

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board **DATE:** 27 September 2017

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**WARD(S):** All

### **PART I**

#### **FOR COMMENT & CONSIDERATION**

#### **PREVENTION STRATEGY**

##### **1. Purpose of Report**

This report provides the Wellbeing Board with an opportunity to input into the Prevention Strategy. The Prevention Strategy Project Team is requesting views from the Board on the strategy and the proposed action plan template format.

The Prevention Strategy applies to work being undertaken to deliver adult social care priorities. Prevention outcomes relating to children and young people are being developed within the Early Help and Obesity Strategies.

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

The Wellbeing is recommended to provide an input to help shape the actions being developed for delivery of the Prevention Strategy in the next year, mainly in the aims, objectives and identified priorities. These will be reviewed every year

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

Prevention is a key determinant of health and wellbeing and it is a priority in the Wellbeing Strategy, mainly Priority 2: Increasing life expectancy by focussing on inequalities. It also reflects a number of key outcomes in the Council's Five Year Plan. The JSNA is the basis of the benchmark for statistical analysis of the Prevention Strategy in Slough.

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

- (a) **Financial** – There are no financial risks associated with this report. Financial implications will depend on the approval of resources and possible commissioned funding when required to design and evaluate appropriate interventions
- (b) **Risk Management** – There are no risks associated with this report. A risk assessment would be undertaken as specific delivery plans are identified
- (c) **Human Rights Act and Other Legal Implications** – None identified at the moment
- (d) **Equalities Impact Assessment** – To be undertaken as specific plans are identified
- (e) **Workforce** – Depending on the delivery plans, staff training and awareness raising may be required

## 5. **Summary**

This item provides Wellbeing Board members with an opportunity to:

- Understand the existing and anticipated prevention challenges facing the borough;
- Discuss and influence the outcomes within the priorities to be considered for inclusion in the Prevention Strategy to tackle these challenges;
- Provide views on the areas of concern and the identified gaps not covered in existing preventative associated policies or Sustainability and Transformation Plans (STP); and
- Understand the role of the Wellbeing Board in addressing prevention action plans to improve outcomes for people in Slough.

## 6. **Supporting Information**

In looking at improving its ways of working the Health and Social Care Priority Delivery Group restructured its priorities. Prevention was identified as one of nine key priorities within the Health and Social Care Priority Delivery Group.

In addition the Care Act (2014) places a duty on local authorities to promote individual wellbeing and provide prevention services. This requires the Council to provide a range of services that reduce need for support among people and their carers in the local area, and contributes towards preventing or delaying the development of such needs.

This paper provides an overview of the current preventative work being undertaken in the Borough and future development work being proposed through the Sustainability and Transformation Plan so as to avoid duplication. In as such, this paper makes a series of recommendations on the gaps in preventative work in the Slough area.

### 6.1 **Prevention Strategy Key Aims:**

- Prevent ill health/create healthy communities by reshaping healthy lifestyle services/ embed self care
- Provide people with information
- Use local assets to support people and carers
- Make health and wellbeing everyone's business
- Reduce and delay the need for care
- Make sure that key populations at risk are identified and their needs assessed

Our first integrated Prevention Framework will aid us in developing a local approach to prevention in order to meet the recommendation outlined by the Care Act (2014) that:

*'a local authority must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support, or the needs for support of carers whilst recognising and responding to those who continue to require care'.*

## 6.2 Objectives

In order to deliver these aims, the following objectives were adopted from the Care Act: The Care Act 2014 provides a three tier definition model for prevention:

**Prevent:** These are services, facilities or resources that are universally accessible and are aimed at individuals with no current health or care support needs to prevent, for example, people from being overweight through physical activity

**Reduce:** These are services, facilities or resources that are targeted towards individuals who are at risk of developing further health or care support needs to reduce, for example, the number of hospital admissions.

**Delay:** These are services, facilities or resources that are for individuals with existing health and care support needs; the emphasis is placed on minimising further deterioration and delay, for example, the need for residential or nursing care

## 6.3 Priorities

As part of the Care Act's mandate, the Project Team made sure that stakeholders were consulted and given an opportunity to co-produce the Prevention Strategy. The strategy was developed through a series of stakeholder workshops, presentations and consultations with colleagues from Primary Care, Social Care, Voluntary Sector, Slough GP Lead Locality Group and Slough Borough Council Operational Teams during 2016.

The main purpose of the workshop and the consultation meetings was to:

- Look at the local picture (needs and trends) from available data and assess needs analysis
- Identify gaps, strengths, weaknesses, opportunities and threat
- Look at what other local authorities are doing
- Explore the Principles of the Prevention
- Agree priority and measurable areas
- Agree outcomes and outputs that would be implemented in Slough
- Agree measures that we need to put in place to monitor progress; and
- Analyse any gaps and demand Profile

As a result of the consultation exercises, the following priorities were agreed as "in scope" of the joint prevention strategy:

- Substance Misuse (Drugs and Alcohol Abuse)
- Smoking
- Obesity
- Diabetes
- Cancer
- Domestic Abuse
- Social Isolation

## 6.4 **Other Strategies**

The following strategies are being undertaken already at either a local area of STP level:

- Housing strategy (appropriate accommodation)
- Fire Prevention
- Mental Health
- Leisure strategy
- ADD STP prevention areas as well

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

None at this stage, however, we expect a request from the Health Scrutiny Panel to look at aspects of Prevention Strategy.

