

Date of issue: Tuesday, 9 July 2019

MEETING:

SLOUGH WELLBEING BOARD

Cate Duffy, Director of Children, Learning and Skills
Superintendent Sarah Grahame, Thames Valley Police
Lisa Humphreys, Slough Children's Services Trust
Ramesh Kukar, Slough CVS
Tessa Lindfield, Director of Public Health
Councillor Nazir, Lead Member for Housing & Community Safety
Dr Jim O'Donnell, East Berkshire Clinical Commissioning Group,
Slough Locality
Lloyd Palmer, Royal Berkshire Fire and Rescue Service
Councillor Pantelic, Lead Member for Health and Wellbeing
Colin Pill, Healthwatch Representative
David Radbourne, NHS England
Alan Sinclair, Director of Adults and Communities
Aaryaman Walia, Slough Youth Parliament Representative
Josie Wragg, Chief Executive, Slough Borough Council

DATE AND TIME:

WEDNESDAY, 17TH JULY, 2019 AT 5.00 PM

VENUE:

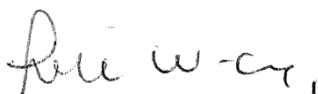
THE VENUE AT THE CURVE, WILLIAM STREET, SLOUGH,
SL1 1XY

**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

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 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.

2. Election of Chair 2019-20

To elect a Chair for the 2019-20 municipal year from amongst the voting members of the Board.

3. Election of Vice-Chair 2019-20

To elect a Vice-Chair for the 2019-20 municipal year from amongst voting members of the Board.

4. Minutes of the last meeting held on 8th May 2019 1 - 6

ITEMS FOR ACTION / DISCUSSION

- | | | | |
|----|--|---------|-----|
| 5. | Sexual Health Services - Update | 7 - 20 | All |
| 6. | Recommendations from the Safeguarding Executive | 21 - 24 | All |
| 7. | Slough Borough Council Transformation Programme | 25 - 28 | All |
| 8. | Arrangements for the 2019 Partnership Conference | 29 - 32 | All |
| 9. | Pause Programme Update | 33 - 38 | All |

FORWARD PLANNING

- | | | | |
|-----|--------------------------------|---------|-----|
| 10. | Forward Work Programme 2019-20 | 39 - 44 | All |
|-----|--------------------------------|---------|-----|

ITEMS FOR INFORMATION

11. Date of Next Meeting - 25th September 2019

12. Exclusion of Press and Public

It is recommended that the Press and Public be excluded from the meeting during consideration of the item in Part II of the Agenda, as it involves the likely disclosure of exempt information relating to individuals as defined in Paragraph 1 of Part 1 of Schedule 12A of the Local Government Act 1972 (amended).

PART II

13. Pause Programme Update - Appendix 1

45 - 46

All

Press and Public

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

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

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Slough Wellbeing Board – Meeting held on Wednesday, 8th May, 2019.

Present:- Councillors Pantelic (Chair), Dr Jim O'Donnell (Vice-Chair), Cate Duffy, Lisa Humphreys, Ramesh Kukar, Tessa Lindfield, Nazir, Colin Pill, Alan Sinclair and Josie Wragg

Apologies for Absence:- Supt Grahame, Lloyd Palmer, David Radbourne and Raakhi Sharma

PART 1

68. Election of Chair

In the absence of the Chair and Vice-Chair at the outset, nominations were sought to chair the meeting. It was proposed and agreed that Josie Wragg would take the chair.

Resolved – That Josie Wragg be elected as chair for the duration of the meeting.

(Josie Wragg in the chair)

69. Declarations of Interest

None were declared.

70. Minutes of the last meeting held on 26th March 2019

Resolved – That the minutes of the meeting held on 26th March 2019 be approved as a correct record.

(Dr O'Donnell joined the meeting)

71. Action Progress Report

An Action Progress Report was received that updated the Board on the recently completed and outstanding actions from previous meetings:

The following updates and actions were noted:

- The Task & Finish Group established to take forward the work on the TVP drug diversion programme had not yet progressed and would report back to a future meeting.
- The proposed item on the Council's revised Leisure Strategy would be provisionally scheduled for September. The focus would be on maximising the opportunities to increase activity following the investment in leisure facilities.

Resolved – That the Action Progress Report be noted.

(Lisa Humphreys joined the meeting)

72. Wigan Deal - Feedback from Visit

The Board received a presentation from Josie Wragg that updated on the recent visit by a delegation from Slough to Wigan Council to learn more about the Wigan Deal.

The Deal was an informal contract between the Council and local people and organisations which included a series of pledges covering issues such as recycling, social care and engagement. The Wigan Deal was founded in a similar set of challenges as those faced by Slough, and most localities, with rising demand for services and reduced central government funding. It had a strong emphasis on involvement and engagement, working 'with' residents and partners to improve the Borough and maximise the resources available for services. The Board particularly discussed the work undertaken to involve staff in the process of transformation and the work done in Wigan to empower staff in partner organisations and promote co-location to align services was an approach already underway in Slough. The role of Wigan's Health & Wellbeing Board was also discussed and the potential lessons to be learned in Slough in focusing on its core purpose.

The Board generally agreed that Slough's direction of travel and ambition were similar to Wigan's and that the learning points would be important to accelerate progress in the future. It was also agreed that there were specific local challenges which would mean the model in Slough would be different and that knowing and understanding Slough's population and demographics would be key to making it work in the Borough. Several Members commented on the importance of improving communication between partners and developing a common narrative and message to promote a more coherent approach.

It was recognised that there was a significant amount of excellent work being done locally but it was not packaged into an overarching 'Deal' as in Wigan. Alan Sinclair updated the Board on the work the Health & Social Care Partnership had begun in this regard and funding had been identified to bring in capacity to help define the strategy, actions and governance arrangements to address health inequalities and the wider determinants of health. It was agreed that the scope of this work would be circulated and there would be a discussion at a future meeting of the Board.

Resolved – That the feedback from the visit to Wigan Council be noted and the lesson learned be incorporated into the approach being developed in Slough.

(Councillor Pantelic joined the meeting but did not participate as a member of the Board as she had not yet signed the Declaration of Acceptance of Office following the Borough elections held on 2nd May 2019)

73. Sexual Health Services: Update on Service Provision

A report was considered that provided a summary of the current commissioning and provider arrangements for sexual health services in Slough. The Board noted the range of ongoing challenges and the broad range of collaborative work being undertaken to improve sexual and reproductive health.

The key objectives of the work to improve sexual health were to reduce rates of sexually transmitted infections, reduce unintended pregnancies, reduce under 16 and under 18 conceptions and reduce onward HIV transition. The Board noted the range of services that were available locally and the ongoing work to review and re-commission provision. Members discussed the main challenges in Slough relating to cultural issues and the stigma sometimes associated with poor sexual and reproductive health. They were the lower rates of HIV detection and higher rates of abortion and repeat abortion and relatively lower rates of uptake of certain contraceptives resulting in associated inequalities for poorer black and minority ethnic women.

The Board discussed a wide range of issues and commented that the data was for 2015/16 and it would be useful to see the trends to get a sense of the progress being made in Slough. There was a data lag therefore Members discussed if there was any recent or proxy data available to see a more up to date position. It was also suggested that more targeted information on the challenges identified on HIV late diagnosis and abortion rates would help the Board understand the challenges faced in Slough. Dr O'Donnell highlighted a number of issues regarding the flow of information between sexual health service providers and primary care and highlighted the importance of increasing the engagement with GPs where possible. The Board agreed to receive a follow up report at the next meeting in July that provided further information on the data and other issues raised.

Resolved –

- (a) That the report be noted.
- (b) That a follow up report be considered at the next meeting on 17th July 2019 covering the points raised above.

74. Disability Task & Finish Group - Report and Recommendations

The Board considered a report that set out the recommendations of the Health Scrutiny Panel Disability Task & Finish Group which had been carried out along with Slough Healthwatch. The group had been chaired by Colin Pill and the scope of the review had included information and awareness, access to transport, highways, parking and services such as GP surgeries and leisure facilities.

There were seven overarching recommendations detailed in paragraph 5.3 of the report and there would be a supporting action plan to be considered by

the Health Scrutiny Panel in June before being recommended to the Cabinet. Colin Pill summarised some of the key findings which included the varied practice taken by GP surgeries in terms of disability access and the information available to publicise what was available. It was brought to the Board's attention that there had been an issue with parking for Slough Community Transport vehicles recently and this would be picked up by the relevant parties outside of the meeting. Alan Sinclair commented that Officers had already explored the feasibility of delivering the recommendations and the majority could be achieved without significant new money being identified, although some would require investment such as making all bus stops disability friendly. It was also noted that the Cabinet had agreed funding for a new disability access guide in Slough and this would be launched on 14th May 2019.

