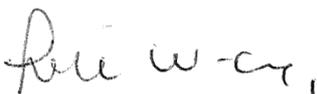


Date of issue: Tuesday, 23 March 2021

MEETING:	HEALTH SCRUTINY PANEL (Councillors A Sandhu (Chair), Smith (Vice Chair), Ali, Begum, Matloob, Mohammad, Qaseem, Rasib and Sarfraz) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	WEDNESDAY, 31ST MARCH, 2021 AT 6.30 PM
VENUE:	VIRTUAL MEETING
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	SHABANA KAUSER 07821 811 259

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



JOSIE WRAGG
Chief Executive

AGENDA

PART I

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

APOLOGIES FOR ABSENCE

CONSTITUTIONAL MATTERS

- | | | | |
|----|--------------------------|---|---|
| 1. | Declarations of Interest | - | - |
|----|--------------------------|---|---|

All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having



<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
	<i>regard to the circumstances described in Section 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.</i>		
2.	Minutes of the Last Meeting held on 14th January 2021	1 - 6	-

SCRUTINY ISSUES

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>	-	-
4.	Situation Report - Verbal Update on Covid-19 Situation in Slough	7 - 8	All
5.	Safeguarding Partnership Annual Report 2019/20	9 - 36	All
6.	Adult Social Care Strategy and Budget	37 - 40	All

ITEMS FOR INFORMATION

7.	Update on change in Children and Adolescent Mental Health Service	41 - 44	All
8.	Members Attendance Record 2020/21	45 - 46	All
9.	Date of Next Meeting - 30th June 2021	-	-

Press and Public

This meeting will be held remotely in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020. Part I of this meeting will be live streamed as required by the regulations. The press and public can access the meeting from the following link (by selecting the meeting you wish to view):

<http://democracy.slough.gov.uk/mgCalendarMonthView.aspx?GL=1&bcr=1>

Please note that the meeting may be recorded. By participating in the meeting by audio and/or video you are giving consent to being recorded and acknowledge that the recording will be in the public domain.

The press and public will not be able to view any matters considered during Part II of the agenda.

Health Scrutiny Panel – Meeting held on Thursday, 14th January, 2021.

Present:- Councillors A Sandhu (Chair), Smith (Vice-Chair), Ali, Begum, Matloob, Mohammad, Qaseem and Sarfraz

Also present:- Councillor Strutton

Apologies for Absence:- Councillor Rasib and Mr Pill (Healthwatch Representative)

PART I

43. Declarations of Interest

Councillor Mohammad declared that she was a Practice Manager at a GP Surgery in Slough. She remained present for the duration of the meeting.

44. Minutes of the Last Meeting held on 26th November 2020

Resolved - That the minutes of the meeting held on 26th November 2020 be approved as a correct record.

45. Member Questions

None were received.

46. Situation Report - Verbal Update on Covid-19 Situation in Slough

The Service Lead Public Health gave a presentation to the Panel, providing an overview of the current situation of the Covid-19 pandemic in Slough.

The Panel noted the following:

- The number of daily positive cases in Slough remained above the South East average, with a positivity rate of 26.8.
- Two vaccination sites had been set up at Salt Hill Activity Centre and Langley Health Centre. Although uptake had been good, data analysis was being carried out on the presence of inequalities in uptake.
- A six week programme for community testing had begun on 12 January 2021. In the two days since the lateral flow testing had begun, 246 tests had been carried out and 7 positive cases identified.

Panel Members and Councillor Strutton, speaking under Rule 30, raised a number of points in the ensuing discussion, which are summarised as below:

- A Member asked about the new variant of Covid-19 that had been identified and whether this was more easily transmitted than the original strain. The Panel were informed that the new variant was easily transmitted and although it had initially been identified in the South-East, it had now spread across the country.

Health Scrutiny Panel - 14.01.21

- In response to the number of people in Slough who had been infected and those that had passed away from Covid-19, it was noted that there had been 10,315 cases and 170 deaths. Members were advised that information was available on the Berkshire Public Health website.
- Referring specifically to issues regarding vaccine supply the Service Lead, Public Health stated that the NHS was working to ensure that there was an adequate supply of vaccines.
- Concern was expressed relating to the impact Covid-19 had had upon the delivery of mental health services, with aspects of the service being offered online, when individuals often required or would benefit from a service in person. Whilst acknowledging that this could have had a detrimental impact on certain individuals, it was explained that there had been greater levels of participation in services offered online. However, services would continue to be offered to those who required in person meetings.

At the conclusion of the discussion the status report was noted.

Resolved – That the update be noted.

47. Disability Task and Finish Group Update

The Policy Insight Analyst introduced a report which detailed the progress of implementation of the recommendations of the disability Task and Finish Group.

The Team Leader for Parking updated the Panel on the changes in the High Street / High Street West in relation to disabled parking bays, explaining that larger accessible bays had been implemented and a time restriction imposed on the bays outside of Landmark Place. Additional disabled bays had been also been identified for Farnham Road and Upton Lea Parade. Referring specifically to reviewing recently installed crossing points to consider where double yellow lines might be effective, it was explained that all new junction improvements / modifications delivered in the last 18 months had been considered in relation to obstructions prior to implementation. It was brought to Members attention that a process was now in place to ensure that the parking team were consulted about any new locations.

A Member enquired whether the lifts in Herschel car park had been repaired and was informed that both the lifts in the car park that were now fully functioning.

The issue of parking on pavements and pavement obstruction was raised and whether this had been exacerbated with the current pandemic and a greater number of people working from home. The Team Leader, Parking stated that there had not been an increase in complaints specifically regarding pavement parking.

Health Scrutiny Panel - 14.01.21

Following discussion in relation to the process of acquiring a disabled bay and subsequent procedure in removing it when no longer required, it was agreed that the Team leader would provide information to the Member concerned following the meeting.

Speaking under Rule 30, Councillor Strutton raised a number of issues including concern about the ad hoc approach in relation to disabled bays in social and private housing developments. Officers agreed to raise the matter with the housing team with a view to advising them to adopt a more holistic approach on both social/ private housing developments regarding the installation of disabled bays.

Resolved – That the progress on the implementation of the recommendations of the disability task and finish group be noted.

48. **Frimley Health NHS Foundation Trust Five Year Strategy Update**

Daniel Bailey of Frimley Health NHS Foundation Trust gave a presentation that updated on the Trust's five-year strategy, Our future FHFT 2020-25.

