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Date of issue: 7th May 2013

MEETING:	**SLOUGH WELLBEING BOARD** Councillor Rob Anderson, Leader Ruth Bagley, Chief Executive Superintendent Richard Humphrey, Thames Valley Police Ramesh Kukar, Slough CVS Lise Llewellyn, Strategic Director of Public Health Dr Jim O'Donnell, Slough Clinical Commissioning Group Neil Prior, Business Representative Paul Southern, Assistant Chief Fire Officer Matthew Tait, NHS Commissioning Board Councillor James Walsh, Health & Wellbeing Commissioner Jane Wood, Strategic Director of Wellbeing
DATE AND TIME:	WEDNESDAY, 15TH MAY, 2013 AT 5.00 PM
VENUE:	MEETING ROOM 3, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP
DEMOCRATIC SERVICES OFFICER:	GREG O'BRIEN
(for all enquiries)	01753 875013

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.

RUTH BAGLEY
Chief Executive

AGENDA

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AGENDA ITEM	REPORT TITLE	PAGE	WARD

PART I

Apologies for absence.

CONSTITUTIONAL MATTERS

1. Declaration of Interest

   All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.

   The Chair will ask Members to confirm that they do not have a declarable interest.

   All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.

2. Election of Chair and Vice-Chair

   To elect a Chair and Vice-Chair from among the Voting Members of the Board.

3. Minutes of the last meeting held on 25th March 2013 — 1 - 8

4. Slough Wellbeing Board Governance Arrangements — 9 - 22

   To receive a report confirming the Governance arrangements for the Board from its formal inception in 1st April 2013 (Greg O'Brien).

STRATEGY AND SERVICE MATTERS

5. Introduction to Healthwatch — 23 - 48

   To receive a presentation on the structure and approach of the newly constituted Healthwatch (Marianne Storey or Christine Eborall).
   To consider schedule and explanation of Regulations.

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. Special facilities may be made available for disabled or non-English speaking persons. Please contact the Democratic Services Officer shown above for furthers details.

Minicom Number for the hard of hearing – (01753) 875030

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Slough Wellbeing Board – Meeting held on Monday, 25th March, 2013.

Present:- Councillors Rob Anderson and James Walsh,
Ruth Bagley, Lise Llewellyn, Richard Humphrey and Matthew Tait.

Apologies for Absence:- Jane Wood, Colin Pill, Julie Curtis, Paul Southern and Neil Prior.

PART 1

1. Declarations of Interest

None were declared.

2. Minutes of the last meeting held on 4th February 2013

Resolved – That the minutes of the last meeting of the Board held on 4th February 2013 were approved as a correct record.

3. Slough Wellbeing Board - Practice and Procedure

The Board considered a report dealing with the implications of moving from Shadow status to a formally constituted Committee of the Council and inviting a view on a number of matters of practice and procedure.

Dates for future meetings of the Board, which would now take place at Chalvey Community Centre, had been set at two monthly intervals over 2013/14. Meetings would be open to the public and the issue and publication of agenda would be subject to normal Access to Information requirements. It would only be possible to exclude the public from a meeting if information in one of seven specified categories was likely to be disclosed. Reports to the Board would be in a standard form and a tailored report template was attached to the report for consideration by the Board. A suggestion was made that the section on risk management could be improved by including a checklist of the different types of risk to be considered.

The membership of the Board from 1 April 2013 was largely the same as that which had been operating in shadow form. Any member organisation which did not wish to accept voting rights was requested to confirm this with the Council (two had so confirmed to date). The Board considered whether arrangements should be made to enable a named representative to act as a substitute and agreed that this should be permitted in appropriate cases.

The terms of reference of the Board envisaged a formal Annual Report to be made to the Council and member organisations. It was suggested that there could be more frequent reporting on an informal basis throughout the year.

A further consequence of the Board being constituted as a Committee of the Council was the requirement for Members to undertake to comply with the

Council's Member Code of Conduct, including the obligation to notify the Council's Monitoring Officer of Disclosable Pecuniary Interests (DPIs). The Regulations applied these obligations to Voting Members of the Board only. A copy of the Code of Conduct, guidance on its application and the necessary form declaration would be supplied separately to Board Members not already bound by it and Members' DPI forms would be entered into the Council's Register of Interests published on the website.

Resolved - (a) That the report setting out the future administrative arrangements for the Board be noted.
(b) That the report template be amended to include a checklist covering the different types of risk to be considered.
(c) That those organisations that do not wish to accept voting rights confirm this with the Council (to date only Paul Southern, RBFRS and Neil Prior, local business representative have so confirmed).
(d) That Board Members be enabled to nominate a substitute representative to attend on their behalf if appropriate (Lise Llewellyn nominated Angela Snowling as substitute).
(e) That the Board produces an Annual Report to be shared with all member organisations as set out in the terms of reference, with more frequent informal reporting back throughout the year.
(f) That the Board accepts compliance with the Council's Member Code of Conduct, with all voting Board Members to declare their Disclosable Pecuniary Interests (DPIs) for the Register of Interests.

4. Slough Wellbeing Board - Terms of Reference

The Board considered its terms of reference, as updated to take account of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, coming into force from 1st April 2013. The terms of reference covered all matters regarding the purpose and objectives of the Board, accountability, membership, working arrangements, sub-committees and working parties and support arrangements.

New statutory guidance had just been issued detailing the appropriate means of escalation in circumstances where the Board may be considered not to be discharging its duties. This would need to be reflected in the terms of reference. With regard to the membership list, it was suggested that this should differentiate between statutory members and locally agreed appointments.

The Board was informed that the Council was embarking on a review of its Constitution which could result in changes to various cross references referred to in the terms of reference.

Resolved - That the updated terms of reference be approved, subject to:
(a) an addition to paragraph 1.1.1 to reflect the recently issued guidance as to the escalation routes applicable where the

Board is considered not to be discharging its duties satisfactorily;

(b) an amendment to the membership list in paragraph 2.2 to show which members are statutory; and

(c) further consequential amendments as necessary to reflect any changes arising from the forthcoming review of the Council's Constitution.

5. Cross Sector Leadership

The Board received the presentation slides from a Cross Sector Leadership Seminar held at Basildon and Thurrock University Hospital in November 2012.

6. Public Health: Summary of Contractual Arrangements

Lise Llewellyn gave a presentation to the Board about the new Public Health responsibilities being taken on by local authorities and how these impacted on the contracts in place locally which assisted in the delivery of some of the required outcomes. The main duties falling on the local authority were:

- A duty to take such steps as it considers appropriate for improving the health of the people in its area
- To be responsible for ensuring robust plans are in place to protect the health of their population
- To support clinical commissioning through public health support
- To commission public health services to improve the health of local residents (using a ring-fenced budget)

As the Director of Public Health for Berkshire, Lise Llewellyn provided, with her small team, a shared resource for each Unitary Authority across the County from a base at Bracknell Forest Council. The local structure for each Council comprised a Consultant Head of Public Health (Angela Snowling for Slough), a Programme Manager, 3 Project Officers and administrative support. A national outcomes framework was in place against which each Authority would be measured, but the principal aims of improving life expectancy and reducing health inequalities remained central. Evidence of need would be provided through the Joint Strategic Needs Assessment and the improvements would be delivered through implementation of the Slough Wellbeing Strategy.

The Director outlined details of the grant allocation, explaining that the ring-fenced budget was to ensure that it was spent appropriately on the new public health responsibilities transferring from the NHS to local authorities. A breakdown of the allocation for the Authorities across Berkshire was shown, with further details to follow. The majority of the budget would be taken up with maintaining the inherited contracts such as that for sexual health (operated through the Garden Clinic at Upton Hospital), and the NHS health checks contract currently administered through GP surgeries.

A number of points arose from discussion of aspects of the presentation:

- A difficult challenge for Slough was posed by the "churn" effect where action taken to improve life expectancy/inequalities achieved a measure of success with families who then migrated out of the Borough, only to be replaced by others requiring the same improvement. As a result the standard indicators failed to show any improvement taking place.
- The duty to take steps to improve the health of the area was particularly important for Slough, where the appropriate actions were somewhat different to other areas in Berkshire. Advantages were seen in working more closely with London Boroughs which displayed similar health profiles for residents and therefore would make better comparator authorities.
- It was appropriate to carry out a review of the inherited contracts in place. In order to gauge effectiveness and value for money, it was proposed to undertake a benchmarking exercise.
- The early indications were that the smoking cessation contract was proving very successful whereas the NHS health checks contract (being carried out by GP surgeries) was under-performing.

Resolved – That the presentation be noted, in particular the action proposed on:

- the review of the Public Health contracts for 2014-15
- the risk of under-performance on the NHS Health checks contract and the discussion underway with the CCG (as a contact point for GP providers) regarding increasing activity as well as the consideration of other providers
- the possibility of working more closely with certain London Boroughs which were considered better comparator authorities than the other Berkshire Unitaries.

7. Place-Shaping Scoping Report

The Board considered a report proposing a programme to undertake focussed partnership working in one ward (for example Foxborough, Baylis and Stoke or Farnham, which had been identified as areas of need) or alternatively a smaller area within one ward. The work would take a 'place-shaping' approach comprising a range of interventions and would also incorporate actions on other strategic priorities such as housing, domestic violence, and personal responsibility and engagement.

The report contained a summary of the key indicators of deprivation, including household, economic, health and social deprivation, for the three wards of Foxborough, Baylis and Stoke and Farnham. The summary, in tabular form, also contained comparisons of the three wards to the Slough average and national average for each deprivation measure. This was followed by a detailed ward profile for each of the three areas. All statistics related to the existing wards rather than the new wards coming into effect in 2014.

The Board took the view that in considering the most suitable area for this work, particular weight should be given to where there was already a good level of community engagement, where there was a single identifiable community and where there was an expectation that meaningful interventions could be effective. For such a project to be successful, it would be important to be able to communicate effectively with the community in such a way that both groups and individuals would feel comfortable and willing to respond. Learning how best to get those conversations under way would be essential. Appropriate channels of communication may be through, for instance, primary schools or GP surgeries.

It would also be relevant to consider what particular problems it was hoped to tackle, for example childhood obesity or a key issue like 78.5% of pupils are not having a balanced packed lunch at school (Foxborough Ward profile). Account could also be taken of what resources other partners had got on the ground in the relevant area.

The view was expressed that the whole of an existing ward was probably too large and rather too diverse an area in which to launch an initiative of this nature. The new Foxborough Ward (coming into effect from 2014) was a smaller, more homogenous unit that may be more appropriate. Further consideration could be given to the selection of an appropriate area at the workshop due to take place on 25th April. It was also important that positive and measurable outcomes could be achieved in order to provide a proof of concept, and demonstrate that the interventions made have worked. A roll-out to other areas could then be based on an effective model.

Resolved - That information be provided to support the place shaping discussion at the workshop on 25th April 2013 to include:

- the possible use of the new Foxborough ward as a focus for place shaping work
- details of the existing level of community engagement in this and any other potential areas under consideration
- information about primary and secondary school catchment/admissions in these areas
- information about GP surgery registrations in these areas.

8. Self-Care / Personal Responsibility / Engagement Scoping Report

The Board considered a report proposing that a work programme be developed around the role that individuals play in ensuring their own wellbeing. This would be linked to managing demand for and access to services and would form one of the Board's key priorities for 2013-14.

This idea had originated at the LGA-facilitated Board workshop on 15th February. Issues discussed there had included the impact of behaviour choices on health and wellbeing, the pressures that increasing demand places on financially-constrained services and the challenges of working with a diverse population with varying expectations and patterns of accessing services.

Access to primary care had been recognised as a particular issue. The CCG had identified satisfaction with GP services and support provided to manage long-term conditions as indicators to focus on during 2013-14. This will link with a national programme of work on GP access to be undertaken by the NHS Commissioning Board.

Reference was made to pilot working with the Fire and Rescue Service, who had a good track record of work in the community and opening up access to households and individuals. A query was raised about the quality of information given to residents about health services in general and whether this could be improved. As suggested in the report, the Board endorsed the preference for this initiative to be passed to a task and finish group to carry forward. Member organisations should consider what they could contribute and who they should nominate to participate in the group. The aim would be for the group to bring a proposed work programme for 2013-14 back to the Board for consideration, to include an initial communications strategy.

Resolved – (a) That a Task and Finish Group be established to scope and develop a work programme around the role individuals play in ensuring their own wellbeing.
(b) That member organisations be invited to nominate representatives who could contribute (Neil Prior or a representative was suggested as an ideal nominee given his communications background).
(c) That attention be given to revising the 'citizens pack' to upgrade the health section and include reference to the new NHS 111 service, designed to make it easier to access local NHS healthcare services and due to go live in Slough shortly.

9. Work Programme 2013/14 and Key Developments

The Board received a schedule showing the work programme for 2013/14 together with key developments over the next six months.

The Board made a number of suggestions about the layout and content of the work programme. It was noted that the planning group was considering the appropriate format of and reporting pattern for Priority Delivery Groups (PDGs).

Resolved – (a) That the general format of the work programme and key developments schedule be approved, subject to the addition of named Lead Officers for reports/projects.
(b) That the proposed programme for the 15th May meeting be amended to achieve a more manageable workload, with the Economic Development and Housing items delayed until later in the year.
(c) That a report be brought to the 25th April workshop regarding a suitable reporting pattern and appropriate indicators for PDG updates.

10. Date of Next Meeting

The date of the next meeting was confirmed as 15th May 2013.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 6.48 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 15th May 2013

CONTACT OFFICER: Greg O'Brien, Democratic Services Officer
(For all Enquiries) (01753) 875013

WARD(S): All

PART I

FOR INFORMATION

SLOUGH WELLBEING BOARD GOVERNANCE ARRANGEMENTS

1. **Purpose of Report**

This report sets out the Governance arrangements which now apply for the Board, following its formal inception from 1st April 2013.

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

The Board is requested to note and confirm the Governance arrangements now in place.

3. **The Slough Wellbeing Strategy, the JSNA and the Corporate Plan**

It is a formal responsibility of the Board to prepare and publish the Slough Joint Wellbeing Strategy (SWS) and the Joint Strategic Needs Assessment (JSNA). A properly constituted and effectively run Slough Wellbeing Board is central to discharging this responsibility and ensuring that the vision and objectives of the Strategy are delivered.

4. **Other Implications**

(a) Financial
There are no financial implications arising from this report.

(b) Risk Management

Risk	Mitigating action	Opportunities
Legal	Ensuring good governance arrangements are in place for the Board; facilitating compliance by members with the Code of Conduct and for disclosures for the Register of Interests.	

Property	None	
Human Rights	None	
Health and Safety	None	
Employment Issues	None	
Equalities Issues	None	
Community Support	None	
Communications	None	
Community Safety	None	
Financial	None	
Timetable for delivery	None	
Project Capacity	None	
Other	None	

(c) Human Rights Act and Other Legal Implications
There are no human rights or other legal implications arising from this report.

5. **Supporting Information**

During its period of working as a 'shadow' body, the Board has developed terms of reference and a process for the conduct of its business in line with its legal responsibilities and the principles of good governance. The position on various issues is set out below.

Terms of reference

5.1 The terms of reference for the Board approved by the Council and updated to take account of Regulations subsequently issued were reported to the meeting of the Board on 25th March 2013. These were approved, subject to some further minor amendments and updates. A revised copy of the terms of reference is attached at Appendix A.

Membership

5.2 The confirmed membership of the Board is as follows:

Position	**Appointed**
Leader of the Council **(S)**	Cllr Rob Anderson
Cabinet Member for Health and Wellbeing	Cllr James Walsh
Chief Executive, Slough BC	Ruth Bagley
Strategic Director of Wellbeing **(S)**	Jane Wood
Strategic Director of Public Health for Berkshire **(S)**	Lise Llewellyn

Slough Clinical Commissioning Group representative **(S)**	Dr Jim 'O Donnell
Healthwatch **(S)**	[To be advised]
Local Police Area Commander	Richard Humphrey
Royal Berkshire Fire and Rescue Service representative (NV)	Paul Southern
Local Business representative (NV)	Neil Prior
Voluntary and Community Sector representative	Ramesh Kukar
NHS Commissioning Board	Matthew Tait

(S) = statutory member (NV) = non-voting member

As Healthwatch is in its infancy, a decision about a permanent representative to the Board is yet to be made. To date, Healthwatch has appointed two Executive Directors: Marianne Storey on behalf of Help and Care and Christine Eborall on behalf of Slough Citizens Advice, one of whom will attend this meeting.

Meetings Procedure

5.3 The report to the last meeting set out the programme of meetings for the year, the procedure for issue and publication of the agenda, and the administrative arrangements for the support of the Board. It also noted that the public law notions of pre-determination and bias will apply in the approach of members to decision-taking.

Register of Interests

5.4 Following the report to the last meeting, Board members were supplied with a copy of the Council's Ethical Framework document, containing the Code of Conduct and guidance on its application. Compliance with the Code of Conduct by members is an essential element of good governance and voting members have requested to complete and return:

- an undertaking to comply with the Code of Conduct
- a form for notification of Disclosable Pecuniary Interests
- a form for notification of non-statutory Pecuniary and Non-Pecuniary Interests

Once these returns have been made, they will be added to the Register of Interests and made available to view on the Council's website.

Scrutiny Function

5.5 The work of the Wellbeing Board will now, in addition to that of other health service providers, become subject to local authority scrutiny through the Council's Overview and Scrutiny Committee, either directly or through its Health Scrutiny Panel. However, since the core functions of the Board are not executive functions, they are not subject to call-in. There will need to be a three-way relationship between the Board, the Overview and Scrutiny Committee and local Healthwatch and it is proposed to formulate a protocol to help develop clarity and mutual understanding of the roles and responsibilities of the three elements. It is intended to bring this to the July meeting of the Board.

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

There are no comments from other Committees.

7. Conclusion

The report sets out the Governance arrangements in place for the information of and confirmation by the Board.

8. Appendices Attached

Appendix A: Terms of Reference

9. Background Papers

None.

SLOUGH WELLBEING BOARD
TERMS OF REFERENCE

1. BACKGROUND

1.1 Purpose and Objectives

1.1.1 The Slough Wellbeing Board (the Board) will carry out the statutory functions of Health and Wellbeing Boards under the Health and Social Care Act 2012, as amended from time to time, regulations there under and all other relevant statutory provision. Such activities of the [Board] will include, but not be limited to, the following:-

- To prepare and publish joint strategic needs assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) as set out in Rule116 Local Government Public Involvement in Health Act 2007) and in accordance with the *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies* issued by the Secretary of State in March 2013.
- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the area. To include providing advice, assistance and support to arrangements made under Section 75 of the NHS Act 2006 in connection with the provision of health and social care services.
- To encourage persons who arrange for the provision of health related services in its area to work closely with the Board.
- To involve Healthwatch and the local community in planning services.
- 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. The Board may also give this opinion to NHS England, copied to the CCG.
- To comment on the sections of the CCG's Annual Report which describe the extent of the CCG's contribution to the delivery of the JHWS.
- To give an opinion as requested by NHS England on the CCG's level of engagement with the Board, the JSNA and the JHWS.
- To give its opinion to the Council on whether the Council is discharging its duty to have regard to any Joint Strategic Needs Assessment and any Joint Health and Wellbeing Strategy prepared in the exercise of its functions and to raise any concerns with the Council and/or the Overview and Scrutiny Committee.
- To raise any concerns regarding the extent to which NHS England is taking account of the JSNA and JHWS in its commissioning plans with NHS England in the first instance, and, if required, with the Secretary of State.
- To exercise any Council function which the Council delegates it, save that it may not exercise the Council's functions under Rule 244 NHS Act 2006 (statutory consultation in relation to substantial variations in service etc)
- To undertake Pharmaceutical Needs Assessments.
- To discharge any other statutory function of Health and Wellbeing Boards that may be created through further legislation.

1.1.2 In addition, the Board will have the following locally-agreed objectives:

- To act as the umbrella high level strategic partnership for the Borough, working to agree on the priorities that will improve the health and wellbeing and reduce the inequalities of the residents of Slough. To oversee the implementation of the Joint Slough Wellbeing Strategy (the JHWS) as the vehicle for delivery of these priorities.
- To deliver the Board's duty to promote joint commissioning and integrated provision, by bringing together a wider range of resources across NHS, social care, public health and other related services;
- To give the public a voice in shaping health and wellbeing services in Slough, and provide a key forum for public accountability of the NHS, public health, social care and other commissioned services that are related to health and wellbeing in Slough

1.2 Accountability

1.2.1 The Board will be accountable to:

- The community of Slough;
- Slough Borough Council (the Council)

1.2.2 The Board will also be held to account through:

- Healthwatch
- The Board's engagement and consultation programme with the public;
- The Council's engagement and consultation programme with the public;
- The engagement and consultation programmes of organisations represented on the Board.

1.2.3 Any recommendations made by the Board that fall outside the delegated powers of the Board shall be submitted to the Council for consideration and approval. Where decisions to be made fall outside of the mandate held by the Board's members, these members will be responsible for taking a recommendation from the Board to their appropriate governance body for consideration.

1.3 Relationship with Priority Delivery Groups

1.3.1 A network of Priority Delivery Groups is in place which will act as the vehicle for the delivery of the Slough Wellbeing Strategy. A key purpose of these groups is to provide specialist strategic leadership to drive the development of work programmes required to implement key aspects of the Strategy and to inform its future direction.