The Board welcomed the report which it was agreed provided a range of sound recommendations that would improve disability access to buildings and services in Slough.

Resolved – That the Health Scrutiny Panel's Disability Task & Finish Group report be noted.

75. Slough Wellbeing Board Annual Report 2018/19

The Council's Service Lead for Strategy & Performance introduced the Slough Wellbeing Board Annual Report 2018/19. The report summarised the key activities and areas of work over the past year including the various campaigns and strategic work undertaken.

The Board agreed that the Annual Report was a useful overview of the progress made over the past year and it was agreed to recommend endorsement to full Council at the next available meeting in July.

Recommended to Council – That the Slough Wellbeing Board Annual Report be endorsed.

76. SWB Terms of Reference

The Council's Service Lead for Strategy & Performance introduced a report that recommended approval of the Board's terms of reference.

The terms of reference had been revised following the discussion at the last meeting which included making the objectives of the Board more prominent. It was noted that there were a significant overlap in membership with other bodies such as the Safeguarding Executive Board and it was proposed and agreed that they be asked to consider this matter and make any recommendations back to the Wellbeing Board.

Members highlighted that more work was needed on how the Board heard the voices and feedback of local people in shaping health and wellbeing services as this was a stated objective. The Council was undertaken a Transformation

Programme that had a strong theme about understanding customer insight and it was agreed that this issue be addressed through that workstream with a report on how to take this forward coming to a future meeting of the Board.

Resolved –

- (a) That the Terms of Reference as at Appendix A to the report be endorsed.
- (b) That membership be kept under review with proposals be brought to a future meeting of the Board.
- (c) That the Slough Safeguarding Executive Board be asked to make recommendations as to how the Wellbeing Board could add value to partnership working.

77. Forward Work Programme

The Forward Work Programme for future meetings was considered. Several items had been agreed earlier in the meeting which were summarised as follows:

- ICS and place based working to be added for July 2019.
- Urgent care update at a date to be confirmed.
- Follow up report on sexual health services to be added for July 2019.
- Proposals from Safeguarding Executive on ways of working/terms of reference for July 2019.

The following further items were agreed:

- SCST PAUSE programme to be added for September 2019.
- Revised SBC Leisure Strategy to be added for September 2019.
- Mental Health and Early Years to be added to the list of unprogrammed items.

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

78. Attendance Report

Resolved – That the Members' Attendance Record be noted.

79. Date of Next Meeting - 17th July 2019

The date of the next meeting was confirmed as 17th July 2019.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 6.46 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 17th July 2019

REPORT AUTHORS: Dr Liz Brutus - Service Lead Public Health

CONTACT OFFICER: Timothy Howells, Public Health Officer
(For all Enquiries) (01753) 875142

WARD(S): All

PART I

FOR COMMENT & CONSIDERATION

SEXUAL HEALTH SERVICES – UPDATE

1. Purpose of Report

- To provide an update on sexual health information provided in the May 2019 paper to the Board

2. Recommendations

The Wellbeing Board is recommended to note the information provided.

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

3a. Slough Joint Wellbeing Strategy Priorities

The current programme of sexual health promotion and services is aimed at supporting local residents to improve their sexual and reproductive health and wellbeing. In particular, this work supports the Joint Wellbeing Strategy priorities:

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

Data from sexual health services 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 immediate 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**

5.1 A paper outlining the Slough population sexual and reproductive health needs, the service provision available and the main current challenges was provided in May 2019. There were requests from the Board for additional information:

- Data trends to get a sense of the progress being made in Slough.
- Updated data where possible
- More targeted information on Slough challenges which included HIV late diagnosis and abortion rates.
- Work on how to better engage with GPs.

5.2 The information is provided in the attached appendix.

6. **Appendix**

1. Power point providing update to Sexual and Reproductive Health in Slough.

7. **Background Papers**

None

Slough Wellbeing Board – Jul 2019

Appendix 1: Update to Sexual and Reproductive Health in Slough 17 Jul 2019

Dr Liz Brutus - Public Health Service Lead

Additional information requested in May 2019

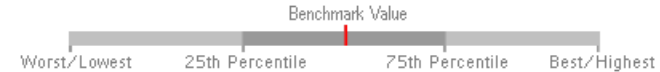
- Data trends to get a sense of the progress being made in Slough
- Updated data where possible
- More targeted information on Slough challenges which included HIV late diagnosis and abortion rates
- Work on how to better engage with GPs

Updated data

- This is the most up-to-date PHE data from the 'Reproductive and Sexual Health Profiles' (Accessed on 1/7/19)
- The next 3 slides are:
 1. Overview for Slough which summarises key indicators and their trends
 2. Comparison of Slough with South East England areas
 3. Comparison of Slough with CIPFA 'nearest neighbours' (matching key demographic and local socioeconomic factors)

Compared with benchmark: ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not compared

Recent trends: — Could not be → No significant ↑ Increasing / worse ↑ Increasing / better ↓ Decreasing / worse ↓ Decreasing / better ↑ Increasing ↓ Decreasing



| Indicator | Period | Slough | | | Region England | | | England | | |
|---|-----------|--------------|-------|-------|----------------|-------|---------------|---------|---------------|--|
| | | Recent Trend | Count | Value | Value | Value | Worst/ Lowest | Range | Best/ Highest | |
| Syphilis diagnostic rate / 100,000 | 2018 | → | 4 | 2.7 | 10.6 | 13.1 | 157.4 | | 2.5 | |
| Gonorrhoea diagnostic rate / 100,000 | 2018 | ↑ | 126 | 84.7 | 60.9 | 98.5 | 870.9 | | 17.7 | |
| Chlamydia detection rate / 100,000 aged 15-24 | 2018 | ↓ | 239 | 1,452 | 1615 | 1975 | 1,054 | | 5,757 | |
| Chlamydia proportion aged 15-24 screened | 2018 | ↓ | 2,283 | 13.9% | 16.8% | 19.6% | 9.4% | | 48.7% | |
| New STI diagnoses (exc chlamydia aged <25) / 100,000 | 2018 | → | 749 | 769 | 708 | 851 | 3,823 | | 380 | |
| HIV testing coverage, total (%) | 2018 | ↑ | 3,622 | 77.3% | 68.4% | 64.5% | 29.0% | | 84.8% | |
| HIV late diagnosis (%) | 2015 - 17 | — | 16 | 41.0% | 44.0% | 41.1% | 68.6% | | 16.7% | |
| New HIV diagnosis rate / 100,000 aged 15+ | 2017 | ↓ | 18 | 16.1 | 5.8 | 8.7 | 44.6 | | 0.0 | |
| HIV diagnosed prevalence rate / 1,000 aged 15-59 | 2017 | → | 313 | 3.42 | 1.81 | 2.32 | 14.65 | | 0.39 | |
| Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) | 2017/18 | — | 884 | 85.8% | 88.6% | 86.9% | 67.8% | | 95.3% | |
| Under 25s repeat abortions (%) | 2017 | → | 55 | 25.5% | 25.6% | 26.7% | 39.0% | | 13.9% | |
| Abortions under 10 weeks (%) | 2017 | ↓ | 508 | 73.4% | 75.7% | 76.6% | 66.6% | | 86.7% | |
| Total prescribed LARC excluding injections rate / 1,000 | 2017 | — | 1,038 | 32.3 | 54.8 | 47.4 | 7.0 | | 85.8 | |
| Under 18s conception rate / 1,000 | 2017 | ↓ | 38 | 14.1 | 13.9 | 17.8 | 43.8 | | 6.1 | |
| Under 18s conceptions leading to abortion (%) | 2017 | → | 20 | 52.6% | 57.5% | 52.0% | 27.8% | | 81.0% | |
| Violent crime (including sexual violence) - rate of sexual offences per 1,000 population | 2017/18 | ↑ | 355 | 2.4 | 2.4 | 2.4 | 0.8 | | 5.3 | |

Sexual & Reproductive Health: Profile overview: Slough (2018)

Page 12

Source: PHE Fingertips Tool Accessed 01/07/2019

* a note is attached to the value, hover over to see more details

Compared with benchmark:

Better
Similar
Worse
Lower
Similar
Higher
Not compared

Recent trends:
 — Could not be calculated
↑ Increasing / Getting worse
↑ Increasing / Getting better
↓ Decreasing / Getting worse
↓ Decreasing / Getting better
↔ No significant change
↑ Increasing
↓ Decreasing

COMPARING WITH SOUTH EAST

Sexual & Reproductive Health: Comparison for Slough with England and South East Region (2018)

