

Date of issue: Monday, 29 April 2019

MEETING:

SLOUGH WELLBEING BOARD

Councillor Pantelic, Lead Member for Health and Social Care (Chair)
Dr Jim O'Donnell, East Berkshire Clinical Commissioning Group, Slough Locality (Vice-Chair)
Cate Duffy, Director of Children, Learning and Skills
Superintendent Sarah Grahame, Thames Valley Police
Lisa Humphreys, Slough Children's Services Trust
Ramesh Kukar, Slough CVS
Tessa Lindfield, Director of Public Health
Councillor Nazir, Lead Member for Corporate Finance & Housing
Lloyd Palmer, Royal Berkshire Fire and Rescue Service
Colin Pill, Healthwatch Representative
David Radbourne, NHS England
Raakhi Sharma, Slough Youth Parliament Representative
Alan Sinclair, Director of Adults and Communities
Josie Wragg, Chief Executive, Slough Borough Council

DATE AND TIME:

WEDNESDAY, 8TH MAY, 2019 AT 5.00 PM

VENUE:

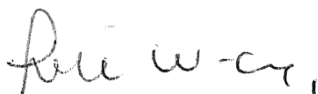
JUPITER SUITE 1 - ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, SL1 3UF

DEMOCRATIC SERVICES OFFICER:
(for all enquiries)

NICHOLAS PONTONE
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NOTICE OF MEETING

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



JOSIE WRAGG
Chief Executive

AGENDA



AGENDA
ITEM

REPORT TITLE

PAGE

WARD

PART I

Apologies for absence.

CONSTITUTIONAL MATTERS

- | | | | |
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| 1. | Declarations of Interest | - | - |
| | <i>All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.</i> | | |
| 2. | Minutes of the last meeting held on 26th March 2019 | 1 - 6 | - |
| 3. | Action Progress Report | 7 - 8 | All |

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| 4. | Wigan Deal - Feedback from Visit | Verbal Report | All |
| 5. | Sexual Health Services: Update on Service Provision | 9 - 16 | All |
| 6. | Disability Task & Finish Group - Report and Recommendations | 17 - 56 | All |
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| 8. | SWB Terms of Reference | 77 - 84 | All |

FORWARD PLANNING

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| 9. | Forward Work Programme | 85 - 88 | - |
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ITEMS FOR INFORMATION

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| 10. | Attendance Report | 89 - 90 | - |
| 11. | Date of Next Meeting - 17th July 2019 | | |

Press and Public

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

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Slough Wellbeing Board – Meeting held on Tuesday, 26th March, 2019.

Present:- Councillor Pantelic (Chair), Dr Jim O'Donnell (Vice-Chair), Dr Liz Brutus (deputising for Tessa Lindfield), Cate Duffy (until 6.20pm), Supt Grahame, Lisa Humphreys (until 7.15pm), Ramesh Kukar, Lloyd Palmer (until 6.35pm), Colin Pill, Alan Sinclair and Josie Wragg

Apologies for Absence:- Councillor Nazir, Tessa Lindfield, David Radbourne and Raakhi Sharma

PART 1

53. Declarations of Interest

Councillor Pantelic declared that she was the Council's outside body representative on Frimley Health NHS Foundation Trust (as a stakeholder governor) and on Berkshire Healthcare NHS Foundation Trust (Council of Governors).

54. Minutes of the last meeting held on 14th January 2019

Resolved – That the minutes of the meeting held on 14th January 2019 be approved as a correct record.

55. Action Progress Report

An Action Progress Report was received that updated the Board on the recently completed and outstanding actions arising from previous meeting.

The following updates and actions were noted:

- ICS system leader, Fiona Edwards, to be invited to a Board meeting in the summer of 2019.
- Updated version of the ICS Operational Plan to be circulated to the Board.
- Board Members to be given the opportunity to comment on the CCG Operational Plan, either at a future meeting if the timelines permitted, otherwise virtually.
- An update was provided on the progress of the work agreed on youth violence. Discussions would be taken forward through the Safer Slough Partnership initially before any further reports to the SWB.

Resolved – That the Action Progress Report be noted.

56. First Annual Report on Immunisations & Screening in Slough

SBCs Service Lead Public Health, Dr Liz Brutus, introduced the first annual report on immunisations and screening in Slough.

The importance of immunisation and screening programmes in keeping people well was clearly evidenced, however, rates in Slough were relatively low. Take up reflected health inequalities with the most disadvantaged sections of the population less likely to be immunised and screened. There was also relatively low rates in some BAME communities. The report set out the significant progress that had been made to maximise programme coverage and uptake locally and the challenges to delivering further improvement. An Action Plan was being developed with partners to build on the good work to date.

The Board discussed various aspects of the report including the potential role of partners such as the Fire Service in raising awareness of programmes as part of their visits and community activities. Some pilot work had taken place this year and further opportunities could be explored, including with work being done with schools. It was suggested that airlines and travel agents be engaged to promote vaccinations ahead of foreign travel. Requests were often made at short notice causing local pressures and a more planned approach would be beneficial. It was recognised that there were opportunities to work with a wide range of bodies such as partners, schools, businesses etc. although capacity and prioritisation were issues. The Public Health team was commissioning some health beliefs research which would provide useful information on the attitudes and perceptions to immunisations which could help inform future programmes. There were variations across practices and sharing from good practice would therefore be important.

It was recommended that the Board review the Action Plan and it was agreed to do this in September, after the health beliefs research had been completed. It was agreed to receive annual reports each year in the future.

Resolved –

- (a) That the action being taken to deliver the national programmes for immunisation and screening and their progress in tackling health inequalities in Slough be noted.
- (b) That the Local Action Plan be considered by the Board in September 2019.
- (c) That an annual report on immunisations and screening from NHS England be considered every year in future.

57. Terms of Reference, Membership and Outcome of January Away Day

The Board considered a report on the SWB terms of reference, including membership, and the next steps following the Board's Away Day held in January 2019.

There was a lengthy discussion about the Board's focus and terms of reference. It was noted that historically, the SWB was a 'hybrid' combining the statutory functions of a health and wellbeing board as well as setting the

strategic direction for partnership working in Slough. It was agreed to add some wording to the terms of reference to include reference to the whole system place based approach that was being taken.

In relation to membership, the Chair reported that discussions had been held with Wexham Park Hospital and it was hoped that a representative would join the board in the future. No progress had been made regarding the current vacancies for business representatives. Various suggestions were made about further widening the membership for example with schools, safeguarding and children's services, however, it was noted that work had begun to seek to clarify and streamline governance in these area which sought to rationalise boards.

During the course of the discussion, it was recognised that there were areas of overlap between partnerships and it was agreed that further clarity on roles and responsibilities would be helpful in some areas. The Council's Policy team had conducted some mapping work of partnership relatively recently and this could be circulated. The Council's Cabinet would consider a business case on its Transformation Programme in April and it was suggested that the governance issues raised relating to strategic partnership be taken forward as part of the this work. This was agreed.

Resolved –

- (a) That the terms of reference as at Appendix A to the report be endorsed subject to the inclusion of a reference to the whole system, place based approach being taken.
- (b) That the partnership governance issues raised during the course of the discussion be progressed as part of the Council's Transformation Programme.

(Cate Duffy left the meeting)

58. Frimley Health & Care Integrated Care System Update

The Board received an update on the progress being made to deliver the Frimley Health & Care Integrated Care System (ICS). Input was still welcome from partners on the Operational Plan and members were invited to provide any feedback.

The Chair briefly provided feedback on the recent visit undertaken to Wigan to learn from the work their were doing and it was agreed to add an item to the next agenda in May to consider the learning points on the Wigan Deal in more detail.

Resolved – That the update on the Frimley Health & Care Integrated Care System be noted.

(Lloyd Palmer left the meeting)

59. Thames Valley Police - Drug Diversion Programme

Superintendent Grahame and Temp. Chief Inspector Jason Kew gave a presentation on Thames Valley Police's drug diversion programme.

The diversion programme was an evidence based approach to dealing with the approximate 3,500 people arrested in the Thames Valley for possession of drugs, the majority of which were for cannabis. It was noted that drug use was increasing; drug related deaths had risen 60% nationally since 2012; and drug related hospital admissions was also on the rise and were costly to the system. The majority of drug related problems were caused by a minority of users. The diversion programme was explained and it sought to change behaviour by applying community resolutions and providing access to drug services and education. It was emphasised that the approach was not decriminalisation, although a community resolution was invisible to a DBS check. The approach was considered to be more effective and provided better outcomes for people, although it required joined up services particularly to help people with complex needs.

The Board recognised the wide range of potential benefits in reducing drug related offences and the wider impacts to a range of public services. The approach was broadly welcomed although it was commented that any increase in the number of people using drugs services was likely to have resource implications. It was agreed that a Task & Finish Group be established to explore the way forward which would include Thames Valley Police, Slough Borough Council, NHS, VCS and perhaps expertise from external agencies that could contribute to the approach.

At the conclusion of the discussion, the chair thanked T/Chief Inspector Kew for his presentation.

Resolved –

- (a) That the presentation of the TVP drug diversion programme be noted.
- (b) That a Task & Finish Group be established to explore the opportunities of this approach, to include TVP, SBC, NHS and VCS.

60. Director of Public Health's Annual Report 2018/19

The Board noted that the Director of Public Health's Annual Report 2018/19 would focus on wellbeing in the workplace and that it would be brought to the Board for consideration in September 2019.

Resolved – That the Board consider the Director of Public Health's Annual Report 2018/19 at the meeting in September 2019.

61. Wider Determinants of Health - Priorities for Slough

The SBC Service Lead Public Health, Dr Brutus, introduced a report that sought to further develop and refine the discussion about the wider determinants of health.

The following five wider determinants had been identified and the Board was asked to agree those which it wished to prioritise for further work:

- Housing
- Planning
- Asset based approach to support community health/wellbeing/resilience
- Employment and business
- Serious youth violence

Following the discussion about drug diversion it was suggested that this be added as a sixth potential area for further work. The Board agreed that the asset based approach to support health / wellbeing / resilience was a clear fit with the Board's remit and priorities. It was therefore decided that this should be prioritised along with serious youth violence which had been agreed at the Away Day in January as an area to focus partnership working and drug diversion.

Resolved – That the asset based approach, serious youth violence and drugs diversion be prioritised to take forward as part of the wider determinants of health approach.

(Lisa Humphreys left the meeting)

62. Forward Work Programme

The Forward Work Programme for future meetings was considered. The following items were agreed for the next meeting on 8th May, and all other items would be removed from the plan:

- Visit feedback on the Wigan Deal.
- SWB Annual Report.
- Annual Review of Joint Wellbeing Strategy priorities and Terms of Reference.
- Disability Task & Finish Group.
- Sexual health services update.
- Forward Work Programme.

Resolved – That the Forward Work Programme be agreed subject to above amendments.

63. Slough Prevent Board (Six Month Progress Report)

An information report was received on the recent work of the Slough Prevent Board including activity to meet the Prevent Duty created by the Counter Terrorism and Security Act 2015.

Resolved – That the work of the Prevent Board and its Action Plan, as at Appendix A, to the report be noted.

64. SBC Five Year Plan 2019-2024

An information report was received that updated on the review of the Council's Five Year Plan.

Resolved – That the content of the Council's Five Year Plan be noted.

65. Homelessness & Rough Sleeping Update

An information report was received that updated on the position regarding homelessness and rough sleeping in Slough since the previous report to the Board in November 2018.

Resolved –

(a) That the report be noted.

(b) That it be noted that there was no indication from government that the Rough Sleeper Initiative money would be available from 2020/21.

66. Attendance Report

Resolved – That the Members' Attendance Record be noted.

67. Date of Next Meeting - 8th May 2019, 5pm

The date of the next meeting was confirmed as 8th May 2019 at 5pm.

Chair

(Note: The Meeting opened at 5.05 pm and closed at 7.25 pm)

Slough Wellbeing Board – Action Progress Report

16th March 2019

No:	Item	Action(s):	For:	Update/Report Back to and date:
4.	Immunisation and Screening	<ul style="list-style-type: none"> Action Plan to be added to SWB Work Programme for September 2019 	Dr Liz Brutus	September 2019
7.	Drug Diversion Programme	<ul style="list-style-type: none"> Task & Finish Group to be established between TVP, SBC, VCS, NHS 	TVP/SBC	Timing TBC

14th January 2019

No:	Item	Action(s):	For:	Update/Report Back to and date:
4.	Integrated Care System Update	<ul style="list-style-type: none"> Invite Fiona Edwards, ICS system leader, to a future meeting of the Board 	Chair	July 2019
7.	Forward Work Programme	<ul style="list-style-type: none"> TS Grahame and Josie Wragg to lead a piece of collaborative work on youth violence and report back to the SWB. 	TS Grahame/Josie Wragg	May 2019

Slough Wellbeing Board – Action Progress Report

20th November 2018

No:	Item	Action(s):	For:	Update/Report Back to and date:
3.	Action Progress Report	<ul style="list-style-type: none"> Chair to contact local business organisation about vacant business representative positions 	Councillor Pantelic	March 2019

26th September 2018

No:	Item	Action(s):	For:	Update/Report Back to and date:
7.	Delivering the next phase of the Leisure Strategy	<ul style="list-style-type: none"> Refresh of Leisure Strategy to be considered by the SWB in 2019. 	Alison Hibbert	To be added to work programme in 2019 as new Leisure Strategy is developed.

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 8 May 2019

REPORT AUTHORS: Dr Liz Brutus - Service Lead Public Health

CONTACT OFFICER: Timothy Howells, Public Health Officer
(For all Enquiries) (01753) 875142

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION**SEXUAL HEALTH SERVICES: UPDATE ON SERVICE PROVISION****1. Purpose of Report**

- To provide a summary of the current commissioning and provider arrangements for sexual health services and the organisations involved
- To highlight the ongoing challenges and broad range of collaborative work in improving sexual and reproductive health

2. Recommendations

The Wellbeing Board is recommended to:

1. Consider the actions being taken to deliver sexual health services and sexual health promotion in Slough.
2. Consider what role each member of the Board can have in promoting better sexual health in Slough.

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

The current programme of sexual health promotion and services is aimed at supporting local residents to improve their sexual and reproductive health and wellbeing. In particular, this work supports the Joint Wellbeing Strategy priorities:

- Protecting vulnerable children
- Increasing life expectancy by focusing on inequalities

Data from sexual health services contribute to further developing the base of the Joint Strategic Needs Assessment and understanding the needs and health inequalities of our population..

3b. **Five Year Plan Outcomes**

The primary outcomes where delivery will be enhanced by the paper are:

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

4. **Other Implications**

(a) Financial

There are no immediate financial implications directly resulting from the recommendations of this report and outlined activities are within the current budget and resources.

(b) Risk Management - None

There are no identified risks associated with the proposed actions.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications to the content of this report

(d) Equalities Impact Assessment

The content of this report does not require an Equalities Impact Assessment.

5. **Supporting Information**

Context

5.1 Local Authorities are responsible for commissioning sexual health services and to promote good sexual and reproductive health as a part of improving and protecting the general health and wellbeing of the population. In Slough in 2018/19, approx. £950,000 (12%) of the Public Health grant was spent in this way with the lion's share spent on demand-led sexually transmitted infection (STI) screening and treatment. Like the national picture, efforts on prevention are increasing but still trail behind.

National strategic context

5.2 The national strategic approach to sexual health improvement is set out in the DH publication '*A Framework for Sexual Health Improvement in England*' and are summarised in Figure 1 below. The *Public Health Outcomes Framework* provides the key set of indicators against which progress is tracked.

