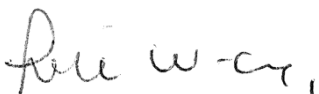


Date of issue: Wednesday, 19 June 2019

MEETING:	HEALTH SCRUTINY PANEL (Councillors Ali, Begum, Gahir, N Holledge, Mohammad, Qaseem, Rasib, A Sandhu and Smith) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	THURSDAY, 27TH JUNE, 2019 AT 6.30 PM
VENUE:	VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, BERKSHIRE, SL1 3UF
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	JANINE JENKINSON 01753 875018

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

PART I

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

APOLOGIES FOR ABSENCE

CONSTITUTIONAL MATTERS

1. Declarations of Interest

-

-

*All Members who believe they have a Disclosable
Pecuniary or other Interest in any matter to be considered*



<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
	<i>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>		
2.	Election of Chair 2019/20	-	-
3.	Election of Vice-Chair 2019/20	-	-
4.	Minutes of the Last Meeting held on 25th March 2019	1 - 6	-

SCRUTINY ISSUES

5.	Member Questions <i>(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).</i>	-	-
6.	Frimley Health and Care ICS Long-Term Strategy	7 - 20	All
7.	Disability Task & Finish Group - Update and Proposed Timescales	21 - 64	All
8.	Update on the Slough Local Action Plan for Immunisations	65 - 74	All

ITEMS FOR INFORMATION

9.	Forward Work Programme	75 - 78	-
10.	Date of Next Meeting - 10th September 2019	-	-

Press and Public

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

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

Health Scrutiny Panel – Meeting held on Monday, 25th March, 2019.

Present:- Councillors A Sandhu (Chair), Smith (Vice-Chair), Ali, M Holledge, Matloob, Qaseem and Shah

Non-Voting Co-optee – Colin Pill, Slough Healthwatch

Also present:-

Apologies for Absence:- Councillor Chaudhry

PART I

56. Declarations of Interest

None were declared.

57. Minutes of the Last Meeting held on 17th January 2019

Resolved – That the minutes of the last meeting held on 17th January 2019 be noted.

58. Action Progress Report

The Panel noted the progress being made on the actions agreed at recent meetings. It was highlighted that potential dates for the Panel's proposed visit to Respond and Lavender Court had been circulated and Members were asked to confirm their availability as soon as possible. All other actions were either completed, ongoing or would be incorporated into the work programme for the 2019/20 municipal year.

Resolved – That details of the Action Progress Report be noted.

(Councillor Matloob joined the meeting)

59. Member Questions

No questions from Members had been submitted.

60. Adult Social Care Local Account 2017-18

The Strategy and Partnership Manager, Sally Kitson, introduced a report on the Adult Social Care Local Account for 2017/18.

The Local Account provided details about performance, summarised the activities of Adult Social Care for the year to March 2018 and priorities for the future. A new format had been adopted which was intended to make the document more accessible and it included several case studies. It outlined the approach being taken to put people and communities at the centre of how

Health Scrutiny Panel - 25.03.19

social care services were delivered. One of the key themes was the progress that had been made to promote the greater integration of social care with health and the development of a strength and asset based approach. The report included the latest Adult Social Care Outcomes Framework (ASCOF) data and the key headlines were summarised.

The Panel welcomed the document and commented that it was both comprehensive and clear in providing an overview of priorities and performance in Slough. Members asked questions and raised points on a variety of issues including:

- Co-production – the Panel had previously noted that this was a key emerging area of work and it was commented that it could come through more strongly in the report. It was responded that a great deal of work had taken place to promote co-production since the reporting period for this Local Account which was to the end of March 2018. This would be reflected in next year's report.
- Inactivity – 34.8% of Slough's population was estimated to be inactive, which was significantly higher than the national average of 22.7%. Members asked whether residents were benefitting from the significant capital investment made in new and refurbished leisure facilities. It was highlighted that most of the facilities were now open and programmes were being developed for key groups and individuals to promote their use and seek to increase levels of activity. Access to facilities in communities, such as green gyms, had been improved, for example by providing wheelchair accessible paths to reach them. There was lag in the timeliness of such data and it was recognised that it would take some time for the impact of leisure investment on levels of activity to be reflected in the data.
- Care homes – £12.2m of the £32m adult social care budget was spent on care home provision and Members asked about the number of people using such services. The approach was to support more people to live independently in their homes and therefore the number of placements into care homes was reducing.
- Healthchecks – the Panel asked about the progress for the take up of Healthchecks. It was noted that 2,598 had received free NHS check in 2017/18 which was an increase on the previous year. However, take up both in Slough and nationally was relatively low. A research project on Health Beliefs had recently been commissioned on one of the issues it would look into the reasons for take up so that messages could be refined and targeted to key groups.

At the conclusion of the discussion, the Panel noted the report.

Resolved – That the Adult Social Care Local Account 2017/18 be noted.

Health Scrutiny Panel - 25.03.19

61. Oral Health in Slough - Update

The Service Lead for Public Health, Dr Liz Brutus, presented a report that updated on the work underway to deliver improved oral health in Slough, particularly for children.

It was recognised that there were real challenges in Slough in terms of oral health and these issues had been set out in the report to the Panel in October 2018. The report updated on the progress made subsequently on the various activities that were underway. The “Slough Healthy Smiles” project was being provided by Oxford Health NHS Foundation Trust to upskill staff in early years settings in supervised tooth brushings and increase knowledge of good oral health provision. The Healthy Smiles services had now been fully integrated into the “Active Movement” programme to promote wellbeing and the contract with Oxford Health had been extended to March 2020 at which point the service would be evaluated and reviewed. The Public Health England Starting Well initiative worked with dental practices to provide an outreach programme in 6 Slough primary schools. Funding had been secured to continue the programme for a further year and discussions were ongoing about which schools would be engaged in the next phase of delivery. Other work included the recruitment of two coordinator posts to work in early years provision to tackle health and wellbeing and a health beliefs research project to better understand residents’ beliefs and attitudes to health to help design services and communications more effectively.

The Panel was supportive of the projects underway to address the oral health challenges and it was recognised they were linked more widely to both wellbeing and deprivation. Members asked a number of questions including about the early impact of the schemes including the number of people attending the recent open day as part of the “Starting Well” initiative and whether any ward level data was available. The prevalence of poor oral health was closely linked to deprivation and there were also particular issues with certain groups of people such as those with eastern European and south Asian backgrounds. Members queried whether poor oral health in Slough was directly linked to a perceived lack of dentists, but it was reported that the uptake of dental appointments was considered to be more important than their availability. There was a discussion about the role of Health Visitors and the potential for routinely providing dental appointments for children although the ongoing issue of uptake was noted.

At the conclusion of the discussion the report was noted.

Resolved – That the update on oral health in Slough be noted.

62. Disability Task and Finish Group - Report and Recommendations

The Panel considered a report that set out the work and recommendations of the Disability Task and Finish Group.

Health Scrutiny Panel - 25.03.19

Colin Pill, who had chaired the Task & Finish Group, summarised the background, work undertaken and key recommendations of the group as detailed in Appendix A to the report. It was noted that there were approximately 9,400 people with physical disabilities in Slough and the group had looked into all aspects of accessibility. Meetings had been held with SBC officers responsible for transport, taxi licensing, leisure, planning and highways, and external bodies such as AccessAble, who were providers of the new Slough Online Disability Access Guide, and Healthwatch. This work had resulted in seven recommendations, as at paragraph 5.3 of the report, and a range of specific actions to support each recommendation. A more comprehensive action plan would be developed if the headline recommendations were approved. These actions would then be subject to the appropriate financial and risk assessments before being referred to Cabinet.

The Panel commended the chair and members of the Task & Finish Group and commented that the review had been undertaken in an open and positive manner and that the recommendations could help Slough become more of a 'disability friendly town'. The report and recommendations were approved and Members discussed the next steps. The Panel emphasised the importance of ensuring the actions were sufficiently clear and costed to ensure they could be implemented, measured and tracked. After discussion, it was therefore agreed that the Task & Finish Group would continue work to finalise the action plan which would be brought back to the Health Scrutiny Panel on 27th June 2019 with a view to it being recommended to Cabinet on 15th July 2019.

Members unanimously agreed a vote of thanks to members of the group, particularly Colin Pill for chairing it and producing such a comprehensive report.

Resolved –

- (a) That the recommendations of the Disability Task & Finish Group as detailed in section 5.3 of the report and at Appendix A be approved.
- (b) That further work be undertaken to finalise the Action Plan, including for recommendations with financial implications, and that the Action Plan be brought back to the Panel on 27th June for consideration with a view to recommending to Cabinet on 17th July 2019.
- (c) That a Vote of Thanks be given to members of the Task & Finish Group for the work it had undertaken.

63. Members' Attendance Record

Resolved – That the Members' Attendance Record for 2018/19 be noted.

Health Scrutiny Panel - 25.03.19

64. Date of Next Meeting

The date of the next meeting was confirmed as 27th June 2019.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 7.42 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 27 June 2019

CONTACT OFFICER: Alan Sinclair, Director of Adults and Communities

For all Enquiries (01753) 875657 (Thomas Overend, Policy Insight Manager)

WARDS: All

PART I
FOR COMMENT & CONSIDERATION

FRIMLEY HEALTH AND CARE ICS LONG-TERM STRATEGY1. **Purpose of Report**

To update the panel on steps being taken to develop the Frimley Health and Care Integrated Care System (ICS) Long-Term Strategy.

2. **Recommendations**

Members to note the report and comment upon it and agree how they want to be engaged and involved as the new strategy develops.

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

The ICS supports the delivery of the first three of the Slough Wellbeing Board's priorities:

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

3b. **Five Year Plan Outcomes**

The ICS supports the delivery of the first two priority outcomes within Slough Borough Council's Five Year Plan

- 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**

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

There are no legal implications to this report.

(d) Workforce

Slough Borough Council's engagement with the ICS will require employee time and line-manager support.

5. Supporting Information

Frimley Health and Care first developed a 5-year strategy in 2016. Since then, partners from across health and local government have been working together, with local communities to improve the health and wellbeing of individuals, and are using their collective resources more flexibly as part of a commitment to achieve the best possible value from every 'Frimley pound'.

Considerable progress has been made implementing the strategy and Frimley Health and Care is considered one of the leading Integrated Care Systems. As a result, partners now wish to publish an updated five year plan in 2019.

The NHS published its long-term plan in January 2019, and a Green Paper on social care is expected to be published later this year. All systems will be required to develop and agree a five year strategy by Autumn 2019.

It is the ICS's intention that the strategy:

- Is developed through engagement with the workforce and local communities;
- Reflects local needs, issues and priorities;
- Is ambitious for the population and system;
- Tackles the wider determinants of health and wellbeing; and
- Is rooted in evidence.

The ICS is following a five-step process to develop the ambitions within the strategy:

1. **Frame** - achieving collective clarity on what the five-year strategy is for, what it will do and how it will be developed.
2. **Insight** - understanding what matters to local people and partners, the issues the ICS wants to impact and the key trends that drive the strategy.
3. **Ambition** - developing a shared view and understanding of what the ICS wants to achieve and what success looks like for the ICS.
4. **Prioritise** - agreeing the shared priorities to deliver the ICS' ambitions, which are recognised by partners and local people.
5. **Organise** - concluding the strategy, ensuring it is owned, understood and ready for implementation from 2020/21.

A public survey was held to gather views, which closed on 14th June, alongside community engagement undertaken by Healthwatch. There will be further opportunities for SBC to contribute to the development of the strategy's ambitions in the coming months.

6. **Comments of Other Committees**

This report has yet to be seen by any other committees.

7. **Conclusion**

Frimley Health and Care's long-term strategy presents an opportunity for partners to refresh ambitions for the system, determine the priorities on which to focus collective energy, and improve collaboration in their delivery.