1.3.2 In discharging its objective to implement the Joint Slough Wellbeing Strategy, the Board will work closely with these Priority Delivery Groups (PDGs). This will include PDGs taking on lead responsibility for some areas of the Strategy. The PDGs will be asked to provide an update report to the Board on these areas at least annually. These reports should also highlight any other areas of the PDGs' work which the Board may be able to support, as well as identifying issues and priorities which may need to be reflected in the Strategy and/or the Board's future work programme.

1.3.3 The following PDGs are in place:

- Children and Young Peoples' Partnership Board
- Climate Change
- Community Cohesion
- Healthier Communities
- Safer Slough Partnership
- Skills, Employment and Enterprise

1.3.4 In acting as the umbrella high level strategic partnership for the Borough, the Board will work to facilitate joint working between PDGs on areas of common interest.

1.3.5 For the avoidance of doubt, the PDGs are not constituted as sub-committees of the Board. The provisions below which relate to sub-committees and working groups do not therefore apply to PDGs. The Board will however be required to sign-off the Terms of Reference of each PDG.

2. MEMBERSHIP

2.1 Throughout this Terms of Reference document, 'Members' (with a capital) refers to elected Councillors whereas 'members' refers to members of the Slough Wellbeing Board.

2.2 **Membership list**

Core membership of the Board is determined by section 194 of the Health and Social Care Act 2012. The Board has additionally agreed to widen its membership to reflect the importance of the wider determinants of health in Slough. From 1 April 2013 the Board will be comprised of at least:

- Leader of the Council (Statutory member)
- Cabinet Member for Health and Wellbeing
- Chief Executive of SBC
- The Directors of:
  Adult Social Services (Statutory member)
  Children's Services (Statutory member)
  Public Health (Statutory member)
- Representative of Slough Clinical Commissioning Group (Statutory member)
- Representative of Slough HealthWatch (Statutory member)
- Representative of the Local Area Team of NHS England (Not a core statutory member but required as a minimum to participate in the development of the JSNA and JHWS and to join the SWB when it is considering matters relating to the exercise of the NHS Commissioning Board's commissioning functions).
- Local Police Area Commander
- Representative of the Royal Berkshire Fire and Rescue Service
- Representative of local business
- Representative of the voluntary and community sector

2.3 Where members are shown as 'representatives', the organisation in question will be free to select an appropriate person to represent them as their Board member. All other Board members will be appointed by the Council, with Councillor Members being nominated by the Leader of the Council.

2.4 Membership will be reviewed annually [at the annual meeting of the Council] to:

- provide for any changes to elected Members as a result of local elections
- to allow the committee to expand its membership, subject to the approval of the council and in accordance with the membership requirements of the Health and Social Care Act 2012.

2.5 Members may nominate a substitute representative to attend on their behalf where appropriate. The Chair should be informed of any nominated substitutes.

2.6 **Political balance**

The Board does not have to comply with the political proportionality rules set out in section15 of the Local Government and Housing Act 1989 Act.

Appointment of members to the Board will be undertaken in accordance with Part 4.1, rule 1.2 (i) to (ii) and (iv) to (v) of the Council's Constitution. Rule 1.2 (iii) (political balance rules) and 1.2 (vi) (casual vacancies) do not apply.

2.7 Elected Members and employees of the Council appointed to sit on the Board will be expected to follow the appropriate policies and protocols for working with outside bodies, to ensure that the Council is not exposed to any unidentified risk.

2.8 **Disqualification of Membership**

Section 104 (1) of the Local Government Act 1972 does not apply to the Board, its sub committees or working groups - except in relation to section 80(1) (b) and (d) of the 1972 Act, which requires that no person who is the subject of a bankruptcy restrictions order or an interim order; or who has a criminal record can be a member of the Board.

2.9 **Resignations**

Members may resign from the Board by giving written notice signed by him/her to the proper officer. The resignation takes effect immediately on receipt. Organisations which select a representative as a Board member will be responsible for selecting a replacement. Should a Member (Councillor) step down, the full Council would appoint a replacement.

2.10 **Vacancies etc not to invalidate proceedings**

The proceedings of the Board shall not be invalidated by any vacancy in its membership, or by any defect in the election or qualification of any member.

2.11 **Election of Chair and Vice-Chair**

It is intended that the Board will appoint its own Chair and Vice-Chair, in accordance with the procedures laid down in Part 4.1, rule1.3, (i) to (ii) and rule(6) of the Council's constitution. The Chair and Vice Chair must be voting members of the Board (see 3.12, below).

2.12 **Absence of Chair and Vice-Chair**

If the Chair and Vice-Chair appointed under the above provisions are absent from meeting, Part 4.1 rule 1.3 (iii) of the Council's Constitution applies. This allows Board members to appoint a person to preside from those present.

2.13 **The role of the Chair and Vice-Chair**

The Chair and in his/her absence the Vice Chair will have the following roles:-

- To uphold and promote the purposes of the Constitution of the Council;
- To preside over meetings of the Board so that its business can be carried out efficiently and fairly with regard to the interests of the community and respect for the rights of members and Councillors;
- To promote public involvement in the Board's activities;
- To ensure that Board's meetings are a forum for the debate of matters of public concern to the local community

2.14 **Duties of the Chair and Vice-Chair**

The Chair of the Board shall:-

- preside at every meeting at which he/she is present
- be entitled to vote in the first instance and in the case of equality of votes, to give a casting vote, whether he/she voted in the first instance or not.
- if present, sign the minutes.
- if present, submit any report of the Board to the Council as required

2.15 The Vice-Chair of the Board shall:-

- in the absence of the Chair, preside at meetings of the Board. In doing so, the Vice-Chair will have the same powers and rights as the Chair.

2.16 **Codes of Conduct**

Board members are expected to carry out their role as described above (see purpose). All voting members are bound by the same Code of Conduct which is in place for elected members of Slough Borough Council:

In accordance with the Council's Constitution, the Board may require the monitoring officer or his/ her nominee to investigate on its behalf any allegations of impropriety on the part of its members referred to the Board.

In accordance with the Council's Constitution, allegations that a member of the Board has failed, or may have failed to comply with the authority's code of conduct will be referred to the Council's Standards Advisory Committee for investigation. All allegations will be investigated in accordance with the Council's Standards Advisory Committee procedures and statutory requirements.

2.17 **Declaration of interests**

As part of the above Code of Conduct, all voting members will be required to notify the Council's Monitoring Officer of any disclosable pecuniary interest (DPI) in accordance with Part 5.1, Section 3 – Interests, of the Council's Constitution.

Failure to register disclosable pecuniary interests may lead to prosecution. Failure to disclose other interests in the register as required by the Local Code of Conduct for members is likely to be a breach of the Code and lead to action by the Council's Standards Advisory Committee.

A standing item will be added to each Board agenda to allow members to declare any interests in a particular agenda item at the start of each meeting. These declarations will be recorded in the Board's minutes by the Board's Democratic Services Officer (see below).

3. WORKING ARRANGEMENTS

3.1 **Frequency of meetings**

The Board shall agree a programme of meetings, that includes at least one meeting every two months, commencing at 5.00pm unless otherwise agreed. It may also hold such other meetings as it considers necessary.

3.2 **Arrangements for meetings**

Arrangements for meetings will be made in accordance Part 4.1, rules 1, 2 and 3 of the Council's Constitution.

3.3 **Schedule of meetings and notice of committee meetings**

A schedule of the Board's meetings and notice of the Board's agendas will be prepared and distributed in accordance Part 4.1, Sections 4 and 5 and Part 4.2, rule 4 of the Council's Constitution.

3.4 **Agendas**

The Board's agendas will be prepared and distributed in accordance with Part 4.2, rule 5 and 6 of the Council's Constitution and corporate standards and formats. These require that copies of agendas and reports are made available for inspection by the public 5 working days before the meeting.

3.5 **Committee reports and checklists and background papers**

The Board's reports and checklists will be prepared and distributed in accordance with Part 4.2 of the Council's Constitution and corporate standards and formats.

3.6 **Record of attendance**

A record of member's attendance at Board meetings will be kept in accordance with Part 4.1, rule (21) of the Council's Constitution.

3.7 **Attendance by Members of the Council**

All Members of the Council (including the Mayor) may attend any meeting of the Board and ask questions with the prior agreement of the Chair when it is discussing business in Part I of the agenda. Such permission will not be unreasonably withheld. When the committee is discussing exempt or confidential information (Part II) only members of the Board and Members of the Council (including the mayor) - with the consent of the Board (given by majority resolution) - can attend and ask questions. This is in accordance with Part 4.1 rule 30 of the Council's Constitution.

The Board may also require Members of the Council and officers of the authority to attend before it to answer questions.

3.8 **Attendance by public and press**

Members of the press and public may attend any meeting of the Board when it is discussing business in Part I of the agenda. Duly accredited representatives of the media who attend to report Board proceedings for those organisations will be accommodated to the limit of the capacity set aside for them. When the Board is discussing exempt or confidential information (Part II) members of the public and press will be asked to leave the meeting.

3.9 **Disturbance by members and the public**
Part 4.1, sections 23 and 24 of the Council's Constitution refers.

3.10 **Recording equipment**
Cameras, including television cameras, [mobile phones] and video and recording equipment shall not be used at any meeting of the committee except with the prior permission of the Chair.

3.11 **Decision making**
The Board must follow those parts of the Council's procedural rules set down in Part 4.1, rules 13, 16 and 18 of the Council's Constitution as they apply to them. These set out rules for consideration of recommendations and minutes, rules of debate and the six-month rule that applies to decisions made.

All decisions taken by the Board will be consensual. If a consensus of voting members cannot be reached the Board will take a vote on the issue and it will be decided by a simple majority. In the event of a tied vote the Chair will cast the deciding vote.

The Board may not however take any executive action/decision on behalf of the Council.

3.12 **Voting rights**
The Board does not have to comply with section 13 of the Local Government and Housing Act 1989 (voting restrictions). This means that all members of the Board shall have an equal vote, unless the Council directs otherwise.

The organisations appointing representatives as members of the Board may choose not to accept voting rights.

3.13 **Quorum**
The Board does not have to comply with Part 4.1 rule 7 of the Council's Constitution. This means that the quorum for a meeting of the Board shall be:
(a) At least one third of the entire number of members on the Board is present at the meeting.
(b) Notwithstanding (a) above, in no case shall the quorum for the committee (or a sub committee) be less than 5.

3.14 **Minutes**
The Board's minutes will be prepared and distributed in accordance with Part 4.1 rules 13 and 20 and part 4.2 rule 7 of the Council's Constitution and corporate guidelines. These set out arrangements for the Council to receive minutes, the form minutes should take and the requirement to make minutes or a summary of the meeting and agendas available to the public for six years after a meeting.

3.15 **Annual report**
The Board will produce an Annual Report which will be shared with all member organisations and published on the Council's website. The Board will report informally to PDGs and other groups as appropriate throughout the year.

4. SUB-COMMITTEES AND WORKING PARTIES

4.1 Appointment and composition of subcommittees and working parties

The Board may appoint such sub-committees and/or working groups as it wishes to deal with specific matters within its Terms of Reference.

These bodies are non decision making (See part 4.1, rule 31 and 32 of the constitution), not subject to sections 15 and 16, and schedule 1 of the Local Government and Housing Act 1989 (duty to allocate seats to political groups, duty to give effect to allocations and political balance on LA committees) but are subject to the Local Government Access to Information Act 1985.

The Board may appoint to these bodies Members of the Council who are not members of the Board and other persons including representatives of member organisations, unless the Council directs otherwise. (Part 2 sections 3 and 4 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013).

Should such groups be established, separate Terms of Reference will be developed which will set out how the provisions set out in this document apply or otherwise to the sub-committee or working party in question.

5. OTHER MATTERS

5.1 Risk management

The Policy Team will manage a risk register and develop and manage a risk management plan on behalf of the Board in accordance with the Council's corporate approach to risk through the council's risk register.

The risk register and management plan will specify who is responsible for managing risk on behalf of the Board.

The Board and sub-committees and working groups risk registers will be reviewed as a minimum every six months**.**

5.2 Conflict and complaints resolution

Part 4.1 Rule 12 and Part 5.1 Parts 2 and 3 of the Council's Constitution shall apply to the Board, its sub-committees [and working groups] in relation to complaints about Members and the investigation and determination of such complaints. Part 5.5 Member and Officer Relations Code Rules 10 and 17 in relation to complaints resolution shall also apply.

5.3 Access to information and council documents

Part 5.5, Rule 16 of the Council's Constitution shall apply to the Board. This sets out arrangements for officers' and members' access to information for carrying out Council business.

5.4 Performance monitoring

The Board will develop a Performance Monitoring Framework for measuring progress against key priorities and desired outcomes. The Board will review key information from this Framework on a regular basis and summary level data will be included in the Board's Annual Report.

5.5 **Equalities**
The Board will have regard to the Equalities Act 2010 and will undertake Equality Impact Assessments as appropriate.

5.6 **Freedom of Information and Data protection requirements**
The Board and its members are subject to the provisions of the Freedom of Information Act 2000 and the Data Protection Act 1988 as regards rights of access to and the holding of information by public bodies.

5.7 **Exit strategy**
The Board's Democratic Services Officer will develop an exit strategy on behalf of the Board and its sub committees and working groups, in accordance with the Councils corporate procedures.

5.8 **Terms of Reference**
The Board's Terms of Reference will be reviewed annually. The Terms of Reference will require the approval of the full Council.

6. SUPPORT ARRANGEMENTS

6.1 **The Proper Officer**
References in these Terms of Reference to the Proper Officer shall be to the Chief Executive of Slough Borough Council or such person as she shall nominate in writing to all members to be the Proper Officer for any purpose.

6.2 **Board servicing arrangements**
The Board is served by an officer from Democratic Services, supported by the Policy Team. The Democratic Services Officer (DSO) is responsible for:

- preparing and publishing a schedule of the Board meetings on the Council's website
- preparing and circulating the Board's agenda in accordance with statutory deadlines
- minuting the Board's meetings
- recording members' declarations of interest (constitution)
- maintaining a list of members' attendance at meetings (constitution)

6.3 **Sub-committees and working groups servicing arrangements**
Any sub-committees and working groups will be served by Council officers.

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Slough Wellbeing Board Introduction to Healthwatch

Marianne Storey/Christine Eborall, Board Member

15th May 2013

Summary

- What is Healthwatch?
- What will Healthwatch do?
  - Statutory Functions
  - Day to Day Functions
- How will we do it?
  - The Partners
  - The Healthwatch Slough Board
  - How we will spend the budget
- Our vision
- Our initial focus
- How we will work with the Health and Wellbeing Board

What is Healthwatch?

"Healthwatch is the new consumer champion for health and social care. It exists in two distinct forms – local Healthwatch; at local level, and Healthwatch England; at national level."

What will Healthwatch do? (statutory functions)

- Promote & support people to share views and concerns about local health and social care services
- Provide evidence-based feedback to those involved in the commissioning, provision and scrutiny of care services
- Provide, or signpost to, information about local services and how to access them
- Have a seat on the Wellbeing Board
- Alert Healthwatch England and CQC to concerns about services
- Refer matters of concern about services to OSC

What will Healthwatch do? (day to day functions)

Information, Advice and Signposting – helping people to make the right choices

- Walk in to CAB
- Helpdesk
- Online
- Healthwatch Champions

What will Healthwatch do? (day to day functions)

Involvement → Influence

Talk & Listen

- Engagement
- Outreach
- Groups
- Individuals
- Feedback
- Information & signposting
- Enter & View
- Complaints
- Policy
- OSC
- CCG
- Trusts
- CQC

Learn

- Understand the issues
- Debate different views
- Determine priorities
- Investigate

Represent

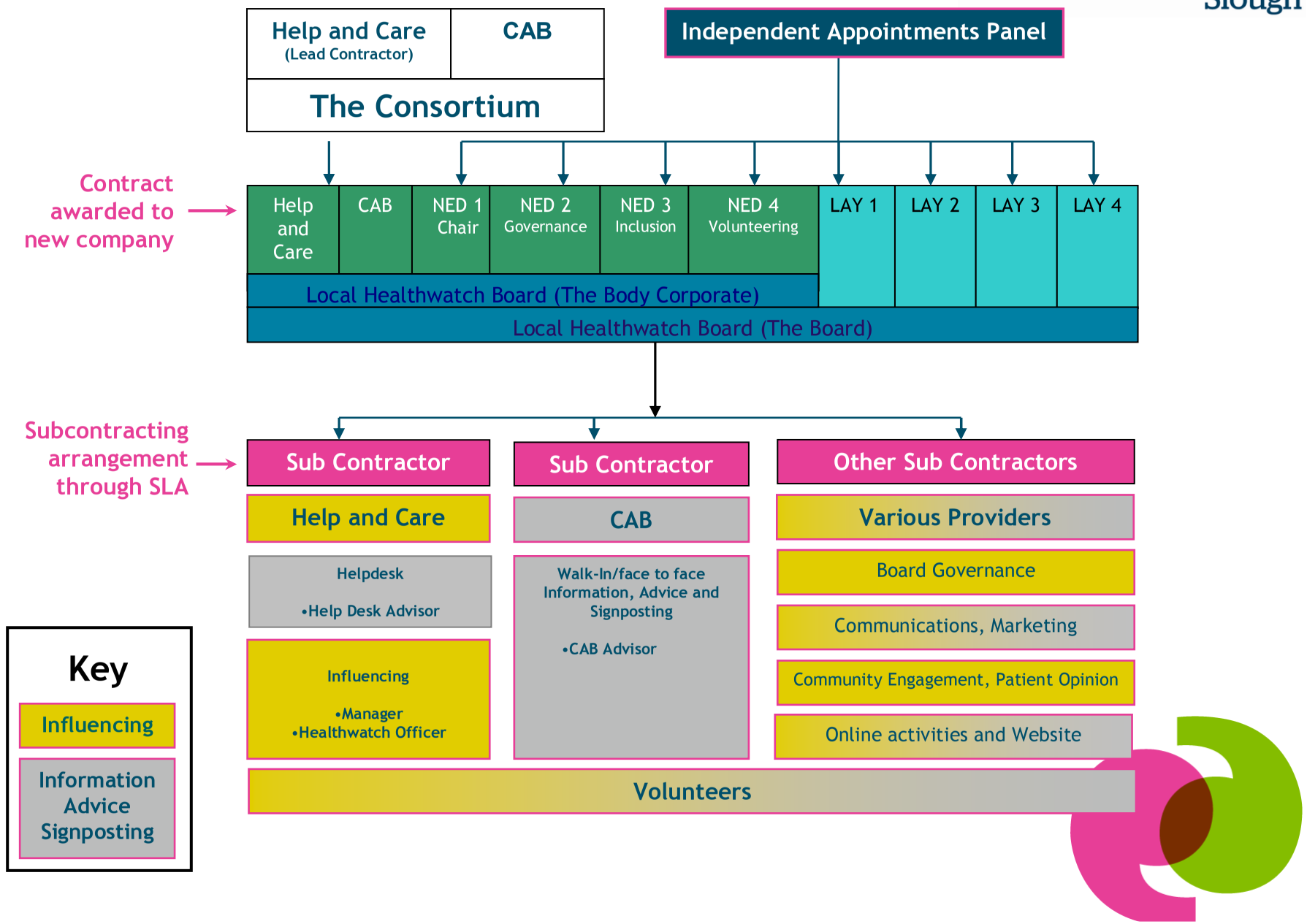
- Reports & Recommendations
- Hold organisations to account
- Monitor change
- Feedback to public
- Refer:
  - HOSC
  - Healthwatch England
  - CQC
- Health and Wellbeing Board

Creating Healthwatch Slough

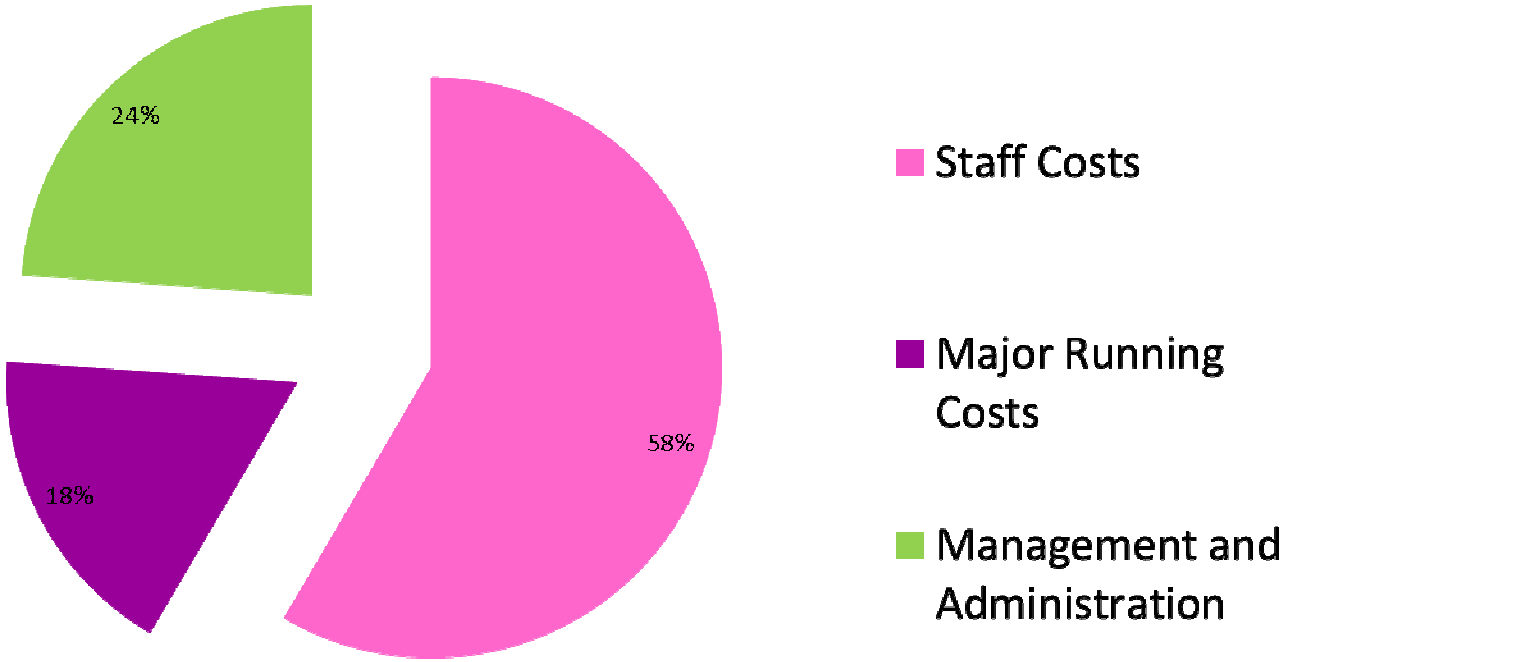
In 2013 help&care and citizens advice bureau

won the contract from Slough Borough Council to set up a new legal entity that would become

healthwatch Slough


Help and Care
(Lead Contractor)
CAB
The Consortium
Independent Appointments Panel
Contract awarded to new company
Help and Care
CAB
NED 1 Chair
NED 2 Governance
NED 3 Inclusion
NED 4 Volunteering
LAY 1
LAY 2
LAY 3
LAY 4
Local Healthwatch Board (The Body Corporate)
Local Healthwatch Board (The Board)
Subcontracting arrangement through SLA
Sub Contractor
Sub Contractor
Other Sub Contractors
Help and Care
CAB
Various Providers
Helpdesk
•Help Desk Advisor
Walk-In/face to face Information, Advice and Signposting
•CAB Advisor
Board Governance
Communications, Marketing
Influencing
•Manager
•Healthwatch Officer
Community Engagement, Patient Opinion
Online activities and Website
Volunteers
Key
Influencing
Information Advice Signposting

Budget Breakdown



healthwatch Slough

"Our view is that HW Slough will act as a truly independent consumer champion, with the credibility to speak with a voice that will be heard and taken seriously by decision makers. To engage with people effectively enough to offer reliable evidence that can be trusted. That we listen to what people say from all parts of the community."

healthwatch Slough

Our initial focus

- Getting the Board set up
- Connecting with community organisations
- Starting to listen to views and experiences
- Create an up-to-date resource directory for the signposting function
- Recruiting and training volunteers
- Maintaining continuity from the LINks legacy:
  i. GP Access
  ii. Opticians
  iii. Dentistry
- A focus on Young People

We recognise the 3 CCG strategic commissioning priorities and the 9 priorities of the Health and Wellbeing Strategy. These will inform our work whilst it is being driven primarily by local people and their issues, concerns, priorities and experiences. (see appendix A)

How will HW feed into the Wellbeing Board?

