

Date of issue: Tuesday, 21 September 2021

MEETING:

SLOUGH WELLBEING BOARD

Councillor Pantelic, Lead Member for Social Care and Public Health
Dr Jim O'Donnell, East Berkshire Clinical Commissioning Group, Slough Locality
Alan Adams, Interim Executive Director for Children/Slough Children First Trust Chief Executive
Dr Sohail Bhatti, Interim service lead public health
Adrian Davies, Partnership Manager, Department for Work and Pensions
Neil Dardis, Frimley Health NHS Foundation Trust Representative
Tracey Faraday-Drake, Executive Place Managing Director
Chris Holland, Royal Berkshire Fire and Rescue Service
Ramesh Kukar, Slough CVS
Stuart Lines, Director of Public Health
Councillor Akram, Lead Member for Leisure, Culture and Communities
Rafal Nowotynsky, Healthwatch Representative
Alan Sinclair, Executive Director People (Adults)
Aaryaman Walia, Slough Youth Parliament Representative
Superintendent Wong, Thames Valley Police
Josie Wragg, Chief Executive, Slough Borough Council
2 Vacancies, Local Business Representatives

DATE AND TIME:

WEDNESDAY, 29TH SEPTEMBER, 2021 AT 5.00 PM

VENUE:

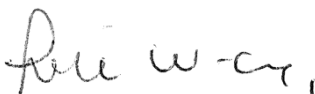
COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL

DEMOCRATIC SERVICES OFFICER:
(for all enquiries)

MANIZE TALUKDAR
07871 982 919

NOTICE OF MEETING

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



JOSIE WRAGG
Chief Executive

AGENDA

PART I

Apologies for absence.

CONSTITUTIONAL MATTERS

1. Declarations of Interest

All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.

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4. Update - ICS and Place Verbal Report
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6. Frimley Collaborative CCG Annual Report To Follow
7. Upton Hospital Update To Be Tabled
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FORWARD PLANNING

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| 11. | Forward Work Programme | 83 - 88 |
| 12. | Date of Next Meeting | |
| | Wednesday 17 November at 5.00 pm. | |

Press and Public

Attendance and accessibility: 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 any items in the Part II agenda are considered. For those hard of hearing an Induction Loop System is available in the Council Chamber.

Webcasting and recording: The public part of the meeting will be filmed by the Council for live and/or subsequent broadcast on the Council's website. The footage will remain on our website for 12 months. A copy of the recording will also be retained in accordance with the Council's data retention policy. 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.

In addition, the law allows members of the public to take photographs, film, audio-record or tweet the proceedings at public meetings. Anyone proposing to do so 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.

Emergency procedures: The fire alarm is a continuous siren. If the alarm sounds Immediately vacate the premises by the nearest available exit at either the front or rear of the Chamber and proceed to the assembly point: The pavement of the service road outside of Westminster House, 31 Windsor Road.

Covid-19: To accommodate social distancing there is significantly restricted capacity of the Council Chamber and places for the public are very limited. We would encourage those wishing to observe the meeting to view the live stream. Any members of the public who do wish to attend in person should be encouraged.

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Slough Wellbeing Board – Meeting held on Wednesday, 14th July, 2021.

Present:- Councillor Pantelic (Chair), Tracey Faraday-Drake, Chris Holland, Ramesh Kukar, Alan Sinclair, Supt. Wong and Josie Wragg

Apologies for Absence:- Councillor Akram and Dr Jim O'Donnell

PART 1

49. Declarations of Interest

No declarations were made.

50. Election of Chair

Resolved – to note the appointment of Councillor Pantelic as Chair of the Board for 2021/22 Municipal Year as agreed at Annual Council.

51. Election of Vice Chair

Resolved – to note the appointment of Dr Jim O'Donnell as Vice Chair of the Board for 2021/22 Municipal Year, as agreed at Annual Council.

52. Minutes of the last meeting held on 24 March 2021

Resolved – That the minutes of the meeting held on 24 March 2021 be approved as a correct record.

53. Slough 2040 Vision

The Board received a report and a slide presentation by the SBC Policy Insight Analyst regarding The Slough 2040 Vision. She highlighted the following key areas of the report:

- The Vision had been devised taking into account the views of over 500 people in Slough, which included residents, council officers, Councillors, local businesses, partners as well as some Board members. Five different remote engagement methods had been used, including surveys and mind mapping.
- Three months' worth of data had been collated and analysed thematically. Following which, sixty four main topics were identified and ranked by how frequently they were mentioned.
- Areas of tension included transport, where views were divided over whether Slough should be car-friendly or geared towards public active transport.
- The 64 main topics had been distilled down to create eight different themes which formed the basis of the Vision, and included transport, community, carbon-neutrality, the town centre, neighbourhoods, economy, education and health & safety.

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- The overall vision statement was that Slough should be a 'vibrant, thriving and innovative town where people are supported to live happy fulfilled lives. People will feel safe and valued in their communities and proud to call Slough home.'
- The Vision would sit alongside other key partnership strategies in Slough including the Wellbeing Strategy.

Board Members asked the following questions and received the following responses:

Residents had raised the issue of high levels of violent crime in the Borough. How was this being tackled?

The representative from the Police stated that this issue continued to be of concern to both residents and the Police. The taskforce was working closely with the Council and the Chalvey Community Partnership. A funding application would be made to round three of the Safer Streets Fund. This fund focussed on initiatives to reduce violence against women and girls. The project would focus on Chalvey because of reported incidents there linked to violence against women and girls. As part of this programme, the Police would work with local partners and local businesses to improve community safety and work with the local community through the Partnership to identify the community's role in this issue.

Resolved – That the report be noted.

54. **Slough Recovery Strategy**

The SBC Associate Director of Place Strategy and Infrastructure presented a report and a slide presentation regarding Slough's Covid Recovery Strategy.

The Slough Leaders' Group (SLG) would be provided with a distillation of activities and initiatives focussed on recovery which were taking place across various partnerships, including the Board. These would need to be factored into the Council's plans for moving forward from a 'crisis and response' phase to one of 'recovery and renewal'.

The report was based on three themes, namely, the work of the Board, the work of the Children and Young People's Partnership and Economy and Skills. His role had been to co-ordinate responses from partnerships which had informed the recovery plan. He added that coming out of a crisis could be seen as an opportunity to refocus priorities, reflect on the impact of the crisis and reset policy goals accordingly. He reiterated the importance of not duplicating activities and urged partner organisations to collate their recovery activities into a single document to present to SLG, which would co-exist with the Slough Vision.

The Chair stated that health & wellbeing would be integral to the recovery process. Following the proposed lifting of restrictions by the Government, many employees would be returning to work places, and adapting to new

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ways of working. The number of people self-isolating would affect frontline staff capacity. The NHS and other service providers were anticipating a rise in the number of covid cases, hence the need to keep reiterating the message about the importance of being double vaccinated. Economic development skills and the number of young people in education would need to be assessed to ensure resilience in the Town. She asked how the Council, in view of its current financial predicament, would meet its obligations.

The SBC Chief Executive responded that discussions were ongoing regarding how to 'right size' the Council within budgets available. Partnership working would be a vital part of this process going forward. Right-sizing the Council would involve checks and balances coupled with a need to balance ambition, aspiration and recovery within available funding.

The Chair invited partners to share their recovery plans and asked how the Council's Recovery Plan could be made as inclusive as possible.

The SBC Public Health Service Lead stated that recovery planning was a fundamental part of disaster relief planning. From a public health point of view, the pandemic had had a fundamental impact on the Health and Wellbeing of the Town. Slough would continue to access Government Covid Grants. Officers were awaiting approval to undertake a Covid Community Impact Assessment. The results of the assessment would provide a detailed picture of the effects of the pandemic, help prioritise resources and dictate the nature of the response. During the pandemic numerous successful and valuable partnerships had had been forged between the Council and local groups. Going forward it was vital to maintain these relationships.

The Fire Service had three key areas service delivery. These focussed on prevention, protection and response. Prevention consisted of education and was currently focussed on 'safe and well visits' to residential homes. Fire teams were working their way through backlogs of safe and well visits, and visits to very high risk residents. Protection related commercial sites and these visits were back on track. Response was about ensuring availability of crews and trucks. The Service had the sought support of crews in neighbouring counties such as Hampshire and Wiltshire where necessary. The Service would be happy to receive referrals where risk was noted. He concluded by saying that the Services' recovery was gathering pace.

The NHS was in recovery phase, though continued to be in response mode in some areas. Work was underway to rebuild elective capacity in order to reduce waiting lists. There continued to be unprecedented numbers of cases coming through the urgent care route, for various reasons. Staff were making every effort to reduce waiting lists and prevent any increase in Covid levels. There were robust recovery plans in place, some of which were prescribed by NHS planning guidance. The Health and wellbeing of staff was being prioritised.

The voluntary sector was slowly returning to normal. The overall strategy had been to build resilience, both in volunteers and organisations by ensuring that

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the food bank was resilient, vulnerable charities had sufficient cash resources, providing training programmes for residents and volunteers, building new infrastructures for better service delivery and using the Community Champions and social media platforms to disseminate public health messages. Those partners who had taken part in Covid response initiatives were in a better position than those that had not.

The Police representative stated that strong partnerships underpinned by good structures had been established during the pandemic. The forthcoming lifting of restrictions would be challenging for all agencies. The recovery process would require some re-thinking of priorities, improvements to service provision and the opportunity to support agile working. However, it was important to bear in mind some of the unintended consequences of working from home, such as isolation, mental health problems and a rise in obesity levels.

The Chair stated that investing in the workforce, enabling flexible working, prioritising residents' views and ensuring transparency during the recovery phase were crucial. She asked how residents' views regarding the recovery were being gauged.

An SBC officer responded that although there was no co-ordinated programme of resident engagement activity with regard to the recovery plans, but there was engagement with businesses, partners and Community Champions.

The CCG was dealing with surge planning which was taking priority over recovery planning and anticipated being busy during the autumn. With regard to engagement, work had been undertaken as part of the Children and Young People's New Transformation Plan and consultation data was being collated. "There was currently a rising demand for mental health services, including crisis provision, particularly from children and young people, which was leading to significant pressures on services." There was also a need to focus on their educational recovery. It was also important to glean the views of young people to inform the recovery plan.

The Chair stated that currently there was no formal input to the Wellbeing Board and other Council Boards from young people. She urged Board members to accept invitations to engage with young people in the borough, to have open and honest discussions with them.

The Fire Service had not been in a position to engage with young people in schools due to covid but would be providing teachers with video presentations that could be shown to pupils at any time. Visits were not possible as schools were focussing on catching up with the curriculum.

The Chair requested that officers present at the meeting should obtain feedback from any Board members not present at the meeting regarding the plan. She added that the four priority areas of the Wellbeing Strategy should include a section about response and recovery.

The representative from the voluntary sector stated that poverty was often a key driver in mental health issues suffered by adults, which in turn could affect the whole family, particularly children. It was vital that families felt supported through the process of recovery.

The Chair added that it was important to focus on the wider determinants of health and joined up service provision, better skills and employment opportunities and access to housing would support those families which were struggling.

The Chair requested that the Board's terms of reference and priorities be an item for discussion at the next meeting.

Resolved – That the report and presentation be noted.

55. Update - Priority Two, Integration. Health and Social Care Partnership Board

The SBC Executive Director People (Adults) and the SBC Executive Place Managing Director presented the Priority Two, Integration, Health and Social Care Partnership Board update report. They highlighted the following areas of the report:

- This was the first Slough based Health and Care Plan (HCP). It had been set up to provide oversight, strategic direction and co-ordinate commissioning intentions for the integration of health and social care services.
- The Health and Social Care Partnership Board was a sub-group of the Wellbeing Board.
- It was proposed that the Health and Social Care Partnership Board and the Slough Place Based Committee would work collaboratively by conducting their meetings at the same time, which would allow the two groups to transact their business together, while remaining independent entities. The HSCP Board would retain its own terms of reference and membership, but be able to work more effectively with colleagues from the Slough Place Based Committee. The Terms of Reference of the HSCP Board had been updated in line with these proposed changes.
- In addition to this work, the HSCP Board had been working to develop a Health and Care Plan which would seek to provide the detail of how the HSCP Board and the partner organisations that make up the board could deliver greater Integration between health and social care in Slough. The plan would steer the work of the HSCP Board, and its member organisations, to deliver Priority Two: Integration, of the Slough Wellbeing Strategy.
- The group would include a Health Inequalities Group which would be made up from the existing BAME group.

The Chair asked about the partnership working – the use of joint commissioning and pooled budgets, how would this work in practice and how would the views of partners, residents and lay members be taken account of?

HCP was a co-production network hence service users and family members would be designing, scrutinising the plan alongside the Board. Budgets had already been pooled in the form of the Better Care Fund, and any changes to the pooled budgets or joint working would require approval from the relevant Statutory Body, the CCG or the Council.

A review report would be presented at the November meeting of the Board.

Resolved – That the report be noted.

56. Update - Priority Three, Strong Healthy & Attractive Neighbourhoods

The SBC Group Manager – Localities and Neighbourhoods provided an update on one of the key priority of the Wellbeing Board - Priority Three, Strong Healthy & Attractive Neighbourhoods. She stated that the report provided updates on work undertaken in Colnbrook, Chalvey and Britwell and linking the work to the localities agenda.

The Chair praised all those who were involved in the Strong, Healthy and Attractive Neighbourhoods initiative for their partnership working, community involvement and for the positive outcomes achieved.

Following questions, the SBC Group Manager advised that a new Assistant Director for Primary Care and Community had been appointed. Part of her role would be to support the localities work. She gave the example of Britwell, where large amounts of data relating to population health, residents views etc had already been collated and urged partners and officers to access this information rather than duplicate work already undertaken.

The Chief Executive stated that the Governance would evolve and reiterated the importance of balancing the strategic and the operational ie the importance of local practitioners working with the community at the grassroots level which would ensure the continued success of the initiative.

The Chair encouraged partner organisations at the meeting to explore how they could take part in and contribute towards this initiative.

The Chair requested an update report be submitted to the November meeting of the Board.

Resolved – That the progress made on the Strong, Healthy and Attractive Neighbourhoods initiative be noted.

57. Update - ICS and Place

The Executive Director of People (Adults) and the Executive Place Managing Director provided a joint verbal update regarding Integrated Care System (ICS) and Place. They made the following points:

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- A decision regarding the boundary issue relating to the Integrated Care System was awaited from the new Secretary of State. Works were progressing on the plans irrespective of the boundary issues.
- The third of three Place based workshops had taken place the previous week where participants had come together as a whole ICS. The event had been very well attended with many fruitful discussions about collaborative working taking place.

The Chair advised that work was being undertaken regarding decision-making at The Place. In addition to statutory responsibilities, the Wellbeing Board's terms of reference included having oversight of commissioning services, ways of working and governance. In her view, there would be many discussions and opportunities arising from the new legislation. She added that in light of the Council's current financial difficulties, further discussions were planned with health partners regarding future budgets and financing.

Resolved – That the verbal update be noted.

58. Forward Work Programme

Resolved – That the Work Programme for 2021/22 be noted.

59. Slough Wellbeing Board Annual Report - 2020/21

Resolved – That the report be noted.

60. Slough Wellbeing Board Terms of Reference

Resolved – That the report be approved for publication.

61. Date of Next Meeting

The date of the next meeting was confirmed as 29 September 2021 at 5pm.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 6.36 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 29th September 2021

CONTACT OFFICER: Ellie Gaddes, Principal Strategy and Policy Officer & Tiran Khehra, Principal Strategy and Policy Officer.

(For all Enquiries) (01753) 875657

WARDS: All

PART I
FOR COMMENT AND CONSIDERATION

SLOUGH WELLBEING STRATEGY 2021-2026**1. Purpose of Report**

In 2020, the Slough Wellbeing Strategy for 2020-2025 was published by the Slough Wellbeing Board. This report provides an opportunity for the Slough Wellbeing Board to view the refreshed strategy for 2021-2026, and to approve this strategy for publication.

2. Recommendations/Proposed Action

That the board review the 2021-2026 Slough Wellbeing Strategy and:

- Approve the report for publication, or;
- Suggest any corrections or alterations which are required.

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

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

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

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

3.3 The work of the Slough Wellbeing Board also contributes to the five priority outcomes in the Council's Five Year Plan:

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

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

3.4 In particular, the work of the Wellbeing Board aims to address Priority One and Two of the Council's Five Year Plan.

4. **Other Implications**

(a) Financial – none.

(b) Risk Management – none.

(c) Human Rights Act and Other Legal Implications - There are no direct legal implications. Any specific activity undertaken by the Wellbeing Board, which may have legal implications which will be brought to the attention of Cabinet separately. There are no Human Rights Act Implications.

(d) Equalities Impact Assessment - There is no requirement to complete an Equalities Impact Assessment (EIA) in relation to this report.

5. **Supporting Information**

5.1 In the autumn of 2019, work was done by members of the Slough Wellbeing Board to create a new Slough Wellbeing Strategy. This strategy was approved in early 2020 and became the Slough Wellbeing Strategy for 2020-2025.

5.2 The Slough Wellbeing Strategy for 2020-2025 contained four key priorities:

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

In addition to these priorities, the strategy also contained information on Slough's demographics, health priorities in the town, and how the Slough Wellbeing Board worked in partnership with other strategic boards in Slough.

