

Date of issue: Monday, 30 April 2018

MEETING:

SLOUGH WELLBEING BOARD

Councillor Sabia Hussain (Chair), Cabinet Member for Transformation and Performance
Naveed Ahmed (Vice-Chair), Business 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
Raakhi Sharma, Slough Youth Parliament Representative
Alan Sinclair, Director of Adults and Communities

DATE AND TIME:

WEDNESDAY, 9TH MAY, 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**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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ITEMS FOR ACTION / DISCUSSION

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THEMED DISCUSSION

6.	Interim Director of Public Health's Annual Report 2017/18 (Draft): The natural environment	47 - 90	All
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FORWARD PLANNING

7.	Forward Work Programme (July - November 2018)	91 - 96	All
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ITEMS FOR INFORMATION

8.	Caring for our Carers in Slough: A Memorandum of Understanding	97 - 154	All
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<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
9.	Slough Prevention Alliance Community Engagement (SPACE) Annual Report January - December 2017	155 - 204	All
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SUMMARY

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WHAT DO WE WANT TO ACHIEVE AT THE NEXT MEETING?

12.	Date of Next Meeting	-	-
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18th July 2018

Press and Public

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

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

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Slough Wellbeing Board – Meeting held on Wednesday, 28th March, 2018.

Present:- Naveed Ahmed (Vice-Chair, in the chair), Lincoln Ball (deputising for Lloyd Palmer), Rodney D'Costa (deputising for Cate Duffy), Eric de Mello (deputising for Nicola Clemo), Ramesh Kukar, Dr Jim O'Donnell, Cl Grahame, Nigel Pallace, Colin Pill, Raakhi Sharma (from 6.05pm), Alan Sinclair and Darrell Gale

Apologies for Absence:- Councillors Hussain and Pantelic, Cate Duffy, Lloyd Palmer and Nicola Clemo

PART 1

63. Declarations of Interest

Item 4 – Slough Pharmaceutical Needs Assessment 2018-2021 – Dr O'Donnell declared that he was a partner in a surgery which jointly owned a pharmacy on Farnham Road, Slough.

Item 6 – Themed Discussion: Homelessness – Naveed Ahmed declared that he was involved in a company set up to provide key worker housing and he would not raise any issues related to this during any discussion.

64. Minutes of the last meeting held on 25th January 2018

Resolved – That the minutes of the meeting held on 25th January 2018 be approved as a correct record.

65. Action Progress Report

The Action Progress Report was received that updated the Board on the recently completed and outstanding actions arising from previous meetings.

Resolved – That the Action Progress Report be noted.

66. Slough Pharmaceutical Needs Assessment 2018-2021

The Acting Strategic Director of Public Health introduced a report seeking formal approval of the Pharmaceutical Needs Assessment (PNA) for Slough for 2018 to 2021.

The PNA was a statement of the needs for pharmaceutical services for the population in the area and set out the current provision and any gaps in provision. The document had last been agreed in March 2015 and it was requirement for a PNA to be agreed before 1 April 2018. The Board discussed the consultation and stakeholder engagement process that had been undertaken. The relationship with the national consultation on over counter medication and the promotion of self-care was also raised. It was noted that the PNA was based on needs and access on the current position,

however, there were other activities through the prevention programme and Sustainability & Transformation Programme which aimed to increase self-care and reduce the pressures on primary care.

At the conclusion of the discussion, the PNA was agreed.

Resolved –

- (a) That the PNA for 2018 to 2021 be formally approved.
- (b) That the final PNA and appendices be published on Slough Borough Council's website and be accessible for the lifespan of the report (until 31st March 2021).
- (c) That it be noted 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 would need to publish supplementary statements to the PNA; and
- (d) That it be noted that if other significant changes occurred which impacted on the need for pharmaceutical services during the lifetime of the PNA it may result in the need to refresh the PNA. No such changes were expected.

67. Frimley Health and Care Sustainability and Transformation Partnership

Sir Andrew Morris, the Senior Responsible Officer of the Frimley Health and Care Sustainability & Transformation Partnership (STP) gave a presentation that updated on the progress being made to deliver the STP plan.

The Board noted the key points of the presentation which can be summarised as follows:

- The STP should be seen in the context of the broader plan for NHS transformation designed to maximise the efficient use of resources.
- The STPs single operational plan would go 'live' on 1st April to shape the circa £1.2bn health and social care spend locally.
- Health, local authority and other partners had come together in the Frimley footprint area to develop, own and implement the shared plan. The partnership did not have any legal status but was a 'coalition of the willing'.
- The STP would build on the progress made in recent years to better integrate health and social care services.
- The intention was to treat people in the right setting and provide more services outside of hospital.
- It was also a priority to achieve financial balance across the system.
- The key initiatives and priorities had remained largely unchanged since the inception of the STP.
- Key priority areas included mental health with a 24/7 crisis intervention service and access for children and young people.

- The Frimley STP was amongst the furthest advanced in the country and NHS England was investing £30m in the plan.
- The plan would be rolled out across the Frimley footprint area with circa 80% of the plan applying universally and 20% varied to meet identified local needs.
- Early indications were that the approach was working with admissions being reduced.

(Lincoln Ball left the meeting)

The Board recognised the positive progress that had been made, and asked a number of questions including about the main challenges and whether the plan could lead to hospital closures as was the case elsewhere. Sir Andrew commented that the Frimley STP was starting from a strong base with good partnership working. There were financial challenges and savings would need to be made, however, it was confirmed that hospitals were not under threat.

From a local authority perspective, Alan Sinclair highlighted that the Council was closely involved in the STP and it was important to move towards the vision for greater integration. Some of the key local challenges for Slough were how to influence people's behaviour, for example encouraging residents to use the most appropriate care and reduce pressure on A&E and GPs. It was acknowledged that engagement was key and work was underway to take this forward. The Chairs of Health & Wellbeing Boards were now meeting regularly and there was a commitment to communicate and engage including through the greater use of technology. Practical measures such as increasing volunteering in hospitals was suggested as an area for further development.

Members commented on the importance of improving mental health services for children and young people, particularly as the new 24 hour service was for adults. Sir Andrew recognised that the issue of CAMHs capacity needed to be addressed as demand had risen significantly and the resources were not yet in place to match. The Board agreed that further work on CAMHs services should take place as a priority.

The Board raised a number of other issues including workforce development and data. Funding was discussed in terms of the additional money made available to the STP to invest in hubs as well as the wider medium term funding of social care services. Board members emphasised the importance of using the additional resources to improve services in Slough where there was the greatest need. Sir Andrew commented that Slough was the top priority in this regard and that local need was in factor considered in the business cases for the new hubs.

At the conclusion of the discussion the Board welcomed the positive progress being made and asked that its comments in relation to key priority areas such as mental health, CAHMs, resources for Slough and public engagement to encourage behaviour change be taken forward as the STP plan was rolled out.

Resolved – That the update on the Frimley Health & Care STP be noted.

(Slough Youth Parliament Representative Raakhi Sharma joined the meeting)

68. Homelessness - The Current State of Play

The Board had a themed discussion focused on homelessness in Slough and particularly the work of the Council's Strategic Housing Service in tackling the problem. A presentation was made by Emma Seria-Walker, Consultant in Public Health and Wellbeing for Public Health England, on the key issues and challenges. The Council's service lead for Strategic Housing, Colin Moone, contributed to the discussion.

A revised chart from paragraph 6.11 of the report was tabled due a reproduction error in the version in the agenda pack.

The key points noted in the presentation were as follows:

- Homelessness had been increasing since 2010 in Slough and elsewhere.
- The distinction between homelessness and rough sleeping was key and it was noted that in March there were 382 households in Slough in temporary accommodation, up from 315 in November 2017. Rough sleeping had increased from 14 in 2010 to 25 in 2016.
- There were a wide range of factors contributing to the problem. The vast majority of rough sleepers had experience of issues such as trauma, abuse, neglect and mental health problems.
- There was also a high incidence of drug misuse, mental health and long term physical health problems.
- Early years experiences were very significant influences and early intervention services were key.

The Board discussed the role of strategic housing services in the context of the wide range of partners that had contact with people who were homeless or at risk. The thresholds for housing support were quite high and the provision of co-ordinated services for homeless households was recognised as an issue. Members discussed how the thresholds took account of the multiple factors and deeply rooted problems that vulnerable people may have. The vital role of the voluntary sector was raised in providing help to rough sleepers in particular and there was a discussion about how they could be better supported. The models and best practice used elsewhere were considered and it was agreed that it was important to better understand what was working.

The establishment of the Early Help Board was noted in aiming to address some of the issues of early intervention, however, it was recognised that this was a long term approach that would take many years to reduce rough sleeping in the future. The Board discussed the potential benefits of a multi-agency group to address the problems of homelessness in Slough as they

currently existed. It would be important to better understand the homeless population and their service needs and access issues to better provide effective services to them.

During the course of the discussion, the Board recognised that there was a gap in multi-agency strategic working on homelessness and it was proposed and agreed that a Task & Finish Group be established to explore what more could be done to adopt a co-ordinated approach to tackle homelessness and rough sleeping. It was agreed that Alan Sinclair would convene the group that would include strategic housing, public health, Thames Valley Police, primary care and the voluntary and community sector. The outcomes of the work of the Task & Finish Group would then come back to the Board for the consideration.

Resolved –

- (a) That the report and key points of the discussion be noted.
- (b) That a Task & Finish Group of the Board be established to explore how a more co-ordinated and strategic approach could be taken by partners to reduce the growing problems of homelessness and rough sleeping.

69. Forward Work Programme

Members reviewed the Forward Work Programme for the Board and agreed the items for the next meeting including a themed discussion on the Director of Public Health's Annual Report.

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

70. Council's Five Year Plan

An information report was received that updated the Board on the Council's Five Year Plan 2018-23.

Resolved – That the content of the Five Year Plan, and in particular the refreshed priority outcomes in the context of the Council's ongoing commitment working to partnership working be noted.

71. Slough Wellbeing Board Annual Report 2017/18

The Board considered an early draft of the Slough Wellbeing Board Annual Report and were invited to submit any comments and case studies to the Council's policy team prior to the document being approved at the next meeting.

Resolved – That the draft Annual Report be noted.

72. Preventing Violent Extremism Coordinating Group (Six Month Progress Report)

An information report was received that updated on the work of the Preventing Violent Extremism Coordinating Group.

Resolved – That the report be noted.

73. Attendance Report

Resolved – That the Attendance Report be noted.

74. Meeting Review

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

75. Date of Next Meeting

The date of the next meeting was confirmed as 9th May 2018 at 5.00pm.

Chair

(Note: The Meeting opened at 5.02 pm and closed at 7.05 pm)

Slough Wellbeing Board – Action Progress Report 2017/18

28th March 2018

No:	Item	Action(s):	For:	Update/Report Back to and date:
6.	Themed Discussion: Homelessness Current State of Play	<ul style="list-style-type: none"> That a Task & Finish Group of the Board be established to explore how a more co-ordinated and strategic approach could be taken by partners to reduce the growing problems of homelessness and rough sleeping. 	Alan Sinclair	T&F Group to report to Board

25th January 2018

No:	Item	Action(s):	For:	Update/Report Back to and date:
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	OISP has been published.
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.

Slough Wellbeing Board – Action Progress Report 2017/18

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	Progress report to be received by the Board on 9 th May.
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	Completed – 28 March 2018.

Slough Wellbeing Board – Action Progress Report 2017/18

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. 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>Giovanni Ferri/Spt Wong</p> <p>Savio DeCruz</p> <p>Giovanni Ferri & Alan Sinclair</p>	<p>Action in progress between SYP and TVP.</p> <p>To be referred to Savio DeCruz for further discussion.</p> <p>In progress.</p>

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.

Slough Wellbeing Board – Action Progress Report 2017/18

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

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

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 9 May 2018

CONTACT OFFICER: Alan Sinclair (Director of Adults & Communities)

(For all Enquiries) (01753) 875752

WARD(S): All

PART I
FOR DISCUSSION

#BE REALSITIC CAMPAIGN UPDATE

1. **Purpose of Report**

1.1 To review the success of the Wellbeing Board's first social media campaign, #Be Realistic, within the context of the overall approach being taken and to discuss next steps.

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

2.1 The Board is recommended to:

- Review the progress made under the first campaign;
- Reflect on what could be done under the second campaign #Reach Out, which is due to launch in May 2018, in light of lessons learned; and
- Agree next steps.

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

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

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

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

The campaigns will contribute to the delivery of all of these priorities.

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

The campaigns are being planned using data and Intelligence from the JSNA and from partners, including:

- the demography of Slough
- the differing needs of communities in Slough

- the services currently available to slough residents

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

The campaigns also contribute to the delivery of the following council's Five Year Plan 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

4. **Other Implications**

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

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

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

5. **Summary**

This report provides the Board with an opportunity to:

- a) *Review the activity that has taken place under the first of its social media campaigns, #Be Realistic, and*
- b) *Consider next steps in respect of the second campaign, #Reach Out (in respect of loneliness and social isolation) which is due to launch in May 2018.*

6. **Supporting Information**

6.1 In September 2017 the Wellbeing Board held its second annual partnership conference. The conference provided the Board with an opportunity to engage with partners working in Slough from across the public, private and voluntary sectors.

6.2 During the event attendees debated a number of strategic issues facing the town. They also took part in world café discussions on three wicked issues (obesity, poverty and social isolation) which were interconnected as wider determinants of health and wellbeing.

6.3 Following the conference in September 2017, the Wellbeing Board committed to running a number of public awareness campaigns on obesity, social isolation, poverty (and mental health) using social media to improve the wider determinants of health and wellbeing in the town.

6.4 A small Sponsor group was established in October 2017 to look at the feedback provided on these wicked issues and come up with proposals for how a coordinated partnership campaign might be developed for roll out in 2018. Members of this group include Alan Sinclair, Gavin Wong, Nicola Strudley, Kate Pratt, Dean Tyler and Amanda Renn.

6.5 In November 2017 the Wellbeing Board signed off the following recommendations of the 'Sponsor group':

- 1) To run a separate public information campaign on each of the wicked issues.
- 2) To link the timing of these campaigns to existing national campaigns where ever possible (such as World Mental Health day in October for the mental health campaign). See appendix A for the suggested timetable/running order of these campaigns.
- 3) That the campaign would kick off with the #Be Realistic (obesity) campaign (to run from January to March 2018).
- 4) That each campaign would include a planning phase, a three week intensive activity phase and a separate evaluation phase.
- 5) That dedicated task and finish groups would be set up for each issue. These groups would be responsible for :
 - a) Creating a dedicated fact sheet to be shared with key partners, stakeholders and practitioners, to increase their knowledge and understanding of each issue and provide information and advice on the range of local services and activities that are available and which we should like them to actively publicise and promote to the public during the campaign.
 - b) Identifying and agreeing a number of extra projects that the Wellbeing Board and partners might like to get behind e.g getting the Daily Mile into every primary school, increasing number of people attending Slough park run each week etc.
 - c) Identifying and agreeing a list of potential partners that could be involved in each campaign (i.e. staff, board members, celebrities, patrons, volunteers, community groups, politicians, businesses and other partners).
 - d) Identifying the key measures of success that would be used to evaluate each campaign and feed this information into the next campaign on the list.
- 6) That the cumulative effectiveness of these campaigns would be shared with partners at the 2018 partnership conference
- 7) That each of these campaigns would be branded as a distinct Wellbeing Board campaign.
- 8) That a dedicated website would be created for each campaign.

Distance travelled and key deliverables from the last Wellbeing Board meeting

- The #Be Realistic campaign launched on 18 February 2018.
- Its aim is to improve the health and wellbeing of Slough residents by encouraging small positive changes in lifestyle. It is a public information campaign about achieving and maintaining a healthy weight.
- The campaign messages are communicated mainly via the social media accounts of the Wellbeing Board partners i.e twitter, facebook etc.
- In addition, the council's Public Health team has facilitated health checks for the council's cabinet (and the offer stands if Wellbeing Board members wish to take this up too).
- This was done to give the campaign a sense of leadership and for the cabinet and Wellbeing Board to use their own social media accounts to communicate the campaign messages.
- The health checks will be conducted again in October to measure any changes in health and activity levels and to see if cabinet members have stuck to their pledges.
- To date activity under this campaign has included:
 - Dedicated Website created – www.slough.gov.uk/berealistic
 - Fact sheets created for partners to help them deliver the campaign to their staff and target audiences
 - Local newspaper coverage on the launch and subsequent activities taking place
 - Weekly tweets using campaign material and pledges
 - Pledges from staff and residents that's have been publicised and promoted
- The campaign links to other initiatives at the council:
 - Children centres launch move and munch month in line with the campaign
 - Priory school gets active primary school award
 - Green gyms launched in six parks
 - The half marathon (in October 2018).

Campaign measurement

6.6 Measurement at present can only be linked to media/social media coverage and audience reach. The cabinet (and Wellbeing Board) health checks will also give us a snapshot of how the campaign has worked, however obesity and activity levels for the town generally need to be monitored year on year to obtain more significant results.

6.7 Following the positive media coverage given to this campaign in recent months the Sponsor group have decided to continue with it for the foreseeable future. It will run a parallel to the second campaign, #Reach Out which is due to start in mid May 2018 (after the local elections).

Lessons Learnt from the first campaign

- Although instructions were provided to all partners about what they needed to do with the range of materials provided, some communication and engagement leads were uncertain about what was required. Clearer instructions will be provided for the second campaign.
- Not all Board members' organisations took part in the campaign. Despite good engagement from SCVS, the council and Healthwatch Slough, we were unable to reach the NHS and businesses.
- It was agreed that each campaign should run for a period of three months. The Sponsor group have asked for it to be an ongoing campaign - but at some point the Wellbeing Board will need to decide when this campaign should stop. In addition, all

of the campaign materials that were developed have been used, so if this campaign is to continue, a clear steer about what this stage of the campaign should focus on would be helpful.

- There is also a risk that these campaigns could become campaigns of the council and not of the Wellbeing Board. Increased buy in and activity on the part of members and support from their communications and engagement leads would help prevent this from happening.

Planning for the #Reach Out campaign

6.8 A Small Task and Finish Group Lead by Ramesh Kukar and supported by Simon Broad, Liz Brutus, Sandy Dhaliwal and Amanda Renn has recently been established to review lessons learnt and oversee the planning and roll out of this campaign.

6.9 The group has followed the same approach adopted for the first campaign and are currently developing a number of 'materials' to support its launch, including two tailored fact sheets - one for the public and another for partners. This approach and the proposed materials are being tested with partners at a co creation event, hosted by SVCS on 25 April. Feedback from partners will also be used to develop a communication plan with Twitter messages for each of this campaign's targeted audiences. Down loadable templates are being created and will be available from the Council's dedicated #Reach Out page for people / partners to complete and return to enable us to create further messages throughout the campaign.

6.10 As the campaign progresses, a good example message sheet, a call to arms and personal pledges will be added to the #Reach Out webpage, along with Twitter messages in order to encourage other organisations to get involved.

7. Comments of Other Committees

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

8. Conclusion

8.1 The campaigns are helping support the delivery of the following outcomes:

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

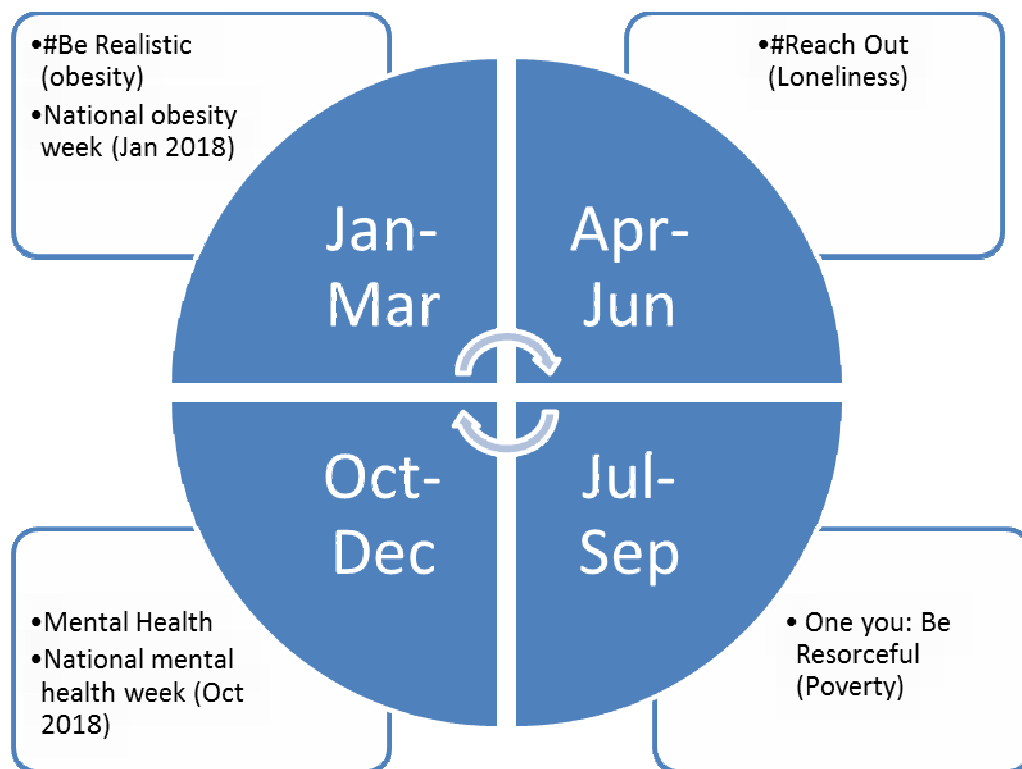
9. Appendices

A - Diagram showing the timing of the proposed campaigns

10. Background Papers

10.1 None.

APPENDIX A: Diagram showing the timing of the proposed campaigns



SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 9 May 2018

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

WARD(S): All

PART I
FOR COMMENT/ENDORSEMENT

SLOUGH WELLBEING BOARD ANNUAL REPORT 2017/18

1. Purpose of Report

To agree the Slough Wellbeing Board's Annual Report for 2017/18, so that it can be recommended to full Cabinet at its meeting on 16 July 2018.

2. Recommendation

Slough Wellbeing Board is recommended to agree the Slough Wellbeing Board's Annual Report 2017/18 attached at Appendix A.

3. The Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020, the Joint Strategic Needs Assessment (JSNA) and the Five Year Plan 2018 - 2022

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 priorities as set out below:

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

The Annual Report has been structured to address progress against not only the Wellbeing Board's statutory responsibilities but also each of the Wellbeing Strategy four priorities. The latest information on the health and wellbeing of Slough's population, based on information in the JSNA and the Public Health Outcomes Framework, has also been included at section 3 of the draft annual report.

3b. Five Year Plan 2018 – 2023 Outcomes

The work of the Slough Wellbeing Board directly contributes to the following outcomes in the Council's Five Year Plan:

- 1 Slough children will grow up to be happy, healthy and successful
- 2 Our people will be healthier and manage their own care needs
- 4 Our residents will live in good quality homes

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

Members are asked to:

- a) Agree the final content of the Annual Report for 2017/18; and*
- b) Note the process and timescale for production.*

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:

- Statutory responsibilities (pages 7 – 9), and
- Its key activities and achievements (pages 9 – 25).

6.2 It also highlights the role of the Board and the difference it has made during 2017/18 and sets out the context for its work during 2018/19.

6.3 This year we have also included case studies to enable the Board to demonstrate its wider achievements to the people of Slough. Wellbeing Board members had the opportunity to comment on, and have input into, earlier drafts. Subject to any final comments from members at the meeting, the Annual Report 2017/18 will be recommended to Cabinet for endorsement at its 16 July 2018 meeting.

7. Comments of Other Committees

7.1 Health Scrutiny Panel considered the draft Annual Report at its meeting on 26 March 2018. Panel members asked for the Annual Report to include more information and evidence concerning what the Wellbeing Board) are doing to encourage an increase in the take up rates for cancer screening. This comment has been addressed in the attached draft. We have also worked with members of the Local Safeguarding Children and Adult's Boards, the Safer Slough Partnership, the Joint Parenting Panel and the Health and Social Care PDG to ensure the annual report reflects the contribution being made by these partnerships and the collective difference made during 2017/18.

8. Conclusion

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

9. Appendices Attached

A – Slough Wellbeing Board Annual Report 2017/18

Appendix A

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.

Last September we hosted our second annual partnership conference at the Curve in the town centre to discuss how we can deliver better health and wellbeing outcomes for local people. The conference was a huge success and we welcomed over 60 delegates from 25 different organisations.

On the day we had presentations from people working across a range of different disciplines, from Adult Social Care, youth representation to higher and further education, all linked by a common focus; to enhance partnership working across Slough and identify opportunities for greater engagement and collaboration. A number of guest speakers shared their knowledge, expertise and top tips with delegates on dealing with a number of 'wicked issues' that evidence shows are impacting negatively on people in Slough: obesity, loneliness and social isolation and poverty, and to hear their thoughts on what residents would find most useful to support them on these issues. These discussions demonstrate how having access to local information and data and communicating it effectively could make a huge difference to local people's experiences and the decisions individuals might make about their health and wellbeing.

Following the conference, the Board has used this insight to develop and sponsor a number of social media campaigns which will run throughout 2018 to help change the way local people think and act and how we work together to fully support their needs. I've been delighted with the reaction to the first of these campaigns - our #Be Realistic (obesity), to encourage people to eat more healthily and get more active locally. Extreme diets and tough fitness plans can sometimes put people off making changes altogether, but this campaign is all about taking small steps now for a healthier you in the future. In just a few months we've managed to take some really positive steps across the council and the wider partnership, and I'm pleased to say that a lot of this campaign's early success has been targeted towards our children and young people.

The next campaign we have coming up is the #Reach Out campaign in May 2018. Tackling loneliness and social isolation is just as important as good physical health. Improving not only the physical but mental wellbeing of people in Slough is exactly what the Wellbeing Board is about and I look forward to seeing where we take this (and our other campaigns on poverty and mental health) in the year ahead.

I hope this report does justice to the quality and range of joint partnership work that has been carried out by the Board and others in 2017/18 and gives valuable insight into our role and the difference we, and others are making to the lives of Slough residents. I would like to thank my Vice Chair for his support and leadership throughout the year. I would also like to sincerely thank all of the Board's members, the wider partnership and other partners who have contributed to our work over the past year.

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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
- 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

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.

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

Sharing information

The Board has an Overarching Information Sharing Protocol, which is updated annually, to ensure information between member organisations is shared consistently and securely. More information about this Protocol can be found on the council's website at: www.slough.gov.uk/council/strategies-plans-and-policies/slough-joint-wellbeing-strategy.aspx

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.

The Board has a Protocol between it and the council's Health Scrutiny Panel and Healthwatch Slough. It sets out the respective roles and statutory responsibilities of each of these bodies and provides a framework for handling key issues and information between them in light of their individual functions.

More information about this Protocol can be found on the council's website at: www.slough.gov.uk/council/strategies-plans-and-policies/slough-joint-wellbeing-strategy.aspx

Section 3: The health and wellbeing context

According to the Public Health England Health Profile for Slough, published in June 2017, the health of people in Slough is varied compared with the England average.

- 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 also 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 6,900 (19 percent) children and young people live in low income families in Slough.
- Year 6, 469 (24 percent) of children are classified as obese, which is significantly worse than the average for England.
- The rate of alcohol-specific hospital stays among those aged 18 is 22 per 100,000 population is better than the average for England. This represents 9 stays per year. Hospital admissions for mental and behavioural disorders due to alcohol are also on the rise in Slough.
- 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 (323 per 100,000 population which equates to 150 deaths per year), Tuberculosis (TB) 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 and the rate of alcohol-related harm hospital stays is 618 per 100,000 population. This represents 727 stays per year.
- The rate of self-harm hospital stays is 168 per 100,000 population, better than the average for England. This represents 254 stays per year.
- 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.
- 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: www.slough.gov.uk/council/joint-strategic-needs-assessment
An easy to read summary version of the 2017 JSNA using infographics is available at: www.slough.gov.uk/council/joint-strategic-needs-assessment/jsna-summary-and-why-we-need-it.aspx

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 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 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.

More information on the PNA can be found here: www.slough.gov.uk/health-and-social-care/slough-pharmaceutical-needs-assessment.aspx

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 underpin the town's health and wellbeing ambitions for the next five years. These plans have provided the Board with a unique opportunity to drive forward its health and social care integration aspirations. Within this context, the Board's headline achievements during 2017/18 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 central ambition of the Plan is to support local initiatives, such as the New Vision of Care, to achieve the changes that local people (and local clinicians) have told us they want to see made. The Plan sets out how local services will evolve and become more sustainable over the next five years. It expands upon the work which is already underway in local communities to transform services and enable people to be able to access high quality consistent care as close to home as possible, with specialist services centralised, where necessary. 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 Plan at each meeting.

To read the full Frimley Health and Care Sustainability and Transformation Partnership Plan please visit: www.sloughccg.nhs.uk/about-us/sustainability-and-transformation-plan

- **Better Care Fund** - The Better Care Fund (BCF) (in 2017/18) was a £11.9 million pooled budget between Slough Borough Council and Slough's Clinical Commissioning Group (CCG) to transform local health and social care services,

so that they work together to provide better joined up care and support. The aims and benefits of partners signing up to this agreement were to:

- Reduce hospital admissions and delayed transfers of care;
- Make more effective use of resources, through the establishment and maintenance of a pooled fund for revenue expenditure;
- Improve the quality and efficiency of locally provided services;
- Meet the National Conditions and Local Objectives (of the Fund); and
- Protect adult social care services.

Last year's BCF focused on managing transfers of care from hospital, through a delivery framework model called 'High Impact Changes'. The fund also benefited from some additional money allocated to local authorities under the 'improved Better Care Fund' to meet adult social care needs, reduce pressures on the NHS and ensure that our local care market was adequately supported. Throughout 2017/18 the BCF programme has continued to have a positive impact on reducing the number of people being admitted to hospital and in maintaining good local performance in low numbers of delays in transferring people out of hospital and back home.

The programme is monitored by the Health and Social Care Partnership Delivery Group, together with regular reports to the Wellbeing Board (including an annual report) on progress, performance and outcomes. Quarterly monitoring returns are also made to NHS England as required within the BCF guidance framework.

More information on the BCF can be found here:

www.slough.gov.uk/council/strategies-plans-and-policies/slough-better-care-fund.aspx

- **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.

The Board maintains a Protocol which sets out the distinct roles and responsibilities of a number of partnership boards (including the Slough Wellbeing Board, Slough Local Safeguarding Children's Board, Slough Adults Safeguarding Board, Safer Slough Partnership, the Preventing Violent Extremism Group and the Joint Parenting Panel) and the interrelationships that exist between them in terms of safeguarding the people of Slough and the means by which effective co-ordination and coherence between these Boards will be secured.

More information on this protocol can be found at:

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

Further information about the work of these Boards can be found at

www.slough.gov.uk/council/strategies-plans-and-policies/slough-local-

[safeguarding-children-s-board.aspx](https://www.sloughsafeguardingboards.org.uk/sab) and www.sloughsafeguardingboards.org.uk/sab 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 local Children's Safeguarding Board 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.

Slough Children's Trust continue to make strong progress in improving services provided to support the most vulnerable children and young people in the borough. Ofsted's second monitoring visit to Slough Children's Services Trust found that it and the council had made significant progress in improving the outcomes for care leavers.

Significant inroads have been made in establishing **successful cooperation** between bodies such as the Joint Parenting Panel, the Local Children's Safeguarding Board, the Early Help Board (see below), the SEND Partnership Board and the council's Education and Children's Scrutiny Panel to secure the best outcomes for local children.

Last year saw the establishment of a **new Early Help Board**. At its inaugural meeting in September 2017, this partnership board agreed a Slough Multi-Agency Early Help Strategy 2017 – 2021, setting out its expectations for delivering effective early help to all vulnerable children and young people living in Slough. Work is ongoing to deliver this significant piece of change management with partners in Slough. At the same time, four new **early help local area collaboratives** were launched to build closer local working between schools, nursery providers, children centres, health services, family support services and other key partners to strengthen our local early help offer. These collaboratives will enable us to deliver more effective interventions that support families, improve children's outcomes and reduce levels of inequality locally.

We have worked with partners, as part of a wider partnership, to develop a multi agency strategy, setting out our pathway for improving the **Education, Employment and Training (EET) participation and attainment of our children looked after and care leavers**, to enable them to reach their full potential. This strategy and related action plan aim to limit the number of children looked after and care leavers, aged 16 – 25 who are not in employment, education and training. Slough is an acknowledged regional leader in this field for this group's peers and the vast majority of our young people are well below national and local averages. The strategy was developed in response to what the national picture about the life chances of children

looked after and care leavers and the local data tells us about this group; recommendations from the OFSTED Children's Services inspection in Slough and internal reviews and learning from best practice. Most importantly, young people in Slough contributed their ideas, feedback and experiences.

Throughout 2017/18 we have worked with the **Slough Youth Parliament** to campaign for the rollout of Personal, Social, Health and Economic (PSHE) education (as part of the national curriculum) across all secondary schools in the borough. PSHE education is a school subject through which pupils develop the knowledge, skills and attributes they need to keep themselves healthy and safe, and prepare for life and work in modern Britain. Evidence shows that well-delivered PSHE programmes have an impact on both academic and non-academic outcomes for pupils, particularly the most vulnerable and disadvantaged.

We have seen the successful transfer of **Education Services** (that were previously provided by Cambridge Education Trust) and **Special Educational Needs and Disability (SEND) services** (that previously formed part the Slough Children's Services Trust) back to the council and the appointment of a substantive Director of Children Services for the first time in three years.

For the first time ever, the council's **early year's** provision secured a 'good level of development' in 2017/18. Slough exceeded the national average for children securing a 'good level of development': Our children scored 71.2 per cent, compared to a national children's attainment level of 70.7 per cent. This is a significant achievement for our children and a real acknowledgment of the excellent partnership work that goes on across this sector.

Last year also saw the establishment of a **new Joint Safeguarding Executive Group** to bring together the work of both of the Adult and Children's Safeguarding Boards and the Slough Safety Partnership to create cohesion between these Boards. Transparent governance arrangements and clear lines of accountability between these bodies and others with a duty to safeguard children and young people have also been established. A new two year business plan for the Local Safeguarding Children's Board, communication strategy and new joint safeguarding website have also been created, with information on safeguarding procedures and what to do if you have a safeguarding concern. 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.

More than 250 professionals attended the **East Berkshire against Violence and Exploitation conference** in November 2017. A range of expert speakers shared current safeguarding challenges and good practice. Survivors bravely shared their experiences throughout the day. Attendees learned the skills to recognise exploitation respond appropriately to the needs of service users and refer people using the appropriate local and/or national pathways.

A successful **‘Safeguarding in Education Conference’** for partners and professionals, from a range of disciplines, was also held in March 2018. Delegates discussed:

- The latest updates on changes in safeguarding guidance;
- Best practice in safeguarding for the education and early years sector;
- Themes arising from safeguarding audits; and

Shared information concerning a number of new local initiatives and projects and networking opportunities with key services working in safeguarding.

Case Study 1: Slough’s Youth Offending Service reveals its mark of quality

Slough’s Youth Offending Service is celebrating a unique success after being awarded Quality Mark status for its work in supporting young people with special needs who end up in the youth justice system. More than fifty Locality Teams worked on a two-year project, sponsored by the Department for Education to help illuminate the distinct problems that many young people with special educational needs (SEN) in the youth justice system face. Slough’s Youth Offending Service was one of 12 Teams awarded Quality Mark status for 2017/18.

To attain the Quality Mark, area partnerships had to demonstrate the development of relationships, networks, protocols, policy and practice to support children and young people with SEN in the youth justice system. The YOT was able to provide evidence to the award creditors (Achievement for All (AFA), a national charity, the Association of YOT Managers and researches from Manchester University) of how partners, such as the Virtual School, Slough Borough Councils SEN team and various other partners worked with young people to support their SEN needs.

Slough’s Children’s Services Trust Chief Executive Nicola Clemo said *“We are very proud of the work of our Youth Offending Team in Slough. This award recognises the work they do to support some of our most vulnerable young people and to help them make the right choices for their futures.”*

Case Study 2- Work underway to deliver Healthy Choices Project

Slough’s Safer Slough Partnership has commissioned and funded The Lime Project 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 will help reduce risks by encouraging healthier relationships, positive influences and behaviours.

Children and staff from four Slough schools are working with colleagues from Lime to co-design a comprehensive programme of education to be delivered in weekly sessions over the course of a term. This includes specifically designed digital resources with complementary activities, exercises and learning materials to help 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.

Next steps:

- To further embed our work with partners to safeguard children and young people in Slough by:
 - Reviewing the Local Safeguarding Children's Board's guidance for practitioners (to help them make decisions about thresholds for social care intervention) ;
 - Reviewing safeguarding training to ensure it is informed by evidence from practitioner experience and serious case reviews;
 - Publishing a plan by March 2019 setting out how local safeguarding partnership arrangements will operate following new government guidance expected in the summer of 2018; and
 - Carrying out a self assessment of the Local Safeguarding Children's Board to monitor it's effectiveness during 2018/19.
- To promote the voice of the children and young people in service developments.
- To refresh our Corporate Parenting Strategy 2015 – 2018 (and supporting action plan), which sets out our intention of ensuring all children and young people who are looked after by Slough Borough Council and the Slough Children's Services Trust are provided with the best possible care and support.

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 2014, nearly a quarter of all deaths (23 percent; 116,489 out of 501,424) in England and Wales were from causes considered potentially avoidable either through timely and effective healthcare (amenable) or public health interventions (preventable). Males were more likely to die from an avoidable cause than females and account for approximately 60 percent of all avoidable deaths. Nationally, approximately 29 percent of all male deaths were from avoidable causes (70,108 out of 245,142 deaths) compared with 18 percent of all female deaths (46,381 out of 256,282 deaths) in 2017 (Slough DPH annual report 2017). In Slough, mortality rates from causes considered preventable are also increasing in males and are higher than the England average; while for females they are decreasing and are similar to England average.

Public Health

We have continued to provide essential services to improve the health and wellbeing of Slough residents, including the health visiting and sexual health services and smoking cessation, where we continue to perform above the England and South East in quit rates.

We have also worked with the Change4Life public health campaign project team to help **improve dental health** in the borough, particularly amongst children, following the release of statistics about tooth decay in under fives by Public Health England. So far more than 160 hours of information sessions have been held, with 4,000 'top tips for terrific teeth' leaflets distributed. All 10 children's centres have also now reached gold accreditation, for reaching high standards in oral health advice and promotion.

A new integrated public **health nursing service for 0-19 (25) year olds** was launched called 'Public Health Nursing 4 Slough'. This service provides an integrated 0-19 public health nursing service (and up to 25 years for individuals with Special Educational Needs and Disability (SEND)) and includes a single point of contact, extended hours and an on-line provision for service users.

A new free **breast cancer screening** site was launched in Chippenham Community Centre, which over the next two years, will invite all eligible women in the Slough area to attend essential, free routine screening. About one in eight women in the UK are diagnosed with breast cancer during their lifetime, and detecting breast cancer as early as possible improves the chances of treating it successfully. The next stage will be to align our work with the Thames Valley Cancer Alliance's Quality Improvement Service (QIS), as part of the early diagnosis transformation programme funded by the National Cancer Transformation Fund.

