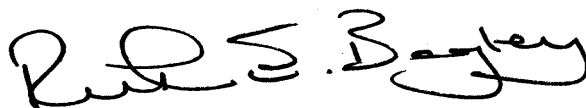


Date of issue: Tuesday, 12 July 2016

MEETING:	SLOUGH WELLBEING BOARD Naveed Ahmed, Business Representative Ruth Bagley, Chief Executive Iain Harrison, Royal Berkshire Fire and Rescue Service Councillor Sabia Hussain, Health & Social Care Commissioner Ramesh Kukar, Slough CVS Lise Llewellyn, Strategic Director of Public Health Councillor Sohail Munawar, Leader Dr Jim O'Donnell, Slough Clinical Commissioning Group Les O'Gorman, Business Representative Krutika Pau, Interim Director of Children's Services Colin Pill, Healthwatch Representative Rachel Pearce, NHS Commissioning Board Representative Alan Sinclair, Interim Director Adult Social Services Superintendent Gavin Wong, Thames Valley Police
DATE AND TIME:	WEDNESDAY, 20TH JULY, 2016 AT 5.00 PM
VENUE:	VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, BERKSHIRE, SL1 3UF
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NICHOLAS PONTONE 01753 875120

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

PART I

Apologies for absence.

CONSTITUTIONAL MATTERS

1. Declarations 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

To elect a Chair for the 2016-17 municipal year from amongst the voting members of the Board.

3. Election of Vice-Chair

To elect a Vice-Chair for the 2016-17 municipal year from amongst the voting members of the Board.

4. Minutes of the last meeting held on 11th May 2016

1 - 4

ITEMS FOR ACTION / DISCUSSION

5. Frimley System Sustainability & Transformation Plan

5 - 16

All

6. Proposals to improve the Board's ways of working including refreshed Terms of Reference

17 - 26

All

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
7.	Refresh of Slough Joint Wellbeing Strategy 2016-2020	27 - 48	All
8.	Healthwatch Slough Annual Report 2015/16	49 - 74	All
9.	Forward Work Plan	75 - 80	All

ITEMS FOR INFORMATION

10.	Better Care Fund (BCF) Plan 2016 -17	81 - 88	All
11.	Date of Next Meeting		

28th September 2016

Press and Public

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

The Council allows the filming, recording and photographing at its meetings that are open to the public. Anyone proposing to film, record or take photographs of a meeting is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

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Slough Wellbeing Board – Meeting held on Wednesday, 11th May, 2016.

Present:- Lise Llewellyn (Vice-Chair, in the Chair), Councillor Hussain, Ruth Bagley, Ramesh Kukar, Dr Jim O'Donnell, Les O'Gorman, Krutika Pau, Alan Sinclair, Pretesh Singadia (from 5.12pm, deputising for Colin Pill) and Superintendent Wong

Apologies for Absence:- Councillor Anderson and Naveed Ahmed

PART 1

70. Declaration of Interest

No declarations were made.

71. Minutes of the last meeting held on 23rd March 2016

Resolved – That the minutes of the meeting held on 23rd March 2016 be approved as a correct record.

72. Frimley Sustainability and Transformation Plan (STP)

John Lisle, Accountable Officer for Berkshire East Clinical Commissioning Group (CCG), updated the Board on the Sustainability and Transformation Plan (STP) for the Frimley footprint which would be submitted to the Department of Health by the end of June.

The STP would set out the key priorities across the system for the next five years and would be crucial to securing transformation funding. A significant amount of work had already been done with partners which had helped identify five emerging priorities:

1. Making a further step change to improve wellbeing, increase prevention and early detection
2. Significant action to improve long term condition pathways including greater self management and proactive management across all providers.
3. Frailty pathways: providing proactive management of frail complex patients, having multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays.
4. Redesigning urgent and emergency care, including integrated working and primary care models providing out of hospital responses to reduce hospital stays.

5. Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

Generally positive feedback had been received from the Department on the initial submission on governance and headline priorities and further work would be done to address the areas that scored lowest. The timescale for the fully developed plan was tight and it was hoped that effective patient engagement could be undertaken prior to submission.

(Pretesh Singadia joined the meeting)

The Board discussed the overall purpose and scope of the STP, and it was noted that the plan was focused on identifying and addressing the common issues and priorities across the Frimley system. A strong plan would be required to attract the additional transformation funding and it would complement rather than replace local plans, strategies and activities to address local priorities in Slough. A range of other issues were discussed including the prioritisation of specific groups, for example young people, and conditions such as diabetes and TB that were key local priorities. The Board emphasised the importance of ensuring that the STP contributed rather than cut across the improvement of health outcomes and priorities locally.

Resolved – That the update be noted.

73. SWB Future ways of working and priorities

A report was considered on the next steps on the priorities and future ways of working for the Board following the recent consultation on the review of the Slough Wellbeing Board; the wider partnership arrangements and refresh of the Slough Wellbeing Strategy.

There had been a positive response to the consultation undertaken since the workshop held in January and the Board considered a series of appendices that set out the consultation feedback, proposals on ways of working and outline of a new Wellbeing Strategy. It was proposed and agreed to establish a Task and Finish Group comprising Les O’Gorman, Naveed Ahmed and Dean Tyler, with input from Democratic Services, develop and present revised ways of working and terms of reference to the Board.

The structure and operation of the wider partnership was discussed, including the enhanced role of the Health Priority Delivery Group (PDG). It was agreed that PDGs and sub-groups should only exist where they had a clear purpose and the partnership model would vary across the different priority themes. These groups would require the leadership and practical support of a range of partners, not just the Council. The engagement of partners was agreed as bring critical to success, as was streamlining partnership structures and ways of working, including reports to the Board, to reduce duplication and provide greater focus. In addition to the statutory roles of the Board it was agreed to continue with Board’s role in considering the wider determinants of health.

Any delegations to PDGs and sub-groups should be clear, with decisions coming back to the Board where necessary. Board members also emphasised the importance of strong community engagement and suggested the potential use of partners as a 'think tank' for Slough.

The rationale for approach taken towards the refresh of the Wellbeing Strategy was explained and it was agreed to focus on those priority issues where the partnership could add most value. Emerging priorities identified at the workshop and consultation included life expectancy and health inequality; mental health and housing. It was suggested that the Strategy be explicit about the prioritisation of children and young people and how the text could more strongly reflect these issues. There were a number of options for the appropriate level of consultation for the refreshed strategy and partners made some further suggestions about the mechanisms and key questions for the such consultations. The first Annual Conference for the partnership would be held on 22nd September and would include the launch of the refreshed strategy. It was proposed and agreed that the partnership arrangements, ways of working and revised terms of the reference would be brought to the Board in July for agreement.

Resolved –

- (a) That the findings at Appendix A from the recent consultation be noted and a Task and Finish group be appointed to look at our ways of working so that membership, Terms of Reference and timescales could be agreed;
- (b) That the proposal at Appendix B for how the Wellbeing Board will work and how our wider partnership network should operate in future be endorsed;
- (c) That the proposed outline at Appendix C for a new Wellbeing Strategy and in particular the top three priorities for the year ahead be agreed;
- (d) That the timetable at section 7 of the report for next steps be noted and that the new Wellbeing Strategy be launched at a partnership conference on 22 September 2016.

74. Local Healthwatch for Slough

The Acting Director of Adult Social Care updated the Board on the work being undertaken to re-procure a local Healthwatch service for Slough. The current contract would formally end on 31st March 2017 and the local authority had a statutory duty to commission a local Healthwatch organisation. The approach being taken was outlined and the Board would be updated as the commissioning progressed.

Resolved – The Board noted the report and the approach to being taken in relation to the recommissioning of the service when the current contract ended on 31st March 2017.

75. Better Care Fund (BCF) Plan 2016-17

The Board received an information report setting out the final Better Care Fund (BCF) Plan for 2016-17 which was approved by the Joint Commissioning Board and submitted on 3rd May 2016.

Resolved – That the Better Care Fund plan for 2016-17 be noted.

76. Attendance Report

Resolved – That the Attendance Report 2015-16 be noted.

77. Date of Next Meeting

The date of the next meeting was confirmed as 20th July 2016.

Chair

(Note: The Meeting opened at 5.04 pm and closed at 6.27 pm)

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 20th July 2016

CONTACT OFFICER: Alan Sinclair, Interim Director Adult Social Care SBC
John Lisle, Accountable Officer Slough, Windsor, Ascot and
Maidenhead, Bracknell and Ascot CCG's

(For all Enquiries) (01753) 875752

WARD(S): All

PART I
FOR INFORMATION, COMMENT & CONSIDERATION

PROGRESS UPDATE ON THE FRIMLEY SUTAINABILITY AND TRANSFORMATION PLAN

1. **Purpose of Report**

This report provides the Slough Wellbeing Board with an update on the progress being made to deliver the Sustainability and Transformation Plan (STP) for the Frimley footprint.

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

The Slough Wellbeing Board is recommended to note the report and the progress being made in developing the Frimley Sustainability and Transformation Plan and comment on any aspect of the plan.

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

The priorities in the STP reflect the need to improve the health and wellbeing of the population. The STP will focus on those priorities that can be delivered across the system and local areas will continue to address their own local priorities. The Slough JSNA has informed the work of the STP.

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

The STP will meet the several of the current SWB priorities including:

- Health
- Economy and Skills
- Housing
- Safer Communities

The STP will do this by delivering across 5 priority areas:

1. Making a substantial step change to improve wellbeing, increase prevention, self care and early detection
2. Improve long term conditions outcomes including greater self management and proactive management across all providers for people with single long term conditions

3. Proactive management of frail patients with multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays
4. Redesigning urgent care, including integrated working and primary care models providing timely care in the most appropriate place
5. Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

3b. **Five Year Plan Outcomes**

The STP will support the delivery of the following Five Year Plan outcomes:

- More people will take responsibility and manage their own health, care and support needs
- Children and young people in Slough will be healthy, resilient and have positive life chances

4. **Other Implications**

(a) **Financial**

One of the aims of the STP is bring financial balance to the Frimley footprint by 2020 – across health and social care. There is a significant financial pressure facing all parts of the system and the plan will address how these pressures will be managed.

Any future investment from the NHS in local systems will come via the STP process.

A high level financial analysis was included in the June submission of the STP plan.

(b) **Risk Management**

<i>Risk Area</i>	<i>Risk/Threat/Opportunity</i>	<i>Mitigation(s)</i>
<i>Financial All parts of the system are facing financial challenge due to increasing demand and rising costs</i>	<i>Priority areas do not manage the financial pressures – or actions cause additional financial pressures across one part of the system or service area</i>	<i>The STP gives a system wide view and management of the whole of the footprint. Aim is to bring the whole system into financial balance</i>
<i>Property Decision are not made about current or future use of assets that help deliver the STP ambitions</i>	<i>Each part of the system or individual service continue to make decisions on their own irrespective of STP ambitions</i>	<i>STP will support via system leaders group to have a cohesive few of assets and estates</i>
<i>Employment Issues Not having sufficient or trained staff to deliver new ways of working</i>	<i>Each organisation already has issues of recruitment and retention of staff</i>	<i>STP priority focus on our workforce, health and social care staff will be reviewed as a whole for residents care optimising workforce with new roles and ways of working considered.</i>

<i>Equalities issues Health inequalities</i>	<i>The specific health issues of the Slough population will not be met by the STP priorities</i>	<i>STP has focussed on the main health issues across the footprint and this will include Sloughs health issues. Those that are specific to Slough will be looked at in a review of areas of health inequality across the footprint. Those that are not will still be a priority for the Slough health and care system to deliver.</i>
<i>Communications The ambitions of the STP are not well understood by all parts of the system</i>	<i>Different parts of the system, workforce, residents, providers and communities have differing understanding and knowledge of the changes</i>	<i>Regular comms and workshops, briefings across the system. A unified approach of strategic direction will enable clearer communication to staff and residents.</i>

(c) Human Rights Act and Other Legal Implications

There are none identified at this point.