5.3 The PHE strategic action plan *Health Promotion for Sexual and Reproductive Health and HIV 2016-19*, sets out four key objectives:

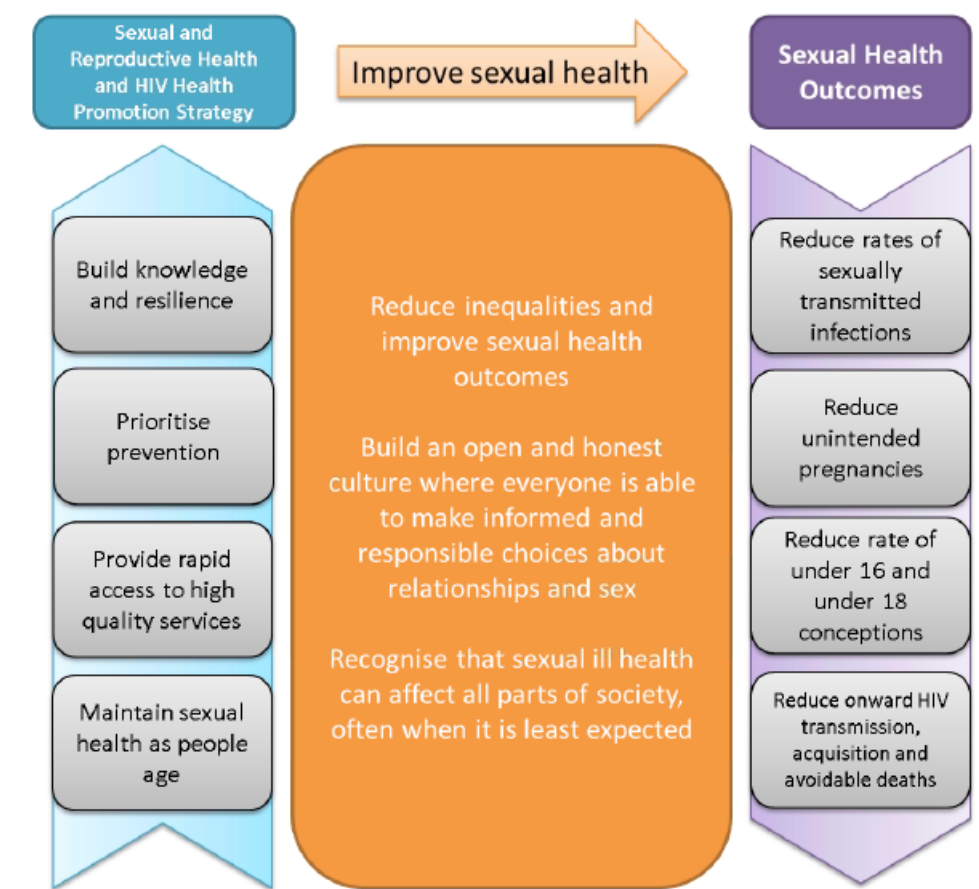
- Reverse the observed increase in sexually transmitted infections
- Reduce the burden of HIV infection
- Minimise the proportion of pregnancies that are unplanned
- Reduce the rates of under 18 and under 16 conceptions

5.4 These three documents and guidance underpin the core objectives our work in Slough.

5.5 Rates of sexually transmitted infections (STIs) tend to be highest in the more deprived areas. In 2016, East Berkshire rates were lower than regional and national

rates and in Slough, rates are decreasing, which in part is likely to be due to the maintained investment in sexual health services.

Figure 1: Key objectives and ambitions to improve sexual health in England



Source: [Public Health England, 2015](#)

Local need – sexual and reproductive health in Slough

5.6 Some key areas of sexual health need for Slough are:

- Chlamydia is the most common STI and rates are considerably higher in young adults. However, in Slough, detection rates are lower than national and regional average and decreasing.
- HIV prevalence in Slough is significantly higher than the national average (rate of 2.31 per 100,000) at 3.34 per 100,000. The groups predominantly affected in Slough are heterosexual men and women from African communities.
- Rates of new HIV diagnoses have shown a downward trend in Slough where rates have been historically high.
- Abortion rates in Slough are 21.5 per 1,000 female population aged 15-44 in Slough which is significantly higher than England. The proportion of women having abortions who have had a previous abortion among women aged under 25 is in line with the England figure of 26.7%.
- Long-acting reversible contraceptives (LARC) are the most effective methods of preventing pregnancy. In Slough, the rate for LARC prescribed in general practice is 12.2 per 1,000, less than half the national rate, with the more expensive Sexual Reproductive Health (SRH) clinic prescribed rate of 20.7 which is significantly higher than the national figure.

- Nationally, under 18 conception rates have been falling over the last decade and Slough's rate is similar to the national.
- Emergency Hormonal Contraception (EHC) is provided free of charge via GP Practices and Sexual Health Clinics across England and free of charge via pharmacies for women aged 13 to 25 years in Berkshire Local Authorities. The average rate of provision of EHC provided by SRH services in Slough is comparable to the average for the South East Region.
- A table summarising the data is available at Appendix 1.

Sexual and reproductive health service offer in Slough

- 5.7 Sexual health services are demand-led and in keeping with the national requirement, are fully open access to anyone eligible for NHS treatment, regardless of where they may live in the country. Nationally the demand for sexual health services has increased by 13% since 2013. The total number of sexual health screens (tests for chlamydia, gonorrhoea, syphilis and HIV) has also risen 18 per cent during this time period – both patterns which is reflected locally.
- 5.8 SBC Public Health, via Public Health Services for Berkshire, co-commission the main provision of sexual health services along with Bracknell Forest and Royal Borough of Windsor and Maidenhead. In common with many other local authority commissioners, we have worked with our providers of sexual and reproductive health services to innovate in order to meet the needs of residents and others in the area, including using digital approaches as in many other areas of people's lives; one such change has been to provide the option for people without symptoms to test for STIs without the need to come into the specialist clinic.

Re-commissioning of Berkshire East Integrated Sexual Health Service

- 5.9 Further to a tender exercise in Summer/Autumn 2018, Berkshire Healthcare Foundation Trust (BHFT) was identified as the preferred provider of the Berkshire East Integrated Sexual Health Service. The current service is provided for Slough, Bracknell Forest and Royal Borough of Windsor and Maidenhead residents. This will not change for the new service, which is expected to commence July 2019.

Digital sexual health services and health promotion

- 5.10 The Safe Sex Berkshire website (www.safesexberkshire.nhs.uk) is a "front door" to all sexual and reproductive health services in the area and aims to provide up to date, clinically accurate information on sexual health issues such as sexually transmitted infections (STIs) and contraception choices as well as enabling people to locate the most appropriate service for their needs or to order a testing kit.
- 5.11 The Safe Sex Berkshire website has been promoted through the use of paid advertising and organic promotion via social media feeds across partner organisations and through printed media including wallet sized promotional cards and posters that are circulated to organisations and community groups in each locality.

Online testing

- 5.12 In June 2018, the local NHS provider of sexual health services began a pilot project to evaluate offering STI testing kits online for use at home. This project enables residents to order a test kit for the four main STIs online through the online provider SH:24. The kits can be requested via www.safesexberkshire.nhs.uk and also directly from SH:24 at <https://www.sh24.org.uk/> An alternative online service for stand-alone

HIV testing has also been available prior to the SH:24 service for residents of Slough.

Reviewing ways to provide 'simple' sexual health interventions in the community

5.13 We are currently looking at how we can more effectively commission wellbeing services from 2020 for the wider community. This may include reviewing the provision of emergency hormonal contraception (EHC), condom distribution and LARC to help increase uptake and reduce inequalities.

Sexual health promotion via schools, Slough Youth Parliament and young people

5.14 Public Health is working with of the Schools Improvement to establish a new Schools Wellbeing post (to start approx. Jul 19) to support schools to develop holistic plans for wellbeing including good sexual health. This would incorporate linking up with the existing PHSE Network, Public Health-commissioned school nurses and other initiatives that partners in the voluntary or statutory sector may offer.

5.15 Public Health has been working with the Slough Youth Parliament on sexual health for some time, including having their input on the selection of the Integrated Sexual Health Service provider for Jul 2019.

5.16 Public Health is working alongside the Slough Youth Services team, the Slough Youth Parliament and various local young people groups to ensure the Safe Sex Berkshire website remains fit for purpose and to explore the potential of a new condom distribution scheme as mentioned in 5.13.

Challenges and opportunities

5.17 Poor sexual and reproductive health has historically been a source of stigma and often hidden distress and unmet need for people. The good news is that through both changes in wider society and the continued investment in sexual health promotion and effective treatment services in Slough, stigma and anxiety surrounding sexual health is generally reducing (which is then associated with better health outcomes – both in physical and mental wellbeing). However, pockets of it remain, often more strongly related to lower socio-economic status and cultural factors.

5.18 Our two main areas of concern at present likely to be related to cultural issues and stigma are our relatively :

- a. Higher rates of abortion and repeat abortion and relatively lower rates of uptake of long-acting reversible contraceptives and resulting in associated health inequalities for poorer BME women.
- b. Lower rates of early HIV detection (and treatment) in Slough which disproportionately affects our Black African community.

5.19 For the future, further work with our Slough-based faith communities and key communities groups may help us understand more of their ongoing concerns about sexual and reproductive health promotion and services so we can find a more mutually acceptable way of encouraging those in need to attend.

5.20 We continue to work with a broad array of partners and are building stronger links with the local implementation of national priorities that are relevant including:

- Frimley Local Maternity System: There are clear links with good sexual health and safer pregnancies for Slough women and their partners.
- East Berkshire's Children & Young People Mental Health Local Transformation Plans: Poor mental health in young people is associated with increased risk-taking including poor sexual health.
- Drugs & Alcohol Service: People misusing substances are more likely to also have poor sexual health including blood-borne viruses.

5.21 While unlikely to herald any immediate changes, it should be noted that in the recently published NHS Long Term Plan¹, it was suggested that “the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services.....and what best future commissioning arrangements might therefore be”. We will take this in our stride and continue to work with a broad array of partners as planned.

6. **Conclusion**

5.1 The paper outlines an improving picture of sexual health in Slough which in some cases, is bucking the national trend. Part of this improvement is related to Slough's ongoing investment in sexual health services which include both traditional face-to-face provision but increasingly, a shift towards online information and postal STI testing. In addition, we continue to increase our offer of sexual health promotion and linking in with relevant partners both inside and outside the council such as schools, drug and alcohol services and the Frimley local maternity system.

5.2 However, amongst the good news, the paper also highlights the areas of particular need and health inequality that persist which include preventing unwanted pregnancies and earlier detection of HIV which are more challenging because of the strong factors related to cultural differences and the long-standing stigma associated with poor sexual health.

8. **Appendices**

1. Table summarising selected sexual and reproductive (SRH) health indicators (2015 – 2016)

9. **Background Papers**

None

¹ NHS Long Term Plan (Chapter 2). Available at: <https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/>

APPENDIX 1

Table 1: Selected sexual and reproductive (SRH) health indicators (2015 – 2016)

	England	South East	Slough
All new STI diagnoses (excluding chlamydia <25) – rate/100,000 (2016)	795	648	723
Chlamydia detection - rate per 100,000 <25 (2016)	1882	1500	1042
Chlamydia proportion aged 15-24 screened (%) (2016)	20.7	19.2	15.0
HIV testing coverage, total (%) (2016)	67.7	71.5	83.1
New HIV diagnosis rate / 100,000 aged 15+ (2016)	10.3	7.7	10.8
HIV late diagnosis (%) (2014-2016)	40.1	43.4	53.7
HIV diagnosed prevalence - rate per 100,000 aged 15-59 (2016)	2.31	1.76	3.34
Total prescribed LARC excluding injections rate/1000 (2016)	46.4	54.0	32.9
GP prescribed LARC excluding injections rate/1000 (2016)	28.8	37.5	12.2
SRH services prescribed LARC excluding injections/1000 (2016)	17.6	16.4	20.7
Abortion rate – crude rate per 1,000 women aged 15-44 (2016)	16.7	15.0	21.5
Repeat abortions under 25s (%) (2016)	26.7	25.2	29.9
Under 18 conception - rate per 100,000 (2015)	20.8	17.1	22.2
Under 18 conceptions leading to abortion (%) (2015)	51.2	53.7	60.3

Source: [PHE Sexual and Reproductive Health Profiles](#) (accessed January 2018)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** Wednesday 8 May 2019

CONTACT OFFICER: Thomas Overend, Policy Insight Analyst
(For all Enquiries) (01753) 87 5657

WARDS: All

PART I
FOR COMMENT & CONSIDERATION

DISABILITY TASK AND FINISH GROUP - REPORT AND RECOMMENDATIONS

1. **Purpose of Report**

For the Slough Wellbeing Board to comment on the work and recommendations of the Disability Task and Finish Group.

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

That the Slough Wellbeing Board notes the Task and Finish Group's recommendations and considers the Group's request for the Board to co-ordinate a new campaign to raise awareness of the challenges faced by disabled residents.

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

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

The work of the Task and Finish group supports the Joint Wellbeing Strategy's second priority:

2. Increasing life expectancy by focusing on inequalities

3b. **Five Year Plan Outcomes**

The Task and Finish Group's recommendations, if adopted, will help the council to deliver the following outcomes of the Five Year Plan:

- Our people will be healthier and manage their own care needs
- Slough will be an attractive place where people choose to live, work and stay
- Our residents will live in good quality homes

4. **Other Implications**

(a) **Financial**

The work undertaken by the Task & Finish Group was covered within existing staff budgets.

Officers are currently preparing an implementation plan to take to the Health Scrutiny Panel. The majority of these recommendations can be implemented within existing budgets.

The proposal to collate guidance for people with disabilities on available services will require the establishment of a project team, who will need to produce an assessment on the cost of doing so. This will need to follow the existing asset mapping work being undertaken by SBC and the outcome of the Transformation Programme - which is looking at opportunities for making it easier for residents to self-serve.

The proposal to put in place a programme to ensure that progress is made on making more bus stops DDA compliant would require additional funding. Officers will contact the Task and Finish Group to see if there are alternative avenues for improving the accessibility of bus stops within existing budgets.

(b) Risk Management

A risk assessment will be included alongside the implementation plan being taken to the Health Scrutiny Panel.

(c) Human Rights Act and Other Legal Implications

Some of the Task and Finish Group's proposals relate to Slough Borough Council's obligations under the Disability Discrimination Act 1995.

(d) Equalities Impact Assessment

Should the implementation of the recommendations necessitate such an exercise, it will be carried out as required.

(e) Workforce

The implementation of the Task and Finish Group's recommendations will require officer time and commitment, as well as agreement from line managers.

5. **Supporting information**

5.1 Background to the Task and Finish Group

The Task and Finish Group was formed in response to the fact that, across a wide range of agenda items, the issue of disability access was continually emerging in discussions.

The group's intended aim was to help Slough become a 'disability friendly town', encompassing a wide range of matters such as building access, transport and leisure options.

A report was taken by Health Scrutiny Panel on 28th June 2018 which outlined some key questions for the Group to consider; these were then formalised in the Terms of Reference included at the start of the report.

5.2 Meetings

The Task and Finish Group has held meetings with the following SBC teams:

- Transport
- Taxi Licensing
- Leisure
- Planning
- Highways and Parking

In addition, there were further meetings with:

- AccessAble (providers of the Online Disability Access Guide)
- Slough Borough Council & Partner Employees with Disabilities Forum
- Healthwatch Slough

It was originally hoped that the group would be also be able to meet with representatives from Slough Youth Parliament, but this was not possible due to the timing of SYP's elections. However, should the recommendations be approved as council policy, the Task and Finish Group will seek SYPs feedback, and their support in making Slough a disability friendly town.

5.3 Recommendations

The group concluded that the ultimate objective for Slough should be to create a town with full accessibility for all its residents and to provide a safe environment. Based on its investigations, the group have identified seven key areas which it would recommend form the basis of Slough Borough Council and partner's approach to making Slough a disability friendly town.

- 1) Residents with disabilities should be provided with clear information on services available, and the wider public should be made aware of the challenges faced by them.
- 2) The council should review how its customers might best be able to report concerns around accessibility as part of its ongoing Transformation Programme.
- 3) The council should seek to improve the accessibility and safety of public transportation and taxis in the borough.
- 4) The council should raise awareness of the high quality leisure services available for disabled residents, and facilitate their use.
- 5) Full accessibility should be the default position for all future SBC buildings, and the council should utilise the opportunities presented by regeneration to embed accessibility in our town.
- 6) Further action should be taken to prevent the obstruction of pathways and the council should consider further locations where disabled parking may be appropriate.
- 7) GP surgeries should examine opportunities for implementing 'quick fixes' for improving access, and accessibility should be factored into all future designs as standard.