The vision was “to be a leader in health and wellbeing, delivering exceptional services for our local communities.” The strategy had been published in October 2019 and detailed plans were expected to have been put in place at the beginning of 2020 with a view to the strategy being implemented from 1st April 2020. The six strategic ambitions were noted as:

- Improving quality for patients;
- Supporting our people;
- Collaborating with our partners;
- Transforming our services;
- Making our money work; and
- Advancing our digital capability.

Whilst the initial response to the Covid-19 pandemic had delayed some aspects of the strategy the Panel noted that key elements had been implemented and some areas accelerated ahead of schedule. Mr Bailey highlighted that the very significant Covid-19 pressures on the Trust since Christmas had led to a pause on implementation. The plan had been designed to be flexible and had been reviewed to take account of the learning from the pandemic. The original six strategic aims were still relevant and were central to the refreshed strategy which was now in place to deliver on the vision through to 2025.

Members asked a number of questions about the impact of Covid-19 on the strategy and it was responded that it had not effected the overall timeline but that the plans would be reviewed annually at a minimum. The appendix to the report set out the objectives, actions and measures through to 2022 and Mr Bailey updated on progress in a number of areas such as Electronic Patient Record System.

Health Scrutiny Panel - 14.01.21

A question was asked about the progress the Trust was making to integrate services with partners, on prevention and to support peoples care following discharge from hospital. Mr Bailey emphasised that the Trust was committed to collaborating with partners which was a key aim of the their strategy. He explained the significant amount of work undertaken to work with the Council and others such as weekly meetings and engagement with residents. In relation to prevention the Trust provided input into health education and worked closely with partners to develop pathways and triage patients issues so they received the most appropriate support. Work was constantly underway to improve online information and resources and it was planned to put more advice leaflets and information online.

The Panel asked how the Trust planned to meet the very different health and care needs and inequalities across the large Frimley area. Mr Bailey assured the Panel that the Trust had taken the different needs fully into account in developing the plan. Consultation had taken place with public health partners to understand the issues in communities across the Frimley footprint. Diabetes was the largest chronic condition in the areas and Mr Bailey described the work going on to address and prevent it, including helping individuals better monitor and manage their own conditions.

Speaking under Rule 30, Councillor Strutton referred to the long standing challenges of electronic patient records and handling data. He asked how the technical and data sharing challenges were being managed. Mr Bailey summarised the significant amount of work that had been taken on procurement, design and engagement with clinician and GPs. He confirmed that Epic had been chosen as the provider and they supplied a number of other authorities. Assurance was provided that this area was a priority, was led by an executive director and was appropriately resourced.

At the conclusion of the discussion the Chair thanked the Trust for the work they were doing and for the presentation to the Panel.

Resolved – That details of the update on Our future FHFT 2020-25 strategy be noted.

49. **Berkshire Healthcare Foundation Trust Strategy Update**

The Panel received a comprehensive presentation from representatives of Berkshire Healthcare NHS Foundation Trust on their three-year strategy for 2021/22 to 2024/25. The update covered the key aspects of the strategy; the impact of Covid-19 on mental health; priorities for East Berkshire and Slough over the next year; and the 'Winter Offer' of integrated services.

The plan had three strategic objectives over the next three years:

- Make Berkshire Healthcare a great place to work for all our people;
- Improve access, quality and experience of care for all of our patients;
- and

Health Scrutiny Panel - 14.01.21

- Work with partners to improve the health outcomes of all of our populations.

The Mental Health Strategy was a key part of the NHS Long Term Plan supported by £3.2bn of additional funding nationally. The key aspects of the strategy were described and it was noted that the major initiatives for Slough and east Berkshire was implementation of the Community Mental Health Framework which the Panel had received a report on in November 2020. The impacts of the Covid-19 pandemic on mental health were set out. There had been an initial drop in activity but it had increased since and models predicted significantly higher levels of demand for mental health services post-Covid peak. The cases that were presenting were more complex with increased acuity and there had also been more safeguarding referrals for domestic abuse.

The Panel discussed the priorities for the next year in terms of adults and children's services. There was increased access to digital and online delivery of services during the pandemic and a review would take place for community health services to establish the most effective way to deliver services in the future. The learning and innovation in the past year during Covid-19 would be embedded. Future estate planning would also take place to promote integration with community and primary care and the local authority. The Panel noted that the refurbishment of Upton Hospital site had been delayed due to Covid-19. The priorities for CAMHS in 2021/22 included embedded mental health support teams which had been launched in Slough in September 2020. The Trust had been successful in obtaining funds related to tackling eating disorders in children and the Panel asked to be provided with an update at a future meeting.

Members discussed the significant impacts that mental health issues could have on children and young people included on life expectancy. It was recognised the issue of severe mental illness in children was not new and the problem remained despite many initiatives focused on it over several years. The referral routes for school age children was raised and it was confirmed teachers could make referrals.

Speaking under Rule 30, Councillor Strutton asked about the issue of PTSD due to Covid-19, including amongst NHS workers. He also asked whether there had been any increase in the rate of suicide locally. In response Trust representatives stated that there was a predicted increase in demand for mental health services and the Trust was preparing for this scenario. In relation to the impact of the pandemic on the rate of suicide, it was considered to be too early to draw any conclusions based on the statistics to date.

At the conclusion of the discussion the Chair thanked representatives of the Trust for their presentation and for the work they were doing in challenging circumstances.

Resolved – That details of the update be noted.

Health Scrutiny Panel - 14.01.21

50. Forward Work Programme 2020/21

The Policy Insight Analyst summarised the Work Programme for the Panel's last meeting of the municipal year which was scheduled for 31 March 2021.

A Member commented that GP Provision be added to the work programme. It was noted that the matter had been considered at a previous meeting and that those details would be circulated to the Committee.

Resolved – That the work programme be agreed, as set out in Appendix A of the report, be agreed.

51. Members Attendance Record 2020/21

Resolved – That details of the Members Attendance Record 2020/21 be noted.

52. Date of Next Meeting - 31st March 2021

The date of the next meeting was confirmed as 31st March 2021.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.49 pm)

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 31st March 2021

CONTACT OFFICER: Sue Foley, Consultant Public Health

(For all Enquiries) 07523932985

WARDS: All

PART I
FOR COMMENT AND CONSIDERATION

SITUATION REPORT – VERBAL UPDATE ON COVID-19 IN SLOUGH**1. Purpose of Report**

This is a covering report for a verbal update.

This verbal update will provide the Health Scrutiny Panel with an overview of the current situation in Slough during the COVID-19 outbreak.

2. Recommendations/Proposed Action

The Panel is requested to note the report.

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

3.1 The Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The effective scrutiny of the council's decision making and work in the area of health and social care underpins the delivery of all four of the Joint Slough Wellbeing Strategy priorities:

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

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

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

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

There are no risk management implications of proposed action.

