

Date of issue: Tuesday, 18 September 2018

**MEETING:**

**SLOUGH WELLBEING BOARD**

Councillor Pantelic, Lead Member for Health and Social Care (Chair)  
Dr Jim O'Donnell, East Berkshire Clinical Commissioning Group, Slough Locality (Vice-Chair)  
Cate Duffy, Director of Children, Learning and Skills  
Temp. Superintendent Sarah Grahame, Thames Valley Police  
Lisa Humphreys, Slough Children's Services Trust  
Ramesh Kukar, Slough CVS  
Tessa Lindfield, Director of Public Health  
Councillor Nazir, Lead Member for Corporate Finance & Housing  
Nigel Pallace, Interim Chief Executive, Slough Borough Council  
Lloyd Palmer, Royal Berkshire Fire and Rescue Service  
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, 26TH SEPTEMBER, 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**



**AGENDA**  
**ITEM**

**REPORT TITLE**

**PAGE**

**WARD**

**PART I**

Apologies for absence.

**CONSTITUTIONAL MATTERS**

- |    |   |        |     |
|----|---|--------|-----|
| 1. | Declarations of Interest  | -      | -   |
|    | <p><i>All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.</i></p> <p><i>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.</i></p> |        |     |
| 2. | Minutes of the last meeting held on 18th July 2018  | 1 - 8  | -   |
| 3. | Action Progress Report  | 9 - 14 | All |

**ITEMS FOR ACTION / DISCUSSION**

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|----|--|---------------|-----|
| 4. | Integrated Care System Update  | Verbal Report | All |
| 5. | Refresh of Local Transformation Plan of the Children and Young People Mental Health and Wellbeing (East Berkshire) | 15 - 24       | All |
| 6. | Tackling Slough's Health Inequalities and Wider Determinants of Health   | 25 - 38       | All |
| 7. | Delivering the Next Phase of the Leisure Strategy  | 39 - 44       | All |

**FORWARD PLANNING**

- |    |                        |         |     |
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| 8. | Forward Work Programme | 45 - 50 | All |
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**ITEMS FOR INFORMATION**

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| 9.  | Homelessness and Rough Sleeping Update               | 51 - 60 | All |
| 10. | Joint Strategic Needs Assessment (JSNA) 2018 Refresh | 61 - 64 | All |



<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
11.	Slough Prevent Board (Six Month Update)	65 - 68	All
12.	#NotAlone Campaign Update	69 - 72	All
13.	Recovery College Update	73 - 78	All
14.	Early Help Update	79 - 82	All
15.	Attendance Report	83 - 84	-
16.	Date of Next Meeting - 14th November 2018 (to be rearranged)		

#### 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.

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**Slough Wellbeing Board – Meeting held on Wednesday, 18th July, 2018.**

**Present:-** Councillors Pantelic and Nazir (until 6.15pm), Naveed Ahmed, Sandra Davies (deputising for Andrew Bunyan), Cate Duffy, Ramesh Kukar, Dr Jim O'Donnell, Colin Pill, Raakhi Sharma (from 5.35pm), Alan Sinclair, Cl Spencer (deputising for Temp Supt Grahame) and Tessa Lindfield

**Apologies for Absence:-** Nigel Pallace, Lloyd Palmer, Temp Supt Grahame and David Radbourne

**PART 1**

**1. Declarations of Interest**

Councillor Pantelic declared that she was the Council's outside body representative on Frimley Health NHS Foundation Trust (as a stakeholder governor) and on Berkshire Healthcare NHS Foundation Trust (Council of Governors).

Dr Jim O'Donnell declared that he was a member of the Frimley Integrated Care System.

**2. Election of Chair 2018-19**

The Board was invited to make nominations for the position of Chair for the 2018/19 municipal year. Councillor Pantelic was proposed by Councillor Nazir and this nomination was seconded by Ramesh Kukar. Councillor Pantelic was elected as Chair of the Board for the 2018-19 municipal year.

Naveed Ahmed, who had served as Vice-Chair in 2017-18, commented that in his view the Board would benefit from a Chair who was independent of the Council to reflect the wider representation on the Board. Councillor Pantelic stated that she recognised that collaboration was key to effective partnership working and she would seek to meet all Board Members on an individual basis over the coming weeks.

**Resolved –** That Councillor Pantelic be elected as Chair of the Slough Wellbeing Board for the 2018-19 municipal year.

*(Councillor Pantelic in the chair for the remainder of the meeting)*

**3. Election of Vice-Chair 2018-19**

The Board was invited to make nominations for the position of Vice-Chair for the 2018/19 municipal year. Dr Jim O'Donnell was proposed by Councillor Pantelic and this nomination was seconded by Naveed Ahmed.

Dr O'Donnell was elected as Vice-Chair of the Board for the 2018-19 municipal year.

**Resolved** – That Dr Jim O'Donnell be elected as Vice-Chair of the Slough Wellbeing Board for the 2018-19 municipal year.

**4. Minutes of the last meeting held on 9th May 2018**

**Resolved** – That the minutes of the meeting held on the 9th May 2018 be approved as a correct record, subject the addition of Cate Duffy to the list of apologies received.

**5. 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.

**6. Frimley Health and Care Integrated Care System**

The Council's Director of Adults & Communities introduced a report that updated on the progress being made to deliver the Frimley Health and Care Integrated Care System (ICS) and the East Berkshire Clinical Commissioning Group (CCG) conversation on the future of urgent care services.

It was noted that the ICS had received official status in May 2018 following the development work undertaken by the Sustainability & Transformation Partnership. The ICS aimed to improve the integration of services and the key workstreams and early indicators of success were highlighted. The Board welcomed the fact that the wider determinants of health was featuring more strongly in the ICS priorities and plans. A Memorandum of Understanding between the ICS and NHS England was being developed and following a question from a member of the public, the Director explained the difference between the national MOU to be agreed for 2018/19 and the local agreements for 2017/18 agreed between partners. The Frimley ICS was seen as an exemplar, partly because of the strong partnerships that had been developed, and this would help bring in additional capital and resources to support the agreed priorities. NHS England planned to reduce the number of ICSs across the country although it was considered locally that the current Frimley footprint was optimal.

The ICS lead, Sir Andrew Morris, had recently made a presentation to the Health Scrutiny Panel and the summary of their discussion was noted. The ICS briefing paper on health inequalities and introduction to ICS video would be circulated to the Board following the meeting. The Chair stated that Slough would be visiting Manchester to look at their ICS model and any interested partners were invited to join the visit.

*(Raakhi Sharma from Slough Youth Parliament joined the meeting)*

The Board discussed the conversation being led by East Berkshire CCG on the future of urgent care. Dr O'Donnell explained the scope and aims of the review of urgent care which included the 111 service, walk-in provision and parts of same day GP access. A survey was currently open with a closing date of 6<sup>th</sup> August and the Chair would submit a response on behalf of the Board. Members were invited to submit any comments to the Council's policy team for inclusion in the Board's response by 2nd August 2018. Following consideration of the feedback, options would be developed and there would be formal consultation if there were proposals for changes to services.

Following the discussion, the Board concluded that the ICS and MOU should reflect the importance of focusing on the wider determinants of health. Slough's Public Health Team was carrying out work on this locally and it was agreed to include a report on the agenda for the next meeting.

**Resolved –**

- (a) That the update on the Frimley Health and Care Integrated Care System be noted.
- (b) That Board Members submit comments and feedback on the conversation on the future of urgent care by 2nd August.

**7. #BeRealistic Campaign Update**

The Council's Director of Adults and Communities updated the Board on the progress of #BeRealistic, the first of four Wellbeing Board campaigns which aimed to tackle obesity and promote healthier lifestyles.

The campaign had been considered to be successful and had achieved a high level of social media awareness using the #BeRealistic hashtag. The Board had previously agreed in principle to continue the campaign beyond its original three month period and the options to take this forward were discussed. It was agreed that the momentum of the campaign should be maintained and a mixture of the three options set out in the report should be taken forward. Existing materials should be used where possible but new content may be needed to reflect specific aspects of the campaign and link to other activities.

The Slough Youth Parliament (SYP) representative asked about the work being undertaken to tackle childhood obesity and particularly the problem of takeaways close to schools. The Director of Children, Learning and Skills outcome some of the work the Council and partners were undertaking to reduce childhood obesity, which it was recognised were deep-rooted and linked to poverty and deprivation. It was agreed that a separate discussion would be held with SYP on this topic outside of the meeting.

Members also discussed some of the specific campaign themes and techniques including whether an overall brand or message should be taken across the four campaigns. The Board agreed that all relevant partners

should continue to engage with the campaign and partners should provide the Council's policy team with a key communications contact to be involved in taking forward the campaigns.

**Resolved –**

- (a) That the update be noted.
- (b) That Phase 2 of the campaign be based on a mixture of Options 1, 2 and 3, as at paragraph 6.3 of the report, to continue the campaign using existing materials where possible; using new materials to promote specific aims of the campaign where appropriate; and by partners utilising the #BeRealistic hashtag in relevant communications activity.
- (c) That partners provide a key contact responsible for communications to engage in the next phase of the campaign.

**8. #Reach Out Campaign: Progress Report**

Ramesh Kukar updated the Board on the progress of the second Wellbeing Board campaign, #ReachOut, which aimed to address the issues of loneliness and social isolation.

There had been a soft launch of the campaign already and there was significant involvement of the voluntary and community sector, working with the Council and other partners. The official launch would take place on 1<sup>st</sup> August and Board Members would be invited to the event. The Board discussed the further contribution that partners could make to ensure the campaign was successful and actions could include using the hashtag in communications, identifying champions, co-ordinating activity investing in campaign materials and raising awareness amongst staff and clients as appropriate.

*(Councillor Nazir left the meeting)*

Members asked whether the campaign included education and advice to partners staff to identify loneliness and make the appropriate referrals. This approach had been undertaken with staff from Osborne Property Services, the Council's partner in the repair and maintenance of social housing, although it was recognised that there was more work to do to help staff visiting vulnerable people to identify and alert people through the right referral route where appropriate. It was noted that two information sheets were being developed, one for residents and another for professionals that would include information to help signpost to appropriate services. It was agreed that the information sheets be circulated to partners for comment prior to publication and the production of separate versions for adults and young people was suggested as the language, tone and services would often differ.



The Board also emphasised the importance of preventing loneliness and social isolation, for example by promoting social connections and community activity. It was noted that the campaign would include the promotion of self help groups and the need to 'make every contact count' was recognised. At the conclusion of the discussion, the progress report was noted.

**Resolved –** That the Progress Report on the #Reach Out campaign be noted.

**9. Refreshed Terms of Reference and Update on the Recruitment of Two Business Representatives to the Board**

The Council's Corporate Policy Officer introduced a report that sought approval for the Board's Terms of Reference and the process to recruit two new business representatives for the Board.

The Terms of Reference were refreshed annually and the key changes were summarised. These included setting a two year term of appointment for business representatives to the Board and clarifying the process to be followed if a member wished to resign. It was noted that the membership list in section 2.1 of Terms of Reference needed to be amended to remove the Leader of the Council and add the Chief Executive of Slough Children's Services Trust. The revised Terms of Reference were then agreed.

Following the resignation of Les O'Gorman as a business representative on the Board, the opportunity had been taken to review their roles and responsibilities. It was proposed to recruit to both of the business representative positions for two year terms. Following discussion, the Board agreed to advertise both positions as proposed with the Recruitment Panel to be comprised of the Chair, Vice-Chair and the Council's Economic Growth & Enterprise Manager. The Board agreed that to accelerate the process, the Panel would be given delegated authority to make the two appointments with a view to them being in place for the next meeting in September. The Board also agreed that ideally they would seek to appoint candidates that could represent the business community as widely as possible including the perspectives of both large companies and small and medium sized enterprises.

Naveed Ahmed stated that he did not intend to put his name forward for one of the new positions due to other commitments with a key worker housing company. The Board thanked Mr Ahmed for the contribution that he had made since his appointment in 2014, particular as Vice-Chair since 2016.

**Resolved –**

- (a) That the revised Terms of Reference as at Appendix A to the report be agreed, subject to the amendments to the membership list.
- (b) That the recruitment approach for two business representatives, as set out in paragraphs 6.3 to 6.5 of the report be agreed, subject to (c).

- (c) That the Recruitment Panel be comprised of the Chair, Vice-Chair and the Council's Economic Growth & Enterprise Manager.
- (d) That the Recruitment Panel be given delegated authority to appoint two business representatives to the Board.
- (e) That the resignation of Naveed Ahmed as a member of the Board be noted and that he be thanked for his contribution.

#### **10. Arrangements for the 2018 Partnership Conference**

The Council's Service Lead Strategy & Performance introduced a report that set out the provisional arrangements for the annual partnership conference planned for 4<sup>th</sup> October 2018.

The format and content of the conference programme was discussed and it was suggested that it be focused on the wider determinants of health and issues not already being tackled by a single agency. Members made some suggestions such as maximising economic and employment opportunities in improving the health and wellbeing of residents. It was also considered to be important to provide feedback on the progress made on the matters raised at last year's conference.

The Board agreed with the approach set out and Members were invited to submit any further specific ideas to the Council's policy team by 24<sup>th</sup> July ahead of the next planning meeting.

#### **Resolved –**

- (a) That the arrangements for the third Slough Partnership Conference on Thursday 4<sup>th</sup> October at The Curve be agreed.
- (b) That Board Members submit ideas for the conference programme to the Council's policy team by 24<sup>th</sup> July 2018.
- (c) That a mini-workshop be held in mid to late September to review the Board's ways of working.

#### **11. Forward Work Programme (September 2018 - May 2019)**

Members reviewed the Forward Work Programme for the Board and agreed the items for the next meeting.

In addition to the inclusion of a report from Public Health on the wider determinants of health agreed earlier in the meeting, the following amendments/updates to the work programme were agreed:

- Update on children's oral health to be added to November 2018.
- Social Care Green Paper to be removed from the FWP.

- Early Help item for September to be an Information Report.
- Themed discussion in September to focus on Mental Health and Child and Adolescent Mental Health Services.
- Conference planning item to be removed from September.

**Resolved** – That the Forward Work Programme be agreed subject to the amendments noted above.

**12. Better Care Fund Programme Annual Report 2017/18**

The Board received an information report that summarised the Better Care Fund programme activity and outturn position for 2017-18.

**Resolved** – That the progress and performance of the BCF programme for 2017-18 be noted.

**13. Healthwatch Slough Annual Report 2017/18**

The Board received an information report on the Slough Healthwatch Annual Report 2017-18 that provided an overview of key activities during the past year and highlighted trends in public opinion regarding health and social care services in Slough.

**Resolved** –

- (a) That the Annual Report and impact that Healthwatch Slough had had in the last year be noted.
- (b) That the organisations ongoing work as consumer champion for health and social care services be noted.

**14. Homelessness and Rough Sleeping - the current state of play**

The Board received an information report that updated on the work of the newly established Homelessness and Rough Sleeping Task and Finish Group.

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

**15. Date of Next Meeting**

The date of the next meeting was confirmed as 26<sup>th</sup> September 2018 at 5pm.

Chair

(Note: The Meeting opened at 5.05 pm and closed at 7.04 pm)

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## Slough Wellbeing Board – Action Progress Report

18<sup>th</sup> July 2018

No:	Item	Action(s):	For:	Update/Report Back to and date:
6.	Frimley Health and Care Integrated Care System	<ul style="list-style-type: none"> <li>• That Board Members submit comments and feedback on the conversation on the future of urgent care by 2nd August.</li> </ul>	All	Update report provided elsewhere on the agenda.
7.	#BeRealistic Campaign Update	<ul style="list-style-type: none"> <li>• That partners provide a key contact responsible for communications to engage in the next phase of the campaign.</li> </ul>	All	September 2018
9.	Refreshed Terms of Reference and Update on the Recruitment of Two Business Representatives to the Board	<ul style="list-style-type: none"> <li>• That the recruitment approach for two business representatives, as set out in paragraphs 6.3 to 6.5 of the report be agreed.</li> <li>• That the Recruitment Panel be comprised of the Chair, Vice-Chair and the Council's Economic Growth &amp; Enterprise Manager.</li> <li>• That the Recruitment Panel be given delegated authority to appoint two business representatives to the Board.</li> </ul>	Amanda Renn	Recruitment process was not successful and vacancies to be readvertised.