Board representation – Executive Director until the full board is complete

Reports from our CRM evidencing all interactions with consumers

Joint Protocol:

- An agreed understanding of the particular role of each body
- How Wellbeing Board and Healthwatch will work together
- Referrals (Referrals from local Healthwatch to Wellbeing Board may happen where Healthwatch has requested a response from a body to which it has submitted a Report and Recommendations and that body has failed to respond within the statutory period of 20 working days or where Healthwatch is not satisfied with the response received).
- Exchanges of information
- Annual Work Plans
- Attendance at meetings
- Annual review of Protocol

healthwatch Slough

We can help each other do a great job for our community…

- Health and care services are changing dramatically – this affects everyone
- We can help you to improve health and social care services – it's easier if you know what users think
- We'll be working with people who want to improve their local services: through us they can have an influential voice
- We can refer matters of concern about services to OSC
- We can work together to influence the strategic commissioning cycle

If you have any Questions, Comments or Suggestions, please contact us:

enquiries@healthwatchslough.org.uk

01753 325 333

@HWSlough

www.healthwatchslough.co.uk

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Appendix A

Schedule 1

The purpose of the Slough Joint Wellbeing Strategy (JSWS) is to improve the health and wellbeing of our communities and it is vital to ensure that collective responsibility to improve this lies with the local authority, Public Health, Healthwatch Slough and the CCG.

Slough's Joint Wellbeing Strategy (http://static.slough.gov.uk/downloads/slough-joint-wellbeing-strategy.pdf) highlights the following priorities

- Health
- Economy and skills
- Housing
- Regeneration and Environment
- Safer Communities

There are also two cross cutting themes, civic responsibility and the promoting the image of the town.

The local authority, Slough CCG, Healthwatch Slough and the Director of Public Health (heretofore known as the Wellbeing Board) will work under an equal and explicit obligation to determine arrangements to secure the commissioning of quality, consistent and comprehensive Health and Local Government services for all. This will be done through the

a. Preparation of a Joint Strategic Needs Assessment (H&SCA, 2012. S.912)

b. Development of a Joint Wellbeing Strategy (H&SCA, 2012 S.193).

c. Submission of the draft Healthwatch Slough Annual Plan (drafted in line with the relevant aims of Slough's Joint Wellbeing Strategy (2013-2016)) to the Wellbeing Board to ensure strategic alignment.

The Healthwatch Slough Annual Work Plan will demonstrate

a. Balance between health and social care issues

b. Balance between the concerns of the wider population and those who do not routinely access health and social care.

c. Balance between local issues and national issues that could impact on the local population.

d. Value for money in terms of the costs of particular projects and other areas of work.

e. An awareness of work being done by other stakeholders, preventing not just replication of work but encouraging joined up working with stakeholders.

f. Reserved capacity to be allow for investigation/analysis into trends gleaned from publically submitted information and data submitted by NHS CAS and PALS.

g. Reserved capacity to enable requests for data from the Wellbeing Board are fulfilled .

h. Alignment with the strategic aims of the Joint Wellbeing Strategy.

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Local Healthwatch Regulations Explained – lay and volunteer involvement and restrictions on activities of a political nature

Part 6 of the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012

March 2013

Purpose of this note

There has been some debate about the interpretation of the local Healthwatch regulations[1]. By their nature regulations are technical, using legal phrasing and wording which is often more precise than the common usage of language. This note aims to explain and provide clarity in relation to the following issues:

(a) lay person and volunteer involvement in local Healthwatch and;
(b) restrictions on activities of a political nature.

This is not intended to be a substitute for or a definitive way of applying the regulations. Only the courts can provide a definitive interpretation of the legislation, and if there are any doubts, legal advice should be sought.

About Healthwatch

Healthwatch is the new consumer champion for the public, patients, health and care service users, and their carers and families.

It has two forms: Healthwatch England, which was established on 1 October 2012; and local Healthwatch organisations which will start from 1 April 2013 based in upper-tier and unitary local authority areas in England[2].

Healthwatch England will provide leadership, support and advice to the local Healthwatch network. It will use evidence based on experiences to highlight national issues and trends in order to influence national policy. Through the network and by receiving views directly, Healthwatch England will ensure that voices of people who use health and social care services are heard by the Secretary of State for Health, the Care Quality Commission, the NHS Commissioning Board, Monitor and local authorities in England.

A key role of local Healthwatch organisations will be to promote the local consumer voice to ensure that the views of patients, service users and the public are fed into improving local health and care services. The primary task of local Healthwatch organisations will be to gather evidence from the views and experiences of patients, service users and the public about their local health and care services and to provide feedback based on that evidence.

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[1] In this publication "the local Healthwatch regulations" refers to the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 (S.I. 2012/3094). There are separate regulations on local Healthwatch entry, namely the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (S.I. 2013/351).

[2] Section 229 of the Local Government and Public Involvement in Health Act 2007 sets out the meaning of a "local authority" in the context of local Healthwatch. Each of the following is a "local authority" in this context: a county council in England, an upper tier district council in England; a London borough council; the Common Council of the City of London; and the Council of the Isles of Scilly.

They will take this information and report the evidence to those in charge of arranging and funding services and making decisions – and those providing services – about the quality of care, including through statutory representation on the local health and wellbeing board. This should help to ensure that those who make decisions about health and care services can be aware of and act and respond quickly to concerns. Local Healthwatch organisations will also feed this evidence into Healthwatch England.

The Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) sets out the requirements for arrangements for patient and public involvement activities through local Healthwatch organisations. Regulations laid in December 2012 make further provision about the criteria that bodies will need to meet in order to be contracted as local Healthwatch organisations, the duties on commissioners and providers, and the contractual arrangements between the local authority and local Healthwatch; and local Healthwatch and its contractors.

You can find out more about the local Healthwatch regulations at: http://www.legislation.gov.uk/uksi/2012/3094/contents/made and; http://www.legislation.gov.uk/ukdsi/2012/9780111531679/contents.

A. About lay person and volunteer involvement in local Healthwatch

Local Healthwatch has been set up to be the voice for people. It is important that local people are at the heart of Healthwatch.

What the regulations say

There are three places where the regulations refer to lay person and volunteer involvement:

1) Regulation 38 – as a qualifying criterion for the purposes of a local Healthwatch being awarded the contract by the local authority[3].
2) Regulations 40(1)(g) and 41(1)(e) – through requirements imposed on the contract between the local authority and local Healthwatch in relation to the involvement of lay persons and volunteers in the carrying on of section 221[4] activities by local Healthwatch and its contractors.

[3] That the body wishing to be contracted as local Healthwatch must have arrangements for the involvement of lay persons and volunteers in its governance arrangements.

[4] These activities are set out in section 221 of the Local Government and Public Involvement in Health Act 2007 (as amended by section 182 of the Health and Social Care Act 2012), and consist of: (a) Promoting, and supporting, the involvement of local people in the commissioning, provision and scrutiny of local care services; (b) enabling local people to monitor for the purposes of their consideration of matters in subsection (3) of section 221 [the standard of provision of local care services, whether and how these could be improved; and whether and how these ought to be improved], and to review for these purposes, the commissioning and provision of local care services; (c) obtaining the views of people about their needs for, and their experiences of, local care services; (d) making (i) views such as mentioned in paragraph (c) known, and (ii) reports and recommendations about how local care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England; (e) providing advice and information about access to local care services and about choices that may be made with respect to aspects of those services; (f) reaching views on the matters

3) Regulation 40(1)(a) read with 40(2), (3) and (4) – as part of transparency, one requirement imposed on the local authority contract is that local Healthwatch must be required to publish certain procedures, including for involving lay persons and volunteers in "relevant decisions" (including decisions about how to undertake and the spending of funds in relation to section 221 activities[5]).

Key messages:

- The legislation does not stop people with professional experience in health and social care settings being involved in local Healthwatch organisations and their activities, as lay persons and volunteers.

- "Lay person" and "volunteer" are defined by regulation 34[6] to reflect those people who wish to give their time to something they feel passionately about in order to influence change and service improvements. In this context, the definition of "volunteer" could include someone with a health and social care background giving their time freely, whereas the definition of a "lay person" is aimed at those without a professional health or social care background contributing their time.

- Thus, between them, the definitions of "lay person" and "volunteer" can apply to anyone who wishes to give up their time for local Healthwatch. This can include people who do not work, or are retired and people in work who wish to give up their spare time to influence services in the area they live (which may be different from the area where they work).

- If volunteers come with a professional health or social care background this does not necessarily create a conflict of interest – it can be complementary to the work of the local Healthwatch organisation.

- The local Healthwatch regulations do not differentiate between volunteers or lay people in terms of the importance of their contributions to local Healthwatch, and both groups have valuable insights to make.

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mentioned in subsection (3) of section 221 [see above] and making those views known to Healthwatch England; (g) making recommendations to Healthwatch England to advise the Care Quality Commission about special reviews or investigations to conduct (or, where the circumstances justify, making such recommendations direct to the Commission); (h) making recommendations to Healthwatch England to publish reports under section 45C(3) of the Health and Social Care Act 2008 about particular matters; and (i) giving it assistance as it may require to enable it to carry out its functions effectively, efficiently and economically.

[5] Other "relevant decisions" are decisions as to which care services in relation to which section 221 activities are to be carried out, whether to request information from certain commissioners and providers of health or social care services, whether to refer a report or recommendation to such commissioners and providers, which premises are to be entered and viewed and when, whether to refer a matter to an overview and scrutiny committee or health scrutiny authority, whether to report a matter concerning section 221 activities to another person, and certain matters concerning the making of arrangements with contractors – see regulation 40(2).

[6] Of the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.

- It is important that a local Healthwatch organisation is diverse and inclusive of its local people and community – be it through paid staff, lay people or unpaid volunteers.

- There is potential for different types and levels of involvement for lay persons and volunteers within a local Healthwatch organisation (including in governance, making relevant decisions, carrying out section 221 activities). Local Healthwatch should ensure that a range of ways are available for people to get involved so that lay persons and volunteers can give their time in ways that suit their own needs and preferences.

B. About restrictions on activities of a political nature

Local Healthwatch has been set up to be the voice for people, ensuring that what local people say has influence over local services, and how they might be improved – this is its core purpose. As part of this, it is expected that from time to time local Healthwatch will need to consider the issue of health and care service standards against wider policies and the law.

What the regulations say

Regulation 36(1) seeks to prevent a local Healthwatch from making certain activities of a political nature its sole or main activity. It does this by providing that the following activities are not to be treated as being for the benefit of the community[7]:

1. promotion of or opposition to changes in law or policies proposed to be adopted by governmental or public authorities; and
2. carrying out activities that could be reasonably seen to be intended (or likely) to provide or affect support for political organisations, or influence voters in relation to elections.

However, regulation 36(2) enables local Healthwatch to speak out and campaign (including for policy change or change to the law), as long as:

1. it is in connection with its other community benefit activities - those undertaken as part of its core purpose of being a consumer champion (as described in section 221 of the 2007 Act); and
2. that seeking particular legal or policy changes does not become the main focus of its activity.

Therefore if, for example, in the process of gathering the views of local people, the organisation uncovers concerns about services based on the adoption of particular policies, then local Healthwatch could campaign and speak out to influence their change or improvement where this could

[7] Under the Local Government and Public Involvement in Health Act 2007 the local authority's arrangements for patient and public involvement activities have to be made with a social enterprise. For these purposes, a body is a social enterprise if a person might reasonably consider that it acts for the benefit of the community in England and it satisfies criteria set out in regulations. To this end regulation 36 of these regulations 2012 set out activities which are to be treated as not being carried out for the benefit of the community.

genuinely (and reasonably) be capable of being regarded as in connection with its main community benefit activities. For example, that main activity might be the making views known, or making reports and recommendations on service improvements, based on the evidence they have gathered.

The distinction here is the capacity in, and extent to which, a local Healthwatch is undertaking any campaigning activities. This distinction does not constrain local Healthwatch organisations from fulfilling their role, but ensures that they are not influenced by political considerations in how they fulfil their purpose of being a consumer champion to represent the local community's views about their health and care services.

Key messages:

- The core purpose of local Healthwatch is to be the consumer champion for health and care service users (through section 221 activities set out in the 2007 Act). It should involve patients, service users and the public in shaping local health and care services; and raise awareness of their views and experiences in relation to those services amongst those in charge of services including commissioners and providers.

- The legislation seeks to ensure that local Healthwatch organisations:

    - act independently of political parties, think tanks and campaigns;
    - keep any campaigning as secondary to their core purpose, and limited to and focused on improvement to local health and care services, based on evidence gathered and views heard from the local community, and;
    - pursue their primary purpose as a consumer champion.

- The legislation seeks to prevent a local Healthwatch from:

    - aligning itself to a particular party or political body;
    - being set up or run with a main purpose of achieving particular policy changes or changes to the law, and;
    - making political activities its main activity.

- The legislation does not stop a local Healthwatch from:

    - using robust evidence and feedback from the community as basis for raising the concerns of local people with local councillors, council officers and health service managers who have responsibilities for commissioning, providing or managing particular local health and care services;
    - speaking out based on evidence, at a local level about service improvements that affect the quality of care;
    - advocating a change in the law or policy, provided it is based on evidence, is genuinely in connection with its community benefit activities; and that such campaigning or activities do not become the organisation's main focus or activity; and

- passing findings, concerns or views from the local community to Healthwatch England, which will have a role to speak out at the national level about service improvements and to provide evidence which will inform government policy.

- The principle behind these regulations is not new or exclusive to local Healthwatch organisations. It can be found in legislation relating to social enterprises[8] and financial assistance from the government for them[9].

- Similar restrictions also apply to charities, which are one form of social enterprise. Charities are bodies established for charitable purposes: they cannot be bodies established for political purposes. There are also similar restrictions on the extent to which charities can engage in political activity.

Further information

Healthwatch England website

LGA Healthwatch briefings

Department of Health website - Healthwatch page

[8] See Footnote 6.
[9] For example, the Health and Social Care (Financial Assistance) Regulations 2009 and the Community Interest Company Regulations 2005

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SLOUGH BOROUGH COUNCIL

REPORT TO:	Slough Wellbeing Board
DATE:	15 May 2013
CONTACT OFFICER:	Richard Humphreys Chair of Community Cohesion PDG and Amanda Renn, Corporate Policy Officer, Policy and Communications team, SBC
(For all Enquiries)	(01753) 875560
WARD(s):	All

PART I

KEY DECISION

LIVING TOGETHER: A COMMUNITY COHESION STRATEGY FOR SLOUGH 2013 – 2015

1. Purpose of Report

To agree a Community Cohesion Strategy for Slough, which sets out the key objectives and work areas for the Community Cohesion PDG for the next two years.

2. Recommendation(s)/Proposed Action

That the Slough Wellbeing Board considers, comments on and endorses "Living Together: A Community Cohesion Strategy for Slough 2013–2015" as set out at Appendix A to this report.

3. Slough Wellbeing Strategy Priorities:

The Strategy supports the delivery of:

a) the Slough Wellbeing Board's **vision** of an integrated and cohesive community, where all residents are treated fairly and equitably;
b) the Slough Wellbeing Strategy's **five priority areas** (i.e. economy and skills, health and wellbeing, housing, regeneration and environment and a safer Slough); and it's **two cross cutting themes** of civic responsibility and promoting the image of Slough - which inform each of the five priority areas and the Slough Wellbeing Strategy as a whole.

4. Other Implications

(a) Financial - There are no specific financial implications. It is anticipated that the Strategy will utilise existing resources to meet its outcomes and objectives; this may include a review of where these resources are currently allocated.

(b) Risk Management - There are no specific risks associated with the agreement of the Strategy as a whole. Risk assessment and management will be carried out for specific actions and initiatives included in the Strategy's supporting action plan (as it is developed) and where appropriate.

(c) Human Rights Act and Other Legal Implications - The Strategy (and its forthcoming action plan) support Articles 9 and 14 of the Human Rights Act 1998, namely the right to freedom of thought, conscience and religion and the right to enjoy all convention rights without discrimination on any grounds.

(d) Equalities Impact - The Strategy (and its forthcoming action plan) contain outcomes and objectives that will promote fairness, equality and diversity and build community cohesion in line with the requirements of the Equality Act 2010, namely to "*Foster good relations between people who share an equalities characteristic and those who don't*", and specifically in relation to the council's general duty under section 149 of the Act and the duty to have 'due regard' to the need to (i) eliminate discrimination, (ii) advance equality of opportunity and (iii) foster good relations between people.

4. Supporting Information

- In 2008 the coalition Government defined community cohesion as *"What must happen in all communities to enable different groups of people to get on well together.*" It is committed "to creating One Nation", a country where *"every colour is a good colour … every member of every part of society is able to fulfil their potential … racism is unacceptable and counteracted … everyone is treated according to their needs and rights … everyone recognises their responsibilities … racial diversity is celebrated".*
- In recent years the approach to tackling community cohesion has very much shifted away from centrally-dictated to locally-determined activities (where government has less of a primary role), where "….*each of us, whatever our background, has a chance to contribute. ... Integration is achieved when neighbourhoods, families and individuals come together on issues which matter to them*".
- The Local Strategic Partnership's previous Cohesion Strategy was launched in 2010 and predominately focused on the role of the council in leading cohesion - rather than developing a partnership approach.
- "Living Together" has been developed in light of national guidance and by local partners and organisations, who have come together to (a) identify the issues that matter most to their client groups, and (b) develop a shared understanding of, and vision for, cohesion across the borough for the next two years. The resulting Strategy therefore enables the council to be a key partner in leading the work on cohesion, whilst supporting and commissioning activities (where appropriate) to promote increased cohesiveness, from within existing budgets.
- The seven themes[1] identified in the 2010 Strategy have now evolved and developed into following five outcomes and 30 objectives for delivery by 2015:

Outcome	Objectives
1. People feel and sense of pride and belonging	1. A shared sense of belonging 2. Responsive services that meet local needs and which are open and accessible to all 3. A greater understanding of the borough's rich heritage 4. Attractive neighbourhoods that have a clear sense of identity and where people are proud to live, study and work 5. Neighbourhoods where people value one another, support the vulnerable and help those most in need 6. The direct involvement of local people in decision making about local services and increased participation local democracy 7. A good quality well maintained environment
2. Better Life Opportunities for all	8. Narrow the gap between the most and least deprived areas of the borough 9. Accessible schools, community facilities and employment opportunities 10. Year on year improvements in the determinants of deprivation e.g. ill health, mortality, unemployment, literacy, mental health and school performance 11. Improve social and economic wellbeing across the borough 12. Promote employment and training opportunities to under represented, disengaged, vulnerable and hard to reach groups and individuals 13. Raise people's aspirations for them selves, their neighbourhood, their communities and the borough 14. Increase the number of local people who volunteer

[1] 1) Understand, respect and celebrate diversity, 2) Community engagement, 3) Promote a sense of belonging, 4) Address access and barriers to services, 5) Enabling integration/ inclusion, 6) Myth busting/tackling perceptions; and 7) Training and knowledge.