Within these areas, the Task and Finish Group would also wish to propose a number of specific actions it feels will be most effective in helping SBC and partners to achieve these objectives:

Information & awareness

- Collating available guidance for people with disabilities on available services, and presenting this in a range of accessible formats.
- Requesting Slough Wellbeing Board bring together different workstreams - including the Safe Place Scheme, Dementia and Autism Awareness campaigns and the 'enabling environment agenda' developed by Slough Mental Health services. This could co-ordinate a new campaign to raise awareness of the challenges faced by disabled residents, with the potential involvement of different stakeholder groups including Slough Youth Parliament.

Transport

- Putting in place a programme to ensure that progress is made on making more bus stops DDA compliant.
- Reviewing the feasibility of expanding the remit of the Local Access Forum to include disability access to transport.
- Submitting freedom of information requests to establish the level of complaints bus companies are receiving from disabled customers in Slough.
- Commissioning a survey of disabled bus users, with the results to be reported back to the Health Scrutiny Panel.
- Ensuring that all SBC regulated taxis have ramps with raised edges.
- Undertaking mandatory checks to ensure that taxi drivers were using wheelchair anchoring facilities.
- Displaying notices in taxis as to the rights of disabled service users not to be charged differently.
- Using mystery shopping of both taxi and bus services to check compliance with standards.

Leisure

- Increasing the publicity of Slough's Leisure Offer for disabled residents and their entitlements.
- Reviewing the accessibility of pathways to Slough's new green gyms.

Buildings & planning

- Seeking to incorporate separate baby nappy changing facilities and disabled toilets in all new SBC buildings, and installing Changing Places toilets where possible.
- Ensuring disabled residents are consulted in the planning stages for the new town centre, to make Slough an exemplary area for those with disabilities.
- The Health Scrutiny Panel reviewing the impact of the Outcome 4 group's ambitions regarding Category 3 accessible housing in five years time.

Parking, highways & footpaths

- Investigating opportunities for establishing further disabled parking bays across the borough, in consultation with disabled residents, and with a particular focus on improving access to shops and local services.
- Reviewing recently installed crossing points to consider where double-yellow lines might be effective.

- Including information on the importance of keeping pathways clear in the aforementioned campaign, as well as the impact obstruction can have upon disabled residents.
- As the council regenerates Slough, ensuring that all new or re-designed pathways are DDA compliant.

GP surgery accessibility

- Sharing Healthwatch Slough's findings on accessibility in GP surgeries with the CCG and Slough's two primary care networks - Slough Health Alliance Provider Enterprise (SHAPE Network) and Slough Practices Alliance (SPA network) - with the Health Scrutiny Panel examining what progress has been made in two years time.
- Factoring in these recommendations into the design, or redesign, of GP surgeries going forward - with full accessibility being the default position.

6. Comments of Other Committees

- 6.1 The recommendations of the Task and Finish Group were approved in principal at a meeting of the Health Scrutiny Panel on 25th March.

7. Next steps

- 7.1 The Health Scrutiny Panel have requested that officers prepare an implementation plan for the Group's recommendations, to be discussed in the first meeting of the 2019/20 municipal year.
- 7.2 If this plan is approved, it will be taken on to Cabinet for approval as council policy.
- 7.3 It will be for the Wellbeing Board to decide whether it wishes to agree to Group's request that it co-ordinates a new campaign to raise awareness of the challenges faced by disabled residents and highlight the issues raised in the Group's report. It was hoped that this could be similar to the Board's previous campaigning work on #BeRealistic, #ReachOut and #NotAlone.
- 7.4 Such a campaign would have to be sensitively planned to avoid the risk of seeming to be patronising to disabled residents. Potential messages include raising awareness of the fact that not all disabilities are visible to others, the importance of keeping pathways free of obstructions and how local employers can best ensure their buildings are accessible for all.
- 7.5 It is also worth noting that there are further areas of council policy which will have a major impact on disabled residents' quality of life that did not fall within the terms of reference of this report, such as access to quality employment, education or training. The Board may wish to consider whether it wishes any further research or analysis to be conducted on this topic going forward.

8. Conclusion

- 8.1 This report is intended to provide the Wellbeing Board with the findings of the Disability Task and Finish Group.

9. **Appendices Attached**

A - Disability Task and Finish Group Final Report

B - *Slough: A town that is accessible and inclusive for all*, Healthwatch Slough, September 2018 (appendices have been removed)

C - Disabled Rights Survey Evaluation, Healthwatch Slough, December 2018

10. **Background Papers**

1. Agenda papers and minutes of the Health Scrutiny Panel, 26th March 2018.

2. Agenda papers and minutes of Cabinet, 16th April 2018.

3. Agenda papers and minutes of the Health Scrutiny Panel, 28th June 2018.

4. Agenda papers and minutes of the Health Scrutiny Panel, 11th September 2018.

Disability Task & Finish Group

Findings of Task and Finish Group
commissioned by Health Scrutiny Panel

August 2018 – February 2019



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Preface

This Task and Finish Group was set up because an important question was posed by the Health Scrutiny Panel: 'Is Slough a disabled friendly town?'

To answer this, we need to talk not just about physical disabilities, but all disabilities. We also recognise that improving accessibility for disabled people will improve the lives of all our residents, including older people and families with children using push chairs.

As a resident of Slough for 67 years, I have been saddened by the negative press our town has received and firmly believe that Slough has so much to offer. Slough Borough Council could be a leader in creating a Disabled Friendly town and 99% of those surveyed for this Task and Finish Group by Healthwatch Slough agreed with this agenda.

This report has been a collaborative piece of work between the Health Scrutiny Panel and Healthwatch Slough, and has identified some really positive progress, but also some important issues to be addressed. In order to do this a more joined up approach between different services is required.

The group's work has highlighted that we need to be mindful that accessibility is not just about physical access to shops and public places, but also how people can get to these places and the wider public's awareness and understanding of disability. An awareness of the transport needs of people with disabilities should foremost in our minds to help reduce social isolation and ensure people are able to access services effectively. This includes access to suitable disabled parking and maintaining safe highways and footpaths.

The group is keen to look at how the Council can, in line with its Five Year Plan, ensure that all our residents have an opportunity to be part of the conversations to support positive changes that will make our town more accessible to everyone.

To address the issues we have identified, the group has made recommendations in the report below for the Health Scrutiny Panel to review. We hope that all these will be endorsed by Slough Borough Council, and that a clearly-defined action plan is put in place to ensure their implementation.

The Members of the Task and Finish Group would like to thank the officers and organisations who have provided information to the Group for their clear and transparent approach to our work. I would also like to thank Liam Toner, Chair of Slough Borough Council & Partner Employees with Disabilities Forum, Councillor Safdar Ali, Councillor Naveeda Qaseem, Councillor Atiq Sandhu, Councillor Dexter Smith and Councillor Wayne Strutton for all their support in completing this project, as well as the stakeholders listed at the end of this report.

Mr Colin William Pill
Chair of the Disability Task and Finish Group



Terms of reference

The following terms of reference were proposed by the Task & Finish Group at a meeting on 10th August 2018.

1. To investigate and make recommendations on the following matters:
 - 1.1 The level of inclusion offered for disabled residents and visitors in services offered by Slough Borough Council and partner organisations.
 - 1.2 The impact on this on equality for local residents.
 - 1.3 The provision of transport for disabled residents and visitors to Slough.
 - 1.4 The effect of this and other factors on access to services for local service users.

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Summary of recommendations and proposed areas for consideration

The Task and Finish Group, feel that the ultimate objective for Slough should be to create a town with full accessibility for all its residents and to provide a safe environment. Based on its investigations, the group have identified seven key areas which it would recommend form the basis of Slough Borough Council and partner's approach to making Slough a Disability Friendly Town.

- 1) Residents with disabilities should be provided with clear information on services available, and the wider public should be made aware of the challenges faced by them.
- 2) The council should review how its customers might best be able to report concerns around accessibility as part of its ongoing Transformation Programme.
- 3) The council should seek to improve the accessibility and safety of public transportation and taxis in the borough.
- 4) The council should raise awareness of the high quality leisure services available for disabled residents, and facilitate their use.
- 5) Full accessibility should be the default position for all future SBC buildings, and the council should utilise the opportunities presented by regeneration to embed accessibility in our town.
- 6) Further action should be taken to prevent the obstruction of pathways and the council should consider further locations where disabled parking may be appropriate.
- 7) GP surgeries should examine opportunities for implementing 'quick fixes' for improving access, and accessibility should be factored into all future designs as standard.

Within these areas, the group would also wish to propose a number of specific actions it feels will be most effective in helping SBC and partners to achieve these objectives:

Information & awareness

- Collating available guidance for people with disabilities on available services, and presenting this in a range of accessible formats.
- Requesting Slough Wellbeing Board bring together different workstreams - including the Safe Place Scheme, Dementia and Autism Awareness campaigns and the 'enabling environment agenda' developed by Slough Mental Health services. This could co-ordinate a new campaign to raise awareness of the challenges faced by disabled residents, with the potential involvement of different stakeholder groups including Slough Youth Parliament.

Transport

- Putting in place a programme to ensure that progress is made on making more bus stops DDA compliant.
- Reviewing the feasibility of expanding the remit of the Local Access Forum to include disability access to transport.
- Submitting freedom of information requests to establish the level of complaints bus companies are receiving from disabled customers in Slough.
- Commissioning a survey of disabled bus users, with the results to be reported back to the Health Scrutiny Panel.
- Ensuring that all SBC regulated taxis have ramps with raised edges.
- Undertaking mandatory checks to ensure that taxi drivers were using wheelchair anchoring facilities.
- Displaying notices in taxis as to the rights of disabled service users not to be charged differently.

- Using mystery shopping of both taxi and bus services to check compliance with standards.

Leisure

- Increasing the publicity of Slough's Leisure Offer for disabled residents and their entitlements.
- Reviewing the accessibility of pathways to Slough's new green gyms.

Buildings & planning

- Seeking to incorporate separate baby nappy changing facilities and disabled toilets in all new SBC buildings, and installing Changing Places toilets where possible.
- Ensuring disabled residents are consulted in the planning stages for the new town centre, to make Slough an exemplary area for those with disabilities.
- The Health Scrutiny Panel reviewing the impact of the Outcome 4 group's ambitions regarding Category 3 accessible housing in five years time.

Parking, highways & footpaths

- Investigating opportunities for establishing further disabled parking bays across the borough, in consultation with disabled residents, and with a particular focus on improving access to shops and local services.
- Reviewing recently installed crossing points to consider where double-yellow lines might be effective.
- Including information on the importance of keeping pathways clear in the aforementioned campaign, as well as the impact obstruction can have upon disabled residents.
- As the council regenerates Slough, ensuring that all new or re-designed pathways are DDA compliant.

GP surgery accessibility

- Sharing Healthwatch Slough's findings on accessibility in GP surgeries with the CCG and Slough's two primary care networks - Slough Health Alliance Provider Enterprise (SHAPE Network) and Slough Practices Alliance (SPA network) - with the Health Scrutiny Panel examining what progress has been made in two years time.
- Factoring in these recommendations into the design, or redesign, of GP surgeries going forward - with full accessibility being the default position.

1 Background to the Review

1.1 Introduction

The issue was first raised by the Health Scrutiny Panel on 26th March 2018. This was in response to the fact that, across a wide range of agenda items, the issue of disability access was continually emerging in debate. Given this, and the fact that the matter seemed too wide ranging to include as a standard report, the Panel agreed with the proposal that a Task & Finish Group was required. The Group's intended aim was to help Slough become a 'disability friendly town', encompassing a wide range of matters such as building access, transport and leisure options. Further support for this initiative was provided by Cabinet at its meeting on 16th April 2018, where they officially backed Health Scrutiny Panel's proposals for this review to take place. As a result, a report was taken by Health Scrutiny Panel on 28th June 2018 which outlined some key questions for the Group to consider; these were then formalised in the Terms of Reference included at the start of this report.

Given the wide range of relevant areas, the Group has undertaken one of the more comprehensive studies of any Task & Finish Group commissioned by Slough Borough Council. This has led to meetings being held with a number of departments:

- Transport
- Taxi Licensing
- Leisure
- Planning
- Highways and Parkin
- Slough Borough Council & Partner Employees with Disabilities Forum

This has also led to it making a high number of recommendations. It is now imperative that Health Scrutiny Panel decides how it will track progress with these recommendations as the Task & Finish Group is decommissioned and the Panel inherits its work in the future.

It is also worth noting that there are further areas which affect disabled residents' quality of life that fall beyond the Task and Finish Group's terms of reference, which may need to be examined by the council in the future.

The Task and Finish Group was chaired by Colin Pill and membership comprised Councillor Safdar Ali, Councillor Naveeda Qaseem, Councillor Atiq Sandhu, Councillor Dexter Smith, Councillor Wayne Strutton and Liam Toner.

1.2 The Approach

Given the above, the Task & Finish Group has held meetings with Slough Borough Council departments. This has helped assess the issues involved and the most productive areas for recommendations.

In addition, it has held meetings with key stakeholders. In October 2018, it met with the newly commissioned providers of the Online Disability Access Guide to hear how this service would support local residents and visitors in understanding provision in Slough. It has also held a joint public meeting with Healthwatch at the end of its investigation to discuss its findings and how they reflected the experiences of the local population.

The information from these events is included in section 2 of this report, and was used to formulate the recommendations at the start of this document. These recommendations were compiled by the Task & Finish Group at its meeting on 26th February 2019.

2 Information gathered

2.1 Meeting with AccessAble (providers of Online Disability Access Guide)

- 2.1.1 The organisation had a 3 year contract with Slough Borough Council. The work in Slough was about to commence in October 2018, with surveyors to be in operation before Christmas. An engagement event would then be held around the turn of the year, and this (alongside ongoing discussions with SBC officers) would help form the 200 buildings and facilities which would feature in the Slough access guide. By the time of this report, AccessAble will have provided a design guide; this document would outline the principles of design for planners, architects and related officers to use in creating public spaces. The Online Access Guide would also be ready for review by this time, but not for public dissemination.
- 2.1.2 AccessAble had been established as a social enterprise in 2002 (formerly known as DisabledGo), and had worked with local authorities (e.g. Croydon) since this time. The change in name reflected that the service was about access rather than strictly disability (for example parents with double pushchairs also had issues with access) and would include a mobile app. Overall, it was estimated that access issues were of relevance to 20 million in the UK, given the numbers of carers who also had to consider such factors in daily life.
- 2.1.3 The founder of AccessAble had described disability as ‘the death of spontaneity’, as all trips now had to be planned in advance. He also noted how his conversations regarding accessibility often boiled down to the same few questions. In addition, this led to many becoming increasingly withdrawn as they erred on the side of caution, and also had no wish to become a limiting factor in the plans of their social group. The aim of the guide was to inform everyday decisions and allow people to enjoy as full a life as possible. It contained a wide bank of data, and provided objective statistics rather than more subjective ‘Trip Advisor’ style reviews. It also went well beyond mere legal compliance, providing information on matters such as mirror heights, width of passageways and the like to help people understand the environment they may be encountering. In summary, it was hoped that the online access guide would help promote Slough as an accessible place where people could be independent. It was recognised that Slough was a place undergoing a significant amount of regeneration and that this offered a major opportunity to reshape the town as disabled-friendly.
- 2.1.4 As well as the moral incentive of improving facilities, local facilities could also benefit from ‘the purple pound’ (the spending power of disabled people). In total, this was estimated as worth £250 billion across the UK. Given the importance of small details (e.g. lever taps, dimensions of toilets) it was hoped that those creating these new facilities would see the benefits of relatively minor investment. The guide contained thousands of such details (over 200 regarding toilets alone) and was taken by AccessAble surveyors to ensure standardisation. Hospitals were covered separately with assistance from the NHS, whilst AccessAble also had contracts with some stores (e.g. Next, Marks and Spencers) with all branches in the UK covered.
- 2.1.5 Engagement events would be held twice a year throughout the contract, with the first one due in December or January. These also involved local businesses, with AccessAble having seen many such organisations keen to be involved. Given the advice AccessAble could provide using their expertise, and the changes that could be made at fairly low cost and inconvenience, the service was appreciated by many service providers. Indeed, groups of private sector companies had sponsored expansions to the portfolio of buildings covered by AccessAble in some local authority areas where they operated. All buildings which were surveyed would be re-surveyed every 12 months whilst AccessAble were active in the area.
- 2.1.6 AccessAble were aware that this was the starting point for all parties in the arrangement, with all sides due to learn about the process involved and benefits available over the 3 years of the

contract. There was also some anecdotal evidence that the work of AccessAble raised awareness amongst staff at the various buildings on the guide about disability issues, although this was not something that was formally measured. AccessAble were able to pass on analytics regarding who used the Slough guide, where they were from and other similar questions.

