice.....
- Health tests (e.g. cholesterol, blood pressure).....
- Stop smoking service.....
- Alcohol support services.....
- Substance misuse service.....
- Cancer treatment support services.....
- Emergency Hormonal Contraception (Morning-after pill)..
- Respiratory services.....
- Long-term condition advice (e.g. help with your diabetes or asthma).....
- Early Morning Opening (before 9am).....
- Prescription Dispensing.....
- Buying over the counter medicines.....
- Buying travel medicines (e.g. anti-malarials).....
- Minor Ailment Scheme (access to certain subsidised over the counter medicines to avoid a GP visit).....

Appendix B: Berkshire PNA Public Survey 2017

- Electronic Prescription Service (sends your prescriptions electronically to the pharmacy or dispenser of your choice).....
- Medicines advice and reviews.....
- Delivery of medicines to my home.....
- Collection of prescription from my surgery.....
- Blood Pressure check.....
- Antibiotic treatment for Chlamydia infection.....
- Other.....

9. Are you able to get to a Pharmacy of your choice?

- Yes
- No

10. Do you use one Pharmacy regularly?

- Yes
- No

11. What is the main location reason for using your regular Pharmacy? [choose one]

- In the supermarket.....
- In town/shopping area.....
- Near to my doctors.....
- Near to home.....
- Near to work.....
- Other.....

12. What are the reason for using your regular Pharmacy? [choose as many as apply]

- They offer a delivery service.....
- They offer a collection service.....
- The staff speak my first language.....
- The staff are knowledgeable.....
- The staff are friendly.....
- Other.....

13. How important are the following Pharmacy services?

- Home delivery of your medication
- Very important Important Unimportant

- Prescription collection from your surgery
- Very important Important Unimportant

- The Pharmacy having a wide range of things I need
- Very important Important Unimportant

- The Pharmacist taking time to listen/provide advice
- Very important Important Unimportant

- Private areas to speak to the Pharmacist
- Very important Important Unimportant

- Shorter waiting times
- Very important Important Unimportant

- Knowledgeable staff
- Very important Important Unimportant

Appendix B: Berkshire PNA Public Survey 2017

Location

Very important Important Unimportant

Late opening times (after 7pm)

Very important Important Unimportant

Information available in different languages

Very important Important Unimportant

14. How satisfied were you with the following services at your regular Pharmacy?

The Pharmacy having the things I need

Very important Important Unimportant

The Pharmacist taking time to talk to me

Very important Important Unimportant

Private consultation areas

Very important Important Unimportant

Waiting times

Very important Important Unimportant

Staff attitude

Very important Important Unimportant

Knowledgeable staff

Very important Important Unimportant

Location

Very important Important Unimportant

Personal Details

We value all people in Berkshire and want to make sure that everyone can access our services, that they provide for people's needs and that we continue to improve what we provide. Please complete these questions which will also help us to see if there are any differences between the views of different groups and needs within our community. All the information you give will be kept completely confidential, no individual will be identifiable. It will be used to inform the planning and improve the delivery of the council's services. All details are kept in strict confidence at all times in compliance with the Data Protection Act 1998. Please note that to provide this information is optional either completely or in part.

Are you?

Male
 Female

Under 18
 18-34
 35-49
 50-64
 65-79
 80+

To which of these groups do you consider you belong?

White
 English/Welsh/Scottish/Northern Irish/British
 Irish
 Gypsy/Irish Traveller
 Show people/Circus
 Any other White background

Appendix B: Berkshire PNA Public Survey 2017

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Nepali
- Bangladeshi
- Chinese
- Filipino
- Any other Asian background

Black or Black British

- African
- Caribbean
- Any other Black background

Arab/Other Ethnic group

- Arab
- Other Ethnic group

Do you consider yourself to have a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes
- No

Are your day-to-day activities limited because of your health problem or disability?

- Yes
- No

How would you describe your religion/belief?

- None
- Christian (all Christian denominations)
- Buddhist
- Jewish
- Hindu
- Muslim
- Sikh
- Other

What is your marital status?

- Single
- Married
- Life-partner
- Civil Partnership
- Other
- Prefer not to say

How would you describe your sexual orientation?

- Heterosexual/Straight
- Gay Man
- Lesbian/Gay Woman
- Bisexual
- Prefer not to say

Which of the following best describes your working situation?

- I work as a volunteer
- I am working part-time
- I am working full-time
- I am retired
- I am not working
- Prefer not to say

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Appendix C: Opening times for pharmacies in Slough

Name, Ward	Address	Opening Hours	Core Hours
Kamal Enterprises Ltd Baylis And Stoke	14 Woodland Avenue Slough Berkshire SL1 3BU	Monday 09:00-13:30; 14:30-19:00 Tuesday 09:00-13:30; 14:30-19:00 Wednesday 09:00-13:30; 14:30-19:00 Thursday 09:00-13:30; 14:30-19:00 Friday 09:00-13:30; 14:30-19:00 Saturday 09:00-12:00 Sunday Closed	Monday 09:00-13:30; 14:30-18:30 Tuesday 09:00-13:30; 14:30-18:30 Wednesday 09:00-13:30; 14:30-18:30 Thursday 09:00-15:00 Friday 09:00-13:30; 14:30-18:30 Saturday Sunday
Khatkar Dispensing Chemist Baylis And Stoke	9 Villiers Road Slough Berkshire SL2 1NW	Monday 08:45-18:00 Tuesday 08:45-18:00 Wednesday 08:45-18:00 Thursday 08:45-18:00 Friday 08:45-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 13:30-17:30 Tuesday 09:00-13:00; 13:30-17:30 Wednesday 09:00-13:00; 13:30-17:30 Thursday 09:00-13:00; 13:30-17:30 Friday 09:00-13:00; 13:30-17:30 Saturday Sunday
The Martin Pharmacy Baylis And Stoke	6 Baylis Parade Oatlands Drive Slough Berkshire SL1 3LF	Monday 08:30-20:30 Tuesday 08:30-20:30 Wednesday 08:30-20:30 Thursday 08:30-20:30 Friday 08:30-20:30 Saturday 08:30-16:30 Sunday Closed	Monday 09:00-12:00; 14:00-18:00 Tuesday 09:00-12:00; 14:00-18:00 Wednesday 09:00-12:00; 14:00-18:00 Thursday 09:00-12:00; 14:00-18:00 Friday 09:00-12:00; 14:00-18:00 Saturday 09:00-14:00 Sunday
Harrisons Pharmacy Britwell and Northborough	U7, Britwell Local Centre Long Furlong Drive Slough Berkshire SL2 2LX	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday 09:00-13:00; 14:00-17:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
Moonlight Pharmacy Britwell and Northborough	Avenue Medical Centre Wentworth Avenue Slough Berkshire SL2 2DG	Monday 07:00-23:00 Tuesday 07:00-23:00 Wednesday 07:00-23:00 Thursday 07:00-23:00 Friday 07:00-23:00 Saturday 07:00-23:00 Sunday 12:00-16:00	Monday 07:00-23:00 Tuesday 07:00-23:00 Wednesday 07:00-23:00 Thursday 07:00-23:00 Friday 07:00-23:00 Saturday 07:00-23:00 Sunday 12:00-16:00
Boots Pharmacy Central	178-184 High Street Slough Berkshire SL1 1PE	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-18:00 Sunday 10:30-16:30	Monday 09:30-14:00; 15:00-17:30 Tuesday 09:30-14:00; 15:00-17:30 Wednesday 09:30-14:00; 15:00-17:30 Thursday 09:30-14:00; 15:00-17:30 Friday 09:30-14:00; 15:00-17:30 Saturday 09:30-14:00; 15:00-15:30 Sunday
John Ross Chemist Central	112 Stoke Road Slough Berkshire SL2 5AP	Monday 09:00-13:00; 14:15-18:15 Tuesday 09:00-13:00; 14:15-18:15 Wednesday 09:00-13:00; 14:15-18:15 Thursday 09:00-13:00; 14:15-18:15 Friday 09:00-13:00; 14:15-18:15 Saturday 09:00-13:00; 14:15-17:30 Sunday Closed	Monday 09:00-13:00; 14:00-18:15 Tuesday 09:00-13:00; 14:00-18:15 Wednesday 09:00-13:00; 14:00-18:15 Thursday 09:00-13:00; 14:00-18:15 Friday 09:00-13:00; 14:00-18:15 Saturday Sunday
Lloyds Pharmacy Central	188 High Street Slough Berkshire SL1 1JS	Monday 08:30-18:30 Tuesday 08:30-18:30 Wednesday 08:30-17:30 Thursday 08:30-18:30 Friday 08:30-18:30 Saturday 09:00-13:00 Sunday Closed	Monday 08:30-13:00; 15:30-18:30 Tuesday 08:30-13:00; 15:30-18:30 Wednesday 08:30-13:00; 14:30-17:30 Thursday 08:30-13:00; 15:30-18:30 Friday 08:30-13:00; 15:30-18:30 Saturday 09:00-10:30; 12:00-13:00 Sunday
Superdrug Pharmacy Central	Unit 82 The Mall Queensmere Centre Slough Berkshire SL1 1DG	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-13:30; 14:00-17:30 Sunday Closed	Monday 09:00-13:00; 15:00-17:30 Tuesday 09:00-13:00; 15:00-17:30 Wednesday 09:00-13:00; 15:00-17:30 Thursday 09:00-13:00; 15:00-17:30 Friday 09:00-13:00; 15:00-17:30 Saturday 09:00-13:30; 14:30-17:30 Sunday

Name, Ward	Address	Opening Hours	Core Hours
Tesco Pharmacy Central	Brunel Way Wellington Street Slough Berkshire SL1 1XW	Monday 09:00-23:00 Tuesday 09:00-23:00 Wednesday 09:00-23:00 Thursday 09:00-23:00 Friday 09:00-23:00 Saturday 09:00-23:00 Sunday 10:00-16:00	Monday 09:00-13:00; 14:00-17:00 Tuesday 09:00-13:00; 14:00-17:00 Wednesday 09:00-13:00; 14:00-17:00 Thursday 09:00-13:00; 14:00-17:00 Friday 09:00-13:00; 14:00-17:00 Saturday 09:00-12:00; 13:00-15:00 Sunday
J'S Chemist Chalvey	16-18 Chalvey Road East Slough Berkshire SL1 2LU	Monday 09:00-13:00; 14:00-18:30 Tuesday 09:00-13:00; 14:00-18:30 Wednesday 09:00-15:00 Thursday 09:00-13:00; 14:00-18:30 Friday 09:00-13:00; 14:00-18:30 Saturday Closed Sunday Closed	Monday 09:00-13:00; 14:00-18:30 Tuesday 09:00-13:00; 14:00-18:30 Wednesday 09:00-15:00 Thursday 09:00-13:00; 14:00-18:30 Friday 09:00-13:00; 14:00-18:30 Saturday Sunday
Kamal Enterprises Ltd Chalvey	16 Chalvey Road West Slough Berkshire SL1 2PN	Monday 09:00-19:00 Tuesday 09:00-19:00 Wednesday 09:00-19:00 Thursday 09:00-19:00 Friday 09:00-19:00 Saturday 09:00-12:00 Sunday Closed	Monday 09:00-13:30; 14:30-18:30 Tuesday 09:00-13:30; 14:30-18:30 Wednesday 09:00-15:00 Thursday 09:00-13:30; 14:30-18:30 Friday 09:00-13:30; 14:30-18:30 Saturday Sunday
Boots Pharmacy Cippenham Green	Unit 731B 298 Bath Road Slough Berkshire SL1 4DX	Monday 09:00-20:00 Tuesday 09:00-20:00 Wednesday 09:00-20:00 Thursday 09:00-20:00 Friday 09:00-20:00 Saturday 09:00-20:00 Sunday 11:00-17:00	Monday 09:00-12:00; 13:00-18:00 Tuesday 09:00-12:00; 13:00-18:00 Wednesday 09:00-12:00; 13:00-18:00 Thursday 09:00-12:00; 13:00-18:00 Friday 09:00-12:00; 13:00-18:00 Saturday Sunday
Lloyds Pharmacy Cippenham Green	417-419 Bath Road Cippenham Slough Berkshire SL1 5QL	Monday 09:00-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:30 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday 09:00-17:30 Sunday Closed	Monday 09:00-13:00; 14:00-17:00 Tuesday 09:00-13:00; 14:00-17:00 Wednesday 09:00-13:00; 14:00-17:00 Thursday 09:00-13:00; 14:00-17:00 Friday 09:00-13:00; 14:00-17:00 Saturday 09:00-14:00 Sunday
A J Campbell Cippenham Meadows	133 Bath Road Slough Berkshire SL1 3UR	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday Closed Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
Asda Pharmacy Cippenham Meadows	Asda Superstore Telford Drive Slough Berkshire SL1 9LA	Monday 07:00-22:00 Tuesday 07:00-22:00 Wednesday 07:00-22:00 Thursday 07:00-24:00 Friday 07:00-24:00 Saturday 07:00-22:00 Sunday 10:00-16:00	Monday 07:00-22:00 Tuesday 07:00-22:00 Wednesday 07:00-22:00 Thursday 07:00-24:00 Friday 07:00-24:00 Saturday 07:00-22:00 Sunday 10:00-16:00
B&P Pharmacy Cippenham Meadows	6 Stoney Meade Cippenham Slough Berkshire SL1 2YL	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
The Village Pharmacy Cippenham Meadows	45 Mercian Way Slough Berkshire SL1 5ND	Monday 06:00-23:59 Tuesday 06:00-23:59 Wednesday 06:00-23:59 Thursday 06:00-23:59 Friday 06:00-23:59 Saturday 08:00-18:00 Sunday Closed	Monday 06:00-23:59 Tuesday 06:00-23:59 Wednesday 06:00-23:59 Thursday 06:00-23:59 Friday 06:00-23:59 Saturday 08:00-18:00 Sunday
Colnbrook Pharmacy Colnbrook With Poyle	36 High Street Colnbrook Slough Berkshire SL3 0LX	Monday 09:00-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:30 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday Sunday

Name, Ward	Address	Opening Hours	Core Hours
Lloyds Pharmacy Elliman	10 Upton Lea Parade Wexham Road Slough Berkshire SL2 5JU	Monday 08:00-21:00 Tuesday 08:00-21:00 Wednesday 08:00-21:00 Thursday 08:00-21:00 Friday 08:00-21:00 Saturday 09:00-17:00 Sunday 10:00-16:00	Monday 09:00-12:30; 15:30-19:00 Tuesday 09:00-12:30; 15:30-19:00 Wednesday 09:00-12:30; 15:30-19:00 Thursday 09:00-12:30; 15:30-19:00 Friday 09:00-12:30; 15:30-19:00 Saturday 09:00-12:00; 15:00-17:00 Sunday
Wexham Road Pharmacy Elliman	Unit 3 Upton Lea Parade Wexham Road Slough Berkshire SL2 5JU	Monday 08:00-21:00 Tuesday 08:00-21:00 Wednesday 08:00-21:00 Thursday 08:00-21:00 Friday 08:00-21:00 Saturday 09:00-23:59 Sunday 00:00-20:00	Monday 08:00-21:00 Tuesday 08:00-21:00 Wednesday 08:00-21:00 Thursday 08:00-21:00 Friday 08:00-21:00 Saturday 09:00-23:59 Sunday 00:00-20:00
Alchem Pharmacy Farnham	Farnham Road Surgery 301 Farnham Road Slough Berkshire SL2 1HD	Monday 07:00-23:00 Tuesday 07:00-23:00 Wednesday 07:00-23:00 Thursday 07:00-23:00 Friday 07:00-23:00 Saturday 09:00-21:00 Sunday 09:00-17:00	Monday 07:00-23:00 Tuesday 07:00-23:00 Wednesday 07:00-23:00 Thursday 07:00-23:00 Friday 07:00-23:00 Saturday 09:00-21:00 Sunday 09:00-17:00
Crystal Pharmacy Farnham	239 Farnham Road Slough Berkshire SL2 1DE	Monday 09:00-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:30 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday 09:30-13:00 Sunday Closed	Monday 09:00-13:00; 14:00-18:00 Tuesday 09:00-13:00; 14:00-18:00 Wednesday 09:00-13:00; 14:00-18:00 Thursday 09:00-13:00; 14:00-18:00 Friday 09:00-13:00; 14:00-18:00 Saturday Sunday
H A McParland Ltd Farnham	226 Farnham Road Slough Berkshire SL1 4XE	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-17:30 Sunday Closed	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday Sunday
K Pharmacy Farnham	400 Farnham Road Slough Berkshire SL2 1JD	Monday 08:45-18:15 Tuesday 08:45-18:15 Wednesday 08:45-18:15 Thursday 08:45-18:15 Friday 08:45-18:15 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00 Saturday Sunday
Superdrug Pharmacy Farnham	292 Farnham Road Slough Berkshire SL1 4XL	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-13:30; 14:00-17:30 Sunday Closed	Monday 09:00-13:00; 15:00-17:30 Tuesday 09:00-13:00; 15:00-17:30 Wednesday 09:00-13:00; 15:00-17:30 Thursday 09:00-13:00; 15:00-17:30 Friday 09:00-13:00; 15:00-17:30 Saturday 09:00-13:30; 14:30-17:30 Sunday
Totally Pharmacy DISTANCE SELLING ONLY Farnham	920 Yeovil Road Slough Berkshire SL1 4JG	Monday 09:00-13:00; 13:30-17:30 Tuesday 09:00-13:00; 13:30-17:30 Wednesday 09:00-13:00; 13:30-17:30 Thursday 09:00-13:00; 13:30-17:30 Friday 09:00-13:00; 13:30-17:30 Saturday 09:00-12:00 Sunday Closed	Monday 09:00-13:00; 13:30-17:30 Tuesday 09:00-13:00; 13:30-17:30 Wednesday 09:00-13:00; 13:30-17:30 Thursday 09:00-13:00; 13:30-17:30 Friday 09:00-13:00; 13:30-17:30 Saturday Sunday
Langley Pharmacy Foxborough	Langley Health Centre Common Road Langley Berkshire SL3 8LE	Monday 07:30-22:00 Tuesday 07:30-22:00 Wednesday 07:30-22:00 Thursday 07:30-22:00 Friday 07:30-22:00 Saturday 07:30-22:00 Sunday 08:30-21:30	Monday 07:30-22:00 Tuesday 07:30-22:00 Wednesday 07:30-22:00 Thursday 07:30-22:00 Friday 07:30-22:00 Saturday 07:30-22:00 Sunday 08:30-21:30
Lloyds Pharmacy Foxborough	18 Parlaunt Road Langley Slough Berkshire SL3 8BB	Monday 09:00-18:30 Tuesday 09:00-18:30 Wednesday 09:00-18:30 Thursday 09:00-18:30 Friday 09:00-18:30 Saturday 09:00-13:00 Sunday Closed	Monday 09:00-12:30; 14:30-18:30 Tuesday 09:00-12:30; 14:30-18:30 Wednesday 09:00-12:30; 14:30-18:30 Thursday 09:00-12:30; 14:30-18:30 Friday 09:00-12:30; 14:30-18:30 Saturday 09:00-10:30; 12:00-13:00 Sunday

Name, Ward	Address	Opening Hours	Core Hours
H A McParland Ltd Langley Kedermister	306 Trelawney Avenue Langley Slough Berkshire SL3 7UB	Monday 09:00-18:00 Tuesday 09:00-18:00 Wednesday 09:00-18:00 Thursday 09:00-18:00 Friday 09:00-18:00 Saturday 09:00-17:30 Sunday Closed	Monday 09:00-16:00 Tuesday 09:00-16:00 Wednesday 09:00-16:00 Thursday 09:00-16:00 Friday 09:00-17:00 Saturday 09:00-13:00 Sunday
H A McParland Ltd Langley St Mary's	6 The Harrow Market High Street Langley Slough Berkshire SL3 8HJ	Monday 09:00-20:00 Tuesday 08:00-18:30 Wednesday 09:00-18:00 Thursday 08:00-18:30 Friday 08:00-18:30 Saturday 09:00-17:30 Sunday 10:00-16:00	Monday 09:00-16:00 Tuesday 09:00-16:00 Wednesday 09:00-16:00 Thursday 09:00-16:00 Friday 09:00-17:00 Saturday 09:00-13:00 Sunday
Willow Pharmacy Langley St Mary's	Unit 2 Willow Parade Meadfield Road Langley Slough Berkshire SL3 8HN	Monday 07:00-22:30 Tuesday 07:00-22:30 Wednesday 07:00-22:30 Thursday 07:00-22:30 Friday 07:00-22:30 Saturday 09:30-20:00 Sunday 10:00-22:00	Monday 07:00-22:30 Tuesday 07:00-22:30 Wednesday 07:00-22:30 Thursday 07:00-22:30 Friday 07:00-22:30 Saturday 09:30-20:00 Sunday 10:00-22:00
Lloyds Pharmacy Upton	78 Uxbridge Road Slough Berkshire SL1 1SW	Monday 07:00-23:00 Tuesday 07:00-23:00 Wednesday 07:00-23:00 Thursday 07:00-23:00 Friday 07:00-23:00 Saturday 07:00-22:00 Sunday 10:00-16:00	Monday 07:00-23:00 Tuesday 07:00-23:00 Wednesday 07:00-23:00 Thursday 07:00-23:00 Friday 07:00-23:00 Saturday 07:00-22:00 Sunday 10:00-16:00