3. Diversity is valued	15. A focus on what new and existing communities have in common, alongside a recognition of the value of diversity 16. Zero tolerance for all forms of discrimination 17. Workforces that are reflective of the wider community across all sectors and at all levels 18. Promote and celebrate the rich heritage and cultural diversity of the borough's local people 19. Create strong, positive relationships between people from different backgrounds
4. Positive relationships within and between Communities	20. Reassure and empower local people to tackle anti social behaviour 21. Improve cross cultural, interfaith and community understanding 22. Strengthen and improve relationships between older and young people 23. Support children, young people and families 24. Ensure community cohesion is actively and effectively monitored
5. We all take responsibility	25. A robust and proactive response to all forms of discrimination, prejudice, racism and hatred 26. Political and inter-agency consensus about how difficult issues should be tackled 27. Increased community control of appropriate neighbourhood assets and delivery of some services 28. Local people empowered to take responsibility and accountability for their homes, their neighbourhoods and their 29. Effective democratic neighbourhood representation 30. Maximise community engagement opportunities for local people to get involved and have their say

Living Together (and its forthcoming action plan) will be delivered and monitored through the Community Cohesion PDG, which brings together council, police, health sector and a wide range of local third sector and business interests to work on what matters most to residents.

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

All of the thematic PDGs reporting into the Slough Wellbeing Board have been consulted and their views used in the development of the Strategy. A wide range of local third sector partners and the public were also given the opportunity to comment and their views have also been taken into account during the development of this Strategy.

7. Conclusion

Slough is a rapidly changing borough and this Strategy aims to mitigate the reputational risk of our being seen as not concerned with the issue of supporting new and established communities to get on well together in Slough. The Strategy will also go some way to mitigate the (a) risk of legal challenge for potentially failing to meet the requirement of the Equality Duty to 'foster good relations' between different groups in the borough and there is a risk that community tensions could also increase, resulting in less positive feelings between neighbours, and (b) help mitigate the risk of community tensions in the borough. Failure to adequately monitor tension risks and to be seen to address concerns and grievances could lead to increased community tensions, personal safety risks for minority populations, and reputational damage for the council.

Living Together has been agreed by the Community Cohesion PDG and the Slough Wellbeing Board is asked to endorse the Strategy.

8. Appendices Attached

Appendix A – Living Together: Slough's Community Cohesion Strategy 2013-2015

9. Background Papers

None.

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Living together

Community Cohesion Strategy for Slough

2013 – 2015

Living together

A Community Cohesion Strategy for Slough

Contents

Living together - a Community Cohesion Strategy for Slough

Community Cohesion is about supporting diverse groups of people to live, study and work successfully alongside each other. If people are secure, feel a sense of belonging, are respected and able to express them selves and celebrate their identity and beliefs, they will not be threatened by or negative toward others who are different from themselves. A key component of this is promoting understanding and harmonious relationships between existing residents and newcomers to the borough and developing a shared sense of belonging.

We know that for most people Slough is a good place to live, study and work, but we can't take this for granted. Community cohesion often breaks down not because of differences between and within different groups of people, but because of the social, economic and environmental challenges that people face and which can, if left unchecked could help to undermine feelings of trust and security.

Living Together sets out Slough's Community Cohesion Priority Delivery Group's (CCPDG) plans for addressing these challenges and supporting, strengthening and promoting community cohesion across the borough for the next two years. It includes a comprehensive programme of targeted actions which are evidence based, take account of the views and aspirations of local people and are firmly rooted in locally identified issues.

This Strategy does not just belong to the CCPDG, or to its individual members or partner organisations. It reflects the commitment and dedication shown by thousands of local people – in faith groups, voluntary, community and tenants' organisations, sports clubs and youth projects, in tackling inequalities, promoting fairness and empowering confident communities. For these reasons, in endorsing this Strategy, I want to thank local people for the contributions they have made, and continue to make, in helping to create a borough that is a safe, welcoming and cohesive place for people to live, study and work.

[insert details/photo of chair of PDG]

Introduction

Slough needs strong, resilient and harmonious communities that can respond effectively to the increasing pace and scale of economic, social and cultural change in the 21st Century.

Living Together - a Community Cohesion Strategy for Slough 2013 – 2015 is part of the Slough Wellbeing Board's commitment to achieve a fair and just society, in which local people are empowered to determine their own lives and to shape the communities in which they live, study and work. The Board's aim is to:

- promote equality, and
- enhance civic responsibility and community cohesion

This Strategy focuses on some of the main issues that could impact on local cohesion and sets out a programme of targeted actions and interventions that will help support, strengthen and promote the borough's cohesiveness over the next two years.

What does community cohesion mean?

"*Community Cohesion is what must happen in all communities to enable different groups of people to get on well together. A key contributor to community cohesion is integration which is what must happen to enable new residents and existing residents to adjust to one another"*[1].

Community cohesion is often linked with integration but they are not the same thing.

Community cohesion looks to bring people together on the basis of shared values while also celebrating the diversity of our communities[2]. Cohesive communities are ones that make better use of informal support and care structures, are better equipped to resolve their own problems without state intervention and demonstrate higher levels of volunteering, social support networks and charity.

Integration is about making spaces and places for people from different backgrounds to interact and enable existing and new residents to adapt and contribute to changing circumstances.

It's also important to recognise that community cohesion is not just about the relationship between different ethnic groups. It is also about the relationships between and within different communities, for example young people and older people, disabled people and people who are not disabled, people who have lived here a long time and new arrivals, people from different neighbourhoods or wards, straight communities and gay communities, affluent and poor, and so on.

Slough has a great reputation for community cohesion both in this country and abroad. Our communities have a long established history and tradition of welcoming newcomers to the borough and in working collaboratively together on issues that matter to them. And, where these issues have emerged in the past, there are

[1] Commission on Integration and Cohesion (CIC) 2007
[2] See Annex A for a summary of Slough's demographics

countless examples of local people coming together and standing up and fighting for tolerance and respect. Becoming complacent is, however, one of the quickest paths to a breakdown in community cohesion. Cohesion often breaks down not because of differences between and within different groups of people - but because of the social, economic and environmental problems that undermine feelings of trust and security. That is why the CCPDG remains committed, in this Strategy, to narrowing the gap between the most and least deprived areas of the borough, in order to reduce the scope for distrust and conflict and in promoting a fairer, safer, healthier and more cohesive community for everyone to enjoy.

New challenges and issues also lie ahead – some more visible than others – and this Strategy will help the CCPDG to manage and mitigate these challenges as they arise. Some of these challenges – which can be self imposed – are not always visible. They often come about as a result of how much money people have, their health or the confidence they have in taking part in social or civic activities. Sometimes the challenges are more tangible - such as discrimination – which does not always take place along ethnic or religious lines.

This Strategy therefore places a strong emphasis on embracing these differences and undertaking activities that support, strengthen and promote inclusion as a means of building successful, cohesive communities. It recognises the importance of not only welcoming new arrivals to Slough but also in helping some of our more established communities to cope with the pace of change.

Why community cohesion is important?

People who feel insecure themselves, or who feel they are not treated fairly, are less likely to feel positive towards others – and may even resent them. We know that to be able to get on well with other communities, people need to feel safe themselves, and they need to have a sense of belonging in their own neighbourhood and the borough as a whole. But some communities can become stereotyped by others and myths and misunderstanding can develop. At its worst, weak community cohesion can lead to tensions between communities, and sometimes even hatred. For example, young people are often stigmatised because of the anti-social behaviour of a few - yet Slough's young people are one of its great strengths. Another example is that today's new arrivals to the borough often face social and language barriers which can often make it difficult for them to settle in and get on in life. Settled communities can feel resentful towards newer communities due to a perception that they are better able to access housing and employment opportunities.

Community cohesion is at its strongest when people have the opportunity and the capacity to participate in their community as fully as they wish and on an equal footing with others. And whilst we acknowledge that everyone is different, with differing needs - everyone should have the same or similar opportunities.

National context

The Government's approach to achieving a more integrated society is set out in its ***"Creating the Conditions for Integration"*** report, which focuses on creating the conditions for everyone to live and work successfully alongside each other. This

report argues that integration can only be achieved by neighbourhoods, families and individuals coming together on issues which matter to them. It also argues for the rebalancing of activity - from centrally-led to locally-led action and from the public to the voluntary and private sectors. It challenges local public, private and voluntary sectors to work together to bring about a change in society by taking long term actions that challenge intolerance, undermine and reject extremism and counter marginalised extremists.

In addition to this report, there are also many pieces of national legalisation around community cohesion issues: These include:

- The **Education and Inspections Act 2006** – under this legislation schools have a legal duty to promote community cohesion.
- **The Equalities Act 2010** - For public authorities, including local government and the police, the duty to promote community cohesion is set in the more general context of promoting equality. The promotion of equality and fair access to public services and employment are key components of cohesion. Real or perceived inequity is a major barrier to feelings of cohesion and belonging in local communities. The General Duty of the Equality Act has three aims. Public bodies in all their operations *must have due regard to the need to*:

  - eliminate unlawful discrimination, harassment and victimisation,
  - advance equality of opportunity between people from different (equality) groups, and
  - foster good relations between people from different (equality) groups.

  The Act also defines age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) and sexual orientation as protected characteristics
- Under the **Public Sector Equality Duty** (specific duties under the Equality Act 2010), all public authorities must publish equalities data on their workforce and services, and 4 yearly Equality Objectives. The publication of both qualitative and quantitative data on how public authorities are improving equality outcomes is seen as a being a key mechanism for myth busting and transparency over performance.
- The coalition Government has also been creating new policies through its **Localism** agenda, to devolve greater power and freedoms to local authorities and neighbourhoods, and to enable the establishment of powerful new rights for communities. New initiatives are emerging from these policies, such as the **Big Society** initiative, which is aimed at supporting and encouraging social responsibility, volunteering and philanthropy and in making it easier for people to come together to ‘give something back’ to the community and help one another.
- The coalition Government is also supporting the creation and expansion of **mutuals, co-operatives, charities and social enterprises**, which aim to enable these groups to have much greater involvement in the running of public services.
- A **National Citizen Service** is also being introduced which is a programme for 16 year olds to give them a chance to develop the skills needed to be active

and responsible citizens, mix with people from different backgrounds, and start getting involved in their communities.

These new policies and initiatives represent opportunities which can be harnessed by the CCPDG to empower our communities and promote cohesion. This Strategy reflects these opportunities and sets out our joined up, cross cutting and co-ordinated approach to supporting, strengthening and promoting community cohesion across the borough.

Our vision for Slough

The Slough Wellbeing Strategy identifies the following vision for Slough, that by 2028:

"…., people are proud to live in Slough where diversity is celebrated and where residents can enjoy fulfilling, prosperous and healthy lives".

This Strategy therefore supports the delivery of the coalition Government and the Slough Wellbeing Strategy's vision of an integrated and cohesive community, where local people are treated fairly and equitably.

This vision of an integrated and cohesive community is based on **three foundations**:

- that people from different backgrounds have similar life opportunities,
- that people know their rights and responsibilities, and
- that people trust one another and trust local institutions to act fairly

and **three ways of living together**:

- a shared set of values and a common sense of belonging,
- a focus on what new and existing communities have in common, alongside a recognition of the value of diversity, and
- strong and positive relationships between people from different backgrounds.

In order to realise this vision the CCPDG has, after consulting widely[3] and analysing the comments and concerns of local people, identified five priority areas or **outcomes** for this Strategy which are discussed in more detail in each of the following chapters:

- Outcome1: People feel a sense of pride and belonging
- Outcome 2: Better life opportunities for all
- Outcome 3: Diversity is valued
- Outcome 4: Positive relationships within and between communities
- Outcome 5: We all take responsibility

[3] These outcomes were identified at a number of work shops and discussions held with key members of the CCPDG and the other thematic Partnership Delivery Groups (PDGs) reporting into the Slough Wellbeing Board during 2012/13. They have also been subject to public scrutiny by a wide range of voluntary and community sector organisations and members of the public in order to ensure their relevance and consistency. They have also been informed by market research carried out by MEL Independent Ltd between Jan and April 2013 on behalf of the CCPDG in order to find out how cohesive Slough's communities are.

We have also identified a broad range of **objectives** and **actions** for delivery under each of these outcomes in order to help manage and mitigate a broad range of issues that local people feel most strongly about[4].

In this way, we have constructed a broad basket of desired outcomes and objectives that, when viewed collectively, will provide a firm foundation on which the CCPDG can confidently manage its community cohesion activities. The examples of actions included in each chapter have been deliberately drawn from a wide range of Partnership areas in order to illustrate this point.

Links with other strategies

Particular attention has been paid in each outcome chapter to ensure that this Strategy is consistent with the Slough Wellbeing Strategy, which sets out what and where the Council and its partners want Slough to be by 2028. In addition to the Slough Wellbeing Strategy there are literally hundreds of detailed targets and priorities outlined in dozens of individual Partnership strategies, policies and service plans that have either a direct or indirect bearing on community cohesion. We have not sought to reproduce these here. Instead, our approach has been to identify and signpost local people to these key strategies and plans and to focus on ways of working and what can be done, rather than duplicate how this will be done.

OUTCOME 1: PEOPLE FEEL A SENSE OF BELONGING

There are many ways a person's sense of pride or belonging can express itself e.g. by supporting the local football team, by participating in a recycled teenagers group, by volunteering in a borough-wide festival or by practicing a religious faith. But these identities are not necessarily mutually exclusive. Such bonds and relationships must be encouraged to flourish within local communities in order to promote community cohesion. If people have self-esteem and share a sense of pride in their neighbourhood, they are far more likely to welcome links with other groups and communities with similar aspirations. There is a long and proud history of collaboration and co-operation across the borough. The challenge now is to work with communities in order to identify, promote and uphold an inclusive set of values and principles that promote a shared sense of pride and belonging locally.

Objectives

- A shared sense of belonging

[4] Issues such as:

- the experience of poverty, deprivation and social exclusion - which can be linked to lower levels of cohesion within economically deprived communities and a result in people perceiving that they are competing for scarce resources,
- the perceived threat of increasing immigration into the UK, most recently from EU member states and the African and Indian sub continents and the perception that increased migration causes additional housing pressures in areas where there may already be high demand for affordable homes,
- the way that some benefits are now calculated - which could result in some inner London boroughs becoming increasingly unaffordable for anyone on housing resulting in some families from inner London looking to relocate to Slough and the knock on effect that that might have on the borough's existing housing stock, school places and welfare services,
- the perceived threat, particularly in a recession, of increased competition for jobs between new arrivals and our established communities leading to an increase in community tensions, and
- the increased global terrorist threat and the concern that disaffected and excluded individuals could become radicalised.

- Responsive services that meet local needs and which are open and accessible to all
- A greater understanding of the borough's rich heritage
- Attractive neighbourhoods that have a clear sense of identity and where people are proud to live, study and work
- Neighbourhoods where people value one another, support the vulnerable and help those most in need
- The direct involvement of local people in decision making about local services and increased participation in local democracy
- A good quality well maintained environment

Some examples of what we intend to do

- Develop a shared set of community values based on local peoples rights and responsibilities so that everyone knows what is expected of them and what they can expect in return
- Increase the number of contracts and services secured and delivered by the local community and voluntary sector
- Support residents into good quality accommodation that is appropriate to their needs and provide support to help them sustain their tenancy and their home
- Use ward and neighbourhood profiles to better understand community needs and implement community development initiatives where they will have the most impact
- Promote electoral registration, voting and other opportunities to participate to all sections of the community
- Create and reinforce positive messages that limit the opportunities available to stereotype and reinforce negative perceptions about the borough
- Develop and publicise a Community Cohesion Charter for leaders, organisations and for local people in the borough to pledge their active support for building community cohesion in Slough
- Increase the opportunities for local people to get involved in local decision making structures and processes

What can the community do?

- Know your rights and responsibilities
- Be accountable and responsible for your own behaviour and actions
- Promote the borough and be a champion for your local area
- Respond to consultations and give your feedback on services
- Vote in national and local elections
- Participate in local community and neighbourhood groups
- Positively encourage others to take part in consultation and engagement opportunities

Supporting Strategies or Plans

- Community Engagement Policy
- Housing Strategy
- Allocations Policy
- Housing Tenancy Strategy
- Procurement Strategy

- Customer Service and Contact Strategy
- Housing Management Service Plan

OUTCOME 2: BETTER LIFE OPPORTUNITIES

Inequalities in health, employment, housing, education and income can be found in differing degrees in most communities, although certain neighbourhoods and groups in Slough face much higher levels of disadvantage than others. For this reason most people recognise that promoting equality of opportunity does not literally mean that everyone gets exactly the same all the time. That is why disadvantages within and between different communities in Slough must be tackled head-on in order to promote community cohesion. Historic and deep-rooted inequalities can generate resentment and frustration - which if left unchecked, can all too easily lead to disengagement, disenfranchisement and possibly conflict.

Recent legislation such as the Equalities Act places a legal duty on public bodies to address inequalities in these areas. Similar legislation applies to the provision of services e.g. in housing and education. However this commitment to equality must go beyond that of mere compliance with the law. This is best illustrated by the Council's commitment to providing services to people on an equitable basis *"no matter who they are or what their circumstances"*. That is why cohesion is a borough-wide concern for the Slough Wellbeing Board in its entirety.

Objectives
- Narrow the gap between the most and least deprived areas of the borough
- Accessible schools, community facilities and employment opportunities
- Year on year improvements in the determinants of deprivation e.g. ill health, mortality, unemployment, literacy, mental health and school performance
- Improve social and economic wellbeing across the borough
- Promote employment and training opportunities to under represented, disengaged, vulnerable and hard to reach groups and individuals
- Raise people's aspirations for them selves, their neighbourhood, their communities and the borough
- Increase the number of local people who volunteer

Some examples of what we intend to do:
- Promote and provide employment and training support and opportunities to older workers, women, low skilled, disabled and young people
- Support the provision of language programmes for those local people whose first language is not English
- Deliver training for tenants to give them the knowledge and skills to be effectively involved in monitoring, review and testing of housing service performance and resident's experience of housing service delivery
- Develop and promote buddying and mentoring opportunities for young people and community groups
- Promote the benefits of volunteering and improve access to, and accessibility of, volunteering opportunities for people of all ages
- Increase the number of people undertaking sport and physical activity

What can communities do?

- Encourage your children to develop their skills and take up the educational opportunities on offer to help realise their full potential
- Take part in activities that promote personal and skills development
- Learn how to use the NHS wisely
- Be involved in patient participation groups
- Keep healthy by eating and drinking sensibly and exercising regularly
- Volunteer to help local community groups

Supporting Strategies or Plans

- Slough's Sport and Physical Activity Strategy
- Children and Young People's Plan
- Health Strategy
- Adult Learning and Skills Strategy
- Housing Management Service Plan

OUTCOME 3: DIVERSITY IS VALUED

Labels and stereotypes always distort reality. But by respecting and valuing the diversity of talent, life experiences and identities in Slough's communities we can overcome the negative impact that these labels can have. We can also see that despite our apparent differences, together we form part of the "bigger picture" of the borough as a whole. This principle lies at the heart of the way in which the Council operates. Neighbourhood forums have been set up precisely in order to reflect the diverse needs, priorities and characteristics of different areas of the borough. In turn, these forums and their various working groups are helping to play a key part in shaping the borough's policies and priorities.

Valuing diversity also helps to combat the myths and prejudices that surround us, as well as developing a collective commitment to the lives of others and the borough as a whole.

Objectives

- A focus on what new and existing communities have in common, alongside a recognition of the value of diversity
- Zero tolerance for all forms of discrimination
- Workforces that are reflective of the wider community across all sectors and at all levels
- Promote and celebrate the rich heritage and cultural diversity of the borough's local people
- Create strong, positive relationships between people from different backgrounds

Some examples of what we intend to do:

- Promote diversity, pride in oneself and respect for others
- Challenge negative stereotypes and myths about newcomers to the borough
- Ensure public sector bodies deliver statutory requirements
- Monitor media coverage and challenge myths and stereotypes
- Use residents profiling data to tailor housing service delivery to meet the needs of individual local people

What can communities do?
- Welcome newcomers to the borough
- Respect your neighbours whatever their background or beliefs

Supporting Strategies or Plans
- Children and Young People's Plan
- Workforce Strategy
- Safer Slough Partnership Strategic Assessment
- Housing Management Service Plan

OUTCOME 4: POSITIVE RELATIONSHIPS WITHIN AND BETWEEN COMMUNITIES

No one wants to live, study or work in a community where fear and distrust are widespread. That is why it's essential that special efforts are made to address issues such as crime, racist abuse and anti-social behaviour. If action isn't taken to tackle these issues, public confidence in "the system" can become eroded, creating a downward spiral from which many people feel unable to escape. Positive relationships cannot flourish in these circumstances. This is not, however, simply a question of promoting good relations between and within different communities, important though that is. It is equally important, for example, to build positive relationships between young and older people, between children and young people from different schools and between new and established communities.

