

Date of issue: Monday, 12 November 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  
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  
Josie Wragg, Chief Executive, Slough Borough Council

**DATE AND TIME:**

TUESDAY, 20TH NOVEMBER, 2018 AT 5.00 PM

**VENUE:**

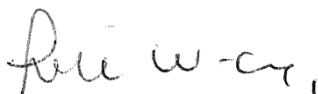
BRITWELL HUB - BRITWELL HUB, WENTWORTH AVENUE, SLOUGH, SL2 2DS

**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.



**JOSIE WRAGG**  
Chief Executive

**AGENDA**



**AGENDA**  
**ITEM**

**REPORT TITLE**

**PAGE**

**WARD**

**PART I**

Apologies for absence.

**CONSTITUTIONAL MATTERS**

- |    |   |        |     |
|----|---|--------|-----|
| 1. | Declarations of Interest  | -      | -   |
|    | <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> |        |     |
|    | <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>   |        |     |
| 2. | Minutes of the last meeting held on 26th September 2018   | 1 - 8  | -   |
| 3. | Action Progress Report  | 9 - 12 | All |

**ITEMS FOR ACTION / DISCUSSION**

- |    |  |         |     |
|----|--|---------|-----|
| 4. | Integrated Care System (ICS) Update and Findings of the 'Your views matter: the big conversation' survey | 13 - 18 | All |
| 5. | Annual Reports of the Slough Adult Safeguarding Board and Slough Local Safeguarding Children Board       | 19 - 76 | All |
| 6. | Oral Health in Slough's Children   | 77 - 82 | All |

**THEMED DISCUSSION**

- |    |  |         |     |
|----|--|---------|-----|
| 7. | Outcome of 2018 Partnership Conference | 83 - 98 | All |
|----|--|---------|-----|

**FORWARD PLANNING**

- |    |                        |          |     |
|----|------------------------|----------|-----|
| 8. | Forward Work Programme | 99 - 104 | All |
|----|------------------------|----------|-----|

**ITEMS FOR INFORMATION**

- |    |                                 |           |     |
|----|---------------------------------|-----------|-----|
| 9. | Homelessness and Rough Sleeping | 105 - 126 | All |
|----|---------------------------------|-----------|-----|

<b><u>AGENDA ITEM</u></b>	<b><u>REPORT TITLE</u></b>	<b><u>PAGE</u></b>	<b><u>WARD</u></b>
10.	Slough Wellbeing Board Social Media Campaign Updates	To Follow	All
11.	Attendance Report	127 - 128	-
12.	Date of Next Meeting - 14th January 2019, 5pm	-	-

### Press and Public

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

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**Slough Wellbeing Board – Meeting held on Wednesday, 26th September, 2018.**

**Present:-** Councillors Pantelic (Chair) and Nazir (until 6.18pm), Liz Brutus (deputising for Alan Sinclair), Cate Duffy, T/Supt Grahame, Lisa Humphreys, Nigel Pallace, Lloyd Palmer (until 6.18pm) and Colin Pill

**Apologies for Absence:-** Dr Jim O'Donnell, Ramesh Kukar, Tessa Lindfield, David Radbourne, Raakhi Sharma and Alan Sinclair (Dr Liz Brutus deputised)

**PART 1**

**16. 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).

**17. Minutes of the last meeting held on 18th July 2018**

**Resolved –** That the minutes of the meeting held on 18<sup>th</sup> July 2018 be approved as a correct record.

**18. Action Progress Report**

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

- Item 6: #BeRealistic Campaign Update – 18<sup>th</sup> July 2018: All partners were reminded to send details of their lead communications officer to the Council policy team.
- Item 9: Refreshed Terms of Reference – 18<sup>th</sup> July 2018: The recruitment process for two new business representatives had not been successful and the positions would be re-advertised.
- Item 10: Arrangement for Partnership Conference – 18<sup>th</sup> July 2018: The Board discussed the plans for the conference to be held on 4<sup>th</sup> October 2018 and agreed to receive a follow up report on the outcomes at the next meeting.

**Resolved –** That the Action Progress Report be noted.

**19. Integrated Care System Update**

The Chair gave an update on the progress being made on the Frimley Health & Care Integrated Care System and the current position on the East Berkshire CCG review of urgent care services.

The 'conversation' on urgent care had been completed with circa 2,000 responses overall being submitted, 500 of which were from Slough. Due to the fact that no members had submitted feedback to the Chair, it had been decided not to submit a collective response on behalf of the Board. Further work would be conducted on the options prior to a formal consultation on any proposed changes to services.

The Board was also updated on work to tackle oral health; partner engagement with the ICS; and the confirmation that the Frimley system would not be required to extend its boundaries as had been suggested as part of a national move to have fewer but larger ICSs.

**Resolved** – That the update on the ICS be noted.

**20. Refresh of Local Transformation Plan of the Children and Young People Mental Health and Wellbeing (East Berkshire)**

The Head of Children, Young People and Families at East Berkshire CCG, Janette Fullwood, gave a presentation that updated the Board on the work undertaken to refresh the Local Transformation Plan of the Children and Young People Mental Health and Wellbeing which would be submitted to NHS England in October.

The work was being led by the CCG, however, it was emphasised that it was system wide plan involving a wide range of partners. The plan was emerging from the Government's 2014 'Future in Mind' report which made recommendations to promote resilience, early intervention, improve access to support, care for the most vulnerable and to ensure accountability. The original East Berkshire CCG plan was published in 2016 and included nine strategic priorities. New services had been introduced such as face to face counselling and more support for those with eating disorders, anxiety and depression. The plan was being refreshed to establish more of a system wide approach and there had been engagement with Directors of Children's Services, children and young people and other partners which had resulted in four key outcomes being identified as set out in the report. Delivery would be supported by key performance indicators and alignment to partners plans.

The Board had a wide ranging discussion about the emerging plan and the current position relating to mental health services for children and young people. Concern was raised about waiting times for services which were experiencing rising demand and it was recognised that they were too long and a step change was required. The updated outcomes were generally considered to be sound and reflected the key areas of need. The Chief Executive of Slough Children's Services Trust and the Director of Children, Learning & Skills also commented on the importance of linking the plan to the wider determinants and social factors contributing to the wellbeing of children and young people; recognising the impact of adverse childhood experiences; and more strongly emphasising the shift to a system wide approach to transformation by more clearly defining 'who' and 'how' to plan would be delivered.

Other issues discussed included the impact of social media in children's mental health, funding and the timetable. Ms Fullwood confirmed that funding was in place for two more years and the plan needed to be published by the end of October. Communication was recognised to be a key issue to ensure children and young people, and workforces in partner organisations, were more aware of the services that were available. Engagement had improved locally since the current plan had been published and it was stated that Slough was further ahead than many areas in terms of partnership working. The Future in Mind Group was leading the work and it included local authority input. It was suggested that public health involvement would also be beneficial and there was a discussion about links to the Youth Offending Team which could be strengthened. The idea of a single website to bring together information on services was suggested to ensure information was consistent and updated.

At the conclusion of the discussion the Chair summarised the key points which were that the work being done to improve services and develop a strong, system wide plan be welcomed; that the overall priorities identified were the right ones; that the plan be more explicit in raising awareness of the services that were available; and that transformation come through more strongly by setting out the scale of change required.

**Resolved** – That the work that had been undertaken amongst partners to refresh the priorities contained within the Local Transformation Plan be noted.

*(Councillor Nazir and Lloyd Palmer left the meeting)*

## **21. Tackling Slough's Health Inequalities and Wider Determinants of Health**

The Council's Service Lead for Public Health, Dr Liz Brutus, introduced a report on health inequalities in Slough and how wider social factors affected health. The wider determinants of health would be a key theme at the partnership conference on 4<sup>th</sup> October and the Board hoped it would be a focus of the Frimley Health and Care Integrated Care System (ICS).

A presentation was given on health inequalities in Slough and the key factors included socio-economic factors, clinical care, the built environment and health behaviours such as smoking and alcohol consumption. These factors resulted in significant variations in life expectancy particularly when wards in Slough were compared to other places in the Frimley ICS footprint. In addition to the need to reduce inequality to improve resident's health and life expectancy, it was recognised that there were negative impacts on productivity and higher costs to health and care providers. The Board agreed therefore that tackling health inequalities should be a key priority and addressing the wider determinants was an important part of the strategy.

The work being done by partners to tackle health inequalities was noted and paragraph 6.7 of the report set out a number of recommendations to build

understanding and plan change and put in place interventions at community and locality level. The Board was invited to request that the Health and Social Care Partnership Board take forward this work and build upon the actions that were already being taken.

The Board welcomed the presentation and agreed that addressing issues relating to the wider determinants of health was central to the work of health and wellbeing boards. It was agreed that the outcomes of the partnership conference should be taken forward and inform the prioritisation. At the conclusion of the discussion, it was agreed that the report be noted and that the Health and Social Care Partnership Board take forward this work for the partnership.

**Resolved –**

- (a) That the work being undertaken to tackle health inequalities and target the wider determinants of health be noted.
- (b) That the Health and Social Care Partnership Board carry out further work to inform the development of a plan to coordinate further action across the wider partnership.

**22. Delivering the Next Phase of the Leisure Strategy**

Slough Borough Council's Leisure Services Manager, Alison Hibbert, made a presentation on the progress that had been made in delivering the Council's 5-year Leisure Strategy agreed in 2014. The strategy would be refreshed next year and the Board was invited to provide early input to shape the way forward in the new plan.

The four key priorities of the 2014 Leisure Strategy were outlined and progress was noted as follows:

- *A new core leisure offer by investing in new and refurbished facilities:* £62m had been invested in Arbour Park, the Ice Arena, Salt Hill Activity Centre and Langley Leisure Centre refurbishments and the new leisure centre on Farnham Road. The capital programme had been delivered on time and budget.
- *A network of free and accessible facilities in neighbourhood parks and open spaces:* 18 new green gyms and trim trails in local parks, 6 new and refurbished multi-use games areas, a parkour park and cricket facilities had been provided.
- *A comprehensive programme of accessible opportunities for residents to participate in regular physical activity:* The 'Get Active' programme offered over 80 sport and physical activity sessions weekly had been delivered. The evidence showed this programme was particularly effective in engaging females, children and people aged between 25-44 years old.
- *Procure a new leisure operator to manage the new core leisure facilities:* Everyone Active had been contracted to manage and operate



four of the new Council leisure facilities with an estimated saving to the Council of over £15m in the next ten years. The provider indicated that there had been circa 60,000 additional visits to Montem Leisure Centre compared to 2017/18.

It was considered that the aims of the 2014 strategy had been achieved, particularly in the renewal of facilities, and the proposals for the new strategy would include clear priorities to widen and increase participation. The remit of the Leisure Strategy Board would be revised to focus on health and wellbeing outcomes and a public consultation would take place to inform the new strategy.

The Board welcomed the progress that had been made and discussed a range of issues including the engagement of GPs and the health service to prescribe activity. There was an opportunity to put in place a bespoke offer for the 600 children in SCST services, including a package of support for Children in Care. It was agreed that the Trust and Council's leisure services could take forward this proposal. Promoting activity for children and young people more widely was considered to be a priority for the new strategy in terms of encouraging walking and cycling in the design of infrastructure, projects and services. The relatively weak provision of accessible facilities for disabled people was raised and it was noted that the Disability Task & Finish Group of the Health Scrutiny Panel could look at this issue as part of its review.

The Board expressed a commitment to be involved in the development of the new strategy and agreed to receive a further report in 2019.

**Resolved –**

- (a) That the progress to date on achieving the outcomes and actions in the Council's 5-year Leisure Strategy be noted.
- (b) That the Board consider the refreshed Leisure Strategy in 2019.

**23. Forward Work Programme**

Members reviewed the Forward Work Programme for the Board and were encouraged to propose further items to be add. It was agreed that the Work Programme should reflect the activities and priorities of the wider partners, not only Slough Borough Council, and an email inviting proposed items for future meetings would be sent out.

Temp. Supt Grahame suggested that a report be brought to a future meeting by Thames Valley Police on substance abuse and diversion. This was agreed.

**Resolved –** That the Forward Work Programme be agreed.

**24. Homelessness and Rough Sleeping Update**

An information report was received that updated on the work of the Homelessness and Rough Sleeping Task & Finish Group.

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

**25. Joint Strategic Needs Assessment (JSNA) 2018 Refresh**

An information report was received that informed the Board of the completion of the Joint Strategic Needs Assessment (JSNA) refresh for 2018. The key documents had been published on the Council's website.

**Resolved** – That the refreshed JSNA be noted.

**26. Slough Prevent Board (Six Month Update)**

An information report was received that informed the Board about the recent work by the Slough Prevent Board, including activity to meet the Prevent Duty created by the Counter Terrorism and Security Act (CTSA) 2015.

**Resolved** – That the work of the Prevent Board and Action Plan as at Appendix A to the report be noted.

**27. #NotAlone Campaign Update**

An information report was received on the preparations for the third Wellbeing Board social media campaign, #NotAlone, which was due to launch on 10 November to coincide with World Mental Health Day.

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

**28. Recovery College Update**

An information report was received that updated the Board on preventative services being delivered in Slough, particularly the Slough Community Mental Health Team's Hope Recovery College.

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

**29. Early Help Update**

An information report was received that updated on the work undertaken since the discussion at the Board meeting on 25<sup>th</sup> January 2018 to improve Slough Borough Council's Early Help offer.

**Resolved** – That the work amongst partners in Slough to safeguard children and young people through the implementation of early help be noted.

**30. Attendance Report**

**Resolved** – That the Members' Attendance Report be noted.

**31. Date of Next Meeting**

The date of the next meeting would need to be rescheduled from the planned date of 14<sup>th</sup> November 2018 and the options of either 20<sup>th</sup> or 28<sup>th</sup> November were proposed. It was also proposed and agreed that the meeting be held in a community setting. The Democratic Services Officer would confirm the new date and seek to book Britwell Hub as the venue.

**Resolved** – That the date of the next meeting be confirmed as either 20<sup>th</sup> or 28<sup>th</sup> November 2018 at Britwell Hub.

Chair

(Note: The Meeting opened at 5.04 pm and closed at 7.11 pm)

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## Slough Wellbeing Board – Action Progress Report

**26<sup>th</sup> September 2018**

No:	Item	Action(s):	For:	Update/Report Back to and date:
7.	Delivering the next phase of the Leisure Strategy	<ul style="list-style-type: none"> <li>Refresh of Leisure Strategy to be considered by the SWB in 2019.</li> </ul>	Alison Hibbert	To be added to work programme in 2019 as new Leisure Strategy is developed.
8.	Forward Work Programme	<ul style="list-style-type: none"> <li>Item to be added to Forward Work Programme on substance misuse and diversion.</li> </ul>	T/S Grahame / Amanda Renn	November 2018

**18<sup>th</sup> July 2018**

No:	Item	Action(s):	For:	Update/Report Back to and date:
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	November 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> </ul>	Amanda Renn	Recruitment process was repeated but was not successful.

## Slough Wellbeing Board – Action Progress Report

		<ul style="list-style-type: none"> <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>		
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 held on 4 <sup>th</sup> October 2018. Outcome report provided elsewhere on the agenda.

### 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

## Slough Wellbeing Board – Action Progress Report

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.
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### 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.



**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board    **DATE:** 20 November 2018

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

**WARD(S):** All

**PART I**  
**FOR COMMENT & CONSIDERATION**

**FRIMLEY HEALTH AND CARE INTEGRATED CARE SYSTEM**

1. **Purpose of Report**

1.1 This report provides the Slough Wellbeing Board with an update on progress being made to deliver the Frimley Health and Care Integrated Care System (ICS).

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

2.1 The Board is recommended to note the report and the progress being made in developing the ICS and comment on any aspect of the plan.

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

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

The priorities in the ICS reflect the need to improve the health and wellbeing of the population. The ICS will focus on those priorities that can be delivered across the system and local areas will continue to address their own local priorities. Slough's Joint Strategic Needs Assessment (JSNA) has informed the work of the ICS.

The ICS supports the delivery of several of the current Slough Wellbeing Board's strategic priorities including:

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

3b. **Five Year Plan Outcomes**

The ICS will also support the delivery of the following Five Year Plan outcomes:

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

4. **Other Implications**

(a) Financial - One of the aims of the ICS is to bring financial balance to the Frimley footprint by 2020 – across health and social care. There is a significant financial pressure facing all parts of the system and the plan will address how these

pressures will be managed. Any future investment from the NHS in local systems will come via the ICS process.

(b) Risk Management - There are no recommendations arising from this report.

(c) Human Rights Act and Other Legal Implications - No legal implications have been identified at this point.

(d) Equalities Impact Assessment - These are being undertaken by service deliverers as ICS programmes become operative.

## **5. Summary**

*This report provides the Board with:*

- a) An update on progress being made to deliver the ICS;*
- b) An opportunity to ask questions about and/or comment on any aspect of the Plan; and*
- c) Consider next steps.*

## **6. Supporting Information**

6.1 The Frimley footprint has been in operation since October 2016. This has seen the system change from the initial Sustainability and Transformation Programme to an ICS, which became operational earlier in 2018. This involves all health and care providers and commissioners, including Slough Borough Council.

6.2 Given the importance of the matter to healthcare provision in Slough and across the region, this has been a regular agenda item for the Slough Wellbeing Board. The last meeting to receive an update on progress, including an updated on the 'big conversation on the future of urgent care services', which had recently been launched by East Berkshire Clinical Commissioning Group (CCG), was held on 18 July 2018.

### **The big conversation about urgent care services – update**

6.3 The CCG's 'big conversation about urgent care services' ran from 21 May to 6 August 2018. The purpose of the conversation was to understand from local people their experiences of urgent care and what matters to them when they have an urgent care need. It included a series of public meetings across Slough, Windsor, Maidenhead, Ascot and Bracknell; visits to community groups, online discussion forums and an online survey.

6.4 In total, the CCG reached over 2,300 local people and other stakeholders – which equates to 0.5% of the CCG's population. The full Engagement Report can be viewed on the CCG website: <https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2018/08/Engagement-Report-Web.pdf>

6.5 A copy of the CCG's 'The big conversation about urgent care – where are we now?' Briefing 5 – October 2018 is also attached as Appendix A for member's information.

6.6 Since the consultation ended, local clinicians have been considering the results of the 'big conversation' and analysing the data obtained about how local

people use urgent care services, to inform potential options. The main findings of the consultation were that the majority of people said they wanted to see their GP first if they had an urgent care need, and that the CCG needed to think about primary care and community services as part of this ongoing work.

6.7 As part of the on-going assurance process around the 'big conversation' the CCG met with regional NHS England colleagues who scrutinised the progress being made. NHS England gave very positive feedback and assured the CCG about the approach and the actions taken to date. They have, however, advised the CCG to extend the original timelines to allow additional time to model the options as well as continued engagement of all stakeholders once the options and modelling has been completed. The extra time will also allow general practice plans to be fully taken into account in line with feedback from the 'big conversation'. Other areas of work currently taking place across the system, for example the estates strategy can also be accounted for in the potential service models.

6.8 The following timelines and key decision making milestones have been agreed by the CCG Governing Body:

**October 2018 – May 2019:** CCG to develop models for the future taking into account what we have heard already, and engaging with local lead councillors and local authorities

**15 May 2019:** GB decision regarding the shortlist of models and to decide whether consultation is needed

**16 May – 11 July 2019:** Consultation (if required depending on options)

**11 July – August 2019:** Recommendation paper write up to present to GB

**September 2019:** GB decision on service model

### **Joint Health Scrutiny committee**

6.9 The CCG has a duty to consult on these proposals with the relevant Local Authority Health Scrutiny Committee under Section 244 of the NHS Act 2006. In order to discharge this duty it plans to ask local authorities to convene a Joint Health Scrutiny Committee for East Berkshire in conjunction with Wokingham and Buckinghamshire (which have significant numbers of residents attending Brants Bridge, St Marks and Upton) to discuss the shortlist and test out their views about the requirement for consultation. Such a body would also discuss the models for the future proposed by the CCG.

