

Date of issue: Tuesday, 9 November 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 Services /
Slough Children First 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
Neil Bolton-Heaton, Healthwatch Representative
Aaryaman Walia, Slough Youth Parliament Representative
Cl Lee Barnham, Thames Valley Police
Councillor Akram, Lead Member for Leisure, Culture and
Communities
Alan Sinclair, Executive Director People (Adults)
Josie Wragg, Chief Executive, Slough Borough Council
2 Vacancies, Local Business Representatives

DATE AND TIME:

WEDNESDAY, 17TH NOVEMBER, 2021 AT 5.00 PM

VENUE:

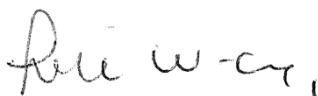
COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR
ROAD, SL1 2EL

**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 9 and Appendix B of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.

2. Minutes of the Last Meeting Held on 21 October 2021 1 - 6

THEMED DISCUSSION

3. Update - ICS and Place Verbal Report

ITEMS FOR INFORMATION

4. Slough Safeguarding Boards Annual Report (2020/21) 7 - 48
5. Better Care Fund Plan 2021/22 49 - 74
6. Update - Priority Three, Strong, Healthy and Attractive Neighbourhoods Task and Finish Group 75 - 86
7. Date of Next Meeting

Monday 10 January 2022 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



AGENDA
ITEM

REPORT TITLE

PAGE

WARD

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 Thursday, 21st October, 2021.

Present:- Councillors Pantelic (Chair),
Alan Adams, Tracey Faraday-Drake Stuart Lines, CI Lee Barnham

Apologies for Absence:- Dr Jim O'Donnell, Dr Bhatti, Chris Holland,
Ramesh Kukar, Rafal Nowotynski, Alan Sinclair and
Josie Wragg

62. Declarations of Interest

No declarations were made.

63. Minutes of the last meeting held on 14 July 2021

The Chair provided the following updates regarding matters arising from the minutes of 14 September 2021:

- With regard to public feedback regarding the Slough 2040 Vision, Cabinet had recently approved the Bus Service Improvement Plan bid for submission to the Department for Transport. The topic may be considered by the Board as part of the Strong, Healthy & Attractive Neighbourhoods initiative at a future meeting of the Board.
- Slough had made a successful bid for monies from the Safer Streets Fund which would resource a project in Chalvey to tackle violence against women and girls.
- The Chair asked Board member to consider how Board meetings could be made more accessible to young people, especially the Youth Parliament, to ensure their participation at future Board meetings.
- The terms of reference for the Board, particularly its membership would be re-considered at a future meeting.
- There would be no changes to the boundary in relation to the Integrated Care System.

Following a question from the Chair, The Executive Place Managing Director Confirmed that there were sufficient supplies of the flu vaccine in Slough and that residents aged over 50 were eligible to request the vaccine. The Director of Public Health urged everyone to encourage their staff, particularly those coming into close contact with the vulnerable, to get the flu vaccine.

Resolved – That the minutes of the meeting held on 14 September 2021 be agreed as a correct record.

64. Slough Wellbeing Strategy 2021-2025

The Policy Insight Manager provided a brief overview of the Slough Wellbeing Strategy for 2020-2025.

Slough Wellbeing Board - 21.10.21

The Chair asked whether an equalities impact assessment (Eqia) should be undertaken in relation to the Strategy even though the report stated that an Eqia had not been deemed necessary. The Director of Public Health stated that the Strategy would probably have an impact on the protected characteristics groups. The Policy Insight Manager undertook to look into the matter and report back to the Board.

Action 1: The Chair proposed, that as part of the Board's development and in view of the forthcoming changes to the Integrated Care System and ongoing work at Place, the Board should convene a joint meeting with ICS leaders. The meeting should be outcome focussed and review topics such as the Wellbeing Strategy, activity at Place, joint commissioning, budgets and priorities.

The Director of Public Health stated that such a meeting would help to bring parallel work streams together. The Executive Place Managing Director concurred adding that priorities such as reducing health inequalities, aligning work with Children's services, shared budgets, joint appointments could also be discussed.

Resolved: That the Wellbeing Strategy be approved for publication.

65. Update - ICS and Place

The Executive Place Managing Director provided a verbal update on ICS and Place. She stated that:

- A new Chair had been appointed to the Frimley Health and Care Integrated Care Board. She had a broad spectrum of experience, including working in the voluntary sector.
- A new Executive team for ICS was being put together.
- Good progress was being made on the work programme.
- Discussions were ongoing between health and care sectors and community partners with the involvement of the Executive Director, People regarding how best to align its work with children's services, and looking at issues such as shared budgets and joint appointments.
- The Health and Wellbeing Strategy had been shared with the Place based committee.

The Chair stated she may request the new chair of the ICS Board to provide a formal presentation to the Board in due course. She added that she would like to see more targeted support being provided to partners working in the community.

Resolved: That the verbal update be noted.

66. JSNA Refresh

Slough Wellbeing Board - 21.10.21

The Director of Public Health presented a report which set out progress made to date regarding the East Berkshire Joint Strategic Needs Assessment (JSNA). He emphasised the following points:

- That the JSNA had been in place since 2007. It should be regarded as a live document that contained up-to-date information and data that was accessible to decision-makers ie commissioners of services.
- It would aid commissioners in determining the current and future health, care and wellbeing needs of the wider population and in designing and evaluating service provision.
- The Berkshire East Public Health Intelligence Team were leading on it on behalf of all three Health and Wellbeing Boards in East Berkshire.
- The Berkshire East JSNA website was due to be completed by the end of 2021.
- There were several layers of governance and oversight of the JSNA, which included the three Berkshire East Health & Wellbeing Boards, the Directors of Public Health and the Chief Executives of each of the three local authorities as well as the ICS, lead Public Health consultants, the JSNA steering Group and task and finish groups.

The Chair stated she would like Board members, partners and the Council as a whole use the JSNA. Awareness of the JSNA needed to be raised among health commissioners, the Joint Health & Social Care Board and the CCG.

Following a question regarding the inclusion of SEN and disabilities needs to inform commissioning and service provision, the Director of Public Health advised that the JSNA was a collation of wide range of topics and should contain everything needed by the NHS and local authority health commissioners. Any gaps in it could be easily be identified and rectified by the JSNA team. He stated that he welcomed any feedback from the Board and other users which would help to make the JSNA more accessible and complete. He added that meetings of the steering group and the task and finish groups would offer an opportunity for partners and commissioners to provide feedback.

The Executive Place Managing Director advised that, from the CCG perspective, the JSNA was mainly used by those who had experience of working in local government and knew of its existence. There was a need to raise awareness of the JSNA among health commissioners and partners.

Action 2: That the sub-groups be requested to discuss how to best raise awareness of the JSNA; and the Director of Public Health to provide a verbal update regarding this at the January 2022 meeting of the Board.

Resolved: That the East Berkshire Joint Strategic Needs Assessment be noted and the proposed work programme and timelines be approved.

67. Frimley Collaborative CCG Annual Report

Slough Wellbeing Board - 21.10.21

The Executive Place Managing Director presented the Frimley Collaborative Annual CCG report. She advised that the CCG had met its financial targets and had been rated as Outstanding by NHS England adding that only 22 out of a 181 CCG's had received this rating.

Following a question she advised that the document had been translated into multiple languages to make it accessible to all residents.

Resolved: That the Annual Report be noted.

68. Upton Hospital Update

The Executive Place Managing Director provided an update on progress of NHSE Slough Wave 2 Capital Programme.

Following questions, the Executive Place Managing Director advised that the decision to locate the new Integrated Care Hub centrally was aligned with goals in the Localities Strategy. Its proposed central location was due to the increasingly high demand on GP services in the Upton Central area, with demand often outstripping supply. She confirmed that all the localities would continue to be supported. She clarified that no changes in services were proposed, rather, the CCG was looking at how working differently could improve current service provision. Health, social care, and third sector organisations would be co-located at the hubs. She added that the working group, which was made up of partners across health and care in Slough were looking into how to deliver an Integrated Care Hub in the centre of Slough. She confirmed that the report would be referred to the People Scrutiny Panel in due course.

Resolved: That the report be noted.

69. Update - Priority One, Starting Well. Children and Young People Partnership Board

The Director of Children's Services presented an update on the work of the Children and Young People's Partnership Board. (CYPB)

The Chair asked relevant officers to consider how it would be possible to involve children and young people at future meetings.

Resolved: That the report be noted.

70. Update - Priority Four, Workplace Health Task and Finish Group

The Board considered a report which set out an update on Priority Four, Workplace Health, Task and Finish Group.

Resolved: That the report be noted.

Slough Wellbeing Board - 21.10.21**71. Local Transformation Plan on Mental Health for children**

The Board considered a report by the Head of Children, Young People and Families, East Berkshire, Frimley CCG which set out overview of the East Berkshire Local Transformation Plan for Emotional Health and Wellbeing and Celebrating Neurodiversity

Resolved: That the report be noted.

72. Forward Work Programme

The Board considered its Forward Work Programme.

Resolved: That the Forward Work Programme be noted

73. Date of Next Meeting

Wednesday 17 November 2021 at 5.00 pm.

Chair

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

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SLOUGH BOROUGH COUNCIL

REPORT TO:	Slough Wellbeing Board
DATE:	17 th November 2021
SUBJECT:	<i>Slough Safeguarding Partnership Annual Report 2020-2021</i>
CHIEF OFFICER:	Alan Sinclair, Executive Director, People (Adults)
CONTACT OFFICER:	Betty Lynch, Safeguarding Partnership Manager
WARD(S):	All wards
PORTFOLIO:	Councillor Hulme - Children's Services, Lifelong Learning & Skills Councillor Pantelic - Social Care & Public Health
KEY DECISION:	NO
EXEMPT:	NO
APPENDICES:	Safeguarding Partnership annual report 2020-2021

1 Summary and Recommendations

- 1.1 The WBB is requested to note the report with particular reference to the safeguarding risks managed during the pandemic and the on-going challenges relating to the Council's financial situation. The Safeguarding Leaders' Group has an important role in providing strategic direction and monitoring the impact of the above and taking anticipatory or remedial action when necessary.

2 Report

Safeguarding Partnership annual report 2020/21 is attached and is in power point format. Links to more detailed reports are provided in the body of the report.

The report is an account of the key achievements and areas for development in relation to the work of the Safeguarding Partnership for 2020/21.

The partnership is led by the Slough Strategic Safeguarding Partnership Leaders' (SLG) group which is made up of Directors of Adults and Children's Services, the Borough Commander and Directors from East Berkshire Clinical Commissioning Group and the Chief Executive Officer of Slough Borough Council. This group provides leadership and direction to the safeguarding partnership arrangements via sub-groups and with the support of the Safeguarding Partnership team.

The SLG leads on the statutory safeguarding partnership in relation to children and adults and delivers on legislative requirements in the Children Act 2004 and the Care Act 2014.

In Slough, one combined annual report in relation safeguarding children and adults is provided to reflect the combined efforts of the partnership to address and prioritise

both groups. The partnership commissions an independent scrutineer to ensure the business is subject to external scrutiny throughout the year and to provide consultancy and advice to SLG members. The Independent Scrutineer, David Peplow has completed this annual report following scrutiny of the work carried out in the reporting period and he will present to report to the Well Being Board.

In this reporting period, the SLG created a multi-agency group to identify and manage the safeguarding risks arising as a result of reduced visibility of vulnerable people in Slough during the pandemic. This group created a risk log which continues to be monitored by the SLG and sub-groups and is likely to continue for the foreseeable future. It will take a role in supporting partners to identify safeguarding risks post pandemic and those that may arise as a result of the council's financial challenges.

The report identifies considerable progress made since the previous reporting period (2019-2020), for example;

- A new threshold document rooted in the UN convention for the rights of the child.
- Child neglect strategy and practice tools.
- A tool to enable practitioners to approach parents/carers about parenting and child care, also rooted in the UN convention on the rights of the child.
- Comprehensive, multi-agency safeguarding training now all provided on line reaching similar numbers of professionals as before the pandemic, but provided in small bit size learning modules.
- Case review groups and increasing volume of rapid review work in relation to children.

2.1. Options considered

Not applicable for this report.

2.2 Background

The annual safeguarding report is a mandatory report. It will also be presented to the People Scrutiny Panel.

3. Implications of the Recommendation

3.1 Financial implications

There are no financial implications in this report for 2020/21. However the SLG is mindful of the potential impact of the council's financial position and risks to a range of interventions that support safeguarding.

3.2 Legal implications

The annual report is an account of the effectiveness of the safeguarding partnership in relation to children and adults.

In relation to children, this is a requirement of the children act 2004 and Working Together 2018 guidance.

In relation to adults, this is requirement of The Care Act 2014 legislation and Guidance.

Both statutory arrangements are led by the Safeguarding Leader's Group.

3.3 Risk management implications

Risks/Threats/ Opportunities	Current Controls	Using the Risk Management Matrix Score the risk	Future Controls
<p>Safeguarding implications post pandemic/recovery</p> <p>Implications of the council's financial situation.</p>	<p>The Slough Safeguarding Leaders Group (SLG) manages a risk log to understand safeguarding risks and mitigate some of them as the implications of resource changes on safeguarding functions increase the likelihood of human error. Safeguarding remains a priority for the council.</p>	<p>Safeguarding Leaders' Group risk log available on request</p>	<p>The SLG will continue to monitor and adapt the risk log as risks develop and will establish impact measures</p>

3.4 Environmental implications

There are no environmental implications.

3.5 Equality implications

The SLG commissioned an independent review to establish whether there are any demographic groups disproportionately affected by exploitation. (The Board will be informed about this as part of the item on the Localities model.) The report identified the Roma community as vulnerable to exploitation and the community safety partnership is carrying out further work with the Roma community on this. The report also identified the need for all partners to improve data in relation to personal characteristics, and learning and development to promote awareness of the importance of this in understanding risks at practice level.

3.7 Workforce implications

Safeguarding partners are concerned about the potential risks posed by high vacancy rates across the public sector in Slough. Partners agree that Council's financial situation is likely to lead to more pressure on retention and recruitment. Efforts are underway to establish and monitor the impact of this, agreeing agreed key performance indicators and new strategies to support retention and recruit of key staff.

4. Background Papers

None

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Slough Safeguarding Partnership Annual Report 2020-21

Page 11

.....
An account of the effectiveness of
the services within the Partnership
supporting adults and children

About This Document

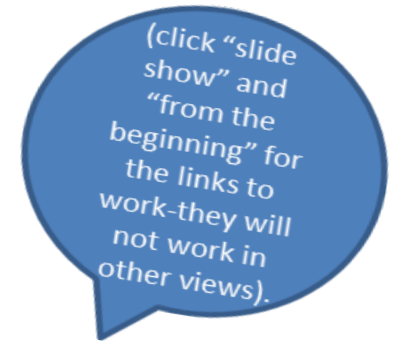
Read this online.