5.3 In 2021, Slough Borough Council and its partners launched the Slough 2040 Vision. The Slough 2040 Vision is a partnership vision, which outlines the ambitions for the future of Slough. It was created by engaging with the people of Slough - residents, elected councillors, and the organisations that serve the people of the town.

- 5.4 Several member organisations of the Slough Wellbeing Board, including Slough Borough Council, Frimley Collaborative CCG, Frimley Health NHS Foundation Trust, Slough Council for Voluntary Services, Thames Valley Police and Berkshire Public Health have formally endorsed the Slough 2040 Vision.
- 5.5 In light of the launch of the Slough 2040 Vision, the Slough Wellbeing Strategy has been refreshed in order to clarify the alignment between the Slough 2040 Vision and the Wellbeing Strategy. An updated version of the Slough Wellbeing Strategy can be found attached as an appendix to this report. If approved, this will become the Slough Wellbeing Strategy for 2021-2026.
- 5.6 This refreshed strategy is largely unchanged from the 2020-2025 version. The four priorities which form the basis of the strategy remain unaltered. However, several updates have been made, including:
- Including a page entitled 'Partnership Working in Slough' which contains information on the Slough 2040 Vision, and how the Slough Wellbeing Strategy is aligned to this vision.
 - Updated demographic information, drawn from the Office for National Statistics Mid-2020 population estimates for Slough.
 - Updated logos on the front cover of the strategy, to reflect the changed nature of the membership of the Slough Wellbeing Board.

6. **Comments of other Committees**

None.

7. **Conclusion**

This report is intended to provide the Slough Wellbeing Board with the opportunity to review the 2021-2026 Slough Wellbeing Strategy.

The Slough Wellbeing Board is requested to review the 2021-2026 Slough Wellbeing Strategy and:

- Approve the report for publication, or;
- Suggest any corrections or alterations which are required.

8. **Appendices Attached**

A – Slough Wellbeing Strategy 2021-2026

9. **Background Papers**

None.

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Slough
Wellbeing
Board

Slough Wellbeing Strategy

2021-2026



ROYAL BERKSHIRE
FIRE AND RESCUE SERVICE



Department
for Work &
Pensions

NHS

Frimley Health
NHS Foundation Trust



www.slough.gov.uk
Slough
Borough Council

sloughcvs 
www.sloughcvs.org.uk

NHS

Frimley Collaborative
Partnership of Clinical Commissioning Groups

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The Slough Wellbeing Strategy at a Glance

The Wellbeing Strategy for Slough is the overarching plan to improve the health and wellbeing of residents in the borough. It has been created by the Slough Wellbeing Board, a partnership between organisations from the public, private and voluntary sectors in Slough.

About Slough

Slough has a population of 149,500 people.	This population is relatively young, with Slough’s average age only 35 years.
Life expectancy in Slough remains lower than the average for the rest of the South East, at 78 years for men, and 82 years for women.	Childhood health in Slough remains poor, with low rates of immunisations, high rates of obesity, and poor oral health.

Our Priorities

The Slough Wellbeing Strategy is focused around four priority areas the Board will seek to address in order to improve the health and wellbeing of the people of Slough.

Of the four priorities, two reflect areas where the Board will lead on work, while two reflect areas where the Board will have a role influencing the work of other boards or groups.

**Priority One:
Starting Well**



This priority is an area where the Slough Wellbeing Board will have an influencing role in the work being done to address these ambitions. The Starting Well theme will be led by the Children and Young People’s Partnership Board.

**Priority Two:
Integration**



This priority is an area where the Slough Wellbeing Board will have an influencing role in the work being done to address these ambitions. The Integration theme will be led by the Health and Social Care Partnership Board.

**Priority Three:
Strong, Healthy
and Attractive
Neighbourhoods**



This priority is an area where the Slough Wellbeing Board will directly lead on the work being done. To achieve these ambitions the board will work with local communities to understand the issues facing them, co-design SMART neighbourhood plans together, and work together to implement the actions outlined in these plans.

**Priority Four:
Workplace Health**



This priority is an area where the Slough Wellbeing Board will directly lead on the work being done. To achieve these ambitions, the board will build connections with local businesses in Slough to promote information about Workplace Health, establish a set of Wellbeing Awards to celebrate best practice from employers, create a toolkit of resources relating to Workplace Health, and promote culture change surrounding Workplace Health in employers across the borough.

What is the Slough Wellbeing Strategy?

The Wellbeing Strategy for Slough is the overarching plan to improve the health and wellbeing of residents in the borough. It has been created by the Slough Wellbeing Board, a partnership between organisations from the public, private and voluntary sectors in Slough.

The Slough Wellbeing Board

Every local authority is required to have a Health and Wellbeing Board. The task of improving wellbeing in the local area is something best tackled by a range of organisations working together. The Wellbeing Board therefore brings together key organisations from the area, including representatives from the public, private and voluntary sector.

In Slough, we have made a deliberate decision to widen membership beyond the statutory requirements. This allows us to engage with a greater range of partners and work more fully across the borough. We have also called our partnership the 'Slough Wellbeing Board' rather than the Health and Wellbeing Board, to reflect our chosen focus on the wider determinants of the wellbeing of the people of Slough.

The Wellbeing Board consists of senior representatives from:

- Slough Borough Council
- Berkshire Public Health
- Frimley Health Foundation Trust
- Frimley Collaborative Clinical Commissioning Group
- Slough Council for Voluntary Services
- Thames Valley Police
- Royal Berkshire Fire and Rescue
- Slough Youth Parliament
- The Department of Work and Pensions

As well as the priority areas the Wellbeing Board works on, it also has a set of statutory responsibilities. These can be found in Appendix One.

Health and Wellbeing in Slough: The Context

Slough is a unique area, and as such, faces unique challenges.

The borough of Slough has a total population of around 149,500 people. This population is relatively young, with Slough's average age estimated to be only 35 years. Since the 1930s, people from across the world have made Slough their home, making Slough one of the most diverse authorities in the country.

Located to the west of London, Slough is a densely populated urban area. High levels of personal car use mean there is significant congestion and poor air quality. However, despite the urban nature of the borough and its industrial history, Slough has more than 2.54 square kilometres of parks and open spaces. The council has also recently invested in brand new leisure facilities, including gyms and leisure centres, swimming pools and an ice rink.

Slough has pockets of deprivation, and some neighbourhoods offer specific challenges. There are also inequalities in health, primarily between different areas of the borough and between different ethnic groups. Life expectancy in Slough is lower than the average for the rest of the South East, and physical inactivity, cardiovascular disease, obesity and diabetes are high. Slough also has high-rates of preventable ill health amongst children - including obesity, tooth decay and higher levels of hospital admissions for long-term conditions such as asthma.

This health and wellbeing context became even more significant during the COVID-19 outbreak of 2020, when Slough grappled with the impact of the virus on its population. As an authority with high diversity and some areas of deprivation, Slough's population contained relatively high numbers of those people considered to be at high risk from the virus. By the summer of 2021, Slough had over 17,000 confirmed cases of COVID-19 in the borough, and over 340 people had been killed by the virus.

How the Strategy was developed

The Slough Wellbeing Board began developing this strategy during the autumn of 2019. Members of the board attended a workshop in October to begin agreeing the priorities that would shape the work of the board over the next five years. In this workshop, they heard from members of staff from several different partner organisations on the current context in Slough and the health and wellbeing issues facing residents.

Some of the key points raised in these discussions were:

- In Slough, major causes of ill health and death are mainly due to circulatory conditions, cancer and respiratory conditions.
- A wide range of different factors influence the health of an individual. These include health behaviours, such as diet and exercise or alcohol use, socioeconomic factors, such as education, employment, and income, clinical care, including the access to care and quality of care, and finally, the quality of the built environment.
- To improve the health and wellbeing of residents in Slough, there are a range of areas where work can be done, including tackling poverty, improving the built environment, preventing violence, improving workplace health, integrating health and social care, and improving health and wellbeing in the early years of life.

From this discussion, members of the board turned their attention to developing a list of priority areas. These priorities all reflected areas where work could be done by the Wellbeing Board to improve the health and wellbeing of residents in Slough. This list of priorities was refined to create the four priority areas which underpin this wellbeing strategy. These priority areas are revisited each year, to ensure that this strategy continues to address the most significant and relevant priorities to improve wellbeing in Slough.

Our Priorities

The Slough Wellbeing Strategy is focused around four priority areas the Board will seek to address in order to improve the health and wellbeing of the people of Slough.

These priorities are:

- 1. Starting Well**
- 2. Integration**
- 3. Strong, Healthy and Attractive Neighbourhoods
(Building Community Asset Resilience)**
- 4. Workplace Health**

Underpinning these four priorities is a commitment to reducing health inequalities across Slough. The differences in health outcomes - particularly between different areas of the borough and different ethnic groups - impact all four of the priority areas the board has chosen to address. The commitment to reducing these inequalities therefore drives much of the work of the Wellbeing Board, and forms a theme which underpins each of the board's priorities.

These priorities aim to strike a balance between the need to set ambitious, challenging work targets, and the need for the priorities of the board to be practical and achievable. They also aim to avoid replicating the work currently being done by other partnership boards and committees across the borough.

The priorities all relate to elements of health and wellbeing which many different partner organisations can seek to improve. By effectively working together as a partnership, the Wellbeing Board can aim to make real, tangible changes to the health and wellbeing of residents in Slough.

Of the four priorities, two reflect areas where the Board will lead on work, while two reflect areas where the Board will have a role influencing the work of other boards or groups. The first two priorities, 'Starting Well' and 'Integration' are areas where the Board will play an influencing role. The work relating to these priorities will be led by two of the partnership boards that report to the Slough Wellbeing Board. The Children and Young People's Partnership Board will lead on the work of Priority One: Starting Well, while the Health and Social Care Partnership Board will work on Priority Two: Integration. For both of these priorities, the Slough Wellbeing Board will have a supervising and influencing role over the work being done to address these areas.

The final two priorities relate to areas where the Slough Wellbeing Board will directly lead on the work being done. These two areas are Priority Three: Strong, Healthy and Attractive Neighbourhoods, and Priority Four: Workplace Health. Both of these priorities are areas where the Board will directly lead on setting the direction of work, and drive forward progress.

Each priority is discussed in greater detail in the second half of this strategy. For each priority, some background information on the theme or concept is given first, before data and insight is used to illustrate why this issue is a particular challenge in Slough. Once the context has been established, the ambitions for that area are outlined, before the actions the board will undertake over the next five years are presented.



Priority One: Starting Well

Starting Well focuses on the health and wellbeing of children and young people. The evidence tells us that when children start school with a good level of health and development, they are more likely to go on to succeed in later stages of education. Tackling health and wellbeing issues at an early stage in life prepares our young people for their future.

Why is this a priority?

- Slough is a relatively young town. Children and young people aged 0 to 17 years make up 28% of the population of Slough. In particular, we have a significantly high proportion of children aged 0 to 14 years.
- When we compare the health and wellbeing of children in Slough to that of the rest of the country, a number of high priority areas emerge.
- Slough has lower than average rates of many recommended childhood immunisations, including the Mumps, Measles and Rubella immunisation and the Flu vaccination.
- Levels of childhood obesity are high - with over 25% of Year 6 children categorised as obese.
- Oral health amongst Slough children is worse than the England average. 41.5% of 5 year olds have one or more decayed, filled, or missing teeth.
- Mental health disorders in young people in Slough have risen, with 9.6% of young people aged 5 to 16 years in Slough having a mental health condition in 2015.
- The COVID-19 outbreak will have an impact on both the mental and physical wellbeing of children and young people across Slough.

Ambitions

Over the next 5 years, the Board will seek to:

- Decrease the attainment gap between all children and the bottom 20% at Early Years Foundation Stage.
- Reduce the number of Reception and Year 6 aged children classified as obese.
- Improve immunisations rates amongst young people in Slough.
- Improve oral health amongst children in Slough.

Actions

This priority is one of two areas where the Slough Wellbeing Board will have an influencing role in the work being done to address these ambitions. The Starting Well theme will be led by the Children and Young People's Partnership Board.

This board will address the work of this priority and report back regularly on their progress to the Slough Wellbeing Board. The actions relating to this priority will be set by the Children and Young People's Partnership Board, and will form part of their strategy. This strategy will seek to understand and respond to the changing picture of the health and wellbeing of children and young people in Slough, including the impact of the COVID-19 outbreak on their health and wellbeing.



Priority Two: Integration

There are a large range of services that support people to live independently at home, rather than needing institutional care in a hospital or care home. These services are delivered by both health professionals, and social care services. By working closely together, health and social care professionals can ensure that their services are aligned and integrated, in order to provide better care for our residents.

Why is this a priority?

- The majority of people living in Slough will require health and social care support at some time in their lifetime.
- In Slough, we spend over £100m every year across health and social care. We need to ensure that this funding is being spent in the best way possible to make the biggest difference for people's health and wellbeing.
- Research by Think Local Act Personal tells us that people want their care to be flexible, integrated, and under their own control.
- During the COVID-19 outbreak, health and social care partners demonstrated the benefits of working closely together.

Ambitions

Over the next 5 years, the Board will seek to:

- Increase healthy life expectancy in Slough.
- Increase the proportion of people living independently at home, and decrease the proportion living in care homes.
- Increase the number of people who are managing their own care and support needs.
- Reduce the amount of attendances and admissions to hospital, and the length of these stays.
- Reduce delayed transfers of care.

Actions

This priority is one of two areas where the Slough Wellbeing Board will have an influencing role in the work being done to address these ambitions. The Integration theme will be led by the Health and Social Care Partnership Board, who will address the work of this priority and report back regularly on their progress to the Slough Wellbeing Board.

To achieve these ambitions, the Health and Social Care Partnership board will:

- Develop a place-based health and care strategy, to align the current health and social care services.
- Build on the work of the Slough Better Care Fund, to increase the contributions from health and social care to the pooled budget.
- Encourage health and social care partners to work together to support and maintain providers, and promote the use of collaborative commissioning of services in Slough.
- Continue to work with our care users to ensure that co-production and co-design are at the heart of all that we do.
- Work to reduce the impact of COVID-19 on the physical and mental health of people in Slough.



Priority Three: Strong, Healthy and Attractive Neighbourhoods (Building Community Asset Resilience)

Our communities are at the heart of everything we do. Strong, healthy and attractive neighbourhoods are built around people, place, local pride and strong collaborative working between the community and its partners. People in strong, healthy and attractive communities are part of a shared local identity and are empowered to have the skills and opportunities to take part in local life.

Why is this a priority?

- Health and Wellbeing is influenced by a range of different factors, including socioeconomic factors such as education, employment and income and the quality of the built environment.
- Some areas of Slough have pockets of severe deprivation and poor environmental quality, with the built environment, open spaces, and air quality all suffering.
- These factors all contribute to the health inequalities seen across the borough. Mortality rates of people under 75 years are significantly higher in areas such as Britwell & Northborough, Chalvey and Foxborough.
- During the COVID-19 outbreak, many neighbourhoods in Slough came together to respond to the crisis. The collaboration and sense of community developed during the crisis has the potential to develop into long-lasting local partnerships.

Ambitions

In the next five years, we aim to:

- Increase levels of resident satisfaction with local place, and improve levels of happiness.
- Improve life chances of residents, by focusing on areas such as housing, poverty, education and employment.
- Reduce health inequalities between wards.
- Increase engagement and volunteering impact, and improve community resilience so that communities are better prepared to cope with extreme events such as disease outbreaks or economic downturn.

Actions

This priority is one of two areas where the Slough Wellbeing Board will directly lead on the work being done.

To achieve these ambitions, we are going to:

- Work with local communities to understand the issues facing them.
- Work with residents and partners to co-design SMART neighbourhood plans.
- Work with residents and partners to implement the actions outlined in these plans.
- Work with local communities to enable them to deliver mutual support at neighbourhood level.



Priority Four: Workplace Health

Having a good job, with a reasonable wage, provides security and allows individuals to thrive. It also protects against adverse health outcomes, both while people are working, and in later life. In particular, a good working environment can protect a person's mental health and musculoskeletal health.

Why is this a priority?

- The county of Berkshire has a high rates of employment. In Slough, 73.5% of population - or over 70,000 people - are in employment.
- Life expectancy in Slough remains lower than the average for the rest of the South East, at 78 years for men, and 83 years for women.
- Healthy life expectancy - or the number of years a person can expect to live in good health - is worsening in Slough.
- The COVID-19 outbreak is expected to have a detrimental effect on the economy, employment rates and staff wellbeing, both in Slough and across the country.

Ambitions

In the next five years, we aim to:

- Reduce the gap in employment rate for key groups, including those with a long-term health condition, those with a learning disability, and those in contact with secondary mental health services.
- Reduce the gap in wages between residents of Slough, and those who travel into Slough to work.
- Reduce sickness absences, by reducing the percentage of working days lost due to sickness absence.
- Improve the wellbeing at work of people employed in the borough.

Actions

This priority is one of two areas where the Slough Wellbeing Board will directly lead on the work being done.

To achieve these ambitions, we are going to:

- Build connections with local businesses in Slough to promote information about Workplace Health, and establish a set of Wellbeing Awards to celebrate success and best practice from employers.
- Create a toolkit of resources and materials relating to Workplace Health for employers and staff in Slough, particularly in relation to the COVID-19 recovery.
- Promote culture change surrounding Workplace Health in employers across the borough.