## Slough Wellbeing Board – Action Progress Report

10.	Arrangements for the 2018 Partnership Conference	<ul style="list-style-type: none"> <li>• That the arrangements for the third Slough Partnership Conference on Thursday 4th October at The Curve be agreed.</li> <li>• That Board Members submit ideas for the conference programme to the Council's policy team by 24th July 2018.</li> <li>• That a mini-workshop be held in mid to late September to review the Board's ways of working.</li> </ul>	Dean Tyler	Conference to be held on 4 <sup>th</sup> October 2018
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### 9<sup>th</sup> May 2018

No:	Item	Action(s):	For:	Update/Report Back to and date:
5.	Draft SWB Annual Report for 2017/18	<ul style="list-style-type: none"> <li>• Annual Report to be recommended to full Council for endorsement.</li> </ul>	Amanda Renn	Endorsed by full Council, 24 <sup>th</sup> July 2018
6.	Interim Director of Public Health's Annual Report	<ul style="list-style-type: none"> <li>• Update on the next phase of the Council's Leisure Strategy to be added to the Board's work programme.</li> </ul>	Amanda Renn	Report included elsewhere on agenda

## Slough Wellbeing Board – Action Progress Report

**28<sup>th</sup> 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"> <li>That a Task &amp; 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.</li> </ul>	Alan Sinclair	Information report included elsewhere on the agenda.

**25<sup>th</sup> January 2018**

No:	Item	Action(s):	For:	Update/Report Back to and date:
6.	Themed Discussion: Protecting Vulnerable Children	<ul style="list-style-type: none"> <li>That the Board receive a further report in July on the draft Early Help Strategy and the initial impact of the interventions.</li> </ul>	Justin Daniels	Information report included elsewhere on the agenda.

## Slough Wellbeing Board – Action Progress Report

**15<sup>th</sup> November 2017**

No:	Item	Action(s):	For:	Update/Report Back to and date:
7.	Themed Discussion-Prevention Strategy	<ul style="list-style-type: none"> <li>That further engagement with partners take place in the form of an Innovation Café.</li> </ul>	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"> <li>Policy to assist key workers (referenced at 6.2 first bullet point) to be circulated to members of the Board if possible.</li> </ul>	Amanda Renn/Colin Moone	Policy still in development, will be circulated once available.

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

No:	Item	Action(s):	For:	Update/Report Back to and date:
6.	Slough Youth Parliament Manifesto	<ul style="list-style-type: none"> <li>TVP and SYP to look for future opportunities to work together including the design of the next SYP survey into crime.</li> <li>That an update be provided to the Board on Young People's bus fare concessions.</li> <li>SYP to have a role in helping develop the Council's approach to mental health, wellbeing and diet.</li> </ul>	<p>Giovanni Ferri/Spt Wong</p> <p>Savio DeCruz</p> <p>Giovanni Ferri &amp; 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>



## Slough Wellbeing Board – Action Progress Report

**10<sup>th</sup> 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"> <li>• That the MOU will be subject to annual review</li> </ul>	Amanda Renn	Update provided to SWB in May 2018 and further report in 12 months. Added to the FWP for May 2019.

**29<sup>th</sup> 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"> <li>• 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.</li> <li>• Future partnership arrangements and strategy on the Children and Young People’s agenda to be progressed in discussion with the Commissioner.</li> </ul>	CCG/SCST  SBC/ DCS	N/A  N/A

## Slough Wellbeing Board – Action Progress Report

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

No:	Item	Action(s):	For:	Update/Report Back to and date:
42.	Themed discussion: Mental Health	<ul style="list-style-type: none"> <li>• That further consideration be given to the practical issues and actions raised during the course of the discussion with a report back to the Board at a future meeting.</li> </ul>	Policy Team/ Geoff Dennis/ Susanna Yeoman	N/A

**SLOUGH BOROUGH COUNCIL****REPORT TO:** Slough Wellbeing Board **DATE:** 26 September 2018**CONTACT OFFICER:** Janette Fullwood, Head of Children, Young People and Families NHS East Berkshire Clinical Commissioning Group**(For all enquiries):** [Janette.fullwood@nhs.net](mailto:Janette.fullwood@nhs.net) 07866628249**Wards:** All**PART I**  
**FOR DISCUSSION****REFRESH OF LOCAL TRANSFORMATION PLAN OF THE CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND WELLBEING (EAST BERKSHIRE)****1. Purpose of Report**

1.1 This report provides an update on the work that has undertaken to refresh the Local Transformation Plan of the Children and Young People Mental Health and Wellbeing (East Berkshire).

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

2.1 The Slough Wellbeing Board is recommended to note and comment as appropriate on the work that has been undertaken amongst partners to refresh the priorities contained within the Local Transformation Plan.

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

The Slough Joint Wellbeing Strategy aims to improve the health and wellbeing of the local community and reduce inequalities for all ages. It uses the JSNA as its evidence base. Improving the mental health and wellbeing of slough's residents is one of the strategy's key priorities.

**3b. The JSNA**

The JSNA examines the needs of all residents of Slough to identify those groups that experience poor outcomes and access to services. It sets the scene for the development of local strategies and provides evidence for these groups. A summary of the relevant data set is provided at Appendix A to the report.

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

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

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

### 4. **Other Implications**

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

### 5. **Summary**

*This report provides Slough Wellbeing Board members with an opportunity to note and comment on the breadth of work that has been undertaken amongst partners to refresh the priorities contained within the Local Transformation Plan so that it can be submitted to NHS England by midday on 1<sup>st</sup> October 2018 and published by 31 October 2018.*

### 6. **Supporting information**

#### **Background to the refreshed Local Transformation Plan**

6.1 The government report *Future in Mind* (Source: *Future in Mind 2014*) was published in 2014. This report described the changes that were vital to improve children and young people's mental health. These changes are especially important given that:

- 50% of mental health problems in adult life (excluding dementia) start by the age of 14 and 75% by the age of 18
- 1 in 10 children and young people need support or treatment for mental health problems
- Mental ill health can affect the life chances of the young person including lower educational achievement, reduced life expectancy and is strongly associated with behaviours that pose a risk to their health such as drug and alcohol abuse and risky sexual behaviour.

6.2 The recommendations made in the report were based around five key themes:

- 1) Promoting resilience, prevention and early intervention
- 2) Improving access to effective support – a system without tiers
- 3) Care for the most vulnerable
- 4) Accountability and Transparency

## 5) Developing the workforce

6.3 The full report can be accessed via:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

6.4 *The Five Year Forward View for Mental Health* was published in February 2015. This outlined the ambitions that the NHS should strive for mental health across all ages:

- Everyone should have access to high quality mental health services when needed, as close to home as possible,
- Bring mental and physical health together
- Promote good mental health, prevention and early intervention

6.5 The Five Year Forward View supported the approach laid out in Future in Mind that it was vital that we have a, "... model for wider system reform which involves the NHS, public health, voluntary, local authority and youth justice services working together through Local Transformation Plans to build resilience, promote good mental health and make it easier for Children and young people to access high quality care." (Page 23). The full report can be accessed via:

<https://www.england.nhs.uk/wpcontent/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

6.6 Clinical Commissioning Groups (CCGs) are required to publish their Transformation Plan outlining their ambitions. In October 2016 East Berkshire CCG published their Plan following sign off from senior leaders within the East Berkshire CCG and local Health and Well Being Boards. The original Transformation Plan included the following vision:

*East Berkshire's ambitious vision is that by 2020/21 or before, commissioned high quality evidence based mental and physical health services will be fully integrated, inclusive, accessible, timely, and responsive and informed by the needs expressed by children, young people, parents and carers. This vision is fully inclusive of services from routine, to urgent and specialist*

The nine strategic priorities identified in the original plan are listed below:

Indicator	Measurement
Overall Improvements in the mental emotional wellbeing and health of the children and young people in East Berkshire	% positive outcome improvements for children and young people from agreed KPIs with each commissioned provider. These vary depending on the method of evaluation by the provider.
Reduction in stigma and discrimination	Participants attendance at all workshops show an improved understanding of mental health issues – target 90%
Improved early intervention and prevention, with swifter access to services and reduced waiting times at all levels of need.	% improved in the waiting times improvements for children, young people, parents and carers accessing services from agreed KPIs with each commissioned provider. These vary

	depending on the service being offered.
Implementation of a seamless whole system joined up approach to care leading to satisfaction of accessing services...	Overall satisfaction of people who use the service – target 80%.
Improved advice and support, training and guidance for all	The proportion of people who use services who find it easy to find information about services – target 80%
Reduction in the number of young people presenting to emergency services as a result of avoidable mental health crisis.	50% reduction in admissions to Tier 4 for children and young people.
Children, young people and families actively engaged and an integral part of the design of services	The development of an active engagement strategies/action plans for the involvement of children, young people and parents/carers including vulnerable groups.
Collaborative working between all partner organisations across our local systems, with health, education, social care and the voluntary sector working together to deliver improvements to children and young peoples’ emotional well-being and mental health.	The development and implementation of a collaborative commissioning strategy with part agencies.
Support for young people up from 14-25 to transition easily to adult services	Evidence of improvement in transition pathway planning through questionnaires at both pre and post transitions points.

6.7 The original Plan can be accessed via: <https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2018/03/final-camhs-transformation-review-june-2017-6.pdf> .

6.8 NHS England requires CCGs to regularly refresh and republish their Transformation Plans. Our Transformation Plan was last refreshed in March 2017, although the strategic priorities have not been refreshed since October 2016.

6.9 NHS England requires the current Transformation Plan to be refreshed by 31 of October 2018. The final draft plan will need to be signed off by the chair of the Health and Wellbeing Board before being published.

### **2017 Refresh: the process followed**

6.10 The main work to refresh the Transformation Plan has been carried out by the existing multi -agency Future in Mind Group. Alongside this, a workshop took place with Directors of Children’s Service and Public Health across East Berkshire in September 2018 to share strategic priorities. Information from this workshop has been used to refresh the priorities in the plan.

The current set of draft priorities for the refresh of the plan are as follows:

- Outcome 1: We will better understand the social, emotional and mental health needs of our children and young people to help target support to those who need additional help and to better understand the capacity in the current support available
- Outcome 2: Families, schools and communities will have the improved ability to support children and young people, improving their ability to cope with life's ups and downs by building their resilience. We will learn from the experiences of CYP about how best to support them.
- Outcome 3: Children and young people will have access to early help in supporting their emotional wellbeing and mental health needs
- Outcome 4. Children, young people and families with complex needs will get the right support in a timely manner, including groups of CYP who face greater challenge in accessing the support they need, (e.g. CLA, SEND, young offenders)

During the discussion of this item members will be invited to feedback on these priorities for Slough.

Slough Borough and Slough's Children Services Trust have since nominated a lead person to act as the link with the East Berkshire Clinical Commissioning Group to help with collection for supporting additional information (including data about vulnerable groups, tier 2 services offering support with emotional health and wellbeing - including youth services). The nominated lead has also been supporting the development of the above priorities. In addition to this throughout the last year we have carried out work with children and young people to help inform the plan the details of which are summarised in the next section.

In addition to new four key outcomes the plan will also include:

- Clear information about how we will achieve the outcomes
- Clear KPIs linked to the outcomes
- Alignment with partners' priorities
- Move from consultation to coproduction with young people
- Multiagency ownership and delivery of the plan
- A systematic and sustainable approach to transformation so it's not just about additional monies allocated from NHS E

### ***Children and Young People's involvement in the refreshed Plan***

6.11 In the last year we have worked closely with Youth Voice leads from each LA and have formed link with Slough Youth Parliament.

East Berkshire Clinical Commissioning Group, Local Authorities in Bracknell and Ascot, Slough and Windsor and Maidenhead together with Berkshire Health Care Foundation NHS Trust carried out a survey to understand if health and community services for young people being offered are easy for them to use. The survey was

aimed at young people aged 11-18 year olds across East Berkshire and 962 responses were received, 448 were from children and young people from Slough and Slough Youth Parliament helped to promote the survey. An infographic was produced with the main key findings.

6.12 As follow up to the survey a number of focus groups were held with children and young people linking in with the Youth Voices lead in each Local Authority. In Slough this included the lead for Slough Youth Parliament and Berkshire Health Care Foundation NHS Trust Participation Worker. The main themes that came out of these focus groups are listed below:

- **Theme #1** Young people could talk passionately about things that made them feel happy and positive and were very in touch with knowing about things that make them feel happy and positive
- **Theme #2** Young people turned to these things if they experienced feelings of being low or unhappy
- **Theme #3** when asked specifically about if they wanted support what they would do again closer networks e.g. Family and friends and using immediate support structures, outside this someone they trust and confidentiality were important factors as to why they would access support.
- **Theme #4** there was a varied response to knowledge of service already available to young people and for locally provided services awareness was limited.
- **Theme #5** there was a varied experience about what young people had learnt in schools about emotional wellbeing. Short and to the point messages that related to life stages are a way young people feel could be engaging

These key messages and other feedback received have been taken into account in the development and implementation of the Refreshed Local Transformation Plan.

6.13 East Berkshire East Berkshire Clinical Commissioning Group has been working with Slough Borough Council and local schools and from September 2018 is launching a Young Health champion's programme. This will be piloted in four schools initially – Baylis, Wexham, Slough and Eton and Herschel School. The programme is being delivered by Aik Saath. The Young Health Champions will also form a coproduction network to help with the ongoing work to support the delivery of the LTP. Additionally we will be working with Young Minds to further develop our participation work.

## **Next steps**

### **Governance**

6.14 Prior to the Transformation Plan being published in October 2016, a multi agency Future in Mind Group was established to deliver the Plan and commission additional services. Membership of this Group included public health, social care,



schools, CAMHS providers and CCG commissioners. The Group originally reported into the Children and Young People's Transformation Board, which has since been replaced by The Joint Commissioning Board CYP's Health and Wellbeing (East Berkshire).

6.15 This Group is planning to review its terms of references and membership and it has been agreed that the Group will become the Local Transformation Plan group. Membership of this group will be refreshed to ensure that the right representatives from the system attend the group as to date attendance of some of the nominated individuals allocated to the work has been ad hoc.

6.16 The new Group will actively promote and lead transformation including monitoring, reviewing and reporting on delivery of the refresh Transformation Plan and ensuring that they feed information into and out of the group to ensure the plan joins up with overlapping priorities within each respective organisation.

6.17 The new group will continue to report to the multiagency Joint Commissioning Board CYP Health and Wellbeing – East Berkshire.

### **Data**

6.18 Data is vital to enable us to understand the needs of the population, as well as to enable us to demonstrate the impact of changes. Recognising that mental health is everybody's business and poor mental health impacts on health, education and social outcomes; it is vital that across the system we share information and use this to effect change and monitor outcomes. As a result as part of the new refreshed transformation plan we will be developing a new outcomes dash board to monitor and evaluate progress.

## **7. Comments of other committees**

7.1 The update about the Transformation PI was shared with the Health and Social Care Partnership Board on 4 September 2018 during a more general update about children and young people's mental health and wellbeing.

## **8. Conclusion**

- The refreshed Transformation Plan at Appendix A provides a review of our progress to date, challenges, and draft priorities for the period and next steps.
- It reflects the working together ethos in the whole system to achieve a consistent vision and strategic priorities whilst recognising the different points and stages of development of services; diversity of needs and importance of alignment with key local priorities.
- It has been co-produced with our partners and providers to ensure:
  - 1) Our vulnerable children and young people have access to specialist and expert help within Children and Adolescent Mental Health Services (CAMHS),
  - 2) There is an emphasis on earlier help and intervention to build greater resilience in children and young people; and through earlier intervention reduce the need to access specialist, expert help from CAMHS.

**9. Appendices attached**

A - **Mental Health and Wellbeing data children and young people take from JSNA Slough CCG Locality Profile 2017**

**10. Background papers**

None

**Appendix A: Mental Health and Wellbeing data children and young people take from JSNA Slough CCG Locality Profile 2017** accessed via <http://www.slough.gov.uk/downloads/slough-CCG-profile-2017.pdf>

- In October 2017, Slough CCG had 45,643 registered patients aged less than 19 years of age. 29% of the CCG’s total registered population are under 19.
- 2,055 pre-school children (aged 2 to 5) and 2,380 children school-age children (aged 5-16) are estimated to have a mental health disorder.
- 935 young people (aged 16 to 19) are estimated to have a neurotic disorder.
- The prevalence of mental health disorders in school-age children vary by age and sex, with boys more likely (11.4%) to have experienced or be experiencing mental health problems than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems. In 2012, 2,380 children aged 5-16 were estimated to have a mental health disorder in the CCG.