## 8. **Conclusion**

The Project Team is planning to complete drafting the implementation and action plan based on age value within the next few months (please see working template in Appendix 1). When completed, this will pull together identified gaps in the work being undertaken within the partnership, which would add value to the strategy.

The views of the Wellbeing Board are therefore important in shaping the Prevention Strategic action plans.

Consideration should be given to the following:

- The aims, objectives and identified priorities.
- Outcomes and outputs that could be implemented in Slough
- Measures that could be put in place to monitor progress; and
- Any identified gaps

## 9. **Appendices**

Appendix 1: Draft Template for implementation / action plan & Prevention Strategy 2017 – 2018 Final Draft

## 10. **Background Papers**

None.

**Appendix 1: Prevention Strategy: Implementation Action Plan**

<b>Current Provision</b>	<b>General Group</b>	<b>45 to 65 Year old</b>	<b>65 Years Plus</b>	<b>Carers</b>	<b>Physical and Learning Disabilities</b>
<b>Substance Misuse (Drugs and Alcohol Abuse)</b>					
<b>Smoking</b>					
<b>Obesity</b>					
<b>Diabetes</b>					
<b>Cancer</b>					
<b>Domestic Abuse</b>					
<b>Social Isolation</b>					

# **Slough Prevention Plan 2017-2018**

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## Foreword

This is Slough's first Prevention Plan (2017-2018), a joint Plan of Slough Borough Council, Clinical Commissioning Group and the Berkshire Healthcare Foundation Trust (BHFT). The Social Care Act 2014 requires local authorities to provide services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support. This plan sets out our plans for meeting these prevention needs of Slough residents.

Slough Borough Council, Slough Clinical Commissioning Group, Slough Public Health and the Frimley? NHS Trust are working together to make sure that residents are supported and encouraged to live independent lives. As people live longer and the expectations of how they want to live changes, so too does our role as service providers, balancing our statutory duties to deliver services to those most in need with encouraging independence, personal responsibility and increasing choice for individuals and their families.

The Prevention Plan focuses on promoting independence for those at risk of, or already using, health and social care services. This will be accompanied by an implementation action plan in order to meet the needs and aspirations of people living in the Borough. The implementation action plan will focus mainly on adults and children going through transition.

The need to invest in preventative services to delay people's need for social care and health services and to promote the wellbeing of our community is widely recognised. A major focus is to identify, at the earliest possible stage, the most vulnerable people in our communities, who are at risk of poor health and likely to require social care.

A shared preventative approach across all organisations in the public, voluntary, community and private sector to deliver services to a changing and ageing population is required if health and social care services are to be sustainable.

Valuing our residents means we are committed to listening to their views and their advice on how we can improve our care and support services they receive. Part of developing the Prevention Plan included engagement and consultation with services providers, service users, voluntary groups, communities, patients and carers to better understand their needs, current services and any gaps. The prevention project team will continue to work with all relevant groups to develop and implement the prevention action plans to make sure that they meet the needs of those using these services.



Alan Sinclair  
Director of Adult Social Care and Wellbeing

We are committed to working together to enable the residents of Slough to live more independent and healthier lives by giving them greater choice and control and strengthening support in the community.

The success of the Prevention Plan will depend on the strength of partnership, working across the health, social care, housing, leisure, the voluntary sector and other partners, to come together in a joined up approach to address the needs and aspirations of people living in Slough to live healthy lives for longer.

## 1. Vision

We will improve social care and wellbeing outcomes of the residents of Slough and their carers by enabling people to do more for themselves, focusing on people's strengths even at points of crisis in their lives, by promoting more choice and control of the support options available and connecting the residents of Slough to a network of wellbeing, care and support services.

## 2. Introduction

To comply with the Care Act 2014, the local authority and its partners are required to have in place a Prevention Strategy. Instead of putting in place a prevention strategy that does not go out of the 'Social Welfare' limits, Slough Borough Council decided to put in place a strategy that looks for opportunities outside the normal council's limits, and includes [Outcome 2 of Slough's 2017 – 2021 Five Year Plan](#) (Our people will become healthier and will manage their own health, care and support needs)

Slough Borough Council is already undertaking a lot of meaningful work to deliver on its outcomes. However, as part of the Care Act's mandate, we made sure that our stakeholders were included and given an opportunity to contribute to the development and implementation of the Prevention Strategy. This would make sure that the work organisations are doing would add value to their work to improve the health of the population. The strategy would provide an opportunity for organisations to reset their ways of working and make sure that they focus on priorities that will make a difference beyond the statutory requirements.

