

Date of issue: Monday, 9 November 2020

**MEETING:**

**SLOUGH WELLBEING BOARD**

Councillor Pantelic, Lead Member for Health and Wellbeing  
Dr Jim O'Donnell, East Berkshire Clinical Commissioning Group,  
Slough Locality  
Lucy Bowman, Partnership Manager, Department for Work and  
Pensions  
Neil Dardis, Frimley Health NHS Foundation Trust  
Representative  
Tracey Faraday-Drake, Executive Place Managing Director  
Chris Holland, Royal Berkshire Fire and Rescue Service  
Eleni Ioannides (Interim Executive Director for Children/Slough  
Children's Services Trust Chief Executive)  
Ramesh Kukar, Slough CVS  
Tessa Lindfield, Director of Public Health  
Councillor Nazir, Lead Member for Housing & Community Safety  
Colin Pill, Healthwatch Representative  
Alan Sinclair, Executive Director People (Adults)  
Aaryaman Walia, Slough Youth Parliament Representative  
Superintendent Wong, Thames Valley Police  
Josie Wragg, Chief Executive, Slough Borough Council

**DATE AND TIME:**

TUESDAY, 17TH NOVEMBER, 2020 AT 5.00 PM

**VENUE:**

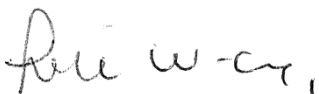
VIRTUAL MEETING

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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

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
<b>APOLOGIES FOR ABSENCE</b>			
<b>CONSTITUTIONAL MATTERS</b>			
1.	Declarations of Interest	-	-
	<i>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.</i>		
2.	Minutes of the last meeting held on 23rd September 2020	1 - 4	-
<b>ITEMS FOR ACTION / DISCUSSION</b>			
3.	Better Care Funding Programme 2019-20 - Annual Report	5 - 18	All
4.	Safeguarding Partnership Annual Report 2018-19	19 - 50	All
5.	Priority One - Starting Well - Children and Young People Partnership Board Update	To follow	All
6.	Priority Two - Health and Social Care Partnership Board Integration Update	51 - 62	All
<b>ITEMS FOR INFORMATION</b>			
7.	Frimley Clinical Commissioning Group (CCG) Potential Merger Update	63 - 64	All
<b>FORWARD PLANNING</b>			
8.	Slough Wellbeing Board Work Programme 2020/21	65 - 70	-
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10.	Date of Next Meeting - 12 January 2021	-	-

## **Press and Public**

This meeting will be held remotely in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020. Part I of this meeting will be live streamed as required by the regulations. The press and public can access the meeting from the following link (by selecting the meeting you wish to view):  
<http://www.slough.gov.uk/moderngov/mgCalendarMonthView.aspx?GL=1&bcr=1>

Please note that the meeting may be recorded. By participating in the meeting by audio and/or video you are giving consent to being recorded and acknowledge that the recording will be in the public domain. The press and public will not be able to view any matters considered during Part II of the agenda.

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**Slough Wellbeing Board – Meeting held on Wednesday, 23rd September, 2020.**

**Present:-** Councillor Pantelic (Chair), Neil Dardis, Cate Duffy, Tracey Faraday-Drake, Lisa Humphreys, Ramesh Kukar, Tessa Lindfield, Councillor Nazir, Alan Sinclair, Josie Wragg, and Superintendent Wong.

**Apologies for Absence:-** Lucy Bowman, Dr Jim O'Donnell and Colin Pill

**PART 1**

**14. Declarations of Interest**

None were declared.

**15. Minutes of the last meeting held on 15th July 2020**

**Resolved** – That the minutes of the meeting held on 15<sup>th</sup> July 2020 be approved as a correct record.

**16. Frimley Clinical Commissioning Group (CCG) Potential Merger**

The Executive Place Managing Director introduced a report that set out the intention of NHS East Berkshire, North East Hampshire and Farnham, and Surrey Health Clinical Commissioning Groups (CCGs) to merge on 1st April 2021.

The proposed merger would reduce duplication and build on areas that currently worked well. There would be opportunities to use resources and assets more effectively and collectively; whilst retaining best practice, core values and principles.

Each locality would retain its identity and local needs would be championed and furthered by clinical leaders and managing directors, as they developed priorities for each place. The Clinical Leader, Managing Director and Place Non-Executive, in partnership with key local stakeholders would continue to make decisions on how best to utilise resources available to them locally, and to work collectively to ensure broader system pathways were effective.

Local Slough GPs had recently voted on the proposal and the announcement of the outcome was awaited. If there was a positive outcome to proceed - all the feedback received would be collated and presented to NHS England as part of the application process.

The Chair invited comments and questions from Board Members.

During the course of the discussion, the following points were raised:

- Concern was raised that the merger could result in the particular needs of Slough being lost or diluted. It was explained that the governance

structure and the appointment of five Managing Directors, responsible for promoting each of the five localities supported the ambition to focus on 'place'. The merged CCG would be founded on a collaborative model. It was explained that there would be benefits of pooling resources and these benefits would improve the local delivery of services.

- It was explained that the final decision to merge would be taken by NHS England. If GPs voted not to support a merger, this would be taken into consideration; however NHS England was the ultimate decision-making body.
- It was noted that there would be no change to the allocation of funding received from NHS England, and existing financial commitments would be honoured. Funding would continue to be apportioned on a needs basis. In addition, it was explained that there would be no job losses resulting from the merger.
- It was highlighted that Public Health had a statutory responsibility to advise the CCG regarding the commissioning and design of services, and a merger involving five localities potentially complicated the process.
- The importance of local knowledge and ensuring decisions were made 'intelligently' taking into account the particular needs of Slough residents was highlighted.

**Resolved –**

(a) That the report be noted.

(b) That an update report be provided at the next meeting scheduled to be held on 17<sup>th</sup> November 2020.

**17. Update on Joint Strategic Needs Assessment Progress**

The Public Health Programme Officer introduced a report that provided an update on the Berkshire Joint Strategic Needs Assessment (JSNA).

It was reported that the new JSNA process was being developed to enable the Council and partners to be responsive to the needs of the local population, and any changes in the local social and health economics affecting residents.

The new JSNA process was based on the data available from the Berkshire Observatory and priorities highlighted through discussions, strategies, joint working and local needs assessments.

The new approach to the JSNA process was currently being trialled by the JSNA leads regarding the pilot topic – Children and Adolescent Mental Health. The Berkshire Public Health team had indicated that getting the process completed by January 2021 would be an ambitious task, particularly if new issues emerged as a result of Covid-19.

**Resolved –**

- (a) That the report be noted.
- (b) That an update report be presented at the meeting scheduled to be held on 12th January 2021.

**18. Strong, Healthy and Attractive Neighbourhoods**

The Service Lead, Communities and Leisure introduced a report that presented an update on the progress made to develop a model for the Strong, Healthy and Attractive (SHA) Neighbourhoods Initiative.

It was noted that Strong, Healthy and Attractive Neighbourhoods was a key priority that the Slough Wellbeing Board had agreed to lead on. Work to deliver the SHA initiative in Chalvey had begun and the approach developed would be used as a model to be rolled out across Slough, as part of the Council's wider localities agenda.

The Board was provided with a presentation that set out the key principles that underpinned the SHA initiative and activities undertaken in the Chalvey ward.

Following the conclusion of the presentation, the Chair invited comments and questions from Board members.

During the course of the discussion, the following points were raised:

- The Board commended the initiative and supported the model approach being rolled out across Slough.
- Assurance was provided that the model would be adapted according to the local needs and cultural sensitivities of residents within each locality. An evidence based approach would be deployed and activity would be driven by the data, rather than in response to 'vocal' local demand.
- It was envisaged that changes to the built environment would prompt behavioural change and how spaces were used by residents. It was acknowledged that behaviour change took time to embed, and that community leaders would play a crucial role in effecting change in their local areas.

**Resolved –** That the Board noted the progress made in developing the Strong, Healthy and Attractive Neighbourhoods model and endorsed it being rolled out across Slough as part of the localities approach.

**19. Workplace Health Task and Finish Group - September 2020 Update**

The Policy Insight Analyst introduced the report and provided an update regarding the Workplace Health Task and Finish Group.

## **Slough Wellbeing Board - 23.09.20**

The Workplace Health Task and Finish Group had been established in spring 2020 to lead on the delivery of Outcome Four of the Slough Wellbeing Strategy – Workplace Health.

The first meeting of the Group was scheduled to take place on 9<sup>th</sup> October 2020.

It was noted that there had been difficulties engaging with business leaders, particularly due to the additional pressures arising from Covid. However, a further attempt would be made to re-approach and involve business representatives in the Task and Finish Group.

**Resolved** – That the update on the work of the Workplace Health Task and Finish Group be noted.

### **20. Slough Wellbeing Board Work Programme - 2020-21**

The Policy Insight Analyst presented the Work Programme for consideration.

Further to the discussion under Minute No.16 it was agreed that an update on the CCG potential merger be provided at the next meeting.

**Resolved** – That, subject to the addition of the item detailed above, the Work Programme, as set out in Appendix A of the report, be agreed.

### **21. Attendance Report**

**Resolved** – That the details of the Members' Attendance Record be noted.

### **22. Date of Next Meeting - 17th November 2020**

**Resolved** – The date of the next meeting was confirmed as 17<sup>th</sup> November 2020.

Chair

(Note: The meeting opened at 5.00 pm and closed at 6.15 pm)



**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 17<sup>th</sup> November 2020

**CONTACT OFFICER:** Alan Sinclair, Executive Director People (Adults)  
Mike Wooldridge, Better Care Fund Programme Manager

**For all Enquiries** (01753) 875752

**WARD(S):** All

**PART I****FOR COMMENT & CONSIDERATION****BETTER CARE FUND PROGRAMME 2019-20 – ANNUAL REPORT****1. Purpose of Report**

The purpose of this report is to inform the Slough Wellbeing Board as a summary of the key areas of activity and outturn position of the Better Care Fund (BCF) programme for Slough in 2019-20.