6.10 The members nominated for this role at Annual Council on 17<sup>th</sup> May 2018 were Councillors Bedi, Rana and Usmani. As a result, these would be the members who would be Slough Borough Council's delegates to such a body.

6.11 At present, officers are seeking clarification on the following matters:

- a) Which local authorities would be involved; the historic Joint East Berkshire Health Scrutiny Committee involves the Royal Borough of Windsor and Maidenhead and Bracknell Forest Council. However, it may also need to involve Wokingham Borough Council and Buckinghamshire County Council given the geography of the footprint.

- b) The exact timeframes around such a body
- c) Responsibility for administrating the body if convened

6.12 The nominated representatives for a Joint Scrutiny Committee, the Slough Wellbeing Board and Health Scrutiny Panel will be updated on this as appropriate.

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

7.1 The ICS has also been a regular agenda item for the Health Scrutiny Panel. The last meeting to receive an update on progress was held on 28 June 2018. This event took a presentation, which covered the following matters:

- The governance of the ICS
- The work streams of the ICS and their delivery plans for 2018 – 19
- The benefits being delivered by the ICS

7.2 In response to this, Health Scrutiny Panel raised a series of areas of interest regarding the ICS. These can be summarised as follows (with full details available in the minutes of the meeting held on 28 June 2018):

- The importance of communicating the new system and its benefits to local residents
- The importance of ensuring the effective and efficient discharge of patients from hospital
- The ability of the ICS to respond to local needs and priorities
- The need for local residents to be involved fully in consultation events

7.3 On the second of these points, members may be interested in the report to be taken by Overview and Scrutiny Committee on 15 November 2018. This will cover the Adult Social Care Transformation Programme, with the 'Discharge to Assess' model to be part of this agenda item.

7.4 A report on the ICS will also be taken by the Health Scrutiny Panel on 21 November 2018.

## **8. Conclusion**

8.1 Given the relative newness of the ICS, Slough Wellbeing Board may wish to use this agenda item to discuss how to contribute to the ongoing consultation. They may also wish to consider how to add value to the implementation of the ICS throughout 2018 – 19 and how they can best contribute to its progress.

## **8. Appendices Attached**

'A' -The Big Conversation about urgent care – where are we now? Briefing 5 – October 2018

## **9. Background Papers**

1 - Agenda papers & minutes, Slough Wellbeing Board 18 July 2018

2 - Agenda papers & minutes, Health Scrutiny Panel 28 June 2018

# The Big Conversation about urgent care – where are we now?

Briefing 5 – October 2018



From 21 May – 6 August 2018, East Berkshire CCG ran the ‘Big Conversation’ about out of hospital urgent care. The purpose of the conversation was to understand from local people their experiences of urgent care and what matters to them when they have an urgent care need.

In total, we reached over 2300 local people and other stakeholders – this equates to 0.5% of the CCG’s population. The full Engagement Report can be viewed on the CCG website:  
<https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2018/08/Engagement-Report-Web.pdf>

## What has been happening since 6 August?

The full engagement report and a report on a provider survey have been produced (see above).

An appraisal framework to shortlist potential options has been developed.

Local clinicians have been considering the results of the Big Conversation and all of the data about how people use urgent care services, to inform potential options.

As part of our ongoing assurance process, members of the CCG met with regional NHS England (NHSE) colleagues who scrutinised our progress to date on this programme of work. NHSE gave us very positive feedback about the ‘Big Conversation’ and was assured of our approach and the actions taken to date. However, they advised the CCG to extend its original timeline to allow additional time to model the options as well as continued engagement of all stakeholders once the options and modelling has been completed.

## Next Steps

A paper was presented to the CCG Governing Body (GB) meeting on Wednesday 10 October, taking into account the advice from NHSE and the feedback from the 'Big Conversation' that people would rather see their GP first if they had an urgent care need. The Governing Body reviewed the original timescales proposed and decided to revise these as follows:

Phase	When
CCG to develop models for the future taking into account what we have heard already, and engaging with local authorities	October 2018 – May 2019
GB decision regarding the shortlist of models and to decide whether consultation is needed	15 May 2019 (originally October 2018)
Consultation (if required depending on options)	16 May – 11 July 2019 (originally October – December 2018)
Recommendation paper write up to present to GB	11 July – August 2019 (originally February 2018)
GB decision on service model	14 September 2019

The revised timeline allows the CCG to follow a robust process of continuing to work closely with partners to develop potential service model options and undertake the complex modelling required supporting these. It will also allow general practice plans to be fully taken into account in line with feedback from the 'Big Conversation'. Other areas of work currently taking place across the system, for example the estates strategy can also be accounted for in the potential service models.

If the final options require a consultation, the CCG will launch a full public consultation from 16 May – 11 July 2019.

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Wellbeing Board      **DATE:** 20 November 2018

**CONTACT OFFICER:** Nick Georgiou, Independent Chair of Slough's Safeguarding Boards & Betty Lynch, Safeguarding Partnership Manager, Slough Borough Council

**(For all Enquiries)**      01753) 875075

**WARD(S):**      ALL

**PART I**  
**FOR COMMENT & CONSIDERATION**

**ANNUAL REPORTS OF THE SLOUGH ADULT SAFEGUARDING BOARD AND SLOUGH LOCAL SAFEGUARDING CHILDREN'S BOARD**

1.      **Purpose of Report**

1.1      The Local Safeguarding Children's Board and the Safeguarding Adult's Board are statutory partnership boards to ensure that there is effective communication, co-ordination and challenge in relation to partners safeguarding responsibilities. These annual reports are statutory requirements. Each of them was presented to the relevant scrutiny committee in October 2018.

1.2      In addition to the annual reports at Appendices A and B, a proposal to align more closely the work of the boards and to develop a joint safeguarding business plan is also attached at Appendix C.

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

2.1      The Committee is requested to note and comment on the report.

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

The work of these boards contributes to the Slough Joint Wellbeing Strategy and the JSNA. Priorities in regard to safeguarding children and promoting their wellbeing, and improving mental health and wellbeing are directly relevant.

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

The safeguarding boards contribute to all of the Slough Wellbeing Board's priorities with particular focus on:

1. Protecting vulnerable children - by safeguarding children and promoting their well being
2. Increasing life expectancy by focusing on inequalities
3. Improving mental health and wellbeing

### 3b. Five Year Plan Outcomes

The safeguarding boards contribute to the delivery of the following Five Year Plan outcomes:

- Slough children will grow up to be happy, healthy and successful
- People will be healthier and better able to manage their own care needs

### 4. Other Implications

a) Financial - The Care Act identified the local authority police authority and Clinical Commissioning Group for each area as core members of the statutory Adult Safeguarding Board. As part of their core membership an expectation of funding for the board was set out with each agency making a contribution to the costs incurred in delivering the board's responsibilities. A new business unit has been agreed with a team of one manager, one officer and one administrator providing management and administrative support to the Local Safeguarding Children, Safeguarding Adults and the new Slough Strategic Safeguarding Executive Board. This has produced efficiencies and has reduced costs. It will be evaluated at the end of this financial year. Recruitment has been challenging. The manager has been appointed and currently recruiting to two additional posts.

b) Risk Management - Risk identification and management is integral to the work of all partners involved in safeguarding.

c) Human Rights Act and Other Legal Implications - *"Recognise the public duty to protect the human rights of all citizens including those who are subject of concern but who are not covered by the Safeguarding Adults Procedures. This duty falls on each of the board's member organisations who will offer signposting, advice and support as appropriate."*

The Local Safeguarding Children Board promotes the rights of children to live free of abuse, neglect and exploitation in accordance with the Human Rights act and the UN convention on the rights of the child.

d) Equalities Impact Assessment - There is no adverse impact of this report in relation to age, religion and sexual orientation.

e) Workforce - Board members have a responsibility to ensure that the workforce has received the appropriate and relevant safeguarding training and this is referred to in the annual reports. It is worth noting that all partners experience significant pressures in recruitment of appropriately qualified and experienced staff.

### 5. Summary

*The Board is asked to*

- a) Note and comment on the annual reports, and*
- b) Comment on the proposed development of the how the safeguarding boards will take forward their work into the future, particularly in the light of the Working Together Guidance published in July 2018.*



## 6. **Supporting Information**

6.1 The annual reports and Multi-Agency Safeguarding Partnership Arrangements enclosed with this report at Appendices A, B and C contain all the supporting information.

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

7.1 The safeguarding boards have considered and endorsed these Annual Reports.

7.2 They were also presented to the Health Scrutiny and the Education and Children Scrutiny committees at their October meetings.

7.3 The Multi-Agency Safeguarding Partnership Arrangements report was considered by the LSCB on 1 November and supported. The CCG wanted some further detailed discussion though broadly supportive which is expected to have taken place by the time of this meeting of the Wellbeing Board. The report will be presented to the Adult Safeguarding Board at its next meeting at the end of November 2018.

## 8. **Conclusion**

8.1 Slough Wellbeing Board is asked to:

- a) Note and comment on the annual reports,
- b) Comment on the proposed development of the how the safeguarding boards propose to take forward their work into the future, particularly in the light of the Working Together Guidance published in July 2018.

## 9. **Appendices**

'A' - Local Safeguarding Children Board annual report

'B' - Slough Safeguarding Adults Board Annual report

'C' - Multi-Agency Safeguarding Partnership Arrangements (to follow)

## 10. **Background Papers**

None

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**This is the SLOUGH LSCB ANNUAL REPORT;**  
*An account of the effectiveness of Slough LSCB  
for the period 2017-2018*

**Find out what we do on this link:**  
<https://sloughsafeguardingboards.org.uk>

## **CONTENT**

- Forward by Independent Chair, Nick Georgiou
- About Slough
- Progress against objectives set in 2016/17 annual report.
- Child Protection Performance
- An account of the statutory functions of the LSCB
- Partners accounts
- Summary of strengths and areas for development
- Budget and finance

# Forward by LSCB Independent Chair Nick Georgiou

I hope that you find this Annual Report Interesting, Informative and Accessible.

The approach taken in writing it is to make extensive use of web links so that you are able to access a lot of data and information without being faced by a welter of pages.

A good deal of the focus in this year ending March 2018 has been on strengthening the support structure to both the Adult and Children's Safeguarding Boards. A major feature of this was the recruitment of a Safeguarding Partnership Manager, Betty Lynch, who has generated improved systems and processes.

These developments have enabled stronger partnership working, more clearly articulated strategic objectives and communications.

The new Slough Safeguarding Website is much more accessible, informative and well used. There is improved coordination of the range of contextual and specific issues that span both safeguarding boards and the Safer Slough Partnership.

A major development has been the establishment of the Slough Safeguarding Executive Board where senior managers from the core agencies, SBC, TVP and the CCG ensure common and coordinated approaches.

My comments here are applicable to both the Adult and Children's boards and illustrative of the greater coordination across the range of safeguarding concerns I am using this same foreword for both annual reports.

Nick Georgiou.

# About This Document

- This document is meant to be read on line. Links to detailed information are referenced so that you can read the detail you need.
- You can print out the document and the on line supplementary documents if you prefer
- Please contact [betty.lynch@slough.gov.uk](mailto:betty.lynch@slough.gov.uk) if you have any queries



## Slough population: Key Facts from Slough Joint Strategic Needs Assessment

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

- Total Population of 148,768 including 41,406 children.
- Slough has a young population; 28% are aged under 20.
- Population predicted to grow to 169,600 by 2036
- It has a higher proportion of people aged 30-40, and a higher fertility rate than the rest of Berkshire.
- It is ethnically diverse; 40% of the population is Asian or Asian British and 36% are White British
- It has a highly transient population and high rates of refugees and asylum seekers.
- Slough is an attractive location for both European and global headquarters. Slough trading estate provides local employment opportunities.
- Slough is ranked 78th out of 152 upper-tier unitary authorities in England, where a ranking of 1 is the most deprived (based on the 2015 Indices of Multiple Deprivation average score).
- There are number of neighbourhoods in Slough that are among the most deprived in England,

2.0 LSCB Performance analysis: Progress on areas for development identified in the annual report 16-17

Objectives in annual report 2016/17	Progress	Next steps
<b>Objective 1:</b> The LSCB will have a programme of effective monitoring and quality assurance of multi-agency safeguarding practice.	A new learning and improvement framework was agreed. 3 multi-agency audits have been carried out .Data provided by Children trust on child protection	The quality assurance sub-group will revise methodology to ensure work is effectively prioritised and as efficient as it can be
<b>Objective 2:</b> The LSCB will be informed by a robust approach to the analysis of data and information that is qualitative and quantitative and leads to ongoing improvement activity.	Annual report informed by analysis. Working with new Pan Berkshire CE group on performance data set. Case audit analysis provided to LSCB All of above informs the business plan	A new performance data set, including child exploitation data will be used by the LSCB in 18/19.
<b>Objective 3:</b> The LSCB will have oversight of the effectiveness of safeguarding across agencies and will hold partners to account where necessary	Agencies complete Section 11 audits and this is managed pan Berkshire. Accountability also via Partners' safeguarding annual reports and regular updates as requested by the LSCB chair.	Arrangements will be formalised and published in April 2019 in accordance with the new Working Together 2018 guidance.



2.0 LSCB Performance analysis: Progress on areas for development identified in the annual report 16-17

Objectives in annual report 2016/17	Progress	Next steps
<p><b>Objective 4:</b> The LSCB will have clear mechanisms in place to communicate effectively with partners and stakeholders.</p>	<p>New website delivered. New business manager appointed and website regularly updated. Communications improving. Communications strategy agreed.</p>	<p>Recruit to business support team. Further develop communications strategy working with SAB and Safer Slough Partnership to deliver messages cohesively.</p>
<p><b>Objective 5:</b> The LSCB will share learning and improve front line practice through an evidence informed learning and development programme.</p>	<p>Training needs analysis complete, informing new strategy and training programme for 2019/19.</p>	<p>Deliver training and evaluate impact in 2018/19. Plan curriculum for 2019/20 and publish in February 2019.</p>
<p><b>Objective 6:</b> The LSCB will work closely with other partnerships to ensure individual accountability and shared responsibility for safeguarding and promote joint working around mutually agreed safeguarding priorities.</p>	<p>A new joint strategic safeguarding group was formed. See slide below. .</p>	<p>The group will work on a co-ordinated approach to business, e.g. communications and training. It will also support LSCB members local arrangements in accordance with new Working Together 2018 guidance.</p>

## 3.0 CHILD PROTECTION PERFORMANCE ANALYSIS

An account of child protection performance data is provided by the Children's Trust in the link below . As well as accounting for the performance of the Children's Trust, this data is analysed to help us to understand the multi-agency implications specifically around thresholds.

The facts, analysis and conclusions are provided in the next two slides.

<https://www.sloughsafeguardingboards.org.uk/lscb/lscb/learning-and-improvement-framework/supporting-documents-for-lscb-annual-report>

# Key Facts From This Data:

- On 31 March 2018 there were 161 children who were subject to a **CP Plan**, rate of 38.9 per 10,000

## **CONTACTS** (*click below to see why this is important*)

<https://www.sloughsafeguardingboards.org.uk/lscb/lscb/spare/building-the-lscb-annual-report>

- The number of contacts to the Childrens Trust front door services has decreased modestly in this reporting period by 2.1 % which is not statistically significant.(9861 in 16/17 and 9645 in 17/18 a difference of 216). There were some in year fluctuations.
- The proportion of cases proceeding to referral decreased (*22.5% in 16/17 compared to 16.3% in 17/18 including monthly in year volume fluctuations*).
- The proportion of referrals that are repeat referrals has decreased by 1.4% from 20.4% in 16/17 to 19% in 17/18. This is not statistically significant and performance is consistent with statistical neighbours (20.2%), England averages (21.9%) and only 1 % higher than the performance target of 18%).

# The analysis

***Why do we see a large volume of contacts coming through to the Children's Trust front door and a low proportion proceeding through to the child protection system?***

- There is a lot of work involved in looking at every case very carefully to establish whether the child needs social care intervention. Care must be taken to ensure that this does not impact on the time it might take to reach those children who most need social work services.
- There are too many inappropriate referrals and work needs to be done to support practitioners in making professional judgement about the level of need, referred to in the ***LSCB Threshold document***.
- It also suggests that professionals may be referring as they are unclear about what other services may best serve the child. There is therefore a need to ensure that **early help** arrangements are delivered and those arrangements are communicated widely and effectively to the professional and wider community.

# THE CONCLUSION

- The board commissioned a review of the thresholds document which is in the final stages of completion at the end of this reporting period along with a communication strategy to ensure the document is widely understood. A review of multi-agency training (see below) will lead to more focus on the application of threshold criteria in practice and multi-agency communication and navigation skills. Seminars are planned for the summer and autumn of 2018 to support practitioners to apply the threshold document in practice and as a refresher on how to make high quality referrals.
- The LSCB will monitor this data and retrospective surveys of seminar attendees in 2018/2019 to ensure this work has impact.
- The LSCB has also received reports and updates from the Local Authority on the progress made on Early help and during this reporting period, significant progress has been made (see slide on early help).

## Early Help; See the full strategy on the link below

<http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-multi-agency-early-help-strategy-for-children-young-people-and-their-families-2017-2021.aspx>

STRENGTHS	AREAS FOR DEVELOPMENT	NEXT STEPS FOR 18/19
<p>Investment by Local Authority in providing leadership and co-ordination function to support partners to deliver Early Help. Multi-agency early help board well established</p>	<p>LSCB multi-agency training will include early help Widespread communications including FIRST newsletter underway at time of writing-</p>	<p>Monitor impact in terms of reduction in the inappropriate demand for statutory social care services and more families being supported appropriately by services according to need and risk</p>
<p>Ambition and vision: A collaborative approach (early help) involving partners with the aim of reducing inappropriate demand for statutory social care services and more families being supported appropriately by services according to need and risk</p>	<p>Performance monitoring framework in design at time of writing-</p>	<p>Performance framework to be agreed by early help board. Regular accounts to LSCB.</p>

## Early help; See the full strategy on the link below

<http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-multi-agency-early-help-strategy-for-children-young-people-and-their-families-2017-2021.aspx>

STRENGTHS	AREAS FOR DEVELOPMENT	NEXT STEPS FOR 2018/19
<p>Family Information Resource Support Team (FIRST) established , with multi-discipline composition, including senior social worker to provide professional guidance on thresholds. FIRST line-managed by SBC and integrated with SCST “front door” to ensure coordinated early help.</p>	<p>Promote FIRST (early help) pathways and referrals through communications and training-</p>	<p>Subject to review of initial (schools) phase , early help model to roll out to all partners in Spring 2019-</p>
<p>FIRST launch on 25th June 2018, with initial phase focussed on early help pathway relating to schools-</p>	<p>Ongoing appointments and service reorganisations to establish full complement of team-</p>	

## Child Sexual Exploitation in Slough Highlights of Multi-Agency Performance;

Strengths	Impact	Areas for development	Next steps 18-19
<p><b>Data on missing children improving and notification process is clear</b></p> <p><b>Well developed SEMRAC</b></p>	<p>More children taking part in return home interviews informing next steps for them and tactical intelligence.</p>	<p>Continue to develop to ensure intelligence informs tactical disruptive interventions.</p>	<p>Work underway to continue to improve on SEMRAC role in tactical local activities.</p>
<p><b>Over 900 taxi drives took part in CE training and are followed up with regular contact.</b></p> <p><b>“Hotel watch” scheme raising awareness in hotels.</b></p>	<p>Increased community awareness including businesses.</p>	<p>More widespread campaigning in the community in Slough</p>	<p>Deliver a communications strategy with SAB and SSP and specifically targeting parents.</p>
<p><b>Training well developed and agencies attending.</b></p>	<p>Increased awareness by partner agencies.</p>	<p>Specific training needs analysis in relation to CE.</p>	<p>Deliver further training and carry out training needs analysis.</p>
<p><b>Pan Berkshire CE group re-established.</b></p>	<p>Developing consistency around forms, training and performance indices.</p>	<p>Developing consistency around forms, training and performance indices.</p>	<p>Review current local CE group to ensure cohesion with pan Berkshire developments.</p>



## Child Sexual Exploitation in Slough Highlights of Multi-Agency Performance;

Strengths	Impact	Areas for Development	Next steps 2018-2019
<p>Over 900 young people took part in a Safer Slough survey into criminal exploitation.</p> <p>Young people regularly feed back to the LA young people services on quality of provision.</p> <p>Work carried out with Mosques on “hurting touch” to raise awareness.</p> <p>LSCB young people’s lay member meets with youth parliament.</p>	<p>Led to and influenced a Safer Slough partnerships gangs review and to the revision of the local child exploitation strategy.</p> <p>Leads to practice improvements.</p> <p>Awareness raising in mosques, support of local Imams.</p> <p>Youth parliament aware and engaging . Provided feedback on exploitation.</p>	<p>More work to ensure young people can see the influence they are having on planning.</p>	<p>Include in revised strategy</p>
<p>Leaders and managers aware of local challenges and work across the LSCB, the SAB and the Safer Slough Partnership to jointly agree on common issues in relation to exploitation.</p>	<p>Leaders working together strategically to drive the agenda and ensure a co-ordinated approach and clear governance.</p>	<p>Evaluate current arrangements against OFSTED criteria.</p>	<p>Consider working together on one strategy around exploitation across 3 partnership boards, explain the roles of each of the boards and how they relate to each other around exploitation.</p>

# **An Account of the Statutory Functions of the LSCB.**

Regulation 5 of the Local Safeguarding Children Boards regulations 2006 sets out the functions of the LSCB in relation to its objectives under Section 14 of the Children Act 2004. The following slides are an account of those functions.

