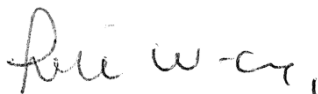


Wednesday, 27<sup>th</sup> November 19

<b>MEETING</b>	<b>EDUCATION AND CHILDREN'S SERVICES SCRUTINY PANEL</b> (Councillors Basra (Chair), Kelly, Ajaib, Begum, N Hollidge, Qaseem, Sadiq, A Sandhu and Sarfraz)  <b><u>Education Voting Co-opted Members</u></b>  <b><u>Education Non-Voting Co-opted Members</u></b> Kassapian, Sayed and Welsh
<b>DATE AND TIME:</b>	THURSDAY, 5TH DECEMBER, 2019 AT 6.30 PM
<b>VENUE:</b>	COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL
<b>SCRUTINY OFFICER: (for all enquiries)</b>	TIRAN KHEHRA  01753 875560

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 1 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 Meeting held on 23rd October 2019	1 - 4	
3.	Member Questions		
	<i>(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).</i>		
<b>SCRUTINY ISSUES</b>			
4.	East Berks Local Transformation Plan for children's mental health and wellbeing	5 - 18	
5.	Leisure offer for young people in Slough	19 - 24	
6.	Health outcomes for children and young people	25 - 40	
<b>ITEMS FOR INFORMATION</b>			
7.	Education and Children's Services Scrutiny Panel Work Programme	41 - 44	
8.	Members Attendance Record	45 - 46	
9.	Date of Next Meeting - 6th February 2020		

## Press and Public

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

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

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**Education and Children's Services Scrutiny Panel – Meeting held on Wednesday, 23rd October, 2019.**

**Present:-** Councillors Kelly (Vice-Chair), Ajaib, Basra, Begum, Qaseem, Sadiq, A Sandhu and Sarfraz

**Also present under Rule 30:-** Councillors

**Education Voting Co-opted Members**

**Education Non-Voting Co-opted Members**

**Apologies for Absence:-** Councillor N Holledge and Kassapian

**PART 1**

**10. Declarations of Interest**

No interests were declared.

**11. Election of chair**

**Resolved:** That Councillor Basra be elected as Chair of the Panel for the remainder of the 2019/20 municipal year.

**12. Minutes of the Meeting held on 16th July 2019**

Members noted that a revised set of minutes, which had been amended in terms of numbering only, had been tabled.

**Resolved:** That the minutes of the meeting held on 16 July 2019 be approved as a correct record.

**13. Member Questions**

No questions were raised at the meeting.

**14. Measuring Young People's Happiness - to follow**

The Panel received a report which sought the Panel's views on how the approach to the measurement of children and young people's happiness in Slough might best be developed.

James O'Neill, Strategic Insight Manager, outlined the content of the report, which related to the priorities of the Slough Joint Wellbeing Strategy of protecting vulnerable children and improving mental health and wellbeing. The report also related to the first priority of the Five

## Education and Children's Services Scrutiny Panel - 23.10.19

Year Plan that Slough children would grow up to be happy, healthy and successful.

In considering the report, a Member suggested that a balanced scorecard would be useful in scrutinising the work/progress, particularly if it could be made available quickly. The officer undertook to provide this.

A Member expressed the view that a number of children who were entitled to free school meals did not take them and could therefore fall 'under the radar' and he questioned whether this could be captured. The officer confirmed that this could be factored in and that interpretation of data was significant. He added that some of the wellbeing questions would highlight such issues. Questions would need to be asked in child friendly language as the aim was build up a picture of the child.

**Resolved** – That the report be noted and a balanced scorecard be used to report information to the Panel in the future.

### 15. Local Safeguarding Children Board Annual Report

The Panel received the Local Safeguarding Children Board Annual Report which provided an account of the Board's activities in the financial year April 2018-March 2019. Members noted that some of the electronic links in the report did not work but that the documents could be made available on request.

Nick Georgiou, Independent Chair of Slough Safeguarding Boards, introduced the report and advised that the main message was that there had been significant changes required by the Department for Education (DfE) in terms of child safeguarding. The DfE had indicated that the establishment of the Slough Safeguarding Leaders Group was to be welcomed.

In response to a Member's question in relation to awareness training, the Independent Chair stated that this was a good illustration of how different agencies were working together. Betty Lynch, Safeguarding Partnership Manager, added that the different boards had worked together in order to encourage attendance at safeguarding training with approximately 40 professionals attending each session.

The Chair of the Panel sought reassurance that support for schools and teachers was included as part of the training agenda and was advised that the Director of Children's Services chaired the Safeguarding Partnership and that a coordinator assisted schools with training. In addition, emerging topics were discussed with schools.

A Member questioned the increase in the number of allegations referred to the Local Authority Designated Officer (LADO). The Chair of

## **Education and Children's Services Scrutiny Panel - 23.10.19**

the Board explained that this was a positive in that allegations were being referred and was an indication that the process was working, particularly when the outcomes were considered. The Safeguarding Partnership Manager added that the LADO was employed by the Children's Trust and had provided intensive training on safeguarding which had, in turn, increased awareness.

In response to a Member's question in relation to the number of children fostered privately, the Chair of the Board stated that he would question the accuracy of the figures. Awareness of the issues around private fostering needed to be increased, particularly in schools. An officer advised that private fostering was the term used when a child went to live with an individual who was not a member of their immediate or extended family for 28 days or more. These children were potentially quite vulnerable.

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

### **16. Joint Parenting Panel Quarterly Update**

The Panel received the report which provided an update on the work of the Joint Parenting Panel since the last meeting.

Members noted that the responsible officer had been unable to attend the Panel meeting and the request that any questions/comments be submitted separately.

**Resolved** – that (1) the report be noted; and  
(2) Members submit any questions or comments on the update report to the scrutiny officer.

### **17. Education and Children's Services Scrutiny Panel Work Programme 2019/20**

The Panel reviewed the current work programme.

Members indicated that it had been useful to visit children's centres and agreed that it would also be beneficial to visit youth groups.

**Resolved** – That the work programme be noted.

### **18. Attendance Record**

**Resolved** – that the attendance record be noted.

### **19. Date of Next Meeting - 5th December 2019**

Chair

**Education and Children's Services Scrutiny Panel - 23.10.19**

(Note: The Meeting opened at 6.30 pm and closed at 7.04 pm)



**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Education and Children's Services Scrutiny Panel

**DATE:** 5<sup>th</sup> December 2019

**CONTACT OFFICERS:** Michael Jarrett, Service Lead - Early Years and Prevention  
Slough Borough Council

Janette Fullwood – Head of Children, Young People and Families  
NHS East Berkshire Clinical Commissioning Group

**(For all Enquiries)** (01753) 476556

**WARD(S):** All

**PART I****FOR INFORMATION AND COMMENT****LOCAL TRANSFORMATION PLAN CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING (EAST BERKSHIRE) UPDATE DECEMBER 2019****1. Purpose of Report**

This report provides an overview of the work that has been undertaken as a result of the [Local Transformation Plan \(LTP\) of the Children and Young People Mental Health and Wellbeing \(East Berkshire\) Plan](#).

The report provides a more detailed overview of some of the key areas of development including the:

- implementation of the Mental Health Support Team and Getting Help Team in Slough (early intervention for Mental Health Support)
- young Health Champions

The LTP plan is currently being refreshed. The new plan will be published by Mid- December 2019.

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

The committee is recommended to note and comment as appropriate on the work that has been undertaken amongst partners to deliver the outcomes in the published LTP.

**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. See Appendix 1 for mental Health and Well-Being data taken from the JSNSA.

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

The Slough Joint Wellbeing Strategy aims to improve the health and wellbeing of the local community and reduce inequalities for all ages. It uses the JSNA as its evidence base. *Priority 3: Improving the mental health and wellbeing of slough's residents is one of the strategy's key priorities. Additionally, the LTP also has a focus on vulnerable groups so links to the priorities 1 *Protecting vulnerable children and 2 Increasing life expectancy by focusing on inequalities.**

3b. **Five Year Plan Outcomes**

The work of the Local Transformation Plan directly contributes to the following outcomes in the Council's Five Year Plan:

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

4. **Other Implications**

(a) Financial - There are no financial implications of proposed action

(b) Risk Management - None

(c) Human Rights Act and Other Legal Implications - None

(d) Equalities Impact Assessment - None

(e) Workforce: The below are the additional new posts that have been created linked to the early intervention work – Mental Health Support Team and Getting Help Teams.

Mental Health Support Team – Slough  
NHS E and Health Education funded (funding comes to CCGs)

Additional Early Intervention capacity funded through existing CCG monies – East Berkshire

Description	AFC Grade	WTE
	Insert grade	Insert WTE
Admin	4	0.5
EMHP	5	4
Supervisor/Practitioner	6	1.4
Supervisors/higher level therapists	7	1
Team Leader	8a	0.5

Staff will be employed by Berkshire Healthcare but will sit in and form part of LA Early Help teams (MHST will work peripatetically in the cohort of selected schools)

## 5. Supporting Information

### Background to the refreshed Local Transformation Plan

- 5.1 The government report *Future in Mind* (Source: *Future in Mind 2014*) was published in 2014. This report described the changes that were vital to improve children and young people’s mental health. These changes are especially important given that:
- 50% of mental health problems in adult life (excluding dementia) start by the age of 14 and 75% by the age of 18
  - 1 in 10 children and young people need support or treatment for mental health problems
  - Mental ill health can affect the life chances of the young person including lower educational achievement, reduced life expectancy and is strongly associated with behaviours that pose a risk to their health such as drug and alcohol abuse and risky sexual behaviour.
- 5.2 The recommendations made in the report were based around five key themes:
- 1) Promoting resilience, prevention and early intervention
  - 2) Improving access to effective support – a system without tiers
  - 3) Care for the most vulnerable
  - 4) Accountability and Transparency
  - 5) Developing the workforce
- 5.3 The full report can be accessed via:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)
- 5.4 [\*The Five Year Forward View for Mental Health\*](#) was published in February 2015. This outlined the ambitions that the NHS should strive for mental health across all ages:
- Everyone should have access to high quality mental health services when
  - needed, as close to home as possible,
  - Bring mental and physical health together
  - Promote good mental health, prevention and early intervention.
- 5.5 The Five Year Forward View supported the approach laid out in *Future in Mind* that it was vital that we have a, “... *model for wider system reform which involves the NHS, public health, voluntary, local authority and youth justice services working together through Local Transformation Plans to build resilience, promote good mental health and make it easier for Children and young people to access high quality care.*” (Page 23).