Partnership Working in Slough

The Slough 2040 Vision

Collaborative and partnership working is a key part of how we operate in our town.

In 2021, a partnership of organisations working together in Slough published the Slough 2040 Vision. The Slough 2040 Vision outlines the shared ambitions of these organisations for the future of Slough. The vision was created by engaging with the local people of Slough - the residents, elected councillors, and the organisations that serve the people of Slough.

Members of the Slough Wellbeing Board, including Slough Borough Council, Frimley Collaborative CCG (formerly the East Berkshire CCG), Frimley Health NHS Foundation Trust, Slough Council for Voluntary Services, Thames Valley Police and Berkshire Public Health have formally endorsed the Slough 2040 Vision.

The Slough Wellbeing Strategy for 2021-2026 aims to work towards several of the eight themes of the Slough 2040 Vision. In particular, the Slough Wellbeing Strategy aims to address the vision that:

- **Slough will be a healthy town, where people are supported to live empowered lives**

The priorities of the Slough Wellbeing Strategy also indirectly contribute to several of the other themes of the Slough 2040 Vision, including:

- **Slough will have attractive, green neighbourhoods, which bring people together**
- **Slough will have a strong, globally renowned economy, which supports its people to prosper and live well**
- **Slough will be a place of lifelong learning and aspiration for all**
- **Slough will have a strong, diverse community where differences are celebrated and everyone feels safe**

The Slough Wellbeing Strategy for 2021-2026 aims to address these themes of the Slough 2040 Vision, by working to improve the health and wellbeing of the people of Slough.

Partnership Boards

We also work collaboratively through our Partnership Boards. In addition to the Slough Wellbeing Board, there are two other statutory boards - the Safer Slough Partnership, and the Slough Safeguarding Board - and several other boards which sit alongside these, including the Regeneration, Economy and Skills board, the Health and Social Care Partnership Board, and the Children and Young People's Partnership Board. The Slough Wellbeing Board works closely with these partnership boards to ensure that partners are working together effectively way to improve outcomes for the people of Slough.

SLOUGH2040



Glossary

Cardiovascular Disease

A general term for conditions affecting the heart or blood vessels. Includes conditions such as heart disease and strokes.

Co-Production

A way of working where people with experience of using services are involved in the design and delivery of these services, in order to make sure they really meet the needs of the people who use them.

Commissioning

The process of assessing what services are needed in the community, purchasing these services from a provider, and monitoring these services to ensure they meet the desired outcomes.

Healthy Life Expectancy

A measure of population health, that estimates the expected years of life in good health for a person.

Immunisation

The process where a person is made immune, or resistant to an infectious disease. This usually takes place by administering a vaccine, which stimulates the body's immune system to protect the person against a later infection.

Musculoskeletal Health

Musculoskeletal health refers to conditions that affect the joints, bones and muscles.

Oral Health

The health of a person's mouth and throat, including tooth decay, gum disease and mouth or throat cancer.

Physical Inactivity

A term used to refer to those people who do not get the recommended level of regular physical activity.

Respiratory Conditions

Those conditions that affect the lungs and other tissues involved in breathing.

Statutory Responsibilities

The responsibilities that the Wellbeing Board has a legal obligation to complete.

Appendix One: Statutory Responsibilities of the Slough Wellbeing Board

The Health and Social Care Act of 2012 set out the statutory responsibilities of Health and Wellbeing Boards. These are:

- To prepare and publish a Joint Strategic Needs Assessment for Slough.
- To prepare and publish a Joint Health and Wellbeing Strategy for Slough.
- To give its opinion to the East Berkshire Clinical Commissioning Group (CCG) as to whether their Commissioning Plans adequately reflect the current Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- To comment on the sections of the CCG's Annual Report which describe the extent of their contribution to the delivery of Joint Health and Wellbeing Strategy.
- To give its opinion, as requested by the NHS Commissioning Board, on the CCG's level of engagement with the Board, and on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- To encourage persons who arrange for the provision of health and/or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the area.
- To work with partners to identify opportunities for future joint commissioning.
- To lead on the signing off of the Better Care Fund Plan.
- To publish and maintain a Pharmaceutical Needs Assessment.
- To give its opinion to the Council on whether it is discharging its duty to have regard to any Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy prepared in the exercise of its functions.
- To exercise any Council function which the Council delegates to it.
- To ensure that strategic issues arising from Slough's Safeguarding Boards inform the work of the Board.
- To receive the annual reports from Slough's Safeguarding Boards and ensure that partners respond to issues pertinent to the Board.

This document can be made available on audio tape, braille or in large print, and is also available on the website where it can easily be viewed in large print.

Slough Wellbeing Strategy 2021-2026

If you would like assistance with the translation of the information in this document, please ask an English speaking person to request this by calling 01753 875657.

यदि आप इस दस्तावेज़ में दी गई जानकारी के अनुवाद कए जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लिए 01753 875657 पर बात करके कहें.

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Aby uzyskać pomoc odnośnie tłumaczenia instrukcji zawartych w niniejszym dokumencie, należy zwrócić się do osoby mówiącej po angielsku, aby zadzwoniła w tej sprawie pod numer 01753 875657.

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اگر آپ کو اس دستاویز میں دی گئی معلومات کے ترجمے کے سلسلے میں مدد چاہئے تو، براہ کرم ایک انگریزی بولنے والے شخص سے 01753 875657 پر کال کر کے اس کی درخواست کرنے کے لئے کہیں۔

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Health & Wellbeing Group
DATE: 29th September 2020

CONTACT OFFICER: Author: Dr Vanita Dutta, Public Health Programme Manager
(For all Enquiries) Present: Stuart Lines, Director of Public Health, Berkshire East

WARD(S): All

PART I**FOR INFORMATION****UPDATE ON JSNA PROGRESS****1. Purpose of Report**

This report presents to the Slough Wellbeing Board an update on East Berkshire JSNA, progress to date, future direction of the JSNA and revised timescales.

2. Recommendation(s)/Proposed Action

That the Slough Wellbeing Board:

- Note the progress of JSNA programme to date.
- Consider and approve the proposed work programme and timelines

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

The [Slough Joint Wellbeing Strategy](#) (SJWS) details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA) 2016-2020.

3a. Slough Wellbeing Strategy Priorities

Local authorities and local NHS have had a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) since 2007. In 2012 responsibility for JSNA was placed with the local Health and Wellbeing Board.

Development of the JSNA across East Berkshire will support and inform the Slough Joint Wellbeing Strategy (SJWS) priorities. This will ensure that any work set out locally will be informed by the JSNA evidence base (qualitative or quantitative data).

The SJWS priorities are:

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

3. Strong, healthy and attractive neighbourhoods
4. Workplace health

3b. **Five Year Plan Outcomes**

Explain which of the Five Year Plan's outcomes the proposal or action will help to deliver. The outcomes are:

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

The JSNA process will provide continued evaluation, assessment, and evidence of how our priorities are being supported to deliver positive outcomes for Slough residents.

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

There are no risks as this report is for information only.

(c) Human Rights Act and Other Legal Implications

There are no human Rights Act implications.

Equalities Impact Assessment

N/A

An EIA isn't necessary, but the results of the JSNA will help ensure that services and local provision are inclusive of race, gender and disability etc, and will take into consideration the possible impact for age, religion and sexual orientation, as well as mitigating against any adverse impact.

(d) Workforce

Currently the development of the East Berkshire JSNA is being led by JSNA steering group which has both East Berkshire Hub and local representation.

Services and capacity within Slough Public Health team have been stretched, in light of the COVID 19 pandemic, and are likely to be further impacted by section 114, therefore some of the local work on the JSNA may be delayed and timelines extended.

5. Supporting Information

5.1 Presentation attached

6. Comments of Other Committees

None

7. Conclusion

The Slough Wellbeing Board is asked to note the current progress in developing the JSNA and governance arrangements. The Berkshire Shared Vision and principle for JSNA was reviewed following the restructure of the local Public Health system in April 21. A collaborative approach to developing JSNA jointly across East Berkshire Local Authorities was agreed.

The key deliverable for the JSNA Steering Group was to **create a Berkshire East JSNA website by the end of 2021/22 that met the agreed Shared Vision and principles**. This should include a suite of resources to identify and evidence local health and wellbeing priorities that would guide decision making.

The continued success of this development work will require commitment to this process from the JSNA, CCG and Local Authority leads, as well as the Public Health Consultants from each borough, to ensure there is resource and backing to complete this approach and drive its success within the re-established timelines. There will also be a need to ensure good involvement of key stakeholders/groups. A JSNA communication and engagement plan is being drawn.

The Board should bear in mind the following issues which has and may continue to affect the Berkshire JSNA process:

- **Berkshire East/ West Split** – the split across East and West Berkshire Director of Public Health role has resulted in reviewing the priority, development, and governance of JSNA. An East Berkshire JSNA steering group has been formed to carry this work forward.
- **Capacity** – whether JSNA leads, and other key contacts have the capacity to invest in progressing this within any timescales that are set and agreed. Particularly due to the current PH team's stretched capacity.
- **COVID -19 pandemic** and the impact of the local response in terms of priorities, staffing and timescales and our preparedness for recovery.
- **Consultant changes** – there has been change in consultant posts, so local business planning needs to be reviewed.

8. **Appendices Attached**

Presentation attached.

9. **Background Papers**

None



Berkshire East JSNA Update

Slough Wellbeing Board

29th September 2021

What is a Joint Strategic Needs Assessment?

Local authorities and local NHS have had a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) since 2007. In 2012 responsibility for JSNA was placed with the local Health and Wellbeing Board.

The Joint Strategic Needs Assessment (JSNA) is a process which local authorities and CCGs use to assess the current and future health, care and wellbeing needs of the local community to inform decision making.

Joint Health & Wellbeing Strategies should be based on the priorities identified through local JSNAs and be transparent and available to the public.

Berkshire East's Approach to the JSNA

Following the restructure of the local Public Health system in April 2021, the Berkshire East Public Health Teams discussed the future direction for JSNA's across Bracknell Forest, Slough and the Royal Borough of Windsor & Maidenhead.

The Berkshire Shared Vision and principles for JSNAs were reviewed and re-agreed for the Berkshire East footprint. Local authorities all confirmed that they wanted to work on their JSNAs collaboratively, while still keeping distinct analyses and outputs separate for each LA area.

The Berkshire East Public Health Hub was asked to lead this project, on behalf of the whole Berkshire East system, and a JSNA Steering Group was set-up.

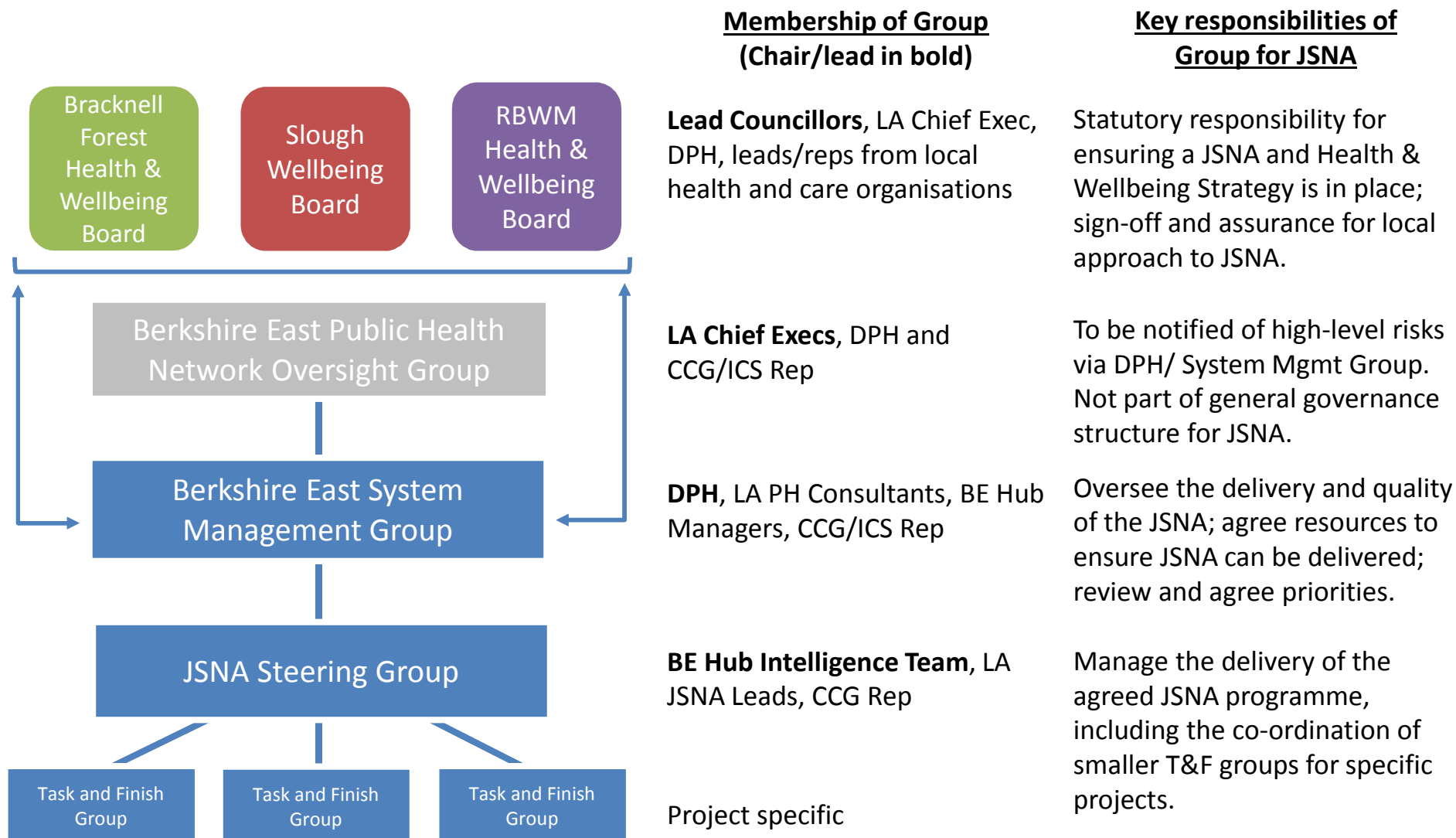
The key deliverable for the JSNA Steering Group was to **create a Berkshire East JSNA website by the end of 2021/22 that met the agreed Shared Vision and principles**. This should include a suite of resources to identify and evidence local health and wellbeing priorities that would guide decision making.

Our JSNAs will be...

Accessible **Agile**
A mix of published and self-generated resources
In parallel with population health management **Local**
Coherent with other health intelligence systems
Informed by detailed needs assessment
Responsive to change
Reflective of the views of residents
Collaborative **Useful**
Relevant to our populations

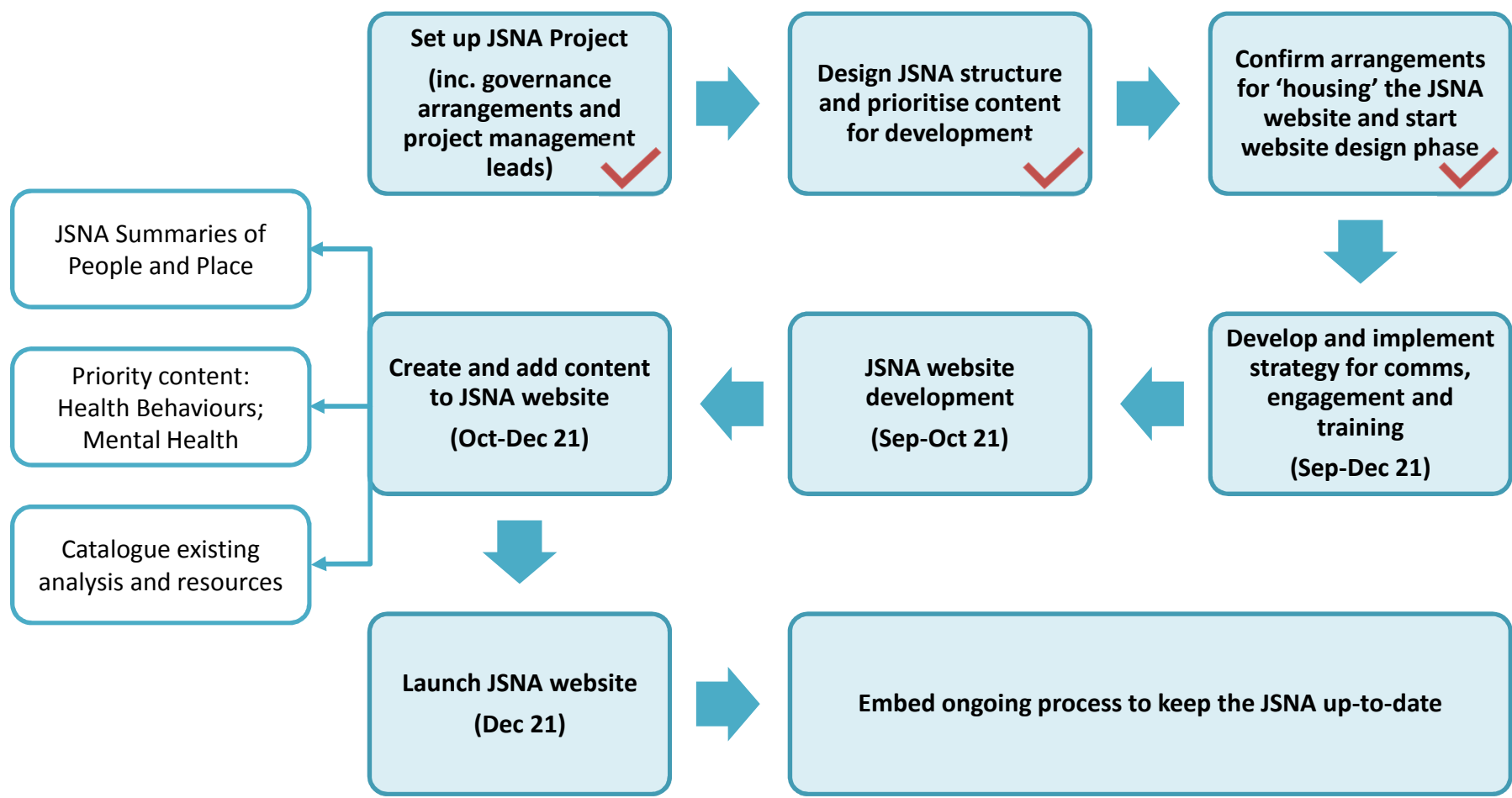
Governance Structure for Berkshire East JSNA

The following governance structure has been developed to ensure that Berkshire East's JSNAs are delivered appropriately in order that priorities can be shaped by the identified needs of local people.