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

The Wellbeing Board is requested to note the content of the report outlining the progress and delivery of the BCF Programme for 2019-20

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

The Better Care Fund programme is developed, agreed and managed between the local authority and the East Berkshire Clinical Commissioning Group (CCG) together with other delivery partners aims to improve, both directly and indirectly, the health and wellbeing outcomes for the people of Slough. The annual BCF plan is written and produced in accordance with the guiding policy criteria and framework published by the national team.

**3a. Slough Wellbeing Strategy Priorities**

The BCF programme is jointly governed between the Council and CCG together with local partners and is a key enabler through which Slough coordinates and progresses towards its priority of integration of health and social care services.

The activities within the programme are broad in scope and collectively aim to address, or contribute significantly to a number of areas of need identified in the JSNA. This includes the improvement of health in Slough's adult population through risk stratification and proactive early interventions with people at risk of disease and ill health.

BCF also encompasses enabling people to age well by promoting good health and maximising independence but also by provision of short-term support and reablement when required, or help navigate to other sources of support.

There are also elements included that support children and young people in areas such as asthma management and support to young carers.

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

The Slough BCF programme contributes to achieving the five year plan outcome that our people will be healthier and manage their own care needs.

## 4. **Other Implications**

### (a) Financial

The BCF programme is supported through a pooled budget arrangement. The total pooled budget for 2019-20 was £14.406m. The expenditure plan has 42 separate schemes of activity and services commissioned between the partners. These are listed at the end of the Annual Report in appendix A.

### (b) Risk Management

The BCF programme has a risk register in place which is overseen and monitored by the Health and Social Care Partnership. The register identifies and scores risks of delivery of the programme together with actions to mitigate or manage the risks.

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

No Human Rights implications arise.

There are legal implications arising from how funds are used, managed and audited within a Pooled Budget arrangement under section 75 of the NHS Act 2006.

The Care Act 2014 provides the legislative basis for the Better Care Fund by providing a mechanism that allows the sharing of NHS funding with local authorities.

### (d) Equalities Impact Assessment

The BCF aims to improve outcomes and wellbeing for the people of Slough through effective protection of social care and integrated activity to reduce emergency and urgent health demand. Impact assessments are undertaken as part of planning of any new schemes or projects to ensure that there is a clear understanding of how various groups may potentially be affected.

### (e) Workforce

There are workforce implications for the future as we further develop our model of integration for Health and Social Care. Currently we have multi-disciplinary teams working closely together who are employed by different partner organisations. This collaboration and cooperation will over time lead towards new ways of working in partnership with others which will be aligned together with other

significant change management programmes such as that within the Frimley Integrated Care System workforce development programme and the newly emerging primary care networks.

5. **Supporting Information**

See Annual Report – Appendix 1

6. **Comments of Other Committees**

The BCF Annual Report will also be presented to and discussed with the Health and Social Care Partnership.

7. **Conclusion**

The Better Care Fund programme has continued through 2019-20 to support Slough's progress towards integrated health and social care services. The shared plan and the programme of activity has been successful in achieving improvements against the performance metrics as well as deliver a balanced budget at year end.

8. **Appendices Attached**

'A' - BCF Annual Report 2019-20

9. **Background Papers**

'1' BCF Planning Template submission 2019-20

'2' BCF Q4 return 2019-20

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## Slough Better Care Fund Programme

### Annual Report 2019-20

The Slough BCF programme for 2019-20 continued in line with the plan agreed by the Health and Social Care Partnership Board (24<sup>th</sup> Sept 2019) and presented for information to the SWB on 13<sup>th</sup> November 2019. This plan was also subsequently reviewed and approved through the BCF assurance process coordinated between NHS England and the Association of Directors of Adult Social Services (ADASS).

#### **1 Summary**

The plan for 2019-20 outlined our programme of investment and activity to continue to progress in our journey towards personalised and integrated care that will achieve real and significant improvements in the experience of Sloughs residents, particularly for those living with frailty and complex conditions, and in the support for their carers. The programme also sees a shift away from reactive responses and towards proactive health and social care to enable more people to have healthier, safer and more independent lives in their own home and community for longer, receiving the right care in the right place at the right time.

Local services are being brought together through a systematic programme delivering an integrated approach which adopts good practice, easier to follow pathways and a focus on success being measured in outcomes for all residents. We are using the BCF pooled funding as a route through which to combine resources and reshape services to be delivered more seamlessly and around the needs of the person, with a broad spectrum of skills from different professional disciplines being coordinated and provided promptly from partner organisations.

#### **2 Background**

The Slough Wellbeing Strategy 2020-25 identifies integration as one of its four priorities and the BCF programme and investment plan, overseen by the Health and Social Care Partnership, is key in delivering our ambition for integrated care.

Our BCF plan also supports the delivery of the Council 5 year plan and the East Berks CCG vision and priorities which are informed by the local, place based population needs and priorities and the opportunities in working as a collaborative across the Integrated Care System (ICS).

The ICS System Operation Plan sets out the 5 year national and local priorities, initiatives and cross-cutting programmes that will maintain momentum and build a further transformational step towards an integrated health and care system fit for the future. It is a fundamental principle that all ICS partners place the health and wellbeing of patients at the heart of all programmes and that the consequences of change in one area may have on another part of the system are anticipated or addressed quickly. The needs and behaviours of patients are a continually changing environment and our combined resources need to respond and adapt appropriately.

Local partners have positively embraced the opportunity to develop Slough “place” within the Frimley Health and Care System and there is work currently developing our local place based strategy and action plan.

The BCF programme together with other local plans and strategies will address and positively impact life expectancy and premature mortality of Slough residents. Progress of these, alongside other opportunities and requirements against different timetables for delivery and review, create a dynamic and complex system identifying priorities for investment and decision-making.

The delivery of the BCF is driven through the Health and Social Care Partnership which has broad membership that include commissioners and providers as well as representation from the Primary Care Networks. It is well positioned to effectively oversee the improved population health outcomes at place and neighbourhood level and therefore effect real change for local communities.

The H&SC Partnership Board, and within it the governance of our BCF programme, continues to provide the integration framework between Slough Borough Council, East Berks CCG and Frimley ICS linking together our wider organisational, strategic priorities and resources with the needs of our local communities and residents.

### **3 Finance**

Slough Borough Council host the Better Care Fund pooled budget which has been in place since 1<sup>st</sup> April 2015. The pooled budget agreement is signed by the two partners of Slough Borough Council and NHS Slough Clinical Commissioning Group under Section 75 of the National Health Service Act 2006.

The BCF pooled budget for 2019-20 was a total of £14,406m which included a 5.79% increase in the minimum contribution from the CCG from the previous year. The pooled funds also include additional funding streams which comprise of the following:

<b>BCF funding streams</b>	
Disabled Facilities Grant (DFG)	£1,005,311
Minimum CCG Contribution	£9,070,057
Improved BCF (iBCF)	£3,356,669
Winter Pressures Grant	£515,453
Additional LA Contribution	£459,000
Additional CCG Contribution	£0
<b>Total</b>	<b>£14,406,490</b>

There are also requirements set out through the planning guidance which required minimum spend amounts in NHS commissioned out of hospital services and adult social care:

	<b>Minimum Required Spend</b>	<b>Planned Spend</b>
<b>Required Spend</b>		
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£2,499,915	£3,059,532
Adult Social Care services spend from the minimum CCG allocations	£5,753,150	£5,858,082

In accordance with the section 75 agreement, the NHS funded services that are commissioned directly by the Clinical Commissioning Group do not require transactions to be via the Council. Consequently, the actual transfer of funding from the CCG to the council as a result of the fund was £5,781m.

The expenditure plan (in appendix 1) comprises of 42 individual schemes grouped under the following:

- Proactive Care
- Single Point of Access & Integrated Care Services
- Strengthening Community Capacity
- Enablers, Governance & Social Care
- Grant funding
- Out of hospital services

The additional uplift in the CCG minimum contribution in this year supported several CCG commissioned out of hospital services (outlined below) together with additional funds to support social care.

There was an overall underspend in the pooled budget of £556k. The use of underspend was agreed between partners as per the s75 risk share agreement to meet demands and over activity and left a balanced budget at year end.

#### **4 Progress within BCF projects**

##### **Integrated Care Decision Making (ICDM)**

ICDM is the model for our integrated approach between health and social care across designed and developed across the Frimley Integrated Care System. It has several components which include:

- Community Multi-Disciplinary Teams (MDT)
- Anticipatory Care Planning
- Local Access Points
- Hospital in-reach /discharge (also referred to locally as IRIS – ‘Integrated Referral and Information Service’)

The Community MDT element sought to establish local multi-disciplinary teams (also referred to as ‘clusters’) to which health and social care professionals can refer complex cases to have input and discussion from a wider professional group on how best to meet their care needs. In support of this the BCF funds an Older Peoples Mental Health worker, a Physiotherapist and an Occupational Therapist as part of an integrated team along with the GP, social worker, psychologist, district nurse and social prescriber.

There are three cluster meetings (the community MDTs) held once a month in each locality. There are case co-ordinators who support these with list of cases prepared for discussion with representations from the relevant professional partners. These are now well established and aligned to our Primary Care Networks across Slough.

Regular monitoring reports on the before and after interventions from the Integrated Care Teams in the clusters are showing significant positive impact on reducing A&E attendances, elective (planned) admissions to hospital and non-elective (unplanned) admissions to hospital.

#### Local Access Point (LAP)

The development of the LAPs across East Berkshire have been the next stage in development of the integrated decision making model. The LAP for Slough was established in Jan 2020 and is a multi-disciplinary team based in Observatory House who are able to take and coordinate referrals for a same day response from the appropriate professional(s) and/or onward referral into the next cluster meeting discussion. The LAP operates Mon-Fri 9-5pm. BCF funding has been invested for additional staffing capacity to support the operation of the LAP. The team is led by the Community Integration Manager (CIM) and includes a Social Worker, an Older Persons Mental Health Practitioner, Community Matron and also access to OT and physio. There is a daily meeting of the LAP 'huddle' where cases are discussed and allocated.

