

Date of issue: Monday, 9 September 2024

<b>MEETING:</b>	<b>SLOUGH HEALTH &amp; WELLBEING BOARD</b>
	Councillor Smith (Chair) Leader of the Council
	Dr Jim O'Donnell (Vice Chair) East Berkshire Clinical Commissioning Group, Slough Locality
	Will Tuckley Chief Executive, SBC
	Sue Butcher Executive Director People (Children)
	Umar Ansari Healthwatch East Berkshire
	David Coleman-Groom Director of Social Care
	Adrian Davies Department for Work & Pensions
	Caroline Farrar Executive Place Managing Director, Frimley Collaborative
	Jamie Green Slough Council for Voluntary Service
	Caroline Hutton Frimley Health NHS Foundation Trust
	Supt. Helen Kenny Thames Valley Police Representative
	Simon Lanaway Fedcap
	Matthew Lewis Everyone Active
	Tessa Lindfield Director of Public Health, Slough
	Andrew Stockwell Royal Berkshire Fire and Rescue Service
	Vacancy Associate Director – Housing, SBC
	Councillor Shah Equalities, Public Health and Public Protection
<b>DATE AND TIME:</b>	<b>TUESDAY, 17TH SEPTEMBER, 2024 AT 3.00 PM</b>
<b>VENUE:</b>	<b>COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL</b>
<b>DEMOCRATIC SERVICES OFFICER:</b>	<b>MANIZE TALUKDAR</b>
<b>(for all enquiries)</b>	<b>07871 982 919</b>

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.



**WILL TUCKLEY**  
Chief Executive

**AGENDA  
PART I**

<b><u>AGENDA ITEM</u></b>	<b><u>REPORT TITLE</u></b>	<b><u>PAGE</u></b>	<b><u>WARD</u></b>
	Apologies for absence.		
	<b><u>CONSTITUTIONAL MATTERS</u></b>		
1.	Declarations of Interest		
	<i>All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 9 and Appendix B of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.</i>		
2.	Minutes of the last meeting held on 18 June 2024	1 - 8	
3.	Outstanding Actions	Verbal Report	
4.	Integrated Wellness Service: Recommissioning a new model	9 - 22	
5.	ICB Progress Report	Verbal Report	
6.	Better Care Fund 2024-25 Approval Information Report	23 - 26	
7.	Health Protection Board Update	27 - 30	
8.	Safeguarding children, young people and young adults from exploitation and harms outside the home 2024 - 2026 strategy - Slough Safeguarding Partnership and Safer Slough Partnership	31 - 48	
9.	Joint Health & Wellbeing Board Strategy 2025 - Workshop Sessions	Verbal Report	
10.	Progress Reports - Action Plan updates	49 - 62	
11.	Information Bulletin	63 - 74	
12.	Date of Next Meeting		
	Thursday 5 December 2024.		

## 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.

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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.

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**Slough Health & Wellbeing Board – Meeting held on Tuesday, 18th June, 2024.**

**Present:-** Councillor Smith (Chair), Dr Jim O'Donnell, Sue Butcher, Umar Ansari, Supt. Helen Kenny, Simon Lanaway, Matthew Lewis and Tessa Lindfield

**Apologies for Absence:-** Marc Gadsby, Caroline Hutton and Andrew Stockwell.

**PART 1****1. Appointment of Chair & Vice Chair**

Councillor Smith was appointed Chair of the Board for the Municipal Year 2024-25.

Dr Jim O'Donnell was appointed Vice-Chair for the Municipal Year 2024-25.

**2. Declarations of Interest**

No declarations were made.

**3. Minutes of the last meeting held on 12 March 2024**

Resolved – That the minutes of the meeting held on 12 March 2024 be approved as a correct record subject to the following amendment:

Under list of people 'Present' – delete Superintendent Lee Barnham and replace with Superintendent Helen Kenny.

**4. Additional Investment in Smoking Cessation Delivery Plans**

The Public Health Lead (Adults) Officer introduced the report. The report set out the Council's rationale and plan for utilising a new Department of Health and Social Care (DHSC) Tobacco Control Grant of £211,394 per annum to significantly enhance Slough's local stop smoking services. The funding would target high-risk groups, expand service capacity and drive demand for quitting smoking. The DHSC Grant was for five years, starting from April 2024.

The Public Health Lead (Adults) Officer advised that the success of the Grant would be monitored carefully working with existing Council data.

An options appraisal had been conducted and presented internally and across East Berkshire Public Health leadership meeting. The report set out the options considered with the advantages and disadvantages of each option. The recommended approach was option 3 – utilise Grant Funding for a split approach, balancing investing in current provision and exploring new pathways for smoking cessation service provision. The additional resources

from the Grant would help enhance existing services and target resources towards high-risk groups identified in the health needs assessment.

It was noted that the additional DHSC Grant came with specific conditions set by the DHSC. The proposed financial breakdown of the grant allocation for year 1 was outlined in Appendix 2 of the report and fully aligned with these conditions. To effectively manage the Grant and ensure successful implementation of the various initiatives over the next five years a dedicated public health officer position would be established.

A number of points were raised in the ensuing discussion which included:

- The statistics showed that Slough residents had above average respiratory problems, which was likely to be smoking-related, and which needed to be tackled.
- The lack of progress in reducing the number of smokers could be partly due to clinicians not asking patients if they smoke/vape as part of a routine consultation. From a GP perspective, there was a noticeable absence of any record of the question being asked and the patient's response in their notes.
- Re-engaging with clinicians at the start of the Grant Funding, reminding them of the importance of having a discussion with their patients as to whether they smoke/vape, the associated health risks etc, would help send out the right message.
- The data showed that the number of pregnant women who smoked had reduced by around a half in the last six years from around 10.9% to 5.6%. However, the figure was still high. Health professionals needed to refresh the message about the risks of smoking/vaping when carrying out health checks on pregnant women.
- Tailoring outreach strategies and raising awareness in targeted communities was being explored.
- It would be helpful to explore ways of raising awareness in targeted areas of the community so as to support more individuals in their attempts to stop smoking.
- Recognition of the importance of partnership with voluntary and community organisations in the delivery of aspects of the proposed plans, including education and campaign activities.

The Board welcomed the plan for utilising the Tobacco Control Grant in tackling smoking-related disparities in Slough.

**Action** – The Executive Director of Public Health and Public Protection to send a letter at the start of the programme to GPs/Health professionals, advising them of the initiative and asking them to have conversations with their patients regarding smoking/vaping and the risks associated. A list of proposed questions could be circulated to GPs/Health professionals at the same time.

**Resolved:**

**Slough Health & Wellbeing Board - 18.06.24**

1. That the Department of Health and Social Care (DHSC) Tobacco Control of £211,394 per annum for the next five years be noted.
2. That the proposed breakdown of the grant allocation for strengthening local stop smoking services and driving demand for quit smoking as set out in the report be noted.

**5. Domestic Abuse Strategy**

The Board was provided with a report which set out the background to the Council's Domestic Abuse Strategy (2023-2026), as required by the Domestic Abuse Act 2021 (the Act). The Board was invited to note and support the Strategy.

Regular oversight of the Strategy would be governed by Slough Domestic Abuse Partnership Board, which reports into the Safer Slough Partnership (SSP) Board. The Strategy and delivery plans focused on four key prevention priorities:

- Priority 1 – changing attitude
- Priority 2 – Early identification and intervention
- Priority 3 – Safety and Support
- Priority 4 – Work with abusers

By supporting the Strategy, the Board would be working alongside the Council's Safer Slough Partnership, Youth Justice Board and Safeguarding Partnership Board. All key statutory partners aimed to reduce the incidences of domestic abuse, to include children, who witnessed domestic abuse. The Act specified that children who witnessed domestic abuse were to be treated as victims.

The report set out the national context of domestic abuse as well as the local context. In Slough, the findings from the local needs assessment showed that there had been a rise in domestic incidents over the period 2019-2022, with an increase in the number of number of referrals to the Council's local domestic abuse specialist over the last three years.

A detailed delivery plan was underway, led by Slough Domestic Abuse Partnership Board, which would be the governing body to monitor the implementation of the strategy.

Officers responded to questions and/or comments from Members of the Board. Several points were raised in the ensuing discussion which included:

- The level of under-reporting of domestic abuse was recognised; having the Strategy in place will help raise awareness.
- The uniformity and strong partnership support across the Borough.

- Were there wards in and around Slough where the rate of domestic abuse was above average and if so, was it possible to share this information with East Berkshire Clinical Commissioning Group so that they inter-act with GP Practices?
- There needed to be greater support to victims of domestic abuse following the reporting of the matter. It could have distressing consequences for the victim as well as the victim's/ offender's families.
- Some victims of domestic abuse may feel reluctant to trust certain agencies which in turn creates difficulties.
- It was important to continue to work with local community groups to support victims and help challenge notions that married women are expected to have sex with their husbands even if they do not want to do so.
- The work of the Safer Slough Partnership in response to domestic abuse and the commitment to training was applauded.
- Routine enquiries were key to addressing domestic abuse – Wexham Park Hospital and Frimley Park carried out routine enquiries with patients (without their partners being present when the question was asked)
- The adverse impact on children who have witnessed domestic abuse and the longer-term impact on them.

Officers advised that the Council carried out strategic assessments, which could be broken down by Wards, and could be shared with the local commissioning groups.

The Board thanked Officers for their hard work in producing the Strategy and applauded the work and the support of the Safer Slough Partnership.

**Resolved:**

1. That the Domestic Abuse Strategy be noted and supported.
2. That the regular oversight of the Strategy will be governed by Slough Domestic Abuse Partnership Board, which reports into the Safer Slough Partnership Board, be noted.

**6. Sport England Place Based Investment**

The Board considered a report which set out the background to Sport England's (SE) Place Based Work and its proposal to invest via Get Berkshire Active (GBA) into Britwell to create a sustainable active environment for residents. This required GBA to submit a Development Bid proposal to SE. Slough, and Britwell in particular, was one of the least active areas of England.

Working with SE in a Place Based and Whole Systems approach and would provide the Council with an opportunity to go beyond the traditional attempt to get people active and focus on the causes of inactive lifestyles. If successful, the fundings would be for a three – four-year investment period.



While noting that this was not a competitive bid, GBA, supported by the Council, was nonetheless required to show:

- How the bid would make a sustainable, long-term difference to activity levels
- How the bid was supported by local strategic partners such as the Council and NHS Frimley
- How any options that are included in the proposal but are outside of SE remit to fund will be locally funded/supported.

Members of the Board made the following comments:

- It would be helpful to establish a 'buddy' system to encourage people to become more active – eg walking.
- Active travel is a key area to focus on.
- There appears to be gaps in the referral platform from GPs to GBA which needs to be re-energised and built-on.
- Working together with Clinical Commissioning Groups and community groups to encourage people to move and exercise would be beneficial.
- Exploring suitable, safe venues where some of the least active groups could exercise safely was suggested. This could include GP practices, places of worship and schools which are not used in the evening.
- It would be good to encourage Council employees (half of whom are residents from Slough) to do more exercise at Council premises as part of being role models as well as for their well-being.
- A short exercise programme (around 10 minutes) just before the start of the next Board meeting was suggested.
- Finding safe walks around Slough Town Centre in the evening as part of an organised social activity could be explored.
- Continuing to engage with GBA is important in preparing for the bid.

### **Actions**

1. The Democratic Services Officer to share her notes of the discussion with the Deputy Director of Public Health.
2. Dr O'Donnell, East Berkshire Clinical Commissioning Group to discuss with Matthew Lewis, Everyone Active, to discuss ways forward for a representative from Everyone Active to attend occasional GP meetings.
3. The Director of Public Health to plan a short exercise programme for members of the Board just before the start of the next meeting.

### **Resolved:**

1. That the proposed investment be noted
2. That the Board endorses support to Get Berkshire Active to prepare the Development Award bid including providing insight, data and officer time as part of the emerging Steering Group (GBA, SBC, local groups)
3. That the elements discussed above be put forward to support the bid to Sport England.

## 7. Prevention of Whooping Cough in Babies

The Board considered a report which included information on the current situation on rising cases of whooping cough in England, the risk to babies, the use of the Pertussis vaccination in pregnancy and inequalities in vaccination coverage in pregnancy. Appendix A provided the number of Laboratory confirmed cases of vaccines for 2011 to 2023.

Vaccines were being offered locally during antenatal care at the hospital and in primary care and maternity services were working hard to improve vaccination rates locally.

Buckinghamshire, Oxfordshire and West Berkshire Integrated Care Board was offering a free 2.5-hour training session to health, social care and voluntary sector staff working in the Southeast to help build confidence, skills and knowledge so as to open up discussions with patients about vaccination.

The Board endorsed the approach set out in the recommendations.

### **Resolved:**

1. That the picture of rising cases of whooping cough, the risk to babies and opportunities for prevent be noted.
2. That staff working with families be encouraged to take up training opportunities, so they understand the reasons for and the value of vaccination and to demonstrate a positive attitude to vaccination programmes, including those to prevent whooping cough.
3. That communications with partners to share and amplify NHS messaging on Pertussis vaccination be encouraged.

## 8. Better Care Fund

The Board received a copy of the Slough's Better Care Fund Plan (BCF) 2024/25 which provided a summary of the BCF programme in 2023/24 along with an updated plan for 2024-25, including finance, governance and the Council's approach for integration in Slough.

The Integrated Delivery Lead, Frimley Integrated Care Board, highlighted the salient points in the report, including the number of the falls and residential admissions. He confirmed that the BCF plans had been submitted on 10 June 2024, in accordance with the deadline. The budget was around £90 million.

Members of the Board made a number of points which included the following:

- Of the £90 million allocated, just under 3% of the money is spent on children, which is very low. The percentage contribution needs to be increased on children to ensure health intervention at an earlier stage.
- Spending the bulk of the funding supporting people who are already ill, with chronic co-morbidities, some of whom will have the shortest future lives, is very expensive and likely to place more pressure on the NHS.
- The Council was already subject to statutory intervention for working with children with special educational needs and disabilities (including health plans for children) – the funding needs to be spent more widely to meet their needs.
- Joint working on preventative measures should be encouraged.

**Resolved:** That the contents of the Better Care Fund Plan and the areas of joint investment by the partners from the pooled budget be noted. This includes that the BCF schemes are set within the national policy framework and are aimed at supporting Slough residents to live independently at home, avoid unnecessary admissions to hospital where possible, and if they are admitted to hospital, experience a timely and well-co-ordinated discharge and transfer from hospital back home.

## 9. HWB Action Plan Progress Reports

The Board received a copy of the Action Plan Progress Report (an updated version of the Report was tabled at the meeting).

The Executive Director of Public Health and Public Protection drew the Board's attention to two actions in respect of the updated report:

Under action SW2.2b – Under “Publish a healthy weight needs assessment” – it was noted that this task has been completed. There was now a proposal to change the action to implementing the whole systems approach to Healthy Weight.

Under action SW5.1a – Under “Develop a new healthy schools programme” - two new Health and Wellbeing Officers had started working with education and health colleagues to develop a programme of work.

The Executive Director of People (Children) advised that in respect of the action increasing the number of children attending nursery school by the age of two, an early years' peer review was currently taking place in terms of uptake. A further report would be provided at the next meeting.

The Board welcomed the breadth of activities that were taking place and the projects that were underway.

One of the members of the Board asked whether the action 4.1 – improve oral health amongst children in Slough to improve dental decay – whether the options appraisal could include an element of dental care in a general practice

**Slough Health & Wellbeing Board - 18.06.24**

setting. The question of how to help children overcome the fear of seeing a dentist was raised in this context. Working with GP practices and community hubs jointly in showing children how to look after their teeth at an early stage was suggested. Officers agreed to follow up on this suggestion.