Follow the links provided to find more detail.

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

If you need anything else,

E-mail: betty.lynch@slough.gov.uk



Content

- Forward by Independent Scrutineer, David Peplow
- About Slough
- About the Safeguarding Partnership

Page 13

Progress against priority areas of work;

- Child Protection
 - Exploitation
 - Safeguarding Vulnerable Adults
 - Domestic abuse
 - Violence
-
- **Partners accounts**
-
- **The strategic plan 2021-2022**

Slough population: Key Facts from The Berkshire Observatory

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

Page 1

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

About Slough Safeguarding Partnership

**The Safeguarding Partnership
leads and co-ordinates partners to
work together to safeguard children
and adults by:**

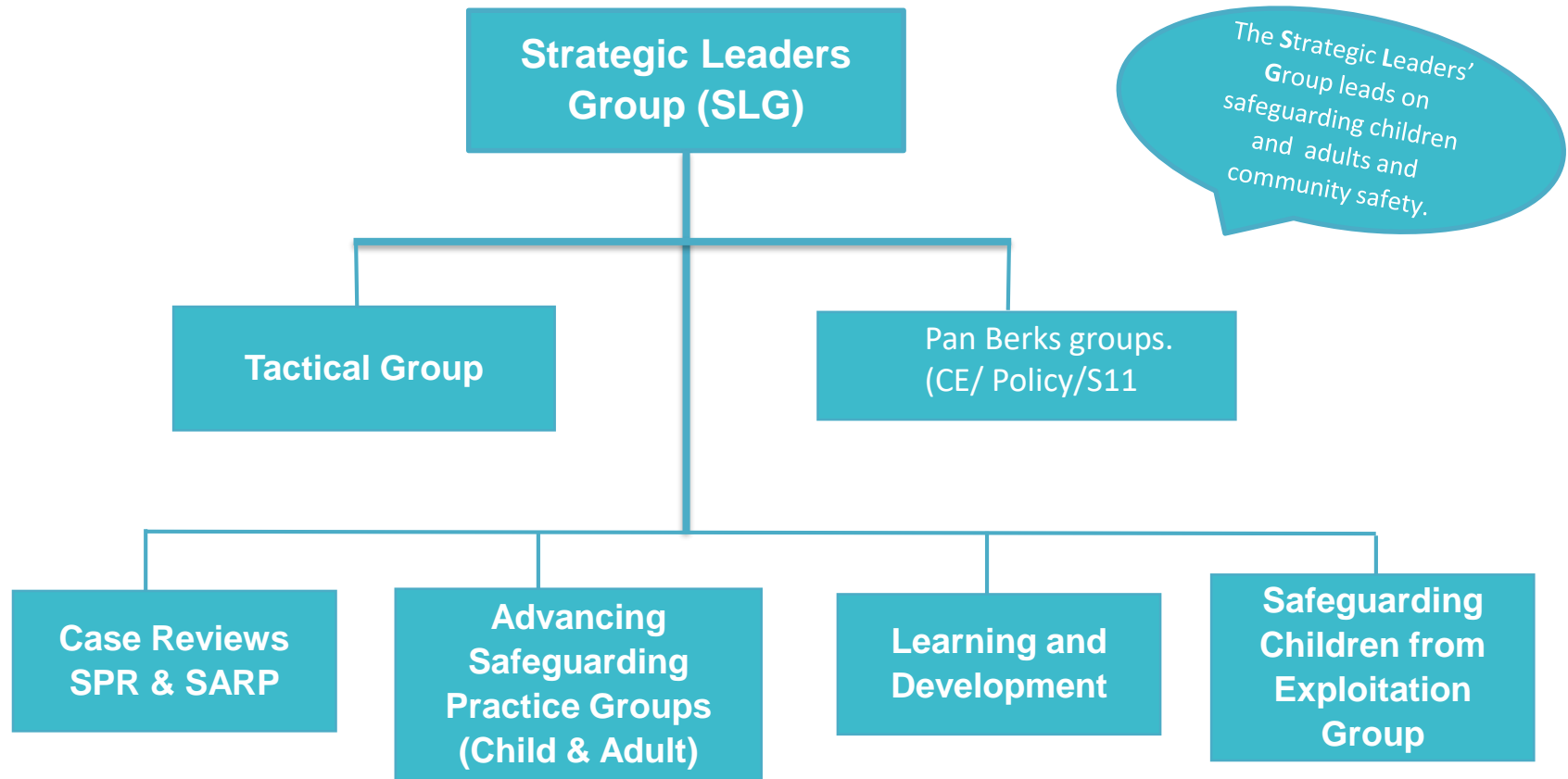
Co-ordinating the safeguarding work of partners

Providing challenge: ensuring the effectiveness of the work of individual members, and of partnership working

Communicating to the professional and general community about safeguarding issues

Slough Safeguarding Partnership Structure

Partners arrange themselves into the groups below to focus on specific areas of the strategic plan



Child Protection- Lead Agency Slough Children First

[\(Please Click Here\)](#)

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

Page 17

- The Trust (*Now Children First*) was already seeing increased levels of demand before Covid-19 and this continued during 2020/21. While the numbers of referrals did not increase significantly during lockdown periods, the referrals received were complex and a larger proportion proceeded to formal child protection enquiries and formal proceedings than in previous years. A large proportion of the referrals involved domestic abuse and many of the complex cases were first time referrals.
- During 2020 the number of open cases increased every month to reach a peak on 14 December 2020 with 1891 children and young people being supported; the highest in the Trust's history. This has resulted in child protection numbers which were almost double statistical neighbours, a growing number of children in need cases and high caseloads for staff.

Child Protection during lockdown- some key facts

In the first few days of the first lockdown, all partners immediately risk assessed caseloads, prioritizing the most vulnerable children for contact and ensuring appropriate checks were made.

A multi-agency information sharing group was formed during the first lock down to identify risks as it was recognized that partners had to make urgent unilateral decisions in the first few days of the first lockdown. This group met more frequently during lockdown periods and identified operational risks and de-snagged emerging logistical challenges. It produced a risk log which was overseen by the SLG. Both the group and the risk log are still in place.

Social workers in Children First, maintained face to face visiting during Covid-19 to keep children safe. The Trust created a risk assessment system to enable face to face visiting to continue. After just 8 weeks, face to face visiting for children became the norm again, supported by the availability of PPE for staff. The expectation of managers has been maintained throughout Covid for all visits to be conducted face to face unless risks indicate otherwise.

The trust was also externally scrutinized by the YOT inspection in March of 2020 and by a monitoring visit by Ofsted in October 2020 and both provides positive evaluations.

Child Protection: Data provided by Lead agency: Slough Children's trust*

Contacts – this is all contacts received by the First Contact Service and includes email and phone contact.

	Number of Contacts	Rate of Contacts per 10,000
April 2020 – March 2021	10,098	
April 2019 – March 2020	12,785	296.5
April 2018 – March 2019	12,107	283.5

During the year, the safeguarding partnership COVID 19 information sharing group learned about the surges that were seen after lockdown periods and when children went back to school. Widespread communications campaigns by the safeguarding partnership, the community safety partnership and Slough Community Voluntary Services, delivered to every household raised public awareness of help available even during lockdown.

Referrals – a referral is classed as a request for service and becomes a referral once the First Contact service has processed the contact and appropriate threshold has been met.

	Number of Referrals	Rate of Referrals per 10,000
April 2020 – March 2021	3,400 (32.4% of contacts)	788.6
April 2019 – March 2020	2,545 (19.5% of contacts)	590.3

More of the contacts led to referrals (34%) (formal involvement by children's social care) in this period, meaning that more cases referred led to formal procedures including legal proceedings. Partners continued to identify and refer cases appropriately, cases were more complex.

Child Protection Data (Continued)

Repeat Referrals – a repeat referral is where a case has been previously referred, support intervention provided and then closed.

	% Repeat Referrals
April 2020 – March 2021	16.8%
April 2019 – March 2020	16.9%
April 2018 – March 2019	14.8%

Page 20

This is important as it tells us if initial interventions were sustainable and worked for the child. It is important to note that decisions about ceasing plans are made in collaboration with partners at formal meetings. Sadly there will be cases where children are re-abused. This rate, compared to national figures, is within the average expected range and that the high demand in terms of the complexity of cases has not impacted on this measure.

Child Protection Data (Continued)

Children with a Child Protection Plan on 31 March 2021– the number of children with a Child Protection Plan can vary month on month; for this report data is shown regarding the number of children at the 31 March, which is the figure measured in national statistics.

	Children on a CP Plan on 31 March	Rate of Children on a CP Plan
April 2020 – March 2021	300	69.6
April 2019 – March 2020	304	71.2
April 2018 – March 2019	219	51.9

Trends throughout the year.

- During the year 374 children became subject to a CP Plan and 375 children came off a CP Plan. The first half of the year saw 194 children become subject to a CP Plan, the second half 180.
- The highest number of children subject to a CP Plan during the year was 389 in August 2020, the lowest 298 in February 2020.
- The rate of children on a CP Plan (69.6) is significantly higher than the Statistical Neighbour (44.6) South East (41.2) and England (42.8) average.
- On 31 March 2021 of the 300 children subject to a CP Plan, 56% were under the category of neglect, 3% physical abuse, 2% sexual abuse, 38% emotional abuse and 1% multiple abuse categories.

This indicates that the volume of business at the Front door was very high throughout the year. A working group was set up during this time to work out how to ensure the multi-agency response at the front door is as efficient and resilient to volume fluctuations as it can be.

No excuse for abuse

Help **IS** available even during lockdown

Child Abuse & Neglect

Childline: **0800 1111**
NSPCC:
0808 800 5000
Slough Childrens
Services Trust:
01753 875362

Adult & Elder Abuse

National Helpline:
0808 808 8141
Slough Borough
Council Adult Social
Care Services:
01753 475111

Domestic Abuse

National Helpline:
0808 2000 247
Local service - Hestia:
01753 477352

If you think there has
been a crime but it is not an emergency,
call the Police on **101**.

In emergencies dial 999



www.bit.ly/sloughsp

Local Authority Designated Officer (LADO)

[\(Please Click Here\)](#)

Every local authority has a statutory responsibility to have a Local Authority Designated Officer (LADO) who coordinates the response to concerns that an adult who works with children may have caused them or could cause them harm.

A referral should always be made to the LADO if there is an allegation or concern that a person who works with children has:

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

The LADO provides an annual report to the safeguarding partnership and is available on the above link.

SLG Priority: Safeguarding Children: Progress made on strategic plan for 2020/1

In 2020/21 strategic plan	We did in 2020/21	Impact	What needs to happen next.
Swift and robust multi-agency response to concerns.	Multi-agency group set up to make efficiency improvements in Front Door arrangements and ensure compliance with Working Together (2018 requirements). Action plan agreed and work is in the final stages of completion.	Improvements in strategy meetings seen. Agreement on new protocol and training plans underway. Sustainable Governance arrangements agreed.	New protocol to be delivered. Formal evaluation to be carried out. Formalise and complete governance arrangements.
Revise the threshold document.	Multi-agency revision of threshold document complete, rooted in the UN convention on the rights of the child.	Development generated new thinking about contextual safeguarding, and sexting and these are now included.	Raise awareness about the new document and monitor application in practice through multi-agency audit.
Improved core group arrangements.	Multi-agency training and new templates delivered.	Good attendance and positive training evaluations.	Formally evaluate in new multi-agency case audit programme.
Revise neglect strategy and tools	Multi-agency group revised the neglect strategy.	Updated strategy and new practitioner guidance. The neglect tool is unchanged as it is working effectively. A new children's well being tool has also been created.	Multi-agency training on neglect and new tools will be delivered in 2021/22

Slough Strategic Priority: Safeguarding children from exploitation Impact

Product	Impact
Contextual Safeguarding Team established by Children's First	Specialist social work service supporting children and YP at risk of exploitation
New multi-agency pathways for children at risk of or experiencing exploitation.	All children at risk of exploitation provided with a multi-agency risk management plan,
On line multi-agency and all age exploitation training provided	Enhanced awareness and competencies across the workforce.
Exploitation in new Threshold document.	Clarifies referral routes and criteria for early help or formal interventions.
An independent review commenced to establish if any demographic group is disproportionately affected by Exploitation.	To be realised in 2021-22.

SLG strategic Priority: Child Exploitation next steps for 21-22

- Synergising data around NRM's
- Increased focus on Child Sexual Exploitation, Child Sexual Abuse and Peer on Peer Abuse
- Promote new contextual safeguarding pathways .
- Development of Post 17 transitions Protocol for young people at risk of, or experiencing exploitation
- Development of arrangements for Early Intervention for CME, EHE and Exclusions
- Create sustainable arrangements for local profiling to inform disruption tactics.
- Deliver on learning from the "Equalities" review working with local communities.

Safeguarding Adults: Progress made since 19/20

In 2020/21 strategic plan	Achieved	Impact	What needs to happen next.
Improved info sharing at the front door. Ensure MSP is applied	Introduced a new triage protocol for application at the point of referral	Effective decision making leading to appropriate services in good time	Further evaluation through multi-agency case audit.
Improved response to people who do not meet S42 criteria	Multi-agency training provided on the application of the Multi-Agency Risk Tool with positive evaluations.	Anecdotal case specific information being shared indicated positive impact on individual cases.	A centralised system to monitor the volume and impact will be developed and information from this triangulated with the training evaluations to establish a better understanding of the impact.
Monitor the application of Making Safeguarding Personal	See report from ASC. Multi-agency case audits were suspended during this year due to COVID19 imperatives.		

SLG priority: Exploitation/Modern Slavery: Update on progress made in the SLG strategic plan

Modern Slavery and Exploitation Group (Adults) & Cuckooing Sub-Group

Strategic Plan	Achievements	Challenges	Next Steps
<p>Improved identification & response to adults at risk of all forms of exploitation</p> <p>Minimising opportunities for modern slavery and exploitation</p>	<ul style="list-style-type: none"> Refreshed the aims & objectives of the group following a survey Developed an action plan to improve victim identification & initial response from partner agencies Developing information for people who are potential victims of cuckooing in conjunction with VFSS Produced document to show the various levels of support available to potential victims of modern slavery and cuckooing in Slough; shared widely across the partnership 'Exploitation Within the Home' 1 page guide for practitioners - which gives indicators of cuckooing; shared widely across the partnership Development of a data dashboard to monitor recorded modern slavery and cuckooing occurrences to inform partnership activity 	<ul style="list-style-type: none"> The correlation between modern slavery and exploitation is becoming better understood amongst professionals; exploitation is the act and behaviour, modern slavery is the definition applied by use of the Modern Slavery Act – but modern slavery and exploitation are the same thing and happen to children, young people and adults. Modern slavery is a hidden harm, such that numbers recorded will likely underestimate the true scale 	<ul style="list-style-type: none"> Delivery of an interactive workshop to ensure each agency has a pathway, appropriate for the area in which it is used, which guides staff on what to do if they identify a potential victim, including the immediate safety of that person Refresh of the MSE groups priorities and focus for the 21/22 FY Roma YP and adults modern slavery and exploitation research

Safeguarding adults: Data

[\(Please Click Here\)](#)

An account of safeguarding adult performance is provided by Slough Borough Council Adult Social Care services in the link above.