Correct at: 23rd October 2017

Equalities Screening Record Form for Slough Pharmaceutical Needs Assessment

Date of Screening: December 2017	Directorate: Adult Social Care, Health and Housing	Section: Public Health Services for Berkshire
1. Activity to be assessed	<p>The Pharmaceutical Needs Assessment (PNA) is an assessment of access to and need for pharmaceutical services. It is not a policy or service development, but aims to inform such.</p> <p>From the 1st April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to keep an up to date statement of the PNA. The first Slough PNA was published in April 2015 and lasted for three years. The 2018 refresh provides an updated assessment of the pharmaceutical needs of residents and will last until 2021.</p> <p>This Equalities Screening Record Form assesses the process used to develop and publish the latest PNA for Slough, as well as the impact that the conclusions of the PNA may have on people with protected characteristics.</p> <p>The PNA process involves data collection and analysis, including demographic data, data on service provision (including type of service, opening hours, and access) and surveys of the public and pharmacy staff. Following this analysis, a holistic assessment of the pharmaceutical needs of the population is undertaken by the PNA Steering Group and conclusions are stated in the draft PNA report. The draft report is then open for a formal consultation period of 60 days, to ensure that residents, health practitioners, health organisations and other key stakeholders have the opportunity to make comments about the report. After the consultation period, all the comments received are reviewed and the report is amended accordingly. Finally, the PNA report is formally agreed by the Health & Wellbeing Board.</p>	
2. What is the activity?	<input type="checkbox"/> Policy/strategy <input checked="" type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change	
3. Is it a new or existing activity?	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	
4. Officer responsible for the screening	Jo Jefferies	
5. Who are the members of the screening team?	Jo Jefferies and Becky Taylor	
6. What is the purpose of the activity?	<p>A PNA is the statement of the needs of pharmaceutical services of a population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.</p> <p>This PNA describes the pharmaceutical needs of the population of Slough. It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises or applications from current pharmaceutical providers to change their existing regulatory requirements. It will inform interested parties of the pharmaceutical needs in Slough and enable work to plan, develop and deliver pharmaceutical services for the population. It can also inform commissioning of additional services from pharmacies by NHS England, Clinical Commissioning Groups (CCGs) and the local authority.</p>	

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

7. Who is the activity designed to benefit/target?	All residents		
Protected Characteristics	Please tick yes or no	Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	What evidence do you have to support this? E.g. equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data
8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.	Y	There are both positive and negative impacts of the PNA process and for the conclusions in relation to disability.	<p>The PNA process included a public survey and a later consultation period, both of which were administered through an online portal. For residents with physical disabilities this may have impacted positively by increasing access. For residents with sight impairment, the portal used is compatible with software that enables the survey to be read aloud, which may also improve access for some of this group.</p> <p>For residents with Mental Health problems, Learning Disabilities or dementia this online method may have impacted negatively. However, other survey and consultation methods, such as paper-based or face to face group consultation would have had a similar impact.</p> <p>In the public survey, respondents were asked if they had any disabilities and, if so, what type. This information was considered when reviewing the survey feedback for inclusion in the PNA report. Amendments to the draft PNA report were made in response to comments regarding disability and access to pharmacy services.</p> <p>When making conclusions about the need for pharmaceutical services, the demographics of the population including prevalence of mental health problems and dementia was taken into account. However, robust data on the prevalence of other disability characteristics was not available at a local level. Similarly, when making assessment of average travel times, journeys by car and walking were based on recognised measures developed by the Department of Transport. These times may not reflect the experience of someone with one or more disabilities.</p>

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

<p>9. Racial equality</p>	<p>N</p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their race.</p>	<p>No impact as a result of the PNA process.</p> <p>Race refers to a person's physical characteristics, while ethnicity refers to cultural factors, such as nationality, regional culture, ancestry and language. For this equality screening tool, we used information about a person's ethnicity as an indicator of race, as this information was more readily available to make an assessment of equality.</p> <p>Black and minority ethnic (BME) groups generally have worse health than the overall population, with some BME groups having far worse health outcomes than others. Evidence suggests that the poorer socioeconomic position of BME groups is the main factor driving ethnic health inequalities. Language can also be a barrier to delivering effective advice on medicines, health promotion and public health interventions. In addition, some ethnic groups have a higher prevalence of specific long term conditions (for example: people from South Asian and Black communities are 2-4 times more likely to develop Type 2 diabetes than those from Caucasian backgrounds (Diabetes UK 2016, Facts and Stats)).</p> <p>Survey respondents need to be interpreted with caution because the sample size is small. However, it should be noted that the vast majority of respondents (90%) identified as White-British, compared to 34.5% in Slough's population overall.</p> <p>The PNA included information on the ethnicity of residents using data from the Office for National Statistics 2011 Census. This information was taken into account when making the assessment of need.</p> <p>Respondents were asked to state their ethnicity in the public survey. This information was considered when reviewing the survey feedback for inclusion in the PNA report.</p> <p>Six pharmacies in Slough are Healthy Living Pharmacies (HLPs) and 18 others are working towards this accreditation. HLPs aim to enable community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities, including inequalities due to race and ethnicity. The number and location of HLPs were taken into account in the PNA.</p>
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Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

<p>10. Gender equality</p>	<p>N</p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their gender.</p>	<p>Internet use is high for both men and women, so the online survey and consultation methodology is unlikely to have had a discriminatory impact on either male or female gender. An Office for National Statistics report (Internet Users in the UK: 2017), shows that 90% of men have recently used the internet, compared to 88% for women in all age groups.</p> <p>Generally, use of health services is more common for women and this is also the case for pharmacies. The National Pharmacy Association published a report in 2012, which stated that men visit a pharmacy four times a year on average, compared with an average of 18 for women.</p> <p>Gender distribution has been included in the demographic section of the PNA, and this has been taken into account when making conclusions.</p> <p>Six pharmacies in Slough are Healthy Living Pharmacies (HLPs) and 18 others are working towards this accreditation. HLPs aim to enable community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities, including inequalities due to race and ethnicity. The number and location of HLPs were taken into account in the PNA.</p> <p>Transgender people who do not pursue medical treatment may still have significant health needs. According to charity Rethink Mental Illness, LGBT+ individuals are more likely to suffer from mental health issues and substance abuse, which can make them regular visitors to a community pharmacy.</p> <p>Transgender people who undergo gender reassignment will require lifelong treatment, meaning pharmacy staff must have an understanding of their specific health and medication needs, as well as the more general requirements shared by all patients</p> <p>It is difficult to make an assessment of the impact of the PNA on people who identify as a gender other than male or female. Currently, data is only available for male and female at a local level. In the public survey, residents were able to identify as 'male', 'female', 'other' or indicate that they preferred not to say. All survey respondents identified as either male or female.</p>
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Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

<p>11. Sexual orientation equality</p>		<p>N Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their sexual orientation.</p>	<p>Whilst we recognise that this is an important characteristic and can be a source of discrimination, no robust data is available on the distribution of sexual orientation in the local population.</p> <p>Survey respondents were asked to state their sexual orientation in the public survey and consultation. It is important to interpret the responses with caution due to the sample size being small. Less than 5 respondents to the public survey identified as not being heterosexual.</p> <p>According to charity Rethink Mental Illness, LGBT+ individuals are more likely to suffer from mental health issues and substance abuse, which can make them regular visitors to a community pharmacy.</p> <p>Although data is not robust, it is important that community pharmacy services do not impact adversely on individuals because of sexual orientation. No survey responses or consultation comments specifically mentioned sexual orientation.</p>
<p>12. Gender re-assignment</p>		<p>N Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their gender re-assignment.</p>	<p>Whilst we recognise that this is an important characteristic and can be a source of discrimination, no robust data is available on gender re-assignment in the local population.</p> <p>Although survey respondents were not asked to state whether they were undergoing or had undergone gender reassignment in the public survey and consultation, no survey responses or consultation comments specifically mentioned this.</p> <p>People seeking gender reassignment may choose to undergo medical treatment, such as prescribed hormones in order to live as their chosen gender. Surgery may also be used as a way of expressing gender identity.</p> <p>It is difficult to make an assessment of the impact of the PNA on people who are undergoing or have undergone gender reassignment, however this group may have complex needs and pharmacy staff should be trained appropriately help them provide, sensitive high quality services to all residents, including those undergoing or have undergone gender reassignment.</p>

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

<p>13. Age equality</p>	<p>Y</p>	<p>There are both positive and negative impacts of the PNA process and for the conclusions in relation to age.</p>	<p>The online method of the public survey may have impacted on age groups differently. An Office for National Statistics report (Internet Users in the UK: 2017) indicates that almost all adults aged 16 to 34 had accessed the internet recently. Therefore, the online nature of the survey and consultation is unlikely to have had a negative impact on younger adults, including parents of young children.</p> <p>The usage of the internet for older age groups is increasing. Recent internet use in the 65 to 74 age group was estimated to be 78% in 2017, but usage in adults aged 75 and over was lower at 41%. The online method of the survey may therefore have discriminated against some older people who did not have access to the internet. However, the online method of the survey may have impacted positively on those older people who lack access to transport for example. 41% of respondents to the online public survey in Berkshire were aged 65 and over, compared to 10% in Slough's population overall.</p> <p>The PNA included information on the age of residents using data from the ONS mid-year population estimates. This information was taken into account when assessing the availability of pharmacy services, with particular attention being given to wards within Slough that had higher proportions of young children or older adults. The need for pharmacy services can differ across age groups, with young children and older adults likely to have higher levels of need than the rest of the population. The provision of delivery services across the local area was also included in the assessment, as many pharmacies provide these to people who are house-bound, elderly or infirm.</p> <p>Similarly, when making assessment of average travel times, journeys by car and walking were based on recognised measures. These times may not reflect the experience of all older people. However, Age UK's (2015) report on The Future of Transport in Ageing Society indicated that 68% of people aged 70 and over had access to a car. This was the main mode of transport used to access pharmacies in Slough, according to the responses received through the public survey.</p>
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Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

<p>14. Religion and belief equality</p>	<p>N</p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their religion or beliefs.</p>	<p>Survey respondents were asked to state their religion in the public survey. It is important to interpret the responses with caution due to the sample size being small. No survey responses or consultation comments specifically mentioned religion or belief.</p> <p>The General Pharmaceutical Council published new guidance in 2017 titled 'In Practice: Guidance on religion, personal values and beliefs', which help pharmaceutical professionals when their beliefs might impact on their willingness to provide certain services.</p>
<p>15. Pregnancy and maternity equality</p>	<p>N</p>	<p>Neither the process nor conclusions of the PNA are likely to have an impact on an individual because they are pregnant or a mother</p>	<p>National initiatives ensure services are responsive to meet the needs of pregnant women and mothers (and fathers). An example of this is the flu vaccine for pregnant women, which is included in the pharmacy contract.</p> <p>Although survey respondents were not asked to state whether they were pregnant or already had children in the public survey and consultation, no survey responses or consultation comments specifically mentioned pregnancy.</p> <p>The need for pharmacy services can differ across age groups, with young children and older adults likely to have higher levels of need than the rest of the population. When using the sum of information to make a holistic assessment of the pharmaceutical needs of Slough, the age and gender distribution of wards was taken into account including consideration of wards with a higher prevalence of women of child-bearing age.</p>
<p>16. Marriage and civil partnership equality</p>	<p>N</p>	<p>No</p>	<p>Survey respondents were asked to state their marital status in the public survey and consultation. It is important to interpret the responses with caution due to the sample size being small. No survey responses or consultation comments specifically mentioned marital status.</p>
<p>17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.</p>	<p><i>Migrants and people who do not speak or understand English</i></p> <p>The public survey, consultation and report were all published and promoted in the English language. Migrants and others who may not have English as a first language may have been negatively impacted by this.</p> <p><i>Deprivation</i></p> <p>Deprivation may also mean less access to the internet and could therefore mean that residents in more deprived areas were negatively impacted by the online methodology of the PNA survey and consultation. Recent national or local data on internet access and socio-economic status is not available, however data from the 2014 Scottish</p>		

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

	<p>Household Survey showed that 31% of households in the 20% most deprived areas did not have access to the internet, compared to only 16% in the rest of Scotland. Areas of deprivation were considered when making the assessment and conclusions for the PNA, with special consideration given to areas where pharmacy access was less available.</p> <p>Carers Survey respondents were not asked to state whether they were carers in public survey or consultation and robust data on the number and distribution of carers within Slough was not included in the PNA. It is recognised that those caring for others may have higher levels of need for Pharmaceutical Services than some other population groups and therefore may be negatively impacted by the PNA conclusions if their needs have not been appropriately considered. Future PNAs should attempt to elicit and use this information.</p> <p>Locally Commissioned Services and Healthy Living Pharmacy services are outside the scope of the formal PNA conclusions; however these both have potential to have a positive impact on residents who have any of the protected characteristics. This is clearly stated on pg. 54 of the final report. Public Health campaigns form an element of essential pharmaceutical services. The conclusions of the PNA state that campaigns have the potential to positively impact on groups with the protected characteristics if targeted appropriately.</p>	
<p>18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?</p>	<p>The potential for some negative impacts of the PNA process and the conclusions have been identified. However due to lack of robust estimates of numbers and distribution of gender re-assignment, sexual orientation and gender other than male or female, the impact of these cannot be quantified.</p>	
<p>19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?</p>	<p>Disability – 1,8426 adults in Slough were recorded as having serious mental health problems in 2016 and 564 were recorded as having dementia (Public Health England 2017). Any impact of the PNA process or conclusions due to mental health problems and dementia could therefore impact on this number of people. Robust data on the prevalence of other disability characteristics was not available at a local level meaning numbers of people likely to be affected cannot be calculated.</p> <p>Age - Any impact of the PNA process or conclusions on people based on older age (those aged 65 and over) could affect around 14,231 people in Slough. Although some aspects of the PNA could impact negatively on some members of this group, impacts would not solely be due to age but rather due to other confounding factors that are more common among older people such as lack of mobility, reduced access to transport, higher prevalence of health conditions and lower levels of internet access.</p>	
<p>20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?</p>	<p>N</p>	<p>We do not believe the impacts identified would constitute unlawful discrimination.</p>
<p>21. What further information or data is required to better understand the impact? Where and how can that information be obtained?</p>	<p>More robust estimates on the number and distribution of residents undergoing or having completed gender reassignment and on sexual orientation together with more evidence on any specific needs that these residents may have in relation to pharmaceutical service would help to improve the impact of the PNA on these groups.</p> <p>Inclusion of ward level information on prevalence of new births would potentially improve understanding of the impact of the PNA conclusions on this group. Unfortunately 2016 data on new births was not available to the PNA authors at</p>	

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

	the time of writing and therefore was not considered in the holistic assessment. In future years it is expected that this data will be available and should therefore be considered when assessing the impact of the PNA on the basis of pregnancy and maternity.		
<p>22. On the basis of sections 7 – 17 above is a full impact assessment required?</p> <p><i>Please explain your decision. If you are not proceeding to a full equality impact assessment make sure you have the evidence to justify this decision should you be challenged.</i></p>		N	The PNA is an assessment of need and not a service. The conclusions within the PNA are made to inform NHS England and other public sector commissioners of pharmacy services. Any commissioning of pharmacy services should consider the impact of changes to service provision or access to services on the protected groups and adhere to the Equality Act 2010.
<p>23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data?</p>			
Action	Timescale	Person Responsible	Milestone/Success Criteria
PNA Public Survey included questions on age, gender, race/ethnicity, religion, sexual orientation and disability.	22/06/2017 – 15/09/2017	PNA Steering Group	
The PNA includes information on protected characteristics where available. Some of this information is shown as a ward level, such as age, gender and ethnicity. Aggregated data is shown at a local authority level for ethnicity, religion and belief and mental health prevalence. This information was considered by the PNA Steering group when making an assessment of the need for and access to Pharmaceutical Services in Slough.	By 31/03/2018	PNA Steering Group	
<p>24. Which service, business or work plan will these actions be included in?</p>	Public Health Services for Berkshire		
<p>25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?</p>	Section C of the final Slough Pharmaceutical Needs Assessment (2018-2021) will be enhanced to ensure that the different prevalence and mortality rates for people with protected characteristics are clearly stated.		
<p>26. Chief Officers signature.</p>	Signature: Jo Jefferies		Date: Jan 2018

Please note: Section C of Slough's Pharmaceutical Needs Assessment (2018-2021) includes detailed information about the demographics of the local area and refers to groups with protected characteristics.

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Consultation Report for Slough Pharmaceutical Needs Assessment (2018 to 2021)

Introduction

This report outlines the formal consultation that took place, as part of the development of Slough's Pharmaceutical Needs Assessment (PNA) for 2018-2021. This process meets the statutory requirements set out in [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), which state that Health and Wellbeing Boards must formally consult specific organisations and local stakeholders about any draft PNAs for a minimum of 60 days.

This report:

- details how the consultation of Slough's draft PNA was undertaken
- summarises the responses received
- Identifies actions taken to amend the final PNA, as a result of the consultation responses.

Consultation Process

Slough's draft PNA report and supporting appendices were made publically available on Slough Borough Council's website from 1st November 2017 to 31st December 2017. Details about how to request paper copies of the report were also included on the website page. People were encouraged to take part in the consultation by responding to a short online survey, which was hosted by Bracknell Forest Council's Objective software. In addition, respondents could also contact Public Health Services for Berkshire (Berkshire Shared Public Health Team) directly by email or phone to make any comments.

The online survey included 11 questions with the opportunity to provide further comments and suggestions. The full survey can be seen in Appendix F.

In line with the [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), the following local organisations and key stakeholders were also specifically invited to respond to the consultation for Slough Borough:

- Neighbouring local authorities – Buckinghamshire County Council, London Borough of Hillingdon, Oxfordshire County Council, Royal Borough of Windsor and Maidenhead Council
- Three Berkshire East Clinical Commissioning Groups (CCG) – Windsor, Ascot and Maidenhead CCG; Slough CCG and Bracknell and Ascot CCG
- The Local Pharmaceutical Committee (LPC) – Pharmacy Thames Valley
- The Local Medical Committee (LMC) – Berkshire, Buckinghamshire & Oxfordshire LMC
- Local pharmacy contractors and dispensing doctors
- Healthwatch Slough
- Local NHS Trusts – Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust

Appendix E: PNA Consultation Process and Feedback Report

Responses to the consultation were collated and analysed by Public Health Services for Berkshire, on behalf of the Health and Wellbeing Board. All responses were considered, reviewed and the PNA was amended as appropriate. A summary of the consultation responses, specific comments and actions taken are included below.

Results

A total of 6 responses were received as part of the formal consultation for Slough's PNA. 5 of these were via the online survey and an additional one was by email. There was one response from a member of the public and one from a member of Healthwatch. Organisation responses were also received from NHS England, the Local Pharmaceutical Committee and Berkshire East Clinical Commissioning Group. It is important to note that the consultation for Slough's PNA was undertaken at the same time as the other 5 PNAs across Berkshire, so some of the responses received from organisations referred to the provision of pharmaceutical services across more than one HBW area.

Online response summary

This section provides a summary of the responses received through the online survey. Participants in the survey were not required to complete every question, so these do not always equal the total number of respondents. The survey also provided the opportunity to write specific comments. These have been considered later on in the report, as the comments often referred to several questions or provided general feedback about the PNA report or pharmaceutical service provision within Slough (see Table of Specific Comments on page 4).

Question	Responses		
	Yes	No	Not sure
Did you take part in the August 2017 survey?	1	4	0

1 of the respondents to the formal consultation had taken part in the earlier public survey, which was used to gain patient feedback to inform the development of the PNA.

Question	Responses		
	Yes	No	Not sure
1 Is the purpose of the PNA explained sufficiently within the draft PNA document (Section A)?	5	0	0
2 Does the document clearly set out the scope of the PNA (Section B)?	5	0	0
3 Does the document clearly set out the local context and the implications for the PNA (Section C)?	5	0	0
4 Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority (Section D)?	4	0	0
5 Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?	1	3	1

Appendix E: PNA Consultation Process and Feedback Report

All respondents stated that they thought the purpose of the PNA was explained sufficiently in the draft report and that the scope, local context and implications for the PNA were clearly set out.