Key milestones for JSNA Development

The JSNA Steering Group has already completed several key milestones and aims to launch the Berkshire East JSNA in December 2021. The key focus over the next 3 months is to develop the JSNA website, create analyses for prioritised sections and ensure colleagues across the local authorities, CCG, ICS and wider voluntary and community groups are engaged in the process.



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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 29th September 2021

CONTACT OFFICER: Alan Adam, Director of Children’s Services, Children, Learning, Skills.

(For all Enquiries) 07599102809

WARDS: All

PART I
FOR COMMENT & CONSIDERATION

CHILDREN AND YOUNG PEOPLE’S PARTNERSHIP BOARD – SEPTEMBER 2021 UPDATE

1. **Purpose of Report**

To provide the Slough Wellbeing Board with an update on the work of the Children and Young People’s Partnership Board. (CYPB)

2. **Recommendations/Proposed Action**

That the Board review the work of the Children and Young People’s Partnership Board to deliver the first priority of the Slough Wellbeing Strategy – Starting Well.

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

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

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

3.2 The work of the Children and Young People’s Partnership Board addresses Priority One – Starting Well. However, Priority One will also help facilitate Priority Two and Three.

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

- 3.4 The work of the Slough Wellbeing Board also contributes to the five priority outcomes in the Council's Five-Year Plan:
- Outcome 1: Slough children will grow up to be happy, healthy, and successful.
 - Outcome 2: Our people will be healthier and manage their own care needs.
 - Outcome 3: Slough will be an attractive place where people choose to live, work and stay.
 - Outcome 4: Our residents will live in good quality homes.
 - Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents.
- 3.5 In particular, the work of the Children and Young People's Partnership Board aims to address Outcome One.

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

There are no risk management implications of proposed action.

(c) Human Rights Act and other Legal Implications

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

(d) Equalities Impact Assessment

There are no equalities implications arising from this report.

5. **Supporting Information**

- 5.1 The Children and Young People's Partnership Board (CYPB) was set up to provide an oversight, strategic direction and partnership working on children and young people services within Slough. The CYPB was set to lead on the delivery of Outcome One, Starting Well of the Slough Wellbeing Strategy.
- 5.2 The Children and Young People's Partnership Board is determined to improve the experiences of Children and Young People who receive services in Slough.
- 5.3 The Children and Young People's Partnership Board has been working on the Children and Young People's Plan since the last Wellbeing Board meeting update in March 2021.

- 5.4 Three workstreams were tasked with the initial research into drafting the key priorities:
- The Data Group – to bring data that highlights the key priority areas.
 - Engagement Voice Group – to bring forward children and young people’s voices.
 - The Mapping Group – to map the various strategies and projects that interlink with the CYP Plan (Council’s Five-Year Plan, 2040 Vision, the Slough Wellbeing Board). Enable a clearer governance structure.
- 5.5 At the last CYPB meeting, the board agreed five key priorities for the Children and Young People’s Plan;
- Good physical health and an active lifestyle
 - Positive mental health and wellbeing
 - Supporting our children with SEND
 - Continue to achieve well as KS4 and KS5 and prepare for adulthood
 - Safeguarding/Protection from harm
- 5.6 The above list sets out the key priorities for the new plan with the first draft scheduled for completion by mid-October. The priorities have been mutually agreed by partners that sit as board members, who have also contributed to the two subgroups. The plan will set out the overall ambition for children and young people, how this translates into action and how we measure the impact.
- 5.7 The board will be agreeing on the indicators for each of the new key priorities for the Children and Young People’s Plan within the next few weeks. This will enable the first draft to be presented at the next CYPB meeting.

The CYPB has agreed that the SEND board will report to the CYPB with SEND being a standardised item for every meeting. This clear governance linkage will help with priority three of the new Children and Young People’s Partnership Plan.

- 5.8 It is important to consider like most strategies, the Children and Young People’s Plan is challenged by being written against the financial backdrop. This will also challenge partnership working and commitments. However, the board is committed in ensuring continued support through partnership working and understands the challenges ahead.

6. **Conclusion**

- 6.1 This report is intended to provide the Slough Wellbeing Board with an update of the work carried out by the Children and Young People’s Partnership Board but specifically the key priorities identified to develop the Children and Young People’s Partnership Plan.
- 6.2 Also the Slough Wellbeing Board should note that the SEND Board will now be reporting to the Children and Young People’s Partnership Board with regular updates.

7. **Appendices Attached**

None

8. **Background Papers**

None.

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 29th September 2021

CONTACT OFFICER: Sohail Bhatti, Service Lead Public Health

(For all Enquiries) 07599102865

WARDS: All

PART I
FOR COMMENT AND CONSIDERATION

WORKPLACE HEALTH TASK AND FINISH GROUP – SEPTEMBER 2021 UPDATE

1. **Purpose of Report**

To provide the Slough Wellbeing Board with an update on the work of the Workplace Health Task and Finish Group.

2. **Recommendations/Proposed Action**

The board is requested to:

- Review the work done by the Workplace Health Task and Finish Group since the last update to the Wellbeing Board.
- Circulate the digital Workplace Health Toolkit created by the group.

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

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

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

3.2 In particular, the work of the Workplace Health Task and Finish group aims to address Priority Four – Workplace Health.

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

- 3.4 The work of the Slough Wellbeing Board also contributes to the five priority outcomes in the Council's Five Year Plan:
- Outcome 1: Slough children will grow up to be happy, healthy and successful.
 - Outcome 2: Our people will be healthier and manage their own care needs.
 - Outcome 3: Slough will be an attractive place where people choose to live, work and stay.
 - Outcome 4: Our residents will live in good quality homes.
 - Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents.
- 3.4 In particular, the work of the Workplace Health Task and Finish Group aims to address outcome two of the council's Five Year Plan.

4. **Other Implications**

(a) **Financial**

There are no financial implications of proposed action.

(b) **Risk Management**

There are no risk management implications of proposed action.

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

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

(d) **Equalities Impact Assessment**

There are no equalities implications arising from this report.

5. **Supporting Information**

- 5.1 The Workplace Health Task and Finish group was set up in spring 2020 in order to lead on delivering Outcome Four of the Slough Wellbeing Strategy – Workplace Health.
- 5.2 The first meeting of the Task and Finish group took place on Friday 9th October. At this meeting, it was decided that the group would meet regularly to begin with, in order to rapidly progress work in this field. Since then, the group has met monthly. In addition to these main meetings, members of the group have met in smaller groups to progress work in several key areas.
- 5.3 The group was originally chaired by Sue Foley, the Service Lead for Public Health. As she has now left Slough Borough Council, the group has recently begun to be chaired by the new Interim Service Lead for Public Health, Sohail Bhatti.

5.4 The membership of the group is currently comprised of:

- Sohail Bhatti – Public Health, Slough Borough Council (chair)
- Ellie Gaddes – Strategy & Partnerships Team, Slough Borough Council (Policy Support)
- Dipak Mistry – HR, Slough Borough Council
- Simon Lawrence – Frimley Health NHS Foundation Trust
- Adrian Davies – Department for Work and Pensions
- Ramesh Kukar – Slough Council for Voluntary Services
- David Saab - Thames Valley Chamber of Commerce.
- Victoria Swift – Health and Safety, Slough Borough Council
- Levine Whitham – Regulatory Services, Slough Borough Council
- Sarah Ella Davies – Department for Work and Pensions

5.5 Since the group began meeting in October, members of the group have:

- Created an overview of key data and insight in the field of workplace health.
- Conducted an audit of existing workplace health interventions in the borough.
- Supported Tracey Faraday-Drake in her bid for funding from the Health Foundation. (Unfortunately, the bid from Slough was not successful).
- Run a workshop for Slough residents on accessing employment during the COVID-19 pandemic. This workshop was run in partnership between Slough CVS, Slough Borough Council Public Health Team, and the Department for Work and Pensions. Due to the success of this workshop, more workshops are planned.
- Run webinars for SBC staff on mental health at work, and rolled out Mental Health First Aid training for SBC staff. Learning from the rollout of these projects is being continually shared and learned from with partners in the group.
- Created a Workplace Health Toolkit. This toolkit forms part of the second action outlined in Priority Four of the Slough Wellbeing Strategy. This toolkit pulls together key resources around the topic of workplace health, and combines them with information about Slough, to make a clear, easily accessible document which is targeted specifically at Slough. The toolkit is aimed at both employers and employees in Slough, and was approved at the May meeting of the Slough Wellbeing Board.

An overview of the key parts of this work has been provided in previous updates to the Wellbeing Board, with the most recent update provided in May 2021.

5.6 Since the last update to the Wellbeing Board, the Workplace Health Task and Finish Group has met three times:

- 19th May
- 5th July

- 7th September

- 5.7 During these meetings, the group has primarily focused on promoting and circulating the Workplace Health Toolkit. The toolkit, including the one-page poster version, has now been placed on the Slough Borough Council Website. It can be found at:
- <https://www.slough.gov.uk/strategies-plans-policies/workplace-health-toolkit>

Members of the Workplace Health Task and Finish group have circulated this toolkit to members of their networks.

- 5.8 In addition to this, the group has begun work towards the first action of Priority Four – creating culture change around Workplace Health and celebrating achievements through a set of Wellbeing Awards. The group has done some research on existing award and accreditation schemes running in Slough, including the awards scheme led by Slough CVS and the Early Years Kitemark Accreditation Scheme.
- 5.9 Over the next few months, the group will continue to meet every month or six weeks, in order to progress work in this area rapidly. Work over the next few months will focus on evaluating the success of the Workplace Health Toolkit, and on setting up a set of Wellbeing Awards in Slough.

6. **Conclusion**

This report is intended to provide the Slough Wellbeing Board with an update of the work of the Workplace Health Task and Finish group.

The board is requested to:

- Review the work done by the Workplace Health Task and Finish Group since the last update to the Wellbeing Board.
- Circulate the digital Workplace Health Toolkit created by the group.

7. **Appendices Attached**

None.

8. **Background Papers**

None.

SLOUGH BOROUGH COUNCIL

REPORT TO: Wellbeing Board **DATE:** 29th September 2021

CONTACT OFFICER: Susannah Jordan, Head of Children, Young People and Families, East Berkshire, Frimley CCG 07940 323342
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WARD(S): All.

PART I
INFORMATION**EAST BERKSHIRE LOCAL TRANSFORMATION PLAN FOR EMOTIONAL HEALTH AND WELLBEING AND CELEBRATING NEURODIVERSITY – OCTOBER 2021 – 2024.**1. **Purpose of Report**

- 1.3 This Executive Summary provides an overview of the East Berkshire Local Transformation Plan for Emotional Health and Wellbeing and Celebrating Neurodiversity. The full LTP will describe in more detail of the progress and outcomes that have been achieved since 2020, coupled with a comprehensive overview of the services that are available and the plans that are going to be taken to bridge gaps in services. The final LTP document should be completed by the end of September 2021.

2. **Recommendation**

- The Committee is requested to note the report.

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

The Local Transformation Plan aligns with the Slough Joint Wellbeing Strategy in terms of:

Priorities:

1. Starting Well
2. Integration (relating to Health & Social Care)
3. Workplace health

The overarching LTP which will be finalised by the end of September 2021 contains a comprehensive CAMHS Needs Assessment which highlight the needs and comparison from National and local data.

3b. **Five Year Plan Outcomes**

The CAMHS LTP will support **Outcome 1**: Slough children will grow up to be happy, healthy and successful.

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action. The plan identifies the investment that is being made from NHSE Funding.

(b) Risk Management

Within the CAMHS LTP, there is a governance section which outlines the risk and mitigations. Details are highlighted below.

Area of risk	Detail of risk	Mitigating action
Complexity of the local system	Frimley ICS covers East Berkshire as well as Surrey Heath and North East Hampshire and Farnham. East Berkshire covers three different localities with three different LAs. Each local place-based system within East Berkshire has a range of different set ups.	<ul style="list-style-type: none"> • Frimley ICS Managing Director has the overall East Berkshire lead portfolio for Children, Young People and Families. • Three Place-Based Committees are involved in the development of the LTP and will provide final sign-off at a local level. • LTP group is East Berkshire wide and has strong representation from each locality. • Work is taking place at a locality level (i.e. Slough, RBWM, Bracknell Forest) to address local needs and health inequalities. • Improving emotional health and wellbeing in CYP is a multiagency priority for Frimley Health and Care System (ICS) with regular monthly meetings to expediate joint working. • Work will start to develop an ICS LTP for 2022/2023.
Competing priorities	Partner organisations may not have time to fulfil commitments needed to continue to transform at the pace required (including our main NHS provider, Berkshire Healthcare)	<ul style="list-style-type: none"> • LTP group meetings are now taking place every two months. • LTP group will develop a detailed action plan by November 2021 on how to deliver against the new priorities, so the work is planned via a phased approach over the next three years. • Dedicated CYP transformation posts are being recruited to and will sit within the governance of the three places. These will report directly to the Directors at Place and work in partnership with members of the relevant Frimley ICS and partner teams/groups to develop an agreed, locally determined work programme.

Area of risk	Detail of risk	Mitigating action
Crisis offer	Implementing the agreed strands of the crisis offer, which includes the home-treatment service, self-harm pathways, a specialist behaviour support service, development of a Safe Haven.	<ul style="list-style-type: none"> • A Berkshire-wide crisis group has been established, as well as dedicated provider support for the development of the crisis home-treatment pathway. • A dedicated Frimley CCG project manager role has been approved and is being recruited to progress this workstream at pace.
Pressure on paediatric wards in Frimley and Wexham Park hospitals	Due to the pandemic and the likelihood of RSV surge, mitigating actions are needed to release capacity within the acutes for those children and young people who are medically fit to be discharged in a swift and timely way	<ul style="list-style-type: none"> • Twice-weekly MDT discussion with acute trust colleagues and partners (paediatric liaison, CAMHS, LA, CCG) from July 2021 about the CYP who are medically fit in both FPH & WP paediatrics wards, but who have been unable to be discharged. • Where the child or young person is known to the LA, identifying the current position, needs and actions to take forward. • Access to additional CCG funding for those with challenging behaviours made available as part of Alternative to Admission and facilitation to support early discharge.
Eating disorder service	The number of CYP needing support from the CAMHS eating disorders service is exceeding service capacity, with an increase in acuity of cases and higher numbers requiring inpatient care and/or Tier 4 admission; breaches in routine and urgent national NHSE standards	<ul style="list-style-type: none"> • Additional investment has been made in the eating disorders service. • An Eating Disorder Recovery Plan has been developed which includes risks and mitigating actions. • Funding for two recruit-to-train Eating Disorder Family Systemic Practitioner posts was secured in July 2021. • The development of both the T4 hospitals' at-home service, which includes offer to ED patients, as well as the establishment of the Community Home Treatment offer in our crisis response, will provide intensive support for ED and disordered-eating CYP. • T4 offer is already live with CYP with ED receiving service and is continuing to increase capacity to be fully mobilised by Dec 2021. The CYP CMHT team is planned to go live, in a phased way, from Jan 2022. • Berkshire Healthcare is part of a best-practice network for the Thames Valley. • There has been good work locally on raising awareness of CYP EWB and mental health, e.g. <i>Little Blue Book of Sunshine</i>. • Eating disorder leaflets have been produced in partnership with Public Health. • A BEAT training offer targeted at primary care will help with early identification and risk management, and confidence on the ward is being developed. • Targeted CPD accredited Beyond the Symptoms training for acutes.