The strategy will be reviewed annually

## 3. Key aims

Our key aims are to:

- Prevent ill health/create healthy communities by reshaping healthy lifestyle services/ embed self care
- Provide people with information
- Use local assets to support people and carers
- Make health and wellbeing everyone's business
- Reduce and delay the need for care
- Make sure that key populations at risk are identified and their needs assessed

Our first integrated Prevention Framework will aid us in developing a local approach to prevention in order to meet the recommendation outlined by the Care Act (2014) that:

*'a local authority must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support, or the needs for support of carers whilst recognising and responding to those who continue to require care'.*

## 4. Objectives

To deliver these aims we have set ourselves the following objectives from the Care Act:

<b>To prevent</b>	These are services, facilities or resources that are universally accessible and are aimed at individuals with no current health or care support needs.
	<ul style="list-style-type: none"> <li>• people from developing long term conditions, e.g. diabetes, heart disease, dementia</li> <li>• substance misuse, smoking, alcohol, tobacco abuse etc.</li> </ul>
<b>To Reduce</b>	These are services, facilities or resources that are targeted towards individuals who are at risk of developing further health or care support needs.
	<ul style="list-style-type: none"> <li>• the number of obesity levels</li> <li>• the number of people treated for diabetes</li> </ul>
<b>To delay</b>	These are services, facilities or resources that are for individuals with existing health and care support needs; the emphasis is placed on minimising further deterioration.
	<ul style="list-style-type: none"> <li>• the need for hospital admissions</li> <li>• the need for crisis care support</li> </ul>

## 5. Setting

The total projected population of Slough in 2016 is estimated to be 147,181, an increase of 1,447 on the previous year (or just less than 1%). The projected population comprises of 74,326 (50.5%) males, 72,855 (49.5%) female, 41,406 (28%) children (those aged less than 18) as well as 91,544 (62%) of 'working age' (those aged 18 to 64) and 14,231 (10%) 'older people' (aged 65 or above). Our population is therefore young, dynamic and growing.

Slough has a long history of ethnic and cultural diversity that has created a place that is truly unique and valued by those who live and work here. 45% of our population is white or white British, 40% is Asian or Asian British and 15 % Black or black British, mixed race or other.

Slough has a number of neighbourhoods that include households facing multiple challenges, for example, with no adults in employment, low incomes, children living in poverty and poor quality housing. These factors can lead to inequalities in health and wellbeing.

Life expectancy varies between wards with men expected to live on average until 78.6 while women are expected to live until 82.9. The number of older people in the borough is increasing and people will live longer but with poorer health. Around 19,000 adults in Slough have a limiting long term illness or disability and around 3,000 are economically inactive due to a long term sickness. 62% of Slough's adults are overweight and 25% are obese. Diabetes, cardiovascular disease, strokes, chronic respiratory disease and cancer are the biggest causes of death in Slough and account for much of the inequalities in life expectancy within the borough.

19% of adults aged over 16 were estimated to smoke in Slough in 2015, this equates to approx. 22,850 people. Slough town centre experienced high levels of alcohol-related recorded crime (at 9.25 per 1,000 compared to 5.74 nationally). The rate for alcohol related violent crime was 6.15 per 1,000 compared to 3.13 nationally

Compared to regional and national averages, there is a high level of drug misuse in Slough. In 2014/15, there were an estimated 1,045 opiate and/or crack users (OCUs) in Slough

Other local context information is provided in appendix 2

## **6. National Context**

### **The Care Act 2014**

The Care Act 2014 brought a significant reform in care and support, putting those with care needs and their carers in control and at the heart of their care and support to improve independence and wellbeing.

The Act recognises that people are happier and have a better quality of life if they are healthy and can stay independent and in control of what they do. And if they do need help because of health problems or a disability then their experience of receiving care and support will be much more positive if they have choice over how they are supported, and can stay in control of their lives as much as possible.

The Care Act states that local councils must provide or arrange services that help prevent people from developing a need for care and support, or delay people deteriorating to the point where they will need long-term care and support. The Act gives councils a duty to provide information and advice on how people can lead healthier and more active lives, and on what care and support will be available to them should the need arise.

### **The Joint Strategic Needs Analysis**

The JSNA work related to prevention requires the council and its partners to develop a local system-wide strategy and action plan, spanning from voluntary, health and social care services to maintain a healthy population in the community, working with the high consumers of services through targeted wellbeing and prevention plans.

### **NHS Five Year Forward View (2014)**

The NHS Five Year Forward View (2014) sets out a vision for the future of the NHS and calls on system leaders, NHS staff, patients and the public, to play their part in disease prevention alongside the development of new, flexible and integrated models of service delivery tailored to local populations. This 'Forward View' sets out a clear direction for the NHS – showing why change is needed and what it will look like

The NHS is now backing hard-hitting national action on obesity, smoking, alcohol and other major health risks. Forward View is helping to develop and support new workplace incentives to promote employees' health and cut sickness-related unemployment, and advocating for stronger public health-related powers for councils and elected mayors. Forward View work includes: helping patients to gain a far greater control of their own care; taking decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, and between health and social care

## **7. Priorities**

As part of the Care Act's mandate, we made sure that stakeholders were consulted and given an opportunity to co-produce the Prevention Strategy. The strategy was developed through a series of stakeholder workshops, presentations and consultations with colleagues from Primary Care, Social Care, Voluntary Sector, Slough GP Lead Locality Group and Slough Borough Council Operational Teams.

