

Slough Wellbeing Board – Meeting held on Wednesday, 13th November, 2013.

Present:- Councillors Rob Anderson and James Walsh.
Ruth Bagley, Richard Humphrey, Ramesh Kukar, Lise Llewellyn,
Dr Jim O'Donnell, and Jane Wood.

Apologies for Absence:- Paul Southern and Matthew Tait

PART 1

36. Declaration of Interest

None.

37. Minutes of the last meeting held on 25th September 2013

Resolved - That the minutes of the last meeting of the Board held on 25th September 2013 be approved as a correct record.

38. Consultation: "The NHS belongs to the people: a Call to Action

The Board received a presentation from Dr Jim O'Donnell about the consultation launched by NHS England "The NHS belongs to the people: a call to action".

The consultation set out the current issues facing the NHS, identified future challenges and the impact on funding of doing nothing. The launch of the consultation was the beginning of a nationwide programme of engagement to start a public debate on the difficult questions, to seek ideas and feedback. Whilst comments could be made direct to NHS England, local feedback was also invited about the issues of concern to residents and the main priorities to focus on. This could then inform decisions on how to shape services, how to commission and how to re-organise local provision.

The Board noted that the consultation was for a 12 month period from September 2013. The CCG was seeking feedback from the Slough population through a range of means. The general public would have the opportunity to comment at Saturday morning road shows at ASDA and Tesco during November and December and express views and comments on Twitter and through the website. Specific patient groups would be invited to express views, for instance comments would be sought from patients at risk or suffering from long term conditions such as diabetes or CVD, community groups would be approached and hard to reach groups contacted. In addition there would be an open invitation for patients at GP practices to provide feedback on services or to complete a patient survey at the end of a GP consultation.

It was suggested that the CCG should tap into the experience and resources of the Council in consulting hard to reach groups. It may also be possible to

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use the place-shaping exercise to obtain more in-depth feedback from the two areas involved. The importance of structuring consultation properly was recognised so that responses were both relevant and worthwhile, rather than simply an unrealistic “wish list”. Reference was also made to key messages to be given through the consultation around giving patients greater control over their health, how to better prevent disease and reduce unnecessary admissions to hospital, and the benefits of concentrating specialist acute services regionally rather locally.

Resolved - That Dr Jim O’Donnell be thanked for his presentation.

39. Economic Development Strategic Plan for Growth 2013-18

Consideration was given to a report and presentation about the Economic Development Strategic Plan for Growth 2013-18. This Strategic Plan was due to be published by the Council and comments were invited on the activities illustrated in the Plan and the proposals for the Council, its partners and key stakeholders to build resilience and grow the local economy.

An economic vision for Slough was put forward in the Strategic Plan, which had been developed as growth focused, action orientated and based on partnership working. The priorities for achieving growth were:

- a competitive workforce
- Business generation, retention and inward investment
- Physical and transport infrastructure

Each priority embraced a specific aim, had a set of defined actions, and set out a number of measures of success.

The Board supported the thrust of the Strategic Plan and made a number of comments which could be considered for inclusion. Reference could be made as to how a healthy workforce could contribute to productivity. New businesses were vulnerable not only to commercial and economic pressures, but also to the threat of crime. It was suggested that crime prevention measures be designed in at an early stage, using the expertise available in the town to build resilience to crime and security weaknesses. There may also be the opportunity to include figures demonstrating the success of community cohesion measures. Whilst reference was made to providing Apprenticeship opportunities, it was considered that more could be done to publicise and promote this programme. It was relevant that the Aspire programme was now concentrating on young people who were unemployed.

Attention was drawn to the wording in the vision statement: “...making Slough a great place to live and work” which it was felt was undermined by the untidy, littered appearance of some town centre streets, for example Herschel Street. Arrangements were in hand to get together all those services that could influence or contribute to delivery of the Strategic Plan and the litter service could be included.

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- (a) That subject to consideration of the points raised in discussion, the direction the Economic Development Strategic Plan for Growth is taking on supporting the local economy to grow and prosper be endorsed.
- (b) That the Cabinet be recommended to approve the Plan.

40. Winter Plan Proposals: Detailed Follow-Up report from September 2013

The Board considered a report setting out in detail the proposals to enhance capacity in the urgent and emergency care system over the 2013 winter period. The health and social care system in East Berkshire had received £6.644m from NHS England to assist in dealing with rising ambulance and A&E attendances and hospital admissions and the shortfall in acute and community capacity.