# 4.1 Policy Development (Regulation 5 1(a))

Slough LSCB gratefully acknowledges the leadership by Reading and Wokingham LSCB in managing the Pan Berkshire policy and procedures sub-group.

*Key updates were as follows;*

- *Responding to Abuse and Neglect -*
- *Bruising / Suspicious Marks on Children Not Independently Mobile*
- *Information sharing Data and Information Sharing Agreement for Agencies Working with Children and Young People*
- *Female Genital Mutilation*
- *Conflict Resolution –*
- *New Chapters were added on Dangerous Dogs and Modern Slavery*
- *Organised or Complex Abuse –*
- *Children affected by Gang Activity, Criminal Exploitation and Youth Violence -*
- *Faith related Harmful Practice -.*
- *Two New Chapters were added **Good Practice Supporting the Voice of the Child and Child Sexual Abuse in the Family Environment.***

The group provides reports to all LSCB's in Berkshire and communicates changes via a newsletter.

## 4.2 Training

### Click the link below for data

<https://www.sloughsafeguardingboards.org.uk/lscb/lscb/learning-and-improvement-framework/training-data>

On the day training evaluations were positive with a high degree of learning from each course. Evaluating the impact on practice retrospectively was not carried out in this reporting period.

Instead a substantial training review and training needs analysis was carried out to provide a sound evidence informed strategy and curriculum over the next three years. The full review is available on the link below. The review found that data collection on training and evaluation needs improvement and the roles of agencies and the LSCB offer need to be more explicit. It also established consensus on the need to develop competencies around multi-agency working to enable practitioners to function effectively with partners. The full training needs analysis report is on the link below:

<https://www.sloughsafeguardingboards.org.uk/lscb/lscb/learning-and-improvement-framework/training-needs-analysis>

# Training

*(continued from previous slide)*

Informed by the evidence in the training needs analysis, the LSCB agreed to prioritise the revised level 3 targeted course now renamed as “Working together to safeguard children” and CSE training. The LSCB will also promote MARAC and PREVENT training in this period. In addition, a series of seminars to help practitioners apply the new threshold document in practice will be delivered. The LSCB training sub-group will work on devising the curriculum for 2019-2020 which will include neglect particularly featuring domestic abuse, parental mental health and parental substance misuse.

The training strategy will be agreed by the training sub-group in the summer of 2018 and will specify the roles and responsibilities of the LSCB and individual partner member agencies in relation to safeguarding training. The LSCB will provide multi-agency training, enhancing the multi-agency workforce competencies referred to in the review such as communications, understanding the roles of agencies, negotiation, challenge and the application of thresholds in practice.

The LSCB will monitor the effectiveness of delivery of training by examining on the day and evaluations and carrying out 3 month retrospective surveys to assess impact on practice. Data will be improved by ensuring there are sound reports on individual agencies attending LSCB training.

***The LSCB acknowledges the significant contribution of training sub-group members who have continued to provide training on behalf of the LSCB and this is a contribution in kind.***

# Managing Allegations

The Local Authority Designated Officer (LADO) has overall responsibility for the management of allegations of abuse against adults who work with children. 2 reports are provided each year to the LSCB. Highlights are as follows:

There were 178 referrals to the LADO in 2017-18, which is 14 more than in the previous year. Whilst LADO activity has continued to see a steady increase, the rate has slowed from previous years.

Analysis indicates that the highest number of allegations referred to the LADO relate to unsuitable behaviour and physical harm, followed by sexual/grooming/ICT concerns.

In respect of unsuitable adult behaviour this includes risk by association. These are cases whereby the spouse; partner or close family member has been subject to criminal investigation relating to children requiring their partner/family member's suitability to work with children to be evaluated.

Schools remain the highest employment sector to make referrals. Additionally Education staff have been subject to the highest number of allegations which has been an ongoing trend both locally and nationally due to the volume of education staff and direct and frequent contact with large numbers of children.

# Managing Allegations *cont'd*

The LADO has been working with local organisations to raise the profile within the voluntary sector. There continues to have been a steady decline in referrals regarding this sector over the past year and the percentage of referrals still appears to be disproportionate given it is such a large employment sector.

Category	Q1/2	Q3/4	%
Substantiated	12	31	36%
Unsubstantiated	7	34	34%
Unfounded / False	2	23	21%
Malicious	0	2	2%
No outcome recorded	1	7	7%
<b>Total</b>	<b>22</b>	<b>97</b>	<b>119</b>

This is a similar pattern to other local authorities and indicates that the decision to proceed to a strategy meeting was appropriate and proportionate to enable the evidence to be examined.

Ongoing efforts to increase awareness across the Borough appear to be reflected in the number of agencies and groups contacting the LADO. The service has continued to evaluate all enquiries in order and provide consultation and support to agencies and employers.

The LADO process continues to ensure that allegations against those who work or volunteer with children are not seen in isolation and that the welfare needs of children are prioritised and coordinated.

The LADO has been working with the performance and analysis team to improve recording and tracking systems for managing allegations and it is anticipated that quality of reporting will be improved in the future.

# Private Fostering

- During the year 2017/18 Slough Children's Trust received two new notifications of a private fostering arrangement bringing the total in the area to five. During the year four of the five private fostering arrangements ended.
- The Private Fostering Statement of Purpose was updated in 2017 and is published on the Trust website.
- An information sheet on Private Fostering has been written and has been circulated widely to a range of partners and stakeholders including all schools in Slough , Children's Centres and Early Years network and LSCB Board members for onward dissemination across partner agencies.
- More work will be done in 2018-2019 to raise awareness in the local and professional community about private fostering.
- Slough children's Services Trust website contains information about private fostering which can be accessed at:

<http://www.scstrust.co.uk/what-we-do/fostering/private-fostering/>



# Communications

- The LSCB and the Safeguarding Adult Board have created a new website enabling professionals and the community to access information about safeguarding children and adults and this had over 6,000 views in the first six months. A communications strategy was agreed at the LSCB in February 2018. LSCB members will ensure that communications are cohesive and strategically planned. Partners agree that an approach involving working in collaboration between both boards and the Safer Slough Partnership would provide a more organised and cost efficient way of delivering communications. Currently, communications are effective in reaching the right professional groups but more work needs to be done to effectively ensure the right message reaches the community particularly vulnerable members of our community, at the right time.
- In 2018-2019 the various strands of communications from each of the boards will be brought together to establish a more efficient way of delivering communications.
- The LSCB and SAB have created one business function to support both boards. The newly appointed Business Manager will recruit to a new team in 2018.
- The LSCB communications strategy is on the link below:

<https://www.sloughsafeguardingboards.org.uk/lscb/lscb/learning-and-improvement-framework/lscb-supporting-document-communications-strategy>

## 4.7 Are We Making a Difference? (Monitoring Effectiveness/ Quality Assurance)

See the framework on this link;

<https://www.sloughsafeguardingboards.org.uk/lscb/lscb/learning-and-improvement-framework/slough-learning-and-improvement-framework>

The LSCB revised its learning and improvement framework in February 2018. It explains how the LSCB, and so its members and practitioners, learn from experience to improve outcomes for children and will contribute to the published safeguarding arrangements plan 2019-2021. The LSCB gathers evidence to inform learning from the following sources;

- Practitioners in both adults and children's services, through learning events and via their LSCB representatives,
- Feedback from young people and their families.
- Leaders and managers identifying operational challenge.
- Multi-agency case audit.
- Performance data
- "Section 11 audits" This is about partners informing the LSCB about individual agency safeguarding responsibilities under Section 11 of the Children Act 2004.
- Case review.
- National policy and research evidence.

## 4.7 Are We Making a Difference?

Three thematic multi-agency audits were carried out by the LSCB Quality Assurance sub-group on neglect, gangs and youth violence and child sexual exploitation.

A summary analysis of the audit reports and impact is on the link below. In short, the LSCB is responding to these audits and other evidence in this report and in 2018/19 will:

- Create new LSCB strategy on neglect
- Develop the local CE group to encompass broader exploitation issues affecting young people.
- Seek assurance from Safer Slough partnership to ensure impact from the planned new strategy on gangs and youth violence.

To look at the LSCB analysis, click on this link

<https://www.sloughsafeguardingboards.org.uk/lscb/lscb/learning-and-improvement-framework/lscb-annual-report-supporting-document-impact-analysis-case-audit>

## 4.8 Slough Strategic Safeguarding Executive Board

This board, made up of chairs of the LSCB, the Safeguarding Adult board and Safer Slough partnership co-ordinates the business of the boards, working together on future directions and problem solving and understanding the issues for children and vulnerable adults and the community in Slough.

In this reporting period, the group met on 3 occasions and began governance mapping. The group is clarifying governance issues and supporting the safeguarding boards in relation to exploitation, (including CSE and exploitation of children). Terms of reference are in the link below.

<https://www.sloughsafeguardingboards.org.uk/lscb/lscb/learning-and-improvement-framework/slough-strategic-safeguarding-executive-board>

## 4.9 Serious Case Reviews

The SCR sub-group is chaired by the LSCB independent chair. It met on 7 occasions and discussed 8 children. No SCRs were published and, at the time of writing (August 2018) there are no SCRs in progress.

Discussion of the cases by the SCR sub-group enabled detailed consideration of specific cases and the more generalised learning from them has been incorporated in business planning by the LSCB and the partner agencies.

Although the sub-group considered cases of significant concern none of the cases discussed met the criteria to carry out a SCR, there were however learning reviews in some of these cases. One learning review is underway at the time of writing. Learning from this is likely to impact on the new threshold document and planned seminars and the LSCB new training strategy.

One case, while not generating a learning or serious case review, gave rise to concern about parents awareness of appropriate supervision of young babies in the bath and a campaign to promote awareness on this, including a YouTube video (link below) was delivered. (you may need to cut and paste this in to your browser)

[https://drive.google.com/open?id=0B5\\_LTEfun\\_oNV0c1ZEptdndrUVU](https://drive.google.com/open?id=0B5_LTEfun_oNV0c1ZEptdndrUVU)

## **Next Steps for 2018/19: The SCR Sub-Group will**

Consider the “Working together to safeguard children”(2018) guidelines in this area and explore future options, including joining with East Berks to combine scoping and advisory functions.

Carry out a retrospective analysis of action plans for the period 2017-2018 to ensure impact.

## 4.10 Child Death Overview Panel

Berkshire Child Death Overview Panel reviews the deaths of all children in Slough to find out why the child died and if there is anything we can do to prevent deaths in the future. This work is led by the Berkshire Director of Public Health who chairs the Pan-Berkshire CDOP Group. The full annual report from this group will be available in the Autumn and a link will be provided on this slide.

In 2018/2019 this function moves from LSCB's to the Department of Health. The Pan Berkshire group will consider new guidance on this although local arrangements are unlikely to change substantially.

The full CDOP report will be available on a link in this slide soon.

## 4.11 Children Missing Education

It is a Local Authority (LA) duty to identify as far as possible children missing education. These are children who are not on a school roll or being educated other than at school. Slough Borough Council operates a referral based system to identify these children.

If a member of staff considers that a pupil is missing education they make a referral to [pupiltracking@slough.gov.uk](mailto:pupiltracking@slough.gov.uk). All referrals are investigated by the Attendance Team, liaising with other agencies as necessary, to establish whether or not the child is missing from education. If the child is missing from education, the Attendance Team will work with the School Admissions Team to ensure suitable education is provided as soon as possible.

In some cases pupils referred have moved to another LA area. The home LA will be informed by Slough's Attendance Team so that they can follow this up. If no information can be found about a pupil, the details are uploaded to a national database that all LAs can access. The number of children missing education is monitored by the School Admissions Team.



## **5.1 Partners' listed below have provided individual accounts to the LSCB and these are available on this link**

<https://www.sloughsafeguardingboards.org.uk/lscb/lscb/learning-and-improvement-framework/lscb-supporting-documents-individual-agency-accounts-to-lscb>

- Slough Children's Trust
- Thames Valley Police
- National Probation Service
- Thames Valley Community Rehabilitation Company
- Schools and colleges account is provided by the chair of the education sub-group
- Berkshire Health Care Foundation Trust
- Frimley Health Care Foundation Trust
- East Berkshire Clinical Commissioning group
- Slough Early Years Service
- Slough Youth Offending Team
- Solutions4Health
- Health Watch

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This is the Safeguarding Adult Board Annual Report.

It explains what partners have achieved between April 2017- March 2018, In relation to safeguarding adults.

It also explains what they want to do in 2018-2019.

Check out our website

<https://sloughsafeguardingboards.org.uk>

# How to Report Safeguarding Concerns About an Adult

**Telephone:** 01753 475111 *Monday to Friday: 9am-5pm*

**Email:** [Safeguardingadults@slough.gov.uk](mailto:Safeguardingadults@slough.gov.uk)(GCSX)

(This is a secure email address)

**Out of normal office hours:** Contact the Emergency Duty Team: 01344 786 543

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

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

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

## Forward by Independent Chair: Nick Georgiou

I hope that you find this Annual Report interesting, informative and accessible. The approach taken in writing it is to make extensive use of web links so that you are able to access a lot of data and information without being faced by a welter of pages.

A good deal of the focus in this year ending March 2018 has been on strengthening the support structure to both the Adult and Children's Safeguarding Boards. A major feature of this was the recruitment of a Safeguarding Partnership Manager, Betty Lynch, who has generated improved systems and processes. These developments have enabled stronger partnership working, more clearly articulated strategic objectives and communications.

The new Slough Safeguarding Website is much more accessible, informative and well used. There is improved coordination of the range of contextual and specific issues that span both safeguarding boards and the Safer Slough Partnership. A major development has been the establishment of the Slough Safeguarding Executive Board where senior managers from the core agencies, SBC, TVP and the CCG ensure common and coordinated approaches.

My comments here are applicable to both the Adult and Children's boards and illustrative of the greater coordination across the range of safeguarding concerns I am using this same foreword for both annual reports



# About This Document

Read this on line.

Links are provided to help you find more detail.

If you need anything else,  
[E-mail \[betty.lynch@slough.gov.uk\]\(mailto:betty.lynch@slough.gov.uk\)](mailto:betty.lynch@slough.gov.uk)

# What Does Adult Safeguarding mean?

“Adult safeguarding means protecting a person’s right to live in safety, free from abuse and neglect.” *(Care Act guidance 2014 Department of health)*

Everyone has that right and this is the law.  
Click on the link below to read the guidance  
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

# What is the Safeguarding Adult Board?

It is a group of leaders who work together to safeguard adults. It does this in 3 main ways;

**Communication**: Informing the professional and local community about safeguarding adults.

**Co-ordination**: Safeguarding work needs to be co-ordinated to help professionals share information and develop local arrangements together.

**Challenge**: Ensuring that the local procedures are actually working to safeguard adults.



## **Progress since the last annual report (2016-17)**

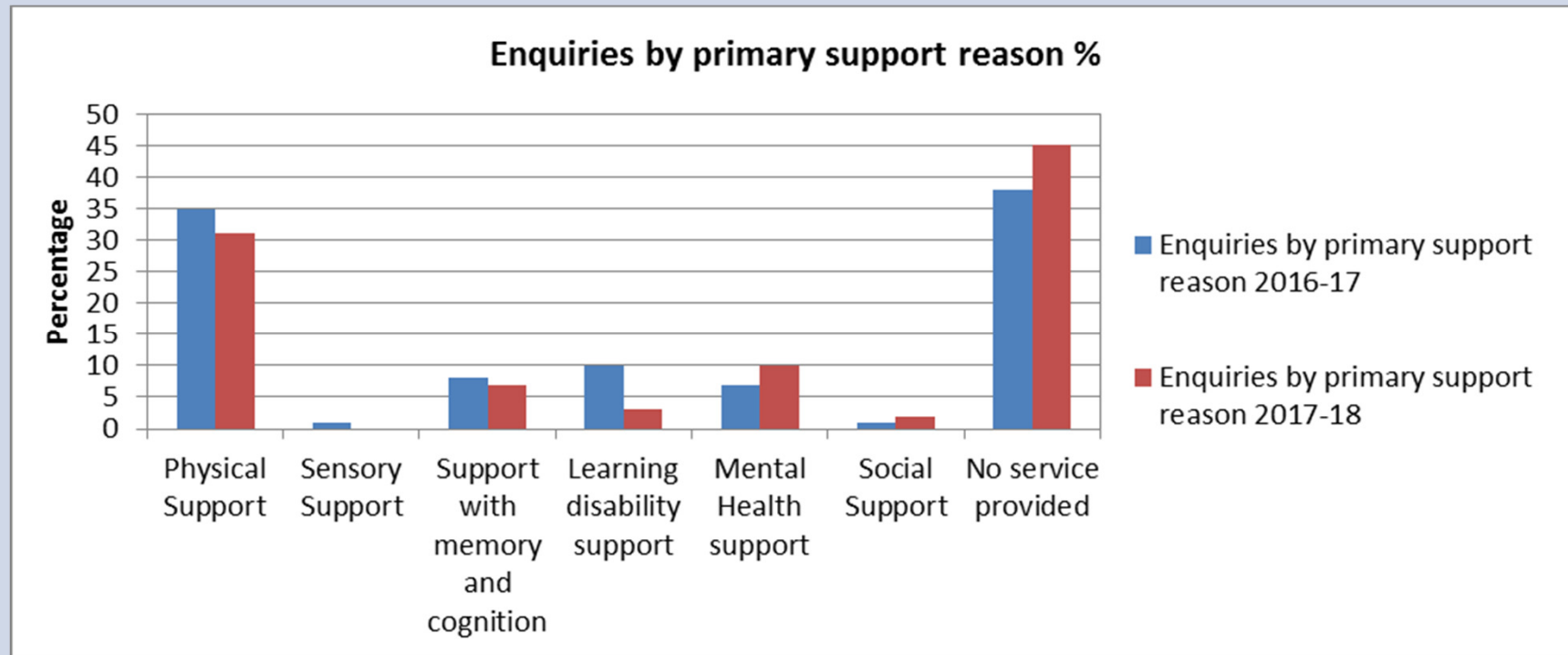
The next 8 slides explain what progress has been made in relation to each of the objectives set by partners in the last annual report (2016/17)