Question		Responses		
		Yes	No	Not sure
6	Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?	4	0	1
7	Please indicate below if you agree with the conclusions for the services described (Section G):			
	Current necessary provision of pharmaceutical services	4	1	0
	Current gaps in pharmaceutical services	3	1	1
	Future gaps in pharmaceutical services	1	2	2
	Current additional provision of pharmaceutical services	3	1	1
	Opportunities for improvements and/ or better access to pharmaceutical services	2	1	2
	Impact of other services which affect the need for pharmaceutical service	2	1	2
8	Is there any additional information which you think should be included in the PNA?	2	2	0

The majority of respondents (4 out of 5) thought that the pharmaceutical needs of the population had been accurately reflected throughout the PNA. Between 2 and 4 respondents stated that they agreed with the conclusions for the different services described in Section G of the PNA Report. The remaining respondents did not agree with all the conclusions and comments were provided for these reasons, such as the potential impact of changes to other NHS services on local pharmacy provision, pressure of future housing developments and queries around specific pharmacy services. These have all been addressed in the overall comments at the end of this report.

The LPC stated that they thought additional information should be included in the PNA around the types of services that the Health & Wellbeing Board would like to see commissioned from local pharmacies. These comments have also been addressed in the overall comments at the end of the report and incorporated into the final PNA.

Question		Responses		
		Yes	No	Not sure
9	Has the PNA provided adequate information to inform:			
	Market Entry Decisions (NHS England only)	0	1	(1)
	How you may commission services from pharmacies in the future (All commissioners)	1	(1)	(1)
10	Does the PNA give enough information to help your own future service provision and plans? (Pharmacies and dispensing appliance contractors only)	0	1	0

Appendix E: PNA Consultation Process and Feedback Report

Questions 9 and 10 in the online survey focussed on whether the PNA had provided adequate information to inform the commissioning of services from pharmacies, as well as if it gives pharmacies enough information to help them plan their future service provision. These questions were only relevant to certain organisations; however numbers in brackets in the table above show where questions were answered by other respondents.

NHS England stated that the draft PNAs across the 6 Berkshire HWB areas did not all provide adequate information to inform market entry decisions or how pharmacies may be commissioned in the future, however no specific concerns were received for Slough Borough in response to Question 9.

Some amendments were suggested and those relevant to Slough's PNA have been addressed in the overall comments at the end of the report and incorporated into the final PNA, where appropriate.

Specific comments received

A total of 11 free text comments were completed from the 5 online respondents for Slough Borough's PNA. These have been summarised and grouped below, with the response and actions taken. For clarity, some comments have been separated where there were multiple topics addressed within each comment.

Summary of Comments	Relevant survey questions	Response and actions taken
A comment from the CCGs highlighted a locally commissioned pharmaceutical service not included in the PNA.	Q5	We were grateful to be informed of this additional service not included in the draft PNA. The palliative care emergency drugs service was added to information concerning locally commissioned services.
The document is too long and not easily accessible to the public	Q6, Q10	A summary of key findings is available at the start of the document.
Healthwatch highlighted the support pharmacists used to provide to care homes in medication management and how this service could be funded in the future.	Q7	This service is not in scope for the PNA and has therefore not been included in the report. However, this service could be funded by other commissioners locally if it was agreed as a local priority.
The LPC commented that the needs of future housing developments are at present likely to be accommodated by current provision in this area.	Q7	We were grateful to receive a comment in support of the PNA's conclusions.

Appendix E: PNA Consultation Process and Feedback Report

Summary of Comments	Relevant survey questions	Response and actions taken
The CCGs highlighted a number of developing NHS consultations and their potential impact on pharmaceutical services.	Q7	We were grateful to receive information about potential developments that may affect pharmaceutical services. However, these changes are continuing to develop in the lifetime of this PNA and their impact cannot be assessed at this time.
Suggested revision to describe the Flu service commissioning more clearly.	Q8	Final PNA was revised to clarify that the Flu service is commissioned annually.
A comment highlighting the extension of the pilot NUMSAS service.	Q8	Grateful to receive feedback about currently provided services. The final PNA was amended to include this extension.
A respondent noted that data for a neighbouring authority had been included in the Slough PNA.	Q8	This error was recognised soon after the draft PNA went out for public consultation and was amended in early November. This was therefore correct for the majority of the consultation period and will be reflected in the final PNA. Apologies for any confusion this caused.
The CCGs suggested a number of areas for improvement and more integrated working with pharmacies, primary care and Public Health. These included services for patients with Long Term Conditions, blood pressure/ physical health testing and a more co-ordinated approach to Flu vaccination.	Q8, Q10	These suggestions were all gratefully received and have been included into the PNA as possible areas for local development.
The LPC commented that they would benefit from an indication of what services the Health & Wellbeing Board would like to commission from pharmacies to guide future developments.	Q8, Q10	Suggestions identified by the CCGs (above) have been incorporated into the PNA for possible local development.

Appendix E: PNA Consultation Process and Feedback Report

Responses received by other methods

An additional response was received by email from a healthcare professional who did not disclose their role in the local pharmaceutical services.

Summary of Comments	Response and actions taken
Query concerning the conclusion suggesting potential improvement to access on Sundays for residents of Chalvey Ward	We were grateful to receive scrutiny of the PNA. The final PNA was reviewed and the conclusion clarified to state that access could be improved on Sunday in the Chalvey ward.

Following the Equality Impact Assessment Screening, the PNA Steering Group also decided to add some additional information into Section C of the final PNA, which highlighted the different health outcomes observed by certain groups of people. While this had been included in the draft report, it was felt that the different prevalence and mortality rates for people of different protected characteristics needed to be more explicit in the final report. The full Equality Impact Assessment Screening report is attached at Appendix D.

Conclusion

The consultation process was effective in receiving scrutiny for the PNA from the healthcare workforce. We were disappointed to not receive feedback from members of the public, but are confident that the stakeholders who replied represented concerns of local residents. All comments were gratefully received and were used to improve the accuracy and quality of the PNA.

Appendix F: Berkshire PNA Formal Consultation Survey 2017

The PNA Formal Consultation Survey was available online. This provides a summary of the questions included in the survey.

In what capacity are you responding to this consultation?

- Member of the public
- Member of a Health & Wellbeing Board.....
- Member of the health care workforce.....
- Other.....

If you have said “Other”, please state your capacity

If you selected “Member of the healthcare workforce” please clarify from the list below

- Member of a community Pharmacy team.....
- NHS England.....
- Local Pharmaceutical Committee.....
- Local Medical Committee
- Local Optical Committee
- Local Dental Committee.....
- Health & Wellbeing Board.....
- CCG.....
- GP or other member of a General Practice team
- Other healthcare professional (please state).....

Which local authority area do you live in?

(If you are responding as a healthcare professional or organisation, please select the local authorities you are responding about)

- Bracknell Forest Council.....
- Reading Borough Council.....
- Slough Borough Council
- Royal Borough of Windsor and Maidenhead.....
- West Berkshire Council.....
- Wokingham Borough Council.....

Did you take part in the August 2017 PNA survey?

- Yes
- No

1. Is the purpose of the PNA explained sufficiently within the draft PNA document (Section A)?

- Yes
- No
- Not Sure

If you answered “No” or “Not sure” please explain why

2. Does the document clearly set out the scope of the PNA (Section B)?

- Yes
- No
- Not Sure

If you answered “No” or “Not sure” please explain why

3. Does the document clearly set out the local context and the implications for the PNA (Section C)?

- Yes
- No
- Not Sure

If you answered “No” or “Not sure” please explain why

Appendix F: Berkshire PNA Formal Consultation Survey 2017

4. Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority (Section D)?

- Yes
- No
- Not Sure

If you answered "No" or "Not sure" please explain why

5. Are you aware of any pharmaceutical service currently provided which have not been included within the PNA?

- Yes
- No
- Not Sure

If you answered "Yes" or "Not sure" please explain why

6. Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?

- Yes
- No
- Not Sure

If you answered "No" or "Not sure" please explain why

7. Please indicate below if you agree with the conclusions for the services described (Section G)

	Yes	No	Not sure
Current necessary provision of pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current gaps in pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future gaps in pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current additional provision of pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for improvements and/or better access to pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of other services which affect the need for pharmaceutical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "No" or "Not sure" to one or more of the above questions, please explain why

8. Is there any additional information which you think should be included in the PNA?

- Yes
- No
- Not Sure

If you answered "Yes" or "Not sure" please explain why

Appendix F: Berkshire PNA Formal Consultation Survey 2017

For professional stakeholders only (Q9)

9. Has the PNA provided adequate information to inform:

	Yes	No	Not sure
Market entry decisions <i>(NHS England only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you may commission services from pharmacies in the future <i>(All commissioners)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "No" or "Not sure" please explain why

If you have any further comments, please enter them in the box below

For pharmacies and dispensing appliance contractors only (Q10)

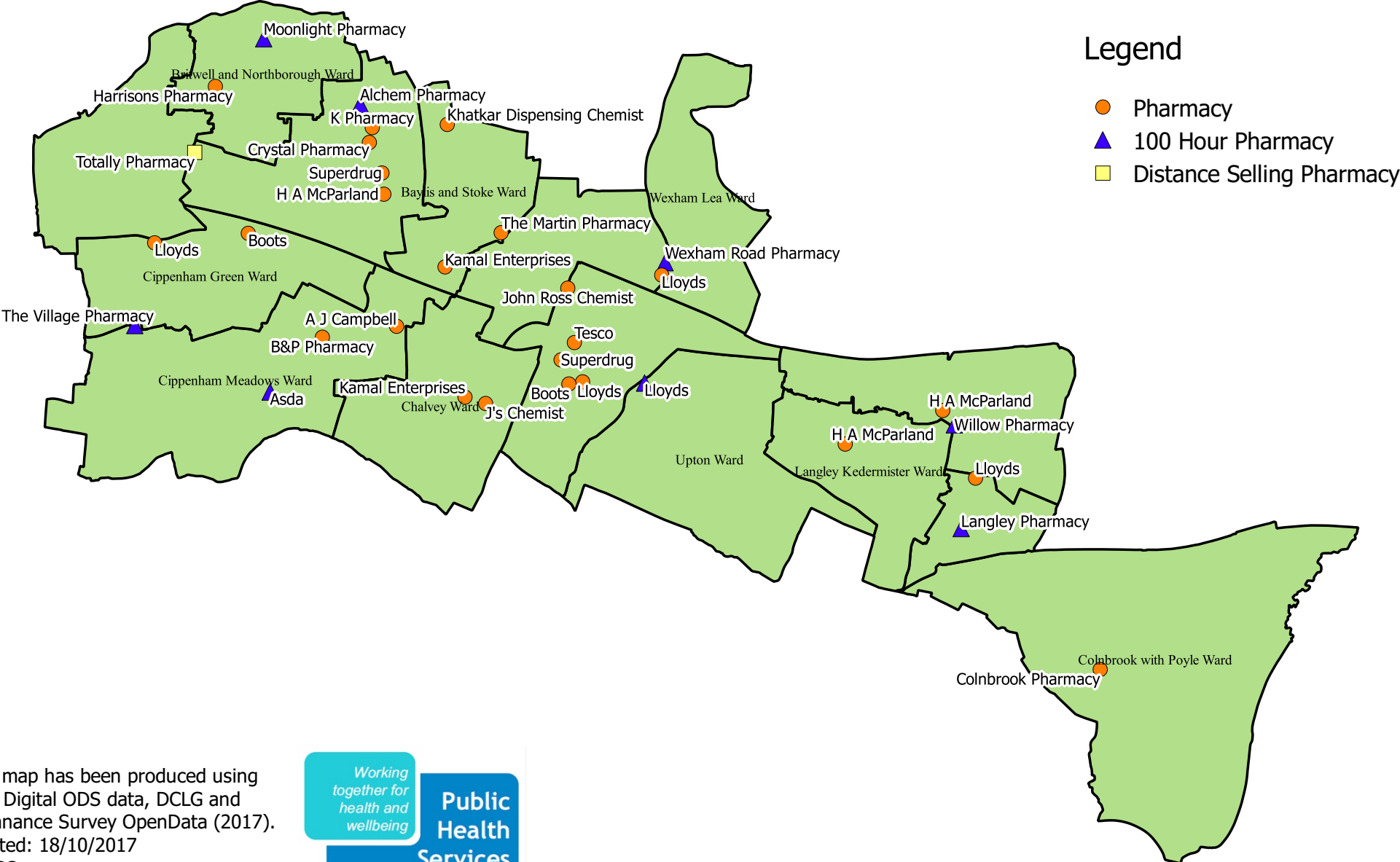
10. Does the PNA give enough information to help your own future service provision and plans?

- Yes
- No
- Not Sure

If you answered "No" or "Not sure" please explain why

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Map 1: Pharmaceutical Services in Slough - (Oct 2017)



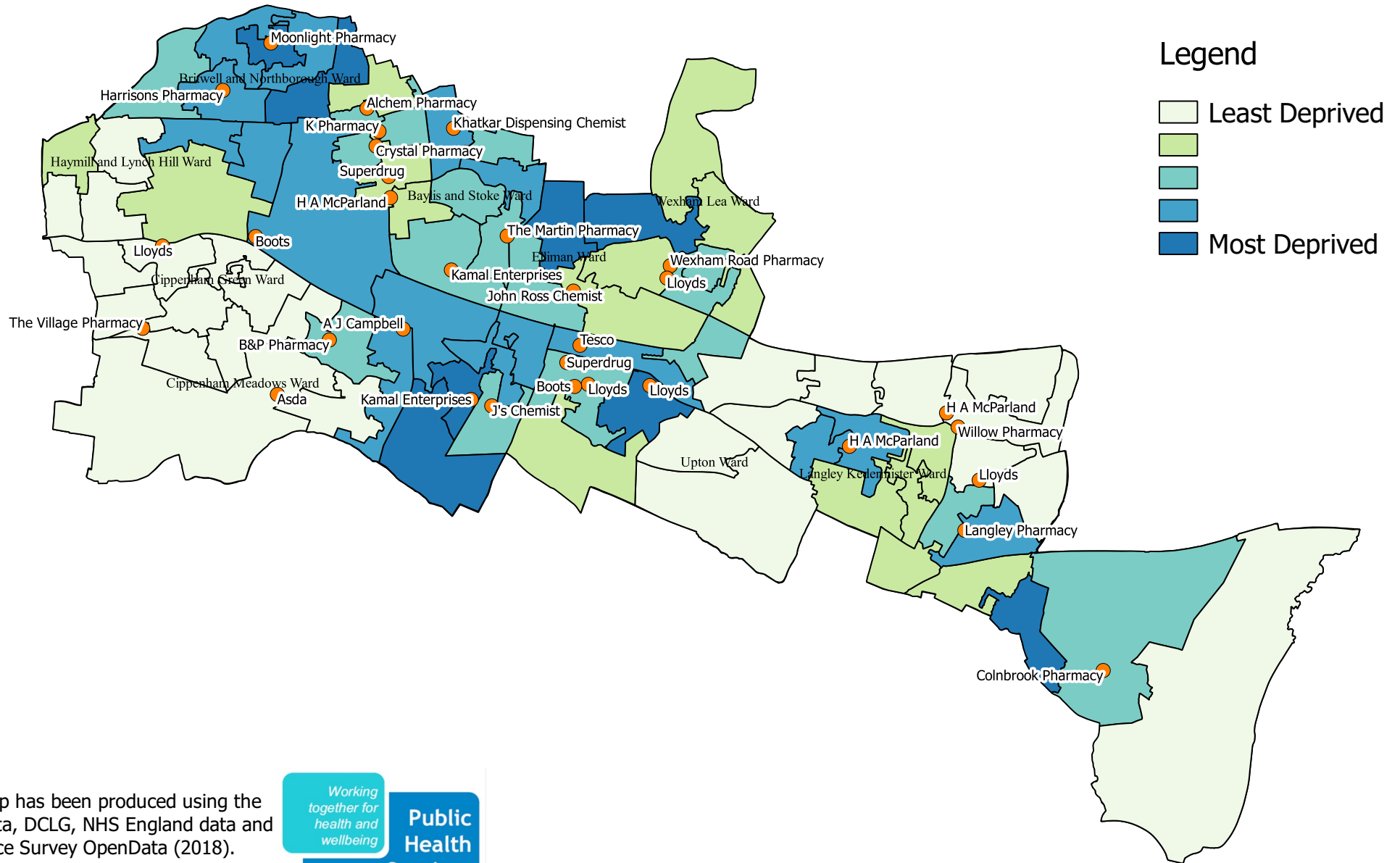
Page 113

This map has been produced using NHS Digital ODS data, DCLG and Ordnance Survey OpenData (2017).
 Created: 18/10/2017
 By: SC



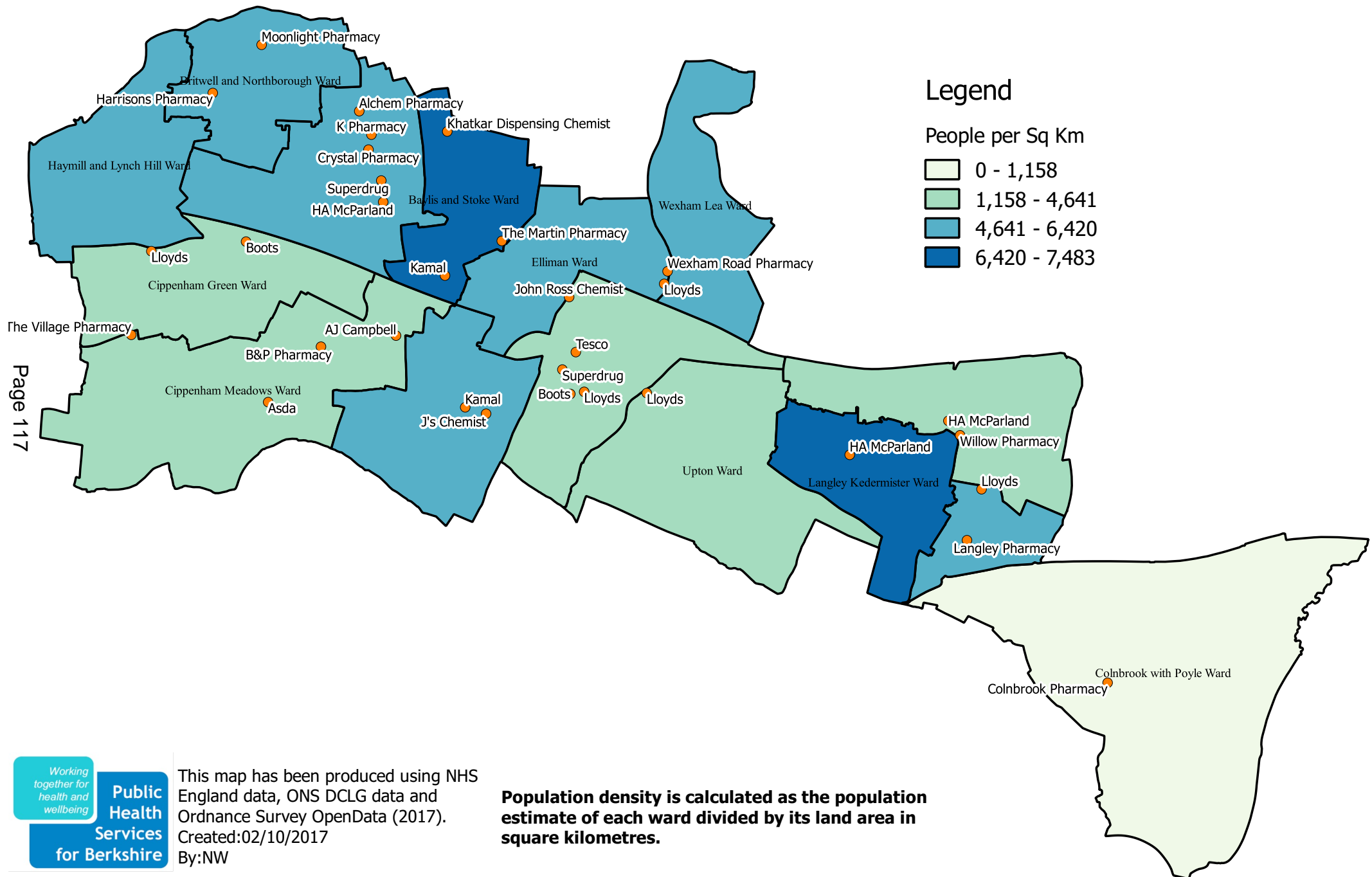
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Map 2: Slough Borough pharmacies and Index of Multiple Deprivation 2015 by Lower Super Output Area (2015)