Concerns and enquiries	2019-20	2020/21
No of Concerns Received	1984	1462
No of Safeguarding Enquiries	368	239
'Conversion rate'	18.6%	17.5%

Lower volume of concerns and enquiries is most likely due to the impact of COVID19 as well as the positive impact of a new triage protocol at the front door. A multi-agency COVID19 group was set up by the safeguarding partnership to identify any gaps that may have arisen and this group learned about the fluctuations in referral rates throughout the year and their associated complexity.

The percentage of concerns proceeding to formal enquiries are still low and this requires further analysis through 21-22 .

An account of safeguarding adult performance is provided by Slough Borough Council Adult Social Care services in the link above.

Type of abuse	19/20	20/21
Neglect and Omission	32%	39%
Financial & Material	16%	14%
Psychological and Emotional	13%	14%
Self Neglect	11%	3.5%
Physical Abuse	11%	18%
Domestic Abuse	5%	4%
Sexual Abuse	4%	1.5%
Organisational Abuse	4%	3.5%
Modern Slavery	4%	2%
Discriminatory Abuse	0% (trace)	0.5%
Sexual Exploitation	0% (trace)	0

Safeguarding adults: Types of abuse

What the numbers are telling us

Physical abuse increased: accompanied by a low referral rate this suggests a concern that the pressures and isolation of lockdown may have been too much for some families with existing tensions. More work will be done to monitor trends in 21-22 to see if this is borne out.

Increase in neglect and omission: A concern of the SLG and the COVID19 information groups was the risks of neglect not being identified and referred during lockdown periods. While referral rates were lower than last year, those referrals made were complex. Neglect and omission may have been going on during these periods without detection until the situation became very serious.

Decrease in self neglect : ASC and partners are concerned about this as lockdown periods further reduced opportunities to interact with people who may be vulnerable. ASC is working with safeguarding partners to raise the profile of self-neglect , improving multi-agency arrangements and training and developing guidance for practitioners. This will also involve raising community awareness of self neglect and hoarding.

Safeguarding Adults

Are we reducing risk?

94% of enquiries reduced (56%) or removed (38%) the risk to the adult at risk of abuse.

In 6% of enquiries the risk remains. These cases are in relation to residents who have mental capacity to choose to live with the identified risks. For those individuals, the Social Worker has supported them to have a greater understanding of the risks they take. This process is also used for some risk-reduced cases.

(As adults make choices and take serious risks, practitioners who work with them remain concerned. In these situations practitioners in all agencies are encouraged to share concerns using the Multi-Agency Risk Tool. Most of the adults where this applies do not meet the threshold criteria for social care intervention).

Safeguarding Adults



Deprivation of Liberty Safeguards relates to people who lack the mental capacity to make decisions about their care and treatment, and who are deprived of their liberty in a care home or hospital. Under the Mental Capacity (Amendment) Act 2019, **Deprivation of Liberty Safeguards** will be replaced by **Liberty Protection Safeguards (LPS)**. They stipulate the procedures that must be followed to protect people's rights.

During 21/22 ASC and partners will prepare for starting Liberty Protection Safeguards in 2022. Seven additional Social Workers have been trained as Best Interest Assessors. All staff attended an awareness training workshop and Practice Development Forums contain regular updates.

Slough Borough Council Adult Social Care are participants in the East Berkshire Local Implementation Network and Association of Directors of Adult

Domestic Abuse: Update on progress made in the SLG strategic plan

Domestic Abuse Delivery Group & DA COVID 19 Response Group

The Strategic Plan	★ Achievements ★	Challenges	Next Steps 
<p>Understand and mitigate additional risks posed by Covid - 19</p>	<ul style="list-style-type: none"> Multi-agency DA Covid-19 Response Group & pro-formas Virtual DA Surgeries for partners DA Script Hestia email self-referral Complex Needs IDVA Hestia – Increased Provision Remote Delivery Saheli Project 	<ul style="list-style-type: none"> Virtual surgery engagement Local medium risk capacity Partnership capacity Financial pressures & isolation → unable to leave abusive relationships Perpetrator work 	<ul style="list-style-type: none"> Delivery of new DA Duty & supporting provision re: safe accommodation Response to children & young people DA Strategy refresh
<p>High level awareness raising across Slough</p>	<ul style="list-style-type: none"> Communications campaign & resource folder Training of Hairdressers/Barbers ‘Over the Shoulder’ for frontline practitioners 	<ul style="list-style-type: none"> Are we really reaching those we need to? Financial pressures & isolation → unable to leave abusive relationships 	<p>Communications Focus:</p> <ul style="list-style-type: none"> Young people and DA Provisions and support to practitioners Multi-language videos
<p>Monitor volume of referrals to Hestia</p> <p>Proportion of referrals to children’s Trust and to ASC re: DA</p>	<ul style="list-style-type: none"> Active monitoring of Hestia referrals, contact times, & risk assessment completion rates through contract management Monthly monitoring of TVP occurrence data and SCST referrals Partnership pro-formas 	<ul style="list-style-type: none"> Inappropriate referrals to ASC re: DA → Should be being referred direct to Hestia Volume of DA referrals and pressures on relationships 	<ul style="list-style-type: none"> Continue to monitor DA referrals and occurrence numbers from a multi-agency partnership perspective Working with ASC re: inappropriate referrals
<p>Deliver on the need for coercion and control training</p>	<ul style="list-style-type: none"> DA partnership training delivered to over 60 professionals from organisations including SCST/YOT, TVP, and SBC. Training included an overview of coercive control 	<ul style="list-style-type: none"> Engagement during virtual training delivery Partnership capacity to engage in training 	<p>Training focus:</p> <ul style="list-style-type: none"> Coercive control Secondary abuse HBA & forced marriage

Silent Solution for domestic violence

Threatened and need police assistance but unable to speak?

DON'T WORRY, POLICE HELP IS AVAILABLE 24/7

1. Call 999
2. Listen to the questions from the 999 operator
3. Respond by coughing or tapping the handset if you can
4. Listen for the prompt then PRESS 55

Pressing 55 when prompted lets the 999 call operator know it is a genuine emergency and you will be put through to the police.



Domestic Abuse Virtual Surgery: Discussion Forum

Dear Practitioners,

It was recognised that during the first wave of lockdown, which resulted from the Covid-19 pandemic that practitioners were facing a number of challenges and complex cases in relation to domestic abuse (DA). It was felt that peer support and discussion in managing these cases would be welcomed.

A monthly DA surgery discussion forum has been set up as a safe place to discuss cases which may have a degree of complexity. *Please note that this group does not replace MATA and MARAC, or other formal processes, referrals, and pathways.*

The monthly surgery will be a drop in session where practitioners from across the partnership will be present during a two hour time slot. This group will help and support practitioners via the following:

- Sharing of concerns around managing complex cases on a no named basis
- Sharing of best practice around managing complex DA cases
- Developing solutions for managing complex cases
- Provision of advice and guidance from a range of multi-agency practitioners
- Identification and discussion of support mechanisms available for DA victims and their families, as well as for perpetrators
- Further clarity around using the referral pathway and DA provision map

If you would benefit from joining the group to help support victims of DA, we will be holding these surgeries via bluejeans conference facility online; please see dates below. Please join the group by logging on via www.bluejeans.com. Any problems with access, please contact corletta.rolle@slough.gov.uk.

There will be no set chair but an open discussion to support practitioners.

- The first discussion group will be on 2 December 2-4pm (Bluejeans ID code: 7568440403, passcode: 3216)
- 28 January 2021 (ID 7568440403/passcode 3216)
- 25 February 2021 (ID 7568440403/passcode 3216)
- 25 March 2021 (ID 7568440403/passcode 3216)



If you have any questions, please do not hesitate to contact Rachel Axtell, DA partnership coordinator, on 07395 258338.



Are you on the edge?

Are you struggling to cope due to:

- Financial pressure
- Job insecurity
- Lockdown pressures
- Lack of contact with your children
- Tension in the relationship
- Parental tensions

It is not acceptable to be abusive towards your family. Things can change for the better.

For support and to find new coping methods contact RESPECT on 0808 802 404 or www.respectphoneline.org.uk



Work can be a safe haven from Domestic Abuse

Employers can support staff by providing a non-judgemental and supportive environment. Only 5%* of businesses have support processes in place.

- Spotting the signs
- Unexplained absence
 - Sudden behaviour change
 - Quality of work and performance changes
 - Excessive clothing in all weathers

- Business support
- Be non-judgemental
 - Reassure and adjust duties if appropriate
 - Keep chats confidential
 - Provide helpline information

For information and help:

- For FREE advice and business toolkit please visit www.hestia.org/everyonebusiness
- Slough based Hestia Domestic Abuse Service call 01753 477352
- National Domestic Abuse Helpline can provide businesses with advice available 24 hours a day 0800 2000 247
- Karma Nirvana helpline for honour based abuse and forced marriage on 0800 5999 247 or email support@karnanirvana.org.uk

For an immediate risk of harm, or an emergency, always call 999.



If you are experiencing domestic abuse in lockdown you are not alone

Domestic abuse is taken very seriously in Slough. Nobody should live their life in fear of physical, financial, sexual or emotional abuse

A professional support worker can be contacted by email or phone

01753 477 352
01753 875 620

contactslough@hestia.org

In the event of any emergency please dial 999

For more information please visit our domestic abuse support page

Jeżeli doświadczasz przemocy domowej podczas izolacji wiedz, że nie jesteś jedyny

Przemoc domowa jest traktowana w Slough bardzo poważnie. Nikt nie powinien żyć doświadczając fizycznej, finansowej, seksualnej i emocjonalnej przemocy

Profesjonalna pomoc jest dostępna poprzez maila lub telefonicznie

01753 477 352
01753 875 620

contactslough@hestia.org

W razie nagłych przypadków proszę zadzwonić na numer 999

Aby uzyskać więcej informacji proszę odwiedzić stronę internetową domestic abuse support page

ਜੇ ਤੁਸੀਂ ਲਾੱਕਡਾਊਨ ਵਿੱਚ ਘਰੇਲੂ ਦੁਰਵਿਵਹਾਰ ਸਹਿਣ ਕਰ ਰਹੇ ਹੋ ਤਾਂ ਤੁਸੀਂ ਇੱਕੱਲੇ ਨਹੀਂ ਹੋ

ਸਲੋਠ ਵਿੱਚ ਘਰੇਲੂ ਦੁਰਵਿਵਹਾਰ ਨੂੰ ਬਹੁਤ ਗੰਭੀਰਤਾ ਨਾਲ ਸ਼ਿੱਕਾ ਜਾਂਦਾ ਹੈ। ਕਿਸੇ ਦੀ ਨੂੰ ਆਪਣੀ ਜ਼ਿੰਦਗੀ ਸਹਿਣ, ਫਿੱਜੀ, ਘੋੜ ਜਾਂ ਭਾਵਨਾਤਮਕ ਦੁਰਵਿਵਹਾਰ ਦੇ ਡਰ ਵਿੱਚ ਨਹੀਂ ਜਿਤਾਉਣੀ ਚਾਹੀਦੀ

ਪੇਸ਼ੇਵਰ ਸਹਾਇਤਾ ਕਰਮਚਾਰੀ ਨਾਲ ਈਮੇਲ ਜਾਂ ਫੋਨ ਰਾਹੀਂ ਸੰਪਰਕ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ

01753 477 352
01753 875 620

contactslough@hestia.org

ਖੇਤਰੀ ਹੋਰ ਵੀ ਦੂਰ ਵਿੱਚ ਸਿੱਕਾ ਸਲੋਠ 999 'ਤੇ ਫੋਨ ਕੀਤਾ ਜਿੰਦਾ ਰਹਿਣ ਲਈ ਸਿੱਕਾ ਸਲੋਠ ਸਹਾਇਤਾ ਸਲੋਠ ਸਹਾਇਤਾ ਸਲੋਠ ਸਹਾਇਤਾ ਸਲੋਠ ਸਹਾਇਤਾ

Friends and family can be a lifeline for those living with domestic abuse

Worried a family member or friend is being abused? Let them know you've noticed something is wrong.

- Listen, and reassure them that the abuse is not their fault
- Help them report the abuse to the police
- Provide information on organisations that offer help



For information and help visit:
• Slough based Hestia Domestic Abuse Service call 01753 477352
• Mo-Fri 9am-5pm or email contactslough@hestia.org
• National Domestic Abuse Helpline for free and confidential support: 24 hours a day on 0800 2000 247
• Karma Nirvana helpline for honour based abuse and forced marriage on 0800 5999 247 or email support@karnanirvana.org.uk
For an immediate risk of harm, or an emergency, always call 999

The Slough Violence Taskforce



Strategic Plan	★ Achievements ★	Challenges	Next Steps
<p>Reduce rates of knife crime</p>	<p>The work of the violence taskforce is focussed on achieving long term, sustainable impact re: serious violence and knife crime, therefore measures of impact will be focussed more towards longer-term change. The impact of Covid-19 makes it difficult to measure impact on knife crime figures – with lockdown in April 2020 seeing decreases in knife crime offences, followed by a spike between June – October 2020, with the lift/easing of lockdown restrictions, thought to be in part a result of rivalries escalating online during lockdown.</p>		
<p>Page 36</p> <p>Collate and co-ordinate agency efforts to reduce knife crime and deliver upon the Slough serious violence strategy</p>	<ul style="list-style-type: none"> • Development of a detailed Taskforce partnership action plan • Development of a violence reduction intervention framework • Provision map of violent crime reduction interventions • FIS website currently being reconfigured to include specific areas for; parents, children and young people, and professionals to enable ease of use, and visibility of serious violence interventions • Installation of CCTV in Salt Hill Park • Development of a thorough communications action plan and T&F group – communications include a knife crime counter narrative campaign, press releases & social media posts highlighting work in Slough to tackle serious violence, a partner infographic, website material, and workshops with parents and schools. 	<ul style="list-style-type: none"> • Development of a shadow taskforce on hold due to lockdown implications • Limited sharing of partnership communications • Balance between quick wins and long-term sustainability • End of provisions provided by the Early Intervention Youth Fund 	<ul style="list-style-type: none"> Continue to develop work initiated in the 20/21 FY Development of a serious incident trigger protocol Development of a mentoring offer for Slough Evaluation of knife crime counter narrative project Exploration of a knife crime diversion scheme with the Thames Valley VRU Integration of the CRIV model in Slough



BM Slough Express

Young adults design graffiti murals urging people not to carry ...