**Table 1: Estimated number of children with mental health disorders in Slough CCG by age group and sex**

<b>All mental health disorders</b>			
<b>Gender</b>	<b>5 to 10 year olds</b>	<b>11 to 16 year olds</b>	<b>Total number</b>
<b>Boys</b>	735	735	1,470
<b>Girls</b>	360	550	910
<b>Total</b>	1,095	1,285	2,380

**Children requiring support from Child & Adolescent Mental Health Services (CAMHS)**

CHIMAT’s Needs Assessment for Slough CCG estimates that 9,355 children and young people may require support from CAMHS. This has been broken down for each of the CAMHS Tiers:

**CAMHS Tier 1: 5,865 children and young people.**

- *(Service provided by professionals whose main role and training is not in mental health. These include GPs, health visitors, school nurses, social services, voluntary agencies, teachers, residential social workers and juvenile justice workers.)*

**CAMHS Tier 2: 2,735 children and young people.**

- *(Provided by specialist trained mental health professionals. They work primarily on their own but may provide specialist input to multiagency teams. Roles include clinical child psychologists, paediatricians, educational psychologists, child psychiatrists and community child psychiatric nurses.)*

**CAMHS Tier 3: 725 children and young people.**

- *(Aimed at young people with more complex mental health problems than those seen in Tier 2. This service is provided by a multidisciplinary team, including child and adolescent psychiatrists, social workers, clinical psychologists, community*

*psychiatric nurses, child psychotherapists, occupational therapists and are, drama and music therapists.)*

**CAMHS Tier 4: 30 children and young people.**

- *(Aimed at children and adolescents with severe and/or complex problems. These specialised services may be offered in residential, day patient or out-patient settings. These services include in-patient units, secure forensic adolescent units, eating disorder units, specialised teams for sexual abuse and specialist teams for neuropsychiatric problems).*

**Hospital admissions for mental ill-health in children and young people**

- In 2015/16, children aged 0 to 17 had 17 hospital admissions for mental health disorders in Slough CCG. This was a rate of 42 per 100,000 populations, which is significantly lower than the national rate of 85 per 100,000 populations.
- Self-harming is much more common in children and young people who have mental health disorders, with approximately 10% of 15-16 year olds having self-harmed. In 2015/16, there were 72 hospital admissions for self-harm in Slough CCG at a rate of 267 per 100,000 population. This was significantly better than the England rate of 423 per 100,000 population. It is important to note that hospital admissions do not show the full extent of self harm. The majority of young people who do self-harm will either not harm themselves in a way that needs medical treatment or they will deal with it themselves.

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board **DATE:** 26 September 2018

**CONTACT OFFICER:** Dr Liz Brutus, Service Lead – Public Health, Slough Borough Council

**(For all Enquiries)** (01753) 875142

**WARD(S):** All

**PART I  
FOR DISCUSSION****TACKLING SLOUGH'S HEALTH INEQUALITIES AND WIDER DETERMINANTS OF HEALTH****1. Purpose of Report**

1.1 The purpose of the paper is to present how health inequalities manifest themselves in Slough and describe how wider social factors also affect health. It presents recommendations on how Slough's Wellbeing Board Members can contribute to tackling health inequalities and targeting the wider determinants of health. The paper also informs the Wellbeing Board on considering the part that Frimley Health and Care Integrated Care System (Frimley ICS) could play.

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

2.1 The Committee is requested to:

a) Note and comment as appropriate on the work that is being undertaken to tackle health inequalities and target the wider determinants of health (summarised at section 6.5 and in Appendix A, at paragraphs 14 to 23);

b) Note and comment on the proposed recommendations at section 6.7 and specifically the proposal at section 6.8 which recommends that the Health and Social Care Partnership Board carries out further work to inform the development of a plan to coordinate further action across the wider partnership.

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

The paper links to all four Slough Joint Wellbeing Strategy 2016-2020 priorities but in particular links to increases in healthy life expectancy by focussing on health inequalities.

**3b. The JSNA**

The JSNA has fully informed the paper, drawing on differences in health outcomes across the life course from childhood to old age due to inequalities relating primarily to socioeconomic status but also noting data related to other population groupings including ethnicity, disability and sexuality.

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

The primary outcomes where delivery will be enhanced by the paper are:

- Outcome 1: Slough children will grow up to be happy, healthy and successful
- Outcome 2: Our people will be healthier and manage their own care needs

However, as good health underpins economic productivity, ideas within the paper will also support the delivery of:

- Outcome 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 directly resulting from the recommendations of this report but may arise depending on the outcome of any further work undertaken by the Health and Social Care Partnership Board
- b) Risk Management – None
- c) Human Rights Act and Other Legal Implications – There are no Human Rights Act implications arising from this report.
- d) Equalities Impact Assessment - There are no equality issues arising from this report.
- e) Workforce - There are no workforce implications associated with this report.

### 5. **Summary**

The report provides the Board the opportunity to:

- a) Note how health inequalities manifest themselves in Slough, describing how wider social factors also affect health and outlines what's already being done and recommendations for further action;
- b) Consider how Members can contribute to tackling health inequalities and targeting the wider determinants of health including the role of the Health and Social Care Partnership Board in supporting further action.

### 6. **Supporting Information**

6.1 At the July 2018 meeting of the Slough Wellbeing Board, members expressed a strong desire to discuss health inequalities and the impact of the wider (or social) determinants of health, and to have this as the theme for the next annual Wellbeing Conference on 4 October 2018.

6.2 The full paper is at Appendix A but its key messages are:

#### ***Health inequalities***

- There are stark differences in life expectancy and certain health conditions, depending on where you live in the Frimley Integrated Care System (Frimley ICS) footprint. In short, as seen nationally, the less affluent are your neighbourhood (and you), the worse your health - with earlier and more frequent ill health and a shorter life overall.
- Slough wards are consistently over-represented for having the worst health outcomes.

- Inequalities in health (like other social inequalities) can also be seen between any group where stigma or discrimination is more common including through ethnicity, disability, sexuality.
- Health inequalities present across the course of life amongst the least affluent - from childhood e.g. childhood obesity, to working age adults as evidenced in higher smoking rates, through to older age with poorer pensioners experiencing more social isolation.

### ***Wider determinants of health and their impact on health inequalities***

- Social factors such as income levels, employment, housing, education, environmental factors also have a significant impact on health (the so-called 'wider determinants of health') and these underpin health inequalities – particularly poverty.
- Clinical healthcare contributes only a relatively small proportion to improving health. To achieve significant improvements, requires also addressing the wider determinants of health.
- A greater proportion of Slough's population experience income deprivation and the related 'poverty trap' than much of the rest of the Frimley ICS.

### ***Why do health inequalities matter to Slough?***

6.3 Health inequalities matter for a variety of reasons including their negative impact on other community issues such as community cohesion and crime; their impact on local economic productivity and on the local health and social care economy. In addition they matter at a moral level.

6.4 The proposed increased financial connectedness of Frimley ICS puts a further responsibility on supporting improved health in Slough including the distribution of ICS resources to address health inequalities.

### ***What's being done already in Slough?***

6.5 Paragraphs 14 to 23 of Appendix A outline the various work being done across the different parts of Slough Borough Council, East Berkshire CCG and Slough's voluntary and community sector which contributes to tackling health inequalities and the wider determinants of health. This includes a wide range of activity including work on urban regeneration and schools, work on housing, adult education, parks and green space, leisure facilities, community and voluntary sector projects and less traditionally-oriented NHS health projects such as social prescribing.

### ***Recommendations***

6.6 Paragraph 29 of the report makes a series of six recommendations based on a seminal national paper on tackling health inequalities published by Public Health England. Some of the recommendations are new while others build on where Slough Wellbeing Board partners already act to tackle the wider determinants of health.

6.7 These recommendations include:

1. Data provision that matches the Frimley ICS footprint;
2. Improving understanding of residents' beliefs about their own health and empowering them;
3. Developing strategy for tackling health inequalities (directed at the most effective level i.e. community-, Slough- or Frimley ICS -levels) and coordinated across the

- levels to ensure tailored local action where appropriate while minimising unnecessary duplication across the system;
4. Further developing interventions aimed at individuals including earlier identification of key health conditions, increasing healthy behaviour change (including training in 'Making Every Contact Count' – a programme to support professionals to have healthy behaviour change conversations with clients), social prescribing;
  5. Boosting an assets-based approach to community development;
  6. Tackling wider determinants of health. Table 1 is provided which identifies how Wellbeing Board partners do already or might act.

6.8 Slough Wellbeing Board members are asked to consider these proposals and give a direction to the Health and Social Care Partnership Board (HSCPb) to explore what else can be done as future work and inform the development of a plan to coordinate action across the wider partnership. For example, early actions for the HSCPb could include:

- a) All future reports going to HSCPb to include a summary of how what was being proposed could or was already acting to tackle the wider determinants of health.
- b) The HSCPb reviewing Table 1 to identify existing work on wider determinants and to agree priorities for addressing future opportunities.

6.9 The paper at the Appendix is already being used to help plan the Wellbeing Conference – giving us the opportunity to consider in more depth the relationship between the four Slough Joint Wellbeing Strategy 2016-2020 priorities, the wider determinants of health and the impact on tackling health inequalities. Emerging issues and solutions from the conference will be fed back to a post-conference workshop with a view that the HSCPb consider developing proposals.

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

7.1 The paper was presented to the Health and Social Care Partnership Board on 7 August 2018 which endorsed the general approach and recommended the issues be presented to the Slough Wellbeing Board to help shape future work planning. It is also planned to bring the paper to the Health Scrutiny Panel and other leadership groups within the East Berkshire Health and Social care system and within the Frimley ICS.

## 8. **Conclusion**

- The paper recognises what has already been achieved in Slough to tackle the issue of deeply entrenched health inequalities.
- It identifies that an additional focus on the wider determinants of health is required to achieve the desired step-change in improved health outcomes.
- Our developing relationship within the Frimley ICS also presents a new chance to review what we do locally and identify where the opportunities are to work at a Frimley ICS level to tackle health inequalities in Slough and other areas of relative deprivation within the Frimley ICS.
- The Health and Social Care Partnership Board (HSCPb) provides a helpful channel to carry out further work to inform the development of a plan to coordinate action across the wider partnership.

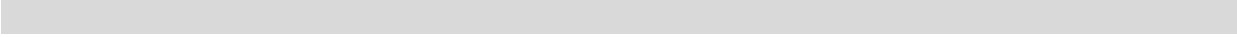


9. **Appendices attached**

'A' Tackling Slough's health inequalities and wider determinants of health: Considerations for Slough Wellbeing Board and Frimley Integrated Care System. Dr L Brutus – 31 Jul 2018.

10. **Background Papers**

'1' Health Inequalities Briefing – Slough. Public Health England (South East) Feb 2018.



## **Appendix A: Tackling Slough's health inequalities and wider determinants of health: Considerations for Slough Wellbeing Board and Frimley Integrated Care System**

**Author: Dr Liz Brutus, Consultant in Public Health, Public Health, Slough Borough Council**

**Date: 31 July 2018**

### **Purpose of paper**

1. This paper discusses how Slough's Wellbeing Board and Frimley Health and Care Integrated Care System (Frimley ICS) can contribute to tackling health inequalities and targeting the wider determinants of health. Learnings from Slough are likely to have implications for other areas of deprivation and health inequality across the Frimley ICS footprint. The paper attempts to outline the balance of where work is best done – trying to tease out what lends itself to the ICS level in a “do once and share” approach versus the local level.

### **Background**

2. The recent work of PHE South East (PHE SE) presented by Don Sinclair, has highlighted some of the stark differences in the distribution of both life expectancy and certain health conditions, depending on where you live in the ICS footprint (and by proxy, your socioeconomic status). In short, as seen nationally, across the ICS, the better off you are, the better your health and the longer you live. In contrast, the less money you earn, the worse off you are with earlier and more frequent ill health and a shorter life overall.

3. Most health inequalities<sup>1</sup>, both across Slough and between Slough and other Frimley ICS areas, have not improved and for many issues, have worsened. As a result we need to refocus our priorities and actions.

4. At present, ward-level health data is not yet routinely presented for the Frimley ICS footprint. However, based on the PHE SE analysis, in this paper, where available, Slough's Britwell & Northborough (B&N) and Bracknell Forest's Warfield Harvest Ride (WFR) wards have been used to illustrate the differences in health outcomes between deprived and affluent areas across the ICS. Frimley ICS consists of some 110 wards, with Slough wards consistently over-represented for being in the lowest quintile of health outcomes – whatever the health condition.

### **Describing health inequalities in Slough**

5. The health inequalities described by PHE SE predominantly demonstrate the differences in health experience by socio-economic deprivation. However, in general, health inequalities can also be seen between ethnic minorities, those living with disability (particularly where there is mental illness or learning disability), people whose sexuality is other than heterosexual and in short, amongst any group where stigma or discrimination is more common. In addition, there may be complex interactions amongst people with more than one such characteristic and/or poor socioeconomic status, whose health outcomes can be particularly poor.

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<sup>1</sup> Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact because they result in people who are worst off experiencing poorer health and shorter lives. (NICE)

6. There is a social gradient in pretty much any health measure but in Slough, we see these health inequalities across the life course, particularly in:
- Children's poor early start with persistently high levels of childhood overweight and obesity, low physical activity, poor oral health, low immunisation rates and maternal mental health problems. (This is especially significant as a good start in life can positively disrupt a cumulative cycle of disadvantage and poorer health outcomes over a person's whole life.)
  - Working age adults with:
    - High rates of overweight, obesity and inactivity which, in Slough's population with a large population of people with South Asian heritage, is associated with high rates of diabetes;
    - Higher smoking rates (16.6% in Slough vs eg 11.2% in Windsor and Maidenhead / 10.9% in Surrey). Knock-on effects include the higher rates of smoking-related hospital admissions – 1,847/100,000 in Slough vs 1,051/100,000 in Windsor and Maidenhead, worsening over winter.
    - High rates of un-diagnosed hypertension and chronic obstructive pulmonary disease (COPD) (and to a lesser extent, undiagnosed diabetes and atrial fibrillation) which all contribute to the high rates of emergency adult admissions overall;
    - In particular, we see a 7-fold difference between e.g. B&N and WHR in premature deaths (i.e. under 75s) due to coronary heart disease (CHD). Slough has more than twice the death rate than the England average and this is strongly related to high rates of historically undiagnosed or poorly managed diabetes, hypertension and smoking.
    - In addition, a smaller number of working age people in Slough experience high rates of TB (almost unseen outside of London), late diagnosed HIV, substance misuse and mental health problems which are also important markers of social disadvantage and stigma.
  - Older people in Slough have higher rates of social isolation with more pensioners living alone (42.5% vs 26.3% in WHR and 31.5% in England). Social isolation is associated with both poorer mental and physical health.

### **Wider determinants of health and their impact on health inequalities**

7. Individuals are at the centre of their health and bear responsibility for it and the health behaviour choices they make but this is not the whole story. As can be seen in Figure 1 below, factors outside an individual's control also affect their health – for example, including their access to health care, employment status, their working or educational environment (from whether physical safety is protected through to whether their line manager or head teacher pays attention to employee or student mental wellbeing) and air quality. For example, Slough has considerably higher rates of air pollution than other areas in the Frimley ICS footprint and this has an impact on conditions and associated hospital admissions due to childhood asthma, COPD and CVD.