- 2.1.7 The service also provided route plans for key journeys (e.g. train station to high street) although these were fixed and limited in number. The data had also been offered for integration into some apps (e.g. Blackpool Transport) but was not freely open for 'datamashing' by third parties as the information could be misrepresented by external organisations. AccessAble was also able to produce internal analysis reports to assist organisations to receive guidance on best practice. This would also help with future proofing and ensuring that buildings in the guide could prepare for developments.

2.2 Meeting with Transport Team

- 2.2.1 The last audit of bus stops had been held some years ago, and found that 40% of bus stops had curb heights below 125mm (the minimum to enable the maximum permissible gradient for the ramp that is equipped on buses) and 90% of stops required work to comply with Public Service Vehicles Accessibility Regulations 2000. The causes for these stops' non compliance were varied, but a clear breakdown was not available. In addition, some work had been undertaken since the audit to rectify the situation but precise statistics on this were not available. The Transport Team may be undertaking a new audit between now and the Group's final report on the bus stops involved (approximately 300, with 150 equipped with bus shelters), although the resources available to the team may require this to be outsourced. Should the audit be undertaken and deliver its findings, the Group asked to work to remedy highly used bus stops (or those near health care facilities) to be prioritised over 'quick wins'.
- 2.2.2 When an operator alters a route, SBC may not establish new permanent stops as such alterations may be temporary. In addition, operators could then deregister such stops with 56 days notice leaving SBC's expenditure as superfluous. Equally, leaving behind a permanent structure which was no longer in use could prove confusing for those not used to using the service. However, there were no hard rules on when SBC would deem such route amendments to be permanent. Members also asked if routes and the degree to which they were subject to change could form part of negotiations for service tenders.
- 2.2.3 Buses in Slough (and many other parts of the country) had issues with providing full equipment for wheelchair users (e.g. straps). Members asked if the Local Access Forum (which currently focused on public access to land) could be expanded to include disability questions. In addition, the potential inclusion of a disabled service user in specifications for bus contract negotiations was raised. Should this be the case, Adult Social Care could support the process given their decision to ensure such representations were received during service design.
- 2.2.4 At present, complaints on services were received but not solely SBC's responsibility. As a result, the Group expressed an interest in using such complaints to provide quality monitoring information; however, commercial confidentiality may limit the data SBC can receive (e.g. route specific patronage information). In addition, a targeted study of disabled bus users could be commissioned for more detailed guidance as to current standards on transport.
- 2.2.5 Members also asked if disabled access specifications are included when tendering for routes are advertised and requested that this section of the specification is shared with other officers in the task group. Members also raised the separate issue of bus fares; it was agreed that this would be picked up with the Overview and Scrutiny Committee Chair (Cllr Arvind Dhaliwal) as a potential agenda item.

2.3 Meeting with Taxi Licensing Team

- 2.3.1 SBC had 107 Hackney cabs licensed, with 57 of these providing wheelchair access. However, this provision could vary in terms of side or rear access, size of wheelchair catered for and size of vehicle. However, anchoring was mandatory. The Equality Act 2010 stipulated that Councils should implement a 50% disability access ratio for its fleet, which these statistics exceeded.
- 2.3.2 Ramps for wheelchair access were standard; however, members asked if the lack of a raised 'turn up' edge could lead to wheels going over the edges. Whilst such facilities were not mandatory, members felt this may be a suitable area for a recommendation in the final report.
- 2.3.3 Equally, whilst anchors for wheelchairs were mandatory it was questioned if they were being used. Members also asked if users with seatbelts on their wheelchairs were being checked if they were using them whilst travelling. The height of entrances could also prove an issue for taller wheelchair users. Any vehicles without the necessary equipment could have their licence suspended. They would then need to be repaired and obtain a new MOT before having the licence restored.
- 2.3.4 The SBC website included information regarding the precise facilities offered by taxis and the types of wheelchair they could accept. Ultimately, those making the booking needed to specify their requirements. However, it may be helpful to circulate such information for those who found themselves needing services for disability.
- 2.3.5 In October 2018, SBC made Passenger Assistance Training Scheme attendance mandatory for all taxi drivers, with all parts of the course to be completed. This training included information on anchoring, setting and positioning; all taxi drivers would complete this programme by the end of 2019. SBC was going beyond its legal obligations in this matter, with Hackney cab drivers having to take such training but not private hire drivers (who SBC were including). Even drivers whose vehicles were not wheelchair accessible were made to attend, as the spectrum of disability did not confine itself to wheelchair use. Drivers also had to attend safeguarding training which included relevant issues as well as matters such as child sexual exploitation.
- 2.3.6 There were 596 private hire vehicles licensed by SBC, of which only 10 had wheelchair access. SBC had contacted representatives from authorities across South East England to see if any of them had targets on this and how they enforced them (given the absence of powers given by Department for Transport in this regard). However, if a private hire company was asked to provide such transport and could not they were obliged to refer the user to a company which could.
- 2.3.7 Taxi drivers were not allowed to levy any surcharge on disabled service users. This included the caveat that the meter started to run once the journey was underway, not during the process of providing access for the wheelchair user. This matter was covered by a number of Byelaws and those not in compliance could be prosecuted; users who felt they had been subject to discrimination were asked to report the matter. However, should the user and the driver make a verbal agreement before the journey as to the price, this was binding even if it exceeded the metered cost of the journey. Members acknowledged this, but felt it could be publicised through signage.
- 2.3.8 In addition, whilst it was accepted that the website included detailed information on transport, members asked if a leaflet could be created for distribution. The draft of this leaflet could then be referred to local service users for their comments prior to distribution; Adult Social Care had experience of this and could be approached to offer assistance.

2.3.9 SBC's good work in the area was recognised; members felt more publicity for it could help users know their rights more clearly. The possibility of using the Citizen to promote SBC's robust approach was discussed by those present.

2.4 Meeting with Leisure Team

- 2.4.1 The Leisure Strategy had been in operation since 2015 and due for refresh in 2019. Accessibility for all residents was at the centre of its objectives. This had 3 core outcomes: improve core facilities, ensure neighbourhoods had facilities (e.g. green gyms in parks) and create a suitable programme of activity for local residents. On the second of these, the aim was to ensure that no resident was more than 20 minutes walk from an open air gym. On the last point, 100 sessions were held every week with many targeted at specific groups (including all forms of disability).
- 2.4.2 The first new core facility was Arbour Park. As well as being home to Slough Town FC this facility was to be used by the public. Prior to its opening, disabled users had been invited to attend and provide feedback; alterations were made on this basis (e.g. viewing facilities). It also had an evacuation chair as well as a lift, which had been tested; staff had also been trained on using it.
- 2.4.3 The Slough Ice Arena had been well used, especially by Adult Social Care. It also featured a viewing gallery with lift. In particular, SPICE (Special People On Ice) were regular attendees, with a dedicated Sunday morning session for wheelchair users. This event regularly attracted over 100 participants and may expand in the future.
- 2.4.4 The Salt Hill Activity Centre, given its nature, was less well suited to those with physical disabilities. However, 10 pin bowling had proved popular with 4 dedicated sessions a week for those with disabilities. Langley Leisure Centre had been refurbished (rather than being a new build like the other facilities mentioned). It now featured a beach area with a hoist; the only area not readily accessible was the Jacuzzi. The Centre on Farnham Road would be the flagship of the Leisure Strategy. This was due to open in March 2019, and had consulted with disabled representatives from the start of its planning. Signage was provided in Makaton and Braille, and further feedback on design would be sought before its opening.
- 2.4.5 There were now 23 Green Gyms across Slough, with other related activities (e.g. Trim Trails) also provided. A partnership with The Great Outdoors Programme had been initiated to structure activities and support those using facilities. There were also 14 Multi-Use Games Areas (MUGAs) with plans to expand this. In addition, some of these were floodlit. These had very high usage rates and were also used for Wheelchair Basketball (as well as sessions where wheelchair users and able bodied participants took part simultaneously). They were tarmacked and highly durable.
- 2.4.6 Active Slough was keen to emphasise engagement for all rather than elitism or competition. Those taking part could also drop in and out of sessions rather than committing to an entire programme. Users were also consulted, with the offer being revised as a result. Work on access was being undertaken (e.g. car parks, lifts, changing facilities). Gyms also used the most modern innovations to assist users (e.g. wheelchair access, visual impairment aids, ease of grip). This was a work in progress and would continue to evolve as issues were identified. The Patient and Liaison Service and Sport in Mind were also involved, whilst Sports Able offered disabled service users a more competitive form of sport if desired.

- 2.4.7 However, whilst the offer was in good shape there were concerns over the level of publicity it had attracted. Whilst a leaflet highlighting specialist provision could be of assistance, other innovations (e.g. use of a forthcoming NHS App to promote options) could be explored.
- 2.4.8 Most activities had concessionary rates; these rates were uniform for all who could claim them. There had been some concerns over 'carers' who were using facilities for free and ignoring those they were supposed to be caring for. As a result, members felt that some form of identification (including guidance as to care arrangements) could be produced to stop this. This could also help SBC track use of their facilities.
- 2.4.9 Staff undertook training on CSE, Adult Safeguarding and Manual Handling (with all managers taking Level 2 training on this).
- 2.4.10 Activate Slough had been based on external funding to construct specialist provision. It was being supported by a volunteer programme which was being constructed and could be circulated once complete.
- 2.4.11 However, members were also concerned that having baby nappy changing facilities in disabled toilets could present an infection control issue, and asked if this matter could be considered.

2.5 Meeting with Planning Team

- 2.5.1 The Task & Finish Group had raised concerns across a number of areas. Some of these related to roads and highways – as a result, the Group has asked that another meeting be scheduled for 2019 to cover these.
- 2.5.2 With regards to Building Control, members asked if SBC was going beyond the minimum statutory requirements. Given the high level of local need, it was felt that the 5% threshold may not reflect the population in question. However, a precise understanding of this level of need was not in place; the Group felt this area merited greater research. Existing materials (e.g. the Joint Strategic Needs Assessment) may hold some relevant information, as could the Public Health Team. Healthwatch may also be able to offer a comparison with neighbouring authorities.
- 2.5.3 The Planning Policy Framework currently included a statement on the need for accessibility for all. The Local Plan had been presented to the Planning Committee on 5th December, whilst the Five Year Plan Outcome 4 Sub Group had also agreed to increase the level of accessible housing stock. This included a stipulation that 5% of all housing (new and existing) would conform with Category 3 of the National Accessible Scheme (Category 2 was the legal minimum). This would be presented as a potential Council policy in March 2019. In addition, all new buildings required a design and access statement.
- 2.5.4 New developments required evidence of need when considering accessibility in design; failure to do this could lead to developers questioning the requirements made and their resulting cost. It was also the case that Councils had to balance accessibility with the need for affordable housing and other considerations (especially the high density nature of Slough's housing requirements). However, a counter consideration regarding the long terms costs of adapting existing buildings or even moving residents to more suitable housing needed to be made too.
- 2.5.5 At present, there was a cap of 200 homes before SBC would require 5% of these to be accessible at Category 3 standards. Further information as to the reasons for this would be reported back to the Task & Finish Group.

- 2.5.6 Planning, building and the NHS at present had linked interests in the matter but were not fully co-ordinated. SBC had established the 'One Council' Group which was working on such matters; this Group could also help with understanding the precise nature of the level of local need.
- 2.5.7 Given the redevelopment of the town centre, there may also be an opportunity to transform the offer made for local residents and visitors. However, it was vital that this chance was taken during the initial planning stages; for example, at the existing Queensmere shopping centre a Motability service had been established but only after the building was finished, and as a result was not conveniently situated.

2.6 Meeting with Slough Borough Council & Partner Employees with Disabilities Forum

- 2.6.1 The forum kindly allowed the Task and Finish Group to attend their January meeting, to discuss the issues that had been identified by the group so far and gain their insight on both further issues to be addressed and action that might be taken.
- 2.6.2 Members of the forum noted the progress that has been made by the council in improving accessibility - particularly in regard to the new leisure facilities.
- 2.6.3 However, the forum did still feel that more needed to be done in the private sector, for example in small shops, and echoed the group's concerns around accessibility in the community - particularly relating to parking, highways, public transport and disabled toilets.
- 2.6.4 It was suggested that, in order to address this, the council might look to offer training for local employers, businesses and other organisations, as part of a wider campaign around disability awareness.
- 2.6.5 The forum's chair, Liam Toner, also highlighted the importance of improving access to information on the services and benefits available to people with disabilities; and it was proposed that the creation of a single document or resource, in accessible formats, might help to address this.
- 2.6.6 It was agreed that the representatives from the Task and Finish Group would return to the forum at a later date once the recommendations had been finalised, to review findings and discuss what more might be done to improve the wider public's attitude towards, and awareness of, disability.
- 2.6.7 It was also suggested that further work might need to be undertaken beyond the terms of reference of the Task and Finish Group - looking more broadly at people with disabilities' quality of life.

2.7 Meeting with Highways Team

- 2.7.1 This meeting focussed on the availability and suitability of disabled parking in Slough, and challenges disabled residents can face when travelling via public pathways, on foot or in wheelchairs. Members of the group felt these issues were of critical importance for ensuring that Slough can become a disability friendly town, and for preventing disabled residents from becoming socially isolated.
- 2.7.2 The Chair of the Task and Finish group raised concerns around the absence of disabled parking bays in several wards across Slough, such as Wexham Lea, and the challenges this can present disabled residents in accessing local shops and services.

- 2.7.3 The Chair also discussed issues around the design of disabled parking bays in areas such as the Town Centre, where the bays are placed end-to-end (for parallel parking), rather than side by side (echelon parking), without demarcated spaces between and around the bays to be kept clear. This can mean that disabled people have to exit their vehicle into the road - potentially into on-coming traffic - and can prevent residents from exiting vehicles that have been specially adapted for rear access.
- 2.7.4 The Highways team informed the Task and Finish Group of the statutory limitations around 'on-curb' disabled parking, which prevents the council from establishing echelon disabled parking bays in certain places. However, it was agreed that the Highways team could investigate potential opportunities for establishing more disabled parking bays across the borough within the current legislation, in consultation with disabled residents.
- 2.7.5 The Chair discussed the importance of crossing points at junctions in allowing disabled residents to travel throughout the town unimpeded, and highlighted the good work the council has undertaken in establishing these. However, he raised concerns that nuisance parking at junctions was obstructing many of these crossing points or otherwise rendering them unsafe. Members asked whether more double-yellow lines could be established, given that these are required for the council to be able to enforce parking restrictions.
- 2.7.6 The Highways team informed the group that double-yellow lines are not established as standard at such junctions, as vehicles are already restricted from parking within 10m of a junction, and took them through the consultation process by which changes are made. While it would not be practical to have double-yellow lines at every junction, the Highways team agreed that it would be possible to assess whether they should be introduced at those where crossing points have recently been installed by the council.
- 2.7.7 Members discussed how nuisance parking on pavements can prevent disabled residents from using pathways and asked for an update on the council's plans. The Highways team updated the Task and Finish group on the Pavement Parking Scheme which was trialed in 2015, and discussed how it sought to allow cars to park with two wheels on the pavement within demarcated areas, while preserving a minimum width of 1.2m for pathways. It is hoped to extend this scheme to further areas of the borough in the future.
- 2.7.8 The Highways team also apprised the group of potential legislation which will allow councils to ban on-pavement parking, as is currently the case in London. It is hoped that this legislation, were it to be passed, will give the council more flexibility to improve accessibility for disabled residents.
- 2.7.9 The group also considered further obstructions to public pathways, including overgrown hedges and vehicles parking over the end of driveways. The highways team informed the group of the action taken by the council to prevent these kinds of issues from occurring, but highlighted the limited resources available for inspection and enforcement.
- 2.7.10 To raise awareness of these issues, it was agreed that the Highways team could look to publish information on the importance of keeping pathways clear via social media and *Citizen*, as well as case studies of action that has been taken which has had a positive impact for disabled residents.