Opportunities to come together, exchange ideas and share experiences do not happen by them selves. That is why particular efforts have been – and will continue to be made - to build bridges between and within different communities across the borough. For the same reason, it is equally important to ensure that these opportunities and experiences are positively promoted through the local media and other publications.

Objectives
- Reassure and empower local people to tackle anti social behaviour
- Improve cross cultural, interfaith and community understanding
- Strengthen and improve relationships between older and young people
- Support children, young people and families
- Ensure community cohesion is actively and effectively monitored

Some examples of what we intend to do:
- Work with children and young people and parents to change attitudes towards bullying and antisocial behaviour in schools colleges and community groups
- Ensure anti social behaviour is resolved vigorously through community liaison, prevention and where necessary enforcement
- Publically recognise outstanding sport, cultural, social and educational programmes and initiatives which support and build good social behaviour between and within communities
- Host and support community events that bring different groups together to meet, network and debate topical issues

- Teach respect for others as part of the national curriculum
- Hold an annual council tenants' conference to agree local priorities and understand local peoples experiences of, and expectations for, their neighbourhood and community
- Work with local businesses and their employees to improve their perception of the borough
- Indentify ways to monitor and understand the impact that population turnover and increasing local diversity will have on the delivery of local services

What can communities do?
- Report anti social behavior to the relevant authorities
- Make sure your family knows what behaviour is and is not acceptable
- Make sure that visitors to your home know what behaviour is and is not acceptable
- Respect your neighbours and keep noise to a minimum
- Attend community events

Supporting Strategies or Plans
- Safer Slough Partnership Strategic Assessment
- Anti Social Behaviour Service Standards
- Housing Strategy
- Allocations Policy
- Children and Young People's Plan
- Parenting Strategy
- Slough's Sport and Physical Activity Strategy
- Housing Management Service Plan

OUTCOME 5: **WE ALL TAKE RESPONSIBILITY**

No single organisation or agency can single-handedly create or sustain community cohesion. In order to realise this Strategy's vision we not only need the active involvement of the voluntary and community sector but also local people. If local people are involved in local decision making and feel they can influence how services are delivered, they are more likely to work together to improve the quality of life in their neighbourhood and across the borough as a whole.

Local people also need to play their part, alongside local politicians and other key figures in their communities, to actively challenge all those who provoke distrust, division and hatred between and within our communities. Slough could become an even more cohesive place if we all put aside our differences and work to tackle the difficult issues together.

Objectives
- A robust and proactive response to all forms of discrimination, prejudice, racism and hatred
- Political and inter-agency consensus about how difficult issues should be tackled
- Increased community control of appropriate neighbourhood assets and delivery of some services

- Local people empowered to take responsibility and accountability for their homes, their neighbourhoods and their communities
- Effective democratic neighbourhood representation
- Maximise community engagement opportunities for local people to get involved and have their say

Some examples of what we intend to do:

- Adopt a robust zero tolerance approach to hate crime
- Support and empower communities to tackle isolation and extremism
- Work with children, young people and families to actively challenge and eliminate distrust, isolation, division and hatred
- Improve safeguarding services to ensure children and young people, the vulnerable and elderly are safe and secure
- Take swift, effective and proportionate action against residents who cause harm, nuisance or annoyance to others
- Indentify ways to map, monitor and resolve conflicts and tensions between and within communities
- Build on work engaging the police with particular communities to increase dialogue and improve relations
- Develop a multi agency approach to tackling problems that arise within and between communities

What can communities do?

- Take active responsibility for your own safety and reduce the risk of becoming a victim of crime
- Respect your neighbours whatever their background or beliefs
- Act lawfully
- Participate in jury service
- Give evidence in court
- Report hate crime to the relevant authorities
- Be accountable and responsible for your own behaviour and actions
- Challenge discrimination and prejudice when you encounter it
- Participate in community events
- Give your feedback on consultations and services

Supporting Strategies or Plans

- Safer Slough Partnership Strategic Assessment
- Children and Young People's Plan
- Children's Safeguarding Improvement Plan & Adults Safeguarding Plan
- Housing Management Service Plan

Mainstreaming community cohesion

No one organisation or agency can undertake all of the actions and activities set out in this Strategy single-handedly, nor can legislation by itself make any of these changes happen.

In order to achieve the Slough Wellbeing Board's vision for Slough, this Strategy's outcomes, objectives and actions will be delivered by a variety of different players in a variety of ways:

- **Across the council** – the council as a member of the CCPDG has an important role to play in making Slough a good place to live, study and work. It cannot do this alone - but it can set a good example.
- **Through partnership working** - The Slough Wellbeing Board regularly receives information and items concerning community cohesion issues. Partners share knowledge, ideas and information on all aspects of community cohesion and community engagement issues to help inform their work programmes and delivery aspirations and to tackle cross cutting community cohesion issues where appropriate.
- **By working with public sector organisations** - who are already undertaking a great deal of work that supports local cohesion, much of which may not be specifically aimed at cohesion (for example in providing well managed social housing, community education and leisure services) and can ensure that the way they do things supports integration and understanding has a positive impact on cohesion and doesn't undermine it.
- **By working with the voluntary and community sector -** Community groups working at the heart of the community can reach out to other community groups from different backgrounds to help build bridges and can provide first hand knowledge about local issues.
- **By working with local people** – local people can reach out to people from different backgrounds in their daily lives and take the trouble to learn about and mix with people from different backgrounds. Local people also have an important civic role to play in helping to improve the borough's cohesiveness for the benefit of everyone who lives, studies and works here.
- **By encouraging new and emerging communities** to take the time to learn about the borough and how things here work.
- **By working with businesses** - to ensure that employees from different communities within their workforces are well integrated.
- **By working with the media** - Local people have told us that the image of the borough is important to them and they often feel frustrated with the way it is portrayed in the media - often by people who don't know or have never even visited the borough. The media can ensure that it doesn't portray certain communities or the borough in a negative way.

Monitoring and evaluating community cohesion

This Strategy's outcomes and objectives are being developed into a detailed action plan showing how the CCPDG plans to work with others to achieve its aspirations over the next two years. It will:

- develop a baseline so that the progress and impact of any projects undertaken in the community can be effectively monitored and evaluated
- identify and share good practice, key policy issues and innovative thinking relating to community cohesion,

- publicise and raise the profile of community cohesion and celebrate diversity in the borough,
- advise and support partners on what could be done to minimise the risk of community tension developing and help to build stronger and more cohesive communities.

Responsibility for the co-ordination and delivery of this Strategy (and its forthcoming action plan) rests with the CCPDG. Responsibility for monitoring the impact of this Strategy (and its action plan) also rests with the CCPDG. The Strategy will be evaluated annually to find out if:

- community cohesion has increased over a period of time since the introduction of this Strategy (discounting other factors, such as the impact of the recession), and
- if particular actions and initiatives intended to increase community cohesion have been effective at a partner level.

This will enable the CCPDG to build a picture of the progress that is being made across the partnership and beyond in supporting, strengthening and promoting cohesion across the borough.

What will success feel like?

If the CCPDG is successful Slough will be:

- **safe, vibrant and inclusive, with a shared sense of local identity and social solidarity**. Unless local people feel safe in their homes and their communities they will not have the confidence or desire to participate in community activities.
- **vibrant** - in the sense that there are a range of activities available in which a variety of local people can participate. Inclusivity is key because a cohesive community is one where everyone has the opportunity to access services and participate in community life if they wish.
- **strong and resilient** – local people will be empowered to develop solutions for their own problems – rather than rely on the state to manage things for them.
- **sustainable** - a place where people want to live, study, work and prosper, and where our communities' rich cultural heritage, local character and distinctiveness combine to create a shared and inclusive vision of the future.

What happens next?

This Strategy is intended to be a 'Live' document which means that it will continue to be updated as work around community cohesion continues.

How to contact us

If you have any questions or comments about this Strategy, or would like to receive a copy in an alternative format, please contact:

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ANNEX 1: SLOUGH - THE LOCAL CONTEXT

Slough is a predominantly urban area within the south east which is officially home to 140,700[5] residents. A further 40,000 people regularly commute into and out of the town centre for work on a daily basis. Gender is split evenly between men and women (50%).

The borough has a younger than average population, with the highest proportion of 0-4 year olds (9.1%), 5-9 year olds (7.1%), 30-34 and 35-39 year olds (10.1% and 8.3% respectively) amongst any of the South East local authorities. Official population projections from the Office of National Statistics (ONS) also predict a further growth in both the numbers of children and young people, and the proportion of the total number of residents accounted for in these age groups. These projections predict a further 35,500 0-19 year olds by 2014, growing to 38,600 by 2020, and 41,400 (27.1%) by 2030. This increase in numbers will clearly have and impact on the future availability of public services required by this age group and the ability of some communities to improve their lives.

Slough also has the lowest proportion of residents in the 60 years and above age bands (12.9%) than anywhere else in the south east.

Sloughs growing population also includes a large number of new arrivals, not only to the town, but to the country, and is very diverse. In recent years there has been significant immigration from Poland, the EU Accession States, as well as some parts of Africa (including Somalia, Nigeria, Tanzania, Zimbabwe, Kenya and South Africa) and the Indian subcontinent (including Hong Kong, the Philippines, Sri Lanka, India and Pakistan). We are also one of the most ethnically diverse towns in the UK. 2011 Census figures reveal that Slough, at 34.5%, has the lowest percentage of residents defining them selves as “White British” outside of London. Nearly 10% of residents define themselves as “White Other”, with the two other largest ethnic groups being Asian/Asian British: Pakistani (17.7%) and Asian/Asian British: Indian (15.6%).

Over 75 languages are also spoken in Slough schools and whilst many households have at least 1 member who speaks English as a main language, 15.5% of households do not yet include anyone for whom English is their first language. Yet despite these differences, 81% of local people from different backgrounds still feel they get on well together, and 86% said they felt their ethnic diversity is respected in their local area.[6]

[5] Census 2011
[6] Research carried out by MEL Independent Ltd between Jan – April 2013.

Slough is also a religiously diverse town and has the lowest number of people declaring that they have "no religion (at 12.1 %). 41.2% of residents are Christian, 23.3% of residents are Muslim, 10.6% are Sikh and 6.2% are Hindu, 0.5% are Buddhists and 0.1% of Slough residents are Jewish.

This rich diversity is strength and we are proud of the way our communities work together in a positive way, but the demands that this can sometimes place on service delivery could pose some difficulties in managing scarce and diminishing resources in the future.

Further information about the strengths and challenges of the borough is available in the 'Slough Story' which includes key statistics and information about Slough and is available on the council's website at http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-story.aspx .

ANNEX 2: GLOSSARY

Anti social behaviour (ASB) – is defined as "*any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life".* This is a deliberately broad definition as antisocial behaviour is subjective and may vary from person to person and community to community. The Anti -social Behaviour Act 2003 defines anti social behaviour as *"a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household (as perpetrator)".* This is the definition that must be used, for practical purposes, when dealing with the judicial process. Whatever the definition - it is clear that anti social behaviour includes criminal activity as well as behaviour that is destructive to neighbourhoods - but does not actually break the law. Anti social behaviour can also be unconscious and it is therefore important that it is challenged appropriately by the community. ASB can include:

- Dumped rubbish and fly tipping
- Abandoned vehicles
- Noise nuisance
- Vandalism
- Graffiti
- Soliciting for purposes of prostitution
- Rowdy behaviour
- Dangerous dogs
- Harassment
- Drug dealing
- Begging
- Neighbour disputes
- any other type of behaviour or perceived behaviour which has a negative impact on people's daily lives.

BME/BAME – Black and Minority Ethnic or Black, Asian and Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent.

Community cohesion - As a concept this is difficult to define and even harder to measure. There is also no single universally shared understanding of what the term community cohesion means. The term 'community' itself is used by people for different purposes - including to describe the people living alongside each other in a residential area (even neighbourhoods where people have little interaction), or to refer to particular groups of people who come together because of shared interests and experiences. It can also convey a sense of regional, national and or international identity.

Here in Slough we think community cohesion means communities from different backgrounds getting on well together - where everyone has an equal chance to participate and has equal access to services. It is about valuing difference and focusing on the shared values that join people together. It conveys a sense of acceptance and of developing shared values. It is also about supporting communities to work together to tackle tensions within and between particular communities should they arise.

Culture - The symbolic and expressive aspects of human behavior. The total range of social values, beliefs and behaviors of an identifiable group of people with a shared background and traditions, which influence and characterise members of that groups or society's core outlooks and activities. As such, culture is often used as a group identifier, by the group itself or by non-members. Where "culture" is employed in "racial" contexts its focus often tends to be on specific customs, beliefs and practices which distinguish a group or people in a minority, stereotypic or exotic sense, for example, in such fields as religion, social mores, or relations between the sexes or generations.

Discrimination Where prejudices and stereotypes are converted from belief or thought to action. Racial discrimination is treating of a particular group of people, or individuals belonging to that group, less favorably than others on grounds of their supposed race, colour, nationality, or ethnic or national origins. In Britain, the Race Relations Act (1976) and its Amendment (2000) make both direct and indirect discrimination illegal. The Equality Act 2010 provides new common definitions for direct and indirect discrimination. The definitions below are taken from the Equality Act 2010.

- *Direct discrimination* - A person discriminates against another if, because of a protected characteristic[1], that person treats the other less favourably than they treat or would treat others. An example would be where prospective Asian buyers of a house are denied the right to purchase it on the basis of their "race".

- *Indirect discrimination* - A person discriminates against another if they apply to another a provision, criterion or practice which is discriminatory in relation to a relevant protected characteristic of the other person(s). An example would be not addressing a "sub-culture"/long-established practice of conducting informal course-related meetings in the university union bar, thus excluding those who avoid places where alcohol is sold and consumed.

Diversity - A variety of something such as opinion, colour, or style. When used to promote social inclusiveness, this term is often used to mean diversity within society

of colour, culture, gender, sexual orientation, ability, socio-economic status, type of area (urban/rural), age, faith and/or beliefs.

Equality - The state of being equal.

Equal opportunities - A descriptive term for an approach intended to give equal access to an environment or benefits or equal treatment for all. For example, access to education, employment, health care or social welfare to members of various social groups, some of which might otherwise suffer from discrimination.

Ethnic/Ethnicity - "Ethnic" means "relating to or characteristic of a human group having certain key features in common". According to the House of Lords (Mandla v Dowell Lee, House of Lords, 1983) an ethnic group would have the following features:

- a long shared history of which the group is conscious as distinguishing it from other groups and the memory of which it keeps alive,
- a cultural tradition of its own including family and social manners, often but not necessarily associated with religious observance,
- a common, however distant, geographical origin,
- a common language and literature.

The term "ethnic" is much more commonly applied to minority or marginalised groups than to the ways of the perceived majority population. The fact that every person has an ethnic identity is often overlooked.

Ethnic minority - The term "ethnic minority" is mainly used to denote people who are in the minority within a defined population on the grounds of "race", colour, culture, language or nationality.

Inclusion - The act of including or the state of being included. This has to go beyond physical inclusion to inclusion at social, cultural and institutional levels.

Hate incident – is defined as *"any incident, which may or may not constitute a criminal offence, which is perceived by the victim or any other person, as being motivated by prejudice or hate."*

Hate crime - is defined specifically as "*any hate incident, which constitutes a criminal offence, perceived by the victim or any other person, as being motivated by prejudice or hate."*

Racism - Broadly used to refer to the ideology of superiority of a particular race over another. This notion of superiority is then applied to and embedded in structures, practices, attitudes, beliefs and processes of a social grouping which then serve to further perpetuate and transmit this ideology. Racism appears in several, often interrelated, forms, e.g. personal, cultural, and institutional:

- *Personal racism* - This refers to the negative/antagonistic thoughts, feelings and actions which characterise the outlook and behaviour of racially prejudiced

individuals. It may also refer to the effects of such perspectives and activity on those against whom they are directed. Personal racism can have a significant effect on reproducing inequalities, particularly if the individual concerned is in a position of power. Personal racism can be open and explicit or covert and implicit. People who are personally racist and who hold positions of power and influence, e.g. (head) teachers or managers, may have considerable negative impact on those against whom they act out their prejudices. Examples of personal racism include:

- being racially abusive/harassing,
- engaging in physical attacks,
- allowing personal assumptions, prejudices or stereotypes on racial issues to influence decisions regarding recruitment and selection of staff or students,
- condoning a culture which tolerates racist language and jokes in the workplace.

- *Cultural racism* - This occurs when a particular culture perceives itself as superior to others. When such a culture impose its values on others (e.g. via content, attitudes, or control of what is transmitted as real knowledge) then systematic cultural racism can take place. The dominant culture then imposes its patterns, assumptions and values on others often in a manner that many do not even notice. This becomes the "commonsense culture" that is taken for granted as part of everyday life's norms and leads to continuation of practices which purposely or inadvertently put up barriers to full inclusion just because "things have always been done this way".

- *Institutional racism* - The common definition for institutional racism now used across the UK is derived from the Stephen Lawrence Inquiry Report written by Lord Macpherson. The Macpherson Report[7] defines institutional racism as *"the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people. It persists because of the failure of the organisation openly and adequately to recognise and address its existence and causes by policy, example and leadership."*

Responsibilities - Having rights (see above) also brings responsibilities, such as respecting the rights of others and being loyal. This means abiding by the law as a responsible citizen and participating in certain civic duties such as voting, jury service and giving evidence in court.

Rights - Anyone who is in the UK for any reason has fundamental human rights which the government and public authorities are legally obliged to respect. These rights, which are enshrined in UK and international law (in the Human Rights Act

[7] Macpherson, W. (1999) the Stephen Lawrence Inquiry. **Report of an Inquiry by Sir William Macpherson of Cluny**, London: Stationery Office, Chapter 6, para. 6:34

1998 and the European Convention on Human Rights), not only impact matters of life and death, but they also affect the rights you have in your everyday life - what you can say and do, your beliefs, your right to a fair trial and other similar basic entitlements. Most rights have limits to ensure they do not unfairly damage other people's rights. However, certain rights, such as the right not to be tortured, can never be limited by a court or anybody else.

Social behaviour- is defined as ***"****any activity by an individual or a group that helps build a community or neighbourhood in which people support one another and have a particular regard to those most in need".* Most social behaviours are unconscious as people engage in them all the time – often without realising it.

Values – these are important and lasting beliefs or ideals that are shared by members of society about what is good or bad and desirable or undesirable. Values have major influence on a person's behaviour and attitude and serve as broad guidelines in all situations. Some common values are fairness, equality and community involvement.

SLOUGH BOROUGH COUNCIL

REPORT TO: **Slough Wellbeing Board**

DATE: **15th May 2013**

CONTACT OFFICER: **Helen Clark, Policy Manager (Health and Social Care)**

(For all Enquiries) **(01753) 875847**

WARD(S): **All**

PART I

FOR DECISION

Protocol Agreement between Slough Children and Young People's Partnership Board and the Slough Wellbeing Board / Priority Delivery Groups

1. **Purpose of Report**

In response to an action identified in the Children's Services Safeguarding Improvement Plan, a protocol has been developed setting out the relationship between the Children and Young People's Partnership Board (CYPPB) and the Slough Wellbeing Board (SWB). The protocol also describes the relationship between the CYPPB and other Priority Delivery Groups (PDGs). The protocol expands upon arrangements already set out in the SWB Terms of Reference. It is intended that the sections of the protocol which relate to PDGs will be developed into a generic template which can be used by PDGs to describe their relationships with one another, and/or incorporated into PDG Terms of Reference documents.

The purpose of the report is to seek SWB approval of the protocol or to identify any changes required to enable the Board to sign up to it.

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

The Slough Wellbeing Board is requested to:

a) Resolve that it accepts the protocol as an accurate description of how it will work with the CYPPB and other PDGs or to identify any changes required.
b) Agree that the Director of Wellbeing should be given delegated authority to finalise the document following comments from the remaining PDGs.

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

3a. **Slough Joint Wellbeing Strategy Priorities**
The protocol describes how the SWB, CYPPB and PDGs will work together to deliver the objectives described in the Slough Wellbeing Strategy (which is developed to reflect the JSNA) and in the Corporate Plan as appropriate.

4. **Other Implications**

Financial
There are no financial implications of proposed action.

Risk Management
No risks have been identified.

Human Rights Act and Other Legal Implications
None identified

Equalities Impact
No issues identified.

5. **Supporting Information**

The SWB will need to work closely with the CYPPB to deliver the aspects of the Slough Joint Wellbeing Strategy (SJWS) which relate to children and young people. Similarly, aspects of the delivery of the Children and Young People's Plan may be relevant to the work of the SWB and may influence the content of future versions of SJWS. In addition, there is a need for the CYPPB to work effectively with other PDGs on shared priorities. This protocol sets out arrangements to ensure that these relationships work effectively.

As set out above it is intended to use the section describing the CYPPB's relationship with other PDGs as a generic description of how PDGs should work together on shared priorities.

6. **Comments of Other Committees / Priority Delivery Groups (PDGs)**

The protocol will be considered by the Improvement Board and the Healthier Communities PDG on 14th May (their views will be reported verbally at the SWB meeting) and by the CYPPB on 21st May. A date for consideration by the Safer Slough Partnership is to be confirmed. Feedback from the SWB will be considered at these meetings.

7. **Conclusion**
The Board is asked to approve the protocol or to identify changes required.

8. **Appendices Attached**

'A' Protocol agreement between Slough Children and Young People's Partnership Board and the Slough Wellbeing Board / Priority Delivery Groups

9. **Background Papers**

None

Appendix A

Protocol Agreement between Slough Children and Young People's Partnership Board and the Slough Wellbeing Board / Priority Delivery Groups

This document sets out the expectations of the relationship and working arrangements between the Slough Children and Young People's Partnership Board (CYPPB) and the Slough Wellbeing Board (SWB) and sungroups.