(d) Equalities Impact Assessment

This will be undertaken as specific plans are developed to deliver the priorities.

(e) Workforce

There are no specific issues identified at this point but as workforce is one of the enablers for the delivery of the plan this will have significant focus over the coming months.

5. Supporting Information

- 5.1 The latest STP plan was submitted to NHS England on 30th June 2016. With NHS England feedback session on the 15th July.
The Frimley system covers the populations of Slough, Windsor, Ascot and Maidenhead, Bracknell and Ascot, Surrey Health and NE Hampshire CCG's – approximately 750,000 people.
Sir Andrew Morris Chief Executive of the Frimley NHS Trust is the senior responsible officer for this STP.
The plan relates to people of all ages for physical, psychological and social wellbeing, for carers and their families and covers health and social care support. A gap analysis was carried out across health and social care which helped validate the priorities and initiatives.
- 5.2 The governance for the STP is described below:
- The **Frimley System-Wide Leadership Group** brings together all of the members from the three systems leadership groups (approx. 50 people).

- The **Frimley System Leadership Reference Group** – chaired by Sir Andrew Morris to work on behalf of the three wider system leaders groups to steer and ensure development and delivery of the STP. John Lisle represents Slough CCG as part of this group and Alison Alexander (from RBWM) represents local authorities.
- The **Frimley System Directors Group**. This group reports to Sir Andrew Morris and takes the lead on the day to day developments of the Plan. A dedicated STP director Tina White has been appointed. Alan Sinclair is the local authority representative on this group.
- The **Local Authority Elected members group**. This is a new group that will provide an opportunity for local authority members to influence and support the development of the plan. Cllr Sabia Hussain is the Slough representative on this group.
- The **mental health, learning disability and acquired brain injuries specialist group**. This is a new group that will ensure that we take account of and meet the needs of these specialist groups as we develop the plans to deliver the priority areas.
- Several workshops have been held over the last few months with the various groups listed above to agree the priorities and to focus on the actions that will deliver the biggest impact across the system over the next few years.

5.3 Five priorities will be addressed over the next five years:

1. Making a substantial step change to improve wellbeing, increase prevention, self care and early detection
2. Improve long term conditions outcomes including greater self management and proactive management across all providers for people with single long term conditions
3. Proactive management of frail patients with multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays
4. Redesigning urgent care, including integrated working and primary care models providing timely care in the most appropriate place
5. Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

5.4 Four key enablers for transformation have been identified:

- A. Becoming a system with a collective focus on the **whole population** we serve and support throughout their lives – not a system based on sectors, organisations, services or parts of the population
- B. Developing **communities and social networks** so that people have the skills and confidence to take responsibility for their own health and care in their own communities
- C. Developing the **workforce** across our system so that it is able to support self care and health promotion and deliver our new models of care recognising that this transformation will be achieved through development and retention rather than recruitment and be within today's costs.
- D. Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

5.5 Six initiatives have been identified that will support the delivery of the priorities 2016/17-2017/18

1. Ensure that people have the skills, confidence and support to **take responsibility for their own health and wellbeing**
2. Lay the foundations for a **new model of general practice**, provided at scale. This includes work to further the development of GP federations to improve resilience and capacity
3. Transform the **social care market** including a comprehensive capacity and demand analysis and market management
4. Design a **support workforce** that is fit for purpose across the system
5. Implement a **shared care record** that is accessible to professionals
6. Develop **integrated care decision making hubs** to provide single points of access to services such as rapid response and reablement

5.6 Next steps

- 15th July NHS England feedback session
- Defining and scoping the delivery of the key initiatives
- Setting up further workshops or tapping into existing forums
- Further in depth activity and financial modelling so the impact of each initiative is understood
- Further submission of the plan in September 2016

6. Comments of Other Committees

The STP alongside the Slough Better Care Fund will be a major agenda item for the September 2016 Slough Health Scrutiny Panel.

7. Conclusion

Significant progress has been made in developing the Frimley STP for submission on the 30th June 2016. The Slough Wellbeing board is asked to note and comment on the progress made.

8. Appendices Attached

A – STP progress summary presentation July 2016

9. Background Papers

‘1’ Draft STP Plan April 2016 submission

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Frimley System Sustainability & Transformation Plan

Progress Update Slough Wellbeing Board

Progress since the last meeting (May)

- In the past 6 weeks since the last meeting there has been significant progress made in order to ensure the STP was in a state of readiness for submission on 30th June.
- We have held several workshops to identify and agree our priorities and those initiatives we needed to focus on in the first 1-2 years to give the biggest impact across the system.
- We have established some key reference groups:
 - LA elected members group
 - Mental Health, Learning Disabilities & Acquired Brain Injuries Specialist group
- A Gap analysis has been carried out across both health & social care which helped to validate the priorities / initiatives that were chosen
- **The plan was submitted on 30th June**
- It relates to people of all ages for physical, psychological, and social wellbeing, for carers and their families and covers the provision of health and social care
- We meet with NHS England on 15th July for challenge and feedback

Our plan.....

- Sets out five priorities for change over the five years
- It is underpinned by 4 transformational enablers
- In years 1-2 it identifies 6 key initiatives that will establish early momentum and underpin future work

Our priorities for the next five years

We have identified the following **five priorities** which will be addressed over the next 5 years through our STP:

P1

Priority 1: Making a substantial step change to improve wellbeing, increase prevention, self-care and early detection.

P2

Priority 2: Action to improve long term condition outcomes including greater self management & proactive management across all providers for people with single long term conditions

P3

Priority 3: Frailty Management: Proactive management of frail patients with multiple complex physical & mental health long term conditions, reducing crises and prolonged hospital stays.

P4

Priority 4: Redesigning urgent and emergency care, including integrated working and primary care models providing timely care in the most appropriate place

P5

Priority 5: Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

Enablers for transformation

We have identified **four key transformational enablers** that our system needs to deliver over the coming five years.

- A. Becoming a system with a collective focus on the **whole population** we serve and support throughout their lives – not a system based on sectors, organisations, services or parts of the population
- B. Developing **communities and social networks** so that people have the skills and confidence to take responsibility for their own health and care in their communities.
- C. Developing the **workforce** across our system so that it is able to *support self care and health promotion* and deliver our new models of care recognising that this transformation will be achieved through development and retention rather than recruitment and be within today's costs.
- D. Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

Six key initiatives for 2016/7 – 2017/8

We have identified **six initiatives** that will support these priorities for change across the STP footprint and these are described in more detail in the next slide

Key initiatives and focus for 2016/17 – 2017/18

Key initiatives

We have identified 6 key initiatives that will allow us to achieve early progress in years 1-2 towards driving priorities to close the three gaps -health & wellbeing, care & quality and financial. The initiatives are:

1. Ensure that people have the skills, confidence and support to **take responsibility for their own health** and wellbeing
2. Lay the foundations for a **new model of general practice**, provided at scale. This includes work to further the development of GP federations to improve resilience and capacity
3. Transform the **social care market** including a comprehensive capacity and demand analysis and market management
4. Design a **support workforce** that is fit for purpose across the system
5. Implement a **shared care record** that is accessible to professionals across the STP footprint
6. Develop **integrated care decision making hubs** to provide single points of access to services such as rapid response and reablement with phased implementation across our area by 2018.

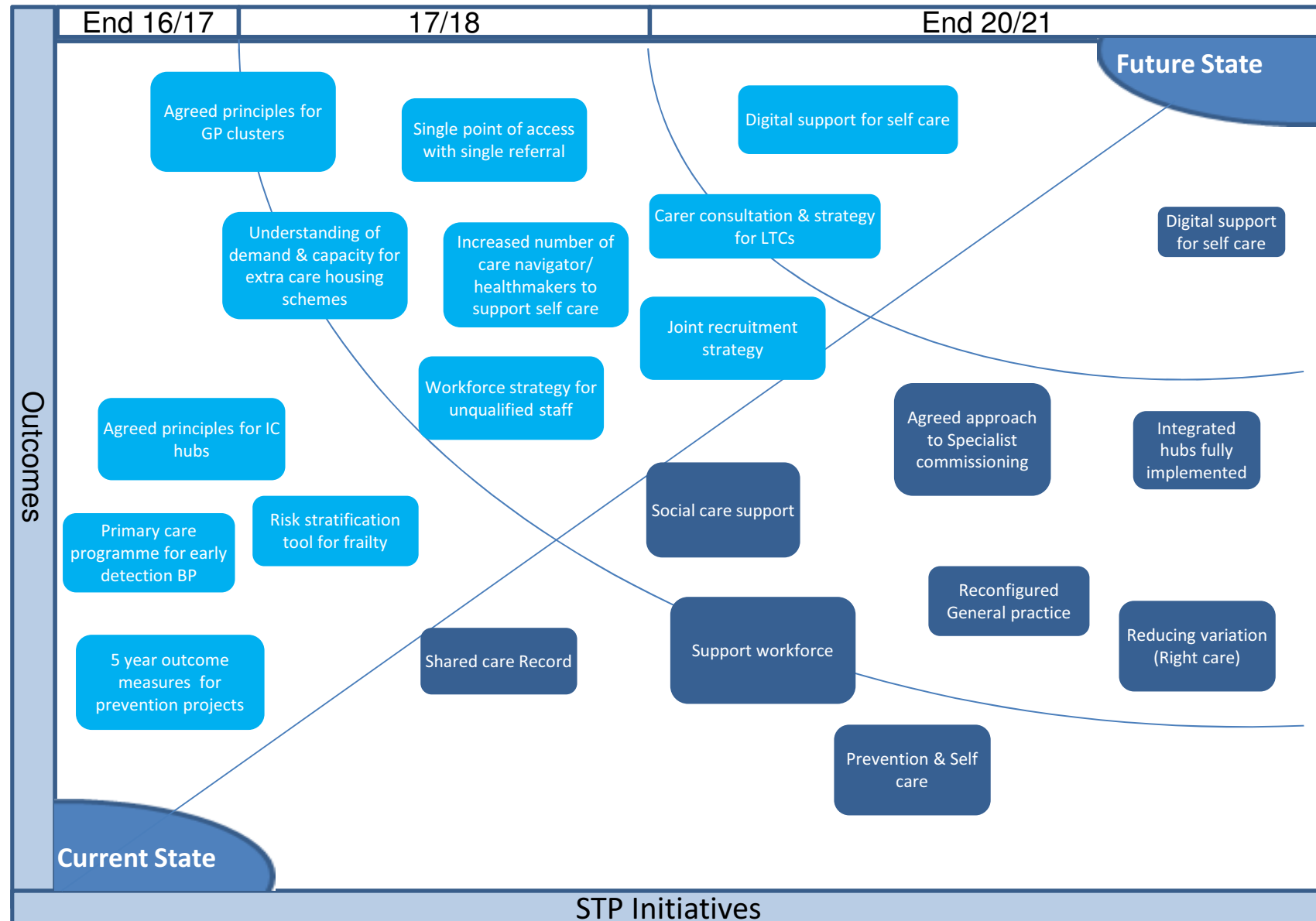
We believe that these are the actions which will:

- Have the greatest transformational impact, supporting the achievement of our four key transformational enablers.
- Enable us to deliver our five priorities.