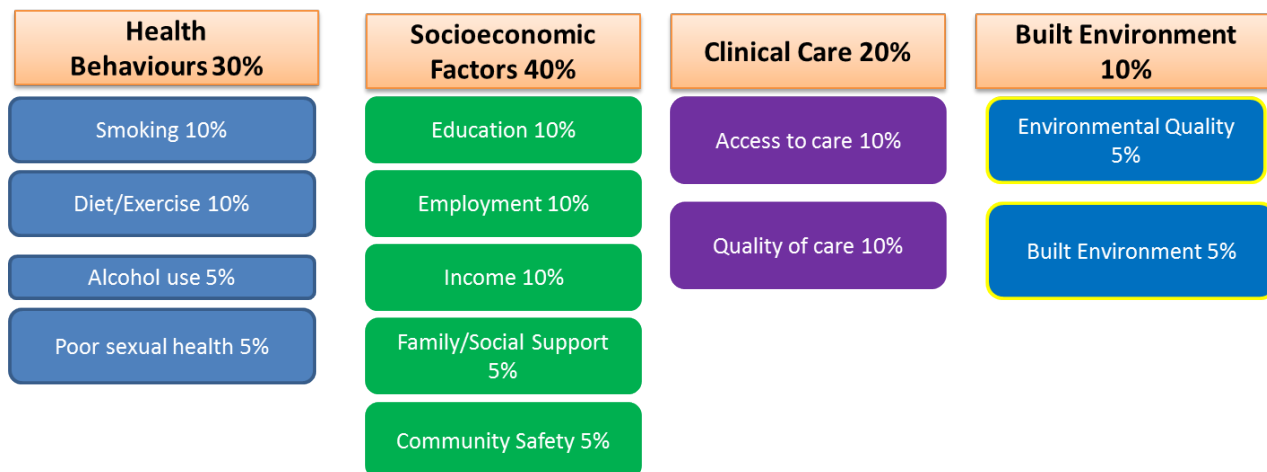
8. In comparison to most localities in the ICS footprint and despite the number of successful business start-ups, being the most productive town in the UK<sup>2</sup> and attracting new businesses at a faster rate than anywhere else in the UK, Slough's resident population is disproportionately over-represented by low to low-middle-income households. Many of Slough's population experience high levels of in-work poverty - a barrier for people wanting to take action towards their goals. Around a million workers in England claim benefits each year because their income is so low. The jobs tend to have short-term prospects and few, if any, benefits such as sickness or maternity

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<sup>2</sup> Centre for Cities, 2017

cover. This can create a cycle where workers move between work and worklessness (known to some as the 'lobster pot'), in which it is hard for people to find the time, energy or money to build their confidence or skills to break out of this cycle.<sup>3</sup>

Figure 1: Factors contributing to overall health outcomes



Source: Robert Wood Johnson Foundation

9. Income deprivation affects 21.3% of B&N's population in comparison to an England average of 14.6% and WHR's 3.0%. Overall income levels also affect basic decisions which affect health. These range from decisions about food (we have seen the rise in foodbank use in Slough and other less affluent areas), quality of housing, home heating, transport and homelessness (both of single people and families). Income also affects more subtle issues such as social engagement and a person's sense of personal control in being able to improve any part of their lives - contributing to a negative cycle of limiting life circumstances.<sup>4</sup> Slough GP data show that patients don't feel confident in managing their own condition which suggests various factors including low sense of personal agency and poor health literacy consistent with a more deprived population.<sup>5</sup>

### Why do health inequalities matter to Slough and to the Frimley ICS?

10. Health inequalities matter for a variety of reasons; at a moral level, for their unfairness to the individual and the kind of society we want. However, inequality impacts not just health but crime, educational achievement and social cohesiveness.<sup>6</sup> At an economic level, there is the 'double whammy' of premature ill health and death resulting in lost productivity (and tax revenues) while associated with additional social care, health and welfare costs.

11. Given the proposed financial connectedness of all the organisations and areas within the ICS footprint i.e. 'we're all in it together', we need to look for opportunities to reduce or delay the additional health and social care costs associated with health

<sup>3</sup> H Khan et al. Good and Bad Help: How purpose and confidence transform lives. NESTA. 2018. Available at: <https://www.nesta.org.uk/report/good-and-bad-help-how-purpose-and-confidence-transform-lives/>

<sup>4</sup> R Wilson, C Cornwell et al. Good and Bad Help: How purpose and confidence transforms lives. NESTA. Feb 2018. Available at: <https://www.nesta.org.uk/report/good-and-bad-help-how-purpose-and-confidence-transform-lives/>

<sup>5</sup> Slough CCG Profile. 2017. Berkshire PH Shared Team Informatics. Available at: <http://www.slough.gov.uk/council/joint-strategic-needs-assessment/slough-ccg-profile.aspx>

<sup>6</sup> K Pickett, R Wilkinson. The Spirit Level: Why equality is better for everyone. (Allen Lane 2009)

inequalities above and beyond the well-described challenges associated with an ageing population.

12. Fortunately, ill health and rising care demands are not inevitable results of either age or income. For example, in B&N, healthy life expectancy is 59.1yr whereas in WFR, it's 77.2yr<sup>7</sup> - a huge gap of 18.1yr. It's not age itself that drives ill health but cumulative social and health circumstances - many of which can be prevented or at least delayed through supporting everyone to live and age better. There is an established and growing evidence-base on what can be done. The NHS's Five Year Forward View recognised this and called for a 'radical upgrade in prevention'. (However, recognising the difficulties in delivering prevention more consistently across the NHS, the All Our Health Framework<sup>8</sup> for frontline staff was published in 2018.)

13. One particularly knotty issue which will likely present a political challenge to ICS partners is how these health inequalities are addressed and the level of investment distributed. Marmot<sup>9</sup>, whose seminal review of health inequalities for Government in 2010, recommended that action should be taken for all but for those with the most need, more must be done – so-called 'proportionate universalism'. In reality, in order to address the inequalities across the footprint, this will mean that areas of deprivation and greater health inequality including but not limited to wards in Slough, will need higher levels of investment than their wealthier and healthier areas and resident populations.

#### **What's being done in Slough already to tackle health inequalities?**

14. Much of the work of Slough Borough Council implicitly addresses the wider determinants of health within the constraints of its central government funding which has been halved over the period 2010/11 to 2017/18.<sup>10</sup>

15. There are ambitious plans for the town's future which include regeneration of the town centre, the arrival of Crossrail and a potential third runway at Heathrow. Alongside investment in transport, housing, schools, community buildings and leisure facilities these developments will bring benefits and opportunities to residents and communities.<sup>11</sup>

16. For example, Slough schools rate highly in working to close the gap in educational attainment between children receiving free school meals (a marker of income deprivation) and those without FSM and have increasingly high overall attainment for all. There are low levels of NEETs (young people not in employment, education or training).

17. Work on housing, adult education, parks and green space, leisure facilities, support to community groups and community development all contribute to close the gap and in particular, have significant benefits to mental health and wellbeing which, in turn, beget better outcomes in employment, education and other elements of health.

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<sup>7</sup> ONS life expectancy tool. Available at: <https://www.ons.gov.uk/visualisations/dvc479/map/index.html>

<sup>8</sup> All Our Health. Available at: <https://www.gov.uk/government/publications/all-our-health-about-the-framework/all-our-health-about-the-framework>

<sup>9</sup> M Marmot et al. **Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010.** Available at: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

<sup>10</sup> <https://www.local.gov.uk/parliament/briefings-and-responses/debate-reductions-local-government-funding-house-common>

<sup>11</sup> Slough Borough Council. Slough Story. 2017.

18. Recognising the relationship between non-health factors on improving health, especially in tackling issues such as loneliness and social isolation's damaging effects, the work of Slough's voluntary and community sector is vital. The move towards more social prescribing<sup>12,13</sup> (largely delivered by the SPACE Consortia<sup>14</sup> (Slough Prevention Alliance Community Engagement)) is promising.

19. Within the limits of the reducing Public Health ring-fenced grant for Slough, there remains a fairly broad programme of preventive work aimed at the individual across the life course and which largely correspond to the health needs identified in Slough within the Joint Strategic Needs Assessment<sup>15</sup>. However, with a shrunken and activity-driven budget, the PH offer probably lacks the required scale for radical change.

20. The Public Health services range from the provision of the 0-19 Service (of health visitors and school nurses), lifestyle behaviour change services across the life course, promoting, for example, healthy eating, greater physical activity, better mental health, smoking cessation, safer reproductive and sexual health and the provision of a substance misuse service.

21. The CCG have been working to 'close the prevalence gap' with earlier diagnosis and tighter management of diseases which both drive unplanned emergency admissions and reflect the strong social gradient of health inequalities. In particular, these include coronary heart disease, diabetes, asthma and COPD – all diseases that are more common (or have worse impact) in less affluent populations.

22. In addition to various East Berkshire CCG programmes of work (including NHSE Right Care) which have looked to reduce the clinical variation across specific health pathways, the Frimley ICS includes the 'Reducing Clinical Variation' workstream with various sub-streams of that including maternity, diabetes and cardiovascular pathways which have particular relevance for Slough residents.

23. Furthermore, the Frimley ICS 'Prevention and Self Care' workstream is working to explore and develop opportunities which help tackle health inequalities such as community asset development.

### **What is best practice to address health inequalities?**

24. There is a bank of evidence and commentary on 'best practice' available about how best to tackle health inequalities (including tackling the wider or social determinants of health). However, it is also recognised that each local system will have its own unique interplay of complex factors and that given this complexity, different interventions have different time scales at which they operate over the short, medium and longer term.

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<sup>12</sup> Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Kings Fund

<sup>13</sup> What is social prescribing? Kings Fund. 2017. Available at: <https://www.kingsfund.org.uk/publications/social-prescribing>

<sup>14</sup> SPACE. Available at: <https://spaceslough.org.uk/>

<sup>15</sup> JSNA – Slough 2018. Available at: <https://www.slough.gov.uk/council/joint-strategic-needs-assessment/jsna-summary-and-why-we-need-it.aspx>

25. This short paper does not intend to cover the detailed evidence but instead highlights PHE's *Reducing health inequalities: system, scale and sustainability*<sup>16</sup> which provides an extensive review of the evidence and tools available.

## Conclusion

26. Overall, while there has been fairly good investment in Slough to tackle the deeply entrenched issue of health inequalities and there has been some improvement in health outcomes, the health inequality gap between most wards in the borough and their more affluent neighbours in the ICS has barely changed, and perhaps, even slightly worsened.<sup>17</sup>

27. This suggests that we cannot continue to do things the same way if we want to see a step-change in closing the gap in health outcomes across both Slough and the ICS. Some of this step-change will require a change in culture and explicit decisions about how we work with residents.

28. However, in addition, there are very tangible actions that will need to be driven at pace and scale. This includes relatively greater investment in health and care spending in the more deprived wards in Slough and other areas or population groups with greater need – Marmot's 'proportionate universalism'.

## Recommendations

29. Based on key elements of PHE's *Reducing health inequalities: system, scale and sustainability*, Slough Wellbeing Board in collaboration with its Frimley ICS partners, should consider the following:

### A. Building understanding and planning change

#### 1) Request access to population health data that matches the ICS footprint from PHE

A huge amount of data exists which provides information across the service user's journey, including for example, information on health and social care service usage and health and wellbeing outcomes. At present, the IT system *Connected Care* is still gathering momentum across the patch and in addition, access to data remains fragmented over different geographical levels, analytical teams and limited by various information governance issues. To support a better understanding and monitoring of health inequalities, an early recommendation/request to PHE would be to start presenting data wherever available at the ICS footprint geographical level while still maintaining sufficient granularity to at least ward level.

#### 2) Improve understanding of residents and empower them

##### a. Improve understanding of residents and the opportunities and challenges for better health and wellbeing

In addition to service-related resident engagement, it would be valuable to conduct qualitative work to better understand how residents, particularly those experiencing health inequalities, consider their health and wellbeing and the factors (including use of health services) that affect it. Given the changing demographic in many areas of socioeconomic deprivation, both in Slough and other areas within the Frimley ICS, this

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<sup>16</sup> Reducing health inequalities: system, scale and sustainability. PHE. 2017. Available at: <https://www.gov.uk/government/publications/reducing-health-inequalities-in-local-areas>

<sup>17</sup> PHE SE (Don Sinclair's slide set) 2018. (Awaiting publication)

should take into consideration important psycho-social and cultural issues such as health beliefs, health literacy<sup>18,19</sup> and ‘super diversity’<sup>20</sup>.

Any qualitative work should be solution-focused with a very practical view on how findings can be rapidly used to improve health and wellbeing e.g. using behavioural insights such as social marketing to increase uptake of preventive or self-care-related health care and public health services.

#### **b. Further develop co-production of services**

Work more consistently with residents to design and produce services – both to improve the quality and effectiveness of services but also, because it helps empower residents and tackle health inequalities<sup>21</sup>.

### **3) Develop strategy for tackling health inequalities at the appropriate level of action**

The initial priority for both Slough Wellbeing Board and Frimley ICS should be on coming to a shared understanding of local health inequalities and in particular, the impact of the wider determinants of health.

Working with residents, we should develop strategy to tackle health inequalities in Slough and the other deprived areas of the ICS, addressing the wider determinants of health, and agreeing the level at which is most effective to act. Through stakeholder engagement, we will need to tease out what issues lend themselves to being dealt with at the ICS level in a “do once and share” approach vs what is best dealt with locally.

## **B. Interventions: Individual, Community and Locality levels of action**

### **4) Further develop interventions at an individual level that tackle health inequalities**

a. **Scale up provision of individual interventions** (such as developing through the ‘Reducing Clinical Variation’ workstreams).

For example:

- i. **Close the prevalence gap of conditions** with a significant social gradient that drive the burden of ill health in more deprived geographical areas and ‘at risk’ groups including people with severe mental illness, learning disability and travellers. In particular, these include earlier identification of conditions such as undiagnosed hypertension, depression, COPD or diabetes. Poorly diagnosed conditions with a significant social gradient include learning and behavioural conditions and childhood asthma.
- ii. **Scale up provision of healthy behaviour change** amongst the most socially deprived across Slough and the ICS – both in the ‘well’ population (primary prevention) and those already being treated by health and social care (secondary prevention). Residents at particular risk include people with mental health conditions and learning disability but each locality may have additional groups.

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<sup>18</sup> ‘Health literacy’ refers to people having the appropriate skills, knowledge, understanding and confidence to access, understand, evaluate, use and navigate health and social care information and services. (PHE 2015)

<sup>19</sup> Improving health literacy to improve health inequalities. PHE. 2015. Available at:

<https://www.gov.uk/government/publications/local-action-on-health-inequalities-improving-health-literacy>

<sup>20</sup> ‘Superdiversity’ encompasses the varied patterns of transnational migration, legal statuses, countries of origin, socio-economic statuses, linguistic abilities, cultural and ethnic factors that amalgamate to influence the health and health behaviours of people. (Vertovec 2006).

<sup>21</sup> Co-production catalogue. NESTA. 2013. Available at: <https://www.nesta.org.uk/report/co-production-catalogue/>



Smoking, physical inactivity and obesity remain the most significant of these unhealthy behaviours.

iii. **Scale up provision of social prescribing** as a means of action at the individual ‘patient level’ to tackle the wider determinants of health.

b. **Scale up Making Every Contact Count (MECC)** (Already part of the Frimley ICS Prevention Workstream)

This supports professionals (including healthcare, social care and voluntary sector) to identify residents most in need of support to improve health and wellbeing and empowers the professional to have those ‘healthy conversations’.

5) **Boost Asset-based Community Development** (already part of the ICS Prevention workstream)

Supported by PHE recommendations, this would empower communities from the ‘inside out’ and support the shift towards greater self-management and in line with Adult Social Care ‘strengths-based conversations’.

6) **Tackle prioritised wider determinants of health based on the JSNA**

It would be helpful to map current work to address wider determinants (recognising that a good deal of this sort of activity is already done by SBC and other local authorities) to identify and prioritise specific gaps and opportunities for joint action with Wellbeing Board and/or ICS partners. Other key players in tackling wider determinants of health include the voluntary and community sector (VCS) as recognised by the Institute for Health Equity and summarised in their related review<sup>22</sup>.) Potential and current areas of action for members of the Slough Wellbeing Board are outlined in Table 1 below.

Table 1: Key areas of wider determinants of health and how Slough Wellbeing Board members could or already act

Wider determinants of health:	Potential areas where Slough Wellbeing Board partners could or already act to tackle wider determinants		
	SBC	NHS	Other Board Partners including VCS, Local Business and other Public Sector
<b>Key areas</b>			
<b>Sustainable ecosystem</b>	Climate change strategies, recycling, planning and development	Climate change strategies (e.g. transport and travel policies, procurement), recycling	Climate change strategies, recycling,
<b>Natural environment</b>	Green spaces, parks, air quality and sustainable development	Air quality and sustainable development	Green space volunteering
<b>Built environment</b>	Cycle routes, speed limits, housing, building controls	NHS Estates (planning and development)	Housing (private landlords)
<b>Activities</b>	Benefits advice, homelessness support, play provision, school programmes,	In-house advice on benefits and housing	Youth work provision, play provision
<b>Local economy</b>	Regeneration, business grants, social enterprise, JobCentre Plus	NHS job provision, in-job training and apprenticeships,	Private sector job provision, work readiness schemes, social

<sup>22</sup> Voluntary sector action on the social determinants of health: evidence review. IHE. 2017. Available at: <http://www.instituteofhealthequity.org/resources-reports/voluntary-sector-action-on-the-social-determinants-of-health>

	collaboration, geographically-appropriate 'living wage' (including supply-chain)	geographically-appropriate 'living wage' (including supply-chain)	enterprise, geographically-appropriate 'living wage' (including supply-chain)
<b>Community</b>	Community development, youth groups, volunteering,	Co-production of services, social prescribing, patient participation groups	Community and voluntary sector groups, volunteering
<b>Lifestyle</b>	Leisure, libraries, licencing, workplace health, other Healthy settings <sup>23</sup> (including Healthy Early Years and Healthy Schools)	Workplace health (which includes 'Healthy Hospital')	Workplace health

Source: Adapted from Wider Determinants of Health: Local Authority Framework. 2017 (Dr Rachel Gill, Consultant in Public Health, Surrey County Council)

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<sup>23</sup> 'Healthy Settings' involve a holistic and multi-disciplinary method which integrates action across risk factors. The goal is to maximize disease prevention via a "whole system" approach. (World Health Organisation – Ottawa Charter 1986).