Source: PHE Fingertips Tool Accessed 01/07/2019

| Indicator | Period | SLOUGH | | | | | | | | | | | | | | | | | | | | |
|---|-----------|---------|-------------------|------------------|-------------------|-----------------|-------------|-----------|---------------|------|--------|---------------|-------------|------------|---------|--------|-------------|--------|----------------|-------------|------------------------|-----------|
| | | England | South East region | Bracknell Forest | Brighton and Hove | Buckinghamshire | East Sussex | Hampshire | Isle of Wight | Kent | Medway | Milton Keynes | Oxfordshire | Portsmouth | Reading | Slough | Southampton | Surrey | West Berkshire | West Sussex | Windsor and Maidenhead | Wokingham |
| Syphilis diagnostic rate / 100,000 | 2018 | 13.1 | 10.6 | 15.8 | 43.7 | 4.5 | 5.4 | 15.3 | 7.8 | 6.0 | 10.4 | 5.2 | 5.0 | 45.6 | 8.0 | 2.7 | 30.5 | 7.5 | 4.4 | 8.1 | 8.0 | 3.6 |
| Gonorrhoea diagnostic rate / 100,000 | 2018 | 98.5 | 60.9 | 44.0 | 215.9 | 50.2 | 48.2 | 48.4 | 17.7 | 51.4 | 55.8 | 70.3 | 54.1 | 133.7 | 107.3 | 84.7 | 130.0 | 46.4 | 34.1 | 54.3 | 50.6 | 37.6 |
| Chlamydia detection rate / 100,000 aged 15-24 | 2018 | 1975 | 1615 | 1115 | 1841 | 1146 | 1721 | 1959 | 1305 | 1497 | 1580 | 2583 | 1277 | 2492 | 2113 | 1452 | 2522 | 1135 | 1367 | 1478 | 1128 | 1267 |
| Chlamydia proportion aged 15-24 screened | 2018 | 19.6 | 16.8 | 13.1 | 26.4 | 16.4 | 23.3 | 16.9 | 21.8 | 13.2 | 19.5 | 23.0 | 15.7 | 19.5 | 19.1 | 13.9 | 20.3 | 14.1 | 13.4 | 14.4 | 15.4 | 14.4 |
| New STI diagnoses (exc chlamydia aged <25) / 100,000 | 2018 | 851 | 708 | 543 | 1547 | 639 | 645 | 802 | 604 | 540 | 599 | 649 | 685 | 1099 | 1137 | 769 | 1227 | 576 | 449 | 641 | 612 | 494 |
| HIV testing coverage, total (%) | 2018 | 64.5 | 68.4 | 77.8 | 64.6 | 66.6 | 64.2 | 61.4 | 60.0 | 68.6 | 73.6 | 77.4 | 78.8 | 57.0 | 69.1 | 77.3 | 63.7 | 69.0 | 68.8 | 73.9 | 82.1 | 69.5 |
| HIV late diagnosis (%) | 2015 - 17 | 41.1 | 44.0 | 39.1 | 34.1 | 47.1 | 44.0 | 50.4 | - | 61.7 | 46.9 | 54.8 | 40.0 | 24.1 | 37.0 | 41.0 | 49.2 | 34.0 | - | 42.2 | 40.0 | 30.8 |
| New HIV diagnosis rate / 100,000 aged 15+ | 2017 | 8.7 | 5.8 | 3.1 | 18.3 | 5.1 | 6.0 | 3.4 | 0.8 | 4.4 | 5.8 | 13.4 | 4.5 | 7.4 | 18.3 | 16.1 | 12.0 | 3.5 | 2.3 | 5.4 | 7.4 | 6.0 |
| HIV diagnosed prevalence rate / 1,000 aged 15-59 | 2017 | 2.32 | 1.81 | 1.66 | 8.15 | 1.41 | 1.80 | 1.13 | 0.42 | 1.32 | 1.59 | 3.25 | 1.11 | 1.97 | 3.52 | 3.42 | 2.43 | 1.44 | 0.85 | 1.79 | 1.54 | 1.24 |
| Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) | 2017/18 | 86.9 | 88.6 | 89.1 | 81.3 | 89.6 | 80.5 | 91.5 | 89.0 | 88.3 | 89.2 | 89.8 | 91.4 | 94.9 | 93.4 | 85.8 | 93.9 | 87.3 | 92.0 | 85.1 | 86.9 | 93.7 |
| Under 25s repeat abortions (%) | 2017 | 26.7 | 25.6 | 21.0 | 23.9 | 28.4* | 29.0 | 22.6 | 13.9 | 27.4 | 31.0 | 31.0 | 22.5* | 23.0 | 28.7 | 25.5 | 26.2 | 24.4 | 26.7 | 23.7 | 22.9 | 27.1 |
| Abortions under 10 weeks (%) | 2017 | 76.6 | 75.7 | 75.9 | 73.4 | 74.6* | 72.6 | 80.6 | 80.4 | 70.4 | 69.2 | 86.7 | 77.8* | 82.3 | 79.0 | 73.4 | 79.5 | 73.9 | 80.3 | 73.4 | 78.4 | 77.9 |
| Total prescribed LARC excluding injections rate / 1,000 | 2017 | 47.4 | 54.8 | 42.1 | 60.3 | 57.0 | 58.7 | 61.1 | 85.8 | 49.2 | 38.2 | 55.0 | 62.1 | 51.0 | 55.5 | 32.3 | 49.9 | 50.1 | 56.2 | 66.2 | 52.2 | 36.1 |
| Under 18s conception rate / 1,000 | 2017 | 17.8 | 13.9 | 9.0 | 19.3 | 10.6 | 15.9 | 12.1 | 18.9 | 16.1 | 21.7 | 17.5 | 11.1 | 25.5 | 16.5 | 14.1 | 26.3 | 9.9 | 11.3 | 13.7 | 8.7 | 6.9 |
| Under 18s conceptions leading to abortion (%) | 2017 | 52.0 | 57.5 | 70.0* | 70.1 | 62.7 | 62.3 | 60.6 | 55.0 | 51.3 | 59.2 | 56.3 | 53.7 | 59.0 | 64.1 | 52.6 | 46.0 | 64.5 | 52.9* | 53.1 | 78.3* | 50.0* |
| Violent crime (including sexual violence) - rate of sexual offences per 1,000 population | 2017/18 | 2.4 | 2.4 | 1.9 | 3.0 | 1.5 | 2.3 | 2.2 | 3.0 | 3.3 | 4.3 | 2.2 | 1.9 | 3.5 | 2.7 | 2.4 | 3.9 | 1.6 | 1.5 | 2.0 | 1.9 | 0.8 |

Sexual & Reproductive Health: Comparison for Slough with England and CIPFA Neighbours (2018)

Source: PHE Fingertips Tool
 Accessed 01/07/2019

* a note is attached to the value, hover over to see more details
 Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared
 Recent trends: — Could not be calculated ↑ Increasing / Getting worse ↓ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better → No significant change ↑ Increasing ↓ Decreasing