Matrix showing how the key initiatives support delivery of our five priorities

Key initiatives for years 1 & 2						Our five priorities	
1. People take responsibility for own health & wellbeing	2. New model of General Practice	3. Social care support market	4. Support workforce	5. Shared care record	6. Integrated care decision making hubs		
✓	✓			✓		Priority 1: Making a substantial step change to improve wellbeing, increase prevention, self-care and early detection.	P1
✓	✓		✓	✓		Priority 2: Action to improve long term condition outcomes including greater self management & proactive management across all providers for people with single long term conditions	P2
	✓	✓	✓	✓	✓	Priority 3: Frailty Management: Proactive management of frail patients with multiple complex physical & mental health long term conditions, reducing crises and prolonged hospital	P3
	✓	✓	✓	✓	✓	Priority 4: Redesigning urgent & emergency care, including integrated working & primary care models providing timely care in the most appropriate place	P4
✓	✓			✓		Priority 5: Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.	P5

STP high level delivery plan



Next Steps

STP Process & Submission

- 30th June submission deadline
- 15th July – NHSE feedback session
- We will need to start defining the scope and delivery plan for each of our key initiatives
- We will be setting up further workshops or tapping into existing forums to enable us to do this.
- There will need to be some in depth activity / financial modelling so we can clearly articulate the impact for each initiative.
- We will look to set up a small team to help support these initiatives

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 20 July 2016

CONTACT OFFICER: Dean Tyler (Head of Policy, Partnerships & Programmes)
(For all Enquiries) (01753) 875847

WARD(S): All

FOR DISCUSSION

**PROPOSALS TO IMPROVE THE BOARD'S WAYS OF WORKING INCLUDING
REFRESHED TERMS OF REFERENCE**

1. **Purpose of Report**

To review proposals to improve the Board's ways of working and agree refreshed terms of reference.

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

The Board is asked to:

- a) Review the recommendations to improve our ways of working at Appendix A from the Task and Finish group;
- b) Agree the refreshed Terms of Reference at Appendix B; and
- c) Agree next steps at section 5 for issues not covered by the above.

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

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

Slough's current Wellbeing Strategy 2013 – 2016 expires shortly. A separate report has been prepared recommending a draft strategy for 2016-2020. This report explains the work that has been undertaken to ensure that we have an effective partnership network and governance arrangements in place to deliver this.

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

The new Wellbeing Strategy will be informed by our Joint Strategic Needs Assessment, the Slough Story and through consultation with representatives from the Wellbeing Board, its subgroups, key stakeholders and other partners.

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

Slough's current Wellbeing Strategy contributes to the eight Five Year Plan outcomes in particular outcomes 1 to 6.

4. **Other Implications**

- (a) Financial - There are no financial implications associated with the proposed actions.

(b) Risk Management - There are no identified risks associated with the proposed actions.

(c) Human Rights Act and Other Legal Implications - There are no direct legal or Human Rights Act Implications.

(d) Equalities Impact Assessment - There is no requirement to complete an Equalities Impact Assessment in relation to this report.

5. Supporting Information

5.1 Report of the Board's Task and Finish Group

The Wellbeing Board agreed when it met in May to establish a Task and Finish group to review proposals to improve its ways of working.

Appendix A to this report sets out the Task and Finish group's recommendations.

5.2 Terms of reference

The January development workshop started the process to review the role of the Wellbeing Board so that it could be more strategic and have genuine influence and set direction. The draft refresh of the Strategy describes the relationship between the Board and the wider partnership working.

Appendix B to this report sets out a draft refresh of our Terms of Reference.

5.3 Other issues related to ways of working

Protocols between the Wellbeing Board and Health Scrutiny Panel (HSP), Slough Local Safeguarding Children's Board (SLSCB) and Slough Adults Safeguarding Board (SASB)

These Protocols were agreed in 2013 and it is recommended that these are reviewed to clarify and strengthen the Board's future relationship with these bodies.

The Wellbeing Board's Overarching Information Sharing Protocol

This Protocol was agreed in 2015. Following a review and advice from the Council's Information Governance manager a revised Protocol with accompanying guidance has been circulated to the Information Governance Managers for the Board's members. Subject to their comments, the Protocol and guidance will be brought back to the Board for endorsement at its September meeting.

Criteria for forward work plan

The following criteria are proposed to help the Board prioritise agenda items for the forward work plan -

Does the proposed item help the Board to:

- i. Deliver one of its statutory responsibilities?*
- ii. Deliver wider strategic outcomes / agreed priorities in the Wellbeing Strategy?*

- iii. *Coordinate activity across the wider partnership network on a particular issue?*
- iv. *Initiate a discussion on a new issue which it could then refer to one of the key partnerships or a Task and Finish group to explore further?*
- v. *Respond to changes in national policy that impact on the work of the Board?*

6. **Comments of Other Committees**

Members of the Health Scrutiny Panel and representatives from each of the Wellbeing Board's existing partnerships and subgroups have been involved in discussions about the Board's future ways of working and their comments have been reflected in the proposals put forwards at Appendices A and B.

7. **Conclusion**

Subject to the views of the Board we will –

- Introduce new ways of working as recommended at Appendix A;
- Recommend the new Terms of Reference at Appendix B for approval by full Council; and
- Progress the issues at section 5 not covered by the above.

8. **Appendices Attached**

A: Recommendations from the Ways of Working task and finish group

B: Draft Terms of Reference

9. **Background Papers**

None.

APPENDIX A: RECOMMENDATIONS FROM THE WAYS OF WORKING TASK AND FINISH GROUP

The Wellbeing Board agreed when it met in May to establish a small Task and Finish group to review proposals to improve our ways of working that were identified at the January workshop.

Themed meetings

The key recommendation from the group is to have a forward plan for the year with themed meetings. A model agenda could look like –

Agenda item	
Business items – decisions required. To include statutory responsibilities.	30 minutes
Themed discussion See below * - Agencies should be encouraged to work together to bring a consolidated report to the Board, setting out a majority view.	1 hour
Forward planning Control over agenda planning should rest with Board members.	10 minutes
Information items These should be kept to a minimum and where possible circulated to Board members by email rather than brought to the agenda.	10 minutes
Summary What have we achieved tonight?	10 minutes

*Themes: Consultation on the new Wellbeing Strategy has identified four emerging priorities –

1. Increasing life expectancy by focussing on inequalities
2. Improving mental health and wellbeing
3. Housing
4. Children's safeguarding

The Board currently meets six times a year and it is proposed that we have an annual conference with the wider partnership in September.

Additional issues for discussion could include –

5. Community safety
6. Economic development and job creation

Report template

This needs to be refreshed as all are agreed that the report packs are too long and not strategic enough.

A summary page should cover –

- What is being asked of the Board
- Resources
- Deliverables and timescale
- Success factors

Detail can sit behind this.

Performance

The Board should be clear about the key measures of success and these should be linked to the themed reports going to each meeting. Where possible we should use infographics to bring these to life.

Communications and engagement plan

We will schedule a workshop for after a future Board meeting to focus on 'engaging people'. This will look at best practice from elsewhere and how we can tap into our communities and the collective networks that partners have access to and make the most of this. We will look at target audiences when planning our communications.

Les O'Gorman
Naveed Ahmed
Nicholas Pontone
Dean Tyler

June 2016

APPENDIX B: SLOUGH WELLBEING BOARD – DRAFT TERMS OF REFERENCE, JULY 2016

1. Purpose and objectives

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

Statutory functions of the Board

- 1.2. To prepare and publish a Joint Strategic Needs Assessment (JSNA) for Slough.
- 1.3. To prepare and publish a Joint Health and Wellbeing Strategy (JHWS) for Slough.
- 1.4. 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.
- 1.5. 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.
- 1.6. To give its opinion, as requested by the NHS Commissioning Board, on the CCG's level of engagement with the Board, and on the JSNA and the JHWS.
- 1.7. To encourage persons who arrange for the provision of health and/or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the area.
- 1.8. To work with partners to identify opportunities for future joint commissioning.
- 1.9. To lead on the signing off of the Better Care Fund Plan (BCF).
- 1.10. To publish and maintain a Pharmaceutical Needs Assessment (PNA).
- 1.11. To give its opinion to the Council on whether it is discharging its duty to have regard to any JSNA and JHWS prepared in the exercise of its functions.
- 1.12. To exercise any Council function which the Council delegates to it.
- 1.13. To ensure that strategic issues arising from Slough's Adult Safeguarding Board and Local Safeguarding Children's Board inform the work of the Board.
- 1.14. To receive the annual reports from the Slough's Adult Safeguarding Board and Local Safeguarding Children's Board and ensure that partners respond to issues pertinent to the Board.

Locally agreed objectives of the Board

- 1.15. To act as the umbrella high level strategic partnership for the Borough, to agree the priorities that will improve the health and wellbeing and reduce the inequalities of the people of Slough.
- 1.16. To give the public a voice in shaping health and wellbeing services in Slough.

2. Membership

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

- The Leader of the Council
- The Cabinet Member for Education and Children's Services and Health and Wellbeing
- The Chief Executive of Slough Borough Council
- The Directors of:
Adult Social Services
Children's Services
Public Health
- A representative of Slough's Clinical Commissioning Group
- A representative of Slough Healthwatch
- A representative of the Local Area Team of NHS England¹ .
- The Local Police Area Commander
- A representative of the Royal Berkshire Fire and Rescue Service
- Two local business representatives
- A representative of Slough's voluntary and community sector
- A representative of the Acute Sector
- Other members appointed by the Board or the Leader of the Council after consultation with the Board.

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

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

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

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

2.5. Membership of the Board will be reviewed annually.

2.6. The following are disqualified from being a Board Member:
Any person who is the subject of a bankruptcy restrictions order or interim order and any person who has within five years before the day of being appointed or

¹ This organisation is required to participate in the development of the JSNA and JHWS and to join the Board when it considers matters relating to the exercise of the NHS Commissioning Board's commissioning functions

since his or her appointment been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed on him a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

2.7. Election of Chair and Vice-Chair

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

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

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

3. Working arrangements

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

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

3.3. The Board will meet in public and comply with the Access to Information procedures as outlined in the Council's Constitution

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

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

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

3.7. All members have an equal vote.

3.8. Meetings will be deemed quorate² if at least [one third of] members are present and in no case shall the quorum for the Board be less than 5. If the number of members increases this will need to be reviewed. Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board.

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

4. Relationship to other partnership groups

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

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

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

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

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

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

² The Board does not have to comply with Part 4.1 rule 7 of the Council's Constitution.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 20 July 2016

CONTACT OFFICER: Dean Tyler (Head of Policy, Partnerships & Programmes)
(For all Enquiries) (01753) 875847

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

REFRESH OF SLOUGH JOINT WELLBEING STRATEGY 2016 – 2020

1. Purpose of Report

To agree next steps to refresh the Slough Joint Wellbeing Strategy.