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

**10. Health & Wellbeing Board Workshop Sessions 24/25**

The Board received a report which set out the proposed informal Board sessions to develop the work to be undertaken on behalf of the Board in 2024-25 and inform the next Joint Health and Wellbeing Strategy from January 2026. The proposed areas of work were as follows:

- Extending healthy life in Slough
- Building safe, health, active communities
- Health and Equity in the Council's policies
- Children and young people: Family Hubs

The Board welcomed focus groups as the way forward.

**Resolved:**

1. That the proposal for informal sessions to develop work programmes of the Board and inform the next Joint Health and Wellbeing Strategy.
2. The areas of work considered to cover be endorsed.

**11. Information Bulletin**

The Board welcomed the June 2024 Information Bulletin. The Vice-Chair enquired whether it was possible for the publication to be shared on the Council's website. The Executive Director of Public Health and Public Protection advised that the Public Health section on the Council's website was currently being updated and that she would arrange for the bulletin to be uploaded to it once that exercise had been completed.

**12. Date of Next Meeting**

17 September 2024

Chair

(Note: The Meeting opened at 3.00 pm and closed at 5.00 pm)

**Slough Borough Council**

<b>Report To:</b>	Health and Wellbeing Board
<b>Date:</b>	17/09/2024
<b>Subject:</b>	Redesign and Recommissioning of Slough Integrated Health and Wellbeing Service
<b>Chief Officer:</b>	Tessa Lindfield, Director of Public Health
<b>Contact Officer:</b>	Kelly Evans, Deputy Director of Public Health Janet Ige Public Health Lead (Adults)
<b>Ward(s):</b>	All
<b>Exempt:</b>	NO
<b>Appendices:</b>	[Appendix 1- Schematic of service design

**1. Summary and Recommendations**

1.1. This report is to inform the Health and Wellbeing Board of the rationale and plan to redesign and recommission the integrated health and wellbeing service for five years (plus two years of possible extension) from 1<sup>st</sup> April 2025

**Recommendations:**

The Health and Wellbeing is recommended to:

- a) Note the rationale and plan to redesign and recommission the Integrated Health and Wellbeing Service for a period of five years (with a possible extension of two years) starting from 1st April 2025.
- b) Note the proposed new service delivery model outlined in the report, which aims to enhance the effectiveness and responsiveness of the Integrated Health and Wellbeing Service to better meet the evolving needs of the community during the new commissioning period

**Report****Introductory paragraph**

1.2. The Council's Corporate Plan (A Fresh Start 2023–27) highlights three strategic priorities, one of which is fostering a town where residents can live healthier, safer and more independent lives. The Integrated Health and Wellbeing Service (IHWS) is central to achieving this, offering programmes that target falls prevention, smoking cessation, weight management, and general health assessments which can help residents remain healthier for longer.

1.3. The IHWS plays a crucial role in addressing health inequalities, particularly within deprived communities. Over 50% of service users are from high-deprivation areas,

ensuring that vulnerable populations receive the necessary support to lead healthier lives.

- 1.4. The IHWS, which is jointly funded by SBC and Frimley ICS Better Care Fund, enhances service delivery by partnering with health organisations, local businesses, and community groups. Collaborations with NHS Frimley and other stakeholders are vital for improving the uptake of services like smoking cessation and health checks, aligning with the broader goals of the Council.
- 1.5. Despite significant achievements, a recent review identified areas where the current service could be improved. These gaps have led to the decision to redesign and re-procure the service to optimise delivery and better meet the evolving needs of Slough's residents.
- 1.6. The rationale for redesigning and recommissioning the Integrated Health and Wellbeing Service stems from the need to enhance its effectiveness and responsiveness. The current service has shown success but requires improvements to address identified gaps, prioritise primary prevention, and strengthen stakeholder engagement. This redesign is essential for ensuring that the service continues to meet the health needs of Slough's diverse population while contributing to the Council's strategic priorities. The new service model will focus on optimising resources, expanding reach, and driving equitable health outcomes across the borough.

#### Options considered

- 1.1. An options appraisal was conducted and presented internally and to the East Berkshire Public Health leadership meeting. The recommended option is option C.

#### Option A: Do Not Re-procure the Service Following the End of the Current Contract on 31st March 2025

- 1.1.1. The IHWS has been crucial in delivering health and wellbeing services to residents, addressing key issues to maintaining health like smoking cessation, weight management, falls prevention and physical inactivity since 2020. The termination of the IHWS would leave a significant gap in public health services for Slough residents.
- 1.1.2. Without the IHWS, there would be no specialised, integrated support available for addressing health inequalities and promoting healthy lifestyles.
- 1.1.3. Financially, while there would be immediate cost savings, however this would be at the expense of long-term health and social costs due to lack of preventative health services leading to higher healthcare costs and reduced overall community wellbeing.
- 1.1.4. Current users of the IHWS, particularly those from deprived areas, would lose access to tailored health interventions, likely worsening health outcomes and widening health inequalities in the borough. Not re-procuring the Integrated Health and Wellbeing Service (IHWS) after the current contract ends would result in the discontinuation of all services provided under this programme. For this reason, this option is not recommended.

## Option B: Reprocure the Service Without Any Redesign

- 1.1.5. Ensures that residents continue to receive health and wellbeing services without interruption, maintaining the progress made in public health outcomes. This avoids the complexities and potential challenges associated with implementing a redesigned service model.
- 1.1.6. Continues to leverage the successes of the current service, which has demonstrated effectiveness in some areas, such as smoking cessation and engaging deprived communities.
- 1.1.7. However, this option does not address the gaps and areas for improvement identified in the recent service review. Issues such as inconsistent engagement, limited outreach and health education, lack of robust definition for key performance indicators, inadequate use of evidence from behavioural science to improve engagement and inadequate digital integration would persist and limit the success of the service.
- 1.1.8. Ultimately, this option fails to incorporate best practices and innovative approaches from other local authorities, potentially limiting the service's impact and effectiveness and is not recommended.

## Option C: Redesign and Reprocure the Service Following Recommendations from the Service Review and consultation with residents (Recommended Option)

- 1.1.9. Addresses the identified gaps and inefficiencies, leading to a more effective and responsive service. This includes better engagement strategies, diversified referral pathways, and stronger digital integration.
- 1.1.10. Emphasises preventive health measures, reducing the incidence of chronic diseases and long-term health and social care costs.
- 1.1.11. Strengthens collaboration with secondary care providers, schools, community organisations, and CVS, ensuring a broader reach and more comprehensive support for residents.
- 1.1.12. Utilises successful models from other local authorities, ensuring the service adopts the most effective strategies and interventions.
- 1.1.13. Establishes clear Key Performance Indicators and robust data collection methods, improving accountability and performance monitoring.
- 1.1.14. While there may be initial costs associated with the redesign and implementation, these are likely to be offset by long-term savings from improved health outcomes and more efficient service delivery.
- 1.1.15. Option C is the recommended option. Redesigning and re-procuring the IHWS aligns with the Council's vision and corporate priorities by optimising service delivery, emphasising primary prevention, enhancing outreach and engagement, and incorporating best practices. This strategic approach will

ensure the continued improvement of health outcomes for Slough's residents, addressing health inequalities, and fostering a healthier community.

## Background

- 1.1. The Integrated Health and Wellbeing Service (IHWS) in Slough was established in April 2020, amalgamating various independently commissioned services under a single lead provider, Solutions 4 Health (S4H). The service was originally commissioned to deliver services weight management support and oral health promotion for children and young people in addition to providing NHS Health checks, smoking cessation support, alcohol brief advice, falls prevention and physical activity promotion, weight management intervention, and referrals to community services. The initial contract, which began in April 2020, was extended for the final year of possible extension and is set to end on 31st March 2025.
- 1.2. Since the start of the contract term, one element of the service called Active Movement was decommissioned in 2022. This was a consequence of that part of the service not being effective in meeting its outcomes i.e. in getting our residents active nor being taken up within Slough Schools. Consequently, the initial contract value of £720,000 reduced to £622,000.
- 1.3. Following a recent review of the service, the child weight management and oral health element of the service is also to be decommissioned by the end of September 2024. These elements will be re-commissioned separately to align with the other child weight management and 0-19 programmes.
- 1.4. The change to the service delivery including the removal of the child weight management and oral health after six months resulted in a cost of £570,179 for the final year of contract. However, an additional investment of £43,941 has been invested into the service to expand the tobacco control service included in the IHWS. This investment is funded by the Department of Health Local Stop Smoking Services and Support Grant 2024-2025 to expand tobacco control service and increase the number of service users setting a quit date. This would result in an overall cost of service of £614,120 for 2024/2025.
- 1.5. While the IHWS has achieved notable successes, including high engagement from deprived communities and positive health outcomes in areas such as smoking cessation, a comprehensive service review completed in early 2024 identified several areas for improvement. These include inconsistent engagement across some programmes, limited outreach and referral pathways, and limited use of behaviour change techniques to improve success rate. Additionally, the service review highlighted the need for more robust data collection and clearer Key Performance Indicators (KPIs) to ensure accountability and continuous improvement.
- 1.6. The service (figure 1) has been redesigned to deliver a wide range of programmes including
  - Health education and outreach
  - Smoking cessation
  - Adult weight management



- Falls prevention
  - Alcohol advice service
  - NHS and cardiovascular Health Checks
  - Physical activity promotion
- 1.7. These services will be tailored to meet the needs of vulnerable groups, ensuring that interventions are effective and impactful.
- 1.8. Community-based support will be a cornerstone of the IHWS, with health services provided in accessible community settings. Coordinated efforts with local health organisations, community partners, and the voluntary sector will ensure the delivery of holistic care.
- 1.9. High engagement and uptake are critical success factors for the IHWS. This requires successful outreach and engagement strategies that increase participation from target populations, particularly high-risk groups. Effective marketing and communication will be essential to raising awareness and promoting the services offered.
- 1.10. The quality and effectiveness of services are paramount. Adherence to best practice guidelines and evidence-based approaches will ensure that the IHWS delivers high-quality care. The service specification has been developed in consultation with health care professionals and residents to ensure that the service adheres to best practice. Continuous monitoring and evaluation will help to maintain and improve service standards, ensuring that the needs of the community are met effectively.

## IHWS Schematic Overview

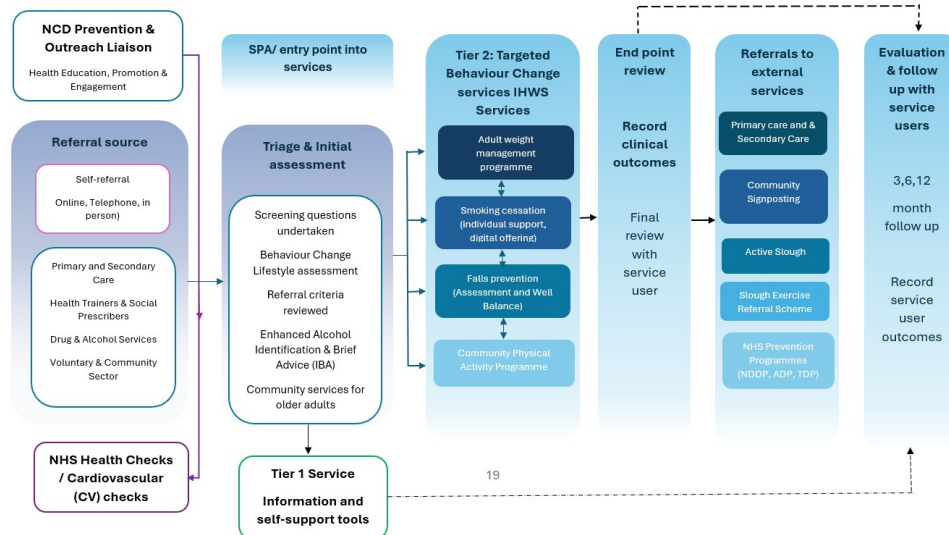


Figure 1: Schematic of the overall service model

## Why a Change is Needed:

- 1.11. Given that findings from the review identified important areas for improvement, a change is essential to optimise the IHWS and better meet the health needs of Slough's residents. The redesign aims to:
- Integrate data from public consultations and resident engagement to develop service that meets the needs of our population.
  - Improve engagement and uptake across all programmes, particularly for groups with historically low participation rates.
  - Expand and diversify referral pathways to ensure broader access to services, including harder-to-reach populations.
  - Strengthen the use of digital platforms to enhance service delivery and accessibility.
  - Prioritise preventive health measures to reduce the long-term burden of chronic diseases.
  - Establish robust data collection methods and clear KPIs to monitor and report on service performance effectively.

## Consultation and Views of Other Bodies:

- 1.12. A thorough review of the IHWS was completed in early 2024. This review analysed performance data and conducted an audit of the equality impact assessment. Service user feedback and engagement data were also incorporated. The review provided a detailed analysis of the service's performance, identifying key areas for improvement in the recommissioning process.
- 1.13. Community input has already been integrated into the redesign. Members of the co-production network, including residents and stakeholders, were actively engaged, ensuring the redesigned service reflects the community's needs.

## Public Consultation

- 1.14. A public consultation launched on 16th May 2024 received 393 responses, indicating a positive preference for an integrated model. Feedback focused on service accessibility and key health issues important to residents. Three focus group discussions with around 30 residents and local stakeholder groups highlighted issues like service awareness and accessibility improvements. All these engagements informed the service design.

## Clinical Reference Group

- 1.15. A Clinical Reference Group met twice to discuss the service model and provide feedback. This group, including clinicians and healthcare experts from all the primary care networks in Slough, offered expert advice on clinical outcomes and guided the development of the redesigned service specification.

## **3. Implications of the Recommendation**

## 1.7. Financial implications

- 3.1.1 The procurement aims to implement one contractual arrangement which will be jointly funded by the Public Health grant and Better Care Fund.
- 3.1.2 The financial implications arising from the delegation of authority are limited to the total of £3,500,000 over 5 years (plus £1,400,00 for possible extension of 2 years)

## 1.8. Legal implications

- 1.8.1. Section 2B of the National Health Service Act 2006 (2006 Act) (the “2012 Act”) requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area.
- 1.8.2. The proposed commissioning of the Integrated Health and Wellbeing Service falls under the Light Touch Regime of the Public Contracts Regulations 2015 as it exceeds the threshold of £663,540.
- 1.8.3. The Council is subject to legal requirements to ensure fair competition for all contracts irrespective of value and is subject to obligations under Law to ensure contracts are awarded having regard to the need to avoid any action that is discriminatory, improper or which distorts competition.
- 1.8.4. Under Regulation 72 (1) (b) of The Public Contracts Regulations 2015 (PCR) variations to contracts are permitted to accommodate additional services by the original contractor, which have become necessary but were not included in the initial procurement, where a change of contractor cannot be made for economic reasons and would cause significant inconvenience or substantial duplication of costs for the council. Any increase in price must also not exceed 50% of the value of the original contract.

## 1.9. Risk management implications

<b>Risk</b>	<b>Mitigations</b>	<b>Residual risk assessment</b>
Risk of Service Disruption During Transition: Potential disruption during the transition period from the current contract to the newly procured service.	<ul style="list-style-type: none"><li>- Detailed transition planning and early engagement with potential providers to ensure continuity.</li><li>- Clear communication with current service users.</li><li>- Establishing a robust mobilisation period starting in October 2024 to ensure a smooth handover.</li></ul>	Medium
Risk of Non-Alignment with Stakeholder Expectations: Redesigned service may not fully align with the expectations and needs of stakeholders.	<ul style="list-style-type: none"><li>- Extensive public consultation launched on 16th May 2024.</li><li>- Engagement with the co-production network and focus group discussions.</li></ul>	Low

	- Establishment of a clinical reference group to guide the development of evidence-based service specifications.	
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*1.10. Environmental implications*

1.1.1. One of the core components of the IHWS is the promotion of physical activity and healthy lifestyles. By encouraging residents to adopt active modes of transportation such as walking and cycling, the service can contribute to reducing the reliance on car use, thereby decreasing greenhouse gas emissions and contributing to improved air quality. This initiative not only supports public health objectives by reducing the incidence of lifestyle-related diseases but also aligns with the broader environmental goals of the Council.