(c) Human Rights Act and other Legal Implications

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

(d) Equalities Impact Assessment

There are no Equalities implications arising from this report.

5. **Supporting Information**

5.1 This report is a covering report for a verbal update which will be provided by the Director of Adults and Communities to the Health Scrutiny Panel during the October meeting.

5.2 This verbal update will provide information on:

- Local outbreaks and incident management
- Testing and tracing
- Contacts made by the One Slough call centre.
- The current situation of ASC services in Slough

5.3 This verbal update will be accompanied by a PowerPoint presentation. In order for the presentation to contain the most up to date information, the slides will not be published in advance of the meeting.

6. **Conclusion**

This verbal update is intended to provide the Health Scrutiny Panel with information on the current situation in Slough during the COVID-19 outbreak.

7. **Appendices Attached**

None.

8. **Background Papers**

None.

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 31st March 2021

CONTACT OFFICER: Betty Lynch, Safeguarding Partnership Manager,

(For all Enquiries) 07821811386

WARD(S): All

PART I
For INFORMATION

SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2019-2020**1. Purpose of Report**

To provide an account of the effectiveness of Slough Safeguarding Partnership for the period 2019/20

2. Recommendation(s)/Proposed Action

The Panel is requested to note details of the report.

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

The Safeguarding Partnership priorities have been set using demographic information from the JSNA described in the annual report.

3a. Slough Wellbeing Strategy Priorities

Priorities:

- *Starting Well in relation to safeguarding children and*
- *Integration in relation to safeguarding adults.*

3b. Five Year Plan Outcomes

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

4a. Risk Management

Recommendation from section 2 above	Risks/Threats/Opportunities	Current Controls	Using the Risk Management Matrix Score the risk	Future Controls
The WBB to note the report	Safeguarding partnerships should function well during the COVID 19 crisis which began towards the end	SLG oversight of risk log. COVID19 information sharing meetings commenced to	6 (Health & Safety Risk – Marginal impact. Low probability)	SLG has continued to oversee and manage emerging risks.

	of the reporting period. (last quarter jan-March)	identify and manage emerging risks		
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4b **Other Implications**

Financial : *There are no financial implications in this report.*

(a) **Human Rights Act and Other Legal Implications**

There are no Human Rights Act Implications.

(b) **Equalities Impact Assessment** There are no equalities impact implications.

5. **Supporting Information**

Safeguarding Partnership annual report 2019-2020 is attached and is in power point format. Links to more detailed reports are provided in the body of the report. The report is an account of the key achievements and areas for development in relation to the work of the Safeguarding Partnership for 2019/20. The partnership is led by the Slough Strategic Safeguarding Partnership Leaders' (SLG) group which is made up of Directors of Adults and Children's Services, the Borough Commander and Directors from East Berkshire Clinical Commissioning Group and the Chief Executive Officer of Slough Borough Council. This group provides leadership and direction to the safeguarding partnership arrangements via sub-groups and with the support of the Safeguarding Partnership team. The SLG leads on the safeguarding partnership in relation to children and adults and delivers on legislative requirements in the Children Act 2004 and the Care Act 2014. In Slough one combined annual report in relation to children and adults is provided to reflect the combined efforts of the partnership to address and prioritise both groups. The partnership commissions an independent scrutineer to ensure the business is subject to external scrutiny throughout the year and to provide consultancy and advice to SLG members. The Independent Scrutineer has completed this annual report following scrutiny of the work carried out in the reporting period.

6. **Comments of Other Committees**

There are no comments from other committees.

7. **Conclusion**

This annual report is late due to capacity pressures brought about by COVID19. The reporting period is for the financial year 2019-2020. The Covid 19 crisis therefore began towards the end of the reporting period. Normally this report is collated in the first quarter of the following financial year. However, partners could not prioritise this work during that time. The SLG therefore decided to postpone the collation of the annual report.

8. **Appendices Attached**

'A' Safeguarding Partnership Annual Report 2019/20



Slough Safeguarding Partnership Annual Report

**An account of the effectiveness of Slough safeguarding
partnership**

for the period 2019-2020

<https://www.sloughsafeguardingpartnership.org.uk/>

About This Document

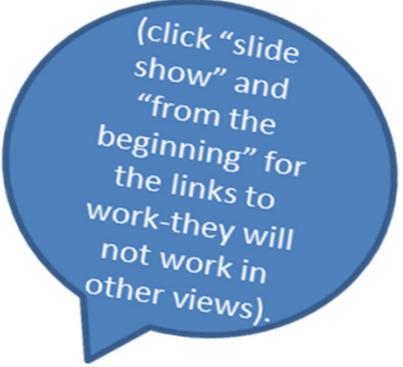
Read this online.

Follow the links provided to find more detail.