8. **Appendices Attached**

'A' Engagement pack: Creating Healthier Communities – engaging on our Long Term Strategy

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Frimley Health and Care



Creating Healthier Communities – engaging on our Long Term Strategy

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[Pack 2]





Creating Healthier Communities

Frimley Health and Care first developed a 5-year strategy in 2016. Since then, partners from across health and local government have been working together, with local communities to improve the health and wellbeing of individuals, and are using their collective resources more flexibly as part of a commitment to achieve the best possible value from every 'Frimley pound'.

Considerable progress has been made implementing the strategy, and Frimley Health and Care is considered one of the leading Integrated Care Systems.

Page 12 The partners in the Frimley system wish to develop a 5-year strategy for the Integrated Care System, during 2019. This is an opportunity to refresh our ambition for the system, determine the priorities on which we will focus our collective energy, and make sure the way we work together will enable us to deliver those priorities.

A Long-Term Plan for the NHS was published in January 2019 and publication of a long term national strategy for social care is eagerly anticipated. These will provide important reference points for the strategy, and all systems will be required to develop and agree a five year strategy by Autumn 2019.





Creating Healthier Communities

- We want to share our planning process with Frimley Health and Care organisations, staff, stakeholders and local communities
- To do this, we will provide regular updates to support these messages to be shared widely
- The updates will include key milestones, updates on progress made and any challenges
- We will be inviting opportunities for discussion via email and encouraging feedback from you and how you can play a part





How we will build the strategy:

Working collaboratively our intention is that the Frimley Health and Care system 5-year strategy will:

1. Be developed through high levels of engagement with our workforce and local communities
2. Reflect local needs, issues and priorities so that it is meaningful for our system and addresses the issues that matter here, as well as delivering national priorities
3. Is ambitious for our population and system, reflecting our shared desire to focus on what matters most to people - outcomes, quality and performance
4. Tackles the wider determinants of health and wellbeing for our population, supporting local people to remain as healthy, active, independent and happy as possible, and ensuring they receive joined up care and support.
5. Is rooted in evidence, so that decisions are made based on what our local communities tell us, alongside good data and intelligence about need, trends and inequalities.

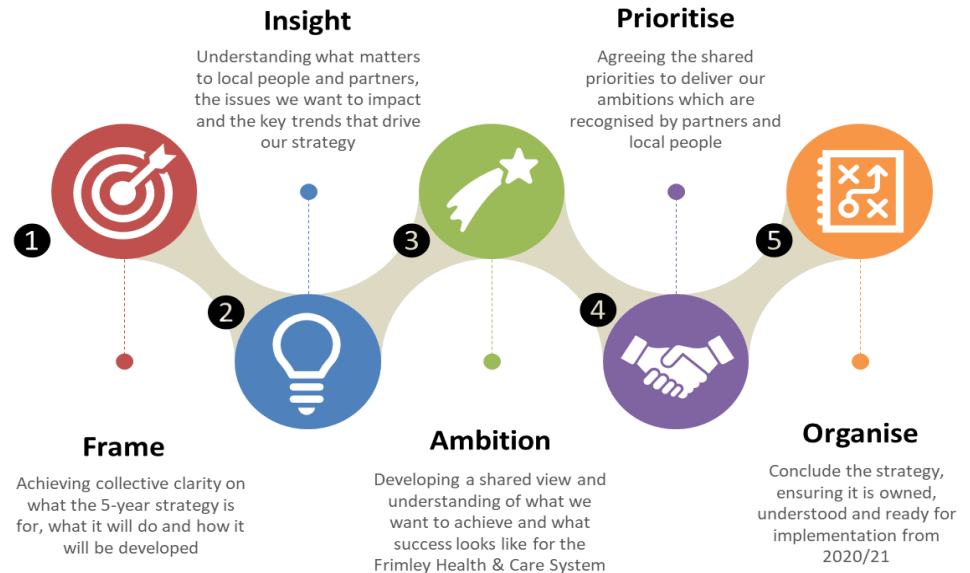




Building our ambition:

To develop a collaborative, shared view and understanding of what we want to achieve and what success looks like, we want to pull together our insight of what we already know and work together to develop a strategy that will create healthier communities across Frimley Health and Care.

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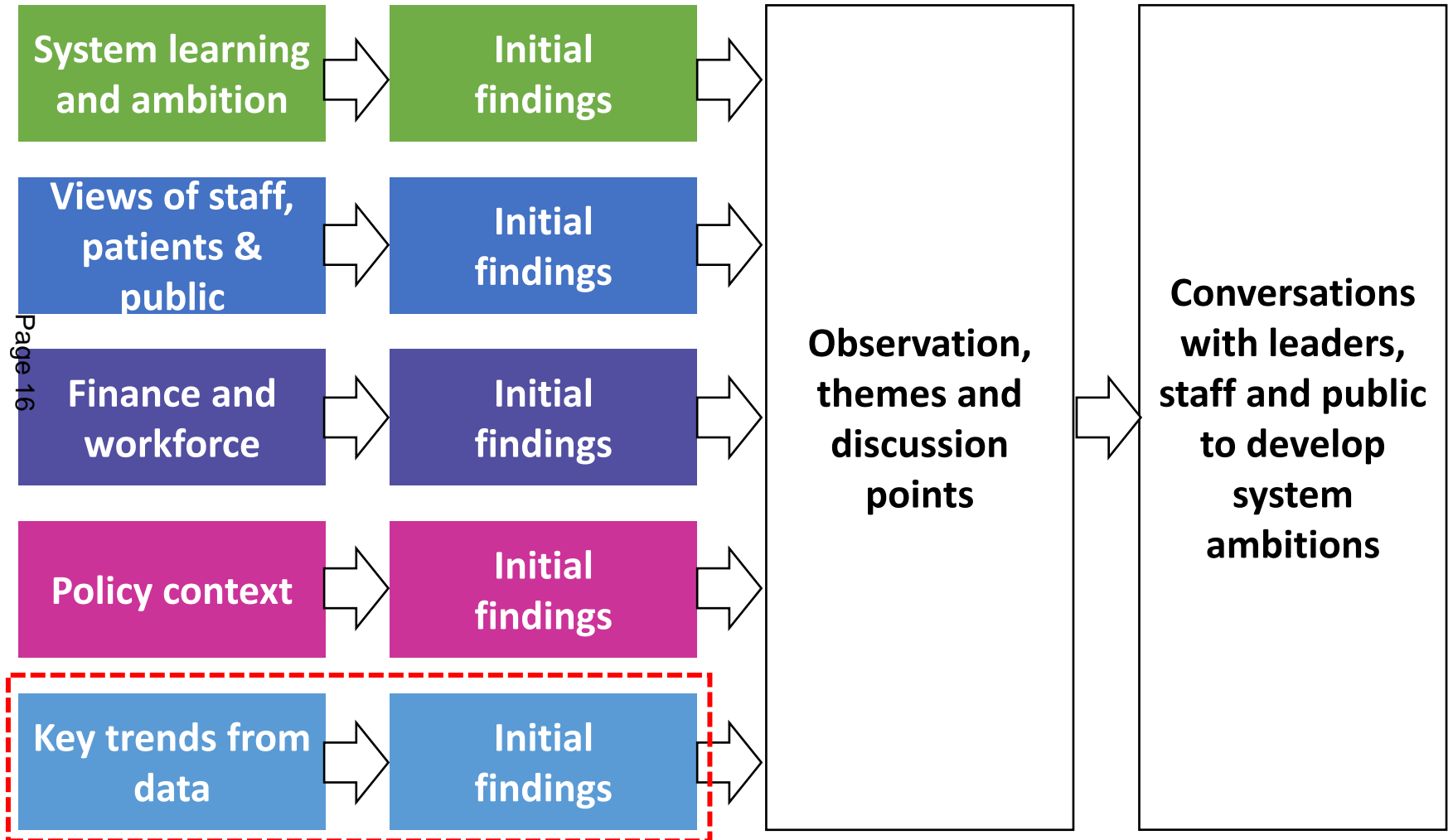


We will work with our partners and work with our stakeholders and local communities to:

- **Review and test what we already know** – our insight; system and local Performance, public health data and engagement activity results
- **Share and provide information on how what we have achieved so far and what has been more challenging to deliver as a system**
- **Collectively develop our ambition** – discuss, debate and agree where we want to focus our energy, our resources, our workforce and our Frimley pound. This includes what local communities can do to create healthier communities.



Insights generated from multiple sources



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Creating Healthier Communities

To develop our shared ambition we will undertake a series of engagement opportunities based on making best use of our existing systems and building new ways for people to be involved in co-designing our strategy for the future.

All partner organisations have established approaches to working together with their local communities, clinical membership (practices), partners, health service providers, local authority partners and members the voluntary sector. We are committed to bringing together these approaches to **build on the relationships developed to date, and where it makes sense, to create new, dynamic ways of working with our stakeholders as a broader health and care system.**

We have developed **an ICS events calendar** which identifies all key ICS meetings and events. This includes strategic meetings, clinical meetings and key stakeholder meetings and forums, across health, care and local voluntary sector organisations – this will provide a mapped series of opportunities to share messages, build a consistent dialogue around our planning and engagement plans.





Healthwatch-led Community engagement

Healthwatch England have been awarded funding by NHS England to carry out local engagement with the public to support the NHS's new 10 year plan and develop our Long Term strategy. We have been working together with our local Healthwatch organisations to develop an engagement plan which includes a range of activities including surveys, focus groups and events.

Each Healthwatch has received a grant, with one Healthwatch per area being nominated as a coordinator. For us, this is Bracknell Forest/WAM Healthwatch – who receive a further grant to support this role.

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We are asking for your support to help share this opportunity to shape the future of our local health and care system. The survey is open until 14 June 2019..

The survey is available online and paper copies are also available on request or to download from the Frimley Health and Care website with supporting information (including easy read survey).

www.frimleyhealthandcare.org.uk/get-involved





Creating healthier communities timeline

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	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT
Mapping our stakeholders	Complete	Review and discuss					
Mapping engagement events	Underway	Complete and plan	Share messaging and disseminate engagement messages				
Community engagement	Planning	Survey	Analysis and report				
Insight phase	Analyse		Present				
Workforce and stakeholder engagement		Engagement and planning using insight – to develop the ambition and priorities					
Develop our strategy					Strategy development		
Develop our community 'deal'							Oct – Mar 2020



What's next?

- Continue to validate / refine the dashboard and our insight
- Crystallise key trends / themes to inform our strategy, setting ourselves up to convert analysis into insight to drive decisions
- Healthwatch survey with our local community up until 14 June
- Start engagement across stakeholders, through events, forums and meetings that already exist through May and June
- Develop the next phase of the collaborative strategy development approach – our 'inspiration station'

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If you have any questions about the contents of this pack or any comments on how we could improve it please contact:

georgia.henkun1@nhs.net

And we will get back to you as soon as possible.



SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 27 June 2019

CONTACT OFFICER: Thomas Overend, Policy Insight Manager
(For all Enquiries) (01753) 87 5657

WARDS: All

PART I
FOR COMMENT & CONSIDERATION

**DISABILITY TASK AND FINISH GROUP - UPDATE AND PROPOSED
TIMESCALES**

1. **Purpose of Report**

To update members on discussions with officers and partners regarding the proposals of the Disability Task and Finish Group, and seek their approval for forwarding them on to Cabinet.

2. **Recommendations**

The Panel is requested to resolve:

- (a) That the proposals that Officers feel they cannot, or cannot yet, implement (section 5.5) be noted.
- (b) That the proposed timelines for implementing the Task and Finish Group's proposals (section 5.6) be noted.
- (c) That it be agreed that the Task and Finish Group's report be taken forward to Cabinet for approval as council policy.

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

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

The work of the Task and Finish group supports the Joint Wellbeing Strategy's second priority:

- 2. Increasing life expectancy by focusing on inequalities

3b. **Five Year Plan Outcomes**

The Task and Finish Group's recommendations, if adopted, will help the council to deliver the following outcomes of the Five Year Plan:

- Our people will be healthier and manage their own care needs
- Slough will be an attractive place where people choose to live, work and stay
- Our residents will live in good quality homes

4. **Other Implications**

(a) Financial

The majority of the Task and Finish Group's recommendations can be implemented within existing budgets. Officers felt that they were not currently in a position to agree any proposals which could not be.