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board      **DATE:** 26<sup>th</sup> September 2018

**CONTACT OFFICER:** Alison Hibbert – Leisure Services Manager, Slough Borough Council  
**(For all Enquiries)** (01753) 875896

**WARD(S):** All

**PART I**  
**FOR DISCUSSION**

**DELIVERING THE NEXT PHASE OF THE LEISURE STRATEGY**

1. **Purpose of Report**

1.1 To inform members of the Slough Wellbeing Board on progress on the delivery of Slough Borough Council's Five Year Leisure Strategy and seek comments on the proposals for the next phase of delivery.

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

2.1 Slough Wellbeing Board is requested to:

- a) Note the report, which details the progress to date on achieving the outcomes and actions detailed in the council's Five Year Leisure Strategy; and
- b) Comment on proposals for the next phase of delivery.

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

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

All the actions within the Slough Leisure Strategy contribute towards achieving the overarching vision of the Slough Joint Wellbeing Strategy and will make significant contributions to the delivery of the following outcomes:

- **Protecting vulnerable children** - New leisure facilities will be safe environments for children and will target those who are disadvantaged.
- **Improving mental health and wellbeing** – It is well established and accepted that taking part in regular sport and physical activity contributes greatly to better mental health and general wellbeing.

3b. **The JSNA**

The JSNA examines the needs of all residents of Slough to identify those groups that experience poor outcomes and access to services. It sets the scene for the development of local strategies and provides evidence for these groups.

3c. **Five Year Plan Outcomes**

The key drivers for the Leisure Strategy are to deliver the following outcomes of the 2018 Five Year Plan:

- **Outcome 1: Slough children will grow up to be happy, healthy and successful** – Taking part in regular sport, physical activity and other related positive leisure activity is proven to improve the physical health and mental wellbeing of children and young people, along with educational attainment and confidence and self esteem.
- **Outcome 2: Our people will be healthier and manage their own care needs** – Addressing the rates of inactivity in our adult population is a key priority for the council. Improved leisure facilities that are accessible and cater for a range of abilities will be a key area for turning the tide on this inactivity.
- **Outcome 3: Slough will be an attractive place where people choose to live, work and stay** – Attractive and accessible leisure facilities will attract people to the borough to live, work and visit.
- **Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents** - Good quality, accessible leisure facilities are attractive to employers to ensure a healthy workforce, which is imperative for a businesses success.

#### 4. Other Implications

a) Financial - There are no financial implications directly resulting from the recommendation of this report but may arise depending on the outcome of the Leisure Strategy's refresh.

b) Risk Management – Physical inactivity increases the risk of poor health and poor health outcomes for residents and also financial risks to the council.

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

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

e) Workforce - There are no workforce implications associated with this report.

#### 5. Summary

- *Slough Wellbeing Board is asked to note the progress to date on the delivery of the council's Five Year Leisure Strategy, which aims to get more Slough residents more active, more often.*
- *The report details progress on the council's ambitious leisure capital programme, including smaller neighbourhood based developments, along with up to date participation figures of the town's local residents (at Appendix A).*
- *The Leisure Strategy is proposed to be refreshed in 2019 and a number of proposals to take this forward have been identified, including the formation of a high level Joint Health and Leisure Strategy Board to oversee its delivery.*

## 6. **Supporting Information**

6.1 The Slough Leisure Strategy, adopted in 2014, set out to achieve four main priorities:

- 1) To provide new, quality core leisure facilities for Slough residents
- 2) To provide a network of improved and accessible free leisure facilities in neighbourhood parks and open spaces
- 3) To provide a comprehensive programme of accessible opportunities for local residents of all ages and abilities to participate in regular physical activity
- 4) To procure a new leisure operator to manage the new, core leisure facilities.

6.2 To oversee the delivery of the strategy a leisure strategy board was established in 2015 and was originally chaired by the director of customer and community services. The director for adult and community services took over this role in early 2018.

### **What has been achieved - progress to date**

6.3 Over £62 million of investment has been made available to deliver:

- A community sports stadium – Arbour Park
- A refurbished ice arena
- A new family activity centre in the refurbished Salt Hill facility
- A refurbished Langley Leisure Centre
- A new state of the art leisure centre on the Farnham Road – planned to open in March 2019
- A network on 18 new green gyms and trim trails in local parks
- Six new and refurbished multi use games areas
- A new parkour park
- Artificial cricket wickets
- Two 2 practice cricket net facilities
- A comprehensive 'Get Active' programme, which offers over 80 sport and physical activity sessions weekly to local residents for all ages and abilities at affordable prices. Up to 30% of these sessions offered are free.
- Everyone Active (Sport and Leisure Management) has been contracted to manage and operate four of the council's new leisure facilities, with an estimated saving to the council of over £15 million over the next ten years.

### ***Performance to date***

6.4 Appendix A provides data analysis from information taken from participants in the Get Active programme from the quarter 1 period 2018 / 19. This indicates that:

- More females attend the programme
- The largest participating age groups are under 13s and 25 to 44 year olds
- People living in the wards of Elliman, Wexham Lea and Britwell participate the most in Get Active sessions
- Regularly people from outside of the borough will attend our sessions
- 15% of participants stated that they were inactive before participating in the Get Active programme.

6.5 This year we have introduced the use of the Edinburgh Warwick tool ([www.nhs.uk/tools/documents/wellbeing](http://www.nhs.uk/tools/documents/wellbeing)) to establish the effect of participation in the Get Active programme on general wellbeing. In addition, a number of case studies have been developed and an example of this is provided at Appendix B.

6.6 Everyone Active have indicated an increase of 60,000 visits to Montem Leisure Centre compared to 2017/18 figures for June to March. Performance figures for the newly opened Langley Leisure Centre are not available to date, but in the first day of opening the Centre signed up 180 members.

### ***Proposals for next phase of work***

6.7 The Leisure Strategy is proposed to be refreshed in 2019 and a number of proposals to take this forward have been identified, including:

- a) A review the current Leisure Strategy Board's remit (including its terms of reference and membership) to develop a more focused group, focusing on wider health and wellbeing outcomes, targeting the inactive.
- b) Undertaking a comprehensive public consultation and research project to obtain an accurate picture of current activity rates of local residents and identify methods, ascertain the local population's attitude to participation in sport and physical activity and identify the initiatives for affecting positive behavioural change.
- c) A refresh the Leisure Strategy In 2019, using information from the consultation and research project to inform the council's approach to the delivery of leisure services for the next ten years.

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

7.1 There are no comments from any other committees.

## **8. Conclusion**

- While there is a wide and diverse range of leisure provision across the borough, the council has an important strategic role in facilitating a cohesive offer and improving public access.
- The refreshed Leisure Strategy will identify clear priorities to widen and increase participation in physical activity for both adults and children based on input from residents and a robust evidence base.
- Slough Wellbeing Board is invited to consider and comment on proposals for the next phase of the Strategy's delivery.
- The refreshed Strategy will be brought back to the Slough Wellbeing Board for consideration in 2019.

## **9. Appendices attached**

'A' - Get Active Programme - Data analysis of participants (Quarter 1 - 2018/19)

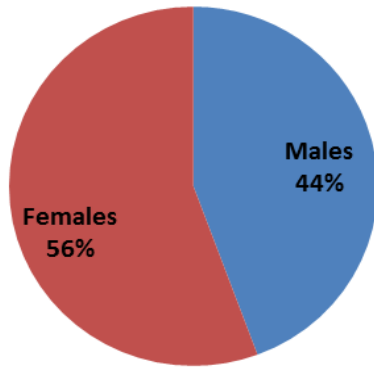
'B' - Participant Case Study

## **10. Background Papers**

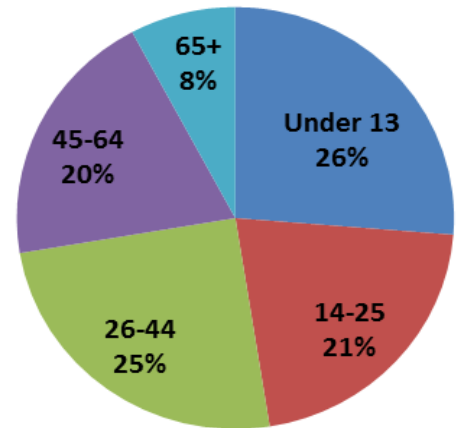
None

# Appendix A: Get Active Programme - Data analysis of participants (Quarter 1 - 2018/19)

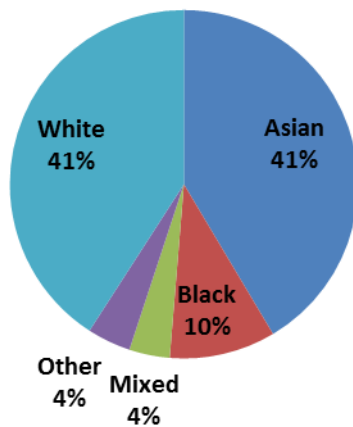
### Gender



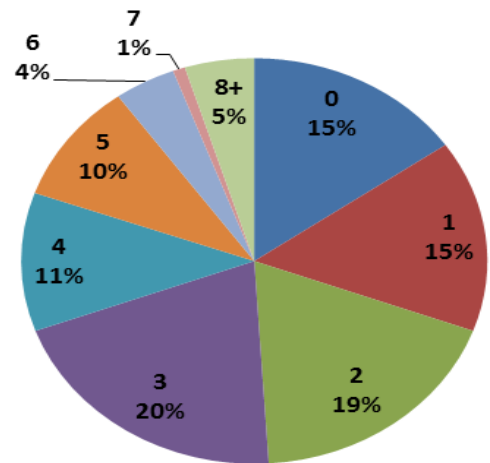
### Age



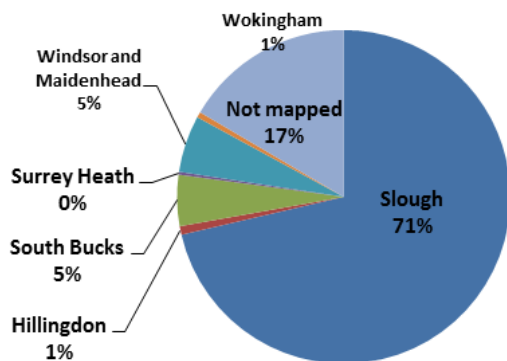
### Ethnicity



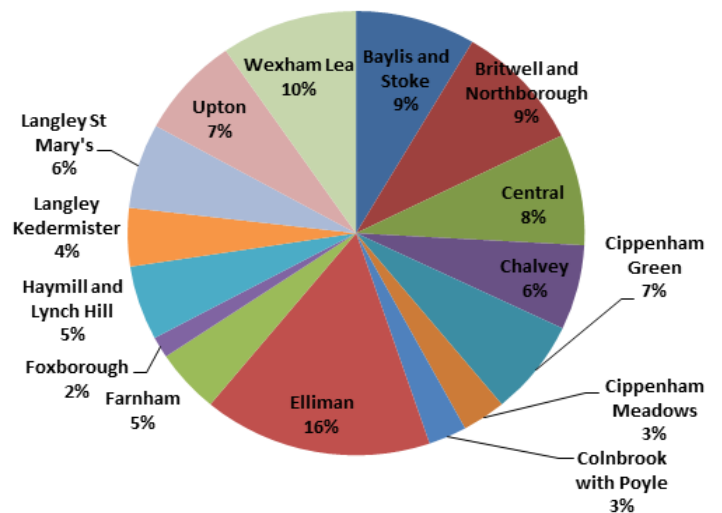
### Original Activity Level



### Local authority area



### Ward within Slough



## Appendix B: Participant Case Study

# Active Slough



**Name:** *Jean Watts*  
**Age:** *83*  
**Ward of Residence:** *Slough*  
**Occupation (optional):** *Retired*  
**Project/Session:** *Run with Active Slough*

**In up to 250 words sum up what difference participating on in this Active Slough project has made to you.**

Since forever I have always loved running- it doesn't require any special ability or equipment, but you gain so much- your stamina, health, wellbeing and the joy of being able to run is so rewarding.

But...since joining one of the Active Slough running groups my passion has been massively enhanced and encouraged! I feel so lucky and thankful to have benefited from this Active Slough project, which has me the desire to take part in many goals and extra race projects than are on offer.

Running has been so good at maintaining my stamina and physical/mental health and being out in the fresh air is a definite plus. The countryside and areas that you run become place you notice and enjoy, so when you discover something this good the benefits need to be shared!

AGE (I'm 83!) and ability are no barriers and the rewards are many and varied. I love to attend the group because the friendship, laughter, fun and companionship is a really a boost to my confidence and a great motivation to keep on improving.



# Slough Wellbeing Board's Work Programme

## November 2018 - May 2019

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

**For all enquiries:** (01753) 8755660

14 November 2018

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
<b>Discussion</b>				
Integrated Care System (ICS), including the findings of the 'Your views matter: the Big Conversation' survey'	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)  Slough Local Safeguarding Children's Board (SLSCB) Annual Report 2017/18 (Statutory)	The Board is asked to note the annual reports and comment on both partnership's plans for 2018/19	Nick Georgiou, Independent Chair of SSAB		Yes
Children and young people's oral health	The Board is asked to note and comment on recent activity undertaken to improve young peoples oral health	Liz Brutus, Consultant Public Health		No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Service Lead Strategy & Performance		No
Social care: the forthcoming Green Paper on older people (England) - To be confirmed	To be confirmed	Alan Sinclair, Director of Adults & Communities		No
Homelessness and rough sleeping - To be confirmed	The Board is asked to note and comment on the report from the TFG and agree next steps	Alan Sinclair, Director of Adults & Communities		No
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
<b>Themed discussion</b>				
To be confirmed	To be confirmed	To be confirmed		
<b>Information</b>				
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	Geoff Dennis, Head of Adult Mental Health		No

People on the edge of services	Possible referral from the Health & Social Care Partnership (To be confirmed)	Alan Sinclair, Director of Adults & Communities		
Berkshire Suicide Prevention Strategy and Action Plan update (annual update)	Referral from the Health & Social Care Partnership Board. Slough Wellbeing Board is asked to note recent activity under Berkshire's Suicide Prevention Strategy's Action Plan	Liz Brutus		No

#### 14 January 2019

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
<b>Discussion</b>				
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, Head of Policy, Partnerships & Programmes		No
<b>Themed discussion</b>				
Details to be confirmed	Details to be confirmed			
<b>Information</b>				
Council's Five Year Plan (2019)	The Board is asked to note the refreshed Plan prior to it being taken to council for full sign off in March 2019	Dean Tyler, Head of Policy, Partnerships & Programmes		No

26 March 2019

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
<b>Discussion</b>				
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
Director of Public Health's Annual Report 2019/20	The Board is asked to note and comment on the draft report	Director of Public Health, Berkshire		No
1 <sup>st</sup> draft of the Board's Annual Report for 2018/19	The Board is asked to note the first draft of the annual report	Dean Tyler, Head of Policy, Partnerships & Programmes	Chairs of subgroups	No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes		No
<b>Themed discussion</b>				
Details to be confirmed	Details to be confirmed			
<b>Information</b>				
Prevent Action Plan	The Board is asked to note recent activity by the Prevent Board	Naheem Bashir, Prevent Coordinator	Assistant Director, Strategy and Engagement	Prevent Action Plan
<b>Information</b>				
Details to be confirmed	Details to be confirmed			

8 May 2019

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
<b>Discussion</b>				
SPACE annual report 2018	The Board is asked to note the annual report and comment on SPACES plans for 2019	Commissioning team and SCVS	Director, Adult Social Care	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
Annual review of Joint Wellbeing Strategy priorities, ways of working (including TOR) and preparation for the 2019 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 2019 partnership conference	Dean Tyler, Head of Policy, Partnerships & Programmes	Democratic Services	No
SWB Annual report for 2018/19	The Board is asked to endorse the final draft of the annual report	Dean Tyler, Head of Policy, Partnerships & Programmes	Chairs of subgroups	No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Dean Tyler, Head of Policy, Partnerships & Programmes		No
<b>Themed discussion</b>				
Details to be confirmed	Details to be confirmed			
<b>Information</b>				
Details to be confirmed	Details to be confirmed			

**Criteria**

*Does the proposed item help the Board to:*

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

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 26 September 2018

**CONTACT OFFICER:** Alan Sinclair, Director of Adults & Communities, Slough  
Borough Council  
**(For all Enquiries)** (01753) 875752

**WARDS:** All

**PART I**  
**FOR INFORMATION**

**HOMELESSNESS AND ROUGH SLEEPING UPDATE**

**1. Purpose of Report**

1.1 To provide the Board with an update on the work of the Homelessness and Rough Sleeping Task and Finish Group (TFG).

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

2.1 The Slough Wellbeing Board is recommended to note this report.

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

The priorities of the Slough Joint Wellbeing Strategy (SJWS) have been taken account of in the production of the Housing Strategy and homelessness and rough sleeping forms a key part of this Strategy.