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

If you need anything else,

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



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

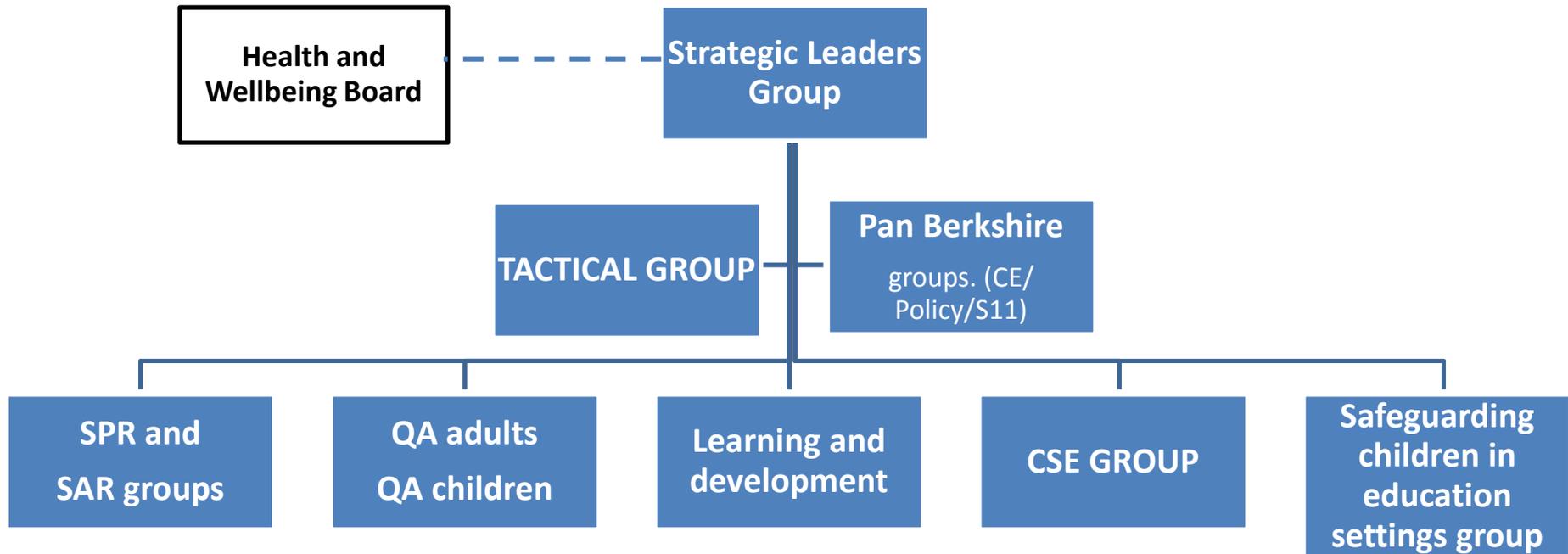
Content

- Forward by Independent Scrutineer, David Peplow
- About Slough
- Progress against priority areas of work.
- Child Protection
- Safeguarding Vulnerable Adults
- Partners accounts
- Summary of strengths and areas for development

Forward by Independent Scrutineer David Peplow

- Slough Safeguarding Partnership is pleased to present their first Annual Report on safeguarding adults and children.
- It is significant that during this period there was a requirement to transition from the previous Local Safeguarding Children Board to the new safeguarding Partnership arrangements encompassing the Care Act 2014 requirements for a Safeguarding Adult Board. The transition in Childrens had to be completed by 29th September 2019, half way through the reporting year. ([Please click here to view the arrangements](#)).
- While strategic leadership has strengthened and changed, our duties to safeguard and promote the welfare of children and adults has remained and been consistently delivered.
- The annual report outlines progress made against the objectives set in the annual report 2018/19 and agreed priorities for 2019-20 and the difference partnership working has made to how children and young people and vulnerable adults are protected from harm, abuse, neglect and exploitation.
- Although this report only covers events up to the end of March 2020 I must acknowledge that the Covid-19 pandemic which began in the latter stages of this reporting period has been a major issue. The next annual report will have more detail.
- The Slough Safeguarding Partnership would like to extend its gratitude to all staff across the partnership who work relentlessly, adapting and implementing innovative solutions to identify gaps and best support children and families and vulnerable adults.

David Peplow
Independent scrutineer, Slough Safeguarding Partnership



Slough population: Key Facts from The Berkshire Observatory

<https://slough.berkshireobservatory.co.uk/deprivation/>

- Total Population of 149,539
- Children (0-19yrs) are 30.5% of the population that is 44,860
- Population predicted to grow to 161,900 by 2041
- It has a higher proportion of people aged 30-40 than the England average.
- It is ethnically diverse; 39.7% of the population is Asian or Asian British and 45.7% are White British.
- It has a highly transient population and high rates of refugees and asylum seekers.
- Slough is an attractive location for both European and global headquarters. Slough trading estate provides local employment opportunities.
- Slough is ranked 79th out of 152 upper-tier unitary authorities in England, where a ranking of 1 is the most deprived (based on the 2019 Indices of Multiple Deprivation average score).
- There are number of neighbourhoods in Slough that are among the most deprived in England.

Safeguarding Children: Progress made since 18/19

In 2018/19 we learned that we needed to;	We did in 19/20	What needs to happen next.
Deliver high level training seminars on the neglect strategy and the tool and monitor impact.	Delivered neglect training to over 160 professionals from all relevant agencies which included the application of the tool and multi-agency communications. Evaluations were positive.	Review the strategy and tool. Include in multi-agency case audits.
In relation to exploitation of children we aimed to improve the use of intelligence and profiling. Carry out another self assessment when the JTAI themes are published.	One safeguarding partnership event reviewed the self assessment and created a holistic all age exploitation strategy.	Explore the need for a local multi-agency group to deliver the strategy.
Develop the idea of “one “ serious violence strategy.	Produced a serious violence strategy produced by the Safer slough partnership	

CHILD PROTECTION PERFORMANCE

[\(FULL REPORT AVAILABLE ON THIS LINK\)](#)

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

Some of the facts, analysis and conclusions are provided in the next three slides.

Child Protection: Some Key Facts

- The Trust continues to ensure that the voices of children are heard, both on a daily basis through direct work and through our Reach Out (Slough's Children in Care Council) group.
- The required average duration for care proceedings is 26 weeks and Slough's average performance was 20.3 weeks, the best in Berkshire.
- Slough's looked after children have seen some amazing results in the last academic year. The GCSE results for June 2019 were better than national and statistical neighbours. Record numbers of our young people are accessing university.
- The Trust's children's home, Breakaway received an Ofsted rating of 'good'
- Work was undertaken to review and develop a new model of CP Conference based on promoting the welfare of and protection of children by working in partnership with families to achieve the best outcomes
- The Trust has increased the capacity of child protection chairs
- The Trust has carried out a programme of core and thematic audits
- Commissioned an independent person to come in and complete 50 audits at the Front Door looking at contact and referral and S47 and Strategy Discussions providing an overall assurance of the quality of contact and decision making and overall application of threshold for S47

Child Protection: Data

The data provided in this report shows that child protection activity has been increasing over the last three years with more contacts, assessments and children becoming subject to CP Plans year on year.

The last 6 months of 2019/20 saw the most significant increases and this placed additional pressures on the Trust and on partners.

Performance in some key areas has improved, or remains in line with Statistical Neighbours, South East and England averages.

The Trust worked closely with the Safeguarding Partnership and has supported the development and delivery of the Neglect Strategy and Tool, and the revision of the Threshold Document.

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

Child protection data analysis continued

- The change in the front door incorporating early help referrals has allowed a more consistent overview of the threshold and level of need that is being identified and more consistent application of threshold as a result (as evidenced in audit and through DfE revision of children's cases).
- In some areas of activity the increased volume of demand has impacted on the timeliness of work being completed including child and family assessments and timeliness of ICPC in 15 working days. The Trust continues to review this performance through a regular Performance Board and identify solutions to improve performance, which may include consideration of additional resources in some key areas.
- The Trust has in place a comprehensive improvement plan designed to address on going areas for improvement and development and progress is reported to the Trust Board and the Council through on-going contract monitoring activity.