The proposal to collate guidance for people with disabilities on available services will require the establishment of a project team, who will need to produce an assessment on the cost of doing so. This will need to follow the existing asset mapping work being undertaken by SBC and the outcome of the Transformation Programme - which is looking at opportunities for making it easier for residents to self-serve (See section 5.5).

The proposal to put in place a programme to ensure that progress is made on making more bus stops DDA compliant would require additional funding and was. Officers will contact the Task and Finish Group to see if there are alternative avenues for improving the accessibility of bus stops within existing budgets (See section 5.5).

(b) Risk Management

Risk assessments will be conducted by officers as necessary in the implementation of the Task and Finish Group'

(c) Human Rights Act and Other Legal Implications

Some of the Task and Finish Group's proposals relate to Slough Borough Council's obligations under the Disability Discrimination Act 1995.

(d) Equalities Impact Assessment

Should the implementation of the recommendations necessitate such an exercise, it will be carried out as required.

(e) Workforce

The implementation of the Task and Finish Group's recommendations will require officer time and commitment, as well as agreement from line managers.

5. **Supporting information**

5.1 Background to the Task and Finish Group

The Task and Finish Group was formed in response to the fact that, across a wide range of agenda items, the issue of disability access was continually emerging in discussions.

The group's intended aim was to help Slough become a 'disability friendly town', encompassing a wide range of matters such as building access, transport and leisure options.

A report was taken by Health Scrutiny Panel on 28th June 2018 which outlined some key questions for the Group to consider; these were then formalised in the Terms of Reference included at the start of the report.

5.2 Meetings

The Task and Finish Group has held meetings with the following SBC teams:

- Transport
- Taxi Licensing
- Leisure
- Planning
- Highways and Parking

In addition, there were further meetings with:

- AccessAble (providers of the Online Disability Access Guide)
- Slough Borough Council & Partner Employees with Disabilities Forum
- Healthwatch Slough

It was originally hoped that the group would be also be able to meet with representatives from Slough Youth Parliament, but this was not possible due to the timing of SYP's elections. However, should the recommendations be approved as council policy, the Task and Finish Group will seek SYPs feedback, and their support in making Slough a disability friendly town.

5.3 Recommendations

The group concluded that the ultimate objective for Slough should be to create a town with full accessibility for all its residents and to provide a safe environment. Based on its investigations, the group have identified seven key areas which it would recommend form the basis of Slough Borough Council and partner's approach to making Slough a disability friendly town.

- 1) Residents with disabilities should be provided with clear information on services available, and the wider public should be made aware of the challenges faced by them.
- 2) The council should review how its customers might best be able to report concerns around accessibility as part of its ongoing Transformation Programme.
- 3) The council should seek to improve the accessibility and safety of public transportation and taxis in the borough.
- 4) The council should raise awareness of the high quality leisure services available for disabled residents, and facilitate their use.
- 5) Full accessibility should be the default position for all future SBC buildings, and the council should utilise the opportunities presented by regeneration to embed accessibility in our town.
- 6) Further action should be taken to prevent the obstruction of pathways and the council should consider further locations where disabled parking may be appropriate.

- 7) GP surgeries should examine opportunities for implementing 'quick fixes' for improving access, and accessibility should be factored into all future designs as standard.

Within these areas, the Task and Finish Group would also wish to propose a number of specific actions it feels will be most effective in helping SBC and partners to achieve these objectives:

Information & awareness

- Collating available guidance for people with disabilities on available services, and presenting this in a range of accessible formats.
- Requesting Slough Wellbeing Board bring together different workstreams - including the Safe Place Scheme, Dementia and Autism Awareness campaigns and the 'enabling environment agenda' developed by Slough Mental Health services. This could co-ordinate a new campaign to raise awareness of the challenges faced by disabled residents, with the potential involvement of different stakeholder groups including Slough Youth Parliament.

Transport

- Putting in place a programme to ensure that progress is made on making more bus stops DDA compliant.
- Reviewing the feasibility of expanding the remit of the Local Access Forum to include disability access to transport.
- Submitting freedom of information requests to establish the level of complaints bus companies are receiving from disabled customers in Slough.
- Commissioning a survey of disabled bus users, with the results to be reported back to the Health Scrutiny Panel.
- Ensuring that all SBC regulated taxis have ramps with raised edges.
- Undertaking mandatory checks to ensure that taxi drivers were using wheelchair anchoring facilities.
- Displaying notices in taxis as to the rights of disabled service users not to be charged differently.
- Using mystery shopping of both taxi and bus services to check compliance with standards.

Leisure

- Increasing the publicity of Slough's Leisure Offer for disabled residents and their entitlements.
- Reviewing the accessibility of pathways to Slough's new green gyms.

Buildings & planning

- Seeking to incorporate separate baby nappy changing facilities and disabled toilets in all new SBC buildings, and installing Changing Places toilets where possible.
- Ensuring disabled residents are consulted in the planning stages for the new town centre, to make Slough an exemplary area for those with disabilities.
- The Health Scrutiny Panel reviewing the impact of the Outcome 4 group's ambitions regarding Category 3 accessible housing in five years time.

Parking, highways & footpaths

- Investigating opportunities for establishing further disabled parking bays across the borough, in consultation with disabled residents, and with a particular focus on improving access to shops and local services.
- Reviewing recently installed crossing points to consider where double-yellow lines might be effective.
- Including information on the importance of keeping pathways clear in the aforementioned campaign, as well as the impact obstruction can have upon disabled residents.
- As the council regenerates Slough, ensuring that all new or re-designed pathways are DDA compliant.

GP surgery accessibility

- Sharing Healthwatch Slough's findings on accessibility in GP surgeries with the CCG and Slough's two primary care networks - Slough Health Alliance Provider Enterprise (SHAPE Network) and Slough Practices Alliance (SPA network) - with the Health Scrutiny Panel examining what progress has been made in two years time.
- Factoring in these recommendations into the design, or redesign, of GP surgeries going forward - with full accessibility being the default position.

5.4 Meeting of the Health Scrutiny Panel - 25th March 2019

The Task and Finish Group's report was taken to the Panel on 25th March for their views. Members agreed with the proposals in principle but asked that further work be undertaken to finalise the Action Plan, including for recommendations with financial implications, and that this be brought back to the Panel on 27th June for consideration with a view to recommending to Cabinet on 17th July 2019.

Members asked that this action plan group the different proposals into those which could be implemented in the short, medium and long-terms, and those which would be ongoing.

5.5 Proposals which cannot, or cannot yet, be implemented

There were a number of specific proposals that officers were not in a position to agree to implement. Explanations and alternative proposals (in italics) are listed below:

Collating available guidance for people with disabilities on available services, and presenting this in a range of accessible formats.

There was concern that establishing a project to collate this guidance might replicate work that is already being undertaken by SBC's public health team to map available services and assets across the borough. It was also thought that how this information is presented to residents would be dependent on decisions around the council's website and interaction with customers which will be determined by SBC's Transformation Programme. As a result, officers felt that they couldn't provide an assessment of how much this proposal would cost to implement and were therefore not, as yet, in a position to agree to its implementation.

It was agreed, however, that the Policy Insight Team would return to examine this issue in a year's time, and consider the formation of a project team that could investigate options for addressing this recommendation, and potentially prepare a business case.

Putting in place a programme to ensure that progress is made on making more bus stops DDA compliant.

Officers had concerns that to fulfil the proposal as drafted they would have to conduct a full bus stop audit. The council does not have the resources to do this, and officers felt it would be an inefficient way of addressing issues around bus stops.

However, officers agreed that they would be able to make improvements to individual bus stops within existing budgets on a case by case basis, where they were made aware of issues. This was put to the Task and Finish Group's Chair Colin Pill, who agreed that Healthwatch Slough may be able to work with officers to identify these bus stops.

Reviewing the feasibility of expanding the remit of the Local Access Forum to include disability access to transport.

Officers reviewed this proposal. Unfortunately, the Local Access Forum is a statutory body, whose remit is limited to discussing public rights of way.

5.6 Implementation timescales and notes

The following recommendations can be implemented within existing budgets:

Short term (2019/20 municipal year)

Recommendation	Lead	Notes / comments
Submitting freedom of information requests to establish the level of complaints bus companies are receiving from disabled customers in Slough.	S. DeCruz	This will be done through a formal procedure in the Quality Bus Partnership meetings
Ensuring that all SBC regulated taxis have ramps with raised edges.	M.Sims	
Undertaking mandatory checks to ensure that taxi drivers were using wheelchair anchoring facilities.	M.Sims	
Displaying notices in taxis as to the rights of disabled service users not to be charged differently.	M.Sims	
Using mystery shopping of both taxi and bus services to check compliance with standards.	S. DeCruz / M.Sims	This work will be co-ordinated with the Consumer protection team. Officers may also contact Healthwatch Slough for their expertise / experience

Increasing the publicity of Slough's Leisure Offer for disabled residents and their entitlements.	A.Hibbert	Officers would welcome members' feedback on what methods of publication would be most effective.
Reviewing the accessibility of pathways to Slough's new green gyms.	A.Hibbert	
Including information on the importance of keeping pathways clear in the aforementioned campaign, as well as the impact obstruction can have upon disabled residents.	K.Hothi / Comms	Officers will work with SBC's Comms team to increase awareness via various channels.

Medium term (2-4 municipal years)

Recommendation	Lead	Notes / comments
Commissioning a survey of disabled bus users, with the results to be reported back to the Health Scrutiny Panel.	S. DeCruz	This will be done through a formal procedure in the Quality Bus Partnership meetings
Investigating opportunities for establishing further disabled parking bays across the borough, in consultation with disabled residents, and with a particular focus on improving access to shops and local services.	K.Hothi	Officers will review disabled parking borough-wide and conduct a statutory consultation on more disabled parking around shopping areas.
Reviewing recently installed crossing points to consider where double-yellow lines might be effective.	K.Hothi	Officers will identify locations borough-wide and implement changes.

Long-term (5+ municipal years) or ongoing

Recommendation	Lead	Notes / comments
Seeking to incorporate separate baby nappy changing facilities and disabled toilets in all new SBC buildings, and installing Changing Places toilets where possible.	C. Dhillon	The Task & Finish Group report has also been shared with the team working on the localities strategy to feed into the design process for the new hubs.
Ensuring disabled residents are consulted in the planning stages for the new town centre, to make Slough an exemplary area for those with disabilities.	S. Dhuna / K. Polyzoides	The council will ensure EQUI plans are included in consultations on plans for the town centre

The Health Scrutiny Panel reviewing the impact of the Outcome 4 group's ambitions regarding Category 3 accessible housing in five years time.	T.Overend	
As the council regenerates Slough, ensuring that all new or re-designed pathways are DDA compliant.	S. DeCruz	All schemes and projects have a process for reviewing accessibility issues and therefore will be addressed through this checklist and audit.

6. **Comments of Other Committees**

- 6.1 As referenced previously, the recommendations of the Task and Finish Group were approved in principal at a meeting of the Health Scrutiny Panel on 25th March.
- 6.2 The Task and Finish Group report was also taken to Slough Wellbeing Board on 8th May, to update them on the work of the group and seek their support for the proposal that the Board co-ordinate a new campaign to raise awareness of the challenges faced by disabled residents. The Board welcomed the group's recommendations and agreed to consider this request as they continue to develop their plans for the 2019/20 municipal year, though the board has limited resources and may need to focus campaigning activity elsewhere.
- 6.3 The Board's Vice-Chair, Dr Jim O'Donnell (CCG), also welcomed Healthwatch Slough's work on the accessibility of GP surgeries and agreed with the Task and Finish Group's recommendations on this issue.

7. **Next steps**

- 7.1 If members are happy to approve the proposed timescales, a report will be prepared for Cabinet, asking them to endorse the Task and Finish Group's proposals as council policy.