1.1.2. By encouraging people to give up smoking, the service can contribute to improving air quality and reduce pollution from disposal of cigarette butts.

*1.2. Equality implications*

1.2.1. An equality impact assessment of service was conducted as part of the service review. The findings of the equality assessment revealed that the current IHW service is available across the whole community, responsive to gender and or culturally specific need and is serving a diverse population. The new service model was underpinned by the principle of equality and proportionate universalism

1.2.2. The findings of the review also set out recommendations and specific actions which was incorporated into the redesign of the service specification. These include implementation of targeted outreach strategies to better engage underrepresented groups, and expansion of support for routine and manual workers, individuals from high deprivation areas, and those with mental health issues.

*1.3. Procurement implications*

3.6.1 A range of different options were considered for both the model and procurement route, including maintain separate services, single provider (all elements) and either tender or bring the service in-house

**Recommended Service Model Option – Single Lead Provider**

3.6.2 A Single Lead Provider will deliver an integrated health and wellbeing programme through a Single Point of Access/Referral targeted outreach, community clinics, primary care sites, to meet specified outcomes.

This has the following advantages:

- Single Point of Access/Referral, supporting appropriate service allocation, data sharing and monitoring.
- Ability to provide a more holistic service to users who have multiple needs.

- Greater potential for lower cost contract as each section supports the other (resource sharing) and absorbs potential losses
- Only one organisation to manage
- Data returns from one source
- One procurement process
- Relatively scalable to meet future budget changes

3.6.3 Regarding the procurement options, the value determines the need to go out to a full open procurement exercise, using the “Light Touch” rules. Officers initially considered whether any element of the service could be brought inhouse; however, alongside the extensive timescale to undertake the insourcing exercise, additional procurement activity would be required for some directly commissioned community services, together with an IT system to manage client assessment and referral. Delivery of savings are less achievable through this route.

3.6.4 It was therefore agreed to put the service through an open market tender to ensure the opportunity for savings and innovation.

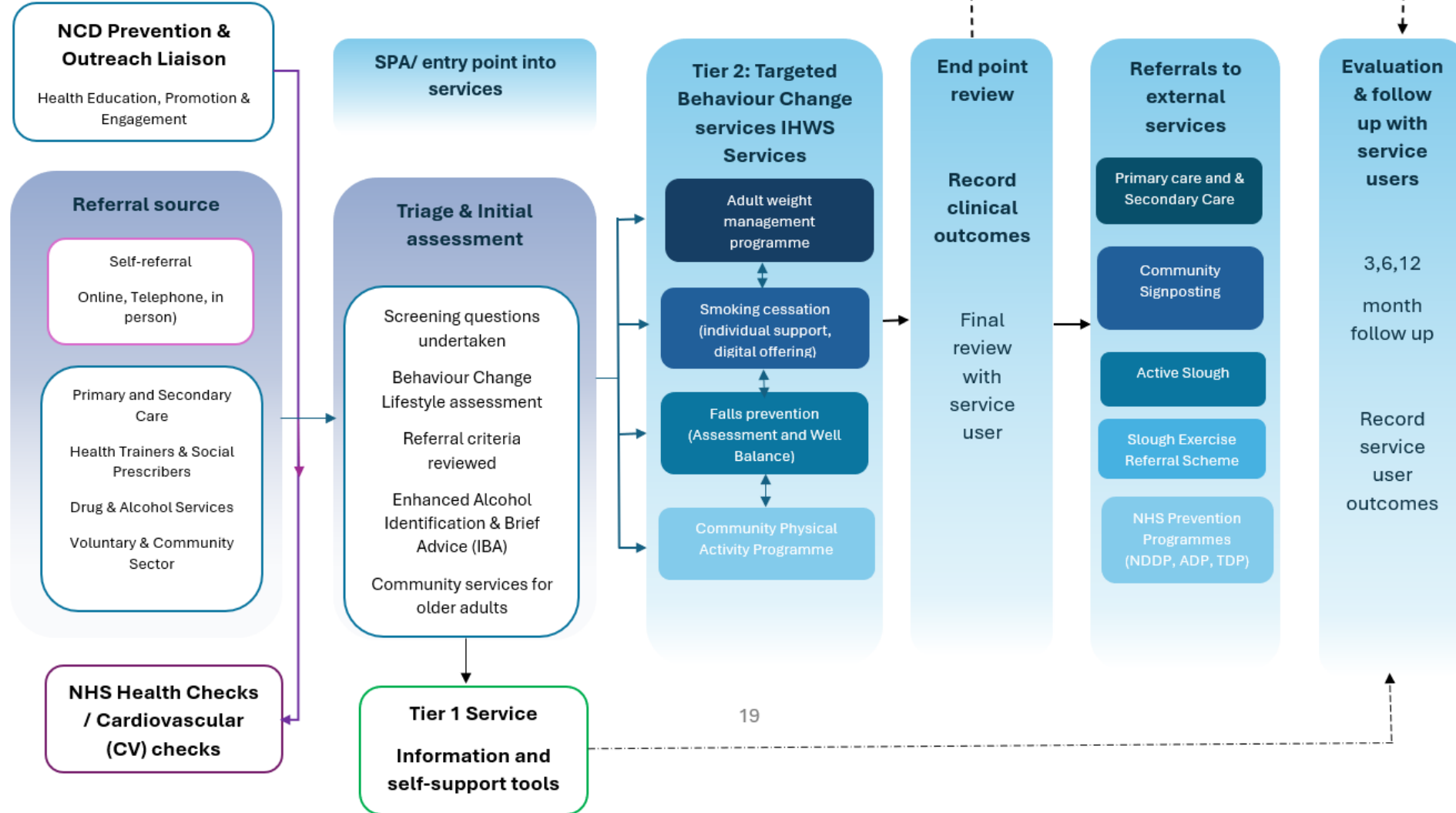
#### **4. Background Papers**

None

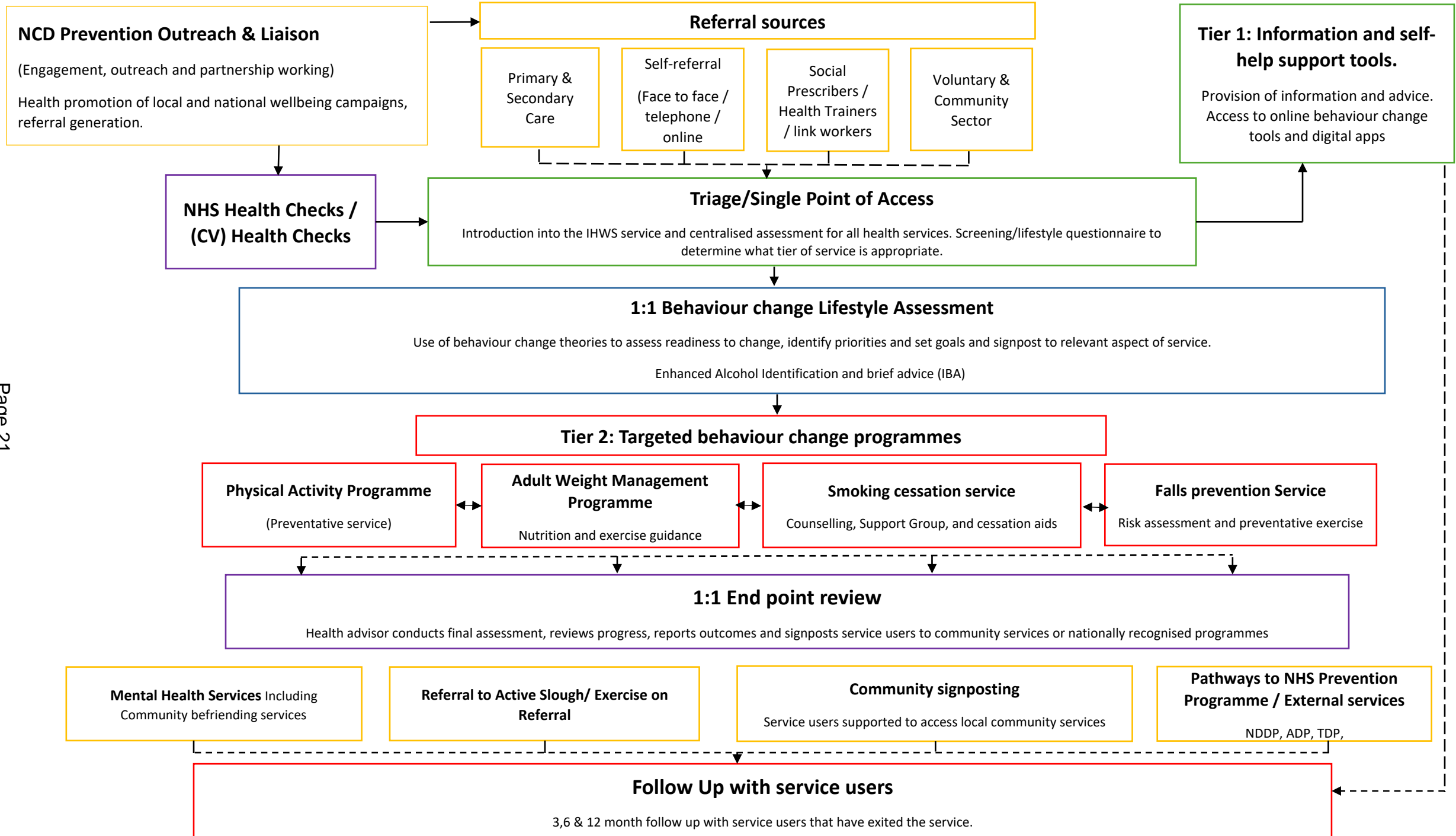


# IHWS Service Model

# IHWS Schematic Overview







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**Slough Borough Council**

<b>Report To:</b>	Health and Wellbeing Board
<b>Date:</b>	17/09/2024
<b>Subject:</b>	Better Care Fund 2024 – 2025 Approval
<b>Chief Officer:</b>	David Coleman-Groom, Interim DASS, Slough Borough Council & Martha Earley, Associate Director of Places and Communities, East Berkshire, Frimley ICB
<b>Contact Officer:</b>	Mike Wooldridge, Better Care Fund & Transformation Lead, Frimley ICB
<b>Ward(s):</b>	All
<b>Exempt:</b>	NO
<b>Appendices:</b>	Appendix 1 – June Health & Wellbeing Board Paper – Better Care Fund Plan 2024 – 2025  Appendix 2 – BCF Updated expenditure plan 2024/25

**1. Summary and Recommendations**

- 1.1 This report sets out to highlight that the Better Care Fund 2024/25 for Slough has been formally approved.

**Recommendations:**

The Health and Wellbeing Board is recommended:

- a) To note that the Better Care Fund 2024/25 for Slough has been formally approved, following written confirmation on 21<sup>st</sup> August 2024.

**2. Report****Introductory paragraph**

- 2.1 The Better Care Fund (BCF) is a national government programme aimed at bringing health and social care partners together to deliver more person-centred and integrated care at a local partnership level. Announced in 2014 and then launched in 2015, the BCF programme requires Health and Wellbeing Boards to pool local budgets between the NHS and local authorities with the aim of reducing the barriers often created by separate funding streams. The framework remains largely unchanged with the core purpose to protect adult social care and promote integration locally aligned with local authorities and health as partners.
- 2.2 The Better Care Fund programme is developed, agreed and managed between Slough Borough Council and the Frimley Integrated Care Board. Working together with local stakeholders and delivery partners it aims to improve, both

directly and indirectly, the health and wellbeing outcomes for the people of Slough.

- 2.3 A paper was brought to the June Health & Wellbeing Board to provide an overview of Slough's BCF Plan for 2024/25, please see Appendix 1 for more information.
- 2.4 Following the submission of the BCF Plan in June there was a regional and national assurance process to ensure that plans met the criteria and guidelines set out within the BCF framework. At the regional assurance process further clarification was sought about the unallocated Discharge Funds at the time of submission of the plan. It is a condition of the Discharge Fund element that the funds be fully spent. An update plan was provided outlining that those remaining funds would be supporting Pathway 1 discharges (people returning home with care and/or reablement support) which is where we currently have greatest demand and pressures on flow out of hospital. The BCF Plan was assured and letter of 21 Aug to Board Chairs and CEX to confirm. We are now able to proceed with finalising the section 75 agreement by 30 Sept.

## **Background**

- 2.5 A copy of the BCF updated expenditure plan can be seen in Appendix 2.

## **3. Implications of the Recommendation**

### *3.1 Financial implications*

- 3.1.1 This is not applicable, as this report is just for information.

### *3.2 Legal implications*

- 3.2.1 This is not applicable, as this report is just for information.

### *3.3 Risk management implications*

- 3.3.1 This is not applicable, as this report is just for information.

### *3.4 Environmental implications*

- 3.4.1 This is not applicable, as this report is just for information.

### *3.5 Equality implications*

- 3.5.1 This is not applicable, as this report is just for information.

### *3.6 Procurement implications*

- 3.6.1 This is not applicable, as this report is just for information.

### *3.7 Workforce implications*

- 3.7.1 This is not applicable, as this report is just for information.

### *3.8 Property implications*

- 3.8.1 This is not applicable, as this report is just for information.

#### **4. Background Papers**

None

Appendices

**Appendix 1** - June Health & Wellbeing Board Paper – Better Care Fund Plan 2024 – 2025

[Public reports pack 18062024 1500 Slough Health Wellbeing Board.pdf](#) – please refer to pages 23 – 41

**Appendix 2** - BCF Updated expenditure plan 2024/25

[Public reports pack 18062024 1500 Slough Health Wellbeing Board.pdf](#) – please refer to pages 34 - 41

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**Slough Borough Council**

<b>Report To:</b>	Health and Wellbeing Board
<b>Date:</b>	17/09/2024
<b>Subject:</b>	East Berkshire Health Protection Board Information Update
<b>Chief Officer:</b>	Tessa Lindfield, Executive Director of Public Health and Public Protection
<b>Contact Officer:</b>	Dr Jonas Thompson-McCormick, Interim Director of Public Health RBWM & Chair of the East Berkshire Health Protection Board Emily Macdonald, Interim Slough Health Protection Officer
<b>Ward(s):</b>	ALL
<b>Exempt:</b>	NO
<b>Appendices:</b>	[None]

**1. Summary and Recommendations**

1.1 This report provides an overview of key health protection issues presenting a risk to or affecting the local community.

**Recommendations:**

The Health and Wellbeing Board is recommended:

- a) To note the report for information.

**2. Report****Introductory paragraph**

2.1 The purpose of this report is to inform members of the Health & Wellbeing Board of the work of the Berkshire East Health Protection Forum and to highlight local health protection risks.

2.2 The report will outline:

- The key health protection risks/issues, people at risk, public health mitigations.
- The current situation and challenges.
- Proposed actions and recommendations.

## Background

2.3 *Health protection* is a term used to encompass a set of activities within public health. It is defined as protecting individual, groups and populations from single cases of infectious disease, incidents and outbreaks and non-infectious environmental hazards such as chemicals and radiation<sup>1</sup>.

2.4 Directors of Public Health (DsPH) and Local Authorities (LAs) have statutory responsibilities to maintain an oversight function, ensuring plans are in place to mitigate health protection risks for their population and to support the health protection response work of the UK Health Security Agency (UKHSA); this is set out in the Health and Social Care Act (2012).

2.3 The Civil Contingencies Act (2004) classifies LAs as Category 1 responders with statutory responsibilities for actively planning for and leading the response to health protection incidents and emergencies. Category 1 Responders are also responsible for warning, informing, and advising the public.