| Indicator | Period | England | | SLOUGH | | | | | | | | | | | | | | | |
|---|-----------|---------|-----------------------|--------|-------------------|-------------|-----------|--------------|------------------|---------------|-------------|--------------|-------------|--------------|-----------------------|--------------|-------------|----------------------------|---------------|
| | | England | Neighbourhood average | Slough | 1 - Milton Keynes | 2 - Reading | 3 - Luton | 4 - Thurrock | 5 - Peterborough | 6 - Leicester | 7 - Swindon | 8 - Coventry | 9 - Bristol | 10 - Salford | 11 - Bracknell Forest | 12 - Bedford | 13 - Oldham | 14 - Blackburn with Darwen | 15 - Rochdale |
| Syphilis diagnostic rate / 100,000 | 2018 | 13.1 | 10.2* | 2.7 | 5.2 | 8.0 | 7.9 | 4.1 | 7.5 | 7.9 | 10.9 | 8.1 | 12.8 | 30.6 | 15.8 | 8.8 | 12.0 | 6.7 | 8.2 |
| Gonorrhoea diagnostic rate / 100,000 | 2018 | 98.5 | 84.9* | 84.7 | 70.3 | 107.3 | 82.0 | 49.9 | 72.4 | 85.4 | 63.1 | 92.7 | 88.0 | 179.0 | 44.0 | 86.5 | 81.7 | 47.7 | 71.9 |
| Chlamydia detection rate / 100,000 aged 15-24 | 2018 | 1975 | 1901* | 1452 | 2583 | 2113 | 2010 | 1054 | 2554 | 1934 | 1904 | 1482 | 1981 | 2477 | 1115 | 2359 | 1909 | 1397 | 1650 |
| Chlamydia proportion aged 15-24 screened | 2018 | 19.6 | 18.7* | 13.9 | 23.0 | 19.1 | 17.6 | 11.8 | 20.6 | 16.3 | 18.3 | 13.5 | 26.8 | 23.6 | 13.1 | 25.3 | 16.4 | 10.7 | 16.4 |
| New STI diagnoses (exc chlamydia aged <25) / 100,000 | 2018 | 851 | 829* | 769 | 649 | 1137 | 805 | 698 | 924 | 649 | 759 | 878 | 1147 | 1237 | 543 | 703 | 646 | 538 | 624 |
| HIV testing coverage, total (%) | 2018 | 64.5 | 62.5* | 77.3 | 77.4 | 69.1 | 71.3 | 54.0 | 84.8 | 52.4 | 65.7 | 72.2 | 72.6 | 47.5 | 77.8 | 67.2 | 35.9 | 56.6 | 37.2 |
| HIV late diagnosis (%) | 2015 - 17 | 41.1 | 50.2* | 41.0 | 54.8 | 37.0 | 50.0 | 51.7 | 51.2 | 56.9 | 57.7 | 55.1 | 49.0 | 46.2 | 39.1 | 51.2 | 51.5 | 37.5 | 56.3 |
| New HIV diagnosis rate / 100,000 aged 15+ | 2017 | 8.7 | 11.3* | 16.1 | 13.4 | 18.3 | 13.9 | 8.2 | 13.5 | 13.5 | 7.3 | 10.2 | 12.4 | 16.2 | 3.1 | 13.2 | 7.6 | 1.7 | 5.2 |
| HIV diagnosed prevalence rate / 1,000 aged 15-59 | 2017 | 2.32 | 2.86* | 3.42 | 3.25 | 3.52 | 4.06 | 2.24 | 2.30 | 3.93 | 1.62 | 3.22 | 2.55 | 4.71 | 1.66 | 2.57 | 1.55 | 1.02 | 1.98 |
| Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) | 2017/18 | 86.9 | 86.6* | 85.8 | 89.8 | 93.4 | 81.3 | 91.0 | 86.5 | 80.7 | 93.1 | 92.2 | 80.8 | 80.5 | 89.1 | 88.9 | 86.6 | 91.7 | 85.7 |
| Under 25s repeat abortions (%) | 2017 | 26.7 | 27.6* | 25.5 | 31.0 | 28.7 | 30.9 | 28.4 | 28.8 | 23.9* | 24.6 | 27.8 | 24.3 | 30.6 | 21.0 | 24.3 | 31.5 | 25.6 | 30.2 |
| Abortions under 10 weeks (%) | 2017 | 76.6 | 78.4* | 73.4 | 86.7 | 79.0 | 78.7 | 69.3 | 79.9 | 74.9* | 83.3 | 67.7 | 79.0 | 82.0 | 75.9 | 81.0 | 83.6 | 79.0 | 83.6 |
| Total prescribed LARC excluding injections rate / 1,000 | 2017 | 47.4 | 45.2* | 32.3 | 55.0 | 55.5 | 34.0 | 30.5 | 60.3 | 25.8 | 44.0 | 42.3 | 68.1 | 38.9 | 42.1 | 43.4 | 38.1 | 45.3 | 45.8 |
| Under 18s conception rate / 1,000 | 2017 | 17.8 | 20.3* | 14.1 | 17.5 | 16.5 | 16.3 | 20.3 | 22.4 | 23.5 | 18.3 | 26.1 | 14.8 | 30.7 | 9.0 | 21.0 | 25.7 | 17.6 | 22.9 |
| Under 18s conceptions leading to abortion (%) | 2017 | 52.0 | 49.8* | 52.6 | 56.3 | 64.1 | 60.3 | 53.4 | 40.5 | 41.5 | 62.1 | 45.4 | 45.7 | 53.8 | 70.0* | 45.9 | 43.0 | 50.0 | 51.2 |
| Violent crime (including sexual violence) - rate of sexual offences per 1,000 population | 2017/18 | 2.4 | 2.6* | 2.4 | 2.2 | 2.7 | 2.1 | 1.7 | 2.9 | 2.6 | 2.6 | 2.0 | 3.2 | 3.2 | 1.9 | 1.8 | 3.0 | 2.7 | 3.9 |

Current challenges

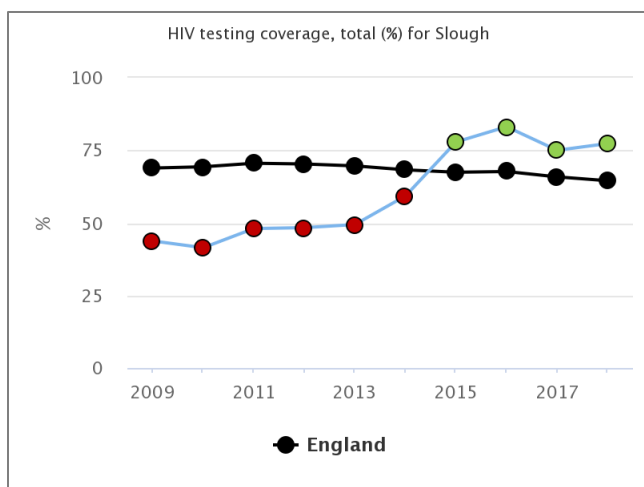
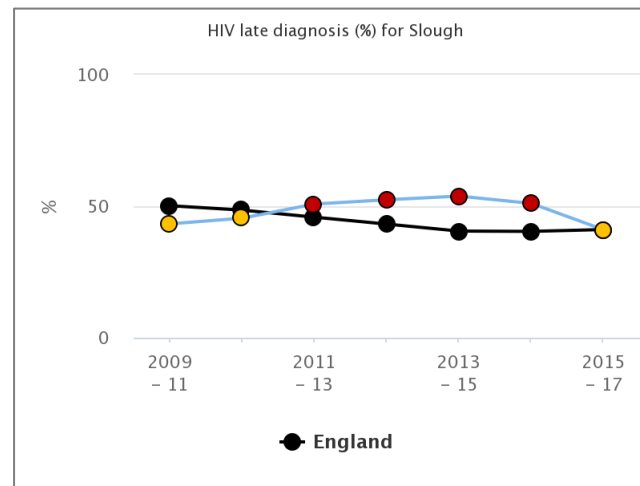
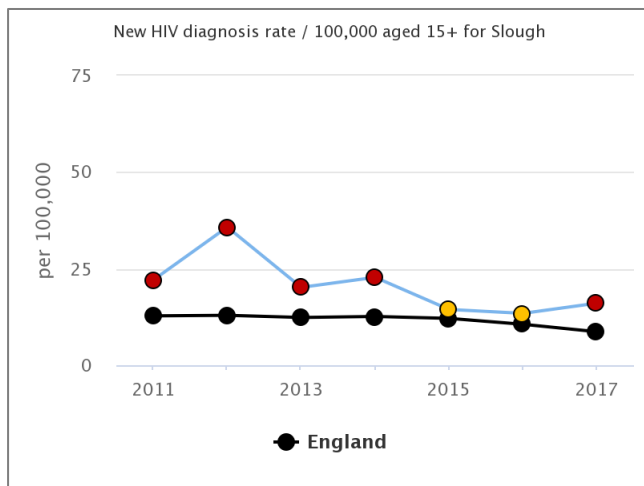
Noted in May 2019 paper:

- HIV
- Abortion
- LARC (long-acting reversible contraception)

In addition, further analysis highlights:

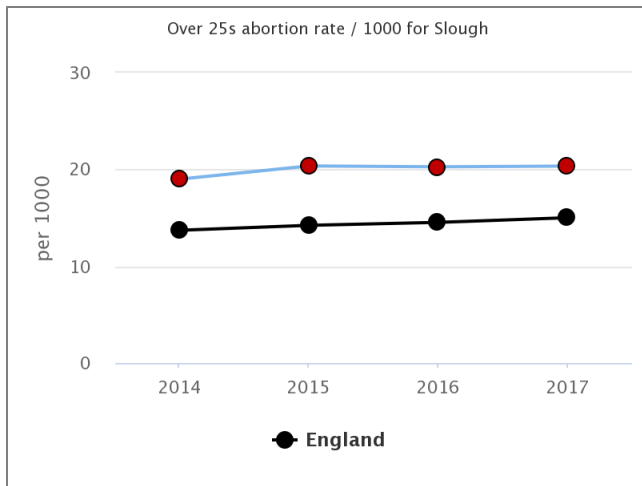
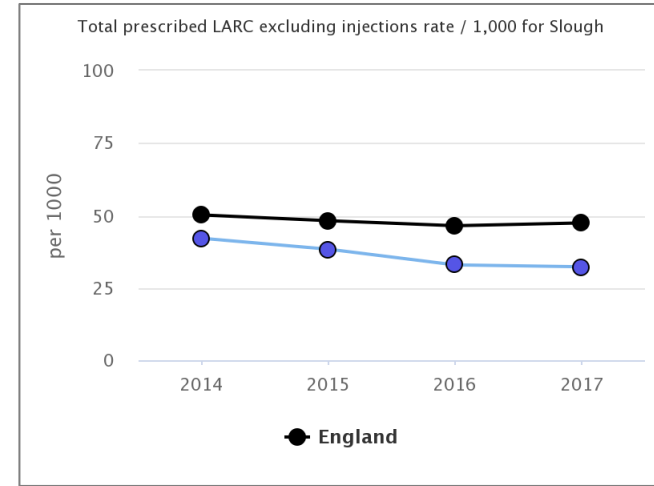
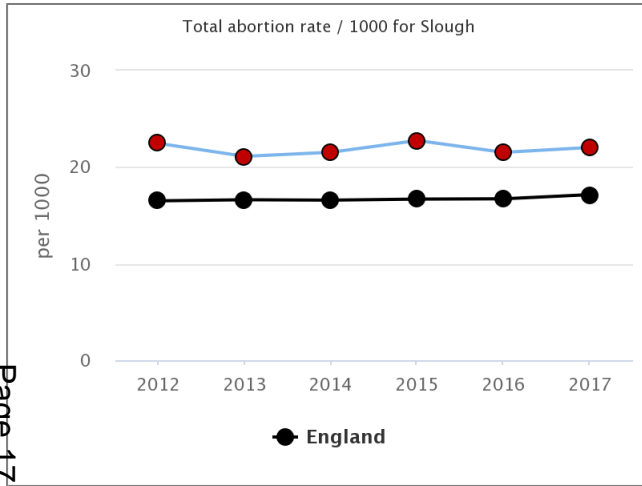
- Chlamydia

HIV



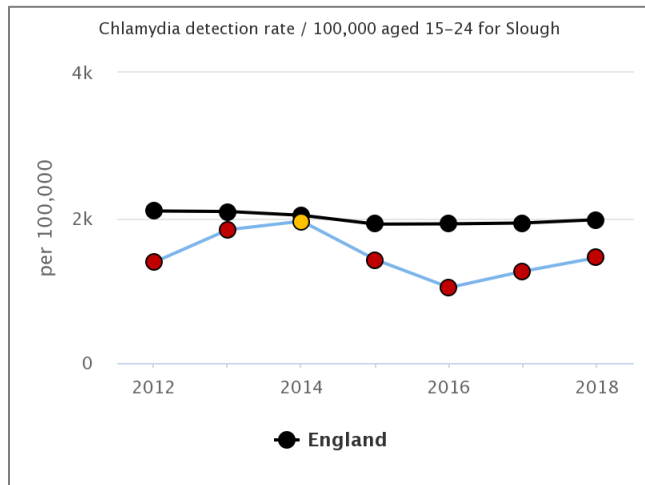
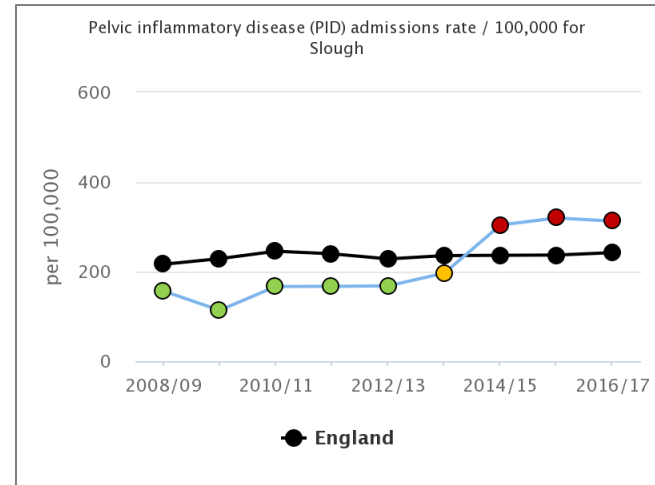
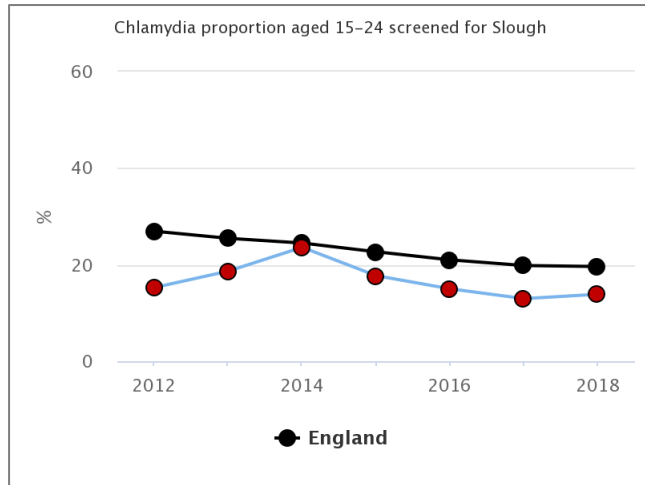
- New HIV diagnoses in Slough are higher than average but have been falling until most recently. We remain vigilant.
- The good news is we have increasingly good HIV testing coverage and believe this is contributing to reducing late diagnosed HIV

Abortion & LARC



- Abortion rates remain high but especially amongst the Over 25s
- Slough's LARC provision is much below England (and regional) average and falling; evidence suggests this is a significant factor associated with higher abortion rates

Chlamydia



- Chlamydia screening and detection is a challenge across SE England including Slough
- Lower rates of chlamydia screening are likely to be contributing to rising rates of PID (pelvic inflammatory disease)

More targeted information on Slough challenges which include HIV late diagnosis and abortion rates

- Part of wider Sexual Health groups working on various issues eg
 - Thames Valley Sexual Health Network
 - Frimley Local Maternity System - abortion rates
- Slough Health Beliefs survey: Improving understanding of how Slough residents view their health (Results due Sep 2019)
- Competing needs in Slough: Balance of capacity and resources
 - Working with Public Health Shared Team (who commission various sexual health services on our behalf)
 - Currently recruiting to the vacant post in Slough Public Health Team

Work on how to better engage with GPs

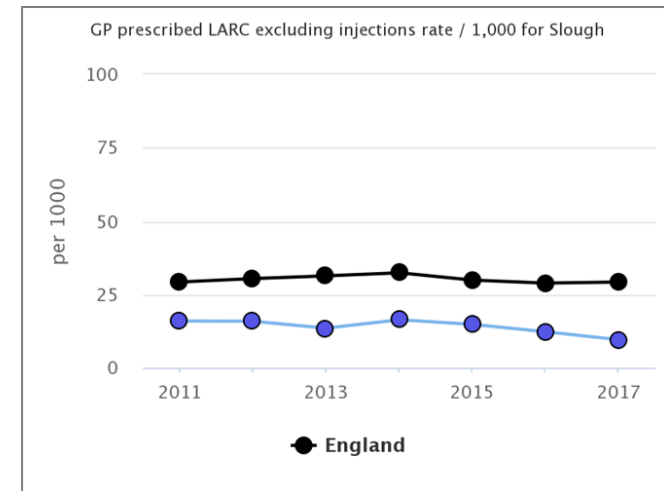
GP and PCN Profiles planned for 2019-20

- Plan to use as a discussion point to aid conversations (flagging challenges and opportunities)

Page 20

LARC

- Specific commissioning issue
- Presentation to Slough GP Members Forum (Mar 2019) and related discussions
- Planned discussions with CCG to consider co-commissioning opportunities



SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 17th July 2019

CONTACT OFFICER: Dean Tyler, Service Lead Strategy and Performance Service

(For all Enquiries) (01753) 875847

WARD(S): All

PART I
DISCUSSION

RECOMMENDATIONS FROM THE SAFEGUARDING EXECUTIVE

1. **Purpose of Report**

1.1 To review the work undertaken by the Slough Safeguarding Boards to align priorities and governance arrangements.

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

2.1 The Board is recommended to:

- a) Discuss the recommendations from the Slough Safeguarding Boards;
- b) Consider these in the context of the Board's recent conversations about improving partnership working in Slough and the role it can play to lead this.