Highlights from Public Health:

- Increasing the number of health checks (2,300 health checks) and falls risk assessments (301) undertaken last year.
- Delivering a free six week course in collaboration with Healthmakers for adults living with a long term health condition to help them better manage their health and significantly improve their quality of life.
- 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.
- Illuminating the Curve to mark World TB Day and raise awareness to the global 'Light up the World for TB' campaign. TB is a key priority for Slough, there were 207 cases of TB among Slough residents between 2013 and 2015, giving an incidence rate of 47.8 per 100,000 population, which is significantly higher than the national average of 12 per 100,000 population (Slough Health Profile 2017). TB is curable and testing for the latent (sleeping) form means people can be treated before they become ill.
- 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 took part in the weight loss intervention pilot called Man vs Fat, an inspirational programme of physical activity, which will culminate with the return of the Slough Half Marathon on 14 October
- 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 and 802 people benefited from NHS Health Checks. 1,600 people benefited from a behaviour change referral; 1,464 of the residents who accessed this programme (and who were from a BME group) were triaged on to lifestyle services.
- Launching #10mintues4Slough - an 8 week health challenge in the lead up to Mental Health Day. The challenge involved moving more – at least 10 minutes a day – through a variety of suggested activities delivered by email every week.
- Helping residents to exercise and enjoy outdoor spaces at 15 Green gyms in parks across the borough – Upton Court, Cippenham Rec, Buttermere Ave, Salt Hill Park, Kidderminster Park, Crown Meadow, Harvey Park, Godolphin Rec, Kennedy Park, Manor Park, Langley Pavilion, Spring Gate Field, Rochford Gardens, Eltham Avenue and The Cherries (funded by Wexham Parish Council). All of these gyms are free to use and residents can turn up anytime to use them. They also cater for the whole community regardless of fitness levels.
- Providing a range of activities for council staff to celebrate World Fitness Day in September 2017, including Yoga, table tennis, Boccia, Midday Mile, yogalates and running.

Throughout 2017/18 the Board has continued to oversee the Sustainable Transformation Partnership, which moved us closer towards becoming an **Accountable Care System**. The issue of governance, how to engage with local residents about the programme and the role of Health and Wellbeing Boards in the new arrangements have been a particular focus of the Board's discussions and is

helping to shape the Partnership's new reporting arrangements and ensure that the focus is on the seven work streams that form part the programme. As part of this, the three East Berkshire CCGs will be merging in 2018 and the Board will continue to scrutinise progress on this throughout 2018/19.

To ensure adult social care services in Slough are fit for purpose and can meet increasing demand, we have continued to monitor the council's **Transformation Programme for Adult Social Care** in collaboration with the Health and Social Care Priority Delivery Group and the council's Health Scrutiny Panel. The Wellbeing Board closely collaborates with these bodies 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.

This collaborative approach has provided valuable insight into a number of significant changes that need to be made in service provision and has helped to provide corporate and partnership assurance that the decisions being made are in the best interests of local residents.

Our first fully integrated three year **Prevention Strategy** builds on this work and sets out how the council and the Slough Clinical Commissioning Group will meet the future health prevention needs of local people. This Strategy emphasises the importance of a local shift in service provision towards more preventative services, with the overall aim of preventing, reducing and delaying local people's need for care.

At the same time, we reviewed and endorsed Slough CCG's (now NHS East Berkshire CCG) **Commissioning Intention Plans for 2017/18 and 2018/19** and reviewed the overall picture regarding local health inequalities in Slough. This review showed that whilst some indicators remain less favourable than national averages, recent improvements in childhood obesity have been welcomed locally and the impact and success of a number of high profile public health campaigns, endorsed by the Board since 2016 was recognised (see below).

We launched our **#ReRealistic (obesity)** social media campaign in February 2018 to encourage local people, staff and councillors to make small changes to their diet and lifestyle to become healthier.

Like many areas of the UK, Slough experiences elevated levels of air pollution which have a marked impact on the health and wellbeing of our residents. While several factors contribute to the borough's air quality, emissions from road transport vehicles are the most significant source. The council's forthcoming **Low Emission Strategy** will reduce emissions and improve local air quality. LES supports the council's new Transport Strategy and forms part of Slough's Air Quality Action Plan. It includes an integrated, year on year plan to improve air quality up to 2025, reducing vehicle emissions by accelerating the uptake of cleaner fuels and technologies

Healthwatch Slough

During 2017/18 Healthwatch Slough received over 675 stories from people, carers and staff, all of whom have given their time to share their experiences of health and

social care services across Slough. This insight helped Healthwatch to produce 7 reports and several case studies, creating a valuable source of feedback from local people about how the NHS and social care services are performing in the current climate. Healthwatch Slough has also helped to shape changes across the borough, from mental health inpatients being able to suggest how services can be improved, to no more queuing outside your GP surgery to get an appointment in the morning, to improving the support and training available for carers and to setting up a task and finish group to look at Slough becoming a disability friendly town.

The council also recommissioned the local Healthwatch contract in the summer of 2017. Healthwatch Slough was awarded a new 18 month contract to continue gathering people's views and experiences of health and social care services in Slough. The new contract, which began in October 2017, allows Healthwatch Slough to continue to capture the voices and experiences of our patients and services users and ensure that this information is used to help shape future services across Slough, so that they meet the needs of our local population

Slough Voluntary Sector Consortium (SPACE)

During 2017/18, 7,762 residents used a service delivered by the Slough Voluntary Sector Consortium (SPACE); 66 percent of clients reported an improvement in their health and wellbeing after their interventions. In addition:

- 2,909 residents took part in a wellbeing activity;
- 377 people volunteered to support the SPACE charities, contributing 18,467 hours,
- Wellbeing prescription launched with 247 referrals,
- 114 isolated and lonely people accessed befriending support; and
- 105 cases of homelessness were avoided.

Case Study 3 - Eat4Health

Annie (not her real name) started her weight loss journey in February 2017. She knew she was overweight and that her health was at risk if she didn't do something about it. She also wanted to get fit and lose enough weight to fit into her Cruise suit for a holiday coming up in September 2017.

Annie took part in the Eat4Health initiative. She learnt about food intake and adjusted her life style accordingly. She was also pleased that they did a follow up check as it was good for her to see how the course really helps people of all ages to achieve good weight loss even when you're in your seventies. Annie achieved that goal by September (i.e. and the suit fitted) but continued with her Eat4Health fitness and eating regime as she realised it was working and felt really good about herself.

"I set myself a new goal - to get down to 13.5 stone by May 2018 and I found that as more and more people (family and friends) complimented me it gave me the motivation to continue".

"I would never have thought it possible but thanks to the Eat4Health programme it was".

Annie didn't seek support from any group as her motivation came from seeing the results and feeling healthier and fitter. Annie's number 1 piece of advice to others would be to "watch their 'portion sizes'".

As for the future *"I will continue with what I'm doing as life is much more enjoyable now and I will make sure that I don't slip back into bad ways"*.

Starting weight – 97.4kg BMI = 30.74

Week 12 weight at the end of Eat4Health programme – 91.9kg = 5.6 percent weight loss BMI = 29.01

Follow up weight at 6 months = 86.1kg = 11.6 percent weight loss BMI = 28.1

Case Study 4 - Carers week 2017

The council kicked off a week of events for carers during National Carers Week with an evening of celebration for some of Slough's 11,600 carers in June 2017. The event provided participants with an opportunity to take a break and have some fun and enjoy a three course meal, live music and a variety of entertainment at the Copthorne Hotel. Everyone who attended received a free goodie bag (provided by Debenhams) and a head massage.

Zoe (not her real name) attended and had a super time. *"Starting the week with the dinner at the Copthorn Hotel was just great"*.

Over the course of the week a number of different experiences were laid on for carers, including a boat trip and garden tour to flower land, a quiz, nail painting and tea and cake. At Zoe's care group in Cippenham they also had art and crafts classes, which she found "very relaxing".

Talks were provided by local groups (such as Healthwatch Slough) to anyone who wanted help in that field and an advisor on benefits etc. was provided by Special Voices.

The highlight for Zoe was a visit to the Royal Opera where her group was *"spoilt on arrival with tea and sandwiches and brownies"*.

"It was really good to feel pampered throughout the week as a carer. It made me feel I was really special and I am sure all the carers felt the same. It made me feel we really are appreciated. Let's hope next year's event will be even better"
"Thank you to all those that made it a memorable day for us carers. We did really enjoy every bit of it".

Next Steps:

- To continue to support the implementation of the BCF and STP by providing a 'confirm and challenge' function, to ensure these programmes continue to be aligned with the priorities set out in both the Wellbeing Strategy and JSNA.
- To receive the Interim Director of Public Health's Annual Report 2017/18 on the natural environment.

- To collaborate with the council's Health Scrutiny Panel on their investigation into obesity and how to tackle this in the workplace.
- To launch the poverty social media campaign in the autumn of 2018.
- To support our residents to be more active and encourage more people to have a health check.

DRAFT

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).

The Board has continued to monitor the provision of essential **mental health services** on behalf of Slough residents and endorsed moves to bolster preventative care, including the work of the Recovery Colleges, where service users are supported to better manage their own mental health problems and supported to act as peer advisers to those who may be facing issues they themselves may have previously encountered.

We launched the **Berkshire Suicide Prevention Strategy 2017 - 2020** and the Slough Suicide Prevention Action Plan. This joint strategy, which serves the whole of Berkshire until 2020, has been adopted by each of the CCG's, Local Authorities, and Health and Wellbeing Boards in Berkshire. It seeks to save the lives lost to suicide through prevention, and also seeks to improve the general health and wellbeing of those directly affected by suicide. The Strategy was first unveiled at a media event in September 2017 to promote responsible press coverage of suicide to mark Suicide Prevention Awareness Day on 10 September. It was officially launched in October 2017 at an event at the Town Hall in Wokingham. Progress made under the Berkshire Suicide Prevention Strategy and Action Plan will be reviewed during the summer of 2018.

We saw the launch of the '**Little blue book of Sunshine**'. Over 40,000 young people across Berkshire who feel stressed or mentally unwell have been offered help through this new local NHS booklet, which offers top tips on coping with exam stress, dealing with negative body image, relationship issues, anxiety, anger or depression.

We signed up to ITV **Good Morning Britain's 1 Million Minutes campaign** to tackle loneliness in older people. Around 1,500 older people in the borough are thought to suffer from social isolation and chronic loneliness; not speaking to any friends or family for more than a week at a time. Board members asked local people to pledge to give anything between 50 and 120 minutes of their time to help a lonely older person last Christmas.

We also supported the "**I can't keep quiet anymore**" **world mental health day exhibition**, with provider stands and stalls and raising the profile of the council's

mental health services with partners who attended the World Mental Health Day event at the Curve in October 2017.

Highlights from mental health services:

- 155 people took part in the #10minutes4Slough campaign, culminating on World Mental Health day in October 2017.
- 92 percent of participants found they had become more active.
- 80 percent reported feeling healthier (both physically and mentally).
- Presenting at a regional conference on suicide prevention. Additionally, 23 mental health professionals from Italy visited Slough's mental health team to learn from what the team do.
- Slough's locality team for mental health winning the SCVS Partnership Award at the 2017 Slough Voluntary Sector Awards. The council's adult social care team came second in the same category.

Case Study 5

To follow

Next steps:

- To launch our #ReachOut (loneliness and social isolation) social media campaign in May 2018 and our #Mental Health social media campaign in October 2018. Loneliness and isolation are a contributing factor to poor mental health problems. Research shows that 38 percent of people with dementia say that they are lonely, with a further 12 percent reporting they do not know if they are lonely. A third report that they had also lost friends after a diagnosis. GPs report that 1-5 elderly people a day visit their surgeries because they are lonely. The Board's direction of travel for the year ahead will continue to include a strong focus on loneliness and isolation across all age groups in Slough.
- To launch GoodGym across Slough; a programme to reduce social isolation and loneliness in vulnerable older adults through a combination of running, volunteering, community engagement, during in the spring of 2018.

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 approximately 70 percent 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.

The council's new **housing strategy** acts as the main delivery mechanism to achieve many of the Wellbeing's Boards housing priority aims and objectives. It was developed in tandem with the Joint Wellbeing Strategy's housing priorities and the links between wellbeing and good quality housing are clearly established. Under this strategy:

- Ensuring the sustainable supply of new affordable housing for key workers;
- Providing safe and secure housing for vulnerable young people, including care leavers; and
- Supporting developments that enable families to settle, and young people to stay, in Slough, rather than building solely for young professionals

are key priorities of the Board.

A **key worker policy** to provide council accommodation for key workers (Teachers and Social Workers dealing with vulnerable adults and children) has recently been adopted by the council, but given the pressure on local housing, there will be a need to support these groups in their applications for social housing.

The findings of the council's recent **stock condition survey** are being used to improve the quality of its housing stock and develop a maintenance and investment programme for our partners, Osborne, to deliver over the next five years. Over £100m will be invested in repairing and improving council housing stock. This programme will ensure that works are prioritised and the council's housing stock is maintained in accordance with legislative and regulatory requirements and beyond. The survey has also been instrumental in informing the council's Asset Performance Evaluation model, which aids decision making when considering options for managing the council's housing stock. For example, as properties become void they will be assessed to determine the value of carrying out improvement or investment

works or an alternative use depending on its performance assessed against a range of factors including financial, social and local demand.

Work is underway with **private landlords and their tenants** to improve the quality of private rented accommodation in Slough, by improving the thermal efficiency of homes, a key factor in tackling fuel poverty and, more importantly, health inequality.

A number of **community events/activities** have taken place over the last year to help restore people's pride in their environment and neighbourhood, including: Community Clean Up and Crime Reduction Events across the borough, Community Projects such as the Cockersherd Woodland Pocket Park, the formation of the Slough Dogs Body Group, aimed at reducing dog fouling and improving animal welfare and joint initiatives with Thames Valley Police, such as the Britwell Youth Engagement Project.

The Board also hosted a workshop in March 2018 to investigate the increase in **homelessness and rough sleeping** across the borough. The workshop brought together policymakers and local service providers to understand the scale of the problem, raise awareness of the impact that being homeless and sleeping rough can have on an individual's health and physical and mental wellbeing and to start to brainstorm possible solutions to tackle this issue locally. A task and finish group is being established to look at this issue in more detail with a report being brought back to Board later this year. One of the first things this group will be asked to investigate is the introduction of a 'housing first' approach to meeting the future needs, rather than larger hostel type developments, of homeless people and rough sleepers with mental health problems.

A **Tenancy Sustainment Officer**, specialising in homelessness, is being recruited to help sustain individuals in their own homes and meet their wider needs, as part of the council's forthcoming homelessness prevention strategy. Given the growing prevalence of homelessness in Slough (and across the South East in general) this issue is likely to remain a key area of interest to the Board in 2018/19.

Other activity throughout 2017/18 included:

- Receiving reassurances from the council's housing services team that all of its housing stock was fire safe in the aftermath of the Grenfell tragedy. None of the cladding used on the council's properties was of the type used at Grenfell.
- Establishing a task force and developing a mutual aid agreement with an external provider to guarantee residents safety in case of emergency
- Establishing James Elliman Homes, a subsidiary housing company and the purchase of 20 street properties in 2017/18. A further 50 street properties/units will be acquired in 2018/19.
- Endorsing a Leaving Care Protocol between the council's Housing Services and the Children's Trust to jointly address the diverse accommodation needs of young people leaving care.

Case Study 6 - 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).

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 has been allocated to a family currently on the housing waiting list and housing officers worked with occupational therapists to ensure the needs of the family were met.

Lydia was the Mayor of Slough in the municipal year 1984/85 becoming the first ever black lady Mayor in the whole of the UK.

She was born in Montserrat in the Caribbean in 1938 and came to Slough in 1960, serving as a councillor from 1979 to 1994 and from 1999 to 2007. She was chair of the committee responsible for housing from 1985 to 1994, shadow commissioner for housing and commissioner for social exclusion and neighbourhood services.

She was also given an OBE in the New Year's Honours list in 2011.

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.

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 and governance arrangements 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:** 9 May 2018

CONTACT OFFICER: Dr Liz Brutus, Service Lead - Public Health
(For all Enquiries) (01753) 875142
 Report Author: Darrell Gale, Acting Strategic Director of Public Health for Berkshire

WARD(S): All

PART I

FOR DISCUSSION

THEMED DISCUSSION: DRAFT ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

1. **Purpose of Report**

This report presents the Annual Report of the Director of Public Health (2018) – ‘Creating the Right Environments for Health’ and summarises its recommendations.

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

The Board is requested to note the report.

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

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

The Report highlights that access to the natural environment and green space has a positive benefit on the first three of the following Slough Joint Wellbeing Strategy 2016 – 2020 (SJWS) priorities:

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

3b. **The JSNA**

The Report highlights that access to the natural environment and green space has a positive benefit on a variety of health issues that have been well documented in the Slough JSNA. Specific benefits include improved mental health and wellbeing, increased physical activity and increased opportunities for communities to meet and reduce social isolation – all of which are seen across the lifecourse. In addition, these benefits are thought to be even more favourable in less affluent and many BME groups within the community and thus help address health inequalities.

3b. **Five Year Plan Outcomes**

The Report recognises the benefits of the natural environment and green space to help the Council address its first three 2018 Five Year Plan outcomes around best start in life, healthier people and making Slough more attractive. This is particularly timely, given the considerable discussion about the course of Slough's urban regeneration. However, the Report also recognises the inherent tension in addressing the Council's 4th and 5th outcomes around residential and commercial development.

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

4. **Other Implications**

(a) **Financial**

There are no financial implications of proposed action.

(b) **Risk Management** *(Compulsory section to be included in **all** reports)*

In accepting for information the contents of this Report, there are no significant risks, threats and opportunities associated.

(c) **Human Rights Act and Other Legal Implications** *(compulsory section to be included in **all** reports)*

There are no Human Rights Act Implications.

5. **Summary**

- The Wellbeing Board is being asked to receive the Annual Report of the Director of Public Health (2018), 'Creating the Right Environments for Health' and that the final report is published on the Council website.

6. **Supporting Information**

6.1 Directors of Public Health have a statutory duty to write an Annual Public Health (APH) report which informs people about the health of their community, health gaps and priorities that need to be addressed and to ensure the report will be published and in the public domain. The APH enables the Director of Public Health to make an independent judgement about the state of health and wellbeing of the local population and the opportunities for improving it. The report provides necessary information for decision making that can have an impact on local health and wellbeing.

6.2 The APH (2018), *Creating the Right Environments for Health*, focuses on one of the wider determinants of health – the natural environment – and how this could be used to improve the health of Slough's people. It begins by describing the natural

environment and its relationship to other determinants of health (such as income and social status, educational attainment, employment), then goes on to examine particular health dimensions in this context. Finally, it considers the challenges and opportunities to the natural environment that we can adjust in order to improve the wellbeing of our communities and from these, builds recommendations to act on.

6.3 The natural environment can have wide ranging health benefits for individuals and our communities. The Report examines how there is clear evidence for a range of improvements to health and wellbeing, including but not limited to:

- Mental health
- Pregnancy
- Childhood development
- Reduction in cardiovascular disease
- Increasing physical activity
- Reducing health inequalities
- Improving cohesion in communities

6.4 The Report has been able to showcase the wide range of success stories from Slough, along with other organisations that are increasing our health and wellbeing by using the natural environment. It also considers the current health of our population, particularly in the areas that could be improved by green spaces. There are opportunities and challenges to using green spaces, and they have also been considered including some of the limitations to achieving these benefits and a few of the ways we might make more use of the assets in our area.

6.5 The Report's recommendations are:

1. Local authorities and other agencies should continue to encourage community initiatives that make the most of natural space available, with the aim of improving mental health, increasing physical activity and strengthening communities.
2. Existing green space should be improved and any new developments should include quality green spaces and be designed with active transport in mind.
3. Planning guidance for new developments should specifically consider the use of green and blue space to improve the health and wellbeing of residents and others using the space.
4. Public health / Local Authority should foster new relationships with organisations aiming to improve the natural environment and its use.

7. **Comments of Other Committees**

This report has not been presented to any other committees.

8. **Conclusion**

The Report provides an overview of the relationships between the natural environment and health and how Slough might use green space to improve health and wellbeing.

Slough Wellbeing Board is requested to receive for information the Annual Report of the Director of Public Health (2018), *Creating the Right Environments for Health*.

The final Report should be published on the Slough Borough Council website.

9. **Appendices attached**

'A' Annual Report of the Director of Public Health (2018): *Creating the Right Environments for Health*

10. **Background Papers**

None

Creating the Right Environments for Health

The Annual Report from the Director of Public
Health

Slough
April 2018

FOREWORD

We are shaped by our environment more than we may realise. Public health through the ages has always understood that environmental factors, from poor housing, lack of sanitation and poor air quality have an important role to play in determining our health; both as immediate threats to life and limb; and as long-term factors creating long-term exposure to potential harms. Other disciplines - and indeed many of our established arts - have sought refuge and inspiration in nature; however, it has taken some time for public health and medicine to identify the evidence base supporting what many of us had long felt; that nature and greenspace is good for us!

This report is intended for a wide audience. Since public health moved back into local government in 2013, we have reconnected with many of our valued colleagues in planning, leisure and sports development, parks and recreation, housing and highways (amongst others) to create place-based strategies and deliver actions which bind together these wider determinants of health with our local priorities. I hope that this report reaches a wide and diverse audience, most importantly to residents and to their representatives such as Councillors and GPs, who are poised to respond to the recommendations laid out herein.

With ever increasing demands for new housing in the South-East of England, and the need to improve and increase infrastructure; so the natural environment can come under pressure and its intrinsic values may be overlooked. Berkshire is as a whole, a green and pleasant place. From the areas of outstanding natural beauty of the North Wessex Downs; to the Green Flag accredited parks of Slough, communities live close by or surrounded by attractive green space. Rivers and waterways play an important part in our communities too – from the Thames at Windsor through to the reclaimed recreational parks and lakes of Dinton Pastures; these provide nature and people with nourishment, peace and pleasure. The new town planners who gave birth to Bracknell in the late 1940s planned a town where greenspace and recreation was a defining generator of the town's layout; and in Reading, the Thames side open spaces at Richfield Avenue and at King's Meadow provide homes to two huge community events; the Reading Festival and Reading Pride respectively.

Berkshire's natural environment can be seen to provide opportunity for peace and tranquillity; gentle and boisterous play; sport, competition and spectacle; natural habitats and preservation of wildlife; and attractive places to walk; cycle and live amongst. That our communities are still able to live amongst and use a variety of natural environments freely for our recreation is testament to many who have fought for their preservation and enhancement. Improvement in and widening access to green and blue space must be a public health ambition in itself, and this report provides the evidence base to build that ambition.

I truly hope that this report reconnects professions; communities and landowners who all have a duty to support the public's health through creating the right environments for health to thrive and benefit us all through the beauty of natural and green spaces.

Darrell Gale FFPH MSc BA (Hons)

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ABOUT THIS REPORT

This report was developed and produced on behalf of the Acting Director of Public Health by Shared Public Health Services for Berkshire, and authored and coordinated by Dr Steffan Glaze (Foundation Doctor).

This report is the joint effort of all Consultant-led Public Health teams in Berkshire to produce the statutory annual report of the Director of Public Health both as a pan-Berkshire document, celebrating the history of shared working across the six Unitary Authorities; and also as a unique report for each individual authority.

Case studies were provided by a variety of individuals from local authority public health teams or other groups, such as voluntary organisations who are acknowledged below and with their contributions.

Finally, we acknowledge Judith Wright who was Interim Strategic Director of Public Health for Berkshire from April-December 2017, who conceived of the topic and encouraged us all to find the right environments for health.

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SLOUGH BOROUGH COUNCIL

Colleagues in Public Health and other departments of local government, as well as collaborators from other groups, contributed to the case studies found throughout this report or its design and administration.

Public Health Lead Tim Howells
for Annual Report

INTRODUCTION – THE WIDER DETERMINANTS OF HEALTH

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

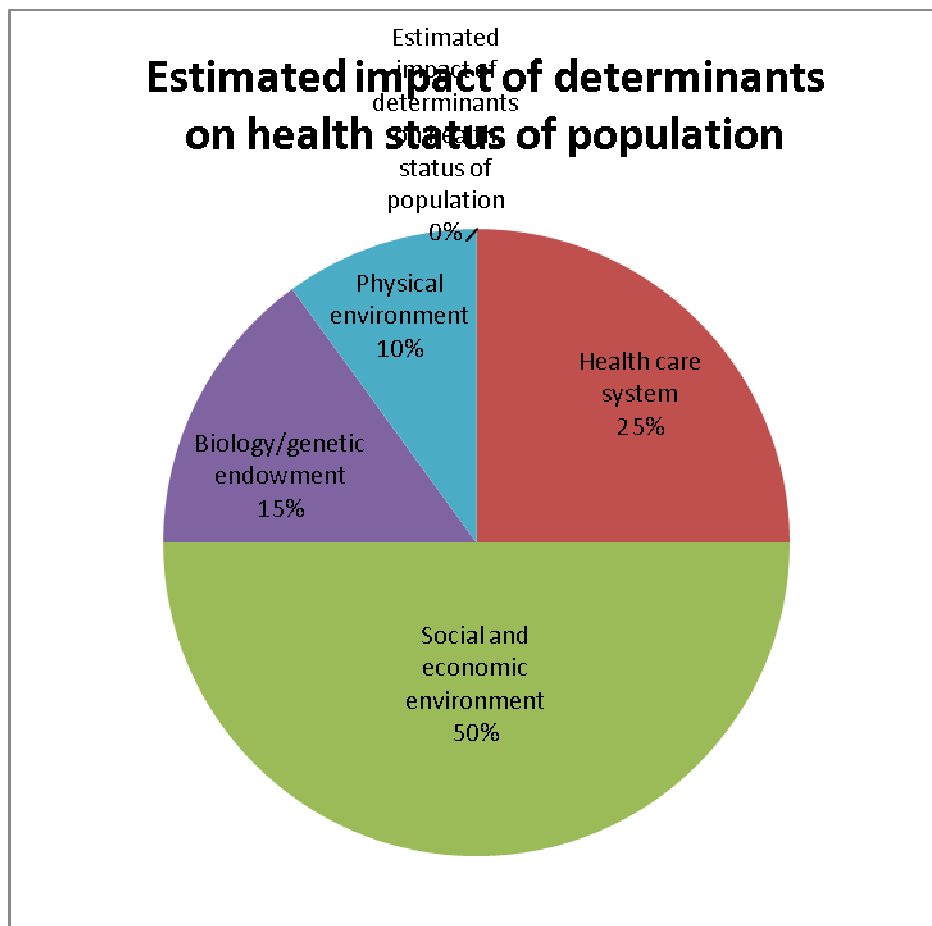
World Health Organisation, 1948

There are many factors, or determinants, that come together to affect our health. There are some we cannot change – chiefly, our genes. Of the modifiable factors, some are individual and personal choices such as taking up smoking or choosing to exercise. On a population level, there are the wider determinants of health: a diverse range of economic, environmental and social factors that affect people's health and influence their choices and lifestyles. Difficult to quantify, many of these determinants are shaped by national and local government policies, our environment and the distribution of wealth - things not quickly changed. They include:

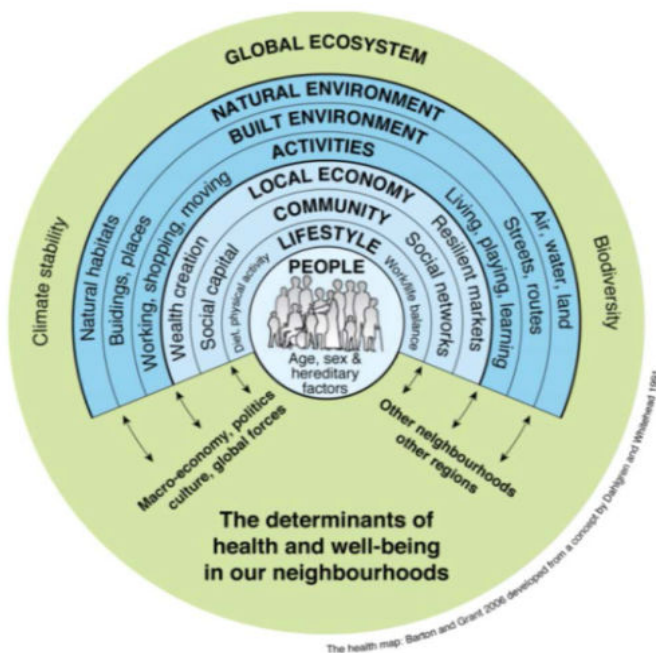
- Income and social status
- Educational attainment
- Quality of housing
- Community and social networks
- Activity – the way we live

It is generally agreed that these wider determinants of health overall have a more significant impact on the health of individuals than direct interventions in health care. Estimates vary, but it seems that health care contributes less than 25% of our overall health, with these wider determinants contributing the majority.

Public health, as a responsibility of local authority, has the opportunity to influence these determinants for the improvement of the health and wellbeing of the population it serves. The benefits may not be quickly realised, but are potentially vast and wide reaching, and could reduce the inequalities in our society and improve health and wellbeing for all of us.



[1] Health Canada, Population and Public Health Branch, 2002



[2] Barton and Grant, "A health map for the local human habitat", 2006

This report will focus on one of the wider determinants of health – the natural environment – and how this could be used to improve our health. We will begin by describing the natural environment and its relationship to other determinants of health, then go on to examine particular health dimensions in this context. Finally, we will consider the challenges – and opportunities – to the natural environment that we can adjust to improve the wellbeing of our communities and from these build recommendations to act on.

Throughout the report, you will find case reports and research. We want to make effective changes, such that investments made will reap benefits for our communities. The research is included to discuss the scientific factual evidence available, and local case studies highlight the ways in which local communities are already using the natural environment to stay healthy or improve their health



EXAMPLE OF RESEARCH BOX

Most of the research described in this report comes from scientific journals. Researchers conduct their studies, and then publish their results only after a body of other scientists have reviewed their work for accuracy. It can be difficult to get evidence on a population scale because there are so many things that can contribute to health and wellbeing, making it hard to measure the amount caused by a single aspect. The studies selected are considered to be of good quality, but reflect only a small proportion of the data available.



EXAMPLE OF CASE STUDY BOX

All of the case studies are examples of the work going on in this local authority in line with the theme of the report. We are pleased to highlight a variety of council, voluntary and national initiatives that are contributing to improving our health.

THE NATURAL ENVIRONMENT

The natural environment can encompass many parts of our surroundings. We often think of wide open fields, quiet forests or flowing rivers as the truly natural environment, but our urban environments can include natural elements. Often termed 'green space', this includes many things, from sports fields to decorative gardens. The natural environment can also encompass 'blue spaces' such as rivers and lakes, which are features of our area that can enable exercise, time in nature, leisure and relaxation. There is evidence that this natural environment has an influence on health in a variety of ways.

The ways in which the natural environment can improve health are complex and intertwined with many other factors. There are broad themes that have appeared from the research in this field, namely [3]:

- Stress reduction
 - It has been known for a long time that spending time in nature can have restorative effects, through relaxation.
- Improved environmental quality
 - Green spaces are more likely to be biologically diverse, and contribute to improving air quality and reducing the effect of heat concentration in cities.
- Greater social cohesion
 - Areas of natural environment are places that people can socialise and congregate, places of pride in the community and as a result improve the cohesion of neighbourhoods.
- Increased physical activity
 - Green spaces are appealing to visit, and typically need to be walked, cycled or played in to appreciate them.

We will see throughout this report how scientific research has found evidence from an individual to a population level that green spaces and the natural environment can have positive effects on our health and wellbeing. Although the exact mechanism isn't clear, there is still the opportunity to increase the availability, quality and use of natural elements in our communities.

POLICY

The Department for Communities and Local Government published a consultation paper [4] in 2010 on planning policy and shaping healthy environments. Within the paper, the government defined a wide range of green spaces.

- parks and gardens – including urban parks, country parks and formal gardens
- natural and semi-natural urban green spaces – including woodlands, urban forestry, grasslands, common land, wetlands, areas of open and running water, wastelands, derelict open land and rock areas
- green corridors – including canal and river banks, cycle ways and rights of way
- outdoors sports facilities (with natural or artificial surfaces, either publicly or privately owned) – including tennis courts, bowling greens, sport pitches, athletics tracks, playing fields and other outdoor sports areas
- amenity green space – including informal recreation spaces, green space in and around housing, domestic gardens and town or village greens
- provision for children and teenagers – including play areas, adventure playgrounds, skate parks, basketball courts and other informal areas
- allotments, community gardens, city (urban) farms and land used for permaculture
- cemeteries and churchyards
- accessible countryside in urban fringe areas
- civic spaces, including civic and market squares
- landscape around buildings – including street trees

RESEARCH

At an individual patient level, in 1983 R Ulrich [4] found that a view over green space could quicken someone's recovery from surgery in a suburban hospital in Pennsylvania, USA. This study compared similar people who had the same operation, but what differed between the two groups compared was the view from their window - either a brick wall or trees. Those with the green view had statistically significant lower length of stays and lower use of painkillers. This early evidence showed that there may be a restorative effect to simply viewing greenery and natural environments.

Looking at the population level, a study in the Netherlands [5] examined the electronic GP records of over 340,000 patients, and measured their illness by how often they saw their GP for various health problems. This was then compared with the percent of greenspace in a radius around their postcode based on satellite imaging. The analysis showed that over half the health problems were less common among the patients who lived in areas with more green space, even when correcting for potential confounding factors such as age and socioeconomic status. The correlation was strongest for anxiety and depression, children under 12 and those aged 46-65. They found that an extra 1% of green space in a person's area was as beneficial to overall health as being a year younger.

HOW CAN WE MEASURE GREEN SPACE?

How can we define how 'green' our neighbourhoods are? There are many ways this is measured in scientific study, the two most common being:

- Satellite imaging – by looking at photographs taken from space, scientists can calculate what percent of an area is covered by plants. This is relatively easy to derive, and data is available for much of Europe. However, it does not account for the quality of the green space, e.g. for access or for food production, or how much we can actually access or use that greenery, as any plants on roofs, within private land, or in the middle of a roundabout would be included.
- Mapping – analysing maps can reveal the different land types in an area, from arable to housing. Counting how much of an area is covered by accessible green space can be used to measure the amount of natural environment in a neighbourhood. This method will miss small areas, such as verges and paths, which contribute to green routes but are not large enough to be documented on most maps.

Although effective at developing a measure of how green an area is, neither of these methods account for how easy the space is for people to access, how much that space is used or the quality of it. This aspect of the natural environment can be heavily influenced by the community who use it and live near it, such that we can all have a part to play in making the most of green spaces in our area.

RESOURCES

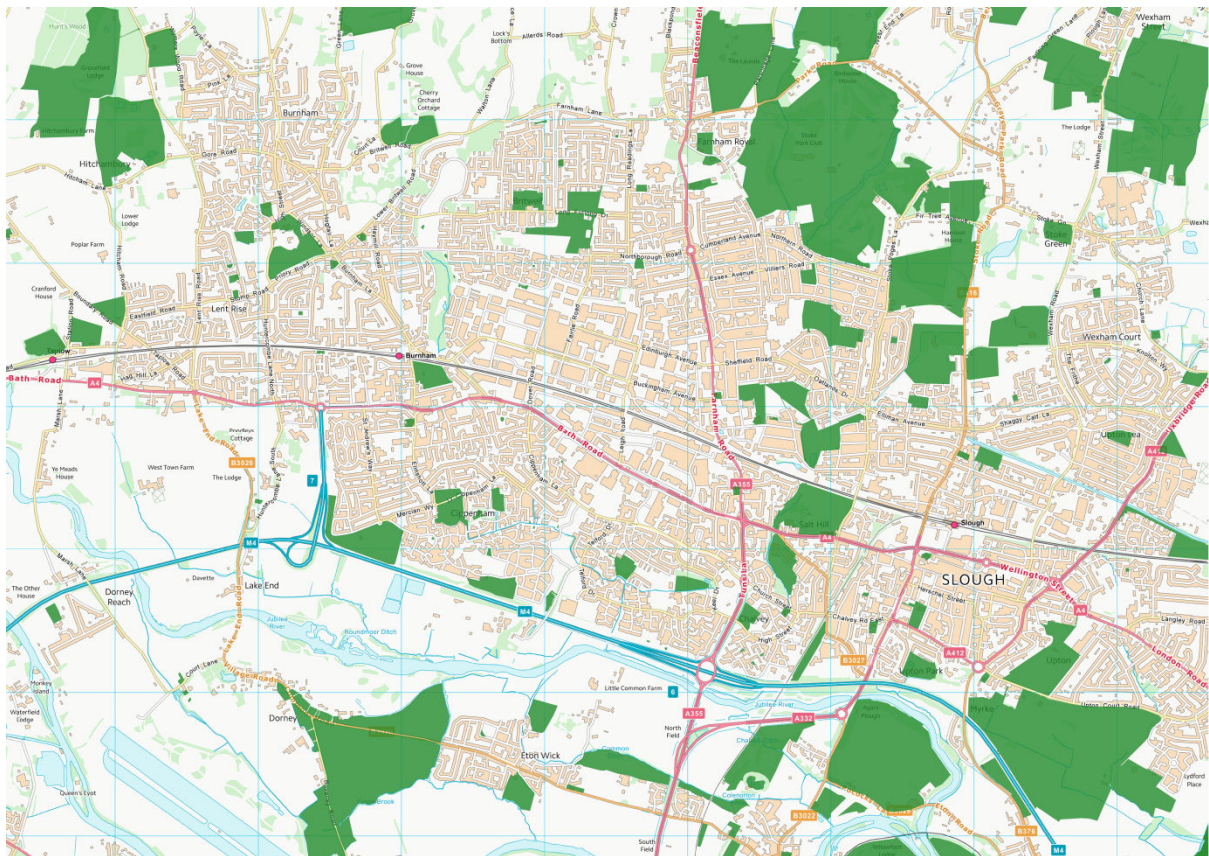
A variety of resources are available for us to find and use green space in our area.

[WOODLANDS TRUST WEBSITE](#)

The Woodlands Trust, the UK's largest conservation charity, has an online database of the woods they manage. Using your postcode, you can find more about the woodland in your area.

[OS GREENSPACE](#)

The Ordnance Survey has assessed their own data about land use in the United Kingdom to produce an interactive map which can be used to see where green spaces are, what they are used for and how they can be accessed.



Slough Borough Council keeps online records of all the green spaces they manage, which includes details about facilities and opening times. You can find this resource at the following address:

<http://www.slough.gov.uk/leisure-parks-and-events/parks-and-green-spaces.aspx>

HEALTH OUTCOMES AND BEHAVIOURS – PROFILES

The following section describes some of the key health outcomes and behaviours on which there is a firm evidence base for the effect of green space or the natural environment. The relevance of these to our communities is demonstrated by data about the current health and wellbeing of the local communities in a summary graphic. You will also find original research evidence and a case study from your local area.

MENTAL HEALTH

Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

World Health Organisation definition

Mental health is essential to our overall health and wellbeing, and changes in policies and the NHS are increasingly recognizing this. The 2011 report from the Department of Health 'No Health Without Mental Health' identifies some key facts about the national picture:

- 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
- the costs of mental health problems to the economy in England have recently been estimated at a massive £105 billion, and treatment costs are expected to double in the next 20 years

How could natural environments contribute to changing this picture? It is hard to exactly identify the mechanisms for these benefits, but a variety of evidence is available. It has been shown that exposure to natural environments can reduce stress, anxiety, blood pressure and anger. Over longer periods of time, those who live in greener areas are more likely to report good mental health and wellbeing.

National policies and initiatives recognise the benefits of spending time in green spaces on mental health. For example, Mind's Ecominds scheme found 7 of 10 people experienced significant increases in mental wellbeing by the end of an ecotherapy project [6]. It helped people find full-time employment, with potential savings of around £5700 for each person in terms of government spend.

RESEARCH

Evidence for the effect of green space on mental health looks at both the short-term, temporary effects and long term benefits. Contact with nature can improve emotional state, reduce self-reported anger, fatigue, anxiety, sadness and increase feelings of energy. [7]

Hartig et al [8] tested whether natural environments were more relaxing and restorative than purely urban surroundings, by giving subjects difficult tasks. They measured blood pressure and reported mood throughout, and found that being in nature was associated with quicker returns to normal levels of blood pressure and mood after stress – evidence that being in nature can improve your physical and mental wellbeing in times of stress.