2.8 Joint meeting with Healthwatch Slough

- 2.8.1 The Task and Finish Group has been a collaborative piece of work between the Health Scrutiny Panel and Healthwatch Slough. This meeting provided an opportunity for the group to consider issues identified by Healthwatch in their report of September 2018 *Slough: A town*

that is accessible and inclusive for all. The full report can be found in the appendix, though findings on specific practices have been removed to allow them a fair opportunity to respond to Healthwatch's concerns.

2.8.2 Healthwatch Slough visited 17 GP surgeries in Slough in teams of two between July and August 2018. Although some of the surgeries visited were very well equipped, there were several areas where the teams had significant concerns.

2.8.3 Based on the issues identified, Healthwatch have proposed 4 key areas where they believe quick progress might be made to improve accessibility:

1. Signage

- a. Signs should be clear and unambiguous, at a readable eye level, readily distinguishable from the background, using standardised symbols that are universal and easy to understand.
- b. Reserved parking spaces should be denoted by clear signposting at the entrance and beside the space itself.
- c. Routes from entrance doors to lifts, stairs, enquiry desks and toilets should be clearly defined and unobstructed.
- d. Passageways should be kept clutter free.

2. Furniture

- a. Seating should be available in a choice of heights.
- b. Reception counters should be accessible and usable by disabled persons.
- c. Hygiene products, such as hand gel, should be available at an accessible level for wheelchair users.

3. Communication

- a. All surgeries should install a hearing loop.
- b. Surgeries should publicise to patients that a quiet space can be provided upon request.

4. Safety

- a. Doorways should be installed with a low threshold bar.
- b. Grounds leading up to the surgery should be smooth and safe for wheelchair users or someone walking with an aid.
- c. Handrails should be placed on both sides of ramps leading to an entrance door.
- d. Contrast is desirable between doors and walls.

2.8.4 The Task and Finish Group agreed that Healthwatch Slough's findings should be shared with the CCG and Slough's two primary care networks - Slough Health Alliance Provider Enterprise (SHAPE Network) and Slough Practices Alliance (SPA network) - and that the Health Scrutiny Panel should examine what progress has been made in improving accessibility in practices in two years time.

2.8.5 Members of the group also thought that these recommendations should be considered in the design of any new practices and discussed opportunities that may be provided in the years ahead by technology - such as telehealth - to improve access to GPs.

2.8.6 The group then discussed the results of Healthwatch Slough's survey on Disability Rights - the results of which can be found in the appendix. They were particularly pleased to note the widespread public support behind the council's aim to make Slough a disability-friendly town. However, the group did raise concerns around the large number of those surveyed who did not use public transport.

2.8.7 Healthwatch Slough also kindly provided their thoughts on the issues identified by the Task and Finish group up to that point, and helped the group to shape its final recommendations.

3 List of Meetings and Events

The following meetings were held by the Task & Finish Group:

- | | |
|---------------------------------|---|
| 10 th August 2018: | Formation of terms of reference |
| 2 nd October 2018: | Meeting with providers of Online Disability Access Guide |
| 21 st November 2018: | Meeting with Transport Team (focus on bus services) |
| 27 th November 2018: | Meeting with Taxi Licensing Team |
| 4 th December 2018: | Meeting with Leisure Team |
| 11 th December 2018: | Meeting with Planning Team |
| 24 th January 2019: | Meeting with Slough Borough Council & Partner Employees with Disabilities Forum |
| 12 th February 2019: | Meeting with Highways and Parking Team |
| 26 th February 2019: | Joint meeting with Healthwatch Slough |
| 26 th February 2019: | Formation of recommendations |

4 Acknowledgements

The Disability Task & Finish Group would like to note it's thanks to the following contributors and witnesses, whose input helped form its recommendations:

Slough Borough Council:

Masum Choudhury	-	Transport Strategy Team Leader
Savio DeCruz	-	Service Lead Major Infrastructure Projects
Ginny de Hann	-	Service Lead Regulatory Services
Kam Hothi	-	Team Leader, Parking
Giovanni Ferri	-	Youth Worker
David Gordon	-	Scrutiny Officer
Alison Hibbert	-	Leisure Strategy Manager
Kerry Hobbs	-	Planning Policy Officer
Sally Kitson	-	Strategy and Partnership Manager
Tom Overend	-	Policy Insight Analyst
Michael Sims	-	Licensing Manager

External Organisations:

David Livermore	-	AccessAble
Arunjot Mushiana	-	Healthwatch Slough
Nicola Strudley	-	Healthwatch Slough

The Task and Finish Group would also like to acknowledge Living in Harmony and Slough Community Transport's work in producing the survey on Disability Rights.

The following resources were also used in background research:

Accessible Bus Stop Guidance	Transport for London
FirstGroup Plc v Paulley (2017)	Supreme Court Ruling
Nusrat Ghani MP Statement (7 th March 2018)	Hansard
Task & Finish Group – Use of Wheelchair Spaces on Buses	House of Commons

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Slough

A town that is accessible and inclusive for all



September 2018

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Executive summary

Healthwatch Slough visited 17 GP practices from the period between July 31st to 16th August 2018 to gain an understanding of how disabled friendly local surgeries were in Slough.

Although practices made every effort to accommodate all sections of this town's diverse communities, space restriction limits larger scale changes. However we noticed that there were a number of 'quick fixes' that all surgeries could easily implement, with very little cost or upheaval, that could immediately improve a patients journey through Primary Care such as height of counters, and clearly labelled signage at eye level.

Small adjustments can result in big differences.

Why Slough needs to be accessible and inclusive

The World Health Organisation says that 15% of the world's population lives with an impairment or disability.

For too long cities and towns have been built without thinking about how physical and social barriers affect people with disabilities. Social inclusion is a highly important "determinant of health" – without inclusion, people are more likely to experience poor health (including poor mental health), loneliness, isolation, and low self-esteem.

Slough has been active in promoting greater social inclusion through

initiatives such as 'The Safe Place Scheme',



the provision of disability friendly cabs,





offer of 7 RADAR Accessible Toilets in the town,



& the Slough Advocacy Service

However, in some other parts of the country, businesses have taken their corporate social responsibility further by introducing events such as autism friendly screenings at cinemas and autism friendly swimming sessions, promoting their disability friendly workplace environments etc.

Slough is in a strong position to create an enhanced user friendly environment that is accessible to all sections of its population in an exemplary manner as the Health Scrutiny Board seeks to do.

Aspiration of Slough's Health Scrutiny Committee

Slough's Health Scrutiny Committee aims to make Slough an exemplary inclusive model for the rest of the country – this means ensuring transport, roads, planning, buildings, shops, public places such as Leisure Centre's, parks, GPs surgeries are accessible to all.

A task and finish group was formed with the following members: Colin Pill Charing (HWSlough), Alan Sinclair (Director Adults & Communities), Cllr. Dexter Smith and Liam Toner (Slough Employ-Ability) & Cllr. Wayne Strutton.

Colin Pill, asked Healthwatch to investigate how accessible GP surgeries were for people with disabilities. This report documents those findings and makes some recommendations for the Board to consider for next steps.

Slough's population

Slough has a population of almost 150,000 and from the 2011 Census. 9,322 residents (9.9%) between the ages of 16-64 reported living with a physical disability. Over 1,350 people were reported to be living with a severe mental health problem. There are an estimated 2,590 people living with sight loss in Slough. 290 people are living with severe sight loss (blindness). 2,696 adults under the age of 65 live with a moderate to severe hearing impairments (more have a profound impairment). Hearing impairments in younger adults in Slough is expected to increase by 20% over the next ten years. Also, 4.07% of over 65s have been recorded by their GPs as living with dementia.

These figures only scratch the surface. Disability covers more than the obvious conditions such as blindness or confinement to a wheelchair. Breathlessness, the need to walk with a stick, difficulty of gripping due to paralysis or arthritis, lack of co-ordination, partial sight, deafness and sensory overload can all affect a person's mobility in the environment. It makes practical sense to ensure that design takes account of this group.

What is accessibility?

Anyone with a disability is protected by the Disability Discrimination Act (DDA). The DDA defines disability as *"a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities"*.

The types of discrimination it can help challenge are:

- direct discrimination (such as a ban on employing blind people)
- disability related discrimination (for example, a taxi driver refusing to take a blind passenger because they have a guide dog)
- failure by an organisation to make a reasonable adjustment to allow you access to goods, facilities and services
- victimisation
- harassment

Accessibility and inclusion are about enabling people and communities to fully participate in society, to lead independent lives wherever possible

with dignity and confidence. It's intentionally designing the world to include everyone, regardless of disability. It's working so others have access to more of life because this accessibility matters. Accessibility defined is the ability of being reached, approached, used, or understood.

This report is a small start in examining where the gaps lie in Slough services being as accessible as possible and makes suggestions for some very reasonable adjustments that can go a long way to enhance accessibility.

About Healthwatch Slough

Healthwatch exists to help improve health and social services by putting people at the heart of decisions about local care. They make sure that everybody has the opportunity to speak up.

What we know about access to Primary Care

Most people say they are satisfied with their GP. According to the latest GP Satisfaction Survey (2018) 85% of people say they are satisfied with their family doctor and 84 % say the same about their local dentist services. Yet studies conducted by Healthwatch from all around the country suggest that there are significant issues of concern for some groups of people, particularly for those with hearing, visual and mobility impairments.

Slough's Public Health Consultant, Dr Liz Brutus, in a recent paper highlighted that health inequalities can be seen in those living with a disability. ('Tackling Slough's health inequalities and wider determinants of health: Considerations for Slough Wellbeing Board and Frimley Integrated Care System.' 31 Jul 2018, Public Health, Slough Borough Council)

By law, under the Equality Act 2010, all health and social care providers are required to make 'reasonable adjustments' to make sure that a disabled person can access and use the service as close as possible to the way a non-disabled person would. This means that all GP surgeries should aim to provide suitable access for patients with hearing, visual and mobility impairments, including those in wheelchairs, as well as older people and those with learning disabilities. In addition, they should

provide suitable means of communication, so that it is easy for people to book appointments in the first place.

What Healthwatch Slough did

Healthwatch Slough visited 17 GP surgeries in Slough (see appendix 1) in teams of two between 31st July to 16th August 2018.

We began our observation by scanning the physical environment outside of the surgery itself, looking at parking bays and footpaths leading into the premises. We then did a walk through of the internal environment spending some time sitting and watching in the waiting rooms to gain an understanding of how patient's might experience the environment from the perspective of someone living with a disability.

We looked at potholes and cracks in the paving leading into the surgeries, examined the slopes and ramps for smoothness and the impact the ground would have on a wheelchair user or someone sight impairment using a cane, measured the width of doors, looked to see obstructive items in passageways, the amount of space in the toilet areas, how fire-exits accommodated wheelchairs, and how people who need to be in a quiet space were accommodated for.

We accept that the checklist (see appendix 2) used in this exercise does not cover every aspect of good practice for all disability types, however, we believe it does provide a starting point for discussion and for planning to begin to make improvements.

What Healthwatch Slough found

The main issue faced by GP practices is space restrictions but in spite of this it was clear that surgeries very much wanted to offer a high standard in terms of patient experience.

- **Communication to patients**

Most surgeries had a hearing loop and the ones that didn't said they were in the process of acquiring one. Braille was seldom offered but surgeries said they could make this provision on request.

A lot of surgeries used clear signage, but we did note a number that were placed high above eye level and difficult to read because of the size and lack of symbols.

We were pleased to note that many surgeries had taken up our suggestions on how to make information accessible and easy to understand in the waiting areas ('How organisations can provide clear information', June 2017). However, we still noticed some TV screens playing daytime TV soaps rather than using the opportunity to keep patients informed and updated. We are unclear why this is still happening.

Some GP practices used LED lit notices to let patients know when they are up next. At others, the GP would come to the waiting area and call for the next patient. Some used a tanyo system which could work but was often noticed to be crackling and unclear.

- **Physical internal environment**

A number of reception counters were very high making it difficult for someone in a wheelchair to see over and speak with reception staff.

In some of the disabled toilets, soap and drying materials were placed much higher than a person in a wheelchair could reach. Some hand basins were impossibly placed for anyone in a wheelchair to reach over and use safely or to fit their wheelchair under.

One surgery had a perfectly accessible fire exit that led to a garden area that was then rocky and uneven, so once a wheelchair user, or anyone with a mobility issue, reached outside, it was impossible to go any further. We were interested in what the fire department thought of this during their inspections.

Most surgeries were clutter free, but we did notice that sometimes boxes were stored close to fire exits as this provided a free space. In one surgery we even noticed a tall potted plant placed right outside of the disabled toilets (see image 4).

We did notice some surgeries did not have a low threshold bar at the door entrance which would make access immediately simpler for the disabled, elderly and parents with pushchairs.

Practice managers who were working with space restrictions told us they could accommodate someone who needed a quiet space due to having dementia, or autism upon request. One practice also offered a text messaging service for anyone who needed to wait outside.

- **Access from the outside**

We noticed that where some disabled parking spaces were not clearly marked, had no covering or enough space to disembark safely.

We looked at the pavement and roads leading to the surgery entrance and were quite shocked at how ridges, potholes, uneven surfaces etc pose such a safety risk for anyone in a wheelchair or sight impaired if trying to access the surgery without risk.

Image 1). Cracks and ridges near pedestrian crossing outside of surgery

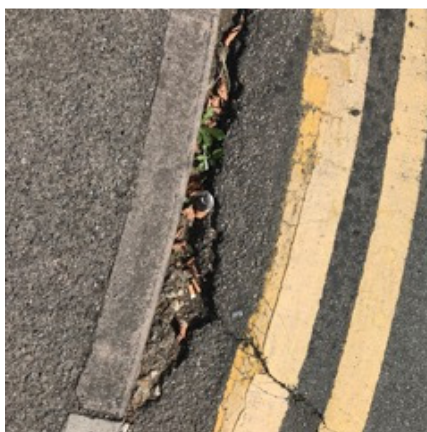


Image 2). Pavement not suitable for wheelchair user as raised manhole cover



Image 3). Fire exit door with high step and no slope. Again we would ask the question as to whether this complies with the fire departments regulations and why a ramp isn't placed to overcome this obvious barrier to safely exiting the building in case of a fire.



Image 4). We noticed that some corridors were obstructed by objects, mostly for the short term when space is limited for storage and on one occasion by a decorative plant– a very easy fix is to remember to keep passageways clutter free.

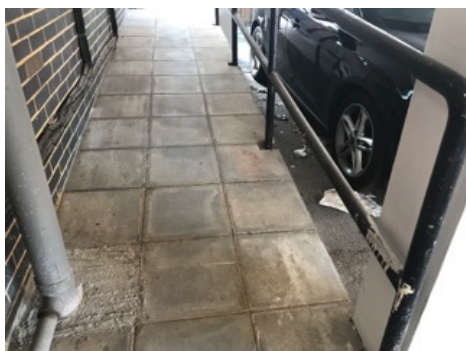


Image 5). Large pole blocking wheelchair access on fire escape. Guidance width is 1500mm and its recommended that handrails be on both side of the ramp.



Image 6). End of fire exit has uneven surface posing risk to wheelchair user and other mobility impaired and sight impaired persons.



Image 7). Sainsbury's Slough High Street disabled toilet signage demonstrates both understanding and commitment. Their aisles are clutter free and wide.

Patient's experiences

"I couldn't enter the consulting room to speak to my GP as I couldn't get my wheelchair through the door so I had to have my consultation with the GP with me sitting outside in the corridor. I'm pleased to report that since then, the surgery has re-designed one of its consulting rooms so this is no longer an on-going issue".

"I like shopping at Sainsbury's in Slough. I'm a wheelchair user but Sainsbury is always clutter free, has nice wide aisles and clear signage. Most other shopping experiences in Slough are impossible for me to use".

"I find it really hard to take my child (who is on the spectrum) to visit the GP when he's ill, only because we cannot sit in the waiting room with so many people. I now know that I can sit with him in the car and that reception will text when our turn is up. I think surgeries should let people know that this is an option as it has really helped us"

Easy fixes for surgeries

- **Signage**

For signage to be clear and unambiguous, at a readable eye level, readily distinguishable from the background, using standardised symbols that are universal and easy to understand.