**A full breakdown of the data is also provided on the link below**

<https://www.sloughsafeguardingboards.org.uk/sab/sab/about-us/partner-account-to-sab-annual-report-and-performance-data>

## Objective in 2016-2017 Report Improving Identification of Risk to the Individual and Management of That Risk Referral Rates

Year	Concerns Received	No. of enquiries undertaken	Conversion rate
2014-15	466	90	19%
2015-16	647	93	14%
2016-17	989	367	37%
2017-18	695	118	17%

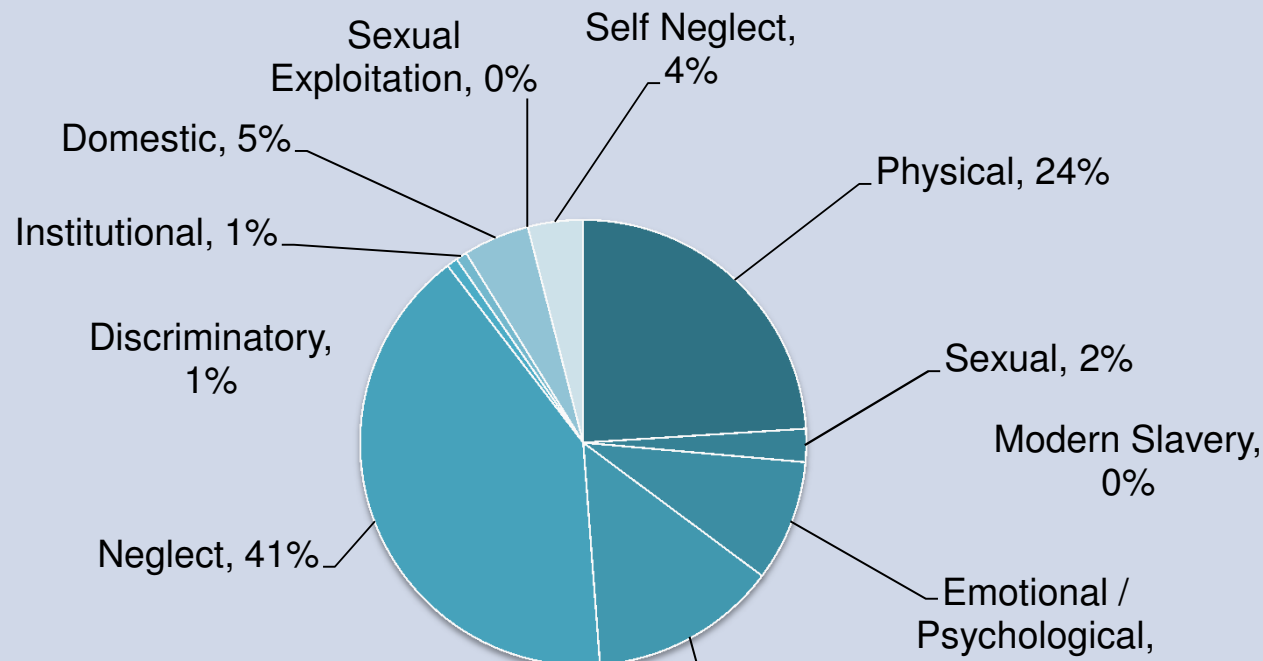


**Objective in 2016-2017 report**  
Improving Identification of Risk to the Individual and Management of That Risk

**Progress**  
Trends around types of abuse are identified below.

**Next steps**  
Cross reference data with partners to gain a wider understanding of hate crime, modern slavery and exploitation.

The most common type of abuse was **neglect** (44%), followed by **physical abuse** (26%) and **financial abuse** (15%). This pattern reflects the national picture of 2016-17. Cases of **neglect** have risen to 44%, up from 29% in the previous year. There have been no reported cases of Modern Slavery, or sexual exploitation in 2017-18, however there has been a small proportion of enquiries relating to sexual abuse (3%). Low levels of **Discriminatory** abuse continues (1% in 2016-17 and 2017-18). This is not to suggest that Discriminatory abuse (such as hate crime) or modern slavery have not been identified in Slough.

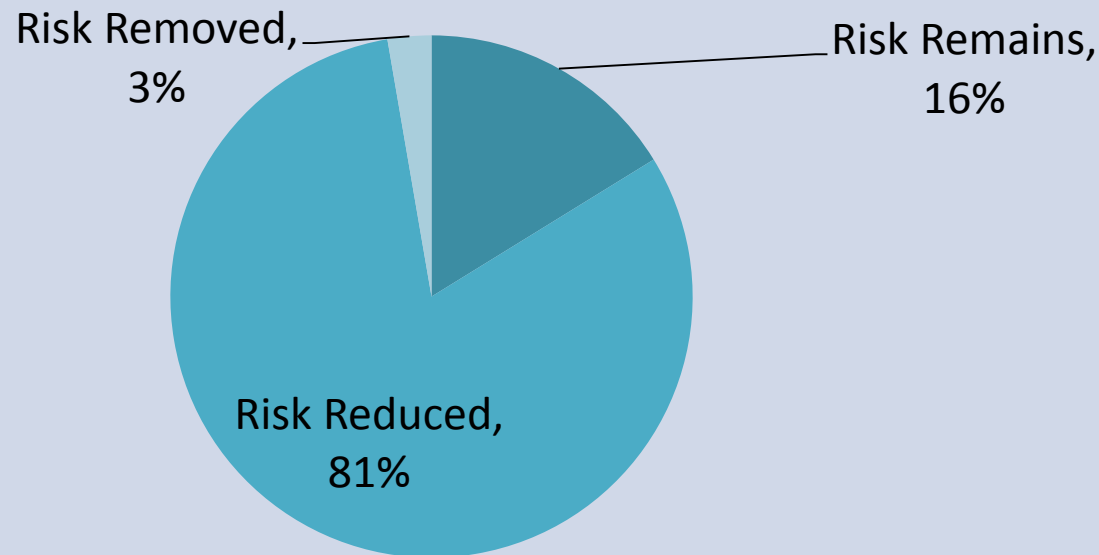


**Objective in 2016-17 Report  
Improving Identification  
of Risk to the Individual  
and Management of That  
Risk**

**Progress**  
As in the previous year where figures compared favourably to national and comparator group averages, performance in 2017-18 to reduce or remove risk was a very positive.

**Next steps**  
Continue to improve on this performance working with new quality assurance sub-group

**Where risk was identified, the level of perceived risk at the end of the safeguarding enquiry 2017/18**



# Objective in 2016-2017 report

## Improving Safeguarding Practice When Working With People Who Self Neglect/Hoard

### In progress

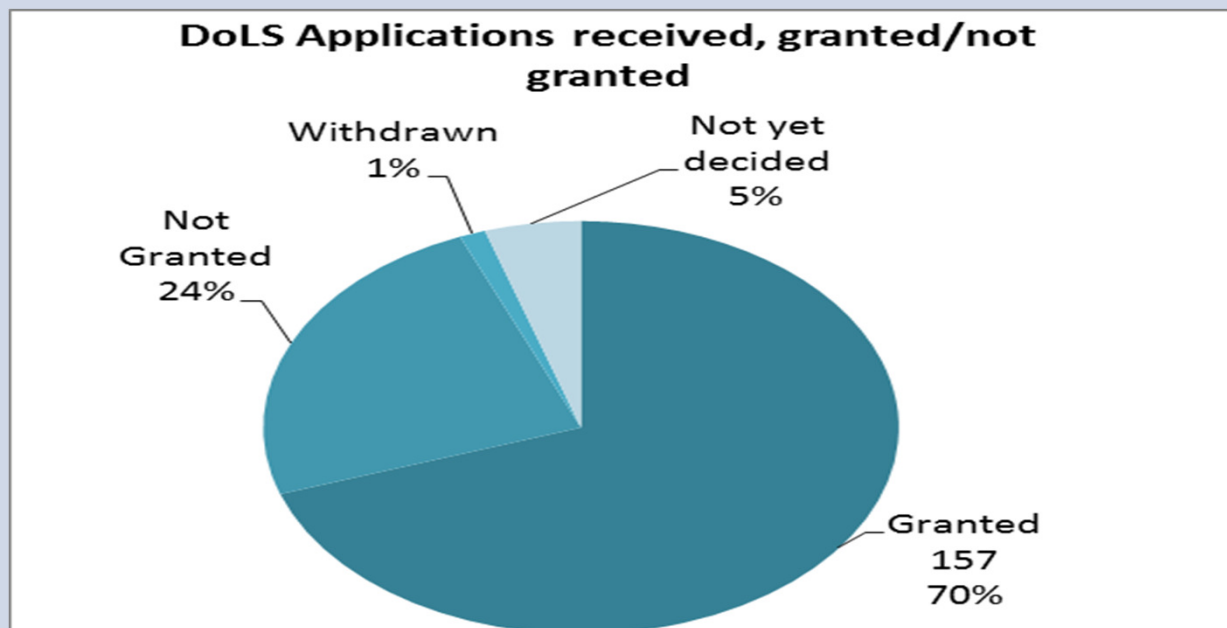
Achievements	Next steps
<p>Work with East Berkshire SAB's to refine and development the risk management tool.</p> <p>Commenced work on multi-agency training needs analysis to deliver training.</p> <p>Engaging with neighbouring SAB's to ensure communications about the tool are effective.</p>	<p>Create a co-ordination group to work on Early Help for vulnerable adults.</p> <p>Deliver training which is evidence informed, multi-agency and evaluated.</p> <p>Ensure the LSCB strategy on neglect refers to parents who are vulnerable due to substance misuse, mental health problems and/or domestic abuse.</p>

**Objective in 2016-2017 Report**  
**Mental Capacity and Deprivation  
of Liberty Safeguards**

**Progress**  
**Continued  
Improvement in  
advocacy training  
and DOLS  
applications.**

**Next steps**  
**Ensure improved  
performance is  
sustained.**

Of those individuals who lacked capacity, 100% were supported by an advocate in 2017-18 compared to 88% in the previous year. Slough's performance in this area is better than the national previous year position (73%). MCA Levels 2 and 3 training provided to social workers, OT's and managers. 225 DoLS applications were received in 2017-18, of which 51% relate to individuals with dementia, and 24% with learning disabilities. 70% of applications were granted and 24% were not granted. As at the end of March, 14 applications were on the waiting list, yet to be decided.

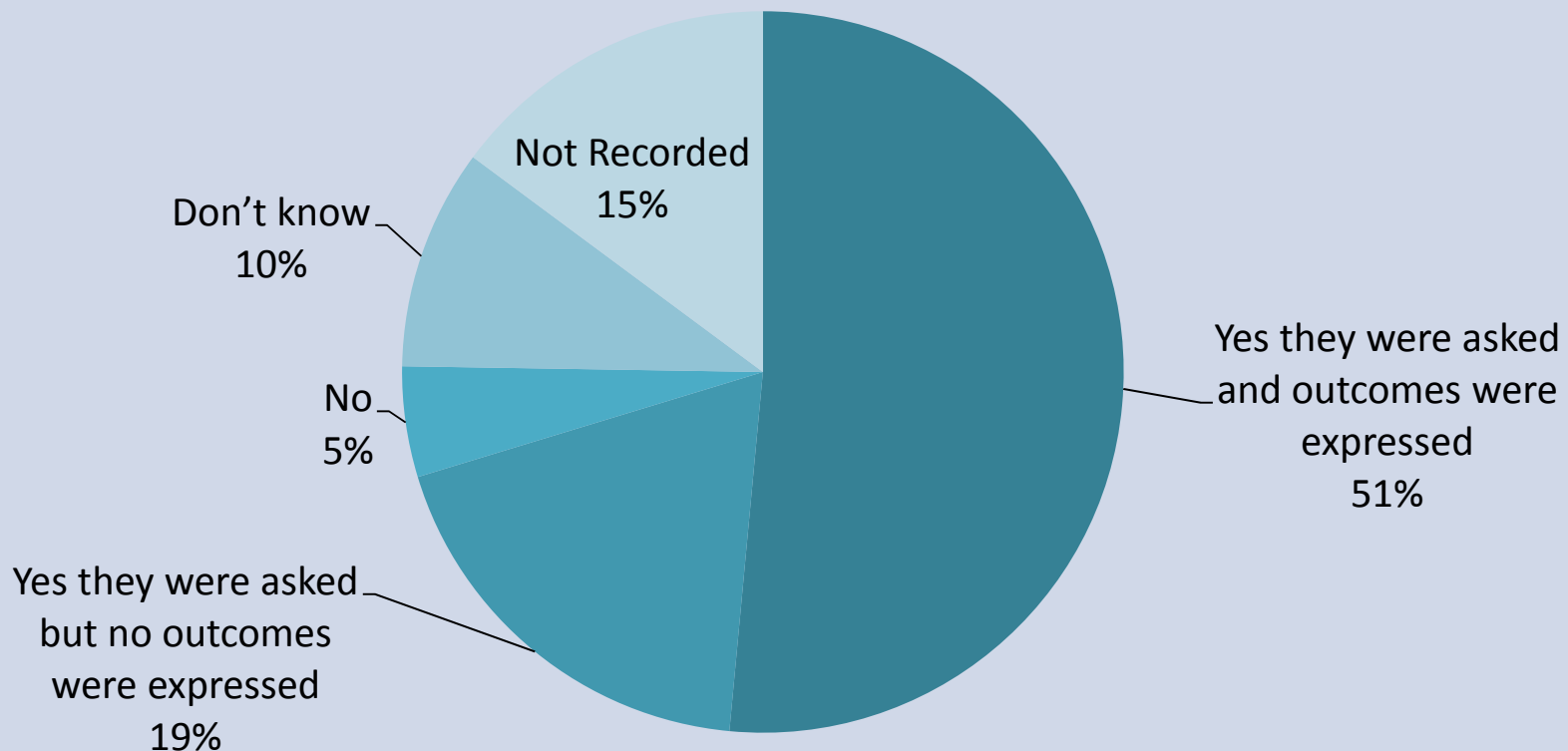


**Objective in 16-17 report  
Making Safeguarding  
Personal and Outcome  
Focused**

**Good practice is to ask 100%  
of individuals what outcome  
they want from the  
safeguarding enquiry at the  
start of the process and seek  
feedback at the end to  
ascertain whether these  
outcomes have been  
achieved**

**Next steps  
Create a new QA sub-group  
to monitor this and provide  
further analysis and  
improvement.**

### **Was the vulnerable adult asked about their desired outcomes?**



## Objective in 2016-2017 Report: Improve Board Effectiveness.

<b>Achievements</b>	<b>Next Steps</b>
Improved business planning	Recruit to new business support team.
Learning and Improvement framework agreed	Create a new quality assurance sub-group and a work stream or sub-group on self neglect
Communications strategy agreed	
Business Manager appointed	Work with Joint safeguarding executive group on communications strategy and planning.
Increased work with Joint Safeguarding Executive Group working on co-ordinating business with LSCB and Safer Slough Partnership.	



## What Individuals Who Have Experienced the Process Say; Health Watch Reports

*We talk to hundreds of people each year in Slough and provide Advice, Information and Signposts, making referrals to Safeguarding professionals where necessary. We also undertook a number of projects during 2017/18 that touched on the lives of vulnerable adults and their carers.*

*Projects included a “Carers Call to Action”. We received 65 completed surveys sharing people’s experiences of being a carer in Slough. More than half felt poorly supported as a carer. People found it confusing to know where to get information and some found a lack of support in the evenings, especially for carers under the age of 40 years old. We wrote up their feedback and made a number of recommendations which the organisations have committed to act on. Slough has over 11,626 carers: that’s 14% of the population.*

*Prospect Park Hospital in Reading is the main hospital for people in Berkshire with mental health conditions. 11 “Enter and View” visits were carried out over one week, talking to 41 adults to better understand the experience of patients with enduring or serious mental health conditions. Patients commonly mentioned as a positive feature of their stay was the caring attitude shown by staff; followed by getting treatment they needed; feeling safe; support from other patients; and the environment. The improvement most often suggested by patients was increased staffing which would increase patient and peer support, escorted visits outside and therapy sessions”.*

The Healthwatch account is on this link-

<https://www.sloughsafeguardingboards.org.uk/sab/sab/about-us/partner-account-to-sab-annual-report>

# Safeguarding Adult Reviews

The Safeguarding Adult Board must arrange a review when an adult in its area dies from, or has experienced serious abuse or neglect.

Whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

This work is led by the Safeguarding Adult Review Panel, a sub-group of the Safeguarding Adult board.

No reviews were published in this reporting time.

# Safeguarding Adult Review Panel Plans for 2019-2020

The Panel Chair, Debbie Hartrick, has notified the board of her intention to step down and the board is very grateful for her work on this panel.

The LSCB chair has appointed a new chair, Betty Lynch, the safeguarding partnerships manager.

- The panel has agreed a forward plan which includes Reviewing delivery of recommendations of reviews and ensure impact.
- Ensuring links between the work of the SARP, the quality assurance sub-group and the business plan.
- Ensuring understanding of SAR guidance.

# Training

- Over 2,300 people attended the following training.
- Safeguarding Adults Level 1
- PREVENT eLearning
- WRAP face to face
- Safeguarding Adults Minute Taking
- Modern Slavery Face to Face targeted training
- Mental Capacity Act Level 1 Face to Face
- MCA Level 2 for Social Work and OT teams Face to Face
- MCA Level 2 for Care Provider Managers Face to Face
- MCA Level 3 for Social Work and OT Managers Face to Face
- Member development: safeguarding, modern slavery and exploitation
- Plus a number of eLearning modules
- A full breakdown is available in the link below

<https://www.sloughsafeguardingboards.org.uk/sab/sab/about-us/sab-annual-reportsab-training-data>

# Training Next Steps

We are working with our neighbouring Safeguarding Adults Boards to understand the training needs of professionals in our areas so that we can co-ordinating and deliver training across these areas together.

A training needs analysis will inform the training curriculum.

# Partners Accounts to the SAB Annual Report

The following partners have provided an account of their Safeguarding arrangements;

- Health Watch
- Berkshire Health Care Foundation Trust
- National Probation Service
- South Central Ambulance Service Foundation Trust
- Slough Local Authority Adult Social Care Service
- Thames valley Police
- Frimley Health Foundation Trust

All accounts are available on the link below:

<https://www.sloughsafeguardingboards.org.uk/sab/sab/about-us/partner-account-to-sab-annual-report-and-performance-data>

# Slough Strategic Safeguarding Executive Board

The chairs of the LSCB, the Safeguarding Adult board and Safer Slough partnership agreed to work together to share and learn about future directions, problem solve, ensure clear leadership and reduce duplication, making all three boards more efficient.

In this reporting period, the group met on 3 occasions and have begun exchanging views and ideas about how best to ensure that all 3 deliver what is required of them, and there is clarity about roles and responsibilities.

The group has supported the safeguarding boards in relation to exploitation, (including CSE and exploitation of children).

Terms of reference are in the link below;

<https://www.sloughsafeguardingboards.org.uk/lscb/lscb/learning-and-improvement-framework/slough-strategic-safeguarding-executive-board>

# SAB Strategic Plan

Partners will have a special meeting in June 2018. While they agree largely on the strategic objectives, they will work on delivering them through viable infrastructure, learning lessons from Safeguarding Adult Reviews, national and local experience. The Strategic plan includes;

- New quality assurance arrangements
- Working with neighbouring SAB's on training and delivering the risk management tool
- Raising awareness in our local community about safeguarding adults paying particular attention to reaching out to carers.