8. **Conclusion**

- 8.1 This report is intended to update the Panel on discussions with officers and partners, and the proposed timescales for implementation of the Task and Finish Group's recommendations.

9. **Appendices Attached**

A - Disability Task and Finish Group Final Report

B - *Slough: A town that is accessible and inclusive for all*, Healthwatch Slough, September 2018 (appendices have been removed)

C - Disabled Rights Survey Evaluation, Healthwatch Slough, December 2018

10. **Background Papers**

1. Agenda papers of the Health Scrutiny Panel, 25th March 2019.

2. Agenda papers of the Slough Wellbeing Board, 8th May 2019.

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Disability Task & Finish Group

Findings of Task and Finish Group
commissioned by Health Scrutiny Panel

August 2018 – February 2019



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Preface

This Task and Finish Group was set up because an important question was posed by the Health Scrutiny Panel: 'Is Slough a disabled friendly town?'

To answer this, we need to talk not just about physical disabilities, but all disabilities. We also recognise that improving accessibility for disabled people will improve the lives of all our residents, including older people and families with children using push chairs.

As a resident of Slough for 67 years, I have been saddened by the negative press our town has received and firmly believe that Slough has so much to offer. Slough Borough Council could be a leader in creating a Disabled Friendly town and 99% of those surveyed for this Task and Finish Group by Healthwatch Slough agreed with this agenda.

This report has been a collaborative piece of work between the Health Scrutiny Panel and Healthwatch Slough, and has identified some really positive progress, but also some important issues to be addressed. In order to do this a more joined up approach between different services is required.

The group's work has highlighted that we need to be mindful that accessibility is not just about physical access to shops and public places, but also how people can get to these places and the wider public's awareness and understanding of disability. An awareness of the transport needs of people with disabilities should foremost in our minds to help reduce social isolation and ensure people are able to access services effectively. This includes access to suitable disabled parking and maintaining safe highways and footpaths.

The group is keen to look at how the Council can, in line with its Five Year Plan, ensure that all our residents have an opportunity to be part of the conversations to support positive changes that will make our town more accessible to everyone.

To address the issues we have identified, the group has made recommendations in the report below for the Health Scrutiny Panel to review. We hope that all these will be endorsed by Slough Borough Council, and that a clearly-defined action plan is put in place to ensure their implementation.

The Members of the Task and Finish Group would like to thank the officers and organisations who have provided information to the Group for their clear and transparent approach to our work. I would also like to thank Liam Toner, Chair of Slough Borough Council & Partner Employees with Disabilities Forum, Councillor Safdar Ali, Councillor Naveeda Qaseem, Councillor Atiq Sandhu, Councillor Dexter Smith and Councillor Wayne Strutton for all their support in completing this project, as well as the stakeholders listed at the end of this report.

Mr Colin William Pill
Chair of the Disability Task and Finish Group



Terms of reference

The following terms of reference were proposed by the Task & Finish Group at a meeting on 10th August 2018.

1. To investigate and make recommendations on the following matters:
 - 1.1 The level of inclusion offered for disabled residents and visitors in services offered by Slough Borough Council and partner organisations.
 - 1.2 The impact on this on equality for local residents.
 - 1.3 The provision of transport for disabled residents and visitors to Slough.
 - 1.4 The effect of this and other factors on access to services for local service users.

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Summary of recommendations and proposed areas for consideration

The Task and Finish Group, feel that the ultimate objective for Slough should be to create a town with full accessibility for all its residents and to provide a safe environment. Based on its investigations, the group have identified seven key areas which it would recommend form the basis of Slough Borough Council and partner's approach to making Slough a Disability Friendly Town.

- 1) Residents with disabilities should be provided with clear information on services available, and the wider public should be made aware of the challenges faced by them.
- 2) The council should review how its customers might best be able to report concerns around accessibility as part of its ongoing Transformation Programme.
- 3) The council should seek to improve the accessibility and safety of public transportation and taxis in the borough.
- 4) The council should raise awareness of the high quality leisure services available for disabled residents, and facilitate their use.
- 5) Full accessibility should be the default position for all future SBC buildings, and the council should utilise the opportunities presented by regeneration to embed accessibility in our town.
- 6) Further action should be taken to prevent the obstruction of pathways and the council should consider further locations where disabled parking may be appropriate.
- 7) GP surgeries should examine opportunities for implementing 'quick fixes' for improving access, and accessibility should be factored into all future designs as standard.

Within these areas, the group would also wish to propose a number of specific actions it feels will be most effective in helping SBC and partners to achieve these objectives:

Information & awareness

- Collating available guidance for people with disabilities on available services, and presenting this in a range of accessible formats.
- Requesting Slough Wellbeing Board bring together different workstreams - including the Safe Place Scheme, Dementia and Autism Awareness campaigns and the 'enabling environment agenda' developed by Slough Mental Health services. This could co-ordinate a new campaign to raise awareness of the challenges faced by disabled residents, with the potential involvement of different stakeholder groups including Slough Youth Parliament.

Transport

- Putting in place a programme to ensure that progress is made on making more bus stops DDA compliant.
- Reviewing the feasibility of expanding the remit of the Local Access Forum to include disability access to transport.
- Submitting freedom of information requests to establish the level of complaints bus companies are receiving from disabled customers in Slough.
- Commissioning a survey of disabled bus users, with the results to be reported back to the Health Scrutiny Panel.
- Ensuring that all SBC regulated taxis have ramps with raised edges.
- Undertaking mandatory checks to ensure that taxi drivers were using wheelchair anchoring facilities.
- Displaying notices in taxis as to the rights of disabled service users not to be charged differently.

- Using mystery shopping of both taxi and bus services to check compliance with standards.

Leisure

- Increasing the publicity of Slough's Leisure Offer for disabled residents and their entitlements.
- Reviewing the accessibility of pathways to Slough's new green gyms.

Buildings & planning

- Seeking to incorporate separate baby nappy changing facilities and disabled toilets in all new SBC buildings, and installing Changing Places toilets where possible.
- Ensuring disabled residents are consulted in the planning stages for the new town centre, to make Slough an exemplary area for those with disabilities.
- The Health Scrutiny Panel reviewing the impact of the Outcome 4 group's ambitions regarding Category 3 accessible housing in five years time.

Parking, highways & footpaths

- Investigating opportunities for establishing further disabled parking bays across the borough, in consultation with disabled residents, and with a particular focus on improving access to shops and local services.
- Reviewing recently installed crossing points to consider where double-yellow lines might be effective.
- Including information on the importance of keeping pathways clear in the aforementioned campaign, as well as the impact obstruction can have upon disabled residents.
- As the council regenerates Slough, ensuring that all new or re-designed pathways are DDA compliant.

GP surgery accessibility

- Sharing Healthwatch Slough's findings on accessibility in GP surgeries with the CCG and Slough's two primary care networks - Slough Health Alliance Provider Enterprise (SHAPE Network) and Slough Practices Alliance (SPA network) - with the Health Scrutiny Panel examining what progress has been made in two years time.
- Factoring in these recommendations into the design, or redesign, of GP surgeries going forward - with full accessibility being the default position.

1 Background to the Review

1.1 Introduction

The issue was first raised by the Health Scrutiny Panel on 26th March 2018. This was in response to the fact that, across a wide range of agenda items, the issue of disability access was continually emerging in debate. Given this, and the fact that the matter seemed too wide ranging to include as a standard report, the Panel agreed with the proposal that a Task & Finish Group was required. The Group's intended aim was to help Slough become a 'disability friendly town', encompassing a wide range of matters such as building access, transport and leisure options. Further support for this initiative was provided by Cabinet at its meeting on 16th April 2018, where they officially backed Health Scrutiny Panel's proposals for this review to take place. As a result, a report was taken by Health Scrutiny Panel on 28th June 2018 which outlined some key questions for the Group to consider; these were then formalised in the Terms of Reference included at the start of this report.

Given the wide range of relevant areas, the Group has undertaken one of the more comprehensive studies of any Task & Finish Group commissioned by Slough Borough Council. This has led to meetings being held with a number of departments:

- Transport
- Taxi Licensing
- Leisure
- Planning
- Highways and Parkin
- Slough Borough Council & Partner Employees with Disabilities Forum

This has also led to it making a high number of recommendations. It is now imperative that Health Scrutiny Panel decides how it will track progress with these recommendations as the Task & Finish Group is decommissioned and the Panel inherits its work in the future.

It is also worth noting that there are further areas which affect disabled residents' quality of life that fall beyond the Task and Finish Group's terms of reference, which may need to be examined by the council in the future.

The Task and Finish Group was chaired by Colin Pill and membership comprised Councillor Safdar Ali, Councillor Naveeda Qaseem, Councillor Atiq Sandhu, Councillor Dexter Smith, Councillor Wayne Strutton and Liam Toner.

1.2 The Approach

Given the above, the Task & Finish Group has held meetings with Slough Borough Council departments. This has helped assess the issues involved and the most productive areas for recommendations.

In addition, it has held meetings with key stakeholders. In October 2018, it met with the newly commissioned providers of the Online Disability Access Guide to hear how this service would support local residents and visitors in understanding provision in Slough. It has also held a joint public meeting with Healthwatch at the end of its investigation to discuss its findings and how they reflected the experiences of the local population.

The information from these events is included in section 2 of this report, and was used to formulate the recommendations at the start of this document. These recommendations were compiled by the Task & Finish Group at its meeting on 26th February 2019.

2 Information gathered

2.1 Meeting with AccessAble (providers of Online Disability Access Guide)

- 2.1.1 The organisation had a 3 year contract with Slough Borough Council. The work in Slough was about to commence in October 2018, with surveyors to be in operation before Christmas. An engagement event would then be held around the turn of the year, and this (alongside ongoing discussions with SBC officers) would help form the 200 buildings and facilities which would feature in the Slough access guide. By the time of this report, AccessAble will have provided a design guide; this document would outline the principles of design for planners, architects and related officers to use in creating public spaces. The Online Access Guide would also be ready for review by this time, but not for public dissemination.
- 2.1.2 AccessAble had been established as a social enterprise in 2002 (formerly known as DisabledGo), and had worked with local authorities (e.g. Croydon) since this time. The change in name reflected that the service was about access rather than strictly disability (for example parents with double pushchairs also had issues with access) and would include a mobile app. Overall, it was estimated that access issues were of relevance to 20 million in the UK, given the numbers of carers who also had to consider such factors in daily life.
- 2.1.3 The founder of AccessAble had described disability as ‘the death of spontaneity’, as all trips now had to be planned in advance. He also noted how his conversations regarding accessibility often boiled down to the same few questions. In addition, this led to many becoming increasingly withdrawn as they erred on the side of caution, and also had no wish to become a limiting factor in the plans of their social group. The aim of the guide was to inform everyday decisions and allow people to enjoy as full a life as possible. It contained a wide bank of data, and provided objective statistics rather than more subjective ‘Trip Advisor’ style reviews. It also went well beyond mere legal compliance, providing information on matters such as mirror heights, width of passageways and the like to help people understand the environment they may be encountering. In summary, it was hoped that the online access guide would help promote Slough as an accessible place where people could be independent. It was recognised that Slough was a place undergoing a significant amount of regeneration and that this offered a major opportunity to reshape the town as disabled-friendly.
- 2.1.4 As well as the moral incentive of improving facilities, local facilities could also benefit from ‘the purple pound’ (the spending power of disabled people). In total, this was estimated as worth £250 billion across the UK. Given the importance of small details (e.g. lever taps, dimensions of toilets) it was hoped that those creating these new facilities would see the benefits of relatively minor investment. The guide contained thousands of such details (over 200 regarding toilets alone) and was taken by AccessAble surveyors to ensure standardisation. Hospitals were covered separately with assistance from the NHS, whilst AccessAble also had contracts with some stores (e.g. Next, Marks and Spencers) with all branches in the UK covered.
- 2.1.5 Engagement events would be held twice a year throughout the contract, with the first one due in December or January. These also involved local businesses, with AccessAble having seen many such organisations keen to be involved. Given the advice AccessAble could provide using their expertise, and the changes that could be made at fairly low cost and inconvenience, the service was appreciated by many service providers. Indeed, groups of private sector companies had sponsored expansions to the portfolio of buildings covered by AccessAble in some local authority areas where they operated. All buildings which were surveyed would be re-surveyed every 12 months whilst AccessAble were active in the area.
- 2.1.6 AccessAble were aware that this was the starting point for all parties in the arrangement, with all sides due to learn about the process involved and benefits available over the 3 years of the

contract. There was also some anecdotal evidence that the work of AccessAble raised awareness amongst staff at the various buildings on the guide about disability issues, although this was not something that was formally measured. AccessAble were able to pass on analytics regarding who used the Slough guide, where they were from and other similar questions.