2. Recommendation(s)/Proposed Action

The Board is asked to:

- a) Comment on the draft of the refresh of the Slough Joint Wellbeing Strategy at Appendix A;
- b) Agree the timeframe and process for annual review of the Strategy (para 7.1); and
- c) Agree arrangements for a Slough Partnership conference and launch of the Strategy on 22 September 2016 (paras 7.2 and 7.3).

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

3a. Slough Joint Wellbeing Strategy Priorities

Slough's current Wellbeing Strategy 2013 – 2016 expires shortly. This report explains the work undertaken by the Board with partners to develop a new Strategy and priorities for the period 2016 – 2020.

3b. Joint Strategic Needs Assessment (JSNA)

The new Wellbeing Strategy is informed by evidence of need contained in the Joint Strategic Needs Assessment and the Slough Story.

3c. Council's Five Year Plan Outcomes

The draft Wellbeing Strategy's contributes to the eight Five Year Plan outcomes in particular outcomes 1 to 6.

4. Other Implications

- (a) Financial - There are no financial implications associated with the proposed actions.
- (b) Risk Management - There are no identified risks associated with the proposed actions.

- (c) Human Rights Act and Other Legal Implications - There are no direct legal implications. The specific activity in the Strategy and other plans may have legal implications which will be brought to the attention of the Council's Cabinet separately. There are no Human Rights Act Implications.
- (d) Equalities Impact Assessment - There is no requirement to complete an Equalities Impact Assessment (EIA) in relation to this report. EIAs will however be completed on individual aspects of any actions produced to sit underneath the Strategy, as required.

5. Supporting Information

5.1 It is the statutory responsibility of Health and Wellbeing Boards to publish a Health and Wellbeing Strategy and a Joint Strategy Needs Assessment (JSNA). Slough's current Joint Wellbeing Strategy is for 2013 to 2016.

5.2 In January 2016 the Wellbeing Board launched a programme of activity to review and refresh the Strategy and priorities. This included -

- An analysis of need through the Joint Strategic Needs Assessment
- Updating the Slough Story
- A workshop with partners in January 2016
- Discussion at the Slough Wellbeing Board
- Two consultation surveys

5.3 The outcome of this activity has informed the new Strategy. As well as reviewing the priorities for the Board we have also reviewed our governance and partnership ways of working. The new Strategy therefore explains the role of the Board and how it has set itself an ambition to set the vision and strategic direction for partnership working in Slough. There is a diagram and quick guide to the key partnerships working in the borough.

6. Comments of Other Committees

6.1 The Outcomes report from January's development workshop was shared with the Health Scrutiny Panel, representatives from each of the Wellbeing Board's existing subgroups and other partners. All of the subsequent comments received have been taken into account in the development of the refreshed strategy.

7. Conclusion

7.1 The refreshed Strategy will set the vision and direction for partnership working for the next four years. The document has been designed to focus on four priorities where we can make a difference over the coming year. It is recommended that progress against this is reviewed annually and we check whether we should shift our focus onto different priorities for the next year.

7.2 A partnership conference has been arranged for the morning of Thursday 22 September 2016 at the Curve. This will bring together a wide range of representatives from across the network of partners working in Slough.

7.3 The conference is being designed to

- a) Launch the Strategy – including actions we can all take to collectively deliver the four priorities;
- b) Promote awareness of the wide range of partnerships and agencies operating in Slough – this is important as one of the key issues we are often asked for help with is signposting to the most appropriate place for advice to support.

8. **Appendices**

A: Draft Slough Joint Wellbeing Strategy 2016-2020

9. **Background Papers**

None.

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Appendix A

DRAFT SLOUGH WELLBEING STRATEGY 2016-2020 JULY 2016

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Contact information

For any queries relating to this Strategy or the Slough Wellbeing Board's work, please contact:

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Website <http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-joint-wellbeing-strategy.aspx>

1. FOREWORD

Our consistent vision is to make Slough a place where

“People are proud to live, where diversity is celebrated and where residents can lead safe, fulfilling, prosperous and healthy lives.”

We have a fantastic community and set of agencies working to achieve this vision. The Slough Wellbeing Board is at the heart of a network of partnerships, constantly looking for ways to improve people’s lives by working better together.

Since forming in 2013, we have concentrated on being able to achieve locally the nationally set criteria for partnership working – to reduce health inequalities; to improve wellbeing by tackling the wider determinants of health; and to drive collaboration, integration of local services and joint commissioning.

The refresh of this Strategy has provided an opportunity for the Slough Wellbeing Board to reset its ways of working and ensure greater focus on priorities where it can make a difference. In Slough we have sought to go beyond the statutory requirements and use our partnership to set strategic direction.

The Wellbeing Board is a genuine partnership drawn from representatives across the public, private and voluntary sectors. What we all have in common is the people of Slough – whether as residents, customers, service users or patients we are all working with the same population.

In a climate of ongoing austerity and change the case for partnership working has never been stronger. We will continue to look for opportunities to work together wherever possible to achieve the best outcomes for the people of Slough.

This Strategy sets out our vision for the next four years. We have highlighted four key priorities where we believe we can begin to make a real difference over the year ahead. We will review this on an annual basis to ensure that our collective partnership remains focussed on achieving the right outcomes for Slough.

Slough is a unique place and people who live or work here are passionate about both the community and the place. I am delighted to be in a position as chair of the Wellbeing Board where I can support the ambitions of our partners to realise the best outcomes for Slough and I look forward to working with you.

Chair of the Slough Wellbeing Board

2. INTRODUCTION

Purpose of the Strategy

This is the second Joint Wellbeing Strategy for Slough which is our overarching plan to improve the wellbeing of residents and reduce health inequalities across the borough.

It has been developed by the Slough Wellbeing Board, a partnership which is made up of agencies across the public, private and voluntary sectors.

The Slough Wellbeing Board

Every local authority is required to have a Health and Wellbeing Board as a committee of the local authority. However, the task of improving wellbeing is not something that local authorities can do alone and therefore the Board includes partner agencies operating in the borough.

In Slough we have made a deliberate decision to widen membership beyond the statutory requirements. We have also called our overarching partnership the Slough Wellbeing Board rather than a Health and Wellbeing Board – this is more than a symbolic gesture; it focuses our attention on being able to tackle the wider determinants of health to improve wellbeing rather than being constrained by operational health issues.

The Wellbeing Board consists of senior representatives from:

- Slough Borough Council
- NHS
- Slough Clinical Commissioning Group
- Healthwatch Slough
- Thames Valley Police
- Royal Berkshire Fire and Rescue Service
- Slough CVS
- Business sector

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

The approach we have taken in Slough to include a wider range of agencies and sectors alongside those who commission health and social care services means that we can meet the need to jointly commission and integrate services while also being able to act as the strategic partnership for the borough. In broad terms our aims are to:

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

The Board is committed to being able to give the public a voice in shaping health and wellbeing services in Slough. Over the year ahead we will look for ways in which we can build on how we currently engage with people as individual agencies and look for opportunities to coordinate this.

How the Strategy was developed

The strategy was developed following consultation with partner agencies during 2016. A workshop was held in January which brought together representatives of the key partnerships operating across the borough. The priorities for the year ahead were tested in an online consultation and survey. The Wellbeing Board has shaped the strategy and priorities to reflect the responses received.

The Joint Strategic Needs Assessment [\[insert link\]](#) and Slough Story [\[insert link\]](#) provide the evidence base that informs the needs of the population of Slough. A summary of the key issues facing Slough that this Strategy seeks to address are set out below.

Slough's total population in 2015 was estimated to be 144,734 which comprises 40,561 children (those aged less than 18) as well as 91,255 of 'working age' (those aged 18 to 64) and 13,918 'older people' (aged 65 or above). Our population is therefore young, dynamic and growing.

Our location, excellent transport links to London and the rest of the South East and proximity to Heathrow airport have helped us become the third most productive town in the UK, with a £9 billion economy. We are ranked sixth in the country for the number of business start-ups and are attracting new business at a faster rate than anywhere else in the UK. There were approximately 87,000 jobs in Slough in 2013.

We have a long history of ethnic and cultural diversity that has created a place that is truly unique and valued by those who live and work here. 45% of our population is white or white British, 40% is Asian or Asian British and 15 % Black or black British, mixed race or other.

We have a number of neighbourhoods that include households facing multiple challenges, for example, with no adults in employment, low incomes, children living in poverty and poor quality housing. These factors can lead to inequalities in health and wellbeing.

Life expectancy varies between wards with men expected to live on average until 78.6 while women are expected to live until 82.9. The number of older people in the borough is increasing and people will live longer but with poorer health. Around 19,000 adults in Slough have a limiting long term illness or disability and around 3,000 are economically inactive due to a long term sickness. 62% of Slough's adults are excessively overweight and 25% are obese. Diabetes, cardiovascular disease, strokes, chronic respiratory disease and cancer are the biggest causes of death in Slough and account for much of the inequalities in life expectancy within the borough.

3. OUR PRIORITIES

The Strategy is focussed on four key priorities to improve the health and wellbeing of the people in Slough:

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

These priorities have been selected on the basis that as there is no single agency or group already addressing them we can all make a difference. We have deliberately set out not to duplicate activity already taking place. So, for example, we did not select tackling crime as a priority as this is something that the Safer Slough Partnership is leading on and effectively coordinating a multi-agency and community approach already.

The priorities are cross-cutting in nature in that they are relevant to us all and we also have the opportunity to directly or indirectly improve outcomes in these areas through the work that we do. Often strategies can fail because they are trying to tackle everything at once against a vision that may sound laudable but is ultimately insufficiently focussed on where real difference can be achieved.

For each of the four priorities the Strategy explains why this is a priority; our ambitions and what we will do to achieve this. The Wellbeing Board will look for every opportunity to raise awareness of its work and that of the wider partnership so that we can collectively make a real difference in these areas over the year ahead. That should give us the momentum needed to ensure that progress continues in the future.

We will review this approach annually and check whether there is a need to focus on a different set of priorities for the next year.

The Wellbeing Board has adopted five key principles that underpin our approach to delivery of the Strategy – we will:

- Focus on prevention, early intervention and health promotion
- Provide opportunities for individual and community empowerment and volunteering
- Promote a culture of self care and personal responsibility
- Achieve more for less by making the very best use of resources.
- Engage in an on-going dialogue with our residents, communities and patients.

Priority 1: Increasing life expectancy by focussing on inequalities

What the evidence tells us

There is a wealth of evidence that points to how life expectancy can be increased by improving inequalities. The Joint Strategic Needs Assessment is the primary source of information about the specific factors in Slough.

There are large disparities between the most and least deprived parts of the borough: the life expectancy gap is 8 years lower for men and 6 lower for women from the most to least deprived parts of the borough.

The number of people with long term conditions is increasing – the main health problems and causes of death in Slough include cardiovascular disease, stroke, obesity, diabetes, cancer and chronic obstructive pulmonary disease.

These can be tackled by changes in lifestyle, increasing rates of physical activity, improving diet, drinking less alcohol and stopping smoking.

Our ambitions

This priority is not just about people living longer but is intended to increase people's healthy life expectancy. In other words, it is about improving people's quality of life as they get older.