The Chairs of the CYPPB, the SWB and the relevant other Partnership Delivery Groups (PDGs) have formally agreed to the arrangements set out in this protocol. The protocol should be read alongside Board and PDG Terms of Reference.

1. Responsibilities of the CYPPB, SWB and Priority Delivery Groups

Children and Young People's Partnership Board

The CYPPB consists of senior representatives of organisations working with children, young people and their parents in Slough. The CYPPB is not a separate organisation, each partner retains its own functions and accountabilities. The CYPPB aims to meet the obligations placed on local authorities by Section 10 of the Children's Act 2004 to make arrangements to promote cooperation between relevant partners and other agencies working with children. These arrangements are made with a view to improving the wellbeing of all children in the authority's area, which includes the protection of children and young people from harm or neglect. The CYPPB is consituted as a Priority Delivery Group (see below). It is responsible for the development of effective joint working between professionals across agencies in the delivery of improved services for children and young people.

The CYPPB aims to support all our children and young people growing up in Slough to enjoy life, achieve through learning, be proud of where they live and be valuable members of the community. The CYPPB works to promote, develop and share a child and family-centred, outcome-led vision for all children and young people. The CYPPB ensures that collectively partners improve outcomes for children and young people by delivering objectives set out in its Children and Young People's Plan and the Slough Wellbeing Strategy (see below) and other strategies developed as required, through effective joint working arrangements between professionals delivering front facing services. The CYPPB also works to promote collaborative commissioning of services, ensuring robust inter-agency governance of commissioned services.

The following objectives have been agreed as priorities for the CYPPB:

- Objective 1 Stay Safe
- Objective 2 Early Intervention
- Objective 3 Good Physical and Emotional Health
- Objective 4 High Quality and Effective Education
- Objective 5 Effective Support for Young People

The following further underpinning work streams have been established:

- Reviewing and implementing a Joint Commissioning Strategy
- Implementing a Children's Workforce Development Strategy
- Developing a Communication and Participation Strategy
- Developing a performance scorecard for monitoring purposes

The priority programmes of the CYPPB will change over time to reflect changing national and local policy objectives.

Slough Wellbeing Board

The Slough Wellbeing Board is a Council Committee which exercises the statutory functions of Health and Wellbeing Boards as set out in the Health and Social Care Act 2012. Key statutory functions include:

- Preparation and publication of joint strategic needs assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). In Slough this strategy is known as the Joint Slough Wellbeing Strategy (JSWS).
- To encourage persons who arrange for the provision of health and social care services to work together in an integrated manner to advance health and wellbeing.
- To give an opinion to the NHS Commissioning Board on the Slough Clincial Commissioning Group's level of engagement with the Board, the JSNA and the SWS.
- To consider whether the Council is discharging its duties to promote health and wellbeing effectively.

In addition, the Board has the following locally-agreed objectives:

- To act as the umbrella high level strategic partnership for the Borough, working to agree on the priorities that will improve the health and wellbeing and reduce the inequalities of the residents of Slough. To oversee the implementation of the JSWS, including leading directly on a limited number of identified priority work streams.
- To deliver the Board's duty to promote joint commissioning and integrated provision, by bringing together a wider range of resources across the NHS, social care, public health and other related services;
- To give the public a voice in shaping health and wellbeing services in Slough, and provide a key forum for public accountability of the NHS, public health, social care and other commissioned services that are related to health and wellbeing in Slough.

The SWB is constituted as a Council Committee under Section 102 of the Local Governance Act 1972 but applied with modifications as prescribed in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Priority Delivery Groups (PDGs)

Reporting to the SWB are a number of subgroups (PDGs). These bring together representatives from a range of partner agencies and organisations to develop, implement and monitor the programmes of work required to deliver to the SWB priorities.

A key purpose of these PDGs is to provide specialist strategic leadership to drive the development of work programmes required to implement key aspects of the JSWS and to inform its future direction. The SWB will agree with each PDG which parts of the JSWS it will lead on and will request an annual update report on these areas. These lead areas should be reflected in the PDGs' own strategy documents.
The PDGs will provide progress reports to the SWB, highlighting progress against JSWS priorities and identifying any barriers to progress that the SWB may be able to address. A cross PDG bi-monthly planning group will support this process and facilitate joint working between PDGs on areas of common interest.

The CYPPB operates as a PDG (see below). The other PDGs are:

- Climate Change
- Community Cohesion
- Healthier Communities
- Safer Slough Partnership
- Skills, Employment and Enterprise

The PDGs are not constituted as sub-committees of the SWB, but the SWB will be asked to sign off their Terms of Reference and to review their strategy documents to ensure these reflect the wider objectives of the JSWS.

2. Relationship between the CYPPB and the SWB

As the CYPPB operates as a PDG, its relationship with the SWB should reflect both the formal reporting mechanisms and ongoing joint working described above.

The SWB will:
- Sign off the CYPPB's Terms of Reference
- Identify objectives within the JSWS which the CYPPB should lead on and agree these with the CYPPB Chair.
- Review the Children and Young People's Plan to ensure it is in line with the JSWS and adequately reflects the strategic priorities the SWB is looking for the CYPPB to lead on.
- Receive and review regular reports from the CYPPB as described above.
- Give input as to how the CYPPB might overcome identified barriers to progress, taking a joint strategic approach as appropriate.
- Work with the CYPPB on the delivery of the SWB's priority work streams as these relate to education and children's services.
- Ensure issues highlighted in the CYPPB's reports are reflected in the future development of the JSNA and JSWS and in the selection of the SWB's own priority work streams.
- Alert the CYPPB to any issues relating to education and children's services which it should be aware of.
- Seek input from the CYPPB on an ad hoc basis on any issues the SWB is discussing which relate to education and children's services.
- Support the CYPPB to work with other PDGs on areas of common interest (see below).

The CYPPB will:
- Send its Terms of Reference to the SWB for sign-off.

- Have regard to the JSWS in developing and refreshing the Children and Young People's Plan and other strategies and programmes and bring this to the SWB for review.
- Ensure that the Children and Young People's Plan and the wider work programme of the CYPPB reflects the areas of the JSWS that the CYPPB has agreed to lead on.
- Provide regular reports to the SWB on progress against the areas of the JSWS that the CYPPB is leading on. These reports should also identify any barriers to progress on broader initiatives which the SWB may be able to address, as well as highlighting issues which the SWB might wish to incorporate in the JSWS or its future work programme.
- Provide input as required to support the delivery of the SWB's priority work-streams as these relate to education and children's services.
- Provide advice to the SWB on issues relating to education and children's services when requested.
- Alert the SWB to any issues it should be aware of at any time.

3. Relationship between the CYPPB and the other PDGs

There is likely to be some commonality and shared priority interest between the CYPPB and other PDGs, notably the Healthier Communities PDG and the Safer Slough Partnership, for which cross PDG working will be required. Where this is the case one PDG will be identified to lead the delivery programme on behalf of the other supported by named representative(s) from the other PDG, who will be involved and actively contribute to the work programme and provide regular updates to the PDG for which they are a member. The lead PDG will take overall responsibility for the progress of the project and will provide reports to the SWB.

The responsibilities of the CYPPB, Healthier Communities and Safer Slough Partnership set out below describe the expectations for joint working arrangements specifically in relation to issues relating to the wellbeing of children and young people. The principles of these arrangements will be replicated between and across all the PDGs to tackle other priority objectives for which strategic connectivity and joint working is required.

The CYPPB will:

- Identify work programmes underway which relate to Children's Services and Education and identify those which can be managed by the PDG alone and those which require a joint approach, as well as its own role in each, be it as lead or supporting PDG. This will also include work programmes which the PDG needs to be aware of even where it has no direct input.
- Ensure a representative from the CYPPB of seniority and in a position to make decisions and effectively represent the board members, sits on and is also a member of other key PDGs as appropriate (e.g. the Safer Slough Partnership and the Health PDG). The role of the CYPPB representative will be to
    - make strategic connections between the work programmes of both the PDG and CYPPB,
    - be a conduit for sharing information in the PDG meetings
    - report back key messages to the CYPPB, for information, decision or action.
- Ensure, for programmes of work that could equally be led by more than one PDG, a 'lead' PDG is agreed and the 'supporting' PDG ensures adequate resource is provided to contribute to the programme.

- Provide appropriate levels of input and resource into programmes that other PDGs are leading on and for which there is a shared interest.
- Receive and review update reports from members participating in project groups for work programmes led by other PDGs and provide an appropriate response to these.
- Share the Children and Young People's Plan and other information with the other PDGs so that they are fully aware of the CYPPB's priorities and can provide feedback on these.

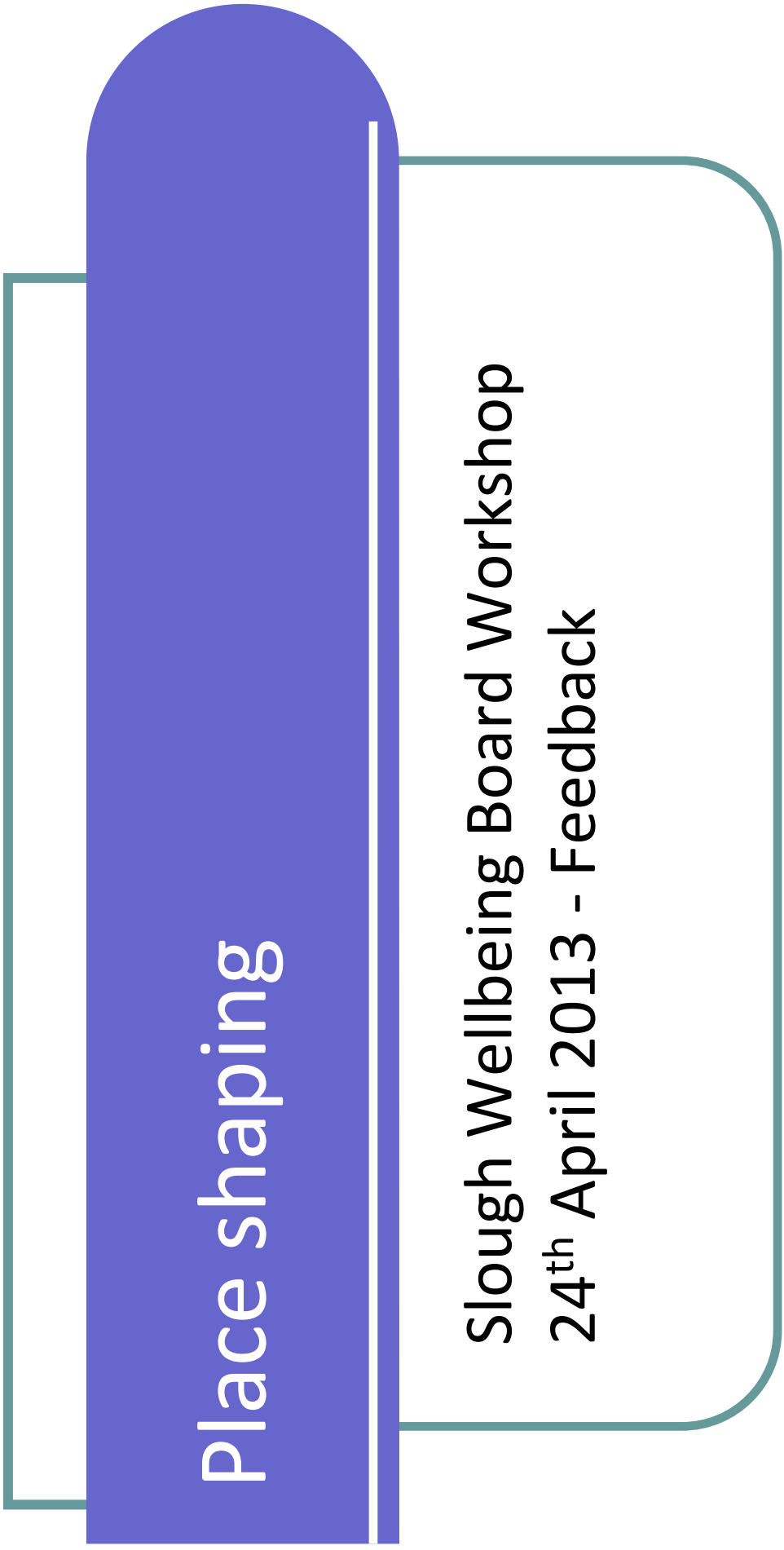
The Healthier Communities PDG will:

- Identify the work programmes underway which relate to Children's Services and Education and identify those which can be managed by the PDG alone and those which require a joint approach, as well as its own role in each, be it as lead or supporting PDG. This will also include work programmes which the PDG needs to be aware of even where it has no direct input.
- Look to ensure that a lead PDG has been identified for all work programmes which need to be managed jointly with other PDGs. Ensure, for programmes of work that could equally be led by more than one PDG, a 'lead' PDG is agreed and the 'supporting' PDG ensures adequate resource is provided to contribute to the programme.
- Lead joint programmes as appropriate, ensuring adequate input is sought from other PDG leads.
- Provide appropriate levels of input and resource into programmes that other PDGs are leading on and for which there is a shard interest.
- Receive and review update reports from members participating in project groups for work programmes led by other PDGs and provide an appropriate response to these.
- Share the Health Strategy and other information with the other PDGs so that they are fully aware of the Healther Communities PDG's priorities and can provide feedback on these.
- Seek ad hoc input as appropriate from other PDGs on other relevant issues.
- Respond to other PDGs when approached for views or input on areas of common interest.
- Ensure a representative from the PDG of seniority and in a position to make decisions and effectively represent the board members, sits on and is also a member of the CYPPB.

The Safer Slough Partnership will:

- Identify work programmes underway which relate to Children's Services and Education and identify those which can be managed by the PDG alone and those which require a joint approach, as well as its own role in each, be it as lead or supporting PDG. This will also include work programmes which the PDG needs to be aware of even where it has no direct input.
- Look to ensure that a lead PDG has been identified for all work programmes which need to be managed jointly with other PDGs. Ensure, for programmes of work that could equally be led by more than one PDG, a 'lead' PDG is agreed and the 'supporting' PDG ensures adequate resource is provided to contribute to the programme.
- Lead joint programmes as appropriate, ensuring adequate input is sought from other PDG leads.
- Provide appropriate levels of input and resource into programmes that other PDGs are leading on an for which there is a shared interest.

- Receive and review update reports from members participating in project groups for work programmes led by other PDGs and provide an appropriate response to these.
- Share its strategy and other information with the other PDGs so that they are fully aware of the Safer Slough Partnership's priorities and can provide feedback on these.
- Seek ad hoc input as appropriate from other PDGs on other relevant issues.
- Respond to other PDGs when approached for views or input on areas of common interest.
- Ensure a representative from the PDG of seniority and in a position to make decisions and effectively represent the board members, sits on and is also a member of the CYPPB.


Place shaping
Slough Wellbeing Board Workshop
24th April 2013 - Feedback

Background

- Through the LGA Workshop the Board identified place shaping as one of 3 key work programmes for Board
- Aim was to commission & oversee a programme of partnership working at a local level that achieves added value & community benefit
- Agreed to explore the benefits of focussing place shaping on a particular area – an area with a transient population, low income, lower educational attainment, low skills and higher levels of anti-social behaviour.

The conversation…

- Place shaping was identified for inclusion in the Board's work programme for 2013-14 because it was felt that through a partnership approach the Board could add value and increase impact.

Building, shaping local communities, regulating harmful and disruptive behaviours and maintaining the cohesiveness of the community. Long term vision

Summary of discussion

- Foxborough, Farnham and Baylis and Stoke had been identified for consideration as initial focus
- At the workshop, Members reviewed IMD data identifying outlying super output areas together with other datasets.
- Chalvey was identified as the clearest outlier on many of the indicators considered so should be part of the programme. Issues identified included health indicators, TB and Primary Care access.
- New Foxborough ward will comprise most deprived super output area in Slough so should also be included. Indicators related to access to services were felt to stand out most in this area.

Next steps

- Board members agreed they should review further IMD data to identify any other clear outliers
- Other known problems and variances from national norms should be overlaid to come up with a list of issues. Need to consider if geographical approach appropriate.
- Issues amenable to a partnership approach to be selected
- Should look to set 1, 3 and 5 year objectives in areas selected

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SLOUGH BOROUGH COUNCIL

REPORT TO:	Slough Wellbeing Board
DATE:	15 May 2013
CONTACT OFFICER: **(For all Enquiries)**	Sarah Forsyth (Scrutiny Officer) (01753) 875657
WARD(S):	Foxborough

PART I

FOR CONSIDERATION AND DECISION

FOXBOROUGH WARD – HEALTH DEPRIVATION

1. Purpose of Report

To put before the Slough Wellbeing Board the recommendation from the Overview and Scrutiny Committee's Task and Finish Group concerning the levels of health deprivation in the Foxborough Ward.

2. Recommendation(s)/Proposed Action

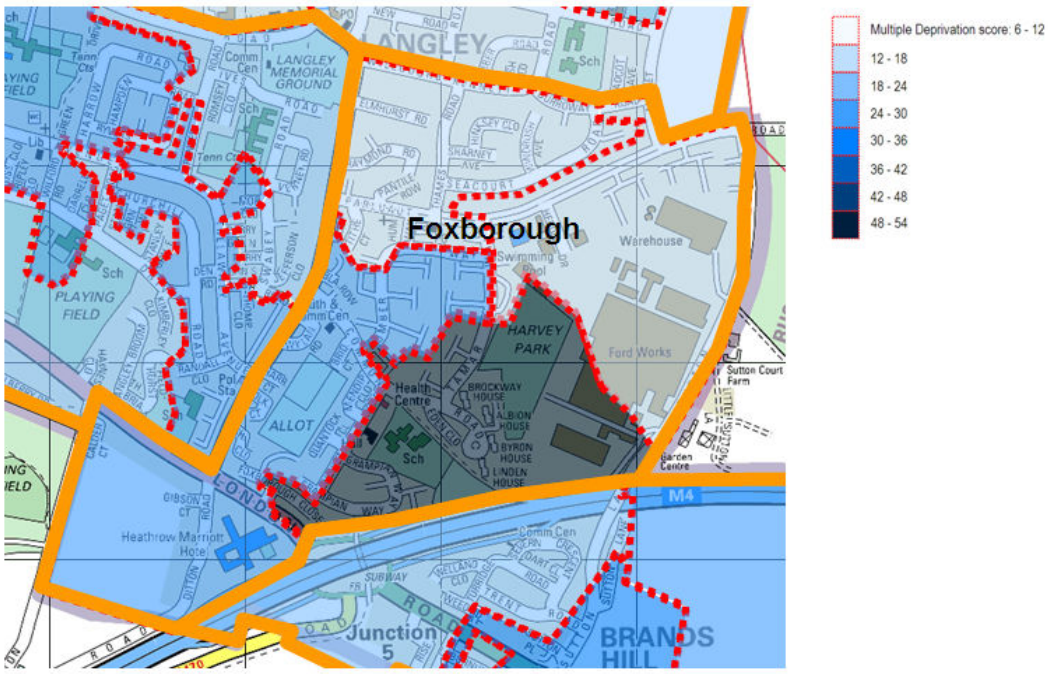
That the Slough Wellbeing Board considers reviewing levels of health deprivation in Lower Super Output Area EO1016490 and that its findings are provided to the Overview and Scrutiny Committee.

3. Background Information

3.1 In May 2012, the Overview and Scrutiny Committee formed a Task and Finish Group to review the Indices of Multiple Deprivation 2010 information for the Foxborough Ward. The Task and Finish Group was asked to create a ward profile for Foxborough, so that it could gain a better understanding of the issues relating to deprivation in the ward, and what actions could be taken to improve the situation.

3.2 The reason behind the choice of Foxborough for this work was that one of the Lower Super Output Areas (LSOA) within the Ward was ranked in the 10% most deprived nationally for overall deprivation (the only LSOA in Slough to rank this poorly for overall deprivation).

3.3 The Foxborough Ward is made up of four LSOAs, but the focus of the T&F Group's work looked at LSOA EO1016490 (shown on the map below), as this particular area ranked poorly in all categories.



The following table provides the scores for LSOA EO1016490:

National	Income	Employment	Health	Education	Housing	Crime	Living Environment
7	12	13	16	29	1	3	24

3.4 Looking at these scores, the T&F Group decided to focus its investigations on the areas of Housing, Crime and Employment. More information on its findings regarding these domains can be found under the agenda for the Overview and Scrutiny Committee's 9 April 2013 meeting.

4. Health and Disability Domain

4.1 With ill health limiting an individual's ability to participate fully in society it is a very important element in determining deprivation.

4.2 The Health Deprivation and Disability domain measures premature death and impairment of quality of life by poor health, incorporating both physical and mental health for a particular LSOA. However, while this domain looks at morbidity, disability and premature mortality it does not cover aspects of behaviour and environment which could be useful for Public Health in looking at prevention programmes.

4.3 This domain aims to capture unexpected deaths or levels of ill health by using age and sex standardised data, in order to exclude the generally accepted risk of ill health and death that is associated with aging, as this could not be considered socially unjust.