Description	AFC Grade	WTE
	Insert grade	Insert WTE
Admin	3	1.5
RtT CYP Wellbeing Practitioners	4	3
CYP Wellbeing Practitioners	5	4 .5 (+1 extra BF)
Supervisor/Practitioner	7	1.8
Team Leader	8a	0.8

- 5.6 The NHS Long Term Plan was published in January 2019. This document lays out the NHS's plans and priorities for the next decade. The plan makes a renewed commitment that children and young people's mental health services will grow faster than both overall funding and total mental health spending. Nationally, the NHS Long Term Plan has committed to:
- An extra £2.3 billion for mental health services per year by 2023/24, with a commitment to a proportional increase in funding for children and young people's mental health
  - An ambition to support an additional 345,000 children and young people with their mental health through CAMHS, community mental health services and help in schools and colleges by 2022/23
  - An expansion of age-appropriate crisis care for children and young people, including a 24/7 telephone hotline for those experiencing a mental health crisis
  - Creating a comprehensive mental and physical health model for 0–25 year olds to avoid difficult transitions into adult services at 18 years old
  - New services for children with complex needs which are not being met, including children who have been victims of sexual assault
- 5.7 Clinical Commissioning Groups (CCGs) are required to publish their Transformation Plan outlining their ambitions. In October 2016 East Berkshire CCG published their Plan following sign off from senior leaders within the East Berkshire CCG and local Health and Well Being Boards. The original Transformation Plan included the following vision:
- East Berkshire's ambitious vision is that by 2020/21 or before, commissioned high quality evidence based mental and physical health services will be fully integrated, inclusive, accessible, timely, and responsive and informed by the needs expressed by children, young people, parents and carers. This vision is fully inclusive of services from routine, to urgent and specialist.*
- 5.8 NHS England requires CCGs to regularly refresh and republish their Transformation Plans. Our Local Transformation Plan (LTP) describes how as a local system we are working to improve the emotional wellbeing and mental health of all children and young people (CYP) across East Berkshire. This is in line with the national ambition and principles set out in the government document "Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing" (2015).
- 5.9 In October 2016, East Berkshire published its first LTP, which was approved by NHS England. In March 2017, a refresh of the original plan was undertaken and an interim assessment of progress towards achieving local ambitions was carried out. At the end of October 2018, NHS England approved an updated version of the LTP, which was then published in January 2019.
- 5.10 The LTP covers the whole spectrum of services for children and young people's emotional and mental health and wellbeing within East Berkshire. It involves professionals working together and with children, young people and their families/carers to design and provide the best possible services. Whilst NHS East Berkshire CCG is the lead for the coordination of this plan, the plan is a system wide plan.
- 5.11 Summary of progress: In our previous LTP we stated our ambition to not simply adjust existing services, but to transform them across the whole system. The

strengthened governance arrangements and multiagency, partnership-group working that we put in place last year have allowed us to progress our work at pace. We are an ambitious partnership with integration, collaboration and co-production at the heart of our transformation agenda.

Below are some of the highlights from our achievements since publication of our previous plan in January 2019

- Strengthened governance arrangements and refreshed multiagency LTP-group working are ensuring shared ownership of the CAMHS transformation agenda.
- The Young Health Champions (peer education/co-production) programme has been set up in Slough. Young Minds have carried out a learning evaluation to help support the scale-up of this work. See section 5.17
- There has been an increase in the numbers of CYP being supported across our providers
- A review of our eating disorder service has been completed. As a result of this review, additional investment has been made to ensure that by Jan 2020 we will be reaching national access and waiting-time standards for urgent and routine referrals. This additional funding will also allow for:
  1. Providing intensive meal support (with a home treatment element where appropriate) for complex cases requiring this level of help
  2. Preventative and early intervention: dedicated time to provide teaching/training to GPs and school nurses to help identify and manage the early signs of eating disorders
- We succeeded in our bid to be one of the 2019 wave of sites selected to implement the new Mental Health Support Teams (MHSTs), as set out in the Children and Young People's Mental Health Green Paper and the NHS Long Term Plan. This team has been allocated to Slough, See Section 5.18.
- We are doing more to combat health inequalities including recruiting a LAC CAMHS worker, continuing funding to local YOTs (CAMHS/Speech and Language Support), offering LGBT awareness and mental health training.
- A new integrated early intervention offer is in development and is being co-produced with a range of stakeholders, including CYP themselves. This will enable us to provide a comprehensive CAMHS offer and allow us to provide help earlier through dedicated Mental Health Practitioners. The total investment for this specific work is half a million pounds. See section
- Psychological perspectives in education and primary care (PPEP Care) training has continued to be rolled out across the workforce in education (teaching and support staff) and health (GPs, practice nurses, school nurses, A&E staff and others, including LA staff, youth workers, YOT). 2469 professional/volunteers have already received this training. 1145 individuals were trained from Slough. (441 individuals were trained from a mixed geographical area which includes Slough
- We are publishing a new, annual East Berkshire children's workforce training offer tailored to mental health (November 2019) to ensure a more coordinated approach to CPD opportunities for the CYP workforce
- 39 professionals and volunteers are training as Mental Health First Aid England Instructors. They will then be able to support the roll-out of free training for 144 professionals/volunteers as Mental Health First Aiders.

- A specialist training programme is being delivered aimed at developing a restorative approach to improving the mental health and wellbeing of our children and young people (CYP). 22 senior leaders from Slough have attended this training to date and we are rolling out line manager and frontline practitioners training in 2020
- A successful CCG-funded waiting-list initiative has been completed. In October 2019 East Berkshire CCG allocated a significant investment to Berkshire Healthcare to reduce waiting times for autism assessment. The funding was used to put in place a digital solution: interactive online assessments via Healios. This has significantly reduced the waiting times for autism assessments. The average waiting time for an autism assessment has dropped by 45.8% in East Berkshire from 83 weeks in October 2018 to 45 weeks in June 2019.
- A comprehensive, all-age, multiagency systems review of autism and ADHD services has taken place. Over 90 stakeholders were consulted on the current provision and gaps in services and were asked to co-produce a design for improved future services. An East Berkshire system-wide approach is in place to deliver the recommendations from the review's findings. Additional funding has been allocated from the CCG for ongoing project management.
- The voluntary sector has continued to provide information and support to families whose children are waiting for autism or ADHD assessments, or who already have a diagnosis. *While autism is not a mental health condition, it is estimated that 71% of people with autism also have mental health difficulties.*
- A tripartite panel has been set up to ensure a multiagency, coordinated approach for CYP with complex needs. This includes CYP who are in Section 117 aftercare (whilst not all of the CYP who are discussed at the panel have mental health issues, a significant number of them do). The panel includes representation from LAs, NHS England, the CCG and an expert consultant psychiatrist.
- Young people have been trained as young commissioners to support the commissioning cycle and procurement of any future commissioned work.
- Increased capacity in local, age-appropriate crisis-response services, through commissioning additional support (CYP psychiatric liaison) to cover CYP experiencing a mental health crisis who attends at Frimley Hospital.
- We have developed a multiagency process for CYP presenting in crisis at Wexham Park. This has been developed by Slough Children's Service Trust, Health (Acute and Rapid Response (CAMHS)).
- Our Transforming Care Programme for People with Learning Difficulties has been extended for a year, which means we can align this to future work. The programme includes: seeking opportunities to expand the adult intensive support team to children and young people; learning from a review of community-based learning difficulties services.

## 5. 12 Summary of ongoing challenges

- New prevalence data was published in 2019. The last survey, conducted in 2004, found that 1 in 10 children aged 5–15 had a mental health disorder (emotional, behavioral, hyperactive or other). In the newly released 2017 figures, this has risen to 1 in 9. When we include older children and look across all children and young people aged 5–19, we find that 1 in 8 (12.8%) have at least one mental disorder. This change has largely been driven by an increase in emotional disorders (including anxiety and depression), which for 5–15 year olds rose from 3.9% in 2004 to 5.8% in 2017.

- The needs of CYP who are being supported by our specialist services are increasingly complex.
- Demand for eating disorder services outstrips the nationally modelled rate. We have seen an increase in complexity in the needs of young people who require help. In addition, there continues to be increased public expectation of the NHS and from the NICE guidance to expand service offers (for example new guidance on including treatment for Avoidant Restrictive Food Intake Disorder within the eating disorder offer).
- Recruitment and staff retention in our specialist services
- There has been an increase in the number of CYP whose mental health and behavioural problems are so complex their needs cannot be met in the community. Whilst the number of such cases is small, they are our most vulnerable young people.
- The availability of suitable inpatient beds close to home is poor and there is a lack of local inpatient beds for young people with eating disorders.
- As demand on services continues to grow, we are experiencing financial pressures across the system, requiring increased investment.
- Flowing data onto the national MHSDS involves multiple providers with differing IT systems and data-governance arrangements.
- Our area has increasing numbers of vulnerable young people, for example CLA and SEND with EHCPs.
- Mental health is a crosscutting theme and the work needed to transform this agenda is pulling on a range of partners from the system. Although there is widespread commitment to continue to progress the transformation work, feedback has been that this work has been very time-consuming. Whilst there may be a desire to change, competing demands on time and external factors may prevent that change from happening at the pace required.