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

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

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

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

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

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

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

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

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

4. **Other Implications**

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

5. **Summary**

This report refers to recent work undertaken by Slough's Safeguarding Boards to align priorities and governance – a presentation will be delivered at the meeting.

The Board agreed at its last meeting to ask the recently established Slough Safeguarding Executive Board to consider ways in which the Wellbeing Board can add further value as part of its work to review and strengthen partnership working.

6. **Supporting Information**

- 6.1 Terms of Reference and membership of the Board were agreed at the last meeting on 8 May 2019.
- 6.2 The recently established Slough Safeguarding Executive Board (SSEB) brings together senior managers from the core agencies, Slough Borough Council, Thames Valley Police and the Clinical Commissioning Group to ensure common and coordinated approaches. Given the overlap in membership it is proposed that the SSEB be asked to consider the role of the Wellbeing Board and how it can add further value.

- 6.3 The issues the Safeguarding Boards have been considering reflect those of the Wellbeing Board. They have addressed the need to maintain strategic focus over operational detail; partner involvement; and developing more workshops to tackle agreed priorities instead of regular fixed meetings.

7. **Comments of Other Committees**

- 7.1 While not a Committee of the Council, the Health and Social Care Partnership Board will be engaged with next steps to strengthen partnership working in Slough.

8. **Conclusion and next steps**

- 8.1 Subject to the views of the Board the recommendations from the Slough Safeguarding Executive Board will be developed to improve the Board's governance arrangements.

9. **Appendices**

A – None

10. **Background Papers**

Safeguarding partnership arrangements and terms of reference

<https://www.sloughsafeguardingboards.org.uk/lscb/lscb/about-the-lscb/what-we-do-working-together-to-safeguard-children>

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 17th July 2019
CONTACT OFFICER: Dean Tyler, Service Lead Strategy and Performance
(For all Enquiries) (01753) 875847
WARD(S): All

PART I
DISCUSSION

SLOUGH BOROUGH COUNCIL TRANSFORMATION PROGRAMME

1. **Purpose of Report**

1.1 To brief partners on the Council's Transformation Programme and the opportunity for partnership working.

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

2.1 The Board is recommended to:

- a) Review the Council's Transformation Programme;
- b) Discuss the opportunities to strengthen partnership working as a result.

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

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

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

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

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

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

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

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

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

4. **Other Implications**

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

5. **Summary**

This report provides an update to the Board on the Council's Transformation Programme.

The Transformation Programme will deliver a new Operating Model for the Council which includes the way the Council intends to build on the importance of partnerships and develop a 'One Slough' approach.

6. **Supporting Information**

- 6.1 The Council's Cabinet approved a business case for a Transformation Programme to deliver a new Operating Model at its meeting on 15 April 2019.
- 6.2 The council recognises it needs to change to meet a number of challenges whilst also keeping an absolute focus on its statutory responsibilities. The council also knows it can no longer provide services in the way it has in the past - it will not be able to provide everyone with everything. Like many of its partners, the Council's challenge is to rethink and change what it does and how it does it. It is the brave decisions the council makes now that will sustain its ability to provide services in

the future. The council believes it can do more to close gaps and reduce inequalities by enabling people to take more responsibility for their own lives.

- 6.3 To build on the strengths of communities and partnerships and work as '**One Slough**', wherever possible, the council will also look to manage future demand for services through targeted intervention and prevention, always ensuring the most vulnerable know how to get the support they need.
- 6.4 The Council will develop a very different relationship with residents, their networks and communities, that creates a new culture of community collaboration in Slough by empowering communities to have greater control over resources. This will be achieved by having a remodelled council that focuses on prevention, partnership working and communities.

7. **Comments of Other Committees**

- 7.1 While not a Committee of the Council, the Health and Social Care Partnership Board will be engaged with next steps to strengthen partnership working in Slough. The Health Scrutiny Panel will also be involved.

8. **Conclusion and next steps**

- 8.1 Members of the Board have already expressed a keenness to explore the potential to strengthen partnership working and the concept of a 'total place / One Slough' model.
- 8.2 Further updates will be provided regarding the progress of the Council's Transformation Programme and its contribution to facilitate partnership working.

9. **Appendices**

None

10. **Background Papers**

- Links to Cabinet report 15 April 2019 – Council Transformation Programme Business Case

<http://www.slough.gov.uk/moderngov/documents/s55647/Report.pdf>

<http://www.slough.gov.uk/moderngov/documents/s55648/Appendix%20-%20SBC%20Business%20Case.pdf>

<http://www.slough.gov.uk/moderngov/documents/s55790/Transformation%20Cabinet%200Slides.pdf>

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 17th July 2019
CONTACT OFFICER: Dean Tyler, Service Lead, Strategy and Performance
(For all Enquiries) (01753) 875847
WARD(S): All

PART I**DISCUSSION****ARRANGEMENTS FOR THE 2019 PARTNERSHIP CONFERENCE****1 Purpose of Report**

1.1 To agree arrangements for the 2019 Annual Partnership Conference.

2 Recommendation(s)/Proposed Action

2.1 To agree arrangements for the fourth Slough Partnership Conference in October 2019 (exact location and date to be confirmed).

3 The Slough Joint Wellbeing Strategy, the Joint Strategic Needs Assessment, the Council's Five Year Plan and the Transformation Programme**3a Slough Joint Wellbeing Strategy Priorities**

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

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

3b Joint Strategic Needs Assessment

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

3c Council's Five Year Plan Outcomes

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

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

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

4 Other Implications

(a) Financial

In 2018, there was a financial cost attached to the annual conference of around £800. This included the cost of hiring The Curve plus catering.

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

(c) Human Rights Act and Other Legal Implications

There are no direct legal implications. The specific activity in the Wellbeing Strategy and other plans may have legal implications which will be brought to the attention of the Council's Cabinet separately. There are no Human Rights Act Implications.

(d) Equalities Impact Assessment

There is no requirement to complete an Equalities Impact Assessment in relation to this report. An impact Assessment will however be completed on individual aspects of any actions produced to sit underneath the Wellbeing Strategy, as required.

5 Summary

This report provides an opportunity for the Board to inform arrangements to plan for the fourth partnership conference in October 2019.

This report also provides the means for the Board to discuss how to increase attendance at the October 2019 conference.

6 Background

6.1 The first Slough partnership conference in September 2016 launched the new Slough Wellbeing Strategy 2016-2020.

6.2 The second conference in September 2017 discussed a range of 'wicked issues' of importance to the town – poverty, obesity, social isolation and loneliness. The outcome of these discussions led to the Board's Social Media campaigns in 2018, with mental health added on as an additional issue.

6.3 The third conference in October 2018 focused on how the wider determinants of health impacted on residents and on delivery of the priorities in the Slough Wellbeing Strategy.

6.4 The Slough Wellbeing Board has a range of statutory responsibilities but it also serves to coordinate the wider partnership network across Slough. The objective of the annual conference has been to bring partners together and create opportunities for joint working.

7 Proposal for this year's partnership conference

7.1 This year's conference will present an opportunity to bring together partners that share cross-cutting objectives to promote the wellbeing of people in Slough. It will also create an opportunity for partners to network over lunch (the exact date and location of the conference is to be confirmed).

7.2 The proposed focus for the agenda is:

- The context for the year ahead
- Changes within the national and local health framework – particularly the Integrated Care System
- Learning from successful strategic partnerships and how lessons learnt could be incorporated in Slough
- Further opportunities for improving partnership working in Slough – total place / One Slough

7.3 Last year there were 75 delegates with around a third from the council. We would like to increase attendance to around 100 and ensure a more representative selection of partners attend.

8 Comments of Other Committees

8.1 This report has not yet been seen by any other committees. Members of the Health Scrutiny Panel will be invited to the conference.

9. Conclusion

9.1 Following the Boards decisions on the 17th of July, arrangements will be made towards the planning of the conference.

10. Appendices

None

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Pause Programme

| | |
|------------------------|---------------------------------------|
| Meeting | Slough Wellbeing Board |
| Author | Eric de Mello, Director of Operations |
| Date | 17 July 2019 |
| Action Required | For Information and discussion |
| Version | 1 |
| Status | Public |

1. Purpose of report

- 1.1 The purpose of this paper is to inform the Slough Wellbeing Board partners of the very positive outcomes for the women and cost avoidance.

2. Executive summary

- 2.1 Slough Pause has exceeded expectations in its level of successful engagement with women who have had one or more children removed in legal proceedings. To date it has been funded 50:50 through DfE Innovation Funds and the Trust. However, the savings from the Pause also accrue to partner agencies like the Police, Adult Social Care and Health agencies both during pregnancy and after the baby is born in the form of reduced need for assessments, responses to emergencies requiring acute interventions and ongoing maintenance liabilities which flow from substance misuse, domestic violence and vulnerable adult needs.