4.4 The domain is constructed through the following indicators:

a) Years of Potential Life Lost (makes up 27% of indicator)
    - Age and sex standardised measure of premature death (premature death being defined as death before the age of 75, and includes all causes of mortality)
    - This indicator compares the actual number of deaths or the level of morbidity in an area to what would be expected given the area's age and gender structure.
    - The level of unexpected mortality is also weighted so that the unexpected death of a younger person would have a greater impact on the overall score than that of an older person.

b) Comparative Illness and Disability Ration (makes up 30% of indicator)
    - Age and sex standardised rates of morbidity and disability. This is done by using a non-overlapping count of individuals receiving benefits (such as Disability Living Allowance, Severe Disablement Allowance, Incapacity Benefit, Attendance Allowance and the disability premium of Income Support) due to ill health against the total population for the area to gain an understanding of the levels of work-limiting morbidity and disability for each LSOA.

c) Acute Morbidity (makes up 19% of indicator)
    - Age and sex standardised rate for emergency admissions to hospital: the numbers admitted in an emergency and lasting more than a calendar day against the total population.
    - For the purposed of this indicator Emergency Admissions are defined as cases where 'admission is unpredictable and at short notice because of clinical need,' including through Accident and Emergency, directly onto a ward or into theatre, and the emergency transfer of patients between hospitals. All emergency admissions of greater than one day in length (incurring an overnight stay) are included, and only data from NHS hospitals was used.

d) Mood and Anxiety Disorders (makes up 24% of indicator)
    - The rate of mood and anxiety disorders in the population, with rates prescribed based on practice population distribution, total population for an LSOA or the known working age population for an LSOA depending on the data in question:
        - Prescribing data
        - Hospital episode data
        - Suicide mortality data
        - Health benefits data
    - As there is not an individual dataset which allows for the measurement of mood and anxiety disorders, these four

datasets are combined to represent a large proportion of those suffering mental ill health.

4.5 The results of LSOA EO1016490 in this domain demonstrate the high levels of health deprivation present amongst the population. This needs to be further developed in order to understand the underlying causes and potential mitigation that could be put in place to combat the problems being faced by the population.

5. Conclusion

Health deprivation undermines an individual's quality of life and ability to fully participate in society. The LSOA EO1016490 in Foxborough ranks especially poorly in terms of levels of health deprivation, and an exploration of the underlying reasons for this could assist in identifying possible solutions to the problems in this area.

6. Background Papers

1 - Indices of Multiple Deprivation 2010 (Department for Communities and Local Government)

2 - Indices of Multiple Deprivation 2010: Technical Report (Department for Communities and Local Government)

3 - Indices of Deprivation in Slough (Report to Overview and Scrutiny Committee, 6 December 2011)

4 - Indices of Deprivation (Report to Overview and Scrutiny Committee, 31 May 2012)

5 - Foxborough Ward: Profile of Deprivation (Task and Finish Group Report to Overview and Scrutiny Committee, 9 April 2013)

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: **15th May 2013**

CONTACT OFFICER: Helen Clark, Policy Manager (Health and Social Care)

01753 875847

WARD(S): All

PART I

FOR DECISION

PROPOSAL FOR EVALUATING THE EFFECTIVENESS OF MEETINGS

1. Purpose of Report

To present a proposed approach for evaluating the effectiveness of SWB meetings.

2. Recommendation

The Slough Wellbeing Board is requested to resolve that:

a) The proposed approach of evaluating the effectiveness of SWB meetings by seeking ongoing feedback from members should be implemented.
b) Further work should be undertaken to consider how feedback can be obtained from any members of the public who attend the meetings as part of the development of the Board's communication strategy.

3. The Slough Wellbeing Strategy, the JSNA and the Corporate Plan

3a. Slough Wellbeing Strategy Priorities

The Slough Wellbeing Board will play a key role in the delivery of the Joint Slough Wellbeing Strategy which is developed to reflect the JSNA and forms part of the SBC Corporate Plan. The approach proposed aims to ensure that the meetings of the SWB are productive and enable appropriate decisions to be made in order to meet the objectives set out in the Strategy.

Seeking input from members of the public who attend the meetings links to the underpinning strategy theme of civic responsibility and in particular to the aim of enabling people to influence the future development of the strategy.

4. Other Implications

(a) Financial
There are no financial implications of the proposed action.

(b) Risk Management
No risks identified.

(c) Human Rights Act and Other Legal Implications
None identified

(d) Equalities Impact
Feedback subsequently obtained from the public would be analysed according to SBC equalities monitoring categories, thereby enabling any differential impact on particular groups to be identified.

5. **Supporting Information**

The Board undertook two development sessions facilitated by the Local Government Association (LGA) in February 2013. The notes of the first of these sessions state that it was agreed that the Board should:

Develop a simple system for evaluating the effectiveness of each meeting and agreeing any changes required.

This system will focus on how meetings are running and as such will be distinct from a broader process of measuring the performance and impact of the Board which will be brought to a future meeting for consideration. It will need to be simple to operate and proportionate, given the wide range of issues which the Board will have to consider at each meeting.

It is suggested that the meeting evaluation system should reflect the criteria for successful Health and Wellbeing Boards set out in the LGA's *New Development Tool for Health and Wellbeing Boards.* These describe what Boards should look like now and how they should look to develop over the coming three years. The criteria from this Tool which may relate to meetings are as follows:

Section 1: Leadership, values, relationships and ways of working

Criteria 1
- *Now: Board members understand the concept of shared leadership and communicate effectively and respectfully*
- *In one year: Trust has been established, constructive challenge is the norm, a conflict resolution process is in place*
- *In three years: Continuous learning (from own experiences and others is well established)*

Criteria 2
- *Now: The Board has a code of conduct which is explicit about expectations of behaviour and which describes the values aspired to. The Board models appropriate behaviours and has an agreement about minimum attendance at meetings.*
- *In one year: The Board uses both internal and external reviews to test that its code of conduct is effective. Board members attend regularly and make a positive contribution to meetings.*

- *In three years: The Board's annual self-assessment incorporates agreed outcome measures against its code of conduct. Stakeholders agree that the Board operates on a win-win basis.*

Criteria 3:

- *Now: Members have effective working relationships and are beginning to influence each other's organisations.*
- *In one year: Board members look for win-win solutions focussed on beneficial health outcomes for the community. Relationships enable members to influence beyond their own organisations.*
- *In three years: Local organisations seek to contribute to the work of the Board.*

Section 2: Roles and contributions

- *Now: The Board knows what each member brings in the way of skills, experience, knowledge and potential contribution.*
- *In one year: Each Board member has a clear role description and acts in accordance with this. An annual board development plan has been agreed.*
- *In three years: The Board regularly reviews its own effectiveness and development.*

The Board may choose to conduct a broader review of how it is operating against the remaining criteria later in the year.

In addition, the evaluation system should reflect the views expressed at the first workshop regarding what constitutes an effective meeting. These were as follows:

- Not overly bureaucratic (but recognising requirements of operating as Committee)
- Pace and buy-in from members to go away and work on issues
- Papers provide sufficient background information for members to enable members to feel confident in raising questions / challenges
- Challenging discussions which give opportunity to question rather than just being updated.
- Set programme for year
- Reports from PDGs should focus on areas where Board can have input rather than just updating.
- Performance information should be limited to key points or outlying areas – Board should not be a data monitoring group.

A draft one-page questionnaire incorporating these points is attached at Appendix 1. It is suggested that the policy team contacts two Board members after each meeting to seek telephone feedback based on these questions. Due to the small number of people involved and the close working relationships already in place the questionnaire will look to collect qualitative information. The conversation would normally take 15 minutes or less. Findings would be collated into a report on meeting effectiveness to be brought to the Board for consideration after six months initially and annually from then on. This report would also incorporate any informal feedback received by the support officers, including from those presenting reports who are not Board members.

In addition it is proposed that the Board should consider what feedback might be sought from members of the public who attend meetings. This will be covered as part of the Board's communication strategy, an outline of which is to be brought to the July

Board meeting. This strategy will also consider the most appropriate ways of engaging with the public during meetings.

Finally feedback should be sought from members of other Priority Delivery Groups who may attend Board meetings. Again this will be part of a broader programme of communications with PDGs to be considered at a future meeting.

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

Not applicable

7. Conclusion

The Board is asked to approve or make comments on the proposed meeting evaluation process and to agree that further work is required on obtaining public feedback.

8. Appendices Attached

'A' - Proposed meeting evaluation questionnaire

9. Background Papers

None

Appendix A

Slough Wellbeing Board
Meeting effectiveness questionnaire

Board member:

Date of meeting:

1. How do you rate the overall effectiveness of the meeting?

2. Did the papers provide sufficient background information for you to be able contribute to the discussion? Please identify any where this was not the case.

3. Do you consider that all items were appropriate to the Board?

4. Where an update from a PDG was received, did this provide the appropriate level of information and highlight appropriate issues for Board consideration?

5. Where data was presented was this clear and proportionate?

6. Do you feel that the Board was able to influence the matters on which it was asked for a decision? Please identify any items where this was not the case.

7. Was the discussion sufficiently robust? Please identify any items where this was not the case.

8. Did you feel able to challenge those presenting the papers?

9. Do you feel that members behaved appropriately in the meeting?

10. Did you feel that your role was understood and your contribution was valued?

11. Are you able to identify ways in which partners agreed to work together to address issues presented?

12. Are you able to identify clear outcomes from the meeting?

13. Are you clear on what the key issues to be discussed at the next meeting will be?

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board
DATE: 15 May 2013
CONTACT OFFICER: Lise Llewellyn
(For all Enquiries) (01344) 352741
WARD(s): All

PART I

INFORMATION

Joint Strategic Needs Assessment (JSNA) refresh process 2013 - 2014

1. Purpose of Report

To highlight the refresh process for the JSNA 2013 – 2014.

2. Recommendation(s)/Proposed Action

That the Slough Wellbeing Board (SWB) considers and notes the process to be used to refresh the JSNA for the period 2013 - 2014.

3. Slough Wellbeing Strategy Priorities:

The JSNA refresh process supports the delivery of:

The requirement to conduct a JSNA to inform the Slough Joint Wellbeing Strategy and subsequent commissioning plans as set out in the Health and Social Care Act (2012).

4. Other Implications

(a) Financial – Further details on the financial implications of costs are listed in the table at appendix A.

(b) Risk Management – Current risks identified are delayed implementation of the JSNA due to staffing i.e. delay in recruitment of information posts and transition of staff. Further risk assessment and management will be carried out for specific actions and will be included in a formal risk register.

(c) Human Rights Act and Other Legal Implications - The JSNA supports the requirement to conduct a JSNA to inform the Slough Joint Wellbeing Strategy and subsequent commissioning plans as set out in the Health and Social Care Act (2012).

(d) Equalities Impact – the SWB must meet the Public Sector Equality Duty under the Equality Act 2010 and consideration will be given to this throughout the JSNA refresh process.

4. Supporting Information

The JSNA will build on the "Local Story" and will provide local residents and councillors with their own ward level story and maps of key health and wellbeing outcomes. The Wellbeing Boards across the six Unitary Authorities, the councils, Clinical Commissioning Group (CCG) and their partners will be provided with a

web based accessible resource for examining variations in outcomes to inform commissioning plans. A draft will be produced at the end of November to inform consultation for the purpose of refreshing the Slough Joint Wellbeing Strategy and the CCG Commissioning Plan.

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

There are no comments from the Priority Delivery Groups.

7. Conclusion

The JSNA is an assessment of the current and future health and social care needs of the local community and is to be produced by the SWB with the intention to also consider wider factors that impact on health and wellbeing. It will also identify local assets that can help to improve outcomes and reduce inequalities.

The JSNA process described will allow the JSNA to be more accessible. It will assist in providing relevant and accessible data, will have the ability to be used as a tool for planning local services and the ability to provide data to key stakeholders for commissioning intentions.

8. Appendices Attached

Appendix A – JSNA Draft programme brief 2013 – 2014.

9. Background Papers

Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

Joint Strategic Needs Assessment Vision for Redesign

Public Health Services for Berkshire

Working together for the health and wellbeing of Berkshire

West Berkshire Council · Reading Borough Council · Wokingham Borough Council · Bracknell Forest Council · Windsor & Maidenhead · Slough Borough Council (www.slough.gov.uk)

Background

- The Health and Social Act (2012) requires all Health & Wellbeing Board's working through local authorities and CCG's to produce a JSNA of the health and wellbeing of their local community.

- Slough's JSNA was developed in 2011/2012

- The JSNA needs to be refreshed in 2013

Current JSNA Feedback

Constructive

- Provides a comprehensive data source
- Provides clear overarching priorities
- Provides basis to commission services
- Provides information for the Health & Wellbeing Board

Challenging

- Cumbersome document
- Not “user” friendly
- Clinically focussed
- Confusing data (relevance of data to local area)
- Unable to “tell the local story” – snap shot of needs

Vision

With the transfer of Public Health into Local Authority presents a new opportunity to create a new style JSNA.

The vision is to scope a JSNA that has the ability to:

- *Be accessible and web based*
- *Provide relevant, easy to disseminate data*
- *Tell the local story*
- *Use Ward data as a tool to plan for localised services*
- *Provide key stakeholders with data for commissioning intentions.*

Proposal for redesign

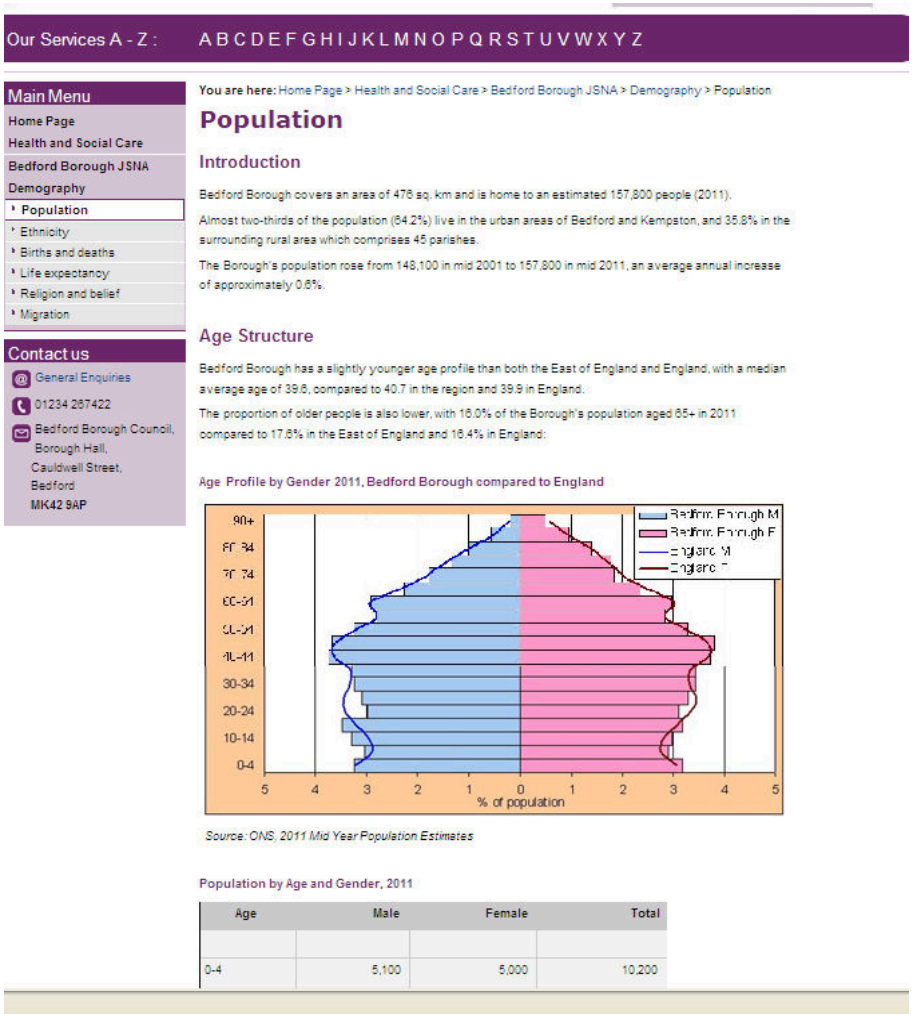
To be accessible and web based:

- Information which is three clicks from a front web page
- Clear and “User” friendly
- Simple navigation to access information and data

Proposal for redesign

Provides relevant, easy to disseminate data:

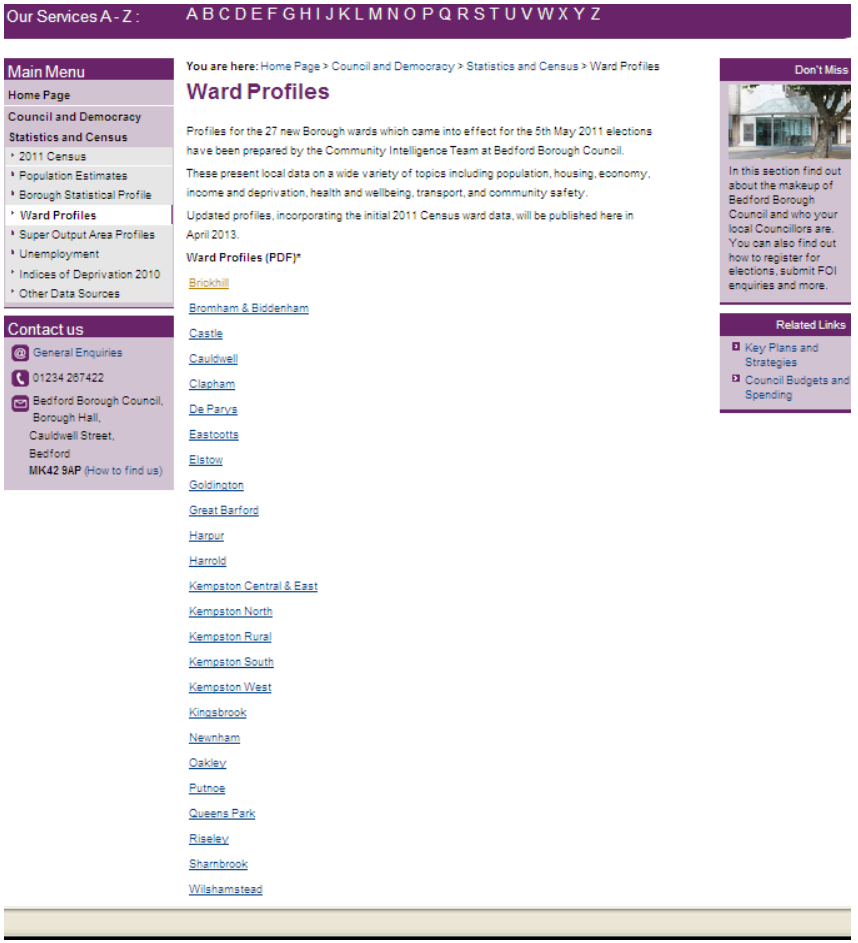
- Clear data tables
- A range of options of viewing data i.e. script, graphs, tables, pictures



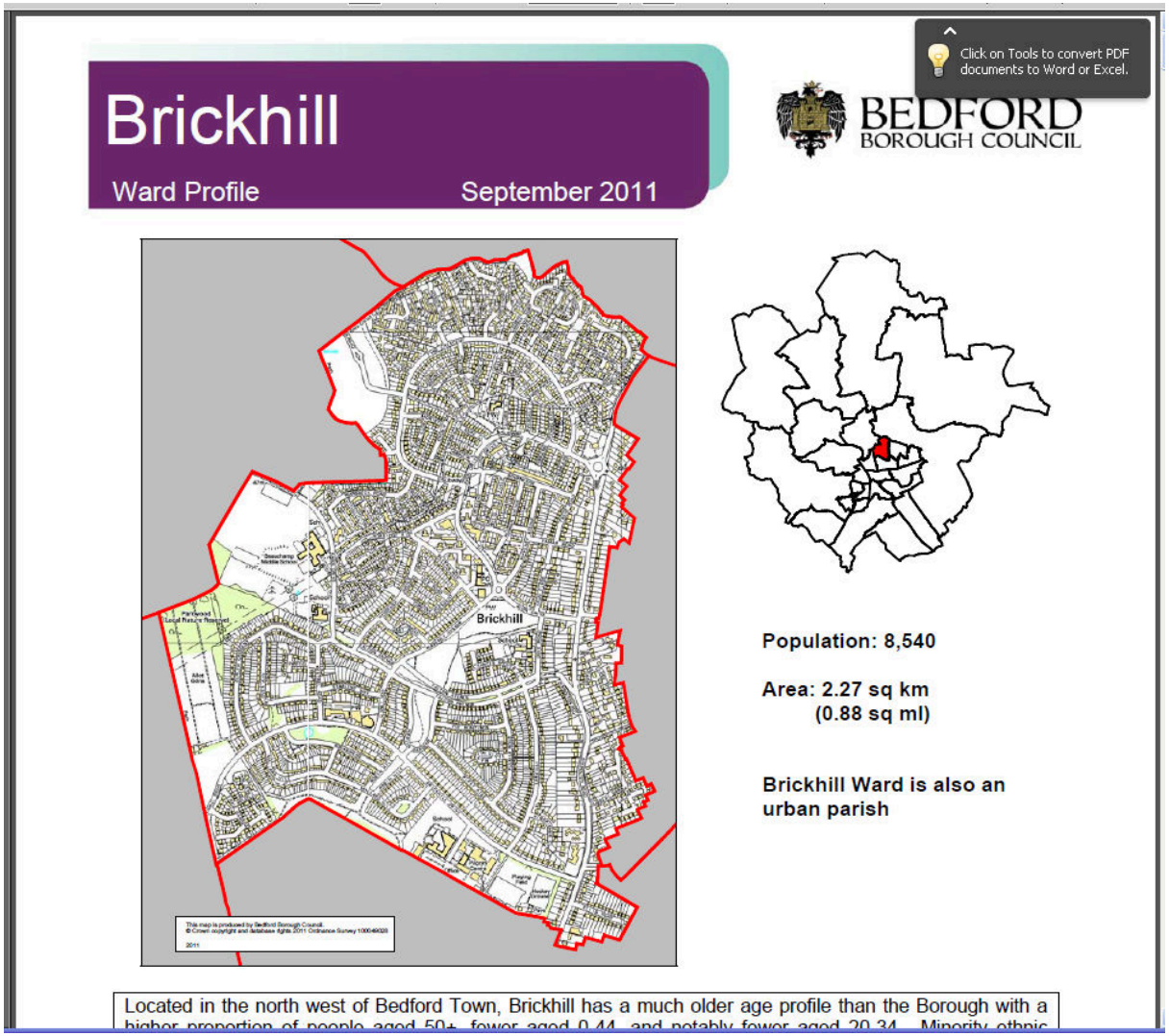
Proposal for redesign

To have the facility to tell the local story:

- Easy to read and understand
- Ability to share the local ward picture
- Evidenced based and outcome focussed
- Provides a snap shot of current activities and future plans



Example



Click on Tools to convert PDF documents to Word or Excel.