Area of risk	Detail of risk	Mitigating action
		<ul style="list-style-type: none"> The Acute and Surrey and Borders trust have been partnered to deliver the We Can Talk programme in Berkshire.
Impact of COVID-19 and longer waiting times for specialist CAMH services	The impact of COVID-19 has increased demand across all emotional health and wellbeing services, including the acutes	<ul style="list-style-type: none"> All referrals are risk assessed and managed by Berkshire Healthcare; help while waiting is offered via face-to-face, written, telephone and online resources. All other providers in the CAMHS partnership are continuing to deliver services but through adapted models (i.e. digital). Crisis team in specialist CAMHS offering extended hours to cover Sunday and 10pm weekdays; 24/7 helpline is in place. Partner organisations are commissioned to provide help to families, particularly those pre and post autism or ADHD assessment. Additional transformation funding (linked to the LTP) has been allocated to early intervention to provide children and young people with additional support services at an earlier stage, which should, in the future, reduce the demand on CAMHS. Additional funding allocated via NHSE for waiting-list initiatives, including digital interactive online assessments (autism) and additional funding for the anxiety and depression pathway. Full review of autism and ADHD completed. A task-and-finish group set up to implement several recommendations. Demand and capacity and modelling exercise is being carried out on the health pathways. Additional funding to develop a specialist behaviour support service with interim spot-purchase arrangements.
Finance	There are insufficient funds available to cover all required investments	<ul style="list-style-type: none"> CCGs and partners working collaboratively across Berkshire/ICS to identify opportunities for economies of scale. CCGs and partners proactively bidding for grants and resources, both regionally and locally. We are working with partners at the early help stage to reduce the number of cases that require a specialist CAMHS response (the evidence base for the economics of low-intensity versus high-intensity interventions is well established). CCG has secured: ICS Spending Review Funding of more than £850,000 to tackle a wide-scale transformation of core CAMHS; Health Education England, additional capacity within the eating disorder service; £1.3 million ADHD and autism funding to tackle the waiting lists and reduce waiting times to 52 weeks; in-year 2021 investment in a home-treatment service with recurrent £450k for a home-treatment service once fully operational in April 2022.

Area of risk	Detail of risk	Mitigating action
		<ul style="list-style-type: none"> • Projected £210k investment for Safe Havens from 2022. • Investment through Learning Disability and Autism Service Development Funding for a specialist behaviour support service scaling up from £200k in 2021–22; £400k in 2022–23; full-year recurrent annual investment of £600k in 2023–24. • Increased recurrent funding for the rapid response team. • Funding for Surrey and Borders for crisis work within Frimley Park whilst a review is undertaken.
Integration	Difficulty of providing an integrated model and bringing together health, LAs and education and wider stakeholders for new ways of working and ensuring we work in an integrated way to reduce the fragmentation in the current system	<ul style="list-style-type: none"> • Key priority within the LTP to develop a formal partnership arrangement by 2024. • Focus on place will ensure local integration arrangements based on need and to suit the local population. • We are jointly commissioning work, e.g. our digital offer and the Getting Help teams. • For Mental Health Support Teams and Getting Help teams, a new Joint Management Board is in place. A memorandum of understanding (MoU) has been developed between the CCG, LAs and Berkshire Healthcare (for MHSTs, the MoU will be in place between education settings and the LA/Berkshire Healthcare).
Recruitment and retention of staff and workforce stability	Difficulty in recruitment and retention of workforce within our main provider	<ul style="list-style-type: none"> • Completion of the national 2021 CYP mental health workforce stocktake that NHS Benchmarking Network are undertaking for Health Education England. This stocktake was a key part of implementing the targets in the NHS Long Term Plan, which aims to significantly expand capacity in children and young people’s mental health services. The workforce benchmarking exercise produced a profile of all CYP staff groups and will inform local and national workforce and delivery plans, and the national investment strategy. • Workforce summit being planned to support the emotional wellbeing and health of all staff.
Data and reporting	Providers not being able to flow access data to the national Mental Health Services Data Set (MHSDS) in line with national reporting standards – linked to access and routine outcomes measures	<ul style="list-style-type: none"> • We respond to all performance and data requests from NHSE in line with stipulated deadlines; we use performance dashboards that are produced using this data to inform commissioning decisions; we regularly monitor and report on performance against eating disorders and mental health waiting times. • Ongoing work with our third-sector providers to ensure that accurate CYP access data is uploaded to the MHSDS. Intention to set up a local data flow for data to be loaded directly from providers to the data warehouse.

Area of risk	Detail of risk	Mitigating action
		<ul style="list-style-type: none"> Berkshire Healthcare are working on all clinical care pathways and have clearly defined and mandated ROMS; where not already available the ROMS are being built into the RiO EPR and monitoring will be undertaken using the Tableau dashboard, once completed. This will enable oversight and discussion with individual clinicians in caseload review and supervision, but will also provide team- and service-wide data to inform service improvement, transformation and development.
Communication	There is ineffective communication about the availability of emotional wellbeing services, how to access them and providing the right level of information to different stakeholders	<ul style="list-style-type: none"> Development of an integrated communication strategy with partners to ensure timely communication of key messages to all stakeholders via agreed platforms by October 2021.

(c) Human Rights Act and Other Legal Implications

There are no Human Right Act implications as Frimley CCG complies with the Human Rights Act.

(d) Equalities Impact Assessment

The CAMHS LTP highlights the work within the CAMHS Needs Assessment and subsequent sections relating to the needs of vulnerable children as to how we are addressing health inequalities.

5. **Supporting Information**

This report is for noting as it has previously been through other agreed governance arrangements.

6. **Comments of Other Committees**

There are no comments from other committees as the CAMHS LTP has been reviewed and approved through other governance arrangements which has included senior representation from Slough Borough Council. In addition, it is being presented and reviewed at the Slough Place Based Committee on September 22nd 2021.

7. **Conclusion**

It is recommended that due to the local engagement with the development of the CAMHS LTP and assurance and agreement through the Slough Emotional and Health Well being Network, East Berkshire Joint Management Board and East

Berkshire CAMHS Local Transformation Board, that the Wellbeing Board should note the report/

7. **Appendices Attached**

8.

'A' - As per background papers.

9. **Background Papers**

'1' - Report for the Slough Wellbeing Board.

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Report for the Slough Wellbeing Board

September 30th, 2021

Children and Young People's Emotional Health and Wellbeing and Celebrating Neurodiversity Local Transformation Plan (LTP) for East Berkshire 2021 -2024

1. Executive Summary

1.1 Frimley CCG and its partners, including children, young people and their parents/carers, Slough Borough Council, Bracknell Forest Council, Royal Borough of Windsor and Maidenhead Council, schools and the third sector, are committed to promoting the mental health and emotional wellbeing and neurodiversity of the children and young people who live in our area. At the centre of this partnership are the young people themselves who have been – and will continue to be – a vibrant driving force in informing and improving the way services work for them. The title of the plan has been changed to recognise the difference between mental health and wellbeing and neurodiversity.

1.2 This Children and Young People's Mental Health and Wellbeing and Neurodiversity Local Transformation Plan (LTP) for East Berkshire sets out our further ambitions and includes in detail the actions we will be taking together over the next three years to continue to engage with our children and young people and communities in developing truly collaborative and integrated models of high-quality care.

1.3 This Executive Summary provides an overview of the Local Transformation Plan. The full LTP describes in more detail of the progress and outcomes that have been achieved since 2020, coupled with a comprehensive overview of the services that are available and the plans that are going to be taken to bridge gaps in services. The final LTP document should be completed by the end of September 2021 after going through our formal place-based governance routes.

- Our key areas of focus include:
 - The delivery of our nine local priorities
 - implementing system reform
 - building a formal partnership delivery arrangement
 - responding to the impact and potential surge of COVID-19

1.4 East Berkshire understands that the mental health and emotional wellbeing and neurodiverse needs of children and young people are ongoing and change. Our approach to recognising, monitoring, and responding to these needs will reflect this understanding. As we continue to work to achieve our vision, our guiding overarching principles are as follows:

- Everyone's responsibility
- Integration and joint working
- 'Doing with', not 'doing to'

- No 'one size fits all'
- Acceptance, curiosity, and empathy
- Timely identification and support
- Inclusion
- Building supportive adults around children and young people
- Look beyond behaviour

1.4 The full Local Transformation Plan spans 9 Chapters as detailed below.

- Foreword
- Chapter 1 – Introduction, Vision and Outcomes that have been achieved in 2020/201
- Chapter 2 – Understanding Local Need
- Chapter 3 – Detailed information relating to the current offer of emotional wellbeing and CAMHS services
- Chapter 4 – Workforce Support
- Chapter 5 – Engagement
- Chapter 6 – Delivery Plan
- Chapter 7 – Investment and Spend
- Chapter 8 – Governance
- Appendices including Abbreviations, a visual overview of 0-25 services, comprehensive CAMHS Needs Assessment and localised BHFT CAMHS data.

1.5 Through engagement with young people, parents, and key stakeholders since February 2021, the high-level local priorities and enablers are summarised below. More detailed information is contained within Section 7 of this report.

Table 1: Local Priorities and Enablers

• Local Priorities	• Enablers
<ol style="list-style-type: none"> 1. Strengthening Crisis Support 2. Supporting children with complex needs 3. Transition Arrangements 4. Addressing Eating Disorders and Disordered Eating 5. Embedding MHST principles across all schools 6. Enhanced Parenting Support 7. Addressing gaps in provision 8. Development of formal partnership arrangements as a new model of working 9. Responding to the impact of COVID 	<ul style="list-style-type: none"> ✓ Improved timely and quality communications ✓ Improving the 'front door' to current emotional health and wellbeing services ✓ Supporting the workforce ✓ Understanding and demonstrating what is working well - Routine Outcome Measures

2. The Strategic and Local Drivers behind the Children and Young People's Mental Health and Wellbeing and Neurodiversity Local Transformation Plan (LTP) for East Berkshire

- 2.1 The NHS Long Term Plan, published in January 2019, set out the priorities for expanding children and young people's mental health services over the next ten years. Despite the challenging context of the last two years, our efforts to transform our services have continued. Significant additional work has recently been undertaken to respond to the government's COVID-19 mental health and wellbeing recovery action plan. This LTP includes our strategies to prevent, mitigate and respond to the mental health impacts of the coronavirus pandemic and our plans to cope with the surge in demand for services. We recognise that the health crisis has had and continues to have very damaging consequences for our children, young people and families, our workforce, and our system as a whole. Unwelcome as it has been, however, COVID-19 has been a key driver of change, obliging services to review their traditional delivery methods and adopt the widespread use of modern technology to offer a blend of virtual and face-to-face provision.
- 2.2 This plan also reviews the way in which services have been commissioned previously and presents learning from best practice elsewhere across the country in developing a formal partnership delivery arrangement. This will allow the right person, at the right place and the right time to offer a child, young person, or family the most relevant support. In addition, by promoting partnership working, this approach will help to ensure that there are no gaps in the layers of intervention and support available and will reinforce 'whole system' collaboration.
- 2.3 The Frimley Health and Care Integrated Care System (ICS), of which we are a part, will become a statutory organisation from April 2022 and will continue to develop along its existing boundaries. This development will include the delivery, in collaboration with neighbouring ICSs and local authorities, of the five-year 'Creating Healthier Communities' strategy. The aim of this strategy is to work together with the population and partners to create inclusive and compassionate health and care services. Along with the delivery of the Frimley ICS's Starting Well ambitions, this will create more opportunities to share good practice and resources that target meeting the needs of the population at a local level.
- 2.4 The recommendation to move to a formal partnership delivery arrangement and confirmation that East Berkshire will remain within Frimley ICS are both very recent. As a result, this LTP represents the best information we have now about the future context in which we will be working, which may be subject to change.
- 2.5 Our overarching long-term ambition is to create an integrated physical and mental health system for East Berkshire's children, young people, and families. We intend to achieve this by focusing on improving outcomes for children across our system and reducing variation and health inequalities. By supporting the physical and mental wellbeing of children and young people from pre-conception to adulthood we aim to promote caring, productive, and healthy families and communities. We will target those with the highest need and/or vulnerability and those who traditionally have been hardest to reach while maintaining our focus on early intervention and prevention. Co-produced with children, young people and their parents/carers, our offer will join up and coordinate the many models of care that support children. The adoption of an asset-based approach will enable us to maximise the many opportunities that

health, education and care professionals and volunteers must interact with families, building on the work of existing programmes.

2.6 Children and Young People Mental Health Needs Assessment – high level summary

Nationally

- 2.6.1 The Mental Health of Children and Young People in England Survey 2017 provides England's best source of data on trends in child mental health. In July 2020, a [follow up report](#) was produced, exploring the mental health of children and young people during the Coronavirus pandemic and changes since 2017.

The main findings see rates of probable mental disorders increasing since 2017. In 2020, one in six children ages 5 to 16 were identified as having a probable mental disorder, increasing from one in nine in 2017.

- 2.6.2 Children and young people with a probable mental disorder were more likely to say lockdown had made their life worse (54.1% of 11 to 16 year olds and 59% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively).

About one in twelve (8.2%) children with a probably mental disorder had a parent who decided not to seek help for a concern regarding their child's mental health, with a further 5.9% deciding not to seek help for both their child's mental and physical health.

- 2.6.3 The [YoungMinds Survey March 2020](#), found 83% of young people said the coronavirus pandemic has made their mental health worse.

- 2.6.4 Of the respondents who were accessing mental health support in the lead-up to the crisis, 74% said they were still getting some level of mental health support. 26% of young people who had been accessing support said they were not currently able to access support.

Locally

- 2.6.5 The Oxwell School Survey 2020 was commissioned to understand the views and behaviors of children and young people and how they changed due to the coronavirus pandemic and lockdown.

This saw almost half of older children saying the effect of lockdown on sleep had worsened, with all year groups seeing at least a third of children stating it had worsened. Years 5 and 8 saw 37% of children saying the effects of lockdown had improved their sleep, the highest reported percentage across all year groups.

- 2.6.6 It was reported in the survey that 3.7% of children are frequently self-harming with a difference between males (1.5%) and females (5.5%).

Of those that self harmed, 39.6% of children did not seek help following self-harm. 36.7% sourced friends support and 25.4% went to a parent or carer for support. Of those that didn't seek help, the highest scored reasons were because they didn't want help, (58%), they didn't want to burden anyone else (56%), or they were scared or worried about what people might say (49.8%).

- 2.6.7 The Oxwell survey also asked what children were most worried about. 54% of children and young people were concerned about doing well at school or college, 42% were worried about their appearance (how they looked and what they wear). 32% were worried about them and their family catching the coronavirus and not being able to sit key school exams. In comparison, 82% weren't worried about having enough money to pay for food or living costs and 78% weren't worried about going outside during lockdown.
- 2.6.8 An audit, looking at Children and Young People presenting with mental health crisis to Frimley Park hospital emergency department in the first six months of the reporting year 2020 to 2021, saw an initial decrease of 55.1% to previous quarter's attendances. As schools and colleges reopened, Frimley park hospital quickly saw a return to Children and young people attending the emergency department in crisis. During the first six weeks of returning to school, there was a 121% increase on attending in crisis compared to the same period the year before.
- 2.6.9 In quarter 1 (April to June 2021), the primary reason for presentations of Mental health Crisis to the Emergency department saw a predominant proportion of overdoses (36%), followed by deliberate self-harm (28%) and Mental Health – low mood/suicide ideation / anxiety (25%).

Findings from general Children and Young People Mental Health Data

- 2.7 In 2016, 9,570 children aged 0 to 15 were [living in poverty](#) in East Berkshire. This was 11.4% of the overall population and significantly lower than the England figure of 17%.
- 2.8 East Berkshire has a more ethnically diverse population than other areas of England. According to the most recent [School Census](#) (January 2021), 58% of primary school pupils and 55% of secondary school pupils in East Berkshire were from a minority ethnic group (i.e. groups other than White British).
- 2.9 The 2017 Mental Health of Children and Young People in England survey found that one in eight children and young people aged 5 to 19 had at least one mental health disorder, with emotional disorders being the most common type of disorder. The prevalence of mental disorders was shown to rise through the age groups from pre-school children to young adults. It is estimated that locally, 8.6% of 5- to 16-year-olds in East Berkshire had at least one mental health disorder ([2015](#)).

3. Our key achievements in 2020 and 2021 by Priority Outcome

3.1 The previous editions of our LTP referred to our four Priority Outcomes. The table below sets out a summary of our key achievements for 2020 and 2021 and how they relate to those four outcomes.