2.4 The Berkshire East Health Protection Forum is a mechanism set up to provide Directors of Public Health with assurance that the populations health is protected from threats and hazards. Stakeholders such as NHS Frimley, UKHSA Health Protection, and NHS England attend to give updates to the group.

2.5 The Health Protection Forum has a reporting relationship with Health & Wellbeing Boards to ensure members are sighted on issues, risks and actions.

2.5 Administration of the meeting is rotated annually by local authority. At present it is chaired by the RBWM DPH, Jonas Thompson-McCormick.

## Overview of Key Health Protection Issues for East Berkshire

### 2.6 Vaccine Preventable Disease

#### 2.6.1 Measles

2.6.1.1 Issue: national [increase in measles; in Slough, 84.6% of 5-year olds have received two doses of MMR](#). The World Health Organisation advocates ensuring 95% of people have had two doses of MMR in order to avoid measles spreading in communities.

2.6.1.2 Impact on Health: potential for outbreaks, hospitalisation especially in children under 5, long term health complications, avoidable death

2.6.1.3 Populations at risk: anyone who has not had two doses of MMR vaccine and others who are immunocompromised

2.6.1.4 Mitigations:

2.6.1.4.1 Regional commissioners working to identify local GP practices with unimmunised patients and commissioning additional services to invite and immunise people in the community.

2.6.1.4.2 UK Health Security Agency (UKHSA) and NHS England childhood immunisation campaign, "If we're not vaccinated we're not protected." Targeting parents with children before they go back to school.

### 2.7 Pertussis (Whooping Cough)

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<sup>1</sup> Royal College of Nursing



- 2.7.1 **Issue:** national increase in pertussis, 9 infant deaths in the UK between Jan – July 2024<sup>2</sup>.
- 2.7.2 **Populations at risk:** children under 5, especially infants, are at high risk of poor health outcomes or death if infected
- 2.7.3 **Mitigations:** communications to encourage timely vaccination in pregnancy which is key to passively protecting babies before they can be directly protected by the infant vaccine programme

## 2.8 Infectious Disease

### 2.8.1 Shiga toxin producing E. coli (STEC)

- 2.8.1.1 **Issue:** An outbreak of STEC, a type of E. Coli infection, was confirmed across England and Scotland in May and June. Nearly 250 people were confirmed cases. The outbreak was de-escalated on 28<sup>th</sup> June 2024 by UKHSA<sup>3</sup>.
- 2.8.1.2 **Population at risk:** Exposures most significantly associated with becoming infected included: eating pre-packaged sandwiches, iceberg lettuce, and eating out.
- 2.8.1.3 **Mitigations:** A briefing note was sent out to the health sector on 01 June 2024 to ensure healthcare professionals are aware of the current increase in cases, the national level investigation into the cluster and the guidance and recommendations for action.

## 2.9 Health Emergency Plans

### 2.9.1 Plans for Responding to Emergencies Affecting Health

- 2.9.1.1 **Issue:** some local authority & system plans require updating. Capacity to respond to emergencies is currently stretched.
- 2.9.1.2 **Mitigations:** heat health plans and responses have been reviewed, updating pandemic plans has been added to the teams' work plan. All employees of Slough Borough Council have been invited to apply to be Local Authority Liaison Officer (LALO) to strengthen the workforce of the emergency response team.

## 2.10 Other Risks and Future Considerations

### 2.10.1 Health Inequalities

The group discussed certain groups in the community who may be not be up to date with the UK Immunisation Schedule. This work is discussed in more detail in the Immunisation Network Group.

### 2.10.2 Vector-borne Disease

- 2.10.2.1 Changing climate patterns have led to a change in the prevalence of certain types of [mosquitoes](#) that can harbour infections which can affect humans. UKHSA put on a training session in August to raise awareness with and ask for support from local authorities.

### 2.10.3 Mpox

- 2.10.3.1 The group will keep a watching brief on the epidemiology of mpox following a World Health Organization (WHO) announcement of a new

<sup>2</sup> <https://www.gov.uk/government/publications/pertussis-epidemiology-in-england-2024>

<sup>3</sup> <https://www.gov.uk/government/publications/shiga-toxin-producing-e-coli-outbreak-o145-may-to-june-2024/investigation-into-an-outbreak-of-shiga-toxin-producing-e-coli-stec-o145-in-great-britain-may-to-june-2024>

mpox virus strain (clade 1) which is circulating in the Democratic Republic of the Congo (DRC).

- 2.10.3.2** There is a potential for the virus to spread further across countries in Africa and outside the continent however, the risk to the UK population from mpox clade 1 is currently considered low. UKHSA & the NHS are preparing for any cases that we might see in the UK.

### **3. Implications of the Recommendation**

#### **3.1** *Financial implications*

3.1.1 This is not applicable, as this report is just for information.

#### **3.2** *Legal implications*

3.2.1 This is not applicable, as this report is just for information.

#### **3.3** *Risk management implications*

3.3.1 This is not applicable, as this report is just for information.

#### **3.4** *Environmental implications*

3.4.1 This is not applicable, as this report is just for information.

#### **3.5** *Equality implications*

3.5.1 This is not applicable, as this report is just for information.

#### **3.6** *Procurement implications*

3.6.1 This is not applicable, as this report is just for information.

#### **3.7** *Workforce implications*

3.7.1 This is not applicable, as this report is just for information.

#### **3.8** *Property implications*

3.8.1 This is not applicable, as this report is just for information.

### **4. Background Papers**

None

## Slough Borough Council

<b>Report To:</b>	Slough Health & Wellbeing Board
<b>Date:</b>	17 <sup>th</sup> September 2024
<b>Subject:</b>	Safeguarding children, young people and young adults from exploitation and harms outside the home 2024 – 2026 strategy
<b>Chief Officer:</b>	Sue Butcher
<b>Contact Officer:</b>	Betty Lynch
<b>Ward(s):</b>	ALL wards
<b>Exempt:</b>	NO –
<b>Appendices:</b>	Exploitation strategy

### 1. Summary and Recommendations

- 1.1 This paper presents the Slough strategy for tackling risks from exploitation and harms outside the home faced by children, young people, and young adults 2024-2026

#### Recommendations:

The Health & Wellbeing Board is recommended to:

- Approve the Slough Safeguarding Partnership strategy for tackling risks and harms from exploitation faced by children, young people and young adults.

#### Reason:

- 1.1 The purpose of this report is to outline our vision, ambition, principles, and priorities for action to tackle child and adolescent exploitation and related harms outside the home. The priorities have been developed and agreed in partnership with agencies working across Slough and have been approved by the Slough Safeguarding Partnership Board in June 2024.
- 1.2 This strategy outlines eight evidence-informed principles for multi-agency practice, based on national research, and four priorities for action on tackling risks and harms from exploitation faced by children, young people, and young adults. Each of the four strategic priorities requires commitment and action from all council departments, and from multi-agency partners in Slough.
- 1.3 A safeguarding practice review in response to the tragic homicide of a young adult in Slough in September 2023 has informed all aspects of this strategy, as has learning from another tragic homicide in May 2022.
- 1.4 The strategy includes up-to-date evidence from local, regional, and national reviews, and is informed by learning from the review of Criminally Exploited Children, chaired by Professional Alexis Jay CBE, published March 2024.

- 1.5 The strategy demonstrates how partners in Slough commit to collaboration in our response to the needs of children, young people, and young adults. Once we have strong foundations in place, we aspire to develop a safeguarding offer across developmental stages in response to young people and vulnerable adults. Such an approach, known as **transitional safeguarding**, ‘builds on the best available evidence, learns from both children’s and adults’ safeguarding practice and prepares young people for their adult lives’ ([Holmes and Smale 2018](#)). This strategy lays foundations for a step-change, so that all our children, young people and all vulnerable adults are protected from harms.

## 2. Report

### Introductory paragraph

Tackling violence and exploitation are a key focus for Slough Safeguarding Partnership and Safer Slough partnership. The exploitation of children, young people and young adults is a complex type of abuse that takes different forms. The definitions below are in summary form only for brevity in this report. Further information and related definitions are included in the strategy.

- **Child criminal exploitation** is where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child, young person or vulnerable young adult to undertake an activity which constitutes a criminal offence. In England there is currently no statutory definition of child criminal exploitation (written as CCE).
- **Child sexual exploitation** is a form of child sexual abuse. This abuse occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person or vulnerable adult into sexual activity. The victim may have been sexually exploited even if the sexual activity appears consensual.
- **Human trafficking** involves the recruitment, harbouring, movement of receiving of children or adults for exploitation using threat, force, fraud, or the abuse of vulnerability.
- **Modern slavery** is the common ‘umbrella’ term for all kinds of slavery, trafficking, and exploitation, involving children and adults.

### Background

- 3.1 While the safeguarding practice review is in progress, partners have agreed to the proactive development of a strategy, with four key priorities, in direct response to the emerging learning from the review. These priorities have been developed and agreed by partners via the Slough Safeguarding Partnership Board – partners, council departments, police, health, education, and others – with the aim of laying strong foundations for an effective safeguarding response to all children, young people and young adults who are exposed to risks and harms from exploitation.

3.2 There is currently no one coordinated strategy and action plan to make sure that in Slough we have a consistent, reliable offer of preventative help and support to children, young people and young adults who are experiencing risks and harms from exploitation. The four priorities are designed to support all partners in Slough to get lay strong foundations to respond to this gap.

### **3. Implications of the Recommendation**

#### *3.1 Financial implications*

There are no immediate financial implications for the well being board at present.

#### *3.2 Legal implications*

There are no immediate legal implications for the well being board apparent.

#### *3.3 Risk management implications [Mandatory]*

There is evidence to support local community and professional concern about the risk of harm to children and young adults outside the home with two fatalities occurring in 2022 and 2023 from fatal stabbings of young adults. A multi-agency strategy reflects partners commitment to working together and finding new ways of working to mitigate risk to young people, emphasising key priority areas for action and also agreeing on the need for prevention, linking in with early help initiatives, to mitigate risk long term as well as short term.

#### *3.4 Environmental implications*

There are no environmental implications.

#### *3.5 Equality implications*

An equality impact assessment is underway in preparation for presenting the strategy to Cabinet. Key areas identified in learning from reviews and audits are around the following pre-disposing factors:

Children with Adverse childhood experiences, such as those living with domestic abuse, violence, and/or parental mental health and substance misuse issues.

Children of black and mixed-race heritage particularly those who are dislocated from their cultural and ethnic heritage.

Children with Special Educational Needs- particularly those with neuro-diverse issues and learning disabilities.

More details on this will follow.

#### *3.6 Procurement implications*

There are no procurement implications immediately apparent.

### 3.7 *Workforce implications [Discretionary]*

The strategy has highlighted the need for a whole systems multi-agency workforce development strategy. Some of this will involve the Early help, Safeguarding and Community safety partnership working together to establish appropriate competencies and professional confidence in the workforce. Core to this is the importance of trauma informed and relational practice.

### 3.8 *Property implications [Discretionary]*

There are no property implications apparent

## 4. **Background Papers**

Contextual safeguarding strategy document.

## Safeguarding children, young people and young adults from exploitation, violence and harms outside the home 2024-2026

DRAFT 0.8 5 September 2024

### Contents

<b>DEFINITIONS: EXPLOITATION AND HARMS OUTSIDE THE HOME</b> .....	<b>3</b>
<b>SCOPE</b> .....	<b>4</b>
<b>Children, young people and young adults, ages 0-25</b> .....	<b>4</b>
<b>Types and contexts of abuse, harms, and risks</b> .....	<b>5</b>
<b>Our vision, ambition, and commitments</b> .....	<b>5</b>
<b>National data</b> .....	<b>6</b>
<b>Local data</b> .....	<b>6</b>
<b>PRIORITIES FOR 2024-2026</b> .....	<b>6</b>
<b>MULTI-AGENCY PRACTICE PRINCIPLES FOR TACKLING EXPLOITATION, VIOLENCE AND HARMS OUTSIDE THE HOME</b> .....	<b>8</b>
<b>WHOLE-SYSTEM APPROACH TO TACKLING EXPLOITATION</b> .....	<b>10</b>
<b>ACTION PLAN: RESPONDING EFFECTIVELY TO HARM FROM EXPLOITATION, VIOLENCE AND HARMS OUTSIDE THE HOME</b> .....	<b>12</b>
<b>STRUCTURE</b> .....	<b>12</b>
<b>Slough Children First Adolescent Support Service</b> .....	<b>12</b>
<b>Governance structure: MACE and Slough Safeguarding Partnership</b> .....	<b>13</b>

### INTRODUCTION

*“We recognise that too often, young people feel their choices around violence and exploitation are reduced by circumstances, including poverty, poor mental health, special educational needs, housing, family influences and peer*

*“When a young person is hurt in our town, their family and friends are also*

Voices of young people from Slough collated in consultation in 2023 with the support of Together

*“The lives of those directly affected are changed forever.”*

*“The wider community becomes more fearful, and we feel less safe.”*

Every child, young person and young adult in Slough has a right to safeguarding from exploitation, violence, and harms outside the home, and to receive help and support that prevents harms caused by abuse. Slough Safeguarding Partnership and all our partners and stakeholders are committed to protecting children, young people, and young adults from all forms of exploitation, violence and harms outside the home.

Collaboration between agencies across all professional sectors, and strong partnerships with parents, carers, families and communities are crucial to tackling and preventing exploitation, as set out in [Working Together 2023](#). All children, young people and young adults in Slough are entitled to the support and protection of a response that puts safety and welfare first. Forming and sustaining trusted relationships is at the heart of our approach. In Slough, we are proud to be a diverse town, and we are committed to understanding and tackling structural inequalities and discrimination, which we know can both drive and be caused by exploitation, violence, and harms outside the home.

**In Slough, we are committed to creating safety together to protect our children, young people, and young adults from harms outside the home, such as violence and exploitation, and to promote their welfare and agency.**

This strategy sets out our coordinated approach to bringing together all professionals across agencies, sectors, and disciplines to create safety, and promote the welfare and agency of our children, young people, and young adults affected by or at risk from exploitation, violence, and harms outside the home. Our approach recognises that each agency, sector and discipline makes a crucial and distinctive contribution to safeguarding children, young people and young adults from exploitation, violence, and harms outside the home.

The purpose of this strategy is to set out:

- **Agreed definitions** associated with exploitation, violence, and harms outside the home,
- **Our vision** for children, young people, and young adults,
- **Our ambition** for all professionals to collaborate in preventing and tackling exploitation, violence, and harms outside the home,
- **Eight evidence-informed multi-agency practice principles** for responding to child exploitation, violence affecting children and young adults, and the full range of harms outside the family and home.
- **Four priorities for action** on exploitation, violence, and harms outside the home, interdependent with and supportive of our [Slough Early Help Partnership Strategy 2023-2025](#) and our [Slough Serious Violence Strategy 2024-2027](#).
- **An action plan** to set strong foundations for a whole-place approach to change.

The development of this strategy has been led by Slough Safeguarding Partnership, including Slough Borough Council, Slough Children First, Thames Valley Police, Frimley NHS Integrated Care Board and an extensive range of our partners working together to safeguard children, young people, young adults, and those they love.

Building on learning from safeguarding practice reviews, this strategy aims to create a step change in our response to protecting children, young people and young adults who are experiencing or may be at risk of exploitation, violence, and harms outside the home.



The Slough Safeguarding Partnership Board is driving long-term change in policy, strategy, and practice for our collective response to exploitation, violence, and harms outside the home affecting our children, young people, young adults and families.

The Board acts on behalf of the Slough Safeguarding Partnership and Safer Slough Partnership, both of whom hold shared responsibility for tackling exploitation of children, young adults, and violence and other harms affecting them.