## **Young Health Champions programme**

- 5.13 The engagement and participation of children and young people has been crucial for the ongoing development of our mental health services and priorities reflected in this plan. To guarantee that it remains a priority, we added co-production as an enabler in our previous LTP. Over the last year, we have continued to work closely with a range of children and young people through key professionals and youth-voice mechanisms, such as our expanding Young Health Champions network.
- 5.14 To further develop our participation work with children and young people, NHS East Berkshire CCG has allocated funding to further develop our Young Health Champions (YHC) programme, accredited by the Royal Society of Public Health. Based on a partnership between health, education, Local Authorities and the voluntary sector, this project has allowed us to move our participation approach from consultation to co-production.
- 5.15 Phase 1 of the programme has already started in Slough and Bracknell Forest, and Phase 2 has seen this extend to more secondary schools across these areas as well as coming to RBWM in 2020. The project aims to:

- Deliver a young people-led, peer-education emotional wellbeing programme
  - Form a co-production network to support peer engagement, communication and service design and commissioning
- 5.16 In Slough the Young Health Champions programme are now in all secondary schools (with a sixth form). We have also piloted a community based programme partnering with the voluntary sector and National Citizen Service. This brings the total of Young Health Champions to 62 young people.
- 5.17 In July 2019 Young Minds carried out a learning evaluation on the Young Health Champions programme, exploring how it has adapted and responded over time. The evaluation report included a number of recommendations that have helped to inform the CCG's scaling up of the YHC programme across East Berkshire. Additionally, in our local model for the Mental Health Support Teams (see section 5.24 – 5.28) we have built in the Young Health Champions programme. You can read the full Young Minds report here: [Young Minds Youth Health Champions Report \(East Berkshire\)](#).

## **Early Intervention – Mental Health Support Team and Getting Help Team**

### **Getting Help Teams (East Berkshire)**

- 5.18 The development of a new early intervention model, designed to give children and young people better access to early help to meet any emerging emotional and mental health needs, sits within Outcome 2 of the LTP. Our previous LTP described how, collectively, we intended to establish a coordinated and jointly commissioned approach for early intervention mental health support to reduce the reliance on specialist CAMHS.
- 5.19 During 2019 we have held engagement sessions with diverse local stakeholders, including education and health support services and children and young people themselves (including our Young Health Champions). The themes from these sessions and the results of a detailed needs assessment by our public health team have helped inform our commissioning intentions and allowed us to produce an improved model for early intervention.
- 5.20 Central to the new model is the principle of integration through collaboration, joint working and co-production. Building on existing support, rather than replacing it, our commissioning intentions for this work are to:
- Create a new integrated pathway for emotional health and wellbeing which is based on joint working, collaboration and co-production.
  - Create a single point of entry for emerging mental health difficulties (i.e. emotional health triage) via LAs' early help systems.
  - Implement a more comprehensive CAMHS offer by providing evidenced-based (NICE Guidelines) early support for emerging mental health difficulties to children and young people aged 0–19. This will be achieved through the creation of a number of new dedicated CYP mental health posts – staff will be employed by Berkshire Healthcare but sit within early help in each LA



- Create a new branding for the CAMHS partnership of providers, including the voluntary sector.
- Create a new CAMHS partnership website.
- Deliver on a wider range of workforce development initiatives to enhance the system's response to emotional health need in East Berkshire. The focus will be on a train-the-trainer approach to allow for sustainability.
- Develop emotional wellbeing drop-ins within the local community to improve ease of access to advice and support.
- Continue to work with the voluntary sector to offer youth counselling support as part of the new pathway.
- Continue to offer a digital option but recommission this from March 2020 (our current contract with Kooth is until the end of March 2020).
- Expand the Young Health Champions network to support co-production and peer education.

5.21 We will expand our workforce of mental health professionals in order to:

- Provide timely, evidence-based support, care and interventions for children and young people who are experiencing mild to moderate mental health problems.
- Support children and young people who present with developing or emerging problems. The new mental health professionals may also provide support for those who present with more complex needs, which will require joint working with and signposting to appropriate services.
- Work with wider early help teams work to support a multiagency approach to mental health and wellbeing across the early help system, including advice, consultation and training.
- Create a multiagency emotional health triage system in order to strengthen existing early help within LAs.

5.22 Operating under the Thrive model, the new early intervention offer will support families, schools and local communities with linking into risk support and Getting More Help from specialist mental health services when difficulties are acute, severe and/or enduring. The model will use a restorative approach, which means that we will work “with” and not “to” or “for” our communities, partners and service users.

5.23 These developments will allow us to offer a more integrated pathway, reducing the fragmentation that currently exists within the system. The new model will also help to reduce the pressure on our specialist services (CAMHS): currently approximately 40% of referrals into Common Point of Entry are not accepted (as they require a lower level of support).

### **Mental Health Support Team**

5.24 In Slough there will be an enhanced model through the implementation of the Mental Health Support Team

- 5.25 In July 2019 we succeeded in our bid to be one of the 2019 wave of sites selected to implement the new MHSTs. With funding from NHS England and Health Education England, East Berkshire has been allocated one team, consisting of an administrator and four Education Mental Health Practitioners (EMHPs), supervised by a senior-level therapist, a senior practitioner and a team leader.
- 5.26 We have chosen to base this MHST in Slough because it is the locality with the highest prevalence of mental health disorders in our area.
- 5.27 The team will cover a cohort of identified education settings in Slough starting from September 2019 and will be fully operational by August 2020.
- 5.28 MHSTs will have three core functions
- 1) To deliver evidence-based interventions for mild to moderate mental health issues, alongside existing provision such as counselling, educational psychologists and school nurses. This will build on the menu of support already available and will not be replacing it.
  - 2) To support a Senior Mental Health Lead in each education setting to introduce or develop a whole school or college approach.
  - 3) To give timely advice to school and college staff and liaising with external specialist services to help child and young people get the right support and stay in education.

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

- 6.1 The progress was shared with the Health and Social Care Partnership Board on 29/10/2019 during a more general update about children and young people's mental health and wellbeing.

## 7. **Conclusion**

- 7.1 The LTP covers the whole spectrum of services for children and young people's emotional and mental health and wellbeing within East Berkshire. It involves professionals working together and with children, young people and their families/carers to design and provide the best possible services. Whilst NHS East Berkshire CCG is the lead for the coordination of this plan, the plan is a system wide plan. The plan is currently being updated and will be published by the end of December 2019.
- 7.2 One of the key areas of focus over the last years has been linked to outcome two in the LTP which states:

*Children and young people will have access to early help to meet any emerging emotional and mental health needs*

We specifically stated that we would:

*Establish coordinated and jointly commissioned approach for early intervention mental health support to reduce the reliance on specialist CAMHS*

The Mental Health Support Team and Getting Help Team are all focused on early intervention support to build additional capacity in the system. These teams are currently being implemented and will be fully operational by September 2019.

8. **Appendices Attached**

'A' - Needs Assessment

## **Appendix A- Needs Assessment**

**Mental Health and Wellbeing data children and young people take from JSNA Slough CCG Locality Profile 2017** accessed via <http://www.slough.gov.uk/downloads/slough-CCG-profile-2017.pdf>

- In October 2017, Slough CCG had 45,643 registered patients aged less than 19 years of age. 29% of the CCG's total registered population are under 19.
- 2,055 pre-school children (aged 2 to 5) and 2,380 children school-age children (aged 5-16) are estimated to have a mental health disorder.
- 935 young people (aged 16 to 19) are estimated to have a neurotic disorder.
- The prevalence of mental health disorders in school-age children vary by age and sex, with boys more likely (11.4%) to have experienced or be experiencing mental health problems than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems. In 2012, 2,380 children aged 5-16 were estimated to have a mental health disorder in the CCG.

**Table 1: Estimated number of children with mental health disorders in Slough CCG by age group and sex**

<b>All mental health disorders</b>			
<b>Gender</b>	<b>5 to 10 year olds</b>	<b>11 to 16 year olds</b>	<b>Total number</b>
<b>Boys</b>	735	735	1,470
<b>Girls</b>	360	550	910
<b>Total</b>	1,095	1,285	2,380

### **Children requiring support from Child & Adolescent Mental Health Services (CAMHS)**

CHIMAT's Needs Assessment for Slough CCG estimates that 9,355 children and young people may require support from CAMHS. This has been broken down for each of the CAMHS Tiers:

#### **CAMHS Tier 1: 5,865 children and young people.**

- *(Service provided by professionals whose main role and training is not in mental health. These include GPs, health visitors, school nurses, social services, voluntary agencies, teachers, residential social workers and juvenile justice workers.)*

#### **CAMHS Tier 2: 2,735 children and young people.**

- *(Provided by specialist trained mental health professionals. They work primarily on their own but may provide specialist input to multiagency teams. Roles include clinical child psychologists, paediatricians, educational psychologists, child psychiatrists and community child psychiatric nurses.)*

#### **CAMHS Tier 3: 725 children and young people.**

- *(Aimed at young people with more complex mental health problems than those*

*seen in Tier 2. This service is provided by a multidisciplinary team, including child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists and art, drama and music therapists.)*

**CAMHS Tier 4: 30 children and young people.**

- *(Aimed at children and adolescents with severe and/or complex problems. These specialised services may be offered in residential, day patient or outpatient settings. These services include in-patient units, secure forensic adolescent units, eating disorder units, specialised teams for sexual abuse and specialist teams for neuropsychiatric problems).*

**Hospital admissions for mental ill-health in children and young people**

- In 2015/16, children aged 0 to 17 had 17 hospital admissions for mental health disorders in Slough CCG. This was a rate of 42 per 100,000 populations, which is significantly lower than the national rate of 85 per 100,000 populations. Self-harming is much more common in children and young people who have mental health disorders, with approximately 10% of 15-16 year olds having self harmed.  
In 2015/16, there were 72 hospital admissions for self-harm in Slough CCG at a rate of 267 per 100,000 population. This was significantly better than the
- England rate of 423 per 100,000 population. It is important to note that hospital admissions do not show the full extent of self harm. The majority of young people who do self-harm will either not harm themselves in a way that needs medical treatment or they will deal with it themselves.