Table 2: Summary of our key achievements in 2020 and 2021 by Priority Outcome and by National Priorities

Priority outcome	Key achievements in 2020 and 2021
<p>Outcome 1: Communities, schools, families and young people will work together to build resilience, learning from young people themselves how best to help them to cope with life's ups and downs</p>	<ol style="list-style-type: none"> 1. Expanded the Young Health Champions (YHC) co-production network and peer education programme to more secondary schools in Bracknell Forest and Slough and set up a community-based model in RBWM. We also worked with Young Minds to develop an evaluation framework and theory of change. Our YHC programme was shortlisted for a national award in 2020 (CYP Now). 2. On 1 July 2021, YHCs from Slough joined others from Bracknell Forest and RBWM along with representatives from other youth-participation groups at a virtual consultation event arranged by NHS Frimley CCG and partners in order to feed youth priorities into this LTP. 3. Worked with CYP and system partners to promote the importance of good emotional health and wellbeing through virtual campaigns and resources. This included: Promoting MindEd for professionals and families. Publishing four #Coping guides, one for families, one for young people and two on Five Ways to Wellbeing adapted for lockdown with a version for primary age and secondary age children. Refreshing the Little Blue Book of Sunshine as an e-book to explain some of the things CYP can do right now to feel better, or who to turn to if things feel too much. Developing two social media campaigns, the #5ways5daysNHS Challenge to promote the Five Ways to Wellbeing during lockdown and the #PoemToAParentOrCarer campaign to encourage time to talk and publicise the support services available for parent and carers. 4. Worked with Public Health colleagues and CYP to recommission Kooth.com to provide a digital offer. Kooth provide online counselling, information, and peer support. 5. Collaborated with the University of Oxford to bring the OxWell student survey to Berkshire schools/FE in both 2020 and 2021. Participation in the survey provides local data to allow for services and resources to be tailored according to any identified needs. 6. Supported education to further develop their 'whole-school approach' to mental health and wellbeing. Also supported with the rollout of the DoE's Wellbeing for Education Return training programme, including the development and launch in March 2021 of the SHaRON Venus platform as an online peer support network for our local community of practice. 7. Published a workforce training offer in February 2020 to increase workforce capacity, including free Mental Health First Aid courses (see below) and LGBTQ+ awareness and mental health training. An update was published in November 2020 to bring the offer up to date for the pandemic. This included training commissioned by CCG, as well as the best free sources of training available nationally, pulled together into one document for ease to help the workforce increase their confidence about the help they can give and to support staff wellbeing. 8. From January 2020 to July 2021, our locally commissioned Youth MHFA instructors trained 123 youth mental health first aiders. 9. Continued to fund and offer PPEP Care training to the CYP workforce, reaching 1,094 delegates over 40 sessions in 2020–21. PPEP Care also developed new modules on ADHD and attachment. New staff in the MHST and Getting Help teams have also trained as trainers to support the delivery of training in each locality.

	<p>10. The MHST/Getting Help team (CAMHS) and partners developed an emotional health and wellbeing virtual support offer for education settings and wider partners across East Berkshire. Three virtual webinar series took place in spring/summer 2020 and spring/summer 2021.</p>
<p>Outcome 2: Children and young people will have access to early help to meet any emerging emotional and mental health needs</p>	<ol style="list-style-type: none"> 1. Worked with Frimley ICS and LA partners to launch a universal online parenting offer: Solihull Approach. 2. Continued with the development of our early intervention offer through the MHST in Slough and new Getting Help teams across East Berkshire, all of which became fully operational in September 2020. Three virtual support offers for education were also put in place from April 2020 to July 2021. Also expanded MHST offer with implementation in place for RBWM, Bracknell Forest and 2nd team for Slough. 3. Local implementation groups (LIGs) in all three boroughs have moved beyond implementing Getting Help/MHSTs to also running Mental Health Network meetings for local professionals contributing to wellbeing and CYP mental health. 4. Following the CCG-commissioned Attain review of autism and ADHD services for children and adults, we recommissioned pre- and post-diagnosis autism/ADHD support for parents/carers/CYP to offer families help in line with identified gaps from the review. This new GEMS service launched in October 2020 provided by Solutions for Health in partnership with the voluntary sector. 5. Continued to allocate funding to community-based youth counselling organisations Number 22 and Youthline, including additional funding for COVID-19 demand, restoration and recovery (see section 1.2). Moved to a jointly commissioned approach and performance monitoring with LAs. 6. Reviewed and recommissioned support from the AnDY research clinic (University of Reading) to provide brief psychological interventions to CYP with anxiety disorders and depression, occupying the gap between interventions for emerging mental health difficulties and specialist NHS CAMHS teams. Allocated additional funding for COVID-19 demand, restoration and recovery. 7. Despite increasing demand, as well as an increase in clients presenting with more complex issues at both services, Number 22 has provided over 11,000 hours of counselling support and Youthline over 4,000 hours during 2020/2021. During the lockdown periods, both services adapted to offer telephone and online counselling and have used this learning to continue offering a blended model of remote support alongside face-to-face support. This has reduced waiting lists and has given service users more choice. 8. The three Getting Help teams and the existing MHST in Slough have seen a significant increase over the past year in referrals for anxiety, which has been the primary reason for referral. In the main, Guided Self Help is the support most commonly offered to CYP presenting with anxiety, followed by Behavioural Activation (BA) for those experiencing low mood. The Getting Help teams saw a total number of CYP being supported (2020/21) of 134 in RBWM, 167 in Bracknell and 110 in Slough. 9. The Slough MHST received 101 referrals and supported a total of 65 young people. 10. GEMS phone lines received 30 calls in the first month of operation. This rose to 149 calls a month in June 2021 (a 397% increase since launch). A total of 690 contacts were recorded on the GEMS system from October 2020 to July 2021. The service delivered a total of 20 workshops/courses from January to June 2021.

	<ol style="list-style-type: none"> 11. In 2020/21, the AnDY clinic has continued to build on the close, collaborative working relationship with the 'Getting Help' teams in East Berkshire and the BHFT CAMHS Anxiety and Depression pathway. This has included establishing a weekly, three-way referrals meeting to ensure that young people with anxiety and depression find their way to the right place at the right time and experience smooth transitions between these services. Over the 2020/21 reporting period the clinic completed 70 assessments with East Berkshire CYP and their parents/carers. Of those CYP offered routine treatment (n = 55), over 98% accepted the offer. On average, CYP had attended 11 sessions by the time they were discharged from treatment – this increase of 37.5% compared to 2019-20 is largely accounted for by additional appointments required to keep people safe at the height of the COVID-19 pandemic. 12. During the period 2020/21 for Symbol SALT service received a total of 51 CYP referrals of who received direct intervention. (This was fewer than in previous years due to the COVID-19 pandemic, which resulted in fewer young people being referred to the YOT.) 176 intervention sessions were delivered and 13 training sessions were delivered with 100 people trained, including YOT staff, education staff, social workers and volunteers.
<p>Outcome 3: Better communication – we will provide improved and coordinated information about the mental health and wellbeing support available and we will communicate this information effectively to children, young people and families, communities and professionals</p>	<ol style="list-style-type: none"> 1. Continued to deliver our communication and engagement plan for the new MHST and Getting Help teams to ensure awareness of the new services/support. This included newsletters, adding information online in all three boroughs, creating videos (co-produced with CYP), Mental Health Network meetings for professionals and sharing the offer with primary care during their protected learning time. 2. Worked with Young Health Champions to review services through an annual mystery shop and provide feedback, including on how user-friendly websites are and processes such as referral forms. 3. Ran virtual campaigns launched during Mental Health Awareness Week in 2020 and 2021: #5ways5daysNHS social media challenge to promote the Five Ways to Wellbeing adapted for lockdown and #PoemToAParentOrCarer competition and 'Time to Talk' campaign to encourage more open communication and publicise the support available for parent and carers of a young person struggling with mental health issues.
<p>Outcome 4: Improved coordinated care for</p>	<ol style="list-style-type: none"> 1. Reviewed and recommissioned Symbol to provide speech and language therapy and support for all three East Berkshire YOTs. 2. Reviewed our mental health crisis offer for CYP and started development of intensive home-treatment functions. We also made additional investment into the rapid response

<p>children and young people with more complex mental health needs and vulnerable children and young people – ensuring the right support, at the right time, in the right place</p>	<p>team to increase their hours of operation, add a family support worker to the team and support additional COVID-19 demand.</p> <ol style="list-style-type: none"> 3. Supported demand-and-capacity modelling and continued with additional investment into our eating disorders service in collaboration with BEAT. 4. Provided additional investment for waiting time initiatives for neurodiversity services within Berkshire Healthcare. This included digital assessments for autism and a pilot of digital ADHD assessments. Also supported demand-and-capacity modelling and secured further additional investment. 5. Explored a transformed approach to understanding and supporting neurodiversity, with a pilot being developed in Bracknell Forest. Worked with LA partners and Berkshire Healthcare neurodiversity services to launch the East Berkshire Neurodiversity Network in May 2021 to help bring about a change in thinking to promote a strength-based approach and champion collaborative working. 6. Offered an adapted model of PPEP Care training to foster carers. 7. Focused on protected vulnerable groups, starting with LGBTQ+ CYP. We piloted LGBTQ+ awareness and LGBTQ+ mental health training for the CYP workforce, with 73 professionals trained between September 2020 and July 2021. 8. Created the new post of Children in Care (CiC) CAMHS worker, recruited in December 2020. 9. Offered training in Restorative Practice for youth in mind (funded by HEE and delivered by Thames Valley Restorative Justice Service) to middle managers and frontline staff across Slough and RBWM through seven sessions in 2020/21.
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4. Our response to the COVID-19 crisis

4.1 This year's LTP also reviews the short-term and potential long-term impact of COVID-19. The pandemic has meant that we have had to come together across our local system to find ways to deliver services differently. We explore how we can continue to take innovative new approaches to delivery without compromising the outcomes that we want to achieve for the emotional and mental health and wellbeing and neurodiversity of children and young people in East Berkshire. This involves professionals working together and with children, young people, and their families/carers to design and provide the best possible services.

4.2 Whilst many people's lives have been adversely affected by coronavirus and the measures taken to combat it, the impact on children and young people has been particularly profound. We know that, as a result, some have encountered new emotional difficulties or have experienced a deterioration in pre-existing mental health issues. For many children and young people their emotional health will improve as society emerges from COVID-19 and they are able to return to their normal routines. However, for some young people the negative impact of the coronavirus crisis on their wellbeing will be more severe and long lasting.

4.3 Even before the coronavirus pandemic, mental health services for children and young people were already seeing an increase in demand. All our current planning must consider the additional short- and long-term demand generated by the pandemic, and the extra pressure it is placing on services and on our CAMHS workforce. This LTP sets out how we intend to ensure that every young person receives the mental health support they need. The plan also explores

how we can best recognise and value the contribution that all those working in emotional and wellbeing services bring.

- 4.4 The government have produced a 'COVID-19 mental health and wellbeing recovery action plan', which includes a section on children and young people and sets out "... an ambitious cross-government, whole-person approach to promoting good mental health" As a system within East Berkshire, we are committed to the principles set out in the action plan.
- 4.5 In our previous LTP we stated our intention to not simply redesign existing services, but to transform them across the whole system. The strengthened governance arrangements and multiagency, partnership-group working that we have put in place over the last two years 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. Although COVID-19 has inevitably had an impact on our system-change programme, the additional spending being put into CAMHS and the dedicated CAMHS transformation support within our main provider, Berkshire Healthcare NHS Foundation Trust, are enabling transformation to progress.
- 4.6 Our CAMHS transformation has been and will continue to be shaped by direct user engagement from children and young people and their families and parents/carers, together with feedback from CYP and professionals/volunteers received as part of our widespread engagement work. There is also a system-wide determination to understand the nuances of the learned experiences of CAMHS users in a world that is constantly advancing with technology and the use of social media. During the engagement sessions we held with children and young people during the preparation of this LTP, they talked to us in detail about the positive and negative ways in which digital technology impacts their lives and their mental health.
- 4.7 In addition to the impact of the coronavirus crisis, we face several other ongoing challenges as we work to realise our ambitions. The plan also sets out how we intend to overcome those challenges and mitigate the potential risks associated with the implementation of our wide-reaching transformation programme.
- 4.8 All providers in the CAMHS partnership have continued to deliver services but through adapted models (i.e., digital).
- Invested in providing additional digital assessments for autism.
 - The crisis team in specialist CAMHS is offering extended hours to cover Sunday and until 10pm on weekdays; a 24/7 helpline is also in place.
 - CYP MH system: bimonthly calls were held, eventually focusing on recovery and restoration. We are supporting providers to complete demand/capacity modelling.
 - MHSTs and Getting Help teams and CAMHS partners created a virtual support offer for education between May 2020 and July 2021: 40 different webinars delivered to more than 1,100 individuals from across education, health and social care and the voluntary sector (see also section 5.3).

- A set of [#Coping Guides](#) were produced for children, young people and families. The guides, which were published in April 2020 and updated in January 2021, contain information on services and resources to promote self help and support family life during the pandemic.
- Ensured CAMHS, the AnDY clinic and the community-based youth counselling service Youthline continued to operate. These services increased capacity and moved to virtual or blended models of delivery where appropriate.
- Increased funding to Youthline in addition to baseline for two fixed-term posts for the 12 months, starting in January and March 2021.
- Increased funding to the AnDY clinic in addition to baseline for one fixed-term post for 12 months.
- Increased funding to the Number 22 counselling service to increase capacity from February 2021 to June 2022.
- Increased funding to CAMHS rapid response team (to enable them to keep extended hours), the eating disorder service and the autism pathway.
- Following feedback, an information webinar providing an overview of adult mental health services was held in September 2020, mainly focusing on services that are open access (i.e., adults can self-refer). The sessions aimed to equip CYP professionals and volunteers with an understanding of the accessibility and profile of local adult mental health services to help support families across East Berkshire.
- Supported the rollout of the DoE's Wellbeing for Education Health; worked with Bracknell Forest EP service to support implementation and delivery. Return training programme to equip nominated education staff with the knowledge and skills to introduce and contextualise clear, coherent information and resources to their setting's staff and to support and enable discussions with children and young people and parents and carers. Training for education took place in October/November 2020.

5. Developing the plan with engagement with key stakeholders

- 5.1 Our continued engagement with children and young people and their parents/carers has fed into this refresh of our LTP and will continue to inform the transformation/design of services. We are using detailed feedback from our engagement activities to identify how we need to deliver the services that children, young people and parents/carers want to receive, rather than the services that professionals want to deliver.
- 5.2 Most of the feedback described in the table below is from a virtual consultation event arranged by Frimley CCG and partners to feed youth priorities into this LTP. Held on 1 July 2021, the event was attended by Young Health Champions from Slough, Bracknell Forest and RBWM along with representatives from other youth-participation groups.

Table 3: Summary of feedback from young people

Theme	Comments
	For CYP who need support with their mental health there are currently no options other than counselling at present. CYP have asked us to consider how sport, music and art can offer an opportunity to alleviate stress levels. Such activities

Options other than counselling	<p>can make it easier to bond with other CYP who has a shared interest, and talking with such a peer helps, as they are more likely to understand how another child or young person is feeling. An example was given of how one young person created their own jewellery company, allowing them to channel their creativity into personalised work. Poetry in Mind helped too. Furthermore, because schools have offered less face-to-face learning recently due to COVID-19, there has been less of an emphasis on intellectual stimulation and some students have been struggling to enjoy academic subjects as much as they would in person. Some young people have found that creative outlets have helped them to feel intellectually stimulated and motivated. However, they would still like emotional support to be offered alongside creative and positive activities.</p>
Stigma	<p>Participants emphasised that any alternatives to counselling should not be labelled as such. Events/activities that are labelled as “supporting young people with mental health problems” would not be well received, as CYP would see this as drawing attention to the fact that participants may have a mental health issue. Family members may also may not want their children to be associated with any overt mental health support. Any activities on offer, therefore, should be designed to indirectly help to improve mental health without stating that as an ambition. This could be achieved, for example, by promoting such activities visually using colours or fonts associated with MH.</p> <p>It was felt that it would be helpful for parents and those working with children and young people to be able to spot the early signs of anxiety and depression.</p> <p>There was a view that everyone should be looking after their general wellbeing, physical and mental, so support should be presented in a positive rather than a negative light.</p> <p>Participants also expressed a sense that poor mental health, especially issues such as anxiety and depression, have been ‘glamourised’ recently, rather than being balanced against severe mental health disorders. An example was given around OCD – for most people who say that they have got OCD, it is just because they like to be tidy, not because they have a mental health problem. There needs to be a balance and greater understanding about the difference between feeling down compared to having a wider underlying mental health problem. However, genuine concerns need to be addressed.</p>
	<p>The pros and cons of social media need to be addressed. There are many benefits to social media if it is used in the right way. It helps people to stay in contact and find information online. However, it is important to teach children and young people – for example, via workshops – how to use social media in a safe and balanced way. Young children may not understand the potential impact of the use of social media and the internet in general and how to deal with that impact, whereas by the age of around 16 young people are better equipped to deal with it. An example was given of 13- and 14-year-olds who had been engaged in conversations with adults aged 25+ without understanding that they</p>

<p>Pros and cons of social media</p>	<p>could potentially be being manipulated. When someone tries to warn them about this danger, young people often become very defensive. However, if they do fall prey to online manipulation, they should be supported and not made to feel ashamed about it.</p> <p>PHSE is a potential method of ensuring that the right message is given, but that PHSE need to be more engaging with up-to-date material that is relevant to young people today. School assemblies could also be used in a creative way to get the message across. For example, students could act out a scenario to makes the danger of social media more real for children and young people and show how it is easy to fall into traps. This would be more meaningful and relevant than just providing statistics.</p> <p>There was a general opinion that TikTok is a toxic platform. Young people cited examples of peers accessing content promoting self-harm and eating disorders, as well as other types of videos that are not good for general wellbeing.</p> <p>However, participants emphasised that most young people who use social media are not harmed by it and over-amplifying the dangers can create anxiety. Adults do not always use the same platforms as young people and so often do not understand the impact that certain platforms may or may not have.</p> <p>Consideration must be given to the amount of distressing information CYP are given. Many of them have found the constant flow of information about the negative impact of COVID-19 emotionally exhausting and are feeling powerless to help. It is impossible to have the capacity to care about everything. A solution for this is around resilience and for young people to receive a message that it is normal to feel like that and that there is nothing wrong in it. It really helps to have other like-minded people to talk to.</p>
<p>Communication</p>	<p>If the NHS want to promote a wellbeing message it is best to use a peer-to-peer approach and good 'marketing' is vital. Communications should be expressed in a way that young people understand. Short videos are effective – they make issues seem real and get the point across quickly. This requires the use of role models, such as influencers who are looked up to and respected.</p> <p>If a service/advice is communicated in this way, it will be more acceptable for young people to use/follow it and they won't feel too embarrassed to do so. Participants said that we all go through periods of being low and talking to others about this and making it feel real is crucial.</p>
	<p>Some young people described lived experiences of talking to GPs who were not always helpful. There were instances of GPs telling CYP they were too young to be suffering from poor mental health. Young people saw GPs who failed to take their problems seriously as being very unprofessional. Participants felt GPs should treated every patient as an individual and should take the time to understand why a young person may be struggling with stress or other mental</p>