Safeguarding Adults: Progress made since 18/19

Identified in 18/19 report	Impact	Next steps
Need to deliver, collate data and analyse and to carry out multi-agency audits	Learning and improvement framework agreed by SLG. Workshop by new Tactical group produced core data set.	Data collection to be embedded in Tactical groups work.
Roll out risk tool via multi-agency seminars. Carry out Slough specific safeguarding adults training needs analysis. Explore training that could target both children and adults.	Risk tool seminars delivered with positive evaluations. Training needs analysis completed by learning and development group. All age exploitation training agreed.	Deliver all age exploitation training.
Appoint permanent training and development manager. Training and development for the team.	Training manager appointed and leading on multi-agency safeguarding training.	Revise training needs analysis to ensure training delivers on agreed priority areas.

Safeguarding adults: data

[\(FULL REPORT AVAILABLE ON THIS LINK\)](#)

An account of safeguarding adult performance is provided by Slough Borough Council Adult Social Care services in the link above. As well as accounting for the performance of ASC this data is analysed to help us to understand the multi-agency implications specifically around referrals. Some of the facts, analysis and conclusions are highlighted in the next slides.

No of Concerns Received	1259
No of Safeguarding Enquiries	245
'Conversion rate'*	19%
<i>* The proportion of referrals proceeding to assessment and/or safeguarding procedures.</i>	

Safeguarding adults: Key facts/analysis

The number of safeguarding contacts remained significantly high. An audit of referrals/concerns in 2019 identified that the Safeguarding referral pathway was being used for other types of referral or communication with ASC, for example requests for Care and Support Needs assessments under the Care Act. A new triage protocol was introduced and will be evaluated in 2020/21.

Managing risk

The roll out of the Multi Agency Risk Tool (MART) gives partners a pathway for supporting adults that partners are concerned about when the person either does not meet the Care Act safeguarding criteria or who makes a decision (with mental capacity) to decline a safeguarding enquiry or does not allow Social Services to work with them through another route. Training and communications has begun and will be further promoted in 2020/21

Safeguarding Adults

Types of abuse

The most common type of abuse is Neglect and Omission at 32%. The second and third most common are Financial Abuse (16%) and Psychological and Emotional (13%). This is the first time that Psychological Abuse has featured in the top three types and this is thought to be because this type of abuse is often a feature of many types of abuse, for example modern slavery.

Modern Slavery

Modern Slavery has risen from 1% to 3.5%. As a result of the joint work, awareness raising and training. A Multi Agency Modern Slavery Group is actively working to improve the identification of modern slavery and build a range of targeted responses support individuals in Slough who are victims of this particularly worrying form of abuse.

Self neglect

Self Neglect has risen from 5% to 10% of the safeguarding situations that Adult Social Care support. This is complex and sensitive work which is being supported by a new Pan Berkshire policy on Self Neglect. In 2020/21 Slough is developing a pathway and resources to support staff to work with people who hoard

Child Exploitation in Slough Highlights of Multi-Agency Performance:

Achievements	Impact	Next steps
Slough is the host for Pan Berks Child Exploitation group- Screening tool developed	Tool accompanies referrals providing information to inform robust decision making.	Evaluate screening tool.
Slough Holistic approach to exploitation agreed.	Improved practice in multi-agency response to safeguarding children from exploitation.	Revise alongside learning from SPR when complete. Set up a safeguarding children from exploitation group.
Delivery of training on exploitation and gangs.	Over 120 professionals received training in relation to CSE and other forms of exploitation and specialist gang training.	Clarify governance with particular reference to knife crime and the role of the community safety partnership.

Policy Development-Children

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

- Key policies updated in 19/20 were as follows;
- Responding to Abuse and Neglect
- Referrals
- Child Protection Conferences
- Allegations Against Staff or Volunteers who work with Children
- Faith related Harmful Practice
- Child Sexual Exploitation
- Child Sexual Abuse in the Family Environment
- Many other policies were subject to review and updates

Training for 2019-2020

(FULL REPORT AVAILABLE ON THIS LINK)

A new Learning and Development forum was established which included staff working in the fields of adult and children safeguarding.

All courses were planned to be co-facilitated by members of the forum or nominated staff from their agencies.

Due to this support, the Partnership continued to provide training free of charge to people working in the public and voluntary sectors.

The forum carried out a training needs analysis to inform the curriculum for 2020-21.

Due to the impact of COVID-19 on the ability to attend training, a further analysis was carried out during 2020 and an amended training offer was established.

Training key data highlights

- 688 people have received training from a large spread of organisations including Slough Children's Services Trust; Slough Borough Council; Primary and Secondary Schools; Childrens centres; Wexham Park Hospital; Berkshire Health Foundation trust; Solutions 4 Health, Thames Valley Police; GP's from the CCG, Probations Services and the Voluntary Sector.
- 36 separate courses were provided during the year covering Children's Exploitation; Modern Slavery and Adult exploitation; Level 3 safeguarding for multiagency staff; Gangs awareness; Difficult conversations and Neglect and the Adult Risk tool and Framework.
- Excellent 94% satisfaction identified over all the courses with individual courses ranging from 91% to 97%
- Excellent average self reported competence variance increases of just under 3 scale points.
- 816 people booked on to training this year however there was a 16% (128 staff) non attendance

How do we know we are making a difference? (Quality assurance)

Safeguarding partners gather evidence from the following sources;

- Practitioners in both adults and children's services, through learning events and via their Partnership representatives,
- Feedback from young people, adult services users and their families.
- Leaders and managers identifying operational challenge.
- Multi-agency case audit.
- Performance data
- Case reviews.
- National policy and research evidence.

Safeguarding Practice review group

Summary account of activities 2019/20

Achievements	Next steps	Impact
Carried out 9 rapid reviews (Working Together 2018)	Analyse the rapid reviews to identify recurring themes	Emerging theme around knife crime but further analysis planned.
Instigated two Safeguarding Practice reviews. One with a theme of Neglect and one in relation to a fatal stabbing.	Both SPR's will be published when criminal proceedings complete.	New contextual safeguarding arrangements to be developed in 2020 Neglect strategy and threshold review in SLG strategic plan.
Development programme agreed	A development training day for members was planned for July 2020	

Safeguarding Adults Review Group (SARP)

Summary account of activities 2019/20

Achievements	Impact	Next Steps.
Discussed 7 cases, leading to two formal Safeguarding Adult Reviews.(SAR)	Learning about Multi-agency risk, resulting in delivery of the Multi-agency Risk Tool (MART) and training as well as publicity about pressure sore prevention. Campaign to reach unknown carers and new helpline for them to contact and get help.	Sustain MART through training and communications. Communications group will repeat communications on prevention of pressure sores on a quarterly basis, and sustain awareness raising for unknown carers.
Tracker for all reviews created to monitor delivery and impact.	Readily available tool to monitor cases at each meeting.	Carry out a retrospective analysis of all recommendations of all SAR's carried out in the last 5 years to ensure all actions delivered.
		Agree a development day for members.