**All partners consulted for developing this strategy are committed to working collectively and in partnership with young people, families, and communities to tackle and prevent exploitation and harms outside the home in Slough.**

## **DEFINITIONS: EXPLOITATION AND HARMS OUTSIDE THE HOME**

Exploitation is a form of abuse characterised by power imbalance and restriction or absence of consent. An individual or group takes advantage of the power imbalance to coerce, control, manipulate and/or deceive the child, young person, or adult. The child or adult is exploited through violence or threat of violence and/or for financial or other advantage of the perpetrator and/or for something the victim needs or wants.

Exploitation is a multifaceted and fluid form of abuse, which crosses several different categories, and is defined across different parts of UK legislation.

- **Child sexual exploitation:** an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child, young person or young adult into any kind of sexual activity. The child, young person or young adult is exploited by being offered something that they need or want. It does not always involve physical contact and can also happen through the use of technology, as defined by the [Home Office](#).
- **Child criminal exploitation:** individual or group takes advantage of an imbalance of power to coerce, control, or manipulate a child or adolescent into any criminal activity. It does not always involve physical contact and can happen through the use of technology, as defined in the [Serious Violence Strategy](#).
- **County Lines:** a violent, exploitative form of drug distribution. A feature of county lines is the exploitation of children and adults who are instructed to deliver and/or store drugs, and associated money or weapons, to dealers or drug users, locally or in other local areas, as defined by the [Home Office](#).
- **Modern Slavery** – Modern slavery is the ‘umbrella term’ which relates to the exploitation of children and adults in slavery, servitude, or forced or compulsory labour.
- **Human trafficking** is the recruitment, movement, harbouring or receiving of children and adults through force, coercion, or deception for the purposes of exploitation, as defined by the [National Crime Agency](#).
- **Debt bondage:** a form of entrapment when a victim owes money to an exploiter or exploiters and is made to repay their debt, either financially or through another means such as transporting drugs, as defined by the [Home Office](#).

- **‘Cuckooing’**: criminals involved in County Lines, or other forms of exploitation take over a property, normally belonging to a vulnerable person, and use it as a location from which to operate criminal activity. This is known as cuckooing, as defined by the [National Crime Agency](#). We recognise all activities that victimise people via home-based exploitation, including crimes that are not drug related. We recognise the wide variety of needs and vulnerabilities that can lead to exploitation including neurodiversity.
- **See appendix** for definitions linked to exploitation, violence, and harms outside the home.

Though focused on exploitation, violence and harms outside the home, this strategy is relevant to all forms of harm that children, young people, and young adults experience. Exploitation, violence, and other harms outside the home are often overlapping, but they are not interchangeable terms. Child exploitation can include harm that is both intra- and extra-familial in nature, and harm outside the home can include types of harm that are not classified as child exploitation (TCE 2023).

## SCOPE

### Children, young people and young adults, ages 0-25

This strategy focuses on safeguarding children, young people and young adults from exploitation, associated forms of abuse and harms.

Our approach fully recognises:

- Children (0-17) and young adults (18-24) have safeguarding needs that continue at least until the age of 25, where contextual and developmental factors combine.
- our role as corporate parents who keep connected with our care experienced children, young people, and young adults.
- we know that children and young adults with additional needs, such as special educational needs and disabilities are more likely than other children to be abused, neglected, or exploited.
- young people in their mid-teens to mid-twenties can fall through gaps of support, protection and safeguarding services designed for either young children or adults.

In Slough, we aspire to develop a more fluid safeguarding approach and a prevention offer across the developmental stages in response to young people and young adults. Such an approach, known as transitional safeguarding, ‘builds on the best available evidence, learns from both children’s and adults’ safeguarding practice and prepares young people for their adult lives’ ([Holmes and Smale 2018, p3](#)). This strategy applies to all children, young people, and young adults in Slough, because any one of them can experience exploitation, violence and harms outside the home. Those who are affected by these harms are due the same rights, support and protection as any child, young person, or young adult in Slough.

This strategy lays the foundations for system change, so that all our young people and young adults are protected from harms.

## Types and contexts of abuse, harms, and risks

As children develop through adolescence, they are more likely to be exposed to risks and harms outside of the home and family context. Our approach to child abuse, harms and risks is based in our understanding that children, young people, and young adults may have had adverse experiences during childhood, may be affected by different forms of trauma, and may have family links to exploitation and violence.

We recognise the problem of separating harms that happen within the family and home from harms that happen outside and seeks to respond to all opportunities to protect children and young people from abuse and harms.

We also recognise the interconnected conditions of abuse and harms. We are committed to responding effectively to both the needs of the child, young person, or young adult, the protective structures around them, to any sources of harm, and to the influence of wider contextual factors, such as harm from inequalities, racism, and discrimination.

## Our vision, ambition, and commitments

Our vision: ***all children, young people and young adults in Slough are protected from exploitation, and are Happy, Safe & Loved, Thriving.***

Our ambition: ***we will forge collaboration across all professional sectors in Slough, working in partnership with our families and communities to create safety together, to tackle structural inequalities, and to promote the welfare and agency of our children, young people, and young adults.***

We recognise the crucial role of law enforcement and of disruption of individuals and groups who perpetrate abuse, and of places and spaces where harms happen.

**Our key priorities for the next two years involve the following commitments:**

- We will strive to avoid criminalisation of children, young people, and young adults, to put their safety, welfare, and agency first, and to take an intersectional and systemic approach to understand and tackle the effects of structural inequalities, adversity, and trauma on children's outcomes.
- We will actively seek and celebrate the voice, lived experience and influence of our children, young people, and young adults in Slough.
- We will create effective insight, communication, and professional learning opportunities that support us to develop our understanding and take action to tackle exploitation and harms outside the home.
- We will seek and promote multi-agency solutions to create safety in places and spaces where harm is happening.

### National data

**51** Children killed in England and Wales, April 2022 and March 2023

**14,420** Criminal exploitation recorded for children in need assessments in England between April 2022 and March 2023.

**7432** Referrals of children to the National Referral Mechanism in 2023

**15,623** People (adults and children) arrested through the County Lines Programme in England and Wales between 2019 and 2023

[The Jay Review of Criminally Exploited Children](#)

#### Local data

##### Young town:

40% of Slough's population ages 10-24

##### Hyper-diverse town:

64% from global majority ethnic groups  
29.4% of are of Muslim faith.

#### Help and protection.

Of 192 child protection plans (six months to April 2024)

- 67% neglect
- 4% physical abuse
- 28% emotional abuse

#### Child in care or care experience

Are for children – 204 (April 2024)

Care leavers – 332 (April 2024)

#### Rising rates of children in absolute and relative low-income families.

*Why this matters:* children in need of support and protection, and those with care experience are vulnerable to become victims of exploitation or violence.

[The Jay Review of Criminally Exploited Children](#)

## PRIORITIES FOR 2024-2026

[N.B. Approved by Slough Safeguarding Partnership Board June 2024]

Our four priorities for 2024 to 2026 are designed to lay the foundations to achieve our vision and ambition. We have identified these priorities through local safeguarding practice reviews, consultation with partners, and through reflection on national research and evidence. The priorities will apply to all strategic leaders, managers, and direct practitioners across all our partner agencies.

Each of these priorities is set out in more detail in our action plan and delivered through our whole-system approach.

### 1. **Put the safety and welfare of children, young people and young adults first:**

we commit to developing organisational cultures and services where we everyone puts first the safety and welfare of children, young people and young adults. We will prioritise multi-agency workforce development, learning opportunities, and quality assurance to drive local implementation of this priority.

We will decriminalise our response to children, young people, and young adults. and recognise the impact of inequalities and poverty on families and communities, and recognise the responsibility of professionals to collaborate in

**Measuring success:** workforce development and quality assurance plans that focus on developing safety and welfare responses are implemented across all organisations in our partnership by 2026. This plan will increase application of evidence-informed, relational, and trauma-informed approaches, to support young people affected by risks and harms outside the home.

### 2. **Seek and centre the voice of children, young people and young adults:** we commit to embedding participatory practice across our strategic, operational and practice responses to exploitation, in single agency settings and across our local partnership. We will create meaningful opportunities for children, young people and young adults to influence change at the level of partnership governance.

**Measuring success:** voice and participation of children, young people and adults has direct and evidenced influence on our implementation of this strategy. There is an increase in the active involvement of children, young people and young adults who have a direct influence on design and delivery of services. These activities improve trusted relationships and improve the perception of families and communities.

- 3. Improve our insight, communication, and learning:** we commit to using data and intelligence to identify, analyse and communicate the patterns of exploitation, violence, and harms in Slough. We will seek to understand how, where and when harm is happening, to which individuals and groups, and its impact. We will develop effective communication of insight and action plans. We will provide professional development opportunities to support multi-agency learning and sustain continuous improvement of our collective response to exploitation.

**Measuring success:** audit and evaluation of weekly, monthly, and strategic exploitation and violence arrangements, and Team around the School demonstrate improved use of insight to strengthen local response to exploitation, violence and harms outside the home. We improve adherence to data-driven practice through multi-agency violence and child exploitation (MACE) arrangements. We improve our use of collective resources to create safety and promote welfare of children, young people, and young adults.

- 4. Collaborative leadership and relational approach to tackling exploitation:** we commit to create a culture of collaboration, with strength-based and relational approaches to multi-agency partnership working. Leaders and senior managers will set and promote clear expectations that exploitation and violence are understood contextually, and all responses focus on actions to make spaces and places safer for children and young adults. Leaders across professional sectors will collaborate to raise awareness of exploitation and violence with our communities.

**Measuring success:** one year review report better coordination of information sharing and multi-agency action to manage harm and risk of exploitation. We improve welfare and agency of children, young people and young adults, who connect with positive activities that divert them from risks and harms.

## MULTI-AGENCY PRACTICE PRINCIPLES FOR TACKLING EXPLOITATION, VIOLENCE AND HARMS OUTSIDE THE HOME



Our vision, ambition and four priorities have been informed by [eight practice principles](#). Research in Practice, the University of Bedfordshire and The Children's Society developed these practice principles below by drawing on national evidence and research, practice wisdom, and the expertise of those with lived experience.

Slough Safeguarding Partnership has consulted with local partners and stakeholders to test these multi-agency practice principles. We have shared and applied the eight principles during collaborative learning events in support of a recent safeguarding practice review on violence and exploitation affecting our children and young people.

[Working Together to Safeguard Children 2023](#) sets expectations for multi-agency working to protect and promote the welfare of children. The guidance expectations apply to police, local authorities, health services, probation, youth justice, education settings, and voluntary and community sector organisations. The expectations are structured for direct practice, senior management, and strategic leadership.

**“Each of the eight principles is interdependent with the others. No one principle is more important than any other, and none can be considered in isolation from the others. None are the domain of any one person or any particular role.”** [Tackling Child Exploitation Support Programme](#)

The practice principles below support all partners in Slough to fulfil the expectations of Working Together 2023 and will inform our shared approach to exploitation. All partners in Slough will work together to adopt the eight practice principles across our work to safeguard children, young people, and young adults from exploitation. The principles are consistent with [Slough Early Help Partnership Strategy 2023-2025](#).

Depending on any professional roles, and the different responsibilities of agencies, the priorities will have 'core business' alignment with different partners in different ways. For example,

- a police officer for Thames Valley Police is more likely to implement disruption tactics and to create safer places in Slough.
- a youth justice practitioner for Slough Children First may feel confident to form trusted professional relationships in direct work with young people to prevent harms outside the home
- a social worker may feel more skilled in carrying out strength based practice

### **Putting children and young people first.**

- Responding to the needs of individuals and groups of children, young people, and young adults, and to the realities of their lives.
- Keeping the child at the centre when making decisions about their lives and promoting their agency and control over help and support they receive.
- Working in partnership with families and communities.
- Prioritising the best interests of children and young people.
- Recognising and promoting the rights of children, young people and young adults, and their strengths, hopes, and potential.

### **Recognising and challenging inequalities, exclusion, and discrimination.**

- Understanding inequalities faced by children, young people and young adults, their families at individual and structural levels.
- Challenging the forms of discrimination, disparities and disproportionality faced by different cohorts of children, young people, and young adults.
- Creating inclusive cultures for professionals and for everyone they work with, where everyone is respected, regardless of characteristics.

### **Respecting voice, experience, and expertise of children and young people.**

- Collaborating with children, young people, and young adults rather than watching over them or *doing to* them.
- Hearing children, young people, and young adults from marginalised groups, and seeking the voices of those who are sometimes overlooked or ignored.
- Involving children, young people and young adults in decisions that affect their lives and creating opportunities for open conversation about decisions.
- Using participation to challenge manipulation associated with exploitation

### **Being strengths-based and relationship-based.**

- Understanding children, young people, and young adults by identifying strengths and positives in their lives rather defining them by risks and harms.
- Developing and sustaining trusted relationships with children, young people, and young adults, striving for collaboration and power-sharing.

- Using relational skills to support growth in confidence, agency and self-efficacy of children, young people, and young adults.
- Applying strengths-based and relational practice between professionals in multi-agency and multi-disciplinary working.

### **Recognising and responding to trauma.**

- Working together to understand how trauma can affect development, relationships and responses to different settings and situations.
- Recognising how decisions, use of language and processes can reinforce trauma, and affect the ability to develop trusting relationships.
- Developing services that support children, young people and young adults to use their voice, influence decisions and have control in their lives.

### **Being curious, evidence-informed, and knowledgeable.**

- Gathering and making use of all appropriate sources of data and intelligence to support holistic understanding of exploitation, violence and related harms.
- Inviting diverse views and expertise from professionals, children, young people, young adults, and their families, being open to creativity and new perspectives
- Using reflective practice, critical thinking, learning and evidence at all levels
- Challenging assumptions, stereotypes, and ways of working that do not deliver positive outcomes, questioning gaps and attending to what is not known.

### **Approaching parents and carers as partners, wherever possible.**

- Seeking to work in partnership with parents, carers, family members and networks to create safety with children, young people, and young adults,
- Seeing parents, carers, and family members as sources of protection, support, and love unless there is evidence to suggest otherwise,
- Respecting parents, carers, and family members, valuing their contributions, and being sensitive to distress they may be experiencing.

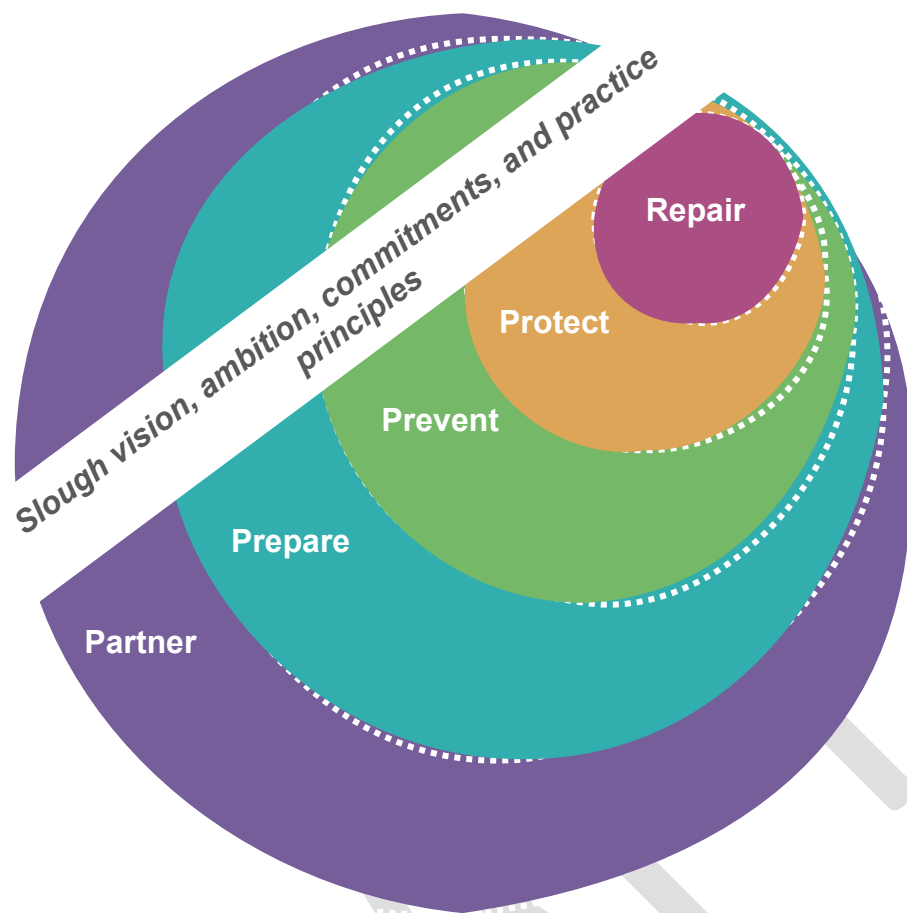
### **Creating safer spaces and places for children and young people.**

- Understanding the different spaces, places, and contexts in the lives of children, young people and young adults, including the risks and harms
- Move beyond responses that focus only the behaviour of the individual to consider the contexts and patterns of risks and harms.
- Move beyond responses that focus only on physical safety, and use relational practice to create safety in relationships, spaces, and places.