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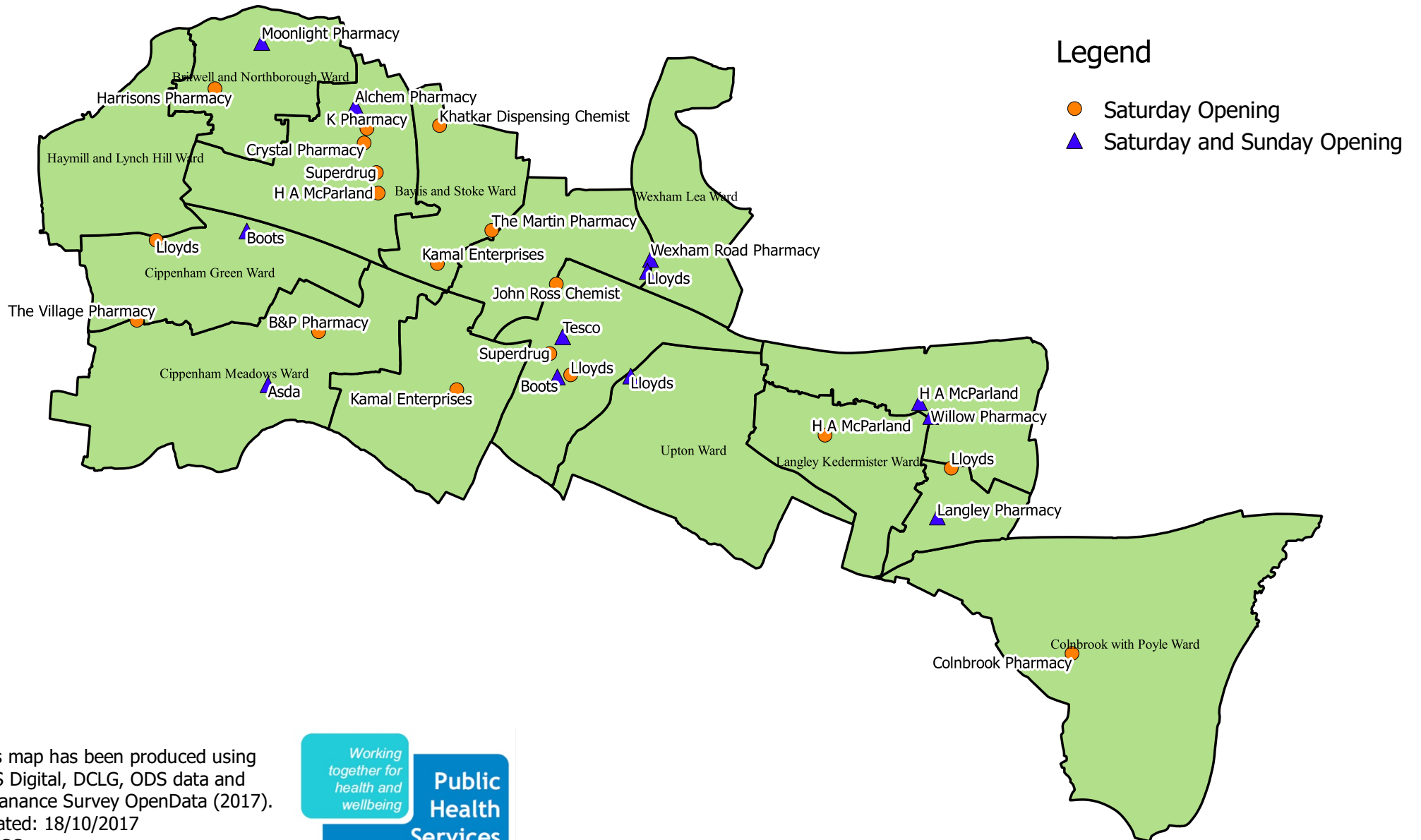
Map 3: Slough pharmacies and population density at a ward level (2017)



Population density is calculated as the population estimate of each ward divided by its land area in square kilometres.

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Map 4: Slough Pharmacies and weekend opening - (Oct 2017)

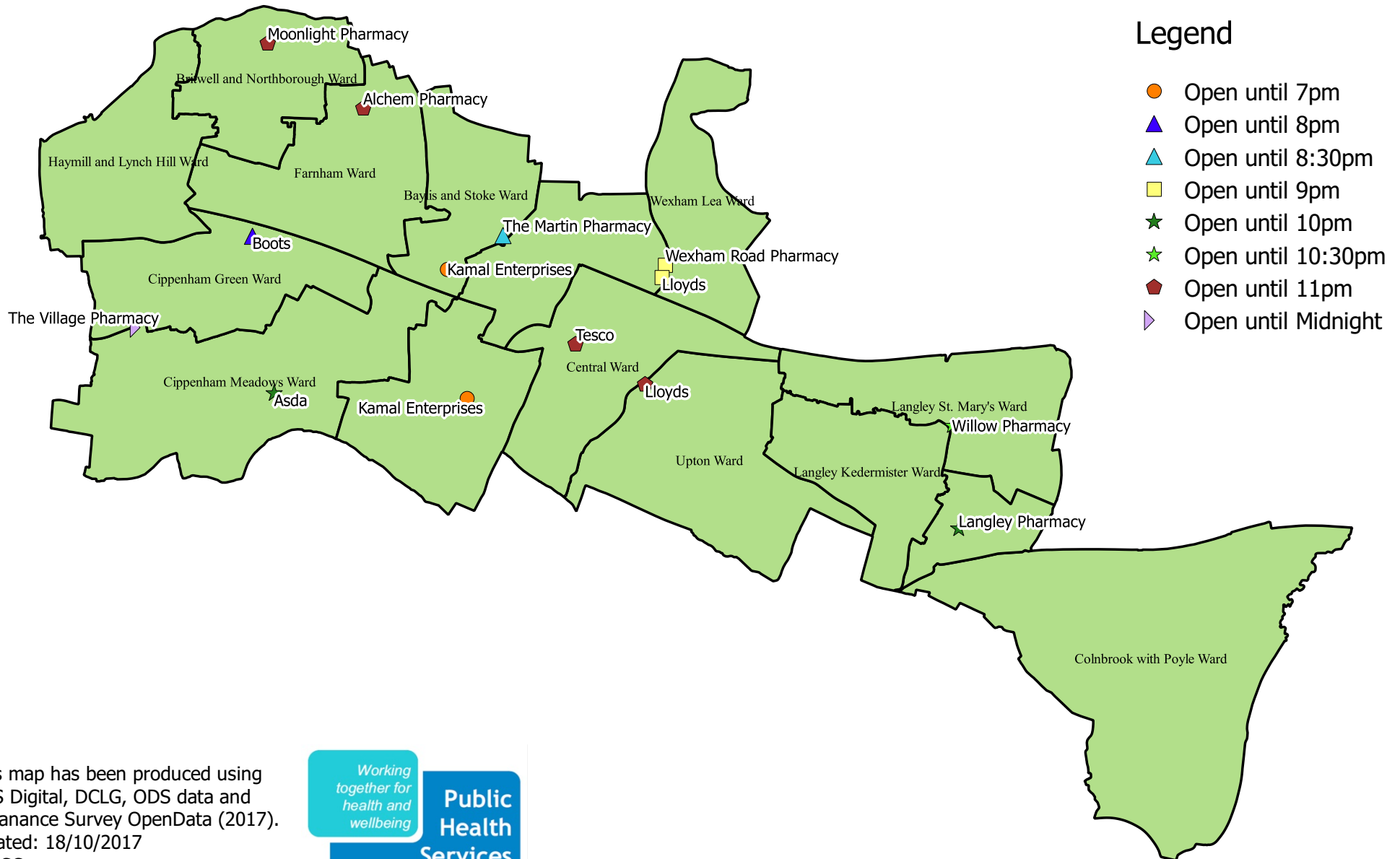


This map has been produced using NHS Digital, DCLG, ODS data and Ordnance Survey OpenData (2017).
 Created: 18/10/2017
 By: SC



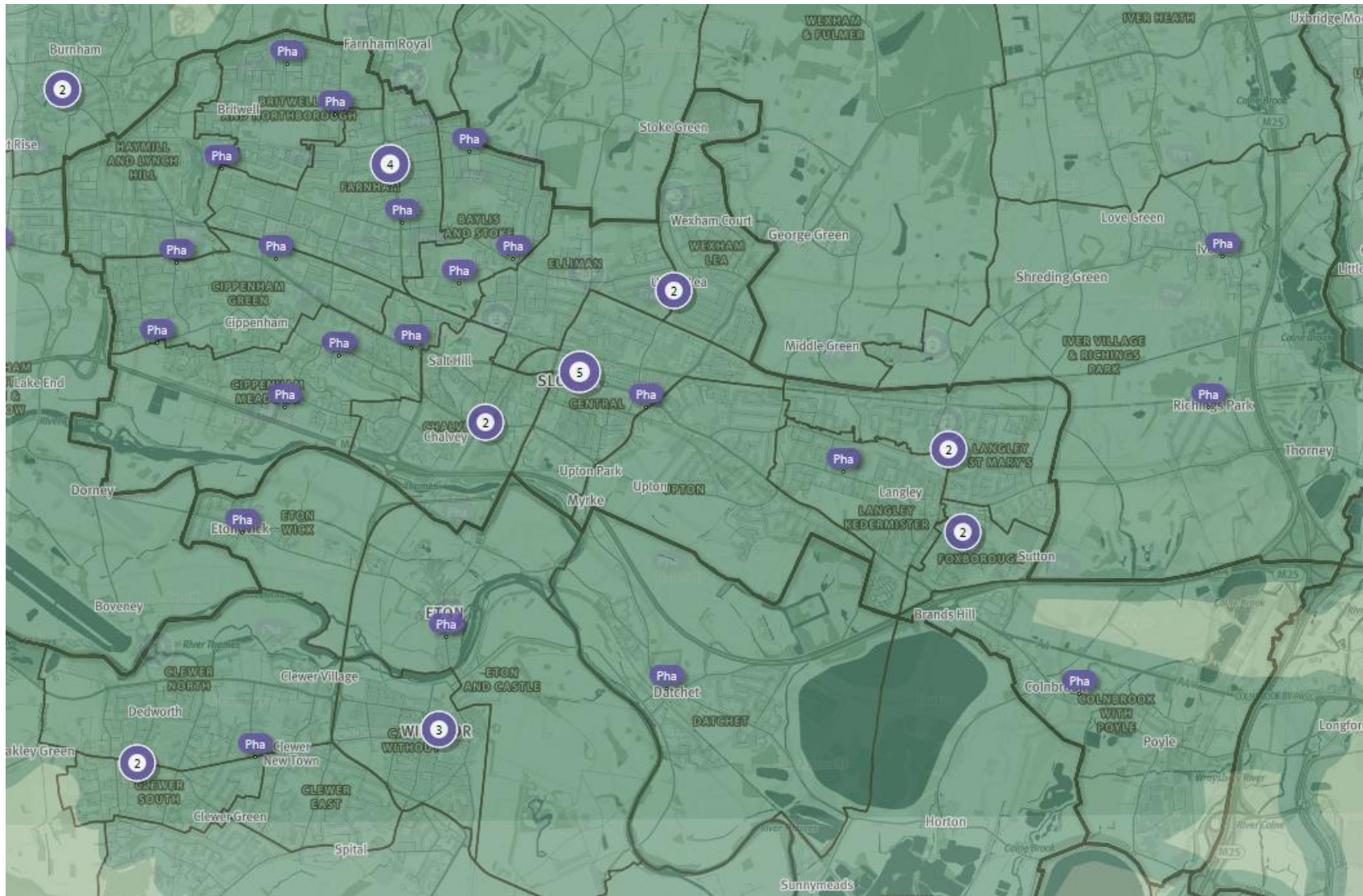
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Map 5: Slough pharmacies with evening openings - (Oct 2017)



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Map 6: Residents of Slough who can access a pharmacy within a 5 and 10 minute drive



Legend:

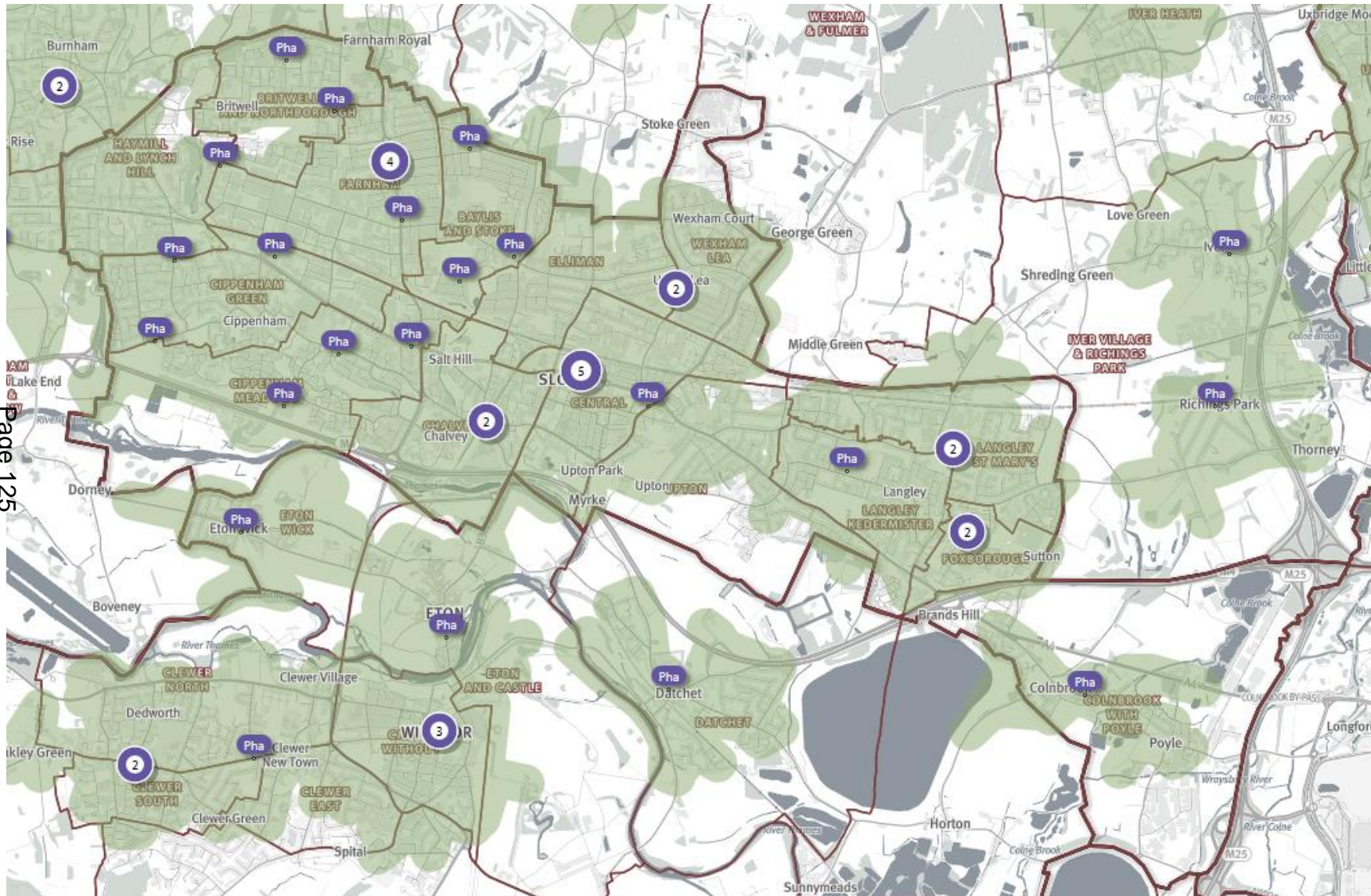
- 5 minutes
- 10 minutes

Drive times are calculated based on non-rush hour traffic and the assumption that pharmacies are open. Please see Appendix C for pharmacy opening times.

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 16/10/17

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Map 7: Residents of Slough who can access a pharmacy within a 15 minute walk



Legend:
 15 minutes

Walking times are calculated based on the assumption that pharmacies are open. Please see Appendix C for pharmacy opening times.

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
 Created: 16/10/17

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 28th March 2018
CONTACT OFFICER: Alan Sinclair, Director for Adults and Communities
(For all Enquiries) (01753) 875752
WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

FRIMLEY HEALTH AND CARE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

1. **Purpose of Report**

This report and the presentation by the senior responsible officer of the Frimley Health and Care STP, Sir Andrew Morris, will provide 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 Berkshire 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, with a new workforce strategy being developed</i>
Equalities issues <i>Health inequalities</i>	<i>The specific health issues of the Slough population will not be met by the STP priorities</i>	<i>STP has focussed on the main health issues across the footprint and this includes Sloughs priority health issues.</i>

<p>Communications The ambitions of the STP are not well understood by all parts of the system</p>	<p><i>Different parts of the system, workforce, residents, providers and communities have differing understanding and knowledge of the changes</i></p>	<p><i>Regular comms and workshops, briefings across the system. A unified approach of strategic direction will enable clearer communication to staff and residents. The Health and Wellbeing alliance board has a priority of communications and engagement.</i></p>
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- (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) A reminder of the key areas of focus of the Frimley Health and Care STP; and
- b) An opportunity to hear directly from the senior responsible officer of the STP on progress being made and 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.

6.2 Seven STP work streams have been established to deliver the priorities over the coming two years. These are at various stages of development and delivery. This will be covered in the presentation.

- (1) Prevention & Self Care
- (2) Integrated Care Decision Making
- (3) GP Transformation
- (4) Support Workforce
- (5) Care & Support Market
- (6) Reducing Variation
- (7) Shared Care Record: Connected Care

6.3 There are also five cross cutting work programmes and four enablers:

Cross Cutting Programmes:

- Urgent and Emergency Care
- Mental Health and Learning Disabilities
- Maternity
- Children and Young People
- Cancer

Enablers:

- Workforce
- Analytics
- Estates
- Digital and Technology

6.4 The now established Health and Wellbeing Board Alliance Board has been focussing on improving engagement and communications about the work of the STP across the system.

6.5 Work is well underway to develop a financial system control for the Frimley STP. Initially this will be a system control total for the NHS partners. Work is also underway to agree a system wide memorandum of understanding between the statutory partners.

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 as it moves to become an Integrated Care System (ICS). The Slough Wellbeing Board is asked to note and comment on the STP.

9. Appendices Attached

None

10. Background Papers

None

SLOUGH BOROUGH COUNCIL**REPORT TO:** Slough Wellbeing Board **DATE:** 28th March 2018**CONTACT OFFICER:** Colin Moone, Service Lead Strategic Housing
(For all Enquiries) (01753) 874057**WARD(S):** All**PART I****FOR COMMENT & CONSIDERATION****THEMED DISCUSSION: HOMELESSNESS – THE CURRENT STATE OF PLAY****1. Purpose of Report**

1.1 This report provides the Slough Wellbeing Board with a summary of the current homelessness situation in the borough. Homelessness can be wide-ranging so this report concentrates on homelessness that is the responsibility of the Strategic Housing Service.

1.2 At the meeting, Emma Seria-Walker, Consultant in Health and Wellbeing, PHE South East Centre, will facilitate a workshop on this item, to explore some of the issues around homelessness and rough sleeping with a specific focus on health and wellbeing and the wider determinants of health.

2. Recommendation(s)/Proposed Action

The Slough Wellbeing Board is recommended to note this report and comment on any aspect of it and the presentation.

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

The priorities of the Slough Joint Wellbeing Strategy (SJWS) have been taken account of in the production of the Housing Strategy and homelessness forms a key part of the Strategy. Housing is a key determinant of health and wellbeing and it is a priority in the Wellbeing Strategy. Being homeless can exacerbate a household's housing situation and therefore their health will be affected as a result.

3b. The JSNA

The Housing Strategy Key objectives identifies homelessness as a key plank. A new Homelessness Strategy is about to be written but the Housing Strategy identifies that:

- specialist accommodation is available for adults and children (if needs cannot be met within ordinary housing solutions)
- homelessness and rough sleeping is reduced

3b. Five Year Plan Outcomes

The key driver for the Housing Strategy is to deliver Outcome 4 of the 2017 Five Year Plan "Our residents will have access to good quality homes" (this will follow through

into 2018/19). As homelessness is one of the main routes to accessing accommodation in the borough, this area is really relevant to the outcomes of the Five Year Plan. It also helps to deliver and makes significant contributions to each of the other outcomes:

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

4. **Other Implications**

(a) **Financial** – Whilst there are no direct financial implications arising from this report, it should be acknowledged that the more households being accommodated in expensive temporary accommodation will have a detrimental impact on the Council's General Fund position.

(b) **Risk Management** – Increasing homelessness increases the financial risks to the Council.

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

(d) **Equalities Impact Assessment (EIA)** - There are no equality issues arising from this report.

5. **Summary**

Part 7 of the 1996 Housing Act, is the legislation that determines how the Council governs homelessness in the borough. There are five tests, which households must satisfy. Whether a household: -

- Is eligible for housing
- Is homeless
- Has a priority need
- Has made themselves intentionally homeless
- Has a local connection

Each of these tests has a high threshold to qualify and have a large body of case law, which has built up since the inception of the original Act in 1977. Needless-to-say, for this report, it will not be possible to delve into the depths of these.