As a result of the consultation exercises, the following priorities were agreed as “in scope” of the joint prevention strategy:

## **Priority 1: Substance Misuse (Drugs and Alcohol Abuse)**

### **What the evidence tells us**

A number of risk factors increase the likelihood of young people using drugs or alcohol. These include abuse and neglect, truancy, crime, early sexual activity, anti-social behaviour and parental substance misuse. Young people who misuse drugs and/or alcohol are at higher risk of achieving poor outcomes in terms of education, training and employment. There is also an increased risk of family breakdown and accommodation issues. Young people may also turn to crime in order to fund their drinking or drug use.

Approximately 50% of the young people in treatment in Slough are 16 years old with 81% of them in education (this is higher than the figure nationally of 71%). The majority of them are white British (65%) and male (65%). 81% of the clients reported various mental health issues, including attempted suicide, depression, mental illness and self-harm, so this should continue to be an area of focus for services (Source: service data from Turning Point).

### **What we have in place**

The Substance Misuse Strategy sets out the council’s commissioning intentions on substance misuse services taking into account identified needs. The Slough young people’s substance misuse service has the following objectives:

- Decrease the consumption of substances used by individual young people taken onto the caseload
- Increase the numbers engaging in effective services
- Increase the number of days attended at School, College or Employment by individual young people taken onto the caseload
- Decrease offending by individual Young People not subject to Youth Offending Team (YOT) supervision
- Improve the health and wellbeing of individual young people taken on to the caseload

The Drug and Alcohol Action Team (DAAT) also support and commission an intensive service for families affected by substance misuse. There is a family support worker within the substance misuse service who works with parents who need more support. The Family Support Worker liaises with the early intervention team and children’s social care as part of the main treatment service. They also work within the Troubled Families agenda.

## **Priority 2: Smoking**

### **What the evidence tells us**

Smoking harms nearly every organ of the body. It causes many diseases and reduces quality of life and life expectancy. The younger a person quits, the greater the benefit but stopping smoking is beneficial at any age. Many smokers think that smoking helps relieve stress but in fact ex-smokers are more likely to have better mental health and be happier.

18% of adults aged over 16 were estimated to still smoke in Slough in 2014, this equates to approximately 21,647 people.

## **What we have in place**

As a response to the Department of Health's National Tobacco Plan national priorities and local consultations, six areas were developed for focus in order to improve outcomes. These are:

- Bringing partners together to develop an integrated tobacco control programme.
- Reduce the number of young people taking up smoking
- Encourage and support existing smokers to quit
- Work with businesses to take up cessation plans for staff and provide Smoke Free advice
- Protect communities and families from tobacco related harm.

Together with our partners in Public health, CCG and Health Trust and GPs, we will develop an action plan to implement the six areas with monitored outcomes.

## **Priority 3: Obesity**

### **What the evidence tells us**

Slough has the highest levels of childhood obesity in East Berkshire and the south east. There is a strong, positive relationship between deprivation and obesity in children for each school year, with obesity prevalence being significantly higher in deprived areas.

In 2014/15, child obesity in reception year children in Slough was 9.8% compared with 9% nationally. Amongst children in year 6, child obesity was 24.2% compared to 19% nationally. In 2013/14, 23.5% of boys compared to 18.8% of girls were obese by year 6. This difference is less pronounced at Reception with 11.9% of boys and 11.7% of girls being obese. In adults, 63% of residents are considered overweight or obese compared to 65% nationally.

Children who are overweight or obese are at greater risk of developing health problems in childhood (including type 2 diabetes), problems with breathing (including obstructive sleep apnoea (OSA)) and problems with joints and bones (including joint pain and slipped upper femoral epiphysis (SUFE)). Due to this greater risk of illness, children who are obese are more likely to be absent from school due to illness.

### **What we have in place**

- Children and young people's plan 2015-2016 (to be revised), has 'Physical and Nutritional Wellbeing' as a key aspect of priority 3, encompassing both childhood obesity and, more broadly, diet and nutrition.
- Slough Youth Offer, includes offers to provide support for young people to make informed choices about any aspect of their lives and to support young people in leading healthy lifestyles.
- Get Active Slough: a Leisure Strategy, outlines the plans for encouraging physical activity, to make sure that this is adopted as a habit for life for all, making "more people, more active, more often".