... and co-ordinated by Slough Violence Taskforce. Slough Borough Council set up the taskforce in October last year to coordinate multi-agency ...

9 Oct 2020



Page 37

B Berkshire Live

Slough teen's desperate plea while celebrating birthday

The Slough Violence Taskforce was set up by the council in last year to coordinate organisations within the borough, to provide a focus for anti-violence work. ...
11 Oct 2020

← **Tweet**



Slough Borough Council ❤️ @SloughCouncil · 20 Jan

Helping a young woman involved in knife crime realise her skill set and value in life and setting her on a path to university, is just one of the successful interventions delivered through anti-violence partnership work in Slough Violence Taskforce. Read:

B Berkshire Live

Former gang leader aims to keep young people in Slough away from life of crime

Slough Borough Council is currently working with Ace, and other partners, to reduce knife crime. The council runs a Violence Task Force which ...

24 Nov 2020



Unpicking the reasons behind knife crime – Slough Borough Council

🔗 slough.gov.uk

↻ 4

❤️ 4

📌

Safeguarding Practice Review group

Summary account of activities 2020/21

Page 38

Work carried out	Productivity	Impact
2 completed Safeguarding Practice reviews.	<p>Improved co-ordination of partner's work on exploitation.</p> <p>New multi-agency neglect strategy, practice guidance and tools.</p>	<p>New pathways for contextual safeguarding.</p> <p>Initiation of prevention arrangements.</p> <p>On -line multi-agency training on all age exploitation and neglect.</p> <p>Practical tools, including one for early intervention. All work rooted in the Un convention of the rights of the child.</p>
5 rapid reviews carried out	<p>RE-issuing of home alone guidance.</p> <p>Identified need to review the Multi-agency Referral Form.</p> <p>Threshold for rapid review revised.</p>	<p>MARF reviewed, to be completed in 2021.</p> <p>Decision to initiate rapid reviews will be made by chair and 2 vice chairs together. Agreed by National panel.</p>
1 SPR initiated.	Immediate learning identified and SPR project plan underway.	Practice note will be sent out without waiting for SPR to complete.

Safeguarding Adults Review Group (SARP)

Summary account of activities 2020/21

Work carried out	Productivity	Impact
2 Safeguarding adult reviews published.	Learning around practical application of the Multi-agency risk tool. (MART) The importance of reaching unknown carers and awareness of pressure area care.	Further training on the MART tool provided and now a regular offer. Awareness raising on unknown carers and pressure area care now delivered quarterly to sustain impact.
SAR underway	Learning about unknown carers and their vulnerability and needs.	Yet to be published.
Retrospective analysis of all SAR's carried out in the last five years.	Identified gaps in sustaining impact and assured that all learning had been delivered.	As above. Need to have a protocol for self-neglect referred to new Safeguarding Adults practice improvement group.
Group now receiving reports on local deaths of vulnerable adults. (eg living on the streets, substance misuse, mental health problems.	Reports on 3 such cases. One due to an overdose and 2 committed suicide.	No recurrent themes identified but group agreed on the need to ensure engagement of substance misuse services
1 referral received did not proceed to SAR	Practice note produced.	Practice note sent to all partners with positive learning about practitioners working together and applying the MART

Development day July 2020

- For all SPR and SARP group members
- External facilitator and independent scrutineer provided challenge.
- Led to revised protocols procedures and group understanding and consensus and time frame for review. (September 2021)



Best training I have done virtually over past 12 months

The training session was very informative but also interactive and friendly. The session allowed the opportunity to meet other professionals from different teams.



Multi-agency Training: 2020-21

Full training report is available on [this link](#)

- Learning & Development Forum met 3 times and revised the training needs analysis due to COVID-19 restrictions
- A Safeguarding Basics video was developed for practitioners working during the COVID-19 restrictions
- A new modular approach for safeguarding training was developed and prioritised courses delivered in the virtual world
- Attendees have shared their learning with their own agencies using the resources provided after the training , enhancing the reach of the training

I will be going onto the website to find more case studies to help improve my knowledge and skills further



I feel a lot more confident in how to approach situations I feel fall under this category

Multi-agency Training:2020-21 Key data highlights

- 404 views for the Safeguarding Basics video
- 217 views for the Multi agency Risk Tool video
- 8 courses delivered during last quarter of the year covering Child and Adult Exploitation; Core Groups in Children's Safeguarding and the Adult Multi Agency Risk Management Framework and Tool
- 61 attendees with average self reported increase in skills and knowledge of 3 scale points
- Excellent satisfaction rating for each course of over 98%

Pan Berkshire Policy updates - Children

Key Policy and Procedure updates in 2020-21 were:

- Bullying
- Bruising Protocol
- Concealed pregnancy
- Dangerous dogs
- Children living away from home
- Child Criminal Exploitation
- Children and families moving across LA boundaries
- Children missing from Education

Pan Berkshire – Adults Policy and Procedures

Page 44

Key Activity and Policy and Procedure updates in 2020-21 were:

- Review of Pan Berkshire Adults Safeguarding policy and procedures website
- Self Neglect and Hoarding Policy
- Safeguarding Adults Manager function

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

[\(Please click here\)](#)

Slough Borough Council :Early Help Services & Young People Service

Slough Children's Services Trust (now children first)

Berkshire Clinical Commissioning group (T/F)

Berkshire Health Care Foundation Trust

Berkshire Fire and Rescue Service

Frimley Health NHS Foundation Trust

Thames Valley Police

Healthwatch

Slough Borough Council :Education

Slough Borough Council :Housing

South Central Ambulance Service (T/F)

Solution 4 Health (T/F)

Summary of SLG strategic plan 2021-2022

Details available on [THIS LINK](#)

Priority	Summary of SLG strategic plan 2021-2022				
	Details available on THIS LINK				
	Child abuse and neglect	Adult abuse and neglect	Domestic Abuse	Exploitation	Violence
Impact we aspire to achieve	<p>Swift and robust multi-agency Front Door response to concerns about children. Improved awareness about child sexual abuse and exploitation with a possible increase in referrals for CSA</p>	<p>Swift response to safeguarding referrals. Improved response to vulnerable people who do not meet S42 criteria. Clear multi-agency arrangements in place for self neglect. Ensure MSP is applied. Oversee transitions from DOLS to LPS.</p>	<p>Delivery of new DA Duty & supporting provision re: safe accommodation</p> <p>A refreshed DA Strategy.</p> <p>Increased awareness of coercion and control</p>	<p>Clear multi-agency pathways for children and adults at risk of, or experiencing exploitation/modern slavery. Clear transitions arrangements for children at risk of CE maturing to adulthood. Early interventions for children with pre-disposing factors. Improved arrangements for collation of local intel for profiling and disruption tactics.</p>	<p>Clear multi-agency response to serious incidents.</p> <p>“Reachable moments” used to mentor YP attending A & E</p> <p>Evaluation of knife crime counter narrative project.</p> <p>Exploration of a knife crime diversion scheme with the Thames Valley VRU.</p> <p>Integration of the CRIV model.</p>



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

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 17 November 2021

CONTACT OFFICER: Alan Sinclair, Director of Adult Social Services
Mike Wooldridge, Integration Delivery Lead
(For all Enquiries) (01753) 873752

WARD(S): All

PART I

FOR INFORMATION

BETTER CARE FUND PLAN 2021/22

1. **Purpose of Report**

The purpose of the report is to present Slough's Better Care Fund Plan 2021/22 for the Wellbeing Board's information. The report outlines the planned financial expenditure together with our approach and priorities for integration in Slough.

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

The Board is asked to note the contents of the Better Care Fund Plan 2021/22 which will be submitted on behalf of the Board on 16th November 2021 under delegated decision to the Director of Adult Social Care.

The Health and Social Care Partnership reviewed and agreed a draft proposal for the plan and new areas of investment in the meeting of 26th October 2021.

Following submission the plan goes through a regional and national assurance process which involves representatives from NHS England and the Association of Adult Social Services (ADASS).

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

3a. **Slough Wellbeing Strategy Priorities**

The Better Care Fund programme is developed and managed between the local authority and CCG together with other delivery partners and aims to improve the health and wellbeing outcomes for the people of Slough. It directly supports delivery of priority three within the Slough Joint Wellbeing Strategy, that is:

- 3) Integration relating to Health and Social Care.

The BCF programme for this year and next is guided by priorities we have jointly set out and agreed in the Health and Wellbeing Plan for Slough place. The plan includes activities between the partners that contribute towards addressing health inequalities identified in the Slough Joint Needs Assessment.

3b. Five Year Plan Outcomes

The Slough BCF programme contributes to achieving the five year plan in respect of:

Outcome 2: Our people will be healthier and manage their own care needs

4. Other Implications

(a) Financial

The total size of the BCF Pooled Budget in 2021/22 is £15,047,515

This includes a minimum contribution of £10,034,713 from the CCG, the improved Better Care Fund (grant funding to local authority, including Winter Pressures Grant) £3,872,122 and Disabled Facilities Grant of £1,140,680.

Minimum CCG Contribution	£10,034,713
DFG	£1,140,680
iBCF	£3,872,122
Total	£15,047,515

The expenditure is across 36 schemes listed and described in the plan which are agreed and managed between the partners of the pooled budget agreement under section 75 agreement (NHS Act 2006).

These are listed in appendix B.

(b) Risk Management

The Health and Social Care Partnership acts the Programme Board for the BCF and oversees and monitors risks in relation to the BCF programme. A risk register identifies, and scores risks of delivery of the programme together with actions to mitigate or manage those risks.

(c) Human Rights Act and Other Legal Implications

No Human Rights implications arise.

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

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

(d) Equalities Impact Assessment

The BCF aims to improve outcomes and wellbeing for the people of Slough through effective protection of social care and integrated activity to reduce emergency and urgent health demand. Impact assessments are undertaken as part of planning of any new scheme or investment to ensure that there is a clear understanding of how various groups identified within the Equalities Act (2010) may potentially be affected.

(e) Workforce

There are future workforce development implications as we move towards closer integration of health and social care service. The pooling of budgets and closer collaborative working to deliver integrated care is creating new ways of working in partnership with others and BCF programme is therefore aligning together with other change programme activities happening across the wider Frimley Integrated Care System (ICS) as well as the local integration of services at place.

5. Supporting Information

Supporting information is within the contents of the plan (see appendices A & B).

6. Comments of Other Committees

An initial outline of this plan was presented and discussed at the Health and Social Care Partnership on 26th October to discuss and agree the expenditure plan and areas of investment. Discussion over the setting of ambitions for the BCF metrics has been taking place between the partners to align with their operational plans and activity, notably with the acute trust. The summary of these is included with the metrics narrative in the plan.

7. Conclusion

As partners to the Better Care Fund programme and pooled budget arrangements the Council and the CCG have a shared commitment in striving to achieve best outcomes for residents and communities in Slough.

Our vision for integrated care locally remains largely unchanged in our ambition to achieve a shift change from reactive to more proactive health and social care to enable more people to have healthier, safer and more independent lives in their own home and community for longer being supported with the right care in the right place at the right time.

Through this past year the BCF programme has inevitably been affected by the pressures of Covid-19 pandemic. Whilst tackling the pandemic and working to protect vulnerable groups and communities this has led to a backlog of non-Covid related care. There are longer waiting lists for non-urgent treatment and operations, people experiencing longer lasting affects of Covid and many more

whose health has deteriorated and deconditioned through protracted periods in lockdown.

While integrated working was accelerated and enhanced during the Covid-19 pandemic, capacity issues are amplified across the system due to ongoing workforce challenges and recruitment difficulties. Covid also threw into sharp relief the existing health inequalities present in our population and the potential for there to be a disproportionate impact on local lives and livelihoods. Additional investments through BCF in this year is aimed at creating capacity in the system and proactive, early interventions to help alleviate pressures and improve outcomes.

8. **Appendices Attached**

'A' - BCF 2021/22 narrative plan

'B' - Expenditure plan summary

9. **Background Papers**

'1' - Slough Health and Social Care Plan 2021/22

Slough Better Care Fund - narrative plan 2021/22 – *draft 8 Nov '21*

**Some detail and content of the plan may still be subject to minor changes and revision up to final submission date of 16 November 2021. This is to ensure sufficient detail and evidence to meet assurance requirements.*

Health and Wellbeing Board(s)

Slough Wellbeing Board

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)

How have you gone about involving these stakeholders?

Local stakeholders are involved in planning and oversight of the BCF programme via the Health and Social Care Partnership. Partners represented include:

- Frimley CCG
- Frimley NHS Foundation Trust
- Slough Borough Council
- Berkshire Healthcare Foundation Trust
- Slough Council for Voluntary Service
- Slough Coproduction Network

An outline plan was presented to the partnership on 26th October 2021 for discussion and agreement on areas of new investment within the plan.

Discussions have also been taking place with relevant partners and stakeholders over narrative content and the setting of shared ambitions within the plan metrics.

Executive Summary

This should include:

- Priorities for 2021-22
- key changes since previous BCF plan

Our priorities for 2021-22 are outlined in our Health and Social Care Plan (attached below) which has been developed and agreed between the Health and Social Care Partnership based on local needs analysis within our JSNA and the strategic ambitions of the partners supporting local delivery of those within the NHS Long Term Plan, Think Local Act Personal and the Frimley ICS.

Areas of activity within the plan are focused around:

- Better Access to Care
- More integrated and pre-emptive service offers
- Use of locality-based models
- Improved outcomes for mental health

- Improved outcomes for frailty
- Responding to changing demands and needs post covid-19



Slough Health and
Care plan.pdf

Key changes for BCF expenditure plan for this year

- Contract uplifts where applicable for staff pay increases/increments
- Additional investment to maintain capacity in social care (social care protection)
- Investment to retain current level of capacity and activity within Reablement / intermediate care (RRR service). This service is key to admission avoidance and supporting discharge and reablement in the community. It also provides end of life care to support people to remain at home.
- Investment in Hospital Social Work Team to ensure continued support safe and timely transfers of care, maintaining hospital flow back out to community through established Discharge to Assess pathways
- Additional BCF investment into the community and voluntary sector supporting primary prevention, vulnerable groups and communities
- Frailty Practitioner pilot supporting the anticipatory care element of Integrated Care Decision Making identifying patients living with frailty proactive screening and intervention supported by integrated community MDTs (clusters).
- Post covid-19 – pilot of a ‘cold car’ OT providing same day response for people visited by the GP who have deconditioned during covid period and need quick access to OT assessment and equipment.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

The governance of our BCF programme in Slough is overseen by the Health and Social Care Partnership. The partnership is a sub-committee of the Slough Wellbeing Board and has membership of all our partners in the delivery of health and social care in Slough including local authority, CCG, acute trust, community trust, voluntary sector, Primary Care Networks, lay members and resident representatives from our co-production network.