#### High Impact Changes for Managing Transfers of Care

The High Impact Change model (HICM) is a framework developed between strategic system partners nationally building on lessons learned from best practice and promotes a new approach to system resilience and supports timely hospital discharges. The model is included in the Better Care Fund policy and planning guidance and progress reported through the quarterly submissions to the Better Care Support team.

There are 8 areas of high impact changes (an additional one has since been added following a review in 2020) and these encompass the principles of a Home First and Discharge to Assess approach. The position and progress against HICM at the end of quarter 4 is summarised in the table below:

	Q4 19/20 position	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Early discharge planning	Established	Consistency of discharge passport completion still variable but improving standards are undermined by frequency of staff rotation and turnover	Establishment of IRIS model to support proactive collaborative working as a dynamic process with regular MDT huddles to promote early decision making and planning
Systems to monitor patient flow	Established	Limited availability of staff capacity to undertake detailed analysis of new data sets at different points in whole system flow to identify underlying issues	Disaggregated data sets between Wexham and Frimley now available
Multi-disciplinary/multi-agency discharge teams	Established	Coordination of social care representation at daily wards rounds to proactively plan for early discharge. Electronic exchange of information to facilitate discharge (discharge passport).	Embedding the D2A model supported by Slough's RRR service, plus introduction of pathway 3 model with pooled funding for rapid discharge of more complex patients.



Home first/discharge to assess	Established	Coordination of flexible, short-term interim care packages difficult to track and resource intensive activity from brokerage team. Redesigned pathway for interim support arrangements within Intermediate Care/RRR to provide designated resource for rapid assessment and flexible support.	Reconfiguration of discharge to Assess model supported by RRR services and expansion of pathway 3 model with pooled funding for more complex patients.
Seven-day service	Plans in place	Setting up of new packages of care over weekends can be a challenge as well as clinical/consultants capacity and presence to discharge people from hospital	In response to COVID extended Social work discharge support to a 7-day service. Prior implementation of daily ward rounds and dynamic discharge planning within Wexham following internal review and analysis of patient activity on 3 wards.
Trusted assessors	Established	The principles of Trusted Assessment are the building blocks on which our discharge passport ethos and protocols are built. We have a clinical trusted assessor jointly funded based in the acute trust who supports the prompt discharge of patients to Windsor Care Centre reablement unit.	Continued progress on opportunity for the use of the discharge passport for care home residents as part of the D2A programme.
Focus on choice	Established	Access to preferred care home options in the area can be a source of extended discussion with families.	Reprint and distribution of unified information leaflet to all patients and families for early awareness of journey through the hospital and onward discharge to appropriate location.
Enhancing health in care homes	Established	Consistent approach to clinical support to care homes that makes effective use of valuable GP resources together with nursing and pharmacy support together with preparation and of new primary care Direct Enhanced Service (DES) contract.	Demonstrable benefits to the Local Commissioned Service (LCS) contractual arrangements for some Slough care homes has led to reduced NEL, GP call outs and falls coupled with medication /prescribing optimisation programme in care homes.

The BCF funds additional Social Work, Occupational Therapy and Reablement capacity to support the Home First Discharge to Assess approach (scheme 21) as well as a risk share pooled fund to support more complex discharges that may otherwise be delayed. In 2019-20 there were several additional funding lines incorporated into the BCF expenditure plan which support delivery of the high impact changes (schemes 36-42). These are:

- A GP in A&E supporting discharges to the community
- Funding contribution towards the Alamac reporting system providing information to monitor and improve flow

- Paediatric hotline supporting GPs with access to advice and support from paediatric consultant
- End of Life Care advice line supporting professionals and families supporting people at the end of life.
- Community Beds for interim support in both community hospital and local care home
- Continuing Health Care service to carry of assessments and commission appropriate care placements and services.

## **5 Performance summary 2019-20**

The BCF programme nationally reports against four performance metrics. The outturn for these indicators as follows:

### **5.1 Non-elective admissions** (Total number of specific acute non-elective spells per 100,000 population)

Slough consistently achieved lower than the planned activity of number of non-elective admissions to hospital through 2019-20, and a marked reduction in rates from the previous year 2018-19.

Year	Quarter	Pop	Activity Plan	Activity Actual	Rate Actual	Variance
2018/2019	Q1	150,749	4444	4,622	3,066	4%
2018/2019	Q2	150,749	4619	4,142	2,748	-10%
2018/2019	Q3	150,749	5060	4,405	2,922	-13%
2018/2019	Q4	152,137	4838	4,509	2,964	-7%
2019/2020	Q1	152,137	5572	4,082	2,683	-27%
2019/2020	Q2	152,137	5590	4,182	2,749	-25%
2019/2020	Q3	152,137	5681	4,416	2,903	-22%
2019/2020	Q4	153,457	5564	3,814	2,485	-31%

### **5.2 Residential care admissions** (Rate of permanent admissions to residential care per 100,000 population 65+)

Achieving lower rates of admissions to care homes is an indicator of success of community based interventions to support people to maintain their independence and remain living in their own home wherever possible. The BCF plan set a target to achieve no more than 78 care home admissions in 2019-20 (an annual rate of 512 per 100,000). Our outturn performance achieved 74 admissions from a population of 15236 (equivalent to a rate of 485.7 per 100,000 population).

### **5.3 Reablement** (Proportion of older people 65 and over who were still at home 91 days after discharge from hospital into reablement / rehabilitation services)

Our local RRR (Reablement, Rehabilitation and Recovery service) takes referrals from both the community (to provide intermediate care to support an admission to hospital) and support to people being discharged to regain and maximise their independence. This indicator measures the success rate of those being discharged from hospital. We set a target success rate of 90% (forecast of 108 out of a 120 people discharged into the service). The outturn was 70% (39 out of 63 discharged).

It should be noted that the indicator is measured on a quarter's activity (Oct-Dec) and activity varies between community and hospital referrals through the year.

There has also been an increase in the complexity and acuity of the frail and older people leaving hospital but the service has managed to maintain low levels of readmission by rapid discharge and assessment of needs with interim support as part of the Home First (Discharge to Assess) programme coupled with community referrals to step up support and avoid admissions.

#### 5.4 Delayed Transfers of Care (Average Number of People Delayed in a Transfer of Care per Day )

Slough's DTOC target was to achieve 7.0 or less daily delays (bed days) per 100,000 population. There were a number of actions outlined in our BCF plan as well as developing those areas of effective intervention outlined within the High Impact Changes framework.

Whilst this was a challenging target from Oct 2019 through to Feb 2020 (where counting stopped due to Covid 19) Slough was consistently reporting under or close to target delayed days.

Slough						
Period	Daily DTOC beds, all, per 100,000 population aged 18+	DTOC beds attributable to the NHS, per 100,000 aged 18+	DTOC beds attributable to social care, per 100,000 aged 18+	DTOC beds attributable to both NHS and social care, per 100,000 aged 18+	DTOC beds, acute per 100,000 aged 18+	DTOC beds, non-acute per 100,000 aged 18+
	Mean					
	Slough					
Jun 2019	9.7	4.8	4.0	0.9	5.5	4.2
Jul 2019	9.0	7.2	1.8	0.0	6.2	2.8
Aug 2019	5.9	5.4	0.4	0.2	5.2	0.8
Sep 2019	9.0	7.4	1.4	0.3	6.9	2.3
Oct 2019	5.2	3.9	1.2	0.0	4.0	1.2
Nov 2019	7.0	4.3	2.7	0.0	6.0	1.1
Dec 2019	5.3	3.3	2.0	0.0	4.0	1.2
Jan 2020	5.2	3.7	1.3	0.2	2.7	2.4
Feb 2020	7.4	3.3	3.6	0.6	6.2	1.2

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## **5 Conclusion**

The BCF programme of pooled funding and collaborative working has supported the integration working programme within Slough both as partners in the Frimley ICS collaborative and through delivery of local priorities within our place based approach.

Our programme of activity in 2019/20 has continued to build on and strengthen the investment made in community based integrated support services to meet the needs of the Slough population. The development of integrated care decision making model and investment to increase professional input to the multi-disciplinary care teams is having significant impact on the proactive management of people living with frailty and long term conditions. Our reablement services, integrated wellbeing, social prescribing and carers support services also all continue to deliver evaluated benefits for our local residents.

Overall our plan has contributed positively to the management of non-elective activity and succeeded in reducing overall rates reinforcing our commitment to, and delivery of, out of hospital based care supported through BCF investment.

The design and delivery of our Home First/Discharge to Assess programme has been supported by a wide range of BCF funded out of hospital initiatives ensuring that community resources are being reshaped to minimise delays as well as reduce the risk of readmission which can lead to the subsequent loss of independence for residents.

Slough continues to work with our local care homes and enhance the support to them in supporting our most vulnerable residents. Whilst we have a relatively small number of care homes for the population size we managed to maintain a low number of admissions from actively focusing on services that support people to return and remain at home even with high level of frailty and complex health and care needs, specifically through the continued development of our integrated care services within the ICDM clusters, and more recently the Local Access Point.