## **Priority 4: Diabetes**

### **What the evidence tells us**

Diabetes is a common long-term health condition which results when the body cannot properly control glucose (sugar) levels in the body. There are different types of diabetes but the four commonest are:

- Type 1 diabetes: where the pancreas does not produce any insulin, or not enough insulin, to help glucose enter the body's cells.
- Type 2 diabetes: where the insulin that is produced does not work properly (known as insulin resistance). This could also be associated with overweight and obesity and high blood pressure (NHS Choices).
- Gestational diabetes: poor control of blood sugar during pregnancy
- Secondary diabetes: damage to the pancreas due to other medical conditions or treatments

There are over 3.2 million people diagnosed with diabetes in England; 10% of those diagnosed have Type 1 diabetes and 90% have Type 2 diabetes. An additional 9.6 million are thought to be at risk of developing Type 2 Diabetes. By 2025, it is estimated that there will be 4 million people with diabetes in England alone (Diabetes UK, 2014). In 2014/15, in the adult population in Slough, 9,500 people are diabetic.

Slough has a high proportion of BME (Black and Minority Ethnic) patients: according to the national Census, 54% of Slough's population is non-White (40% Asian, 9% Black). Over a quarter of adults in Slough are estimated to be obese, hence the higher numbers of diabetes cases.

### **What we have in place**

The National Diabetes Prevention Programme NDPP is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale, an evidence-based behavioural programme to support people to reduce their risk of developing Type 2 diabetes. The programme is mainly about weight reduction, healthier diet and increasing physical activity. This will have a knock-on effect to reduce a host of other health risks/long-term conditions and dependency on social care services. Slough has been selected as a site for the "first wave" of roll out of the programme.

The Slough Diabetes Network will play a key role in making sure that there is cohesion of the above services and in ensuring clear and consistent communication between teams. The Slough Diabetes Network has the goal of sharing innovation and best practice both within the Clinical Commissioning Group and across the wider federation.

## **Priority 5: Cancer**

### **What the evidence tells us**

There were 326 early deaths from cancer (deaths under the age of 75 years) between 2012 and 2014 in Slough and the borough was ranked 89th of 150 local authorities on such early deaths. Generally, 12% of women in the general population will develop breast cancer at sometime during their lifetime. Deaths from lung cancer between 2007 and 2009 and 2012 and 2014 fell from 72.6 to 59.5 per 100,000 (as did new registrations for lung cancer).

## What we have in place

There are three areas that the partnership will focus, mainly through the CCG, Public Health and GPs to prevent, reduce and delay health issues associated with cancer:

**Reducing the risk** – As about a third of all cancers are caused by lifestyle factors such as smoking, unhealthy diet, alcohol and obesity, tackling these issues is therefore a priority in helping to reduce people's risk of cancer. Other ways of reducing cancer risk include our GPs and residents in general encouraging people to be careful in the sun to avoid skin cancer and vaccinating young women against the human papillomavirus (HPV) to prevent cervical cancer.

**Early Diagnosis** – Earlier diagnosis of cancer can be achieved through two main routes: screening for cancer to identify disease before it causes any symptoms, and making people aware of the warning signs of cancer. We will encourage residents to speak to their GP as soon as symptoms are present. This will help in the cancer screening programmes currently in operation, i.e.; cervical screening, breast cancer screening and bowel cancer screening.

**Access to treatment** – Lastly, it is important that when symptoms or signs of cancer are identified, diagnosis and treatment occurs in a timely fashion to ensure that patients have the best chance of recovery. In order to ensure this process happens as swiftly as possible, the government has introduced waiting times targets to limit the time people wait for cancer tests and treatment. In addition to this, the government in England in 2011 established a Cancer Drugs Fund (CDF) in order to fund certain cancer treatments that had not met the required criteria for cost-effectiveness as required by the National Institute for Health and Care Excellence.

## Priority 6: Domestic Abuse

### What the evidence tells us

Domestic abuse is 'any incident of threatening behaviour, violence or abuse (physical, psychological, sexual, financial or emotional) between adults aged 16 and above, who are or have been intimate partners or family members, regardless of gender and sexuality'. (Family members are defined as: mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family). Domestic abuse also affects the health and wellbeing of children in the family.

Most domestic abuse offenders tend to be young men, under 30, who perpetrate crimes against women, usually their partner. There is a strong White British component to the borough's domestic violence offenders (39.8%), followed by Asian/Asian British (31.2%) which is not dissimilar to the local population.

## What we have in place

We will have the use of:

- The [Thames Valley Police](#) website, which has information on what to do and where to get help, and how they deal with domestic abuse.
- The local [Women's Aid](#) website, which offers support and advice.
- The [Respect phone-line](#), which offers advice if someone is worried about their behaviour towards their partner.

## **Priority 7: Social Isolation**

### **What the evidence tells us**

Social Isolation and exclusion contribute to the risk factors associated with (adult) abuse. Around 5,700 people aged 65 and over living in Slough were estimated to be unable to manage at least one domestic task (including shopping and housework) on their own in 2015. This figure is estimated to increase to over 6,300 by 2020.

Similarly, around 4,600 people aged 65 and over living in Slough were estimated to be unable to manage at least one self-care activity (including bathing, dressing, feeding) in 2015. This figure is expected to rise to 5,200 by 2020.

Around 3,200 people over the age of 65 were predicted to be living alone in Slough in 2015, with around 330 living in a care home (residential or nursing) (Source: Projecting Older People Population Information).