## **WHOLE-SYSTEM APPROACH TO TACKLING EXPLOITATION**

Our whole system approach to tackling exploitation and violence is focused on how strategic leaders, operational managers and direct practitioners can keep welfare, safety and agency of children, young people, and young adults at the centre of their work. The approach features five interconnected layers, which are complementary with our [Slough Serious Violence Strategy 2024-2027](#).





- **Partnership and collective leadership:** taking a whole place approach to means actively involving partners and stakeholders from voluntary, community and faith sector, wider public and private sectors. Our work on exploitation, violence, and related harms will be in partnership with and for our communities. Our approach is not constrained by organisational boundaries or professional sector and discipline.
- **Preparation and insight:** responding to the complexity of exploitation, violence and related social harms by applying critical thinking and analysis, committing to reflection, and learning from insight. Applying evidence synthesis and data analysis, making use of multiple sources of information and intelligence to build an accurate picture of exploitation and violence in our local area, and to understand what is happening in the lives of children, young people, and young adults. We will use insight gained to better identify and act on pressures facing our communities, including inequalities and structural harms, such as poverty and housing issues.
- **Prevention and early intervention:** creating opportunities in all direct practice for developing trusted relationships with children, young people, and young adults, and working in partnership with their families. Developing the knowledge, skills and confidence across all partner agencies for prevention approaches to exploitation and violence with children, young people, families and communities (consistent with the [Slough Serious Violence Strategy 2024-2027](#)).

- **Protection and intervention:** integrated support and protection services with evidence-based and trauma-attuned responses to children, young people and young adults who are exploited and to those who are at risk of harming others. Prioritising safety, and promoting welfare and agency, we will commit to shifting away from criminalisation of children, young people, and vulnerable young adults, toward addressing needs, including SEND, mental health, and social harms.
- **Repair, disruption and recovery:** improving our multi-agency response to disrupt exploitation and violence and provide evidence-informed support and trauma-attuned treatment for repair and recovery. We will continue to develop our contextual and cross-border arrangements to stop those who harm others and who exploit children, young people, and young adults for their own gain.

## **ACTION PLAN: RESPONDING EFFECTIVELY TO HARM FROM EXPLOITATION, VIOLENCE AND HARMS OUTSIDE THE HOME**

To deliver our vision and ambition, we need to evidence that the practice principles are being adopted, and that we know the difference we are making in the lives of our children, young people, and young adults.

- ⇒ We will use a range of sources of data and evidence about the delivery of our priorities, to understand how the multi-agency practice principles are being put into practice and how this has an impact in the lives of children and young adults.
- ⇒ We will use insight from this data and evidence to show how our action plan is making a difference for children, young people, young adults, and their families.
- ⇒ We will draw together data, the output from audit and quality assurance activities, and our voice and participation work, to understand our practice.
- ⇒ We will continue to develop new sources of evidence to demonstrate the impact of our action plan.

**See appendix 2 for our joined-up action plan.**

## **STRUCTURE**

### **Slough Children First Adolescent Support Service**

Our collective response to exploitation and harms outside the home will be bolstered by the **Adolescent Support Service**, which will be led by Slough Children First, in collaboration with partners. The service brings together our offers for young people aged ten upwards, in response to child exploitation, missing, youth justice, and edge of care. The aim of the service is to prevent and reduce the risk to young people from harms outside of the home. Co-ordination of these teams and improved partnership working will lead to more effective responses to promote safety and welfare with young people. This service will collaborate with all relevant partners.

## **Governance structure: MACE and Slough Safeguarding Partnership**

The development of the strategy has been led by Slough Safeguarding Partnership. The strategy receives oversight, scrutiny, and challenge from the Partnership's strategic Multi Agency Child Exploitation (MACE) group. This group reports to Slough Safeguarding Partnership Board and Executive. Slough Safeguarding Partnership Board incorporates the statutory functions of the Safeguarding Children partnership and Safeguarding Adult Board.

A performance framework has been developed and includes data analysis as well as multi-agency audit. Slough Strategic MACE group will produce an annual report on progress made. Implementation of this strategy is the responsibility of the Slough Strategic MACE group, which will drive the whole-system approach to tackling exploitation, focused on how strategic leaders, managers and direct practitioners can keep welfare, safety and agency of children, young people, and young adults at the centre of their work.

### **Links to other strategies and plans**

Safeguarding children, young people and young adults from exploitation is part of a complex set of arrangements, including local and national strategies. This strategy complements and is interdependent with a range of local strategies and plans:

- [Slough Serious Violence Strategy 2024-2027](#)
- [Slough Early Help Partnership Strategy 2023-2025](#)
- [Thames Valley Police and Criminal Justice Plan 2021-2025](#)
- [Children First Children and Young People's Participation Strategy 2024](#)
- [Slough Children First Business and Improvement Plan 2023-2026](#)

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<b>Priority 1: Starting Well</b>	<b>Ambition:</b> Decrease the attainment gap
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Action	Lead	Progress	RAG
SW1.1a Work across the Council, education and NHS services and programmes to improve early identification of children with additional learning and development needs.	Sue Butcher		
SW1.1.b Increase the number of children attending nursery by age 2.	Sue Butcher		
SW1.1c Ensure mandatory health visiting checks are completed and child development review outcomes shared between partners.	Tessa Lindfield	<p>Mandated reviews completed as part on routine performance monitoring.</p> <p>The percentage of children achieving a good level of development at 2 to 2½ year is 73.6% 2021/22 for Slough which is lower than England average of 81.1%. Source: <a href="#">child development achieving GLD</a></p>	

Page 9 of 10

# Health & Wellbeing Board Progress Report – September 2024

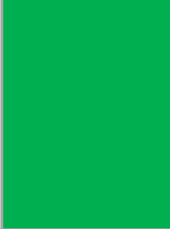

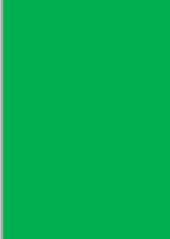
<b>Priority 1: Starting Well</b>	<b>Ambition:</b> Reduce the number of Reception and Year 6 aged children who are overweight or obese.
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Action	Lead	Progress	RAG
SW2.2a Complete healthy weight asset mapping in Slough & SW2.2b Publish a healthy weight needs assessment as part of Slough JSNA. & SW2.2c Run a healthy weight summit to co-produce a programme of action.	Tessa Lindfield	Completed.  As all three actions are now complete, we propose revising the action title to 'Implementing the Whole Systems Approach to Healthy Weight.'  Four task and finish groups have been established, focusing on physical activity and active travel, creating a healthy eating environment, pathway development, and children and young people. These align with the proposals from the H&WB in March 2024. Workshops for each theme will involve local stakeholders, with the first scheduled for October 2024.	

# Health & Wellbeing Board Progress Report – September 2024

Priority 1: Starting Well		Ambition: Improve immunisation rates amongst young people in Slough	
Action	Lead	Progress	RAG
SW3.1a East Berkshire Health Protection Board to report on multi agency programme and progress 6 monthly and escalate risks to H&WB	Tessa Lindfield	<p>Completed.</p> <p>Progress report provided by the Chair of the East Berkshire Health Protection Board for the September Health &amp; Wellbeing Board.</p>	
SW3.2a Slough Immunisation Group to provide regular updates to the CYP Partnership Board on reducing inequalities in coverage and uptake.	Martha Earley	<p>Slough improving uptake team has recently mapped and targeted areas of low uptake. Working with school immunisation teams and GP practices. Partnerships workshop took place to develop an action plan for 24/25.</p> <p>Slough Public Health team is now taking a lead role in the immunisation group, taking this over from the ICB.</p> <p><i>A review of progress towards completing this action is currently being undertaken, and a full update will be provided at the December Health &amp; Wellbeing Board.</i></p>	

# Health & Wellbeing Board Progress Report – September 2024

<b>Priority 1: Starting Well</b>	<b>Ambition:</b> Improve oral health amongst children in Slough to improve dental decay		
<b>Action</b>	<b>Lead</b>	<b>Progress</b>	<b>RAG</b>
SW4.1a Produce dental health profile for Slough	Tessa Lindfield	Completed.	
SW4.1b Explore NHS Commissioning intentions in Slough for dental services.	TBC	NHS commissioning cycle starts in Sept/Oct.	
SW4.1c Explore additional interventions to support dental health such as flouride varnish	Tessa Lindfield	The procurement of the new oral health promotion service has begun, set to launch on 1st October, provided by Community Dental Services (CDS). These will include oral health promotion programmes for early years and primary schools, such as Train the Trainer, the Healthy Smiles Accreditation, and Supervised Toothbrushing, all aimed at fostering good oral hygiene habits and reducing tooth decay amongst children and young people in Slough	



# Health & Wellbeing Board Progress Report – September 2024

<b>Priority 1:</b> Starting Well	<b>Ambition:</b> Support mental health and wellbeing in Slough children and young people.
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<b>Action</b>	<b>Lead</b>	<b>Progress</b>	<b>RAG</b>
SW5.1a Develop a new healthy schools programme	Sue Butcher		
SW5.1b Sponsor dialogue between health services and schools to build support	Martha Earley	<i>A review of progress towards completing this action is currently being undertaken, and a full update will be provided at the December Health &amp; Wellbeing Board.</i>	



Priority 2: Integration		Ambition: Increase healthy life expectancy in Slough	
Action	Lead	Progress	RAG
<p><b>Int1.1a</b> Map secondary prevention activity and impact across Slough to inform prevention opportunities across the system for physical and mental health.</p> <p>Page 54</p>	Tessa Lindfield	<p>24-25 annual public health report will focus on healthy life expectancy in Slough. There is an ongoing programme of work to understand barriers to Screening, this includes:</p> <p><b>Research:</b> Conducting an evidence review and deep dive to identify barriers and recommendations for increasing NHS Screening uptake.</p> <p><b>Stakeholder Engagement:</b> Representing public health on Thames Valley Diabetic Eye and AAA Screening boards, addressing equity and inequalities in screening. Looking to attend Breast, Bowel and Cervical Board Meetings in the future.</p> <p><b>Health Promotion:</b> Supporting screening uptake in communities with monthly Diabetic Eye Screening in high-need areas (Britwell) and linking AAA screening to Slough community groups to increase uptake and reduce inequalities of access. Developing a Breast Cancer Awareness campaign focused on screening benefits. Incorporating screening into a future MECC project (Stage 2) to train community members to promote the benefits of screening to fellow community members and to signpost to screening locations.</p>	
<p><b>Int1.2a</b> Develop healthy conversations training for staff across the system including mental health first aid.</p>	Tessa Lindfield	Options appraisal has been completed, this includes exploring online training offers, and taken to Public Health & Public Protection DLT, agreement to link this work with the income generation target for the council.	
<p><b>Int1.3a</b> Sponsor events to explore threats to health and wellbeing from substance misuse including alcohol to design local interventions in collaboration with the community safety partnership.</p>	Tessa Lindfield	Substance misuse needs assessment has been completed and presented to the SSP and H&WBB. Priorities determined for the next 12 months are detailed in our 'Plan on a Page' document; and that part of the actions now are to (i) conduct a deep-dive to better understand our high rates of alcohol admission, liver disease and preventable mortality locally (we are facing some analytical and data issues), and (ii) liaising with our Comms Team to design an awareness campaign tackling drug & alcohol among young people in Slough.	
<p><b>Int1.4a</b> Explore the contribution type 2 diabetes is having on HLE</p>	Martha Earley	<p>Referrals to the pre-diabetes prevention programme reviewed and recommendations made to increase the number of clinics available in Slough.</p> <p>Engagement meeting between public health, primary care &amp; ICS place team re opportunities to improve early diabetes care has been held.</p> <p>A review of Diabetes pathways has been carried out and shared with partners.</p> <p><i>A review of progress towards completing this action is currently being undertaken, and a full update will be provided at the December Health &amp; Wellbeing Board.</i></p>	

# Health & Wellbeing Board Progress Report – September 2024

Priority 2: Integration		Ambition: Increase the proportion of people living independently at home	
Action	Lead	Progress	RAG
<b>Int2.1a</b> Working with CYP, Housing and clinical services, HWB to sponsor a design process to develop realistic options for alternatives for residential care.	Martha Earley	<p>Strategic review of commissioning in initial stages. This will review the opportunities for alternatives to residential care.</p> <p><i>A review of progress towards completing this action is currently being undertaken, and a full update will be provided at the December Health &amp; Wellbeing Board.</i></p>	Yellow
Page 5 <b>Int2.2a</b> Capture learning from the multigenerational pilot and apply to the JHWS action plan.	Martha Earley	<p>Multi generational pilot presented to the health and wellbeing board. Intention to review the evaluation and assess next steps</p> <p>Mapping exercise underway of type 2 diabetes prevalence in the multigenerational households</p> <p><i>A review of progress towards completing this action is currently being undertaken, and a full update will be provided at the December Health &amp; Wellbeing Board.</i></p>	
<b>Int2.3</b> Implementation of the JSNA dementia prevention recommendations	Vanessa Pugh / DASS	<p>Workshop held to present dementia prevention JSNA findings.</p> <p>Steering group convened – prioritising dementia prevention and management.</p> <p>A dementia prevention Task &amp; Finish Group has been formed. The Task &amp; Finish group is developing a dementia awareness resource pack for our residents, as well as prioritising a dementia prevention action plan to support of dementia priorities set out on our <a href="#">Older People Strategy 2023-26</a>.</p>	Green

# Health & Wellbeing Board Progress Report – September 2024

<b>Priority 2: Integration</b>	<b>Ambition:</b> Increase number of people managing their own physical, mental health care and support		
<b>Action</b>	<b>Lead</b>	<b>Progress</b>	<b>RAG</b>
<b>Int3.1a</b> Review relevant analyses and documents to identify opportunities for further development and integration.	Martha Earley	<i>A review of progress towards completing this action is currently being undertaken, and a full update will be provided at the December Health &amp; Wellbeing Board.</i>	Yellow
<b>Int3.2a</b> Complete integration of carers support services into adult social care.	DASS	Completed.	Green
<b>Int3.3a</b> Board to ensure a joint approach for telecare and telehealth development across Slough	DASS	Exploring options of the JOY app.	Yellow
<b>Int 5.1a</b> Receive reports on DTOC situation and actions	DASS	Completed.	Green



<p><b>Priority 3</b> SHA Neighbourhoods</p>	<p><b>Ambition:</b> Increase levels of resident satisfaction with local place and improve levels of happiness.</p>
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Action	Lead	Progress	RAG
<p><b>SHA1.1</b> To develop an asset based community development model throughout Slough</p>	<p>Tessa Lindfield</p>	<p>Ward profiles have been completed. Work is ongoing with communities in areas of interest, see SHA 4.1.</p>	

# Health & Wellbeing Board Progress Report – September 2024

<b>Priority 3</b> SHA Neighbourhoods	<b>Ambition:</b> Improve life chances of residents
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<b>Action</b>	<b>Lead</b>	<b>Progress</b>	<b>RAG</b>
<b>SHA2.1</b> To implement a local area co-ordination approach or alternatives within two of our priority wards	Tessa Lindfield	Work ongoing in the Britwell Hub	

# Health & Wellbeing Board Progress Report – September 2024

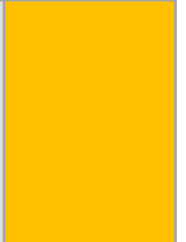
<b>Priority 3</b> SHA Neighbourhoods	<b>Ambition:</b> Reduce health inequalities between wards.
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<b>Action</b>	<b>Lead</b>	<b>Progress</b>	<b>RAG</b>
<b>SHA3.1</b> Re-energise the SHAN programmes of work, linked to local area co-ordination approach	Tessa Lindfield & CVS	Community Development Officer in post in the Public Health & Public Protection Directorate is progressing this area of work.	