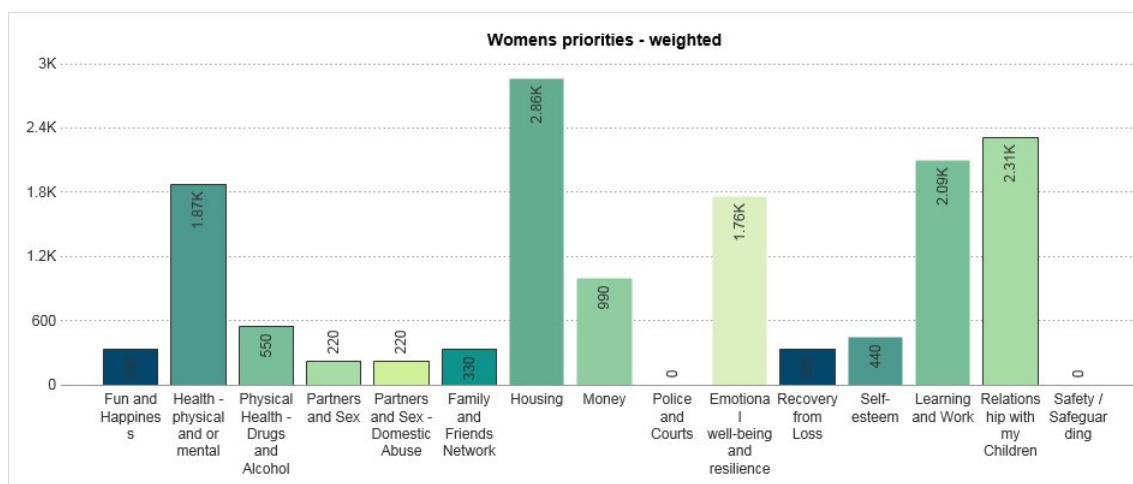
3. Report

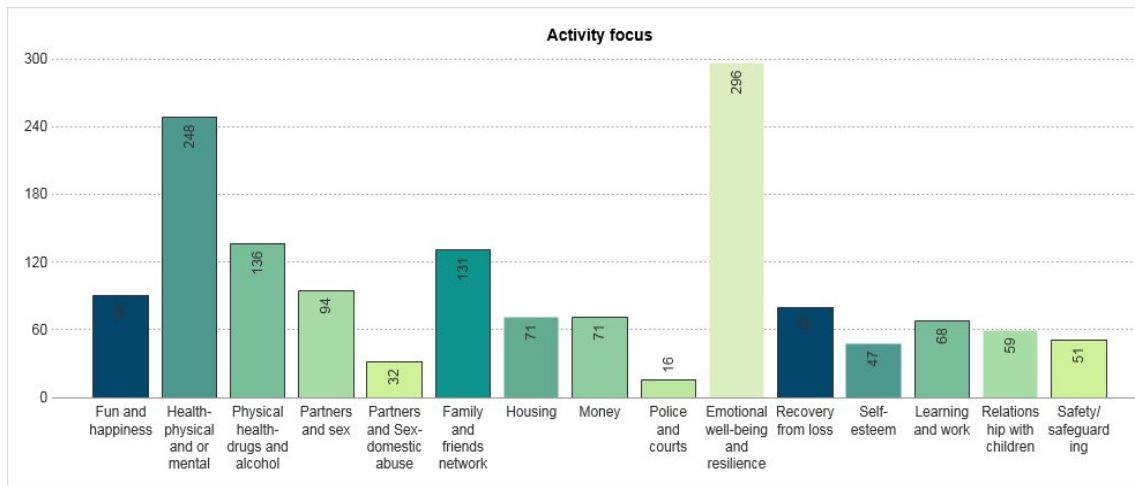
- 3.1 Pause is a well evidenced model for working with mothers who have previously lost at least one child into care. In return for agreeing to contraception and to engage with services, women receive a highly assertive holistic multi-disciplinary support package to help them deal with the challenges in their day to day lives, as well as in their past, that have contributed to the removal of their children by the court.
- 3.2 The Pause programme is scheduled to run for three years in Slough, 50% funded by DfE Innovation Grant. Pause has been running 18 months in Slough. The programme is subject to independent evaluation in relation to model integrity measures, and output measures such as number and nature of different interventions with women. The women also give regular feedback on how they find the service, and this has been very positive.
- 3.3 The main outcome measure is that women do not become pregnant while they engage with the Pause project (usually 18 months) and that if they do subsequently become pregnant; the child is able to remain in the mother's care. To date the Slough Pause programme has enjoyed 100% success with women who have engaged.
- 3.4 There are a number of other costs which can be incurred when working with this group of women which have not been included in the cost benefit analysis but should be taken into consideration. As well as the placement and legal costs associated with taking a child into care, the childbirth itself can prove to be more complex for this cohort of women. The high



level of substance misuse increases the likelihood of complications at birth – for example premature births, or babies requiring use of a Special Care Baby Unit (SCBU), which is usually very costly. The cost benefit analysis could be revisited if data about SCBU use and costs becomes available.

- 3.5 There are a number of other costs which can be incurred when working with this group of women which have not been included in the cost benefit analysis but should be taken into consideration. As well as the placement and legal costs associated with taking a child into care, the childbirth itself can prove to be more complex for this cohort of women. The high level of substance misuse increases the likelihood of complications at birth – for example premature births, or babies requiring use of a Special Care Baby Unit (SCBU), which is usually very costly. The cost benefit analysis could be revisited if data about SCBU use and costs becomes available.
- 3.6 In addition to the increased risk of complications at birth and the associated financial burden, there are likely to be significant cost savings relating directly to the women on the programme. The presenting issues faced by the women all have both financial and social costs.
- 3.7 The independent evaluation of Pause covering 125 women from six Pause Practices found additional value creation due to a decrease in presenting issues amongst the women – attributable to the Pause programme. These issues were mainly domestic abuse and drug misuse.
- 3.8 Activities and women’s goals. As can be seen below. Pause Practitioners record the goals being addressed in each contact. Women’s goals are weighted (three for the highest priority, one for the third highest priority). Issues to do with housing, health and emotional wellbeing and resilience, as well as learning and work, take precedence. These indicate the value to agencies involved with these women and by definition the likelihood of a much greater demand from those agencies if the Pause Practitioners are not working intensively to prevent crises and breakdown. The feedback from the women themselves clearly indicates the importance of the sometimes three and four times a week contact to resolve conflict and crises in each of these areas.





3.9 Cost avoidance and savings for all women fitting the Pause criteria

A birth rate of 0.27 per year has been calculated among the current cohort and was achieved by dividing the average number of births over a five year period by the number of women. Based on this calculation, we estimate that 20 women within the Pause cohort would likely give birth to 5 children over the course of the 18-month programme and a total of 12 children during the 27 months (2.25 years) of avoided pregnancies. This time period (27 birth free months or 2.25 years) refers to the 18 month Pause programme, then a further nine birth free months due to contraception having been in place at the end of the programme.

A current measure of the women who have engaged with Pause to date is that between them they have given birth to 56 children who have been removed. That the contraceptive implant is a condition of engagement with Pause means that none of them have become pregnant. This 'pause' in the previous pattern of their lives enables other pauses to begin i.e. in taking substances, selling sex to obtain money for substances, obtaining and retaining stable tenancies and budgeting to live on a limited but stable income. In addition, a change of social networks is also part of the sustainability, going a long way to facilitate the enduring and substantial changes in lifestyle.

3.10 Outcomes

Three women have recently transitioned out of Pause and to date are all maintaining their progress independently with only very light touch contact from Pause. Part of the methodology involves an early tenacity in pursuing contact.