A study by Alcock et al [9] looked at people who moved to greener areas during the years of an annual survey of their mental health. Moving from a less to more green area was associated with improvements in reported mental health.

IN OUR AREA

There are currently estimated to be around 147,000 people [10] in Slough: 0.93% have severe mental illness – over 1350 people. An estimated 9.6% of young people have mental health disorders, and 4.07% of over 65s are recorded by their GP to have dementia. Responding to a GP Survey, 3.1% of adults report long-term mental health problems, and 9.7% report suffering from depression or anxiety. In terms of self-reported well-being, 70.6% report a high happiness score and 76.3% a high satisfaction score. [11] [12]

CASE STUDY: #10MINUTES FOR SLOUGH

By Rukayat Akanji-Suleman, Public Health Programme Officer

In commemoration with Mental Health Awareness week in May 2017, Public Health set out various displays and local community drop in sessions to detail the '5 ways to wellbeing' across the Slough libraries. This was in order to promote resilience in the wider community and links in to the wide suicide prevention agenda.

Following on from this initial piece of work, and utilising "Be Active", one of the 5 ways to wellbeing, we established a programme called #10minutes4Slough. This intervention focused on the use of technology and the concept of 'nudging' to get people outside and more active in the lead up to World Mental Health day in October.

We directly engaged with 150 people through the #10minutes4Slough programme, the youngest was 5 years old and the eldest was 79.

92% of respondents reported that they were feeling more active, 64% of respondents reported that they are more active now than they were before the campaign and 80% of respondents reported that they are feeling healthier (Both Physical and Mental Health).

The campaign was based around the behavioural change concept of EAST (Easy, Accessible, Social and Timely) and focused on how people could move more for 10 minutes a day through the use of local parks, greenspace and outdoor areas across the borough.

Feedback from participants included:

"I am more conscious about adding activity into my day and am more likely to take opportunities to be active. For example I will walk somewhere instead of asking for a lift"

"Have noticed that I've become a little more supple & feel that I'm doing my body some good!"

An expansion of this campaign was launched at the beginning of 2018 focusing on how residents could #BeRealistic around their physical activity and healthy eating, spearheaded by the Health and Wellbeing Board. Free resources were provided through the campaign page which included top tips of how to be more active within their local community and in parks and open spaces.

STARTING WELL

Every child deserves the best start in life to give them the opportunity to thrive in life. Pregnancy and upbringing impacts our physical and mental health during childhood and through to adulthood. Enabling good maternal health can allow a safe delivery and good growth of the foetus, preventing potential poor outcomes from low birth weight or prematurity. The development of a baby's brain and immune system begins in the womb, and continues as they grow.

Green spaces may alter the environmental stimuli we are exposed to, and through this change whether we develop inflammatory diseases such as asthma. They can encourage us to be more active or to connect with our community, which can improve cognitive development. Exposure to the natural environment appears to have an impact on the development of our microbiome – the vast number of microorganisms that co-inhabit the human body. This microbiome may have an impact on the formation of our immune system, and as such the prevalence of allergies and long-term inflammatory diseases – including asthma. There is also evidence that street trees can improve the air quality in urban areas by absorbing some of the particulate matter from pollution, as well as reducing the 'heat island' effect generated by the concentration of hard surfaces and taller buildings [13].

Together with the improvements in mental health through spending time in nature, green spaces can contribute to a positive development for children, especially for play. The natural environment can improve our environment and change our behaviour to help us grow well. A healthy community which is using the green space available for both formal and informal play to increases a child's chance for the best start in life can set them off on the way to greater health and wellbeing.

RESEARCH

Dadvand et al [14] studied a group of 2593 primary school children in 36 schools in Barcelona, Spain. Using repeat measures of memory and inattentiveness as an indicator of cognitive development, they compared this with exposure to green space. They measured the 'greenness' around the children's homes, their route to school and the school itself from satellite data that measures the percent of an area covered by plants. They found greater progress in the children in greener schools and home environments, partly explained by a reduced exposure to air pollution.

An American study [15] examined the association between birth outcomes and residential greenness. Looking at 64705 births in Vancouver, Canada (1999-2002), they examined the density of vegetation within 100m of participants' homes, their birth outcomes and other aspects of their environment. They found that, independent of air pollution, noise, neighbourhood walkability and proximity to a park, increasing residential greenness was associated with beneficial birth outcomes including higher term birth weight and reduction of likelihood of prematurity.

IN OUR AREA

Looking at the most recent data for the health of children in Slough, we see 8.2% of infants born at a low weight. There were 15746 attendances to Accident and Emergency by those under 18 years old, and 117 hospital stays last year to treat Asthma. At 4-5 years of age, 10.4% of children are obese which increases to 26.0% at age 10-11.

In terms of being ready for school, 84.2% of children meet the expected level at the phonics screening check and 71.2% had achieved a good level of development at the end of reception year. Looking ahead, 54.6% of pupils at Key Stage 2 met the expected standard in reading, writing and maths; 59.4% of teenagers achieved five A*-C grades at GCSE. [16] [17] [18]

National data from the Monitor of Engagement with the Natural Environment survey [19] found that 12% of children had not visited the natural environment in the previous year, and these children were more likely to be of Black and Ethnic Minority origin or of a lower socio-economic class.

CASE STUDY: THE DAILY MILE

By Tim Howells, Public Health Programme Officer

With obesity now at 41% amongst year 6 pupils in Slough, and levels of physical inactivity reaching the highest in the South East a new innovative programme was considered for Slough. Forming part of the boroughs obesity plan and integrating alongside other initiatives The Daily Mile took shape.

October 2017 saw the formal launch of programme and there are now 10 primary schools taking part with over 5,000 pupils and teachers now walking, jogging and running every day.

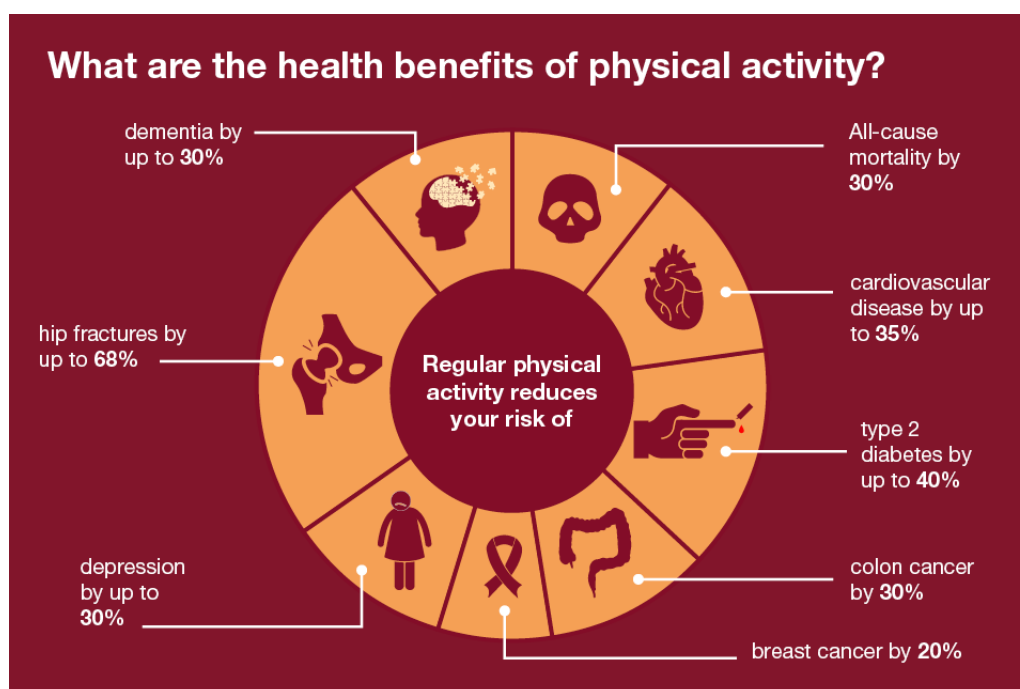
Two schools are investing capital funding in building an all-weather running surface around their sites in open spaces so they are able to do the mile in all conditions. A variety of the schools are now providing active signposting to parents and pupils of ways they can become more active at home through running in parks and greenspace.

The Daily Mile in Slough is being integrated alongside a programme called Active Movement to help reduce the levels of sedentary behaviour and help change pupils behaviour around being more active, more often.

The next steps of The Daily Mile development include the commissioning of a junior parkrun for the borough. The aim of the junior parkrun will be provide a local opportunity for 4-14year olds to run in their local park on a weekly basis. It will be a feeder from the schools that are currently doing The Daily Mile and it will help to inspire the local community to use their parks and green spaces for physical activity. The council is looking to launch junior parkrun in the summer of 2018.

PHYSICAL ACTIVITY

Being active can have wide reaching benefits to our health. It has been shown to reduce the risk of coronary heart disease, stroke, and type 2 diabetes. It can help maintain a healthy weight, improve self-esteem and reduce depression and anxiety. Physical inactivity contributes to 1 in 6 deaths [20] , estimates suggest that an inactive person is likely to spend 37% more time in the hospital and visit the doctor 5.5% more often than an active person [21]. The Department for Environment, Food and Rural Affairs estimates that the health system could save £2.1 billion per year if everyone had sufficient access to green space and its benefits. [22]



[23] Public Health England Health Matters Blog, 2016

We also know our environment can shape our behaviour, so there is the opportunity to design our neighbourhoods and towns with activity in mind. The links between access to green space and levels of physical activity are well-established in research, which shows higher levels of physical activity in areas with more green space [24]. Careful planning of towns can enable active travel – i.e. walking or cycling as a mode of transport – through making distances achievable and creating safe and aesthetically pleasing routes to travel on. Those who walk or cycle to their place of work are more likely to meet their physical activity needs. If more of us were active, we could significantly improve the health and wellbeing of our communities. The potential benefits are not limited to health – reducing journeys made by car will decrease carbon emissions, air pollution and traffic, and encouraging walking for shopping can boost our local economy.

Accessible, quality green spaces also allow sports and play to increase leisure time activity. Supporting local sports clubs with facilities, giving spaces for community groups and the provision of playgrounds can all enable people at all ages to be more active. We can harness the natural environment to increase physical activity in our community, and be healthier as a result.

POLICY

Chief Medical Officer Recommendations [25]:

1. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of ten minutes or more – one way to approach this is to do 30 minutes on at least five days a week.
2. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
3. Adults should also undertake physical activity to improve muscle strength on at least two days a week.
4. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

RESEARCH

Analysis of the Danish National Health Survey [26] was able to assess self-reported distances to green spaces, BMI and exercise habits. It revealed that those who reported living over 1km, compared with less than 300m, to green space were more likely to be obese and less likely to exercise. Although based on self-reporting which may be biased, this study highlights the potential benefit of encouraging physical exercise through proximity to green space.

A study [27] in Bristol, UK, used data from the 2005 Bristol Quality of Life in your Neighbourhood survey of 6821 adults and matched it with a mapping database of neighbourhood and green space information. After statistical analysis, they found that the amount of use reported with increased distance from the green space, and those living near a formal park were most likely to achieve the recommended amounts of physical activity and were less likely to be overweight.

IN OUR AREA

In Slough, current data shows 53.2% of adults (18-65) report meeting the physical activity guidelines set out by the Chief Medical Officer, yet 34.8% of adults complete less than 30 minutes exercise per week [28]. Less than half (48%) of adults do any walking at least 5 times per week. 68.5% of 15 year olds are sedentary for over seven hours per day on average. A study by NHS Digital using an accelerometer found however that only 6% of men and 4% of women met the required levels of activity [29].

Over half of Slough's adults overweight or obese (65.6%), and this starts in childhood – 41.5% of Year 6 children are overweight or obese. 9500/8.4% have diabetes, 18919/12% people are living with high blood pressure and 3952/2.5% suffer from heart disease. 76 people were admitted to hospital last year having broken their hip. [30] [31]

CASE STUDY: THE RUNNING REVOLUTION

By Tim Howells, Public Health Programme Officer

The running 'revolution' has made it to Slough. After a series of running groups were established by the Active Slough team, there are now over 250 new runners taking part in local groups within parks and open spaces across Slough. Taking part in a range of programmes from Couch to 5k through to intermediate and advanced running, the community are now truly 'bought' into running.

Ten local community members have completed their Leadership in Running fitness qualification and are now volunteering their time to run the new running groups.

There is continual growth in running within the borough. After a 'running consultation' was launched in the Autumn of 2017, the council plans to establish another 2-3 running groups within the borough to meet demand.

As part of this consultation and as another exciting development linked to running in open spaces is the development and launch of GoodGym. GoodGym, the 'doing good' charity, will be launching in Slough in June 2018 and will have a series of running groups, volunteering opportunities and support of vulnerable older adults all underpinned by running!

Here are a few quotes from local residents who take part in local running groups:

"Fantastic group! Everyone looks after one another & the group leaders make you feel like you can achieve anything. I do the intermediate session at Upton Court Park on a Tuesday & the beginner group on a Thursday at Salt Hill Park. Both groups are fantastic and bring different challenges with it which keeps you on your toes. Up until now I never thought running with a group was for me. But here I am itching to attend the next session and continue to share my evenings with great people"

Hannah Hughes

"From never running for anything I am now WANTING to go out for a run at least twice a week in the evenings with my partner and managing to run 5K without stopping"

Anita Tailor

COMMUNITIES AND HEALTH INEQUALITIES

The wider determinants of health, as described in the introduction, have an important role in shaping our health and wellbeing. They were a key focus of the Marmot Review [32], which examined the health of our nation and identified a number of inequalities across our society – those of a lower socio-economic class have a lower life expectancy, a higher frequency of many diseases and poorer mental health. The mechanisms between a lower socio-economic class and poorer health are complex, but can include low quality housing, less healthy diets and lower educational achievement.

Green spaces have been shown to reduce these health inequalities, as the benefits of the natural environment may have a stronger effect for those in lower socio-economic groups. This may be in part due to smaller personal gardens and less aesthetic features in neighbourhoods, but there are often more barriers to the use of green spaces as well – such as crime, traffic and social isolation, which itself has been shown to be associated with increased mortality [33].

An important task of public health is to ensure improvements to health occur throughout society, and inequalities in our area are reduced. Improving green spaces in particular areas of deprivation or using initiatives that reduce isolation and loneliness might be one of the means for us to eliminate health inequalities in our area and improve our communities.

POLICY

The Marmot Review [32] of 2010 is a key work that identifies many of the health inequalities in our society and gives recommendations for change. Policy Objective E, ‘Create and develop healthy and sustainable places and communities’ has a number of aims for the improvement and development of green spaces across the social gradient.

Priority objectives:

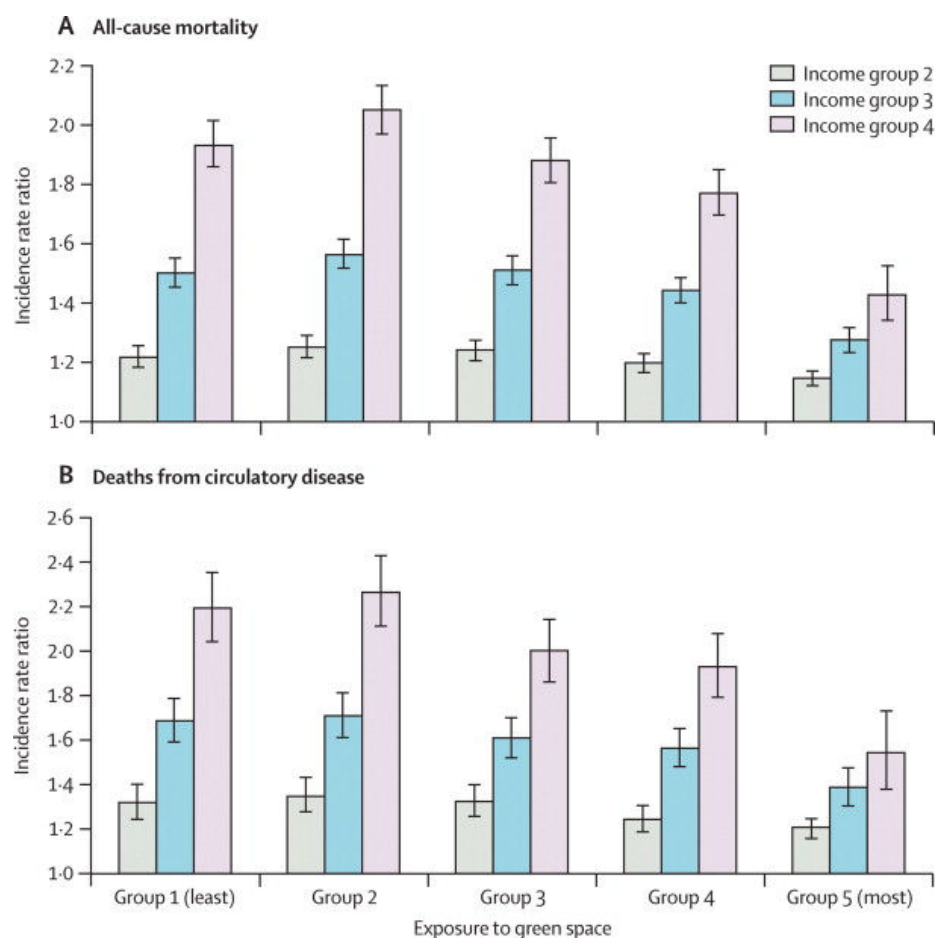
- Develop common policies to reduce the scale and impact of climate change and health inequalities
- Improve community capital and reduce social isolation across the social gradient

Recommendations:

- E1: Prioritise policies and interventions that both reduce health inequalities and mitigate climate change, by:
 - Improving active travel across the social gradient
 - Improving good quality open and green spaces available across the social gradient
- E2: Fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.
- E3: Support locally developed and evidence-based community regeneration programmes that:
 - Remove barriers to community participation and action
 - Reduce social isolation.

RESEARCH

Mitchell and Popham [34] compared different socio-economic groups and the influence of greenspaces on their health. Looking at people of working age in groups of increasing income and comparing them with the same groups in areas of increasing green space, they found that the difference in different health outcomes was reduced in areas with more green space. This can be seen in the graph below by the reducing size of the bars as you move left, which is areas of higher green space.



[34] Mitchell and Popham, 2008

Data from the Monitor of Engagement with the Natural Environment survey, undertaken by Natural England from 2013 to 2015 [19] found that 12% of children had not visited the natural environment in the previous year, and these children were more likely to be of Black and Ethnic Minority origin or of a lower socio-economic class.

A study [35] of in Chicago, USA, looked at the surrounding greenness of 98 publically owned apartment blocks. Residents were randomly assigned to any of the blocks. An examination of police data showed that there were fewer crime reports from apartment blocks with greener surrounding areas when compared to those with less green surroundings.

IN OUR AREA

The latest data for Slough shows the average life expectancy is 82.7 years for women and 78.1 years for men. However, in the most disadvantaged areas the life expectancy is estimated to be lower by 4 years for women and 7.7 for men, compared to the least disadvantaged areas. There are lots of ways to measure the potential causes – they are often the wider determinants of health discussed earlier in the report. Locally, crime rates and unemployment (4.9%) are above the national measures. In terms of pollution, the air has a fine particulate concentration of $8.8\mu\text{g}/\text{m}^3$ (just above the national average), but transport noise levels are above the 65dB limit in daytime for 8.5% of residents, rising to 14.8% for the night time 55dB limit. In terms of personal isolation, only 41.7% of adult social care users have as much social contact as they would like. Just 7.6% of residents have access to a reasonably sized wood near to where they live. [36]

CASE STUDY: THE SALT HILL STREAM PROJECT

By Ollie Kelly, Public Realm Manager, Slough Borough Council

Over the next few years we'll be working with people and community organisations in Slough who are keen to improve the Salt Hill stream and its surroundings to create a cleaner, healthier watercourse that the whole of Slough can be proud of. Together we'll transform the Salt Hill stream so that it's a better place for wildlife and people; where we can enjoy wonderful new places, get active and outdoors and help wildlife too.

The Salt Hill stream in Slough is no longer thriving. Fish and other wildlife are struggling to survive and without our help the future for the stream and the wetland wildlife that depends on it looks bleak. The Salt Hill Stream initiative is creating opportunities for people to take part in the physical work to improve the river as well as in discussion about what improvements might look like. We recognize the opportunities we can provide extend to more people than those already interested in their environment. The river improvement projects present opportunities for volunteering on a variety of physical activities ranging from passive surveys to higher level physical work on river conservation and small scale construction.

Our experience working with volunteers is that they might already be interested in the local environment, but also because this presents opportunities for people who are not already active to take part in group activities and be physically active and in doing so, gain from the health benefits this offers. Many who already have an interest in the environment may never have expressed this interest through physical engagement. Volunteers stand to gain a range of benefits, often benefits that are very personal to themselves. It has traditionally been the norm that physical activity prescribed for health improvement has focused on the indoors. The river project is being designed to create outdoor opportunities where physical activity can provide people with healthy exercise while also benefitting from the sense of achievement they gain from the improvements they make to the environment they live in.

Many of our volunteers simply want exercise; some have mental health problems and find the work therapeutic; others just like the social nature of group activity, perhaps a relief from otherwise lonely lives. The project presents many opportunities to help raise the quality of people's lives and their healthiness.

The partnership has successfully secured funding from the Environment Agency, Thames Water, Slough Borough Council; and with Exeter University for a PhD study into the health benefits delivered by the project, which is in its first year. The project team is keen to realize the opportunities to offer benefits to people's health. To do this the project needs advice and guidance from the health sector, and is actively seeking health sector involvement on the partnership. With this help we will be able to offer the right opportunities in the right environment and structure the project to help achieve health outcomes.

OPPORTUNITIES AND CHALLENGES

NEW DEVELOPMENTS AND REGENERATION

The planning of our local area can influence our health behaviours. Quality, easily accessible green space can enable us to exercise, accessibility to services allows walking and there can be opportunities for social engagement.

With local pressures on housing and the demand for new homes to be built in our area, there are both opportunities and challenges to the amount of quality green space. As urbanised areas already become increasingly built up, there is the need to use green areas on the peripheries of towns to provide enough quality accommodation for our population, often against the wishes of some residents. Although green views can be lost, the majority of these developments take place on private land which is not generally accessible by the public. With careful planning, new developments on previously private land could actually result in more publically accessible green space.

A variety of national policies and frameworks exist to assist local authorities concerning the provision of green spaces. These take the form of general advice through to specific quantifications of how much should be provided and for what purpose. These policies are often used by planning authorities to develop local policies that are relevant to the local situation.

To deliver safe, quality homes and neighbourhoods for all groups in our community it is important to find ways to balance the loss of green areas, the need for more housing and the opportunity to develop new green spaces and use investments to benefit the wider community. By engaging with the planning process and ensuring health and wellbeing of residents is considered in planning, we have the opportunity to develop new assets to improve our neighbourhoods.

POLICY

The Six Acres Standard [37] is a commonly used set of measures to guide local planners as to the amount of recreational space that should be in a community. It was developed by the National Playing Fields Association (NPFA, operating name Fields in Trust), and has existed in various forms since the 1930s with a specific recent update in 2008. It aims to inform policy that will result in the protection, improvement and green spaces focused on sport and play. Many Local Authorities include the standard in their open spaces policies.

Fields in Trust recommended benchmark guidelines - formal outdoor space			
Open space typology	Quantity guideline (hectares per 1000 population)	Walking guideline (walking distance: metres from dwellings)	Quality guideline
Playing pitches	1.2	1200m	<ul style="list-style-type: none"> • Quality appropriate to the intended level of performance, designed to appropriate technical standards • Located where they are of most value to the community to be served • Sufficiently diverse recreational use for the whole community • Appropriately landscaped • Maintained safely and to the highest possible condition with available finance • Positively managed taking account of the need for repair and replacement over time as necessary • Provision of appropriate ancillary facilities and equipment • Provision of footpaths • Designed so as to be free of the fear of harm or crime • Local authorities can set their own quality benchmark standards for playing pitches, taking into the account the level of play, topography, necessary safety margins and optimal orientation • Local authorities can set their own quality benchmark standards for play areas using the Childrens' Play Council Quality assessment tool
All outdoor sports	1.6	1200m	
Equipped/designated play areas	0.25	LAPs - 100m LEAPs - 400m NEAPs - 1000m	
Other outdoor provision (MUGAs and skateboard parks)	0.3	700m	

The National Planning Policy Framework [38] features a number of policies relating to green and open spaces. They include:

- Promoting health communities, through access to high quality open spaces and opportunities for sport and recreation
- Protection for existing facilities and the 'Local Green Space' designation, which can be used to afford special protection for green areas of particular local importance due to their use or features

- Protection of green belt land and the need to positively enhance beneficial use of the land through increasing access, biodiversity of improvement of damaged land

CASE STUDY: THE KENNEDY PARK REGENERATION

By Ollie Kelly, Public Realm Manager

The final phase of a major regeneration scheme that has provided new homes, shops and community facilities was the re-landscaping of Kennedy Park and Monksfield Recreation Ground, completed in June 2017.

Over 200 trees were planted, as well as more than 10,000 seasonal bulbs and 5,000 native plants and 500 metres of new hedging; there is more than 10,000 square metres of wildflower meadow and a sensory garden for residents to enjoy. More than 1km of new footpaths created to improve accessibility for all and an outdoor gym and natural play spaces were installed. Improvements also included new signage and an improved car park to encourage visiting.

Councillor Bal said at the start of the work in December 2016:

“Both parks are already vastly improved from what they were before, providing the sort of facilities we’ve not seen in this area until now.

“I have no doubt local residents of all ages will enjoy using the parks for generations to come. Planting a tree here - and playing even a small part in the big effort that’s going on – was a real honour.”

The work has cost around £880,000 and marked the end of the Britwell regeneration project, which has also seen:

- A new community centre and library - opened by HM The Queen and HRH The Duke Of Edinburgh in March 2013.
- A total of 86 brand new high-spec council homes for people on the housing register, built in various locations, including the site of the Jolly Londoner public house, Newbeech care home, the old Wentworth petrol station, the old Britwell library, and in a new development off Wentworth Avenue and Long Furlong Drive.
- A new shopping area to replace the run down parade.
- A new pathway linking Britwell and Northborough.
- A new, accessible floodlit multi-use games court and adjacent modern skate park in Monksfield Recreation Ground.
- A new scout and guide headquarters at Kennedy Park.

These green space improvements have given a new lease of life to an accessible area that can be used for the benefit of all residents.

INCREASING ACCESS

Another way we can maximise the benefits of green space in our area is to make best use of existing spaces. This can be through improving the quality of already available spaces, opening previously private areas and finding new ways to encourage their use.

Access to green spaces can be increased by removing the barriers to their use. These can vary for different groups, and are not restricted to their quantity or closeness to home. Personal concerns for safety, the quality of the spaces, the weather or poor transport infrastructure can prevent people using green spaces.

Local authorities can work to remove these barriers, alongside the wide range of other organisations who aim to improve the natural environment, encourage people to use it and increase healthy behaviours. Finding new ways to collaborate and strengthening existing links can allow us to make the most of the potential benefits for the green spaces already in our area.

RESEARCH

Volunteering with the Wildlife Trusts [39] improved peoples' mental wellbeing in 6-12 weeks in a study looking at 139 people, some of which were referred by healthcare providers, who volunteered with the Wildlife Trusts as they took part in nature conservation volunteering activities. 95% of participants with low self-reported wellbeing at the start of the project reported an improvement in 6 weeks, this level increased further over the following 6 weeks. Participants reported significantly enhanced feelings of positivity, increased general health and pro-environmental behaviour, higher levels of physical activity and more contact with greenspace at 12 weeks.

An Australian study [40] combined an audit about public open spaces in Perth with over 1800 personal interviews. After statistical analysis, they found that those with very good access to large, attractive open spaces were 50% more likely to report high levels of walking, when compared with those do not have access to quality public spaces. This is evidence that the proximity and quality of spaces increases their use.

POLICY

A briefing [41] from the UCL Institute of Health Equity and Public Health England suggests some ways to increase access to green spaces:

1. Create new areas of green space and improve the quality of existing green spaces.
2. Increase accessibility of green spaces and improve engagement with local people.
3. Increasing the use of good quality green space for all social groups.

The Accessible Natural Greenspace Standard (ANGSt) was developed by Natural England to aim to quantify the need for local, useable space near communities. The standards state:

'All people should have accessible natural green space:

- of at least two hectares in size, no more than 300m (five minutes' walk) from home
- at least one accessible 20 hectare site within 2km of home
- one accessible 100 hectare site within 5km of home
- one accessible 500 hectare site within 10km of home'

These criteria account for the need for immediately local smaller spaces, as well as larger areas for sports and walking and are a means by which we can measure the depth and breadth of green spaces around us. Applying the standards to our area might enable us to find particular spaces that could be opened for residents for the widest benefit.

CASE STUDY: OUTDOOR GYMS

By Tim Howells, Public Health Programme Officer

Opportunities to be more active for free in Sloughs parks are being made even easier with borough-wide outdoor gyms.

The outdoor gyms are part of a project led by Slough Borough Councils leisure team. The aim is to enhance the borough's network of parks and green spaces providing a great range of high quality, innovative and accessible equipment that meet the needs of local residents in priority areas.

The Council worked with local stakeholders and friends of parks groups to successfully launch and promote physical activity opportunities at the gyms. Local leisure provider Everyone Active provided free fitness training sessions at a variety of the gyms. These instructor led sessions proved popular with local residents and feedback shows they were particularly popular with women in the local area.

With additional outdoor gyms being open on a near weekly basis, the hope is that there will be 20 of them available to residents by the end of 2018.

The council has been keen to promote the benefits of exercising outdoors and there are a variety of reasons why outdoor gyms work well. These include:

- **Free to use facilities**
- **Flexibility and low pressure**
"I come because indoor gyms put me under a lot of pressure and this facility is much closer to my house and much more flexible for me to access." *Toyin, outdoor gym user*
- **For inclusivity**
- **To get fit whilst helping the planet**
A variety of the gyms capture the energy from people's workouts, converting it to watts - to charge phones, power lights and potentially to send electricity back to the grid.
- **For family activity with social benefits**
"It's great coming here as I can come with my husband, get the benefit of fresh air and exercise, plus I can chat with other women." *Luzolo, outdoor gym user*

CONCLUSIONS

The natural environment can have wide ranging health benefits for individuals and our communities. We have examined how there is clear evidence for a range of improvements to health and wellbeing, including but not limited to:

- Mental health
- Pregnancy
- Childhood development
- Reduction in cardiovascular disease
- Increasing physical activity
- Reducing health inequalities
- Improving cohesion in communities

We have been able to showcase the wide range of success stories from the local authority and other organisations that are increasing our health and wellbeing by using the natural environment. We also considered the current health of our population, particularly in the areas that could be improved by green spaces.

There are opportunities and challenges to using green spaces, and we have also considered some of the limitations to achieving these benefits and a few of the ways we might make more use of the assets in our area.

RECOMMENDATIONS

1. Local authorities and other agencies should continue to encourage community initiatives that make the most of natural space available, with the aim of improving mental health, increasing physical activity and strengthening communities.
2. Existing green space should be improved and any new developments should include quality green spaces and be designed with active transport in mind.
3. Planning guidance for new developments should specifically consider the use of green and blue space to improve the health and wellbeing of residents and others using the space.
4. Public health / Local Authority should foster new relationships with organisations aiming to improve the natural environment and its use.

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JOINT STRATEGIC NEEDS ASSESSMENTS

Each authority has a statutory responsibility to ensure that it assesses the needs of its population so that the services it commissions and are planned and commissioned by our NHS Clinical Commissioning Group partners are based upon up-to-date and valid local intelligence and data. Below you will find the link to the JSNAs for Slough:

<https://www.slough.gov.uk/council/joint-strategic-needs-assessment/>

Slough Wellbeing Board's Work Programme

July 2018 - November 2018

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

For all enquiries: (01753) 8755660

18 July 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Integrated Care System (ICS) (formally known as the Frimley Sustainability and Transformation Partnership (STP))	The Board is asked to note and comment on recent activity undertaken to deliver the ICS	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, Healthwatch Slough		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 Strategy (Priority 1 of the SJWS) (TBC)	To be confirmed	Justin Daniels, Interim Early Help Transformation Manager		No
Information				
Draft Autism Strategy	To be confirmed	Geraldine Smith		
Early feedback on the #ReachOut (loneliness and social isolation) campaign	The Board is asked to note and comment on the report from the relevant task and finish group about this campaign	Ramesh Kukar (CEO SCVS)/Simon Broad (Service Lead Adult Social Care Operations)		No

26 September 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Social care: the forthcoming Green Paper on older people (England) To be confirmed	To be confirmed. This is expected to be published before the 2018 parliamentary summer recess, which is expected to start on 25 July 2018.	Alan Sinclair, Director of Adults & Communities		No
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
Integrated Care System (ICS)	The Board is asked to note and comment on recent activity undertaken to deliver the ICS	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 (6 month update)	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 (annual update)	The Board is asked to note recent activity under Berkshire's Suicide Prevention Strategy's Action Plan	Liz Brutus, Consultant Public Health		No
Initial feedback on the poverty campaign	The Board is asked to note and comment on the report from the relevant task and finish group about this campaign	To be confirmed	To be confirmed	No

14 November 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Integrated Care System (ICS)	The Board is asked to note and comment on recent activity undertaken to deliver the ICS	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		
Initial feedback on the mental health campaign	The Board is asked to note and comment on the report from the relevant task and finish group about this campaign	To be confirmed	To be confirmed	No

Criteria

Does the proposed item help the Board to:

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

5) *Respond to changes in national policy that impact on the work of the Board?*

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 9 May 2018

CONTACT OFFICER: Sally Kitson, Market Development Manager, Adults and Communities

(For all Enquiries) (01753) 875594

WARD(S): All

PART I

FOR INFORMATION

CARING FOR OUR CARERS IN SLOUGH: A MEMORANDUM OF UNDERSTANDING

1. Purpose of Report

1.1 The purpose of this short report is to bring to the attention of the Slough Wellbeing Board the recent developments in producing 'Caring for our carers: a local Memorandum of Understanding' ((MOU), in order to improve the identification, assessment and support of adult and young carers.

2. Recommendation(s)/Proposed Action

2.1 Slough Wellbeing Board is requested to:

- a) Note the progress that has been made in implementing the MOU; and
- b) Agree to a further review of the impact and value it has delivered on behalf of carers, by the Health and Social Care / Better Care Fund PDG, in 12 months time.

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

3.1 Adopting the Carers MOU is in line with two of priorities within the **Slough Joint Wellbeing Strategy 2016-2020**, namely priority 1: protecting vulnerable children (young carers) and priority 3: improving mental health and wellbeing.

3.2 Data within the **JSNA** helped inform the priorities within Slough's Joint Commissioning Strategy; 'Slough Caring for our carers' 2016-21. Again the MOU is in line with the four priorities within the strategy which are:

- Identification and recognition of carers
- Support for young carers and carers of working age
- Supporting carers to stay healthy
- A life outside caring.

3.3 The MOU also contributes to outcome 2 of the **Council's Five Year Plan: *Our people will be healthier and manage their own care needs***. Working with partners organisations to help improve the health and well-being of residents, which include

carers is one of the outlined long-term priorities in the five year plan. The MOU is based on principles of strong partnerships.

4. **Other Implications**

- a) Financial - Although there are no direct financial implications in the implementation of the MOU, the contribution that carers make to the local health and social care economy is significant. The help they provide enables the families, neighbours or friends they support to live for longer in their own homes. It is therefore important that carers themselves access timely help and support to enable them to continue in their caring role, as well as have a life outside caring.
- b) Risk Management - None
- c) Human Rights Act and Other Legal Implications – None
- d) Equalities Impact Assessment – None
- e) Human Rights Act and Other Legal Implications –None

5. **Summary**

This report provides a brief update to the Wellbeing Board about developments in producing a MOU to support carers. The impact and value of having a local MOU will be reviewed over the next twelve months. Success will be monitored through feedback from individual carers, carers groups, discussion with partner organisations and the Adult Social Care Outcome Framework (ASCOF) indicators relating to carers.

6. **Supporting information**

6.1 The Slough Wellbeing Board is reminded that in May 2017, it approved the plans to develop a local MOU for carers following the NHS England guidance document :[An integrated approach to identifying and assessing care health and wellbeing](#) . NHS England developed this resource to help local Health and Wellbeing Boards take a more integrated approach to the identification, assessment and support of both adult and young carers by health, social care and third sector organisations. It offered a template MOU for local Health and wellbeing Boards to encourage engagement from local partners to sign and commit to work together to improve outcomes for carers.

6.2 During the last twelve months, discussions and events have taken place with carers and patient panel groups as well as with provider organisation to help develop and then promote a MOU for Slough. Letters have been sent to number of key organisations seeking support and encourage to sign up to it.

6.3 The outcome of this engagement activity is that to date, twelve health and social care partners from within the statutory and third sector have now signed up to the nine principles within the local Slough MOU. In doing this they have committed to working together to ensure a more proactive approach in identifying and supporting carers.

6.3 The Slough MOU will be launched during Carers week in June. Discussions are also continuing to see to see how the principles within the MOU might be rolled out within the Frimley Heath Integrated Care System.

7. **Comments of Other Committees**

7. The Health and Social Care / Better Care Fund Priority Delivery Group has been updated about progress in implementing the Carers Strategy and MOU. This body

supported the devolvement of a local MOU and requested it was taken forward to the Wellbeing Board for final endorsement.

8. **Conclusion**

- A local MOU is now in place to help partner organisations work together to ensure carers are identified and access appropriate information support when they need it.
- The MOU will continue to be promoted amongst other partner organisations to encourage wider sign up.
- The impact of adopting this approach will be also reviewed over next twelve through discussion with carer groups, partner organisations and ASCOF indicators relating to carers.

8. **Appendices**

A - Caring for our Carers in Slough: A Memorandum of Understanding

B - Slough Caring for Our Carers – Joint Commissioning Strategy 2016-2021.

9. **Background Papers**

[An integrated approach to identifying and assessing care health and wellbeing](#)

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Caring for our Carers in Slough

Slough Wellbeing Board has agreed an integrated approach to identifying and supporting carers through a local Memorandum of Understanding (MOU).

This involved the commitment from local health and social care partners within the third and statutory sectors.

The MOU is in line with the national and local strategy to support carers and the NHS England toolkit 'An integrated approach to identifying and assessing Carer Health and Wellbeing'



Meet and Mingle at Carers Week launch night at the Copthorne Hotel, hosted by Slough Carers Support. Photo: Emma Sheppard - 13/06/17

To date, the following organisations have committed to the MOU:



Slough Borough Council



Slough Clinical Commissioning Group



Aik Saath



Slough Children's Trust



Berkshire Healthcare Foundation Trust



Slough CVS on behalf of Slough Prevention Alliance
Community Engagement (SPACE)



Healthwatch Slough



Youth Engagement Slough Consortium



Slough Crossroads



South Central Ambulance Service



Special Voices



Alzheimers Dementia Support

1. Introduction

This Memorandum of Understanding (MOU) sets out an agreed approach to supporting the implementation of an integrated approach to the identification, assessment and meeting of carers' health and wellbeing needs across Slough. The document has been developed from a national template published by NHS England and encompasses the vision within our local joint Carers Strategy 2016-2021. It's supported by key partners in the health and social care system who are committed to working together for carers and young carers.

The 2011 census data tells us there are 11,626 carers living in Slough. This is 14% of the population compared to the national average of 12%. Within this number there are 337 young carers under the age of 15 and a further 976 aged 16-24 providing regular care.