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

Housing is a key determinant of health and wellbeing and it is a priority in the Wellbeing Strategy. Being homeless can exacerbate a household's housing situation and therefore their health will be affected as a result.

**3b. The JSNA**

Homelessness is a key plank of the Council's Housing Strategy. A new Homelessness Reduction Strategy (which includes rough sleeping) is currently being written, but the Housing Strategy identifies the following priorities:

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

**3c. Five Year Plan Outcomes**

The key driver for the Housing Strategy is to deliver Outcome 4 of the 2018 Five Year Plan; "*Our residents will have access to good quality homes*". As homelessness is one of the main routes to accessing accommodation in the borough, this area is

relevant to the outcomes of the Five Year Plan. It also helps to deliver and makes significant contributions to each of the following outcomes:

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

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

- a) Financial - There are no financial implications directly resulting from the recommendation of this report but may arise depending on the outcome of the TFG work.
- b) Risk Management – Increasing homelessness increases the risk of poor health and poor health outcomes for residents and also financial risks to the Council.
- c) Human Rights Act and Other Legal Implications – There are no Human Rights Act implications arising from this report.
- d) Equalities Impact Assessment - There are no equality issues arising from this report.
- e) Workforce - There are no workforce implications associated with this report.

#### 5. **Summary**

- *A multi-agency homelessness and rough sleeping TFG has been established to bring together partners in the public and voluntary and community sectors to help Slough Wellbeing Board coordinate work in this area.*
- *This TFG sits under the Slough Wellbeing Board and provides regular reports to partners on its activities.*
- *At its first meeting on 2 May 2018 partners agreed that the main focus of this TFG would be **rough sleeping**. The following initial actions were agreed at this meeting:*
  - a) *To review the Council's bid for funding under the Ministry for Housing, Communities and Local Government (MHCLG)'s rough sleeping initiative with a summary of action areas, funding and timescales.*
  - b) *To review and summarise the Public Health England Evidence Review: Adults with complex needs (with a particular focus on street begging and street sleeping) and investigate its relevance for Slough;*
  - c) *To review any other relevant national/ regional good practise;*
  - d) *To understand and appraise ourselves of the work undertaken by Thames Valley Police's Operational Partnership (established in December 2017) with individual rough sleepers - to understand our current cohort of rough sleepers and their individual pathways, understand what may help them with their next positive pathway, gain useful information that may support others not to become homeless; and*



- e) *To arrange a roundtable discussion with key partners to discuss the outcome of actions (a) – (d) above and agree ways forward.*
- *The TFG met on 3 September 2018 to review progress against actions a) to e) above. This report provides an update on the current status of each of these actions and summarises next steps.*

## **6. Supporting Information**

6.1 The current status of each of the actions identified by partners at the 2 May 2018 TFG is summarised below:

### **Review the Council's bid for funding under the Ministry for Housing, Communities and Local Government (MHCLG)'s rough sleeping initiative with a summary of action areas, funding and timescales**

- The council submitted a bid for £350,000 to the MHCLG in May 2018, to run a one year project to provide support for those living on the streets. The bid included funding to recruit a new rough sleeper team, comprising of one x Outreach Coordinator, two x outreach workers, one x move on worker, additional floating support and administrative and back office assistance. The bid also included the pre – purchase of hostel accommodation, the offer of a reconnection service, incentives for tenancy creation and the purchase of emergency temporary accommodation this winter i.e. a winter night shelter
- In June 2018 the council was awarded £260,000 to deliver all of the above, except the move on worker and the administrative support.
- Since June, officers have been developing the job descriptions and specifications for these new posts and are aiming to have the team in place by the end October 2018. One post has already been recruited.
- A building from which the proposed winter night shelter could be run has also been identified and officers are in the process of completing a business case to be presented to the council's Capital Strategy Board to secure it.
- Officers from the council's strategic Housing Service also took part in a 'night walk' (from 11pm to 6am) to carry out an initial count of Slough's rough sleepers. This identified 27, out of an estimated 65 – 75 individuals\*, sleeping rough on that occasion.

*\*This estimate is based on intelligence provided by local agencies such as outreach workers, the police, the voluntary sector and faith groups who have regular contact with rough sleepers on the street - but needs validating.*

### **Review and summarise the Public Health England Evidence Review: Adults with complex needs (with a particular focus on street begging and street sleeping) and investigate its relevance for Slough**

The council's Public Health Team has now completed a summary of the evidence review from Public Health England. This is attached at Appendix A. The key findings in respect of rough sleepers are as follows:

Rough sleepers experience:

- Significant multiple deprivation and social exclusion compared to general population
- Significantly higher levels of unemployment and poorer educational attainment

- Institutional care e.g. looked after children, prison, hospital etc. or were in the armed forces
- Multiple and overlapping health needs e.g. Mental health, substance misuse (drugs and / or alcohol misuse) and variety of long term conditions particularly respiratory conditions and musculoskeletal conditions
- Adverse Childhood Experiences (ACEs) increase the likelihood of experiencing homelessness and entering onto a multiple exclusion pathway, as well as experiencing the negative behaviours and health outcomes associated with street cultures. This is an important Public Health issue and interventions and strategic coordination round homelessness, and in particular rough sleeping, need to be considered within this context.

Further work to clarify the role of ACEs amongst Slough's homeless and rough sleepers and to identify which service interventions might prevent or effectively treat ACEs sooner and help prevent homelessness (and other serious health and social outcomes) later in life, is required. This is likely to be a long term project with longer term outcomes.

### **Review any other relevant national/ regional good practise**

Officers are currently meeting with sub regional partners, particularly Reading, to learn more about how they are handling their rough sleeper work.

### **Understand and appraise ourselves of the work undertaken by Thames Valley Police's Operational Partnership (established in December 2017) with individual rough sleepers**

This review has now concluded and has resulted in the following activities being put in place:

- A joint method for recording the community impact of rough sleeping has been developed - previously rough sleeping was recorded in a variety of different ways, making it difficult to determine the impact, positive or negative, of any intervention that were being put in place. A single, joined up, collective and consistent approach has now been agreed with partners to both record and tackle the issue in Slough.
- A document summarising all of the legislative powers that are available to partners to tackle rough sleeping and the negative behaviours often associated with it, has been developed to help partners understand their limitations and manage expectations as to what is realistic and deliverable.
- Work to reduce the number of locations in and around the town centre and in town centre car parks that are used by rough sleepers has started.
- 'Popular' rough sleeping locations have also been identified and are being visited during regular joint partner night operations i.e. 'night walks', to obtain an accurate count of the number of people regularly sleeping in the town centre and in town centre car parks. Profiles of these individuals are also being developed, using information provided by them to enable partners to understand and assess their needs and sign post them on to relevant services.
- A working group comprising each of the relevant partner agencies, including members of the voluntary sector working, has been established to review the needs of around five (although this is flexible) individuals identified by the above

process and deemed to be the most vulnerable at that time, so that positive interventions can be offered to each individual on a case by case basis.

## **Roundtable discussion with key partners**

This meeting has yet to be arranged but will take place later this autumn.

6.2 Partners agreed the following additional actions at the TFG meeting held on 3 September 2018:

- a) To continue to map the lived experience of Slough's rough sleepers to understand the triggers that contributed to their situation and identify the interventions that may have helped avert their situation if support had been provided at the right time – i.e. pathway mapping.
- b) To identify those rough sleepers (again through mapping) that are at the greatest risk (of morbidity), so individual plans can be put in place to support them. East Berkshire's Clinical Commissioning Group has offered to assist with this mapping.
- c) That the TFG would meet to review progress in October 2018.

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

7.1 There are no comments from any other committees.

## **8. Conclusion**

8.1 The outcomes of the work of the TFG will be brought to the Board for consideration later this year.

## **9. Appendices attached**

A - A summary of: Public Health England - Evidence Review for Adults with complex needs, with particular focus on street sleeping and street begging

## **10. Background Papers**

'1' – Homelessness: the current state of play - Report from 16 July 2018 meeting  
<http://www.slough.gov.uk/moderngov/documents/s52104/Report.pdf>

'2'- Homelessness: the current state of play - Report from 28 March 2018 meeting  
[http://www.slough.gov.uk/moderngov/documents/s51193/HomelessnessreportMarch\\_2\\_018.pdf](http://www.slough.gov.uk/moderngov/documents/s51193/HomelessnessreportMarch_2_018.pdf)

'3' Homelessness: presentation from 28 March 2018 meeting  
<http://www.slough.gov.uk/moderngov/documents/s51209/Homelessness%20Workshop%20Presentation.pdf>

## **APPENDIX A: A SUMMARY OF: PUBLIC HEALTH ENGLAND - EVIDENCE REVIEW FOR ADULTS WITH COMPLEX NEEDS, WITH PARTICULAR FOCUS ON STREET SLEEPING AND STREET BEGGING <sup>1</sup>**

### **1. Aim**

The aim of this paper is to summarise key findings of the evidence review by Public Health England (PHE) and to consider how the findings of the review can be applied in Slough.

### **2. Introduction**

Since 2010, there has been a year on year increase on statutory homelessness, prevention and relief and rough sleeping. This does not include data that is not captured in national datasets such as staying temporarily with friends or family. Thus the true picture of homelessness is under estimated.

Rough sleepers or street sleepers have poor health outcomes such as substance misuse, mental health conditions and a range of physical problems. This is as a result of the physical conditions and environment of which they live in.

Life expectancy for this cohort for men was as low as 47 years and lower for women (Thomas, 2012). The complexities associated with rough sleeping increases for individuals because they fall through the net between services or because they do not meet the threshold. Although the evidence base is rich with interventions to support those with complex needs substance misuse and mental health problems and other physical conditions. Most of the evidence relates to homelessness in general and are not representative of those who street sleep and or street beg.

### **3. National Picture**

In the effort to combat homelessness in the UK, there have been numerous changes in policies to address increasing need and demand. The key national policies influencing homelessness in the UK are:

- Housing Act 1996
- Homelessness Act 2002
- Homelessness Reduction Act 2017

The Homelessness Reduction Act 2017 aims to address some of the gaps in existing Acts. This is specifically in relation to single homelessness by tackling it more effectively through earlier intervention, prevention, appropriate assessment of needs and the development of individualised plans.

### **4. Key findings of the review**

#### **4.1 *Current evidence base***

Most of the literature available is focused on rough sleepers as a cohort of the homeless population.

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<sup>1</sup> Available at: <https://www.gov.uk/government/publications/homeless-adults-with-complex-needs-evidence-review>

There is little data specifically on street sleepers and lack of literature focusing on street beggars.

#### *4.2 Rough sleeping*

The Department for Communities and Local Government (DCLG) reports there has been an increase in the number of rough sleepers by Local Authority in the South East. Slough is ranked 10 out of the top 11 Local Authorities with the highest number of rough sleepers in 2016, based on 2010-2016 data. In Slough it is estimated that there are 25 rough sleepers, which equates to a 79% change between 2010 and 2016 figures.

#### *4.3 Street begging*

There are no national counts or estimates available for the number of street beggars in the UK. As a result, there is insufficient data on demographic features of the population. However, information available via Freedom of Information request from the Crown Prosecution Service provides some information about the scale of begging. There were 2,365 arrests under Section 3 of the Vagrancy Act 1824 in England in 2015/16. The number of arrests since 2006/07 has increased by 36% peaking at 3,071 arrests in 2014/15.

#### *4.4 The relationship between street begging and street sleeping*

There is a complex relationship between street sleeping and street begging. Grey literature alludes that not everyone who street begs is homeless. For example, a Freedom of Information Report covering 34 out of 43 police forces showed of the 1,002 people arrested for street begging in 2014, only 199 were legally defined as homeless. There is clear evidence in the literature that people who sleep rough / street beg are some of our most vulnerable individuals with a range of complex needs. This cohort also experiences severe and multiple deprivations over long periods of time.

#### *4.5 Return on investment*

There is very little evidence in the literature about the return on investment associated with tackling homelessness, particularly in relation to street sleeping and street begging. However, anecdotal evidence shows that addressing the health and social outcomes associated with these groups is highly expensive and there is likely to be a financial benefit in preventing such poor outcomes. However, these have not been robustly quantified.

### **5. Good practice**

#### *5.1 Early intervention*

There is a significant increase in the likelihood of becoming homeless if individuals experience adverse childhood experiences. One of the key ways to prevent or reduce homelessness is to identify and intervene at the earliest possible stage.

### **Suggested Strategic approach:**

- To embed the awareness of Addressing Adverse Childhood Experiences (ACEs) in all policies and training and development of staff
- Develop a proportionate, universal approach to ACEs by recognising prevalence and escalating response where possible
- Respond to risk rather than harm i.e. adopt a social model of care in pregnancy
- Encourage broader management with all stakeholders to work towards an ACE informed society.

### **Suggested Operational approach:**

- Consider ACE history of parents, in addition to assessing risk of exposure to the child – strong evidence that discussing previous ACE exposure with adults can have beneficial effect
- Consider use of routine ACE enquiry - integrate into existing assessments
- Consider impact of ACEs in non-specific symptoms or behaviour – in adults and children
- Develop clear referral pathways, maximising local system assets and protective factors
- Engender responsibility and empower / give permission to act, not just refer
- Consider how services support the core protective factors and provide opportunities for resilience to develop.

## **6. Integrated working**

### **No Second Night Out (NSNO)**

This intervention is aimed at first time rough sleepers. The aim of this scheme is to ensure that rough sleepers are helped off the streets as soon as possible and discouraged from returning to the rough sleeping.

The key outcomes arising out of this programme are:

- Improved services for rough sleepers
- Strengthened partnership working between local authorities and voluntary sector providers.

The key challenge is getting buy in from all stakeholders and finding sufficient resources.

### **Housing First**

Housing first is designed to provide open ended support to long-term and recurrently homeless people who have complex needs. According to the literature, this approach can result in improvements in health, mental health, social integration and drug and alcohol use and levels of anti-social behaviour were mixed. There was also the possible deterioration in mental and physical health. However, there was no evidence of an increase in drug or alcohol use, or anti-social behaviour, since engaging with Housing First.

### **Making Every Adult Matter (MEAM)**

The MEAM programme was developed to help local areas design and deliver better coordinated services for people with multiple and complex needs. The model is based on seven principles which can be tailored to local needs. This model has been adopted by partnerships of statutory and voluntary agencies in 15 local authority

areas across England. In the areas where the approach has been evaluated, there has been a 23% reduction in wider service use costs and a 44% improvement in participant's wellbeing.

## **7. Conclusion**

There is no single intervention that can reduce or prevent homelessness.

A system wide, integrated approach is required to ensure that there are a range of inter linked wrap around services available to meet the needs of those with highly complex needs.

Any systems wide integrated approach adopted needs to include statutory and non statutory partners, as well as those with lived experience to ensure that the wrap around services that are developed meet the needs of this vulnerable group.

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**SLOUGH BOROUGH COUNCIL****REPORT TO:** Slough Wellbeing Board **DATE:** 26 September 2018**CONTACT OFFICER:** Fatima Ndanusa, Public Health Programme Manager,  
Slough Borough Council**(For all enquiries):** (01753) 875148**Wards:** All**PART 1**  
**FOR INFORMATION****JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2018 REFRESH****1. Purpose of Report**

1.1 To inform Slough Wellbeing Board of the completion of the Joint Strategic Needs Assessment (JSNA) refresh for 2018. The JSNA 2018 infographic document and other key population health information for Slough have been published on the [Council's web pages](#).

**2. Recommendation**

2.1 The Board is requested to review the finished products via the Council's [JSNA webpages](#).

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

The Slough Joint Wellbeing Strategy aims to improve the health and wellbeing of the local community and reduce inequalities for all ages. It uses the JSNA as its evidence base.

**3b. The JSNA**

The JSNA examines the needs of all residents of Slough to identify those groups that experience poor outcomes and access to services. It sets the scene for the development of local strategies and provides evidence for these groups.

**3.c Five Year Plan Outcomes**

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

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

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

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

#### 5. **Summary**

Members are asked to note the work that has been done to refresh the JSNA for 2018.

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

6.1 The Health and Social Act (2012) states that there is a requirement for all Health and Wellbeing Board's working through local authorities and the Clinical Commissioning Group's to produce a JSNA of the health and wellbeing of their local community.