In the 12 months April 2016, 1,085 people over the age of 65 were assessed by the Reablement Team in Slough Borough Council's Adult Social Care Services. This is a small increase from the previous year. Of these, 853 (or 79%) were over the age of 75.

### **What we have in place**

In response to increasing demand on services, changes to legislation, and funding of services the provision of adult social care services, Slough Borough Council is reviewing and redesigning its services through a reform programme. The Slough Adult Social Care Reform Programme is centred on the use of asset-based conversations, community hubs and use of local links.

Through this programme, we hope to move Slough towards a model that focuses on neighbourhood based support and care, maximising all the resources, assets and skills available to people and families where they live.

We will help with the implementation of Slough Adult Social Care Reform Programme recommendations for consideration by other key organisations to deal with social Isolation and exclusion, which are

- To continue working towards integration of health and social care.
- To continue to explore joint health and social care personal budgets.
- To continue to develop models to enable people to take more responsibility for their own care and support with the assistance of council, voluntary sector and the NHS.
- To make more effective use of local assets and to develop community resilience.
- To support people through the pathway by providing clear and concise information and advice in a seamless manner.

## **8. Our Approach**

An action plan for the strategy would be developed within the co-production and an asset-based approach. This will include the resources that individuals and communities have that help protect against poor health and support the development and maintenance of good health and quality of life. The plans will focus on the key population at risk so that there is a clear and direct link to possible interventions designed to reduce such risk factors.

Risk factor would be linked to outcomes relevant to specific people at risk based on good evidence. The planned interventions would address these risk factors to produce real benefits for people, structural and community factors in terms of better outcomes.

## **9. Implementation and Governance**

The Prevention Project Team of Health, Social Care, Public Health and Clinical Commissioning Group representatives, will undertake the mapping and development for this strategic framework across the borough. The Project Team reports to the Health and Social Care Priority Delivery Group, which in turn reports to Slough Wellbeing Board and the Health Scrutiny Panel.

An integrated action and implementation plan which will take forward the priority actions of the direction of care will be developed in response to this framework. The plan will outline specific actions and priorities for year 1, with a built in annual review programme for years 2 to 5. Monitoring and review of the implementation will incorporate the actions identified in the Health and Equality Impact Needs Assessments. The plan will be signed off by the Health and Social Care Priority Delivery Group. An operational prevention project team will meet on quarterly basis to oversee the implementation and liaise across the whole Council, CCG and Public Health to facilitate and support implementation when necessary.

A communications strategy will be developed to align with the implementation plan.

## **10. Conclusion**

There is a rising need in preventative services at the time when public spending in services is falling due to central government cutting local authority funding, with most of this need remaining unmet.

The Office for National Statistics (ONS) population projections stated that, between 2010 and 2030, the numbers of people entering social care and needing support would rise by 17.7% in home care services; by 22.4 in day care services; by 25.1% in residential and nursing care; while the numbers of all groups including those without disability would rise by 10.0%

Implementation of the action plans for the strategy would be through co-production in future programme of community development and engagement work. Through “One Slough” approach, we will work with communities in Slough with a view of developing skills and knowledge so that residents are better placed to flourish from the wide range of opportunities available in Slough as well as being equipped to better meet some of their own needs. This will incorporate three main projects under a single community development programme, these are: Community Hubs, Community Development and Integrated Community Working.

Through joint working through the multi-agency project team, we will create a picture of the existing preventative landscape across the borough, as well as recommending actions to take forward.

Delivering and monitoring these actions will be essential to making sure that we are able to achieve our vision.

## Appendices 1 – How the Strategy Was Developed

To inform the strategic framework, we analysed the needs of the population in Slough, which included looking at the projections for the characteristics of a growing population, including age and the prevalence of long term conditions. Given the known detrimental impact of loneliness and isolation, the number of older adults living alone was also assessed.

We used the Joint Strategic Needs Assessment [[will insert link](#)] and Slough Story [[will insert link](#)] to provide the evidence base that informs the needs of the population of Slough (see below). A link to the key issues facing Slough that this Strategy seeks to address is provided here [[will insert link](#)].

There was also a consultation with our partner organisations through a series of events that included a response to questionnaires during 2016. A workshop was held in February 2016, which brought together representatives of the key partnerships organisations across the borough. The main purpose of the workshop was to:

- Look at the local picture (needs and trends) from available data and assess needs analysis
- Identify gaps, strengths, weaknesses, opportunities, and threats
- Look at what other local authorities are doing
- Explore the Principles of the Prevention Strategy
- Agree priority and measurable areas
- Agree outcomes and outputs that would be implemented in Slough
- Agree measures that we need to put in place to monitor progress; and
- Analyse any gaps and demand Profile

## **Appendices 2 Other local context**

### **Slough Digital Transformation**

Slough is developing a digital capability that would enable digital leadership and innovation to: improve the way we deliver and commission services; use our data in a more proactive way; enable Slough to become a Smart City; and develop more mobile and flexible working. This would play a big part in the prevention activities of this strategy.