This is taken from the Slough Carers Strategy 2016-2021 which contains a more detailed breakdown of the local population profile.

2. Slough vision for carers

"I know that I am a carer, I have a positive relationship with the person I care for and have a healthy and fulfilling life outside of my caring role. I am recognised and valued as a carer by my community and I know where to go to get the right support when I need it."

Taken from Slough Carers Strategy 2016-21

This local MOU supports the co-operation of local partners and provider organisations to achieve this vision.

3. Working together to support carers

Partners have different roles and responsibilities and this will affect how they directly support carers. However, all are committed to improving the identification and recognition of carers in their organisations.

By signing this MOU, Partners have agreed to co-operate with each other, to promote the wellbeing of individual carers of all ages through a whole family approach. This aims to:

- a. maintain the independence and dignity of carers and their families
- b. promote the mental and physical health and wellbeing of carers
- c. empower and support carers to manage their caring roles and have a life outside of caring that includes maintaining employment, education, leisure and relationships
- d. ensure that carers receive the right support, at the right time and in the right place
- e. identify hidden carers and those who are seldom heard such as those from Black and Minority Ethnic groups, armed forces, gypsy and traveller, veterans etc.
- f. respect carers' decisions about how much care they will provide and about not providing care at all
- g. involve carers as expert partners in developing future support
- h. increase awareness of carers within the borough
- i. ensure that young carers are identified and protected from undertaking inappropriate caring

4. Key principles

The integrated approach to identifying, assessing and supporting carers' health and wellbeing needs rests on a number of supporting principles.

Partners to this Memorandum of Understanding agree that:

Principle 1

We will support the identification and recognition of carers and young carers in all organisations.

Principle 2

We will support the registration of carers in primary care and Slough Carers Support services.

Principle 3

Carers will have their support needs assessed and will receive an integrated package of support in order to maintain and/or improve their physical and mental health.

Principle 4

Carers will be empowered to make choices about their caring role and access appropriate services and support for them and the person they look after.

Principle 5

The staff of partners to this agreement will be aware of the needs of carers and of their value to our communities.

Principle 6

Carers will be supported by information sharing (with their consent) between health, social care, carer support organisations and other partners to this agreement.

Principle 7

Carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services.

Principle 8

The support needs of carers who are more vulnerable or at key transition points will be identified early.

Principle 9

Young Carers will be identified, supported and protected from inappropriate care.

5. Thinking carers within Slough

Partner organisations who have signed up to this MOU have shown a commitment to work together to ensure carers receive the right support, at the right time, and in the right place.

Partnership working and co-operation is key to providing a joined up, seamless service. This will include joint working between the local authority, the NHS, voluntary organisations, education, public health, housing and local communities to support carers.

The needs of Carers should also be recognised by commissioners and planned for. Work through the Slough Wellbeing Board, the Health Partnership Delivery Group, and the Joint Strategic Needs Assessment will include the identification of carers and young carers in Slough.

Partners will evaluate the effectiveness of this MOU in discussion with carers and through outcomes measured with the Adult Social Care outcomes framework (a biannual survey). These include:

- Carers reporting an improved quality of life
- Carers satisfied with services
- Carers reporting they have been included or consulted in discussion about the person they care for
- Carers reporting it is easy to find information about support

Slough Caring For Our Carers

Joint Carers' Commissioning Strategy 2016-2021



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1. Welcome

As a carer and co-chair of the Slough Carers Partnership Board, I am pleased to introduce the new Joint Carers Strategy for Slough. I know how difficult it is for people looking after parents, siblings, neighbours or friends to even recognise themselves as a carer. When I retired to look after my mother a few years ago, I thought I was 'just doing my duty as a daughter'. It was only after two years of looking after my mother and when a social worker asked "what about your needs?" that I then began to recognise myself as a carer.

I am really pleased that the Care Act 2014, which came into effect in April 2015, seeks to address the needs of carers. This strategy states how our local carers will be supported in Slough. I am passionate about raising awareness about the needs of carers within Slough including health professionals. We do a very important job, often day in and day out in supporting the people we care for. We also collectively save over £119 billion to the UK economy. I also want to make sure we find all the hidden or forgotten carers in Slough, encouraging them to get the support they are entitled to by having a carers assessment and registering as a carer with their GP surgery.

Along with other carers, I have been involved in developing the strategy. Together we will continue to work with other colleagues on the Carers Partnership Board to make sure we oversee the changes and improvements for carers outlined in this important strategy.

Jadine Glitzenhirm
Co-Chair of Slough Carers Partnership Board



2. Foreword

Caring for a relative, friend or partner is a role that many of us will take on at some point in our lives. The number of carers is growing as more people are living longer, often with complex support needs. The estimated 11,626 carers living in Slough make a vital contribution to the local community, providing practical, emotional and financial support to others. Whilst we know a caring role can be very fulfilling, it can also lead to isolation, poverty, ill health and loneliness. It is crucial that carers receive timely and personalised support to help them carry out their caring duties.

This newly refreshed strategy is aimed at both current and future young and adult carers as well as those who provide support to them. It has been developed at a time of great historical importance for carers. From April 2015, both adult and young carers are recognised in law as having the same rights as the people they care for through two very significant pieces of legislation, the Care Act 2014 and the Children and Families Act 2014. The changes introduce a duty to local authorities to identify, assess and support carers in their own right as well as a requirement to adopt a coordinated whole-family approach in how support is delivered. Carers also have a right to be consulted about decisions relating to the support and treatment received by the person they care for.

Slough Borough Council (SBC) and NHS Slough Clinical Commissioning Group (CCG) welcome the landmark legislative changes and with carers as our valued partners, have again joined forces to update this strategy. This outlines our continued shared commitment to proactively work with our local providers to help seek out carers to ensure they have access to universal, preventative and targeted support to help improve their lives. The Better Care Fund (BCF), the new single budget between health and social care, will help local commissioners work closer to deliver better services for the population of Slough including our carers.

We have ensured supporting carers is a high priority within the local Joint Strategic Needs Assessment (JSNA)¹ and the most recent five year plans for both our organisations. This strategy aligns with SBC five year plan² which sets out the commitment to support the most vulnerable through 'enabling and preventing' which includes both adult and young carers. It also aligns with the plan in how outcomes will be delivered through working with local people, helping them to do more for themselves and facilitating partnerships with the public, private and voluntary sector.

In 2014, Slough CCG set out plans as how local identified health needs and challenges will be met over the next five years through implementing whole system reforms³. The use of the BCF is specifically identified as a mechanism to ensure support for carers.

Our joint five year voluntary sector strategy⁴ also places great importance on the role this sector plays in identifying, valuing and supporting carers with Slough.

This strategy has also been developed at a time of change for children's social care in Slough. From October 2015 management of children's social care will be transferred to a newly established Children's Trust. Protocols are in place as to how SBC and the Trust will deliver children's social care. This will include ensuring parent carers and young carers are effectively supported within the new organisation that will be known as the Slough Children's Services Trust Ltd.

¹ <https://www.slough.gov.uk/council/joint-strategic-needs-assessment/>

² SBC five year plan 2015-20 outcome 5 & 6 <http://www.slough.gov.uk/council/strategies-plans-and-policies/five-year-plan.aspx>

³ NHS Slough Clinical Commissioning Group 5 year plan June 2014

⁴ Promoting and supporting the wellbeing of residents with the voluntary sector 2015-2020

This new strategy builds upon the Carers Strategy 2014-15 which outlined our interim position for carers whilst we awaited national guidance to support the new legislation. Our recent achievements include re-launching the Carers Partnership Board, delivering training to support carers, re-designing Care Act compliant carers assessments and support plans and introducing direct payments for carers. However we have much more to do to respond to legislative changes and as well as what carers are telling us will support them in their caring role.

Any strategy developed at this time must recognise the increasing austerity within the public sector including significant pressure on health and social care budgets. It is therefore even more critical that we maximise resources and support for carers, recognising their crucial contribution to supporting people to live in their own homes for longer by helping reduce or prevent hospital and residential care admissions.

This strategy has been driven by carer members of the Slough Carers Partnership Board who developed the questionnaire which was used to consult others as well as agree our vision and priorities. It will be overseen by the Health Priority Delivery Group (PDG) accountable to the Slough Wellbeing Board. A summary version is being developed with our local carers and will be available to support this full strategy.

We are very grateful to all our stakeholders but in particular our carers for helping us co-produce this strategy. Together we are striving to ensure services and opportunities are in place to improve the quality of lives for local carers and the people they support.



Cllr Rob Anderson
Chair of Slough Wellbeing Board



Dr Jim O'Donnell
Chair Slough Clinical Commissioning Group

3. Introduction/Executive Summary

This Joint Carers Commissioning Strategy updates our interim position, setting out how carers and young carers will be supported by SBC and Slough CCG over the next five years. It responds to the voices of carers, changes introduced in the Care Act 2014 and the Children and Families Act 2014 and both organisations five year strategic plans. These national and local drivers promote wellbeing, prevention and independence. Supporting and encouraging people to take responsibility for their own health and wellbeing are central to these changes.

In addition to the new duties and responsibilities for both local authorities and health to meet the needs of carers, there is ever increasing pressure on public sector budgets. The changing population means more people living longer with complex needs. A consequence is that there are increasing numbers of carers.

It is anticipated that more carers are likely to come forward for assessment and be eligible for support as public awareness about the legislative changes spreads. It is essential that all carers have access to timely information, advice and other preventative support in order to maximise their wellbeing. Direct payments will be targeted at those carers where caring has the greatest impact on their lives.

Major reforms are planned within SBC Adult Social Care over the next five year in order to respond to the changing and growing demands facing both the health and social care economy.

This will deliver meaningful and long term change across six areas:

1. **Prevention** - the development of a local strategy, spanning voluntary, health and social care services to maintain a healthy population in the community, working with the local people through targeted wellbeing and prevention plans. This will include carers.
2. **Information and advice** - to ensure that the right information is provided to the right people at the right time in their lives. Proactive care and support planning will become the norm. Independent advice and advocacy will be available to help people develop their support plans.
3. **Personalised Outcomes** - through developing the market place and safeguarding outcomes, people will have the choices of finding the right care and support at the right times in their lives.
4. **Building Community Capacity** - enabling people, voluntary organisations and the community to proactively manage their wellbeing and increase their resilience to succeed during periods of crisis.
5. **Workforce Development and Quality** - both internal and external workforces will be developed requiring staff to adapt to flexible, multi-disciplinary ways of working.
6. **Integration** - the scale of the change required cannot be managed in isolation and will require an integrated approach. It is recognised that people do not access care and support from just one single source. Slough services will continue to be commissioned using a whole system approach ensuring the best outcomes for residents.



We know many carers do not always identify themselves as carers and thus remain "hidden" from services. It is crucial that these people also have information about both universal and targeted services to enable them to make informed choices about whether to seek support at times in their lives when they may benefit from it.

In order for this strategy to be both realistic and sustainable, commissioned services must be innovative, responsive to local needs, committed to strong partnerships and able to demonstrate value for money. They must show they have effectively supported carers and the people they help to live as independently as possible in our local community.

The aim of this strategy is to:

- Provide a voice for local carers and put them at the centre of designing the support that they need.
- Collaboratively set out our vision for carers.
- Ensuring that we meet our legal responsibilities in supporting carers.
- Provide a clear steer about our local vision for carers in Slough with partners and local communities.
- Develop the market to ensure the right support is in place to support carers.

4. Progress in supporting carers

There achievements in how our local carers have been supported since the last interim strategy. We have:

- Re-launched the Slough Carers Partnership Board. It now has active representation from Slough carers, one of whom is co- chair.
- Developed Care Act compliant carers assessment tools, processes and pathways. This includes the option of a combined assessment with the carer and cared for.
- Introduced direct payments for carers assessed. Between April and August 2015 64 carers were assessed as eligible for a direct payment.
- Seen an increase in the number of adult carers being assessed since April 2015 when the Care Act came into force. For the period April and June 2015, 189 carers assessments were completed. This compares with 103 for the same period in 2014.
- Together with carers, produced accessible material to ensure carers are aware of their rights.
- Consulted carers about their training needs and then rolled out a programme reflecting what they have told us.
- Commissioned a local provider to undertake young carer awareness raising within in local schools.
- Started to develop a council wide 'whole family approach' process and pathway to support young carers locally which is in line with the recently updated Memorandum of Understanding (MOU)⁵.
- Developed a young carers assessment/ screening tool.
- Increased the take-up of assistive technology. Since December 2013, 855 people have been referred to and received telecare support. As a result, 112 carers have reported increased independence within the home environment and a further 98 carers reported feeling more at ease leaving the person they care for, when they are away from their home.
- Introduced carers GP registration within Slough to ensure health needs of carers are given a higher priority.
- Facilitated sessions for carers to ensure they are aware of their increased rights as a result legislative changes.
- Beginning to engage with local employers to promote carers issues in the work place.
- Working with local pharmacies to help distribute information to carers.
- Continued to deliver information, advice and advocacy to carers.
- Continued to develop the Slough Services Guide to ensure Slough residents have information about local provision.
- Coordinated partnership activities with carers and partners during National Carers Week 2015. The events were attended by 233 carers and 34 new carers were identified and signposted for support.
- Adopted principles of 'Making Safeguarding Personal'⁶ in Slough which included both the carer and cared for.

There has been significant progress over the last year but we will continue to build on these achievements in order to improve outcomes for carers in Slough.

⁵ No wrong doors: working together to support young carers and their families" March 2015 ADCS, adass, the Children's Society, carerstrust

⁶ 'Making Safeguarding Personal: Guide' 2014 adass, Local Government Association

5. Vision

Slough carers have said their vision for this strategy is that:

“ I know that I am a carer, I have a positive relationship with the person I care for and have a healthy and fulfilling life outside of my caring role. I am recognised and valued as a carer by my community and I know where to go to get the right support when I need it. ”

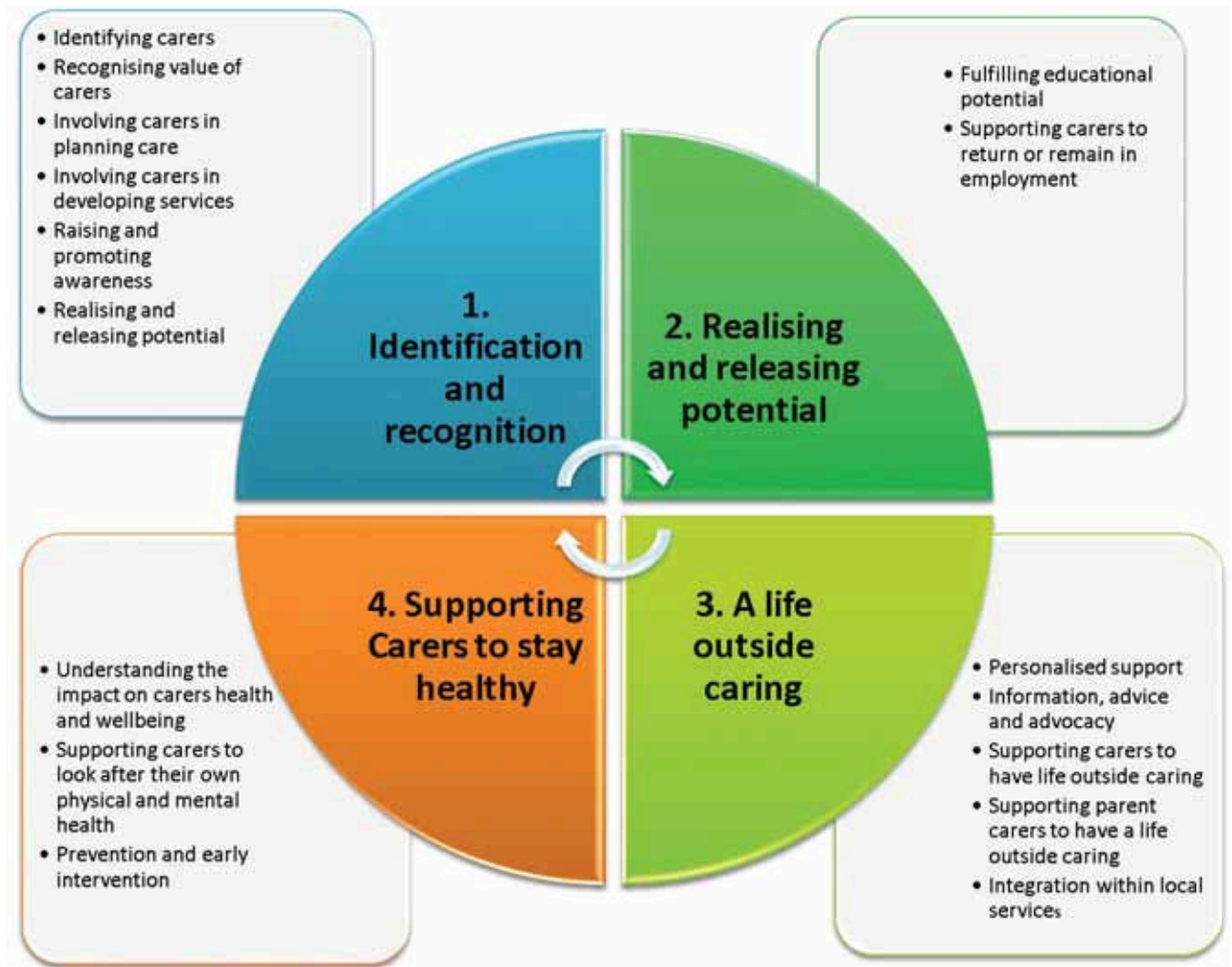
To achieve this vision, we will put Slough carers at the centre through commissioning a range of personalised support by establishing strong partnerships delivering choice, quality and value for money.



6. Local Priorities

The interim carers' strategy identified five local priorities for Slough. After further discussion with Slough's carers, we have reviewed these local priorities and aligned them with the four national priorities.

The diagram below outlines the newly adopted local priorities and the types of activity that will be delivered.



7. Who is a Carer?

Most people will become a carer at some point in their lives or will know someone that will be caring. Caring might happen suddenly or gradually over a period of time with a slow deterioration in the health of the cared for person.

Carers will be from any ethnic, faith, social background or sexual orientation. They can care for more than one person, maybe working or unemployed and may have their own disabilities or illnesses.

The Care Act 2014 definition of a 'carer' is an adult who provides or intends to provide care for another adult needing care. A 'carer' should not be confused with "care worker" or "care staff" undertaking a caring role as part of paid employment or as a volunteer attached to a voluntary organisation.

Carers help and support others with a range of problems including illness, disability, dementia, and substance or alcohol abuse. They keep those they care for safe by giving physical, practical and emotional support and maybe for short periods, a lifetime, on a daily basis or from a distance.

A parent carer of a disabled child will be providing substantial and regular care beyond what is usually expected for a child of a similar age. When a disabled young person reaches age 18, the parent is considered to be the carer of an adult.

A young carer is defined under section 96 of the Children and Families Act as "... a person under 18 who provides or intends to provide care for another person." This includes both practical and emotional support to a family member who is physically or mentally ill, disabled, or misuses substances.

Like the Care Act, it excludes young people who in paid employment or undertaking voluntary work except, where the local authority consider that the relationship between the person cared for and young person intending to provide care, is such that it would be appropriate for the person under 18 to be regarded as a young carer.

Tasks undertaken by young carers also vary considerably according to the nature of the illness or disability of the person they support, the level and frequency of need for their care as well as the structure of the family as a whole. Young carers may become vulnerable when the level of responsibility they take and the care they give becomes excessive or inappropriate for them. This can then impact on their childhood including their emotional, physical well-being, educational achievement, or life chances.

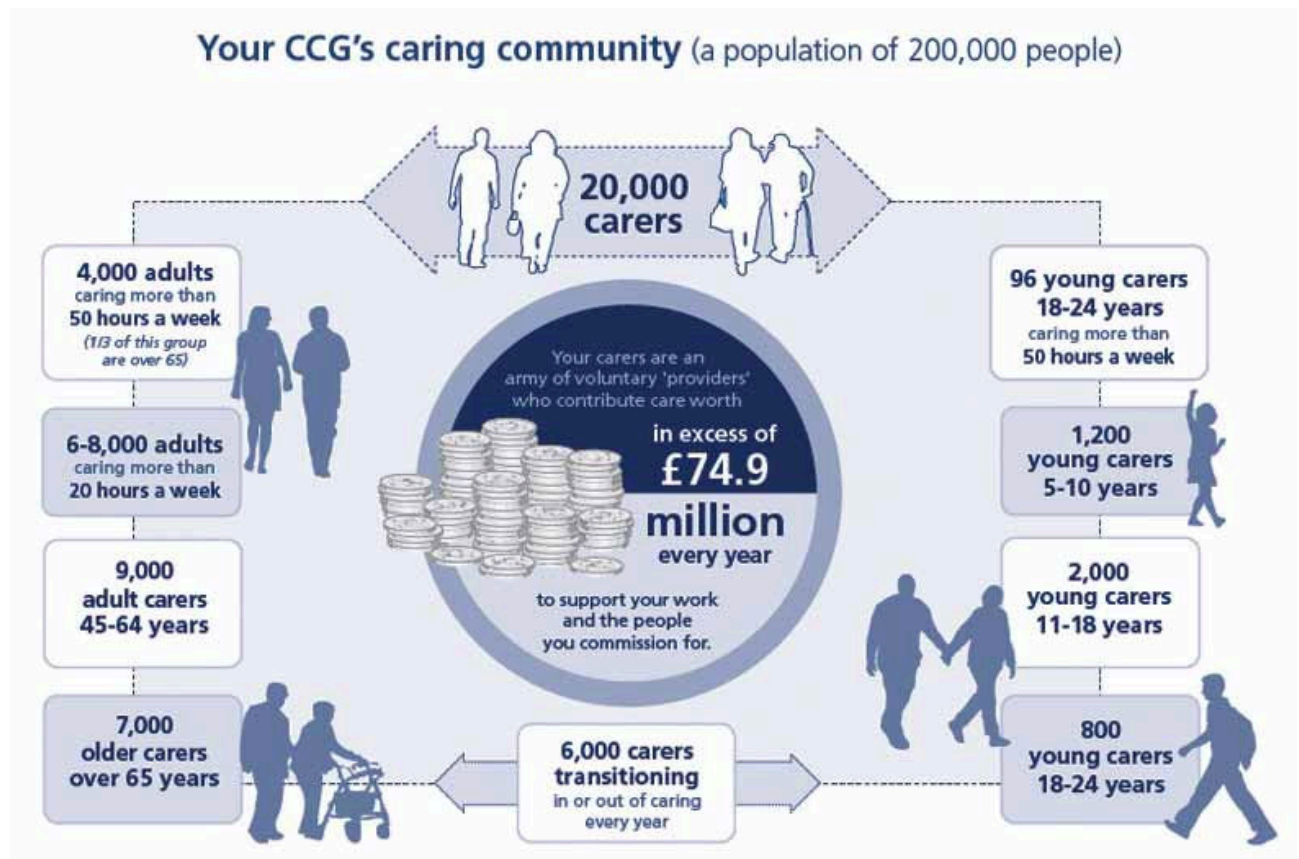


8. Value of Carers

Carers make a vital contribution to communities by helping the people they care for to live in their own homes for as long as possible. They also make a significant economic contribution to the UK economy; an estimate⁷ in 2011 put this at approximately £119 billion per year. This is higher than the annual net expenditure of the NHS for 2015/16 which will be in the region of £116,574 billion. Carers help reduce the ever increasing pressures on both health and social care budgets by limiting numbers of hospital and residential admissions.

There are significant economic benefits to support carers as well as legal and moral duties. A 2013 report by the Royal College of General Practitioners (RCGP)⁸ estimates in a population of 200,000 people, the average number of Carers is 20,000.

The diagram below, taken from this report illustrates the average age of carers, the hours of care provided as well estimated annual savings they deliver.



⁷ Valuing Carers - Calculating the value of Carers' Support Carers UK 2011

⁸ Commissioning for Carers, Royal College of General Practitioners 2013

9. The Impact of Caring

Caring can be very rewarding but it can also be both financially and emotionally demanding. It can impact on a carer's health, employment, education, and relationships. The extent of the impact depends on many factors such as the amount of caring undertaken, the age and health of the carer, their other responsibilities as well the needs of the person they support. Carers often ignore their own needs, putting those of the person they care for before themselves.

The RCGP report⁹ says caring has a significant impact on the health of the carer. They reported:

- 40% of carers experience psychological distress or depression. Those caring for people with behavioral problems experience the highest levels of distress.
- 33% of carers providing more than 50 hours of care a week report depression and disturbed sleep.
- 44% of carers suffer verbal or emotional abuse and 28% endure physical aggression or violence from the person they care for.
- Older carers who report 'strain' have a 63% higher likelihood of death over a four year period.

A guidance report¹⁰ focusing on carers and safeguarding, listed situations when the carer is at increased risk of harm from the person they care for. Situations include when the person they support:

- Have health needs that exceed the carer's ability to meet them.
- Treats the person with a lack of respect.
- Rejects help and support from outside.
- Has a history of substance misuse, unusual or offensive behaviours.
- Refuses or is unable to be left alone at night.

The impact of caring for a child with disabilities often causes additional long term worries and responsibilities.

"Having a child brings a lifelong commitment, but with an expectation that when your child grows up, they'll need less care from you. When your child is disabled things can be very different. You are both a parent and a carer. Accessing the help and support you need can be a battle".¹¹

Another recent national carers survey¹² reported that 58% of the respondents had reduced the amount of exercise since starting caring and 45% found it hard to maintain a balanced diet as a result of caring. The survey also focused on how carers mental wellbeing was affected as a result of caring. 73% reported increased anxiety, 82% increased stress and 50% said they were affected by depression after taking on a caring role.

A report from the last national census¹³ said people from white and Asian ethnic groups providing 50 hours of unpaid care per week were 4.3 times more likely to have 'Not Good' general health compared with those in the same ethnic groups providing no unpaid care.

BME carers providing at least 20 hours a week are less likely to be in employment than those without caring responsibilities. A survey undertaken Carers UK's 'State of Caring' highlighted the challenges faced by BME communities in accessing support. It concluded that this group are less likely to be consulted about hospital discharge or receive additional support from their GP around caring. They are also more likely to miss out on financial support. In addition they are more likely to be caring without any practical support from services, friends or family.¹⁴

¹⁰ Carers and safeguarding adults - working together to improve outcomes 2011

¹¹ <http://www.carersuk.org/help-and-advice/who-do-you-care-for/item/960-caring-for-your-disabled-child>

¹² State of Caring Survey 2014 Carers UK

¹³ 2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001ONS

¹⁴ State of Caring Carers UK 2013

The recent local carers survey conducted in 2014-15 as part of a national exercise considered the impact of caring. Results from the sample 160 Slough carers responding to the survey included the following;

- 30% indicated that they were unable to continue with paid employment because of the caring responsibilities.
- 15% reported feeling socially isolated.
- 17% reported not doing anything they value or enjoy with their time
- 15% felt they neglected looking after themselves- not sleeping or eating well.
- 27% indicated had long-term illnesses.



10. Summary to National Background

Over the last two decades, Governments have recognised the important contributions carers make by maintaining the wellbeing and independence of others. This is demonstrated in key legislation, guidance and strategies.

This Carers Strategy for Slough has been developed in light of these national drivers and our action plan will support delivery of these priorities at a local level.

10.1 National Strategy for Carers

The land mark National Carers Strategy¹⁵ sets out the vision that by 2018:

".. carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen."

This was followed in 2010 by 'Recognised, Valued and Supported: Next Steps for the Carers Strategy' which introduced four key priorities upon which the Government, working in partnership with Local Authorities, the NHS, employers, the voluntary sector, local communities and carers should focus:

1. Identification and recognition
2. Realising and releasing potential
3. A life outside of caring
4. Supporting carers to stay healthy

These four priorities were again endorsed in the recent national plan for carers¹⁶, which summarised achievements in the support for carers and as well as identified future key actions.

In a recent report¹⁷ NHS England recognised carers as an invaluable asset to both itself as an organisation as well as the people they care for. The report makes a series of commitments to support carers based around eight priorities:

1. Raising the profile of carers
2. Education, training and information
3. Service development
4. Person-centred, well coordinated care
5. Primary care
6. Commissioning support
7. Partnership links
8. NHS England as an employer

10.2 The Care Act 2014

The overarching principle of the Care Act is that of promoting wellbeing. It introduced major changes for local authorities in how it delivers care and support for adults with care needs and carers. The Act and statutory guidance aim to achieve:

- Clearer and fairer care and support to both service users and carers.
- Improved physical, mental and emotional wellbeing of both the person needing care and their carer.
- Preventing and delaying the need for care and support.
- Putting people in control of their lives.
- Improved and more personalised approaches to safeguarding for both the carer and the cared for person

¹⁵ Carers at the heart of 21st century families and communities: "A caring system on your side. A life of your own." June 2008 Department of Health

¹⁶ Carers Strategy: Second National Action Plan 2014-2016

¹⁷ NHS England's Commitment to Carers 2014

It adopts a whole-family approach as well as more personalised support tailored to the carer and the person they support using a new national eligibility criteria. Carers are now recognised in law as having the same legal right to an assessment and support as the person they care for. They no longer have to demonstrate that they provide 'regular and substantial' care to have a carers assessment. The assessment must consider whether the carer is able or willing to carry on caring, their own needs, the impact caring has on their lives and what they want to achieve such as working, studying or doing more socially. The local authority then has a duty to agree a support plan with the carer which sets out how the carers eligible support needs will be met.

It is anticipated that the numbers of carers seeking an assessment will increase as carers become more aware of their entitlements.

The Act requires local authorities to provide, or arrange the provision of services, which will prevent or delay the need for care and support by unpaid carers as well as the person they care for in order to reduce the need for support by carers in their area. Local authorities must also establish and maintain a service for the provision of information and advice about care services and how to access them, including financial advice.

It also requires local authorities to focus on young carers by improving the recognition and support through transitional arrangements as they move from Children's to Adult services. Local authorities can also assess a young person's needs through adult care systems when they are nearing adulthood. This can help them understand what might be available to them and whether they are likely to be eligible for care and support when they turn 18 years of age.

The guidance that supports the implementation of the Act states:

"Local authorities should ensure that adults' and children's care and support services work together to ensure the assessment is effective - for example by sharing expertise and linking processes"¹⁸.

They must also consider whether any of the caring tasks the child is undertaking are inappropriate and if the caring undertaken impacts on their education, friendships and other aspects of their wellbeing.

The implications for this strategy include proactively identifying carers, assessing their needs and delivering preventive support.



¹⁸ Care and Support Statutory Guidance Issued under the Care Act 2014 Department of Health

10.3 The Children and Families Act 2014

The Children and Families Act introduces wide reforms to improve services and support for vulnerable children and families including adoption, looked after children, family justice, special educational needs and young carers.

Changes relating to young carers include ensuring they receive equal treatment to adult carers. This means local authorities must undertake an assessment of the child and their needs as a carer and provide support to meet their needs in order to safeguard and promote their welfare. They must consider whether the adult being cared for is eligible for assessment under the Care Act 2014 and whether if a child is being cared for, requires an assessment under the Children Act 1989. The local authority must also consider what is in the best interests of safeguarding or promoting the child's welfare.

This legislation also requires local authorities to ensure an improved focus on the needs of young carers and again reinforces the need for greater collaboration between Children and Adult services in line with the Government's 'whole family approach'.



Parent carers also now have the same rights to a stand-alone assessment as adult and young carers under this legislation. They no longer have to show they are providing a "substantial amount of care on a regular basis" in order to be assessed. The legislation now requires local authorities to assess on the appearance of need, as well as following a request by a parent carer.

The recently published regulations¹⁹ relating to young carers states that in carrying out the assessment, the local authority must have regard to the age, understanding and family circumstances of the young carer, their wishes, feelings and preferences and consider differences of opinion between them, their parents and the person cared for and the outcomes the young carer seeks from the assessment.

One of the key principles of the recently updated Memorandum of Understanding (MOU)²⁰ relating to young carers, supporting the implementation of both this Act and the Care Act is that:

"The primary responsibility for responding to the needs of young carers and young adult carers and ensuring an appropriate assessment rests with the service responsible for assessing the person they support, rather than the age of the carer".

The implications of this Act include stronger collaboration between partners in ensuring a more cohesive approach in support young carers.

¹⁹ The Young Carers (Needs Assessments) Regulations 2015

²⁰ No wrong doors: working together to support young carers and their families" March 2015 ADCS, ADASS, the Children's Society, Carers Trust

11. The Profile of Carers

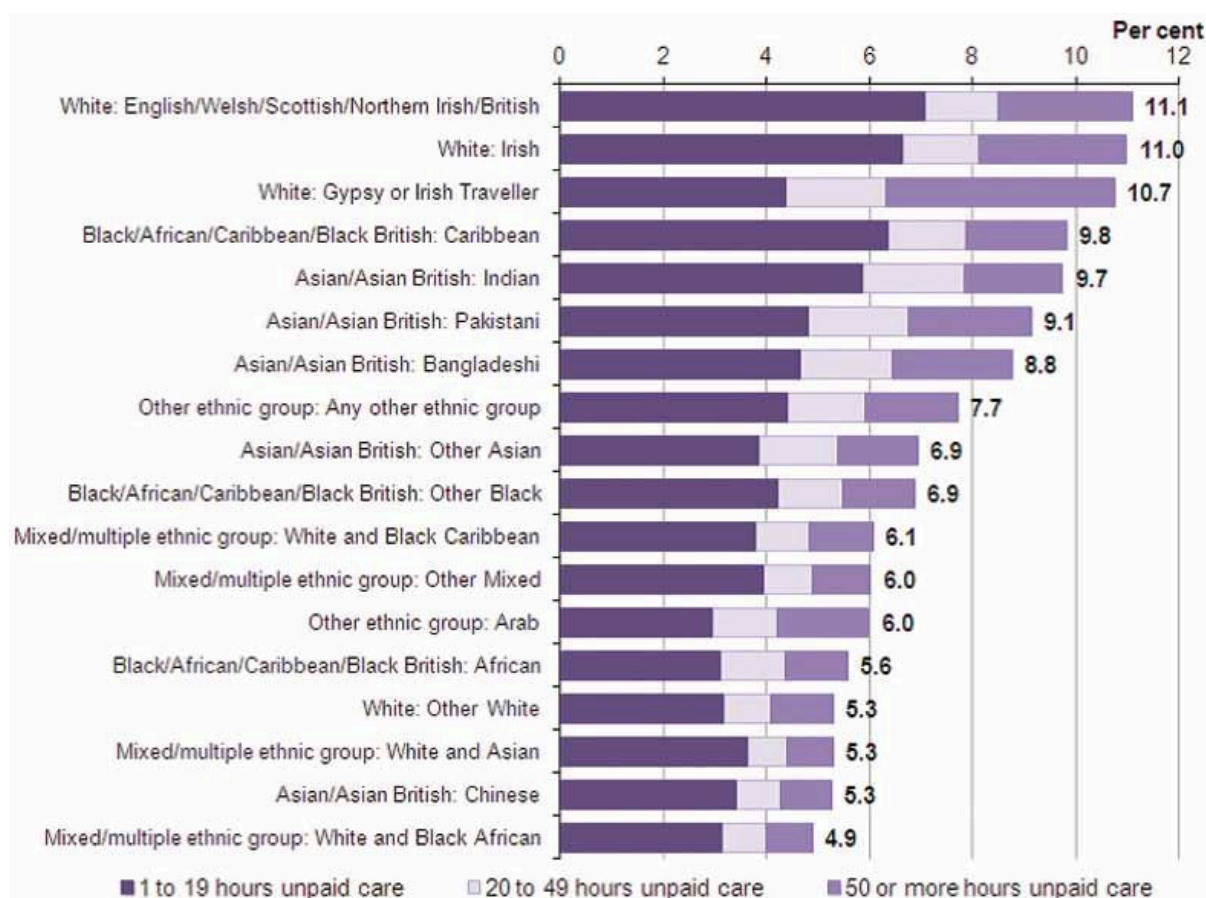
11.1 National Picture

The 2011 national census reports there are 5.8 million carers in England, Wales and Northern Ireland. This is an increase of 629,000 in the ten year period since the last census. A report by Carers UK²¹ summarised key information from the census. This includes:

- 2.2 million people are now undertaking caring responsibilities in excess of 20 hours a week.
- 1.4 million people are providing care for more than 50 hours per week.
- 58% of carers are female compared to 42% who are male.
- The age profile shows the peak age for caring is 50 to 59.
- One in five people in this age group (1.5 million across the UK) are providing some unpaid care.

11.2 Ethnicity

The 2011 Census²² showed that amount of care provided varied greatly among ethnic groups. British (11.1 per cent), Irish (11.0 per cent), and Gypsy or Irish Traveller (10.7 per cent) were among the highest providers of unpaid care. White and Black African (4.9 percent), Chinese (5.3 per cent), White and Asian (5.3 per cent) and Other White (5.3 per cent) ethnic groups were among the lowest providers of unpaid care. See below.



²¹ Carers UK 'The facts and figures about Carers' Policy briefing December 2012

²² 2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001 ONS

11.3 Young Carers

Key findings from the 2011 census are:

- 177,918 young people aged between 5 to 17 years undertaking caring responsibilities of which 54% are girls and 46% are boys.
- The number of young carers increased by almost 19% in the ten year period since the last census. The largest increase in the South East.

A report²³ looking at the census 2011 data on young carers commented:

"There is growing evidence pointing to the adverse impact on the health, future employment opportunities and social and leisure activities of those providing unpaid care, particularly in young carers".

It states numbers of young carers identified in census are "the tip of the iceberg" as they fail to capture those caring for family members with mental illness or substance misuse. It also states that many young carers are marginalised and hidden from professionals for fear of stigma.

Other key findings from this report are that:

- One in twelve young people undertake caring for more than 15 hours per week.
- Around one in twenty misses school because of their caring responsibilities.
- Young carers are 1.5 times more likely than their peers to be from BME communities, and are twice as likely to not speak English as their first language.
- Young carers are 1.5 times more likely than their peers to have special educational needs or a disability.
- The average annual income for families with a young carer is £5000 less than families who do not have a young carer.
- Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine B's and nine C's.
- Young carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19.



²³ Hidden from view: The experiences of young Carers in England.
Children's Society 2013

12. Profile of Slough

12.1 Slough's population

Slough thrives as an exciting and culturally diverse town. It is a densely populated with a population of around 142,000. It is the most ethnically diverse local authority area outside London and is home to a diverse community from over 80 different countries. Approximately 48 % of its adult residents are from a black or minority ethnic (BME) background (Census 2011). It has the highest percentage of Sikh residents across England and Wales, making up 10.6% of Slough's population, more than any other local authority. It also has the seventh highest percentage of Muslim (23.3%) and tenth highest percentage of Hindu residents (6.2%) across England and Wales. Support for Slough's carers needs to be developed in light of this context.

12.2 Health

The following key themes are identified from the Public Health Outcomes Framework for Slough:

- The general health of many local people is poor compared to other local authorities and many people in Slough experience more years of ill health and disability when compared to national average.
- There are high rates of coronary heart disease and pulmonary disease (chest and lungs); this is the single most common cause of all premature death.
- The number of people who are diagnosed with diabetes is significantly above national rates.
- There is a higher than average number of people who are HIV positive or have AIDS and there has been a rise in the rate of tuberculosis.
- There are high numbers of people with mental health problems with rising numbers of people with problems of misuse and addiction to drugs or alcohol.
- There are high rates of obesity and people who smoke; these factors will impact on health and disability.

Many of the above factors will affect both carers and the cared for. This will present significant challenges in how people are being supported to manage their conditions.