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Education and Children’s Services Scrutiny Panel  
**DATE:** 5 December 2019  
**CONTACT OFFICER:** Alison Hibbert – Leisure Services Manager  
**(For all Enquiries)** (01753) 875896  
**WARD(S):** ALL

**PART I**

**FOR COMMENT AND CONSIDERATION**

**LEISURE OFFER FOR YOUNG PEOPLE IN SLOUGH**

1. **Purpose of Report**

To advise the Education and Children’s Services Panel on the current leisure offer to young people in Slough and why this is a top priority.

2. **Recommendation**

The Education and Children’s Services Scrutiny Panel is requested to note the report and progress made in developing a programme of activity for young people in the town and comment on it.

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

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

All the actions within the Slough Leisure Strategy (2014 – 2019) contribute towards achieving the overarching vision of the Slough Joint Wellbeing Strategy and will make significant contributions to the delivery of the following outcomes:

- **Protecting vulnerable children** - New leisure facilities will be safe environments for children and will target those who are disadvantaged.
- **Improving mental health and wellbeing** – It is well established and accepted that taking part in regular sport and physical activity for both adults and children contributes greatly to better mental health and general wellbeing.

The leisure strategy will be refreshed in 2020.

The JSNA examines the needs of all residents of Slough to identify those groups that experience poor outcomes and access to services. Leisure services are currently working with Slough Children’s Services Trust to develop a leisure offer to looked after children and care leavers.

### 3b. Five Year Plan Outcomes

- **Outcome 1: Slough children will grow up to be happy, healthy and successful**  
- Taking part in regular sport, physical activity and other related positive leisure activity is proven to improve the physical health and mental wellbeing of children and young people, along with educational attainment and confidence and self esteem.
- **Outcome 2: Our people will be healthier and manage their own care needs –**  
Addressing the rates of inactivity in young people aged 16+ is a key priority for the council. Improved leisure facilities and accessible and affordable outreach programmes that cater for a range of abilities will be a key area for turning the tide on this inactivity.
- **Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents –** Leisure services in Slough offer opportunities for young people to train and acquire qualifications in sport and physical activity. Everyone Active offer eight leisure related apprenticeships annually to young people who live in the borough. The Active Slough team offer a variety of level 1 and level 2 coaching qualifications to enable young people to enter employment as part time coaches of sport and physical activity.

### 4. Other Implications

#### (a) Financial

Slough currently offers the most comprehensive community sports and physical activity programme in the region, through the Active Slough team. The current Active Slough programme offers over 90 sessions a week for people of all abilities and ages. Funding to deliver this programme has been secured through grants from Sport England, Spirit 2012 and joint working and delivery with partners and key stakeholders.

More recently the leisure team have secured over £300K in funding to target inactive children and their families in the ward of Chalvey. The ‘Chalvey Can’ project will launch in the New Year and will offer free activity sessions to selected children and their families.

#### (b) Risk Management

Recommendation from section 2 above	Risks/Threats / Opportunities	Current Controls	Using the Risk Management Matrix Score the risk	Future Controls
Members note the statistics indicating the inactivity levels of	Inactivity in early years can lead to obesity and	Weight measurements taken at reception and	2	A more joined up approach with council services,



our children and young people	long term health conditions in later life	year 6.		schools and health.
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(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications in regard to this report

(d) Equalities Impact Assessment

All of Slough’s new leisure facilities are accessible and inclusive. Recently autism friendly activity sessions are being offered along with a comprehensive disability programme.

5. Supporting Information

**Today’s children are the least active generation in history and could be the first generation in existence to have a shorter life expectancy than that of their parents**

**Lord Sebastian Coe – 2012**

5.1 Getting our children and young people to adopt more healthy and active lifestyles is a key priority for the council, particularly in regard to attaining the Chief Medical Officer’s physical activity guidelines of:

- Pre-school (under 5’s) - At least 180 mins (3 hours) throughout the day
- Children and young people (5-18 yrs.) - At least 60 mins (1hr) moderate to vigorous exercise and ideally up to several hours daily

5.2 However just 8% of girls and 16% of boys nationally are currently meeting these guidelines. A third of children are even doing less than 30 minutes of activity a day. Research has also showed that 38% of secondary schools have cut their PE time in the last five years for children aged between 14 and 16 amid the pressure of exams. These national statistics paint a similar picture to Slough.

5.3 On 19 November 2019 a coalition of more than 40 leaders from across British sport have written to the main political parties to request a public commitment to tackle the “alarming public health emergency” of inactivity among young people.

5.4 In 2015 the council commenced its ambitious programme to rebuild and upgrade its core leisure facilities, as part of its five year leisure strategy, including:

- Arbour Park Community Sports Stadium
- Slough Ice Arena
- Salt Hill Activity Centre
- The Centre and Langley Leisure Centre

The final facility opened in March 2019, with a total investment of over £60 million.

5.5 These new facilities offer a comprehensive and varied activity programme for Slough's children and young people.

- **Arbour Park** hosts a number of junior and youth, male and female football teams. It also hosts the highly successful teen disability football team, who recently had the chance to play at the Madjeski Stadium in Reading. This centre is operated by Slough Borough Council.

The following facilities are operated by the council's leisure provider Everyone Active:

- **Slough Ice Arena** offers children and young people the opportunity to take part in ice activity including ice hockey, figure skating, ice disco sessions, general ice skating, synchronised skating, disability skating and climbing; with clip and climb and full climbing wall provision. It also offers a women only fitness gym.
- **Salt Hill Activity Centre** offers soft play up to the age of 8 years, indoor caving, trampolining, high wire climbing and ten pin bowling. The centre also hosts autism friendly sessions for children, with specially adapted activity and environments with specially trained staff.
- **The Centre and Langley Leisure Centre** – The key features of the new and refurbished sports centres are the swimming and fitness facilities. Swimming lesson take up figures have doubled in the last year along with casual swimming figures. This is particularly pleasing as Slough has some of the lowest figures in the region for children at year 6 able to swim 25 metres.

5.6 Everyone Active offers a £15 monthly fitness membership fee for children aged between 11 – 15 years, which entitles them to use the gym (between 3pm to 6pm weekdays) and swim throughout the week. They also offer concessions to families and students.

5.7 The Centre also offers a state of the art sports hall. Its LED floor lighting is the first in the country and children can take part in light show activity including 'chase the box'. The LED lights are particularly good for children with both physical and learning disabilities to take part in moderate to intense physical activity, which is fun.

5.8 As part of the five year leisure strategy the council committed to improve sports provision in local parks and open spaces. From 2015 to present the council has installed the following in parks and open spaces across the borough:

- 1 x skate park
- 1x parkour park

- 28 x green gyms and fitness trails
- 8 x multi use games areas (MUGAs)
- 7 x artificial cricket wickets

All these facilities are easily accessible and are free to use. In 2020 the council will be installing a further 8 green gyms across the borough and developing a costed plan for improvements to children's play areas in parks.

- 5.9 The leisure team have been working in partnership with Everyone Active and Slough Children's Services Trust to design a leisure offer for over 300 looked after children and care leavers, who are based both in and outside of the borough. This will give this group of children and young people free annual membership to take part in swimming lessons and casual swimming, gym and fitness activities, soft play, climbing and ice skating.
- 5.10 Junior Park Run launched in July 2019 in Salt Hill Park. A 2K run is free to participate in every Sunday morning, facilitated by volunteers. Since July attendance figures have doubled and this event now attracts over 70 children a week, accompanied by family members.
- 5.11 The Active Slough programme offers over 24 sessions a week to children aged between 5 and 17. Young people aged 18 and over can participate in a choice of over 46 sessions. 30% of the sessions are free of charge and other sessions are made affordable by keeping prices to between £2 - £4 per session.

The disability programme offers:

- Disability football
- Wheelchair basketball
- Disability dance
- Table cricket

- 5.12 Slough has over 90 community sports club operating in Slough and in the immediate surrounding areas. These cater for young people with an interest in a variety of sports and activity including martial arts, football, netball, gymnastics, dance, boxing, athletics, cricket, hockey and rugby.

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

Not applicable

## 7. **Conclusion**

Turning the tide on the 'public health emergency' of inactivity among children and young people is a key priority for the council. However we need a concerted, joined up approach in tackling this inactivity with key agencies and organisations coming together to address the health and wellbeing of our young people.

Slough offers one of the best community activity programmes in the region and some of the best sports facilities nationally. However our young people are still not utilising these opportunities or understanding the benefits of adopting a more active lifestyle.

Going forward the council needs to look at how we can do more to educate our young people on why being active is beneficial and publicise more widely what is on offer.

8. **Background Papers**

'1' Health Beliefs Research Project

**SLOUGH BOROUGH COUNCIL**

<b>REPORT TO:</b>	Education and Children's Services Scrutiny Panel
<b>DATE:</b>	5th December 2019
<b>CONTACT OFFICER:</b>	Tim Howells, Public Health, Slough Borough Council (01753) 875144
<b>(For all Enquiries)</b>	Dr Liz Brutus - Service Lead Public Health (SBC) (01753) 875142
<b>WARD(S):</b>	All

**PART I****FOR INFORMATION & COMMENT****CHILD HEALTH IN SLOUGH**1. **Purpose of Report**

The purpose of the report is to respond to Members' questions around health outcomes for children and young people and will highlight key health metrics, relevant concerns and the work that is ongoing to address these concerns.

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

The committee is requested to note and discuss the information contained in this report and its implications for the boroughs children and young people.

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

The content provided within this report on our work to support the health and wellbeing of children and young people in Slough support the following priorities:

- Protecting vulnerable children
- Increasing life expectancy by focusing on inequalities
- Improving mental health and wellbeing

3b. **Five Year Plan Outcomes**

This report and the content and work listed within the report detail how we are contributing towards the following five year plan outcomes. Primarily:

- *Slough children will grow up to be happy, healthy and successful*

The secondary outcome of this work also contributes towards:

- *Our people will be healthier and manage their own care needs*

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

##### (a) Financial

There are no financial implications relating to the proposed actions within this report.

##### (b) Risk Management

There are no identifiable risks associated with this report.