Reserved parking spaces should be denoted by clear signposting at the entrance and beside the space itself.

Routes from entrance doors to lifts, stairs, enquiry desks and toilets should be clearly defined and unobstructed.

Keep all passageways clutter free.

- **Furniture**

Seating should be available in a choice of heights.

The reception counters should be accessible and usable by disabled persons.

For hygiene products be at an accessible level for wheelchair users.

- **Communication**

All surgeries should install a hearing loop.

To publicise that patients that a quiet space can be provided upon request.

- **Safety**

For doorways to be installed with a low threshold bar.

For the grounds leading up to the surgery to be smooth and not a danger to wheelchair users or someone walking with an aid.

For handrails to be placed on BOTH sides of slopes leading to an entrance door.

Contrast is desirable between doors and walls.

Next Steps

Our environment has not in general been designed with the needs of disabled people in mind, yet about one person in twenty has some form of permanent or temporary disability which makes mobility difficult. It makes practical sense to ensure that design takes account of this group. If cities and towns are built with accessibility in mind from concept, then an environment is naturally created that promotes health and wellbeing.

Healthwatch Slough supports and commends Slough Scrutiny Boards desire that our town be an outstanding example of how accessibility to a high standard should be pursued. We were pleased to see GP surgeries doing so much to meet the needs of its population and their commitment to learn and improve.

This report has been produced and written primarily for Slough Health Scrutiny Board who will decide how to develop and incorporate it within a wider, more holistic town wide strategy.

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Disabled Rights Survey Evaluation

Number of people surveyed so far [343] 3rd December 2018

1. Do you believe that disabled people should have the same rights that able bodied people have?

Strongly Agree [339] Strongly Disagree [2] Not Bothered [1]

2. Do you have a disability?

Yes [54] No [287]

3. Who do you believe is responsible for giving disabled people equality in our communities?

The Council [291] The NHS [44] The Government [160]

4. Do you or a member of your family have a blue disabled badge?

Yes [118] No [223]

5. Knowing that disabilities are not always visible in people would you know if a person was disabled?

Yes [21] Possibly [84] No [236]

6. Would you agree that physically disabled people should have the same access to Stores, Shops and Public Buildings as able bodied people?

Strongly Agree [341] Strongly Disagree [2] Not Bothered [0]

7. Slough Council would like to make Slough a disabled friendly town. What do you think? Do you?

Strongly Agree [342] Strongly Disagree [1] Not Bothered [0]

8. **Public transport** When you use the transport system in Slough. Does the driver?

(Always lower the bus for you to enter? Yes [53] No [129]

(Wait until you are seated before moving? Yes [53] No [130]

(Always stop at the right place at the bus stop? Yes [82] No [96]

The number of people that did not use public transport: [158]

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SLOUGH BOROUGH COUNCIL**REPORT TO:** Slough Wellbeing Board**DATE:** 8 May 2019**CONTACT OFFICER:** Dean Tyler, Service Lead, Strategy and Performance
(For all enquiries) (01753) 875847**WARD(S):** All**PART I**
FOR ENDORSEMENT**SLOUGH WELLBEING BOARD ANNUAL REPORT 2018/19****1. Purpose of Report**

To agree the Slough Wellbeing Board's Annual Report for 2018/19, so that it can be recommended to full Council at its meeting on 23 July 2019.

2. Recommendation

Slough Wellbeing Board is recommended to agree the Slough Wellbeing Board's Annual Report 2018/19 attached at Appendix A.

3. The Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020, the Joint Strategic Needs Assessment (JSNA) and the Five Year Plan 2018 - 2022**3a. Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020 Priorities**

The Annual Report 2018/19 relates to all aspects of the Slough Joint Wellbeing Strategy's priorities as set out below:

1. Protecting vulnerable children
2. Increasing life expectancy by focusing on inequalities
3. Improving mental health and wellbeing
4. Housing

The Annual Report was developed using the evidence base of the JSNA and has been structured to address progress against not only the Wellbeing Board's statutory responsibilities but also each of the Wellbeing Strategy four priorities.

3b. Five Year Plan

The work of the Slough Wellbeing Board directly contributes to the following outcomes in the Council's Five Year Plan:

- 1 Slough children will grow up to be happy, healthy and successful
- 2 Our people will be healthier and manage their own care needs
- 4 Our residents will live in good quality homes

4. **Other Implications**

- (a) Financial - None
- (b) Risk Management - None
- (c) Human Rights Act and Other Legal Implications – None
- (d) Equalities Impact Assessment – None

5. **Summary**

The Board is asked to:

- a) Note the progress that has been made to achieve the vision and priorities set out in the Wellbeing Strategy 2016 – 2020; and
- b) Agree the Annual Report for 2018/19.

The Annual Report provides an opportunity to check progress against delivery of the Board's key priorities.

6. **Supporting Information**

6.1 Slough Wellbeing Board has a commitment to openness and transparency in the way that it carries out its work and is accountable to local people. This includes a commitment to annually review progress against the Board's ambition to reduce health inequalities and improve health and wellbeing outcomes across the borough.

The Annual Report at Appendix A sets out a review of the Wellbeing Board's statutory responsibilities, key activities and achievements during 2018/19.

7. **Conclusion**

7.1 The Annual Report provides the Wellbeing Board with an opportunity to:

- Promote its work and that of the wider partnership;
- Demonstrate the practical progress that has been made in delivering its statutory functions and against each of the strategic priorities in the Wellbeing Strategy; and
- Identify some of the emerging challenges and opportunities that will influence its work in 2019/20

8. **Appendices Attached**

A – Slough Wellbeing Board Annual Report 2018/19

9. **Background papers**

None

Slough Wellbeing Board

Annual Report

2018-19

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Foreword

Welcome to the Annual Report of the Slough Wellbeing Board for May 2018 to April 2019.

The Board brings together Slough Borough Council, Slough's Clinical Commissioning Group, HealthWatch Slough, Thames Valley Police, the Royal Berkshire Fire and Rescue Service and the voluntary and community sector with a shared focus on improving the health and wellbeing in Slough, tackling health inequalities and focusing on prevention.

Our main focus as a Board is to make a difference to the lives of Slough residents and this year we have run three very visible and well received campaigns. In 2018 we launched our first social media campaign with #BeRealistic, a campaign that emphasises small incremental and realistic changes to diet and lifestyle can go along way to improving people's health and quality of life. The #ReachOut campaign was launched to assist people reaching out if they are feeling alone in Slough to find support and connection. We also launched the #NotAlone campaign where we held events and provided resources for people who are experiencing any mental health challenges.

The Board also held its annual partnership conference where we discussed how we can deliver better health and wellbeing outcomes for Slough. Building on the success of our partnership conference, we also held an away day with our partners to identify our common priorities and develop one vision and plan for Slough. The ideas generated at the away day have been insightful and will be used in the upcoming year as we find new and smarter ways to work together.

A useful set of principles and areas of focus were agreed to inform closer collaboration. The Wellbeing Board welcomed and considered the outcomes of the away day, in particular to identify one or two key issues to focus on over the coming year.

I hope this report gives you a valuable insight into the role of the Wellbeing Board and highlights the quality of the joint partnership work during the year. Our main focus as a Board is to make a difference to the lives of Slough residents.

I would like to thank my Vice Chair Jim O'Donnell for his support and leadership throughout the year. I would like also like to thank all of the Board's members and the wider partnership and other partners who have contributed to our work over the past year.

Councillor Natasa Pantelic
Chair of Slough Wellbeing Board

The Slough Health and Wellbeing Context

According to the Public Health England Health Profile for Slough, published in July 2018, the health of people in Slough is varied compared with the England average. About 15% (5,200) of children live in low income families. Life expectancy for men is lower than the England average. Life expectancy is 7.7 years lower for men and 4.0 years lower for women in the most deprived areas of Slough than in the least deprived areas.

People that are socio-economic deprived experience greater challenges to their health than those who are better off. Health inequalities can also be seen in ethnic minorities, those living with disabilities (particularly where there is mental illness or learning disability), LGBTI people and amongst groups where stigma or discrimination is more common.

Children's Health

The Public Health England profile identified:

- In Year 6, 26.0% (543) of children are classified as obese, worse than the average for England.
- The rate of alcohol-specific hospital stays among those under 18 is 16, better than the average for England. This represents 7 stays per year.
- Levels of teenage pregnancy, breastfeeding initiation and smoking at time of delivery are better than the England average.

The challenge for Slough is working with persistently high levels of overweight children and obesity, low physical activity, poor oral health, low immunisation rates and maternal mental health problems. This is especially significant as a good start in life can positively disrupt a cumulative cycle of disadvantage and poorer health outcomes over a person's whole life.

Adult's Health

The Public Health England profile identified:

- The rate of alcohol-related harm hospital stays is 591. This represents 711 stays per year. The rate of self harm hospital stays is 146, better than the average for England. This represents 219 stays per year.
- Estimated levels of adult physical activity are worse than the England average.
- The rate of TB is worse than average.
- The rate of sexually transmitted infections is better than average.
- Rates of violent crime and early deaths from cardiovascular diseases are worse than average.

The Wellbeing Board has identified that Slough has an issue with working age adults with that are overweight, obese and inactive. As a result of this, there is a large population with South Asian heritage that are at risk diabetes.

The smoking rate is high compared to other areas (16.6% in Slough vs 11.2% in Windsor and Maidenhead / 10.9% in Surrey). The knock-on effects include the higher rates of smoking-related hospital admissions (1,847/100,000 in Slough vs 1,051/100,000 in Windsor and Maidenhead).

Slough also has high rates of un-diagnosed hypertension and chronic obstructive pulmonary disease (COPD) (and to a lesser extent, undiagnosed diabetes and atrial fibrillation) which all contribute to the high rates of emergency adult admissions overall.

Slough has more than twice the death rate than the England average and this is strongly related to high rates of historically undiagnosed or poorly managed diabetes, hypertension and smoking.

In addition, a smaller number of working age people in Slough experience high rates of TB (almost unseen outside of London), late diagnosed HIV, substance misuse and mental health problems which are also important markers of social disadvantage and stigma.

Older people in Slough have higher rates of social isolation with more pensioners living alone (42.5% vs 26.3% in WHR and 31.5% in England). Social isolation is associated with both poorer mental and physical health.

The Slough Wellbeing Board

The Slough Wellbeing Board was formally established as a statutory committee of the council in April 2013; in accordance with the legislation passed in the Health and Social Care Act 2012.

The purpose of the Slough Wellbeing Board is to:

- Improve health and wellbeing
- Reduce gaps in life expectancy across Slough
- Focus on the wider determinants of health, such as education and training, housing, the economy and employment and
- Commission better, more integrated and efficient health and social care services.

The Slough Wellbeing Board has a commitment to openness and transparency in the way that the Board carries out its work and is accountable to local people. This includes a commitment to annually review progress against the Board's ambition to reduce health inequalities and improve health and wellbeing outcomes across the town.

This annual report sets out a review of the Wellbeing Board's progress over the last year and sets the context for the work of the Board during the year ahead.

The Board has a series of statutory responsibilities duties which are set out at Appendix 1.

Membership

The current membership of the Board (as of April 2019) is:

- Slough Borough Council
- NHS
- Slough Clinical Commissioning Group
- Slough Children's Services Trust
- Healthwatch Slough
- Thames Valley Police
- Royal Berkshire Fire and Rescue Service
- Slough Council for Voluntary Service
- Business sector
- Slough Youth Parliament

Decision making

The Board is subject to the same openness and transparency rules as other committees of the council. All meetings are held in public and all of its agendas, reports and decisions are available to view on the council's website. The Board is also subject to scrutiny through the council's Health Scrutiny Panel.

Sharing Information

The Board has an Overarching Information Sharing Protocol, which is updated annually, to ensure information between member organisations is shared consistently and securely.

How the Wellbeing Board works with the key partnership groups in Slough

The Board works closely with the following:

- Health and Social Care Partnership Board
- Safer Slough Partnership
- Slough Local Safeguarding Children's Board

- Slough Adult Safeguarding Board
- Joint Parenting Panel
- Early Help Partnership Board
- Special Educational Needs and Disabilities (SEND) Partnership Board

Each of these partnerships contributes to the delivery of various aspects of the Slough Wellbeing Strategy. Updates on their work have been included in the 'Wellbeing Strategy Priorities' section of this report.

The Wellbeing Strategy 2016 – 2020 explains there is a wider partnership network operating across the town which the Board is seeking to better coordinate. The Board has a Protocol between it and the council's Health Scrutiny Panel and Healthwatch Slough. It sets out the respective roles and statutory responsibilities of each of these bodies and provides a framework for handling key issues and information between them in light of their individual functions.

Highlights of the Wellbeing Board 2018-19

Partnership Conference – October 2018

The 2018 annual partnership conference focused on tackling inequalities across Slough to improve health and wellbeing outcomes for our population.

The purpose of the conference was to:

- Share success;
- Understand health inequalities in Slough;
- Consider how the wider determinants of health impact on delivery of the priorities in the Slough Wellbeing Strategy;
- Review the role of the Slough Wellbeing Board and wider partnership network to deliver better outcomes for Slough.

Members gave their feedback on some of the key themes which came through from the event which included the need to communicate effectively to help partners and other organisations in Slough be well informed; ensure the governance arrangements were in place to improve the connections between operational activity; and the importance of being able to measure and track the progress of long term interventions.

Away Day – January 2019

Following up from the outcomes of the Partnership Conference, the Wellbeing Board and its partners held an away day in January to:

- Understand the key issues facing Slough
- Identify common priorities
- Develop a One Vision and Plan for Slough to make a difference together

The away day was useful in bringing key partners together and had confirmed the collective desire for closer working as a partnership network and system to deliver better health and wellbeing outcomes for Slough.

A useful set of principles and areas of focus were agreed to inform closer collaboration. The Wellbeing Board welcomed and considered the outcomes of the away day, in particular to identify one or two key issues to focus on over the coming year.

Priorities in the Wellbeing Strategy 2016-2020

The section below sets out highlights of the work undertaken against the four priorities of the Wellbeing Strategy 2016 – 2020.

Priority 1 – Protecting vulnerable children

The Board looked at a range of issues that helped protect vulnerable children. Specifically the Board looked at oral health in children and immunisation and screening in Slough. Both of these areas cover both Priority 1 – Protecting vulnerable children, and Priority 2 – Increasing Life Expectancy by focusing on inequalities.

The Board also reviewed the annual report of the Slough Local Safeguarding Children's Board for 2018-19. A major development for the Safeguarding Children Board in this period was the establishment of the Slough Safeguarding Executive Board where senior managers from the core agencies, Slough Borough Council, Thames Valley Police and the Clinical Commissioning Group to ensure common and coordinated approaches.

Oral Health

Oral health was an important 'marker' of health inequality and was linked to deprivation. There was particular concern about oral health of children in Slough with 41.5% of children having one or more decayed teeth compared to 23.3% in England.

The levels of decay were higher than would be expected taking into account Slough's deprivation and there were therefore other factors such as culture and language which influenced the position. The Council was taking action to address the issues and the evidence indicated that the greatest impact would be by focusing on oral health in children.

The Board noted the current oral health initiatives which included the oral health promotion project provided by Oxford Health NHS Foundation Trust; "Starting Well" initiative; Active Movement; and the Healthy Early Years and Healthy Schools coordinators. The "Starting Well" scheme had received £85,000 from NHS England and initially linked six schools in the most deprived wards with local dental practices. There were open days for families and it was considered that investing early would deliver long term results. It was hoped that funding could be secured for a further year and that the work could be embedded.

Priority 2 – Increasing life expectancy by focusing on inequalities

As discussed above, the Board did review a range of issues that cover both vulnerable children and health inequalities.

Frimley Health and Care Integrated Care System (ICS)

Local Authorities and local health organisations are working together as the Frimley ICS to provide a joined up health, care and wellbeing system. The Board received regular updates on the progress being made to deliver Frimley ICS' system operating plan.

We will produce a single system Operational Plan for 2019-20 which reflects the development of our Integrated Care System, partnership working and includes our Organisational and Local Place based Priorities, building upon the 2018-19 ICS Operational Plan. The coordinated operational system will assist in tackling health inequalities.