Tackling this priority cannot start early enough in people's lives and our ambitions are to make Slough a healthy place to live so that every resident enjoys lasting good health.

We therefore want to prevent people from developing long term conditions in the first place. This means we want a borough that enables people who want to make the healthy choice the easy choice – whether that be eating well, being more active, quitting smoking or reducing drinking. We want people to be more informed about what constitutes a healthy lifestyle and to be aware of the support available to help them achieve this.

If people can start to take a more proactive role in managing their own health and wellbeing we can ensure that resources are targeted to those people and carers who need it most. We need to ensure that people are taking up immunisations, early screening and health checks. We want people and communities, including employers, to play a greater role in supporting each other to live longer and healthier lives.

What we will do

We will develop a Prevention Strategy for the borough that sets out the Local Authority and the Clinical Commissioning Group's plans for meeting the future health prevention needs of Slough's residents. As a partnership we will ensure that we are able to effectively signpost people to help and support available to enable them to do more for themselves. For example the Slough Health.org website will be updated to

publicise and promote a range of activities open to residents. The work covered by the Sport and Physical Activity Strategy is a further example of how we are working to improve health and wellbeing.

The Better Care Fund is a key driver for greater integration of health and social care services in Slough. This is important if we are to make the best use of scarce resources. The Frimley Sustainable Transformation Plan will bring about a genuine and sustainable transformation in patient experience and local health outcomes.

We will work with the voluntary and community sector to make the most of capacity in the community. The Council's Adult Social Care team have developed an Asset Based Community Development project to support people to source their own support and care from community assets and live independently for as long as possible.

The Council is developing a new Local Plan which sets out a vision for the borough in 20 years time and the land use plan to facilitate delivery. This provides the opportunity to ensure that we are using this to design in opportunities for people to lead active and healthier lifestyles.

Priority 2: Improving mental health and wellbeing

What the evidence tells us

On average, 1 in 4 people will have a mental health problem at some point in their lives. Good mental health is increasingly being recognised as being as important as good physical health.

We know that mental health is not just a problem for adults but is becoming more of a concern among young people who are struggling to cope with the pressures of everyday life. Mental health covers a spectrum from mild anxiety through to stress and depression. This has implications for people's physical health and can therefore contribute to long term conditions that the first priority in this strategy is seeking to tackle. People with long term mental health problems are also at increased risk of social exclusion, worklessness, poor housing, isolation and poverty. In extreme cases mental health and depression can lead people to suicide.

Despite high levels of mental illness in Slough, a large proportion of residents do not seek help.

Our ambitions

We need to use our collective networks to promote the support available and opportunities that would positively impact on mental health and wellbeing.

We want our children and young people to be emotionally and mentally resilient and have a positive outlook on life. Mental health services need to be centred on the person - wrapped around an individual, their family and their carer's needs. To improve services so that they are flexible and integrated requires a 'whole system' approach that enables people with mental ill health to be supported in the community to live independently and lead fulfilling lives.

We want people to feel able to seek help and not be afraid of doing this. Crucially therefore we need to end the stigma surrounding mental health.

Our ambitions are to ensure that all people in society have good mental health and wellbeing – from children and young people to adults and older people.

What we will do

We will coordinate across agencies the various initiatives and support available so that we can all better publicise, promote and signpost people to get the help they need. These include the new online counselling service for young people at www.KOOTH.com and the mentalhealth4life website <http://mentalhealthforlife.org>.

We will train professionals working with children and young people in mental health first aid so they can identify the triggers earlier and prevent issues escalating. A new Adult Mental Strategy will underpin our approach to improving mental health.

A mental health triage pilot for East Berkshire is being developed to provide better and more effective early intervention for those in crisis.

We will not treat mental health as a separate issue but instead we will embed means by which we can promote good mental health in our plans and strategies. We will also look for opportunities to run campaigns to tackle the stigma associated with mental health.

As well as doing everything we can to prevent people developing mental health problems in the first place, we will also ensure that we have joined up approaches between agencies so that those people with problems can recover. People need to be able to feel they are in control of their lives and tackling this issue is an important means by which we can all help to achieve this.

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Priority 3: Housing

What the evidence tells us

The links between housing and wellbeing are well documented – where people live can have a significant impact on the quality of their lives. There are strong evidential links between the quality of someone's home and their life chances – including educational attainment for children and young people, employment prospects, social participation and sense of belonging to a local community.

On top of these issues there are strong links between the quality of housing and physical health. Damp, mouldy and cold housing increases the risk of respiratory conditions such as asthma. Around 1,400 households do not have central heating and cold housing is a major factor in excess winter deaths. Fuel poverty is a rising concern.

In Slough 20% of households in Slough are overcrowded compared to 8% across England. 28% of the borough's private rented housing and 34% of its privately owned sector are categorised as 'non decent'. The combination of rapidly increasing property prices and low incomes means that some people are unable to move into larger, better quality housing. People who are homeless, living in temporary accommodation or move around a lot may not be registered with a local GP or be known to local health services. This makes monitoring the health of people difficult and can put them at added risk.

Our ambitions

We want to see a mix of housing in terms of tenure and size that meets the needs of the current and future population. We need better quality housing – not just Council owned housing, but across the privately rented and owned sectors too.

We want an increase in the number of new homes that are built and that are affordable as well. This means looking at the way we design housing and considering how we can accommodate the number of homes needed to meet the projected increase in our population. We need to look at the opportunities offered to incorporate housing within regeneration projects such as those planned in and around the town centre.

Our ambitions to tackle the wider determinants of health and wellbeing associated with housing include being able to support more people to live independently in their own homes and in their community. We want to be able to reduce inequalities between neighbourhoods so that Slough is a healthy place to live.

What we will do

The Council is leading an important piece of work to review its Housing Strategy for the borough. This will ensure that our plans reflect local demand both now and in the future. The Housing Strategy is being developed alongside the borough's Local Plan. This will set out the vision for the borough in 20 years and provide the

planning policy framework for new housing in appropriate locations across the borough. Planning can also be used to design out crime in new developments.

The local authority will use the findings from its stock condition survey to inform its repairs, maintenance and investment programmes. We will work with private landlords and their tenants to improve the quality of private rented accommodation in Slough.

Working in partnership is key to the achievement of the ambitions under this priority. We will need to work closely with registered providers to deliver much needed affordable homes in the borough and with private sector landlords to secure access to properties for local people and to prevent homelessness.

We need to be able to work together as agencies operating in Slough to identify people who are vulnerable or at risk and provide them with help and signposting to support. We can also help to restore people's pride in their environment and neighbourhood, while building a stronger and more resilient community.

Priority 4: Protecting vulnerable children

What the evidence tells us

Safeguarding children is everyone's responsibility. We all have an important role to play to promote their welfare and protect them from harm.

Vulnerable children who are at risk from abuse or neglect are far more likely to have serious and long-lasting problems in terms of their physical and mental wellbeing. Whilst education for the vast majority of Slough's children and young people is extremely good, the educational performance of our looked after children at GCSE is poor:

Since 1 October 2015, the Slough Children's Service Trust has been responsible for safeguarding and providing services for children in need. There were 3,829 children in need in Slough in 2014/15.

Our ambitions

Clearly we want all children to be safe and protected from abuse and neglect.

All children should have the opportunity to achieve the best in life.

More young people should be able to leave education with the qualifications and skills they need to fulfil their aspirations.

We will work to ensure that Slough's Children's services are rated by Ofsted as 'good'.

What we will do

We will work with partners to develop effective safeguarding arrangements that contribute to the vision of the Slough Children's Service Trust, which is to ensure that 'children in Slough are safe, secure and successful.'

As a network of partners operating across the borough, we will raise awareness of safeguarding issues for the protection of our children and young people. The promotion of the welfare of children should be embedded as an objective in our partners' strategies and plans.

We will ensure that we raise awareness of the early signs of danger and how children can seek help and support for a range of risks. These include internet safety; child sexual exploitation, grooming and exploitative relationships; and Female Genital Mutilation.

We will put in place transparent governance arrangements and clear lines of accountability between local bodies that have a duty to safeguard children and promote their wellbeing. We will work with the key agencies responsible for children

including the Trust, local authority and Slough's Local Safeguarding Children's Board to ensure our processes are robust.

As a wider partnership we will work to ensure that all looked after children receive a good education and a universal health offer. This will include ensuring that the Council's Education Strategy sets out how to improve the educational attainment and skills of all our children and young people.

As residents and communities we can also help by reporting any concerns about the welfare of children and young people to the appropriate authorities.

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3. DELIVERY - How the Wellbeing Board works with the key partnership groups in Slough

Alongside the work to refresh the Wellbeing Strategy the Wellbeing Board has also reviewed its role.

The Board has sought to ensure it is able to play a more strategic role so that it can have genuine influence and set direction. To achieve this it requires an effective partnership network to undertake operational delivery and 'heavy lifting'. The Board will seek to better coordinate activity and ensure greater clarity of accountability and ownership of agendas across and between the wider partnership and the Wellbeing Board.

We have looked at the wider partnership network and made recommendations to ensure that we are maximising the resources and capacity of our whole system for the benefit of Slough.

We will set Terms of Reference that enable closer partnership working but are proportionate in terms of governance and reporting requirements. If we over-process the partnership in Slough we will stifle innovation and creativity. A number of groups already have clear governance and accountability arrangements and it would not be appropriate to suggest that they are all responsible to the Wellbeing Board. However the new arrangements are intended to better map the extent of activity so that it can be coordinated more effectively.

The Board will retain its status as a serviced Committee of the Council and be able to fulfil statutory requirements of a Health & Wellbeing Board.

The diagram below shows how the Wellbeing Board will act to 'hold the ring' for the partnership network, coordinating activity to make the best use of resources in achieving common outcomes.