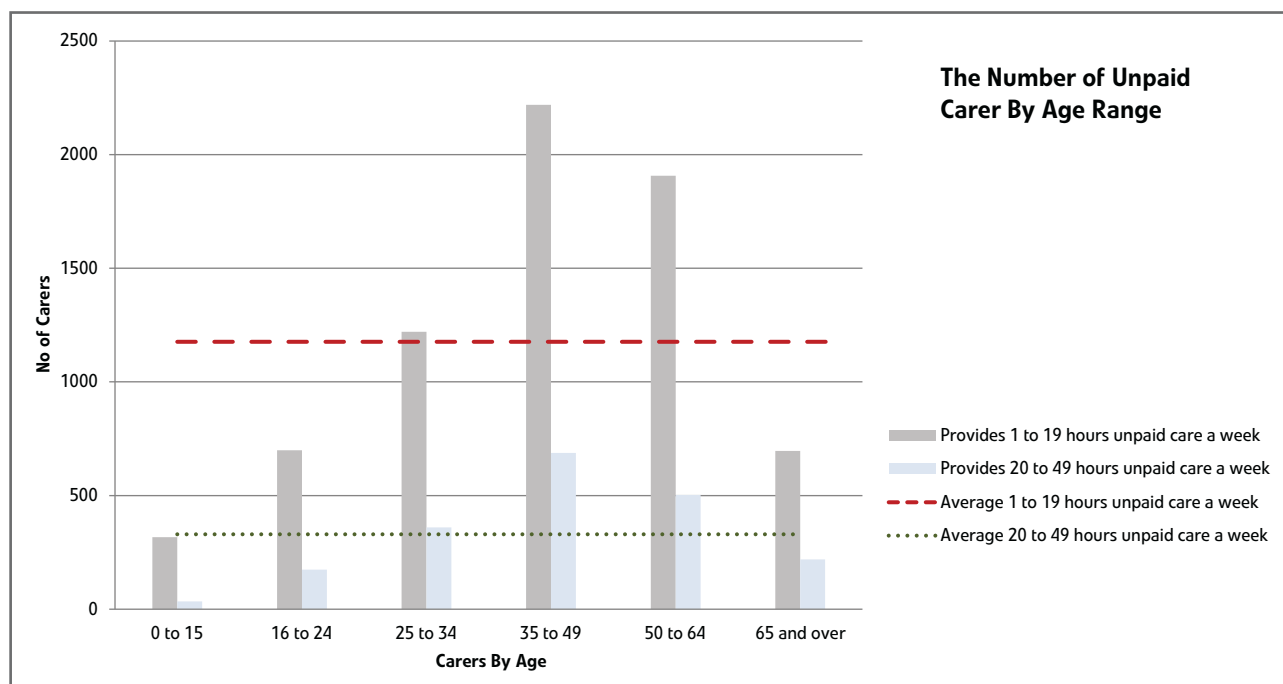


13. Profile of Slough's Carers

The 2011 Census data tells us there are 11,626 carers living for Slough. This amounts to 14% of the area's population compared to a national average of 12%. The number of carers entitled to carers allowance in 2013 in Slough was 1,700. There are a large percentage of carers whom are unknown to services.

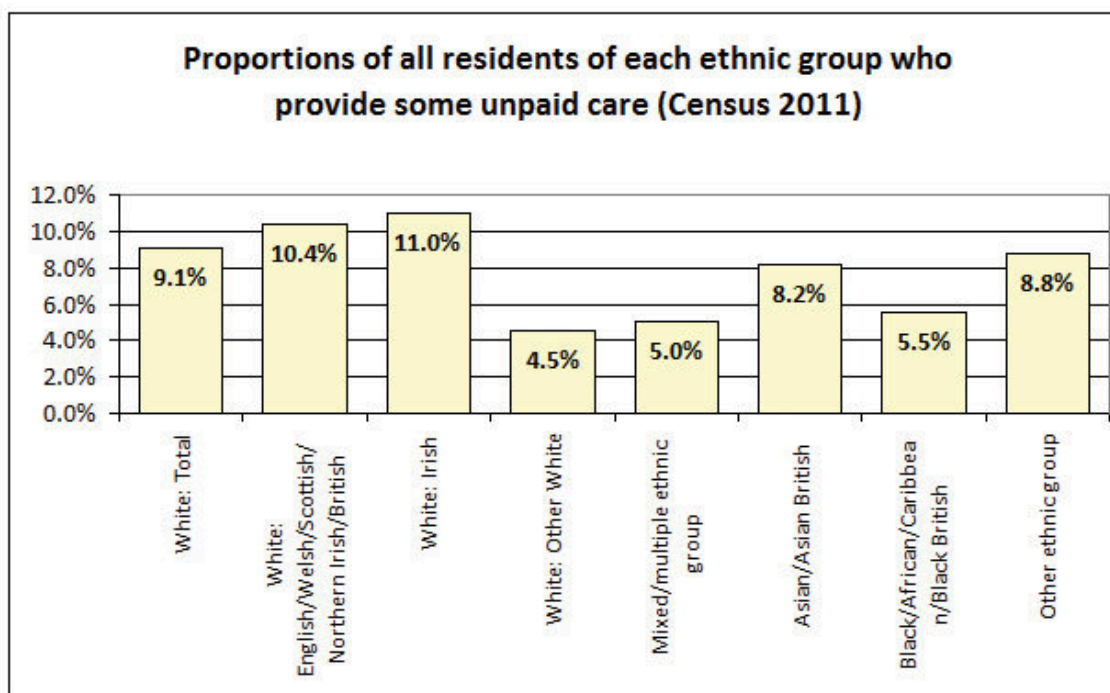
The graph and table below shows the number of hours of care provided by age band.

The data tells us that a high number of carers are of working age (aged between 35 and 49 years) lining in Slough. It is likely they many of these people will have dual responsibilities of caring for a child as well as a relative, partner or neighbour. It is important that this group of carers are supported to either seek or sustain employment. Numbers of older carers are also increasing as people are living longer with more complex needs including dementia. Again support needs to be tailored to this group of carers.



Age Group	Numbers of people providing 1 to 19 hours unpaid care a week	Numbers of people providing 20 to 49 hours unpaid care a week	Numbers of people providing 50 or more hours unpaid care a week	Total number of people providing unpaid care a week
0 to 24	1,013	208	129	1,350
25 to 49	3,438	1,047	1,177	5,662
50 to 64	1,907	503	687	3,097
65 and over	696	219	598	1,513
Total:	7,054	1,977	2,591	11,622

The next table illustrates the proportion of Slough carers within different ethnic groups.



13.1 Adult Carers

380 carers assessments were completed between April 2014 and March 2015. In addition, 141 reviews took place.

The introduction of the Care Act has brought a marked increase in numbers of carers assessments. Between April and June 2015 189 assessments were completed, which compares to 103 for the same period in 2014. For the first five months following the implementation of the Care Act (April-August 2014) 64 carers were assessed as eligible for a direct payment.

13.2 Parent Carers

There are currently 114 families in receipt of short break support within the Learning Disability and Difficulty service. Twelve families are currently being supported through a direct payment.

In 2014 over 900 short breaks were provided to parent carers of children with special educational needs.

13.3 Young Carers

As indicated earlier, the latest census which includes data on young carers recorded that there are 377 young people under the age of 15 and 976 aged 16-24 providing regular care in Slough.

A mapping activity exercise undertaken by SBC in late 2014 identified a total of 448 young carers living in the Borough. A further 7 have subsequently been identified totalling 455.

14. Local views of carers

Building on consultation for the interim strategy, a group of local carers developed a questionnaire around the four national priorities. With the support of local providers, this was used as the basis to seek the views of others carers about what is important within a local strategy (Appendix 1).

The questionnaire was distributed to carers with the support of local community groups and provider services during the period May to June 2015. 107 carers completed the questionnaire. The results of this survey together with the ethnicity of respondents are attached in Appendix 2.

Overall there were consistent themes from the responses which included:

- Late recognition of themselves as a carer and therefore delaying getting support at the time that they needed it.
- Maintaining a positive relationship with the person they care for in addition to their role as a carer.
- The need for timely advice and training to equip them in their caring role.
- Receiving information, help and support.
- Undertaking caring responsibilities that are appropriate to age and ability.
- Having their own emotional and physical needs met and being recognised as a carer by GP.

Carers were also consulted at a local event during national carer's week 8-14th June 2015. The views were largely in line with those expressed within the questionnaires and are attached in Appendix 3.

The vision and draft action plan was discussed and agreed at the Carers Forum in September 2015 which was attended by 27 carers.

Discussion also took place in August 2015 with a small focus group of young carers about what is important to them. Feedback was consistent with views expressed during previous the consultations. They identified the following:

- I know that I am a young carer.
- I am happy to be a young carer for the person I care for.
- People in my community know that I am a young carer and are willing to help me.
- I know where to go to get the right support when I need it.
- I help make decisions for the person I care for.
- I can have a young carer's assessment if I choose to.
- I have time to relax, and meet with my friends.
- I have time to do all my school work.
- I can take part in different activities and youth clubs if I choose to.
- I am able to share what I know with others.

It is recognised that the majority of carers who participated in the engagements and development of this strategy were already known to services. A challenge for Slough is how we seek out carers unknown to services, including older carers, working carers, young carers and those across Slough's diverse community in order to understand their views to inform future commissioning.

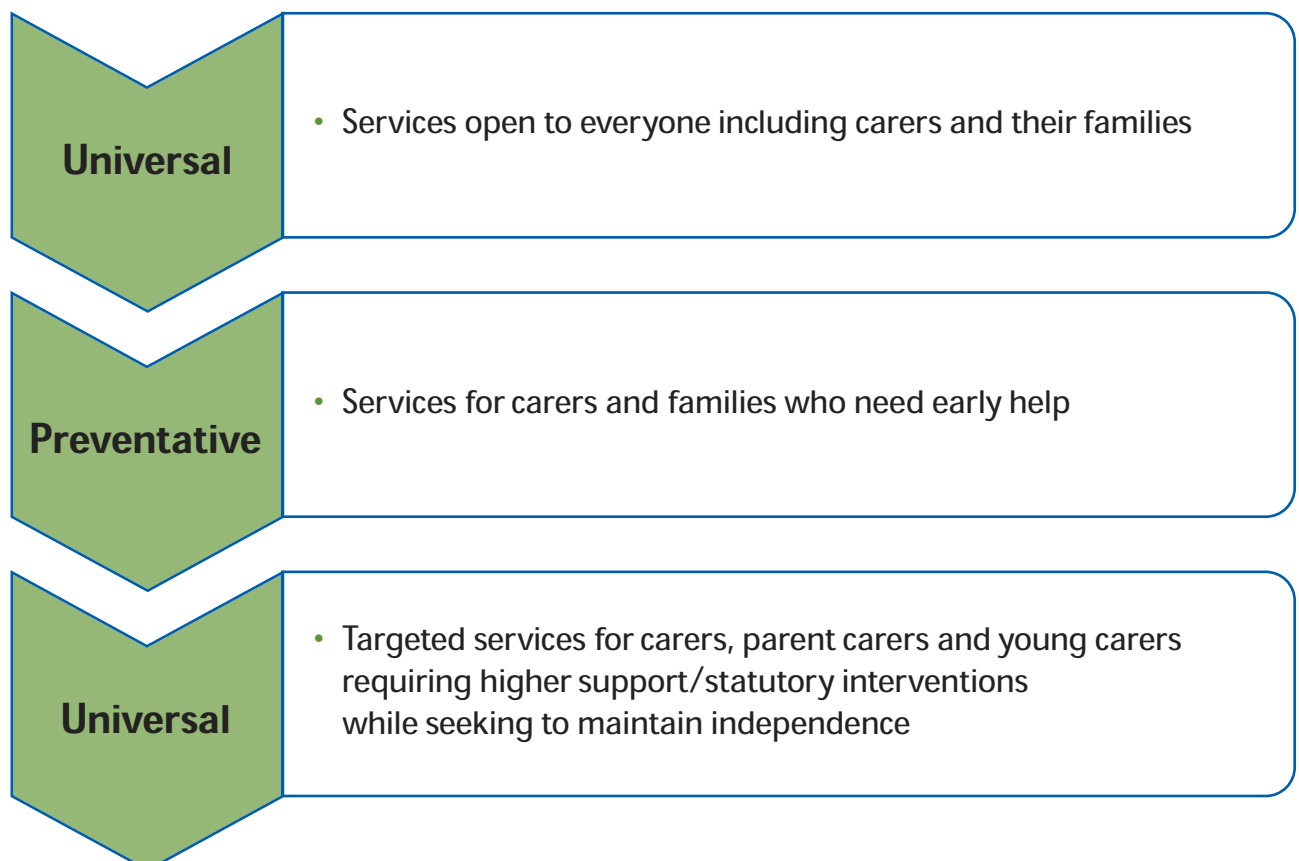
15. Commissioning activity to support carers and their families

Commissioning activity to support carers in Slough will be in line with national and local drivers as well as our vision. This will require doing things differently through improved integration between health, social care and local providers as well as listening to our carers. It will involve further shaping of the market to promote carer wellbeing as well as delay and prevent the need for intensive health and support services of those they support.

Local services will be commissioned to ensure the early identification of all carers. Services will support carers to use their knowledge, strengths and abilities to help them to continue caring for as long as they choose to do so.

Newly commissioned services will be innovative, integrated, responsive to needs, promote active communities and real choices to people including targeted services when needed. They must be able to deliver value for money and demonstrate improvements in local outcomes for residents.

The model below illustrates how support will be delivered within a prevention model so that carers and the people they care for can access services appropriate to needs and circumstances.



The table below illustrates the type of activity that contributes to meeting the four priorities for Slough (also aligned with the national priorities).

Level of intervention	Examples of Proposed Activity	Priority 1 Identification and recognition	Priority 2 Realising and releasing potential	Priority 3 A life outside of caring	Priority 4 Supporting carers to stay healthy
Universal Services: Open to all including carers and families	Developing integrated methods of working across including community hubs	✓	✓		✓
	Ensuring access to generic information and advice	✓		✓	✓
	Supporting universal services to ensure carers and those whom they care for are actively enabled to participate	✓	✓		
	Promoting annual health check for those that are eligible	✓			✓
	Developing a local workforce confident in supporting carers and young carers from Slough's diverse community	✓			
Preventative Services: For all carers and families who need early help	Promoting carers assessment for adults that are proportionate to needs	✓	✓	✓	✓
	Promoting carers assessment and Early Help Assessment for young carer through a whole family approach	✓	✓	✓	✓
	Promoting Assistive Technology			✓	✓
	Ensuring access to carers training and information	✓	✓	✓	✓
	Providing advocacy for carers and young carers	✓	✓	✓	✓
	Ensuring access to peer support	✓	✓	✓	
	Providing age appropriate activities for young carers	✓	✓	✓	✓
	Awareness raising about the needs of carers within the local community e.g. health, schools, employers	✓	✓	✓	✓
Targeted Services: For carers, parent carers and young carers requiring higher support/ statutory interventions while seeking to maintain independence (requires social care assessment)	Ensuring direct payments are available for carers and families assessed as eligible	✓	✓	✓	✓
	Ensuring respite provision for parent carers assessed as eligible	✓	✓	✓	✓

Support for Parent carers

Parent carers will continue to be supported through short breaks. SBC Short Breaks Statement 2014²⁴ outlines the council's duty and commitment to provide this support to disabled children and young people with learning difficulties and disabilities aged up to 19 years and their parent carers in Slough.

The aim is **"to enable as many disabled children and young people as possible to remain living at home with support from community services to lead normal family lives and have access to universal settings or more specialist local services in accordance with their wishes"**.

The strategy is to provide a range of activities based on feedback from parent/carers with the emphasis on developing the capacity of universal services. The purposes of short breaks are to give the child a valuable and enjoyable experience as well as the parent/carer a valuable break. The types of breaks available vary in length take the form of:

- Leisure activities inside or outside of the home (e.g. arts, crafts, music, day trips, sports)
- Developing independence skills (e.g. shopping, cooking and volunteering)
- Daytime care in the home or elsewhere
- Overnight care in the home or elsewhere
- Specialist activities during the evenings, weekends and school holidays.

The types of support available has been classified into three groups together with eligibility criteria.

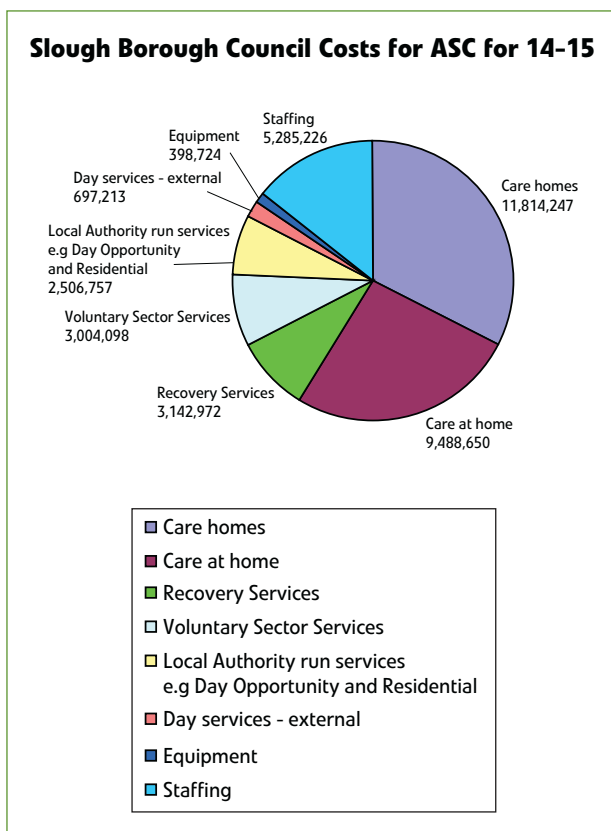
Level	Service Description	Eligibility
1 Universal Services	Includes leisure centres, libraries, playgrounds, youth clubs, Children's Centres, extended school clubs, holiday clubs, childcare and uniformed clubs such as scouts and guides.	Accessible to all children with or without a disability
2 Targeted Services	Targeted services deliver specialist short break provision for children and young people with disabilities. A range of organisations are funded to provide activities after school, at weekends and during the school holidays.	Access to these services ranges from no formal assessment to an assessment through an the Early Help Assessment tool
3 Specialist Services	Designed for children/young people with complex levels of need. Short breaks include specialist day care/overnight stays with a trained support worker.	Access to level 3 require a social care and/or health assessment

²⁴ SBC short breaks statement 2014

15.1 How we spend the money

Carers support is integral to all aspects of the Councils services whether directly provided or commissioned. It does this through personalised assessment and support planning to improve outcomes for both carers and the person they care for. Therefore it is not always possible to isolate financial activity which supports just the carer.

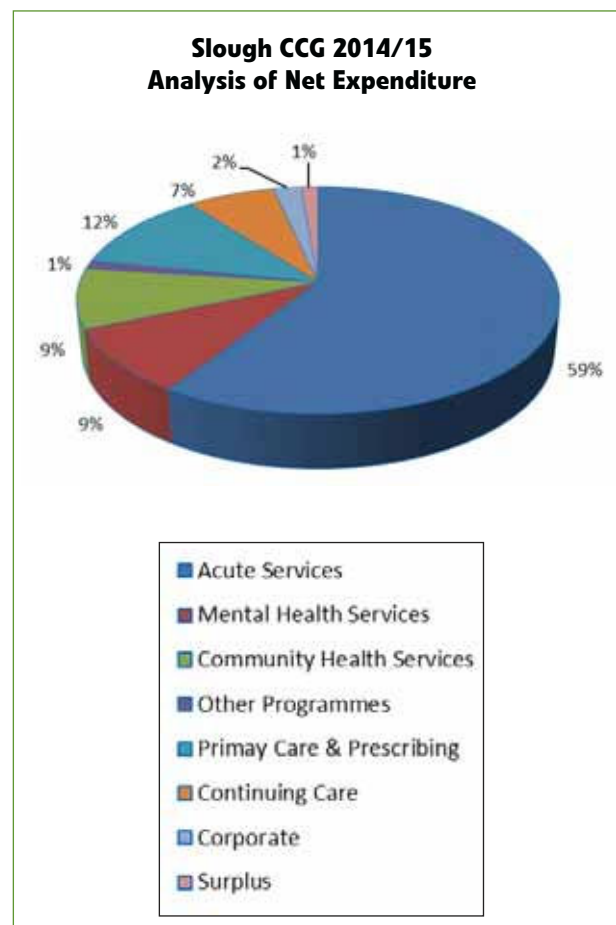
Summary of Adult Social Care (ASC) expenditure 2014-15



Summary of Slough CCG expenditure (net) 2014/15

The CCG expenditure for 2014/15 was £157.5 million. This equates to £1,059 for every person registered with a GP in Slough. Just over half of expenditure is spent on acute hospital services (£94 million).

The chart below²⁵ illustrated the percentage of the overall CCG budget on different services

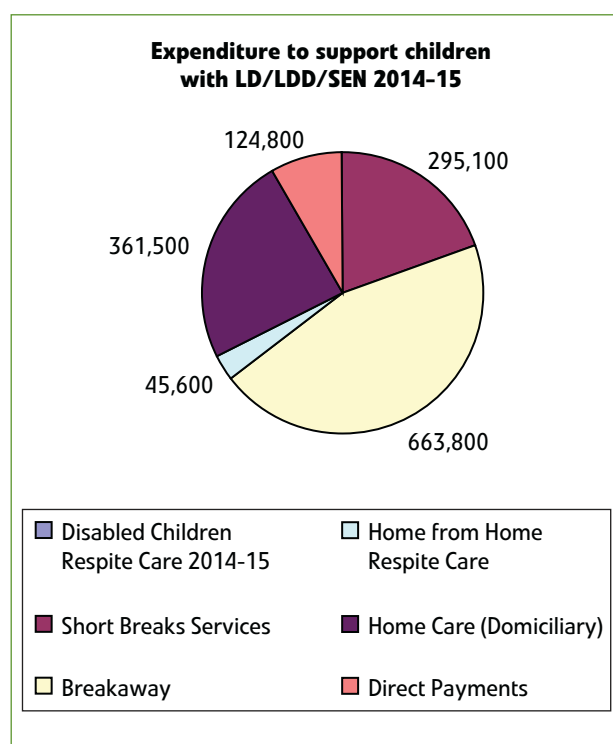


²⁵ Slough CCG Annual report 2014/5

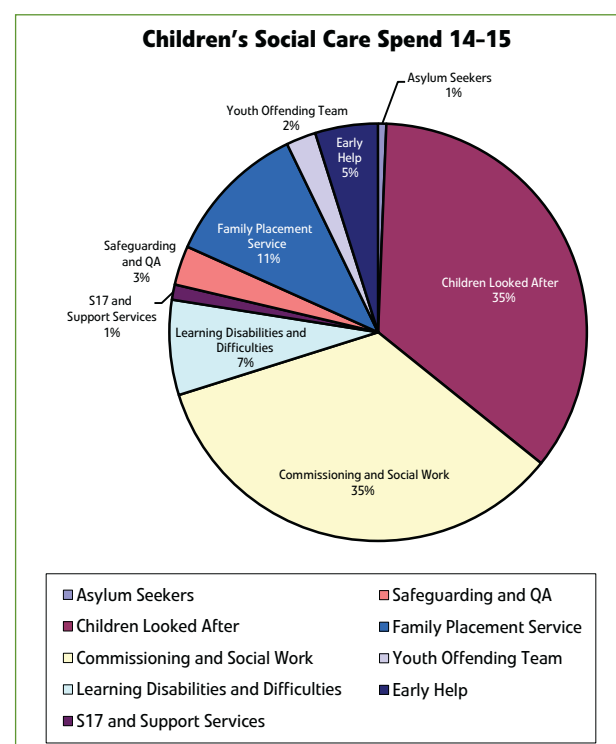
Specific commissioning activity to support carers through funding from SBC and Slough CCG (including Better Care Fund) for 2014/15 is outlined below:

Activity to support carers	Detail
Carers short breaks/respite care/Direct Payments	Personalised support based on needs identified
Carers training	Targeted training programme based on identified needs of carers - includes Carers Rights, Safeguarding Adults, Dealing with Stress and Improving Wellbeing, Essential First Aid
Contribution to commissioned voluntary sector services	Carers support element includes Information, advice, advocacy, peer support, carers training, carers newsletter and carers week support
Young Carers Support	<ul style="list-style-type: none"> Recruited young carer strategic lead for 12 months to support development of pathways, assessments tools Commissioned voluntary sector organisation to run young carers awareness session within schools
Information for carers	Includes developing material to support implementation of the Care Act, promote GP Carers Register and training
Early Bird and Early Bird Plus	Provides support to parent carers of children with autism
Marie Curie End of Life Care	Funds support to carers and those people who are at the end of life

The chart below summarises Children's Service expenditure 2014-15 to support children with learning disabilities and difficulties and those with special educational needs. This will also support parent carers of these children.



The following pie chart illustrates the total Children's Social Care expenditure for 2014-15. The overall expenditure is £24 million.



15.2 Future commissioning activity to support carers

For the period 2015-16 the total Slough CCG and SBC ASC budget for carer specific activity is £491,000. This funding includes the Carers elements

identified within the Better Care Fund and the Department of Health grant to support the implementation of the new duties and responsibilities introduced within the Care Act. This will fund the following activity in 2015-16.

Activity	Detail
Carers Assessments/Reviews	To meet requirements of Care Act to support additional carers' assessments
Carers Direct Payments - adult carers	To meet requirement of Care Act
Voluntary sector commissioning	To meet prevention and wellbeing element of Care Act: includes Information, advice, advocacy, peer support, carers training etc
Young Carers Support	Embed young carers assessment processes locally and develop a local offer to support young carers
Additional funding to support replacement care	Replacement care is a service for the cared for. However it is also recognised as a critical service for the carer. The cared for will be financially assessed for this support
Carers Information	Includes developing material to ensure carers aware about their increased rights under the Care Act
Marie Curie	End of life care
Early Bird and Early Bird Plus	Support to parents of children with autism

The budget for commissioned respite care services which provide short breaks or overnight care 2014/5 is £578,000. In addition SBC manage a learning disability respite service which has a budget of £429,000. Respite services are chargeable to the cared for and will also benefit their carer/s.

SBC does not currently charge for carers' support services and this position was reaffirmed by SBC elected members earlier this year. Any future changes to the charging policy would involve full consultation with carers and other stakeholders as part of a full equality impact assessment.

The future funding position of local authorities throughout the country is unclear as is the impact of Care Act including the increased numbers of carers who are eligible for support. It is important that where resources become increasingly limited, these are used to support those carers who are most at risk.

Local support to carers will be reviewed annually in light of health and social care budgets. A new national strategy for carers has also been announced by the Health Secretary²⁶. The action plan to support this local strategy will be updated to respond to these changes.

²⁶ https://www.gov.uk/government/speeches/personal-responsibility?dm_i=I34,3I4WF,39WDV1,CJWBG,1

SBC and Slough CCG are re-commissioning the Voluntary and Community Sector (VCS) services in order to fulfil statutory duties within the Care Act as well meet local priorities for carers.

The VCS will have an important role in delivering a range of support to carers. This includes the following activities:

- Proactive approaches in supporting the early identification of carers including hidden carers
- Providing information and advice
- Undertaking carers assessments and support plans
- Supporting carers with self-assessments
- Supporting carers to register as a carer with GP surgeries
- Enabling carers to access support from a range of sources within Slough
- Supporting carers to stay physically and emotionally well
- Supporting carers to get into work or study, or carry on working or studying
- Enabling carers to enjoy a life of their own outside of caring
- Identifying and facilitating carers training
- Signposting carers, including young carers to access appropriate support
- Coordinating carers activity through range of means including Carers Forum, Carers week and newsletter
- Supporting carers to access breaks
- Undertaking awareness raising of carers with Slough e.g. employers

Other commissioning and development activities benefiting carers include;

- Re-focusing adult social care practice towards a community based support in tandem with developing local links with community and voluntary organisations.
- Re-commissioning of Slough CCG and SBC advocacy services to meet statutory and non statutory needs. It will be Care Act compliant and will include advocacy for carers.
- Review and re-commissioning a range of services including personalised homecare, replacement care, housing related support, supported living, residential and day opportunities through a dynamic purchasing framework.
- Introducing a pre-paid card service to support people to manage their direct payments.
- Increased the offer for enhanced integrated intermediate care and reablement services to help people return home following a hospital admission.
- Re-tendering the Berkshire Community Equipment Service which supports and enables independence.
- Implement a separate standalone Parent Carer Needs Assessment.
- Commissioning local voluntary groups and schools to provide short breaks for children with disabilities to enable their parent carers and siblings who may be young carers to have breaks from their caring duties.
- Developed a pathway to facilitate access to financial information and advice for self funders which is impartial and independent of the Council.
- Continue to promote and develop the range of telecare equipment for service users and their carers.
- Commissioned a personal assistant matching service for service users and carers in receipt of direct payments or funding their own care. This also offers employer advice and payroll support.

- Developing options for increased coordination between health and social care support for people in care homes and residential placements. This will include their carers where appropriate.
- Continue to work closely with parent carers of children and young people with special/additional needs, to ensure their involvement in decisions made during planning or developing services. This will include re-commissioning the short-breaks service for children and young people with special/additional needs commencing 2016.
- Commissioning a pilot responder service to support people using telecare equipment in times of crisis.
- Continue to develop personalised approach to safeguarding for the carers for person and the carer.
- Developing a local online assessment tool for carers.



16. Summary

This Joint Carers Strategy outlines our vision of how carers will be supported in Slough. It describes how the local market will be shaped over the next three years through developing universal, preventive and targeted services as well as the response to the new legislation. It is anticipated that there will be increased demand for support from carers and therefore vitally important that support services are accessible, affordable, responsive and targeted.

We will deliver this strategy by developing a local market with a wide range of sustainable, high-quality care and support services for carers.

We will know we are successful in delivering this strategy when, using words of some of our local adult and young carers we have achieved the following:



Appendix A: Questionnaire



'Slough Caring for our Carers' Joint Carers Commissioning Strategy 2016-21

Following the Care Act 2014, Slough Borough Council and NHS Slough CCG (the body that commissions local hospital and community NHS services) are in the process refreshing its Carers Strategy with local Carers and other partner organisations. This is an important plan which states how together, we will support Slough's Carers over the next five years.

Valuing our Carers

We recognise Carers provide a very important role in promoting and maintaining the wellbeing of others in our local community. It is therefore important that as a Carer **you** are supported to lead as full a life as possible alongside your caring role.

The Government has set out four national priorities as to how Carers should be supported. Working together with local Carers, we have identified some local outcomes as to how these priorities will be put into action in Slough.

We want to know what your needs are as a carer so we can work to achieve the best outcomes for you and the people you care for. A Slough carer has described an outcome as "the destination, not the journey", so think about what you would like to achieve, not how you could do it.

Under each priority please select the 4 outcomes that are most important to you, and number them 1-4, with 1 being most important.

We also want to hear anything else that we might have missed, please write any further suggestions below.

National Priority Area 1: Identification and Recognition

Local outcomes for Slough's Carers

☐

I know I am a carer

☐

People appreciate what I do as a carer

☐

The support I receive meets my cultural and language needs

☐

I am consulted/involved in the support of the person I care for

☐

I can have a carers assessment if I choose to

☐

I have choices about the support I receive

National Priority Area 2: Realising and Releasing Potential

Local outcomes for Slough's Carers

- ☐ I have a positive relationship with the person I care for
- ☐ I am able to fulfil my role as a carer
- ☐ I am able to share what I know with others
- ☐ I am able to recognise my own needs
- ☐ I get advice and training to support the person I care for
- ☐ I meet the needs of the person I care for with dignity and respect
- ☐ I know where to go for employment opportunities, education and training

National Priority Area 3: A Life Outside of Caring

Local outcomes for Slough's Carers

- ☐ The care I give is appropriate to my age and abilities
- ☐ I will receive information about Direct Payments
- ☐ I feel part of my community
- ☐ I have opportunities to do things for myself
- ☐ I know where to go for information, help and support
- ☐ My employer understands my caring responsibilities
- ☐ I know other carers to share experiences, get support and learn from each other
- ☐ I have a life outside of caring
- ☐ It isn't assumed that my family will take on the caring role
- ☐ I am recognised as an individual and a carer

National Priority Area 4: Supporting Carers to Stay Healthy

Local outcomes for Slough's Carers

☐

My emotional needs are met

☐

My carers assessment is all about me

☐

My GP knows I am a carer

☐

I feel safe in my caring role

☐

My physical health needs are met

☐

I am in control of the care I give

☐

I recognise my own needs as a carer

☐

I can have flexible appointments with organisations that fit around my caring role

☐

I can have a break when I need it

Any further comments or suggestions...

Demographic Information

You are not required to complete the next section, but telling us about your background will help us make sure we are meeting the needs of all our communities.

If you feel the group you identify with is not listed, please feel free to write this in.

All responses will be treated in confidence.

Are you:

- ☐ Male
☐ Female
☐ Prefer not to say

Date of Birth (dd/mm/yyyy).....

Age:.....

- ☐ Prefer not to say

What is your Ethnic Group?

White

- ☐ British
☐ Irish

Any other White background, please state:
.....

Mixed

- ☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian

Any other Mixed background, please state:
.....

Black or Black British

- ☐ Caribbean
☐ African

Any other Black background, please state:
.....

Asian or Asian British

- ☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Sikh

Any other Asian background, please state:
.....

Chinese or other ethnic group

- ☐ Chinese

Other, please state:
.....

What is your religion/faith/belief?

- ☐ Christian ☐ Buddhist ☐ Jewish
☐ Muslim ☐ Hindu ☐ Sikh
☐ None ☐ Prefer not to say

Other (please state):
.....

Do you have a disability?

The Equality Act 2010 defines disability as a physical or mental impairment with substantial and long-term, adverse effects on ability to perform day to day activities.

- ☐ None
☐ I have a specific learning difficulty (for example dyslexia)
☐ I am blind or partially sighted
☐ I am deaf or hard of hearing
☐ I use a wheelchair or have mobility difficulties
☐ I have mental health difficulties
☐ I have a disability that cannot be seen, e.g. diabetes, epilepsy or a heart condition
☐ I have Autistic Spectrum Condition or Asperger's Syndrome
☐ I have a disability, special need or medical condition that is not listed above
☐ I have two or more of the above
☐ I do not wish to provide this information

Thank you for taking the time to complete this survey.

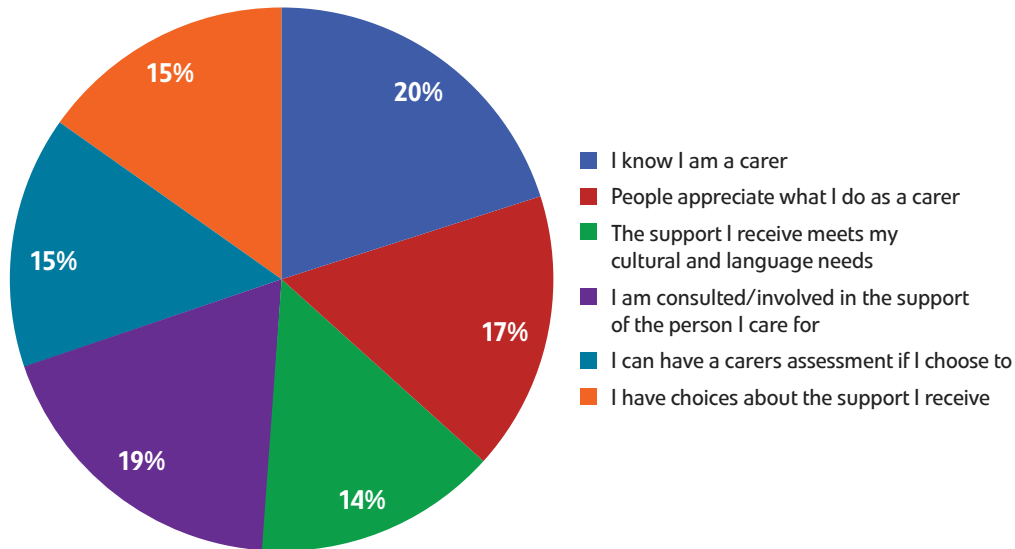
If you would like further information or to be kept up-to-date with the progress of the Carers Strategy please call Beth Reed on 01753 875538 or email beth.reed@slough.gov.uk

Please return forms by 26th June 2015

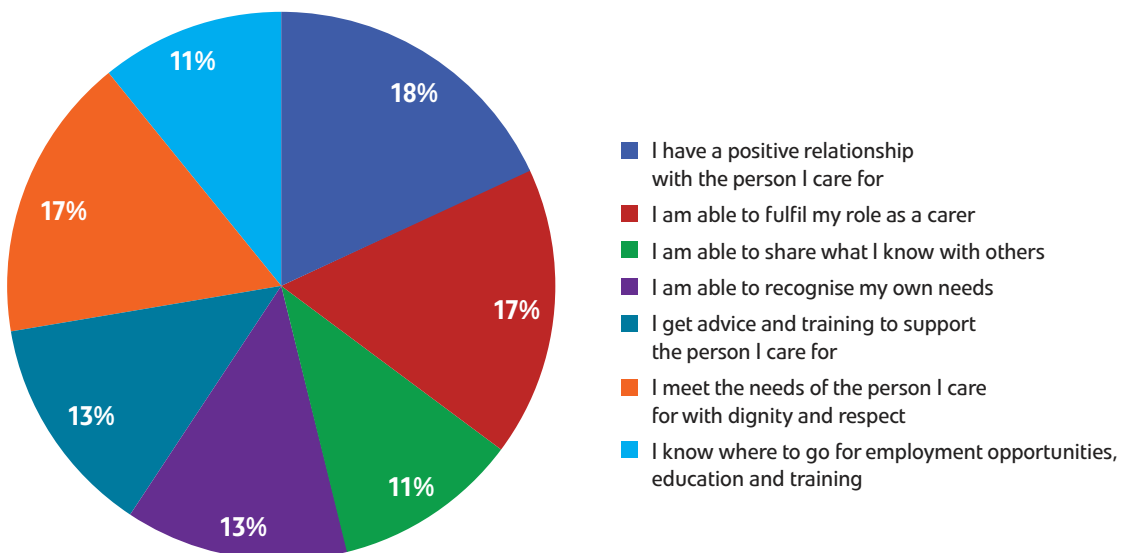
Appendix B: Responses to questionnaires

The charts below illustrate the responses to the questionnaire (appendix 1). 107 carers completed the questionnaire (89 women, 2 men and 16 not specified).