Partners' listed below have provided individual accounts to the Safeguarding Partnership

[\(ALL REPORTS AVAILABLE ON THIS LINK\)](#)

- Slough Borough Council
- Slough Children's Services Trust
- Berkshire Clinical Commissioning group
- Berkshire Health Care Foundation Trust
- Berkshire Fire and Rescue Service
- Slough Council voluntary services
- South Central Ambulance Service
- Solution 4 Health
- Frimley Health NHS Foundation Trust
- Thames Valley Police
- Thames Valley Community Rehabilitation Company

Slough Strategic Safeguarding Leaders Group

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

Slough Strategic Safeguarding Leaders Group

AGREED PRIORITIES 2020/21

Improved practice, communication and quality assurance around:

- Child abuse and neglect
- Adult abuse and neglect
- Exploitation
- Violence
- Domestic abuse

A strategic plan is in development in this reporting period.



Thank you for reading, please find further information below:

<https://www.sloughsafeguardingpartnership.org.uk/>

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 31st March 2021
CONTACT OFFICER: Alan Sinclair Executive Director People (Adults)
(For all Enquiries) 01753 875752
WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

ADULT SOCIAL CARE STRATEGY AND BUDGET**1. Purpose of Report**

To update members of the Health Scrutiny Panel on the delivery of the adult social care strategy, the expected outturn for 2020/21, the proposed budget for adult social services in Slough in 2021/2022 and a summary of the new adult social care transformation programme.

2. Recommendation(s)/Proposed Action

The Panel is requested to note the report and comment on the financial position facing adult social care services in Slough and the new adult social care transformation programme and receive an update on progress in 6 months.

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

Adult social care services in Slough are particularly focused on meeting Outcome Two of the five priority outcomes in the Council's Five Year Plan:

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

The effective scrutiny of the council's decision making and the work of adult social care underpins the delivery of all four of the Joint Slough Wellbeing Strategy priorities:

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

4. Other Implications

- (a) Financial – There are no financial implications directly resulting from the recommendations of this report.
- (b) Risks – there are no risks arising from the recommendations of this report. There will though be a risk plan in place for the adult social care programme as it develops.

There are also potential significant unknown risks due to the pandemic as demand for social care service could rise above expected and planned levels and provider viability may be impacted. These risks will be managed through the transformation programme.

- (c) Human Rights Act and Other Legal Implications - There are no direct legal implications. The specific activity in the adult social care strategy and the new transformation programme and activities may have legal implications which will be brought to the attention of the Council's Cabinet and Health Scrutiny panel separately. There are no Human Rights Act Implications.
- (d) Equalities Impact Assessment – impact assessments have been completed for all the savings identified by adult social care for 2021/22 and all business cases in the new adult social care transformation programme will have new equality impact assessments.

5. **Supporting Information**

5.1 **Adult Social Care Strategy**

Slough adult social care aims to improve the outcomes of our residents and their carers by enabling people to do more for themselves, focusing on people's strengths even at points of crisis in their lives, by connecting them to their interests and communities and a network of wellbeing, care and support services.

Our strategic aims are to support Slough residents with adult social care needs and their carers, to enable people to:

- Maintain their health and wellbeing.
- Manage their own care and support needs.
- Live independently in their own homes for as long as possible.
- Have control over the support they receive.
- Avoid hospital admission unless clinically necessary.
- Be safe.

5.2 The last year has been one of the difficult and challenging years that adult social care has faced. The impact of the pandemic on people who require adult social care services has been significant and has been a priority for the council.

Key achievements have been:

- Continued to deliver all aspects of adult social care services with most staff working remotely but face to face services being delivered where needed with staff using appropriate PPE.
- Day services have been closed and peoples needs have either been supported at home or through other means such as meeting in the park when that was possible between national or local 'lockdowns'
- Safeguarding work has increased and been prioritised
- Support including financial support has been provided to all Slough providers. Regular meetings and newsletter updates have been provided
- Continued good performance in supporting people to remain living independently at home.
- Continued good performance in supporting people home in a timely way after a hospital admission including those people who have been covid+
- The Slough co-production network has continued to meet remotely

- Good partnership working with leadership during the pandemic via the Slough health and care partnership that has met remotely every two weeks.

5.3 **Financial Position of Slough Adult Social Care 2020/21**

The budget for adult social care for 2020/21 is £40.3m

The forecast outturn for adult social care is approximately a £3million overspend which has been significantly impacted by the covid pandemic which accounts for approximately £2m of this overspend.

The main reasons for this overspend are:

- Direct covid costs – such as PPE purchase, additional funding to care providers, additional staffing costs
- Indirect covid costs - such as no capacity to deliver expected savings
- An increasing number of people needing support.
- An increase in the complexity of people’s needs – especially of those people who are already known to social care.
- Increases in prices, due to the increase in the living wage and also covid impact

Nationally, we know that most, if not all, of the councils who provide social care services are facing similar pressures. We are still waiting for an announcement from the government with proposals for the sustainable future funding of adult social care.

5.4 **Adult Social Care Proposed Savings and Growth 2021/2022**

As the budget planning cycle started for 2021/22 it was clear that there were significant financial pressures of approx. £2m and service pressures as a result of the pandemic and growing demand over the last few years. In recognition of this the council engaged an external organisation People Too to support the adult social care service review its strategy and financial strategy.

As part of this work a new adult social care transformation programme is being developed and areas of savings and growth have been agreed by cabinet and Council for 2021/22. The growth is primarily due to demographic changes, meeting the needs of young people in transition to adult services and the increasing need for social care services.

Proposed Budget for 21/22 is £42.26m

Summary of agreed growth:

Care Act burdens £25,000
 Transition £70,000
 Demography £700,000
 Contract Inflation £1,104,000
 Contingency/Increased demand £2,000,000
 Total £3,899,000

Summary of Agreed Savings

Day services redesign £350,000
 Healthwatch contract saving £21,000
 Deprivation of Liberty costs £40,000

Mental Health staffing savings £86,000
Transformation programme £1,445,000
Total £1,942,000

5.5 **Adult Social Care Transformation Programme 2021-24**

Further information on the programme will be provided in a presentation to the Panel on the 31st March. The programme will report into the Our Futures Programme Board

The programme will cover:

- Communications and Engagement
- Practice development – including strength-based working, locality working, personalisation, joint funding arrangements with the NHS, a new agreement for integrated mental health services
- Market management – including development of a new shared lives scheme, day opportunities redesign, improvements in the purchasing of care, costs of care and developing a range of accommodation options to support people to live independently in the community.
- Preparation for adulthood – improving the outcomes for young people with social care needs as they move into adult services.
- Targeted interventions – deep dives into the reablement service and internal provider services.
- Digital and IT - linked to the wider ambitions of the Council to be digital by default

Business cases are being developed to confirm the specific actions for each of the workstreams and confirmation of the savings levels that will be delivered over the coming years.