The role of the partnership is to:

- a) Agree strategic direction for the integration of health and social care within Slough.
- b) Ensure commissioned services across the partnership are aligned to deliver efficient and effective services, designed to improve outcomes.
- c) Consider any issue of health and social care strategic policy, public health strategy or general community concern within Slough
- d) Deliver Priority Two – ‘Integration’ of the Slough Wellbeing Strategy 2020-2025 on behalf of the Slough Wellbeing Board.

The partnership has in this year been brought together with the Slough Place based committee. This is in order to:

- strengthen the place approach for all Slough health and care partners
- to enable us to jointly oversee the delivery of our shared integration priorities through our Health and Care Plan
- to create a stronger connection with the Health and Wellbeing Board deepening the connections between CCG, PCN and member colleagues in the local authority
- make best use of stakeholder's time
- to help strengthen the relationships between primary care and the local authority
- to avoid duplication of time and effort

Regular reports (minimum quarterly) are presented to the H&SC Partnership on BCF and related integration development and activity. In support of the Programme Management function there is a Better Care Fund Delivery group which is the core group which drives forward the delivery of the Better Care programme on behalf of the partners to the pooled budget agreement. It coordinates and operationally manages the BCF on behalf of the Health and Social Care Partnership as well as ensuring that it operates within the policy and guidance framework set nationally.

The role of the delivery group is:

- To manage the delivery of the Better Care fund programme for Slough in line with the agreed plan, budget and timescales
- To receive and monitor performance reports on key performance indicators (KPI) and take appropriate actions
- To oversee and monitor financial expenditure and forecasts within the Pooled Budget
- To review progress in delivery and performance of projects and schemes within the programme
- To review and update the risk register for the programme and those from specific projects and to escalate risks to the Health and Social Care Partnership as appropriate
- To consider new ideas and proposals for Better Care Fund activities and guide and steer development of business cases before being presented to H&SC Board for decision.

This year's BCF programme has broadly been a continuation and consolidation of our integration programme, particularly around embedding the Integrated Care Decision Making model, incorporating the community multi-disciplinary team and our Locality Access Point.

A draft of this year's plan and investments was presented to the Health and Social Care Partnership and Place Based Committee meeting on Tues 26th October for discussion and sign off of investment. The final plan will be presented and discussed at the November meeting.

Overall approach to integration

Brief outline of approach to embedding integrated, person-centred health, social care and housing services including

- Joint priorities for 2021-22
- Approaches to joint/collaborative commissioning
- Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care.
- How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2020-21

The vision and principles underpinning our commitment to integration remain largely unchanged since our last BCF plan where we described our ambition for a shift from reactive to proactive health and social care to enable more people to have healthier, safer and more independent lives in their own home and community for longer, receiving the right care in the right place at the right time.

Our vision for being integrated is for the local delivery of a broad range of health and social care services seamlessly, regardless of organisational boundaries. Working across a complex health and social care economy we continue to develop a proactive approach to the provision of health and social care and support in the community. This is delivered in partnership between

- GP practices and Primary Care Networks
- The acute trust
- integrated health and social care multi-disciplinary teams
- community-based health services
- adult social care services
- local care and housing providers
- community and voluntary sector
- Coproduction Network with Slough residents

Our joint priorities for Health and Social Care for 2021-22 are laid out in our Health and Care Plan for Slough which has been developed between the partners and are collectively aiming to promote good health and care outcomes and reduce inequality for the residents of Slough.

The plan is to develop, promote and maintain independence, because this is good for health, good for people, and good for the taxpayer and sustainability of services.

This approach is achieved through:

- **Prevention and promoting self-care** through information and advice
- **Connecting individuals to their communities** to reduce the need to present in institutional settings
- When support is needed, **delivering care in a seamless and integrated way**

BCF funds a number of schemes which support the delivery of shared priorities and is the way in which we can jointly commission and invest.

Proactive care approach – From the start of our BCF programme Slough was exploring ways in which we could use risk stratification tools and practice registers to identify patients with complex needs who were at risk of admission and proactively managing those cases. The investment in the

development of the Connected Care programme and the shared care records across ICS has become increasing more sophisticated and enabling us to have even greater insights that support this approach not only in the way we identify and manage frailty but also the anticipatory care approach to those who are at risk of moving into that higher frailty cohort. We are developing this not only in those living in the community but also residents with our care homes.

This year as part of the ICS Frailty Programme we are piloting a role of **Frailty Practitioner** which is a dedicated role to proactively identify people who are being flagged up in our frailty cohorts making some initial contact and screening, providing personalised care plans and, where appropriate, triaging to local access point or 'cluster' MDTs for support.

Ageing Well is a national programme being rolled out at Place to support older adults to live healthier and longer lives and avoid premature admission to hospital or residential care. The current focus of the programme is the delivery of the urgent care response and to provide 2 hours face crisis response to operate 8am-8pm, 7 days per week from April 2022. It also encompasses the anticipatory care approach outlined above and the enhanced healthcare in care homes framework to further address inequalities and variation in access to care and reduce risk of hospital admission.

Integrated Care Decision Making has been a key part of our integrated care approach. This is an ICS designed model which is delivered at place being jointly commissioned and funded through BCF. Investment has funding additional capacity into supporting this activity including that of social worker, MH practitioner, physiotherapy and OT together with input from PCNs (GP, paramedic, social prescribers) to have integrated and multi-disciplinary discussion and care planning to support people with complex health and social care needs.

January 2020 also established our **Locality Access Point** which operates Mon- Friday 9-5pm giving direct daily access for multi-disciplinary triage and support to professionals. In this year this has also been extended to Care Home providers to help support them in care of complex patients in the care home and avoid unnecessary admissions to hospital and supported by the community consultant geriatrician.

Personalisation and person-centred care

Frimley ICS has established a Personalised Care programme to support delivery of the NHS Long Term Plan commitments for delivery of personalised care. This includes the comprehensive model comprising of six evidence-based standard components intended to improve health and wellbeing outcomes and quality of care, whilst also enhancing value for money.

Implementation is taking place through local delivery partnerships between statutory health and social care partners, the voluntary and community sector and people with lived experience.

Deliverables of the programme include:

- Support and help train staff to have **personalised care conversations**
- Having **social prescribing link workers** to connect people to wider community support which can help improve their health and well-being and to engage and deal with some of their underlying causes of ill health.
- Accelerate the roll out of **Personal Health Budgets** to give people greater choice and control over how care is planned and delivered.
- By rolling out training to help staff identify and support relevant patients, to introduce **proactive and personalised care planning** for everyone identified as being in their last year

of life

Slough Borough Council has embarked on a large scale transformation programme (People Too) to deliver strength and asset-based approaches in Adult Social Care. This programme will develop new and innovate approaches to delivery of adult social care, coproduced with residents and staff. Asset based approaches seek to empower people to have greater choice and control over their care and support arrangements as well as giving high quality personalised support that gives greater flexibility and value for money.

Supporting Discharge (national condition four)

What is the approach in your area to improving outcomes for people being discharged from hospital?

How is BCF funded activity supporting safe, timely and effective discharge?

A programme of implementing a Discharge to Assess model of supporting discharges across the East of Berkshire had taken place prior to covid pandemic as part of our implementation of the High Impact Change model. This included

- a 'Discharge Passport' with supporting D2A pathway and protocols
- multi-disciplinary team working on hospital site whereby the acute trust, social work teams and VCS/community-based providers are information sharing and discharge planning at early stage of admission.
- Deployment of the reablement/step down beds in in Community Hospitals (Upton and St Marks) and a local Nursing Care Home provider
- Onward referral to RRR (Rehabilitation, Recovery and Reablement) intermediate care services for ongoing support to maximise independence
- Use of a pooled funding within BCF to facilitate timely discharge into placements or packages where further complex patient assessment are required

Through covid this Discharge to Assess model was opportunity to embed and consolidate this model further, although the MDT working was being done remotely between the partners on Teams.

Better Care Funds are supporting these schemes with discharge and flow within the system:

- Hospital Social Work Team at Wexham Park
- RRR (Reablement, Rehabilitation and Recovery) intermediate care service
- Integrated Care Teams (Berks Healthcare Foundation Trust)
- Intensive Community Rehabilitation (Berks Healthcare Foundation Trust)
- Discharge to assess capacity - interim care support packages at home
- Community step-down/interim care beds

BCF is also investing in services that keep people at home and prevent avoidable admissions:

- Integrated Care Decision Making
including Locality Access Point and multi-disciplinary roles working in locality 'clusters' to have integrated assessment and interventions that support people at home

- RRR (Reablement, Rehabilitation and Recovery) intermediate care service
- Care Home support – a programme manager across East Berkshire and support to implementation of Enhanced Healthcare in Care Homes framework
- Responder service – early response to people who have fallen at home and/or need welfare checks and support
- Frailty practitioner – piloting under Ageing Well programme, proactively identifying people with moderate frailty for assessment and screening for early intervention and support
- Cold Car Occupational Therapist – same day response supporting home visiting GPs/paramedics with rapid access to OT assessment and equipment
- End of life advice line – 24/7 support to professionals and families supporting people at end of life helping to keep them at home

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

Through DFG funding Slough has been delivering a range of adaptations to a disabled person's property to ensure they can remain independent in their own home. This approach met both the legislative framework provided by HGCRA Act (1996) and the Care Act 2014, including ASC to assess and to arrange for appropriate assistance, including statutory entitlements to community equipment and minor adaptation.

However, following the national DFG Review (Feb 2018) we wanted to take some of the learning from the many examples of good practice, innovation and recommendations and in 2019/2020 commissioned Foundations UK to look at how DFG might can be further used to meet the wider health and social care needs of service users. The aim of this work was to produce a revised operating model, consider the future of how DFG should be delivered and develop pathways to further extend our offer to improve patient flows, promote independence and expand our assistive technology offer.

The service has been working to a traditional Disabled Facilities Grant (DFG) delivery model to provide mandatory DFG's to customers based around criteria from the 1996 Act. This provided grants and services such as:

- **Relocation Grant** to support Slough residents eligible for a DFG where it is more suitable and practicable to move rather than remain in their current property
- **Hospital Discharge Grants** to support Slough residents aged 65 years and older being discharged from hospital and require small grants for heating/minor repairs that would otherwise delay a hospital discharge
- **Handyperson services** – to help with small building repairs, minor adaptations to prevent hospital admission
- **Fast-track applications** – to help with minor adaptations using trusted assessors and other professionals
- **Funding in Excess of the Maximum Amount** – to fund adaptations with a clear return on

investment in excess of the DFG grant limit if £30,000

Through adopting a new Housing Assistance Policy our ambition is to transform these services from a fairly rigid DFG technical-based service to one which is more flexible to the needs of residents and supports Social Care to help disabled and vulnerable people to remain living independently at home for as long as they wish, and it is safe for them to do so. Slough also wanted to be able to promote greater resident choice regarding the adaptations completed in their home and ensure they are happy with the service they receive.

The service has been based upon technical surveyors with some support staff and provided very limited opportunities for individual support to those customers who needed help to navigate the often complex process of applying for a DFG. This led to delays and complaints from residents as well as increased work for the Occupational Therapy team who are trying to support customers without any clear remit or understanding of the DFG process.

Our recent changes through a newly adopted DFG policy will provide a more personalised approach to people who require adaptations that is based more individual needs and will remove barriers wherever possible. This moves away the traditional more 'technically-based' DFG service to that which is more customer focussed one, whilst retaining the necessary core technical skills for more complex work such as those which require building adaptations.

The DFG capital grant 'allocation' from Government for Slough in 2021-22 is £1,140,680 and this is expected to maintain this level of investment or possibly increase further in the future. The anticipated staffing requirements to deliver the full DFG spend within budget is approximately 2 full-time technical officers and 2 caseworker type roles along with administrative and management support. The 2008 Services and Charges Order allows the charging of fees for technical and OT services for preparing and delivery of DFG and therefore the proposal is that the posts should be capital funded from the DFG allocation on a fixed fee basis.

The current Independent Living Team is located within Adult Social Care, albeit as a separate team. This provides us with significant opportunity to more closely integrate social care and adaptation services and reduce overall delivery costs. A significant amount of the works will not require technical input and will be directly appointed/ordered by the assessing OT or appropriate support staff; including all stairlifts and hoists and ramp works. As Adult Social Care already provides support to residents those support roles will to be increased and enhanced to include support for the casework side of applying for a DFG. Technical skills will still be available for DFG work but these will also be within the Adult Social Care structure providing better response and outcomes for residents whilst still having oversight of standards and quality of work.

The statutory DFG will remain as a means tested grant. However social care currently carries out means tests under the Care Act and therefore looking at potential for that team to provide support to the delivery of the DFG, with appropriate training provided, to carry out the DFG means test as well. To ensure a consistent, person-centred approach to the delivery of aids and adaptations we will also be moving toward both the clinical and technical side to DFG to sit within single manager under the OT Manager's remit.

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan.
- How these inequalities are being addressed through the BCF plan and services funded through this.
- Inequality of outcomes related to the BCF national metrics.

Our Health and Social Care Plan is aimed at reducing health inequalities in our residents alongside promoting and developing independence through integration. Our approach to reducing inequalities applies across all stages of the lifecycle and aligns to the ICS' three core pillars of **starting well, living well** and **ageing well**.

For each segment, the aim is to build individuals' capacity to care for themselves without escalating into institutional settings.

This can only be achieved by the Slough Partnership Board member organisations **working together in an integrated way**. This applies both to meeting complex needs with multiple services but also in the messages and interactions individual organisations have, that need to develop, promote and maintain independence.

Our Health and Social Care plan identifies the cross-cutting, priorities that within partners' individual delivery plans, and reflect where partners are working together to support the delivery

Health Inequalities and impact of Covid-19

Slough is an urban area just outside London with one of the most ethnically diverse populations in the UK. 54% of our population is from an ethnic background many of whom are living in the most deprived areas within the Frimley ICS.

Early in the pandemic we identified the potential for there to be a disproportionate impact on our residents. Existing inequalities were being brought into greater focus by COVID-19 in both loss of life and on livelihoods. We were therefore quick to establish a programme of Covid-19 response aimed at mitigating that impact through a collaborative approach to working to support our ethnically diverse communities.