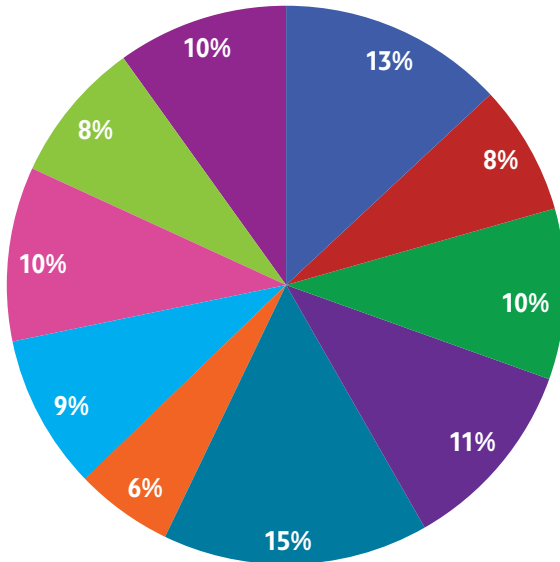
Priority 1 Identification and recognition



Priority 2 Realising and releasing potential

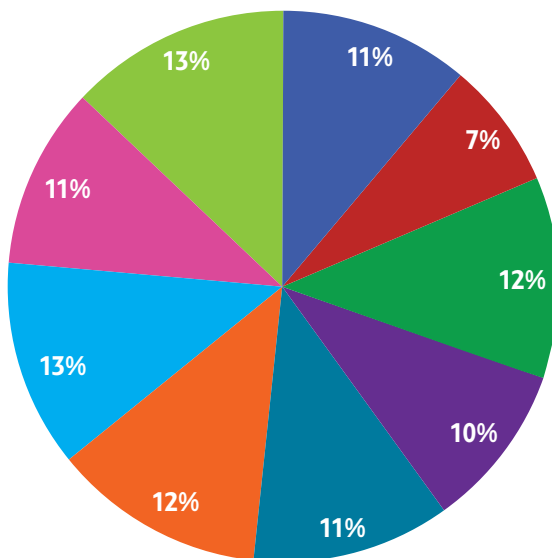


Priority 3 A Life Outside Caring



- The care I give is appropriate to my age and abilities
- I will receive information about Direct Payments
- I feel part of my community
- I have opportunities to do things myself
- I know where to go for information, help and support
- My employer understands my caring responsibilities
- I know other carers to share experiences, get support and learn from each other
- I have a life outside of caring
- It isn't assumed that my family will take on the caring role
- I am recognised as an individual and a carer

Priority 4 Supporting Carers to Stay Healthy

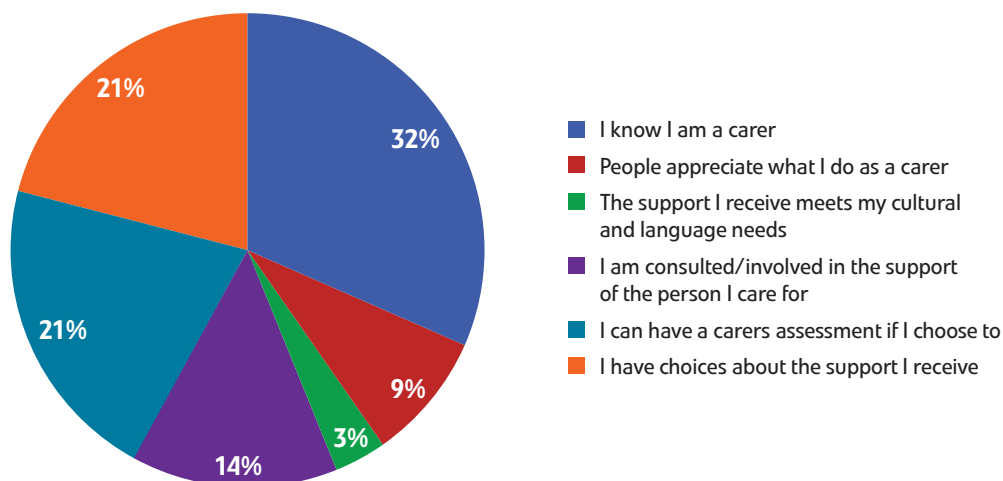


- My emotional needs are met
- My carers assessment is all about me
- My GP knows I'm a carer
- I feel safe in my caring role
- My physical health needs are met
- I am in control of the care I give
- I recognise my own needs as a carer
- I can have flexible appointments with organisations that fit around my caring role
- I can have a break when I need it

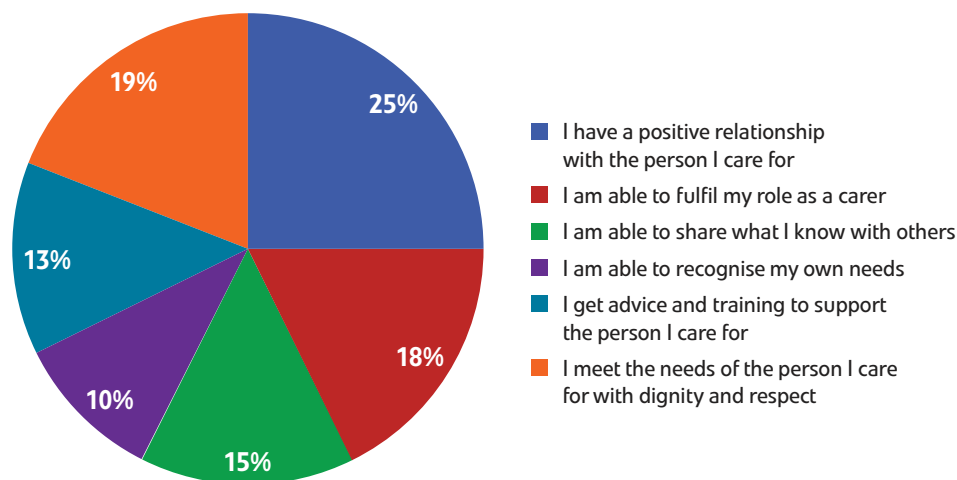
Appendix C: Responses to questions at a carer's event

The data below are responses to a group exercise at a carer's event during national carers' week attended by 37 carers. It follows the same format to that in questionnaire in Appendix 1.

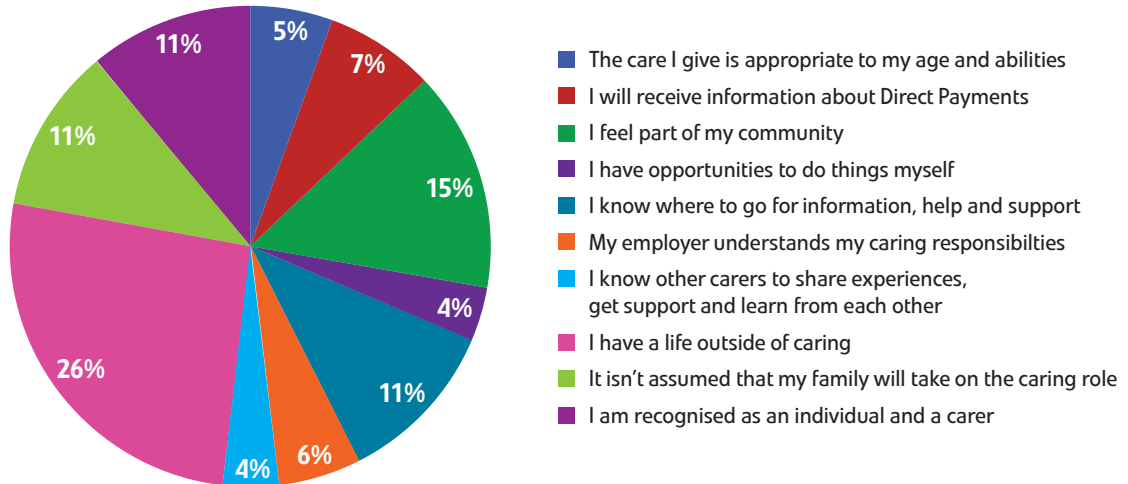
National Priority Area 1: Identification and Recognition



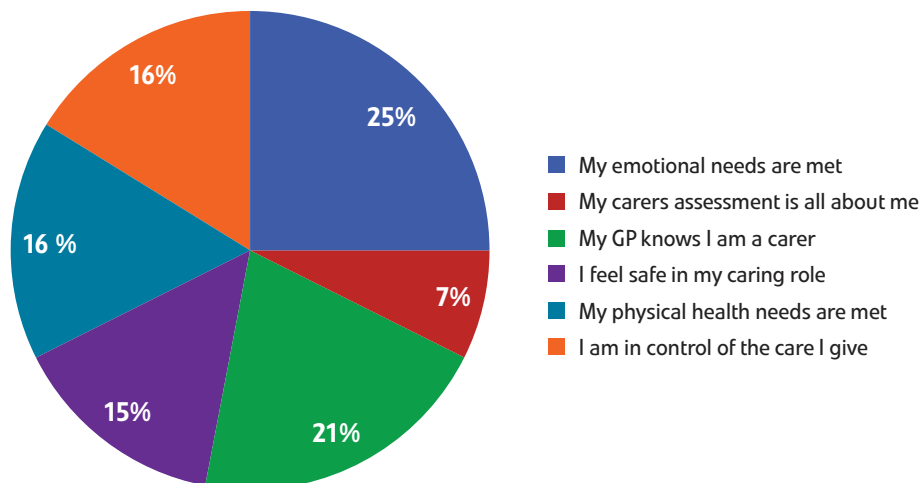
National Priority Area 2: Realising and Releasing Potential



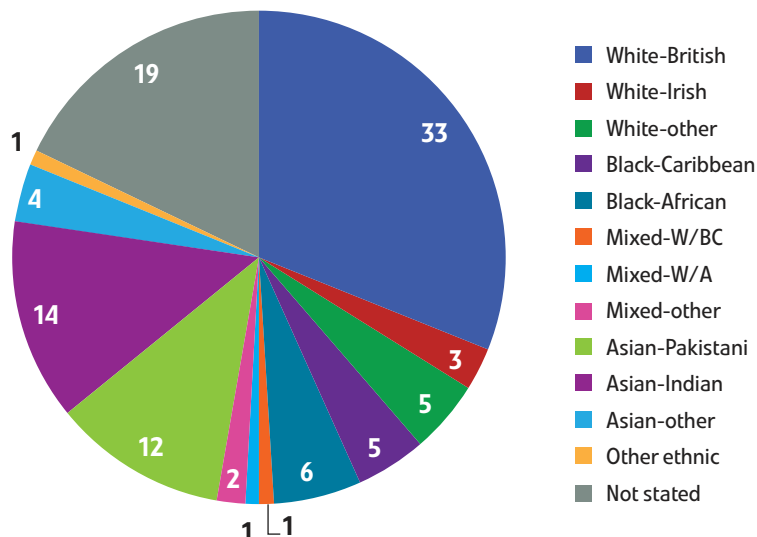
National Priority Area 3: A Life Outside of Caring



National priority Area 4: Support Carers to Stay Healthy



Ethnicity of the carers completing the questionnaire



Appendix D: Slough's Joint Carers' Commissioning Strategy 2016-21 Action Plan

This action plan has been developed in response to feedback from carers and young carers on what they say will help support them in their caring role. The delivery and monitoring of the action plan will be overseen by the Carers Partnership Board. It will be accountable to the Health Priority Delivery Group (PDG) sitting under Slough Wellbeing Board (SWB). Progress reports will be completed annually. The action plan will be also be updated as required during the life of the strategy.

What will happen?	Outcome	Measure	Who will do it?	When?
Priority area 1: Identification and recognition				
<ul style="list-style-type: none"> Commissioned voluntary and community sector (VCS) to deliver preventive and targeted support to carers - includes information, advice, advocacy, carers assessments, support planning, carer awareness, tackling loneliness. Actively promote local support services for adult/parent and young carers. Continue to develop/promote Slough Services Guide http://servicesguide.slough.gov.uk/kb5/slough/services/home.page. Continue to develop and promote SBC and CCG websites to provide information for carers. 	<p>Increased number of carers who are identified in Slough including older/working and/or from slough's diverse community.</p> <p>Carers will:</p> <ul style="list-style-type: none"> understand they are carers and are entitled to support access information and advice in order to make informed decisions engage in co-commissioning and development of new services be involved in care and support planning that meets their individual needs and the person they care for. 	<ul style="list-style-type: none"> Number of carer assessments/support plans Numbers of carers identified from all communities Carer feedback through service reviews, forums and questionnaires 	Commissioner - Adult Social Care (ASC)	<p>January 2016</p> <p>(April '16 for newly commissioned advocacy services)</p>
Effective monitoring of commissioned services	<ul style="list-style-type: none"> Services meet outcomes within service specification and deliver value for money 	<ul style="list-style-type: none"> Quantitative data: e.g. numbers of people supported, activities Qualitative data: e.g. Support plans meeting individual outcomes, carers feedback, reduced number of carer break downs 	Commissioner - ASC	From August 2016
<ul style="list-style-type: none"> To monitor numbers and quality of adult and young carers assessments and support plans To promote on line carers assessment processes when operational 	<ul style="list-style-type: none"> Compliance with duties and responsibilities of the Care Act and Children and Families Act Carers access more flexible assessments 	Carers feedback/improved outcomes/reduced carers breakdowns	<p>Commissioner - ASC</p> <p>Head of Early Help</p> <p>Head of ASC Operations</p>	From September 2016

What will happen?	Outcome	Measure	Who will do it?	When?
<ul style="list-style-type: none"> Map and profile number of carers currently known and assessing support including age, gender, ethnicity Identify gaps Develop coordinated approach to identifying carers who are currently unknown to services. 	<ul style="list-style-type: none"> Increase support for local carers Reduce carer break down 	Increased numbers of new carers identified	Commissioner - ASC Head of Early Help and Young Peoples Services	Review December 2016
<ul style="list-style-type: none"> Implement locally the MOU to support young carers outlining responsibilities for identification assessment and transition arrangements. Establish a young carers steering group to oversee implementation Ensure proactive approached to identifying young carers 	<p>Effective arrangements in place</p> <ul style="list-style-type: none"> Increased Identification and support young carers Numbers of young carers known and supported by local services recoded 	<ul style="list-style-type: none"> Increased number of young carers identified and accessing support Views of young carers and their families 	Head of Early Help Young Peoples Services Head of ASC Operations Commissioner - ASC	Frpm September 2016
Consult carers about the planned re-modelling of Adult Social Care support pathways including assessments and support opportunities	The public including carers access support in line with the Care Act (wellbeing, prevention and personalisation)	Carers report their views have been heard in design of the new model	Programme Manager - Social Care Reform	Jan 2016
Involving carers as expert partners in reviewing and developing future health and social care services	<ul style="list-style-type: none"> Support for carers is sustainable and targeted effectively Carers recognised as valued partners Effective support in place to meet local needs 	Carer feedback and evidence of engagement	Commissioner ASC CCG BCF Manager Programme Manager - Social Care Reform Slough CCG Carers lead & GP Carer lead (to be identified)	From April 2016
Involving carers as expert partners in development of future services - e.g. short breaks	Support for carers is sustainable and targeted effectively	Carers feedback	Commissioner - ASC Children's Services Commissioner	From January 2016

What will happen?	Outcome	Measure	Who will do it?	When?
Scope and design carers/ young carers awareness training to deliver to professionals across health, social care, young people's services and partner organisations	<ul style="list-style-type: none"> Increased about awareness of the needs of both adult and young carers knowledge of local support available including assessment processes/ pathways for both adult and young carers 	<ul style="list-style-type: none"> Carers feedback Higher numbers of carers will have their needs assessed for support 	Commissioner - ASC CCG Programme manager Training Officer Carers Partnership Board	From September 2016
<ul style="list-style-type: none"> Social Workers in the Children's Learning Difficulties & Disabilities Services to incorporate carers assessment as a discrete section of the Child and Family Assessment Children's Services to Implement a separate standalone Parent Carer Needs Assessment to enable parents the choice as to how their needs will be assessed 	<p>All Child and Family and Parent Carer Needs Assessments will lead to agreed:</p> <ul style="list-style-type: none"> outcomes about services to be provided processes for review (an integral part of the assessment and Children In Need plan) 	<ul style="list-style-type: none"> Reduced numbers of family break downs Parent carer views 	Head of Difficulties & Disabilities	From January 2016
Monitor Protocols between SBC and Slough Children's Services Trust to ensure needs of parent carers are given a high priority in the new arrangements	<ul style="list-style-type: none"> Parent carers are effectively supported to carry on their caring role Reduced family breakdown/ children in care 	Parent carer feedback	Children's Services Commissioner /Slough Children's Trust	From April 2016

What will happen?	Outcome	Measure	Who will do it?	When?
Priority area 2: Realising and releasing potential				
A coordinated training and information programme based on the identified needs of local carers, including peer support	Carers equipped to meet their caring responsibilities	Carers feedback Reduced carer breakdown	Commissioner - Adults Commissioned Voluntary sector provider	April - rolling 2016
Quality and effectiveness of carer support plans reviewed	The individual outcomes of carers are met	Carer feedback. Reported outcomes and carer satisfaction.	Head of ASC Operations Commissioner - Adults	From April 2016
<ul style="list-style-type: none"> To continue to work with schools to ensure young carers are effectively identified and supported To monitor impact of the work with schools to measure impact 	Young carers protected from inappropriate caring that impacts on their education and employment opportunities	<ul style="list-style-type: none"> School attendance GCSE/A Level results School have database of young carers 	Head of Youth Services	
To build on and promote good practice activities with local employers to raise awareness about the needs of working carers and promote their skills.	<ul style="list-style-type: none"> Carer feel supported to maintain their employment Increased employment opportunities for carers 	Numbers of carers in employment	Commissioner - Adults Voluntary sector	April 2017
Review and promote employment/skills-based opportunities for carers with local partners - job centre plus, lifelong learning.	<ul style="list-style-type: none"> Carers access opportunities available to them 	Numbers of carers in employment accessing training	JCP Manager Head of Life Long Learning? Commissioner - Adults	From April 2017

What will happen?	Outcome	Measure	Who will do it?	When?
Priority area 3: A life outside of caring				
<ul style="list-style-type: none"> To further consult young carers about their needs To commission and develop opportunities to meet needs in light of consultation 	Young carers are supported through accessing universal and targeted support	Young carer feedback	Head of Early Help Head of Youth Services Targeted Support Manager (Young Peoples Services)	August 2017
Increased personalised support for carers	Direct Payments support carers to meet the identified outcomes with their personalised support plan	<ul style="list-style-type: none"> Increased numbers of carers receiving a direct payment Carer survey Carer Annual Reviews 	Commissioner - Adults Head of Adult Social Care	In progress. To be reviewed
Carers are directed to information and advice relevant to their needs (e.g. welfare benefits, financial/debt advice, housing and employment)	Carers receive advice and information to meet individual needs	<ul style="list-style-type: none"> Carer feedback Numbers receiving carers allowance 	Commissioner - Adults	In progress. To be reviewed 2016
Review of respite/replacement care	<ul style="list-style-type: none"> The carer receives a break from their caring role The cared for is in receipt of replacement care depending on their assessed need 	<ul style="list-style-type: none"> Reduced carer breakdown Reduced hospital admissions due to carer breakdown 	Commissioner - Adults	From April 2016
<ul style="list-style-type: none"> Review demand and impact for emergency response service Develop pathway/processes 	<ul style="list-style-type: none"> Carers have increased peace of mind at time of crisis Contingency plans in place to support the cared for 	<ul style="list-style-type: none"> Reduced hospital admissions due to carer breakdown Reduced admissions to care homes 	Commissioner - Adults	From April 2016
Continue to develop and promote telecare options for service users and carers	Increased independence for both carer and cared for	<ul style="list-style-type: none"> Number of people accessing telecare Carer feedback 	Commissioner - Telecare	Ongoing review December 2016

What will happen?	Outcome	Measure	Who will do it?	When?
Priority area 4: Supporting Carers to stay healthy				
<ul style="list-style-type: none"> Continue to develop and promote the GP carers register within local surgeries, including young carers Encourage carers to register with their GP Report and monitor the impact of GP carers register GPs to refer with their consent carers to local support services 	<ul style="list-style-type: none"> Recognition of carers and their health needs at GP practices GP support to carers is consistent within Slough Timely access for carers to GP appointments Increased numbers of carers accessing support 	<ul style="list-style-type: none"> Numbers of carers on GP registers Reduction in non-elective admissions to hospital Patient/carer feedback 	Slough CCG Carers lead & GP Carer lead <i>(to be identified)</i>	From April 2016
<ul style="list-style-type: none"> Promote annual health checks for eligible groups and flu vaccinations Helping carers to identify their own health needs and those of the people they care for 	<ul style="list-style-type: none"> Carers health needs are met Early identification and prevention of health conditions Carers are better able to manage their health and wellbeing, including stress 	<ul style="list-style-type: none"> Increase take up annual health checks and flu vaccinations Screening activity and early detection of illness Reduction in hospital admissions Reduce number of carer breakdown Carer feedback Carers participating in health awareness programmes 	Slough Public Health lead	Rolling
<ul style="list-style-type: none"> GP practices refer carers to local services to help meet identified needs. GPs to promote local services 	Carers receive improved support through integrated working between health, social care and voluntary sector.	<ul style="list-style-type: none"> Increased numbers of carers referred for carers assessments and sign posted to other agencies Increased number of Carers receiving appropriate support including carers assessment 	Slough CCG Carers lead & GP Carer lead <i>(to be identified)</i> Commissioner - Adults	Ongoing review September 2016

What will happen?	Outcome	Measure	Who will do it?	When?
<ul style="list-style-type: none"> Ensuring carers are appropriately safeguarded according to local multi-agency policy and procedures Commissioned services have robust safeguarding procedures in place and comply with local policies and procedures. Promote where appropriate carers in safeguarding processes 	<ul style="list-style-type: none"> Carers have a clear understanding of what safeguarding means Carers have access to appropriate support to prevent safeguarding concerns Carers are appropriately engaged and involved in safeguarding investigations 	<ul style="list-style-type: none"> Number of safeguarding alerts involving carers Numbers of carers attending safeguarding training Numbers of carers attending safeguarding meetings 	Head of Safeguarding and Learning Disability	Ongoing review December 2016
<ul style="list-style-type: none"> To improve admissions and discharge arrangements for carers between hospital and community. Carers identified on discharge and signposted for support 	<p>Carers are fully involved in admissions and discharge arrangements resulting in smooth transitions for carer and cared for.</p> <p>Carers accessing timely support</p>	Carer and patient feedback	<p>Slough CCG Carers lead & GP Carer lead Commissioner - Adults Frimley NHS Foundation Trust Role</p>	Review October 2016

This document can be made available on audio tape, braille or in large print, and is also available on the website where it can easily be viewed in large print.

Slough Caring For Our Carers

If you would like assistance with the translation of the information in this document, please ask an English speaking person to request this by calling 01753 475111.

यदि आप इस दस्तावेज़ में दी गई जानकारी के अनुवाद किए जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लिए 01753 475111 पर बात करके कहें.

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ 01753 475111 ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਹੋ।

Aby uzyskać pomoc odnośnie tłumaczenia instrukcji zawartych w niniejszym dokumencie, należy zwrócić się do osoby mówiącej po angielsku, aby zadzwoniła w tej sprawie pod numer 01753 475111.

Haddii aad doonayso caawinaad ah in lagu turjibaano warbixinta dukumeentigaan ku qoran, fadlan weydiiso in qof ku hadla Inriis uu ku Waco 01753 475111 si uu kugu codsado.

اگر آپ کو اس دستاویز میں دی گئی معلومات کے ترجمے کے سلسلے میں مدد چاہئے تو، براہ کرم ایک انگریزی بولنے والے شخص سے 01753 475111 پر کال کر کے اس کی درخواست کرنے کے لئے کہیں۔

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 9th May 2018

CONTACT OFFICER: Joanna Flaxman, SPACE Operations Manager, Slough CVS
(For all Enquiries) 01753 534176

WARD(S): All

PART I**FOR INFORMATION****SLOUGH PREVENTION ALLIANCE COMMUNITY ENGAGEMENT (SPACE)
ANNUAL REPORT JANUARY - DECEMBER 2017****1. Purpose of Report**

To inform the Wellbeing Board of the impact of the work of SPACE in 2017, outlining achievements, social value realised and case studies to demonstrate the impact. The report also outlines future plans for development in 2018.

2. Recommendation(s)/Proposed Action

The Wellbeing Board is requested to note the report at Appendix A.

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

The SPACE contract relates to the following aspects of the Slough Joint Wellbeing Strategy's priorities as set out below:

- 2. Increasing life expectancy by focusing on inequalities
- 3. Improving mental health and wellbeing

3b. Five Year Plan Outcomes

The SPACE contract directly contributes to the following outcomes in the Council's Five Year Plan: Outcome 2 - Our people will be healthier and manage their own care needs.

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

Members are asked to note the final content of the Annual Report for 2017 and future plans for SPACE in 2018.

6. **Supporting information**

6.1 This is the second annual report of the Slough Prevention Alliance Community Engagement (SPACE).

6.2 The report at Appendix A highlights the work of a diverse range of local charities and community groups throughout 2017 and the impact that these activities have had on the daily lives of residents.

7. **Comments of Other Committees**

7.1 This report has not been shared with any other committees.

8. **Conclusion**

8.1 Publishing an annual report provides the SPACE with an opportunity to:

- Promote its work and that of the wider partnership (which is made up of over 40 local, regional and national charities, working together to improve the delivery of community health and social care services provided in Slough); and
- Identify some of the emerging challenges and opportunities that will influence its work in 2018.

9. **Appendices**

A - SPACE Annual Report (January - December 2017)

10. **Background papers**

None



SPACE ANNUAL REPORT

January – December 2017



On behalf of the Slough Wellbeing Board, I would like to congratulate all the voluntary sector organisations that make up SPACE on their second year of operation.

The diverse range of organisations, with staff and volunteers from all the different communities, working together have supported our collective vision to make Slough a place where “People are proud to live, where diversity is celebrated and where residents can lead safe, fulfilling, prosperous and healthy lives.”

In Slough we have local charities and community groups that have come together, under the SPACE umbrella, to reduce the health inequalities in Slough and achieve this vision.

The Wellbeing Board is a genuine partnership drawn from representatives across the public, private and voluntary sectors. What we all have in common is the people of Slough – whether as residents, customers, service users or patients we are all working with the same population.

We recognise the valuable contribution that the VCS plays in achieving local priorities and in reaching out to all the diverse communities that make up Slough.

Councillor Sabia Hussain Chair of the Slough Wellbeing Board



This is the second-year annual report of the Slough Prevention Alliance Community Engagement (SPACE).

There are over 40 local, regional and national charities working together, with one common aim, that is to improve the delivery of community health and social care services they provide.

The real beneficiary of this collaborative model is Slough residents; of whom 7,762 received one or more services from the alliance members.

This report highlights the diverse range of local charities and community groups, and the enormous impact they have in the daily lives of residents.

We have included a few case studies that I think bring to life the differences this alliance can make. The combined social value impact of these 40 charities in delivering just the SPACE commissioned services was £9,307,385.

The real heroes of the success and achievements highlighted in this report are the charities, staff and numerous volunteers all working collaboratively with dedication and commitment.

Ramesh Kukar, Chief Executive Slough CVS

On behalf of Slough Prevention Alliance and Community Engagement

Introduction

Slough Borough's Voluntary Sector Strategy 2015-2020 outlines how the local authority will work to support the development and success of Voluntary and Community Sector (VCS) organisations over the next four years. The voluntary and community organisations play a vital role in contributing towards providing services to improve the quality of life for many of our communities.

There are 4 thematic priorities in the strategy:

1. Commissioning – Having a move towards an integrated joint commissioning approach between the Adult Social Care, Public Health, Slough Clinical Commissioning teams and the Voluntary Sector. Creating efficiencies and working collaboratively to deliver services having a strong understanding of the gaps and working with commissioners to identify which services are making a key difference to the lives of its users.
2. Capacity Building – We have moved from singularly working with groups but to working in a consortia, working more productively together and co-producing products. Enabling the local groups to build their own capacity or external funding, bringing in business opportunity models including developing social enterprises, delivery, re-design and encouraging innovation.
3. Community Engagement – A core part of the role is to ensure we build capacity within the community. Involving people in decisions that affect them and tackling local neighbourhood problems such as crime, drugs or lack of sports or activities.
4. Volunteering – Building community capacity through infrastructure, increasing the volunteering opportunities available as well as ensuring volunteering is registered at the heart of every community.

This report outlines the contribution the VCS make through SPACE and beyond for these thematic statements.

Our annual report reflects on the second year of an alliance of over forty organisations in Slough's community and voluntary sector – SPACE. working in collaborative partnership to deliver a co-ordinated range of non-statutory health and social care services under the four prevention pillars of information and advice, wellbeing, support for carers and capacity building the voluntary sector.

7,762 clients were given an intervention or service by the SPACE consortium in 2017 (a 7.5% increase on 2016). Referrals are made to other charities to ensure clients can get a complete comprehensive service, wrapped around each individual client's needs and working to prevent them from moving into tier 2 and 3 level services in the future..

A summary of Key Achievements in 2017

- The Wellbeing Prescribing service has been embedded as a key referral point for Adult Social Care, GPs and Neighbourhood Services and therefore the gateway to voluntary sector services for their clients, receiving 247 referrals in the year.
- The Slough Advice Centre held a showcase event to demonstrate the wide range of services provided from the centre and through partners.



Slough Advice Centre Showcase event

- Strengths based conversation training was delivered to targeted SPACE associates, as well as training around deaf awareness and learning disability awareness to ensure that SPACE associates are skilled at working with the whole community.
- Impactful community events have been led by SPACE associates e.g. the International Older Peoples day event run by Slough Seniors
- A commissioning process was developed and implemented for SPACE 2018 delivery
- SPACE have commissioning additional voluntary sector delivery e.g. the Crime Prevention programme for the Slough Borough Council Community Safety team.
- 66% of people who responded to the Health and Wellbeing questions improved their score after a SPACE intervention.
- A successful carers week was held in June engaging 114 carers in a variety of events to celebrate carers and all they do.



Carers Week launch June 2017

SPACE Awards in 2017

At each SPACE Associates meeting awards are given to celebrate individual associates' successes. The following were given awards for 2017:-

- Slough Older Peoples Forum (best case study and engagement with other associates for their case study on a resident with visual impairment and mobility issues who came to a meeting and gained a range of information to help her remain independent at home, she then became an active member of the forum helping her stay engaged and connected with the community. The forum meetings always involve local partners including statutory services and other voluntary sector partners so that their members are well informed and able to access the services they need.)
- Destiny Support (best promotion of wellbeing with residents by integrating wellbeing conversations into their core work and signposting new and repeat clients into other voluntary sector activity to improve their wellbeing. They have worked with volunteers and student social workers to ensure they are working within the SPACE wellbeing framework, asking and uploading wellbeing questions so that improvements can be measured.)
- Apna Virsa (best case study showing how yoga significantly improved the quality of life of an elderly gentleman who had suffered a stroke and how taking part also impacted positively on his son as his carer who could also join in and improve his own health whilst knowing his father is safe, improving his physical health and having social contact.)
- Slough Refugee Support (best case study demonstrating how the organisation supports the rights of their clients even in the face of conflicting information from government departments, and represents their rights until the correction outcome is achieved for them.)
- Slough Carers Support (best engagement with residents for running a fantastic carers week with such a wide variety of activities to engage with as many carers as possible)

- Shelter (best case study outlining the story of a homeless couple living in a tent at the Jubilee River expecting a baby demonstrated the short and long term support given by the service to a family in a crisis situation.)
- SANAS (best engagement with residents for their event of the year, to mark independence of St Kitts & Nevis. The event was held to bring communities together and to raise awareness of some of the culture. The event was attended by 169 people).
- Pakistan Welfare Association (best engagement with residents for their weekend of celebration which saw communities across Slough join the town's Pakistani people as they commemorated 70 years since the partition of India)



SPACE Awards 2017

Social Value created in this year generated by the SPACE consortium

- Physical activity – a total social value of £1,076,444 was generated
- Social Activities – a total social value of £827,000 was generated
- Volunteering - £976,729 was generated in social value
- Information and Advice - £6,427,212 was generated in social value

This gives a total of Social Value of **£9,307,385**

Health and Wellbeing improvements

Residents who have received services from a member of the SPACE consortium are asked health and wellbeing questions at the time of the first intervention and then three months afterwards. 66% of clients showed an overall increase in their health and wellbeing.

The question “overall, how happy do you feel?” saw the greatest increase in combined total score, with a 26% increase in happiness. 73% of individuals scores increased. There was an increase of 1.4 points per client,

The question “overall, how satisfied are you with your life nowadays?” showed a 20% increase in combined total score for all clients after three months. 54% of individuals showed an increase in satisfaction with their life. There was an increase of 1.2 "points" per client, the second highest amongst the wellbeing questions.

The other questions around anxiety, connectedness to the community and feeling of worth also showed improvements in scores.

Operational developments

Overview of the board and the governance arrangements.

SPACE is now governed by the Slough CVS Committee of Management (COM). A current list of COM members can be found on the Slough CVS website. The monitoring of SPACE is a standing item on the SCVS Board Agenda and the performance of the consortium scrutinised by the voluntary sector directors.

SCVS COM ensure there is effective governance and challenge SPACE by:-

- Ensuring the work of SCVS in leading the SPACE consortia is effective, responsible and legal by reviewing performance information to monitor and evaluate the work of the consortia
- Safeguarding finances and resources and ensuring they are used to towards SPACE purposes – maintaining financial systems, monitoring incomes and expenditure and ensuring the project is financially stable.
- Being accountable to those with an interest or stake in or who regulate SPACE by overseeing annual reports and accounts.
- Assessing risk to the project

COM also have representatives on the funding panel which makes decisions for SPACE on all projects and bids, these include scrutiny of projects run by Slough CVS.

The SPACE Contract Manager (CEO of Slough CVS) oversees the contract delivery and provides leadership to the SPACE Alliance; and the SPACE Operations Manager ensures strong relationships with delivery partners, collaborative delivery and monitoring.

The SPACE associates meet on a quarterly basis to network, collaborate and receive updates on the performance of the consortium.

Summary of SPACE Associates

Below is the list of Consortium alliance members who received funding through SPACE in 2017.

Apna Virsa
Asian Carers Group
Berkshire Vision
Cippenham Carers Group
Deaf Positives Action CIC
Destiny Support
Living In Harmony
Meet and Mingle
New Langley Community Association
Pakistan Welfare Association
Polish Lunch Club
Royal Voluntary Service
SANAS
Sewak Housing
Shelter
Slough Active
Slough Community Transport
Slough Furniture Project
Slough Immigration Unit
Slough Older Peoples Forum
Slough Refugee Support
Slough Senior Citizens
Special Voices
The Real Experience
WOW

Capacity building

Volunteers

Volunteers are the most important resource community organisations have and have been a key ingredient of SPACE. We are delighted to announce that **377** volunteers contributed their time locally in 2017. The ability of people to work together for the benefit of their community and themselves has been one of the most valuable resources this year. These volunteers contributed £138,502.50 of in kind support through 18,467 volunteer hours. 211 volunteers received training in 2017, increasing their skill in delivering the provision for SPACE, and 180 new volunteer opportunities were created across associates.

SPACE recognise the immense difference that the contribution of volunteers has made to the capacity of the voluntary sector organisations and we would like to thank all the volunteers that have contributed their time in 2017.

Case Study

RVS Good Neighbours volunteer Sandra said:-

"My mum passed away last year after having dementia for over 8 years. Having cared for mum in her home and then visiting her twice a week in the care home I felt quite at a loss with now having more time to myself.

I really never thought about volunteering until I saw an advert wanting some volunteers for just for a couple of hours a week and I thought 'I would like to do that' and I'm so glad that I contacted RVS. I was nervous to start with but never felt alone knowing that my manager was just at the end of the phone if I needed any help (which I do!!).

What do I get out of it? Well that's easy to answer! Being able to say I helped changed something i.e. loneliness for someone and knowing that you can even make a small difference makes me feel very satisfied. Also meeting some interesting and lovely people who have some great stories to tell – I must confess I could sit and chat with them all day! I like to think that I'm doing good for the community and helping change some people's lives for the good even if it's in a small way."

Slough Get Involved digital volunteering section continued to develop and improved based on good practice from Slough CVS's platform for the neighbouring borough - WAM Get Involved. The digital website innovation directly enables organisations to recruit volunteers to help local people to get involved with local community projects.

In this period the Slough Get Involved website volunteering page alone was accessed by 8,694 unique visitors during the year. This represents a monthly average of 2,248 visitors. There was an average of 725 unique users per month.

In September Slough CVS recruited a Volunteer Co-ordinator, who promotes volunteering across the borough using the digital platform and volunteer surgeries in key locations.

Slough CVS are also working in partnership with East Berkshire college to provide work placements to public services students so that they can enhance their knowledge of the voluntary sector and participate in the daily running of a voluntary sector organisation.

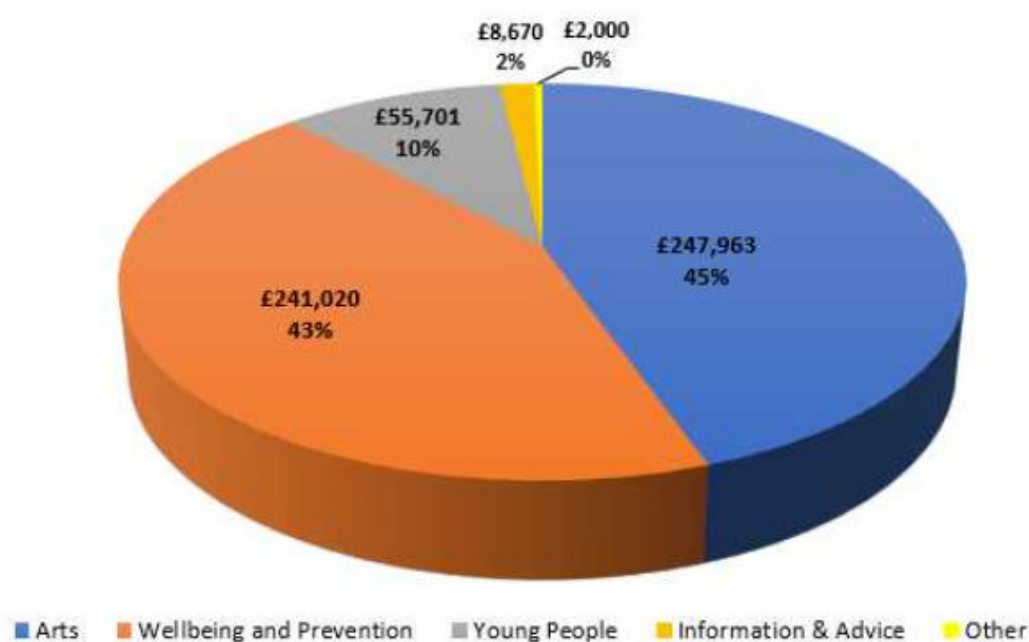
Funding Advice

In total the Slough CVS funding advisor worked with 56 groups in this period. An outstanding amount of external funding was generated totalling to **£555,354**. The project continued to work closely with the SBC community development team and provided the digital infrastructure to support the jointly organised funding workshops.

The table below identifies the range of areas and outputs created within this area in this period:

Performance Indicator	Output achieved
Volunteering Opportunities on Slough Get Involved	171
Clients communicated information and communication	655
Charities and groups registered on Slough Get Involved	378
Funding and community alerts	50
Special and emergency alerts on behalf of partners	11
External funding generated by supporting groups in Slough	£555,354
Training sessions delivered:	Deaf Awareness Learning Disability Awareness SQP (1:1 and workshops)
Funding Workshops held	7
Showcasing the Voluntary Sector	1 Awards Ceremony
Networking Fora held	3
Groups supported to levy in external funding	56
External events attended	World Mental Health Day Reckett Benkiser Volunteer Day Segro BCF Funding Launch

Breakdown of funding for all groups by activity



Wellbeing

In 2017 over 20 organisations delivered wellbeing activities as part of SPACE. These ranged from social activities to physical exercise, practical support or befriending.

Case Study

Diana came to Good Neighbours as a self-referral, she used to work in a college but had retired and then suffered from ill health and felt she was becoming isolated. The befriending co-ordinator went to meet her and have a chat and she was worried that she wasn't as in need as others! After chatting about her health and life she was a lot happier about receiving the service.

Diana was matched with a volunteer called Janet and they have already developed a very good relationship. Janet was able to accompany Diana in a taxi to a hospital appointment as Diana needed support there and back. Janet goes to see Diana once a week for a coffee and a chat and they have plans to get out a bit in the summer to garden centres or parks. Diana says that her life was already more happier and that she looks forward to Janet's visits every week and that she enjoys the fact that their personalities are very similar and that she feels comfortable with Janet and enjoys having someone to talk to about many interests and topics.