6. **Comments of Other Committees**

The adult social care growth and savings have been agreed by February cabinet and March Council as part of the medium-term financial strategy.

7. **Conclusion**

This report has outlined the current financial position of adult social care in Slough, the proposed budget for the next financial year and the new adult social care transformation programme.

Nationally and locally there is and will be increasing pressure on adult social services to meet the increasing needs of older and disabled people particularly as we step out of the pandemic. The immediate national challenge is to provide certainty regarding the funding available to social care over the next few years rather than the reliance of in year one off funding.

8. **Appendices Attached**

None

9. **Background Papers**

None.



Berkshire Healthcare

NHS Foundation Trust

Update on change in Children and Adolescent Mental Health Service (CAMHS) Tier 4 service model

Purpose of paper/action required

This paper provides a briefing on the change to the commissioned service model for the CAMHS Tier 4 service provided by Berkshire Healthcare.

An outline of the new service is provided with the timescale for implementation and impact on children, young people, and families.

The purpose of the paper is for discussion and to hear views, thoughts, and positive suggestions about how we can improve the ways that we work across multi-agencies to support this cohort of young people and their families.

Background

Willow House commenced operation as a nine bedded CAMHS Tier 4 General Adolescent Unit (GAU) in August 2015 following a review of service provision at the then Berkshire Adolescent Unit (BAU) by NHS Specialist Commissioning.

The fabric and layout of this building is no longer suitable, and we are not able to develop the building to meet current standards for inpatient provision so we have, for some time, been working with NHS England on plans to develop a new facility at Prospect Park Hospital in Reading. However, learning from the national New Models of Care programme and a review of bed use and needs across the country, has indicated that there is not a need for more general adolescent beds in the South East region and our Commissioners have changed their focus to develop and deliver a new enhanced community care model for the majority of children and young people who are currently being admitted to this type of inpatient bed, in line with the ambitions set out in the NHS Long Term Plan.

Following this change of approach, the build at Prospect Park Hospital will no longer go ahead and Willow House will close to inpatient admissions at the end of April 2021. However, working closely with NHSE and partners in the Thames Valley CAMHS Tier 4 Provider Collaborative, as well as our clinical staff, patients and their families, we have developed a new 'out of hospital' clinical model that will ultimately ensure better care and outcomes for our children and young people in Berkshire. There are precedents already set for this in other parts of the country, which we are learning from, that are showing excellent results.

NHSE/I is currently transferring responsibility for commissioning of CAMHS Tier 4 services to local Provider Collaboratives under the national New Care Models programme. We are partners in the Thames Valley Tier 4 CAMHS Provider Collaborative which is led by Oxford Health NHS Foundation Trust (OHFT). Under this arrangement, OHFT will be taking over responsibility for commissioning CAMHS Tier 4 services for the Thames Valley from NHSE/I.

OHFT have confirmed their commitment to commission the new service and NHSE/I have confirmed additional funding for 2021/22 to enable smooth transition.



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Willow House will remain the base for the new service, with transition from inpatient care to the new Out of Hospital service starting from March 2021.

How are we considering service user views?

We have spoken to some of our service users about their experiences of crisis and Tier 4 care, including asking them what they felt would have been better. The comments below are not specific to Willow House, but to experiences of crisis and Tier 4 care in general:

- The unit was too far away from where we live
- (the unit was a) poorly maintained, crumbling old house
- The unit felt like a lock up place for over medicated teenagers

What would have been better?

- Intensive community support - therapy, regular check in phone calls to get advice/support
- Support from the specialist staff from the inpatient unit before becoming an inpatient- e.g. day patient/ intensive daily support offered when needed
- Home visits/other support within the home setting – mental health carers supporting in the home
- Specialist education provision to support young people with mental health needs – small classes, safe space, quiet space, trained mental health professionals working alongside teaching staff- something like Willow House hospital school available in the community
- Community programme combining therapy, education, peer support all in one place
- Community provision at weekends/evenings
- A drop-in centre that could be open to people who have been into an inpatient environment several times
- Virtual/ telephone support available

We have taken these views into consideration, both in the development of this new service and in the concurrent programme of work to develop mental health crisis services for children and young people as per requirements in the NHS Long Term Plan. We are currently developing a programme of service user engagement and on-going involvement with the development, evaluation, and monitoring of the new service.

New service model

The new service will continue to meet the current specification for Children and Adolescent Mental Health Services Tier 4 (CAMHS Tier 4): General Adolescent Services including specialist eating disorders services (service specification no: 1723). It will provide assessment, formulation and treatment for young people under the age of 18 who have developed complex and persistent emotional and psychological difficulties that require intensive interventions above the level that can typically be provided by Tier 3 CAMHS and which would currently be provided through inpatient care. The service will provide a structured and comprehensive therapy programme, education, and wide-ranging activities that guide the development and recovery of the young person in a holistic way.

Treatment will be delivered through day care and intensive home treatment programmes that will be offered over extended hours 7 days per week, 365 days per year. Clinical care will be in line with relevant NICE guidelines and part of an integrated care pathway which includes 24/365 crisis/home treatment services (currently in development), all Tier 3 CAMH services, specialist neurodiversity services as well as adult mental health, acute physical healthcare, social care, education and voluntary sector provision. It will



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also function as an integrated partner in the Thames Valley Tier 4 Provider Collaborative with learning utilised to develop community-based models across the collaborative.