6. **Supporting information**

Homelessness Provision

6.1 When a household (a single person, a couple or family) comes to the Council and states that they are homeless, the Housing Demand Team, within Strategic Housing Services, will carry out an initial investigation and decide whether that household should be placed into temporary accommodation, pending further

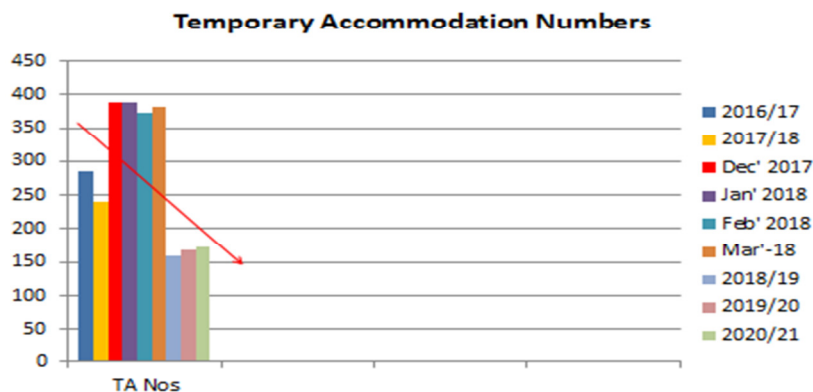
investigations. It is in the Council's best interest to keep households out of temporary accommodation as long as possible because, in some cases, all of the housing costs cannot be met and therefore the General Fund has to cover the shortfall.

6.2 There are different types of accommodation, which households will be placed into, pending a final decision on homelessness; from bed and breakfast to houses, on a longer term basis.

6.3 Part of the test for homelessness is that a household must be actually homeless within 28 days of presenting as homeless. At the beginning of April 2018, this aspect of the law will change to 56 days meaning that the Council may have to take responsibility for households much earlier and therefore this is likely to increase costs to the Council.

Managing Homelessness

6.4 The table below shows the current number of homeless households in all forms of temporary accommodation.



6.5 As at 9th March there were 382 households in temporary accommodation. In July 2017, the numbers were 315. There was a significant increase from then until November 2017 and officers have so far kept numbers hovering around the current number. However, a number of challenges will put the ability of officers to keep this under 400 at risk.

6.6 The Council manages homeless demand by accessing Council accommodation or properties in the private sector. Given the acute supply and demand situation in the borough, like many boroughs, the private sector is becoming increasingly important to mitigate the lack of social housing. However, rehousing households into the private sector is expensive and the Council cannot access enough accommodation because it has a limited budget to pay deposits or incentive payments, which is unfortunately a feature of homelessness. It can cost an average £9,000 in incentives payments to house one homeless household into a two year tenancy. After that period, if they do not resolve the housing issues themselves, they will be back to the Council – 'the revolving door'.

6.7 A significant and emerging problem is that London boroughs are placing an increasing number of homeless households into Slough. In 2016/17 the figure was

160. After these tenancies end, the households will have a local connection with Slough and therefore we will have an additional 160 households to accommodate. This figure is likely to be significantly under reported and therefore we do not know the scale of it. However, we believe the unexpected increase in homeless approaches is for this reason. Slough cannot compete with London in incentive payments and Landlords are not loyal to Slough. This is a worrying problem and nothing can currently be done to stop it.

6.8 It is estimated that in order to keep pace with homelessness next year, 152 Council and Housing Association lettings (out of approximately 400) will have to be achieved. This is coupled with 57 properties from the private sector.

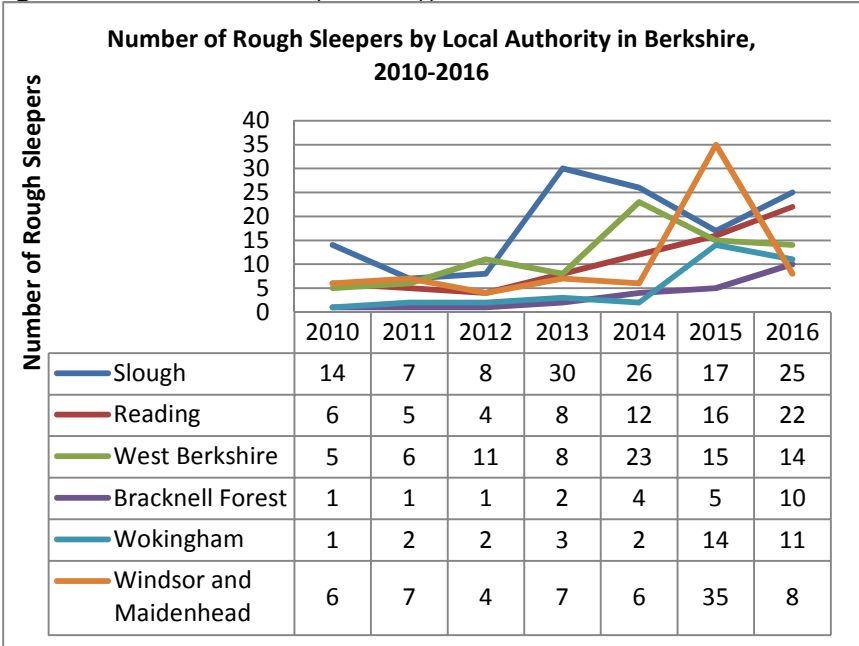
6.9 The private sector figure includes 30 units from James Elliman Homes, which is a company set up by the Council. The Council is making £18m available for James Elliman Homes to purchase properties in the private sector, to assist with the homelessness problem. However, even with this volume, based on projections, the Council will still be 100 properties short to keep numbers in temporary accommodation at existing levels.

Single Homelessness

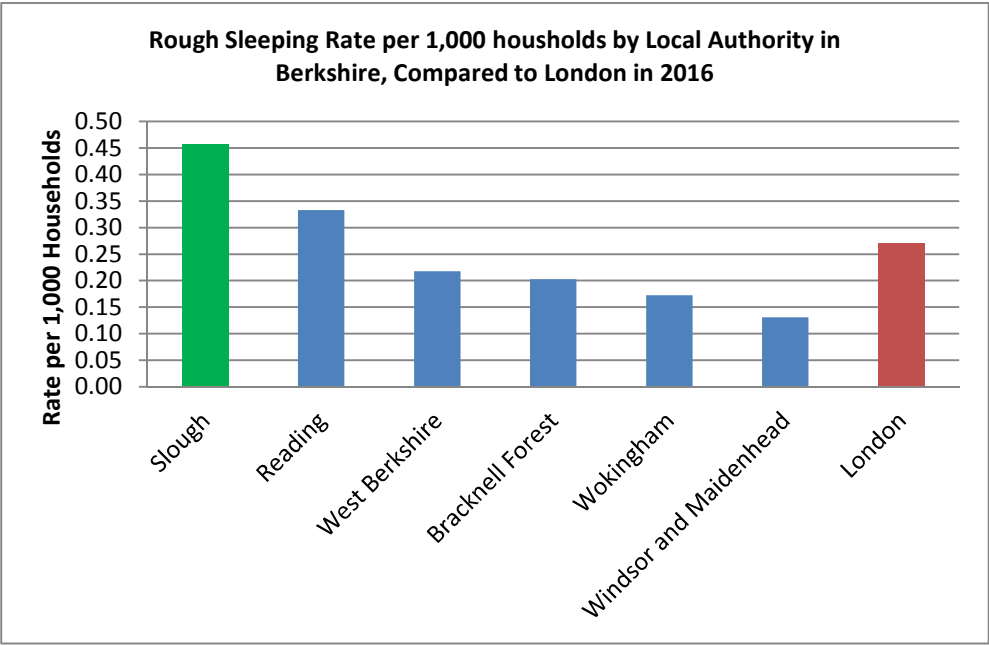
6.10 Single homelessness is a mixed bag in Slough. The Council lacks provision with the pending closure of Millennium House and the previous closure of the Foyer. The YMCA is the main provision for single homeless households but collectively it is a struggle to find suitable accommodation for younger people, particularly for some Children Leaving Care. Single homeless temporary provision is commissioned through Adult Social Care and there is current discussion with Housing about where the appropriate place for the commissioning function to sit.

Rough Sleepers

6.11 The following table below shows the current number of rough sleepers by each of the Berkshire Local Authorities between 2010 – 2016 (Source: DCLG Rough Sleeping Returns, Jan 2017 (annual))



6.12 The next table shows the rough sleeping rate per 1,000 households by Local Authority in Berkshire, compared to London in 2016 (source: DCLG Rough sleeping returns, Jan 2017 (annual)).



6.13 There is no one service responsible for rough sleepers in Slough. Strategic Housing participates in a number of multi-agency approaches, however, there is no outreach work funded by the Council and therefore relies, to a degree on services run by the Voluntary Sector.

6.14 Rough sleepers are not statutory homeless cases as described above in Section 5. The official Rough Sleeper Count was 27 this year and 25 last year. 12 of these cases were UK Nationals and 15 were EU Nationals. The EU Nationals have not exercised their Treaty Rights and therefore are unable to access public services. Anecdotally many of the rough sleepers who are begging, are receiving benefits and therefore it is difficult to discern an accurate picture of what is really happening.

6.15 Some rough sleepers access the services of the Night Shelter, but up until recently only an average of 6 rough sleepers were using the service each day. However, after Christmas numbers have risen to, on average, 17 a night. Approximately 9 of these rough sleepers, on any night, are Eastern Europeans who are not exercising their Treaty Rights and therefore not eligible for public Assistance (housing/benefits).

6.16 Strategic Housing Services operates the Severe Weather Emergency Provision (SWEP), which is a service that is activated when the weather becomes extremely cold.

6.17 Below is some information in relation to the usage of SWEP: -

- 29/11/17 – 3/12/17 – a maximum of 14 people used the provision
- 8/12/17 – 18/12/17 - a maximum of 18 people used the provision
- 5/2/18 – 14/2/18 – a maximum of 3 people used the provision
- 22/2/18 – 4/3/18 – a maximum of 20 people used the provision

6.18 It should be noted that although SWEP is a provision used by anyone, it is controlled through a booking system administered by Strategic Housing. However, it is currently being funded through government grants.

7 Comments of Other Committees

7.1 There are no comments from any other committees.

8 Conclusion

8.1 Homelessness takes many guises but it is becoming an increasing challenge in Slough. Whilst it may not be in all cases, some London boroughs have a targeted policy to secure as many private sector properties in Slough as possible and then discharge the homelessness duties into these. In turn, when tenancies end, the household presents to Slough as homeless. Temporary accommodation numbers are on the rise and it is anticipated that the new Act, coming into force on 3rd April 2018, will increase the burden on the Council. The London Borough of Southwark are a pilot authority for the new Act and have experienced a rise in homelessness of over 50%. Any rise in homelessness and consequently temporary accommodation will result in increased costs to the General Fund.

8.2 Rough sleeping in Slough is dealt with on a multi-agency basis but there is no outreach work funded by the Council and provision accessed through the Night Shelter is run by the Voluntary Sector, although supported by a number of agencies, including Strategic Housing. However, the rough sleeping population in Slough is difficult to pin down, as the population is transient and there are close ties to neighbouring boroughs. Slough, however, enables rough sleepers to access emergency provision when the weather becomes very cold and accommodated 54 rough sleepers between the end of November 2017 to the beginning of March 2018.

8 Appendices - None

9 Background Papers

1 – Housing Performance – February 2018

Slough Wellbeing Board's Work Programme

May 2018 - November 2018

Contact officer: Amanda Renn, Policy Officer,
Strategy and Performance, Slough Borough Council

For all enquiries: (01753) 875560

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				
Frimley Sustainability and Transformation Partnership (STP) integration	The Board is asked to note and comment on recent activity undertaken to deliver the STP	Alan Sinclair, Director of Adults & Communities		No
Director of Public Health's Annual Report 2018/19 (Draft) (to be confirmed)	The Board is asked to endorse the final draft of this annual report (to be confirmed)	Darren Gale, Acting Strategic Director of Public Health for Berkshire		Yes
SWB Annual report for 2017/18	The Board is asked to endorse the final draft of its's annual report so that it can be taken to full council for endorsement	Dean Tyler, Service Lead Strategy & Performance	Chairs of subgroups	No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Service Lead Strategy & Performance		No
Annual review of the SWB's Terms of Reference (TOR) (to be confirmed)	The Board is asked to endorse the final draft of its TOR so that they can be taken to full council for endorsement (to be confirmed)	Dean Tyler, Service Lead Strategy & Performance		No
Feedback on the #BeRealistic: (obesity) campaign	The Board is asked to note and comment on feedback about the recent campaign	Steering Group Chair		No
Themed discussion				
To be confirmed	To be confirmed	To be confirmed		
Information				
Carers MOU – one year on	The Board is asked to review how the MOU is operating and receive an update on the outcomes achieved for carers.	Commissioning team	Director, Adult Social Care	No
SPACE annual report 2017 (including 2018 plans for VS 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

Draft Autism strategy (TBC)	The Board is asked to and comment on the refreshed Strategy. Possible referral from the Health and Social Care PDG (TBC)	Geraldine Smith	Director, Adult Social Care	No
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18 July 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Feedback on the One you: get connected (loneliness) campaign	The Board is asked to note and comment on the report from the one you: get connected (loneliness) task and finish group on their recent campaign	Steering Group Chair	Task and finish group chair	No
Frimley Sustainability and Transformation Partnership (STP) integration	The Board is asked to note and comment on recent activity undertaken to deliver the STP	Alan Sinclair, Director of Adults & Communities		No
BCF annual report 2017/18 (statutory)	The Board is asked to discuss and endorse the BCF's annual report	Mike Wooldridge, BCF Programme Manager	Director Adult Social Care	Yes
Healthwatch Slough Annual Report 2017/2018 (Statutory)	The Board is asked to discuss and endorse Healthwatch's annual report	Nicola Strudley		Yes
Annual review of Joint Wellbeing Strategy priorities and preparation for the October 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 2018 partnership conference	Dean Tyler, Service Lead Strategy & Performance	Democratic Services	No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Service Lead Strategy & Performance		No
Themed discussion				
Early Help (Priority 1 of the SJWS) (TBC)	To be confirmed	Justin Daniels, Interim Early Help Transformation Manager		No
Information				
To be confirmed	To be confirmed	To be confirmed		

26 September 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Planning for October 2018 Partnership Conference	The Board is asked to agree the programme for, and the arrangements being made, for the 2018 partnership conference	Dean Tyler, Service Lead Strategy & Performance		No
Feedback on the One you: be resourceful (poverty) campaign	The Board is asked to note and comment on the report from the one you: be resourceful (poverty) task and finish group on their recent campaign	Steering Group Chair	Task and finish group chair	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 of Adults & Communities		No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Service Lead Strategy & Performance		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 (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)	Liz Brutus , Consultant Public Health		No

14 November 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Feedback on the mental health campaign	The Board is asked to note and comment on the report from the mental health task and finish group on their recent campaign	Steering Group Chair	Task and finish group chair	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 of Adults & Communities		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, Service Lead Strategy & Performance		No
Themed discussion				
Feedback from the October 2018 Partnership Conference	The Board is asked to discuss and comment on feedback from the conference and agree next steps	Dean Tyler, Service Lead Strategy & Performance		No
Information				
To be confirmed	To be confirmed	To be confirmed		

Criteria

Does the proposed item help the Board to:

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

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 28 March 2018

CONTACT OFFICER: Dean Tyler, Service lead Strategy and Performance
(For all enquiries) (01753) 875847

WARD(S): All

PART I
FOR INFORMATION

FIVE YEAR PLAN 2018-2023

1. **Purpose of Report**

To provide the Wellbeing Board with an update on the review of the Council's Five Year Plan.

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

To note the content of the Council's Five Year Plan in particular the refreshed priority outcomes in the context of the Council's ongoing commitment to partnership working.

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

3a. **Slough Joint Wellbeing Strategy Priorities and Joint Strategic Needs Assessment**

The Five Year Plan is clear about the Council's ongoing commitment to partnership working. The refreshed priority outcomes support the priorities in the Slough Wellbeing Strategy.

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

The Five Year Plan is the Council's key strategic plan and has a vision for Slough as 'growing a place of opportunity and ambition.' There are five priority outcomes:

1. Slough children will grow up to be happy, healthy and successful
2. Our people will be healthier and manage their own care needs
3. Slough will be an attractive place where people choose to live, work and stay
4. Our residents will live in good quality homes
5. Slough will attract, retain and grow businesses and investment to provide opportunities for our residents

4. **Other Implications**

(a) **Financial** - the Five Year Plan is important in determining the priority outcomes against which resources will be allocated. The time frame for the Five Year Plan is aligned with our medium term financial planning and will roll forward each year, i.e. the new Plan looks ahead for the five years 2018/19 to 2022/23.

(b) **Risk Management** - There are no identified risks associated with the proposed actions.

(c) **Human Rights Act and Other Legal Implications** - There are no direct legal implications. The specific activity in the Strategy and other plans may have legal implications which will be brought to the attention of Cabinet separately. There are no Human Rights Act Implications.

(d) **Equalities Impact Assessment (EIA)** - There is no requirement to complete an EIA in relation to this report. EIAs will however be completed on individual aspects of any actions produced to sit underneath the Strategy, as required.

6. Summary

This item provides members with an update on the review of the Council's Five Year Plan. As the Council's strategic plan this is an important document which sets the vision, direction and key priority outcomes for the Council. It also reinforces the Council's ongoing commitment to working in partnership and refers specifically to the Wellbeing Board on page 9.

6. Supporting information

6.1 The Five Year Plan was launched in 2015 to define the Council's ambition; the opportunities and challenges we face; the role of the Council in meeting these and the priority outcomes against which resources will be allocated.

6.2 The Plan is updated every year and we also produce an Annual Report so that we can check progress. The Leader and Cabinet have worked with officers to define their political priorities and ensure the priority outcomes reflect these.

7. Measuring progress

7.1 We produce an Annual Report of progress with case studies and performance indicators setting out how we are delivering our priority outcomes.

7.2 The refresh of the Five Year Plan includes a summary of the success measures as a Balanced Scorecard of key performance indicators that will be used to keep track of how we are achieving the outcomes

8. Comments of Other Committees

8.1 Overview and Scrutiny Committee discussed the role of Scrutiny in relation to the Five Year Plan at its meeting on 11 January. The Council's Scrutiny function will challenge and track progress of the outcomes.

9 Conclusion

9.1 The new Five Year Plan will provide the strategic direction for the Council over the next five years and will enable a clear focus of resources and activity.

10 Appendices Attached

A: Five Year Plan 2018/19 – 2022/23

11. Background Papers

None

Five Year Plan 2018/19 – 2022/23

‘Growing a place of opportunity and ambition’

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1. Leader's Foreword

This year 2018 sees Slough celebrate 80 years since the town received its charter and became a Borough.

In September 1938, we had a quarter of the population we have today. A three bedroom semi-detached house cost £600. A national traffic census recorded an average of 11 vehicles per hour – 264 a day whereas today Slough has an average daily flow of over 7,500 vehicles.

In 1938 Lydia Simmons was born and went on to become the country's first black female Mayor. We were proud to have her open Lydia Court, a new development of council flats, last year.

During these past 80 years, over a single lifetime like Lydia's, Slough has undergone significant change. The fact that Slough has always been a destination for people to create a better life for themselves is testament to our ability to adapt and cope with change over time.

Historically, our attraction as a destination has had its roots in our strong manufacturing base. More recently our industry has shifted to high tech companies which attract people with different skills.

Throughout our history the strength of our communities has remained a constant across various periods of tremendous change.

As Leader of the Council I am determined to ensure that the people of Slough are able to access and take up the opportunities that arise from change.

We have ambitious plans for the town. We are investing in our infrastructure from schools, health and leisure, to transport and housing. The arrival of Crossrail and the potential third runway at Heathrow will make us even more attractive as a place for business and investment.

This will regenerate the town and I want to be clear that the benefits of this will be shared across the borough. Among this growth and change the Council's leadership is determined to make sure that Slough nurtures an environment that keeps it a desirable place to live, work, rest and stay.

As well as greater local job opportunities we are working to enable further investment in our transport infrastructure to relieve pressure on our already overloaded roads as well as tackling air quality. This is important for the health and wellbeing of all of us.

The Five Year Plan sets out our priorities as well as our vision for Slough as place of opportunity and ambition.

This Five Year plan is focussed on improving the lives of people in Slough and ensuring that Slough the place continues to build a reputation as one that will be an attractive home for people and business for the next 80 years to come.

Councillor James Swindlehurst
Leader of the Council

2. Introduction

The Five Year Plan was launched in 2015 to define the council's vision and ambition; the opportunities and challenges we face; the role of the council in meeting these and the priority outcomes against which resources will be allocated.