<p>Non-judgemental professionals</p>	<p>health issues. CYP need professionals to be welcoming and build a rapport with them, rather than invalidating what is a real problem for that young person.</p> <p>It was felt that GPs should receive training on how to engage with CYP and be non-judgemental about them, given that CYP experience life in a very different way to adults, and often find it more challenging.</p> <p>GPs should give young people the choice of where and who to go to for mental health support. The option of anti-depressants should be given with a clear explanation of the possible side effects/risks and that the drugs may take three months to have an effect. The young person should be signposted to support they can access during those three months.</p> <p>By definition, a young person may have not felt anxious or depressed before, so knowing how to cope with such feelings is something that they are not used to. Young people sometimes feel as though they are being dismissed by medical professionals, as though the underlying message is “you are only a kid, so keep quiet”.</p> <p>There was similar feedback about some teachers’ interactions with young people, who sometimes felt judged if they brought up mental health issues. CYP also worried that if they told a teacher that they were struggling with their mental health, then it would mean that all the other teachers in the school would know, and some members of staff might then treat that young person differently as a result.</p> <p>Young people also said that, once they are in contact with a professional, they don’t want to have to share too much about their feelings in the first instance.</p>
<p>Accessing services</p>	<p>CYP told us about issues they have with engaging with counselling services in schools. Young people often worry they might be made fun of if others know that they are going for help, as there currently seems to be a culture of mocking depression and other mental health conditions. The length of time that it can take to first be seen by a counsellor is another problem. Counselling needs to be accessible and to last for as long as the young person needs, rather than them being told that the funding has run out or that they have a target to reach.</p> <p>Many young people are not aware of a community offer and do not necessarily know how to access it. Youth Centres (or Family Hubs) can be hidden away and hard to find out about, unless it’s through a friend. It can also feel embarrassing to go to a centre; within the boroughs, people tend to know each other, so if a young person is seen at a centre, they worry that others will automatically think they have a problem.</p> <p>The preference would be for all counselling to take place in a space that is as private as possible.</p>

5.3 Parent engagement

Parent's Views on CAMHS and Neurodiversity Services

An online survey was undertaken in June and July 2021 with a focus on exploring how we improve the way we communicate about the services available to local children and young people and to understand from a parent's perspective in what works well and where improvements can be made. Finally, we asked whether they would like to be involved in participating in future engagement events to help shape our services.

247 parents completed the survey with 150 parents saying that they would like to be involved in future engagement events in helping to shape services.

This is a summary and full details of the survey will be distributed in September 2021.

Did you notice improvement in your child's emotional wellbeing and happiness after they used the service?

- 7% saw a large improvement
- 38% saw some improvement
- 22% saw little improvement
- 35% saw no improvement

As a parent/carer were you happy with the service your child received?

- 12% - Very happy, 21% Quite happy, 38% Mixed, 29% Not happy

Where is the most likely place, you would go to find information you needed?

- Online 50%, NHS Website 20%, Other Sources including GP, school, charity and LA websites 30%
- In person or by Phone – 35% school, 35% GP surgery, 10% Family and Friends

How easy was it for you to find information you needed?

3% Very Easy, 26% Quite Easy, 36% quite difficult, 24% very difficult, 11% unable to find the information.

Table 4: Written views from parents:

What do you feel as parents about the services that are available?	
I believe CAHMS should have parental support available 24/7 to help us deal with children.	We were expecting to have an assessment for ADHD as well as an autism assessment when my son was assessed but we have been waiting nearly 2 years now for an ADHD assessment.
We are in the first couple of sessions with the getting help team which has been so far helpful.	Staff are very helpful on the phone but waiting times need to be reduced

Most of the time school issues were resolved with me working with a fabulous and understanding head of year. It took constant communication.	The service he receives is very good the problem is the time it takes to get it
Is your child happy with the services they receive?	
Everything is a long waiting list. Now we are under the Specialist Team we get lots of support. Only now are we getting help as a family and I don't think anyone understands how physically as well as mentally exhausting it is looking after a child with ASD with suicidal thoughts.	My child liked the one to one, done over the phone which was preferred to doing face to face chats.
Long wait and often appointments were cancelled for more urgent ones. So not enough consistency especially when relying on that appointment for help.	
Is there anything else you would like to tell us about your experiences of finding out about, accessing and/or using mental health, autism or ADHD services?	
It needs to be easier to navigate with all partner services in one place rather than a bit you can find out about through school, a bit you need to access through early help and another bit you need GP referral for. You need a single point of contact/assessment that then provides a personalised prescription of support.	I need a one-page guide that is sent out straight away to parents the FIRST day a child refuses to go to school. We have had to navigate this ourselves... There then needs to be a number to call - help line to support parents who can't get their child into school. There is so much information on the web if you google - but too much to navigate when you are in a crisis like this.
The service needs to be far more proactive and joined up.	I contacted the Young Minds charity who were brilliant giving me a list of suggestions on what steps I could take.
I know there is no hard and fast test of whether someone has autism or not, but it would appear a growing number of people do, and the education system needs to be more inclusive of those groups of children.	I feel more support letters while waiting would help feeling left alone to cope with child's additional needs with knowing what to do in certain crisis situations

6. Engagement with professionals to inform this LTP refresh

In January and again in June and August 2021, NHS Frimley CCG held workshops to gather views from professionals at all three CYP mental health and emotional wellbeing network meetings to help shape the priorities and deliverables in this plan. An amalgamation of the outcomes of these sessions is shown below.

Feedback from the workshops with professionals from across the system allowed us to identify some overall priorities and key messages (see table below). These have informed our plans to continue to transform our services, as outlined in this LTP refresh.

Table 5: Summary of feedback from professionals

Priorities	Key messages
<p>Communication</p>	<p>This was agreed as a key factor in getting the right message across at the right time for all stakeholders.</p> <p>A shift towards self-help/self-support requires that parents be offered the right information so that they know where to look and how to access resources. This is most important through the triage process, so that children, young people and families receive the right service at the right place and at the right time.</p> <p>It is important to identify how we can use communication to engage with hard-to-reach parents.</p> <p>Head teachers receive a myriad of emails and contacts every day from organisations offering emotional wellbeing support and often do not know which ones they should pay attention to. They said that they are more likely to take notice of recommendations from other head teachers.</p>
<p>Working in partnership</p>	<p>There was agreement that services need to work in partnership more, with an emphasis on the right person in the right place at the right time.</p> <p>Clear evidence emerged from the discussions showing that professionals are not aware of the availability of each other's services and what the offer is. It is very important not to speak on behalf of another organisation and make assumptions about what they can offer. We need to be clearer around what support should look like through the development of roadmaps (Berkshire Healthcare have started work on this) and better signposting of services is needed.</p> <p>Young people do not always respond to professionals so we need to review our assets and identify who the right person may be to support that young person. However, consideration must be given to the fact that some professionals may not feel equipped to support young people and would not want to take the risk.</p> <p>It should be considered whether a lead provider/consortium approach offering pathways for levels of support would help. These pathways could include links with experts in the field, such as MIND, to support and help build capacity within the system. A graduated response to support is required, with the ability to spot the signs of mental ill health, along with an exploration of how this can be embedded into our core principles and sustainability of working.</p> <p>It is important for CAMHS to be involved in more multi-disciplinary meetings so that the need of the young person is considered in a holistic manner. This approach had been a positive outcome when there was a consultative/screening/clinical role within the MASH.</p>

The Whole School Approach and engagement of parents as part of co-production is crucial, along with the concept of 'doing with' rather than 'doing to'.

Children Centres/Youth Centres are the new Family Hubs – we should explore how to make best use of this opportunity and links with Parent Support Networks and Family Friends. These could potentially be part of our open-access model, as they are already staffed by multi-disciplinary teams. Stakeholders also talked about the positive impact that Health Clinics could offer.

Public Health have been doing work on asset mapping. This should be revised and refined to show how to make the best use of not only our physical assets but our community assets. These include third and voluntary/community sector organisations, such as Barnados and MIND. Through working with such organisations via a true partnership approach we can pool knowledge and resources by building capacity and networking. An example given was the Reaching Out project in Slough (see section 6.7), the goals of which include creating links between the BAME community and community resilience, MHSTs and CAMHS.

It is important to think about how we can engage the non-MHST schools so that they are able to access support on a level comparable with MHST schools.

Youthline has the capacity to offer more support, especially to parents, and to offer to do mental health talks in non-MHST schools.

The DfE Wellbeing for Education Training, due to roll out again after the summer break, provides schools with an opportunity to access and share best practice. Schools should also be supported to implement a Whole School Approach and offered senior leadership training.

The YOS use a trauma-informed approach which is widely regarded as a model of best practice – stakeholders asked whether this could be transcribed into a model of working.

It was also suggested that risk-management panels be helpful.

There was a discussion around the role of School Nursing and 0–19 services and the need to ensure that these are recommissioned on a system approach. It was acknowledged that, whilst School Nurse clinics in secondary schools have worked well in trying to link things together, School Nursing is a small resource.

Developing a model to suit the current needs of children and young people

Professionals are seeing increased anxiety presentations across all support services from early help services through to CAMHS. Also, an increase in parental anxiety is impacting CYP.

CYP are reporting increased anxiety due to uncertainty over exams, transitions, return to school, separation and germs and/or fear of causing harm to their loved ones by bringing infection home. Parents/carers are also struggling with family pressures and stress due to financial difficulties, home schooling, home working, managing challenging behaviours, and domestic violence.

Stakeholders identified a need for:

- a safe and supportive environment for young people
- education on resilience and coping strategies for managing emotions
- improved communications for parents/carers about where to get help
- a better integrated pathway for anxiety

A comment was made that the modelling of services needs to be built around the needs of young people rather than the needs of professionals. We really need to understand the pressures that young people are under from loneliness, isolation, anxiety, bullying, exam stress and the experience of being away from a school regime. For many CYP, going back into school again after long lockdowns is challenging.

Professionals need to be able to spot the early signs of anxiety and know where to signpost families for help. A review is needed of the support to build resilience for the transition into secondary school/changing year groups and adapting to different learning environments (especially in relation to the impact of home schooling).

It was noted that parents can be a barrier to CYP getting support due to mental health stigma.

Some stakeholders suggested the use of school assemblies to engage CYP about mental health and get key messages heard. Consideration is needed of how to help young people who will not engage and how to offer them support through a trusted adult, such as a youth worker or family support worker.

Any new service model needs to include the right outcomes measures so that we can understand what difference we are making. It was pointed out that a one-size-fits-all approach will not work because each young person's needs are unique.

Professionals stated that whatever model is developed needs to include the following:

- resilience-building for young people

	<ul style="list-style-type: none"> • coping strategies • short-term intensive treatment followed by long-term support • learning through case studies to understand what we should have done differently through early intervention • a graduated response and easy access for the whole family, which may help avoid the need for specialist intervention
<p>Bridging gaps between services</p>	<p>It was agreed that there is a need to bridge the gap between the Getting Help offer and core CAMHS. Professionals also need a clearer understanding of referral routes to avoid young people and parents being “bounced” around the system. A seamless approach should be offered.</p> <p>There is a need to review which universal/targeted services are available to CYP who are waiting for specialist support – there should be an element of choice. Families should receive support tools to help them avoid entering a crisis while they are waiting. It was agreed that we should change the terminology “care of waiters”.</p> <p>Stakeholders felt that it was important to bridge the gap between the Getting Help offer and core CAMHS.</p> <p>There needs to be a stronger universal offer. We should also address the long waits for CAMHS.</p>
<p>Impact of COVID-19</p>	<p>Because of COVID-19, a model of online support has been created. However, although this addressed an immediate need for help, the value of face-to-face support and engagement should not be underestimated – many young people are experiencing online fatigue and are still facing a limited choice of support.</p> <p>The pandemic has impacted on younger children too; professionals are worried about some children becoming addicted to gaming and others falling prey to cyber issues. It was felt that social media should not be over-relied on at a time when some young people are expressing digital fatigue. Stakeholders were also concerned about the negative impact of trolling and CYP’s ability to access inappropriate materials online.</p> <p>Participants wondered how we can prevent problems such as disordered eating from emerging.</p> <p>Participants expressed their need for help to understand what is ND and what is challenging behaviour. The coronavirus crisis has raised issues around autism/anxiety –disruption to their routines has been particularly difficult for young people with autism, yet there is a gap in the provision of positive behaviour support.</p> <p>Professionals have seen CYP displaying attachment issues as challenging behaviour; this is a problem, especially in the context of domestic violence</p>

	<p>cases. (See previous discussion above about the value of using a trauma-informed approach.)</p> <p>Many children and young people have been experiencing low mood and a lack of motivation during the pandemic. COVID-19 has exacerbated an underlying issue.</p>
<p>Parental capacity</p>	<p>By placing extreme pressures on family life, the pandemic has created real additional challenges for many parents. (An example was given of young people who had never previously been known to social workers entering the social care system.) During the health crisis, parents have not been able to connect with other parents through the usual routes, such as PTAs and other school social events.</p> <p>Stakeholders raised questions about how to address stigma and build parents’ resilience and willingness to seek support. In-reach and outreach support are clearly crucial, as is community engagement and having community champions, both within schools and within communities.</p> <p>The role of Family Support Workers and the benefits that they could bring were also discussed. A rollout of webinars may be a positive option in giving parents an element of anonymity if they wanted to reach out for support; this could be promoted by schools.</p> <p>Discussions acknowledged that we need to look at the environment that the young person is in and to consider family centre practice to understand the reason for the behaviour. Whole-system support should be designed to suit the holistic needs of children, young people, and families/parents/carers. A parenting offer is needed; this should be done through a co-ordinated approach that avoids raising expectations but supports and empowers parents.</p> <p>From a parental perspective, stakeholders wondered whether six weeks’ support is sufficient, as it can take longer than that for professionals to build up relationships, especially with children who have an impairment. It was felt that services being commissioned must be reviewed to allow for greater flexibility in supporting the needs of individual children, young people and families. (This is currently not within the core offer of how services are commissioned.) However, there is a need to understand the impact that such a change could have on waiting times for accessing services.</p>
	<p>Schools can be the one constant in a child or young person’s life. Education staff are often first point of contact for CYP who are struggling with their mental health and staff want to provide the best help they can.</p> <p>However, serious concerns were expressed for the wellbeing of school staff. Schools are now being viewed as a place to go for help and support, but also, by some challenging parents, as a place to offload. This is putting</p>

<p>Supporting professionals working with children and young people</p>	<p>staff under considerable stress. There is a need to provide emotional support for school staff.</p> <p>It was felt that webinars for staff would be helpful if they looked at implementing a Whole School Approach (by drawing on work by the Anna Freud Centre) and showed staff how to develop a plan with themes. Again, this approach must be for all schools. Staff also need clarity around their own roles and responsibilities. There was a sense that government guidance tends to be far too general and that schools often wait months for the detail of the guidance to arrive.</p> <p>A holistic, rounded approach to pupils' mental health is required. Staff need support to gain a basic understanding of the issues and to be able to identify when a child needs more help. Training for some staff in specific areas, such as anxiety and self-harm, was thought to be desirable. The need to agree a shared language about mental health was also highlighted, as was the importance of tackling mental health stigma.</p> <p>Reflective supervision models should be explored; stakeholders acknowledged that good supervision is required for staff wellbeing, boundary checking and understanding the limits of competency. The importance of Family Support Workers was emphasised.</p> <p>It was pointed out that communications sent to schools are sometimes information overload and need to be simplified. Ideas to achieve this included support menus, event calendars and a centralised resource bank.</p>
<p>Workforce support</p>	<p>Workforce support was a key discussion on the following levels:</p> <ol style="list-style-type: none"> 1. Mental health, like safeguarding, is everyone's responsibility. There could be an opportunity to include mandatory basic mental health training within and alongside safeguarding training. This could include the identification of roles and responsibilities and offer mental health training at different levels depending on the need of the professional. A lead and cascade through the DSL network was suggested, coupled with a proposal to the LSCB about training the whole workforce (especially at a school level with NQT and how dovetailing this approach at the beginning). PPEP Care has a history of offering support at this level. Feedback from the WEL programme provided by the DfE within schools was that there was too much content and basic lower-level strategies were needed. 2. There was a clear message that training needs to be face to face, even if via Teams, and not through online modules. 3. Other training suggestions included a consultation/support strategy by bringing cases to drop-in sessions. This may help support a Whole School Approach by offering a sustainability approach to schools using a methodology of known best practice. Schools did not currently feel properly equipped to be able to support parents.