- 2.1.7 The service also provided route plans for key journeys (e.g. train station to high street) although these were fixed and limited in number. The data had also been offered for integration into some apps (e.g. Blackpool Transport) but was not freely open for 'datamashing' by third parties as the information could be misrepresented by external organisations. AccessAble was also able to produce internal analysis reports to assist organisations to receive guidance on best practice. This would also help with future proofing and ensuring that buildings in the guide could prepare for developments.

2.2 Meeting with Transport Team

- 2.2.1 The last audit of bus stops had been held some years ago, and found that 40% of bus stops had curb heights below 125mm (the minimum to enable the maximum permissible gradient for the ramp that is equipped on buses) and 90% of stops required work to comply with Public Service Vehicles Accessibility Regulations 2000. The causes for these stops' non compliance were varied, but a clear breakdown was not available. In addition, some work had been undertaken since the audit to rectify the situation but precise statistics on this were not available. The Transport Team may be undertaking a new audit between now and the Group's final report on the bus stops involved (approximately 300, with 150 equipped with bus shelters), although the resources available to the team may require this to be outsourced. Should the audit be undertaken and deliver its findings, the Group asked to work to remedy highly used bus stops (or those near health care facilities) to be prioritised over 'quick wins'.
- 2.2.2 When an operator alters a route, SBC may not establish new permanent stops as such alterations may be temporary. In addition, operators could then deregister such stops with 56 days notice leaving SBC's expenditure as superfluous. Equally, leaving behind a permanent structure which was no longer in use could prove confusing for those not used to using the service. However, there were no hard rules on when SBC would deem such route amendments to be permanent. Members also asked if routes and the degree to which they were subject to change could form part of negotiations for service tenders.
- 2.2.3 Buses in Slough (and many other parts of the country) had issues with providing full equipment for wheelchair users (e.g. straps). Members asked if the Local Access Forum (which currently focused on public access to land) could be expanded to include disability questions. In addition, the potential inclusion of a disabled service user in specifications for bus contract negotiations was raised. Should this be the case, Adult Social Care could support the process given their decision to ensure such representations were received during service design.
- 2.2.4 At present, complaints on services were received but not solely SBC's responsibility. As a result, the Group expressed an interest in using such complaints to provide quality monitoring information; however, commercial confidentiality may limit the data SBC can receive (e.g. route specific patronage information). In addition, a targeted study of disabled bus users could be commissioned for more detailed guidance as to current standards on transport.
- 2.2.5 Members also asked if disabled access specifications are included when tendering for routes are advertised and requested that this section of the specification is shared with other officers in the task group. Members also raised the separate issue of bus fares; it was agreed that this would be picked up with the Overview and Scrutiny Committee Chair (Cllr Arvind Dhaliwal) as a potential agenda item.

2.3 Meeting with Taxi Licensing Team

- 2.3.1 SBC had 107 Hackney cabs licensed, with 57 of these providing wheelchair access. However, this provision could vary in terms of side or rear access, size of wheelchair catered for and size of vehicle. However, anchoring was mandatory. The Equality Act 2010 stipulated that Councils should implement a 50% disability access ratio for its fleet, which these statistics exceeded.
- 2.3.2 Ramps for wheelchair access were standard; however, members asked if the lack of a raised 'turn up' edge could lead to wheels going over the edges. Whilst such facilities were not mandatory, members felt this may be a suitable area for a recommendation in the final report.
- 2.3.3 Equally, whilst anchors for wheelchairs were mandatory it was questioned if they were being used. Members also asked if users with seatbelts on their wheelchairs were being checked if they were using them whilst travelling. The height of entrances could also prove an issue for taller wheelchair users. Any vehicles without the necessary equipment could have their licence suspended. They would then need to be repaired and obtain a new MOT before having the licence restored.
- 2.3.4 The SBC website included information regarding the precise facilities offered by taxis and the types of wheelchair they could accept. Ultimately, those making the booking needed to specify their requirements. However, it may be helpful to circulate such information for those who found themselves needing services for disability.
- 2.3.5 In October 2018, SBC made Passenger Assistance Training Scheme attendance mandatory for all taxi drivers, with all parts of the course to be completed. This training included information on anchoring, setting and positioning; all taxi drivers would complete this programme by the end of 2019. SBC was going beyond its legal obligations in this matter, with Hackney cab drivers having to take such training but not private hire drivers (who SBC were including). Even drivers whose vehicles were not wheelchair accessible were made to attend, as the spectrum of disability did not confine itself to wheelchair use. Drivers also had to attend safeguarding training which included relevant issues as well as matters such as child sexual exploitation.
- 2.3.6 There were 596 private hire vehicles licensed by SBC, of which only 10 had wheelchair access. SBC had contacted representatives from authorities across South East England to see if any of them had targets on this and how they enforced them (given the absence of powers given by Department for Transport in this regard). However, if a private hire company was asked to provide such transport and could not they were obliged to refer the user to a company which could.
- 2.3.7 Taxi drivers were not allowed to levy any surcharge on disabled service users. This included the caveat that the meter started to run once the journey was underway, not during the process of providing access for the wheelchair user. This matter was covered by a number of Byelaws and those not in compliance could be prosecuted; users who felt they had been subject to discrimination were asked to report the matter. However, should the user and the driver make a verbal agreement before the journey as to the price, this was binding even if it exceeded the metered cost of the journey. Members acknowledged this, but felt it could be publicised through signage.
- 2.3.8 In addition, whilst it was accepted that the website included detailed information on transport, members asked if a leaflet could be created for distribution. The draft of this leaflet could then be referred to local service users for their comments prior to distribution; Adult Social Care had experience of this and could be approached to offer assistance.

2.3.9 SBC's good work in the area was recognised; members felt more publicity for it could help users know their rights more clearly. The possibility of using the Citizen to promote SBC's robust approach was discussed by those present.

2.4 Meeting with Leisure Team

- 2.4.1 The Leisure Strategy had been in operation since 2015 and due for refresh in 2019. Accessibility for all residents was at the centre of its objectives. This had 3 core outcomes: improve core facilities, ensure neighbourhoods had facilities (e.g. green gyms in parks) and create a suitable programme of activity for local residents. On the second of these, the aim was to ensure that no resident was more than 20 minutes walk from an open air gym. On the last point, 100 sessions were held every week with many targeted at specific groups (including all forms of disability).
- 2.4.2 The first new core facility was Arbour Park. As well as being home to Slough Town FC this facility was to be used by the public. Prior to its opening, disabled users had been invited to attend and provide feedback; alterations were made on this basis (e.g. viewing facilities). It also had an evacuation chair as well as a lift, which had been tested; staff had also been trained on using it.
- 2.4.3 The Slough Ice Arena had been well used, especially by Adult Social Care. It also featured a viewing gallery with lift. In particular, SPICE (Special People On Ice) were regular attendees, with a dedicated Sunday morning session for wheelchair users. This event regularly attracted over 100 participants and may expand in the future.
- 2.4.4 The Salt Hill Activity Centre, given its nature, was less well suited to those with physical disabilities. However, 10 pin bowling had proved popular with 4 dedicated sessions a week for those with disabilities. Langley Leisure Centre had been refurbished (rather than being a new build like the other facilities mentioned). It now featured a beach area with a hoist; the only area not readily accessible was the Jacuzzi. The Centre on Farnham Road would be the flagship of the Leisure Strategy. This was due to open in March 2019, and had consulted with disabled representatives from the start of its planning. Signage was provided in Makaton and Braille, and further feedback on design would be sought before its opening.
- 2.4.5 There were now 23 Green Gyms across Slough, with other related activities (e.g. Trim Trails) also provided. A partnership with The Great Outdoors Programme had been initiated to structure activities and support those using facilities. There were also 14 Multi-Use Games Areas (MUGAs) with plans to expand this. In addition, some of these were floodlit. These had very high usage rates and were also used for Wheelchair Basketball (as well as sessions where wheelchair users and able bodied participants took part simultaneously). They were tarmacked and highly durable.
- 2.4.6 Active Slough was keen to emphasise engagement for all rather than elitism or competition. Those taking part could also drop in and out of sessions rather than committing to an entire programme. Users were also consulted, with the offer being revised as a result. Work on access was being undertaken (e.g. car parks, lifts, changing facilities). Gyms also used the most modern innovations to assist users (e.g. wheelchair access, visual impairment aids, ease of grip). This was a work in progress and would continue to evolve as issues were identified. The Patient and Liaison Service and Sport in Mind were also involved, whilst Sports Able offered disabled service users a more competitive form of sport if desired.

- 2.4.7 However, whilst the offer was in good shape there were concerns over the level of publicity it had attracted. Whilst a leaflet highlighting specialist provision could be of assistance, other innovations (e.g. use of a forthcoming NHS App to promote options) could be explored.
- 2.4.8 Most activities had concessionary rates; these rates were uniform for all who could claim them. There had been some concerns over 'carers' who were using facilities for free and ignoring those they were supposed to be caring for. As a result, members felt that some form of identification (including guidance as to care arrangements) could be produced to stop this. This could also help SBC track use of their facilities.
- 2.4.9 Staff undertook training on CSE, Adult Safeguarding and Manual Handling (with all managers taking Level 2 training on this).
- 2.4.10 Activate Slough had been based on external funding to construct specialist provision. It was being supported by a volunteer programme which was being constructed and could be circulated once complete.
- 2.4.11 However, members were also concerned that having baby nappy changing facilities in disabled toilets could present an infection control issue, and asked if this matter could be considered.

2.5 Meeting with Planning Team

- 2.5.1 The Task & Finish Group had raised concerns across a number of areas. Some of these related to roads and highways – as a result, the Group has asked that another meeting be scheduled for 2019 to cover these.
- 2.5.2 With regards to Building Control, members asked if SBC was going beyond the minimum statutory requirements. Given the high level of local need, it was felt that the 5% threshold may not reflect the population in question. However, a precise understanding of this level of need was not in place; the Group felt this area merited greater research. Existing materials (e.g. the Joint Strategic Needs Assessment) may hold some relevant information, as could the Public Health Team. Healthwatch may also be able to offer a comparison with neighbouring authorities.
- 2.5.3 The Planning Policy Framework currently included a statement on the need for accessibility for all. The Local Plan had been presented to the Planning Committee on 5th December, whilst the Five Year Plan Outcome 4 Sub Group had also agreed to increase the level of accessible housing stock. This included a stipulation that 5% of all housing (new and existing) would conform with Category 3 of the National Accessible Scheme (Category 2 was the legal minimum). This would be presented as a potential Council policy in March 2019. In addition, all new buildings required a design and access statement.
- 2.5.4 New developments required evidence of need when considering accessibility in design; failure to do this could lead to developers questioning the requirements made and their resulting cost. It was also the case that Councils had to balance accessibility with the need for affordable housing and other considerations (especially the high density nature of Slough's housing requirements). However, a counter consideration regarding the long terms costs of adapting existing buildings or even moving residents to more suitable housing needed to be made too.
- 2.5.5 At present, there was a cap of 200 homes before SBC would require 5% of these to be accessible at Category 3 standards. Further information as to the reasons for this would be reported back to the Task & Finish Group.