Tackling Slough's Health Inequalities and Wider Determinants of Health

Slough Borough Council introduced a report on health inequalities in Slough and how wider social factors affected health. The wider determinants of health were a key theme at the partnership conference on 4 October and the Board hoped it would be a focus of the Frimley Health and Care Integrated Care System (ICS).

The Board welcomed the presentation and agreed that addressing issues relating to the wider determinants of health was central to the work of health and wellbeing boards. The issue was health inequalities and the wider determinants of health were also the focus of the 2018 Partnership Conference and the Away Day in January 2019.

Leisure Strategy

In September, the Board received an update on the 2014 Leisure Strategy. This was a five year strategy aimed at improving the health of the people of Slough by providing them with a wider range of physical and social activities. The Board was pleased to note that the four key priorities of the strategy had been delivered.

- A new core leisure offer by investing in new and refurbished facilities: £62m had been invested in Arbour Park, the Ice Arena, Salt Hill Activity Centre and Langley Leisure Centre refurbishments and the new leisure centre on Farnham Road. The capital programme had been delivered on time and budget.

- A network of free and accessible facilities in neighbourhood parks and open spaces: 18 new green gyms and trim trails in local parks, six new and refurbished multi-use games areas, a parkour park and cricket facilities had been provided.
- A comprehensive programme of accessible opportunities for residents to participate in regular physical activity: The 'Get Active' programme offered over 80 sport and physical activity sessions weekly had been delivered. The evidence showed this programme was particularly effective in engaging females, children and people aged between 25- 44 years old.
- Procure a new leisure operator to manage the new core leisure facilities: Everyone Active had been contracted to manage and operate Slough Wellbeing Board - 26.09.18 four of the new Council leisure facilities with an estimated saving to the Council of over £15m in the next ten years. The provider indicated that there had been circa 60,000 additional visits to Montem Leisure Centre compared to 2017/18.

In 2019-20 the Board will be asked to contribute to the development of the new Leisure Strategy for the next five years.

First Annual Report on Immunisation and Screening in Slough

In March 2019, the board received the Annual Report on Immunisation and Screening in Slough. Historically, Slough has had some of the lowest uptake of screening and immunisation programmes in the South East of England, contributing to poor health in both adults and children and our health inequalities.

The aim of the annual report is to outline the picture of immunisations and screening in Slough, their current provision, the challenges and opportunities and future plans. The findings in the report will be used to assist the Wellbeing Board in 2019-20 in reducing health inequalities.

The report highlighted some recent successes that have benefitted the local population include programmes to increase uptake and improvements to data quality for closer monitoring of progress. A GP toolkit has been developed with tips and advice for primary care colleagues to improve immunisation uptake for their patients. The toolkit is implemented in many practices across Slough.

Data on immunisations delivered in primary care are now auto-extracted from the clinical record and entered electronically on the Child Health Information System which is not only more efficient but has also improved the accuracy of the data. Slough Borough Council, the school immunisation provider and NHS England have worked together to agree how they will address cultural and language barriers to further improve uptake in groups with lower historic vaccination rates.

The report is already proving to be a useful catalyst for bringing together key organisations and stakeholders who recognise the significant need identified within the Annual Report and to consider the most effective approach to action. The Report has provoked challenge at a system, place and locality level.

Priority 3 – Improving mental health and wellbeing

In 2018-19, the board placed considerable focus on mental health and wellbeing campaigns through social media campaigns and events.

#BeRealistic

The board's first social media campaign #BeRealistic focused on obesity. The aim of the campaign is to improve the health and wellbeing of Slough residents by encouraging small

positive changes in lifestyle and achieving and maintaining a healthy weight. The message was promoted by creating a webpage on the Slough website (www.slough.gov.uk/berealistic), social media campaigns via Twitter and Facebook and linking the campaign to all related events.

#ReachOut

The aim of this campaign is to improve the health and wellbeing of Slough residents by encouraging people to 'reach out' and seek help and support if they are feeling lonely or socially isolated; as well as offer advice to people wanting to help those who are lonely or isolated. Loneliness is a bigger problem than simply an emotional experience. It is seen by many as one of the largest health concerns we face and affects all local services.

The official #ReachOut launch took place on 1 August 2018 at the Salt Hill Park Playday. The event was an ideal opportunity to incorporate the ideas of reducing social isolation and loneliness in the borough with a social event for the whole family.

It was very well attended, with numerous stallholders from the voluntary and statutory sector including Thames Valley Police, Royal Berkshire Fire and Rescue Service, The Curve, Healthwatch Slough and groups including Aik Saath and Home-Start Slough, who have received Red Cross funding to reduce loneliness amongst new mothers.

#NotAlone

Building on the #ReachOut campaign the #NotAlone campaign was launched on Mental Health Day October 2018 to remind the community they are 'not alone' and they can seek support and help if they are experiencing mental health issues. The campaign signposts people to organisations and charities that can offer assistance or advice. Or if someone thinks they know someone who needs assistance, they can use this information to pass on.

A number of events have been held in Slough, bringing people together with diverse backgrounds to share their experience and find common ground. The events have been well attended and SBC has had direct face to face contact with around 640 people from different groups across the community. A number of useful resources have been added to the website and a Twitter campaign has been running along side the #NotAlone campaign.

Priority 4 – Housing

The Board received information about the work of the newly established Homelessness and Rough Sleeping Task and Finish Group.

The Board also considered a report about the current homelessness and rough sleeping situation in the borough. The report included the draft 'Single homeless and rough sleeping reduction plan' which was part of the Homelessness Prevention Action Plan 2018-2023.

The Wellbeing Board set up a Task and Finish Group to oversee Slough's approach to rough sleepers and to ensure that the partnership is fully engaging sufficiently to support the work which the Council and the voluntary sector are doing.

In November 2018, the Board received a report that provided an update on the following issues:

- Recent activity to tackle rough sleeping across Slough
- The strategy that is being developed to help prevent people from becoming homeless in the first place;
- Information on the 2018 Winter offer for rough sleepers
- Other work underlay that is connected to rough sleeping.

Statutory Responsibilities

Joint Strategic Needs Assessment (JSNA)

The Board has a statutory responsibility to undertake a Joint Strategic Needs Assessment (JSNA) for the town. The JSNA is an assessment of the current and future health and social care needs of Slough's population and the factors affecting their health, wellbeing, and social care needs. It brings together information from different sources and partners to create a shared evidence base, which supports service planning, decision-making, and delivery.

The JSNA presents key headlines from the most recent analysis of the data and includes population change, population groups, wider determinants of health (employment, housing, education, environment), health conditions and causes of death, lifestyles and service use. Supporting this information are ward profiles and links to Slough's Clinical Commissioning Groups profiles for those who require more detail.

A summary document is also produced each year drawing attention to key facts and figures, and highlighting priority issues for Slough. The JSNA is a continuous process and is updated as additional information becomes available, to support evidence-based commissioning and highlight gaps and areas for future work. A refresh of the JSNA is currently underway and will be published later this year.

Joint Wellbeing Strategy

The 2016-20 Strategy was developed following a review of the 2013-2016 Strategy and after a renewal of the borough's JSNA in 2016. It is being used to prioritise and underpin the work of the Board and its four priorities for the town are:

1. Protecting vulnerable children
2. Increasing life expectancy by focusing on inequalities
3. Improving mental health and wellbeing
4. Housing

Pharmaceutical Needs Assessment (PNA)

The Board has a statutory responsibility to undertake a Pharmaceutical Needs Assessment (PNA) every three years. The PNA aims to review the current pharmaceutical services for Slough and identify any gaps in provision through assessment, consultation and analysis of current and future local need.

Integration / Partnership Working

Throughout 2018/19 the Board has continued to oversee the development and delivery of a number of ambitious plans for local health and social care integration which underpin the town's health and wellbeing ambitions for the next five years.

These plans have provided the Board with a unique opportunity to drive forward its health and social care integration aspirations.

Frimley Health and Care Sustainability and Transformation Partnership

During the year, the board received updates from the Frimley Health and Care Integrated Care System and its progress in developing a single system Operating Plan for 2019/20.

The Board discussed various matters relating to the progress of the ICS including the priority given to prevention in the draft Operational Plan, the role of the Alliance Board and the engagement of local authority partners in the ICS. While it was recognised that good progress had been made in a number of areas, more work was needed to ensure that funding followed the agreed priorities such as prevention and tackling health inequalities.

Better Care Fund

In July 2018 the Board received and considered the summary of the Better Care Fund programme activity and outturn position for 2017-18.

The Better Care Fund programme is developed and managed between the local authority and CCG together with other delivery partners aims to improve, both directly and indirectly, the wellbeing outcomes for the people of Slough in the areas of:

- Increasing life expectancy by focussing on inequalities and
- Improving mental health and wellbeing.

Overall the activities within the BCF programme have continued to support and invest in areas of integrated care between NHS and adult social care services in Slough where they deliver better outcomes for residents and demonstrate effective use of funding by keeping people well and in the community, avoiding non-elective admissions to hospital where possible and supporting people home quickly if they go to hospital.

Safeguarding

The Board reviewed the Slough Adult Safeguarding Board and Slough Local Safeguarding Children's Board annual reports for 2017-18.

The Board discussed the proposed multi-agency safeguarding partnership arrangements in Slough which would further strengthen the links between the two bodies as it was recognised that there was significant commonality of membership, processes and core safeguarding issues. While the two boards would remain separate as statutory boards, it was proposed that their meetings would be coordinated, there would be a single safeguarding business plan and shared sub-groups. The Board was very supportive of the principle of improving the joint working between the two boards.

Conclusion

This annual report summarises the work of the board to improve health and wellbeing outcomes for people living in Slough throughout 2018/19. The approach is one founded on strong partnership working and an understanding that the challenges facing health and social care are too great for any single organisation to tackle alone.

Members of the board are committed to working together to ensure Slough has the right strategic plans and partnership arrangements to face these challenges.

During the course of 2019-20 the board will continue to review and strengthen its partnership structures and governance arrangements to build on the work that has been done to date to improve the health and wellbeing of local people.

The board will use the findings of this Annual Report to review progress against the priorities in the Wellbeing Strategy and check that these remain the right areas of focus for the year ahead. It will refresh these priorities and the Strategy where appropriate if the data and local context suggest that this is necessary.

The Slough Wellbeing Board will also consult on any changes that are required and will invite input from partners and stakeholders.

Appendix 1 – Statutory Responsibilities

The Wellbeing Board has the following statutory responsibilities (as set out in the Health and Social Care Act 2012):

- To prepare and publish a Joint Strategic Needs Assessment (JSNA) of the health needs of the people of Slough.
- To prepare and publish a Joint Health and Wellbeing Strategy (JHWS) for Slough.
- To give its opinion to the Slough Clinical Commissioning Group (the CCG) as to whether their Commissioning Plans adequately reflect the current JSNA and JHWS.
- To comment on sections of the CCG's Annual Report which describe the extent of the CCG's contribution to the delivery of the JHWS.
- To give its opinion, when requested by the NHS Commissioning Board, on the CCG's level of engagement with the Board, and on the JSNA and the JHWS.
- To encourage integrated partnership working between organisations that plan and deliver health and/or social care services for local people in the area.
- To work with partners to identify opportunities for future joint commissioning.
- To lead on the signing off of the Better Care Fund Plan (BCF).
- To publish and maintain a Pharmaceutical Needs Assessment (PNA).
- To give its opinion to the council on whether it is discharging its duty to have regard to any JSNA and JHWS prepared in the exercise of its functions.
- To ensure that strategic issues arising from Slough's Adult Safeguarding Board and Local Safeguarding Children's Board inform the work of the Board.
- To receive the annual reports from the Slough's Adult Safeguarding Board and Local Safeguarding Children's Board and ensure that partners respond to issues pertinent to the Board.
- To exercise any council function which the council delegates to it.

Appendix 2 – Members of Slough Wellbeing Board 2018/19

- Councillor Natasa Pantelic (Chair) SBC Lead Member for Health and Social Care
- Dr Jim O'Donnell (Vice-Chair) East Berkshire Clinical Commissioning Group, Slough Locality
- Cate Duffy, Director of Children, Learning and Skills, SBC
- Superintendent Sarah Grahame, Thames Valley Police
- Lisa Humphreys, Slough Children's Services Trust
- Ramesh Kukar, Slough Community and Voluntary Sector
- Tessa Lindfield, Director of Public Health
- Councillor Mohammed Nazir, SBC Lead Member for Corporate Finance & Housing
- Lloyd Palmer, Royal Berkshire Fire and Rescue Service
- Colin Pill, Slough Healthwatch
- David Radbourne, NHS England
- Raakhi Sharma, Slough Youth Parliament
- Alan Sinclair, Director of Adults & Communities, SBC
- Josie Wragg, Chief Executive, Slough Borough Council

WELLBEING BOARD WORK PROGRAMME 2018/19**9 May 2018**Items for Action/Discussion

- Feedback on the #BeRealistic campaign
- Draft SWB Annual Report for 2017/18

Themed Discussion

- Interim Director of Public Health's Annual Report 2017/18 (Draft): The natural environment

18 July 2018Items for Action/Discussion

- Frimley Health and Care Integrated Care System
- #BeRealistic Campaign Update
- #Reach Out Campaign: Progress Report
- Refreshed Terms of Reference and Update on the Recruitment of Two Business Representatives
- Arrangements for the 2018 Partnership Conference

26 September 2018Items for Action/Discussion

- Integrated Care System Update
- Refresh of Local Transformation Plan of the Children and Young People Mental Health and Wellbeing (East Berkshire)
- Tackling Slough's Health Inequalities and Wider Determinants of Health
- Delivering the Next Phase of the Leisure Strategy

20 November 2018

Items for Action/Discussion

- Integrated Care Systems (ICS) Update and Findings of the 'Your views matter: the big conversation' survey
- Annual Reports of the Slough Adult Safeguarding Board and Slough Local Safeguarding Children Board
- Oral Health in Slough's Children
- Outcome of 2018 partnership conference

14 January 2019

Items for Action/Discussion

- Frimley Health and Care Integrated Care System: Draft Operational Plan 2019/20
- Slough Clinical Commissioning Group Annual Report 2019/20

Themed Discussion

- Mental Health: Review of Impact of the #NotAlone Campaign and Shape of the Next Stage of the Campaign

26 March 2019

Items for Action/Discussion

- Terms of Reference, Membership and Outcome of January Away Day
- Frimley Health and Care Integrated Care System Update
- Thames Valley Police – Drug Diversion Programme
- First Annual Report on Immunisation and Screening in Slough
- Director of Public Health's Annual Report 2018/19

Themed Discussion

- Wider Determinants of Health – Priorities for Slough

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 8 May 2019

CONTACT OFFICER: Dean Tyler, Service Lead Strategy and Performance Service

(For all Enquiries) (01753) 875847

WARD(S): All

PART I
FOR DISCUSSION

SWB TERMS OF REFERENCE1. **Purpose of Report**

1.1 To review and agree the Board's terms of reference including membership and next steps.

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

2.1 The Board is recommended to:

- a) Endorse the terms of reference at Appendix A;
- b) Discuss and agree changes to membership; and
- c) Agree to ask the Slough Safeguarding Executive Board to make recommendations as to how the Wellbeing Board can add value to partnership working.

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

The Slough Wellbeing Strategy 2016-2020 was launched at the Board's partnership conference in September 2016. It explains the role of the Board and how it has set itself an ambition to set strategic direction for partnership working in Slough. The Strategy describes the relationship between the Board and the wider partnership network in Slough and how it hold the 'hold the ring', by coordinating activity to make the best use of resources in achieving common outcomes. The Wellbeing Strategy includes four priorities:

- 1. Protecting vulnerable children
- 2. Increasing life expectancy by focusing on inequalities
- 3. Improving mental health and wellbeing
- 4. Housing

3b. **Joint Strategic Needs Assessment (JSNA)**

The priorities in the Wellbeing Strategy are informed by evidence of need contained in the Joint Strategic Needs Assessment.