Diana and Janet – RVS Good Neighbours

In total 2,909 residents took part in Wellbeing activities and 548 different activities were funded by SPACE. This includes:-

- 114 people received befriending services
- 1,314 people attended physical activities
- 1,303 attendees at social activities
- 104 residents received practical support in their home (such as gardening and handy person tasks)

- 2,950 hours of home visits undertaken
- 6,784 journeys around Slough taking residents to a variety of appointments and activities

Case Study

A gentleman begun attending the badminton session as part of the Active Senior classes. Before coming along he spoke to the Active Slough team and explained he had recently suffered, quite badly, from mental health problems. However, he was feeling better and wanted to give physical activity a go. After he had attended a number of the sessions he said how much his health had improved as a result of sport and physical activity. After seeing personally the positive effects of exercise, the gentleman wanted to create opportunities for people that may have been through similar health problems. He decided to help volunteer at a number of sessions; including badminton, low intensity football and healthy walks. He has now completed walk leader training and is enrolled on further training so that he can deliver sport and physical activity himself. Outside of Active Slough he has created a badminton group. He organises a court every week and is always recruiting new members advocating how much a difference social sport and physical activity can have.



Seated exercise at the Polish Lunch Club

Case Study

Mrs S. age 78, came to the Slough Fifty Plus Forum meeting in January 2017, accompanied by a friend who acted as her guide as Mrs S is registered blind and also has mobility problems.

The discussion on all aspects of Safety in the Home had particular relevance for her and she was able to collect information on a variety of services to help keep her safe at home and enable her to look after herself. In particular a free fire safety check of her home was arranged and smoke and carbon monoxide alarms were provided.

In addition Mrs S was able to attend and take part in a Red Cross Everyday First Aid Workshop facilitated by the Forum and held in February 2017.

Mrs S has now become a member of the Forum and is regularly attending meetings, she plays an active part in discussions and socialises with other members after the meeting.

Wellbeing Hubs

Early in 2017 Slough CVS commissioned five Wellbeing Hubs which were existing voluntary sector organisations who were trained to provide additional support to residents by signposting them to relevant provision. A lack of referrals and take up of this service showed that this was not the appropriate model for the borough and in response funding was quickly diverted into the Wellbeing Prescribing model which involves a strengths based conversation by telephone, ongoing contact and follow up.

Case Study

Saeeda Ikram is 70 years old and has been attending Apna Virsa's 50+ classes regularly. According to her, these classes give her a reason to get ready in the morning and come out of her house. She has been attending Bhangra for 50+, Yoga and Gentle stretches classes.

Saeeda said, "I have felt a huge difference to my health. By coming to these classes, my aches and pains have got better. I don't go to my GP as much as I used to go before. By seeing me coming to these classes and difference in my health, my sister Rasheeda started coming as well. I also told my friend Surjit Kaur to come for the classes as she lives near my house and now she attends the classes regularly with me as well."

"We all are very grateful. We appreciate everything Apna Virsa do. We will just put on weight if we stay home and don't attend these classes".



Apna Virsa Yoga Session

Wellbeing Prescribing

Linking people to community services is commonly known as Social Prescribing, however in Slough it is known as Wellbeing Prescribing. Wellbeing incorporates all aspects of a person's health and wellbeing, not just social, but practical, physical and emotional needs and delivers on Better Care fund outcomes around encouraging

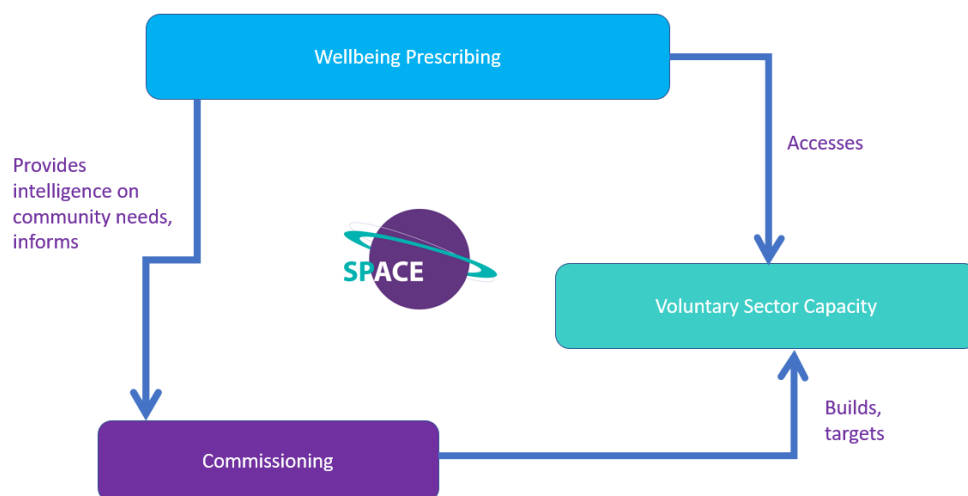
independence and self-reliance by building community capacity and increasing access to self-care for people with mental and physical health problems.

The Slough model which started in January 2017 involves:-

1. Clients identified by professionals (Adult Social Care staff, GP or Neighbourhood Services staff) who refer clients to the Wellbeing Prescribing Service
2. Wellbeing Prescriber contacts the service user within 3 working days and completes a holistic assessment (by telephone) to explore physical, emotional and practical needs
3. Relevant referrals to voluntary / charity organisations are triggered based on service users' needs
4. Wellbeing Prescribing team keep in regular contact with the service user and actively engage with the voluntary organisation(s) referred to. Service users are encouraged, motivated and empowered to access services. Barriers to engagement are explored and the client is assisted to find their own solutions
5. Ongoing support is given to the client by Wellbeing Prescribing where needed for between 3-6 months

The model promotes a person-centred journey and consciously focuses on what the service users want to achieve, not what the professional thinks they need. Every service user is asked what they would like to achieve through engaging with the service. This is called their "wellbeing outcome". Service users are then asked at the end of the service if they feel they have met this outcome and responses are tracked to measure the impact of the service.

The Wellbeing Prescribing service is key in providing intelligence on needs in the local population which can inform SPACE commissioning. Wellbeing Prescribing is based in the SPACE lead organisation Slough CVS and as such has excellent links into voluntary sector provision and influence on capacity and models of service e.g. some services have been commissioned only to receive referrals from Wellbeing Prescribing.



Wellbeing Prescribing received 247 referrals in 2017 and the most common needs were as follows:-

- 1) Carers Support
- 2) Loneliness
- 3) Benefits and finance
- 4) Social Networks
- 5) Gardening
- 6) Transport and travel / Exercise

Wellbeing Prescribing Clients Feedback:-

'I'm very grateful for all the help we receive' – Mr L. Khan

'I look forward to going [to Farnham exercise classes] every week' – Ms M. Doran

'the gardening service did a good job, really happy with it' – Ms J. Adey

'It's very nice that there are people like you that care about us' – Mr Peat

'You don't know how relieving it is talking to you, you do a brilliant job' – Ms S. Dehal

Information and Advice

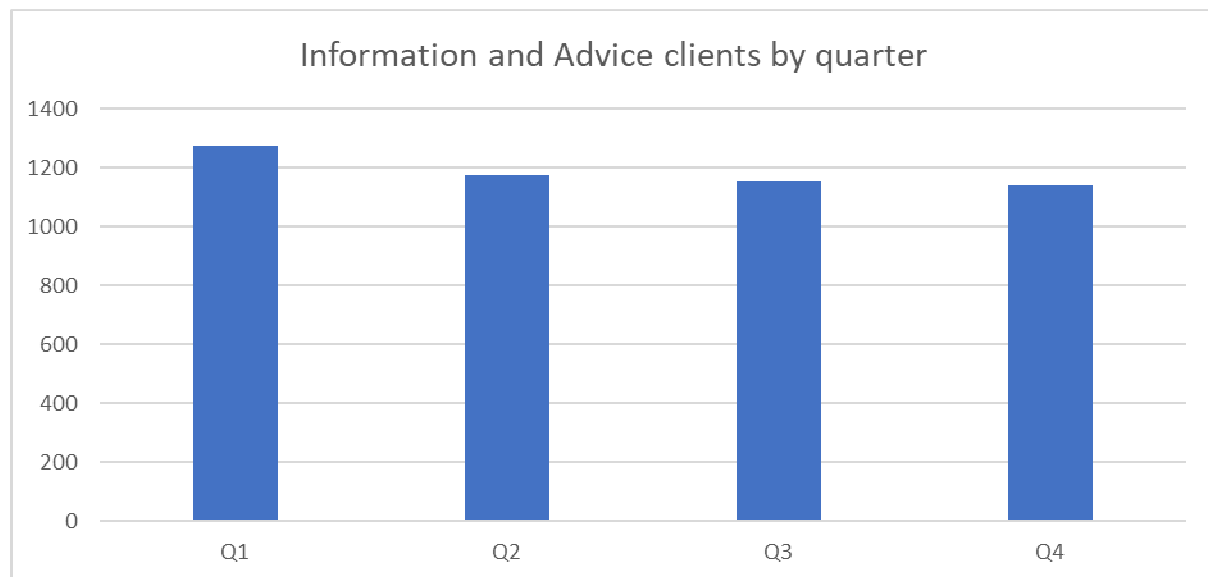
Information and Advice is delivered through SPACE with a central advice centre providing general and specialist advice which can also refer to other organisations commissioned to provide advice around specific subjects or client groups. Residents can also directly access any of the charities providing information and advice and they can all refer to each other to meet the needs of the client. The Slough Advice Centre led by Shelter supported 1,682 people in 2017 which is an increase of 7% compared to 2016. Overall 4744 residents received information and advice from the variety of specialisms across the associates - SPACE includes a range of other organisations who provide general and specialist information and advice such as immigration advice, services for people with sensory loss and holistic advice and support.

Case Study

Mrs F arrived in England with her family July 2017 from Syria. She was granted humanitarian protection under the SVRP programme due to her complex needs. Since settling in England she has had numerous hospital referrals to the urologist, gastrologist, cardiologist, cancer screening units and surgical departments. Her medication has been reviewed and reduced, which she has commented that has "made her feel so much better" than when in Syria.

A recommendation to improve her health and quality of life further has been to stop smoking. Since obtaining her prized possession of a bus pass she independently travels into Slough to buy knitting wool to indulge in her favourite hobby. Mrs F has noted that that if her hands are occupied and she is distracted, it stops her desire to smoke. Slough Refugee Support Staff are now the proud owners of knitted beany hats.

In order to facilitate collaboration between information and advice providers, information and advice forums are held quarterly, to share best practice, sector issues and policy updates, this forum has widened to include the statutory sector and wider voluntary organisations. Topics have included the Homelessness Prevention Act, Universal Credit / Welfare Reform and updates on services provided by local agencies such as the Family Information Service.



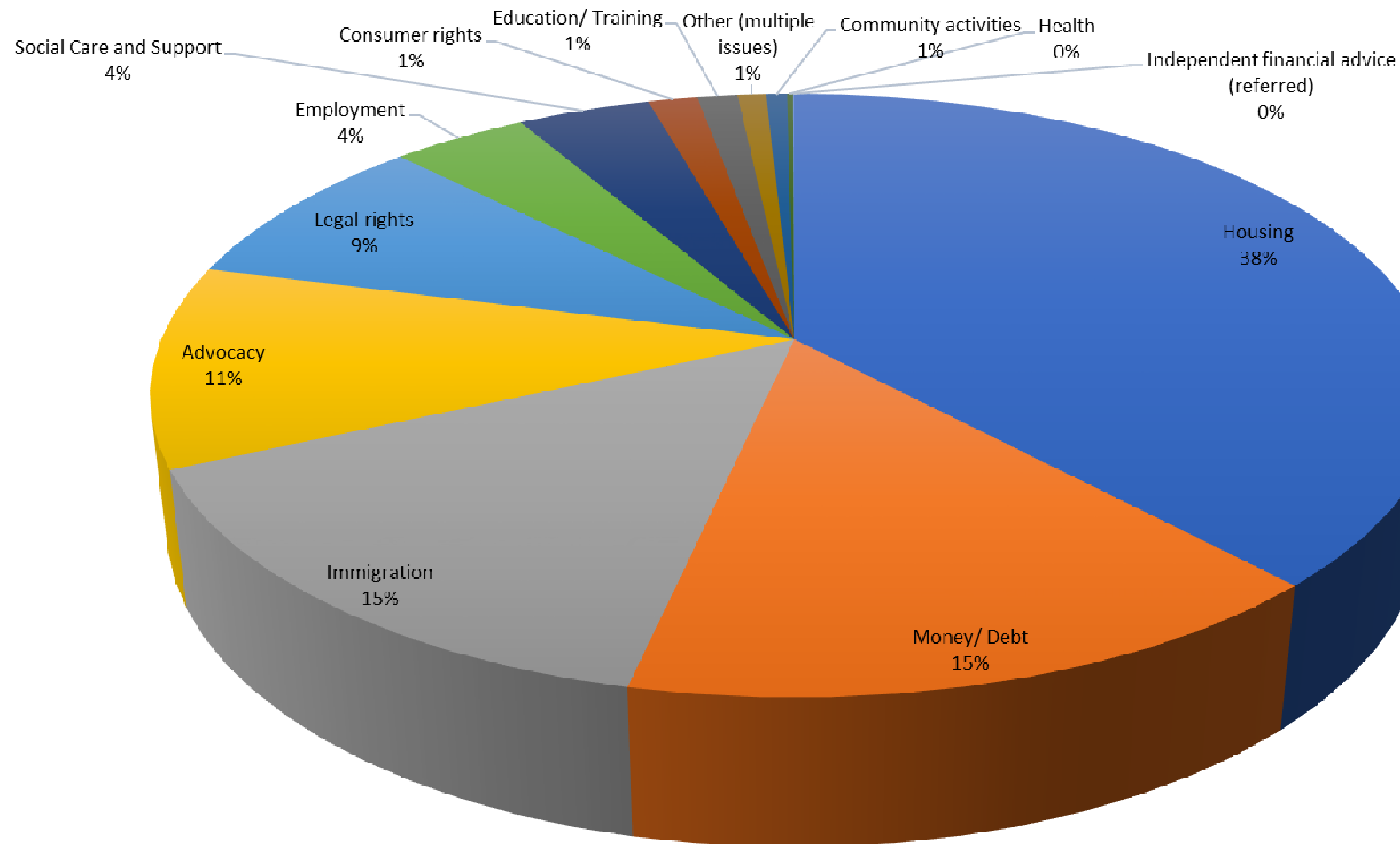
The above graph shows the number of clients by quarter decreased slightly through the year. This could be attributed to increased use of digital platforms, as well as seasonal effects (such as school holidays in Q3 where parents will not seek non urgent advice when they have children to look after).

Case Study

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

The main information and advice providers breakdown their contacts by nature of advice to provide an overview of the range and nature of services available to residents in Slough – this is shown in the graph overleaf.

NATURE OF CONTACTS FOR INFORMATION AND ADVICE



The Slough Advice Centre has a range of services which include, benefit and welfare advice, money and debt advice, counselling services, Enham Trust direct payment information and advice provision, housing services, and free legal surgeries in partnership with local solicitors. The counselling service saw 73 clients in 2017 through the Slough Advice Centre

The MP continues to hold local surgeries from the Slough Advice Centre and the digital Slough Advice platform provides residents direct access to many more advice agencies in Slough.

Case Study

Mr S has multiple health issues and lived alone in social housing in a 2 bedroom property. He is subject to the bedroom tax. He had large amount of rent arrears in excess of £6,000. The client presented triage at Slough Advice Centre with an eviction warrant and was due to be evicted one week later due to his rent arrears. The client did not have any paperwork as he was not opening his post. Shelter spoke to Mr S' revenues officer to gain copies of all court paperwork and to see if the landlord would agree with the application to stop the eviction. However due to the large levels of arrears the landlord would not support the application to stop the eviction. Shelter completed the application and emailed the courts to obtain a court desk appointment. Mr S attended the court hearing the next day, and with the evidence Shelter had supplied to the court; the eviction was stayed for 28 days to enable Mr S to get advice. Shelter then made a further referral to a support agency to apply for Discretionary Housing Payment and support him to work on a sustainable budget to maximise his benefits. The case was then referred to Shelter's internal solicitor.

Carers

Think Carer is a theme running through all the SPACE provision with the overall objective to improve the lives of carers in Slough. Slough Carers Support are at the centre of this objective and work with organisations, providers, businesses and most importantly carers to ensure they are provided with information and advice; are supported to maintain their own identity; maintain/ improve their health and wellbeing; have a break and have a voice.

Positive progress was made in the second year for Slough Carers Support with a total number of carers registered with the project in 2017 at 475 (which has more than doubled compare to 2016). The main objective focused on prevention and the early identification of carers.

In October 2017 Slough CVS took the decision to move the Slough Carers Project into the Wellbeing Prescribing Infrastructure. It was observed that Wellbeing Prescribers would undertake a conversation with a carer and then refer them to Slough Carers Support which was both based in the same organisation and would carry out a similar strengths based conversation, refer to voluntary sector activities and complete a wellbeing plan. In order to improve value for money and the client journey Wellbeing Prescribers are now undertaking the tier 1 conversation with carers and developing their wellbeing plan. All prescribers are able to work with

carers giving more capacity to the helpline and email service as well as a seamless service with one point of contact.

In 2017, 169 wellbeing plans were developed for carers. These are personalised for each carer, setting out actions for them to improve their wellbeing through accessing their own networks and the voluntary sector and the support they need to do so.

Case Study

Kabira attends the Asian Carers Group and looks forward to meeting other women at the meetings. She says “we get together, discuss and share ideas and problems. If we need any advice or help, Pushpa guides us. I care for my sons and it is very hard work, especially because I have my own health problems. Going to the meetings gives me a break from my caring duties. It is also really enjoyable when we are taken out for lunch or on trips”.

Slough Carers Support website is an information and advice platform for raising awareness to carers on engaging prevention activities, health and wellbeing, information and advice. The Slough Advice Centre also enabled carers to access advice on specific issues such as benefits, housing, health and care, family services and services for older people.

The Carers specific newsletter and email alerts enable carers to receive specific carer related information, with 356 carers now registered with email addresses. In 2017 the strategy was changed away from quarterly newsletters to alerts which are much more frequent, targeted and relevant. The aim is to increase awareness of services for carers even when they are not needed at present so that if a crisis or need occurs, access to support is embedded in carer's local knowledge and therefore immediate. In 2017 14 email alerts were sent out to carers on activities, news alerts, training and general information and advice to help them in their caring role. For 2017 a new initiative started whereby a carer from the register was drawn out once per month and won a prize. They then featured in the news alert. This is a small way of recognising the contribution of carers in Slough and engage as a local service.

Four Carers Forums were held in 2017 to ensure the carer voice was heard.

Carers week in June 2017 was a very successful series of activities designed to engage carers both known and new to the service as well as celebrate the work they do. 114 carers engaged in activities over the week which included:-

- Copthorne Hotel Launch
- The Royal Opera House
- Runnymede Boat Trip and Cream Tea
- Arts and craft with Cippenham Carers Group
- Healthy Walk and mindful photography with New Horizons (CMHT)
- Viewing of the Lion film
- Seated boxercise with Get Active Slough



Boxercise session in Carers week

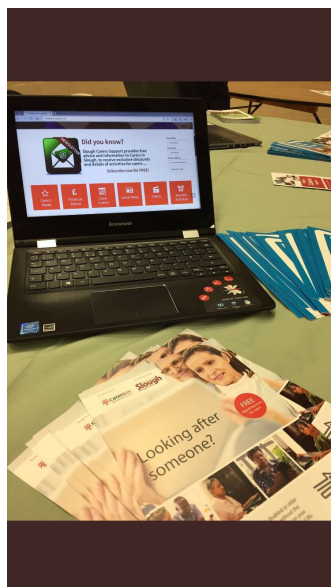
Case Study

Carer A cares for her twin daughters with severe mental health problems. She heard about carers week through Carers Café at New Horizons and Slough Carers website. She has recently turned 60 and with this milestone decided she is going to create a bucket list of things she would like to do more of!

After a particularly stressful time she made a decision to make more time for herself and have more fun and reach out to carers in similar situations. She engaged in Carers week events such the Runnymede boat trip and viewing of the film Lion.

Carer A comments on Slough Carers Week were *“thank you very much for putting together such a great list of activities. I will make sure I am free next time to take part in the whole week activities.”*

The project attended the Carers Rights and SEND Local offer day in November 2017 to promote the service.



SEND local offer / Carers Rights Day

Carers report that they spent most of their time in their caring role – but alongside support groups specific to carers they want to access universal groups that might energise them, help them to make friends or just recreational and physical activities to keep them healthy. A downloadable activity sheet is available for carers which includes universal sector activities and the Slough Health website is also available as a searchable database of an array of activities open to all in Slough. The Carers Support website continues to update the wide range of activities available to carers across Slough such as Alzheimer's Society activities, Carers Café and national support networks such as Carers UK.

The dedicated carers telephone line where carers will now speak to a Wellbeing Prescriber provides need a helping hand to access information on any service for carers.

Case study

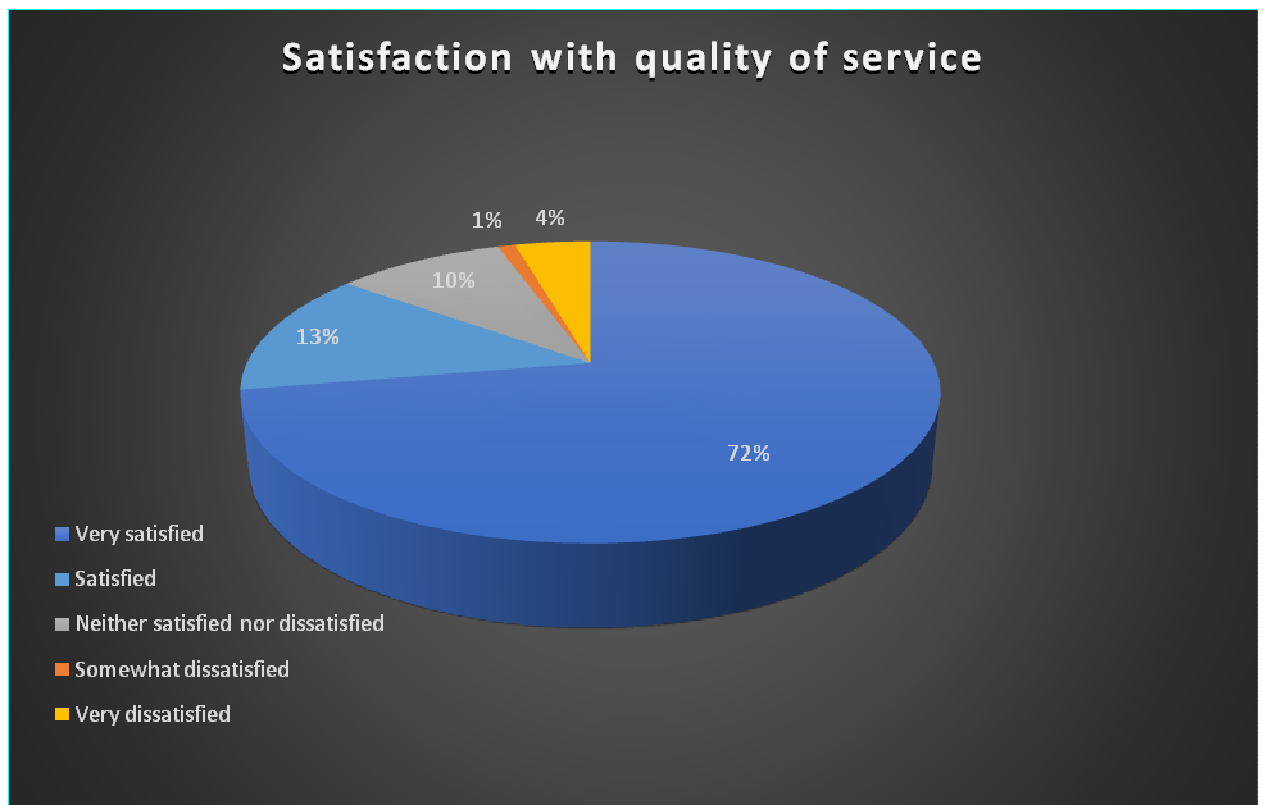
Carer 2 is a pensioner who is caring for her husband with Alzheimers with the support from her son. She was beginning to feel overwhelmed in her caring role as she needed a wide range of practical help in the home.

The wellbeing prescriber went through a simple conversation with the carer to identify how her caring role was affecting her own health and wellbeing. She was offered a formal carer's assessment and advised that her husband and herself were already known to social care. However, Carer 2 felt her caring role was now impacting on her health and wellbeing. When the prescriber had a conversation with her she said she felt listened to and found it useful and helpful' *and said 'It gave me a chance to think about the things I could do outside in the community.'* A wellbeing plan was created for her and she has started to attend a lunch club. *'It made me feel less anxious and I was taking care of my own health sooner'.*

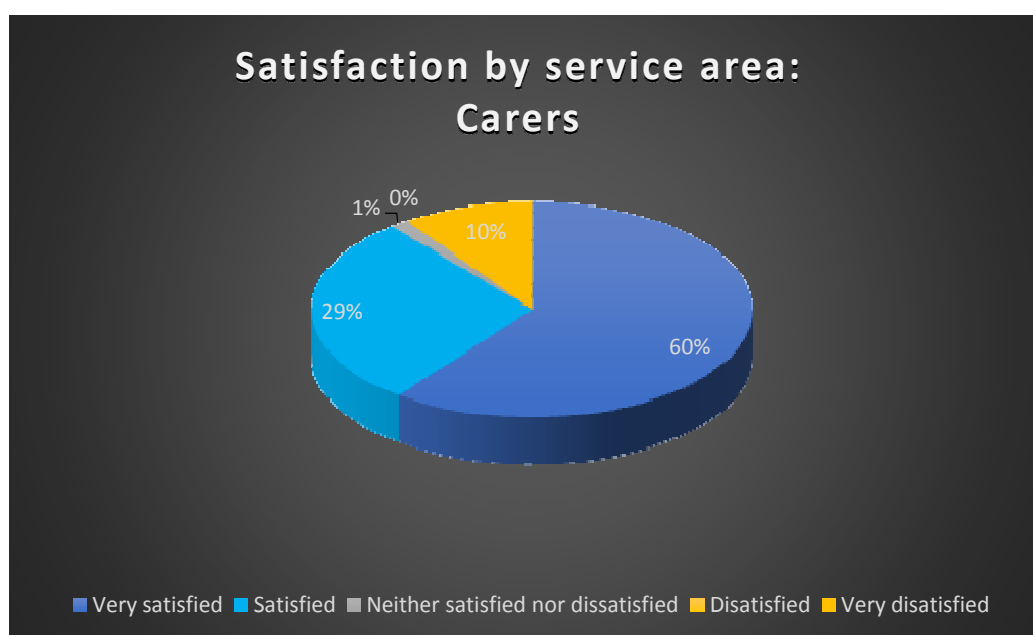
The service stays in touch with the carer for around 3-6 months allowing for multiple contacts to enable the carer to stay connected to a community provision which has brought added value to the service. Knowing she will receive help from Slough Furniture Project with her gardening has made her feel less anxious and happy that it will take pressures of her son who is a working carer. It makes her feel safer in the home.

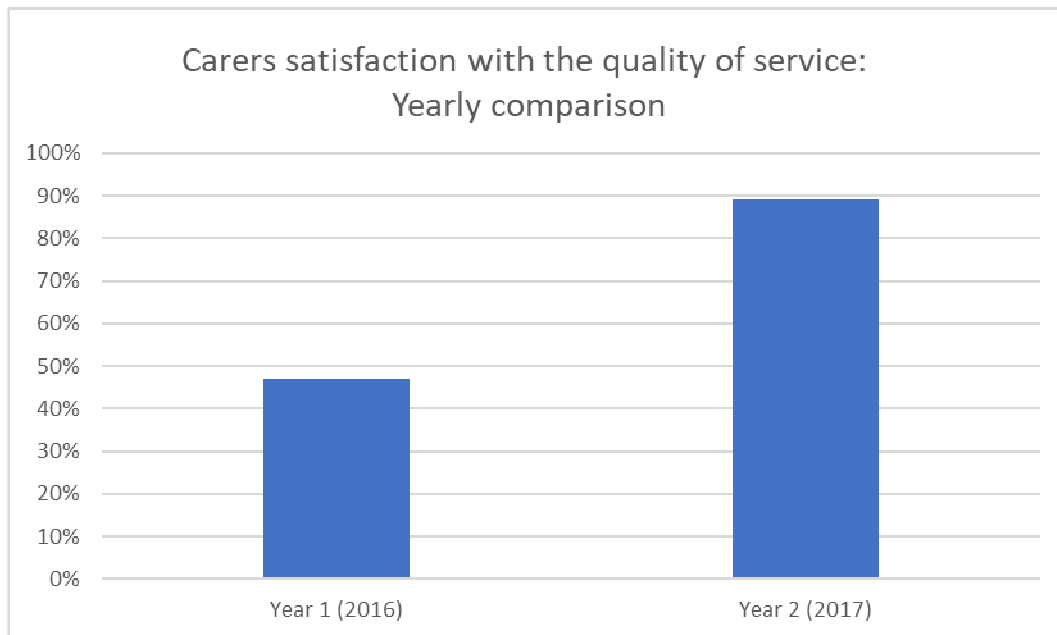
SPACE Satisfaction report

The annual satisfaction survey had 283 responses. Satisfaction with quality of service was at target at 85% and was particularly high for wellbeing activities at 97%. Satisfaction shows a 6% improvement on 2017.



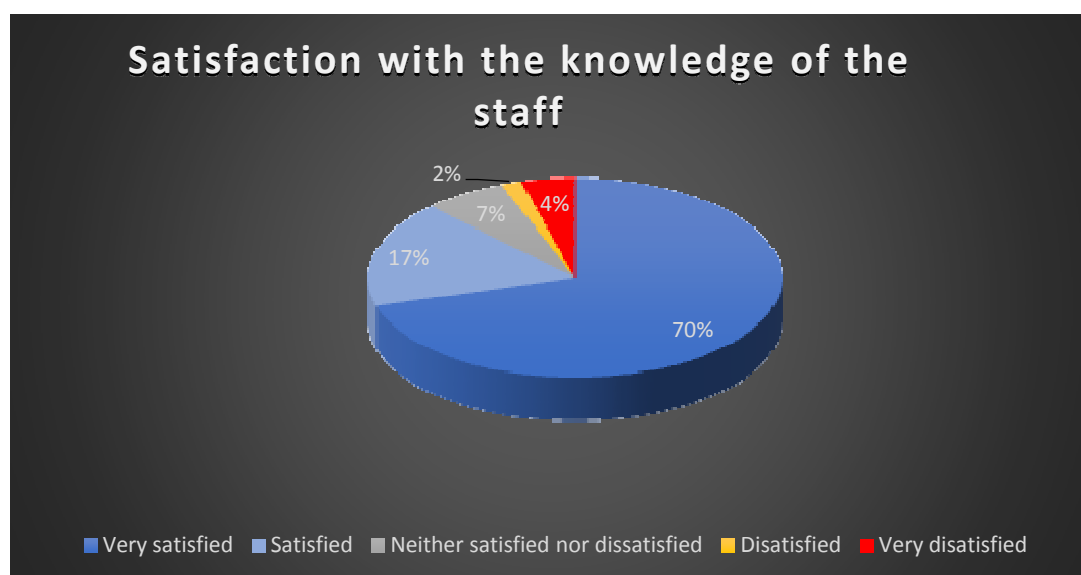
The question posed was “How satisfied were you with the quality of service at X organisation?”. As can be seen from the below graphs, satisfaction for carers shows a lower level of “very satisfied” compared to other services but when taken with “somewhat satisfied this figure is 89% - 42% higher than 2016!





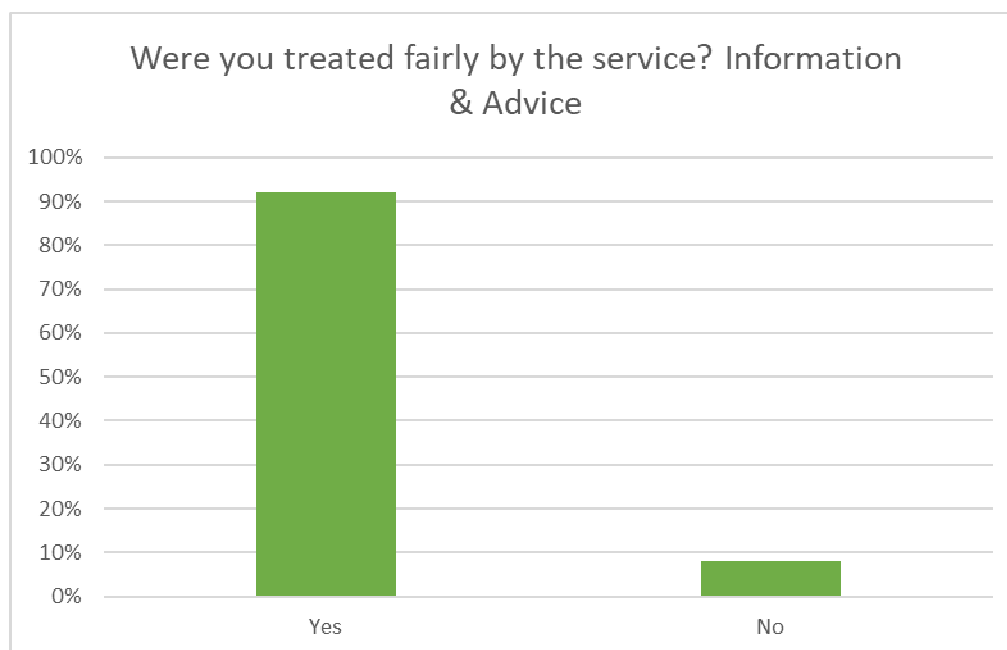
Clients were also highly satisfied with the knowledge of staff and volunteers, again satisfaction with staff and volunteers at wellbeing activities very high at 93%.

87% of clients were satisfied with knowledge of the staff. This was a slightly lower percentage for information and advice (84%) than wellbeing activities, however this reflects the differing relationship between clients and staff in wellbeing activities who build a relationship of trust over a period of time, compared to the often one off advice giving relationship which may occur in a crisis situation.



93% of clients also rated the services as easy to access. 91% of clients accessing information and advice services felt they could access these easily.

A large majority of clients felt they were treated fairly by the service and again particularly for information and advice for which every client who completed the survey felt that they had been treated fairly.



Priorities for 2018 – summary of key work streams to be achieved.

Raising Voluntary Sector Standards through Quality Monitoring, Building Skills and Capacity

Slough Quality Protects

Commissioning excellent services is of utmost importance and to this end in 2018 all associates funded by SPACE will be required to have met the bronze Slough Quality Protects (SQP) standard by mid-year. SQP provides a progressive programme to help voluntary sector organisations to demonstrate the quality of their services. It is a guided process of improvement, with each element of a group's activities documented, monitored and measured. Checking the constitution, ensuring safeguarding policies are in place and providing key processes for quality are all part of the SQP process. Using the tools and templates small groups are able to ensure they are laying the groundwork for a quality organisation. To develop this approach for the future Slough CVS will consider ensuring that any referring bodies for volunteer opportunities or wellbeing prescribing have achieved at least bronze SQP to ensure quality standards and protection for members of the public

Making Every Contact Count

As part of the Frimley Health and Care footprint the Making Every Contact Count (MECC) approach to behaviour change is being embedded into statutory sector bodies in Slough. This approach that utilises day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. Slough CVS is one of the first organisations in Slough to have certified trainers within from the staff team to ensure that this approach is also established in the voluntary sector and other organisations that are delivering as part of SPACE and the wider sector. This will enable organisations to build a culture and operating environment that supports continuous health improvement through the contacts they have with individuals. Doing this will improve health and wellbeing amongst service users, staff and the general public and reduce health inequalities.

Data Protection and the GDPR

With changes on the way in 2018 through the General Data Protection Regulation, Slough CVS will provide training to ensure that organisations are aware of their duties under this new regulation and are working towards compliance within the time-scales. This will improve data, security of data held and communications and marketing.

Collaboration model for support groups

Many support groups are set up whose volunteers want to deliver valued provision but do not have the time or inclination to develop constituted organisations (often because they may be service users themselves), Slough CVS is working through SPACE to broker an alternative model. When larger voluntary organisations are looking to ensure their sustainability, becoming an umbrella for the micro organisations can benefit all parties.

Volunteer Passport

Slough CVS is leading a volunteer passport scheme which will build a database of trained volunteers who could be targeted for recruitment into specific volunteer roles. The aims of the scheme are to:-

- give member groups access to trained volunteers.
- enable volunteers to carry any training they do from one placement to another.
- help to save groups time and money when recruiting volunteers as they will arrive with generic training.
- provide the ability to share training and expertise
- give access to volunteer management and training and resources
- be able to track volunteer hours and use this information in funding applications/match funding
- provide resources for groups to be self -sustaining

Carers

Carers Discount Card

A number of local businesses have signed up to provide discounts to carers to recognise the contribution they make. A launch event will be held to invite carers to sign up for the card and find out about how Slough Carers Support can assist them.

Building Skills

A training plan will be developed in partnership with Slough Borough Council which takes into account the needs of local carers and harnesses existing training where possible (e.g. courses run by care agencies).

Face to face Support

Drop in sessions will be held at two local GP surgeries with a plan to increase this through the volunteer passport scheme, using local volunteers to resource drop ins in more surgeries for carers and other patients. This will include peer support.

Digital support

Slough Carers Support will run a campaign to promote the national Carers UK digital platform including an app which enables carers to co-ordinate care of a loved one within families, as well as fact sheets and information tailored to the carer's individual needs. The Slough Carers Support website will also be reviewed and updated to improve the digital offer.

Information and Advice

Digital support

The Slough Advice Centre website will be reviewed and the content improved including the addition of fact sheets giving information on a variety of topics to enable people to self-serve and find the information or advice they are looking for.

Satisfaction ratings

A target will be set for 85% satisfaction with information and advice services. This improvement will be achieved through increasing the quality of services, for example commissioning a wider range of bespoke information and advice for people with specific needs and raising quality standards

Wellbeing

Widening Services

SPACE provision for 2018 will be widened to include a greater range of practical support to assist people to remain in their own home such as help with shopping and alternative transport support through a taxi voucher scheme. There will also be

physical activities available for specific client groups such as those with mental health issues, as there are significant benefits to mental health of undertaking physical exercise but local mental health service users said they wouldn't engage in exercise sessions if they had to access mainstream provision

Growing Befriending Services.