Mike Wooldridge  
BCF Programme Manager  
2<sup>nd</sup> November 2020

**Appendix 1 - Slough BCF 2019/20 expenditure plan**

Workstream	Scheme ID	Scheme Name	Commissioner	Provider	Source of Funding	2018-19 Expenditure (£)	2019-20 Expenditure (£)	Outturn 2019/20	Variance 2019/20
Proactive Care	1	Anticipatory Care Planning	CCG	CCG	CCG Minimum Contribution	60,000	60,000	60,000	0
	2	Falls Prevention Service	Local Authority	Private Sector	CCG Minimum Contribution	90,000	90,000	90,000	0
	3	Stroke Support Service	Local Authority	Charity / Voluntary Sector	CCG Minimum Contribution	57,000	57,000	57,000	0
	4	Dementia Care Advisor	Local Authority	NHS Mental Health Provider	CCG Minimum Contribution	30,000	30,000	30,000	0
	5	Children's respiratory care	CCG	NHS Acute Provider	CCG Minimum Contribution	95,000	130,000	137,000	7,000
Single Point of Access	6	Single Point of Access	Local Authority	NHS Community Provider	CCG Minimum Contribution	150,000	150,000	142,858	-7,142
Integrated Care	7	Telehealth	Local Authority	Private Sector	CCG Minimum Contribution	100,000	100,000	5,620	-94,380
	8	Telecare	Local Authority	Private Sector	CCG Minimum Contribution	62,000	70,000	70,000	0
	9	Disabled Facilities Grant	Local Authority	Local Authority	Local Authority Contribution	931,655	1,005,311	1,005,311	0
	10	RRR service (Reablement and Intermediate Care)	Local Authority	Local Authority	CCG Minimum Contribution	2,214,000	2,295,000	2,295,000	0
	11	RRR service (Reablement and Intermediate Care)	Local Authority	Local Authority	Local Authority Contribution	459,000	459,000	459,000	0
	12	Joint Equipment Service	CCG	Private Sector	CCG Minimum Contribution	663,000	710,802	710,802	0
	13	Joint Equipment Service	Local Authority	Private Sector	CCG Minimum Contribution	130,000	130,000	130,000	0
	14	Nursing Care Placements	Local Authority	Private Sector	CCG Minimum Contribution	400,000	400,000	400,000	0
	15	Care Homes - enhanced GP support	CCG	CCG	CCG Minimum Contribution	146,000	146,000	114,040	-31,960
	16	Care Homes - programme manager	CCG	CCG	CCG Minimum Contribution	35,000	35,000	22,452	-12,548
	17	Integrated Care Services / ICT	CCG	CCG	CCG Minimum Contribution	755,500	809,141	809,141	0
	18	Intensive Community Rehabilitation	Local Authority	Local Authority	CCG Minimum Contribution	82,000	82,000	82,000	0
	19	Intensive Community Rehabilitation	CCG	NHS Community Provider	CCG Minimum Contribution	170,000	182,070	182,070	0
	20	Responder Service	Local Authority	Private Sector	CCG Minimum Contribution	100,000	110,000	120,000	10,000
	21	High Impact Change delivery	Local Authority	Local Authority	CCG Minimum Contribution	372,000	300,000	134,200	-165,800
	22	Integrated Wellbeing Hubs	Local Authority	Local Authority	CCG Minimum Contribution	342,000	90,000	90,000	0
	23	Connected Care	CCG	Private Sector	CCG Minimum Contribution	200,000	200,000	200,000	0
	24	Integrated Cardio prevention service	Local Authority	Private Sector	CCG Minimum Contribution	151,000	151,000	151,000	0
	Community Capacity	25	Carers	Local Authority	Charity / Voluntary Sector	CCG Minimum Contribution	216,000	216,000	216,000
26		EOL Night sitting service	CCG	Charity / Voluntary Sector	CCG Minimum Contribution	14,000	15,217	15,217	0
27		Community Capacity	Local Authority	Charity / Voluntary Sector	CCG Minimum Contribution	200,000	200,000	200,000	0
Enablers	28	Programme Management and Governance	Joint	Local Authority	CCG Minimum Contribution	260,000	260,000	260,000	0

**Appendix 1 - Slough BCF 2019/20 expenditure plan**

Other	29	Out of Hospital transformation	CCG	NHS Acute Provider	CCG Minimum Contribution	576,563	-	-	0
	30	Care Act funding	Local Authority	Local Authority	CCG Minimum Contribution	296,000	296,000	296,000	0
	31	Additional Social Care protection	Local Authority	Local Authority	CCG Minimum Contribution	600,000	753,816	753,816	0
		<b>Unallocated CCG minimum contribution</b>			CCG Minimum Contribution				0
	32	Winter Pressures	Local Authority	Local Authority	Winter pressures	-	515,453	515,453	0
	33	Improved Better Care Fund	Local Authority	Local Authority	Improved Better Care Fund	2,841,790	3,356,669	3,356,669	0
Integrated Care (ICDM)	34	Integrated Care Decision Making (cluster MDT and CIM)	Local Authority		CCG Minimum Contribution		294,000	169,583	-124,417
	35	Local Area Access Points	Local Authority		CCG Minimum Contribution		80,000		-80,000
Out of Hospital CCG commissioned services	36	Systems resilience (GP in A&E)	CCG	NHS Acute Provider	CCG Minimum Contribution		50,000	50,000	0
	37	Systems resilience (Alamac)	CCG	Private Sector	CCG Minimum Contribution		47,016	47,016	0
	38	EOLC Advice Line	CCG	Charity / Voluntary Sector	CCG Minimum Contribution		137,354	137,354	0
	39	Paediatric hotline	CCG	NHS Acute Provider	CCG Minimum Contribution		44,893	44,893	0
	40	Community beds interim support (Windsor Care)	CCG	Private Sector	CCG Minimum Contribution		72,748	72,748	0
	41	CHC pressures/commissioning	CCG	Local Authority	CCG Minimum Contribution		220,000	162,365	-57,635
	42	Community beds interim support (BHFT)	CCG	NHS Community Provider	CCG Minimum Contribution		55,000	55,000	0
							14,406,490	13,849,608	<b>-522,887</b>
		Risk Share overspend (split between partners)							33,995
		SBC underspend (additional social care allocation to meet increased activity)							240,325
		CCG underspend (carry forward)							282,563

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 17<sup>th</sup> November 2020

**CONTACT OFFICER:** Betty Lynch, Safeguarding Partnership Manager and Alan Sinclair, Executive Director People (Adults)

**(For all Enquiries)** 07821811386

**WARD(S):** All

**PART I****FOR COMMENT & CONSIDERATION****SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2018-19**1. **Purpose of Report**

The safeguarding partnership annual report is an account of the work of the safeguarding partnership carried out in 2018-2019. The report is scheduled to be heard in the autumn following the relevant financial year. This did not take place last year. This item was postponed until March and again postponed due to the prioritisation of response to COVID19.

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

The Board is requested to note the report.

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

The [Slough Joint Wellbeing Strategy](#) (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA).

3a. **Slough Wellbeing Strategy Priorities**

This partnership report contributes to the Well Being Board's priorities on *Priorities:*

1. *Starting Well and*
2. *Integration (relating to Health & Social Care)*

*As it accounts for the effectiveness of the safeguarding partnership.*

3b. **Five Year Plan Outcomes**

The safeguarding partnership annual report supports the Well Being Board outcome 1: *Slough children will grow up to be happy, healthy and successful*

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

There are no risk management issues to consider as the reporting period has passed.

(c) Human Rights Act and Other Legal Implications

There are no human rights implications.

(d) Equalities Impact Assessment

There are no equalities impact assessment implications.

5. **Supporting Information**

The LSCB annual report is attached. Since this reporting period the LSCB has been replaced by Slough Safeguarding Partnership and an account of the work of this new partnership in the period 2019/20 will be provided in its annual report in the Spring of 2020.

6. **Conclusion**

The Slough Wellbeing Board is asked to note the report and to agree to hear the report for 19/20 in the Spring of 2021.

7. **Appendices Attached**

'A' - LSCB annual report 18/19

8. **Background Papers**

No background papers.





# Safeguarding Children's Annual Report

An account of the effectiveness of  
Slough safeguarding partnership  
for the period 2018-2019

Check out our website  
<https://sloughsafeguardingboards.org.uk>



# Content

- Forward by Independent Chair, Nick Georgiou
- About Slough
- Progress against objectives set in 2017/18 annual report.
- Child Protection Performance
- An account of the statutory functions of the LSCB
- Partners accounts
- Summary of strengths and areas for development

# Forward by Independent Chair: Nick Georgiou

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

A good deal of the focus in this year ending March 2019 has been on practice: Understanding Neglect, devising a new neglect tool and the application of thresholds. A new Safeguarding Leaders group has been established to strengthen and clarify strategic and tactical arrangements using the Working Together 2018 guidance and embracing the concept of “Contextual “ safeguarding and creating cohesion with the community safety and safeguarding adults partnerships. Developments are beginning to strengthen partnership working and clarifying governance and accountability.

**Nick Georgiou**

**Independent chair, Slough Safeguarding Children Board.**

# About This Document

Read this online.

(click "slide show" and "from the beginning" for the links to work-they will not work in other views).

Links are provided to help you find more detail.

You can print out the document and the on line supplementary documents if you prefer.

If you need anything else,

[E-mail: betty.lynch@slough.gov.uk](mailto:betty.lynch@slough.gov.uk)

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

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

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

# Progress on areas for development identified in the annual report 17/18

Objectives in annual report 2017/18	Progress made	Next steps
<p><b>“Create new LSCB strategy on neglect”.</b></p>	<p>A multi-agency neglect strategy group (Insert link to strategy) delivered a comprehensive neglect strategy, and a neglect tool (Insert link to tool ) for practitioners.</p>	<p>An intensive programme of seminars to promote awareness of neglect and the application of the neglect tool has been arranged for 2019-2020. the neglect strategy group will evaluate the impact of the strategy and the tool using agreed measures in the Autumn of 2019 and the Spring of 2020.</p>
<p><b>“Develop the local CSE group to encompass broader exploitation issues affecting young people.”</b></p>	<p>A new criminal exploitation strategy (insert link) and terms of reference for the local group have been developed to include broader exploitation of children.</p>	<p>This group is becoming increasingly involved in the Pan Berkshire group. A self evaluation and performance data set has been prioritised for 2019/2020</p>
<p><b>“Seek assurance from Safer Slough partnership to ensure impact from the planned new strategy on gangs and youth violence”.</b></p>	<p>Slough Strategic Safeguarding Leaders group is developing new arrangements to develop increased cohesion and consistency across children’s, adults and the community safety partners on safeguarding children from violence. A new violence strategy has been agreed.</p>	<p>The new violence strategy will be delivered, impact measures established and evaluated by end March 2020.</p>

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# CHILD PROTECTION PERFORMANCE

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

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

Please find full report:

<https://www.sloughsafeguardingpartnership.org.uk/scsp/scsp/professionals/annual-report-18-19>



## Key Facts From This Data:

- On 31 March 2019 there were **219** children who were subject to a **CP Plan**, a rate of **51.9** per 10,000
- The number of contacts to the Childrens Trust front door services has increased modestly from **9,465** in 2017/18 to **12,107** in this reporting period of 2018/19. There were some in year fluctuations.
- The proportion of cases proceeding to referral increased to **1,978** in 2018/19 compared to **1,580** in 2017/18. The proportion of referrals that are repeat referrals has decreased to **14.8%** from **19%** in 2017/18. Statistical neighbours (**19.5%**), England averages (**21.9%**) in 2017/18



# Analysis

The data provided in this report shows that activity within the Trust has increased from the front door through the system to children who become looked after, subject to a Child Protection Plan or S17 child in need .