3c. **Council's Five Year Plan Outcomes**

The work of the Board and the Wellbeing Strategy contributes to the five priority outcomes in the Council's Five Year Plan:

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

4. **Other Implications**

- (a) Financial – There are no financial implications directly resulting from the recommendations of this report.
- (b) Risk Management - There are no identified risks associated with the proposed actions.
- (c) Human Rights Act and Other Legal Implications - There are no direct legal implications. The specific activity in the Wellbeing Strategy and other plans may have legal implications which will be brought to the attention of the Council's Cabinet separately. There are no Human Rights Act Implications.
- (d) Equalities Impact Assessment - There is no requirement to complete an Equalities Impact Assessment (EIA) in relation to this report. EIAs will however be completed on individual aspects of any actions produced to sit underneath the Wellbeing Strategy, as required.

5. **Summary**

This report sets out the Board's Terms of Reference including current membership - the Board may wish to consider extending membership

The Board discussed its terms of reference at the last meeting in March in the context of the outcome of the January Away Day. Recommendations were made to strengthen the terms of reference to better reflect the Board's ambition and these have been incorporated in Appendix A.

It is proposed to ask the recently established Slough Safeguarding Executive Board to consider ways in which the Wellbeing Board can add further value as part of its work to review and strengthen partnership working.

Since the last meeting the Council's Cabinet has agreed a Transformation Programme to deliver a new Operating Model which includes reference to the way the Council intends to build on the importance of partnerships and develop a 'One Slough' approach.

6. **Supporting Information**

Slough Borough Council Transformation

- 6.1 Since the last meeting of the Board, the Council's Cabinet approved a business case for a Transformation Programme to deliver a new Operating Model at its meeting on 15 April 2019. The council recognises it needs to change to meet a number of challenges whilst also keeping an absolute focus on its statutory responsibilities. The council also knows it can no longer provide services in the way it has in the past - it will not be able to provide everyone with everything. SBC's challenge is to rethink and change what it does and how it does it. It is the brave decisions the council makes now that will sustain its ability to provide services in the future. The council believes it can do more to close gaps and reduce inequalities by enabling people to take more responsibility for their own lives.
- 6.2 To build on the strengths of communities and partnerships and work as '**One Slough**', wherever possible, the council will also look to manage future demand for services through targeted intervention and prevention, always ensuring the most vulnerable know how to get the support they need.
- 6.3 The Council will develop a very different relationship with residents, their networks and communities, that creates a new culture of community collaboration in Slough by empowering communities to have greater control over resources. This will be achieved by having a remodelled council that focuses on prevention, partnership working and communities.

Terms of reference

- 6.3 Terms of Reference and membership were last agreed in July 2018. The Board discussed these at its previous meeting on 26 March. It recommended that the terms of reference be strengthened to better reflect its ambitions to improve outcomes for local people and how it would operate to coordinate activity across the wider partnership network including co-commissioning and co-production. These changes have been incorporated into Appendix A.
- 6.4 Membership - attempts to date to recruit to the 2 vacant business representatives have proved unsuccessful. The Board should consider how best to attract business representatives and to agree additional representation, for example, from the Department for Work and Pensions.
- 6.5 Following the annual conference in October 2018 an Away Day was held in January. This reflected discussion at the Board meeting in November 2018 and an intent to further develop collaboration between partners. It was agreed at the Away Day to focus on one or two key issues and use these to strengthen current ways of working. The Away Day also looked at key themes including co-production and co-commissioning and a more focussed approach was felt to be the best approach to test the extent to which these could be enabled. Members of the Board also travelled to Wigan in February to learn more about the Wigan Deal initiative. A presentation on the Wigan Deal is included on the agenda for the 8 May meeting.

Slough Safeguarding Executive Board

- 6.6 The recently established Slough Safeguarding Executive Board (SSEB) brings together senior managers from the core agencies, Slough Borough Council, Thames Valley Police and the Clinical Commissioning Group to ensure common and coordinated approaches. Given the overlap in membership it is proposed that

the SSEB be asked to consider the role of the Wellbeing Board and how it can add further value.

7. **Comments of Other Committees**

7.1 Members of the Health Scrutiny Panel were invited to the Away Day.

7.2 While not a Committee of the Council, the Health and Social Care Partnership Board will be engaged with next steps to strengthen partnership working in Slough.

8. **Conclusion and next steps**

8.1 Subject to any further comments the Terms of Reference will be endorsed and actions taken to follow up additional membership.

8.2 Further work will take place to support the Board in taking forward next steps following the Away Day including a focus on one or two key issues and closer collaboration with communities and partners.

8.3 The Slough Safeguarding Executive Board will be asked to support the Wellbeing Board by considering opportunities to coordinate approaches across partnership working.

8.4 Further updates will be provided regarding the progress of the Council's Transformation Programme and its contribution to facilitate partnership working.

9. **Appendices**

A – Terms of Reference

10. **Background Papers**

None

APPENDIX A

SLOUGH WELLBEING BOARD – TERMS OF REFERENCE, APRIL 2019

The Slough Wellbeing Board sets the strategic direction for partnership working in Slough.

The Board plays a key role in facilitating the wider partnership network in Slough, coordinating activity across a number of partnership groups to make the best use of resources in achieving common outcomes.

It will continue to strengthen its approach to making a positive impact and improving outcomes by tackling the wider determinants of health and wellbeing.

1. Purpose and objectives

1.1 To act as the umbrella high level strategic partnership for the Borough, to agree the priorities that will improve health and wellbeing and reduce the inequalities of the people of Slough.

1.2 To strengthen partnership working across the borough to maximise resources and make a positive impact. This will include a focus on opportunities for co-commissioning between partners and co-production with the local population.

1.3 To give the public a voice in shaping health and wellbeing services in Slough.

Statutory functions of the Board

1.4 The Slough Wellbeing Board (the Board) will carry out the statutory functions of Health and Wellbeing Board as set out in the Health and Social Care Act 2012 and all other relevant statutory provision.

- To prepare and publish a Joint Strategic Needs Assessment for Slough.
- To prepare and publish a Joint Health and Wellbeing Strategy for Slough.
- To give its opinion to the East Berkshire Clinical Commissioning Group as to whether their Commissioning Plans adequately reflect the current Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- To comment on the sections of the East Berkshire Clinical Commissioning Group's Annual Report which describe the extent of their contribution to the delivery of the Joint Health and Wellbeing Strategy.
- To give its opinion, as requested by the NHS Commissioning Board, on East Berkshire Clinical Commissioning Group's level of engagement with the Board, and on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- To encourage persons who arrange for the provision of health and/or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the area.
- To work with partners to identify opportunities for future joint commissioning.
- To lead on the signing off of the Better Care Fund Plan.
- To publish and maintain a Pharmaceutical Needs Assessment.

- To give its opinion to the Council on whether it is discharging its duty to have regard to any Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy prepared in the exercise of its functions.
- To exercise any Council function which the Council delegates to it.
- To ensure that strategic issues arising from Slough's Adult Safeguarding Board and Local Safeguarding Children's Board inform the work of the Board.
- To receive the annual reports from the Slough's Adult Safeguarding Board and Local Safeguarding Children's Board and ensure that partners respond to issues pertinent to the Board.

2. Membership

2.1 Board members will be required to represent their organisation with sufficient seniority and influence for decision making. The membership of the Board will consist of:

- The Cabinet Member for Health and Social Care
- The Cabinet Member for Corporate Finance and Housing
- The Chief Executive of Slough Borough Council
- The Chief Executive of Slough Children's Services Trust
- The Director of Adults and Communities
- The Director of Children, Learning and Skills
- The Director for Public Health (Berkshire)
- A representative of East Berkshire's Clinical Commissioning Group
- A representative of Slough Healthwatch
- The Local Police Area Commander
- A representative of the Royal Berkshire Fire and Rescue Service
- Two local business representatives
- A representative of Slough's voluntary and community sector
- A representative of the NHS Acute and Community Sector
- A representative of Slough's Youth Parliament
- Other members appointed by the Board or the Leader of the Council after consultation with the Board

2.2 The two local business representatives will be appointed for a period of two years. No business representative shall be appointed for more than two consecutive terms.

2.3 The Board will keep membership under review and make recommendations to Council as required.

2.4 Membership of the Board will be reviewed annually.

2.5 The Chair of the Board will be required to hold a named delegate list for Board representatives including deputies.

2.6 Where any member of the Board proposes to send a substitute to a meeting, that substitute's name shall be properly nominated by the relevant 'parent' person/body, and submitted to the Democratic Services Officer in advance of the meeting. The substitute shall abide by the Code of Conduct.

2.7 Board members are bound by the same rules as Councillors, including submitting a Register of Interests.

2.8 The following are disqualified from being a Board Member:

- a) Any person who is the subject of a bankruptcy restriction order or interim order; and
- b) any person who has within five years before the day of being appointed or since his or her appointment has been convicted in the United Kingdom, the Channel Islands or the Isle of Man, of any offence and has had passed on them a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

Election of Chair and Vice-Chair

2.9 Each year, the Board will appoint its own Chair and Vice Chair who must be voting members of the Board. In the absence of the Chair or the Vice Chair the Board shall elect a Chair for that meeting from the members present.

Resignation

2.10 Members may resign by giving written notice to the Chair.

Member's roles and responsibilities

2.11 All members of the Board will commit to the following roles, responsibilities and expectations:

- a) Commit to attending the majority of meetings;
- b) Uphold and support Board decisions and be prepared to follow through actions and decisions obtaining the necessary financial approval from their organisation for the Board proposals and declaring any conflict of interest;
- c) Be prepared to represent the Board at stakeholder events and support the agreed consensus view of the Board when speaking on behalf of the Board to other parties;
- d) Champion the work of the Board in their wider networks and in community engagement activities;
- e) Participate in Board discussion to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery; and
- f) Ensure there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the Board to be effectively disseminated.

3. Working arrangements

3.1 The Slough Wellbeing Board is a committee of the Council and will adhere to the Constitutional requirements of the Council affecting committees unless alternative provision is made within these terms of reference or the law.

3.2 The Board shall schedule meetings at least six times a year.

3.3 The Board will meet in public and comply with the Access to Information procedures.

3.4 The filming/recording of all public meetings is allowed in accordance with the Council's Constitution.

3.5 The Board will hold ad-hoc meetings, workshops and development sessions throughout the year as and where appropriate.

3.6 Decision-making will be achieved through consensus reached amongst those members present. Where a vote is required decisions will be reached through a majority vote of voting members; where the outcome of a vote is impasse the Chair will have the casting vote.

3.7 All members have an equal vote.

3.8 Meetings will be deemed quorate¹ if at least one third of members are present and in no case shall the quorum for the Board be less than 5. If the number of members increases this will need to be reviewed. Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board.

3.9 The Board will produce an Annual Report which will be shared with all member organisations and published on the Council's website.

4. Relationship to other partnership groups

4.1 A network of partnerships groups is already in place which will act as the vehicle for the delivery of the Slough Wellbeing Strategy. The Board will coordinate activity between these and any new groups, to ensure greater clarity of accountability and ownership of agendas. In this respect the Board will 'hold the ring' for the wider partnership network, coordinating activity to make the best use of resources in achieving common outcomes.

4.2 The Board may establish sub groups or Task and Finish groups to help it undertake its statutory and strategic functions.

4.3 The Board may ask for regular reports from the other partnership groups, at least annually, highlighting any areas the Board may be able to support.

4.4 For the avoidance of doubt these groups are not sub committees of the Council.

4.5 The Board will not exercise scrutiny duties around health and adult social care directly. This will remain the role of the Slough Borough Council's Health Scrutiny Panel. Decisions taken and work progressed by Slough Wellbeing Board will be subject to scrutiny by the Council's Health Scrutiny Panel.

5. These terms of reference will be reviewed annually and will require the approval of the full Council.

¹ The Board does not have to comply with Part 4.1 rule 7 of the Council's Constitution.

Slough Wellbeing Board's Work Programme

2019/20

Contact officer: Dean Tyler, Service Lead Strategy & Performance, Slough Borough Council

For all enquiries: (01753) 875847

17 July 2019

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Election of Chair and Vice-Chair	-	-		No
Integrated Care System (ICS)	The Board is asked to discuss and comment on recent activity undertaken to deliver the ICS. Proposed to invite Fiona Edwards, ICS system leader	Alan Sinclair, Director of Adults & Communities		No
Urgent Care Update	The Board will receive an update on the latest position regarding the review of urgent care services in East Berkshire	EB CCG		No
Forward Work Programme	The Board is asked to discuss and update the Forward Work Plan.	Dean Tyler, Service Lead Strategy & Performance		No

Themed discussion				
Details to be confirmed	Details to be confirmed.			
Information				

25 September 2019

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Integrated Care System (ICS)	The Board is asked to discuss and comment on recent activity undertaken to deliver the ICS.	Alan Sinclair, Director of Adults & Communities		No
Immunisation and Screening Action Plan	To discuss the Immunisation and Screening Action Plan as agreed by the Board in March 2019.	Dr Liz Brutus, Service Lead, Public Health		No
Forward Work Programme	The Board is asked to discuss and update the Forward Work Plan.	Dean Tyler, Service Lead Strategy & Performance		No

Themed discussion

Details to be confirmed	Details to be confirmed.			
Information				

Unprogrammed items

Cold winter deaths	Going to Health and Social Care Partnership Board in January 2019. Opportunity to take the draft plans for 2019/20 to the Board for comment in July 2019	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		
Environmental sustainability: Collaborative paper from Wellbeing Board members. Details to be confirmed.	Details to be confirmed. Possible referral from the Health and Social Care Partnership Board	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Refresh of the Council's Leisure Strategy 2019	To be confirmed.	Alison Hibbert, Leisure Strategy Manager		No
Housing / homelessness as a themed discussion item	To be confirmed	Colin Moone, Service Lead Strategic Housing Services		No
Vulnerable children as a themed discussion item	To be confirmed	Cate Duffy, Director Children, Learning and Skills		No
People on the edge of services: Possible referral from the Health & Social Care Partnership	To be confirmed	Julia Wales, DAAT Manager & Commissioner		No
Social care: the forthcoming Green Paper on older people (England)	To be confirmed	Alan Sinclair, Director of Adults & Communities		No

Refresh of JSNA	To be confirmed	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Tuberculous	To be confirmed	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Low Emissions Strategy	To be confirmed	Liz Brutus Service Lead, Public Health / Jason Newman, Environmental Quality Team Manager		No
Improve the provision and access to green spaces, including new development, allotment etc. to improve residents activity and wellbeing	To be confirmed	Alan Sinclair, Director of Adults & Communities		No
Business and skills – development agenda as a health issue	To be confirmed	Liz Brutus Service Lead, Public Health		No

Criteria

Does the proposed item help the Board to:

- 1) *Deliver one its statutory responsibilities?*
- 2) *Deliver agreed priorities / wider strategic outcomes / in the Joint Wellbeing Strategy?*
- 3) *Co-ordinate activity across the wider partnership network on a particular issue?*
- 4) *Initiate a discussion on a new issue which it could then refer to one of the key partnerships or a Task and Finish Group to explore further?*
- 5) *Respond to changes in national policy that impact on the work of the Board?*

SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2018/19

MEMBER	18/07	26/09	14/11 POST-PONED	20/11/18	14/01	26/03	08/05
Naveed Ahmed	P						
Andrew Bunyan (SCST Interim CEO)	Ap (Sandra Davies - sub)						
Cate Duffy	P	P		Ap	Ap	P	
Supt Grahame	Ap (Cl Spencer – sub)	P		P	P	P	
Lisa Humphreys		P		Ab	Ap	P	
Ramesh Kukar	P	Ap		P	P	P	
Tessa Lindfield	P	Ap		P	P	Ap	
Councillor Nazir	P	P		P	P	Ap	
Dr Jim O'Donnell	P	Ap		P	P	P	
Nigel Pallace	Ap	P					
Lloyd Palmer	Ap	P		P	Ap	P	
Councillor Pantelic	P	P		P	P	P	
Colin Pill	P	P		Ap	P	P	
Raakhi Sharma	P	Ap		Ap	Ap	Ap	
Alan Sinclair	P	Ap (Liz Brutus – sub)		P	P	P	
Josie Wragg				P	P	P	
NHS England representative	Ap	Ap		Ap	Ap	Ap	

P = Present

Sub = Substitute sent

Ap = Apologies given

Ab = Absent, no apologies given

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