4. The SHaRON platform is another resource suitable for professionals working with children and young people.
5. A six-month pilot with DSLs, currently being evaluated, has included a monthly session and training on reflective practice within the teams.
6. One participant raised the need to develop a shared understanding and language around self-harm in CYP.
7. There are known problems with recruitment to some mental health roles, so a competency-based approach needs to be considered.

7.3 Local priorities

Based on the views of children, young people, parents/carers and professionals (see section 6 for information about our engagement activities), the table below represents our priorities and planned deliverables for the next three years. As part of the implementation of the priorities, there will be a detailed action plan which will include:

- Deliverables
- Outcomes and benefits
- Key Milestones
- Risks
- Mitigations
- Responsible Officer
- Support required

Table 6: Our high-level Action plan for implementing the priorities and enablers from 2021 – 2024

Local Priorities	High Level Actions
Strengthening Crisis Support	<ul style="list-style-type: none"> • Phased approach to Strengthening Crisis Support Plan, which will include: an integrated home-treatment service; challenging behaviour support; multiagency self-harm protocol; and examination of the development of a safe haven. • Transform core CAMHS with the allocated funding pot.
Supporting children with complex needs	<ul style="list-style-type: none"> • Evaluate the impact of the autism and ADHD transformation funding. • Develop an emotional wellbeing/CAMHS Children in Care Model in line with the Southeast Children in Care Evidence-Based Clinical Review & Practice Guide, November 2020 • Engage with the Thames Valley Complex Children Expression of Interest led by Oxford Health utilising the Framework for Integrated Care
Transition	

Arrangements	<ul style="list-style-type: none"> Develop an action plan in partnership with Adult Commissioners for implementing the 18-25 Access requirements including the recommendation to lower the age group to 16+
Addressing Eating Disorders and Disordered Eating	<ul style="list-style-type: none"> Implement the actions within the East Berkshire June 2021 Eating Disorder Recovery Plan
Embed MHST principles across all schools	<ul style="list-style-type: none"> Continue to develop and embed the MHST Wave 5 and 6 programmes learning and implementing the Early Evaluation of the Children and Young People's Mental Health Trailblazer Programme July 2021 across all MHST and non MHST schools
Enhanced Parenting Support	<ul style="list-style-type: none"> Enhance existing LA parenting strategies and the role of Family Support Workers, including a self-care/self-help approach.
Addressing gaps in provision	<ul style="list-style-type: none"> The first phase of the formalised partnership delivery arrangement will identify the current baseline of service provision. Identify the gaps in commissioned emotional and wellbeing services through the utilisation of case studies Develop an interim plan for bridging those gaps whilst the formalised partnership delivery arrangement is being implemented. The gap in services for 0–5s is currently being reviewed by the Getting Help service.
Development of formal partnership arrangements as a new model of working	<ul style="list-style-type: none"> Develop an outcome-based emotional health and wellbeing model which will suit the future needs of children and young people by working in collaboration with partners as part of formalised partnership delivery arrangement. This arrangement will involve four key phases of work: <ol style="list-style-type: none"> 1. Agreeing the baseline 2. Listening and learning 3. Designing the future 4. Delivering change
Responding to the impact of COVID and planning for a surge	<ul style="list-style-type: none"> Implement the actions within the East Berkshire June 2021 Eating Disorder Recovery Plan and the implementation of the Strengthening Crisis Support Plan

	<ul style="list-style-type: none"> • Implement and respond to relevant actions within the Frimley ICS Urgent and Emergency Care Action Plan • Continue to implement the Reaching Out Project and the Workforce Offer to support the most vulnerable groups
ENABLERS	DELIVERABLES
Communications	<p>Develop a high-level Communications Strategy (and accompanying strategy delivery milestones) across key stakeholders to:</p> <ul style="list-style-type: none"> • raise awareness of all the current and future CAMH services available within schools and in the community as a whole • describe how CAMH services are going to be integrated in the future • align communications and engagement messaging and activity across organisational boundaries (health, education and LAs) • support the onward cascade of communications and engagement feedback through our governance arrangements • identify the target audiences: who are partners and who do we need to involve and inform, to determine the level and frequency of communication <p>This Communications Strategy will be the golden thread running through each of our local priorities.</p>
Improve the 'front door' to current emotional health and wellbeing services	<ul style="list-style-type: none"> • Review referral pathways, triaging, risk management panels and signposting to services across the system.
Workforce support	<ul style="list-style-type: none"> • Contribute to the Frimley ICS Workforce Plan 2021-2022 strategy. • Continue to implement the GP Link Programme across the East Berkshire Primary Care Networks • Amalgamate the Getting Help and Frimley CCG workforce training offer • Investigate the development of mandatory MH training.

8. Investment

8.1 East Berkshire Transformation Investment

8.2 For some areas of transformation, extra investment may be required using the additional funding from NHS England allocated to NHS Frimley CCG. The information in this section concerns the finances for transformation-related activity, which includes funding specifically linked to the LTP. The allocation of funding and the spend are documented below. Table 7 below shows all the additional funding allocated to NHS Frimley CCG to support the transformation agenda. During 2021/2022 we have also seen an increase in funding from NHS E into the CCG's baseline funding which has been allocated to Berkshire Healthcare NHS Foundation Trust to support core CAMHS transformation as well as the delivery of the ambition in the NHS Long Term plan (row B and C).

Please note that CAMHS funding (row A) to CCG has only been allocated on 6 months basis until the end of September 2021 at time of writing.

Table 7: Total funding for transformation related activity

		2021/2022
		£
A	Funding – CAMHS – 6 months only until end of September 2021	829,320*
	<u>Long Term plan baseline funding</u>	
B	Children and Young People's Community and Crisis	372,430 250,191 90,128 55,963 77,092
C	Children and Young People's Eating Disorders	25492 66,832 14000
D	Neurodiversity	1,200,000
	TOTAL funding allocation	2,152,128

8.3 Spend on transformation – East Berkshire

8.4 Where funding has been allocated for a specific area, this spend is detailed in table 7 below. Row A shows the anticipated spend in 2021/2022 to help support the implementation of the LTP. For some of the services listed here, the figure shown represents an additional contribution from NHS Frimley CCG and does not reflect the total cost of the service.

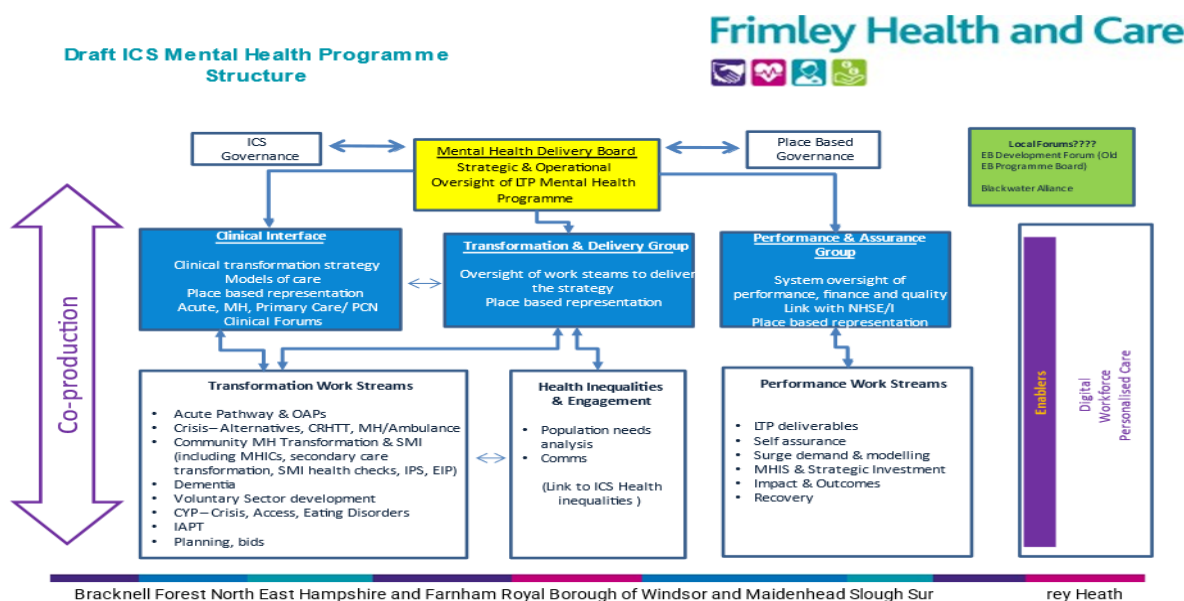
8.5 In addition to the figures listed here, NHS Frimley CCG also co-funds the cost of the specialist CAMHS services delivered by Berkshire Healthcare NHS Foundation Trust and including PPEPCare training, the CAMHS workers in YOT and the CAMHS CLA worker post. NHS Frimley CCG also contributes £47,207 towards the cost of paediatric mental health liaison

nurses at Frimley Park Hospital, and £63,310 to the crisis team from Surrey and Borders NHS Foundation Trust so that they can see C/YP from East Berkshire who present at Frimley Park Hospital. The budget is £829,320.00 with the total anticipated spend until the end of September as £530,612.59. Berkshire Healthcare NHS Foundation Trust has also been allocated funding for a Mental Health Support Team in Royal Borough of Windsor and Maidenhead, Bracknell Forest and an additional team for Slough.

9. Governance - East Berkshire and Frimley ICS

- 9.1 Following the publication of the White Paper earlier in 2021, the recent NHS Bill will lead to the establishment of statutory Integrated Care Systems (ICSs) from April 2022. As part of this journey, and following on from the recent engagement processes, the Secretary of State for Health and Social Care considered the boundaries of several ICSs across the country.
- 9.2 On 22 July 2021, it was formally announced that the Frimley Health and Care Integrated Care System (ICS) can continue to develop along its existing boundaries from April 2022. As a result, Frimley ICS will become a statutory organisation from that date, and the areas of Surrey Heath, North East Hampshire and Farnham and East Berkshire will remain within the existing Frimley ICS boundaries.
- 9.3 This may mean that our current governance arrangements, as shown in Figure 1 may be subject to change, but for the purposes of this Local Transformation Plan (LTP), we will assume that these local governance arrangements will continue until April 2022.
- 9.4 As the ICS develops, the intention is to build upon our effective partnerships with neighbouring ICSs and local authorities to ensure the delivery of the five-year strategy 'Creating Healthier Communities'. The aim is to work with the population and partners to reduce inequalities and create inclusive and compassionate health and care services.

Figure 1: Frimley ICS emerging delivery structure



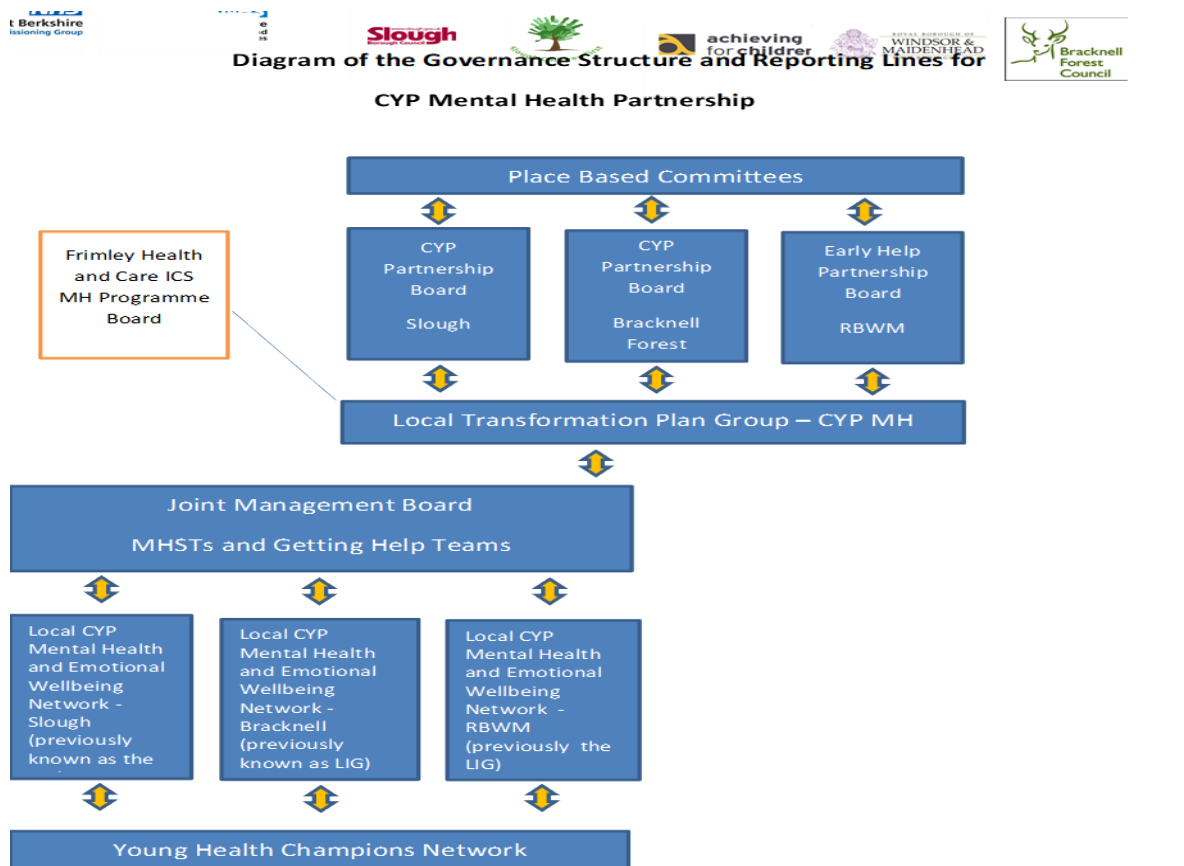
9.2 Local Transformation Plan group

In our area we have strong multiagency arrangements in place via our Local Transformation Plan group for mental health, which meets bimonthly. The group also acts as a forum to continuously review the mental health needs of East Berkshire’s children and young people. The multi-stakeholder LTP group has representatives from health, local authorities, service providers, parents/carers, and the voluntary sector and is chaired by the lead GP for mental health from Frimley CCG. The group reports to the Joint Commissioning Board, which has a responsibility to ensure delivery of the LTP.

9.3 Local boards

Due to the nature of our locality, which spans three different local authorities (LAs), monitoring and oversight is also provided through a range of local partnership boards at which CYP mental health is integrated into overlapping agendas. These boards include the new Place-Based Committees, the Children and Young People’s Partnership Board (Bracknell Forest), SEND partnership boards and Local Safeguarding Boards across East Berkshire. In addition, there are three different health and wellbeing boards in our area: Slough Wellbeing Board, Bracknell Forest Health and Wellbeing Board and Royal Borough of Windsor and Maidenhead Health and Wellbeing Board. All are partnership boards with a shared focus on improving health and wellbeing in each locality, tackling health inequalities and focusing on prevention. The refreshed LTP and updates are presented to these boards on an annual basis.

Figure 2 represents the current Governance arrangements



SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 29th September 2021

CONTACT OFFICER: Tiran Khehra, Principal Strategy and Policy Officer

(For all Enquiries) (01753) 875560

WARDS: All

PART I
FOR COMMENT AND CONSIDERATION

SLOUGH WELLBEING BOARD - WORK PROGRAMME 2021/22**1. Purpose of Report**

For the Slough Wellbeing Board to discuss its work programme for the 2021/22 year.

2. Recommendations/Proposed Action

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

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

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

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

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

3.3 The work of the Slough Wellbeing Board also contributes to the five priority outcomes in the Council's Five Year Plan:

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

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

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

4. **Other Implications**

(a) **Financial**

There are no financial implications of proposed action.

(b) **Risk Management**

There are no risk management implications of proposed action.

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

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

(d) **Equalities Impact Assessment**

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

5. **Supporting Information**

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

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

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

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

6. **Conclusion**

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

7. **Appendices Attached**

A - Work Programme – 2021/22.

8. **Background Papers**

None.

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**Slough Wellbeing Board Work Programme
2021/22**

Meeting Date
17th November
<ul style="list-style-type: none"> • Update – ICS and Place (update on draft plans) • Slough Safeguarding Boards Annual Report (2020/21) • Better Care Fund Plan 2021/22 • Update – Priority Two, Integration. Health and Social Care Partnership Board • Update – Priority Three, Strong, Healthy and Attractive Neighbourhoods Task and Finish Group
11th January
<ul style="list-style-type: none"> • Update – ICS and Place (verbal update) • Pharmaceutical Needs Assessment 2022 – 2025 • Update – Priority One, Starting Well. Children and Young People Partnership Board • Update – Priority Four, Workplace Health Task and Finish Group
14th March
<ul style="list-style-type: none"> • Update – ICS and Place (verbal update) • Update – Priority Two, Integration. Health and Social Care Partnership Board • Update – Priority Three, Strong, Healthy and Attractive Neighbourhoods Task and Finish Group
May
<ul style="list-style-type: none"> • Update – ICS and Place (verbal update) • Better Care Fund Annual Report • Update – Priority One, Starting Well. Children and Young People Partnership Board • Update – Priority Four, Workplace Health Task and Finish Group

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