### **Financial Restraints**

Coupled with the identified issues above, public services continue to be issued with challenging efficiency savings. Locally, Slough Borough Council has allocated to the Adult Social Care a savings plan of around £7.9 million (approximately 21% of the 2015/16 budget) over the 5 year strategic plan.

### **Sustainability and Transformation Plan**

The Frimley Health and Care System's aim is to make sure that most of the residents have the skills, confidence and support to take responsibility for their own health and wellbeing. The STP intends to do more to assist residents in this and is committed to developing integrated decision making hubs with phased implementation across the area by 2018. Integrated hubs will provide a foundation for a new model of general practice, provided at scale. This includes development of GP federations to improve resilience and capacity and provides the space for GPs to serve their residents in a hub that has the support of a fit for purpose supported workforce.

The first priority of Frimley Health and Care's Sustainable Plan states that the STP would make a substantial step change to improve wellbeing, increase prevention, self-care and early detection of health issues of the population. Through focussing on the individual, as opposed to structure, there would be an increased focus on prevention and pro-active care rather than reactive treatment.

### **The Social Care Reform programme**

The purpose of the Social Care Reform programme is to coordinate and direct the Adult Social Care's service plans. These would implement a range of projects that will transform the department's activities, and that manage care at the point of crisis towards a model of care and support that works with both internal and external partners. The programme aims to: manage the complex organisational dependencies; communicate with senior stakeholders the importance of realising the benefits of the programme; and manage the Council's exposure to risk and financial deficit.

The programme works with the spirit of the Care Act 2014, building on the areas of good practice that exist in Slough and to modernise them still further in order to deliver services that will meet the needs of our population now and to ensure that these are fit for purpose for the next generation of service users. The Prevention Strategy would help in that delivery process.

## Appendix 3 – Other Strategies and Plans

This strategy is complemented by other strategies, which set out our overall approach and priorities for improving the health and wellbeing of local people in Slough.

<p><b>Joint SWB Strategy 2016 – 2020</b></p>	<p>The Strategy is focussed on four key priorities to improve the health and wellbeing of the people in Slough. These are:</p> <ol style="list-style-type: none"> <li>1. Protecting vulnerable children</li> <li>2. Increasing life expectancy by focusing on inequalities</li> <li>3. Improving mental health and wellbeing</li> <li>4. Housing</li> </ol> <p>The priorities are cross-cutting in nature and directly or indirectly improve outcomes. They are focussed on where real difference can be achieved</p> <p>Delivery of the Strategy is underpin five key principles, which are:</p> <ul style="list-style-type: none"> <li>• Focus on prevention, early intervention and health promotion</li> <li>• Provide opportunities for individual and community empowerment and volunteering</li> <li>• Promote a culture of self care and personal responsibility</li> <li>• Achieve more for less by making the very best use of resources.</li> <li>• Engage in an on-going dialogue with residents, communities and patients.</li> </ul>
<p><b>Public Health Commissioning Strategy</b></p>	<p>Outlines our vision to transform public health services to improve health and wellbeing for our local communities.</p>
<p><b>CCG Strategic Plans</b></p>	<p>Slough Clinical Commissioning Group would face its challenges over the next five years in Slough by “Preserving the values that underpin a universal health service, free at the point of use, will mean fundamental changes to how they deliver and use health and care services”.</p> <p>The CCG Local Vision is aimed at children <b>starting and developing well</b>, residents living well, and the elderly ageing well. The vision focus on (among others issues): An increase in immunisation and screening rate particularly for MMR; Reviewing school nursing service, with a particular focus on the importance of children and young people’s mental wellbeing; New information resources to support self-care and expand access to primary prevention services; Help GPs deliver best practice support for people with diabetes; Expand Falls Prevention work; Develop programmes for positive physical and mental wellbeing, looking at social isolation; and Work together to integrate health and social care to reduce the number of emergency admissions.</p>
<p><b>Slough Borough Council's Five Year Plan</b></p>	<p>The priority outcomes in the Slough’s in the Five Year Plan is for Slough to be a place where people choose to live and work; where children can have the best start in life; where residents can become healthier by managing their own health, care and support needs; and where residents have access to good quality homes. Enabling and preventing is one of the outcomes within the “Five Year Plan. This is to make sure residents in</p>