Our programme between the NHS, voluntary sector and local authority focused on the following

- Engagement and communication with communities
- Reducing and preventing harm from COVID-19
- Clinical management of those experiencing symptoms
- Gathering intelligence to tailor and target interventions

The core aim of this project was to strengthen the ability of individuals and communities to work in partnership with the NHS, local authority, public health and voluntary/community sector

organisations in order to protect themselves from the direct and indirect harms of the Covid-19 virus and, through collaboration, provide a holistic approach to support the population of Slough.

It was vital that we worked quickly in bringing together the latest clinical evidence and data around impact and risk of Covid-19 on BAME communities into our local management plan and, most importantly, proactively engaged with our community and voluntary sector. We knew from initial information being published about the additional risk to people from BAME backgrounds that Slough's diverse population was at disproportionate risk of Covid-19 due to a number of prevalent risk factors:

- 54% of the population from BAME background, including 11% white non-English
- Over 8000 (about 6.2%) don't speak English well, or at all
- In 15.5% households no one speaks English as first language
- Its a high-density population combined with areas of high deprivation (59.5% of Sloughs residents live in deprivation deciles 2-4)
- Large multigenerational households and many of multiple occupation
- Significantly higher prevalence of Hypertension, Obesity and Diabetes for 50-59 year olds

Our goals were to

- keep people healthy so that they are better health before any Covid-19 infection.
- support our diverse communities to understand and adopt national messages to reduce transmission rates through culturally appropriate communication
- Support anyone infected with enhanced monitoring and pulse oximetry to identify silent hypoxia and ensure early and appropriate hospitalisation (this was art of national pilot with data being audited by Nuffield Trust and ULC).

To achieve these goals, we not only needed to support the clinical response but work across partners to proactively identify our communities and individuals with risk factors and provide with information and means of support to reduce risk of infection and reduce impact should someone develop Covid-19 symptoms.

The challenge was to mobilise quickly to contain the spread of infection and minimise risk whilst developing culturally centred interventions that built on existing assets and projects. We needed to reach communities with up-to-date messages and the importance of taking protective measures in different languages, formats and multiple media. The community team and public health worked together with cultural local leaders, faith and community groups and the local radio station, Asian Star.

The programme enabled Slough to focus on greater protection of the BAME community and reduced the spread of infection and impact of Covid-19 on lives, ill health and livelihoods. The collaboration and engagement through this project strengthened our partnerships between the community and statutory sector enabling us to work very closely with an holistic approach to reducing inequalities and improving health and wellbeing.

BCF funds an Integrated Wellness service to support and coach residents of Slough to may present with a variety of risk factors likely to impact on their health and wellbeing. Managed through a single provider, Solutions for Health, this enables trained health coaches to support individuals with bespoke, personalised approach to support people with lifestyle, activity and dietary changes that will impact positively on their health.

Through the covid pandemic there was a huge response from the community and voluntary sector to support vulnerable residents and communities in Slough. Statutory and voluntary sector partners came together to establish #OneSlough approach. Through this equal partnership Slough was able to coordinate support from the surge of volunteers that came forward to support with the vaccination programme, the provision of meals and shopping support to people who were isolated or shielding, ensuring trusted advice and information was being shared (through Community Champions network), help with medication, prescriptions as well as welfare support and befriending. Partners to #OneSlough are working to build on a longer term and sustainable legacy of this community response as our local 'community deal'.

Through the covid pandemic Slough has been developing its support to asylum seekers and those who are homeless. Through Improved Access to General practice funding we have a GP and nurse providing primary care support to rough sleepers and people in temporary hostel accommodation. Establishing regular clinics and drops ins means improved access for people who otherwise are difficult to reach due to chaotic lifestyles and drug and alcohol problems. Through this service and that of an outreach bus we were able to provide our homeless cohorts their covid vaccinations. Additional funds have now been secured to have a dual diagnosis worker for people with Mental Health needs.

Last year a contingency accommodation hotel was opened in Slough for Asylum seekers arriving in the county whilst applications and ongoing arrangements in place for placements in dispersal accommodation. Working with primary care services we have been offering initial health and wellbeing checks, primary care support and mental health support to those arriving at the hotel and providing translation and interpretation services as required. The mobile vaccination service has also been able to visit the hotel and ensure that everyone is being offered their covid vaccination,

Following the learning from the BAME programme and with the focus of our plan on wider inequalities we have formed a new Health and Inequalities Board for Slough Place bringing together local partners from public health, CCG, local authority and voluntary sector. The group is in its early development but looking at establishing an action plan to address local priorities and reduce health inequalities in target groups and health conditions.

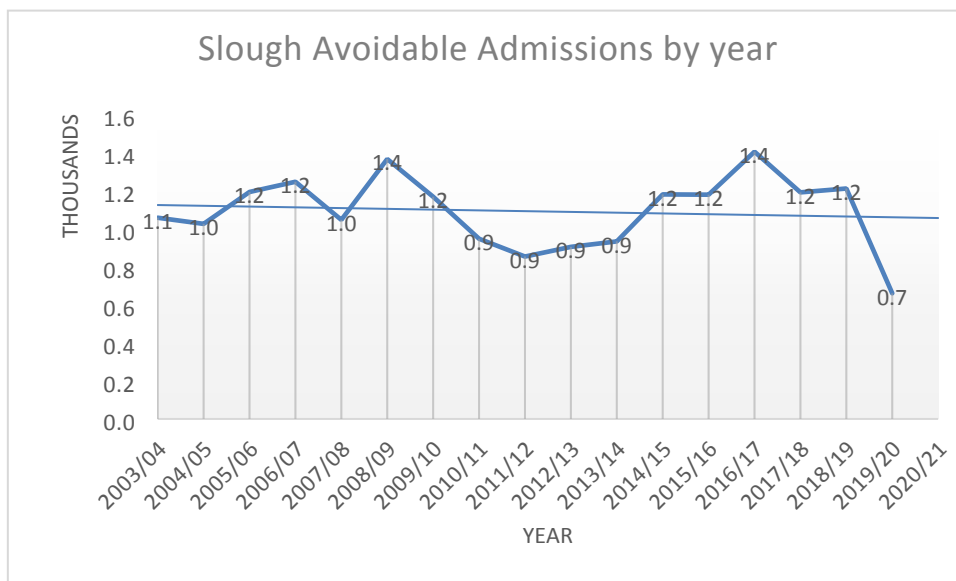


Slough Health and
Inequalities Group 1

Slough BCF metrics 2021-22

1. Avoidable Admissions

- The indicator value is the indirectly standardised rate (ISR) of admissions per 100,000 population.
- 2020-21 data at HWB area level has not been published, so 2021 has been included in forecast data for the graph below.
- Anecdotally all hospital admissions were lower than previously for large portions of the year.
- Historical data in the graph below shows the variation since 2003/4 with the lowest activity in 2019/20 = 659.7 which was nearly half that of the previous year (1209.7)
- From discussion with Frimley NHS Trust we anticipate that 2021/22 will be closer to 2019/20 in terms of activity although are also forecasting that overall Non-Elective admissions are at 19/20 levels plus around 3%.
- Our stretch ambition will therefore be to maintain a figure of that for 19/20 with 3%



Our BCF investment that supports our avoidable admissions indicator are:

- RRR (Rehabilitation, Recovery and Reablement) is our Intermediate care / step- up service which provides short-term intensive reablement for up to 6 weeks for people needing additional support to avoid a hospital admission.
- Locality Access Points – triage and coordinate same day response to referrals of patients who are frail and complex in terms of co-morbidities in order to provide an integrated assessment and intervention from appropriate professionals whether that be nursing, OT, mental health, social work or combination of these.

- MDT 'cluster' is our monthly multi-disciplinary team reviewing complex patients in order to coordinate integrated personalised care to people who are frail.
- Responder service is our first response support to people who may have fallen or need welfare response. This avoids unnecessary ambulance responses and conveyances to hospital where people can be attended to and supported at home.

2. Reducing Length of Stay in hospital

Slough has historically performed well on reducing delays out of hospital, particularly social care delays and has long established hospital social worker team based within the acute hospital. The team has been integral to delivery of the Discharge to Assess pathways and 'Home First' approach supported by the Discharge Passport.

Reviewing LoS activity and metrics together with acute sector partners in light of the current system capacity and pressures already occurring approaching winter it was highlighted that hospital discharges and support should continue to retain significant focus on reducing the 0-6 days as that is where the largest cohorts of patients are and need to continue to support capacity and flow by returning safely to the community in a timely way.

Analysis of the longer stayers (14+/21+ days) showed that Length of Stay increases with the higher number of co-morbidities and the complexity of health needs for these patients. Whilst as a system the community can support with reducing excess bed days (time beyond that when person was medically stable and ready for discharge) influence to reduce the longer stay metrics is limited where people are still acutely unwell and require intensive medical care.

Capacity on beds in the hospital has been reduced as a result of covid (due to Infection prevention control) and occupancy has increased by 107% from 2019/20. Overall as a system in order to maintain capacity and flow the Trust is aiming for a 20% reduction in length of stay across the board (all ages and spells in the hospital).

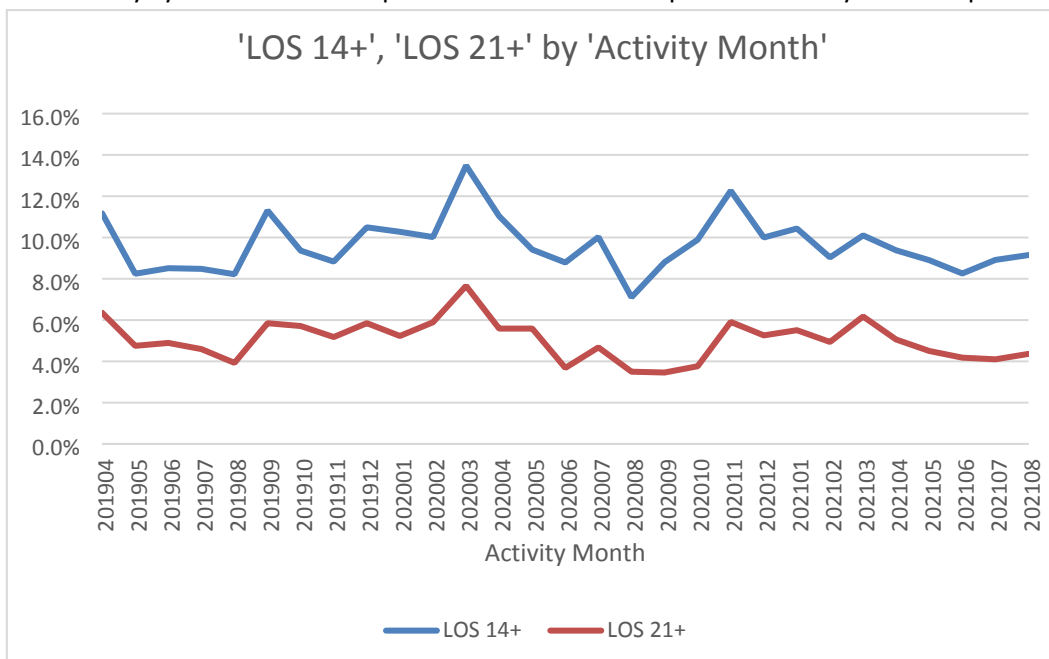
14+ stays have reduced 4% between 19/20 and 20/21 (= 1% per quarter). Our baseline is 9.6% from average performance Apr 19-Aug21. Our ambition for 14+ is to achieve no more than 9% in Q3 and 8.5% in Q4

Slough's 21+ day performance has averaged 5% since April 2019 and in past four months has exceeded this to an average of 4.3%. Our rate is already below the national average but know that we are anticipating additional demand and capacity pressures this coming winter. We are setting an ambition to achieve maintained position of 4.5% in Q3 and stretch to reduce to 4.0% in Q4.

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients	Proportion of inpatients resident for 14 days or more	9.0%	8.5%
	Proportion of inpatients resident for 21 days or more	4.5%	4.0%

Our plan is to manage this through:

- Continued focus of dedicated Hospital SW Team supporting D2S pathways and flow
- Discharge to Assess capacity in the community, ensuring access to interim residential beds in care homes and assessment and provision of care support packages at home
- Community Rehab & intermediate care service from community trust intensive rehab support and RRR (Rehabilitation, Recovery and Reablement)
- 3x weekly system calls across partners and escalation process to daily when required



3. Discharge to normal Place of residence

Plan is to achieve 95% in line with national best practice which is an improvement from our overall average this year from 92.3%. Our aim is to continue to facilitate timely discharge through D2A with Home First approach. Covid restrictions in place for care homes are impacting on ability to discharge people back to their care home.

Interim arrangements in step-down community beds also used where necessary to facilitate discharge and maintain flow and capacity in acute hospital. Significant capacity pressures in the acute hospital currently from covid and forecast to be exacerbated into winter.

4. Residential Admissions

Slough has a relatively small care home market within the boundaries of the borough and the emphasis is therefore to support people to return and remain in their own home wherever possible. Our ambition is to maintain current level of care home placements (76) in proportion to an increasing older population and no additional care home beds coming online. This is a reduction in

the rate of care home admissions per 100k from 489 to 478. This represents a stretch target in the light of increased demand on care home sector during the covid pandemic with D2A and the need to increase flow out of the hospital.

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	512	467	489	478
	Numerator	78	71	76	76
	Denominator	15,236	15,204	15,557	15,884

5. Reablement

In 2020/21 Reablement achieved 76.6% at home 91 days after discharge but numbers were lower (36/47). Our plan is to increase numbers into reablement from D2A by 5% and the proportion remaining at home. Plan is to refocus D2A interim support packages with external sector and release greater capacity from skilled Reablement Assistants to support reablement and rehab.