##### ***JSNA iterations since 2013/14***

- In 2013/14 with the transfer of Public Health into the six Unitary Authorities across Berkshire, a web-based JSNA was created with the inclusion of ward profiles and links to the Clinical Commissioning Group Profiles.
- In 2016/17 a new feature - an infographic summary was added to the JSNA; partners have found this to be very useful in general.
- In 2017/18 it was agreed that the JSNA would be redesigned to give it a modern look and to present the information in a manner that makes it more easily understood by a range of users.
- A stakeholder workshop was held in October 2017. The session involved partners from across Slough including East Berkshire Clinical Commissioning Group, Slough Children's Services Trust; as well as Berkshire Public Health shared team who produce the JSNA datasets.

##### ***Stakeholder workshop feedback:***

- JSNA Infographic summary was considered very useful and could be enhanced by being more interactive e.g. with clickable links.
- Build various products to increase accessibility, such as 'mind maps', charts, reports, more infographics, videos and briefing notes
- Links between the JSNA and the 5YP (and other strategic documents) and accountability/governance regarding JSNA recommendations should be clear/

##### ***Current Picture***

6.2 The JSNA 2018 infographic document and other key population health information for Slough have been published on the Council's [JSNA web pages](#). These bring together high quality evidence and information to facilitate decision-making in the council and wider partners. The documents are as follows:

- a) **New JSNA Infographic 2018:** summarises the latest population and Health and Wellbeing information across the life course: Maternity and early Years, Children and Young People including School Life, Health and Wellbeing of working age adults and older people, Social determinants of health and inequalities.
- b) **Slough Health Profile 2018 from Public Health England:** This provides a written narrative and display of key national health indicators for Slough.
- c) **East Berkshire CCG Health Profile 2017 for Slough locality:** This gives a more in-depth 'state of play' of key health conditions across Slough's GP practices over the last year e.g. diabetes, asthma, heart disease etc.
- d) **Annual Report of the Director of Public Health 2018 – Creating the Right Environment for Health:** This explains the key role that green and open space plays in promoting good mental and physical health.
- e) **Children and Young People Mental Health Profile:** This shows the estimated prevalence of disorders, by type, in children and young people aged 5-16; prevalence of potential eating disorders among young people (estimated number aged 16 – 24), Prevalence of ADHD among young people, Pupils with Learning Disabilities; and Pupils with special educational needs.

## 7. Comments of other Committees

7.1 The updated JSNA was present to the Health and Social Care Partnership Board on 4th September. It was received positively. Suggestions were made to include qualitative information from residents in respect of their perceptions on key issues and what they thought the solutions might be. Members also discussed how JSNA information could be better aligned with partners commissioning intentions and planning processes. The JSNA update is also due to be presented at Health Scrutiny Panel on 26th September.

## 8. Conclusion

8.1 The redesigned JSNA presents information and data in a manner accessible to a wider audience. It should be used as a tool and data source for key stakeholders to assist in planning local services and for shaping commissioning intentions. It is used to inform the Slough Wellbeing Strategy and as an iterative process to consider emerging wider factors that impact on health and wellbeing. It also provides an opportunity to identify local assets, which will over time contribute to improving outcomes and reduce inequalities.

## 9. Appendices attached

None

## 10. Background papers

None

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board **DATE:** 26 September 2018

**CONTACT OFFICER:** Naheem Bashir, Prevent Coordinator, Slough Borough Council

**(For all Enquiries)** (01753) 875201

**WARD(S):** All

**PART I**  
**FOR INFORMATION**

**SLOUGH PREVENT BOARD (SIX MONTH PROGRESS REPORT)**

**1. Purpose of Report**

1.1 To inform Slough Wellbeing Board about the recent work of the Slough Prevent Board, including activity to meet the Prevent Duty created by the Counter Terrorism and Security Act (CTSA) 2015.

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

2.1 The Board is requested to note the work of the Prevent Board and its Action Plan (at Appendix A).

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

**3a. Slough Joint Wellbeing Strategy Priorities 2016 - 2020**

The Action Plan at Appendix A supports delivery of the following Joint Wellbeing Strategy 2016 – 2020 priority: Protecting vulnerable children and young people.

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

The Wellbeing Board's Safeguarding Protocol 2016/17 recommends that the Prevent Board will contribute information to the Joint Strategic Needs Assessment as part of its annual update.

**3c. Five Year Plan Outcomes 2017 - 2021**

The Action Plan at Appendix A supports delivery against each of the following Five Year Plan outcomes:

*Slough Children will grow up to be happy, healthy and successful  
Slough will be an attractive place where people choose to live, work and stay*

**4. Other Implications**

(a) Financial - There are no financial implications directly resulting from the recommendation of this report.

(b) Risk Management - There are no risk management implications associated with this report.

(c) Human Rights Act and other legal implications - There are no Human Rights Act implications associated with the proposed action. Following the introduction of the Prevent Duty for local authorities and other parts of the public sector (contained within the Counter-Terrorism and Security Act 2015), the public sector has a key role to play in preventing people from being drawn into terrorism.

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

## **5. Summary**

- *In order to deliver the Prevent Duty, the Prevent Board is represented by key strategic statutory and voluntary partners who meet on a quarterly basis to review the Action Plan and ensure it is delivering the themes within the Action Plan in partnership and supporting the Prevent staff.*
- *The Prevent Board currently sits under the Slough Wellbeing Board and provides a regular (twice yearly) report to partners on its activities.*
- *Counter Terrorism Strategy (CONTEST) and Prevent was reviewed following the terrorist attacks in 2017 and the reviewed strategy was published on 4<sup>th</sup> June 2018.*
- *This report provides activity undertaken during the last six months.*

## **6. Supporting Information**

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

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

7.1 The Action Plan will be shared with the following partnerships and boards in Slough:

- Slough Local Safeguarding Children's Board (SLSCB)
- Slough Adult Safeguarding Board (SASB)
- Safer Slough Partnership Board (SSPB)

## **8. Appendices Attached**

'A' - Prevent Action Plan

## **9. Background Papers**

None

## Prevent Action Plan 2018/19: 26 September 2018

Action	Progress update/comments
Counter Terrorism Strategy (CONTEST) and Prevent review 2018	<ul style="list-style-type: none"> <li>• Following the terrorist attacks in 2017 the Government reviewed CONTEST. The updated <a href="#">Counter Terrorism Strategy</a> was published on 4<sup>th</sup> June 2018 and the changes to the Prevent Strategy is as follows:</li> <li>• Prevent is part of the UK's Counter Terrorism Strategy, to safeguard and support those vulnerable to radicalisation and to stop them becoming involved in terrorism or supporting terrorism.</li> <li>• The objectives of Prevent are to:               <ul style="list-style-type: none"> <li>○ Tackle the causes of radicalisation and respond to the ideological challenge of terrorism;</li> <li>○ Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support; and</li> <li>○ Enable those who have already engaged in terrorism to disengage and rehabilitate.</li> </ul> </li> </ul>
Agree a programme to engage with faith and other community organisations to raise awareness	<ul style="list-style-type: none"> <li>• Engagement with all faith institutions and key community contacts has taken place on a regular basis over the past six months.</li> <li>• Key individuals have been invited to meetings/events involving Prevent organised by Prevent Coordinator, as well as, events run by Partner agencies.</li> <li>• It has been reported previously the purpose and work of the Slough Prevent Advisory Group (SPAG). To that end working closely with SPAG, a public event titled 'Have Your Say on Prevent' took place in early July 2018. It was a 'Question Time' themed event to discuss and debate Prevent. The Panel consisted of a senior representative from the Home Office, Deputy Commander Thames Valley Police Slough, Prevent Coordinator Slough Borough Council and a Prevent critic in the form of an academic and researcher.</li> <li>• 80 members of the public attended and the feedback from the event was positive and this will provide a platform for further opportunities to engage with Slough communities.</li> </ul>
Schools training programme to be completed and kept under review	<ul style="list-style-type: none"> <li>• Ongoing Workshop to Raise Awareness of Prevent (WRAP) and Prevent Awareness sessions to Primary and Secondary Schools has continued on a regular basis for staff and students.</li> <li>• Prior to the summer holidays and the start of the new academic year, Prevent re-</li> </ul>

Action	Progress update/comments
	<p>fresher sessions are now in progress in schools for those who have already undertaken WRAP.</p> <ul style="list-style-type: none"> <li>• WRAP product is currently under review by the Home Office, therefore the Prevent Education Officer (PEO) has developed and designed PowerPoint presentations tailored to the needs of the Primary and Secondary Schools, it provides the appropriate support, advice and guidance based upon the review of CONTEST and Prevent. It includes case studies to reflect the work of Prevent in Education and their role of safeguarding young people from extremism and radicalisation.</li> <li>• Improved communication has led to a better understanding of the referral process.</li> <li>• Prevent awareness and discussion with students in Secondary Schools during PSHE and/or assemblies.</li> <li>• Provide support to the Prevent Coordinator.</li> </ul>
<p>Develop a joint communication plan including:</p> <ul style="list-style-type: none"> <li>• Consistent messages for all partners</li> <li>• Messages on travel to Syria</li> <li>• Charitable giving</li> <li>• Community's role "what is your contribution to the solution"</li> </ul>	<ul style="list-style-type: none"> <li>• Regular communications and briefings to the SBC Senior Leadership Team and Members are communicated through the Prevent Coordinator.</li> <li>• Elected Members in early September 2018 received a national Prevent briefing led by a senior Home Office representative and supported by the Prevent Coordinator for a local context. The briefing provided an insight to the threat and risks we face nationally from extremist and terrorist groups.</li> <li>• National key messages on Prevent and travel to conflict zones is communicated through the SBC website, local Press and Twitter.</li> <li>• Advice and guidance on donating safely is available on the SBC website, under 'Charitable Collections'.</li> </ul>
Prevent Coordinator	<ul style="list-style-type: none"> <li>• Engagement with key community individuals takes place on a regular basis.</li> <li>• Information and update provided in relation to Prevent and its implications following the CONTEST review 2018.</li> <li>• Organise community meetings/events to provide a two way dialogue in relation to the Prevent Strategy and Duty.</li> <li>• Provide support to the Prevent Education Officer.</li> </ul>



**SLOUGH BOROUGH COUNCIL****REPORT TO:** Slough Wellbeing Board **DATE:** 26 September 2018**CONTACT OFFICER:** Alan Sinclair (Director of Adults & Communities)

(For all Enquiries) (01753) 875752

**WARD(S):** All**PART I**  
**FOR INFORMATION****#NOT ALONE CAMPAIGN UPDATE****1. Purpose of Report**

1.1 To note the preparations that have been made in respect of the Wellbeing Board's third social media campaign, #NotAlone, which is due to launch on 10 October 2018, to coincide with World Mental Health day.

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

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

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

The #NotAlone campaign directly contributes to the delivery of the Slough Joint Wellbeing Strategy's 'Improving mental health and wellbeing' priority. It aims to improve mental health and wellbeing outcomes for all residents in Slough.

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

The campaign is being planned using data and intelligence from the JSNA and Public Health Berkshire colleagues to tell the mental health story of Slough, 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 campaign contributes to the delivery of each of the following 2018 - 2023 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 - This report is for information only and there are no immediate risks to be considered.

(c) Human Rights Act and Other Legal Implications – No human rights implications arise.

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

(e) Workforce – No work force implications arise from this report.

#### 5. Summary

*This report provides an update on the preparations that are being made in respect of the Wellbeing Board's third social media campaign, #Not Alone, which is due to launch on 10 October 2018, to coincide with World Mental Health day.*

#### 6. Supporting Information

##### ***Planning for 3rd campaign***

6.1 A Small Task and Finish Group (TFG) Lead by Geoff Dennis, Head of Adult and Older Persons Mental Health Services and supported by Liz Brutus, Consultant in Public Health Berkshire, Sandy Dhaliwal, Slough Borough Council's Communications team and Amanda Renn, Slough Borough Council's Policy team, was established to oversee the planning and roll out of this campaign.

6.2 The TFG has followed the same approach adopted for the first and second Wellbeing Board campaigns, but with more emphasis on how the campaign might build on a number of successful initiatives within mental health and reach a wider group of residents.

6.3 The campaign will include both media/communication dissemination and more importantly a coproduced action plan developed with the help and support of targeted groups within our community. It is hoped that this approach, starting small and expanding across the town, will reach more people and with meaning.

6.4 The campaign will utilise Peer Mentors, Trail Blazers and others involved in the Mental Health Partnership Forum. These groups and individuals are well placed in our diverse community to ensure the campaign message gets embedded.

6.5 The TFG are working on a range of campaign materials including downloadable factsheets, which will include infographics that tell the story of Slough Mental Health in our community. These will inform residents and partners and raise

knowledge and awareness of the issues, as well as provide information on the range of services and community activities that are available locally. Clear instructions will be given to Board members prior to the launch regarding their role in the campaign. Members will also be invited to share these materials with their employees and client groups to help with the internal and external promotion of the campaign and to ensure social media messaging remains consistent and relevant.

6.6 The campaign will also include a communication plan, dedicated webpage, social media messages and booklet case studies.

6.7 The campaign will also build on some of the successful work that has already been delivered across Slough and in particular, with regard to Mental Health Service users and the Recovery College network. Additionally, Mind's 'Five Ways to Wellbeing' will be promoted within the online content and in the downloadable resources.

6.8 The campaign will start with the dedicated webpage and materials going live and being circulated to members on 9 October. The official launch will be on 10 October in order to coincide with World Mental Health Day. The launch will be followed by a co-production conference on the 12 October. This conference will include clear messages from Peer Mentors and Service Users who will be presenting at the conference about their own personal journeys and what they have now achieved. Board members will be invited to the co-production conference. There will also be a press release to coincide with the launch and to promote activities during World Mental Health Week.

6.9 As the campaign progresses, the TFG will keep the momentum going by regularly posting updates on the council's social media platforms and internal communication platforms. We hope members and partners will join us in promoting the campaign in this way to ensure there is unified messaging across the board.

6.10 The campaign's success will be measured via responses to social media coverage and audience reach. A further conference in 2019 focussing on the impact that the campaign has had on our community is being considered.

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

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

## **8. Conclusion**

8.1 The campaign will help support the delivery of the following outcomes:

- The delivery of the Wellbeing Strategy priorities
- Improved public awareness of the Wellbeing Board
- The development of mentally healthy communities and places through local programmes that promote improved mental health literacy and capacity for self management within communities.
- The opportunity to increase knowledge of services and schemes via multidisciplinary working

- Encourage individual responsibility for health and lifestyle and related behaviour change

#### 9. **Appendices**

None

#### 10. **Background Papers**

None

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board **DATE:** 26 September 2018

**CONTACT OFFICER:** Geoff Dennis, Head of Mental Health, Slough Borough Council

**(For all Enquiries)** 01753 690590

**WARD(S):** All

**PART I****FOR INFORMATION****PREVENTIVE MENTAL HEALTH SERVICES IN SLOUGH****1. Purpose of Report**

1.1 The report provides information on preventative services being delivered in Slough, and in particular Slough Community Mental Health Team's (CMHT) Hope Recovery College, and also how the college integrates with other local initiatives which promote mental wellbeing and prevent mental ill health. The report is submitted in response to the Board's request for an update on progress.

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

2.1 The Panel is requested to note and comment on any aspects of the report.

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

Improving mental health and wellbeing is one of the key priorities within the Slough Joint Wellbeing Strategy 2016-2020: Priority 3: Improving Mental Health and Wellbeing.

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

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

**3.b Five Year Plan Outcomes**

Outcome 2 of The Five Year Plan 2018-2023 describes how communities will be engaged in initiatives to support Slough residents to become healthier and to manage their own health, care and support needs. This will be done with recognition of

inequalities which can impact upon health outcomes, as well as an understanding of the wider social determinants which can impact upon health and wellbeing.

#### 4. Other Implications

- a) **Financial:** There are no immediate financial implications arising from this report, as it details services which are currently provided through existing commissioning arrangements.
- b) **Risk Management:** This report is for information only and there are no immediate risks to be considered.
- c) **Human Rights Act and Other Legal Implications:** There are no Human Rights Act Implications. All services are provided with respect to individuals' rights and preferences. Legal frameworks including Mental Capacity Act 2005 and Mental Health Act (1983, amended 2007) are applied where indicated.
- d) **Equalities Impact Assessment:** Equalities Impact Assessments are carried out in respect of all commissioned and established services where they are formally provided or commissioned by Slough Borough Council or the East Berkshire Clinical Commissioning Group.
- e) **Workforce:** An ongoing challenge to mental health service delivery is the shortage of appropriately qualified and /or registered health and social care practitioners, which is well known locally and nationally. Community and voluntary sector initiatives are a crucial element of the overall preventative offer in Slough and increasingly opportunities are being sought for joint approaches and innovative workforce solutions. Peer mentors 'Experts by Experience' are also key roles within the new workforce.