	Slough are healthy, resilient and have positive life chances. Slough aims to enable more people to take responsibility and manage their own health, care and support needs
<b>Children and Young People's Plan</b>	Focuses on how we will give every child the best start in life and the ability to reach their full potential
<b>Slough ASC/Voluntary Sector Organisation Partnership Strategy 2015 to 2020</b>	<p>The vision for strategy is: <b><i>'To promote a healthy and thriving voluntary and community sector that focuses on meeting the needs of the most vulnerable adult residents living in Slough'</i></b></p> <p>To help us achieve this, the strategy has 4 key aims:</p> <ul style="list-style-type: none"> <li>• Find innovative and effective ways to provide high quality services and support with and for residents.</li> <li>• Focus on shared outcomes which enhance wellbeing through promoting prevention services which avoid, delay and reduce the need for care and support.</li> <li>• Support the community and individuals to be more resilient and do more to help themselves to meet their health and care needs.</li> <li>• To improve social value by taking into account social, economic and environmental value when choosing suppliers rather than focussing solely on cost. The expectation is that this will enable smaller organisations or those from the charitable and voluntary sectors to compete more successfully.</li> </ul> <p>To deliver the key aims, the Slough Borough Council would work in partnership with the local voluntary sector, community groups and networks to develop services that achieve the positive outcomes for people in Slough</p>
<b>SBC Leisure strategy: Get Active Slough</b>	<p>The Leisure Strategy has a vision to “Enhance the health and wellbeing of Slough residents by ensuring that physical activity and sport is adopted as a habit for life for all - more people, more active, more often.”</p> <p>The council is implementing the leisure strategy by making sure that all key facilities are provided for. This helps the council to bring opportunities for leisure participation closer to local people, many of whom are reluctant to travel or are put off by a large leisure centre. There is more flexible in the way Leisure is able to respond to needs of people and maximise all opportunities as they arise.</p> <p>There is much stronger connection between facilities and capital investment and targeted programmes to engage local people and run activities in a wide variety of venues, from parks or community centres to leisure centre</p>
<b>West Berkshire Health and Wellbeing Strategy 2015 –</b>	Falls are among the most common and serious problems facing older people. They result from the interaction of multiple and diverse risk factors and situations, many of which can be corrected. Critically, older people themselves are often not aware of their risks of falling, nor do they report

<p><b>2018: Berkshire Falls prevention</b></p>	<p>the presence of risk factors to others who might be able to help. By introducing an integrated falls service for Slough, Berkshire Health Care Trust aim to reduce the number of falls and their seriousness. As osteoporosis increases the risk of an older person sustaining a fracture resulting from a fall, osteoporosis too must be targeted in a joint approach (See the National Service Framework for Older People, 2001). As a result, this would maximise independence in older people by preventing falls, reducing preventable hospital admissions due to falls and improving rehabilitation services. This will secure improved outcomes for older people, including greater independence and an improved quality of life. It will also reduce pressure on the NHS and social services.</p>
<p><b>Slough CAMHS strategy (2015-19)</b></p>	<p>The 3 CCGs for Bracknell and Ascot, Slough, Windsor and Maidenhead work together with Social Care to improve the local CAMHS system. They formed a partnership called the East Berkshire Transforming Children’s Health Board and wrote the East Berkshire Transformation Plan for Children and Young People’s Mental Health and Wellbeing. The transformation plan aim to improve CAMHS by:</p> <ul style="list-style-type: none"> <li>• Promoting resilience and providing early support</li> <li>• Improving access to a joined up system</li> <li>• Caring for the most vulnerable children and young people</li> <li>• Developing its staff</li> <li>• Taking responsibility for the services provided</li> </ul>
<p><b>Mental Health: Crisis Care Concordat</b></p>	<p>The actions set out in the Concordat are driven by people and place based evidence of need in the JSNA. Wider determinants such as housing, physical health problems and levels of community support inform the actions in this plan</p> <p>There are 14 Categories of the Concordat that are being implemented.</p> <p>On top of this, Slough adopted the World Health Organisation list of interventions that can be cost effective within 0-5 years – the lifetime of the mental health and wellbeing elements of Slough Wellbeing strategy, these include: Healthy employment programmes; Resilience building; violence prevention, prevention of postnatal depression, family support projects, mental health in the workplace, psychosocial groups for older people, parenting programmes, depression prevention, Behaviour change, restriction of alcohol.</p> <p>Locally:</p> <ul style="list-style-type: none"> <li>• Mental Health patients have access to peer mentoring in the community via sector providers. This service is provided through the Slough CMHT</li> <li>• Slough also has a Recovery College with over 30 courses and 200 students. The college utilises personal budgets for some students and college courses via local providers.</li> <li>• Slough has 22 peer mentors who are delivering services across the College. These mentors are part of the Royal College of Psychiatry Peer Review Programme.</li> <li>• Peer Mentors from Embrace facilitate group work in Prospect Park Hospital.</li> </ul>

<p><b>Housing Strategy 2016-2020</b></p>	<p>The strategy's aim to "Joining Outcomes Together" would result in:</p> <ul style="list-style-type: none"> <li>• Improved housing choice in the size and types of properties in the areas that people and families need to live and that they can afford.</li> <li>• People with long term conditions are supported by suitable housing which is safe, warm and resource efficient allowing access to appropriate prevention services including adaptations to stay well and maintain their independence.</li> <li>• People with mental health, learning or physical vulnerabilities, whether in childhood, adulthood, or in older age have choice of access to suitable or specialist accommodation, maintain their independence and report a better quality of life.</li> </ul>
<p><b>Fire Prevention</b></p>	<p>Along with providing a swift and effective response to incidents, one of the Royal Berkshire Fire and Rescue Service (RBFRS) key aims is to educate people on how to prevent fire and other emergencies. To do this, we will work with schools, businesses, residents and community groups throughout Berkshire to raise awareness and educate people about a wide variety of safety issues.</p>

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