An Urgent Care Programme Group (with representation across CCGs, community, ambulance and unitary authorities) had been set up to plan and implement a recovery and improvement plan with a view to ensuring effective, safe, quality services for patients. This was being taken forward through three work streams:

Urgent Care Access – a range of measures including:

- a programme of communications to patients, the public and a media campaign
- more urgent GP appointments, also bookable by A&E and 111
- a pilot service to provide urgent response to priority GP home visits in Slough
- evening clinics in Slough, Windsor and Bracknell, with a focus on children
- increased capacity in the Ambulance Service to respond promptly to requests to transport patients for early investigation and assessment
- work with the NHS 111 team to ensure call handlers are advising on the best local options for patients
- stepping up the flu campaign to offer vaccinations to front line staff in care homes, to at risk patients in long term conditions clinics at Wexham Park and by early vaccination of housebound patients

Patient Flow, Wexham Park Hospital

An extra ward was opened at the beginning of October 2013 to provide an additional 28 bed capacity. Capital works were well under way in the A&E department with additional patient bays now available. More consultants and senior nurses are being recruited to bolster the A&E staffing level.

Discharge

Agreement has been reached on the establishment of a multi-disciplinary discharge team comprising social workers, senior nurses and therapy staff across community, social care and hospital staff. This team will encourage swift discharge of patients back into the community so that they regain

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independence and mobility quickly, the service to commence in November 2013.

The Board was pleased to note the collaborative working to put in place the range of measures described, particularly as regards encouraging Buckinghamshire to co-operate with improved discharge arrangements. With the benefit of the improvements beginning to be felt, it was gratifying to note that the NHS target of 95% of patients being seen in A&E within 4 hours had been reached in October 2013 (the first occasion this had been achieved for some time).

Resolved –

- (a) That the additional winter plan resources available to support Heatherwood and Wexham Park NHS Foundation Trust to provide safe, effective urgent and emergency services for Slough residents over the winter be noted.
- (b) That the programme and project management approach to delivering improvements in urgent and emergency care, and the progress in delivering additional capacity and support so far this year, be noted.

41. Annual Report of the Safeguarding Adults Partnership Board

The Wellbeing Board welcomed to the meeting Nick Georgiou, the Independent Chair of the Slough Safeguarding Adults Partnership Board, who presented the Annual Report of the Board covering the period April 2012 to March 2013.

The Government continued to indicate its intention to legislate to introduce a statutory framework for Safeguarding Adults Partnership Boards, having published a draft Bill, but as yet there was no indication of when this would be enacted. However Slough, as with other Berkshire Authorities, had taken a proactive approach to taking the Partnership Board forward in its role of preventing abuse and the neglect of vulnerable adults. To further this approach an independent Peer Review was commissioned in August 2012, which provided a sound base on which to develop the Safeguarding Adults Strategy 2013-16. This was the first longer term strategic plan to be adopted, which all the partners have signed up to, and are working to deliver.

The Board noted that the Annual Report was arranged in two parts. Part One provided detail on national developments that have influenced the Board in its approach to safeguarding and Part Two provided detail of the multiagency forums and safeguarding duties and responsibilities and priorities for 2013-14.

The importance of protected learning time around safeguarding (in addition to formal training) was discussed. A recent workshop on domestic abuse had led to the domestic abuse team working with a number of GP surgeries to develop expertise with particular staff.

The Board noted that great efforts had been made to ensure the correct number of referrals was being made. Comparative data on alerts and

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referrals showed that Slough had a higher number of alerts than the England average, fewer alerts than the comparator group average, but a higher number of referrals than both (although it was noted that in Slough every alert is progressed to a referral, not always the case elsewhere).

Resolved –

- (a) That the content of the Annual Report of the Slough Safeguarding Adults Partnership Board and the developments made during 2012-13 be noted.
- (b) That the draft Care and Support Bill setting out the first statutory framework for safeguarding adults (using as its terms of reference the report of the Law Commission into adult safeguarding) be noted.

42. Pharmaceutical Needs Assessment

Lise Llewellyn informed the Board that it had a statutory duty to publish a Pharmaceutical Needs Assessment (PNA) by 1st April 2015 and introduced a scoping document for the process.