Brickhill

Ward Profile September 2011

BEDFORD BOROUGH COUNCIL

Population: 8,540

Area: 2.27 sq km (0.88 sq ml)

Brickhill Ward is also an urban parish

Located in the north west of Bedford Town, Brickhill has a much older age profile than the Borough with a higher proportion of people aged 50+, fewer aged 0-44, and notably fewer aged 20-34. Minority ethnic

Proposal for redesign

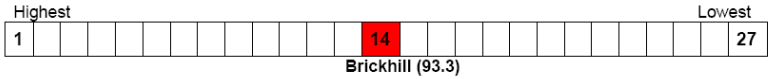
Use Ward data as a tool to plan for localised services:

- Promotes Ward conversations based on evidence of needs
- Provides the facility to utilise Ward Data in promoting and planning localised services

Health and Wellbeing

Limiting Long Term Illness – Age Standardised Ratio (2001)

Limiting Long Term Illness – Age Standardised Ratio (2001). Ward Comparison



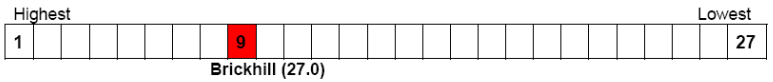
Brickhill (93.3)

Source: Based on 2001 Census, ONS, Table CAS016. Analysis by Community Intelligence Team, Bedford Borough. Household residents only. The ratio is calculated by standardising for age differences between wards, with Bedford Borough having a value of 100. A value under 100 means that the level of LLTI is less than expected by the age profile of the ward, and a value above 100 means LLTI is greater than expected.

Social Service Open Cases (2010)

Aged 18+	Brickhill		Bedford Borough
	Number	Per 1000 population	Per 1000 population
Number of Social Services Open Cases	212	30.8	31.5
Open Cases excluding those in Nursing / Residential Care	186	27.0	26.3

Comparison of Social Services Open Cases by Ward (excluding nursing/residential care)



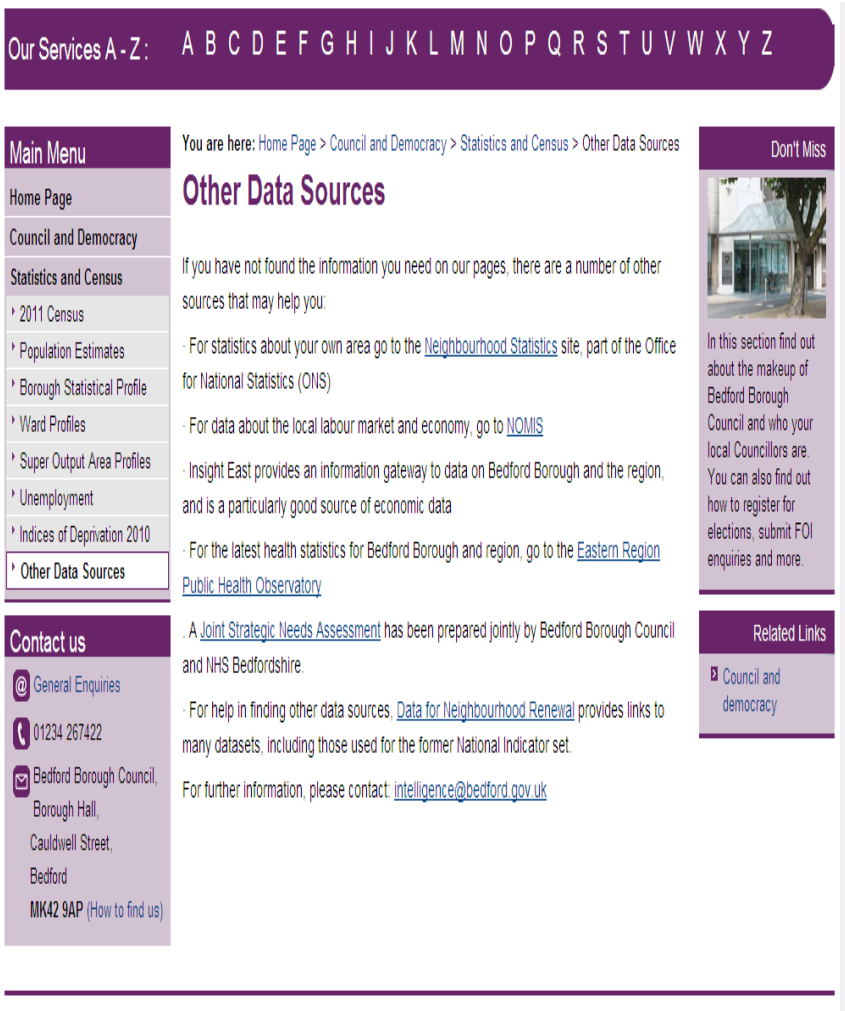
Brickhill (27.0)

Source: Analysis by Community Intelligence Team, Bedford Borough Council. Open cases in August 2010.

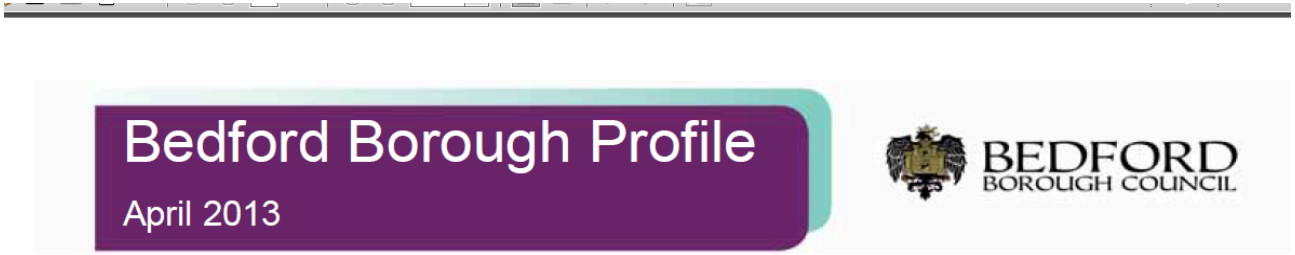
Proposal for redesign

Has the ability to provide key stakeholders with data for commissioning intentions:

- To access detailed reports on specific issues, conditions and ward/area data
- Provide comparison data
- Provide a snap shot of activities and gaps in provision



Example



Bedford Borough Profile

April 2013

BEDFORD BOROUGH COUNCIL

Housing and Households

Comments and Questions

Next Step

To agree the proposed approach to redesign the JSNA

Berkshire Public Health Shared Team
Working together for the health and wellbeing of Berkshire

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Appendix A - JSNA

DRAFT Programme Brief

Title:	**JSNA 2013-14**				
Manager:	**JSNA**	**Sponsor:**	**Dr Lise Llewellyn**	**UIN:**	
Prepared by:	**Jo Hawthorne**	**Date:**	**02/05/13**	**Issue No.**	
Part of PH Business Plan?	**Yes** Y **No**		**Programme Manager**	**Jo Hawthorne**	
Background/Context:	The requirement to conduct a Joint Strategic Needs Assessment to inform a Joint Health and Wellbeing Strategy and subsequent commissioning plans is set out in the Health and Social Care Act (2012).				
Overall Objective:	The Joint Strategic Needs Assessment will build on the "Local Story" and will provide local residents and councillors with their own ward level story and maps of key health and wellbeing outcomes. The Wellbeing Boards, the councils, CGG's and their partners will be provided with a web based accessible resource for examining variations in outcomes to inform commissioning plans for a selection of public health related services. A draft will be produced at the end of November to inform consultation for the purpose of refreshing respective Joint Health and Wellbeing Strategies and CCG Commissioning Plans.				
Proposed Start Date:	**May-13**	**Planned Finish Date:**	**Nov-13**		

Deliverables:		**Expected dates:**			
1	Scope the vision for the redesign/style of the JSNA	02.05.2013			
3	Develop and agree a common style, methodology and final timescales with each UA Public				
4	**Analysts refresh the JSNA data inventory as outlined in Appendix 1 and liaise with each**	**02.05.2013**	**30.09.2013**		
5	Establish the Executive Programme Board with terms of reference				
6	Develop and agree the Programme Plan				
7	Establish the six project teams in each UA				
8	Develop the project plan for each UA				
9	Implementation phase				
10	Finalise draft JSNA products with local Project Teams				
11	Consult with stakeholders on draft JSNA			30.10.2013	
12	Launch JSNA				1.11.2013

Project scope & Outputs		**Value £:**	**Expected date:**
1	Redesigned, web based, accessible JSNA that focuses on the needs of UA residents to include		
2	Brief ward level stories and maps of agreed outcomes		
3	JSNA summary on the each council website		
4	Comprehensive data sets		

Strategy/Approach & Applicable policies

Healthy Lives Healthy People at http://www.dh.gov.uk/health/2011/07/healthy-lives-healthy-people/ Public Health

	Cost (if known)
Project management	Programme Manager & PH consultants time
Analysis costs	Staff costs from the shared team
Consultation costs (room hire etc) across all 6 UA's	Estimated budget £10k
Production costs for design	To be identified

Total Forecast cost:	Pending agreement	**Business Case cost:**	

Relationship to other active programmes or projects:

Pan Berkshire: Programmes for PH, Commissioning Strategy development, Health & Wellbeing Boards

Risk Management forms		**Acceptance records:**		**Date**
Yes Y **No**		**Project Manager**		
Appendix attached?		**Programme Manager**	Jo Hawthorne	
Yes Y **No**		**Senior Responsible Owner**	Lise Llewellyn	

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 15th May 2013

CONTACT OFFICER: Tony Zaman
(For all Enquiries) (01753) 875752

WARD(S): All

PART I

FOR INFORMATION

PCT FUNDING TRANSFER TO SOCIAL CARE

1. **Purpose of Report**

This report is to advise the Wellbeing Board of the NHS allocation of funds to be transferred to local authorities and the agreement which has been reached over the application of them.

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

The Wellbeing Board is requested to note the report

3. **Slough Joint Wellbeing Strategy (SJWS) Priorities**

The report addresses a range of activities which improve health and wellbeing outcomes for people in Slough and addresses key priorities within the JSNA through addressing cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion.

4. **Other Implications**

(a) Financial

The funding associated with the activity contained within the report is met entirely through a specific funding stream

5. **Supporting Information**

Background

5.1 Department of Health (DH) issued a letter during January 2011, Gateway Reference 15434, which described *Specific PCT Allocations for Social Care* for 2011/12 and 2012/13. It explained that:

- ‘It is the Department's clear intention that this funding is used for social care purposes’;
- that PCTs ‘will need to transfer to local authorities to invest in social care services to benefit health’; and
- ‘PCTs will need to work together with local authorities to agree jointly on appropriate areas for social care investment’.

5.2 The Slough allocation was: 2011/12 £1.37m and 2012/13 £1.31m.

5.3 A further DH letter of December 2012, Gateway Reference 18568, identifies funds for transfer to local authorities for 2013/14. For 2013/14, the funding transfer to local authorities will be carried out by the NHS Commissioning Board and the letter referred to provides provisional information on the transfer, how it should be made, and the allocations due to each local authority. This is to help the Board and local authorities prepare for the coming year [2013/2014]. The amount for Slough LA in 2013/14 is £1.84m. The payments are to be made via an agreement under Section 256 of the 2006 NHS Act. The Board will enter into an agreement with each local authority subject to the following conditions:

- The funding **must be used to support adult social care services** in each local authority, which also has a health benefit. However, beyond this broad condition, the Department wants to provide flexibility for local areas to determine how this investment in social care services is best used.
- Local authorities demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer.
- The Board may use the funding transfer to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment.

Funding Programme 2011 / 2013

5.4 Agreement for the original commitment was made at a Slough Collaborative Commissioning Board; the focus of the allocation was in the following areas:

- Development of Intermediate Care and Reablement
- Equipment and Assistive Technology
- Maintaining current eligibility and levels of support
- Project/Management support of the programme

5.5 Taken together the areas agreed address the requirement to find better and alternative approaches to support people to remain as independent as possible and therefore less reliant on health and social care services. This is within a context of increased demand and changes in resource configuration, with balances of responsibility shifting between different

organisations in the Slough Health and Social Care economy; the work associated with Tomorrow's Community Health and Shaping the Future are examples of the shift to community based solutions, a reduction in lengths of stay and increased dependency on primary and community healthcare services and social care.

5.6 The 2011/2013 commitments were agreed as follows:

Detail	Budget £s
Enhanced Intermediate Care & End of Life Care Intermediate Care Services provide an outcome focused Intermediate Care/ Reablement programme for people who are referred by Hospitals, GPs, community health providers or social care services. An End of Life Care service is provided for people who have a life expectancy of less than 6 weeks and who wish to spend their last days at home.	624,760
Telecare Equipment & Careline The increase in reablement (Intermediate Care) is supported by the use of equipment, telecare and monitoring approaches to promoting independence and security including the provision of preventative pendant alarms. The funding will meet set up and expansion costs.	47,676
Nursing Home Placements The profile of nursing home placements over the past 12 months show an increase in the number of placements and a reduced the length of stay in hospital this has been an increased budget pressure on the council. Funds are required to meet this ongoing demand for nursing home placements. During 2009/10 there were 40 Nursing placements, in 2010/11 there were 62 placements showing an increase of 55% the overall spend was 1.2 million.	200,000
Reablement Provides intensive support to either prevent people from being admitted into hospital or for people leaving hospital to minimise the chances of re-admission, and is available to all adults who refer to adult social care services and meet adult social care eligibility criteria. The aim of this service is very similar to intermediate care. That is support to increase users' levels of independence and improve quality of life, while at the same time seeking to reduce the need for ongoing support.	436,800
Project management & Support This funding has supported the commissioning and contracting activity involved in supporting the resource deployment.	60,000
Total	**1,369,236**

5.7 The project management and support presented in the table was originally to support a joint commissioning post. Structures have now changed and agreement has been reached to refocus these funds on the employment of a stroke coordinator from 2013/2014.

5.8 The stroke coordinator provides advice, information and support for patients and their families throughout their care pathway, including diagnostic investigations, diagnosis and treatment. The stroke coordinator works as part of a multidisciplinary team and will strive to act as patient advocate.

2013/2014 Funding Allocation

5.9 Discussion with the PCT has resulted in the continuation of existing areas of activity identified above, given their impact on improving levels of admission avoidance and maintaining performance in relation to transfers from hospital and; the continuation of an increase in capacity emerging from an agreement related to the application Supporting Local Resilience one off funds announced in a letter 30th January 2013 from NHS South of England

5.10 The full application is presented over the page, the shaded area represents continuation of the previous two years, the rest application of the 2013/2014 increase and any realignment from the previous two years. The apparent over commitment will be managed down through lead time implementation and then balanced over the year, it emerges from a reduction to the allocation in year two.

5.11 Further nursing home placements have been added given the following analysis. Due to changes in lengths of stay, the bed base and the associated profile of nursing home placements, pressure on the latter was seen as sufficient a concern to be an area of investment in order to maintain provision and performance particularly in relation to placements from hospital. The original funding made provision for 5 additional placements to meet the demands of a changed bed base and throughput. The actual difference from the funding agreement to date (2011-2013) is 28, creating a gross pressure of £1m and £800k net of the investment. This represents over 100% increase in the numbers admitted from hospital: 24 in 2010/2011 and 50 in 2012/2013.

5.12 Work is underway to track the application of funding over 2012/2013, if there is identified under spend this will be considered along with any under spend in 2013/2014 and contingency investment agreed. Work is also underway to determine a fair cost of the LA administering and managing the grant and the HR, finance, commissioning and contracting overheads involved. Once arrived at this sum will also draw on remaining capacity.

2013/2014 Funding Allocation

Detail	Budget £s
Enhanced Intermediate Care & End of Life Care Detail in previous table	624,760
Telecare Equipment & Careline Detail in previous table	47,676
Nursing Home Placements Detail in previous table	200,000
Reablement Detail in previous table	436,800
Stroke Coordinator Information and support for patients and their families throughout their care pathway	50,000
Joint Equipment Increased funding for joint equipment	20,00
Social care packages Required to support the integrated care teams implementation	20,000
End of Life Care Additional Capacity for extending beyond 6 weeks	80,000
Domiciliary Care to prior to reablement to expedite discharge and avoidance	30,000
Reablement 2 additional assistants to enhance the current cluster model	40,000
Therapy and Social Work Additional therapist and social work capacity (Cluster model)	50,000
Nursing Home Placements 5 further nursing placements due to increased pressure as discussed in Para 5.11	200,000
Programme and Integration Support Health investment/integration project officer	50,000
Telecare Responder service	20,000
Telecare/Telehealth Implementation lead, 1 yr **(alternative funding identified for this role)**	50,000
Total **1,840,000**	**1,869,236**

Performance

5.13 The application of funds across the whole time frame is to maintain and improve current performance activity against timescales and volumes, examples of this being the number of social care delayed transfers, numbers of people receiving intermediate care or reablement, numbers of unplanned admissions and the timeliness of responses to these areas. Beyond the information presented within this report and the performance frameworks of each organisation there is not as yet an agreed dashboard or scorecard which more holistically tracks investment and system change; work is underway within the Slough Integrated Care Delivery Group to develop such a framework.

Governance

5.14 It has been agreed with PCT/CCG colleagues that the governance for monitoring the investment and activity is undertaken in detail at the Slough Integrated Care Delivery Group which will report a summary to the Health PDG which can in turn report in to the Wellbeing Board as required

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

Due to the timing of the meetings this will be presented to the Health PDG following the Wellbeing Board, though the contents are agreed by the CCG Commissioners and the Director of Development.

7. Conclusion

Agreement for the original commitments for the funds were made at a Slough Collaborative Commissioning Board and the agreed investment programme for 2013/2014 provides a continuation of the existing programme along with further investment in the priority areas which support the agreed key priority areas of :

- Development of Intermediate Care and Reablement
- Equipment and Assistive Technology
- Maintaining current eligibility and levels of support
- Project/Management support of the programme

Taken together the areas agreed address the requirement to find better and alternative approaches to support people to remain as independent as possible and therefore less reliant on health and social care services. The additional funds have also enabled opportunities for development of greater partnership working between Health and Social Care; an example being the newly formed Integrated Care Cluster meetings. These meetings target a joined up approach to prevent hospital admissions of those individuals most at risk and support them to manage conditions in the community.

8. Appendices Attached

None

9. Background Papers *(This is compulsory)*

‘1’ Department of Health, Gateway Reference 15434, 2011

‘2’ Department of Health, Gateway Reference 18568, 2012

SLOUGH BOROUGH COUNCIL

Slough Wellbeing Board (SWB) – 15th May 2013

WORK PROGRAMME 2013/14 AND KEY DEVELOPMENTS

May 2013	***KEY DEVELOPMENTS*** • *Slough Clinical Commissioning Group (CCG) – QIPP 12/13 Reporting process begins (May onwards)* • *Slough CCG – Monthly review, exceptional reporting to CCG (May onwards)* • *Public Health (PH) determining work priorities* • *Local elections*
June 2013	***KEY DEVELOPMENTS*** • *PH determining work priorities* • *Slough Wellbeing Board (SWB) development workshop - housing*
17th July 2013 MEETING	- Safeguarding Business Plans **(Jane Wood, Nick Georgiou, Paul Burnett)** - Protocol for the roles and responsibilities of the Board, the Overview and Scrutiny Committee and Healthwatch **(Helen Clark)** - Priority Delivery Group (PDG) Update: Safer Slough Partnership (SSP) Strategic Assessment and update (**Avtar Mann)** - SWB Communications plan / strategy **(Daljit Shergill)** - Healthwatch Delivery Plan **(Nicola Strudley)** - PDG Update: Skills, Employment and Enterprise (SEE) PDG **(Shabnam Ali)**
September 2013	***KEY DEVELOPMENTS*** • *SWB development workshop – Domestic Abuse*
25th September 2013 or Future Meetings	• PDG Update: Housing • PDG Update: Climate Change • PDG Update: Community Cohesion • PDG Update: Children's Partnership Board • The LSCB and SVAB report to the SWB twice a year and / or as needed • Progress report of SWB against the Local Government Association (LGA) Health and Wellbeing Board (HWB) development tool • Preparation of SWB annual review • Economic Development strategy • SEE PDG annual report

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