The full plan is included in this link:

<https://www.sloughsafeguardingboards.org.uk/sab/sab/about-us/priorities-plans-and-reports>



**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board **DATE:** 20<sup>th</sup> November 2018  
**CONTACT OFFICER:** Timothy Howells - Public Health Programme Officer (SBC)  
 (01753) 875148  
 Dr Liz Brutus - Service Lead Public Health (SBC)

**WARD(S):** All

**PART I**  
**FOR COMMENT & CONSIDERATION**

**ORAL HEALTH IN SLOUGH CHILDREN**

1. **Purpose of Report**

To inform the Panel of the picture of oral health in Slough, its links with health inequalities and the current provision for supporting oral health.

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

The Committee is requested to consider the actions being taken to deliver improved oral health, particularly in children in Slough.

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

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

The current programme is aimed at supporting local children and their families to improve their health and wellbeing through improved oral health. In particular, this work supports the Joint Wellbeing Strategy priorities:

- Protecting vulnerable children
- Increasing life expectancy by focusing on inequalities

3b. **The JSNA**

The oral health activities have been developed in response to and using the evidence base of the Joint Strategic Needs Assessment.

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

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

##### (a) **Financial**

There are no financial implications directly resulting from the recommendations of this report and outlined activities are within the current budget and resources.

##### (b) **Risk Management**

There are no identified risks associated with the proposed actions.

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

There are no Human Rights Act implications to the content of this report

##### (d) **Equalities Impact Assessment**

The content of this report does not require an Equalities Impact Assessment.

#### 5. **Summary**

Slough has the highest rates of dental caries and dental decay in the South East of England. These poor oral health rates also have a close associative link with our high rates of obesity due to the link with free-sugars and deprivation.

The Public Health team are providing updates on the key health improvement projects designed to promote better oral health amongst Slough's residents. These key initiatives, detailed further below, include the Healthy Smiles and Starting Well programme, the integration of positive behaviour change for oral health in the Primary School Active Movement programme, and the creation of 2 new coordinators who will lead on healthy early years and healthy schools.

This report details the key interventions and programmes that are being undertaken over the coming 1-2years to support the drive in improving oral health in Slough.

The Wellbeing board is being asked to review the update on Oral Health provision in Slough and to provide comment and consideration.

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

##### **Context**

- 5.1 Further to the arrangement agreed in the Health Scrutiny Panel on 28 June 2018, that the chairs of the Panel and Slough Wellbeing Board meet regularly to discuss issues of mutual interest, the chairs have met and an initial topic of oral health (with a focus on childhood oral health) has emerged. This report therefore outlines the picture of oral health in Slough, current provision for supporting oral health and future plans.

## Picture of oral health in Slough

- 5.2 Oral health is essential to general health and quality of life for both adults and children. Review of the national data for oral health highlights a strong social gradient where the most socio-economically deprived have the worst oral health (with the least deprived having the best oral health). While specific evidence-based oral health interventions work, it is helpful to view poor oral health as a health inequality 'marker' of other health issues more associated with people in more deprived situations. From a 'prevention' perspective this includes health risk factors such as obesity<sup>1</sup>, poor immunisation and screening uptake and greater likelihood of smoking. For this reason, providing a holistic approach to keeping well in addition to specific oral health interventions is key.
- 5.3 In Slough, there is a particular concern about the oral health of children. Slough has more children with teeth affected by decay, on average, than in any other local authority in the South East and one of the highest in England. The most recent data (2016/2017) tells us that 41.5% of children have one or more decayed, missing or filled teeth, compared to 23.3% in England and 16.4% in the South East. This is higher than would be expected even for the level of deprivation in Slough so there are likely to be other factors at play. In Slough, culture, language and home country oral health practice are all likely to be impacting children's oral health.
- 5.4 When tooth decay is severe, children may suffer significant pain leading to school absences, parents and carers seeking advice and pain relief urgently via Accident & Emergency and in some cases, children requiring inpatient oral surgery under general anaesthetic. These all have implications and costs - to the child in lost learning time; to families where they may be an impact on employment and to the NHS in higher cost treatment which could have been avoided.
- 5.5 The main focus of oral health promotion at present for Slough Borough Council (SBC) is children because there is the greatest opportunity for cost-effective, evidence-based early prevention interventions to influence a lifetime of good habits in tooth-brushing and looking after oral health. However, SBC has also invested in an adult oral health survey on a regular basis to monitor the oral health of our adults.
- 5.6 While there may not be dedicated oral health promotion activities aimed at adults, there are opportunities to weave in oral health promotion within the wider 'health and wellbeing' offer for groups of adults known to be at higher risk of poor oral health. These include people with serious mental health conditions, people in residential care, people with a learning disability, people who misuse drugs and people with certain other long term conditions such as diabetes. Poor oral health affects self-esteem and confidence (which may result in reduced mental wellbeing and social isolation), negatively affects a person's ability to achieve employment and also puts them at greater risk for more serious dental disease and even heart disease.

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<sup>1</sup> Public Health England. National Dental Epidemiology Programme for England : oral health survey of five-year-old children A report on the prevalence and severity of dental decay [Internet]. London; 2013. Available from: <http://www.nwph.net/dentalhealth/Oral Health 5yr old children 2012 final report gateway approved.pdf>

- 5.7 Specific oral health activities that are running in Slough are described below. These are primarily funded from the SBC Public Health grant but where indicated, are part of a pilot initiative from NHS England who are responsible for NHS dental care. SBC Public Health also work closely with our South East Region oral health experts in PHE.

### **Current initiatives and successes in oral health**

- 5.8 **Oral Health promotion project** – This project is provided by Oxford Health NHS Foundation Trust. It is an SBC Public Health-commissioned project. The project aims to upskill early years staff to be proficient in supervised tooth brushing; and knowledge around good oral health provision. In year 1 (2017-2018), we successfully accredited all Slough Children Centres with the gold award for oral health hygiene. Furthermore, we have trained 62 staff and health care professionals and run 40 community information sessions.
- 5.9 **PHE “Starting Well” initiative** – Slough Public Health are working with PHE (Public Health England) and Slough community dental practices in this NHS England-funded initiative to provide outreach to a minimum of 6-8 primary schools in Slough. The initiative works on 2 levels; to provide support to schools to supervise tooth brushing in Reception Class and Year 1 and for local increase the number of children and families using dental services. This also includes community dental open days (2 in 2018 and 1 in 2019).
- 5.10 **Active Movement** – Through the Public Health grant and our commissioned “Active Movement” programme, we are in the process of integrating an “active” oral health element into this holistic behaviour change inactivity reduction programme, which is currently being rolled out across Slough primary schools.
- 5.11 **Healthy Early Years and Healthy Schools coordinators** – Through the Public Health grant, the Public Health and Schools Quality teams are in the process of establishing two coordinator posts who will support early years settings and schools to develop a broad evidence-based approach to health and wellbeing amongst its students, families and staff. Good oral health will be part of this with the intention of strengthening the relationship with other healthy behaviours and providing greater sustainability of the messages and health behaviours.

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

A related paper on childhood oral health was presented to the Overview and Scrutiny Panel in August. This paper was presented to Health Scrutiny on 16<sup>th</sup> October who accepted its recommendations.

## **8. Conclusion**

8.1 Oral health is important to health and wellbeing but also acts as marker of health inequality in certain key groups including children and ‘at risk’ adults. Therefore, in addition to oral health-specific interventions which are cost-effective and evidence-based, it is important to provide individuals and communities a wider, holistic approach to support them to keep themselves well.

8.2 The Public Health team are continuing this work through:

- Extending the commissioned Healthy Smiles programme to a minimum of March 2020
- Working with PHE to explore options of how to extend the Starting Well programme, post March 2019
- Working with PHE to see how we can better integrate our other holistic programmes (such as physical activity and healthy eating) with oral health work.
- Working directly with Slough early years settings and schools to embed healthy behaviours and knowledge amongst students, families and staff.
- Maintaining the monitoring of adult oral health (through formal survey) and as required, working with others with closer links to those people identified to be 'at risk' of poor oral health.

9. **Appendices attached**

None

10. **Background Papers**

None

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**SLOUGH BOROUGH COUNCIL****REPORT TO:** Slough Wellbeing Board **DATE:** 20 November 2018**CONTACT OFFICER:** Dean Tyler, Service Lead Strategy and Performance Service

(For all Enquiries) (01753) 875847

**WARD(S):** All**PART I**  
**FOR DISCUSSION****OUTCOME OF THE 2018 PARTNERSHIP CONFERENCE****1. Purpose of Report**

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

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

2.1 The Board is recommended to review the outcome report of the conference held on 4 October at Appendix A and agree next steps.

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

The Slough Wellbeing Strategy 2016-2020 was launched at the Board's partnership conference in September 2016. It explains the role of the Board and how it has set itself an ambition to set strategic direction for partnership working in Slough. The Strategy describes the relationship between the Board and the wider partnership network in Slough and how it hold the 'hold the ring', by coordinating activity to make the best use of resources in achieving common outcomes. The Wellbeing Strategy includes four priorities:

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

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

The priorities in the Wellbeing Strategy are informed by evidence of need contained in the Joint Strategic Needs Assessment.

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

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

- 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
- Outcome 4: Our residents will live in good quality homes

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

- 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 Wellbeing Board or other partners.
- Risk Management** - There are no identified risks associated with the proposed actions.
- Human Rights Act and Other Legal Implications** - There are no direct legal implications. The specific activity in the Wellbeing Strategy and other plans may have legal implications which will be brought to the attention of the Council's Cabinet separately. There are no Human Rights Act Implications.
- Equalities Impact Assessment (EIA)** - There is no requirement to complete an EIA in relation to this report. EIAs will however be completed on individual aspects of any actions produced to sit underneath the Wellbeing Strategy, as required.

#### 5. **Summary**

*This report provides the Board with an opportunity to discuss the annual partnership conference held on 4 October 2018 and consider next steps. The purpose of the conference was to:*

- Share success;*
- Understand health inequalities in Slough;*
- Consider how the wider determinants of health impact on delivery of the priorities in the Slough Wellbeing Strategy;*
- Review the role of the Slough Wellbeing Board and wider partnership network to deliver better outcomes for Slough.*

*The outcomes report at Appendix A will be used to inform a discussion at the Board on next steps.*

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

6.1 The 2018 partnership conference focused on tackling inequalities across Slough to improve health and wellbeing outcomes for our population.

6.2 The conference was facilitated by Dr Jim O'Donnell and delegates heard from a key note speaker Terry Blair-Stevens from Public Health England. The format of the conference involved a series of world café style table discussions on the key issues facing the town.

6.3 The world café style discussions provided delegates with an opportunity to:

- Discuss the impact of the wider determinants of health on delivery of each of the four priorities in the Slough Wellbeing Strategy;
- Share ideas for practical action to tackle the wider determinants and consider what is needed to make this happen e.g. behaviour change;
- Identify what they could offer as an individual, organisation or a partnership; and



- Suggest what needed to be done to mobilise as a partnership to improve health outcomes for Slough.

6.4 A copy of the outcome report from the conference, including a full summary of all of the comments made by delegates during the world café discussions, is attached at Appendix A.

6.5 Delegates made a number of suggestions about how the wider partnership could contribute to tackling health inequalities and target the wider determinants of health. The key themes and issues arising were:

- Partners have access to a significant amount of data which should be shared to help inform future evidence led policy and service design.
- We should play to our strengths and use our successful networks within the voluntary and community sector to increase participation in local communities through the co-production/co-design of services.
- There were opportunities to promote the borough's extensive range of leisure centres and parks to improve physical and mental health and wellbeing.
- There was recognition that a significant amount of work has been done across the partnership and the wider health system to tackle health inequalities and the wider determinants of health. There is scope to improve how these are promoted to help 'sign-post' residents.

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

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

## 8. **Conclusion and next steps**

8.1 The annual conference provides the Board with an opportunity to engage partners working in Slough from across the public, private and voluntary sectors. It enables a debate on the strategic issues facing the town. This year's conference focused on how the wider determinants of health impacted on residents and on delivery of the priorities in the Slough Wellbeing Strategy.

8.2 To assist the Wellbeing Board in discussing the outcomes of the conference further work is being undertaken before the meeting on 20 November which will result in a high level analysis of the key themes and issues focussing on current actions and interventions, where these are working well or require improvement, and any gaps.

8.3 The role that the Health and Social Care Partnership Board could also play in support of this process will also be discussed.

## 9. **Appendices**

A – Outcome report from the partnership conference

## 10. **Background Papers**

None

## **Appendix A: Slough Partnership Conference 2018 Outcome report**

### **Background and purpose**

The purpose of the conference was to bring together partners from across the wider partnership network to:

- *Hear from the key note speaker - Terry Blair-Stevens (Public Health England) about how health inequalities manifest themselves in Slough;*
- *Consider how the wider determinants of health impact on delivery of the priorities in the Slough Wellbeing Strategy, including what the role of Slough Wellbeing Board could take in supporting further action; and*
- *Improve partnership working to deliver better outcomes for Slough.*

The Conference was attended by 75 delegates. The list of attendees is attached at Annex 1.

This report summarises what happened on the day and sets out next steps.

### **Summary of the conference**

#### **Welcome and introduction**

#### **Dr. Jim O'Donnell (chair) East Berkshire CCG, Slough Locality, Vice Chair – Slough Wellbeing Board**

Dr. O'Donnell welcomed delegates to the third annual conference of the Slough Wellbeing Board. He provided a brief overview of the work of the Board and its members, who are drawn from the public, private and voluntary sectors.

He explained the role of the Board which is to set strategic direction for partnership working in Slough and improve the health and wellbeing of Slough's population. He provided delegates with a brief overview of the Board's current relationship to a number of the key partnerships and boards comprising Slough's wider partnership network and set out some of the partnerships many successes and achievements since the 2017 conference.

Before introducing the conference's key note speaker, Dr O'Donnell lead delegates through a series of short exercises designed to improve their back health and posture.

#### **Key note speaker – Terry Blair-Stevens, Public Health England**

#### **What is the evidence telling us about health and wellbeing in Slough?**

The key note speech was delivered by Terry Blair-Stevens, a Public Health Consultant for health and wellbeing with Public Health England South East. He had extensive public health and health improvement experience over 28 years, at local, national and international levels. His specialist areas included health inequalities, healthy communities and health and justice.

The presentation concentrated on providing a brief overview of how the health inequalities impact on populations at both a national and local level and how these factors contribute to overall health outcomes. For example, in Slough:

- There were wide inequalities in life expectancy in Slough between our most and least deprived areas, with a difference of 9.2 years for men and 7.0 years for women.
- People living in the borough's least deprived areas live around 20 years longer and in good health than those in our most deprived areas

There are significant costs to society associated with not addressing health inequalities - such as:

- Productivity losses of around £31-33 billion per year,
- Lost taxes and higher welfare payments in the range of £20-32 billion per year and
- NHS healthcare costs associated with inequality are in excess of £5.5 billion per year

The wider determinants of health and wellbeing have an impact on the health of our population. For example a poorly designed built environment and poor air quality will impact on the respiratory health of children and adults, increasing the risk of heart disease and stroke. Factors such as poverty and housing are also negatively impacting on health outcomes.

The presentation concluded with a recommendation that as a partnership Slough adopts evidence led, short, medium and long term interventions, targeted at particular groups to improve outcomes.

### **Tackling the wider determinants of health and wellbeing in Slough - world café style discussions**

Delegates were then invited, during a world café' style discussion format, to reflect on what they had heard during the key note presentation and identify and discuss:

- How they thought each of the wider determinants of health were impacting on the delivery of one of the following priorities in the Slough Wellbeing Strategy
  1. Protecting vulnerable children
  2. Increasing life expectancy by focusing on inequalities
  3. Improving mental health and wellbeing
  4. Housing
- Share ideas for practical action to tackle the wider determinants and what is needed to make this happen e.g. behaviour change;
- Identify what they could offer as an individual, organisation or a partnership; and
- Agree what needed to happen to mobilise as a partnership to improve health outcomes for Slough.

A list of the key issues arising from these discussions is attached at Annex 2.

## **Challenges and reflections for the future - Terry Blair-Stevens, Public Health England**

Having heard the table discussions Terry Blair-Stevens reflected on the opportunities and challenges facing Slough:

Opportunities:

- There was a strong appetite to tackle health inequalities in Slough
- Despite a number of problems with health and wellbeing in Slough, there were indications that this was now improving and moving in the right direction
- Our Youth Parliament was performing well and is a good success story
- There was an appetite to increase participation in local communities through the co-production/co-design of services
- There were opportunities to promote the borough's extensive range of leisure centres and parks to certain groups to improve physical and mental health and wellbeing
- There was a range of qualitative data from partners which could be shared to help inform future policy and service design and development
- There were a number of successful national programmes operating locally, for example those dealing with diabetes and smoke cessation, which could be used to reach out to more communities.

Challenges:

- While life expectancy in Slough had improved in the last few years, it was still lower than the UK average
- Children needed to get off to a good start in life so that they remain resilient. This would also help them deal with mental health problems in future
- Child protection was a concern to many of the professionals in the room
- Preparing employees for retirement and their health and wellbeing was an area often overlooked/neglected but could reap dividends if tackled earlier.
- A shortage of affordable housing, mainly for large families, was leading to overcrowding.

### **Next steps and closing remarks: Dr. Jim O'Donnell (Chair) East Berkshire CCG, Slough Locality and Vice Chair – Slough Wellbeing Board**

Dr O' Donnell thanked delegates for their participation. Before bringing the conference to a close he briefly reminded everyone about the two social media campaign's that the Slough Wellbeing Board had running at the moment:

- #Be Realistic campaign, which was designed to help residents eat more healthily and take more exercise; and
- #Reach Out, which was encouraging residents to 'reach out' and seek help and support if they were feeling lonely or socially isolated

He also gave delegates an update on the #Not Alone campaign, which was due to launch on 10 October to coincide with world Mental Health Day and explained that this campaign would look at issues around promoting good mental health and wellbeing.

## **Next steps**

Dr O'Donnell then closed the conference and confirmed that each of the presentations used throughout the morning's sessions, together with a copy of conferences outcome report, would be circulated to everyone who attended.