There has been a concerted effort to raise awareness of the Trust roles and responsibilities and close working with the LSCB has led to the revision of the Threshold Document and roll out of a large number of workshops supported by front door staff raising awareness and outlining expectations of partners in relation to referrals. This in part may have contributed to the increased levels of activity as professionals become more confident in making appropriate referrals to the Trust.

It is positive to note that despite the increase in contacts and referrals the repeat referral rate was lower than the previous year, although the % of children on a child protection plan for a second or subsequent time had risen slightly, it is important to continue to focus on the process of stepping down and supporting families following intervention to ensure the changes and improvements made are sustainable.

The change in the front door incorporating early help referrals has allowed a more consistent overview of the level of need that is being identified and more consistent application of threshold as a result.

Overall need appears to have increased, and the Trust is now more in line with statistical neighbours and England averages in relation to child protection figures.

In some areas of activity the increased volume of demand has impacted on the timeliness of work being completed including child and family assessments and timeliness of ICPC in 15 working days. The Trust continues to review this performance through a regular Performance Board and identify solutions to improve performance, which may include consideration of additional resources in some key areas.

The Trust has in place a comprehensive improvement plan designed to address ongoing areas for improvement and development and progress is reported to the Trust Board and the Council through ongoing contract monitoring activity.

# Early Help

## STRENGTHS

## AREAS FOR DEVELOPMENT

## NEXT STEPS FOR 19/20

Investment by Local Authority in providing leadership and co-ordination function to support partners to deliver Early Help. Multi-agency early help board well established

Widespread communications by way of newsletter and multi-agency networks.

Monitor impact in terms of reduction in the inappropriate demand for statutory social care services and more families being supported appropriately by services according to need and risk. ***Develop work with partners to identify need for early intervention services to prevent the demand on targeted family support.***

Aspiration and vision: A collaborative approach (early help) involving partners with the aim of reducing inappropriate demand for statutory social care services and more families being supported appropriately by services according to need and risk

Performance monitoring framework in design at time of writing-

Performance framework to be agreed by early help board. Regular accounts to safeguarding partners. Robust multi-agency audit process to be put in place to ensure regular oversight of quality of Early Help support.

# Child Exploitation in Slough Highlights of Multi-Agency Performance:

STRENGTHS	AREAS FOR DEVELOPMENT	NEXT STEPS FOR 19/20
Contextual safeguarding recognised as a priority for the safeguarding leaders group.	The safeguarding leaders group will create “One” exploitation strategy.	Bring adults and children’s leads together to deliver.
Local strategy reviewed to incorporate broader forms of criminal exploitation of children.	Improve the CE performance data set.	Data set linked to strategy and action plan.
CE identification tool devised with pan berks group and widely publicised.	Incorporated into training.	Impact evaluation in the Autumn of 2019 and/or Spring 2020.
Increasing alignment between the Sexual Exploitation and Missing Risk Assessment Conference (SEMRAC) and the Serious Youth Violence panel improving information sharing.	More work on improving information sharing around missing children and sharing intelligence to inform local profiling.	Local group will work with Pan Berkshire CE group on the challenges around profiling and
Excellent training provided reaching 265 professionals in 12 events.	Additional training on criminal exploitation of children and to raise awareness about “contextual” safeguarding	New training planned for 2019/20, to be delivered by police and the Willow project.

# Policy Development

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

- Key policies updated in 18/19 were as follows;
- Resolving professional disagreement and escalation;
- Responding to abuse and neglect
- Children living away from home with other families
- Fabricated and induced illness

# Training

The training needs analysis carried out in 17/18 demonstrated a priority need for the following courses:

- Exploitation of Children and Young People (CSE),
- The newly revised Working to Together to Safeguard Children and
- Threshold training seminars.

A total of 332 professionals from all agencies took part in this training.

On the day evaluations were very positive.

3 month retrospective evaluations to establish if there was sustained impact demonstrated lasting impact on practice .

All training was highly valued by participants with a new interactive style and focus on the challenges in practice.

The success of the threshold seminars as a means of reaching large numbers of professionals has led to the delivery of a similar programme on neglect for 2019/20.

# Training for 2019-2020

Our training needs analysis has informed training for this period with increased concern to understand contextual safeguarding there will be;

6 courses Working Together to safeguard children

6 on criminal exploitation of children

2 courses on Gang awareness (provided by Reach Every Generation)

16 on criminal exploitation of children and adults including modern slavery. (“It’s closer than you think”)

As well as a series of seminars on the neglect tool

A new training and development manager will be appointed to lead on this area of work.

# Managing Allegations

The Allegation Procedures apply where a person who works with children has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children

The Local Authority Designated Officer manages and provides oversight of allegations against people that work with children. In Slough this post is employed by Slough Children's Services Trust who provides an annual account of this work to the safeguarding partners. The full report can be found in this link). Below a summary of referrals made over the last 3 years.

	2018-19	2017-18	2016-17
<b>Total no of referrals to LADO</b>	<b>208</b>	<b>178</b>	<b>164</b>

# Managing Allegations Outcome Of Referrals Made

Substantiated	Unsubstantiated	Unfounded	False	Malicious	Not Met Threshold	Blank
45	46	37	3	1	66	10

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The majority of allegations referred to the LADO with an outcome were either substantiated or unsubstantiated. This is a similar pattern to other local authorities and indicates that the decision to proceed to a strategy meeting was appropriate and proportionate to enable the evidence to be examined.



# Private Fostering

Private fostering occurs when a parent (or someone with parental responsibility) makes an arrangement for their child or children to be cared for by someone else who is not a close family member. The person who they arrange to look after their child or children is known as the private foster carer. The arrangement is classed as private fostering if it is expected to last for more than 28 days or more with the child living with someone who is not a close relative on a full time basis. This also includes the child living with people who are friends of the family or a boyfriend or girlfriend's family.

# Private fostering in Slough

Slough safeguarding partners recognise that there are low numbers of children (4 in 2018/19) identified as living in private fostering settings and there is a need to raise awareness in our local community about this. A one minute guide and publicity have been devised and delivered through the safeguarding partners communications group which involves the voluntary sector and community groups.

# FGM Understanding

- Slough recognises that FGM is a hidden harm, and that numerical data is unlikely to represent the true scale.
- Recorded cases would suggest procedures have taken place outside of the UK, typically in country of origin.
- Current risk identified in relation to cutting, is from relatives from country of origin applying pressure.
- There is a misconception in country of origin that cutting is based on religious belief.

## FGM in Slough:

- During 2017 training for all childminders and early years providers rolled out across Slough follow up sessions for staff during 2018/19.
- Schools incorporating FGM training on inset days and using Oxford Against Cutting to train school staff.
- Thames Valley Police via the OPCC sent out a letter to all early years settings, schools and colleges advising on indicators of risk during summer holidays and action required.
- Schools across Slough have added an FGM policy to their wider safeguarding policy and available to parents via websites.
- Slough Multi agency pathway ratified & published.
- East Berkshire FGM Pathway for Children & Adults ratified & published.
- FGM Strategy document (2016) currently under review.
- Regular practice & pathway training for Slough GP's.
- FGM Progression Group (Community & Clinical Focus) meets quarterly.
- SIS are rolling out community training providing certification to help strengthen their opposition to relatives back home.
- Slough received £10,000 from MHCLG to support work in Slough specifically around FGM.

# Female Genital Mutilation International Women's Day Event

On March 8<sup>th</sup> 2019 the partnership engaged in a 'Community Conversation' at Slough Integration Service where community members spoke directly to Jaswant Kaur Narwal, Chief Crown Prosecutor from the Thames Valley, Crown Prosecution Service. Shared issues facing Slough residents

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# FGM & Forced Marriage LSCB Partnership & Practitioner Event

Funded by the Home Office on 27<sup>th</sup> March 2019 over 200 practitioners gathered at the Copthorne Hotel to learn how to identify those at risk of FGM & Forced Marriage and how to apply for protection orders.



# Communications

The safeguarding partners have created “One” communications group to deliver on communications for the safeguarding partnerships, including children, adults and the community safety partnerships. Made up of representatives from the community sector and attended by all partner agencies, the group delivers on essential communications, acting as a conduit to the professional and general community.

# Are We Making a Difference?

## *(Monitoring Effectiveness/ Quality Assurance)*

Safeguarding partners gather evidence to inform learning from the following sources;

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

# Are We Making a Difference?

In 2017/18 we learned that we needed to;	We did	What needs to happen next.
<p>Create new LSCB strategy on neglect</p>	<p>Created a new multi-agency neglect strategy and tool.</p>	<p>Deliver high level training seminars on the strategy and the tool and monitor impact.</p>
<p>Develop the local CE group to encompass broader exploitation issues affecting young people.</p>	<p>The new CE strategy and training includes broader criminal exploitation. The local group is increasingly engaged in the Pan Berkshire CE developments.</p>	<p>AS in CE slide, improving use of intelligence and profiling. Carry out another self assessment when the JTAI themes are published.</p>
<p>Seek assurance from Safer Slough partnership to ensure impact from the planned new strategy on gangs and youth violence.</p>	<p>New violence strategy in place. Gang awareness training being planned for Autumn 2019/2020/.</p>	<p>Develop the idea of “one “ serious violence strategy.</p>

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# Serious Case Reviews

## Now referred to as Safeguarding Practice Reviews.

In this reporting period, there were no serious case reviews initiated or underway. 5 new cases were heard by the serious case review panel and rapid review reports were completed on each. These cases did not meet the criteria for safeguarding practice reviews but provided additional learning for example;

- The need to work together with children with acute mental health, emotional and/or behavioural needs in hospital settings.
- A learning review provided lessons learned around the management of pregnant women with learning disabilities when they go in to labour.
- When an adult has acute mental health problems professionals need to consider risks to younger children in the household.