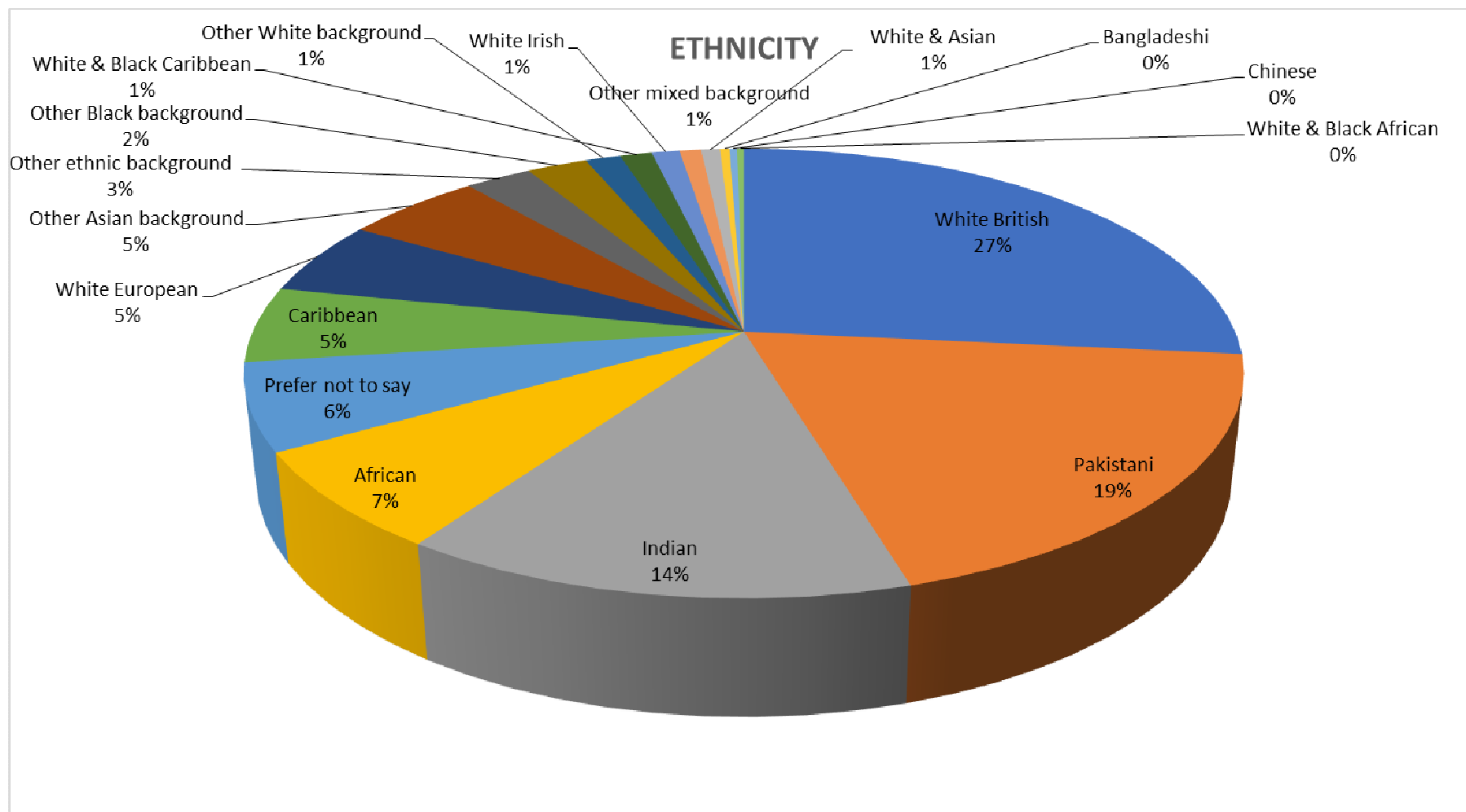
Local intelligence gathered from the Wellbeing Prescribing Services provides us with evidence that social isolation is the highest need in the local area and befriending services need to be expanded and remodelled. In 2018 an exercise to commission additional befriending capacity will be undertaken and the existing service will be remodelled to become more sustainable both for the client who will be linked into activities in their community, and for the volunteer capacity as volunteers will be transferred to another client following this community link up.

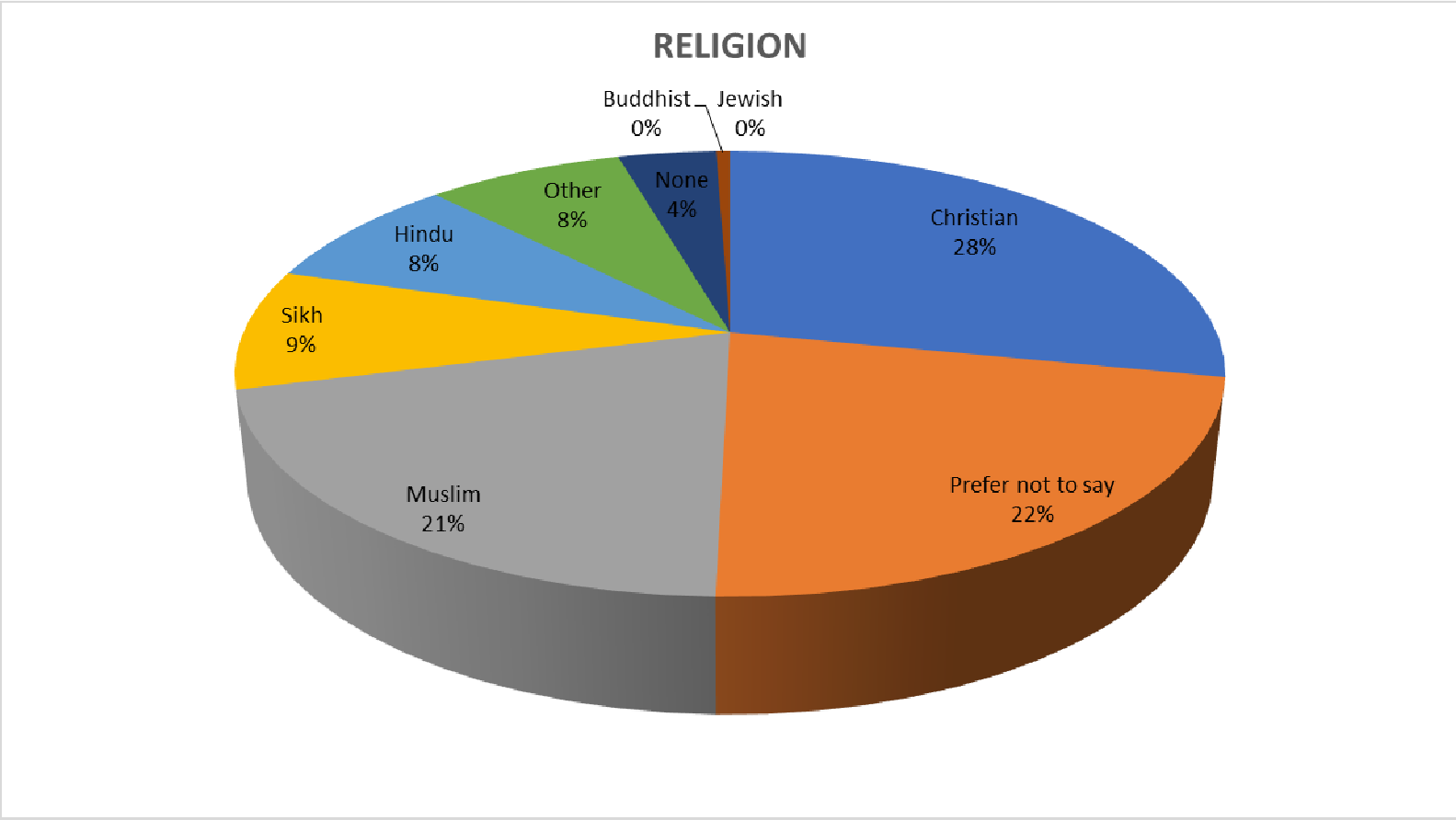
Growing Wellbeing Prescribing

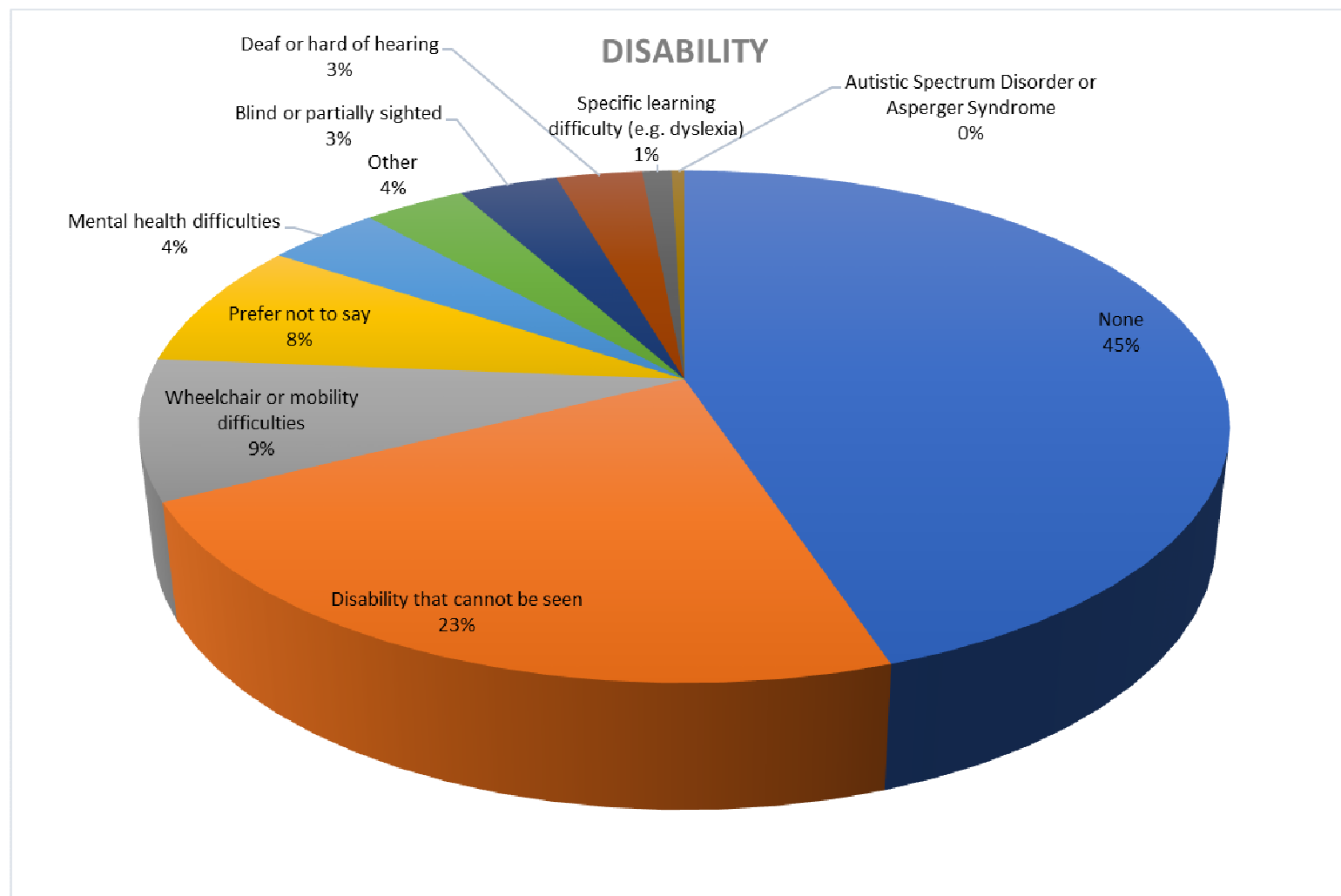
Capacity will be increased through working with volunteers, particularly around peer support. The service is working with the Community Mental Health Team to link in with their Peer Mentor scheme to look at how these clients who are recovering from mental health issues can become community wellbeing prescribers for those they mentor.

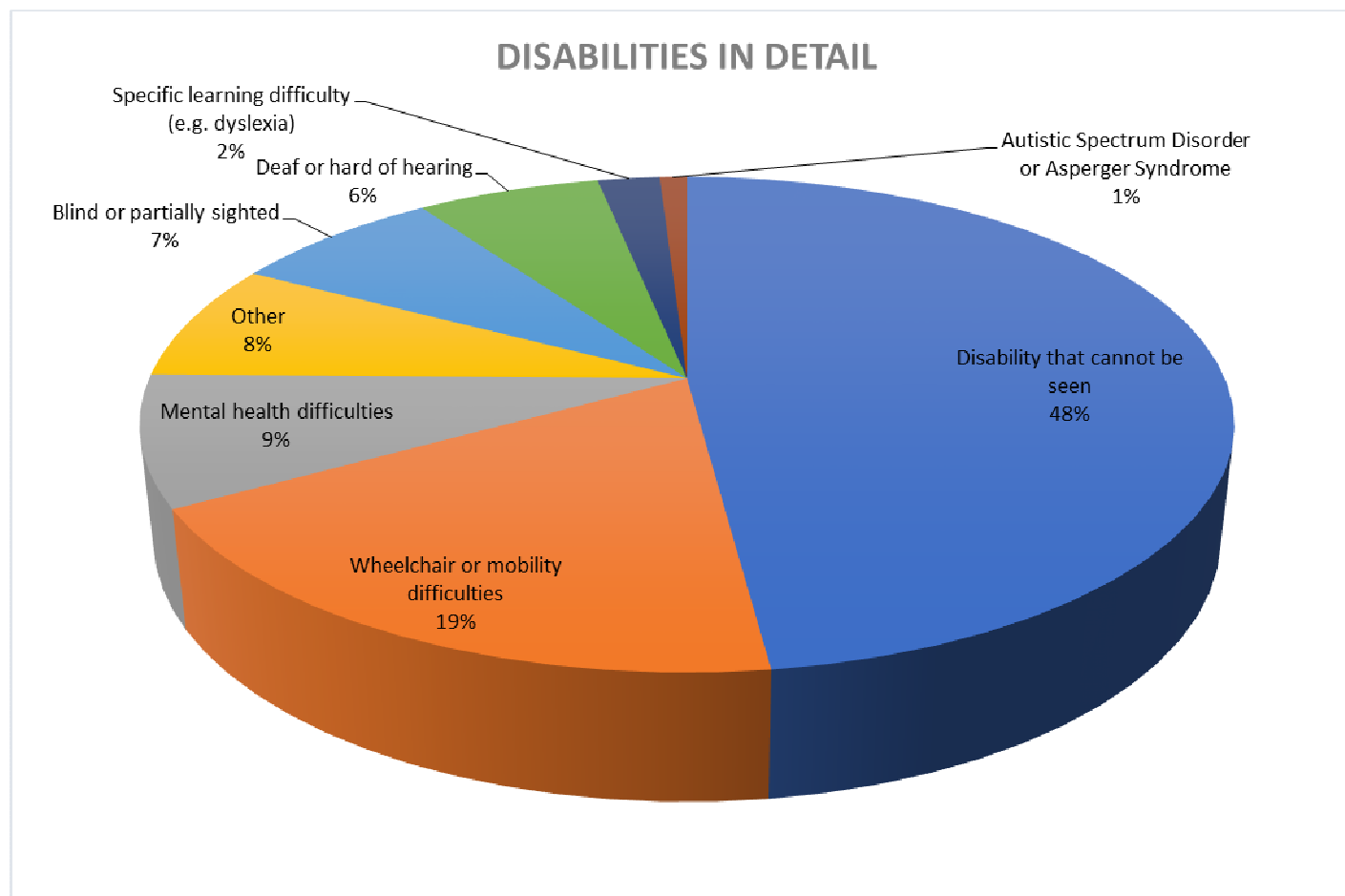
The service will increase through receiving more referrals both from Neighbourhood Services and health.

Equalities Report

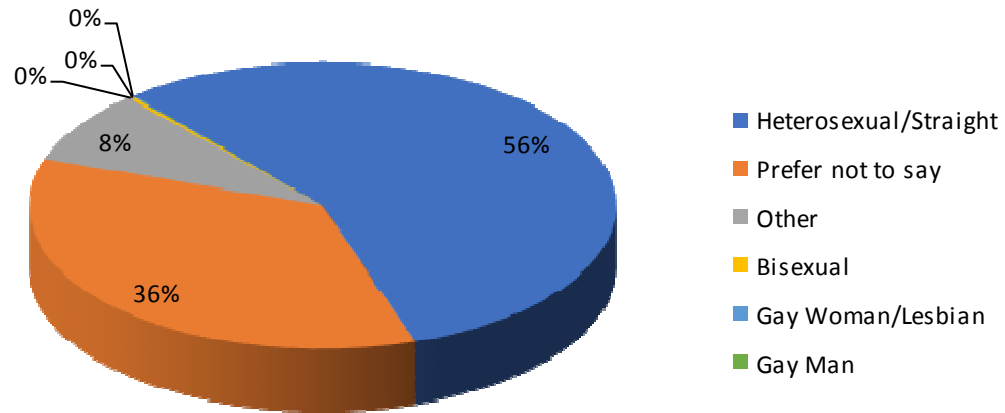




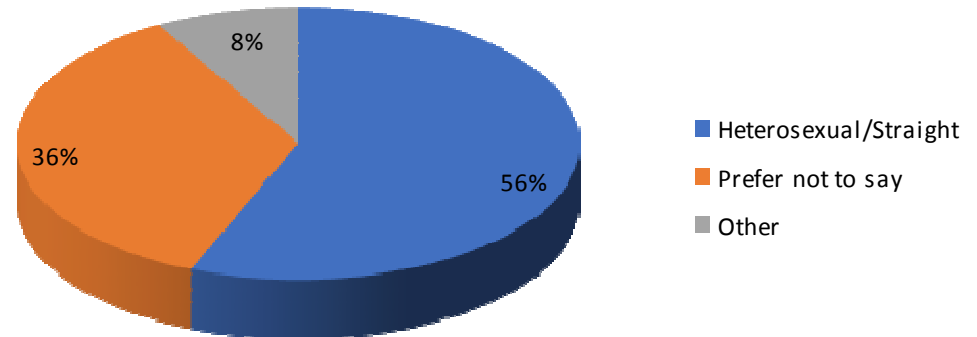


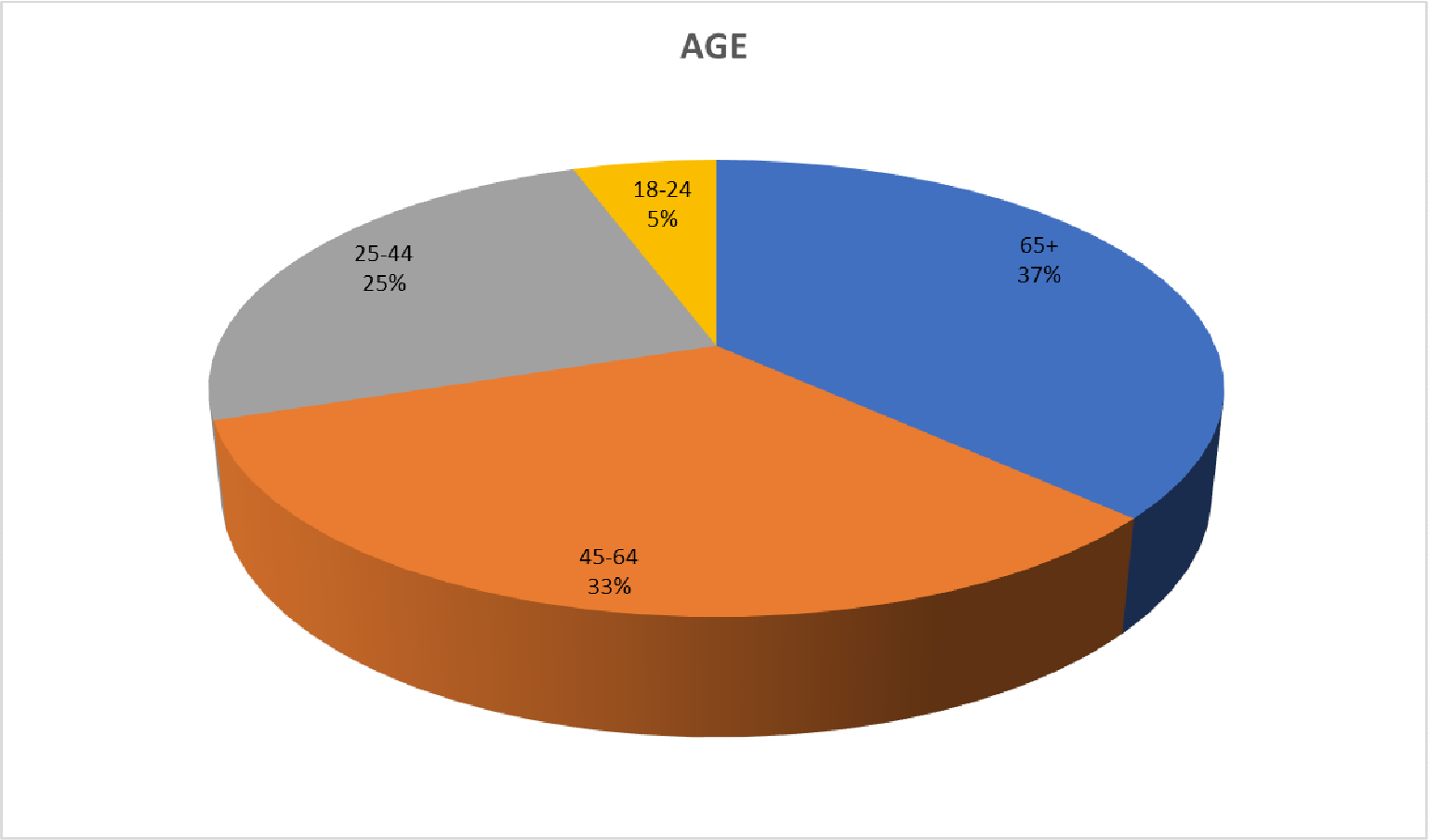


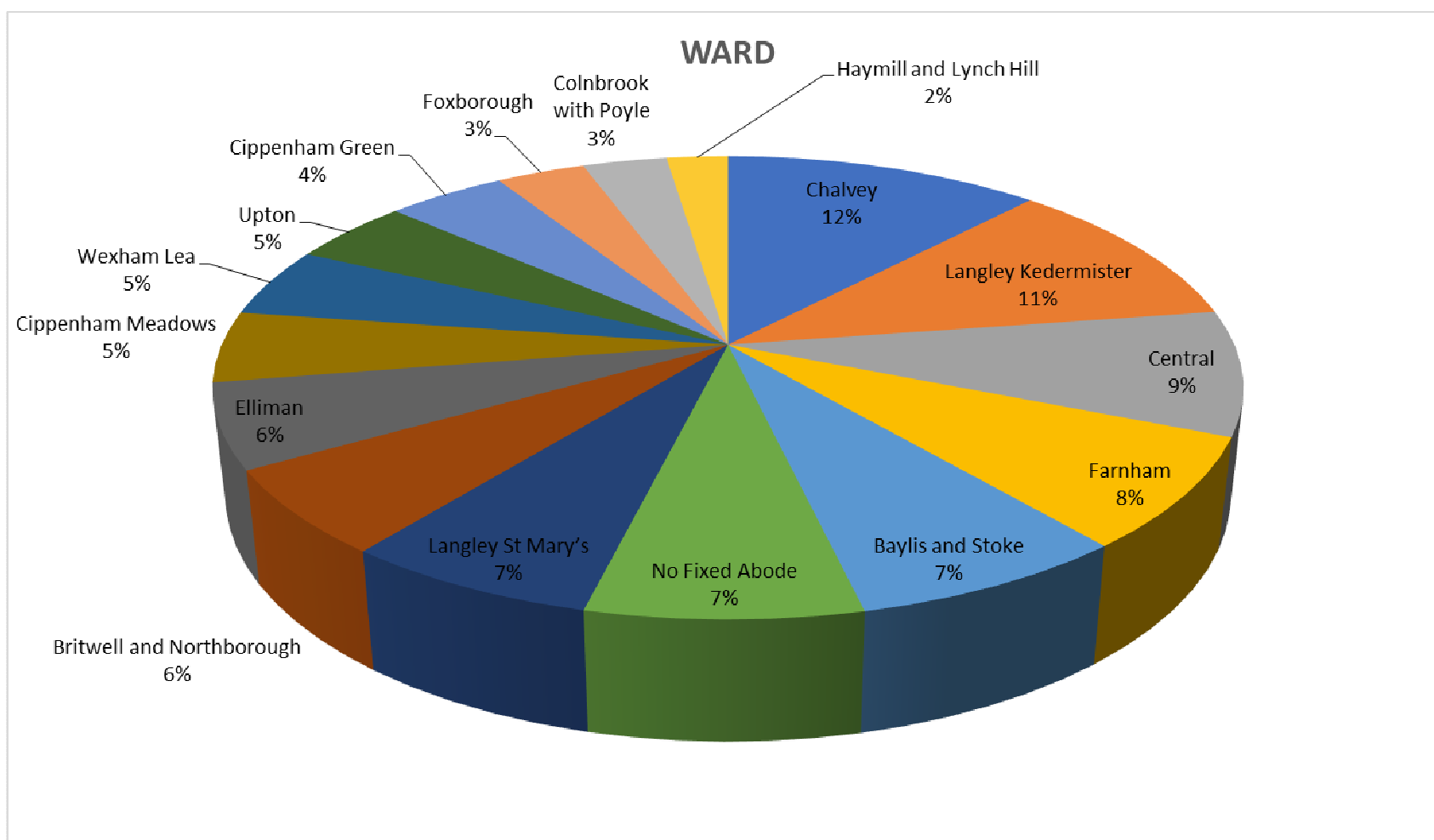
SEXUAL ORIENTATION



SEXUAL ORIENTATION DETAIL

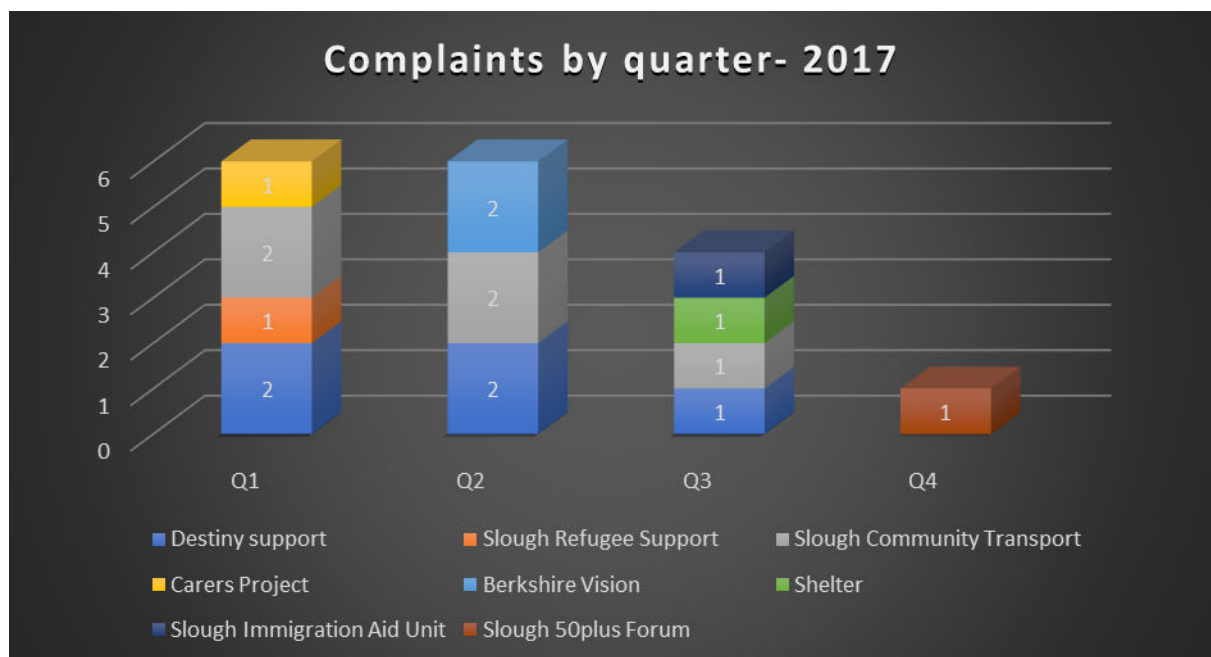






Complaints and Compliments report

SPACE associates received a total of 17 complaints over the year which have been broken down by quarter in the graph below.



Complaints received by associates mainly centred around charges, availability of service (transport or I&A appointments cancelled through staff sickness) or specific requirements (e.g. seeing a specific member of staff when this was not possible)

There are no other particular trends in complaints data, the majority of associates having received no complaints over the year and those which received complaints were one-off issues.

Digital Report

Integrating digital technologies to complement and enhance the delivery of voluntary sector services is a vital element of the SPACE programme of services.

The SPACE website (www.spaceslough.org.uk) exists to ensure that SPACE associates understand what each other do, communicate with each other and make quality referrals to each other.

The following websites supply the digital strategy for SPACE delivery:-

Website	Primary Purpose
Sloughhealth.org	Easy for residents to find social and health activities, provided by businesses, charities and public sector. Access to wellbeing information.
Sloughcarerssupport.co.uk	Carers access the support services they need to enhance their wellbeing.
Sloughadvicecentre.co.uk	Residents can quickly and easily access the correct advice agency when they face a crisis.
Sloughgetinvolved.co.uk	First point of contact for civic society contribution by: residents, employees, public sector & businesses.

The results for the past 12 months on each website are below They show the total number of visitors every month, average number of visitors per day, the number of pages viewed, the unique ratio (e.g. users), the average annual monthly visitors and the total hits on the website.

Summary of results:-

Slough Advice Centre

There were 24,050 visitors to the website during the year. This represents a monthly average of 2,004 visitors. There was an average of 1,100 unique users per month.

Slough Health

There were 30,412 visitors to the website during the year. This represents a monthly average of 2,534 visitors. There was an average of 1,123 unique users per month.

The number of daily and monthly visitors has remained static through the year.

There are 263 activities to choose from.

Slough Carers Support

There were 44,555 visitors to the website during the year. This represents a monthly average of 3,713 visitors. There was an average of 1,636 unique users per month.

Slough Get Involved

The website is marketed largely to Slough groups and trustees.

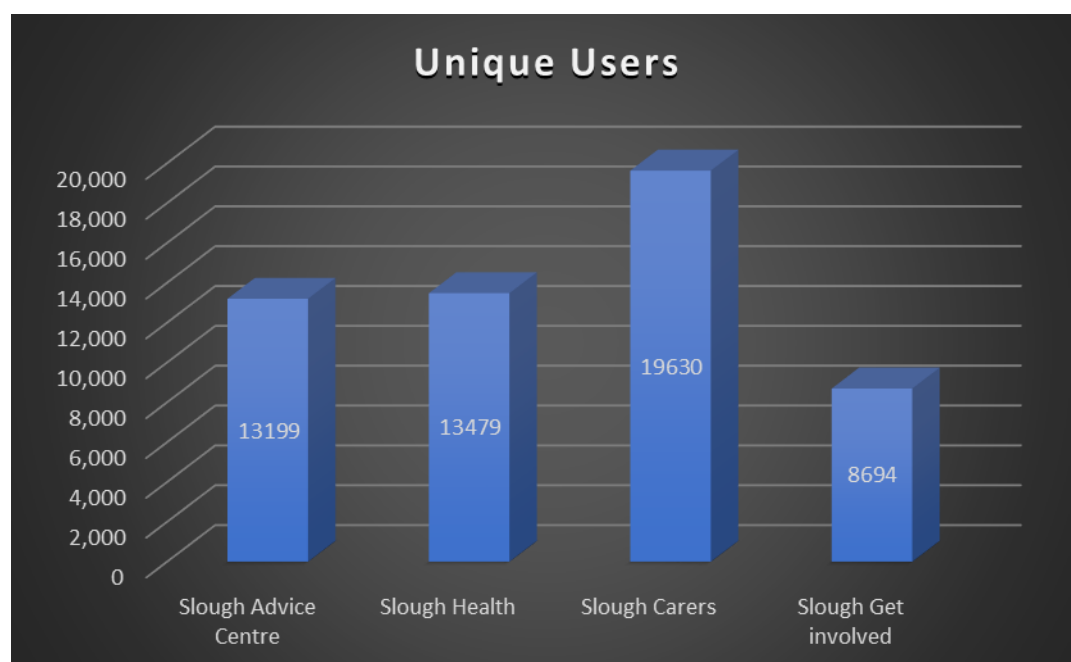
There were 26,986 visitors to the website during the year. This represents a monthly average of 2,249 visitors. There was an average of 725 unique users per month.

Visitors have been stable throughout the year.

All four websites summary outputs

	Visitors	Unique Users
Slough Advice Centre	24,050	13,199
Slough Health	30,412	13,479
Slough Carers	44,555	19,630
Slough Get Involved	26,986	8,694
Total	126,003	

There were 126,003 visitors to the 4 websites during the year.



Growth of Regular Users

The following graph separates out the monthly users of each of the websites for the first six months and compares to the last six months. This shows that there is a growth in the people using these digital platforms to access value.

Slough Advice Centre Web Statistics (Jan 17 - Dec 17)

Visitor Total	24050	Pages Visited	58186	Total Hits	218735	
Month	Monthly Visitors	Visitors per Day	Pages	Unique Visitors	Average	Monthly Total Hits
Jan-17	836	27	1,375	574	1755	4,377
Feb-17	629	22.5	1,298	378	1755	5,818
Mar-17	221	7.1	381	199	1755	851
Apr-17	1,069	35.6	2,350	715	1755	10,126
May-17	2,133	68.8	5,565	835	1755	24,583
Jun-17	2,509	83.6	6,023	1,296	1755	21,276
Jul-17	3,478	112.2	7,885	2,237	1755	24,475
Aug-17	3,340	107.7	8,385	2,108	1755	26,011
Sep-17	2,095	69.8	4,748	1,064	1755	20,989
Oct-17	2,454	79.2	7,526	1,265	1755	26,605
Nov-17	2,613	87.1	5,859	1,267	1755	29,019
Dec-17	2,673	86.2	6,791	1,261	1755	24,605
Totals	24,050		58,186	13199		218,735



Slough Health Web Statistics (Jan 17 - Dec 17)

Visitor Total **30412** **Pages Visited** **148158** **Total Hits** **198353**

Month	Monthly Visitors	Visitors per Day	Pages	Unique Visitors	Average	Monthly Total Hits
Jan-17	1,152	37.2	2,436	678	2534	3,593
Feb-17	891	31.8	1,789	459	2534	3,235
Mar-17	369	11.9	1,281	296	2534	1,441
Apr-17	1,344	44.8	5,280	855	2534	6,601
May-17	2,998	96.7	14,609	1,013	2534	21,269
Jun-17	4,198	139.9	38,430	1,398	2534	45,392
Jul-17	4,907	158.3	13,321	2,247	2534	17,724
Aug-17	3,848	124.1	12,066	2,210	2534	17,595
Sep-17	2,678	89.3	8,887	1,015	2534	15,295
Oct-17	2,636	85	7,705	1,088	2534	13,127
Nov-17	2,689	89.6	18,995	1,031	2534	25,168
Dec-17	2,702	87.2	23,359	1,189	2534	27,913
Totals	30,412		148,158	13479		198,353



Slough Carers Support Web Statistics (Jan 17 - Dec 17)						
Visitor Total	44555	Pages Visited	104831	Total Hits	294626	
Month	Monthly Visitors	Visitors per Day	Pages	Unique Visitors	Average	Monthly Total Hits
Jan-17	1599	52	2,937	1,097	3712.9	6,048
Feb-17	956	34	1,737	473	3712.9	5,591
Mar-17	438	14	1,074	385	3712.9	2,048
Apr-17	2210	74	4,981	1,319	3712.9	12,875
May-17	5485	177	12,759	1,595	3712.9	36,847
Jun-17	5916	197	12,630	2,410	3712.9	44,624
Jul-17	5964	192	13,878	3,333	3712.9	31,529
Aug-17	5876	190	15,065	3,123	3712.9	38,369
Sep-17	3984	133	11,381	1,392	3712.9	34,789
Oct-17	3692	119	9,806	1,441	3712.9	25,535
Nov-17	4069	136	9,921	1,368	3712.9	32,847
Dec-17	4366	141	8,662	1,694	3712.9	23,524
Totals	44555		104,831	19630		294,626



Slough Get Involved Web Statistics (Jan 17 - Dec 17)

Visitor Total 26986 **Pages Visited** 92955 **Total Hits** 150658

Month	Monthly Visitors	Visitors per Day	Pages	Unique Visitors	Average	Monthly Total Hits
Jan-17	858	27.7	2,192	340	2248.8	3,281
Feb-17	658	23.5	1572	305	2248.8	2797
Mar-17	183	5.9	364	130	2248.8	589
Apr-17	774	25.8	1,859	417	2248.8	4009
May-17	2,647	85.4	8,164	810	2248.8	14123
Jun-17	2,907	96.9	11,011	861	2248.8	17745
Jul-17	3,789	122.2	10,115	1053	2248.8	17492
Aug-17	2,649	85.5	10,368	789	2248.8	15908
Sep-17	3,179	106.0	10,356	919	2248.8	16872
Oct-17	3,448	111.2	10,496	982	2248.8	16956
Nov-17	3,296	109.9	14,550	1015	2248.8	21711
Dec-17	2,598	83.8	11,908	1073	2248.8	19175
Totals	26,986		92,955	8694		150,658



14. Resources and Links





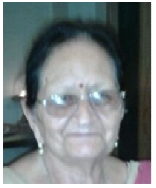






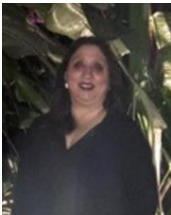









Slough Advice Centre – www.sloughadvicecentre.co.uk






Slough Carers – www.sloughcarerssupport.co.uk

Slough Get Involved - www.slough.communitydatabase.co.uk

Slough Health – www.sloughhealth.org

SPACE Associates 2017:

<p>Alex Mackenzie The Real Experience</p> 	<p>Tom Conlin Berkshire Vision</p> 	<p>Dolly Bhaskaran Living in Harmony</p> 	<p>Sue Njuguna Destiny Support</p> 	<p>Pushpa Kharbanda Asian Carers Group</p> 
<p>Mark Hooper Deaf Positives Action</p> 	<p>Mr Gupta Slough Seniors</p> 	<p>George Howard Slough Community Transport</p> 	<p>Mr Shabir Pakistani Welfare Association</p> 	<p>Kyle Thorpe WOW Autism Group</p> 
<p>Aksa Marshall Meet and Mingle</p> 	<p>Parvinder Matharu Sewak Housing</p> 	<p>Taz Mohammed Slough Refugee Support</p> 	<p>Zhora Jefferies Cippenham Carers Group</p> 	<p>Norma Palmer Slough Furniture Project</p> 
<p>Daphne Wright & Glynys Higgins The New Langley Community Association</p> 	<p>Seema Kamboj & Bobbi Johal Apna Virsa</p> 	<p>Eugene Przedpelski Polish Community Lunch Club</p> 	<p>Jack Steadman Active Slough </p> 	<p>Darren McDermott Shelter</p> 

<p>Alison Morrow Wellbeing Prescribing/ The Carers Project</p> 	<p>Marcia Wright Slough Older Peoples Forum</p> 	<p>Abigail Hurrell Royal Voluntary Service</p> 	<p>Nisar Rehman & Sue Shutter Slough Immigration Aid Unit</p> 	<p>Anita Herbert SANAS</p> 
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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	P	
Nicola Clemo	Eric De Mello (Sub)	P	Eric De Mello (Sub)	Eric De Mello (Sub)	Eric De Mello (Sub)	
Cate Duffy	Ap	Ap	P	P	Rodney D'Costa (Sub)	
Cllr Pantelic				Ap	Ap	
Cllr Sabia Hussain	P	P		P	Ap	
Roger Parkin	P	P	Ap			
Ramesh Kukar	P	Jesal Dhokia(Sub)	P	P	P	
Lise Llewellyn	Ap					
Dr Jim O'Donnell	Ap	P	Ap	P	P	
Les O'Gorman	Ap	Ap	P	Ap	Ab	
Lloyd Palmer	Ap	P	P	Ap	Lincoln Ball (Sub)	
Colin Pill	Ap	Arunjot Mushiana (Sub)	P	Ap	P	
Judith Wright	Ap	Rebecca Howell Jones(Sub)	Rebecca Howell Jones (sub)			
Darrell Gale				P	P	
SYP Representative				P	P	
Alan Sinclair	P	P	P	P	P	
Supt. Wong	P	Cl Spencer (Sub)	Ap	Cl Spencer (Sub)	Cl Grahame	
NHS England representative	Ap	Ab	Ab	Ap	Ab	

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

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