Report author: Dean Tyler

Service Lead, Strategy and Performance, Slough Borough Council

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## Annex 1: Partnership conference delegate list

Safdar	Ali	Slough Borough Council
Haneeza	Aslam	Slough Women's Forum
Harry	Bainbridge	Heathrow Airport Ltd
Naheem	Bashir	Slough Borough Council
Kam	Bhatti	Slough Borough Council
Miranda	Bradshaw	Thames Valley Community Rehabilitation Company
Emma	Briggs	Slough Borough Council
Donna	Briggs	Slough Borough Council
Simon	Broad	Slough Borough Council
Liz	Brutus	Slough Borough Council
Rochelle	Buisson	Big Lottery Fund
Martin	Carter	Slough Borough Council
Ravinder	Cheema	WEA adult learning within reach
Mike	Connolly	East Berkshire Clinical Commissioning Group
Eleanor	Cryer	Slough Mencap
Clarisser	Cupid	Solutions4Health
Geoff	Dennis	Slough Borough Council
Cate	Duffy	Slough Borough Council
Janine	Edwards	Slough Borough Council
Ketan	Gandhi	Slough Borough Council
Jennie	Green	Slough Children's Services Trust
Nick	Georgiou	Independent chair Slough Local Children's & Adult's Safeguarding Boards
Mandy	Gunn	Special Voices
Simon	Hall	Slough Borough Council
Alison	Hibbert	Slough Borough Council
Tim	Howells	Slough Borough Council
Julie	Humphrey	Slough Business Community Partnership
Ged	Humphries	Slough Urban Renewal
Jessica	Jhundoo	Creative Junction
Ian	Johnson	Haybrook College
Fiona	Jones	Slough Aspire
Pam	Kharbanda	WEA adult learning within reach
Sally	Kitson	Slough Borough Council
Ramesh	Kukar	Slough Council for Voluntary Services
Shelly	LaRose	Slough Children's Services Trust
Tessa	Lindfield	Strategic Director of Public Health, Berkshire
Connah	Lloyd	Everyone Active
Elsa	Lombard	Everyone Active
Caroline	MacGowan	National Probation Service
Patrick	Manning	Men's Matters

Nazir	Mohammed	Slough Borough Council
Ifah	Mohammed	Slough Integration Service
Colin	Moone	Slough Borough Council
Mervin	Msaya	Slough Borough Council
Lilian	Nsemwa	Big Lottery Fund
Jim	O'Donnell	East Berkshire Clinical Commissioning Group
Tom	Overend	Slough Borough Council
Lloyd	Palmer	Royal Berkshire Fire and Rescue Service
Colin	Pill	Healthwatch Slough
Amanda	Renn	Slough Borough Council
Nigel	Rutzler	Slough Job Centre Plus
Shabnam	Sadiq	Slough Borough Council
Kush	Sankla	Solutions4Health
Jane	Senior	Slough Borough Council
Elizabeth	Sherry	Oxford Health
Alan	Sinclair	Slough Borough Council
Jennifer	Slater	Oxfordshire Community Dental Service
Mark	Spencer	Thames Valley Police
Nicola	Strudley	Healthwatch Slough
Wayne	Strutton	Slough Borough Council
Dexter	Smith	Slough Borough Council
James	Swindlehurst	Slough Borough Council
Garry	Tallett	Slough Borough Council
Samuel	Taylor	Solutions4Health
Sally	Thomas Ellis	Everyone Active
Dean	Tyler	Slough Borough Council
Dominique	Unsworth	YES Engagement Slough
Jennifer	Wallis	Slough Children's Services Trust
Katie	Worley	Solutions4Health
Jan	Would	Special Voices
Josie	Wragg	Slough Borough Council
Marcia	Wright	Co-Chair: Older People's Partnership Board

## **Annex 2: Summary of the key issues arising from the world café discussions**

### **Priority 1: Protecting vulnerable children**

#### **Key action areas**

- Parents seem unequipped to deal with issues of neglect, whether intentional or unintentional. We need to raise awareness and target working families. Some are too busy to have time for their children (unintentional neglect)
- Help parents on managing with work related stress
- Statutory services have a role to play in building, supporting and sustaining resilience in children within the communities
- Some of our approaches are very universal and there is a need to have specific targeted campaigns with parents aimed at areas of underlying health problems especially for vulnerable children. This should include campaigns on obesity, dental health, physical exercise, and health issues in general.
- The key is to tackling inequality and poverty; enabling communities, empowering parents and focussing on prevention
- Troubled families approach – we need to use our early help services (as this is not fully utilised)
- There are gaps in early help offer to help young people overcome social barriers. Start early – service information should be made available earlier, from birth
- Raise awareness of free nursery school vouchers
- Child care is one of the barriers to accessing other services, training and support

#### **Other areas of discussion**

- Children as victims having witnessed issues they find difficult to deal with, like domestic abuse
- Housing – and the increasing number of homeless people
- Alcohol – increased access / exposure and witnessing violence due to alcohol
- Lack of aspiration from children – more so from their parents
- Teachers have too much to do without having to deal with family issues
- The public sector need greater understanding of cultural values and how to address community needs (FGM – FM)
- How do we recognise risk – lost childhoods?
- Staff aware of safeguarding issues and reporting abuse – some agencies do not train their staff to be aware of safeguarding issues
- Lack of preventative mental health information
- Stigma of social work – everything they do is under the microscope
- Lack of funding for services within local government

#### **Solutions / actions**

- Direct people to the right service – at the right time
- Get a strategic buy in from all organisations that come into contact with children
- Increase health visitors
- People go to community groups they trust
- Use data to inform decision making policy and service provision
- Review safeguarding pathways for vulnerable children



## **Priority 2: Increasing life expectancy by focussing on inequalities**

### **Key action areas**

- Need to get information out to the wider community and other interested groups (mainly those with disabilities), tailored at each person's stage of life, recognising the uniqueness of Slough population.
- We need to find out why some communities do not have access to the widely available information
- There is a role for Probation Services in educating those coming out of prison
- Effective public transport would help in reducing Slough's culture of over reliance to car journeys. This would reduce traffic congestion, pollution and related health problems
- Better policies on the use of existing space in the borough as it is not well used
- Cycle routes are not clear and we need to remove cycling restrictions in the town centre

### **Other areas of discussion**

- We should not just look at increasing life expectancy, focus should also be on quality of life and living in good health
- Problems with gangs and crime; raise awareness on the impact of organised crime and how this affects young people
- Basic minimum income contributes to lack of opportunities to live a healthier life
- There is no single causal factor to target resources on
- Challenges on how to communicate with residents in Slough on what is on offer – we need to target people at all key stages of life including young adults, the homeless, people with disabilities and children and young people expelled from school

### **Solutions / actions**

- Using technology better in regard to health issues
- Self-help and personal/emotional resilience is key
- Multi-agency partnership working and the role of voluntary community groups – We need to get strength within the community in collaboration with our outreach workers using Faith groups and Active Slough
- Utilise the use of libraries and cultural services, linked to adult learning
- Improve health literacy
- Improve mental health services
- Roles of education and schools, youth training schemes and Slough academy to evaluate one's purpose in life
- Work with the private sector in Slough to provide work experience for those with little or no skills
- Start early, by promoting pre-conception / healthy pregnancy education
- Educate children to start early saving for their retirement
- Encourage life time behaviour change – sports and gyms can be a good gateway for young people

## **Priority 3: Improving mental health and wellbeing**

### **Key action areas**

- How do we create proper work streams for closer and coordinated partnership working? For example, we need to have a joined up service between the Drugs and Alcohol Action Team and Mental Health services
- Making sure that we do not keep repeating the same mistakes and develop strategic policies that are consistent and sustainable
- Making more use of co-production and our community networks
- Are we over-medicating some conditions? Normal issues like anxiety over school homework can be labelled as mental health. Some people could get specific targeted intervention without getting frantic
- Dealing with the stigma around mental health, mainly in carers and BME communities, with people being told to “just get on with it”
- Provide awareness information and improve communication through digital online service, the Umbrella Team, the voluntary sector and other organisations.
- Education is a factor and we need to educate children from a young age, support parents and encourage intergenerational engagement between adults and young people

### **Other areas of discussion**

- Start targeting those sitting at home to tackle social isolation through local groups like “Men Matters”
- There is a long waiting list for an initial Mental Health assessment in Slough
- Avenue to Community Mental Health Teams (CMHT) is difficult with clients only accepted if suicidal (Kids who have behavioural issues find themselves isolated)
- Little support for post treatment with people having to wait over 3 months to be referred for post treatment services
- Lack of resources mean that services are reactive to needs
- Going back into normal employment after a mental health episode can be difficult if suffers admit to employers that they have mental health issues
- There is no appropriate parenting strategy or evidence based support
- Lack of mental health education in schools

### **Solutions / actions**

- There should be a link between mental and physical health
- Tap into the most highly attended exercises at most religious and faith groups, for example, meditation
- Use Fire Services East Hub as a “community asset through coffee mornings connectivity
- Make improvements to the environment to improve mental health
- Use Hope College to meet people and improve confidence
- start focussing on positive psychology earlier in life and think about what we are going to do with our lives when we retire
- Use screens at GP surgeries to promote positive messages on mental health

## **Priority 4: Housing**

### **Key action areas**

- Issues around health and safety compliance of private sector housing and how we make sure that we have strategic policies in place to make these homes compliant
- The number of affordable housing units being built in Slough and how we can:
  - make sure that developers conform to planning policy
  - support low income tenants to get employment skills and afford such housing
- There is an increase in street homelessness and we need to make sure that rough sleepers are considered on a human level and not just cleared off the streets
- If housing is such an important issue, why is it not attracting similar funding to leisure?
- The impact of Universal Credit to people with low incomes who are struggling to pay rent and end up in debt
- The lack of proper coordination and information provided (through the website) for people moving into town from overseas – and language barriers

### **Other areas of discussion**

- Overcrowding – including in Bed and Breakfast
- The environment outside the house – Anti Social Behaviour
- Social housing repairs are not done as quickly as they should be
- Slough is losing young professionals who are moving out of the borough because they cannot afford housing cost
- Landlords being selective on who they rent their properties to
- We keep building a large number of flats without gardens or parking
- Families are being moved from house to house – lack of security and stability

### **Solutions / actions**

- Introduce a “discharge policy” to support people at risk of homelessness and give people a choice
- Short and long term goals – look at mutual exchange for those in temporary housing
- Work with social landlords to support low income families at risk of getting into debt
- One slough – single website for residents, where staff can refer them to and have a common access point
- Share community hub space with other services
- Services to mirror the needs of residents by identifying those needs and gaps in the services provided. This would save time, resources and increase targeted intervention support
- Work with residents so that they become self reliant and sufficient. This would reduce pressure on their housing needs in the long term
- Focus on how housing affects life choices/chance

## **Other issues raised – Social Isolation**

### **Key action areas**

- Make more use of the voluntary sector, families, and carers' organisations – we need to think local
- Employers should do more to help their employees' wellbeing. They can provide support, guidance and develop advice toolkits through HR
- The role of Slough Wellbeing Board through its campaigns
- Encourage awareness of the “invisible disabilities” and appropriate accessible opportunities like disabled parking, accessible toilets, access to buildings and transport, etc.
- Introduce better sustainable and cleaner transport, including improved and accurate bus routes
- Encourage and empower local communities to take control of their own outcomes and be self aware

### **Other areas of discussion**

- How can we prepare our children, young people and families to make sure that they have access to good health services?
- Challenges around the transient population and better understanding of the population – e.g. faith, ethnicity, gender etc.
- Monitoring of the quality of our care services
- Build the environment by improving access and awareness to green spaces
- Enhance community safety in parks to remove fear of crime
- Link physical activities to education programmes – learn to get fit
- Encourage partner organisations to do more for children and families during school holidays

### **Solutions / actions**

- Promote more use of libraries
- Encourage access to services to the elderly, frail and those with physical disabilities
- Allow easy access to services (including health checks) for people with invisible disabilities
- Start preparing for long term “healthier life” as early as primary school
- Better use of the wider partnership and social media (everyone singing from the same page) to improve communication opportunities – use communication principles like email, pictography, videos, etc. to reach a wider audience
- Join up green spaces with cycling routes to ensure accessibility
- Start educating people about the benefits of cycling from as early as primary school
- Encourage with local businesses and organisations to start recruiting local unskilled workers who can be trained on the job
- Introduce more walking groups targeting specific community groups
- Introduce programmes at leisure centre for socially isolated and vulnerable groups

## **Slough Health and Wellbeing Conference**

### ***Closing the gap – tackling inequalities across Slough***

**9.00 – 13.00 Thursday 4 October 2018**

**The Venue, The Curve, Slough Town Centre**

- 9.00        **Arrivals (teas and coffees available)**
- 9.30        **Welcome and introductions**  
Dr Jim O'Donnell, Vice Chair Slough Wellbeing Board
- 9.45        **Key note speaker – what is the evidence telling us about health and wellbeing inequalities?**  
Terry Blair-Stevens, Public Health England
- 10.05      **Table discussions - round 1**  
Choice of 2 tables with topics relating to the Wellbeing Board's Strategy themes
- 11.05      **Break**
- 11.30      **Table discussions – round 2**  
Choice of 2 tables with topics relating to the Wellbeing Board's Strategy themes
- 12.30      **Challenges and reflections for the future**
- 12:50      **Closing remarks and next steps**
- 13.00      **Lunch and networking**

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# Slough Wellbeing Board's Work Programme

## January 2019 - May 2019

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

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

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 discuss 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 discuss and update the Forward Work Plan.	Dean Tyler, Service Lead Strategy & Performance		No
Health Inequalities: Tangible options for action for Slough (referral from Health Partnership Board) Details to be confirmed.	Details to be confirmed.	Liz Brutus, Service Lead, Public Health		No
CCG Annual Report. Details to be confirmed.	Details to be confirmed.	Dr Jim O'Donnell		
Immunisations and Screening: First Annual report. Details to be confirmed.	Details to be confirmed.	Tessa Lindfield, Director of Public Health, Berkshire		
<b>Themed discussion</b>				
Mental Health: opportunity to review the impact of the #Not Alone campaign and shape the next stage of the campaign	Details to be confirmed.	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 sign off in March 2019.	Dean Tyler, Service Lead Strategy & Performance		No
Berkshire Suicide Prevention Strategy and Action Plan update (annual update): Referral from the Health & Social Care Partnership Board (referral from Health Partnership Board) Details to be confirmed.	The Board is asked to note the update.	Liz Brutus, Service Lead, Public Health		
Homelessness and rough sleeping – final report from the Task and Finish Group	The Board is asked to note the update from the Task and Finish Group	Alan Sinclair, Director of Adults & Communities		



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 discuss 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 discuss and comment on the draft report.	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
1 <sup>st</sup> draft of the Slough Wellbeing Board's Annual Report for 2018/19	The Board is invited to shape the first draft of the annual report.	Dean Tyler, Service Lead Strategy & Performance	Chairs of subgroups	No
Forward Work Programme	The Board is asked to discuss and update the Forward Work Plan.	Dean Tyler, Service Lead Strategy & Performance		No
Social mobility and inclusive growth. Details to be confirmed.	Details to be confirmed.	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
<b>Themed discussion</b>				
Details to be confirmed	Details to be confirmed			
<b>Information</b>				
Prevent Action Plan (6 month update)	The Board is asked to note recent activity by the Prevent Board.	Naheem Bashir, Prevent Coordinator		
<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>				
Integrated Care System (ICS)	The Board is asked to discuss 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, Service Lead Strategy & Performance	Democratic Services	No
Slough Wellbeing Board Annual report for 2018/19	The Board is asked to endorse the final draft of the annual report.	Dean Tyler, Service Lead Strategy & Performance	Chairs of subgroups	No
Report of the Disability task and finish group	The Board is asked to discuss and comment on the report of the task and finish group	Colin Pill, Chair, Disability ask and the finish Group		No
Schools and health. Details to be confirmed.	Details to be confirmed.	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Workplace health. Details to be confirmed.	Details to be confirmed.	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Forward Work Programme	The Board is asked to discuss and update the Forward Work Plan.	Dean Tyler, Service Lead Strategy & Performance		No
<b>Themed discussion</b>				
Details to be confirmed	Details to be confirmed.			
<b>Information</b>				
Sexual health services: new service update. Details to be confirmed. Possible referral from Health and Social Care Partnership	Details to be confirmed.	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield,		No

Board.		Director of Public Health, Berkshire		
Prevention Alliance Community Engagement (SPACE) Annual Report 2018	The Board is asked note the annual report and SPACE's plans for 2019.	Commissioning team and SCVS	Director, Adult Social Care	No

### Unprogrammed items

Cold winter deaths	Going to Health and Social Care Partnership Board in January 2019. Opportunity to take the draft plans for 2019/20 to the Board for comment in July 2019	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		
Environmental sustainability: Collaborative paper from Wellbeing Board members. Details to be confirmed.	Details to be confirmed. Possible referral from the Health and Social Care Partnership Board	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Refresh of the Council's Leisure Strategy 2019	To be confirmed.	Alison Hibbert, Leisure Strategy Manager		No
Housing / homelessness as a themed discussion item	To be confirmed	Colin Moone, Service Lead Strategic Housing Services		No
Vulnerable children as a themed discussion item	To be confirmed	Cate Duffy, Director Children, Learning and Skills		No
People on the edge of services: Possible referral from the Health & Social Care Partnership	To be confirmed	Julia Wales, DAAT Manager & Commissioner		No
Social care: the forthcoming Green Paper on older people (England)	To be confirmed	Alan Sinclair, Director of Adults & Communities		No
Refresh of JSNA	To be confirmed	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Tuberculous	To be confirmed	Liz Brutus, Service		No

		Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		
Low Emissions Strategy	To be confirmed	Liz Brutus Service Lead, Public Health / Jason Newman, Environmental Quality Team Manager		No
Improve the provision sand access to green spaces, including new development, allotment etc. to improve residents activity and wellbeing	To be confirmed	Alan Sinclair, Director of Adults & Communities		No
Business and skills – development agenda as a health issue	To be confirmed	Liz Brutus Service Lead, Public Health		No

**Criteria**

*Does the proposed item help the Board to:*

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

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board      **DATE:** 20 November 2018

**CONTACT OFFICER:** Colin Moone, Service Lead: Housing Services  
**(For all Enquiries)** (01753) 874057

**WARD(S):** All

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

**HOMELESSNESS & ROUGH SLEEPING**

1. **Purpose of Report**

1.1 This report provides the Slough Wellbeing Board with an update of the current homelessness and rough sleeping situation in the borough. Homelessness can be wide-ranging so this report concentrates on the Rough Sleeping element.

2. **Recommendation**

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

3. **The Slough Joint Wellbeing Strategy, the Joint Strategic Needs Assessment (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 draft Homelessness Strategy which, rough sleepers form a part.

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

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

3b. **The JSNA**

The Council's Housing Strategy objective's identifies homelessness as a key area. A new Homelessness Strategy has been drafted but the Housing Strategy identifies that *Homelessness and rough sleeping is to be reduced.*

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 really relevant to the outcomes of the Five Year Pan. It also helps to deliver and makes significant contributions to each of the other outcomes:

- 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

- Outcome 3 – Slough will be an attractive place where people choose to live, work and stay
- Outcome 5 – Slough will attract, retain and grow businesses and investment to provide opportunities for our residents

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

(a) **Financial** – Whilst there are no direct financial implications arising from this report, it should be acknowledged that rough sleepers have impacts on budgets across many services, e.g. Health.

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

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

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

#### 5. **Summary**

*The Wellbeing Board set up a Task and Finish Group to oversee the rough sleeper work and to ensure that the partnership is engaging sufficiently to support the work which the Council and the voluntary sector are doing. This report forms part of the update for the meeting on 20<sup>th</sup> November 2018. This report provides the Board with an update on :*

- Recent activity to tackle rough sleeping across the borough;*
- The strategy that is being developed to help prevent people from becoming homeless in the first place;*
- Information on the 2018 Winter offer for rough sleepers; and*
- Other work underlay that is connected to rough sleeping.*

#### 6. **Supporting information**

##### ***Rough Sleepers***

6.1 Until recently, there was no one service responsible for rough sleepers in Slough. A recent successful government bid by Housing Services will augment the multi-agency approaches being seen in the borough. The government have agreed to provide resources of £260k for 2018/19 and below summarises what this will be spent on: -

- A Team comprising a Co-ordinator and two x Outreach Workers
- Blocked booked beds for emergency provision
- Floating support provision
- Opening a Winter Night Shelter
- Providing a Severe Weather Emergency Provision (SWEP)
- Security for the Winter Night Shelter
- Reconnection work with home communities
- Incentives/rent in advance to access accommodation

6.2 Rough sleepers are not statutory homeless cases. The rough sleeper population is transient and the figure is difficult to pin down although the official Rough Sleeper Count, last year, was 27 and 25 the previous year. 12 of the current cohort (described in the official count) were UK Nationals and 15 were EU Nationals. The EU Nationals have not exercised their Treaty Rights and therefore are unable to access public services. Anecdotally many of the rough sleepers, who are begging, are receiving benefits and therefore it is difficult to discern an accurate picture of what is really happening.