# Serious case reviews/ Safeguarding practice reviews Plans for 2019/20

The sub-group continues to monitor historical cases via a case tracker to ensure delivery of actions agreed and to ensure completion and this is kept up to date by the safeguarding practice review panel.

In 2019, delivery of lessons learned from reviews locally and nationally will be via seminars using key themes around Domestic Abuse, exploitation, neglect and serious violence. Work will begin with neighbouring areas to extend this delivery across East Berkshire.

At the time of writing, work is underway to update processes and procedures to ensure compliance with the national safeguarding practice review panel guidelines.

## Partners' listed below have provided individual accounts to the LSCB

- **Slough Children's Services Trust**
- **Berkshire Clinical Commissioning group**
- **Slough Youth Offending Team**
- **Berkshire Health Care Foundation Trust**
- **Solution 4 Health**
- **Frimley Health NHS Foundation Trust**

Please find individual accounts

<https://www.sloughsafeguardingpartnership.org.uk/scsp/scsp/professionals/annual-report-18-19>



# Slough Strategic Safeguarding Leaders Group

- Made up of accountable leads for safeguarding children, safeguarding adults and community safety.
- The key agencies are Slough Borough Council, Thames Valley Police, Clinical Commissioning Group and Slough Children's Services Trust.
- Priority setting and leading on multi-agency safeguarding and community safety
- Steering the sub-structure, redesigning to deliver effectively to Slough Residents.
- Creating "one" approach to multi-agency delivery.
- Providing overall leadership and clear governance.
- Work has commenced by partners on a strategic plan

Multi-agency safeguarding arrangements in consultation in the timeframe of this report and have since been published since. See the link below for more details

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

**Thank you for reading, please find further  
information below:**

**<https://sloughsafeguardingboards.org.uk>**

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 17<sup>th</sup> November 2020

**CONTACT OFFICER:** Alan Sinclair, Executive Director People (Adults)  
Tracey Faraday-Drake, Executive Place Managing Director (Slough)

**(For all Enquiries)** (01753) 875752

**WARDS:** All

**PART I**  
**FOR COMMENT AND CONSIDERATION**

**HEALTH AND SOCIAL CARE PARTNERSHIP BOARD: INTEGRATION**  
**(PRIORITY TWO) – NOVEMBER 2020 UPDATE**

1. **Purpose of Report**

To provide the Slough Wellbeing Board with an update on the work of the Health and Social Care Partnership Board to deliver the second priority of the Slough Wellbeing Strategy – Integration.

2. **Recommendations/Proposed Action**

That the Board review the work of the Health and Social Care Partnership Board to deliver the second priority of the Slough Wellbeing Strategy – Integration.

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

3.1 The work of the Slough Wellbeing Board aims to address the four priority areas outlined in the Slough Wellbeing Strategy 2020-2025:

- Starting Well
- Integration
- Strong, healthy and attractive neighbourhoods
- Workplace Health

3.2 In particular, the work of the Health and Social Care Partnership Board aims to address Priority Two: Integration.

3.3 The priorities in the Wellbeing Strategy are informed by evidence of need contained in the Joint Strategic Needs Assessment. Therefore, the work outlined in the work programme is built upon the evidence outlined in the JSNA.

- 3.4 The work of the Slough Wellbeing Board also 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.
- 3.4 In particular, the work of the Workplace Health Task and Finish Group aims to address Outcome Two of the council's Five Year Plan.

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

(a) **Financial**

There are no financial implications of proposed action.

(b) **Risk Management**

There are no risk management implications of proposed action.

(c) **Human Rights Act and other Legal Implications**

There are no Human Rights Act implications arising from this report.

(d) **Equalities Impact Assessment**

There are no equalities implications arising from this report.

#### 5. **Supporting Information**

- 5.1 The Health and Social Care Partnership Board (HSCPb) was set up to provide oversight, strategic direction and co-ordinate commissioning intentions for the integration of health and social care services within Slough.
- 5.2 When the Slough Wellbeing Strategy was refreshed in summer 2020, the HSCPb was tasked with delivering the second priority of the strategy – Integration. This is the first update the HSCPb has made to the Wellbeing Board on its work to deliver this priority.
- 5.3 During the initial weeks of the COVID-19 outbreak, meetings of the HSCPb were cancelled, to allow partners to focus on the COVID response. However, these meetings were quickly restarted, but with a different format and membership. From the 14<sup>th</sup> May, meetings were held fortnightly, with a smaller membership. These 'check-in' meetings were designed to allow for learning and intelligence between partner organisations to be shared quickly



during the first wave of the COVID-19 outbreak, and also allowed the HSCPb to receive updates on some of the work being done to respond to the COVID-19 response, including the Black and Minority Ethnic (BAME) project running in Slough.

- 5.4 As the work of Slough Borough Council and its partner organisations has begun to return more to 'business as usual' the HSCPb has returned to holding meetings with the extended membership list, and has received reports and updates on work that relates both directly to COVID-19, and to other wider projects. In particular, the HSCPb has recently received updates on:
- The work of Slough Healthwatch, and the Healthwatch annual report.
  - The CCG winter preparations.
  - Mental Health services in Slough, and the impact of COVID-19 on these.
- 5.4 In addition to this partnership work, the HSCPb has also been working to develop a Health and Care Plan. This plan will seek to provide the detail of how the HSCPb board and the partner organisations that make up the board can deliver greater Integration between health and social care in Slough. This plan will steer the work of the HSCPb, and its member organisations, to deliver Priority Two: Integration, of the Slough Wellbeing Strategy.
- 5.5 This work is being delivered by a task group, made up of members of the HSCPb board. The work to develop this plan has been somewhat delayed by the COVID-19 response, but so far, the task group has agreed the plan will cover:
- The budgets to be pooled, and agreed how this will happen.
  - The governance of the plan and this pooled budget.
  - How the commissioning functions and roles of the council and the CCG can work together to deliver better outcomes.
- 5.6 The HSCPb has also set up a small task group to focus on four areas where Integration between health and social care services can be improved in Slough:
- Working with the newly established Primary Care Networks to tackle health inequalities and the wider determinants of health.
  - Strengthen working with Public Health and the Voluntary and Community Sector to tackle health inequalities.
  - Building on the integration of local health and social care services such as Integrated care decision making, 'cluster' multi-disciplinary team meetings, Local Area Access Points, and proactive care in support for people with long term conditions.
  - Integrate mental and physical health services, with a focus on developing creative offers for our local population.
- 5.7 To support the work of the HSCPb in delivering Priority Two: Integration, Slough Borough Council are currently working to produce an insight dashboard for the HSCPb. This dashboard will display information on six

indicators. These indicators reflect the ambitions outlined under Priority Two of the Slough Wellbeing Strategy:

- Healthy Life Expectancy in Slough.
- The proportion of people with care needs living independently, compared to the proportion living in a care home.
- The number of people managing their own care and support needs.
- The number of admissions to hospitals.
- The average length of stay to hospitals.
- The number of people medically stable for discharge from hospital.

5.8 Further indicators may be added to the dashboard as the work of the plan develops. This dashboard will be updated quarterly, and aims to allow the HSCP and the Slough Wellbeing Board to assess their success in achieving the ambitions outlined under Priority Two of the Slough Wellbeing Strategy. This dashboard is currently being created, and will be presented to the Slough Wellbeing Board when finalised.

6. **Conclusion**

This report is intended to provide the Slough Wellbeing Board with an update of the work of the HSCP to deliver Priority Two: Integration.

7. **Appendices Attached**

A – Terms of Reference of the Health and Social Care Partnership Board.

8. **Background Papers**

None.

## Health and Social Care Partnership Terms of Reference

### 1. Purpose

The purpose of Health and Social Care Partnership is to provide oversight, strategic direction and commissioning intentions for the integration of health and social care services within Slough. All representatives will undertake an active representative on behalf of their organisations for overseeing such strategic direction.

### 2. Responsibility

The Health and Social Care Partnership will:

- a) Agree strategic direction for the integration of health and social care within Slough.
- b) Ensure commissioned services across the partnership are aligned to deliver efficient and effective services, designed to improve outcomes.
- c) Consider any issue of health and social care strategic policy, public health strategy or general community concern within Slough
- d) Take recommendations to Integrated Care System Group.