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

There are no legal or Human Rights Act implications relating to this report.

##### (d) Equalities Impact Assessment

There is no identified need to complete an EIA for this report.

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

##### **Overview of children and young people health outcomes**

- 5.1 The estimated resident population of Slough was 148,768 in mid-2017. Children and young people aged 0 to 17 made up 28% of this population, compared to 21% in England. Slough's population profile indicates that the borough has a much young population than England as a whole, with significantly higher proportions of children aged 0 to 14.
- 5.2 The data on health outcomes of children and young people are primarily drawn from the Public Health England national database tool, 'PHE Fingertips'<sup>1</sup> – a summary of which for Slough is at Appendix 1. Overall, comparing local indicators with England averages, the health and wellbeing of children in Slough is mixed. The infant mortality rate is similar to England with an average of 14 infants dying before age 1 each year. However Slough experiences a higher prevalence of under 18's deaths per year when compared to the rest of Berkshire. (These deaths are reviewed by the Child Death Overview Panel (CDOP).)
- 5.3 Reflecting on the positive intervention work that has happened over the past years shows us that targeted public health work and partnership working across

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<sup>1</sup> Public Health England (PHE) Fingertips Tool – Maternal and Child Health. Available at: <https://fingertips.phe.org.uk/profile/child-health-profiles>

the system can lead to positive outcomes;

- The teenage pregnancy rate is better than England, with 32 girls becoming pregnant in a year. Slough's U18 conception rate continues to drop year on year – reducing from 56.5 in 1998 (the baseline year) to 14.1 per 1000 in 2017 which is a 75% reduction (Compared to 61% reduction nationally).
- 7.0% of women smoke while pregnant, which is better than England (10.8%).
- The smoking prevalence at age 15 is 4.0%, which is better than England (8.2%)
- 76.2% of mothers initiate breastfeeding (better than England) (74.5%)
- Educational attainment is particularly high in Slough with 48.9% of students achieving GCSE average attainment 8 score, which is better than England (46.7%)

5.4 There are however a range of health outcomes in Slough which are in the lower percentiles (or showing a worsening trend) and present themselves as a priority for public health action;

- Immunisations: MMR immunisation level does not meet recommended coverage (95%). By age two, 87.1% of children have had one dose
- Flu vaccination rates are low with just 32% coverage at age 2-3 (43.5% in England) and 45% coverage in primary school (65% in Berkshire)
- Oral health is worse than England. 41.5% of 5 year olds have one or more decayed, filled or missing teeth (England 23.3%)
- Obesity: Levels of child obesity are worse than England. 11.1% of children in Reception and 26.8% of children in Year 6 are obese (England 9.5% and 20.1%)
- Asthma: There were 147 emergency admissions of children because of asthma in 2017/18. This gives a rate which is worse than England. (335/100,000 compared to England 186.4/100,000)
- Mental ill health: Estimated prevalence of mental health disorders for children aged 5 to 16 (2015) 9.6% (9.2% England). Estimated number of children aged 5-16 with a mental health disorder in Slough is forecast to be 2,762 in 2019.
- The rate of child inpatient admissions for mental health conditions at 111.4 per 100,000 is similar to England. The rate for self-harm at 433.5 per 100,000 is similar to England.
- Violence: 15 knife related injuries in 10-19year olds last year in Slough – The highest in Berkshire.

**How we are addressing the health challenges**

## **Through a public health approach to prevention, early intervention and partnership**

- 5.5 Nationally and locally, there has been an increasing shift to use a ‘public health approach’ to children and young people’s (CYP) health – using the data to understand and describe the health issues, drawing on the evidence base of best practice to inform interventions and influencing and working closely across partners across the council and externally.
- 5.6 There is an increasing shift towards a more social model of health which focuses on the ‘upstream’ wider social and economic determinants of a child’s health (rather than predominantly an individually-focused health service model) – for example, recognising the impact of poor housing, low family income and air pollution on health. In addition, there is a growing recognition of the negative health impacts of adverse childhood experiences (ACEs) and the need to safeguard children and young people from a wide range of harms.
- 5.7 As a borough, we value CYP’s voices and increasingly work with them to understand their needs and design services accordingly. Especially in times of more scarce resource, it’s important to use the principle of ‘proportionate universalism’ - providing a universal offer for all children but with focused approaches where need is highest. There are groups of children who have particular extra health needs and these include children who have special educational needs and disabilities (SEND), children who are looked after (CLA), care leavers and migrant children.
- 5.8 Slough children’s health is being addressed at three main levels – across the council including the various services it commissions, across Slough partners and across Frimley Health and Care System.

### **1) Slough Borough Council**

- 5.9 There are many teams within the Council whose work contributes to the health and wellbeing of children and young people – from Housing, Education, Youth Services and Leisure. Teams who have a more ‘traditional’ health and wellbeing focus include:

#### **a) Public Health**

- 5.10 The Public Health Team work with a range of stakeholders to improve the provision of health information, commissioning of services and influencing to improve health and reduce health inequalities. SBC Public Health help collate and analyse CYP health data to contribute to the Joint Strategic Needs Assessment (JSNA).
- 5.11 Using approximately 40% of the Public Health ring-fenced grant from PHE, we work with Berkshire Shared Team for Public Health and SBC’s Commissioning (Prevention and Wellbeing Team) to commission the 0-19 (25) Service of health



visitors and school nurses (provided by Solutions 4 Health) and various prevention services including the Sexual Health Service at the Slough Garden Clinic (provided by Berkshire Health Foundation Trust), the Drugs and Alcohol Service (provided by Turning Point) and the stop smoking services (provided by Solutions 4 Health) for children and young people as they approach adulthood. These services provide a range of health and wellbeing interventions for CYP and their families to support healthy lifestyle behaviours and promote good physical and mental health.

### **b) Slough Early Years**

- 5.12 Slough Family Information Service (FIS) offers free and impartial information and guidance on a wide range of services for children, young people 0-19 and their families. The service offers support and advice for families with children and young people. There is information on different types of Childcare including childminders, afterschool/holiday clubs and nurseries. Parents can find out about activities that are available including school and school based services. They can be helped with information on Adult learning, financial support and help with childcare costs.
- 5.13 The service provides outreach to Parent and Toddler Groups, schools and other services and has volunteer parent champions working with them to help provide links and other information to parents.
- 5.14 FIS also host Slough's Local Offer. Sloughs Local Offer contains a wide range of information about all the support, services and facilities which families can find in their area for children and young people who have special educational needs (SEN) and disabilities. The information covers education, health and social care support and services for children and young people aged between 0 and 25. Other information on services which are not in the immediate area is also available for children and young people who have special educational needs (SEN) and disabilities.
- 5.15 The Local Offer also holds the Slough's Children's Disability Register, this is a secure database which aims to capture information about all children and young people aged 0-25 years with disabilities or special educational needs in Slough. Children and Young People registering on the Children's Disability Register are entitled to apply for a Max Discount card. This card gives the holder discounts at various settings throughout England.

*Further information on FIS can be found at [www.sloughfamilyservices.org.uk](http://www.sloughfamilyservices.org.uk)*

### **2) Working with partners in Slough**

- 5.16 There is extensive work on CYP health with a range of partners including Slough Children's Services Trust (SCST), Slough Council for Voluntary Services and the East Berkshire Clinical Commissioning Group (CCG). Examples of work include:

### **The Slough Council for Voluntary Services (SCVS)**

- 5.17 Slough CVS exists to improve the quality of life of people in Slough and make a positive difference in the community. Its core service is to the voluntary sector providing a capacity building service.
- 5.18 The key service delivered through the CVS for Slough children is the “YES Consortium”. Youth Engagement Slough (YES) provide free activities for young people aged 11-19 (Up to 25 for those with special educational needs). Youth Engagement Slough is a consortium of Slough based providers of services to young people led by Aik Saath (Together As One), Resource Productions and SWIPE.
- 5.19 The CVS also lead the work of HOME Slough who’s mission it is to increase opportunities and awareness of all the arts in Slough, offering ways for everyone to fulfil their artistic potential. HOME Slough is a consortium of arts and community organisations, set up to help empower residents, get more people to experience the arts.

*For more information on this can be found at <https://sloughcvs.org/> and <https://homeslough.org.uk/>*

### **3) Beyond Slough – Pan-Berkshire collaboration and Frimley Systems**

#### **a) Frimley Local Maternity System (LMS)**

- 5.20 The ‘Local Maternity System (LMS)’ is co-terminus with the Frimley Health and Care ICS footprint and brings together key stakeholders to steer the national transformational change programme, ‘Better Births’ (published by NHS England in 2016). This outlined the national vision for maternity services moving towards 2020-21 focuses primarily on improving safety, choice and personalisation for women and their families. The SBC Public Health Service Lead chairs the Preconception & Maternal Health subgroup.

#### **b) Frimley Integrated Health and Care System (ICS)**

- 5.21 Frimley Health and Care places a strong focus on supporting the overarching good mental and physical health and well being of children and young people. During 2019-20, the priorities of Frimley ICS’ CYP Board have been to embed a programme of improvement across the system, recognising the importance of a cohesive and collaborative focus on improving outcomes for the children and young people living in our area. The CYP Board’s key priority areas have been neurodiversity support, crisis and urgent care, and the promotion of well being and supported self-care. Frimley’s new 5 year strategy includes ‘Starting Well’ as one of its 6 key priorities.

### **c) Berkshire Child Death Overview Panel**

- 5.22 The Berkshire CDOP, as well as reviewing all under 18 child deaths across the county, is also involved in supporting preventative action to help reduce the number of child deaths.
- 5.23 Over the past 12 months this work has included multiagency partner work at Reading Festival, working alongside other council teams to help prevent further deaths by drowning on the Jubilee River. This piece of work included advising on additional fencing near the river, new signs and helping TVP liaise with young people. CDOP has provided training to professionals, an annual conference and a national award-winning campaign called “Lift the baby” which promoted baby safety to new fathers.