- 2.5.6 Planning, building and the NHS at present had linked interests in the matter but were not fully co-ordinated. SBC had established the 'One Council' Group which was working on such matters; this Group could also help with understanding the precise nature of the level of local need.
- 2.5.7 Given the redevelopment of the town centre, there may also be an opportunity to transform the offer made for local residents and visitors. However, it was vital that this chance was taken during the initial planning stages; for example, at the existing Queensmere shopping centre a Motability service had been established but only after the building was finished, and as a result was not conveniently situated.

2.6 Meeting with Slough Borough Council & Partner Employees with Disabilities Forum

- 2.6.1 The forum kindly allowed the Task and Finish Group to attend their January meeting, to discuss the issues that had been identified by the group so far and gain their insight on both further issues to be addressed and action that might be taken.
- 2.6.2 Members of the forum noted the progress that has been made by the council in improving accessibility - particularly in regard to the new leisure facilities.
- 2.6.3 However, the forum did still feel that more needed to be done in the private sector, for example in small shops, and echoed the group's concerns around accessibility in the community - particularly relating to parking, highways, public transport and disabled toilets.
- 2.6.4 It was suggested that, in order to address this, the council might look to offer training for local employers, businesses and other organisations, as part of a wider campaign around disability awareness.
- 2.6.5 The forum's chair, Liam Toner, also highlighted the importance of improving access to information on the services and benefits available to people with disabilities; and it was proposed that the creation of a single document or resource, in accessible formats, might help to address this.
- 2.6.6 It was agreed that the representatives from the Task and Finish Group would return to the forum at a later date once the recommendations had been finalised, to review findings and discuss what more might be done to improve the wider public's attitude towards, and awareness of, disability.
- 2.6.7 It was also suggested that further work might need to be undertaken beyond the terms of reference of the Task and Finish Group - looking more broadly at people with disabilities' quality of life.

2.7 Meeting with Highways Team

- 2.7.1 This meeting focussed on the availability and suitability of disabled parking in Slough, and challenges disabled residents can face when travelling via public pathways, on foot or in wheelchairs. Members of the group felt these issues were of critical importance for ensuring that Slough can become a disability friendly town, and for preventing disabled residents from becoming socially isolated.
- 2.7.2 The Chair of the Task and Finish group raised concerns around the absence of disabled parking bays in several wards across Slough, such as Wexham Lea, and the challenges this can present disabled residents in accessing local shops and services.

- 2.7.3 The Chair also discussed issues around the design of disabled parking bays in areas such as the Town Centre, where the bays are placed end-to-end (for parallel parking), rather than side by side (echelon parking), without demarcated spaces between and around the bays to be kept clear. This can mean that disabled people have to exit their vehicle into the road - potentially into on-coming traffic - and can prevent residents from exiting vehicles that have been specially adapted for rear access.
- 2.7.4 The Highways team informed the Task and Finish Group of the statutory limitations around 'on-curb' disabled parking, which prevents the council from establishing echelon disabled parking bays in certain places. However, it was agreed that the Highways team could investigate potential opportunities for establishing more disabled parking bays across the borough within the current legislation, in consultation with disabled residents.
- 2.7.5 The Chair discussed the importance of crossing points at junctions in allowing disabled residents to travel throughout the town unimpeded, and highlighted the good work the council has undertaken in establishing these. However, he raised concerns that nuisance parking at junctions was obstructing many of these crossing points or otherwise rendering them unsafe. Members asked whether more double-yellow lines could be established, given that these are required for the council to be able to enforce parking restrictions.
- 2.7.6 The Highways team informed the group that double-yellow lines are not established as standard at such junctions, as vehicles are already restricted from parking within 10m of a junction, and took them through the consultation process by which changes are made. While it would not be practical to have double-yellow lines at every junction, the Highways team agreed that it would be possible to assess whether they should be introduced at those where crossing points have recently been installed by the council.
- 2.7.7 Members discussed how nuisance parking on pavements can prevent disabled residents from using pathways and asked for an update on the council's plans. The Highways team updated the Task and Finish group on the Pavement Parking Scheme which was trialed in 2015, and discussed how it sought to allow cars to park with two wheels on the pavement within demarcated areas, while preserving a minimum width of 1.2m for pathways. It is hoped to extend this scheme to further areas of the borough in the future.
- 2.7.8 The Highways team also apprised the group of potential legislation which will allow councils to ban on-pavement parking, as is currently the case in London. It is hoped that this legislation, were it to be passed, will give the council more flexibility to improve accessibility for disabled residents.
- 2.7.9 The group also considered further obstructions to public pathways, including overgrown hedges and vehicles parking over the end of driveways. The highways team informed the group of the action taken by the council to prevent these kinds of issues from occurring, but highlighted the limited resources available for inspection and enforcement.
- 2.7.10 To raise awareness of these issues, it was agreed that the Highways team could look to publish information on the importance of keeping pathways clear via social media and *Citizen*, as well as case studies of action that has been taken which has had a positive impact for disabled residents.

2.8 Joint meeting with Healthwatch Slough

- 2.8.1 The Task and Finish Group has been a collaborative piece of work between the Health Scrutiny Panel and Healthwatch Slough. This meeting provided an opportunity for the group to consider issues identified by Healthwatch in their report of September 2018 *Slough: A town*

that is accessible and inclusive for all. The full report can be found in the appendix, though findings on specific practices have been removed to allow them a fair opportunity to respond to Healthwatch's concerns.

2.8.2 Healthwatch Slough visited 17 GP surgeries in Slough in teams of two between July and August 2018. Although some of the surgeries visited were very well equipped, there were several areas where the teams had significant concerns.

2.8.3 Based on the issues identified, Healthwatch have proposed 4 key areas where they believe quick progress might be made to improve accessibility:

1. Signage

- a. Signs should be clear and unambiguous, at a readable eye level, readily distinguishable from the background, using standardised symbols that are universal and easy to understand.
- b. Reserved parking spaces should be denoted by clear signposting at the entrance and beside the space itself.
- c. Routes from entrance doors to lifts, stairs, enquiry desks and toilets should be clearly defined and unobstructed.
- d. Passageways should be kept clutter free.

2. Furniture

- a. Seating should be available in a choice of heights.
- b. Reception counters should be accessible and usable by disabled persons.
- c. Hygiene products, such as hand gel, should be available at an accessible level for wheelchair users.

3. Communication

- a. All surgeries should install a hearing loop.
- b. Surgeries should publicise to patients that a quiet space can be provided upon request.

4. Safety

- a. Doorways should be installed with a low threshold bar.
- b. Grounds leading up to the surgery should be smooth and safe for wheelchair users or someone walking with an aid.
- c. Handrails should be placed on both sides of ramps leading to an entrance door.
- d. Contrast is desirable between doors and walls.

2.8.4 The Task and Finish Group agreed that Healthwatch Slough's findings should be shared with the CCG and Slough's two primary care networks - Slough Health Alliance Provider Enterprise (SHAPE Network) and Slough Practices Alliance (SPA network) - and that the Health Scrutiny Panel should examine what progress has been made in improving accessibility in practices in two years time.

2.8.5 Members of the group also thought that these recommendations should be considered in the design of any new practices and discussed opportunities that may be provided in the years ahead by technology - such as telehealth - to improve access to GPs.

2.8.6 The group then discussed the results of Healthwatch Slough's survey on Disability Rights - the results of which can be found in the appendix. They were particularly pleased to note the widespread public support behind the council's aim to make Slough a disability-friendly town. However, the group did raise concerns around the large number of those surveyed who did not use public transport.

2.8.7 Healthwatch Slough also kindly provided their thoughts on the issues identified by the Task and Finish group up to that point, and helped the group to shape its final recommendations.

3 List of Meetings and Events

The following meetings were held by the Task & Finish Group:

- | | |
|---------------------------------|---|
| 10 th August 2018: | Formation of terms of reference |
| 2 nd October 2018: | Meeting with providers of Online Disability Access Guide |
| 21 st November 2018: | Meeting with Transport Team (focus on bus services) |
| 27 th November 2018: | Meeting with Taxi Licensing Team |
| 4 th December 2018: | Meeting with Leisure Team |
| 11 th December 2018: | Meeting with Planning Team |
| 24 th January 2019: | Meeting with Slough Borough Council & Partner Employees with Disabilities Forum |
| 12 th February 2019: | Meeting with Highways and Parking Team |
| 26 th February 2019: | Joint meeting with Healthwatch Slough |
| 26 th February 2019: | Formation of recommendations |

4 Acknowledgements

The Disability Task & Finish Group would like to note it's thanks to the following contributors and witnesses, whose input helped form its recommendations:

Slough Borough Council:

Masum Choudhury	-	Transport Strategy Team Leader
Savio DeCruz	-	Service Lead Major Infrastructure Projects
Ginny de Hann	-	Service Lead Regulatory Services
Kam Hothi	-	Team Leader, Parking
Giovanni Ferri	-	Youth Worker
David Gordon	-	Scrutiny Officer
Alison Hibbert	-	Leisure Strategy Manager
Kerry Hobbs	-	Planning Policy Officer
Sally Kitson	-	Strategy and Partnership Manager
Tom Overend	-	Policy Insight Analyst
Michael Sims	-	Licensing Manager

External Organisations:

David Livermore	-	AccessAble
Arunjot Mushiana	-	Healthwatch Slough
Nicola Strudley	-	Healthwatch Slough

The Task and Finish Group would also like to acknowledge Living in Harmony and Slough Community Transport's work in producing the survey on Disability Rights.

The following resources were also used in background research:

Accessible Bus Stop Guidance	Transport for London
FirstGroup Plc v Paulley (2017)	Supreme Court Ruling
Nusrat Ghani MP Statement (7 th March 2018)	Hansard
Task & Finish Group – Use of Wheelchair Spaces on Buses	House of Commons

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Slough

A town that is accessible and inclusive for all



September 2018

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Executive summary

Healthwatch Slough visited 17 GP practices from the period between July 31st to 16th August 2018 to gain an understanding of how disabled friendly local surgeries were in Slough.

Although practices made every effort to accommodate all sections of this town's diverse communities, space restriction limits larger scale changes. However we noticed that there were a number of 'quick fixes' that all surgeries could easily implement, with very little cost or upheaval, that could immediately improve a patients journey through Primary Care such as height of counters, and clearly labelled signage at eye level.

Small adjustments can result in big differences.

Why Slough needs to be accessible and inclusive

The World Health Organisation says that 15% of the world's population lives with an impairment or disability.

For too long cities and towns have been built without thinking about how physical and social barriers affect people with disabilities. Social inclusion is a highly important "determinant of health" – without inclusion, people are more likely to experience poor health (including poor mental health), loneliness, isolation, and low self-esteem.

Slough has been active in promoting greater social inclusion through

initiatives such as 'The Safe Place Scheme',



the provision of disability friendly cabs,





offer of 7 RADAR Accessible Toilets in the town,



& the Slough Advocacy Service

However, in some other parts of the country, businesses have taken their corporate social responsibility further by introducing events such as autism friendly screenings at cinemas and autism friendly swimming sessions, promoting their disability friendly workplace environments etc.

Slough is in a strong position to create an enhanced user friendly environment that is accessible to all sections of its population in an exemplary manner as the Health Scrutiny Board seeks to do.

Aspiration of Slough's Health Scrutiny Committee

Slough's Health Scrutiny Committee aims to make Slough an exemplary inclusive model for the rest of the country – this means ensuring transport, roads, planning, buildings, shops, public places such as Leisure Centre's, parks, GPs surgeries are accessible to all.

A task and finish group was formed with the following members: Colin Pill Charing (HWSlough), Alan Sinclair (Director Adults & Communities), Cllr. Dexter Smith and Liam Toner (Slough Employ-Ability) & Cllr. Wayne Strutton.

Colin Pill, asked Healthwatch to investigate how accessible GP surgeries were for people with disabilities. This report documents those findings and makes some recommendations for the Board to consider for next steps.