Diagram summarising key partnership groups in Slough



*The Place & Regeneration agenda will be covered by Slough Urban Renewal; Transport Forums; Housing

Quick guide to key partnership sub groups and strategies

Partnership	Key sub groups	Key strategies
Health and Adult Social Care Partnership Delivery Group	<ol style="list-style-type: none"> 1) Autism Partnership 2) Carers Partnership Board 3) Learning Disability Partnership Board 4) Mental Health Board 5) Dementia Partnership Board 6) Older People's Partnership Board 7) BCF Programme Board 8) VCS Steering Group 	<ul style="list-style-type: none"> • 5 Year Plan • Autism Strategy • Carers Strategy • Learning Disabilities Plan • Commissioning Strategy for Adult Social Care • Sustainable Transformation Plan • Slough CCG Plan • Voluntary and Community Strategy • Prevention Strategy
Children and Young People's Partnership [currently being reviewed]	<ol style="list-style-type: none"> 1) Health Sub-Group 2) Early Help Sub-Group 3) Achieving Sub-Group 	<ul style="list-style-type: none"> • Children and Young People's Plan 2015 /16 • CAMHS Strategy • Joint Ofsted Delivery plan
Local Safeguarding Children's Board [statutory] Slough Safeguarding Adults Board [statutory]	<ol style="list-style-type: none"> 1) Child Sexual Exploitation and Trafficking Strategic Sub-Group 2) Serious Case Review Sub-Group 3) Female Genital Mutilation Sub-Group 4) Pan Berkshire groups 	<ul style="list-style-type: none"> • SLSCB Business Plan • Slough Safeguarding Board Strategic Business Plan • Annual Safeguarding Reports • Joint Ofsted Delivery plan
Safer Slough Partnership [statutory]	<ol style="list-style-type: none"> 1) Drug and Alcohol Action Team 2) Domestic Abuse Operation Group 3) Strategic Child Sexual Exploitation Group 	<ul style="list-style-type: none"> • 5 Year Plan • Community Cohesion Strategy • Annual Safer Slough Partnership Strategic Assessment • Domestic Abuse Strategy • Counter-Terrorism Strategy • National Prevent Strategy
Strategic Skills & Employment Group		<ul style="list-style-type: none"> • 5 Year Plan • Thames Valley Local Enterprise Partnership's Strategic Economic Plan for Berkshire
The Place & Regeneration agenda will be covered by Slough Urban Renewal; Transport Forums; Housing	<ol style="list-style-type: none"> 1) Slough Urban Renewal 2) Slough Regeneration Partnership 3) Berkshire Strategic Transport Forum 4) Heathrow Strategic Partnership 5) HS2 Assurance Working Group 6) Local Transport Board 7) SEGRO Partnership Group 	<ul style="list-style-type: none"> • 5 Year Plan • Local Development Plan • Local Transport Plan • Housing Strategy • Centre of Slough Strategy • Asset Management Plan • Economic Development Plan • Air Quality Management Plan • Carbon Management Plan

	8) Slough Business Community Partnership	
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APPENDIX 1:

Statutory responsibilities of the Slough Wellbeing Board as set out in the Health and Social Care Act 2012

- To prepare and publish a Joint Strategic Needs Assessment (JSNA) for Slough.
- To prepare and publish a Joint Health and Wellbeing Strategy (JHWS) for Slough.
- To give its opinion to the Slough Clinical Commissioning Group (the CCG) as to whether their Commissioning Plans adequately reflect the current JSNA and JHWS.
- To comment on 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 its opinion, as requested by the NHS Commissioning Board, on the CCG's level of engagement with the Board, and on the JSNA and the JHWS.
- To encourage persons who arrange for the provision of health and/or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the area.
- To work with partners to identify opportunities for future joint commissioning.
- To lead on the signing off of the Better Care Fund Plan (BCF).
- To publish and maintain a Pharmaceutical Needs Assessment (PNA).
- To give its opinion to the Council on whether it is discharging its duty to have regard to any JSNA and JHWS prepared in the exercise of its functions.
- To exercise any Council function which the Council delegates to it.
- To ensure that strategic issues arising from Slough's Adult Safeguarding Board and Local Safeguarding Children's Board inform the work of the Board.
- To receive the annual reports from the Slough's Adult Safeguarding Board and Local Safeguarding Children's Board and ensure that partners respond to issues pertinent to the Board.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 20 July 2016

CONTACT OFFICER Alan Sinclair Acting Director Adult Social Care, Slough
Borough Council

(For all enquiries (01753) 875752

WARD(S): All

PART I
FOR INFORMATION

HEALTHWATCH SLOUGH ANNUAL REPORT 2015/16

1. **Purpose of Report**

To present the Board with the annual report of Healthwatch Slough for 2015/16.

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

2.1 The Board is recommended to:

- a) Note the report and note the progress which Healthwatch Slough has achieved;
- b) Note the organisation's ongoing work as consumer champion for health and social care services.

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

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

Healthwatch Slough contributes to the delivery of the Slough Wellbeing Strategy priorities by providing an independent consumer voice, by contributing positively to reducing inequalities and improving the health and wellbeing of our residents and by helping them live more positive, active and resilient lives. It also contributes to the delivery of the Strategy's cross cutting theme of civic responsibility - Consumer engagement in health and social care decision making is a key element of people having more control over their own lives and contributing to improving the quality of services received by the whole community locally.

3b. **Five Year Plan Outcomes**

Healthwatch Slough contributes to the delivery of the Five Year Plan outcome that more people will take responsibility and manage their own health, care and support needs through addressing cross cutting themes such as prevention, early intervention and facilitating the integration of services.

4. **Other Implications**

- a) **Financial** - There are no financial implications associated with the proposed action.

b) Risk Management - None.

c) Human Rights Act and Other Legal Implications - There are no Human Rights Act implications that arise as a result of this report.

d) Equalities Impact Assessment -The Annual Report states the steps which have been taken to get the views of people who are:

- under 21 or over 65
- volunteering or working in your area but who may not live in your area
- disadvantaged or people you believe to be vulnerable
- people who are seldom heard

5. Supporting Information

5.1 Healthwatch Slough is an independent champion for consumers and users of health and social care in Slough. It has the following statutory responsibilities:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- Providing advice and information about access to local care services so choices can be made about local care services;
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

5.2 It is also required to report on how it has delivered against these statutory activities and the impact that its work has had on the commissioning, provision and on the management of local health and care services.

5.3 The report (at Appendix A) outlines how local people's needs and experiences of health and care services have been obtained and how Healthwatch has provided people with information about local services and helped them navigate the local health and social care system. It also outlines the recommendations made to the Care Quality Commission (CQC), the number of and providers and commissioners that responded to information requests and the impact Healthwatch has made on service improvement.

5.4 Providing access to information and advice

The introduction of the Care Act is reshaping how residents will access information and advice about local services. 2016 has already seen the introduction a new independent information, advice and advocacy services provided by SPACE and Slough Advocacy with further developments in the pipeline with the development of a new strategy planned for later in the year and the introduction of a new e marketplace further integration and the establishment of asset based approaches to managing people's care needs. This will have an impact upon how Healthwatch provide access to information and advice about local services and how it can be effectively reshaped and aligned with this new environment to avoid duplication. We would recommend that Healthwatch and the new providers work more closely together to streamline the offer of how the public access and use information and signposting services and this is included in Healthwatch's forward looking plan.

5.5 Balancing 'critic' and 'friend' by developing a joint working protocol

Local Healthwatch has to balance two potentially conflicting roles: being an independent public voice, rooted in the community (the 'critic') which means seeking independent evidence of local people's views, and essentially communicating this evidence to local bodies and in some cases holding them to account for action; and being a strategic local partner working within the system (the 'friend') - working in partnership with providers and commissioners, sharing views and evidence to support improvement in services and getting involved in how their local evidence is used and acted upon.

Getting the balance between these two conflicting roles can be difficult. For instance knowing when to combine and move between these different approaches, so as to be both independent of the system holding it to account on behalf of the public, and at the same time '*at the table*', able to take part in strategic decisions as a part of the system. This is a difficult balance to achieve, and it brings high risks of tensions and challenges both internally and externally as a result of differing expectations. To clarify the roles we propose the introduction of a joint working protocol between Healthwatch, the Wellbeing Board and Health Scrutiny will minimise confusion and misunderstanding at the strategic level.

6. Comments of Other Committees

None to date.

7. Conclusion

This report outlines the impact that Healthwatch Slough has had in the past year in highlighting key issues and effect service improvement. The service is due to be recommissioned from 1st April 2017

8. Appendices Attached

A – Healthwatch Slough Annual Report 2015/16.

9. Background Papers

None.

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How **you** helped make
health and social care
better in Slough



*Welcome to Healthwatch
Slough's*

Annual Report

3 More than 'nice to have'

4 Hearing views
and experiences

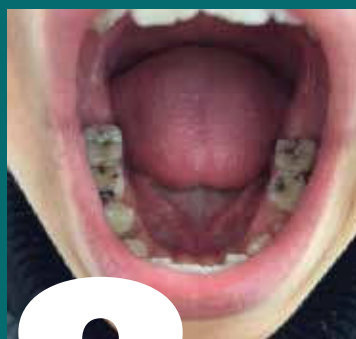
10 Taking action

15 What we do with
your information

19 Formal reporting



5 Getting out
and about



8 Hearing from
everyone



17 Small change,
big impact



18 Signposting
in action

More than 'nice to have'

Organisations who plan, buy and provide services **have to take notice** of what we say and respond to our requests for information.

We are here to:

- encourage people to share their experiences of local services
- provide advice, information and signposting to make it easier for people to access health and social care services
- enabling and encouraging people to have a choice about the services they use
- promote and support local people to get involved in the commissioning, provision and scrutiny of local services
- produce reports and recommendations about how local services could or ought to be improved.

- £2350 was given to 6 groups to gain information about people's experiences of health and care services
- Over 640 people shared their experiences and highlighted issues
- 156 people signposted to the right information, service or agency
- 12 reports shared with commissioners and providers
- 15 active volunteers

Need help, advice or information?

We can provide a wide range of information, non-clinical advice and local knowledge about accessing health and social care services.

This includes:

- help to navigate through the complex NHS system
- non-clinical information about local health or social care services
- support in making choices about the services people can receive
- signposting to another organisation
- information about a particular service, care facility or NHS venue.

✉ enquiries@healthwatchslough.co.uk

☎ 01753 325 333

🌐 www.healthwatchslough.co.uk

We **hear** people's views and experiences, take **action** where necessary and make an **impact**.

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GETTING OUT AND ABOUT

It is important for people to share their views & experiences with Healthwatch. We have various ways in which this can be done, we work closely with key organisations to promote the work that Healthwatch does to help spread the word.

Last year we delivered or took part in over a hundred events, meetings, groups and public areas across Slough to help ensure the public know how they can share their views and experiences about local health and social care services. We visited hospitals and GP surgeries, care homes and had a stall at the Langley Carnival.

We meet people & hand out our 'Speak Out' leaflets whenever we are out and about to make it quick and easy for people to share their experiences. The leaflets, which are available in large print and Braille, are also displayed in a wide range of public buildings throughout Slough including libraries, community centres, GP surgeries, Wexham Park Hospital and My Council.

Community Engagement

Being visible, out and about in the Slough community is essential for Healthwatch. We attend and deliver pop up shops, information sessions and have presence in as many communities groups as we can. Healthwatch meet many people by being out and about in the community, this provides the opportunity to speak to people face to face and share with them the Healthwatch offer.



Our Talking Shops



In December 2015 Healthwatch Slough launched its first Talking Shop. We recognised the need for people to be able to have their say face to face and find out information. The aim of this Talking Shop was to share information on health and care services available for people in Slough.

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Some issues raised at public talking shops were:

I want to find out more information on how to complain and who to complain to

where do I find information about carers?

We would like a discussion forum ... a place for local people to have their say

This is a great platform to provide open and honest conversations

We as agencies need to be more joined up and aware - especially of local services that could support the people we are already working with.

We need more centralised information sources both online and in person

Responding to the feedback that we received during the launch event and as part of the evaluation findings we have decided to hold two different sets of talking shop events;

- Talking shop designed for members of the public
- Mapping & Sharing Talking shop designed for Slough Service Providers

Some comments raised by Services at the mapping and sharing event

PEOPLE COMING TO US



citizens advice

Over 640 people have contacted us direct either by phone, email, using our online form or by visiting Citizens Advice Slough.

They have shared their experiences and highlighted a wide range of issues.

In person

Either by meeting the engagement team in the community or we partnered with the Citizens Advice Slough (CAS) to offer a face-to-face service that enables people to share their views, experiences in person. Citizens Advice staff and volunteers signposted people to the information or service they needed.