		19-20 Plan	19-20 Actual	21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	90.0%	61.9%	65.2%
	Numerator	108	39	43
	Denominator	120	63	66

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Appendix B – BCF 2021/22 Expenditure Plan

Funding Sources	Income	Expenditure
DFG	£1,140,680	£1,140,680
Minimum CCG Contribution	£10,034,713	£10,034,713
iBCF	£3,872,122	£3,872,122
Total	£15,047,515	£15,047,515

Page 69

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Stroke Support Services	Stroke support service for stroke survivors and their families	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Social Care	LA	Charity / Voluntary Sector	Minimum CCG Contribution	£57,000	Existing
2	Dementia Care Advisor	Post-diagnosis support for people with dementia and their carers	Community Based Schemes	Specialist dementia support	Mental Health	LA	NHS Mental Health Provider	Minimum CCG Contribution	£30,000	Existing
3	OT/SALT whole system transformation	OT/SALT for children and young people	Enablers for Integration	Integrated models of provision	Community Health	LA	NHS Community Provider	Minimum CCG Contribution	£35,000	New

4	Integrated Wellbeing Service	Range of primary prevention support for health and wellbeing inc. cardio and falls	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	LA	Private Sector	Minimum CCG Contribution	£241,000	Existing
5	Telehealth	Remote monitoring and support with LTCs using telehealth technology	Assistive Technologies and Equipment	Digital participation services	Community Health	CCG	Private Sector	Minimum CCG Contribution	£25,000	Existing
6	Telecare	Assistive Technology to maximise independence at home	Assistive Technologies and Equipment	Telecare	Social Care	LA	Private Sector	Minimum CCG Contribution	£72,000	Existing
7	RRR service - Reablement and Intermediate Care	Intermediate Care	Reablement in a persons own home	Reablement service accepting community and discharge referrals	Social Care	LA	Local Authority	Minimum CCG Contribution	£2,858,239	Existing
8	Hospital Social Work Team	Discharge to Assess	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs	Social Care	LA	Local Authority	Minimum CCG Contribution	£446,824	New
9	Joint equipment service	Disability aids and mobility equipment	Assistive Technologies and Equipment	Community based equipment	Social Care	CCG	Private Sector	Minimum CCG Contribution	£710,802	Existing
10	Joint equipment service	Disability aids and mobility equipment	Assistive Technologies and Equipment	Community based equipment	Social Care	LA	Private Sector	Minimum CCG Contribution	£130,000	Existing
11	Nursing Care Placements	Nursing care placements	Residential Placements	Nursing home	Social Care	LA	Private Sector	Minimum CCG Contribution	£500,000	Existing
12	Primary Care proactive frailty management	Anticipatory care planning and early intervention	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Primary Care	CCG	CCG	Minimum CCG Contribution	£114,000	New

13	Care Homes Programme Manager	Care Home quality programme	Enablers for Integration	Programme management	Community Health	CCG	CCG	Minimum CCG Contribution	£25,000	Existing
14	Integrated Care Services / ICT	Community Health and Integrated Care Teams	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£836,009	Existing
15	Intensive Community Rehabilitation	Community Health led rehabilitation service	Reablement in a persons own home	Reablement to support discharge - step down (Discharge to Assess pathway 1)	Community Health	LA	NHS Community Provider	Minimum CCG Contribution	£82,000	Existing
16	Intensive Community Rehabilitation	Community Health led rehabilitation service	Reablement in a persons own home	Reablement to support discharge - step down (Discharge to Assess pathway 1)	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£188,136	Existing
17	Responder Service	First response service	Prevention / Early Intervention	First responder service	Social Care	LA	Private Sector	Minimum CCG Contribution	£130,000	Existing
18	High Impact Change Delivery (D2A)	Discharge to Assess - interim support	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs	Social Care	LA	Private Sector	Minimum CCG Contribution	£284,200	Existing
19	High Impact Change Delivery (Alamac/GP)	Discharge to Assess - system monitoring and trusted assessment	High Impact Change Model for Managing Transfer of Care	Monitoring and responding to system demand and capacity	Acute	CCG	NHS Acute Provider	Minimum CCG Contribution	£97,016	Existing
20	Community beds (D2A)	Community interim beds supporting discharge	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs	Social Care	CCG	Private Sector	Minimum CCG Contribution	£129,572	Existing

21	ICDM/LAP - SBC	Integrated Care - cluster, locality access point	Integrated Care Planning and Navigation	Assessment teams/joint assessment	Social Care	CCG	Local Authority	Minimum CCG Contribution	£283,656	Existing
22	ICDM/LAP/Cold Car - CCG	Integrated Care - cluster, locality access point, cold car OT	Integrated Care Planning and Navigation	Assessment teams/joint assessment	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£203,257	Existing
23	Community Integration Manager	Management of Integrated Care Decision Making and Locality Access Point	Enablers for Integration	Integrated models of provision	Community Health	CCG	CCG	Minimum CCG Contribution	£81,000	Existing
24	Disabled Facilities Grant	Aids and adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants	Social Care	LA	Local Authority	DFG	£1,140,680	Existing
25	Connected Care	Shared Care Records	Enablers for Integration	System IT Interoperability	Other	CCG	Private Sector	Minimum CCG Contribution	£200,000	Existing
26	Winter pressures social care	Additional capacity SW and OT	Personalised Care at Home	Physical health/wellbeing	Social Care	LA	Local Authority	Minimum CCG Contribution	£180,000	New
27	Carers	Carers support services	Carers Services	Respite services	Social Care	LA	Charity / Voluntary Sector	Minimum CCG Contribution	£216,000	Existing
28	End of Life Advice Line	Advice and support to families and carers 24/7	Personalised Care at Home	Physical health/wellbeing	Community Health	LA	Charity / Voluntary Sector	Minimum CCG Contribution	£144,732	Existing
29	Paediatric hotline	Telephone advice to GPs with paediatric consultant support	Personalised Care at Home	Physical health/wellbeing	Acute	CCG	NHS Acute Provider	Minimum CCG Contribution	£46,382	Existing

30	End of Life Night Sitting Service	Night sitting as part of EOLC service	Carers Services	Respite services	Social Care	CCG	Charity / Voluntary Sector	Minimum CCG Contribution	£15,597	Existing
31	Community Capacity	Support to the community and voluntary sector	Community Based Schemes	Integrated neighbourhood services	Social Care	LA	Charity / Voluntary Sector	Minimum CCG Contribution	£218,000	Existing
32	Information and Advice	Information and Advice	Community Based Schemes	Integrated neighbourhood services	Social Care	LA	Charity / Voluntary Sector	Minimum CCG Contribution	£100,000	New
33	Programme Management Office	Programme Management Office functions	Enablers for Integration	Programme management	Social Care	LA	Local Authority	Minimum CCG Contribution	£260,000	Existing
34	Care Act Funding	Supporting delivery of Care Act requirements	Care Act Implementation Related Duties	All Care Act duties	Social Care	LA	Local Authority	Minimum CCG Contribution	£296,000	Existing
35	Additional Social Care protection	Additional Social Care protection maintaining capacity	Personalised Care at Home	Physical health/wellbeing	Social Care	LA	Local Authority	Minimum CCG Contribution	£798,291	Existing
36	Improved Better Care Fund	iBCF grant funds to LA	Enablers for Integration	Integrated models of provision	Social Care	LA	Local Authority	iBCF	£3,872,122	Existing

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£2,765,796
Planned spend	£2,812,029

Adult Social Care services spend from the

minimum CCG allocations

Minimum required spend	£6,365,034
Planned spend	£7,686,181

Scheme Types

Assistive Technologies and Equipment	£937,802	(6.2%)
Care Act Implementation Related Duties	£296,000	(2.0%)
Carers Services	£231,597	(1.5%)
Community Based Schemes	£1,596,009	(10.6%)
DFG Related Schemes	£1,140,680	(7.6%)
Enablers for Integration	£4,473,122	(29.7%)
High Impact Change Model for Managing Transfer of Care	£957,612	(6.4%)
Home Care or Domiciliary Care	£0	(0.0%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£486,913	(3.2%)
Bed based intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£3,128,375	(20.8%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£1,169,405	(7.8%)
Prevention / Early Intervention	£130,000	(0.9%)
Residential Placements	£500,000	(3.3%)
Other	£0	(0.0%)
Total	£15,047,515	

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board Working Group

DATE: 17th November 2021

CONTACT OFFICER: Richard West – Executive Director (Customer & Community)

For all Enquiries) (01753) 875500

WARD(S): All

FOR COMMENT & CONSIDERATION**STRONG, HEALTHY AND ATTRACTIVE NEIGHBOURHOODS UPDATE**1. **Purpose of Report**

To update the Wellbeing Board on the progress of embedding a Locality model of working across the council and with partner agencies, and to feedback on the roll-out of Strong, Healthy and Attractive Neighbourhoods. The report also considers the future delivery of Strong, Healthy and Attractive Neighbourhoods in light of the Section 114 Notice and response to the council's actions plans from the Department for Levelling Up, Housing & Communities.

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

The Committee is requested to note the progress made on embedding Locality working, the current roll out of the Strong, Healthy and Attractive Neighbourhoods initiative and comment on the future delivery of this workstream.

3. **Slough Wellbeing Strategy Priorities**

3.1 Strong, healthy and attractive neighbourhoods is a key priority of the Slough Wellbeing Board.

3.2. **Five Year Plan Outcomes**

The strong, healthy and attractive neighbourhoods' initiative cuts across all of the Councils five Year Plan Outcomes; however, it has a particular focus on Outcomes 2 & 3

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

4. **Other Implications**(a) **Financial**

The strong healthy and attractive neighbourhoods' initiative aims to make better use of existing resources. The model provides a more focussed way of identifying and addressing need and working in a collaborative way to

ensure intended outcomes and impact are achieved. However, the dedicated Council posts which deliver this work are all currently 100% from the General Fund and this is not a statutory service that the council has a legal duty to provide. This means that work is underway to secure alternative funding sources for these posts. More detail is within the body of this report.

(b) Risk Management

Risks associated with the delivery of the Strong, Healthy and Attractive (SHA) initiative will initially be monitored by the SHA task and finish group and relevant operation and strategic groups as well as being reported to the Slough Wellbeing Board.

(c) Human Rights Act and Other Legal Implications

There are no direct legal or Human Rights Act Implications

(d) Equalities Impact Assessment

There is no requirement to complete an Equalities Impact Assessment (EIA) in relation to this report. EIAs will be completed for specific aspects of the programme as required. A key principle of the model is to address inequalities.

5. Supporting Information

5.1 The Locality model is about bringing increased efficiency and effectiveness to what the council and its partners deliver for local people and how this is delivered. Our model is focussed on 3 key outcomes:

- Helping individuals, communities and businesses become more *self-supporting* and relying less on services delivered directly by the council.
- Helping individuals, communities and businesses become more *resilient* and able to react to, and recover from, challenges and issues they face.
- Developing effective interventions at the right time to *prevent* challenges faced by individuals, businesses, and communities becoming so significant that urgent, reactive steps are needed which often represent poor value for money.

5.2 Underpinning these outcomes are three assumptions:

- a) The majority of transactional requests made to the council by individuals and businesses will be delivered digitally. Locality working will help deliver the council's "digital by default" agenda.
- b) Delivery of transformational projects and workstreams will be driven by evidence of need (data insight) so there is clarity and transparency about why resource from a number of partners is being focussed on particular geographical areas or particular work-streams.
- c) Local community partnerships and voluntary groups will be enabled, strengthened and developed to deliver services to support the 3 key Locality outcomes.

- 5.3 The Strong, Healthy, and Attractive Neighbourhoods (SHAN) initiative will be the way in which the Locality model engages with, collaborates with and supports individuals, existing community groups and new community groups to support the 3 key outcomes. SHAN works with key stakeholders (including residents, businesses, ward members and other agencies) to deliver transformational projects. The decisions about where this initiative is delivered and what particular focus each programme will have is based on data insight coupled with community engagement. Each SHAN initiative will have clear base-line information collected at the start of each project with regular “temperature taking” throughout the course of the initiative so we can understand what interventions make the most impact in communities and how sustainable are the changes we effect.
- 5.4 It is important to note that a Locality model of working is not the same as, or dependent upon physical hub buildings to deliver services from. Where it is possible and appropriate the Locality Lead will work with partners and council teams to identify locations where co-location could take place. Work is already underway to understand which teams could co-locate in which locations and how they can realise the benefits of shared intelligence and resources to deliver improved services in local areas.

6. Locality update

Since the last update to the Board (July 2021) the following milestones have been reached.

- 6.1 Ward data-sets have been created using information from Local Insight, Berkshire Health Observatory, and a number of other data sources. Each ward has its own document which includes commentary on the key issues within the ward based on the data. These have been promoted to officers in the council and shared with individual ward members.
- 6.2 Promotion of 3 Locality outcomes has begun across the council in a number of teams. Introductory presentations have been held with Group Managers. More detailed discussions have been held with Community Learning and Skills service (CLaSS), Adult Social Care and Children and Young People’s Board about promoting the outcomes.
- 6.3 Hub working discussions have taken place specifically with Adult Social Care, CLaSS, Children & Families, Community Development & Youth Work, Neighbourhood Services, Library service, Accommodation and Customer Services to understand how best to facilitate co-location and where is it possible.
- 6.4 Engagement with ward councillors has continued with discussions and/or ward walkabouts. A “Member Charter” is being developed in conjunction with councillors which clearly sets out how the Locality model will support the 3 key outcomes, what the expectations are on them as local representatives (e.g., helping constituents access the website for transactional tasks and information finding) and what they can expect from partners and council teams (e.g., being kept up to date about activity in each locality and being provided with information that they can share with local people).
- 6.5 Locality plans are being developed to include
- Data driven priority themes

- Information from council teams and partners about how they are addressing each of the themes in relation to achieving the 3 outcomes
- Information about co-location opportunities within the locality which help address one or more of the priority themes

6.6 Challenges faced when embedding the Locality model are now better understood and some have their roots in the challenging financial situation now faced by the council. These include:

- The variety of services currently being delivered by the council, and the way these services will be delivered are both being reviewed.
- The council will be smaller organisation employing fewer people. This will make co-location in a number of physical locations difficult to deliver.
- During the Covid Recovery Phase there are still challenges to opening council buildings to allow more staff and customers in.

6.7 Further detail about the Locality way of working is attached as Appendix A.

7. **Strong, Healthy, Attractive Neighbourhoods**

Strong, Healthy, Attractive Neighbourhoods (SHAN) are now operating in 4 communities.

7.1 Chalvey update

- Chalvey Can has had success with more families joining in a wider range of activities including a family litter pick at the Jubilee riverside. The team have also successfully hosted their first day at the Chalvey Can allotment plot, this has been really well attended with over 20 families and volunteers helping to transform the overgrown plot, which is now ready for the families to start growing and learning about healthy eating, as well as the physical benefits of gardening as a family. Chalvey Can has also been successful in engaging the Chalvey schools to start after school activity for Chalvey families.
- Community Learning programme has been running successfully from Chalvey Community Hub with low level ESOL and Maths teaching taking place. A community consultation has been completed and analysis is currently taking place to inform the future learning offer both for CLaSS and for partners and the voluntary sector to shape courses and learning opportunities for the community.
- Chalvey Activities, Food & Fun project led by the Chalvey Community Partnership (CCP) have been successful in applying to the Innovation Fund (managed by NHS Frimley CCG). The pilot project will run each month for 6 months and will encourage families to come together to take part in activities, then cook and eat healthily together. The CCP receives support and guidance from the council's Community Development worker for the Locality and is part of the wider set of objectives to improve health outcomes in Chalvey and improve community cohesion.