Slough's population

Slough has a population of almost 150,000 and from the 2011 Census. 9,322 residents (9.9%) between the ages of 16-64 reported living with a physical disability. Over 1,350 people were reported to be living with a severe mental health problem. There are an estimated 2,590 people living with sight loss in Slough. 290 people are living with severe sight loss (blindness). 2,696 adults under the age of 65 live with a moderate to severe hearing impairments (more have a profound impairment). Hearing impairments in younger adults in Slough is expected to increase by 20% over the next ten years. Also, 4.07% of over 65s have been recorded by their GPs as living with dementia.

These figures only scratch the surface. Disability covers more than the obvious conditions such as blindness or confinement to a wheelchair. Breathlessness, the need to walk with a stick, difficulty of gripping due to paralysis or arthritis, lack of co-ordination, partial sight, deafness and sensory overload can all affect a person's mobility in the environment. It makes practical sense to ensure that design takes account of this group.

What is accessibility?

Anyone with a disability is protected by the Disability Discrimination Act (DDA). The DDA defines disability as *"a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities"*.

The types of discrimination it can help challenge are:

- direct discrimination (such as a ban on employing blind people)
- disability related discrimination (for example, a taxi driver refusing to take a blind passenger because they have a guide dog)
- failure by an organisation to make a reasonable adjustment to allow you access to goods, facilities and services
- victimisation
- harassment

Accessibility and inclusion are about enabling people and communities to fully participate in society, to lead independent lives wherever possible

with dignity and confidence. It's intentionally designing the world to include everyone, regardless of disability. It's working so others have access to more of life because this accessibility matters. Accessibility defined is the ability of being reached, approached, used, or understood.

This report is a small start in examining where the gaps lie in Slough services being as accessible as possible and makes suggestions for some very reasonable adjustments that can go a long way to enhance accessibility.

About Healthwatch Slough

Healthwatch exists to help improve health and social services by putting people at the heart of decisions about local care. They make sure that everybody has the opportunity to speak up.

What we know about access to Primary Care

Most people say they are satisfied with their GP. According to the latest GP Satisfaction Survey (2018) 85% of people say they are satisfied with their family doctor and 84 % say the same about their local dentist services. Yet studies conducted by Healthwatch from all around the country suggest that there are significant issues of concern for some groups of people, particularly for those with hearing, visual and mobility impairments.

Slough's Public Health Consultant, Dr Liz Brutus, in a recent paper highlighted that health inequalities can be seen in those living with a disability. ('Tackling Slough's health inequalities and wider determinants of health: Considerations for Slough Wellbeing Board and Frimley Integrated Care System.' 31 Jul 2018, Public Health, Slough Borough Council)

By law, under the Equality Act 2010, all health and social care providers are required to make 'reasonable adjustments' to make sure that a disabled person can access and use the service as close as possible to the way a non-disabled person would. This means that all GP surgeries should aim to provide suitable access for patients with hearing, visual and mobility impairments, including those in wheelchairs, as well as older people and those with learning disabilities. In addition, they should

provide suitable means of communication, so that it is easy for people to book appointments in the first place.

What Healthwatch Slough did

Healthwatch Slough visited 17 GP surgeries in Slough (see appendix 1) in teams of two between 31st July to 16th August 2018.

We began our observation by scanning the physical environment outside of the surgery itself, looking at parking bays and footpaths leading into the premises. We then did a walk through of the internal environment spending some time sitting and watching in the waiting rooms to gain an understanding of how patient's might experience the environment from the perspective of someone living with a disability.

We looked at potholes and cracks in the paving leading into the surgeries, examined the slopes and ramps for smoothness and the impact the ground would have on a wheelchair user or someone sight impairment using a cane, measured the width of doors, looked to see obstructive items in passageways, the amount of space in the toilet areas, how fire-exits accommodated wheelchairs, and how people who need to be in a quiet space were accommodated for.

We accept that the checklist (see appendix 2) used in this exercise does not cover every aspect of good practice for all disability types, however, we believe it does provide a starting point for discussion and for planning to begin to make improvements.

What Healthwatch Slough found

The main issue faced by GP practices is space restrictions but in spite of this it was clear that surgeries very much wanted to offer a high standard in terms of patient experience.

- **Communication to patients**

Most surgeries had a hearing loop and the ones that didn't said they were in the process of acquiring one. Braille was seldom offered but surgeries said they could make this provision on request.

A lot of surgeries used clear signage, but we did note a number that were placed high above eye level and difficult to read because of the size and lack of symbols.

We were pleased to note that many surgeries had taken up our suggestions on how to make information accessible and easy to understand in the waiting areas ('How organisations can provide clear information', June 2017). However, we still noticed some TV screens playing daytime TV soaps rather than using the opportunity to keep patients informed and updated. We are unclear why this is still happening.

Some GP practices used LED lit notices to let patients know when they are up next. At others, the GP would come to the waiting area and call for the next patient. Some used a tanyo system which could work but was often noticed to be crackling and unclear.

- **Physical internal environment**

A number of reception counters were very high making it difficult for someone in a wheelchair to see over and speak with reception staff.

In some of the disabled toilets, soap and drying materials were placed much higher than a person in a wheelchair could reach. Some hand basins were impossibly placed for anyone in a wheelchair to reach over and use safely or to fit their wheelchair under.

One surgery had a perfectly accessible fire exit that led to a garden area that was then rocky and uneven, so once a wheelchair user, or anyone with a mobility issue, reached outside, it was impossible to go any further. We were interested in what the fire department thought of this during their inspections.

Most surgeries were clutter free, but we did notice that sometimes boxes were stored close to fire exits as this provided a free space. In one surgery we even noticed a tall potted plant placed right outside of the disabled toilets (see image 4).

We did notice some surgeries did not have a low threshold bar at the door entrance which would make access immediately simpler for the disabled, elderly and parents with pushchairs.

Practice managers who were working with space restrictions told us they could accommodate someone who needed a quiet space due to having dementia, or autism upon request. One practice also offered a text messaging service for anyone who needed to wait outside.

- **Access from the outside**

We noticed that where some disabled parking spaces were not clearly marked, had no covering or enough space to disembark safely.

We looked at the pavement and roads leading to the surgery entrance and were quite shocked at how ridges, potholes, uneven surfaces etc pose such a safety risk for anyone in a wheelchair or sight impaired if trying to access the surgery without risk.

Image 1). Cracks and ridges near pedestrian crossing outside of surgery

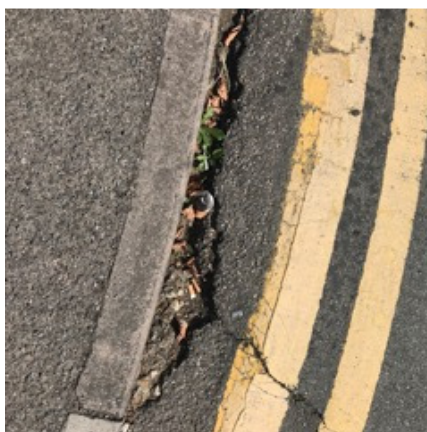


Image 2). Pavement not suitable for wheelchair user as raised manhole cover



Image 3). Fire exit door with high step and no slope. Again we would ask the question as to whether this complies with the fire departments regulations and why a ramp isn't placed to overcome this obvious barrier to safely exiting the building in case of a fire.



Image 4). We noticed that some corridors were obstructed by objects, mostly for the short term when space is limited for storage and on one occasion by a decorative plant– a very easy fix is to remember to keep passageways clutter free.

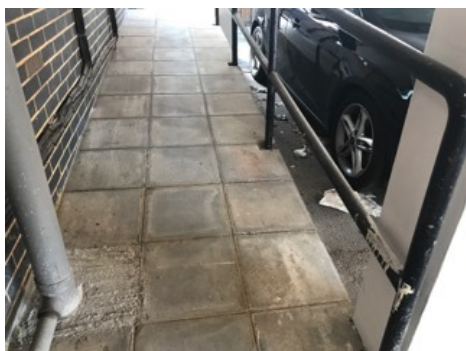


Image 5). Large pole blocking wheelchair access on fire escape. Guidance width is 1500mm and its recommended that handrails be on both side of the ramp.



Image 6). End of fire exit has uneven surface posing risk to wheelchair user and other mobility impaired and sight impaired persons.



Image 7). Sainsbury's Slough High Street disabled toilet signage demonstrates both understanding and commitment. Their aisles are clutter free and wide.

Patient's experiences

"I couldn't enter the consulting room to speak to my GP as I couldn't get my wheelchair through the door so I had to have my consultation with the GP with me sitting outside in the corridor. I'm pleased to report that since then, the surgery has re-designed one of its consulting rooms so this is no longer an on-going issue".

"I like shopping at Sainsbury's in Slough. I'm a wheelchair user but Sainsbury is always clutter free, has nice wide aisles and clear signage. Most other shopping experiences in Slough are impossible for me to use".

"I find it really hard to take my child (who is on the spectrum) to visit the GP when he's ill, only because we cannot sit in the waiting room with so many people. I now know that I can sit with him in the car and that reception will text when our turn is up. I think surgeries should let people know that this is an option as it has really helped us"

Easy fixes for surgeries

- **Signage**

For signage to be clear and unambiguous, at a readable eye level, readily distinguishable from the background, using standardised symbols that are universal and easy to understand.

Reserved parking spaces should be denoted by clear signposting at the entrance and beside the space itself.

Routes from entrance doors to lifts, stairs, enquiry desks and toilets should be clearly defined and unobstructed.

Keep all passageways clutter free.

- **Furniture**

Seating should be available in a choice of heights.

The reception counters should be accessible and usable by disabled persons.

For hygiene products be at an accessible level for wheelchair users.

- **Communication**

All surgeries should install a hearing loop.

To publicise that patients that a quiet space can be provided upon request.

- **Safety**

For doorways to be installed with a low threshold bar.

For the grounds leading up to the surgery to be smooth and not a danger to wheelchair users or someone walking with an aid.

For handrails to be placed on BOTH sides of slopes leading to an entrance door.

Contrast is desirable between doors and walls.

Next Steps

Our environment has not in general been designed with the needs of disabled people in mind, yet about one person in twenty has some form of permanent or temporary disability which makes mobility difficult. It makes practical sense to ensure that design takes account of this group. If cities and towns are built with accessibility in mind from concept, then an environment is naturally created that promotes health and wellbeing.

Healthwatch Slough supports and commends Slough Scrutiny Boards desire that our town be an outstanding example of how accessibility to a high standard should be pursued. We were pleased to see GP surgeries doing so much to meet the needs of its population and their commitment to learn and improve.

This report has been produced and written primarily for Slough Health Scrutiny Board who will decide how to develop and incorporate it within a wider, more holistic town wide strategy.

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Disabled Rights Survey Evaluation

Number of people surveyed so far [343] 3rd December 2018

1. Do you believe that disabled people should have the same rights that able bodied people have?

Strongly Agree [339] Strongly Disagree [2] Not Bothered [1]

2. Do you have a disability?

Yes [54] No [287]

3. Who do you believe is responsible for giving disabled people equality in our communities?

The Council [291] The NHS [44] The Government [160]

4. Do you or a member of your family have a blue disabled badge?

Yes [118] No [223]

5. Knowing that disabilities are not always visible in people would you know if a person was disabled?

Yes [21] Possibly [84] No [236]

6. Would you agree that physically disabled people should have the same access to Stores, Shops and Public Buildings as able bodied people?

Strongly Agree [341] Strongly Disagree [2] Not Bothered [0]

7. Slough Council would like to make Slough a disabled friendly town. What do you think? Do you?

Strongly Agree [342] Strongly Disagree [1] Not Bothered [0]

8. **Public transport** When you use the transport system in Slough. Does the driver?

(Always lower the bus for you to enter? Yes [53] No [129]

(Wait until you are seated before moving? Yes [53] No [130]

(Always stop at the right place at the bus stop? Yes [82] No [96]

The number of people that did not use public transport: [158]

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 27 June 2019

REPORT AUTHORS: Dr Liz Brutus - Service Lead Public Health (SBC)

CONTACT OFFICER: Tim Howells – Public Health Officer (SBC)
(For all Enquiries) (01753) 875144

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION**UPDATE ON THE SLOUGH LOCAL ACTION PLAN FOR IMMUNISATIONS****1. Purpose of Report**

Provide an update on the Slough Local Action Plan for Immunisations (and Screening) that was agreed in the Health Scrutiny Panel meeting on 17 Jan 2019.