Each Health and Wellbeing must assess the needs for pharmaceutical services in its area and publish a statement of its assessment (and any subsequent revisions made). The PNA will need to include the following:

- Necessary services – current provision
- Necessary services – gaps in provision
- Other relevant services – current provision
- Improvements and better access – gaps in provision
- Other services

The Board noted that pharmacies across the county were co-operating with the public health team in mapping existing services. A good response was also reported in connection with other services on offer around sexual health, travel immunisations and the voucher scheme for social care vaccinations. Some GPs had reported difficulties with some pharmacies on the provision of dosset boxes (pill organisers) for patients and this was being looked into.

A wide range of stakeholders would be consulted on the preparation of the PNA and a progress report would be made to a future meeting of the Board.

Resolved - That the report be noted.

43. Berkshire Public Health Spending

The Board considered a report containing an update on the Public Health grant and expenditure to date, together with the planned budget for 2014-15.

The Slough Public Health ring-fenced grant and net controllable budget for 2013/14 amounted to £4.988m. This is 48% less than the target proposed in 2012. Slough would obtain a 10% increase to £5,487m in 2014/15 to help narrow the gap per head of population. Based on the 2012 mid-year

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estimates of a Slough population of 141,838 this equated to a cost per head of £35 for 2013/14 against a planned value of £52 per head. It was also noted that although the increased allocation for 2014/15 had been agreed, no definitive provision had yet been made for the health visiting and family nurse partnership service due to transfer to local authorities from 2015. It seemed likely that allocations beyond 2015 would remain below the target proposed by the DH in 2012.

The report also referred to the ongoing public health contracts, which for the most part applied across the six Berkshire Authorities and were managed jointly under a legal agreement. As well as de-commissioning the mental health promotion service for Slough, specific action was taking place to review and re-specify contracts as appropriate. For instance, the contract for sexual health services was being re-negotiated as an integrated Berkshire service, but including sufficient flexibility to address the individual needs of the six authorities, with a view to increasing value for money and improved outcomes. All contracts would be reviewed by the end of 2014-15.

The Board confirmed that while the contract management group of the Public Health shared team was taking the review of contracts forward, it would be appropriate for decisions to be taken locally as to the priorities and level of spending on the contracts affecting Slough. It may be necessary to carry out a piece of work to facilitate decisions on where to invest, taking account of the interdependencies between the provision in different areas.

Resolved - That the information about the mandated and optional elements of the public health grant and how it is being used to obtain improved outcomes for the population of Slough be noted.

44. **Joint Strategic Needs Assessment (JSNA) - Redesign Process 2013-2014**

The Board considered a report on the progress made on the redesign process to deliver the web based Joint Strategic Needs Assessment (JSNA).

The four phases identified for the development of the JSNA are as follows:

- Phase 1 – develop a web based JSNA which tells the local story with updated data and newly created ward profiles
- Phase 2 – further develop the web based JSNA to link to key strategies across the Council
- Phase 3 – build on other local information/data to provide details of health and wellbeing inequalities including assets
- Phase 4 – review and update

The report described the work of the Berkshire Public Health Shared Team to provide the essential data for the 14 ward profiles Slough. The Council's JSNA Project Group had reviewed the existing JSNA text to combine with the data in the new chapter heading template. Work on the web upload of the new JSNA would be completed shortly. The Board also received the statutory

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guidance in relation to JSNAs and ward profile data for Chalvey, Foxborough and Central wards.

The Board was pleased to note the progress of the JSNA update and recognised that there was some important work to be done around how to engage members with ward profiles to inform their case work.

Resolved - That the report be noted.

45. Performance Monitoring 2013 - 2014

The Board considered a report presenting the performance monitoring tool that will accompany the Slough Joint Wellbeing Strategy (SJWS) to monitor the progress of the priority actions set within the strategy.

Whilst some further attention needed to be given to the appearance of the performance monitoring tool on the page, the Board reviewed the chosen indicators, set out under the headings of Health, Economy and Skills, Housing, Regeneration and Environment, Safer Slough and Cross-cutting themes. Some data was still awaited and indicators and the associated data were subject to change pending the development of strategies and action plans. PDGs would set the final baseline data for each indicator.

The Board noted that the indicator H15 (health check take-up) needed correction, and that in the comparison column use of the terms better or worse would be clearer than lower or higher. In order that the Board should have clear and effective oversight of the strategic level priority actions, it was proposed to use an exception reporting mechanism for routine reports whereby only significant variations were brought forward for review.