6.3 There are services provided to rough sleepers by voluntary sector organisations, particularly the Night Shelter run by London and Slough Run, in partnership with the Council. Other organisations provide food, clothes and washing facilities. However, these services are uncoordinated and in some cases conflict with the approach the Council is seeking to promote in the Town Centre, for example.

### ***Recent Activity***

6.4 The Rough Sleeper Co-ordinator role and one Outreach Worker post have now been filled and officers are working towards employing a further Outreach Worker. The role of the team is to: -

- Co-ordinate the work of partners working with rough sleepers
- Move rough sleepers from the streets to appropriate accommodation
- Develop targeted multi agency collaboration
- Develop reconnection services
- Develop a local Homeless Charter
- Co-ordinate a multi-agency partnership meeting to oversee the work
- Develop and maintain effective relationships with rough sleepers and single homeless households
- Engage entrenched rough sleepers
- Develop individual plans for each person
- Engage agencies, i.e. Police, NHS (mental health, drug and alcohol services etc.), housing providers etc.

6.5 On 9<sup>th</sup> October 2018, the Council hosted an event to introduce the work it was undertaking to voluntary organisations. Two of our partners were asked to speak as well as the Service Lead for Regulatory Services, to talk about the Town Centre and the partnership work needed to enable the Town Centre to become successful again. The event culminated in some group work to develop some pledges, which will be turned into the Homeless Charter. These pledges are still being refined.

6.6 The Wellbeing Board set up a Task and Finish Group to oversee the rough sleeper work and to ensure that the partnership is engaging sufficiently to support the work which the Council and the voluntary sector are doing. This report forms part of the update for the meeting on 20 November 2018.

### ***What is the Strategy for Rough Sleepers?***

6.7 The Council is producing a Homeless Strategy, which includes a separate section on rough sleeping and single homelessness. The draft will be available shortly as it is currently being updated with information from a recent review carried out on homelessness and how it operates within the Council. Although the strategy has been discussed with partners, once it is refreshed, it will be consulted on again. The new

strategy will be available in December 2018. The rough sleeping section (draft) of the strategy can be found attached at Appendix A.

### **The Winter Offer for Rough Sleepers**

6.8 Extreme cold can cause serious health problems and death for those who are exposed overnight or for long periods of time. Historically, SWEPP (Severe Weather Emergency Protocol/Provision) provision was triggered when the forecast was zero degrees or below for three days. It is now best practice to take a common sense approach, where any forecast approaching zero is considered; the impact of rain, snow and wind chill are taken into account; and the 'feels like' temperature is checked, along with conditions underfoot (e.g. ice). There are benefits to opening provision for temperatures that are above freezing but can be just as harmful and for maintaining this provision over longer periods.

6.9 The SWEPP provision had heavy use last year and visits to the Night Shelter were variable. There will be similar night shelter provision run by London and Slough Run this year but the Council has decided to provide an additional provision to deal with its SWEPP obligations and to be used as an extended Night Shelter.

6.10 Serena Hall, which was previously used as a Day Centre will be opened as a Night Shelter from the middle of November 2018 from 7pm until 7am. This provision will be available until the end of March 2019. However, officers are considering extended uses for Serena Hall as a potential Hub for rough sleeper work, although this has to be carefully considered in the light of historical anti- social behaviour issues.

6.11 The reopening of Serena Hall has not been widely publicised and these messages are being put together and will be communicated shortly.

6.12 Officers are currently compiling a list of agencies, who they would want to provide services to rough sleepers, i.e. dental and GP services.

6.13 The Night Shelter at Serena Hall will become the Council's immediate response to the winter problems experienced by rough sleepers. The Council has already secured a number of beds for emergencies and has recently sent out a brief to the Market for a provider to deliver up to 40 rooms/bedsits over a two year period. A number of providers have indicated that they would be interested in working with us on this provision. Serena Hall could add value to this work. For example, there are shower and kitchen facilities available. One of the concerns on the High Street is the feeding of rough sleepers on the street. Serena Hall could provide a solution to this problem but this as an issue that has yet to be discussed and agreed. What is clear, is that the issues, which became problematic at Serena Hall previously, cannot be repeated.

6.14 The aim is to move rough sleepers off of the street and eventually into permanent accommodation. Serena Hall is an important step in this direction and with emergency bed provision available, the portfolio of help is growing.

6.15 The Council will not be relying purely on the private sector to provide tenancies; it has its own provision and will be using this also. The Outreach Workers will be providing a link from rough sleepers to services, which are available and this work has already begun.



6.16 Assuming that Serena Hall will be available in time, it will be used to coordinate and be the base for the Official Rough Sleeper Count on 14<sup>th</sup> November 2018 at 11.15pm until 15<sup>th</sup> November 2018 at 5am. This date should not be publicised as it will drive rough sleepers underground and therefore defeat the whole object of the Count.

### **Other Work Connected to Rough Sleeping**

6.17 There are a number of other initiatives working in the borough, which can cross with the work officers are carrying out with rough sleepers: -

- PAUSE: working with women who have had 1 or more children taken into care. They offer intensive support to work through issues which, the women may have. Some of these women are rough sleepers;
- SHOC: provide a homeless day centre offering food, advice, benefit help and access to accommodation;
- London & Slough Run: provide a Night Shelter with 20 beds from January to March each year. Also provide a food run on Sunday lunchtimes;
- Slough Outreach: provide some High Street feeds, advocacy, bike workshop. This organisation works across Slough, Windsor and Maidenhead;
- Browns: funded by Thames Valley Police until March 2019. Assists chaotic individuals with support. This ranges from benefits help, getting people engaged with services and other support. Not all individuals are homeless.

## **7 Comments of Other Committees**

7.1 There are no comments from any other committees.

## **8. Conclusion**

8.1 Homelessness takes many guises but it is becoming an increasing challenge in Slough. The rough sleeping population in Slough is difficult to pin down, as the population is transient and there are close ties to neighbouring boroughs. Slough, however, is improving its offer with the help of government funds. One of the concerns, however, is that the more provision is available, the more rough sleepers will flock to Slough to take this up. This is purely anecdotal but the people in the know are convinced of this. This will have to be watched but it is appropriate to provide sufficient help so that the Council and voluntary organisations can succeed in moving people off of the street permanently.

## **9. Appendices**

A – Single homeless & rough sleeping reduction plan (draft).

## **10. Background Papers**

None

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## **Appendix A: Homelessness Prevention Action Plan 2018-2023**

# **Single homeless & rough sleeping reduction plan**

DRAFT

## Background

The single homeless & rough sleeping reduction plan is a subsidiary plan of the Slough Borough Council Homelessness prevention Strategy 2018-2023. One of the main objectives of the Slough Homelessness prevention Strategy is to reduce rough sleeping in Slough and to maintain Slough's 'No Second Night Out' stance.

The majority of rough sleepers are single people or couple without children. Any plan to tackle rough sleeping in any area will reduce the incident of single homeless persons.

Of the people who sleep rough across the year, some will be sleeping on the streets for the first time, some all year and some will sleep rough intermittently. The number of people sleeping on the streets is also likely to be influenced by the seasons. Data from the Combined Homelessness and Information Network (CHAIN), a database used in London by people working in the sector, showed that 60% of the people recorded as sleeping rough in London in 2017-18 were new to the streets.<sup>1</sup> Over half (59%) were seen only once, while only 6% were seen more than ten times.

In the autumn 2017 counts and estimates, 83% of people found sleeping rough were men, while 14% were women (gender for the remaining 3% was unknown).<sup>2</sup> While women and men have been found to be equally likely to experience hidden homelessness<sup>3</sup>, these figures show that men are more likely to experience rough sleeping. People who sleep rough in England tend to be: **(a.)** male; **(b.)** between 25 and 55 years old; and **(c.)** predominantly white.

However, women who sleep rough are more likely to have specific support needs and to have experienced traumas, including domestic abuse, mental ill health, substance misuse, and to have self-harmed.<sup>4</sup> We are told by the sector that when women sleep rough, they make themselves less visible in

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<sup>1</sup> Greater London Authority (2018) 'CHAIN annual report 2017/18'. Available at: <https://data.london.gov.uk/dataset/chain-reports>

<sup>2</sup> MHCLG (2018)

<sup>3</sup> Bramley, G & Fitzpatrick, S (2017) 'Homelessness in the UK: who is most at risk?' Housing Studies 33:1. Available at: <https://www.tandfonline.com/doi/full/10.1080/02673037.2017.1344957>

<sup>4</sup> Mackie & Thomas (2014) 'Nations Apart Experiences of single homeless people across Great Britain. Available at: <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/types-of-homelessness/nations-apart-experiences-of-single-homeless-people-across-great-britain-2014/>

order to stay safe. This means that we often know less about them and their needs than we do about men who sleep rough.

This document will aim to deliver on key points of central government vision of working in partnership with business, the public and wider society to ensure that no-one has to experience rough sleeping again. Using a Slough specific approach.

This plan has prevention at its heart, focusing on stopping people from becoming homeless in the first place and providing them with the right support to find work and live independently. Longer term, those sleeping rough will be housed and offered comprehensive support to ensure their specific needs are addressed so that they can move into suitable permanent accommodation at the earliest opportunity.

### **Defining Rough Sleeping**

The Ministry of housing Communities and Local Government (MHCLG) define a rough sleeper as: People or persons sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). Also People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, etc).

This definition does not include people in hostels or shelters, sofa surfers, people in campsites, or other sites used for recreational purposes or organised protests, squatters or travellers.

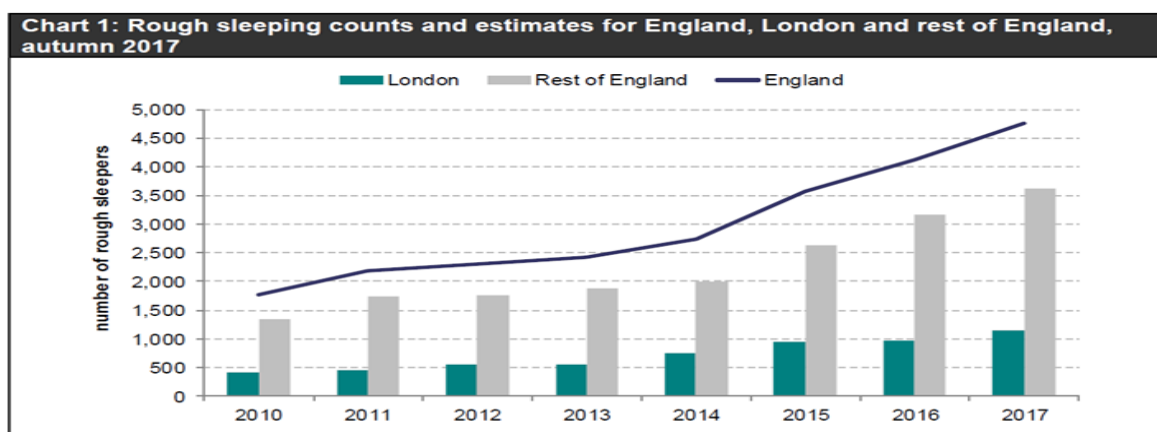
### **Types of rough sleepers**

- At Risk rough Sleeper: individuals who are at risk of rough sleeping through their situation (vulnerably housed, sofa surfers) or their support needs (poor mental health, substance misuse, low motivation);
- 'Flow' or New Rough Sleepers: people who move onto the streets for the first time; generally regarded as being between one day and four weeks;
- Stock Rough Sleepers: continuing rough sleepers also referred to as entrenched rough sleepers, who have slept rough for more than four weeks;
- Returners: rough sleepers, who have slept rough in the last 12 months and have returned to the streets after a period of accommodation, such as assured shorthold tenancies, licences and supported accommodation.

### **Context**

The single homeless and rough sleeping reduction plan is set in the context of increasing numbers of rough sleepers at both a national and local level. Since 2010, the national numbers of rough sleepers have increased by **over 20%**. Here in Slough council and its partners have identified that there has been a significant increase in the incidence of rough sleeping in Slough **(as shown below)**. The numbers of people rough sleeping in slough have been at a considerably higher rate than the average for England over the past few years. This is partly because of Sloughs location and accessibility.

Slough being situated on the borders of London with frequent public transport to central London from Slough high street in about 30 Minutes, has made Slough an attractive location for migrant workers who make up over 50% of the rough sleepers on any given night in Slough<sup>5</sup>. This geographical location also makes housing expensive and private rented accommodation priced at London levels, way above the local LHA rates. There is also the London factor, of London boroughs placing homeless households in Slough creating a further shortage of affordable private rented accommodation locally. When numbers of rough sleepers are collected, Slough is not counted as part of London despite facing the same pressures of all the London boroughs bordering it.



The table shows the continued rise of rough sleeping nationally over seven years . This rise is reflected locally here in Slough.

**Table 1: Rough sleeping counts and estimates for England, London and Rest of England, 2010 to 2017**

	England	% change on previous year	London	% change on previous year	Rest of England	% change on previous year
2010	1,768		415		1,353	
2011	2,181	23%	446	7%	1,735	28%
2012	2,309	6%	557	25%	1,752	1%
2013	2,414	5%	543	-3%	1,871	7%
2014	2,744	14%	742	37%	2,002	7%
2015	3,569	30%	940	27%	2,629	31%
2016	4,134	16%	964	3%	3,170	21%
2017	4,751	15%	1,137	18%	3,614	14%

Local authorities carry out frequent counts and estimates show that 4,751 people slept rough in England on a snapshot night in autumn 2017. This is up 617 (15%) from the autumn 2016 total of 4,134<sup>6</sup>. The rate

<sup>5</sup> Table 2b: Street counts and estimates of rough sleeping, by local authority district, region and nationality of rough sleepers; England autumn 2017 (MHCLG data)

<sup>6</sup> MHCLG (2018) 'Rough Sleeping Statistics Autumn 2017, England (Revised)'

Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/682001/Rough\\_Sleeping\\_Autumn\\_2017\\_Statistical\\_Release\\_-\\_revised.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/682001/Rough_Sleeping_Autumn_2017_Statistical_Release_-_revised.pdf)

of rough sleeping per 1,000 households is 0.20 for England, 0.31 for London and 0.18 for the rest of England. This compares to 0.18 for England, 0.27 for London and 0.16 for the rest of England in 2016. To address this growing problem, which is the most visible face of homelessness, Central government has provided some key policies with the view to reduction and prevention of homelessness. Locally, Slough Borough Council has devised this action plan, which as a subsidiary document of the homelessness prevention strategy 2018-2023 will aim to deliver targeted positive results for this highly vulnerable and visible face of homelessness by working with local and regional partners both statutory and voluntary.

Of the 4,751 rough sleepers counted in the autumn 2017

- 653 (14%) were women
- 760 (16%) were EU nationals from outside the UK
- 193 (4%) were from outside the EU.
- Nationality of 402 people (8%) was not known – it suggests that some people may not wish to disclose their non-UK nationality.
- 366 (8%) were 18 - 25 years old.
- 3 persons, or less than 0.1% of the England total, were under 18 years old.<sup>7</sup>

### **Consultation**

As part of the main homelessness Prevention Strategy 2018-2023, we held a consultation which was a day with key partners including members of the Slough Homeless Forum, statutory and voluntary groups. We also sent out a questionnaire by email. The day event involved participants working in groups to identify key challenges, gaps and solutions in tackling homelessness. The scope included rough sleeping and single homeless persons in both the questionnaires and day event. The Slough Homeless Forum meets regularly.

### **The lessons learnt from the consultation include:**

- The high rents charged locally as opposed to local housing benefits levels .
- Alcohol and substance use/dependency was also cited as a major barrier in finding a home;
- 'Rules based housing' has led to some individuals not being able to maintain their accommodation;
- The lack of adequate supported accommodation locally meaning most people in this group are placed into private rented accommodation which clients cannot sustain due to a range of issues including the behaviour of others, rent arrears etc ;
- Lack of targeted joined up long term support to those who are substance/alcohol dependent;

There was also a consultation of sample group of services users and, the response came up with was mainly:

- Lack of street outreach and engagement with entrenched rough sleepers;
- Lack of early targeted meaningful support for people in their own tenancies, to help prevent homelessness;
- Lack of availability of affordable accommodation generally;
- Limited access to facilities, including being able to have a shower and clean clothes, and a limited access to somewhere positive to go in the day time;

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<sup>7</sup> MHCLG Rough sleeping in England - counts and estimates, Autumn 2010 - 2017

- The importance of being treated with dignity so people can improve their self-worth and see a positive future;
- The importance of considering people’s individual circumstances when delivering service to them.

## Review

A review of the current overall homeless situation was carried out as part of the homelessness prevention strategy; the review included rough sleeping and single homelessness as the most visible features of homelessness. The review looked at both the national and local picture; it contains information on homelessness in the borough and looks at our current and future challenges. The review document sets out how an in-depth assessment of the support, assistance and advice available to homeless and potentially homeless people in the borough including rough sleepers and single homeless.

The causes of homelessness are complex, with rarely one single trigger; there are often a combination of reasons why people come to face homelessness and rough sleeping.

In order to develop services which provide effective resolution to individuals and families facing the prospect of homelessness, it is necessary to understand the interplay between various factors, which can render a person homeless.

These can be categorised as relating to:

- (i) Individual circumstances
- (ii) Relationships
- (iii) Social policies – National and Local

Professors Fitzpatrick and Bramley recently identified poverty, particularly childhood poverty, as the most powerful predictor of all forms of homelessness. Certain groups are significantly more likely to become homeless than others, and factors such as ethnicity, education, adverse childhood experiences, gender and employment all play a sizeable role<sup>8</sup>. Early trauma and childhood abuse seem to be common amongst homeless people with more complex needs. A 2010 study by Heriot-Watt University surveyed single homeless people with multiple needs in seven UK cities (452 people, 77% of whom had slept rough). The authors found that by the age of 16, 24% of those surveyed had parents or carers with drug or alcohol problems; 22% had experienced sexual abuse, 23% had experienced physical abuse and 27% had

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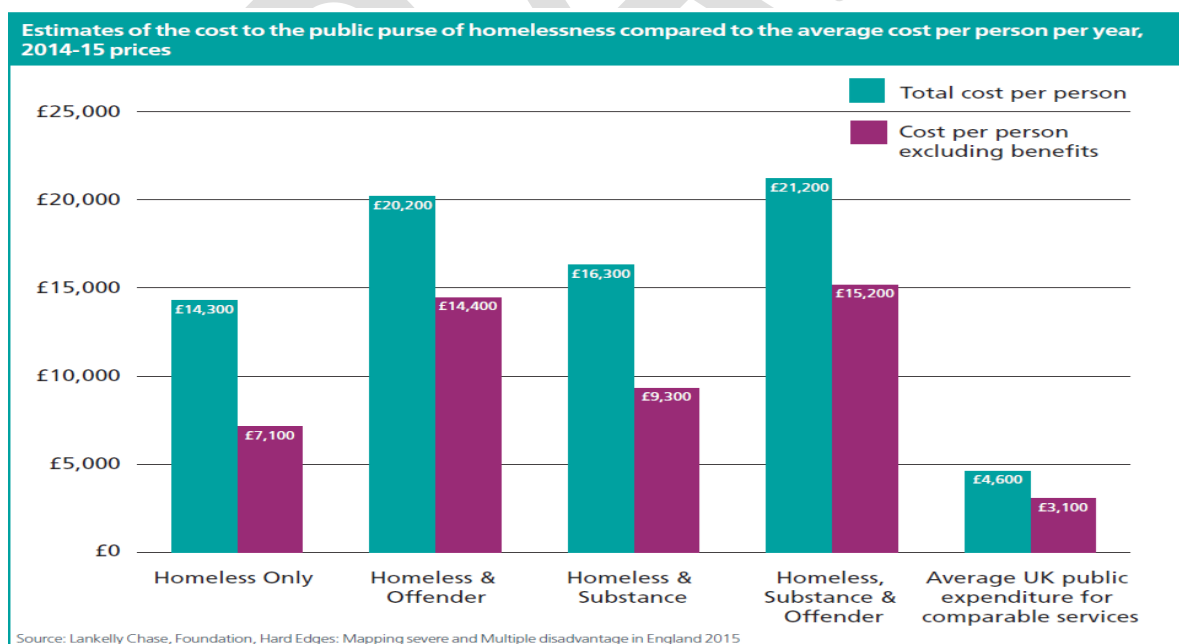
<sup>8</sup> Bramley & Fitzpatrick (2017)



witnessed violence between parents.<sup>9</sup> However, homelessness and rough sleeping are not inevitable results of these drivers. Many people who experience them do not become homeless. Specific triggers can lead to people rough sleeping, including eviction from rented property, conflict with family, relationship breakdowns and leaving prison.<sup>10</sup>

There is a need for joined up working to tackle rough sleeping due to the multi-faceted needs of rough sleepers. The prevalence of multiple health issues is common and having a joined up multi agency plan to tackle this will help improve the lives of the service users and help reduce the overall cost to multiple agencies. There is a high prevalence of mental and physical ill-health and drug and alcohol dependency amongst rough sleepers. Other common problems include physical trauma (especially foot trauma), skin problems, respiratory illness and infections (including hepatitis).