- A joint bid to the Home Office “Safer Streets Fund” by the council, Thames Valley Police and CCP has led to the award of a £500,000 grant to tackle violence against women and girls (VAWG). The grant will be used to develop education and awareness programmes with Chalvey young people and to identify the community’s role in making the area safer for women and girls.
- The CCP produced and delivered their first community newsletter, “The Chalvey Post”. A second edition will be produced before Christmas. They have also successfully applied for National Lottery funds to enable them to buy branded t-shirts and high-viz vests to promote the work of the CCP in Chalvey. The aim of this is to raise the profile of the group and generate more interest from local people in joining the partnership.

7.2 Colnbrook with Poyle update

- The SHAN community survey closed in July and an initial analysis of the responses took place. In August the Community Development Team attended a number of “Have Your Say” forums and the Family Fun Day hosted by the Parish Council to engage with residents and seek views on the emerging priorities identified in the survey results.
- The emerging high-level themes include:
 - Local health services, roads/pavements and community safety were the top 3 areas for improvement
 - High levels of feeling that they belonged to a community
 - Improvements to Colnbrook Recreation Ground
 - High demand for local community services like a police surgery and nurse clinics
- On 19th October the Parish Council voted in favour of a motion to formally acknowledge and recognise the work of SHAN in the ward and the benefits it is already bringing to co-ordinating the efforts of a range of partners across Colnbrook with Poyle. The vote was also in favour of supporting the emerging action plan.
- The Community Development Officer will continue to work with the Parish Council to prepare a detailed action plan by December.

7.3 Britwell update

- In late September the SHAN community engagement survey for this neighbourhood was launched. Leaflets encouraging residents to take part were delivered to 4,000 homes. A social media campaign, engagement with existing community groups and press releases have also encouraged active engagement so we can hear resident voices about their community. The survey closes at the end of November 2021.
- Discussions are underway with a number of community leaders and groups to ensure that a strong partnership is in place to review the results of the survey together with local insight data to develop and then deliver an action plan to support the wider Locality themes and outcomes. The partners already actively engaged in these discussions include Britwell Parish

Council, schools, Recycled Teenagers group, Café Brew Hut, St George's Church and the Britwell Youth and Community project.

- The Community Development Team and Locality Lead continue to liaise closely with health colleagues, community partners and residents to help shape the range of services which will be delivered from the refurbished and extended community hub and health centre.

7.4 Haymill and Lynch Hill updates

- The social enterprise, Slough Hub, have come forward to lead on delivering a community engagement survey in the neighbourhood as the basis from which to develop a SHAN action plan. Street Champions will take responsibility for encouraging participation on their street and direct their neighbours to complete the on-line survey.
- The survey will be launched in November. The council's Locality Lead and Community Development Officer will support the development of a community Strong, Healthy and Attractive Neighbourhood action plan with volunteers.

8. **Future delivery of Strong, Healthy and Attractive Neighbourhood initiatives**

- 8.1 The council's Community Development, Youth (Community) and Youth (Voice) teams lead on the operational delivery of Strong, Healthy and Attractive Neighbourhood initiatives. This includes delivering both community engagement and development activities to allow community surveys to be undertaken, results analysed, action plans developed and delivered. The officers also support community groups (e.g., CCP) to apply for grant funding to allow them to deliver locality-based programmes.
- 8.2 Other council teams and external partners often rely on the team to either directly lead on community engagement to support programmes, or to provide community contacts for services to work with.
- 8.3 Currently the entire service is funded by the council's General Fund, which is under extraordinary pressure. Negotiations are underway with partners to seek alternative funding sources to allow these teams to continue to support the key outcomes of Locality working and provide direct support to residents and community groups. Without alternative funding secured it is unlikely that many of the current SHAN initiatives will continue beyond March 2022 and no new initiatives will be started.

9. **Comments of Other Committees**

This report has not been shared with other committees; however, the general principles of the Locality model has been widely discussed and well received as the right direction of travel for Slough.

10. **Conclusion**

The Locality model continues to be rolled out, and the work to embed the 3 priority outcomes is developing. Strong, Healthy and Attractive Neighbourhood initiatives

continue to be delivered across the borough. Work is underway to secure alternative sources of funding to continue the work of the core staff team.

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Localities in Slough

Slough's Locality working was introduced in early 2021 and over the course of this year strong foundations have been put in place at the same time as responding to changes brought about by COVID-19 and the council's new financial situation.

Locality working is a way of providing public services in localities and neighbourhoods. The focus of public services and exactly how they will be delivered will be bespoke to each locality – for example, a locality with a high rate of long-term unemployment will have a different blend of services provided locally compared to an area with low long-term unemployment but high rates of obesity and Type 2 diabetes. Locality working is underpinned by high quality local data insight coupled with thorough local consultation and engagement, so the voice of the local community is central to decision making. Our locality work is about changing our relationship with our residents and business – we will be delivering services *with* local communities rather than delivering services *to* them.

Key features of Slough's locality working are

- ✓ Bringing services to the heart of our communities.
- ✓ Make sure the services in local communities are integrated and work effectively together.
- ✓ Delivering high quality services tailored to community needs through the use of local data and insight.
- ✓ Encouraging close relationships with partners and communities by sharing plans and assets.
- ✓ Encouraging behaviour change in communities that builds resilience and independence.
- ✓ Prioritise wellbeing and preventative interventions to tackle the root causes and drivers of problems to reduce demand on public services.
- ✓ Encouraging customers to use digital technologies to self-serve to access transactional needs. This will free up the time of expert officers to deal with complex issues.
- ✓ Make sure there is strong co-ordination and strategic oversight of local projects operating in localities to reduce duplication.

Where will locality working be delivered from?

The 15 wards in Slough have been divided into 4 localities. Some localities may have a council provided locality hub, but all will have a network of locations where services can be delivered from. These could include libraries, Children's Centres, Family Hubs, places of worship and community buildings. Residents will be able to access services in person but also virtually through improved use of technology.

Physical buildings are important to the Locality model as they allow teams to co-locate, work together, and provide a locality focus for residents. However, the model is not dependent upon having particular buildings in localities; *locality working is a new way of working, not a new place to work from.*

What difference will locality working bring?

Evidence based – there is a temptation for local service delivery to focus on the needs of the customers who are most organised and most vocal in expressing their needs. This can lead to a mismatch between what services are really needed by the most vulnerable and the services which get delivered. Locality working takes robust evidence as its starting point and this evidence is thoroughly sense-checked in consultation with local people and organisations. The results of this structured conversation will shape what services are delivered in each locality and how they are delivered.

Practical partnerships – Locality working is explicit in its dependence upon strong, effective partnerships that allow shared understandings, shared resources, support, and robust challenge to all

parties. Key partners are local residents, local organisations, and local councillors. Each of these parties will be asked to sign up to a Charter that makes clear what they can expect from Locality working but also what Locality working expects from them.

Clear outcomes – Locality working is focussed on delivering 3 overarching outcomes. Locality working will ask partners to consider how their own plans, strategies, programmes, and actions will deliver these 3 outcomes:

- **Prevention** – what interventions work, at what stage to prevent poor outcomes for our residents, especially those who are most vulnerable? All partners need to focus on preventing poor outcomes rather than dealing with the results of poor outcomes.
- **Self-help** – communities need to be able, and confident to help and support each other. Turning to established public services or waiting for the intervention from these public services should not be the “normal” way good outcomes are delivered. Local organisations, ad-hoc community groups, families, friends, and neighbours need to be supported and encouraged to lead on delivering positive outcomes for their localities.
- **Resilience** - individuals, families and communities need the skills, resources, and confidence to effectively deal with challenges that face them. Are we equipping local people and groups with the tools to deal with large scale issues linked to economic downturns and health pandemics as well as smaller scale (but equally difficult) issues linked to mental, emotional, and physical wellbeing?

Demonstrable difference – Locality working will encourage all partners to consider their work in terms of the “three I’s”:

Intent – be clear about what the work, programme or activity is going to achieve. How will it support the 3 Locality outcomes?

Implementation – how will the work, programme or activity be implemented? What are the timescales and key milestones, how will local communities be part of the implementation?

Impact – what difference will this work actually make to our localities? Be clear about what your baseline is and what measurable improvement will the work deliver to local communities.

Involving local communities

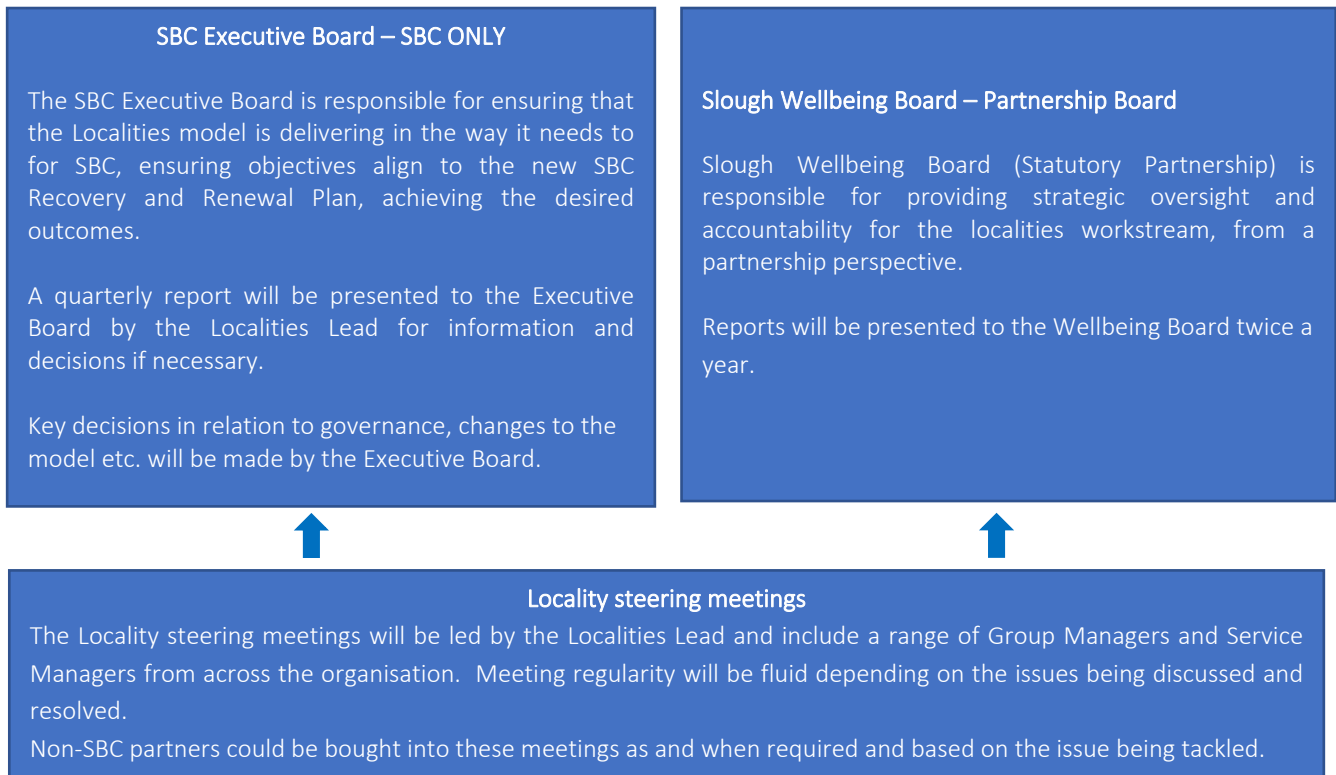
Each locality area will have a comprehensive data-set which will be updated on a regular basis. Using this data as a foundation, each Locality will co-develop a Stronger Healthier and Attractive Operational Action Plan, with input from local communities, the voluntary sector, public sector partners, and local businesses. The plan will outline priorities for the area, and inform what projects and services are most needed within a locality to ensure positive life-outcomes for all members of the community. The Stronger, Healthier and Attractive plans will align to, and support the delivery of the shared Slough 2040 vision, and the Recovery and Renewal Plan.

Local community networks in each Locality will be available for all teams, services, and partner public bodies to work with. Wherever practical and possible public bodies will co-ordinate their work to make the process of engaging and working with local people more effective and efficient.

Governance of Locality working

Locality working is not about adding new structures, key performance indicators or plans to services. It is about providing new focus and direction to existing programmes and structures. There will not be a new team of officers delivering Locality working - it is the responsibility of every officer, every service, and every directorate in the council to consider how they can support and embed Locality working into their current practice, strategic plans, and partnership activity.

Below is an outline of the governance of Locality working in Slough:



The Locality steering meetings will be responsible for:

1. Ensuring that work across the organisation is being delivered with the 3 key outcomes in mind (prevention, self-help, and resilience). Group Managers and Service Managers take responsibility for considering the key outcomes in all of their delivery.
2. Co-ordinating engagement with communities and delivery of projects with communities. Ensure that there is no duplication or gaps around locality needs. Identify ways to share knowledge, resources, and skills to achieve the key outcomes.
3. Provide constructive challenge to services and teams around the 3 key outcomes and how work is demonstrating clear intent, achievable implementation, and practical impact. This will include seeking out innovative ideas that might challenge long-held assumptions about why, how, when and who delivers services in localities. Un-block challenges for operational delivery of Locality work.
4. Collect and share information from services, communities and partners about projects being delivered in each Locality. Work with partners on a 121 basis outside of any SBC meetings to understand how they can support and be involved in delivering Locality working on a practical level.
5. Ensure that work in each Locality is shared with ward members so they can promote and direct local people and businesses to get involved or access appropriate services.

Ad hoc “task and finish” groups will be set up to deliver specific projects.

What is the current state of play for Localities (Q3 21/22)?

- Data packages for each ward and each Locality have been developed and are available to all SBC staff and partners (www.slough.gov.uk)
- Data packages have identified 3 priority themes for each Locality
- Information about Localities and exploration of what services want from Localities being shared in discussions with Group Managers and partner organisations.
- Identification of existing physical community buildings and discussions with services and partners about possibilities for co-location. Current focus in on understanding how Locality working can support the move from Children’s Centres to Family Hubs in Slough (working with Slough Children First and SBC Early Help).
- Final drafting of 4 Locality Plans.
- Agreement about and setting up the Locality Steering Group.
- Final drafting of Members Charter to be shared with all ward councillors.
- Continue meetings with ward councillors to discuss their aspirations for Locality work in the communities they represent.
- Agree the most effective and efficient way of keeping Members up to date with project delivery across all services in each Locality.
- Review structure of Locality team in SBC to ensure closer alignment with Strong, Healthy, Attractive Neighbourhoods work.
- Continue to develop strong working relationships with community and voluntary sector through work with SCVS.
- Continued delivery of Strong, Healthy, Attractive Neighbourhood action plan in Chalvey. Drafting of a new Strong, Healthy, Attractive Neighbourhood action plan for Colnbrook with Poyle. Implementation of community consultation in Britwell to support the creation of an action plan and liaison with community partners in Haymill to support them to lead on community consultation before creation of a new action plan.