The Five Year Plan is also important in explaining how and why the council is changing. To ensure it is always up to date the Five Year Plan is refreshed every year and we also produce an Annual Report so we can check progress. Last year, 2017, we carried out an in-depth review which reduced the number of outcomes from eight to five, combining some where there was overlap and duplication and removing others where they were more about ways of working than tangible outcomes.

This year we have worked with the Leader and Cabinet to ensure their priorities are reflected in the outcomes.

Opportunities and challenges

People are proud to live and work in Slough. We are ambitious for Slough's future and have bold plans in place to deliver the best outcomes for the town and its people.

The Leader has been clear about the opportunities for Slough's future. If we can continue to attract growth and shape and manage it effectively we can ensure we deliver benefits for local residents.

Our population of around 145,000 is young, growing and dynamic. We need to ensure their future from an early age and education, to local employment opportunities and the availability of housing to meet their needs. People are living longer today than ever before but this adds pressure on local services such as adult social care to meet more complex needs while enabling people to live independently for as long as possible. There are inequalities across our population including household income, living conditions, wellbeing and health.

As a council we need to have a strong local economy to generate income from business rates for our budget, particularly as our funding from Government disappears. We start from a position of strength in Slough. With a turnover of around £9 billion the underlying strength of our economy and reputation as a place to invest means growth provides a number of opportunities. Inward investment, regeneration and infrastructure improvements will bring real benefits to Slough, from housing and jobs, to better transport, shopping and leisure facilities.

By the time our grant from Government disappears we will be almost entirely reliant on income from business rates and Council Tax. Developing these twin sources of income and other opportunities is essential to our finances and paying for services.

We need to be clear about our priorities and how we will work to achieve these. This is why the Five Year Plan is so important as we will use it to:

- drive the decisions made in the medium and long term financial strategy
- focus on delivery of outcomes by prioritising resources
- provide a basis for discussions with partners about the services they provide
- develop a performance framework to which services and staff will be held accountable

The role of the Council

We will meet the challenges and opportunities we face by:

- demonstrating community leadership
- enabling people to help themselves
- supporting the most vulnerable
- shaping and managing the changing place

Our capacity to provide people with support is under growing pressure. We know that we can no longer provide services in the way that we have in the past – we will not be able to provide everyone with everything. We need to rethink and change not only what we do but how we do it.

We believe we can do more to close gaps and reduce inequalities by enabling people to take more responsibility for their own lives, for example, by living healthier lifestyles. We will build on the strengths of our communities and partnerships. Wherever possible we will also look to manage future demand for services through targeted intervention and prevention. We will always ensure the most vulnerable in our community know how to get the support they need.

As a Council we cannot stand still and need to adapt from the traditional approaches where departments focus on specific issues to a much more joined up approach. Our outcomes have been developed to ensure that our staff work across teams and departments to join up the way in which services are delivered.

We will develop an overall **Transformation Strategy** that will guide our future ways of working as a Council and support the provision of our services. This will inform our approach to how we work with our customers, make the best use of our accommodation and buildings across the borough, the way in which we maximise digital technology and ensure we have the right IT to support this. We will also look at alternative locations for our main office and moving this to the town centre.

Our values

We will recruit, retain and develop high quality people who are committed to Slough and supported to do their job. Being clear about our values and behaviours means we can support our staff who want to continue to make a positive difference in their services to improve the lives of people in Slough. Our five **values** are:

- Responsive
- Accountable
- Innovative
- Ambitious
- Empowering

We will use these to drive our behaviours and how we work. We will recruit and manage people by checking how they are performing against these.

We have set a series of equality objectives to reduce inequalities and improve outcomes for local people in specific service areas. This is in line with our focus on putting people first as well as ensuring we meet our requirements under the Public Sector Equality Duty (Equality Act 2010).

3. Our priority outcomes – putting people first

Our communities are at the heart of everything we do. It is our responsibility to ensure that as we change the way we do things, we communicate and engage with people so that they understand what is happening around them and why – and that they have an opportunity to be part of the conversation.

Our response to the opportunities and challenges we face is to focus on five priority outcomes to improve the lives of people in Slough. **Resources will primarily be allocated to achieve these outcomes.** Resource allocation will be evidence based – there will need to be a demonstrable, evidenced link between the outcome and the key action.

Our priority outcomes – putting people first

- Slough children will grow up to be happy, healthy and successful
- Our people will be healthier and manage their own care needs
- Slough will be an attractive place where people choose to live, work and stay
- Our residents will live in good quality homes
- Slough will attract, retain and grow businesses and investment to provide opportunities for our residents

These cross cutting outcomes are important in ensuring that we are joining up resources to focus on shared priorities – this approach means we will increasingly be seen to be working as ‘One Council’.

Our partners are facing the same twin challenges as the Council – rising demand at a time when resources are diminishing. Like us, they cannot deliver their outcomes without additional support. We will work through the Slough Wellbeing Board to facilitate a wider partnership network across the public, private and voluntary sectors to coordinate action and resources to achieve the best results for Slough.

Many of our priorities cannot be achieved by us as a Council without the support of others. As well as working in partnership with the public and voluntary sectors we will continue to build partnerships with the private sector to attract investment and support delivery.

Outcome 1: Slough children will grow up to be happy, healthy and successful

We are committed to ensuring that Slough is a great place for our children to grow up and to live happy, healthy and successful lives.

Our educational outcomes for children and young people are already above the national average. At the Early Years Foundation Stage 71% of children achieved a good level of development. At Key Stage 1 66.7% achieved the expected standard or above in reading, writing & mathematics. At Key Stage 2 62% achieved the expected standard or above in reading, writing & mathematics. At Key Stage 4 55.8% achieved a Grade 5 or above in English and maths GCSE which is well above the national average, Slough is ranked 9th nationally. The proportion of good and outstanding schools in Slough is very high and well above regional and national averages.

We are working to enable children and young people to have physically and emotionally healthy lives, ensuring they are supported to be safe, secure and successful. We are continuing to focus on reducing the prevalence of children with excess weight at the start and end of primary school.

We have continuously invested in the creation of new school places, using our joint venture company, Slough Urban Renewal, to deliver school redevelopment plans which include improved teaching spaces, dining halls and libraries as well as new sports halls and playgrounds.

Young people have a vital role to play in shaping, creating and benefitting from the regeneration of our town. We will continue to support all young people into high quality employment, education and training. We will also provide them with opportunities to have their voices heard and to work with us in planning the future of Slough.

Next year we will ...

- Further embed our work with partners to safeguard children and young people in Slough
- Promote the voice of children and young people in service developments
- Develop a strategy for key worker housing to help meet the needs of our school workforce
- Match the ambition of our children by working with local schools and partners to ensure our young people can gain access to high paid, high skilled jobs in Slough

Our long term priorities are to...

- Work with our partners to ensure excellent outcomes for children and young people in Slough. We will do this through building on existing successful education and children's social care partnerships, ensuring that children and young people are at the centre of what we do.
- Reduce the numbers of Children Looked After and Care Leavers and young people with SEND who are Not in Education, Employment or Training
- Support the creation and promotion of pathways to high quality employment, including Apprenticeships
- Reduce the 'conveyor belt' to social care through improved early help and early intervention

Over the past year we have...

- Appointed a permanent Director of Children's Services for the first time in three years
- Ensured that 96% of children in Reception were allocated one of their top three choices of school
- Ensured that 94% of children were allocated one of their top three choices of secondary school
- Supported the voice of young people through the Youth Parliament, Young Inspectors and Commissioners, and an effective Children in Care Council
- Actively worked in partnership with Slough Children's Services Trust particularly in relation to Early Help and Child Sexual Exploitation supporting Slough's ambition to becoming a good Children's Service.
- Significantly enhanced the Council's role and responsibility as a Corporate parent
- Completed 3 primary school expansion projects providing 840 new school places
- Successfully transferred back to the Council Education Services previously provided by Cambridge Education Trust and SEND services that previously formed part of SCST

Healthy Choices Project

The Safer Slough Partnership has commissioned and funded Lime to develop the Healthy Choices Project in Slough. This project has come to fruition following research into Child Sexual Exploitation (CSE) risk in Slough that identified CSE and other risk factors as being prevalent for children and young people in Slough.

Key negative drivers in Slough included: less emotional contact time / higher rates of family dysfunction resulting in 'affection deficits', social media and prevalent 'near-peer' issues that put young people at risk.

Education is seen as pivotal to tackling broader "vulnerability" alongside support to practitioners who work in this arena. The Healthy Choices Project is therefore about reducing risks through encouraging healthier relationships, positive influences and behaviours.

Children and staff from 4 Slough schools are working with colleagues from Lime to co-design a comprehensive programme of education to be delivered in weekly sessions over a term. This includes specifically designed digital resources with complementary activities, exercises and learning materials to develop and improve decision-making; and a multi-disciplinary approach with data collection and delivery support for teachers. The project is currently in development stage and will be rolled out to all schools in September 2018.

Outcome 2: Our people will be healthier and manage their own care needs

Councils across the country are facing similar challenges relating to health, wellbeing, and independence of their adult residents. People are living longer, often with complex and long-term conditions, which increases demand for health and care services within the borough. In responding to these challenges we will focus on developing preventative approaches to enable our residents to become more able to support themselves. We will target those individuals most at risk of poor health and wellbeing outcomes to take up health checks; build capacity within the community to enable more people to manage their own health, care and support needs; and deliver a new model of public service that empowers residents to live independent and healthy lives. Throughout our plans we will ensure people are at the centre of the adult safeguarding process and are supported to manage any risks.

Next year we will:

- Support our residents to be more active
- Open a range of new leisure facilities including Slough Ice Arena, Salt Hill Activity Centre, Langley Leisure Centre, The Centre and a network of green gyms in our parks and open spaces
- Support more people to take control of their care needs including a Direct Payment
- Support more people to have a health check

Our long term priorities are to:

- Work with our partners to improve the health and wellbeing of our residents
- Be the most active town/city in the country – More People - More Active -More Often
- Reduce loneliness and isolation – More People - More Connected - and Happy
- Reduce the need for long term social care through improved early help and prevention

Over the past year we have...

- Increased the number of health checks carried out in Slough to more than 2,300
- Completed 301 falls risk assessments
- Advanced our £62m leisure strategy with work underway on our new leisure centre
- Made notable progress on the refurbishment of Slough Ice Arena
- Opened and fully completed our community sports stadium Arbour Park
- Won an award for Transformation of Support Services by our adult social care team
- Seen another very successful event for World Mental Health Day 2017

The council organises Wellbeing Week in its commitment to improve the health and wellbeing of both staff and residents

In October 2017 the SBC employee wellbeing board encouraged staff to practice the Five Ways to Wellbeing: connect, be active, take notice, keep learning and give. The events throughout the action-packed week were focused around these five ways to increase wellbeing. To ensure staff had taken part in being active, a five-a-side football tournament was held at Arbour Park. Each team gave a suggested donation of £20 to support the work of mental health charity, Mind. World Mental Health Day also gave staff the opportunity to keep learning, at a special mental health event at The Curve. As part of taking notice, staff took part in a mindfulness session at lunchtime which focused on relaxation through meditation and being able to view things with kindness and curiosity. The employee wellbeing team also held a joint connect and give session that included cake, colouring and a chat. These sessions brought attention to the importance of good mental health and helped staff develop a sense of wellbeing.

Outcome 3: Slough will be an attractive place where people choose to live, work and stay

In Slough we are working with communities and partners to create a vibrant and attractive town that offers opportunities for all where our community is content and happy. Our parks and open spaces will be cleaner, safer and better promoted. We have made progress on a strategy and action plan to improve air quality within the borough. We are building a new state-of-the-art leisure facility on the Centre site in Farnham Road which will include an eight-lane swimming pool, a poolside sauna and steam room, a four-court sports hall and a gym. Leisure facilities are also being refurbished elsewhere including the extended Ice Arena, Salt Hill and Langley Leisure Centre.

We will continue to work with the community to ensure that Slough is a safe and welcoming place, and we will shape a recognisable identity for our town that will attract visitors and businesses.

As we implement our action plans we will ensure we bring our residents along with us every step of the way and engage the community to build on the sense of belonging and pride in Slough.

Next year we will...

- Establish a Town Team to ensure a clean and safe town centre
- Plant 1 million bulbs with our communities in our parks and open spaces
- Ask residents via a town wide place survey what they feel about the town and use the results to shape future plans
- Co-create strong and attractive neighbourhoods

Our long term priorities are to...

- Improve the Slough brand and develop our identity as a place of opportunity and ambition, co-produced with our communities and partners
- Improve air quality in the borough with innovative solutions
- Improve the quality of our natural environment and open spaces
- Actively manage the impact of new developments and infrastructure so that the town centre is a place where people can live, work, shop and enjoy.

Over the past year we have...

- Been named the best town or city to live and work in by Glassdoor
- Delivered the "Love Slough Parks" campaign
- Seen the highest engagement in Youth Parliament within the country
- Introduced a fleet of electric cars and bicycles
- Started the Clean, Safe and Vibrant project to transform the town centre
- Brought our libraries back in house
- Celebrated a year since the opening of The Curve
- Held a number of workshops for children including crafts, theatre, and reading days
- Brought our environmental services back in house
- Hosted the Slough 2040 conference which looked at proactively planning the future
- Organised a deep clean of the town centre
- Held a multi-agency walkabout of town centre to support driving change in the area

The Curve celebrates

The first year of operation at The Curve has been a huge success with thousands of people exploring the centre. The library and cultural centre has seen a 59 per cent increase in library membership and a 42 per cent increase in children's book borrowing. There have been births registered and marriages conducted at the register office and Venue @The Curve has hosted a variety of shows and events, including sell-out pantomime performances. This flagship building with a dramatic design that is a regional winner of the LABC 'Best public service building' has transformed the town centre and triggered further regeneration and investment. A week of activities was organised to celebrate the milestone birthday.

Outcome 4: Our residents will live in good quality homes

Slough is experiencing a growth in its population which, combined with the geographically small size of the borough, has put significant pressure on our housing supply. To meet the housing challenges faced by our town we will continue to work collaboratively with our partners including SUR and local landlords to provide more and better homes for our residents. New homes construction will continue to provide council housing for people on the council waiting list. We will implement the homelessness reduction act which will transform the way homelessness services are delivered and ensure that all eligible applicants are given the help they need. Our two new subsidiary housing companies will continue to provide better and more affordable homes for homeless households and key workers and lead the way in providing high standards of private sector housing. And a new licencing scheme for privately rented properties will help us regulate the private rented sector and improve the quality of housing across the borough.

Next year we will...

- Improve our services to homeless people and work to prevent homelessness
- Foster high quality privately rented homes by licensing more Houses in Multiple Occupation
- Continue to build more and better homes, particularly to replace council homes lost under the Right to Buy
- Improve opportunities for social housing tenants to downsize to more suitable homes.

Our long term priorities are to...

- Maintain our council housing to a high standard.
- Keep housing affordable for local people
- Drive up standards in the private rented sector

Over the past year we have...

- Launched a new housing strategy setting out our ambition to regenerate neighbourhoods and improve the quality and supply of housing in the borough
- Completed the Milestone development which includes 23 new council homes
- Built 11 new council homes at Lydia Court and 18 new council homes at Foxglove Court
- Opened our first emergency housing facility in over 40 years providing 12 double bedrooms
- Improved services for council tenants and started a new repairs contract with Osborne to invest £100m
- Co-located our Neighbourhood services with Osborne staff in Hawker House
- Established two subsidiary housing companies, James Elliman and Herschel Homes, giving us more control over the housing market whilst developing a rental portfolio

New council flats named Lydia Court

This year saw the opening of Lydia Court, a brand new block of council-owned apartments named after the country's first black female Mayor, Lydia Simmons. Lydia Court is a development of 11 new council homes, built on the site of the old Eschle Court, Elliman Avenue. The one, two and three bedroom apartments have been built for the council using our joint venture company, Slough Urban Renewal (SUR). SUR is a

partnership between SBC and Morgan Sindall Investments Ltd. which is driving regeneration across the town including leisure, housing, community and school buildings. Lydia Court includes a ground floor three bedroom apartment built to wheelchair standards, with its own front door access, dedicated parking and garden area. This specially designed property will be allocated to a family currently on the housing waiting list and housing officers are working with occupational therapists to ensure the needs of the family are met.

Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents

Economic growth provides a number of opportunities to our town, including the creation of new jobs. Our goal is to generate and develop these opportunities. We will focus our work on creating a place where businesses want to locate by delivering infrastructure improvements such as good transport connections and communications networks to attract and support businesses. We will enable residents to develop skills to meet local employers' needs; deliver a Local Plan that supports economic growth; and maximise opportunities for local people from an expanded Heathrow Airport. Alongside all these key actions we will cultivate a vibrant town centre that will appeal to residents, businesses and visitors alike.

Next year we will...

- Launch the Building Better Opportunities project to increase employment in the 25+ group who are economically inactive or unemployed
- Ensure we have fit for purpose and sustainable infrastructure - from schools, health and leisure, to transport and housing
- Prepare for improvements to unlock gridlocked sites with a focus on Farnham Road and Chalvey
- Strengthen our relationships with business by delivering their HQ locations and town gateway opportunities

Our long term priorities are to...

- Collaborate on the Heathrow expansion
- Regenerate TVU and the town centre and maximise potential of Crossrail
- Work with major employers and Heathrow to reduce traffic congestion and emissions by encouraging the use of sustainable modes of transport

Over the past year we have...

- Held our first property investor day demonstrating our economic strengths
- Upgraded 7,500 of our 11,000 streetlights to energy efficient LED lights
- Acquired the former Thames Valley University site which will generate investment and create local jobs
- Generated £3.5 million which balanced our budget with no front line service cuts
- Secured funding for the Building Better Opportunities project which will provide assistance to East Berkshire residents that need support to go back to work
- Secured a memorandum of understanding framing our partnership with Heathrow
- Started a programme of work that will make our town centre safe, clean and vibrant
- Won recognition as the best place to live and work in the UK

Council purchase of TVU site triggers investment in regeneration

SBC is now the owner of a major development site in the heart of Slough which will net the town £550 million of investment. The former Thames Valley University (TVU) site, on the corner of Wellington Street and Stoke Road in the centre of Slough is now set to be transformed with new homes, new offices, shops and leisure facilities. This massive regeneration project is expected to bring more than 1,400 homes, 45,000 square feet of retail and leisure space, and 250,000 square feet of office space. The investment from the council will trigger the largest single local authority regeneration project seen outside of London. Negotiations with a development partner are expected to be complete by July.

4. The budget

The Five Year Plan runs from 1 April in line with our budget so that our service and financial planning are aligned. The Five Year Plan is refreshed each year along with the budget so we have as much clarity as possible for the year ahead.

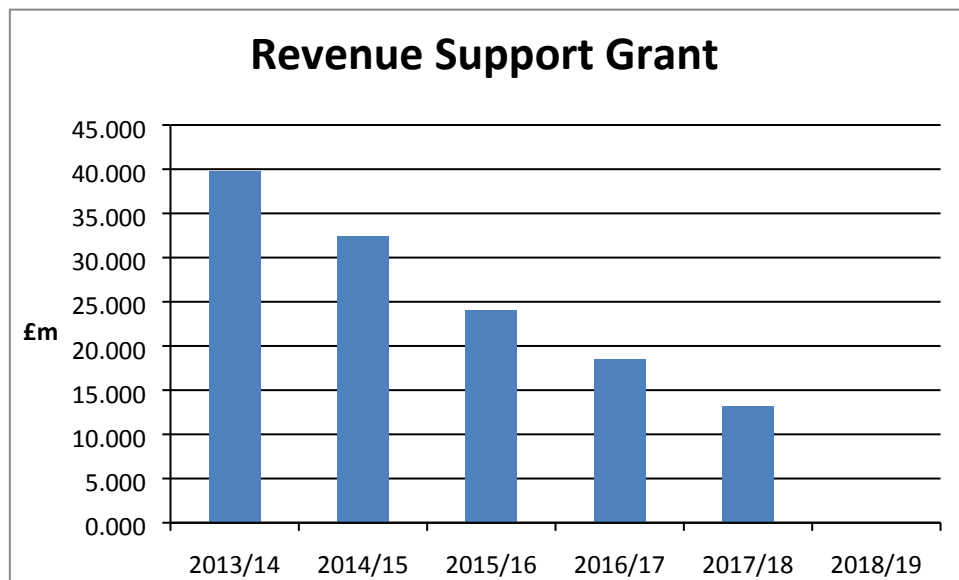
This section explains the scale of the financial challenge and savings required and our approach to tackle this as set out in our medium term financial strategy.