### 3. Principles

- a. To align strategic direction, prioritise actions and present clear plans of what will be done locally to address needs and improve health wellbeing and reduce health inequalities, by:
  - Prioritising actions, based on the agreed strategic direction, joint commissioning strategies and joint strategic needs assessment, to meet the needs of the current population without compromising the wellbeing of future generations.
  - Communicating actions in publicly available action plans.
  - Reviewing and ensuring alignment for all new Integrated Care Systems developments.
- b. To coordinate partnership working to minimise duplication, avoid cost shunting and maximise the cost effectiveness of services, by:
  - Integrating the business action plans of partner organisations.
  - Coordinating information sharing across partners
  - Coordinating commissioning decisions to reflect the priorities identified by the partnership including the use of joint commissioning and pooled budgets where appropriate.
  - Reporting to Slough Wellbeing Board (where necessary) and linking to the Children's Trust.
- c. To monitor progress against the actions agreed in local plans and against nationally set outcomes and ensure action is taken where appropriate to improve outcomes, by:
  - Evaluating performance against locally agreed priorities.
  - Evaluating performance against nationally set outcomes frameworks for the NHS, public health and social care.
  - Producing annual reports of progress in relation to above action plans, in order that the partnership is publicly accountable for delivery of these actions.
- d. To consult with service users and carers about service developments which affect them, by:
  - Working with and involving people who use health and social care services, carers and communities in equal partnership

## 4. Membership

4.1 Members will be required to represent their organisation with sufficient seniority and influence for decision making. Membership of the partnership will consist of:

- Alan Sinclair Director of Adult and Communities (SBC)
- Andy Brooks Clinical Chief Officer (NHS CCG)
- Arunjot Mushiana Healthwatch Slough
- Avtar Maan Integrated Commissioner (SBC)
- Bernadette Bates Co-production network member
- Beth Reed Community Development & Partnerships Officer
- Debbie Fraser Associate Director of Finance (CCG)
- Elena Gaddes Policy Insight Analyst (SBC)
- Fiona Slevin-Brown Director of Strategy and Operations (CCG)
- Geoff Dennis Chair, Slough Mental Health Board (SBC/NHS)
- Jane Senior Service Lead, Commissioning and Transformation (SBC)
- Jayne Reynolds Regional Director East Berkshire Healthcare F/Trust (NHS)
- Jeanette Bailey Community Integration Manager (SBC)
- Jennifer Wallis Principle Systemic Lead – Slough Children’s Services Trust
- Jim O'Donnell CCG Chair (CCG)
- Joanne Greengrass East Berks CCG
- Jocelyn John Co-production network member
- Joe Carter Transformation director (SBC)
- Liz Brutus Service Lead, Public Health (SBC)
- Marcia Wright Co-Chair: Older People's Partnership Board
- Martin Elliott Service lead, Adult social care operations (SBC)
- Martyn Storey Consultant
- Mike Connolly CCG Board Member (Patient and Public Involvement)
- Mike Hoskin East Berks CCG
- Mike Wooldridge Better Care Programme Manager
- Patrick Rogan Chief Executive, East Berks Primary Care
- Paula Bass Group accountant (SBC)
- Priya Kumar GP and Primary Care Strategy Lead
- Ramesh Kukar Slough Council for Voluntary Service
- Ricky Chana Senior Commissioning Manager (CCG)
- Sangeeta Saran Manager CCG
- Sharon Boundy Programme Lead for Transformation (NHS Trust)
- Stephen Gibson Interim director of regeneration (SBC)
- Stuart Pavelin Farnham Road Practice
- Sue Benford Co-production network member
- Susanna Yeoman Deputy Regional Director East Berks Healthcare F/Trust

4.2 Other members shall be appointed by the Co Chairs after consultation with the partnership.

4.3 Membership of the partnership will be reviewed annually.

## **5. Member's roles and responsibilities**

All members of the partnership will commit to the following roles, responsibilities and expectations:

- Committed to attending meetings;
- Uphold and support partnership decisions and be prepared to follow through actions and decisions obtaining the necessary financial approval from their organisation for the partnerships proposals and declaring any conflict of interest;
- Be prepared to represent the partnership at stakeholder events and support the agreed consensus view of the partnership when speaking on behalf of the partnership to other parties;
- Champion the work of the partnership in their wider networks and in community engagement activities;
- Participate in partnership discussions to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery; and
- Ensure there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the partnership to be effectively disseminated.

## **6. Resignations**

Members may resign at any time by giving written notice to the Co Chairs.

## **7. Removal**

The Co Chairs may remove a member by giving written notice in any of the circumstances set out below:

If the member:

- Has been absent from partnership meetings a period of more than three months;
- Is unfit to continue the appointment because of misconduct;
- Has failed to comply with the terms of the appointment; or
- Is otherwise unable, unfit or unwilling to carry out the member's functions.

## **8. Co Chairs**

The role of the Co Chairs is to provide leadership and direction to the partnership. The Co Chair's responsibilities include:

- To chair and facilitate partnership meetings
- To plan the annual cycle of partnership meetings and set the agendas
- To give directions to partnership policy making
- To monitor decisions taken at partnership meetings are implemented
- To enable the partnership to fulfil its responsibilities
- To secure consensus between individual partner organisations
- To represent the partnership at meetings with key organisations and promote its objectives effectively.
- To act as a spokesperson for the partnership where appropriate.
- To attend and be a member of other committees or working groups when appropriate in their role as Chair.

- To represent the partnership at Slough Wellbeing Board and at appropriate events, meetings or functions.

## 9. Charing the meetings

- 9.1 The partnership shall be Co Chaired by the council's Director of Adult and Communities (SBC) and the Chair of the East Berkshire's Clinical Commission Group.
- 9.2 The Chair of the partnership shall alternate at each meeting, with an equal number of meetings chaired by the Director of Adult and Communities (SBC) and the Chair of the Clinical Commission Group (CCG).

## 10. Meetings

- 10.1 The partnership shall schedule meetings at least 12 times a year with other meetings as necessary.
- 10.2 The dates of these meetings shall be agreed by the partnership at the first meeting of the new calendar year.
- 10.3 Members will be notified of the date, time and venue of each meeting by email immediately after the first Partnership meeting of the new calendar year. Meetings shall be held at such dates, times and venues, as the co chairs and the partnership itself shall determine.
- 10.4 The dates of meetings will only be changed in exceptional circumstances.
- 10.5 The agenda and supporting papers shall be forwarded to each member of the Partnership at least 5 working days before the date of the meeting
- 10.6 Any member may request that an item is included on the Partnership's Forward Plan. Such items shall be brought to the notice of the Co Chairs at first available meeting.
- 10.7 Any member with an interest in an item under discussion shall be expected to declare their interest at the start of the meeting.

## 11. Special meetings

A special meeting of the Partnership may be called at any time by the co chairs or at the request, in writing of any five members. This meeting may be called with less than 5 working days' notice if the co chairs so directs, on the grounds that there are matters demanding urgent consideration.

## 12. Decisions

- 12.1 Decision making will be achieved through consensus reached amongst those members present. If a consensus is not reached, members would vote to reach to a decision
- 12.2 Decisions relating to the **Better Care Fund** would require the presence of the following members:
- Director of Adult and Communities (SBC)
  - Group Accountant – Financial Management (SBC)
  - Associate Director of Finance (CCG)
  - Director of Strategy and Operations (CCG)

### **13. Quorum**

- 13.1 Meetings will be deemed quorate if at least five members of the partnership are present and in no case shall the quorum for the Partnership be less than five.
- 13.2 If the number of members increases or decreases this will need to be reviewed.
- 13.3 Where a meeting is inquorate those members in attendance may meet informally but any decisions taken shall require appropriate ratification at the next quorate meeting of the Partnership.
- 13.4 A meeting must remain quorate for its full duration. Should members arrive late or leave for any reason, quoracy must be maintained. If the meeting is or becomes inquorate, partnership decisions can no longer be made and any discussions shall be informal only. The relevant co chair may decide to call a special meeting to undertake the remaining business.

### **14. Sub-Groups**

- 14.1 The partnership may establish sub groups or Task and Finish groups to help it undertake its strategic functions. The membership and terms of reference for these groups will be determined by the Partnership.
- 14.2 The partnership shall also hold ad-hoc meetings, workshops and development sessions throughout the calendar year as and where appropriate

### **15. Administration**

- 15.1 The agenda for each meeting shall be agreed by the co chairs as part of the partnership's ongoing forward work plan for the calendar year.
- 15.2 Administrative support will be provided by the council, who will arrange the meetings of the partnership and publish its agendas. Agenda's will be despatched at least five working days in advance of the meeting.
- 15.3 The council will also be responsible for the minutes of the meeting (including special meetings) and their subsequent circulation.
- 15.4 The council's Policy team will be responsible for maintaining the partnership's forward work plan, and for conducting additional research and analysis as required.
- 15.5 Attendance at meetings and access to the minutes will be restricted to members of the partnership
- 15.6 Requests from non-members to view the minutes and/or attend the meetings as observers will be considered based on a case by case basis.

### **16. Dissolution**

Members have the right to dissolve the partnership at any time deemed fit by members.

### **17. Governance**

A diagram showing the Partnership relationship to the Slough Wellbeing Board and other boards and partnerships is attached at Appendix A.