### **Addressing the top 6 health priorities for Slough children and young people**

#### **1) Immunisations**

- 5.24 During the past year we have been able to galvanise the boroughs work and approach to immunisation uptake. This led to the formation of the Slough Immunisation Partnership, which was a partnership formed between Slough Borough Council, Berkshire Healthcare NHS Foundation Trust (BHFT), the Berkshire shared public health team, the East Berkshire Clinical Commissioning Group (CCG) and the NHS. This work has included the first ever Slough Immunisation Partnership Conference, the launch and growth of the #IamVaccinated campaign, new local insight research and other key projects led by BHFT and the CCG.

*For full details of this work please refer to the Health and Wellbeing Board report in [Immunisation & Screening report](#).*

#### **2) Oral Health**

- 5.25 Specific activities and programme have been running in Slough to address the challenges of poor oral health. These are primarily funded from the SBC Public Health grant and with a pilot initiative being funded by NHS England who are responsible for NHS dental care. SBC Public Health also work closely with our South East Region oral health experts in PHE.
- 5.26 The key programmes that are being delivered are the “Slough Healthy Smiles” programme which is a scheme that looks to train professions to have a better understanding of oral health and to accredit venues with a ‘kite mark’ for good oral health. And the “Starting Well” programme which is the NHS funded service which links local dental practices with primary schools. They then provide supervised tooth brushing, up-skilling teachers and increasing attendances of under 5’s at dental practices.

*For full details of this work please refer to the Health Scrutiny Oral Health report in the [Oral Health update report](#).*

### **3) Obesity**

- 5.27 Childhood obesity has remained a local priority for a number of years and is an integral part of the 5 year Forward Plan. The underlying causes of obesity, especially in childhood are complex. They as much reflect wider social factors, such as household income, local deprivation levels, community traditions and perception of access to safe and attractive outdoor space as individual factors such as knowledge of healthy lifestyles and individual personal choices. This highlights the key role the wider council plays in addressing obesity.
- 5.28 Over the past few years we have commissioned and worked to support a range of services to support a reduction in childhood obesity. Our flagship project, operating in a proportional universalism approach, is that of “Active Movement”. This behaviour change programme looks to reduce the levels of sedentary behaviour of children through a whole school approach, and is currently being delivered at 1 secondary school, 24 primary schools, 10 children centres and 6 early year settings. The initial results of this programme have been outstanding, and have shown that the programme has helped to increase levels of physical activity, increase grip strength, reduce waist circumference as well as helping with pupil concentration and behaviour. We also commission a targeted weight management service called “Let’s Get Going” which is delivered in 3-4 settings per year to help a targeted number of the most at risk students.
- 5.29 Taking a whole systems approach to reducing childhood obesity, the public health team have also been involved in a range of other key interventions including launching The Daily Mile, establishing new Healthy Early Years and Healthy Schools posts to support settings with their overall health and wellbeing, supporting modal shift with the Council’s Transport team and starting work on the Borough’s Obesity plan.

*For full details of this work please refer to the Overview and Scrutiny Childhood Obesity report in the [Childhood Obesity report](#).*

### **4) Asthma**

- 5.30 Public Health has also been working closely with the Transport team and Environmental Air quality team on a variety of projects to support air quality. These projects include rolling out of “AirText” the free notification service which can be used by residents to be aware of air pollution levels. Work has also been done to inform the borough’s Low Emission Strategy, create a bespoke resource on the new Public Health website, and consulting on the Heathrow Third runway work.
- For full details of this work please refer to the Health Scrutiny Air Quality report in [Air Quality report](#).*
- 5.31 Public Health in collaboration with East Berkshire CCG has supported children with asthma by pat-funding the Berkshire Health NHS Foundation Trust “Asthma

Bus". This service visits all secondary schools in Slough throughout September with an aim to improve awareness of asthma among students so that they have a better understanding its impact and management. The service won the Respiratory Nursing Category in the 2017 Nursing Time Awards for this innovative service. In addition, staff training to support signposting parents to stop smoking services and work to ensure warm damp-free homes all reduce children's risk of asthma.

## **5) Mental Health**

5.32 The East Berkshire Clinical Commissioning Group (CCG) lead on the delivery and commissioning of key mental health services in collaboration in Slough with the SBC's Service Lead – Early Years.

5.33 The specialist child and adolescent mental health services (CAMHS) has recently seen a considerable increase in both referral rates and in the complexity of the cases they are dealing with. They are also seeing more and more children and young people with mental health problems using urgent and emergency care services. The Children and Young People's Mental Health and Wellbeing Local Transformation Plan (LTP) sets out the actions that will be taken together as a local system.

5.34 Informed by a comprehensive assessment of the needs of children, young people and their families/carers, the LTP has been designed in line with the national ambition and principles set out in the government document "Future in Mind– promoting, protecting and improving our children and young people's mental health and wellbeing" (2015).

5.35 The full LTP can be found here <https://www.eastberkshireccg.nhs.uk/our-work/mental-health-services-18s/>

5.36 To further develop their participation work with children and young people, the CCG has allocated funding to develop a Young Health Champions (YHC) programme, accredited by the Royal Society of Public Health. The programme is a partnership approach between health, education, the Local Authority and the voluntary sector. Phase 1 of the programme has just finished its first year in Slough and Phase 2 will see it extended to more secondary schools.

## **6) Youth Violence**

5.37 A collaborative and multi-agency group called the "Violence Taskforce", chaired by the SBC Chief Executive, is actively supported by public health. A sub group of this taskforce is the new prevention and intervention group, where we are providing information, advice and guidance for the associated partners to be able to take a proactive and preventative "Public Health" approach to reducing youth violence.

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

6.1 Child health outcomes are discussed at a range of committees and are often tabled as a rolling agenda item to provide key updates and progress. The most up to date versions are attached in the appendices.

## 7. **Conclusion**

7.1 This paper summarises the health of children in Slough and the range of health concerns and health inequalities faced by them – recognising the pattern of this ill health is closely associated with deprivation. Some of these health concerns have improved over time, for example, teenage pregnancy, but a concerning number, including poor oral health, obesity and violence have become worse. There have been considerable efforts to improve services available to CYP to help support the healthy development of children and in the last few years in particular, a growing recognition of the need for the many stakeholders involved to work more collaboratively together, including with CYP and their families.

7.2 A wide range of partners within the Council, across Slough and across a wider geographical footprint, are investing substantial resources to embed both targeted and universal services aimed at reducing the health inequalities that exist. Several of these inequalities exist due to the wider determinants of health, specifically socio-economic deprivation related to issues such as low income, unemployment, housing, air quality and the obesogenic environment.

7.3 This highlights the importance of taking a wider view to partnership – recognising the role of both ‘health’ and ‘non-health’ partners at a local and regional level to develop and implement policy to support the long term health of our children, and thereby ensuring that Slough children will grow up to be happy, healthy and successful.

## 8. **Appendices attached**

Appendix 1 – Child and Maternal Health Profile for Slough – 2019  
Available at: [PHE Child Health Profile Slough 2019](#)

## 9. **Background Papers**

2019.03.25 Oral Health update report – Health Scrutiny  
Available at: [Health Scrutiny 25.03.2019](#)

2019.01.17 Immunisation & Screening report – Health Scrutiny Panel  
Available at: [Immunisations and Screening Report - Health Scrutiny 17.01.2019](#)

2018.12.01 Childhood Obesity update – Overview and Scrutiny  
Available at: [Childhood Obesity update Overview & Scrutiny 10.01.2019](#)

2018.11.21 Air Quality report – Health Scrutiny

Available at: [Air quality and health\\_Health Scrutiny Panel\\_21.11.2018](#)

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## Slough

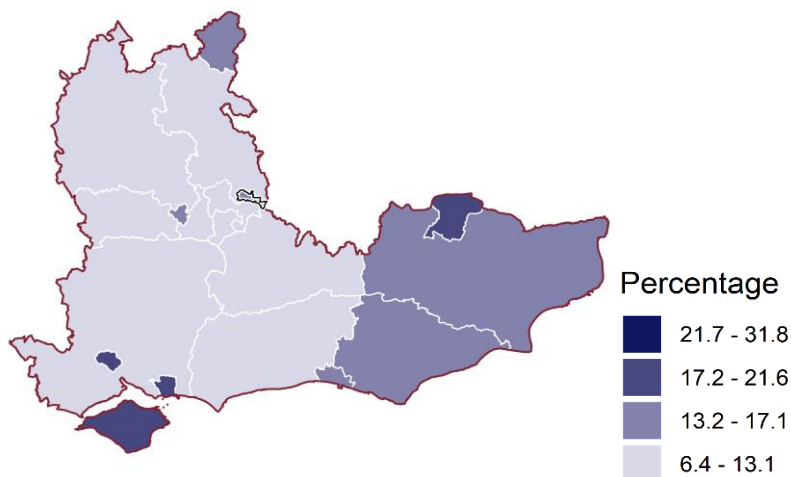
This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

### The child population in this area

	Local	Region	England
Live births (2017)	2,529	99,108	646,794
Children aged 0 to 4 years (2017)	13,000 8.8%	533,200 5.9%	3,384,900 6.1%
Children aged 0 to 19 years (2017)	45,300 30.5%	2,156,600 23.7%	13,169,100 23.7%
Children aged 0 to 19 years in 2027 (projected)	47,100 30.2%	2,272,400 23.5%	13,904,800 23.7%
School children from minority ethnic groups (2018)	25,161 84.7%	305,158 24.8%	2,544,753 32.3%
School pupils with social, emotional and mental health needs (2018)	554 1.8%	30,591 2.4%	193,657 2.4%
Children living in poverty aged under 16 years (2016)	15.1%	12.9%	17.0%
Life expectancy at birth (2015-2017)	Boys 78.4 Girls 82.5	80.6 84.0	79.6 83.1

### Children living in poverty

Map of the South East, with Slough outlined, showing the relative levels of children living in poverty.



Map contains Ordnance Survey data.

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### Key findings

Overall, comparing local indicators with England averages, the health and wellbeing of children in Slough is mixed.