#### 5. **Summary**

*This report provides an update on the preventative services currently being delivered in Slough, and in particular Slough Community Health Team's, Hope Recovery College, and explains how the college integrates with other local initiatives which promote mental wellbeing and prevent mental ill health.*

#### 6. Supporting Information

##### ***The importance of prevention in mental health***

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

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

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

***Prevention Initiatives: national and local***

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

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

6.6 Locally, Slough Public Health team has promoted many initiatives including training in Mental Health First Aid, access to Mental Health 4Life materials, and some local workplaces have signed up to initiatives, such as 'Time to Change' a movement aiming to address stigma and discrimination for those experiencing mental illness.

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

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

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

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

- **Recovery:** Assisting students in understanding their mental and physical health issues and treatment options, teaching them how to manage their own difficulties.
- **Life-skills:** Social based activities to link students with the local community. This includes a weekly activity timetable with varied purposeful courses.
- **Working Towards Recovery:** Creating links to paid employment. It introduces the students to the Employment Service in Slough, workshops designed to increase motivation to work and signposting information to the local community.
- **Peer Support:** Enabling clients to become peer mentors, support with co-developing and co-facilitating courses within the college, includes a 10 week training course run three times a year.

6.10 The College goes from strength to strength since launch in 2015 to present, with focus on supporting more people to manage through the use of education, workforce of peer mentors utilising training and employment opportunities across Slough. Since its launch the College has made available 127 different courses, carried out 1,000 enrolments, trained 34 Peer Mentors and seen 18 Peer Mentors go on to actively volunteer in the community.

### ***Support to MH carers, adult and older person***

(a) The monthly drop-in peer support and information group at the Community Mental Health , the Carer Café alternates between being held at lunch time and in the evening, following feedback from carers. This is a space where individuals that support our service users receive support from other carers and mental health professionals, opportunities for training, information, signposting, self-care activities, and time out from caring. This also provides social inclusion for carers who are isolated.

(b) The Carer Training programme – occurring twice per year on average at the Community Mental Health Team – carers attend ten sessions around psychoeducation, understanding medication, healthy living, substance misuse, communication skills, dealing with challenging behaviours, problem-solving, relapse prevention, coping with stress and carers’ rights and welfare. The course is co-produced and co-facilitated by some of the Volunteer Peer Mentors.

(c) Community Mental Health Team Carers are encouraged to attend Hope College courses and the Hope College Forum. A course just for carers, Mindful Photography for Carers, gave an opportunity for carers to enjoy some time away from their caring responsibilities, learning about the benefits of both mindfulness, being in nature, creative activity, and social inclusion.

(d) The monthly Carer Forum at the Older Persons Mental Health Team (CMHTe) is a space where people that support their loved one who accesses either the Memory Clinic or the Community Team can provide feedback, which is then shared with the service manager to shape services. Feedback consistently shows that the carers value having this space to meet and share their experiences with staff and one another.

(e) There is a Carer Lead post that provides 1:1 and group support for carers under both adult and older person’s mental health teams.

(f) Carer Assessments are routinely offered to individuals that provide emotional and/or practical support to our service users. This involves a 1:1 appointment with the Carer Lead, who will conduct a strength-based conversation with the carer, and build an individualised Wellbeing, Support and Prevention Plan with the carer to enable their



own social inclusion, occupational balance, and enhance health and wellbeing. In some cases there is a one off direct payment to support them in achieving their goals outside of caring.

(g) Introduction to services packs for carers are being developed. Following feedback from carers that there was particular information that they would have found useful to have upon first contact with services.

(h) Carer register is being developed with the use of carer registration forms – carers are contacted about events, training, activities, research etc. that are relevant both in Slough, the wider Trust area, and nationally, and are also encouraged to participate in staff training and events e.g. being co-facilitators etc.

(i) Carers Week 2018 offered a range of activities for carers across Slough. The mental health services responded to what carers requested to see on the timetable, including a samba percussion group, art group, and seated exercise group.

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

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

(l) Working with the Berkshire Healthcare Foundation Trust Carer Strategic Development Group on implementing the Carer Strategy.

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

6.11 The Five Year Forward View plan has increased funding to Mental Health services in Berkshire and there are further opportunities being explored through the Frimley Health and Care Sustainability and Transformation Partnership. A Mental Health work stream was recently launched to increase the profile of Mental Health in Integrated Care Systems planning and initiatives. The Sustainable Transformation Programme (STP) provides us with opportunities to develop preventive Mental Health services across the Frimley footprint, in particular opportunities to improve the mental health service interface with primary care and in the integrated decision making hubs.

6.12 Slough Mental Health services led a co-production event with service users and staff from across the STP footprint. The initiatives being developed and delivered in Slough were warmly received during the vibrant and informative workshop. Peer Mentors and carers from Slough Recovery College delivered presentations to the audience and took part in a sequence of round table discussions about 'what next' steps for the future planning of Mental Health services.

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

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

## 8. **Conclusion**

There is significant national attention on the importance of prevention and earlier intervention, as well as the vital role played by the community and voluntary sector. This has been reflected in 'cross-cutting' legislation and policy guidance over the last five years, Slough Mental Health Services have developed an innovative and comprehensive pathway for the population of Slough, by creating an 'Enabling Environment' and which aspires to meet the needs of those requiring mental health services, this is a 'whole-town' concept.

The pathway has improved access to high-quality mental health care that is more integrated to other services. The main focus is on prevention, earlier interventions and reducing inequalities in mental health care. The key to this whole town approach is co-production and relational practice; which include the following projects: Hope Recovery College, Psychology led Assertive Stabilisation Team (ASSiST) EMBRACE (Therapeutic Group programme) Hope House supported living project, Peer Mentors, Social Prescribers, and which work across health, social care, voluntary sector partners, and with other local supported living provides too.

This has created more opportunity for people and with better integration between all parts of the system, which better support independence and personal agency, alongside building social cohesion, resilience and well-being.

The strategy that has been developed in Slough challenges the health deficit model and utilises a positive community asset-based methodology. This normalises people's troubled experience, and is not specific to any particular population of mental health service users. The initiative has been so successful that the graduate 'peer mentors' are now gaining employment within the system as social prescribers. This has significantly improved the quality of care in the Slough area.

The project creates a comprehensive approach for individuals and groups, with evidence that it supports the wellbeing of people from the start of a treatment episode and, by using the asset-based community model which allows the potential for individuals to acquire the abilities and skills, and to become increasingly independent of the health and social care system.

The central tenet of co-production and co-design, across the system, would necessarily challenge inequality in the health system by creating opportunities for all by minimising 'us and them' dynamics, and transcending any diagnostic categorisations. The approach encourages people to find the support they need, including the ability to look after themselves and to take care of each other, and with the potential to reduce loneliness and isolation which is a common determinate to poor health mental health.

9. **Appendices attached**

None

10. **Background Papers**

None

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board    **DATE:** 26 September 2018

**CONTACT OFFICER:** Rodney D’Costa, Service Lead Children’s Commissioning,  
Partnerships & Performance  
**(For all Enquiries)** (01753) 787649

**WARD(S):** All

**PART I**  
**FOR INFORMATION**

**EARLY HELP UPDATE**

1. **Purpose of Report**

This report provides an update on the work undertaken since the 25 January 2018 to improve Slough Borough Council’s early help offer.

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

2.1 The Slough Wellbeing Board is recommended to note and comment as appropriate on the work amongst partners in Slough to safeguard children and young people through the implementation of early help.

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

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

“Protecting Vulnerable Children” is one of four key priorities in the Slough Joint Wellbeing Strategy.

3b. **The Joint Strategic Needs Analysis (JSNA)**

The Slough Joint Wellbeing Strategy is based on an analysis of needs contained in the JSNA, specifically children in need and children and young people subject to a Child Protection Plan.

3c. **Five Year Plan Outcomes**

Slough Borough Council’s 2018 – 2013 Five Year Plan includes the following outcomes: Slough Children will grow up to be happy, healthy and successful.

Slough Children’s Service Trust’s (SCST) social work model is reflected in its vision statement “Safe, Secure and Successful”.

4. **Other Implications**

a) Financial – None directly related to this report.

b) Risk Management – None directly related to this report.

c) Human Rights Act and Other Legal Implications – None directly related to this report.

d) Equalities Impact Assessment – None directly related to this report.

e) Workforce – None directly related to this report.

## 5. **Summary**

*This report provides Slough Wellbeing Board members with an opportunity to note the breadth of work that has been undertaken amongst partners (since the 25 January 2018) to improve the council's early help offer, including launching Phase 1 of Early Help (focussing on schools) prior to subsequently mainstreaming Early Help to all partners after December 2018.*

## 6. **Supporting Information**

6.1 This is the second of a series of updates to the Slough Wellbeing Board. The focus of this report is to inform the Board of the progress made and next steps.

## 7. **Background**

7.1 Since the initial update to Slough Wellbeing Board on 25 January 2018, Members will wish to be informed that, by mutual agreement between SBC and SCST, a new joint model of Early Help – FIRST (Family Information and Resource Support Team) – was launched on 25 June 2018. This is explained in the following paragraphs.

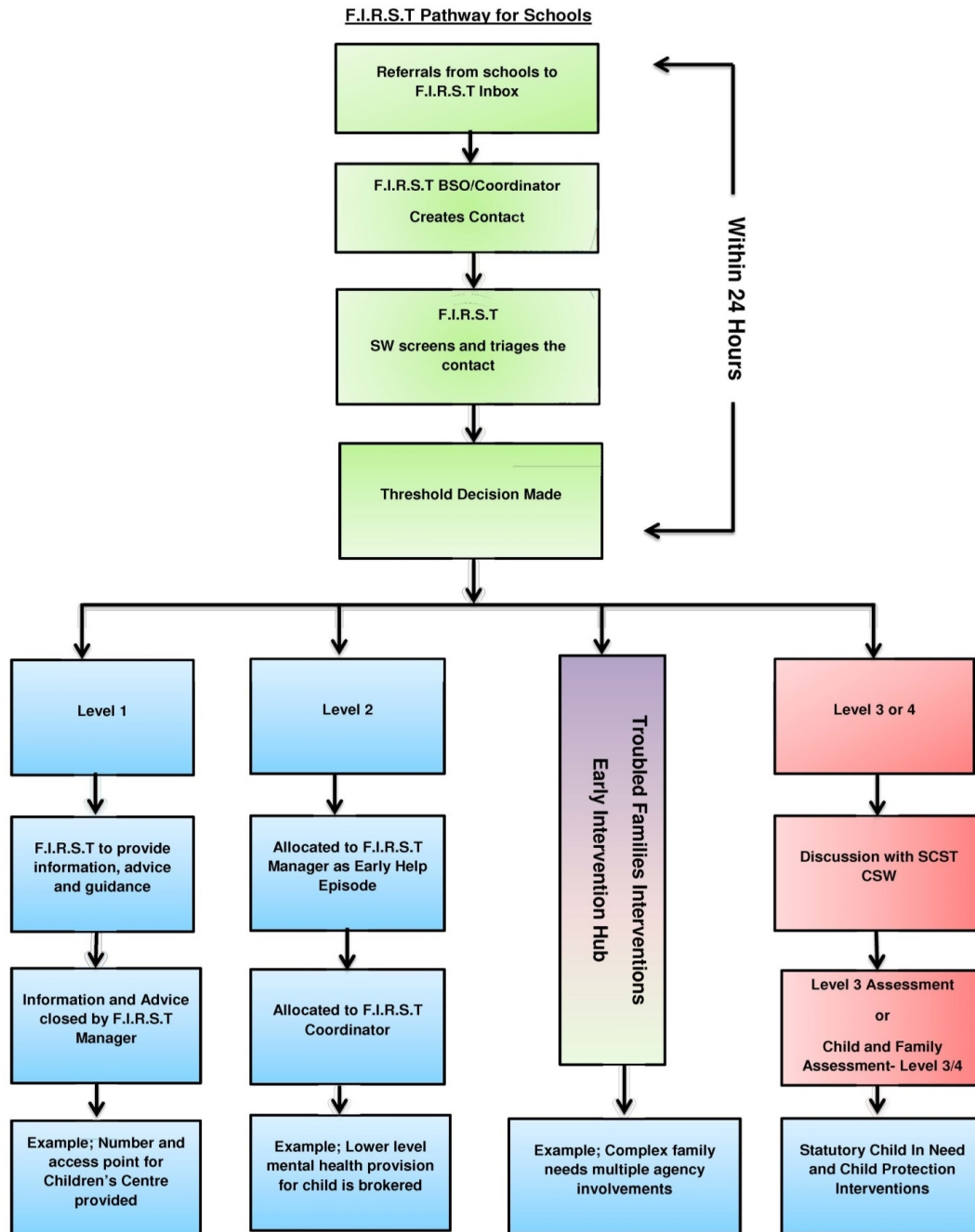
7.2 FIRST adopts an enhanced role in working with schools to support pupils identified at Level 2 – those in need of additional support but not at risk of significant harm. Schools will be able seek advice from FIRST about services available to support pupils in need of additional support and also to refer pupils and families deemed to be at Level 2 to FIRST. This is done through a simplified referral form, co-designed with schools and integrated with the existing client data base systems used by the Trust and partners i.e. Integrated Children's System (ICS) and linked Early Help Module (EHM). During this initial phase, there is no change for non-school partners (for example, Health and Police) making referrals and – importantly – there remains a single “front door”, which is the existing route via the Trust. FIRST personnel are co-located with the front door to ensure every threshold decision continues to be authorised by (SCST) Consultant Social Workers.

7.3 The FIRST team now comprises an Interim Transformation Manager to lead on the implementation and development of Early Help, 1 x Interim Team Manager overseeing the Coordinators and delivery, 2 x Senior Social Workers (clinical management provided by SCST), 1 x Performance and Data Manager, 4 x FIRST Coordinators, 1 x Web Administrator and 1 x Business Support Officer.

7.4 The launch of FIRST is supported by the publication of refreshed Threshold guidance [www.sloughsafeguardingboards.org.uk](http://www.sloughsafeguardingboards.org.uk)

7.5 A simplified referral process for these new arrangements is provided in Table 1 below.

Table 1 – FIRST Process Map



Impact of FIRST

- 7.6 At the time of writing this report FIRST were coordinating 32 cases, comprising 64 children. With the start of the new academic year it is anticipated this number will increase at pace.
- 7.7 To date partners from the Youth Offending Team, Young People Services and Schools have provided positive feedback on FIRST, particularly around the value in the coordination of Early Help and with the implementation of weekly allocation meetings (WAM).
- 7.8 With the recent appointment of a Performance and Data Manager, impact analyses have begun and a set of performance reports will follow. These include; an infographic to outline the distance travelled from previous Ofsted inspections

up to now, a performance report against co-designed KPIs in order to provide strategic overview with analysis of data held in EHM and findings from children, families and partner feedback.

#### Next steps

- 7.9 SBC and SCST will work together to review business processes. Although confident that the current operational arrangements safeguard children to a high standard, the business processes in relation to systems management requires some minor adjustment. SBC, SCST and LSCB will complete the development of a self-assessment tool, to aid preparations for the forthcoming Ofsted inspection.
- 7.10 There will be a review of this initial phase at the end of December 2018 and this will include options for mainstreaming FIRST across all partners in Slough.

### **8.0 Comments of Other Committees**

- 8.1 Governance of FIRST is through the Early Help Board and the Joint Improvement Board. Both these forums receive regular updates on progress and play a key role in ensuring that all relevant partners continue to strive to embed an early help offer and way of working in Slough that meets the needs of children, young people and families in a timely and cost effective way.

### **9.0 Conclusion**

- 9.1 The Slough Wellbeing Board is recommended to note and comment as appropriate on the work amongst partners in Slough to safeguard children and young people through the implementation of early help.

### **10.0 Appendices attached**

- 10.1 None

### **11.0 Background Papers**

- 11.1 None

**SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2018/19**

<b>MEMBER</b>	<b>18/07</b>	<b>26/09</b>	<b>14/11</b>	<b>14/01</b>	<b>26/03</b>	<b>08/05</b>
Naveed Ahmed	P					
Andrew Bunyan	Ap (Sandra Davies - sub)					
Cate Duffy	P					
Temp Supt Grahame	Ap (Cl Spencer – sub)					
Ramesh Kukar	P					
Tessa Lindfield	P					
Councillor Nazir	P					
Dr Jim O'Donnell	P					
Nigel Pallace	Ap					
Lloyd Palmer	Ap					
Councillor Pantelic	P					
Colin Pill	P					
Raakhi Sharma	P					
Alan Sinclair	P					
NHS England representative	Ap					

P = Present

Sub = Substitute sent

Ap = Apologies given

Ab = Absent, no apologies given

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