3.11 Cost avoidance and saving

The table below demonstrates Pause's potential to generate cost savings for a wide range of agencies. From the Slough cohort of 20 open women, 76% are (or have been) exposed to domestic abuse, and 57% have problematic drug misuse. Unit costs of these issues and their impact on wider services are highlighted below.



| Slough: Total costs to 18 months for 12 children | | | |
|--|--------------|-------------------------|-------------------|
| Placement | Cost Journey | % of children in cohort | Cost to LA |
| Adoption external | £94,252 | 18% | £200,905.10 |
| Adoption internal | £83,051 | 18% | £177,029 |
| LA Fostering | £83,349 | 12% | £127,350 |
| Agency Fostering | £107,328 | 11% | £137,267 |
| SGO | £84,262 | 21% | £215,533 |
| Family | £70,874 | 21% | £181,289 |
| Total | | 100% | £1,039,373 |

| Slough External costs to 18 months for 12 children | | | |
|--|--------------|-------------------------|-----------------|
| Placement | Cost journey | % of children in cohort | Cost to LA |
| Adoption external | £65,441 | 18% | £139,493 |
| Adoption internal | £38,441 | 18% | £81,940 |
| LA Fostering | £55,947 | 12% | £83,480 |
| Agency Fostering | £77,926 | 11% | £99,664 |
| SGO | £52,462 | 21% | £134,191 |
| Family | £41,473 | 21% | £106,082 |
| Total | | 100% | £644,850 |

Calculations notes:

- Children avoided = (Women in cohort * birth rate) * period of time
- Cost to LA = ([Unit cost * % of children] * children avoided) * period of time

The tables above demonstrate **the total cost avoidance of £1,039,373** due to the Pause programme with the **external cost totalling £644,850**. With the **cost of running Pause Slough at £450,000** (per 18 months), there would be an immediate **saving of £589,373**. Savings increase substantially when forecast over a five year period.

3.12 Savings to wider services

There are a number of other costs which can be incurred when working with this group of women which have not been included in the cost benefit analysis but should be taken into consideration. As well as the placement and legal costs associated with taking a child into care, the childbirth itself can prove to be more complex for this cohort of women. The high level of substance misuse increases the likelihood of complications at birth – for example premature births, or babies requiring use of a Special Care Baby Unit (SCBU), which is usually very costly. The cost benefit analysis could be revisited if data about SCBU use and costs becomes available.

In addition to the increased risk of complications at birth and the associated financial burden,



there are likely to be significant cost savings relating directly to the women on the programme. The presenting issues faced by the women all have both financial and social costs.

The independent evaluation of Pause covering 125 women from six Pause Practices found additional value creation due to a decrease in presenting issues amongst the women – attributable to the Pause programme. These issues were mainly domestic abuse and drug misuse.

The table below demonstrates Pause’s potential to generate cost savings for a wide range of agencies. From the Slough cohort of 20 open women, 76% are (or have been) exposed to domestic abuse, and 57% have problematic drug misuse. Unit costs of these issues and their impact on wider services are highlighted below.

Figure 1: Estimated cost to services

| Presenting Issue | Unit Definition | Cost saving | Responsible Agencies* | Number of women from Bristol cohort | Potential annual savings for Bristol Cohort | Cost Source |
|----------------------|--|-------------|--|-------------------------------------|---|---|
| Domestic Abuse | Cost per incident | £2,836 | Criminal justice agencies (33%), Health (44%), Social services (7.3%), Housing and refugees (5%), Civil legal services (10%) | 16 | (7*£2,836) £19,852 | New Economy Cost Database (2015) |
| Problematic drug use | Fiscal cost per class A drug user per year, minus costs of treatment if applicable | £63,801 | Criminal justice agencies (90%) Health (3%) Social care (0.4%) | 12 | (0.27*£63,801)*1 £206,715 | PSSRU Health and social care costs (2010) |

* Note that savings accrue proportionately to the responsible agency.

Further explanation of above calculations:

- Domestic abuse:** 77 women from the Pause impact evaluation reported having experienced domestic abuse at some point in their lives. Of these women, the evaluation estimated the Pause programme was responsible for stopping between 15 and 52 incidents annually. For this analysis we've taken a central estimate of 34. When applied to the cohort of 20 women in Bristol, 100% of who have experienced



domestic abuse, a central estimate of 9 incidents could be prevented annually.

- **Problematic drug use:** The DfE independent evaluation demonstrated a reduction of 27% in class A drug use.

To date, the Trust has carried 50% of the cost of funding Pause. That funding runs out this financial year.

4. Recommendations

- 4.1 Slough Wellbeing partners consider the information about demonstrable practice and budgetary benefits with a view to contributing to the funding of Pause to enable the programme to continue for another period of 18 months.

5. Appendices

- 5.1 Appendix 1 – Case Study (confidential)

Slough Wellbeing Board's Work Programme

2019/20

Contact officer: Dean Tyler, Service Lead Strategy & Performance, Slough Borough Council

For all enquiries: (01753) 875847

25 September 2019

| Subject | Decision requested | Report of | Contributing Officers(s) | Key decision * |
|--|--|---|--------------------------|----------------|
| Discussion | | | | |
| Integrated Care System (ICS) | The Board is asked to discuss and comment on recent activity undertaken to deliver the ICS. | Alan Sinclair, Director of Adults & Communities | | No |
| Immunisation and Screening Action Plan | To discuss the Immunisation and Screening Action Plan as agreed by the Board in March 2019. | Dr Liz Brutus, Service Lead, Public Health | | No |
| Forward Work Programme | The Board is asked to discuss and update the Forward Work Plan. | Dean Tyler, Service Lead Strategy & Performance | | No |
| Urgent Care Update | | | | |
| The Wigan Deal | Following the Wigan Deal discussion - Health & Care sub group scoping exercise – ASC integration, getting the voice of the population/ Proposal to develop a place based health and social care strategy | | | No |
| Refresh of the Council's Leisure Strategy 2019 | | Alison Hibbert, Leisure Strategy Manager | | No |
| Director of Public Health Annual Report | To consider the Annual report which focuses on work place health | Tessa Lindfield, Director of Public Health | | No |
| Themed discussion | | | | |
| Details to be confirmed | Details to be confirmed. | | | |
| Information | | | | |
| | | | | |

13 November 2019

| Subject | Decision requested | Report of | Contributing Officers(s) | Key decision * |
|--------------------------|--------------------------|-----------|--------------------------|----------------|
| Discussion | | | | |
| | | | | |
| | | | | |
| | | | | |
| Themed discussion | | | | |
| Details to be confirmed | Details to be confirmed. | | | |
| Information | | | | |

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23 January 2020

| Subject | Decision requested | Report of | Contributing Officers(s) | Key decision * |
|--------------------------|--------------------------|-----------|--------------------------|----------------|
| Discussion | | | | |
| | | | | |
| | | | | |
| | | | | |
| Themed discussion | | | | |
| Details to be confirmed | Details to be confirmed. | | | |
| Information | | | | |

24 March 2020

| Subject | Decision requested | Report of | Contributing Officers(s) | Key decision * |
|--------------------------|--------------------------|-----------|--------------------------|----------------|
| Discussion | | | | |
| | | | | |
| | | | | |
| | | | | |
| Themed discussion | | | | |
| Details to be confirmed | Details to be confirmed. | | | |
| Information | | | | |

13 May 2020

| Subject | Decision requested | Report of | Contributing Officers(s) | Key decision * |
|--------------------------|--------------------------|-----------|--------------------------|----------------|
| Discussion | | | | |
| | | | | No |
| | | | | No |
| | | | | No |
| Themed discussion | | | | |
| Details to be confirmed | Details to be confirmed. | | | |
| Information | | | | |

Unprogrammed items

| | | | | |
|--------------------|---|---|--|--|
| Cold winter deaths | Going to Health and Social Care Partnership Board in January 2019. Opportunity to take the draft plans for 2019/20 to the Board for comment in July | Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public | | |
|--------------------|---|---|--|--|

| | | | | |
|--|--|---|--|----|
| | 2019 | Health, Berkshire | | |
| Environmental sustainability: Collaborative paper from Wellbeing Board members. Details to be confirmed. | Details to be confirmed. Possible referral from the Health and Social Care Partnership Board | Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire | | No |
| Housing / homelessness as a themed discussion item | To be confirmed | Colin Moone, Service Lead Strategic Housing Services | | No |
| Vulnerable children as a themed discussion item | To be confirmed | Cate Duffy, Director Children, Learning and Skills | | No |
| People on the edge of services: Possible referral from the Health & Social Care Partnership | To be confirmed | Julia Wales, DAAT Manager & Commissioner | | No |
| Social care: the forthcoming Green Paper on older people (England) | To be confirmed | Alan Sinclair, Director of Adults & Communities | | No |
| Refresh of JSNA | To be confirmed | Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire | | No |
| Tuberculous | To be confirmed | Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire | | No |
| Low Emissions Strategy | To be confirmed | Liz Brutus Service Lead, Public Health / Jason Newman, Environmental Quality Team Manager | | No |

| | | | | |
|---|-----------------|---|--|----|
| Improve the provision and access to green spaces, including new development, allotment etc. to improve residents activity and wellbeing | To be confirmed | Alan Sinclair, Director of Adults & Communities | | No |
| Business and skills – development agenda as a health issue | To be confirmed | Liz Brutus Service Lead, Public Health | | No |

Criteria

Does the proposed item help the Board to:

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

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