Helping people before they sleep rough will not only reduce the human cost of rough sleeping; it will also help to reduce costs to the wider public sector. People who sleep rough often have a combination of needs which will mean that they come into contact with a range of public bodies. This includes the costs of providing health care, drug and alcohol treatment, emergency services and costs to the criminal justice system. In the 2015 Hard Edges report, Professor Glen Bramley and co- authors estimated the costs of rough sleeping to the public purse to be between £14,300 and £21,200 per person per year, with the higher cost being incurred if rough sleeping occurred alongside substance misuse and offending. This is three to four times the average cost to public services of an average adult (approximately £4,600). The estimated cost of rough sleeping, excluding the cost of benefits, is therefore between £7,100 and £15,200 per person per year.<sup>11</sup>



There is evidence that suggests the triggers and experiences of female rough sleepers tend to be distinct from those of men. We know that many women avoid rough sleeping by sofa surfing, staying in abusive

<sup>9</sup> Fitzpatrick et al (2013) 'Pathways into multiple exclusion homelessness in seven UK cities'. Urban Studies 50(1). Available at: <https://pureapps2.hw.ac.uk/ws/portalfiles/portal/7456915>

<sup>10</sup> Greater London Authority (2018)

<sup>11</sup> Bramley (2015)

relationships or living in squats, crack houses and brothels. A higher proportion of women than men will have also had specific traumatic experiences that led to their homelessness such as domestic abuse and perhaps having their children taken into care. Consequently, women who are sleeping rough, though few in numbers, often have higher and more complex needs than men, including mental and physical health issues, substance use issues, offending histories and involvement in prostitution. Other hidden rough sleepers use woodlands and countryside as bedding down spots. According to a recent report by the Bureau of Investigative Journalism, at least 78 homeless people died during the severe winter of 2017/18. The report goes on to say that in the first four months of 2018, 40 rough sleepers have died in the country.<sup>12</sup>

Slough Borough Council already has a range of initiatives that are in place to help prevent and reduce rough sleeping in Slough. This document is aimed at improving and extending these existing services some of which include:

- Extended night shelters (ENS) in Slough have augmented the severe weather emergency protocol (SWEPE) by the use of multiple locations, for a longer period of time. The multi-agency involvement has enabled the continuation of outreach services across Slough, as well providing additional engagement with clients using the various provisions;
- During the winter of 2017/ 2018 outreach services engaged with over XXXXX clients;
- Targeted multi-disciplinary work, coordinated by the Council & partners, to tackle ongoing issues with highly visible rough sleeping in public places in Slough has led to a number of positive outcomes, prior to enforcement action for individuals who otherwise may have been excluded from services and accommodation. The combination of a range of services from various agencies has proved effective in the approach used with the Herschel car park group of rough sleepers;
- Slough has pressed ahead with the delivery of the NFNO (No First Night Out) Project which aims to prevent people from rough sleeping in the first place as well as ensuring that people do not return to sleeping rough after a period of settled accommodation by working with local partners on intelligence based approaches.

Often those who find themselves street homeless will not fall within the statutory borders as prescribed by legislation as qualifying for a full housing duty; Slough council, under the HRA provides advice and assistance to help the applicant (s) secure settled accommodation or prevent.

Both those who fall within and outside the statutory assistance umbrella require a disproportionate amount of time and resource in managing their transition from street life to settled accommodation and it has been identified that better communication and partnership working is required to deliver a straightforward, personalised and meaningful service to this hard to reach group. In order to meet the 'intervention and recovery' part of the rough sleeping reduction strategy as prescribed by central government.

The groups include ex – offenders, People with substance abuse issues and people with multiple medical needs making them unable to manage tenancies. In Slough the main groups outside the statutory umbrella are the Eastern European migrant workers who due to the seasonal nature of their work find

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<sup>12</sup> <https://www.theguardian.com/society/2018/apr/23/at-least-78-homeless-people-died-in-uk-over-winter-figures-reveal>

themselves sleeping rough or in unsuitable accommodation. These European Economic Area (EEA) nationals end up on the streets before the qualification period for statutory assistance as prescribed by the immigration and residency rules.

The challenges presented by rough sleepers with No Recourse to Public Funds are significant and highly contentious. From May 2016, the Home Office designated EEA nationals who were rough sleeping as abusing their rights to free movement under EU Law. The Home Office then sought to deport them, regardless of whether they were working. In December 2017, the High Court ruled that this approach was unlawful.

Central government recently launched a rough sleeping initiative to present a centrally coordinated approach to the issue of rough sleeping in the country. As part of this initiative, local authorities with the highest incidence of rough sleeping were invited to bid for extra funding. Slough was successful in securing some of this funding. With the extra funding, Slough plans to develop an outreach service which not only coordinates the services available to rough sleepers and those at risk of rough sleeping but also the hidden single homeless households. These include at risk groups like sofa surfers and those at risk of losing their homes before they become street homeless. The new service will provide a move on service and the provision of ongoing support into settled long term accommodation. This team will help Slough deliver on the 'Prevention, Intervention and recovery' goals of the homelessness prevention Strategy.

The extra funding will help Slough Borough Council improve on the work currently undertaken in conjunction with partners in the reduction and prevention of rough sleeping. The extra funding will enable the council better provide targeted support to rough sleepers and those at risk of rough sleeping as well as provide a modern Slough specific solution that fits Slough's unique situation. Though Slough is a London borough, Slough faces similar pressures to a London Borough due to location and connectivity.

There will also be the added task for the extended service of working to help new rough sleepers or people at imminent risk of sleeping rough, get the rapid support they need. The aim is to reduce the flow of new rough sleepers to the street through more targeted prevention activity aimed at those at imminent risk of sleeping rough, to ensure they get the help they need before spending a single night on the streets and or to recover and move-on from their homelessness. As part of the rough sleeper prevention initiative programme, Slough will provide information and share all lessons learnt with other local authorities to help improve the services delivered to rough sleepers.

Nationally, it is estimated that the use of inpatient hospital care by people who are sleeping rough or living in insecure accommodation (such as hostels) is eight times higher than in the general population. This cost can be better managed with joined up working. The action plan will seek to create a service which meets the following –

- 1. Effective partnership work to prevent homelessness and offer relief to rough sleepers**
- 2. Provide a joined up early response when people do end up on the streets**
- 3. Provide a targeted outreach service for those with complex or multiple needs**
- 4. Enable the provision of sustainable housing solutions**
- 5. Tackle anti-social behaviour and crime to keep Slough safe**

## **6. Expand the night shelter provision and expand the SWEP**

### **1. Effective partnership work to prevent homelessness and to offer relief to rough sleepers**

The homelessness review carried out for the main homelessness prevention strategy (2018-2023), demonstrated disproportionate levels of homelessness amongst particular demographic and community groups in Slough and some of these groups are single person households, couples without children and rough sleepers. It is important that we gain an understanding of these groups in order to tailor services to be as effective as possible.

For the purposes of this Strategy 'prevention' refers to the use of different approaches to prevent individuals from rough sleeping for the first time, or to prevent a return to rough sleeping after a period of settled accommodation.

The planned approach will enable an appropriate and specific response to people with a variety of needs ranging from those with a basic need for housing, to those who are at risk of rough sleeping as a result of complex needs. Improved tenancy sustainment measures will also play a role in reducing the risk of individuals feeling the need to sleep rough.

Early intervention seeks to prevent homelessness by tackling the root causes before they escalate into a housing crisis. In recent years Slough has increased its focus on early intervention and homeless prevention; this has become more imperative with the introduction of new legislation (HRA).

Given the challenges faced around increasing homelessness and rough sleeping, it is critical that we at Slough continue to put homeless prevention at the heart of everything we do. We believe this will greatly increase the chances of positive outcomes for people at risk of becoming homeless. We also believe in preventing anyone spending a second night rough sleeping with our extended outreach work and improved partnership working. Achieving this will require clear partnership commitment and a coordinated improved intelligence gathering.

#### **Challenges**

- Homelessness numbers for all household groups nationally and in Slough are on an upward trend;
- Massive reduction in funding; Resulting in some groups "falling through the gaps" and being unable to access services;
- Lack of awareness of housing advice of the prevention services available within Slough can mean that households do not access assistance until after they have lost their home;
- House and rental prices have risen steeply in recent years;
- Helping residents and supporting and training staff through the significant changes being introduced by the HRA 2017 and the continued roll out of welfare reform measures;
- People who are homeless or at risk of homelessness may approach and seek help from a range of services at the same time, and
- Many agencies working with the same groups in a disjointed manner

## Action

**Develop an effective specialist outreach service**

**Better partnership working with creation of forums and charters which partners buy into**

**Develop a No first Night Out approach**

**Increased tenancy sustainment and floating support**

**Improved reconnection services**

**Better intelligence and tracking**

**Increased 'move on' possibilities**

**Extended night shelter provision to supplement SWEP**

## Delivering the Single homelessness and rough sleeping reduction strategy

This strategy and the objectives shown form the basis of our engagement with partners and the community.

The key elements of an action plan to deliver the strategy are listed below along with some headline outcomes.

The action plan has been developed from consultations involving a range of stakeholders to support delivery of the commitments set out in the Homelessness Prevention Strategy.

Monitoring our action plan in a timely manner will make it easier to update in light of other potential changes to national, regional or local policy and means we will be able to respond appropriately. We will review our action plan as required during the life of the strategy and each quarter we will monitor the actions and measures that have been set out in it. Progress will be regularly presented to Members and key external stakeholders.

### **BELOW IS THE ACTION PLAN FOR HOMELESSNESS PREVENTION STRATEGY**

#### **(ROUGH SLEEPING AND SINGLE HOMELESS )**

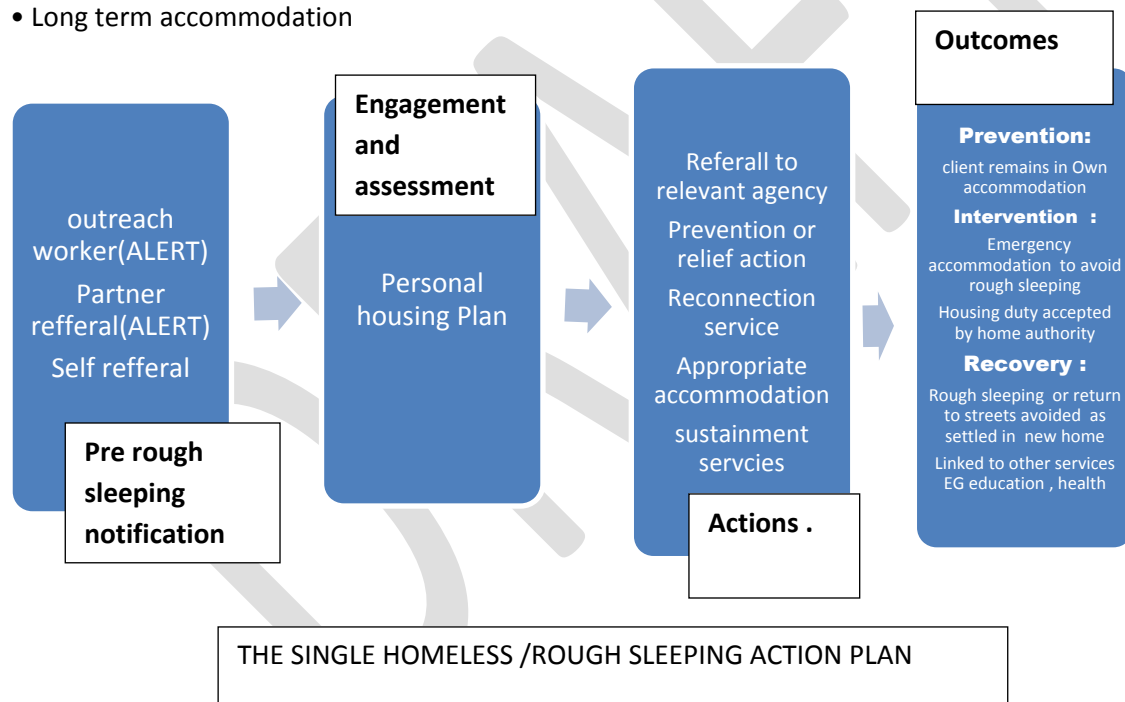
**In line with section 1(1) of the 2002 HOUSING Act, Slough Borough Council as a housing authority can conduct homelessness reviews and publish homelessness**

strategies more frequently if circumstances in the district change. Therefore, the action plan below is subject to changes and variation in line with needs in slough

**ACTION PLAN -**

The Single Homeless and Rough Sleeping Reduction Strategy Action Plan comprises five main themes, as many of the actions meet more than one of the overarching aims:

- Assertive Outreach Services back by improved intelligence;
- Multi-Agency Support and input;
- Prompt and easily accessible short Term Accommodation;
- Supported Move-On Accommodation;
- Long term accommodation



The action plan ties the resources available with the desired outcomes. These outcomes are all geared to deliver the Prevention intervention and recovery plan. Using a Slough specific approach to achieve these desired results within given time frames.

This document also ties in with the Slough Borough Council housing strategy Key message: **“Reducing rough sleeping through effective partnership work”**

**Appendix 1A : Homelessness charter attached**

Effective action to prevent homelessness and relieve rough Sleeping in Slough					
Action	Outcome measure	Lead Agency / Partner	Resources	Timescales	Progress measure
Effective partnership work to prevent homelessness and relieve rough sleeping	<p>(a) Get a rough sleeping team in place to provide assertive outreach service and to maintain an appropriate and effective level of service throughout the year.</p> <p>(b) Meaningful advice available to potential rough sleepers when approaching or referred to housing services and rough sleeping hotspots</p> <p>(c) Develop homeless and rough sleeping charter with partner buy in to terms and conditions</p> <p>(d) Improved Voluntary sector involvement</p> <p>(e) Create a forum or task group to enable professionals</p>	<p>Housing Demand Manager</p> <p>Rough sleeping coordinator</p> <p>Local partners</p>	<p>(a) New rough sleeping Coordinator</p> <p>(b) New Rough sleeping outreach workers</p> <p>(c) Local partner members of the new rough sleeping forum</p> <p>And other non forum members</p>	<p>Dec 2019</p> <p>July 2019</p>	<p>(a) Drop in rough sleeping numbers after the first year</p> <p>(b) Increase in number of single households preventions</p> <p>(c) Better referral process from partners</p> <p>(d) Better recording and reporting systems to share lessons learnt</p> <p>(e) Improved intervention pre – rough sleeping</p>

	both in the sector and the local authority to have a clear plan of action;				
	(a)Develop a homeless charter with emphasis on single homeless and rough sleeping;  (b)Develop a rough sleeping forum;	(a)Rough sleeping coordinator  (b)Local Partners	(a)Extra funding for MHCLG  (b) extra support from local partners coordinate by SBC	Sep 2019	(a)Better referral process  (b)Fewer rough sleepers as the joined up services will provide better service
Develop a No first Night Out approach	(a)Improving the 'no second night out' approach to catch people before they become street homeless;  (b)Faster access to emergency rough sleepers and those at risk;  (c) Better intelligence sharing amongst partners in both statutory and voluntary sector;  (d)Effective mediation provision  (e)Explore short term 'respite type' housing solutions  (f)Improved PRS accommodation	(a)Rough sleeping coordinator  (b) Local Partners	a)Local partner involvement  (b)Extra resources as required provided by the rough sleeping coordinator in line with funding rules  ( Strategic Housing Services Sourcing all funding options (private and public)	Nov 2019	(a)Fewer rough sleepers  (b) More single homeless preventions  (c ) Fewer rough sleepers locally  (d)More affordable PRS available for singles  (e)Reduced costs of providing emergency TA



	supply for single persons thorough dedicated campaigns				
Increased tenancy sustainment and floating support	(a)Better multi agency link up and information sharing for early intervention  (b)Better targeted support  (c )More local 'mentoring' service	(a)Strategic Housing Services  (b)Rough Sleeping Coordinator  (C ) Local Partners	(a)Local partners  (b)specialist sustainment services  (c )Rough support sleeping team	Dec 2019	(a)Fewer repeat rough sleepers  (b)More singles moving on to long term settled homes
Improved reconnection services	(a) Agree a defined reconnection protocol and referral pathway  (b)Better multi agency working  ( c)Better use of local intelligence	(a)Rough Sleeping Coordinator  (b) Local partners  (c )Strategic Housing Services	Resources as required provided Strategic Housing Lead and Rough sleeper coordinator	Oct 2019	(a)Fewer rough sleepers  (b)Faster assessment to determine best pathway
Increased 'move on' possibilities	(a)Better use of allocation policy quotas for homeless households  (b)Better relation with local and regional PRS suppliers  (c )Regular outreach surgeries  (d) Better Woking with local support hostels like Look Ahead	a)Rough Sleeping Coordinator  (b) Local partners  (c )Housing supply Manager  (d) Housing Allocations Manager  (e)Housing Demand Manager	Rough seeping coordinator identifies resources as needed	Dec 2019	(a)Better PRS relationship  (b)More emergency housing units availability  (c) More supported accommodation vacancies
Extended night shelter provision to	(a)More pre paid emergency beds	a)Rough Sleeping	(a)Pre booked emergency	Jan 2020	(a)No one sleeping rough in

supplement SWEP provision	(b)Securing venues and partners to cover extended SWEP opening  c)More safe spaces for the cohort	Coordinator  (b) Local partners  (c )Strategic Housing Services	beds  (b)SWEP partners agreeing extension of hours		bad weather  (b)Fewer rough sleeping locally  c)Reduced costs of providing emergency TA
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**SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2018/19**

<b>MEMBER</b>	<b>18/07</b>	<b>26/09</b>	<b>14/11 POST- PONED</b>	<b>20/11/18</b>	<b>14/01</b>	<b>26/03</b>	<b>08/05</b>
Naveed Ahmed	P						
Andrew Bunyan (SCST Interim CEO)	Ap (Sandra Davies - sub)						
Cate Duffy	P	P					
Temp Supt Grahame	Ap (Cl Spencer – sub)	P					
Lisa Humphreys		P					
Ramesh Kukar	P	Ap					
Tessa Lindfield	P	Ap					
Councillor Nazir	P	P					
Dr Jim O'Donnell	P	Ap					
Nigel Pallace	Ap	P					
Lloyd Palmer	Ap	P					
Councillor Pantelic	P	P					
Colin Pill	P	P					
Raakhi Sharma	P	Ap					
Alan Sinclair	P	Ap (Liz Brutus – sub)					
NHS England representative	Ap	Ap					

P = Present

Sub = Substitute sent

Ap = Apologies given

Ab = Absent, no apologies given

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