The infant mortality rate is similar to England with an average of 14 infants dying before age 1 each year. Recently there has been 5 child death (1-17 year olds) each year on average.

Public health interventions can improve child health at a local level. In this area:

- The teenage pregnancy rate is better than England, with 32 girls becoming pregnant in a year.
- 7.0% of women smoke while pregnant which is better than England.
- 76.2% of mothers initiate breastfeeding (better than England). Data for breastfeeding from the 6-8 week review is not available for this area.
- The MMR immunisation level does not meet recommended coverage (95%). By age two, 87.1% of children have had one dose.
- Dental health is worse than England. 41.5% of 5 year olds have one or more decayed, filled or missing teeth.
- Levels of child obesity are worse than England. 11.1% of children in Reception and 26.8% of children in Year 6 are obese.
- The rate of child inpatient admissions for mental health conditions at 111.4 per 100,000 is similar to England. The rate for self-harm at 433.5 per 100,000 is similar to England.

The hospital admission rate for under 18s for alcohol specific conditions is 16.1 per 100,000, which is better than England. The hospital admission rate for substance misuse is 102.7 per 100,000, which is similar to England.

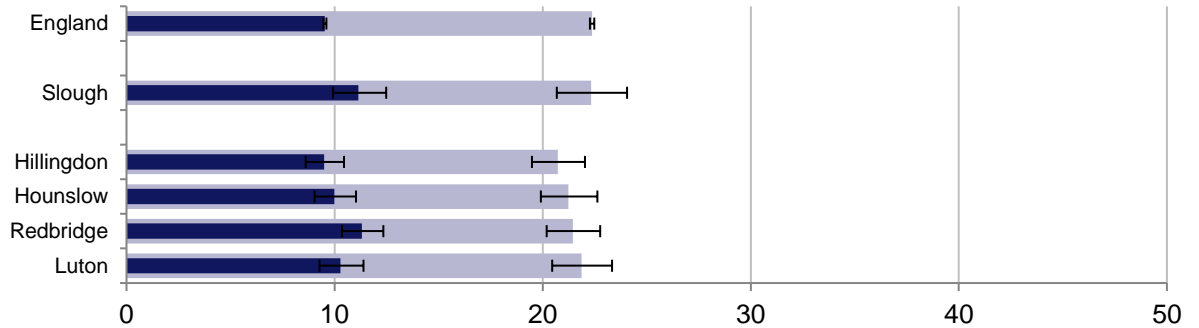
There were 147 emergency admissions of children because of asthma in 2017/18. This gives a rate which is worse than England.

### Childhood obesity

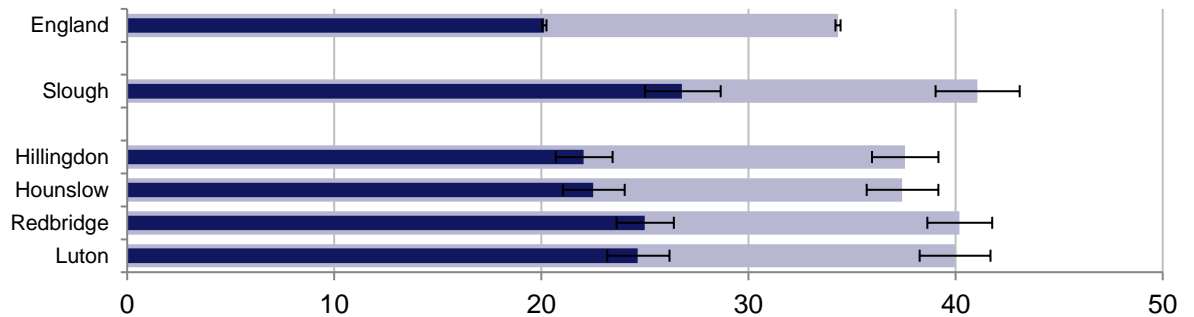
These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). They compare Slough with its statistical neighbours, and the England average. Compared with the England average, this area has a similar percentage of children in Reception (22.3%) and a worse percentage in Year 6 (41.0%) who have excess weight.

■ Obese    ■ All children with excess weight, some of whom are obese

#### Children aged 4-5 years who have excess weight, 2017/18 (percentage)



#### Children aged 10-11 years who have excess weight, 2017/18 (percentage)

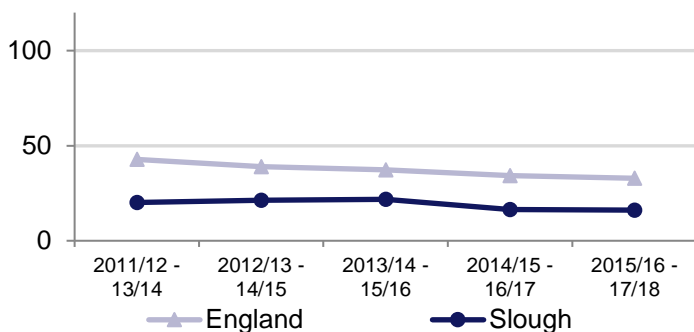


Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval.

### Young people and alcohol

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing. Slough is also showing a downward trend, although this is not significant. The admission rate in the latest period is better than the England average.

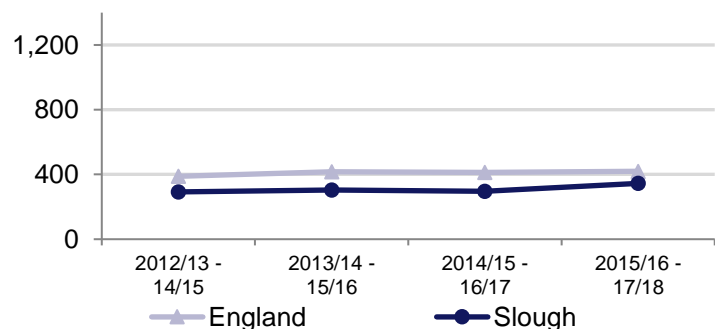
#### Hospital admissions of children and young people for conditions wholly related to alcohol (rate per 100,000 population aged 0-17 years)



### Young people's mental health

Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing. There is no significant trend in Slough. The admission rate in the latest pooled period is lower than the England average\*. Nationally, levels of self-harm are higher among young women than young men.

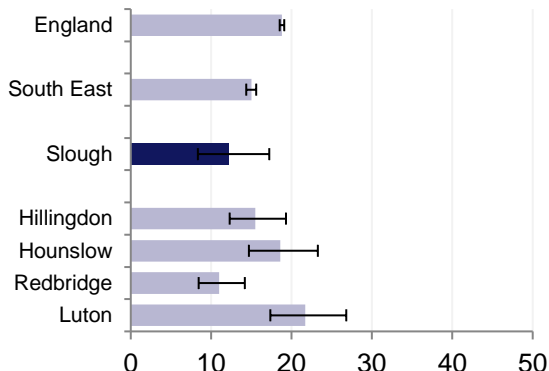
#### Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)



\*Information about admissions in the single year 2017/18 can be found on page 4

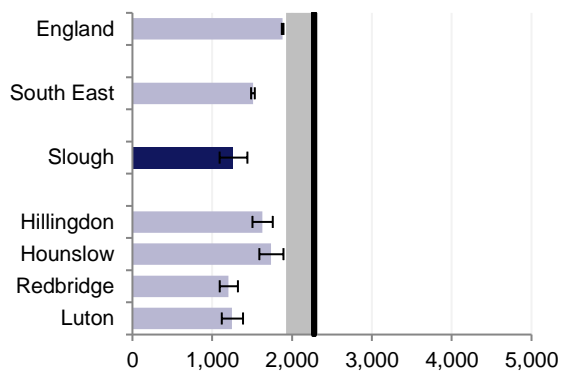
These charts compare Slough with its statistical neighbours, and the England and regional averages.

**Teenage conceptions in girls aged under 18 years, 2016 (rate per 1,000 female population aged 15-17 years)**



In 2016, approximately 12 girls aged under 18 conceived, for every 1,000 girls aged 15-17 years living in this area. This is similar to the regional average (approximately 15 per 1,000). The area has a lower teenage conception rate compared with the England average (approximately 19 per 1,000).

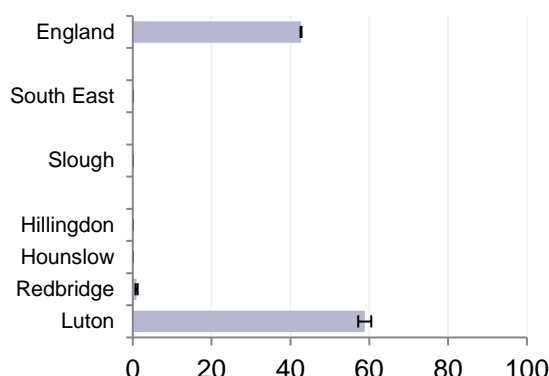
**Chlamydia detection, 2017 (rate per 100,000 young people aged 15-24 years)**



Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicates better targeting of screening activity; it is not a measure of prevalence. Areas should work towards a detection rate of at least 2,300 per 100,000 population. In 2017, the detection rate in this area was 1,257 which is lower than the minimum recommended rate.

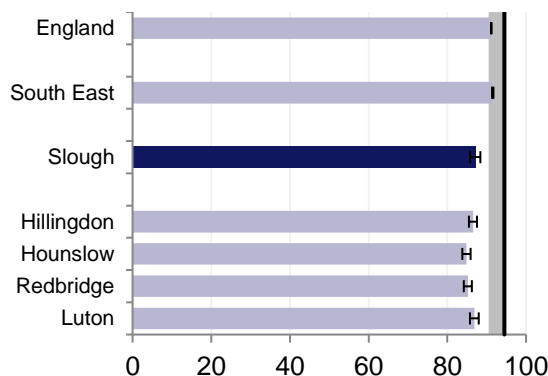
The shaded area from 1,900 shows the range of values approaching the minimum recommended rate of 2,300 (the black line).

**Breastfeeding at 6 to 8 weeks, 2017/18 (percentage of infants due 6 to 8 week checks)**



76.2% of mothers initiate breastfeeding (better than England). Data for breastfeeding from the 6-8 week review is not available for this area.