By phone

We have a dedicated telephone number people can call to share their experiences, get information about health and social care services and get advice about how to make a complaint: 01753 325 333

Online

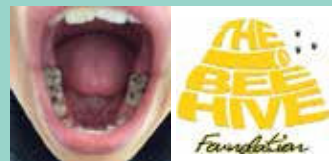
People can email us enquiries@healthwatchslough.co.uk and use our online 'Tell us your story' form at <http://healthwatchslough.co.uk/tell-us-your-story>

Hearing from everyone

We have worked hard to hear from as many people as possible - not just those who are part of a group or already know how to share their views. We are particularly keen to hear from people and communities whose voices are often not heard. We set up a Community Chest Fund worth £2500 to support a number of small grassroots projects and groups to gain information about people's experiences of health and care services. They had easier access to, and an existing relationship with, a diverse range of individuals. This meant they could get more meaningful and honest information a lot quicker than we could ever have managed on our own.



Slough Refugee Support is due to undertake some work around FGM. We identified a need for further engagement and research into Female Genital Mutilation (FGM) practices. Slough Refugee Support is planning an awareness event in June 2016, to provide guidance and support around FGM issues. The aim is to incorporate FGM with other health issues such as mental health and sexual health so it does not look as if it is just an exclusive focus on FGM, which can feel threatening as it is a sensitive issue.



The Beehive Foundation looked into oral hygiene of Chalvey Roma Children. The Beehive Foundation undertook some workshops on behalf of Healthwatch Slough in order to better understand the oral hygiene of Roma Children in Chalvey and to create the right conditions to support behaviour change around dental care in Roma Children and inspire positive healthy habits (see page 8 for more details).

The DASH Charity (Domestic Abuse Stops Here)

looked at refugees and homeless people's use of Slough Walk In Centre. We know the contract for the Slough Walk In Centre is due to expire summer 2017. Slough Clinical Commissioning Group (CCG) and NHS England have been working together to seek views on:

- what service changes could be piloted during this 18 month extension
- what the longer term future of the Slough Walk-in Centre might be

Healthwatch is interested in the needs of people who find it difficult to access traditional primary care services, such as those with language barriers, those with substance misuse issues or homeless people, who may have difficulties registering with a GP or booking and keeping appointments. In conjunction with DASH, a local organisation which supports women and children fleeing domestic abuse, we produced a report hearing the more vulnerable patient groups such as refugees, homeless and children access the Walk In Centre.

As a result of our report, the Walk In Centre Steering Group are considering trialing "Slough Digital" online platform to access health information and resources with this client group and putting more Navigators into the Walk In Centre to better understand this patient group's needs.



50-50 Sync & Special Voices explored issues around special educational needs and disabilities

Summer 2015 we held a number of focused workshops to gather the views and experiences from children and families members in Slough. As a result a list of key questions from parents and young people were drawn up and sent to the Council, GPs or the Hospital to provide responses to, such as;

- What has happened to the short breaks services?
- Do GP receptionists have training on autism?
- Why isn't there hoisting equipment at Wexham Park Children's Ward for toileting?
- What has happened to the carers register in Slough?

"I just want to be heard."
"Our children don't have any choice"

We also asked the question: "What is it like for families in Slough seeking SEND information and support?" with particular focus on the Local Offer. Every Local Authority must publish information about the services in their area for children and young people with SEND (and services outside the area which local children may access). This is called the Local Offer. The Local Offer presents all information about education, health and care services, voluntary agencies, leisure activities and support groups in one place. It has two main purposes: to provide clear, comprehensive and accessible information about the support and opportunities available, and to make provision more responsive to local needs. Slough's Local Offer can be found on Slough Services Guide, SBC's online directory. We found that:

- 1 in 3 survey respondents had not heard of the Local Offer
- 38% did not know where to find information about the Local Offer

"I felt left to get on with it, being told to go and look at a website" Parent of child with SEND

Resource Productions were commissioned to produce video and vox pops of our volunteers talking about Healthwatch for our new website

Hearing from everyone - young people



Slough has 8,000 children living in poverty. Children living in poverty are more likely to suffer a number of adverse health outcomes including poor nutrition, dental health, accidents and ultimately a shorter life expectancy. Slough's Children's Services have been rated inadequate by Ofsted for a third time in a row.

A survey in 2013 showed that 3 year olds in Slough have more teeth affected by decay, on average, than in any other local authority in England. Childhood obesity is also problematic in Slough.

38% of children aged 10 & 11 years old in were overweight in 2013/14, significantly higher than the average for England.

Healthwatch Slough made it a priority to hear the voice of the young person. We have delivered talks to the Young Cares Café and attended the YES Festival. We have and are developing our young people's page. We have been planning with the Youth Parliament our Youth Enter & View training.

Recruited 2 Youth Champions to the Healthwatch Board

Our first Youth Champion, Chaitra Dinesh went off to University to study Medicine. In order to ensure we continue to hear and champion young people's voices we have recruited two new youth champions: Anisah Kausar and Regina Lubiatuska. Anisah and Regina are able to support the work of the Board in reaching out to young people in Slough as well as leading projects themselves.

Hearing from everyone - Special Educational Needs and Disabilities



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What made us investigate this issue?

In June 2015, Slough Borough Council gave presentation on how services for children with Special Educational Needs and Disabilities (SEND) may be affected by the Care Act and other recent legislation. We worked with a number of community groups via our community chest fund to find out from SEND families about their experiences and understand their perspective to ensure their voices were being heard.

What did we do?

- We tested out for ourselves how easy it was to find information about SEND services in Slough via an online search
- We made contact with children and young people with SEND, their parents and others involved in supporting them, and asked for their views and experiences.
- We studied SEND feedback already reported to us (stored on our database)

What did people tell us?

We spoke to children and young people with special educational needs and/or disabilities (SEND) and their parents and carers. We asked them what it was like seeking SEND information and support.

Key themes we heard included:

- Lack of information about support groups available to parents and carers
- A need for more local social activities and clubs for SEND children
- A lack of co-ordination between health and social care professionals and schools
- People felt that their views were not listened to or acted upon.

One person said:
“We speak to people,
we highlight the problem,
information gets noted,
and that’s it - you don’t
hear anything else, nothing
changes, we are left to get
on with it. You can only speak
so many times and then you
just get by on your own.”

What happened as a result?

We produced a report and recommendations and shared this with Slough Borough Council, Clinical Commissioning Group and Slough Children’s Trust.

Our recommendations included:

- Making it easier to access information
- Encouraging children and young people to share their views to help shape services
- Encouraging parents and carers to speak up
- Increasing activities and support groups for SEND families



Oral hygiene of Roma Children

The Beehive Foundation, on behalf of Healthwatch, carried out two workshops involving 42 Roma Children over a course of four weeks, using the Change 4 Life approach. The first workshop looked at sugar snack swapping. The second workshop looked at good dental hygiene routine. The 42 children that attended this workshop were asked "Who owns a toothbrush?" Only 2 children said they had a toothbrush. The workshop focused on how to clean teeth.

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This report received a lot of media attention, with the manager being interviewed live on BBC Radio Berkshire. As a result of this piece of work Slough Borough Council set up an Oral Health Action Group with the following aims:

1. To promote oral health and maximise the accessibility of dental health services amongst children and parents in Slough.
2. To promote the benefits of taking up access to free fluoride toothpaste and brushes and roll out a healthy eating programme across schools in Slough.
3. To establish and support a network of oral health practitioners in local dental practices and the Local Dental Committee to support outreach programmes targeting areas with high levels of tooth decay amongst children.
4. To strengthen links between maternity services, early years' services, primary care dental health teams and secondary care treatment services to support the community in practicing good oral health for children.
5. To support the production of oral health advice aimed at specific groups at high risk of oral health problems

Hearing from everyone - people with a disability



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We worked in partnership with Berkshire Vision to produce the Healthwatch advocacy fact sheet in audio format large print format. Working with Berkshire Vision provided the opportunity to engage/connect/inform with people that we may not meet through our daily methods of contact. Our factsheet that can be found on our website -

http://healthwatchslough.co.uk/wp-content/uploads/2016/01/advocacy_fact_sheet_21.pdf

Advocacy Focus Groups

Prior to Slough Borough Council recommissioning the Borough's advocacy services, we held a number of focus groups to find out people's experiences of advocacy services in Slough. What is having an advocate like? How do you get this type of support? What could be improved? We also sought the views of professional organisations and advocates themselves.

As part of the project, we tested three key local information sources to check information about advocacy in Slough:

- My Council 01735 475111 (Slough Borough Council telephone enquiries line)
- Slough Services Guide (online directory on Council website)
- Community Database (Slough Council for Voluntary Service)

We put together a report for Slough Borough Council looking at the various types of advocacy, including the advocacy providers wish list and a gap analysis.

Healthwatch Slough learnt how advocacy services need to be better understood by all. We concluded that simply making information available about the support available in the community through leaflets or an online directory is not enough. Advocacy services having a physical presence is key. Health and social care employees and all potential services users having access to a short file about what advocacy is available in Slough would increase understanding of this complex but vital service for vulnerable people.

Helping people to get **involved**



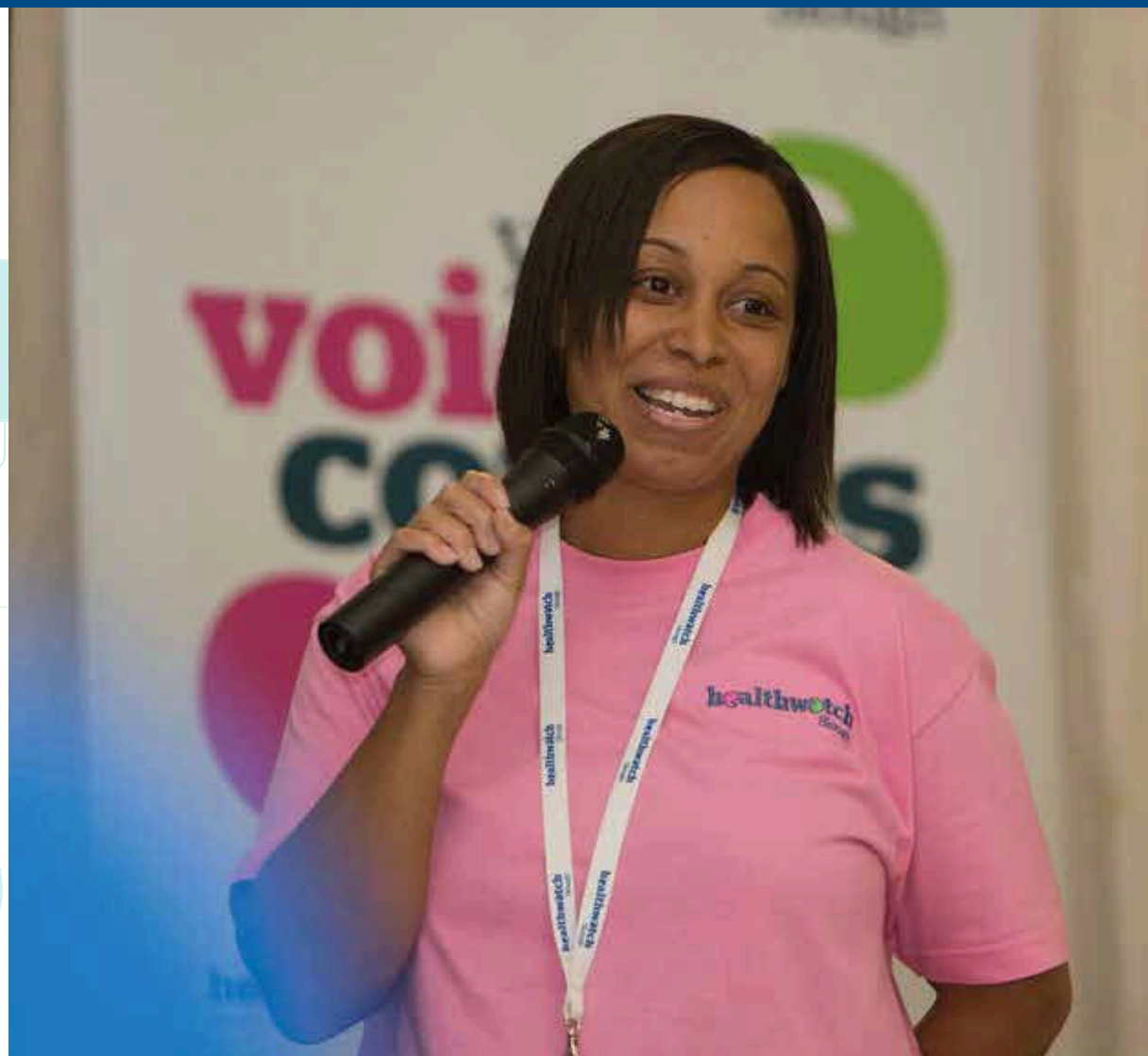
To get things right, the organisations that plan and buy health and social care services (commissioners) need to understand what people's experiences are of the services they're trying to buy.