2. Recommendations

The Panel is requested to:

- (a) Review the proposed Local Action Plan for Immunisations to ensure it has actions tailored to the needs of Slough and relevant partners are addressing the relatively lower uptake and health inequalities in immunisation.
- (b) Identify a Panel Champion for Immunisations to raise community awareness and support events such as the proposed Immunisation workshop – Autumn 2019.
- (c) Request a further 6 month update on the Local Action Plan for Immunisations (to coincide with the next Annual Screening and Immunisations Report) in Jan 2020.
- (d) Approve the postponement of the Screening element of the Local Action Plan until Jan 2020.

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 residents to improve their health and wellbeing through improved prevention as provided through the national immunisation programmes. In particular, this work supports the Joint Wellbeing Strategy priorities:

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

Data from the immunisation activities contribute to further developing the base of the Joint Strategic Needs Assessment and understanding the needs and health inequalities of our population.

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 – None. 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. **Supporting Information**

Background

- 5.1 Historically, Slough has had some of the lowest uptake of screening and immunisation programmes in the South East of England, contributing to poor health in both adults and children and our health inequalities. Over the last 5 years, there have also been various changes in the organisation of the commissioning and delivery nationally. The combined annual report in Jan 2019, for the first time, therefore outlined the picture of immunisations and screening in Slough, their current provision, the challenges and opportunities and future plans.
- 5.2 While NHS England is responsible for commissioning screening and immunisation programmes in England. Locally this is co-ordinated and managed across Thames Valley by the Public Health Commissioning team at NHS England, South East under an agreement known as Section 7a. Through concerted local partnership working, there have been some encouraging progress in recent years however considerable challenges remain across the various immunisation and screening programmes in Slough.

Local Action Plan

- 5.3 Given the fragmented provision of service provision, commissioning and assurance, Slough Public Health are leading the Local Action Plan work in partnership with key stakeholders. The stakeholders in Slough include providers such as Berkshire Healthcare NHS Foundation Trust (BHFT) and Slough GPs; the commissioners ie Thames Valley NHSE-PHE Immunisations Team and others players such as East Berkshire CCG.
- 5.4 Since the Health Scrutiny meeting in January 2019, the report was circulated to the Slough Wellbeing Board and its working group, the Slough Health and Care Partnership Board. This has had the benefit of raising awareness of the issue of low immunisations more broadly.

Initial focus on immunisations

- 5.5 A small working group has been established and has met twice. The working group has discussed that we are likely to be more effective if we focus on either immunisations or screening, especially given the different main target age groups and associated partners involved. On balance, given the current 'energies' amongst key partners in Slough, we propose that the initial focus is on immunisations. Once there is sufficient momentum on the Immunisations plan, we will establish a similar group on Screening.
- 5.6 A working draft of the Slough Local Action Plan for Immunisations is being developed and presented as a working draft. It is in the Appendix but its key objectives and areas of focus are summarised below.
- 5.7 The objectives of the Local Action Plan over the next 18 months (ie to end of Apr 2021) are to (1) Increase overall immunisation uptake and coverage for Slough residents and (2) Reduce inequalities across Slough's population groups. The main areas of action are:
- a. Galvanising the Immunisation system in Slough
 - b. Understanding population need
 - c. Improving data quality & sharing of data
 - d. Reducing variation in Immunisation Coverage
 - e. Improving uptake in agreed priority groups
 - f. Increasing awareness and addressing vaccine hesitancy

6. Comments of Other Committees

- 6.1 This Update paper on the Slough Local Action Plan for Immunisations has not yet been seen by other committees but the original paper, 'Annual Report on Immunisations and Screening in Slough – Jan 2019' was presented to both the Slough Wellbeing Board and Slough Health & Care Partnership Board who welcomed the recommendations for a Local Action Plan.

7. **Conclusion**

- 7.1.1 The national Immunisation programme provides important opportunities for protecting health and wellbeing and preventing avoidable disease in Slough with cost-effective and evidence-based interventions. However, their uptake also acts as marker of health inequality in certain groups which we must be vigilant to.
- 7.1.2 Slough Public Health is leading local partners to implement this working version of the attached Local Action Plan for Immunisations. We would welcome review every 6 months and hope to see an increase in overall immunisation uptake and reduction of inequalities across key groups.

8. **Appendices**

- 1. Slough Local Action Plan for Immunisations – working draft (17.6.2019)

9. **Background Papers**

None

Slough – Immunisations Local Action Plan 2019 – 2021

Objectives over next 18 months ie to end of Apr 2021:

- 1) Increase overall immunisation uptake and coverage for Slough residents.
- 2) Reduce inequalities across Slough’s population groups.

This is a working local action plan (LAP) to improve uptake of immunisations and screening in Slough and under regular review and update. As a result, please check the date of the version you have.

Immunisations					
Objective	Action	Due date	Lead organisation	Status	Comment
Galvanising the Immunisation system in Slough	Run Slough Immunisation conference / workshop	Oct 19	SBC PH	B	Raise awareness, galvanise and connect stakeholders
Understanding population need	Receive and disseminate Report of Immunisations & Screening annually.	Jan 2020	NHSE/ SBC PH	B	NHSE-PHE to update report / PH Slough to disseminate.
	Complete Slough Health Insights Research and update Immunisation LAP in light of findings.	Aug 2019	SBC PH	G	
	Audit Slough immunisations system against 'The10 Questions' ¹ standard.	Oct 19	SBC PH	B	?Useful structure for Autumn workshop. Address gaps in LAP and repeat audit.
Improving data quality & sharing of data	Implementation of daily mover-in reports		CHIS	G	
	Weekly children with missing immunisation reports sent to practice managers		CHIS	G	

¹ The Ten Questions to Consider If You’re Scrutinising Local Immunisation Services. Centre for Public Scrutiny. 2016. Available at: <https://www.cfps.org.uk/10-questions-ask-youre-scrutinising-local-immunisation-services/>

	Incorporation of national data of registrations/ de-registrations of children from primary care into CHIS		CHIS	A	
	Automatic extraction of GP data to CHIS via Graphnet		CHIS	G	
	Sharing of school census data with CHIS to facilitate the development of individual pupils vaccination profiles		CHIS /SBC	A	
	Develop RBWM-like Immunisations Profile for Slough	Mar 2020	SBC PH / Shared PH Team	B	Need to ensure alignment across the 3 new Primary Care Networks
Reducing Variation in Immunisation Coverage	Primary Care Immunisation Tool Kit		NHS England	G	
	Practice visits to support implementation of toolkit		NHS England	G	
	GP STEPS education session on Immunisations	Mar 20	Berkshire Shared PH team, NHS England	G	
	CCGs enabled to use practice level data for management purposes to steer improvements and highlight practices with low uptake with CCGs.		NHS England / EB CCG	A	
	Roll out of learning from Immunisation Profiling project underway in RBWM		JJ / NHS England / Health Education England	R	
	East Berks CCG uses practice level data for management purposes to steer improvements and highlight practices with		EB CCG	A	

	low uptake with CCG and the 3 Primary Care Networks (PCNs).				
	Letter or PHE leaflet to reception aged children (?via schools), reminding parents and carers of the need for them to attend their GP practice for the pre-school booster and any other missed vaccines before starting school in September		SBC PH	B	
	Flu “mop-up” session for school-aged children who have not received the vaccine in school utilising RBFRS outreach vehicle		SBC PH, RBFRS, BHFT School Immunisation team	G	
	Communicate with schools re-offering vaccination in schools that have previously not engaged with the Immunisation Team		SDPH and BHFT School Immunisation team	G	
Improving uptake in agreed priority groups	Develop immunisation plan with Slough Children’s Trust for Looked After Children		SBC PH, Slough Children’s Trust & EB CCG	B	Will be further informed by planned Health Needs Assessment for Children Looked After (By Mar 20)
	Develop immunisation plan for pregnant women – Part of Frimley Local Maternity System (LMS) Prevention		SBC PH Lead & Frimley LMS Prevention	B	Slough will benefit from Frimley ICS work
Increasing Awareness and addressing Vaccine hesitancy	Use social media to engage in national campaigns such as Immunisation Week at a local level		SBC PH & EB CCG	A	
	Use social media to counter anti-vaccine messages with evidence and promotion of		SBC PH & EB CCG	A	

	immunisation as a social norm			
	Design and implement the #IamVaccinated campaign		SBC PH	G
	Develop closer relationships with local schools around health and wellbeing including immunisations		SBC PH & Schools Wellbeing Officer	A
	Empowering young people eligible for HPV vaccination through school assembly sessions, highlighting and promoting self-consent.		BHFT School Immunisation team	A
	Multi-agency flu planning workshop to enable stakeholders in each locality to identify key actions for inclusion in their local 'Flu Action Plan', building on work done in the previous flu season	May 2019		A
	Multiagency East Berkshire Flu Action Group	Winter 2019-20	East Berkshire CCG	G

Abbreviations

NHSE – NHS England
 PHE – Public Health England
 CHIS – Child Health Information System
 SBC PH – Slough Borough Council Public Health Team
 EB CCG – East Berkshire Clinical Commissioning Group
 BHFT – Berkshire Health NHS Foundation Trust

RBFRS – Royal Berkshire Fire & Rescue Service

RAGB Rating

Red – Considerable concern about achieving outcome in agreed timeframe

Amber – Some concern about achieving outcome in agreed timeframe

Green – On schedule

Blue – Not due to have started / Complete

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 27 June 2019

CONTACT OFFICER: Thomas Overend, Policy Insight Manager
(For all Enquiries) (01753) 875657

WARDS: All

PART I
FOR COMMENT AND CONSIDERATION

HEALTH SCRUTINY PANEL - 2019/20 WORK PROGRAMME**1. Purpose of Report**

For the Health Scrutiny Panel to discuss its work programme for 2019-20.

2. Recommendations/Proposed Action

That the panel review the work programme and potential items listed for inclusion - including the items raised at the scrutiny training session which took place on 13th June 2019.

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

3.1 The Council's decision-making and the effective scrutiny of it underpins the delivery of all the Joint Slough Wellbeing Strategy priorities. The Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The work of the Health Scrutiny Panel also reflects the following priorities of the Five Year Plan:

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

4. Supporting Information

4.1 The current work programme is based on the discussions of the Health Scrutiny Panel at previous meetings, looking at requests for consideration of issues from officers and issues that have been brought to the attention of Members outside of the Panel's meetings.

4.2 The work programme is a flexible document which will be continually open to review throughout the municipal year.

5. **Conclusion**

This report is intended to provide the Health Scrutiny Panel with the opportunity to review its upcoming work programme and make any amendments it feels are required.

6. **Appendices Attached**

A - Work Programme for 2019/20 Municipal Year

7. **Background Papers**

None.

Health Scrutiny Panel Work Programme 2019/20

Task and finish Group	
•	
Meeting Date	
27 June 2019 – already scheduled	
<ul style="list-style-type: none">• Election of chairs• Immunisations and Screening Action Plan• Disability Task & Finish Group Implementation Timescales• NHS Frimley Health Foundation Trust	
10 September 2019	
•	
15 October 2019	
<ul style="list-style-type: none">• Slough Wellbeing Board Update• Frimley Health and Care System Winter Planning 2019/20	
20 November 2019	
•	

16 January 2020

- Immunisations and screening annual report
- Slough Safeguarding Adults Board Annual Report

23 March 2020

- Five Year Plan Outcome 2 update
- Slough Wellbeing Board Update
- Adult Social Care Local Account 2019-20

Potential items to be programed:

- Health issues by ward / locality
- A&E - waiting times, impact of walk-in centre
- Access to GP surgeries - public transport, disability etc.
- CCG resource management
- Primary care networks (GP provision)
- Keeping well strategy
- Adult Social Care Strategy and Budget
- Mental Health