# Health & Wellbeing Board Progress Report – September 2024

**Priority 3** SHA  
Neighbourhoods

**Ambition:** Increase engagement and volunteering impact and improve community resilience

Action	Lead	Progress	RAG
<p><b>SHA4.1</b> Work with residents and partners to implement actions within the neighbourhood plans</p>	<p>Tessa Lindfield &amp; CVS</p>	<p>The 'Mishto' campaign will be launching in the coming weeks which will see SBC work closely with the Roma Community. Mishto (Romani for Perfect) will work with Local Authorities to receive a Quality Mark showing a level of trust with their Roma community, so they feel more confident in engaging with public services – including housing and children's services. The majority of this work will be carried in the Chalvey ward.</p>	



# Health & Wellbeing Board Progress Report – September 2024

Overall Programme

RAG:



<b>Priority 4:</b> Work and Health	<b>Ambition:</b> Reduce the gap in employment rate for key groups
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Action	Lead	Progress	RAG
WH1.1a Ensure HWB influence in new Economic Development Strategy in Slough	Tessa Lindfield	<p>The pan Berkshire Prosperity Board, which includes a workstream on health &amp; inequalities, is being led by Will with support from Wokingham.</p> <p>Slough’s economic development team are closely involved in skills, team and sector development. (Slough leading).</p>	
WH1.1b Develop an effective Drug & Alcohol Individual Placement Scheme as part of the CDP recovery work	Tessa Lindfield	The tender exercise for this service has concluded and ‘Change Grow Live’ are the winning provider. The mobilisation phase is ongoing, and the service went live on the 2 <sup>nd</sup> September.	
WH1.2a Support ICS anchor work in Slough	Martha Earley	<p>WorkWell planning workshop was held in August, local authority public health input was provided. Governance structure is still in discussion, place based delivery was agreed for implementation.</p> <p><i>A review of progress towards completing this action is currently being undertaken, and a full update will be provided at the December Health &amp; Wellbeing Board.</i></p>	

Pages

# Health & Wellbeing Board Progress Report – September 2024

**Priority 4:** Work and Health

**Ambition:** Improve the health and wellbeing at work of people employed in the borough

Action	Lead	Progress	RAG
WH4.1a Establish healthy conversations training	Vanita Dutta	Options appraisal has been completed and taken to Public Health & Public Protection DLT, agreement to link this work with the income generation target for the council.	
WH4.1b Ensure workplaces are aware of health improvement and prevention opportunities locally.	Vanita Dutta	Workplace toolkit development in progress, which includes universal, free and costed options.	



September 2024

# Information Bulletin

Ward Profiles .....2

Local Suicide Prevention.....2

Tobacco Bill .....2

0-19s Recommissioning .....3

East Berkshire Combatting Drugs Partnership .....3

Safer Slough Partnership .....3

Clear Hold Build – Langley .....4

Vaccination Schedule .....5

Healthwatch .....5

NHS Frimley ICB – Primary Care Update.....5

Slough CVS.....6

## JSNA – Ward Profiles

**Mayoor Sunilkumar, Slough Borough Council Interim Public Health Lead – Health Intelligence (Analyst) & Siva Chandrasekaran, Slough Borough Council Interim Public Health Analyst**

The objectives of the Slough Borough Council interactive Ward Health Profiles are to provide an engaging and informative presentation of Slough’s demographic characteristics and population health status at ward level; highlighting the health-related issues and wider determinants of health, compared to the borough and national averages. The tool aims to inform evidence-based decision/policy making and commissioning. A separate PDF link to the ward pack



WardPack2024 -  
Cippenham Green wit

## Local Suicide Prevention Action Plan

**Leidon Shapo, Slough Borough Council Interim Public Health Lead & William Ayella, Public Health Programme Officer**

Suicide prevention has been a national political priority since 2016 and remains a high priority for public health teams in Slough and across Berkshire. Preventing Suicide in England, a cross governmental strategy to save lives (HM Government, 2012), councils were given the responsibility to develop local suicide strategies and action plans through their work with Health and Wellbeing Boards, Clinical Commissioning Groups and wider partners.

The Slough Borough local action plan, which is in development, will build on the previous Slough Suicide Prevention (SP) Action plan Strategy (2017-2020) and will reflect (i) the ongoing Berks East SP programme of work supported by the [Berkshire Suicide Prevention Strategy 2021-26](#) report, (ii) follow the publication of the latest [Governments national suicide prevention strategy \(2023-28\)](#). The Berkshire SP strategy directly contributes to the current SBC priority no. 4 – ‘Reducing deaths by suicide’ of the Health and Wellbeing Boards strategic aims and priority 5 in the new Berkshire West Health and Wellbeing Strategy.

The main aim for the refreshed local action plan is ‘To reduce deaths by suicide in Slough using a life course approach and raise awareness for a better understanding and use of evidence-based interventions to tackle self-harm while supporting partnership ways of working’.

The key areas to consider when developing our local SP action plan will be to: (i) Improve methods to tackle root cause vulnerability by scoping and understanding vulnerabilities and triggers that can lead to suicide. (ii) Establish focus on debt and cost of living, (iii) Improve our focus on children and young people, (iv) Strengthen focus on links between mental health, self-harm and suicide, (v) Establish means to address female suicide rates, and (vi) Continue to develop and establish support for people bereaved by suicide.

## Tobacco Bill

**Kerry-Ann Bryan, Slough Borough Council Public Health Officer, Tobacco Control**

The UK Government plans to create a Smoke-Free UK by introducing a Bill which will sit alongside wider support across the health service to support smokers to quit.

The Tobacco and Vapes Bill, mentioned during the [King’s Speech 2024](#), aims to address smoking and vaping through several key measures:

- **Progressive Smoking Ban:** Gradually end the sale of tobacco, including herbal smoking products and cigarette papers.
- **Child Protection:** Prevent vapes and other nicotine products from being branded and advertised to appeal to children.
- **Regulation Powers:** Grant Ministers authority to regulate the flavours, packaging, and display of vapes and other nicotine products.
- **Enhanced Enforcement:** Strengthen Trading Standards' ability to enforce laws, close loopholes, and issue Fixed Penalty Notices for underage sales of tobacco and vaping products.

We are still awaiting confirmation on the proposed detail of the bill.

## 0-19s Recommissioning

**Uche Obasohan, Slough Borough Council Public Health Lead Children & Young People**

Slough Borough Council approved the award of the new contract to HCRG 20<sup>th</sup> May 2024. The press release announcing the new contract award to HCRG was released by Slough Borough Council on the 31<sup>st</sup> July. Mobilisation of the new service is ongoing, the service will go live on the 1<sup>st</sup> October 2024.

## East Berkshire Combatting Drugs Partnership

**Jason Kew, Berkshire East Combatting Drugs Partnership Lead**

### Partnership Working –

- A Frimley ICS Alcohol professionals' network has been established. Work is underway to improve treatment and referral pathways including community drug services referrals for fibro scanning.
- Top ten percent 'offender' data sharing between Police, CSP, and drug services established. This is to primarily identify unmet needs for those in active addiction who are not known to Turning Point and for Turning Point to identify those who are recently off script or not stable, for assertive outreach and review of treatment options.

### Projects in Slough –

- A Family Drug and Alcohol Court (FDAC) working group underway, which will improve social and health outcomes for Slough families in child judicial proceedings. There are also significant financial benefits achievable through the implementation of this model.
- Peer to Peer Recovery Programmes – Slough's Drug and Alcohol Service 'Turning Point' has successfully been delivering peer-to-peer programmes for Naloxone provision.

## Safer Slough Partnership

**Lisa Spall, Slough Borough Council Community Safety Partnership Manager**

The Safer Slough Partnership (SSP) Board met on 18th July on Teams. The Strategic Assessment is in its final draft and the SSP 3-year Strategy will be drawn up from these findings. The Community Safety Public Consultation commenced 1 June 2024 and has been extended to end on 31st August 2024.

We have now gone out to tender on the recommissioning of our Domestic Abuse service. The whole process should be completed and ready to go to cabinet in October 2024. Tenders have now been received and we are going through the evaluation process.

The Public Safety Protection Orders (PSPOs) is live, and the police have been able to confiscate alcohol of some of those causing anti-social behavioural in the town centre. Thames Valley Police are currently working hard to look at issues in the town centre and issue Criminal Behaviour Orders to those most prolific shoplifters.

PSPO signage is being erected across the borough in Parks and open spaces and in hot spot areas.

## Clear Hold Build – Langley

**Rebecca Curley, Slough Borough Community Development Officer**

As part of improving safety in Langley, Thames Valley Police, Safer Slough Partnership, and the community are working with the Home Office to adopt and roll out the College of Policing's 'Clear, Hold, Build' framework. Working together, this approach will focus on reducing the harm caused by crime in the town and, contribute towards building more resilient communities.

This activity takes place over three stages and aims to bring communities together as part of a long-term commitment to root out anti-social behaviour and serious and organised crime and, importantly sustain a reduction in crime.

1. Clear - initial targeted police activity to 'clear' offenders from the area
2. Hold - a period of sustained intervention to 'hold' the area free from crime.
3. Build - this phase is driven by the community and will focus on prevention and addressing the root causes of ASB and crime.

Clear Hold Build has already been piloted by 7 police forces since 2020, to positive effect, improving community resilience to serious and organised crime, but also showing the potential to impact wider crime reduction.

In Langley, work has already started, and we will be looking to release general comms to the wider public this autumn.

**As a one liner – 'Clear Hold Build in Langley is a chance for partners and organisations to work together to improve life in Langley by tackling and addressing serious organised crime - building up the area through community initiatives, partnership work and community spirit.'**

The agreed priority areas for the Operational Delivery Groups were confirmed as:

- Business, enterprise, and employability
- Health and Wellbeing
- Youth engagement, education, and prevention
- ASB
- Crime
- Voice of the community.

## Vaccination Schedule

**Emily Macdonald, Slough Borough Council Interim Health Protection Officer**

### **Influenza**

Vaccinating health and care workers plays an important role in helping to prevent transmission of flu, protecting themselves and those they care for.<sup>1</sup> Organisations employing these staff should ensure staff and residents are vaccinated.

As a result of recommendations by the Joint Committee for Vaccines and Immunisation, this year's flu programme will commence with vaccinations for children (September) followed by vaccinations for adults (October). There is no change to the timing of flu vaccination offered to pregnant women.

<sup>1</sup>

### **RSV**

Respiratory Syncytial Virus (RSV) is a common cause of respiratory tract infections that can be severe in infants and older adults.<sup>2</sup> From September 2024, vaccination will be offered to people aged 75 – 79 and to pregnant women, which protects infants from birth. This programme will help to reduce hospitalisations and ease pressures on the NHS during critical, winter months.

## Healthwatch

**Joanna Dixon, Healthwatch East Berkshire Manager**

Healthwatch Slough have an active Enter and View program. This Quarter we visited Windmill Care Home and will be in Langley Haven later this Month. An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of a local Healthwatch organisation, make observations, collect experiences and views and then produce a report. Reports are available on our website - [Windmill Care Centre Enter & View | Healthwatch Slough](#).

We have started work on our Women's Health project and will be engaging with community groups in Slough over the coming Months. We will provide more detailed information at the next Health & Wellbeing Board.

We have published our Annual Report ([Healthwatch Slough Annual Report | Healthwatch Slough](#)) and an Accessible Information report ([East Berkshire Accessible Information Standard | Healthwatch Slough](#)).

## NHS Frimley ICB – Primary Care Update

**David Mphanza, Head of Primary Care – East Berkshire & Olivia Shaw, Primary Care Development Lead**

### **Fairer Funding:**

It is widely acknowledged that there are challenges with the national Carr-Hill formula which is used to calculate payments to GP practices. The formula focusses on age and sex with limited adjustments for deprivation, list turnover, staffing costs/market forces, and rurality. The current national funding formula underestimates need associated with deprivation and contributes to inequitable funding across general practice.

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<sup>1</sup> [National flu immunisation programme 2024 to 2025 letter - GOV.UK \(www.gov.uk\)](#)

<sup>2</sup> [Respiratory syncytial virus: the green book, chapter 27a - GOV.UK \(www.gov.uk\)](#)

The purpose of the Fairer Funding for Primary Care (FFfPC) programme is to develop and agree an evidence-based method of providing a supplementary payment to GP practices. The supplementary payment will reflect the needs of the local population and will help us to tackle health inequalities together.

All 14 practices in Slough are eligible for this supplementary payment; and they are currently identifying how they would like to use the funding to address health inequalities.

**Primary Care Recovery:**

General Practice remains committed to delivery the Primary Care Access Recovery Plan (PCARP) and moving towards a Modern General Practice Model (MGPM) [NHS England » Modern general practice model](#). This is supported by a number of programmes which included General Practice Improvement Plan (GPIP); Support Level Frameworks (SLF); and the Transition Cover and Transformation Support Funding (TCTSF).

All 14 practices are involved in at least one, if not more of these programmes.

**New Build:**

Work is underway to complete the new surgery located in Greenwatt Way, Chalvey, Slough, with the surgery expected to open to patients in the next few months'

**Farnham Road Practice & 240 Wexham merger:**

The planned merger is progressing well, and we are working to a 1<sup>st</sup> October merge date with the necessary forms being completed and submitted. The practice are responsible for ensuring their teams and patients are aware of the changes. The ICB are co-ordinating the merger of the IT systems, contract updates and ensuring all necessary partners are informed.

## Slough CVS

**Jamie Green, Chairperson for Slough CVS**

Slough CVS continue to provide capacity building support across the sector to ensure both existing and new, emerging groups have access to free funding advice, regular training programmes and receive all relevant comms, from across the whole system, in our weekly bulletins.

We are focusing on our Vision for Volunteering, to tackle what is nationwide volunteer fatigue, with a new, user led steering group to explore innovative ways of re-engaging more volunteers. Our volunteer portal is helping to match local volunteers with local opportunities.

We have completed the first developmental year of the Community Connector project with much learning and success - leading a positive partnership approach to relieving some of the pressures on ASC and NHS, linking residents and patients at WPH to a diverse range of community and voluntary led support. The One Slough Community Fund, which has just been launched for 24-25, with additional funds from the BCF, will help support this, ensuring more social prescriptions are available. We are also looking at formalising our existing collaborations, to deliver community led involvement in the Integrated Health and Wellbeing service in Slough.