The challenge

Alongside all other local authorities, we are affected by severe financial constraints. 2018/19 is set to be another difficult year financially for the Council, with a continued reduction in Government funding, as well as an increased demand for Council services. The Council has managed to protect Council services wherever possible, whilst ensuring that there is sufficient budget for the next financial year to deliver its key outcomes.

Under the government's deficit reduction programme – intended to reduce the government's budget deficit – national funding for local government has significantly decreased. The local impact of these decisions has resulted in a reduction in the amount of central government revenue support grant funding we receive from £39.8m in 2013/14 to £0m in 2018/19 as Berkshire has been accepted as a business rate pilot for 2018/19. Meanwhile our population continues to grow with added pressure on service expenditure as well as ongoing government reforms for example to the funding of adult social care and welfare.

Revenue Support Grant to Slough Borough Council



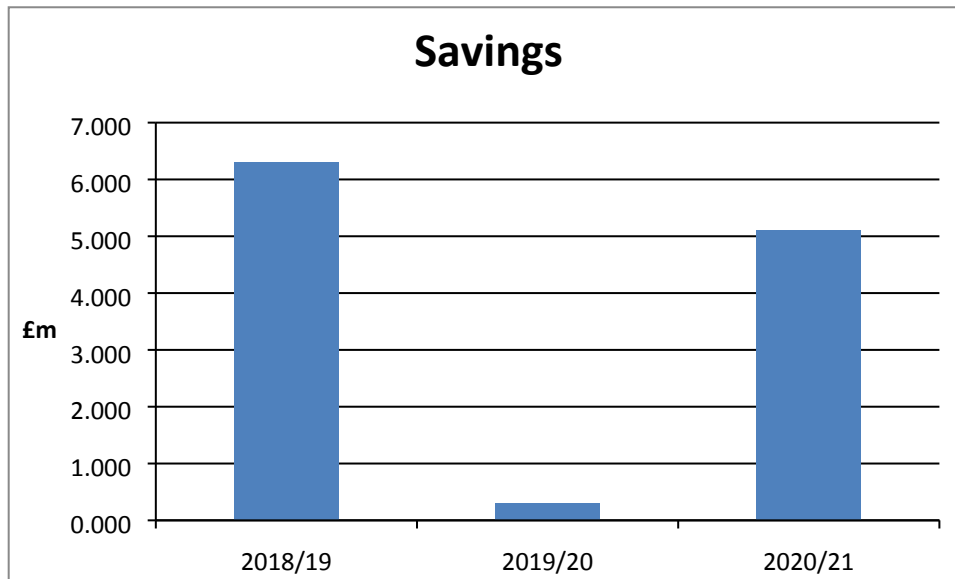
Given the scale of the ongoing reductions in Central Government spend, the Council has, and will increasingly need to, deliver public services in a more joined up, effective and efficient manner. Maintaining the current levels and delivery of existing services is unlikely to be an option to the Council in the future.

The main sources of income for the Council are retained Business Rates and Council Tax. To reflect this, the Council has made retaining existing businesses and attracting new

businesses, as well as ensuring a strong supply of housing two of the key outcomes within the Five Year Plan.

For 2018/19 the six Berkshire authorities have been accepted by government to form a Business Rates pilot scheme within Berkshire. This means, for 2018/19, all Business Rate income will be retained within Berkshire; however, the six authorities will not receive Revenue Support Grant. This is forecast to result in an additional £1.4m above the figure we would have received under the current local government funding regime.

The table below shows how we need to make £12m savings over the next three years.



Our response

We have a history of ensuring a balanced budget is delivered, as well as over recent years increasing general reserves to a sustainable level to meet the future financial challenges.

We start from a position of strength in Slough. With a turnover of around £9 billion the underlying strength of our economy and reputation as a place to invest means that growth provides a number of opportunities. Inward investment, regeneration and infrastructure improvements will bring real benefits to Slough. We need to ensure the town remains economically viable.

Our medium term financial strategy therefore aims to look for opportunities and seek innovative solutions to help not only protect frontline services wherever possible, but also to enhance the borough's infrastructure to ensure long term benefits to the borough.

Our joint venture company, Slough Urban Renewal (SUR), is delivering some major changes to the infrastructure of the borough while providing income to the council. SUR has rapidly developed since 2014 into a key enabler of the council's regenerative and commercial policy. The company, jointly owned by Slough Borough Council and Morgan Sindall Investments Ltd, is building council infrastructure as well as major housing schemes across the borough.

The council has committed to invest heavily in infrastructure over the next five years, specifically on providing new leisure facilities, the landmark civic building – The Curve, as well as major investment in transport and housing infrastructure.

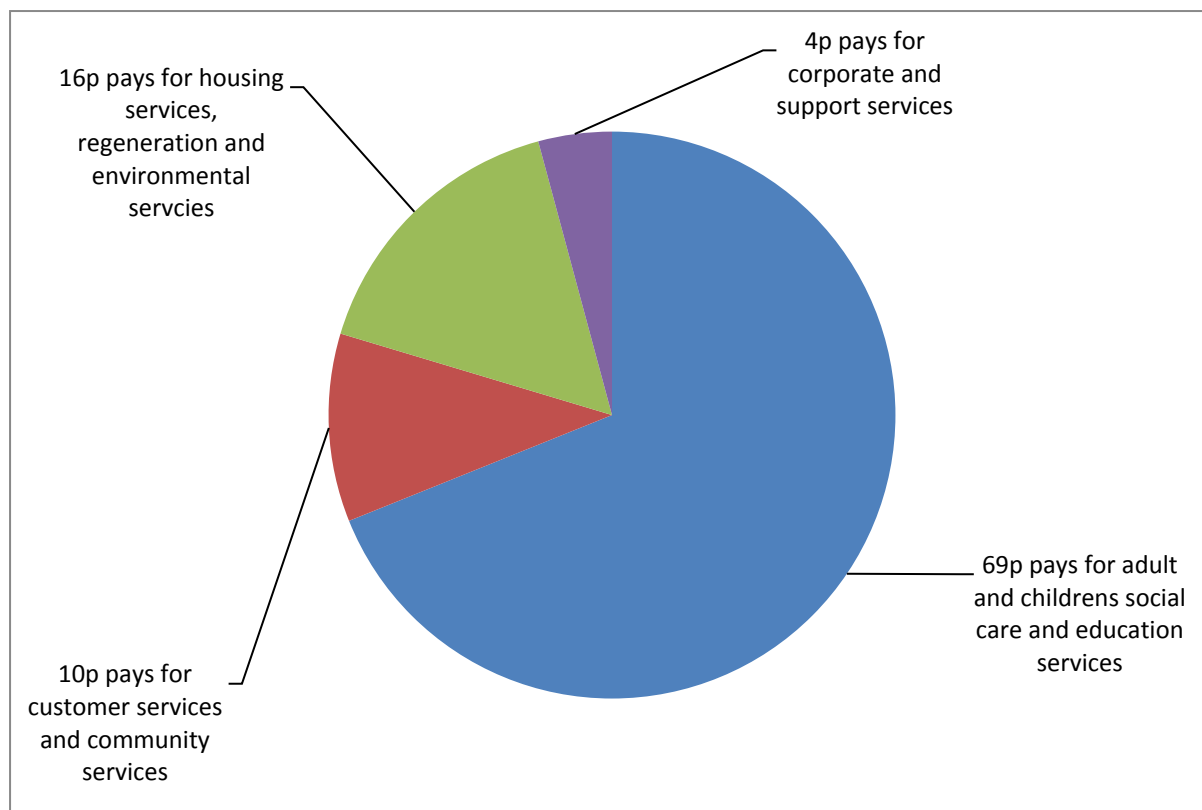
Alongside the council's investment, Crossrail opening in 2019 will also have a significant uplift to the borough, as will the planned western rail link to Heathrow due by the early 2020s.

This more innovative and entrepreneurial approach will also stand us in good stead in future years. Much of this income is on-going revenue streams, and where there is a one-off profit from the SUR, the schemes as a whole are helping to drive up council tax and business rates income overall and thus provide greater long term stability to the council's overall funding. This in turn helps to relieve the pressure on service expenditure in areas of high demand such as adult and children's social care.

While there remain difficult years ahead for the Council due to the financial pressures that it faces, the budget for 2018/19 ensures that the Council's finances are based on solid footings for the future.

The total income available to the Council for the 2018/19 for its net budget is **£101.002m**.

The chart below shows how our money is spent -



5. Keeping track of progress

It is important that we are able to provide evidence of progress towards achieving better outcomes to improve people's lives.

We have identified a high level set of key performance indicators in the table below. These will form part of our Annual Report of progress against the outcomes. They will also be included in future annual refreshes of the Five Year Plan so that we have a consistent set of key performance measures to report against – whether performance is good or bad - so we can spot trends and tackle issues to get us back on track where needed.

This set of key performance indicators will therefore remain largely constant although there will be minor changes as performance requirements change. For example some of the detailed priorities under outcomes will change as specific actions are delivered and new ones identified. In addition we have a series of statutory returns we provide to Government as well as indicators to measure council tax and business rates collection.

Five Year Plan outcome	Performance measure
1. Slough children will grow up to be happy, healthy and successful	<ul style="list-style-type: none"> • The gap between disadvantaged children and all others at Early Years Foundation Stage, Key Stage 2 and Key Stage 4 • Percentage of Child Protection Plans started that were repeat plans within 2 years • Young people not in education, employment or training (NEETs)
2. Our people will be healthier and manage their own care needs	<ul style="list-style-type: none"> • Number of adults managing their care and support via a direct payment • Uptake of targeted health checks • Number of people active
3. Slough will be an attractive place where people choose to live, work and stay	<ul style="list-style-type: none"> • Level of street cleanliness • Crime rates per 1,000 population • Residents' perception survey
4. Our residents will live in good quality homes	<ul style="list-style-type: none"> • Number of households in temporary accommodation • Number of homes built (annual) • Number of licensed mandatory HMOs
5. Slough will attract, retain and grow businesses and investment to provide opportunities for our residents	<ul style="list-style-type: none"> • Business rate income • Access to employment • Journey times

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 28 March 2018

CONTACT OFFICER: Amanda Renn, Corporate Policy Officer, Policy Team,
Slough Borough Council
(For all Enquiries) (01753) 875560

WARD(S): All

PART I
FOR COMMENT

SLOUGH WELLBEING BOARD ANNUAL REPORT 2017/18

1. Purpose of Report

1.1 To outline the process that is being followed to develop the Slough Wellbeing Board's Annual Report for 2017/18 and provide members with an early opportunity to comment on the current working draft.

2. Recommendation

2.1 Members are requested to provide any comments and contributions they might have on the draft annual report at Appendix A.

3. The Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020, the JSNA and the Five Year Plan

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

The Annual Report 2017/18 relates to all aspects of the Slough Joint Wellbeing Strategy's (SJWS) priorities. It has been structured to address progress against the Wellbeing Board's statutory responsibilities as well as each of the four priorities in the Wellbeing Strategy.

3b. Five Year Plan Outcomes

The work of the Wellbeing Board 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
- Children and young people in Slough will be healthy, resilient and have positive life chances.

4. Other Implications

(a) **Financial** – None

(b) **Risk Management** – None

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

(d) **Equalities Impact Assessment** – None

5. **Summary**

Board members are asked to:

- a) Note the work that is currently underway to reflect the Wellbeing Board's key activities and achievements during the period May 2017 to April 2018;
- b) Comment on the latest draft at Appendix A, and
- c) Provide evidence and case studies of 'cross partnership' activities that can be included against the Board's priorities.

6. **Supporting Information**

6.1 Slough Wellbeing Board has a commitment to openness and transparency in the way that it carries out its work and is accountable to local people. This includes a commitment to annually review progress against the Board's ambition to reduce health inequalities and improve health and wellbeing outcomes across the borough. The draft annual report at Appendix A sets out a review of the Wellbeing Board's key activities and achievements during 2017/18 and sets the context for its work during 2018/19.

6.2 We want the Annual Report to be a means to celebrate the added value the Wellbeing Board is bringing to improve the lives of people in Slough. We are looking for examples of joint working between partners that can be included as case studies to evidence the work that is being undertaken beyond the statutory requirements of the Board.

7. **Comments of Other Committees**

7.1 The current draft will be presented to the Health Scrutiny Panel on 26 March and shared with other key partnership groups (such as the Safer Slough Partnership, the Health and Adult Social Care PDG, the Slough Adult's Safeguarding and Children's Safeguarding Board's and Joint Parenting Panel) throughout April, before it is brought back to the Wellbeing Board for sign off at the meeting on 9 May 2018. Any comments received during this process will be fed into the next draft.

8. **Conclusion**

- 8.1 Publishing an annual report provides the Wellbeing Board with an opportunity to:
- Promote its work
 - Demonstrate the practical progress that has been made in delivering its statutory functions and the priorities in the Wellbeing Strategy; and
 - Identify some of the emerging challenges and opportunities that will influence its work in 2018/19.

9. **Appendices**

A – Slough Wellbeing Board Annual Report 2017/18

10. **Background papers**

None

Slough Wellbeing Board
Annual Report
2017/18

DRAFT

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Foreword

Welcome to the third Annual Report of the Slough Wellbeing Board. This report covers the period from May 2017 to April 2018.

[Develop with chair and vice chair in April 2018]

Chair of Slough Wellbeing Board

Section 1: Introduction

Slough Wellbeing Board has a commitment to openness and transparency in the way that the Board carries out its work and is accountable to local people. This includes a commitment to annually review progress against the Board's ambition to reduce health inequalities and improve health and wellbeing outcomes across the town.

This annual report sets out a review of the Wellbeing Board's progress over the last year and sets the context for the work of the Board during the year ahead.

Section 2: About the Slough Wellbeing Board

The Slough Wellbeing Board was formally established as a statutory committee of the council in April 2013; in accordance with the legislation passed in the Health and Social Care Act 2012.

The purpose of the Slough Wellbeing Board is to:

- Improve health and wellbeing
- Reduce gaps in life expectancy across Slough
- Focus on the wider determinants of health, such as education and training, housing, the economy and employment and
- Commission better, more integrated and efficient health and social care services.

The Board has a series of statutory responsibilities duties which are set out at Appendix 1.

Membership

The current membership¹ of the Board (as of April 2018) is as follows:

- Slough Borough Council
- NHS
- Slough Clinical Commissioning Group

¹

In Slough membership of the Board extends beyond the statutory requirements for Health and Wellbeing Boards: The Board has sought to ensure it is able to play a more strategic role so that it can have genuine influence and set direction. We have therefore called our overarching partnership the Slough Wellbeing Board rather than the Health and Wellbeing Board as our arrangements go beyond statutory requirements.

- Slough Children's Services Trust
- Healthwatch Slough
- Thames Valley Police
- Royal Berkshire Fire and Rescue Service
- Slough Council for Voluntary Service
- Business sector
- Slough Youth Parliament

Decision-making

The Board is subject to the same openness and transparency rules as other committees of the council. All meetings are held in public and all of its agendas, reports and decisions are available to view on the Council's website at: www.slough.gov.uk/moderngov/ieListMeetings.aspx?Committeeld=592

The Board is also subject to scrutiny through the council's Health Scrutiny Panel. Information about this Committee is available to view on the council's website at: www.slough.gov.uk/moderngov/mgCommitteeDetails.aspx?ID=105

How the Wellbeing Board works with the key partnership groups in Slough

The Board works closely with the following:

- Health and Social Care Priority Delivery Group
- Safer Slough Partnership
- Slough's Local Safeguarding Children's Board
- Slough's Adult Safeguarding Board
- Joint Parenting Panel
- Early Help Partnership Board
- Special Educational Needs and Disabilities (SEND) Partnership Board

Each of these partnerships contribute to the delivery of various aspects of the Slough Wellbeing Strategy. Updates on their work have been included in the 'Wellbeing Strategy Priorities' section of this report.

The Wellbeing Strategy 2016 – 2020 explains there is a wider partnership network operating across the town which the Board is seeking to better coordinate.

Section 3: The health and wellbeing context

According to the Public Health England Health Profile for Slough published in [June 2016 – but about to be updated] the health of people in Slough is varied compared with the England average.

- Total life expectancy in Slough is worse than in England and the South East. Men are expected to live on average, up to 78 years old in Slough; this is significantly worse than the England and regional averages; while women are expected to live until 82 which is similar but lower than the national average.
- Healthy life expectancy for both men and women is significantly lower than the England average. Women on average can expect to live the last 24 years

of their life in poor health (compared to 20 years in England), while men can expect to live the last 18 years of life in poor health (compared to 16 years in England). This means men can expect to live shorter lives on average than women in Slough, but they spend a higher proportion of their lives in good health.

- There are also large disparities between the most and least deprived parts of the town: Life expectancy is 6.5 years lower for men and 4.1 years lower for women living in the most deprived areas of Slough, as compared to those living in the least deprived areas.
- Whilst deprivation is lower than the national average, about 7,716 children and young people live in low income families (before housing costs are taken into account) in Slough.
- Obesity in children in Year 6 is significantly worse than the average for England.
- Levels of GCSE attainment, breastfeeding and smoking at time of delivery are all better than the England average.
- There are a significantly lower percentage of physically active adults in Slough than the regional and England averages.
- Although estimated levels of adult smoking in Slough is similar to the England average, Slough's rate of smoking related deaths, Tuberculosis incidence (number of new TB cases notified), and the rate of late diagnosis of HIV are all significantly worse than England figures.
- Diabetes in adults is also significantly higher than the England average
- The take up of cancer screening programmes and preventative programmes in Slough is poor.
- Death rates for cardiovascular disease (CVD) in Slough are significantly higher than the rest of Berkshire, the South East and England – although death rates do appear to be falling at least as fast as the rest of the country.
- Hospital admissions for mental and behavioural disorders due to alcohol are also on the rise in Slough.
- Social isolation, depression and dementia rates are also steadily increasing across the town, although levels of recorded depression in Slough are lower than the national average.
- As people live longer the health and care needs of Slough's older people are also predicted to increase.

More information on the Joint Strategic Needs Assessment (JSNA) can be found here: [\[insert link\]](#)

An easy to read summary version of the 2017 JSNA using infographics is available at: [\[insert link\]](#)

Section 4: Highlights of progress overseen by the Wellbeing Board

Between May 2017 and April 2018 the Board met six times in public.

The section below sets out highlights of the work undertaken against the Board's statutory responsibilities and against the four priorities of the Wellbeing Strategy 2016 – 2020.

Statutory responsibilities

Joint Strategic Needs Assessment (JSNA)

The Board has a statutory responsibility to undertake a Joint Strategic Needs Assessment (JSNA) for the town. The JSNA is an assessment of the current and future health and social care needs of Slough's population and the factors affecting their health, wellbeing, and social care needs. It brings together information from different sources and partners to create a shared evidence base, which supports service planning, decision-making, and delivery. The 2016 JSNA presents key headlines from the most recent analysis of the data and includes population change, population groups, wider determinants of health (employment, housing, education, environment), health conditions and causes of death, lifestyles and service use. Supporting this information are ward profiles and links to Slough's Clinical Commissioning Groups profiles for those who require more detail.

A summary document is also produced each year drawing attention to key facts and figures, and highlighting priority issues for Slough. The JSNA is a continuous process and is updated as additional information becomes available, to support evidence-based commissioning and highlight gaps and areas for future work.

A refresh of the 2016 JSNA is currently underway and will be published later this year.

Joint Wellbeing Strategy

The Board's refreshed Wellbeing Strategy for 2016-2020 focuses on the areas it plans to make a significant difference to the health and wellbeing of the residents of Slough. The Strategy was developed following a review of the 2013-2016 Strategy and after a renewal of the borough's JSNA in 2016. It is being used to prioritise and underpin the work of the Board and its four priorities for the town are:

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

The Board's progress towards achieving each of these priorities is outlined in the next section. More information on the Strategy can be found here -

www.slough.gov.uk/council/strategies-plans-and-policies/slough-joint-wellbeing-strategy.aspx

Pharmaceutical Needs Assessment (PNA)

The Board has a statutory responsibility to undertake a Pharmaceutical Needs Assessment (PNA) every three years. The PNA aims to review the current pharmaceutical services for Slough and identify any gaps in provision through assessment, consultation and analysis of current and future local need.

The Board approved its second draft PNA for Slough for public consultation in November 2017 and endorsed a final version at its meeting in March 2018. This document will be published on the council's website at [insert link] shortly.

Slough Clinical Commissioning Group's (CCG's) Commissioning Intention Plans for 2017/18 and 2018/19

[insert]

Integration / partnership working

Throughout 2017/18 the Board has continued to oversee the development and delivery of a number of ambitious plans for local health and social care integration which will underpin the town's ambitions for the next five years.