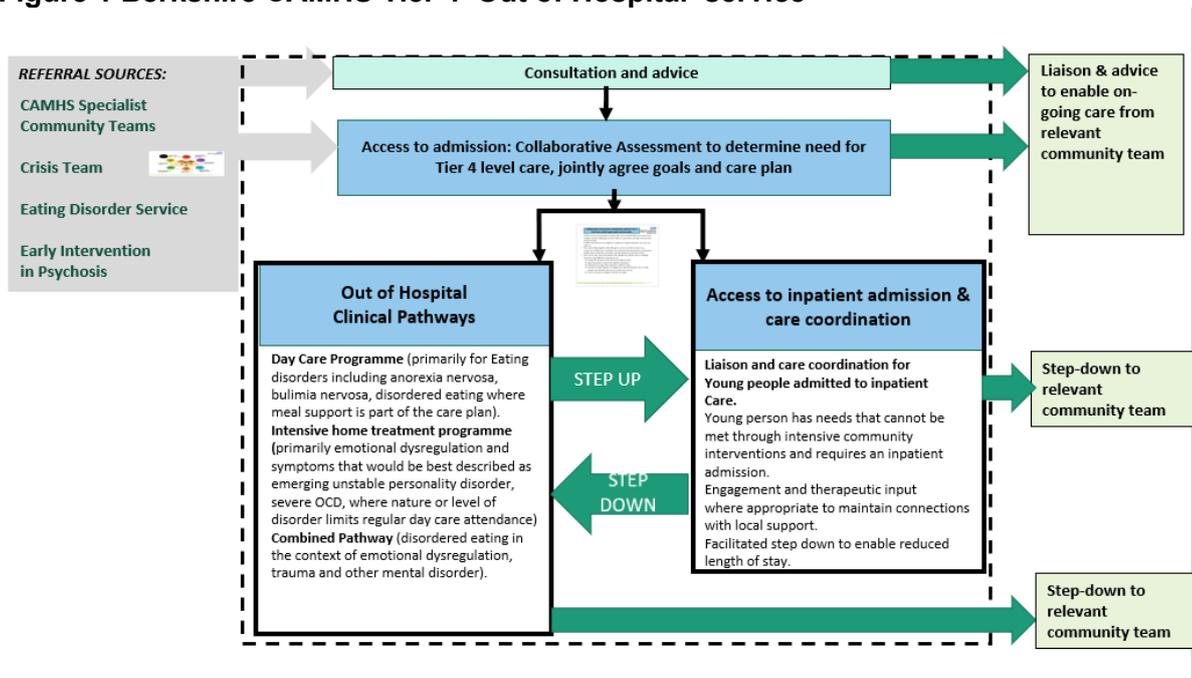
The existing education provision will continue, and we are working with Wokingham Borough Council to review/develop this provision as the new service is embedded.

Figure 1 below gives a pictorial description of the proposed clinical model, which has four core components:

1. Liaison and consultation to Tier 3/crisis CAMHS to prevent escalation of need to Tier 4 level.
2. Access Assessment to Tier 4 services, working in partnership with Tier 3 CAMHS and relevant system partners to build on existing assessments and information and enable shared agreement and responsibility for care.
3. Intensive day care, community and home treatment care pathways based on NICE guidelines/clinical evidence and aligned with Tier 3 and inpatient pathways, delivered via individual, group and digital modalities.
4. Admission coordination and centralised bed-finding, liaison, and supported step down from inpatient care to reduce length of stay where a period of inpatient care is needed.

Acceptance and exclusion criteria for the service will be as per the national service specification.

Figure 1 Berkshire CAMHS Tier 4 'Out of Hospital' service



What does this mean for Berkshire young people?

Provision of services closer to home and increased engagement of community systems and support in acute care will bring improvements in patient experience and long-term outcomes.

Willow House is a General Adolescent Unit (GAU). Young people needing more specialist care currently go to another unit such as an Eating Disorders Unit (EDU), Psychiatric Intensive Care Unit (PICU), Secure Unit etc. In 2020, 56 Berkshire young people needed a Tier 4 inpatient admission. 50% (28) of these were admitted to Willow House, but the other 50% to another unit. Most went to other Units in the Thames



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Valley Provider Collaborative e.g., Huntercombe near Maidenhead or Highfield in Oxford. But some were admitted to units that are outside of the Thames Valley e.g., Hertfordshire, London, and Kent.

For Slough specifically, 3 young people were admitted to Tier 4 inpatient units in 2020; 1 of these was to Willow House, the other 2 to other units in the Thames Valley.

The new service will have capacity to support 16 young people at any one point in time, with an annual capacity of 64. It has been designed to meet the needs of young people who would currently be admitted to a GAU or an EDU. The biggest benefit will be for young people needing intensive treatment for an eating disorder, who are most often admitted to units out of area. Once the new service model is fully operational, we will be able to provide appropriate care and treatment for approximately 70% of young people needing Tier 4 level services.

Learning from other areas, as well as the evidence informing the principles of new care models for Tier 4 CAMHS, suggests that earlier access to day care and home treatment service would improve family and wider system resilience and support positive risk management in these young people. The service has therefore been modelled on the basis that once embedded, we will receive and accept a higher number of referrals. We believe that as we move into Year 2 (2022/23) we will also be able to prevent more admissions, including some to PICU and that we will reduce the length of stay for young people who do need an admission.

What if a young person does need inpatient care?

There are a number of units across the Thames Valley region which provide inpatient care, including some which are able to treat young people who require specialist inpatient eating disorder support or psychiatric intensive care, something we were not commissioned to offer at Willow House. National work across the network of Provider Collaboratives to realign the commissioning of beds has increased the number of General Adolescent beds that are available to the Thames Valley and programmes are underway to develop a new PICU unit and to build a specialist LD/ASD unit, something which is currently a gap in the South East region. Where a young person does need a period of inpatient care, the Berkshire service will retain responsibility for working with the Provider Collaborative Single Point of Access (SPA) to access an appropriate admission and will work closely with the inpatient team throughout any admission, to ensure that young people remain connected with their home systems and that length of stay is minimised.

There will be a need for additional beds in year 1 (2021/22) as we transition from the inpatient to 'Out of Hospital' model. Double running funding has been obtained from NHSEI to cover this period. From April 2022 we anticipate that the reduction in number of admissions to GAU and EDU combined will exceed the nine beds lost from Willow House.

The new service will therefore fully replace the capacity lost through the closure of Willow House and further reduce the number of inpatient admissions, keeping pace with the predicted rise in demand.



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MEMBERS' ATTENDANCE RECORD 2020/21

HEALTH SCRUTINY PANEL

COUNCILLOR	25/06/20	08/09/20	13/10/20	26/11/20	14/01/21	31/03/21
Ali	P	P	P	P	P	
Begum	P	P	P	P	P	
*Gahir	P	P				
*N Holledge	Ab	Ab				
**Matloob			P	P	P	
Mohammad			P	P	P	
Qaseem	P*	P*	P	P	P	
Rasib	P	Ap	P	P	Ap	
A Sandhu	P	Ap	P	P	P	
**Sarfraz			Ap	P	P	
Smith			Ap	P	P	P
Colin Pill – Co-optee	Ap	Ab	Ap	Ab	Ap	

P = Present for whole meeting P* = Present for part of meeting Ap = Apologies given Ab = Absent, no apologies given.

*Councillors Gahir and N Holledge no longer members of the Panel from 24th September 2020.

**Councillors Matloob and Sarfraz appointed to the Panel from 24th September 2020.

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