# Cippenham Green Ward Pack

By

Slough Public Health Intelligence Team

- The population is evenly divided between White and Non-White groups, with Pakistanis being the largest Non-White ethnic group, followed by Indians.
- Gender distribution is balanced, with 50% male and 50% female.
- Approximately 80% of the population speaks English.
- Over 58% of the population is in the 19-64 age group, with the majority being 30-49 years old, and 32% are under 18 years.
- The area ranks in the top 10% of the least deprived wards, and is the second least deprived ward in Slough.
- Cippenham Green has the sixth-highest stroke mortality rate in the borough, which is comparable to both the national and Slough average. This affluent area has good services and lower demand for health services compared to other wards, but the stroke mortality rate should still be monitored, and support services considered.

## Slough Borough Ward Health Profile

### Introduction

Ward Name:

The objective of this ward health profile:

To provide an engaging and effective presentation of demographic characteristics and present health status of the local area population in comparison to the borough and national average.

Demography

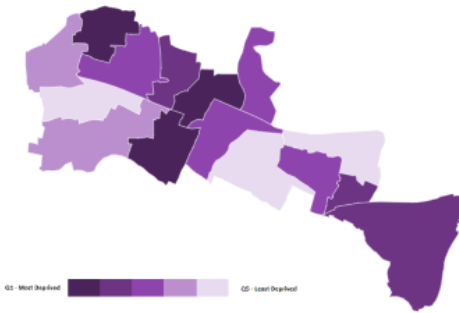
Deprivation

Socio-Economic Factors

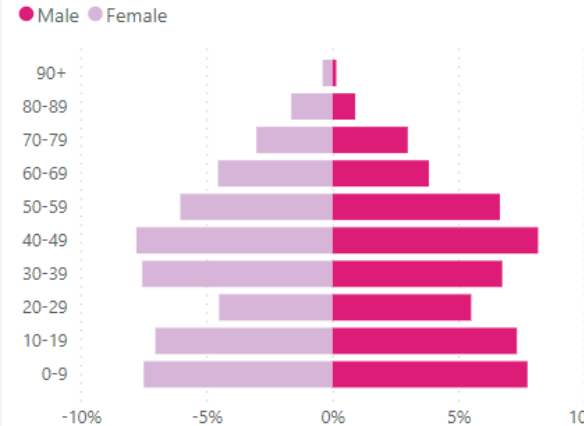
Health

Ward View

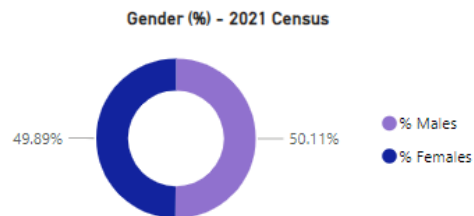
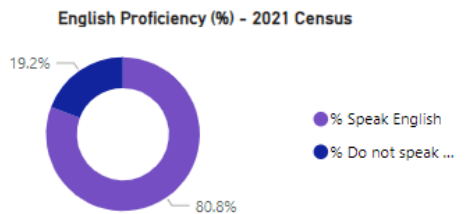
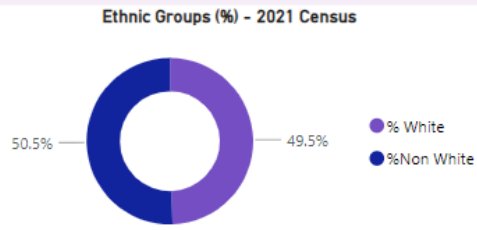
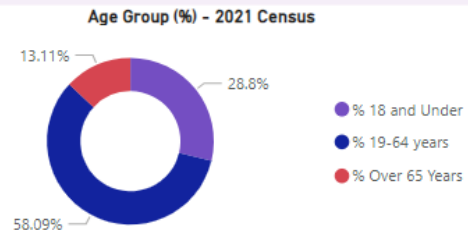
### Index of Multiple Deprivation (IMD) Score



### Population Pyramid - ONS Mid-Year Estimate 2020



- The population is evenly split between White and Non-White groups, with Pakistanis being the largest ethnic group among Non-Whites, followed by Indians
- The gender distribution is nearly equal, with 50% male and 50% female.
- Approximately 80% of the population speaks English.
- Over 58% of the population falls within the 19-64 age group, followed by 32% under 18 years, with the majority aged between 30-49 years, and a significant portion aged 0-19 years.
- The area ranks in the top 10% of the least deprived wards, ranking second compared to other wards in Slough.



# Key Issue – Childhood Obesity

## Slough Borough Ward Health Profile

Slough  
Borough Council

HOME

Obesity

Mortality

Maternity

Hospital  
Admissions

Cancer Incidence

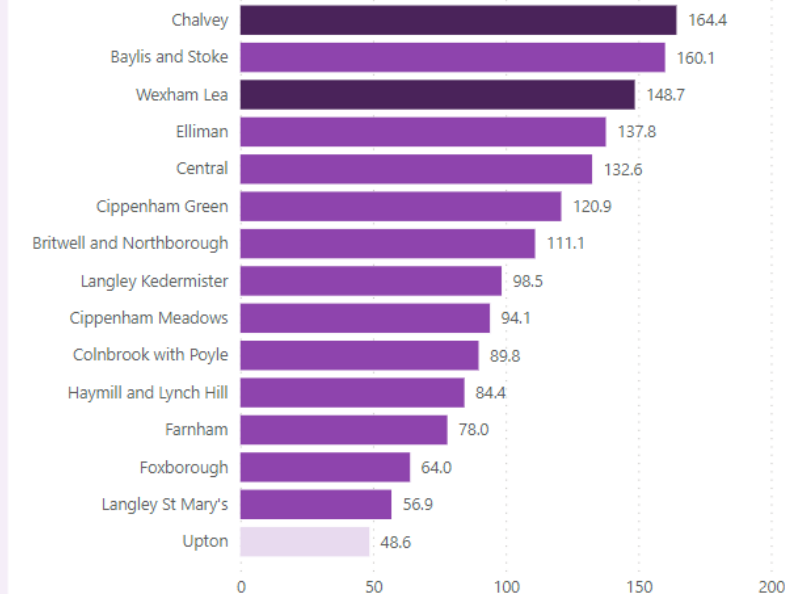
Indicator Name

Deaths from stroke, all ages, standardised mortality r...

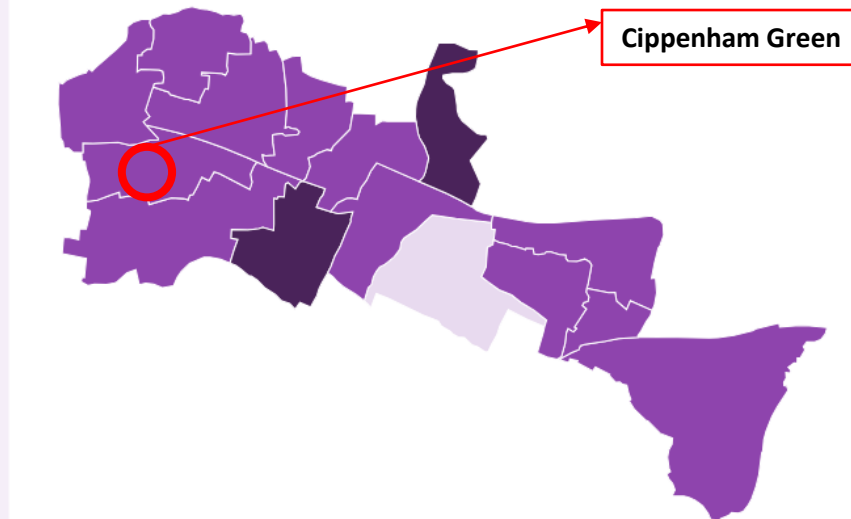
England Comparator  
 Slough Comparator

\*\*NB: Darker Colour represents significantly higher rates compared to England or Slough depending on comparator selection and lighter colour vice versa. The light blue colour represents no statistical comparison or comparative data available.

Deaths from stroke, all ages, standardised mortality ratio - 2016 - 20



Deaths from stroke, all ages, standardised mortality ratio - 2016 - 20



Cippenham Green has the sixth-highest stroke mortality rate across all ages in the borough, though it is more or less similar to the national and Slough averages. This is an affluent area with good services, leading to lower demand for health services compared to other wards. However, The stroke mortality rate is worth monitoring, and support services needed to be considered.

# Ward Summary of Key Issues – Wider Determinants

## Slough Borough Ward Health Profile

[HOME](#)

Sub-Domain	Baylis and Stoke	Britwell and Northborough	Central	Chalvey	Cippenham Green	Cippenham Meadows	Colnbrook with Poyle	Elliman	Farnham	Foxborough	Haymill and Lynch Hill	Langley Kedermister	Langley St Mary's	Upton	Wexham Lea
<b>Children</b>															
Income Deprivation Affecting Children Index (IDACI) Score - 2019	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1
<b>Crime</b>															
Crime Score - 2019	0.7	0.5	0.6	0.7	0.1	0.4	0.8	1.0	0.5	0.6	0.1	0.4	-0.1	0.2	0.2
<b>Education</b>															
Highest Level of Qualification - %-Level 4 qualifications or above - 2021	26.0	29.5	40.4	33.6	32.9	35.6	32.7	31.7	28.7	29.4	36.8	37.8	42.5	48.0	30.9
Highest Level of Qualification - %-No qualifications - 2021	26.6	20.7	19.7	24.2	17.4	17.3	17.3	23.8	24.5	20.4	17.2	18.5	14.8	15.2	23.6
<b>Housing</b>															
Barriers to Housing and Services Score - 2019	32.7	38.6	39.7	42.8	25.2	35.9	40.4	36.0	32.4	37.1	34.8	38.5	34.5	39.2	38.2
Household Size - %-8 or more people in household - 2021	4.3	1.1	2.1	3.5	0.9	1.5	1.2	3.0	2.4	0.3	0.5	1.1	1.7	2.8	3.7
Modelled estimates of the proportion of households in fuel poverty (%) - 2020	13.5	12.7	11.0	11.9	8.0	6.5	6.8	12.1	11.1	10.4	7.1	10.1	5.9	7.2	10.3
<b>Living Environment</b>															
Living Environment Score - 2019	22.4	15.6	31.6	30.4	20.5	19.3	30.7	22.8	20.4	23.6	19.8	19.8	18.2	21.4	20.4
<b>Main Language</b>															
Proficiency in English - %-Main language is not English (English or Welsh in Wales) - 2021	29.9	19.3	37.0	34.5	19.2	26.5	24.7	33.7	34.4	23.7	15.9	24.8	23.6	25.7	30.2
<b>Older People</b>															
Income Deprivation Affecting Older People (IDAOPI) Score - 2019	0.3	0.3	0.3	0.3	0.1	0.2	0.2	0.3	0.2	0.3	0.2	0.2	0.1	0.1	0.3
<b>Overall Deprivation</b>															
Index of Multiple Deprivation (IMD) Score - 2019	27.2	32.5	24.4	31.8	15.2	20.5	26.1	29.7	23.0	28.2	18.4	23.1	14.4	15.7	23.6
<b>Smoking</b>															
Smoking prevalence at age 15. Regular smokers (modelled estimates) - 2014	1.5	2.7	1.9	1.7	4.2	2.7	2.9	1.9	2.2	2.3	4.1	2.6	3.7	2.5	2.0
<b>Unpaid Care</b>															
Provision of Unpaid Care - %-Provides 19 hours or less unpaid care a week - 2021	2.8	3.0	2.4	2.2	3.5	2.9	3.0	2.8	3.0	3.8	3.6	3.4	3.3	4.2	2.9

Bottom 20% Top 20%

# Ward Summary of Key Issues – Health

## Slough Borough Ward Health Profile

[HOME](#)
[England Comparator](#)
[Slough Comparator](#)

Sub-Domain	Baylis and Stoke	Britwell and Northborough	Central	Chalvey	Cippenham Green	Cippenham Meadows	Colnbrook with Poyle	Elliman	Farnham	Foxborough	Haymill and Lynch Hill	Langley Kederminster	Langley St Mary's	Upton	Wexham Lea
<b>Obesity</b>															
Year 6 prevalence of obesity (including severe obesity), 3 years data combined - 2019/20 - 21/22	27.6	26.6	28.0	27.1	22.5	27.4	26.0	31.8	28.0	24.3	25.0	23.9	28.3	25.3	30.1
Reception prevalence of obesity (including severe obesity), 3 years data combined - 2019/20 - 21/22	13.3	12.2	12.1	10.9	9.0	11.3	9.6	14.0	10.5	14.7	9.7	9.5	8.4	10.8	9.5
<b>Mortality</b>															
Male Life expectancy at birth, upper age band 90 and over - 2016 - 20	76.6	76.9	79.3	74.3	80.9	82.1	81.1	77.1	79.4	76.5	79.4	76.4	81.6	81.3	76.5
Female Life expectancy at birth, upper age band 90 and over - 2016 - 20	79.3	80.1	89.2	79.1	84.7	83.8	82.8	81.6	85.1	84.3	84.0	84.1	84.3	84.5	80.2
Deaths from stroke, all ages, standardised mortality ratio - 2016 - 20	160.1	111.1	132.6	164.4	120.9	94.1	89.8	137.8	78.0	64.0	84.4	98.5	56.9	48.6	148.7
Deaths from respiratory diseases, all ages, standardised mortality ratio - 2016 - 20	117.9	168.4	54.6	126.2	77.8	95.5	102.4	113.9	91.5	165.6	93.5	104.6	80.3	101.5	130.7
Deaths from coronary heart disease, all ages, standardised mortality ratio - 2016 - 20	184.9	151.4	122.0	189.1	100.2	122.7	151.0	133.3	117.0	133.8	133.4	160.5	83.7	128.0	119.7
Deaths from all causes, under 75 years, standardised mortality ratio - 2016 - 20	148.6	165.9	114.2	158.9	98.9	111.5	105.1	119.9	105.7	145.2	84.8	117.7	92.5	77.7	132.9
<b>Maternity</b>															
Low birth weight (LBW) of live babies, five year pooled - 2016 - 20	9.0	8.9	9.3	8.1	7.8	6.9	9.7	8.9	6.8	8.6	7.7	8.5	7.9	12.0	10.3
<b>Hospital Admissions</b>															
Hospital admissions for alcohol attributable conditions, broad definition - 2016/17 - 20/21	119.4	129.4	110.2	161.0	82.4	99.4	109.1	108.0	105.4	125.1	92.6	101.1	95.0	94.6	106.0
Emergency hospital admissions in under 5 years old, crude rate - 2016/17 - 20/21	168.2	195.5	186.3	204.7	168.8	174.0	193.5	158.0	183.4	193.2	154.5	158.3	149.0	219.1	222.7
Emergency hospital admissions for stroke, standardised admission ratio - 2016/17 - 20/21	165.6	133.5	103.8	176.0	122.8	110.1	154.4	118.2	161.0	135.1	96.2	99.8	102.3	106.4	135.3
Emergency hospital admissions for intentional self harm, standardised admission ratio - 2016/17 - 20/21	63.5	133.2	63.7	82.0	45.2	59.2	78.8	117.7	65.2	64.9	82.6	55.1	61.6	83.6	60.4
Emergency hospital admissions for coronary heart disease, standardised admission ratio - 2016/17 - 20/21	224.2	132.6	181.2	242.2	111.6	121.9	121.5	136.1	136.6	136.0	73.4	108.4	122.6	153.2	148.4
Emergency hospital admissions for chronic obstructive pulmonary disease (COPD), standardised admission ratio - 2016/17 - 20/21	109.7	373.8	66.7	95.3	69.2	66.5	233.0	88.1	68.0	196.2	120.7	118.5	55.2	30.0	133.8
<b>Cancer Incidence</b>															
Incidence of all cancers, standardised incidence ratio - 2015 - 19	98.3	109.9	87.1	78.0	108.1	90.6	95.8	84.3	100.5	105.7	104.7	117.8	97.4	81.2	104.2

Significantly Higher/Worse Similar Lower/Better