**Measles, mumps and rubella (MMR) vaccination coverage by age 2 years, 2017/18 (percentage of eligible children)**



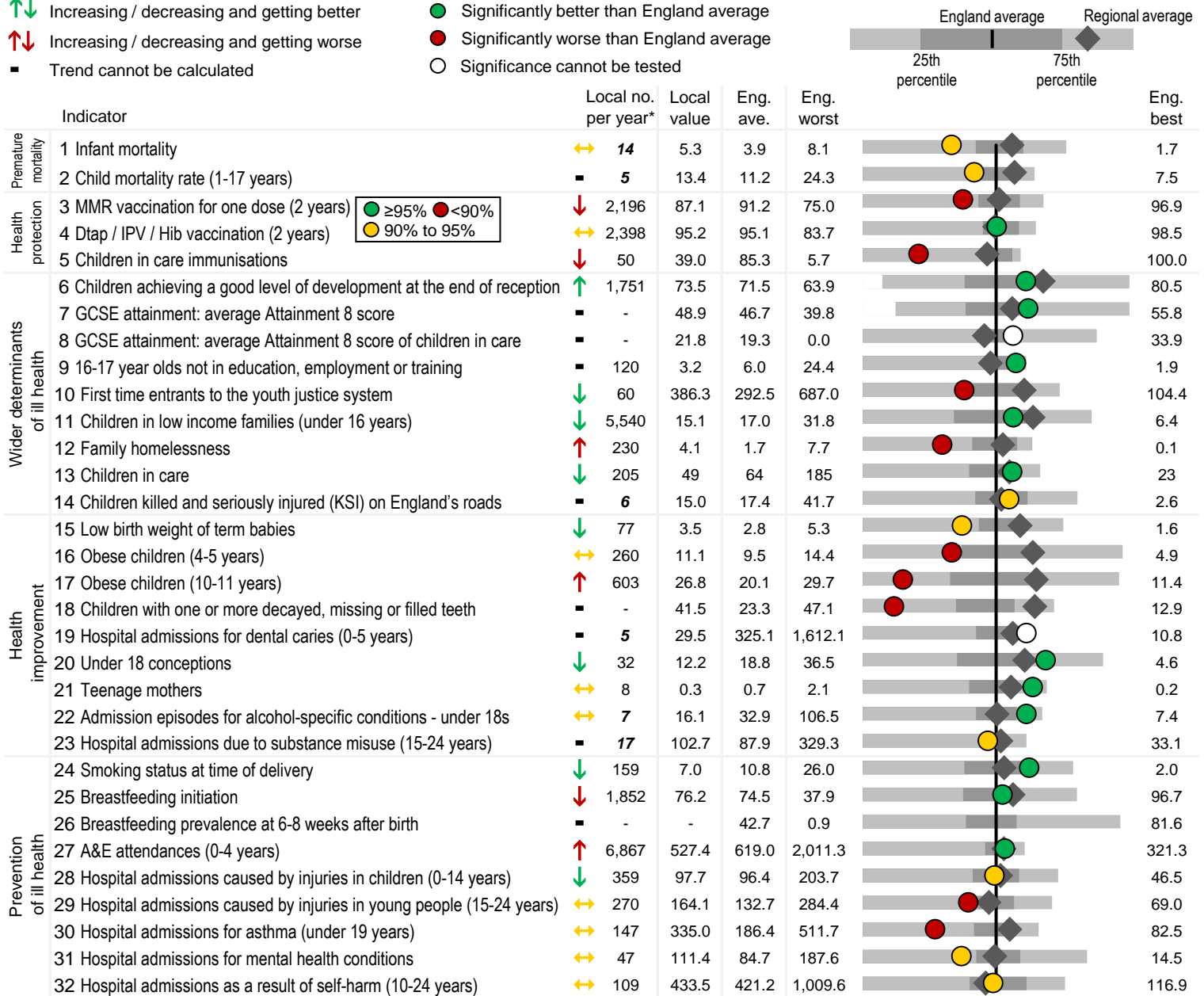
Less than 95% (the minimum recommended coverage level) of children have received their first dose of immunisation by the age of two in this area (87.1%). By the age of five, only 81.1% of children have received their second dose of MMR immunisation.

The shaded area from 90% shows the range of values approaching the minimum recommended coverage of 95% (the black line).

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

- ↔ No significant change
- ↕ Increasing / decreasing and getting better
- ↕ Increasing / decreasing and getting worse
- Trend cannot be calculated
- Not significantly different from the England average
- Significantly better than England average
- Significantly worse than England average
- Significance cannot be tested



\*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

## Notes and definitions

- 1 Mortality rate per 1,000 live births (aged under 1 year), 2015-2017
- 2 Directly standardised rate per 100,000 children aged 1-17 years, 2015-2017
- 3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2017/18
- 4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2017/18
- 5 % children in care with up-to-date immunisations, 2018
- 6 % children achieving a good level of development within Early Years Foundation Stage Profile, 2017/18
- 7 GCSE attainment: average attainment 8 score, 2017/18
- 8 GCSE attainment: average attainment 8 score of children in care looked after, 2017
- 9 % not in education, employment or training (NEET) or whose activity is not known as a proportion of total 16-17 year olds known to local authority, 2017
- 10 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2017

Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

- 11 % of children aged under 16 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2016
- 12 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2017/18
- 13 Rate of children looked after at 31 March per 10,000 population aged under 18 years, 2018
- 14 Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2015-2017
- 15 Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2017
- 16 % school children in Reception year classified as obese, 2017/18
- 17 % school children in Year 6 classified as obese, 2017/18
- 18 % children aged 5 years with one or more decayed, missing or filled teeth, 2016/17
- 19 Crude rate per 100,000 (aged 0-5 years) for hospital admissions for dental caries, 2015/16-2017/18
- 20 Under 18 conception rate per 1,000 females aged 15-17 years, 2016

- 21 % of delivery episodes where the mother is aged less than 18 years, 2017/18
- 22 Hospital admissions for alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population, 2015/16-2017/18
- 23 Directly standardised rate per 100,000 (aged 15-24 years) for hospital admissions for substance misuse, 2015/16-2017/18
- 24 % of mothers smoking at time of delivery, 2017/18
- 25 % of mothers initiating breastfeeding, 2016/17
- 26 % of mothers breastfeeding at 6-8 weeks, 2017/18
- 27 Crude rate per 1,000 (aged 0-4 years) of A&E attendances, 2017/18
- 28 Crude rate per 10,000 (aged 0-14 years) for emergency hospital admissions following injury, 2017/18
- 29 Crude rate per 10,000 (aged 15-24 years) for emergency hospital admissions following injury, 2017/18
- 30 Crude rate per 100,000 (aged 0-18 years) for emergency hospital admissions for asthma, 2017/18
- 31 Crude rate per 100,000 (aged 0-17 years) for hospital admissions for mental health, 2017/18
- 32 Directly standardised rate per 100,000 (aged 10-24 years) for hospital admissions for self-harm, 2017/18

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Education & Children's Services Scrutiny Panel

**DATE:** 5<sup>th</sup> December 2019

**CONTACT OFFICER:** Tiran Khehra, Policy Insight Analyst  
**(For all Enquiries)** (01753) 875560

**WARDS:** All

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

**EDUCATION & CHILDREN'S SERVICES SCRUTINY PANEL**  
**2018 – 19 WORK PROGRAMME**

1. **Purpose of Report**

1.1 For the Education and Children's Services Scrutiny Panel (ECS Scrutiny Panel) to discuss its current work programme.

2. **Recommendations/Proposed Action**

2.1 That the Panel review the current work programme for the 2019-20 municipal year, and propose future topics for scrutiny as appropriate.

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

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

3.2 The work of the ECS Scrutiny Panel also reflects the priorities of the Five Year Plan, in particular the following:

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

4. **Supporting Information**

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

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

5. **Conclusion**

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

6. **Appendices Attached**

A - Work Programme for 2019 - 20 Municipal Year

7. **Background Papers**

None.

## Education and Children’s Services Scrutiny Panel Work Programme 2019/20

Potential Task and Finish Group / Site Visits	
Potential Task and Finish Group	Site Visits: <ul style="list-style-type: none"> <li>• Aik Saath</li> <li>• Solutions for Health (0-19 Service)</li> </ul>
Meeting Date	
<b>6 February 2020</b>	
<ul style="list-style-type: none"> <li>• Joint Parenting Panel quarterly report.</li> </ul> <p><b>Outcome 1 Theme:</b> <i>Slough children will grow up to be successful</i></p> <ul style="list-style-type: none"> <li>• School Place strategy / Admission service update.</li> <li>• School leavers’ readiness for work and higher education.</li> <li>• Prevention of youth offending / re-offending.</li> <li>• Children missing education / at risk of exclusion</li> </ul>	
<b>11 March 2020</b>	
<ul style="list-style-type: none"> <li>• Child poverty.</li> <li>• Outcomes for children with disabilities.</li> <li>• Parenting strategy.</li> </ul>	
<b>15 April 2020</b>	
<ul style="list-style-type: none"> <li>• Annual education standards report.</li> <li>• Slough Children’s Services Trust Annual Report.</li> <li>• Progress made since Ofsted ILACS inspection.</li> </ul>	

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## MEMBERS' ATTENDANCE RECORD

### EDUCATION & CHILDREN'S SERVICES SCRUTINY PANEL 2019 – 20

COUNCILLOR	MEETING DATES					
	16/07/2019	23/10/2019	05/12/2019	06/02/2020	11/03/2020	15/04/2020
Kelly	P	P				
Ajaib	P	P				
Basra	P	P				
Begum	P	P				
Holledge	P	Ap				
Qaseem	P	P				
Sadiq	-	P				
Sandhu	P	P				
Sarfraz	P	P				
Sharif	P	P	-	-	-	-

P = Present for whole meeting  
Ap = Apologies given

P\* = Present for part of meeting  
Ab = Absent, no apologies given

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