This has provided the Board with a unique opportunity to drive forward its ambitions around health and social care integration. Within this context, the Board's headline achievements during 2017/18 have included the following:

Frimley Health and Care Sustainability and Transformation Partnership (STP)

The Frimley Health and Care Sustainability and Transformation Partnership is one of 44 plans set up across the country to deliver NHS England's 'Five Year Forward View' vision of better health, better patient care and improved efficiency. The plan sets out how this will be achieved locally and how services will evolve and become more sustainable over the next five years. The STP expands upon the work which is already underway in local communities to transform services for people by improving care and helping them to live longer healthier lives. Local people will have access to high quality consistent care as close to home as possible, with specialist services centralised where necessary.

The central role of the STP is to support local plans, such as the New Vision of Care, to achieve the changes that local people and local clinicians have feedback that they want. The plan focusses on the following priorities:

- Developing communities and social networks so that people have the skills, support and confidence to look after themselves.
- Focusing on NHS staffing to ensure the workforce is ready to meet the demands of our communities.
- Delivering consistent care for all aspects of a person's life.
- Using technology to help improve outcomes and increase efficiency.

The Board receives regular updates and progress reports about the delivery of the STP at each of its meetings.

To read the full Frimley Health and Care Sustainability and Transformation Partnership plan please visit: <http://www.sloughccg.nhs.uk/about-us/sustainability-and-transformation-plan>

Better Care Fund

The Better Care Fund (BCF) is a £8.76 million pooled budget between the Council and Slough's CCG. It is a government initiative to transform local health and social care services so that they work together to provide better joined up care and support. The Slough BCF programme for 2017/18 has continued in line with the plan agreed by the Board and assured by NHS England in [when?], which was broadly to:

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

The impact of the programme on reducing non-elective admissions to hospital, a key performance indicator, has been successful, but overall activity remains consistently around 9% above that planned. Delayed Transfers of Care have been significantly above an ambitious target of activity set in this year. However, Slough's performance is still exceptionally good when compared to the region and nationally and this is a result of investments made within the first two years of the Better Care Fund. BCF made investment into new integrated ways of working in this year, including an integrated cardio prevention service which provides a single route for GP and self-referrals into individually tailored advice and lifestyle support from a Wellness Coach that helps people improve their cardio wellness. There was also investment to establish a single point of access through to community health and social care services.

The programme is governed through regular monthly meetings of the Delivery Group together with bi-monthly meetings of the Joint Commissioning Board, which meets as part of the Health Priority Delivery Group. There have also been regular reports to the Wellbeing Board on progress and performance, and quarterly monitoring returns to NHS England as required within the BCF guidance. The Board will continue to receive regular updates on the delivery of the BCF throughout 2018/19.

More information on the BCF can be found here – [insert link]

Safeguarding

The Board received annual reports from both the Safeguarding Adults Board and the Local Safeguarding Children's Board. Both boards work on the recurring challenge of supporting practitioners working with vulnerable children and adults who need help and support but who do not need safeguarding interventions.

A new Joint Safeguarding Executive Group has been formed to bring together the work of both of these Safeguarding Boards and the Slough Safety Partnership to create cohesion between the three Boards. A communication strategy and new website has been created for these boards at [insert link]

The key issues facing the Adult Safeguarding Board during this period included the management of risk, working with people who self-neglect, mental capacity and the deprivation of liberty safeguards and making safeguarding personal, and a revised business plan has been developed to deliver the above objectives.

Slough's Local Children's Safeguarding Board's work programme during this period concentrated on implementing revised multi-agency threshold guidance for practitioners; introducing more effective processes on quality assurance; and taking

action to strengthen the Board's oversight of its multi-agency response to children at risk of exploitation.

Further information about the work of these Boards can be found at [insert link] and [insert link] respectively.

Priorities in the Joint Wellbeing Strategy 2016 – 2020

This section provides a summary of the progress that has been made to achieve the four strategic priorities of the Wellbeing Strategy.

Priority 1: Protecting vulnerable children

The vast majority of children in Slough lead safe healthy lives and are well cared for. However, as in all communities, a minority of families need additional support at times and a number of children require specific action by agencies to ensure that they do not suffer abuse or neglect. The SLCSB plays a key role in coordinating the work of a range of statutory partners and agencies in helping, protecting and caring for children in Slough. It also has a responsibility to identify blocks and barriers to success across the whole system.

Key achievements included:

- Endorsing the Slough Multi Agency Protocol for Transition from Childhood to Adulthood.
- Endorsing Terms of Reference for the Early Help Board.
- Receiving a presentation from the Slough Youth Parliament on its new manifesto in July 2017 and an up-date in its activities in September 2017.
- Developing and implementing a two year business plan for the Local Safeguarding Children's Board.
- Finalising and promoting our comprehensive education, employment and training offer and strategy for our looked after children and care leavers.
- Establishing an Early Help Partnership Board.
- Developing an early help strategy, setting out the partnerships expectations for delivering effective early help to all vulnerable children and young people living in Slough.
- Launching a number of local area collaboratives to build closer local working between schools, nursery providers, children centres, health services, family support services, and other key partners.
- Working with partners across the local health system to enable young people to access consistent health advice and support, including effective mental health services.

Other activity throughout 2017/18 included:

- Hosting a thematic discussion on this priority in January 2018. A report of this discussion can be found at [insert].

Next steps:

- To review and issue new Local Safeguarding Children’s Board’s guidance for practitioners to help them make decisions about thresholds for social care intervention.
- To review Local Safeguarding Children’s Board’s safeguarding training to ensure it is informed by evidence from practitioner experience and serious case reviews.
- To publish a plan in March 2019 setting out how local safeguarding partnership arrangements will operate following new government guidance expected in the summer of 2018.
- To carry out a self assessment of the Local Safeguarding Children’s Board to monitor it’s effectiveness during 2018/19.

Case Study

Insert

Priority 2: Increasing life expectancy by focusing on inequalities

This priority recognises the importance of lifestyle factors on health, and the rising rates of certain long term conditions (such as cardiovascular disease and diabetes) in Slough and which can impact on premature death rates (i.e. deaths that occur before 75 years). In Slough, mortality rates from causes considered preventable are increasing in males and are higher than the England average; while for females they are decreasing and are similar to England average. Preventable deaths [insert statistics] are also more common in men.

In order to make a difference to residents health and their subsequent need for health care, the Board closely collaborates with the Health and Social Care Priority Delivery Group to identify and champion a range of approaches and initiatives to tackle the risk factors that drive ill health, promote positive actions that address entrenched habits and lifestyles and actively encourage individuals and communities to take more responsibility for their own health.

Key achievements included:

- Over 4,000 children, across nine primary schools are now doing The Daily Mile in Slough. Two schools have invested in a purpose built track to allow them to participate in the programme.
- Over 10,000 children, families, teachers and staff now taking part in Active Movement across eight sites in the borough.
- 55 men are taking part in the weight loss intervention pilot called Man vs Fat, an inspirational programme of physical activity, culminating with the return of the Slough Half Marathon on 14 October
- 155 people took part in #10minutes4Slough (Eldest 79, youngest 5) campaign, culminating on World Mental Health day in October 2017. 92% of participants found they had become more active, while 80% reported feeling healthier (both physically and mentally).
- All Slough Children Centres have now reached Gold Standard in Oral Health promotion.

- Making it easier for residents to access lifestyle improvement programmes and step down help from hospital easier through the Cardiowellness4Slough programme. Over 1,949 residents were triaged to local services during the first year of this campaign. Of these, 872 people were referred to Adult Weight Management (Eat 4 health) support, 802 people benefited from NHS Health Checks.
- 1,600 people benefited from a behaviour change referral. 1,464 of the residents who accessed the programme (and were from a BME group) were triaged on to lifestyle services.
- Launching the #ReRealistic awareness raising campaign (January to March 2018) to improve the health and wellbeing of local people
- Receiving and commenting on the CCG Operating plan and the refresh of the CCG Operational plan 2017/19.
- Finalising Slough's first integrated three year Prevention Strategy to improve the health and well-being of local people. The Care Act (2014) emphasises the importance of a shift in service provision towards preventive services, with the aim of preventing, reducing and delaying the need for care and this strategy will outline our approach.
- Hosting a GP open day in June 2017 to enable patients to share their views on how local health services could be improved. On the day over [xxx] patients completed a short health survey, the results of which are now being used to commission services that meet local needs.
- Hosting a thematic discussion on this priority in May 2017. This report can be found at [insert].
- Continuing to support the implementation of Frimley STP, by providing a 'confirm and challenge' function, ensuring that the STP is aligned with the priorities set out in both the Wellbeing Strategy and the JSNA. The Board will also apply this 'confirm and challenge' approach to the forthcoming implementation of the STP, particularly with regard to the pace and readiness of the individual programmes of work within it.
- Developing a Low Emission Strategy for Slough that reduces emissions (mainly from vehicles) and improves local air quality.
- Hosting wicked issues discussions about obesity across all age groups and poverty and its impact across all age groups during the Board's 2017 Partnership conference.

Other activity throughout 2017/18 included:

- Endorsing 'An integrated Approach to identifying and assessing Carer health and wellbeing', developed and published by NHS England in order to promote increased support to and improve outcomes for, unpaid carers.
- Receiving the Slough Prevention Alliance Community Engagement (SPACE) annual report for 2016/17.
- Receiving the BCF annual report 2016/17.
- Receiving the Healthwatch annual report 2016/17.
- Overseeing the recommissioning of the Slough Healthwatch contract.

Next Steps:

- To launch GoodGym a combination of running, volunteering, community engagement and a programme to reduce social isolation and loneliness in vulnerable older adults, across Slough during in the Spring of 2018.
- Review the effectiveness of the #BeRealistic campaign.
- Review feedback on poverty campaign.
- To receive the Interim Director of Public Health's Annual Report 2017/18.

Case Study

Insert

Priority 3: Improving mental health and wellbeing

This priority responds to the high levels of poor mental health and wellbeing in the town that impacts on the general health and aspirations of individuals and families as well as the town as a whole. Only a small proportion of mental ill health is dealt with within specialist mental health services, so a range of preventative and alternative responses is vital, and these responses need to adapt to the needs of communities and Slough's increasingly diverse population.

The Board's approach to improving mental health and wellbeing includes improving access to information, training and support on maintaining good mental health for workers, volunteers and communities; supporting and strengthening community assets to support self care (primary prevention) and ensuring service users are involved in planning their own care (tertiary prevention).

Key achievements included:

- Endorsing the Berkshire Suicide Prevention Strategy 2017-2020 & Slough Suicide Prevention Action Plan. The plan identifies opportunities and priorities for communication around mental health and wellbeing and will focus on suicide and self harm prevention.
- Hosting a wicked issues discussion on the theme of loneliness and social across all age groups during the Board's 2017 Partnership conference.
- Receiving an update on Preventive Mental Health Services in Slough.

Other activity throughout 2017/18 included:

[Insert]

Next steps:

- To endorse a draft Autism Strategy for Slough.
- To endorse the SEND Partnership Board's Terms of Reference.
- To review feedback received on the #ReachOut loneliness and social isolation campaign
- To review feedback received during Mental health campaign
- To review progress made under Berkshire Suicide Prevention Strategy and Action Plan.

Case Study

Insert

Priority 4: Housing

There is a close relationship between poor housing and poor health. Poor housing can also have a negative impact on a wider range of physical and mental health problems. Today most of the town's housing can be regarded as having good standards of sanitation, weatherproofing, ventilation and repair. However nationally it has been estimated that approx. 70% of negative health impacts occurs as a direct consequence of factors outside the formal health service. Housing improvements are therefore accepted as one of the most critical of these impacts. However, no single organisation has it within its gift to provide a whole solution.

Improving the health and social wellbeing of our communities will take time and require an increased level of partnership working, not only with the health sector but also with private developers, statutory agencies, the voluntary and community sector, housing associations, our partners and residents themselves, if we are to deliver a range of housing and support services that meet the ambition and needs of our local people.

Key achievements included:

- Receiving a Housing Strategy Implementation Plan (six month update) in July 2017.
- Receiving a Housing Update: Key Elements and Recent Developments including Key worker housing in November 2017.
- Hosting a themed discussion on the issue of homelessness and rough sleeping in Slough in March 2018.

Other activity throughout 2017/18 included:

[Insert]

Next steps:

[Insert]

Case Study

Insert

Other achievements in 2017/18 included:

- Hosting its second annual Partnership Conference at The Curve in September 2017 to strengthen partner relations and working. The conference, which is a component of the Board's strategic objective to build a strong local partnership

through collaborations with Slough's multi-sector partners, provided participants with an opportunity to come together to discuss a number of wicked issues affecting the town.

- Refreshing its Terms of Reference to ensure we have the correct representation and offer an opportunity for wide engagement.
- Refreshing its Overarching Information Sharing Protocol to ensure information is shared consistently and securely between Board members. More information on this Protocol can be found at [insert link].
- Receiving regular updates from the Preventing Violent Extremism Co-ordinating Group on its activities and achievements.

Section 5: Conclusion

This Annual Report summarises the work of the Board to improve health and wellbeing outcomes for people living in Slough throughout 2017/18. The approach is one founded on strong partnership working and an understanding that the challenges facing health and social care are too great for any single organisation to tackle alone.

Members of the Board are committed to working together to ensure Slough has the right strategic plans and partnership arrangements to face these challenges.

During the course of 2018/19 the Board will continue to review and strengthen its partnership structures to build on the work that has been done to date to improve the health and wellbeing of local people.

The Board will use the findings of this Annual Report to review progress against the priorities in the Wellbeing Strategy and check that these remain the right areas of focus for the year ahead. It will refresh these priorities and the Strategy where appropriate if the data and local context suggest that this is necessary.

The Slough Wellbeing Board will also consult on any changes that are required and will invite input from partners and stakeholders at the annual partnership event to be held in the autumn of 2018.

APPENDIX 1: The Wellbeing Board has the following statutory responsibilities (as set out in the Health and Social Care Act 2012):

- To prepare and publish a Joint Strategic Needs Assessment (JSNA) of the health needs of the people of Slough.
- To prepare and publish a Joint Health and Wellbeing Strategy (JHWS) for Slough.
- To give its opinion to the Slough Clinical Commissioning Group (the CCG) as to whether their Commissioning Plans adequately reflect the current JSNA and JHWS.
- To comment on sections of the CCG's Annual Report which describe the extent of the CCG's contribution to the delivery of the JHWS.
- To give its opinion, when requested by the NHS Commissioning Board, on the CCG's level of engagement with the Board, and on the JSNA and the JHWS.

- To encourage integrated partnership working between organisations that plan and deliver health and/or social care services for local people in the area.
- To work with partners to identify opportunities for future joint commissioning.
- To lead on the signing off of the Better Care Fund Plan (BCF).
- To publish and maintain a Pharmaceutical Needs Assessment (PNA).
- To give its opinion to the Council on whether it is discharging its duty to have regard to any JSNA and JHWS prepared in the exercise of its functions.
- To ensure that strategic issues arising from Slough's Adult Safeguarding Board and Local Safeguarding Children's Board inform the work of the Board.
- To receive the annual reports from the Slough's Adult Safeguarding Board and Local Safeguarding Children's Board and ensure that partners respond to issues pertinent to the Board.
- To exercise any Council function which the Council delegates to it.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 28 March 2018

CONTACT OFFICER: Naheem Bashir, Prevent Coordinator, Slough Borough Council

(For all Enquiries) (01753) 875201

WARD(S): All

PART I
FOR INFORMATION

PREVENTING VIOLENT EXTREMISM COORDINATING GROUP (SIX MONTH PROGRESS REPORT)

1. Purpose of Report

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

2. Recommendation(s)/Proposed Action

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

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

3a. Slough Joint Wellbeing Strategy Priorities 2016 - 2020

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

3b. Joint Strategic Needs Assessment (JSNA)

The Wellbeing Board's Safeguarding Protocol 2016/17 recommends that the Prevent Board will contribute information to the Joint Strategic Needs Assessment as part of its annual update.

3c. Five Year Plan Outcomes 2017 - 2021

The action plan at Appendix A supports delivery against each of the following Five Year Plan outcomes: *Slough will be one of the safest places in the Thames Valley and Children and young people will be healthy, resilient and have positive life chances.*

4. Other Implications

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

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

(c) Human Rights Act and other legal implications - There are no Human Rights Act implications associated with the proposed action. Following the introduction of the Prevent Duty for local authorities and other parts of the public sector (contained within the Counter-Terrorism and Security Act 2015), the public sector has a key role to play in preventing people from being drawn into terrorism.

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

5. Summary

- Slough Borough Council established a multi-agency group, the PVE Coordinating Group in 2014 to bring together partners in the public and voluntary and community sectors to help coordinate work in this area and provide strategic oversight.
- At the November 2017 meeting it was decided by members to rename the PVE Coordinating Group as the 'Prevent Board' in line with local authorities nationally.
- The Prevent Board currently sits under the Slough Wellbeing Board and provides a regular (twice yearly) report to partners on its activities.
- This report is the third of these updates to be presented to the Board.

6. Supporting Information

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

7. Comments of Other Committees

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

- Slough Local Safeguarding Children's Board (SLSCB)
- Slough Adult Safeguarding Board (SASB)
- Safer Slough Partnership Board (SSPB)
- Children and Young People's Partnership Board (CYPPB))

8. Appendices Attached

'A' - Prevent action plan

9. Background Papers

None

APPENDIX - Prevent Action Plan 2017/18 – March 2018

Action	Progress update/comments
<p>Agree a programme to engage with faith and other community organisations to raise awareness</p>	<ul style="list-style-type: none"> ○ Engagement with all faith institutions has taken place on a regular basis over the past 12 months. ○ Key individuals have been invited to meetings/events involving Prevent organised by Prevent Coordinator, as well as, events run by Partner agencies. ○ Slough Prevent Advisory Group (SPAG) has been set up since December 2016. The group is chaired by a member of the community and Prevent Coordinator provides admin support. The aim of the group is to have a two way dialogue and discussion on Prevent and to ensure that Prevent is carried out effectively and efficiently and to address community concerns and grievances via the Prevent Coordinator. ○ SPAG is looking to hold a public event titled 'Have Your Say on Prevent'. It will be an opportunity to discuss and debate Prevent. The Panel will consist of a variety of representatives, including the Home Office.
<p>Schools training programme to be completed and kept under review</p>	<ul style="list-style-type: none"> ○ Ongoing WRAP and Prevent Awareness sessions to Primary and Secondary Schools taking place on a regular basis. ○ Prevent re-fresher sessions taking place in schools for those who have already undertaken WRAP. ○ Improved communication has lead to a better understanding of the referral process. ○ Prevent awareness and discussion with students in Secondary Schools during PSHE and/or assemblies. ○ Prevent Education Officer (PEO) that joined in September 2017 resigned after two months for a new role elsewhere. The new PEO starts on 26th March and the main role of the PEO is to provide support, advice and guidance to the Education Sector in Slough. ○ Provide support to the Prevent Coordinator.
<p>Develop a joint communication plan including:</p> <ul style="list-style-type: none"> ○ consistent messages for all partners ○ messages on travel to Syria ○ charitable giving ○ community's role "what is your contribution to the solution" 	<ul style="list-style-type: none"> ○ Regular communications and briefings by the SBC Senior Leadership Team and Members is communicated through the SBC website, local Press and Twitter. ○ National key messages on Prevent and travel to conflict zones is communicated through the SBC website, local Press and Twitter. ○ Advice and guidance on donating safely is available on the SBC website, under 'Charitable Collections'.

Action	Progress update/comments
Prevent Coordinator	<ul style="list-style-type: none">○ Engagement with key community individuals takes place on a regular basis.○ Information and update provided in relation to Prevent and it's implications.○ Organise community meetings/events to provide a two way dialogue in relation to the Prevent Strategy and Duty.○ Provide support to the Prevent Education Officer.

SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2017/18

MEMBER	19/07	27/09	15/11	25/01	28/03	09/05
Naveed Ahmed	P	P	P	P		
Nicola Clemo	Eric De Mello (Sub)	P	Eric De Mello (Sub)	Eric De Mello (Sub)		
Cate Duffy	Ap	Ap	P	P		
Cllr Pantelic				Ap		
Cllr Sabia Hussain	P	P		P		
Roger Parkin	P	P	Ap			
Ramesh Kukar	P	Jesal Dhokia(Sub)	P	P		
Lise Llewellyn	Ap					
Dr Jim O'Donnell	Ap	P	Ap	P		
Les O'Gorman	Ap	Ap	P	Ap		
Lloyd Palmer	Ap	P	P	Ap		
Colin Pill	Ap	Arunjot Mushiana (Sub)	P	Ap		
Judith Wright	Ap	Rebecca Howell Jones(Sub)	Rebecca Howell Jones (sub)			
Darrell Gale				P		
SYP Representative				P		
Alan Sinclair	P	P	P	P		
Supt. Wong	P	CI Spencer (Sub)	Ap	CI Spencer (Sub)		
NHS England representative	Ap	Ab	Ab	Ap		

P = Present

Sub = Substitute sent

Ap = Apologies given

Ab = Absent, no apologies given

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