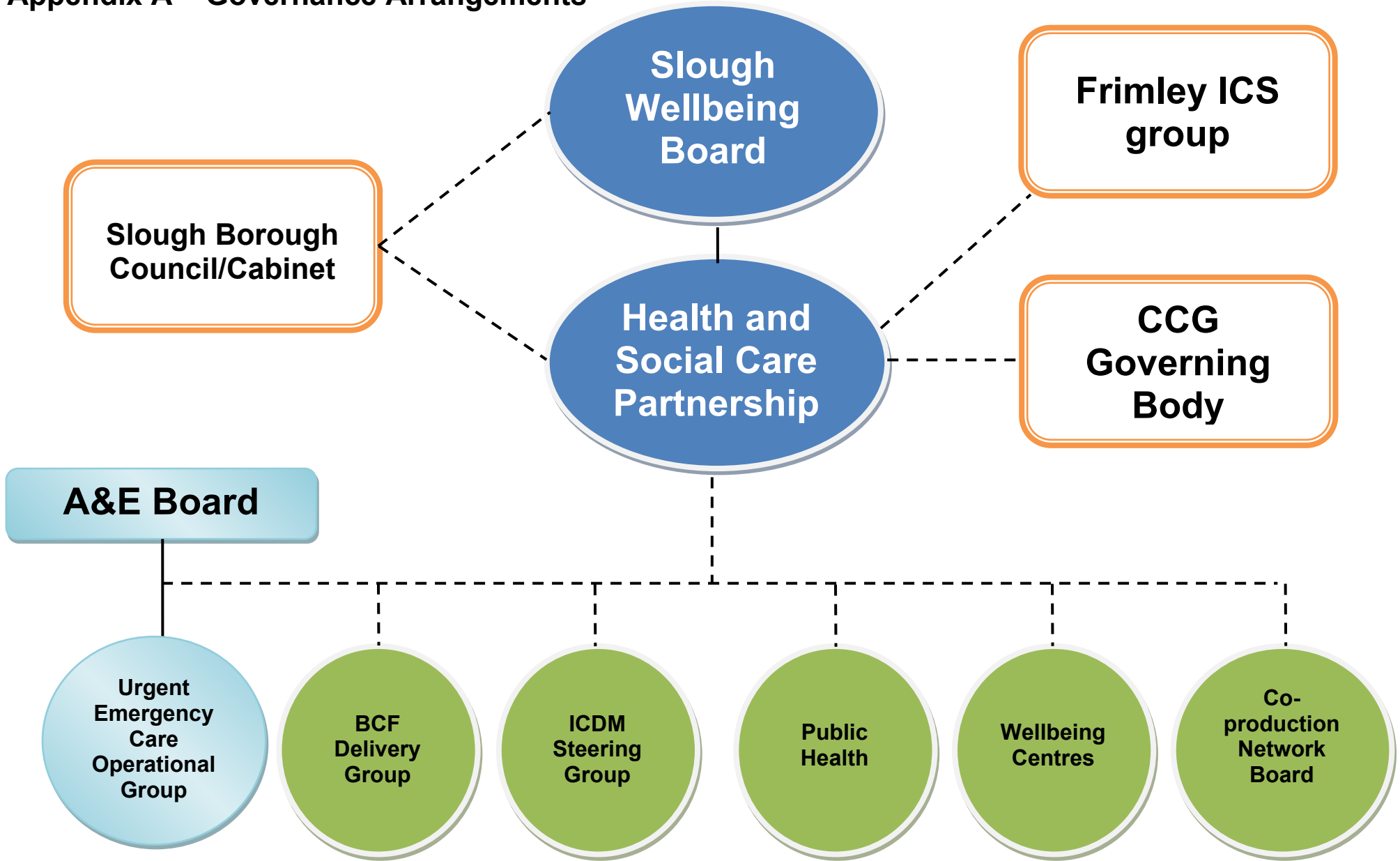
**18. Annual review of terms of reference**

18.1 These terms of reference will be reviewed annually by the Partnership's Co Chairs.

18.2 Any revisions shall be endorsed by the Partnership



# Appendix A – Governance Arrangements



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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 17<sup>th</sup> November 2020

**CONTACT OFFICER:** Tracey Faraday-Drake, Executive Place Managing Director  
(Slough), Frimley Collaborative

**(For all Enquiries)**

**WARD(S):** All

**PART I****FOR COMMENT & CONSIDERATION****FRIMLEY CLINICAL COMMISSIONING GROUP (CCG) POTENCIAL MERGER****1. Purpose of Report**

NHS East Berkshire; North East Hampshire & Farnham and Surrey Heath Clinical Commissioning Groups are now considering the case for change to establish a single clinical commissioning group in the Frimley Health and Care ICS. A vote was put to the member practices on the 15<sup>th</sup> September. The member practices voted in favour of a merger. Work continues with the members to agree the details of the changes in the constitution.

We want each place to retain its identity and see this being championed and developed further by clinical leaders and managing directors as they develop priorities for each place.

Our Places; through the Clinical Leader, Managing Director, and Place Non-Executive and in partnership with key local stakeholders in our Place Committee's will continue to make decisions on how best to utilise the resources available to them locally, and to work collectively to ensure broader system pathways are effective.

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

The Board is requested to note the report.

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

The [Slough Joint Wellbeing Strategy](#) (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA).

**3a. Slough Wellbeing Strategy Priorities**

The CCG plans will reflect the health and care landscape around it, providing the vision and leadership for strategic commissioning across the system, whilst meeting the needs of our local populations at place.

We will not be changing anything in isolation – on the contrary we expect our staff, member practices, health and care partners, communities and neighbourhoods to continue to help shape our thinking as we design commissioning arrangements in the Frimley system.

Frimley Health and Care continues to be a leading Integrated Care System and we need to ensure that our way of working that promote and encourage innovation, professionalism and creativity continue to flourish.

This approach aligns to the Councils (2) integration and (3) strong, health & attractive neighbourhood priorities.

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

This aligns to the Council's Five Year Plan – specifically

- 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

#### (b) Risk Management

The CCGs have identified risks as part of the merger plans. The main risk is if the CCGs do not merge then this could have an impact on the integration of health and care within the Frimley Health and Care ICS.

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

There are no Human Rights Act Implications.

#### (d) Equalities Impact Assessment

The proposed merger will have a detailed equalities impact assessment which will be available when the application is made to NHSE/I on 30 September 2020.

### 5. **Supporting Information**

None.

### 6. **Comments of Other Committees**

The Collaborative Board will be taking forward the proposals to merge through it's various committees between now and March 2021.

### 7. **Conclusion**

The Board is asked to note the intention of NHS East Berkshire, North East Hampshire & Farnham; and Surrey Heath CCGs to merge on 1 April 2021 following a vote in favour of the merger by member GPs.

### 8. **Background Papers**

None

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 17<sup>th</sup> November 2020

**CONTACT OFFICER:** Ellie Gaddes, Policy Insight Analyst

**(For all Enquiries)** (01753) 875657

**WARDS:** All

**PART I**  
**FOR COMMENT AND CONSIDERATION**

**SLOUGH WELLBEING BOARD - WORK PROGRAMME 2020/21****1. Purpose of Report**

For the Slough Wellbeing Board to discuss its work programme for 2020-21.

**2. Recommendations/Proposed Action**

That the Board review the work programme and potential items listed for inclusion.

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

3.1 The work of the Slough Wellbeing Board aims to address the four priority areas outlined in the Slough Wellbeing Strategy 2020-2025:

- Starting Well
- Integration
- Strong, healthy and attractive neighbourhoods
- Workplace Health

3.2 The priorities in the Wellbeing Strategy are informed by evidence of need contained in the Joint Strategic Needs Assessment. Therefore, the work outlined in the work programme is built upon the evidence outlined in the JSNA.

3.3 The work of the Slough Wellbeing Board also 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.

3.4 In particular, the work of the Slough Wellbeing Board aims to address outcome one and two of the council's Five Year Plan.

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

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

There are no risk management implications of proposed action.

(c) Human Rights Act and other Legal Implications

There are no Human Rights Act implications arising from this report. Any specific activity undertaken by the Wellbeing Board which may have legal implications will be brought to the attention of Cabinet separately.

(d) Equalities Impact Assessment

There are no equalities implications arising from this report. Equalities Impact Assessments will be completed for any specific activity undertaken by the Wellbeing Board which may have equalities implications.

#### 5. **Supporting Information**

5.1 This work programme outlines some of the work the Wellbeing Board will be involved in over the next year.

5.2 In particular, some of the statutory responsibilities of the Board have been scheduled into the work programme, in order to make sure these pieces of work are addressed at the most suitable time of year. This scheduling has taken place by drawing on conversations with officers from the appropriate organisations, as well as conversations with the Chair of the Wellbeing Board.

5.3 In addition to these items, regular updates on the work being done to address the priorities of the Wellbeing Strategy have been scheduled across the year. This aims to allow the Board to maintain a close overview of the work being done in these areas by the Children and Young People's Partnership Board, the Health and Social Care Partnership Board, the Strong, Healthy and Attractive Neighbourhoods Task and Finish group, and the Workplace Health Task and Finish group.

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

6. **Conclusion**

This report is intended to provide the Slough Wellbeing Board with the opportunity to review its upcoming work programme and make any amendments it feels are required.

7. **Appendices Attached**

A - Work Programme – 2020/21

8. **Background Papers**

None.

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**Slough Wellbeing Board Work Programme  
2020/21**

<b>Meeting Date</b>
<b>12<sup>th</sup> January 2021</b>
<ul style="list-style-type: none"> <li>• JSNA Refresh (highlights and update on progress)</li> <li>• Slough Safeguarding Boards Annual Report (2019/20)</li> <li>• Update – Priority Three, Strong, Healthy and Attractive Neighbourhoods Task and Finish Group</li> <li>• Update – Priority Four, Workplace Health Task and Finish Group</li> </ul>
<b>24<sup>th</sup> March 2021</b>
<ul style="list-style-type: none"> <li>• Update – Priority One, Starting Well. Children and Young People Partnership Board</li> <li>• Update – Priority Two, Integration. Health and Social Care Partnership Board</li> </ul>
<b>12<sup>th</sup> May 2021</b>
<ul style="list-style-type: none"> <li>• Better Care Fund Annual Report</li> <li>• Update – Priority Three, Strong, Healthy and Attractive Neighbourhoods Task and Finish Group</li> <li>• Update – Priority Four, Workplace Health Task and Finish Group</li> </ul>

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**SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2020-21**

<b>MEMBER</b>	<b>15/07/20</b>	<b>23/09/20</b>	<b>17/11/20</b>	<b>12/01/21</b>	<b>24/03/21</b>	<b>12/05/21</b>
Lucy Bowman	Ab	Ap				
Neil Dardis	Sub	P				
*Cate Duffy	P	P				
Tracey Faraday-Drake	P	P				
Chris Holland	P	Ab				
**Lisa Humphreys	P	P				
***Eleni Ioannides						
Ramesh Kukar	P	P				
Tessa Lindfield	P	P				
Councillor Nazir	P	P				
Dr Jim O'Donnell	P	Ap				
Councillor Pantelic	P	P				
Colin Pill	Ab	Ap				
Alan Sinclair	P	P				
Aaryaman Walia	Ab	Ab				
Supt Wong	P	P				
Josie Wragg	P	P				

P = Present

Sub = Substitute sent

Ap = Apologies given

Ab = Absent, no apologies given

Cate Duffy no longer a Board member from 30<sup>th</sup> October 2020.

Lisa Humphreys no longer a Board member from 30<sup>th</sup> October 2020

Eleni Ioannides joined the Board on 17<sup>th</sup> November 2020