Resolved –

- (a) That the performance monitoring tool, subject to the necessary revisions, be endorsed as the most appropriate tool to monitor the SJWS.
- (b) That the tool be presented regularly to each meeting, via an exception reporting method, with a bi-annual report showing all indicators and associated data of all priority actions.
- (c) That the 16 indicators shown at Appendix B to the report, for the Children and Young Peoples Partnership Board, be endorsed.

46. Slough Wellbeing Board Workstreams - progress report

The Board received an update on workstreams currently being undertaken, namely the place-shaping work programme in Foxborough and Chalvey wards; the self-care, personal responsibility and engagement task and finish group; and the domestic violence/abuse workshop on 17th October 2013.

On place-shaping, Board members had recently met the Headteacher at Foxborough Primary School to discuss further the ideas put forward for inclusion in the programme. A working group was proposed to be held later in

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the month to plan the activities and organise a pilot/launch event and a sample 'passport to citizenship' document was attached to the report. A quotation for printing 100 copies of the 'passport' had been received amounting to £168. In relation to Chalvey, a new Headteacher had taken up post at Montem Primary School and a meeting was to be arranged shortly (involving the adjacent Children's Centre), followed by a working group to scope and plan the activities.

The self-care, personal responsibility and engagement task and finish group had met for the second time recently and an action tracker appended to the report set out progress in relation to the issues identified. The group was focusing on three areas: carers' assessments and young carers, healthchecks and volunteering. Data had now been received at local post code level which would assist in targeting those 40 – 74 year olds for healthchecks who were just below the most serious risk group.

Reference was made to the positive effect of the 'Shine a light' on local unsung heroes process in encouraging others to volunteer.

Resolved - That the report be noted.

47. MMR Immunisation Audit - Update

Consideration was given to a report containing an update on the Measles, Mumps and Rubella (MMR) vaccination and the progress that the Thames Valley area team were making in delivering the national target.

Following the last report to the Board, the results of an audit of MMR practice data (at two surgeries in Slough) among 10 – 16 year olds showing as unimmunised on the clinical audit system, had become available. These showed that 55% and 75% respectively actually had a record of MMR vaccination in their electronic notes. The GP practices had been given the results to enable them to update records. Discussions with Practice Managers had revealed that software issues were affecting accurate recording and work to upgrade systems was taking place. As a result, there were less than 10 families per practice to contact about non-immunisation and follow up work to date had not been very successful.

A school based campaign was currently underway across Berkshire to ensure students' immunisation status is checked and any outstanding immunisations offered along with the school leaver's booster vaccination. The Board noted that at this stage it was not possible to state that the 95% national target for MMR had been met in Slough. Even allowing for the under-recording in the 10 – 16 year old group highlighted above, a significant number of children remained unprotected against measles.

The Thames Valley area team were planning a second set of actions to improve the low uptake of vaccinations and it is anticipated Slough will be a priority.

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Resolved - That the report be noted and further up to date information on all childhood vaccination be presented to a future meeting.

48. Priority Delivery Group (PDG) Terms of Reference

The Board received updated terms of reference for a number of the Priority Delivery Groups (PDGs) reporting to it:

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

A number of minor amendments had been made to the terms of reference. In relation to the Community Cohesion PDG, a more in-depth review had taken place resulting in a proposal for a change in its role. In future it was proposed the PDG would change to more of an advisory group or body, where members would undertake an advocacy and championship role in relation to the Board's civic responsibility and community cohesion work with residents, stakeholders, partners etc. Subject to any comments from the Board, the Group proposed to ratify the changes at a meeting on 10th December 2013, to come into effect from 1st January 2014.

The terms of reference for the Climate Change PDG would be reported to a future meeting.

Resolved - That the terms of reference of the PDGs as revised, be received and endorsed.

49. Work Programme 2013/14 and Key Developments

Consideration was given to an action progress report and future work programme for the Board. Most of the actions approved to date had been completed or were in hand.

In relation to the future work programme, a number of additional items had been identified for the 29th January and subsequent meetings. In particular a report would be made regarding the current stage of the JSNA refresh. It was also proposed that a further workshop for the Board be arranged in January 2014 where detailed consideration could be given to relevant issues.

Resolved - That the report be noted.

50. Date of Next Meeting

The date of the next meeting was confirmed as 29th January 2014.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 7.40 pm)