Patient and public engagement is a legal requirement for the NHS but we believe it is also a better way to commission services.

We have carried out a lot of work this year to help patients and people who use services to get more involved in how services are planned and purchased so they can make a real difference.

We have:

- joined with other local Healthwatch organisations to improve the way patients are involved in commissioning
- encouraged commissioners to ensure the services they buy really do reflect what people want
- supported commissioners to listen to patients for themselves (and not rely on the feedback and experiences we share with them)
- recruited and trained volunteers to get people's views and share them with us.



We can't do it on our own

We wouldn't be able to make as great an impact without our network of volunteer 'Healthwatch Champions'.

Our Champions promote Healthwatch and act as our 'eyes and ears' by encouraging their friends, relatives and colleagues to feed back their good and bad experiences about health and social care services. This year, many of our volunteers have also got involved in more 'hands on' roles including:

- helping to staff information and promotional stands at community pop ups and Talking Shops
- getting involved in surveys and groups to look at 'hot topics' and gaps in service provision
- mystery shopping of GP surgery websites



Examples of our Champions' contribution

Patient led assessments of the care environment (PLACE) assessments

Some of our volunteers have been part of teams of patient assessors who have visited Upton Hospital for Berkshire Healthcare Foundation Trust as well as at the private Spire Thames Valley Hospital & Spire Windsor Clinic to assess how the environment supports the provision of good clinical care, assessing things such as dignity, privacy, cleanliness, general building maintenance and food.

Find out more about **becoming a volunteer** or contact our **Healthwatch Officer Caris Thomas on 01753 32533**
Website: www.healthwatchslough.co.uk
Email: caris.thomas@healthwatchslough.co.uk

What we do with your information and stories



We keep a central record of all the feedback and suggestions we get from the meetings and events we go to and from people contacting us direct (through our website, email, phone and our network of Champions and Citizens Advice Slough). We collate all the feedback to identify trends and themes we can use as the voice of people using health and social care services in Slough.

Some of the ways we act upon what we hear

- Discuss what we've heard with the people responsible (eg: NHS Trusts, Slough Clinical Commissioning Group, Slough Borough Council) at one of the regular meetings we have with them.
- Pass the information on to the Care Quality Commission (CQC) and/or Slough Borough County Council adult social care service. The CQC is who are responsible for inspecting all publicly funded health and social care services and/or Slough Borough Council adult social care service. This year we produced two reports specifically for the CQC - one around diabetes and the other around the ambulance service.
- Share our findings with Healthwatch England to be addressed at a national level or as part of special reviews and investigations. We raised three issues with Healthwatch England and contributed to their reviews into inappropriate discharge and primary care.
- Make a specific organisation or service aware of an issue and ask for a response and/or assurances that it will not happen again. These issues may result in more detailed actions.
- Make formal referrals and recommendations to commissioners in all of our reports.

We are always pleased to hear about people's positive experiences, and always share these with the relevant organisations.

- Carry out some more detailed follow-up work if the issue is significant or keeps being reported.
- Incorporate people's experiences into any current or ongoing projects.

Reporting what we find



We report what we find out and give recommendations to commissioners and providers.

SEND Report, Jan 2016

Dental Hygiene of Roma Children, Dec 2015

Asking about Advocacy Services & Advocacy Factsheet, Nov 2015

Special Voices SEND Question and Answers, Nov 2015

Formal response to the Consultation around the Refresh of the Joint Carers Strategy, Oct 2015

5 Prime Minister's Challenge Fund (PMCF) Briefings, Summer 2015

We published five briefings about extended hours access to GP services this year and are working closely with General Practices to improve their performance and the patients' experience. This work was carried out following the award of additional funding for Slough through the Prime Minister's Challenge Fund which aims to increase access to health and care services in local communities.



Briefing 1 - looking at GP websites re access to appointments:



Briefing 2 - looking at GP telephone answering:



Briefing 3 - looking at the walk-in experience of GP surgeries:



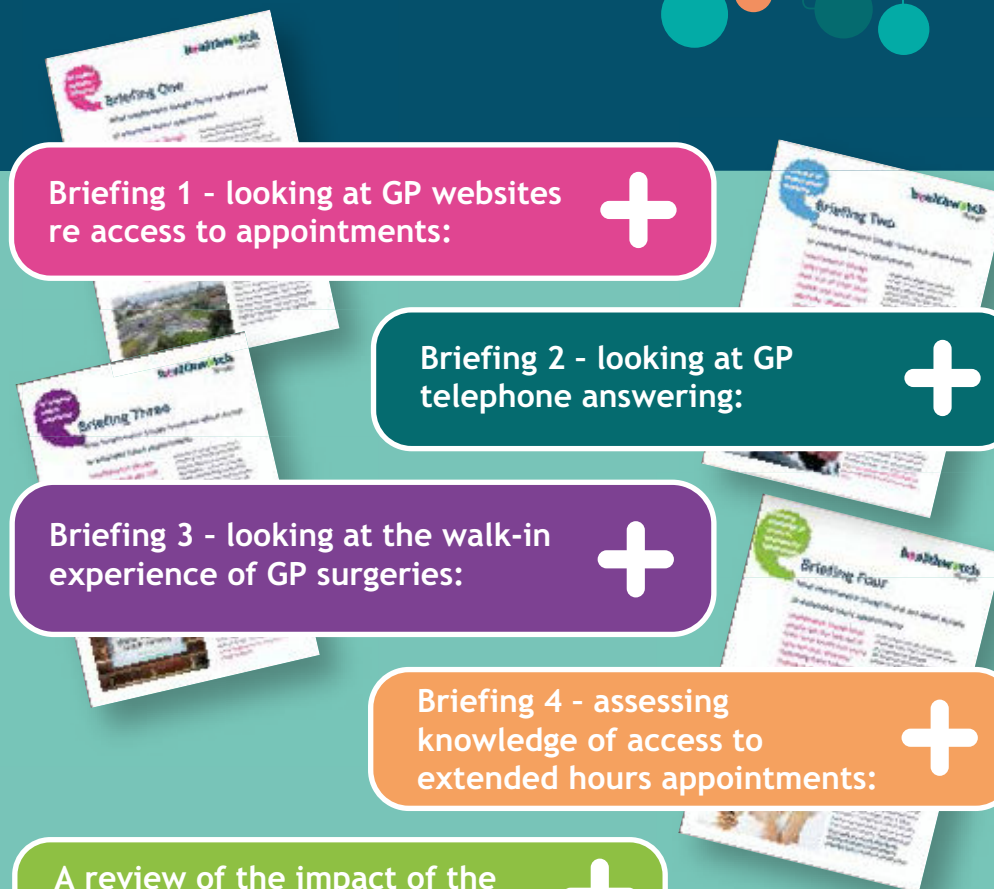
Briefing 4 - assessing knowledge of access to extended hours appointments:



A review of the impact of the Prime Ministers Challenge Fund:



Patient Stories: Experiences of Frimley Park Hospital, July 2015





Small change big impact

The impact we have on health and social care services ranges from behind-the-scenes changes that lead to improvements for everyone using a service, to changes for specific groups of people, improvements for a particular community and help for individuals through our signposting, advice and advocacy service.

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Behind the scenes

Responses from providers and commissioners

We regularly meet with the organisations who plan, pay for and provide most of the health and social care services in Slough. At these meetings, senior managers and clinicians often tell us about changes they have made as a result of our feedback and recommendations. Some organisations also send us a written response to our recommendations.

Changes to the Personal Medical Services (PMS) GP contract

Slough CCG created a standard specification which all GP surgeries must meet (creating more equality around quality) in order to get the new premium. In the patient engagement section of this new specification, the CCG have included all the recommendations from our Prime Ministers Challenge Fund i.e all surgeries must (as a minimum);

- Ensure that patients can reach them by phone at anytime Monday to Friday 8am-6.30pm (no closing in the day)
- Offer a text appointment services
- Have a clear, answer machine message - agreed between Practice Managers and Healthwatch Slough
- Provide clear information in their waiting room
- Enable people to book appointments online
- Commitment to having one Patient Participation Group (PPG) member as part of the Slough wide Patient Reference Group - bringing together patients from all 17 surgeries

Child and adolescent mental health services

Slough Clinical Commissioning Group (CCG) is responsible for planning and paying for child and adolescent mental health services (CAMHS) in Slough. In choosing who will provide the CAMHS service in the next few years, the CCG drew on feedback from the work we did with children and young people who use the service used. They produced a service specification which included:

- 'say it once' so patients only have to explain themselves to one professional who will then ensure other professionals are informed before they meet with the patient
- a requirement to listen to external feedback about the service from organisations like Healthwatch.



healthwatch



Small change big impact

Changes for specific groups of people

The Farnham Road Surgery agreed to hold surgeries with a diabetes nurse

At least 2 GP surgeries changed their answer machine phone message and used our recommended message.

2 surgeries created and published websites online and 4 surgeries updated information as a result of our audit and suggestions

An Advocacy Providers forum was set up following the focus group we held with providers

**Feed
back**

Thank you for your comments on the draft carers' strategy. We appreciate the time taken to read it and to provide us with some really helpful feedback. We have now closed the consultation and will send out a communication to everyone that has responded. As you gave us some detailed comments we thought it might be helpful to respond to you directly.

Sally Kitson, Commissioner for Adults,
Slough Borough Council

Making a difference for individuals

Case study 1

I suffer from a chronic lung condition and sometimes have to spend a few weeks a year in hospital. I've never had a problem before, but during my last stay, at the point of my discharge, the person organising my discharge spoke very rudely to me and made me feel like I was being a nuisance. There was one particular comment she made about 'you people' referring to the fact that I was Asian, and the assumption behind it that really upset me. Anyway, I let it go, and it wasn't until I met someone from Healthwatch a few weeks later that I told them about it and realised how upset I still was. At that time I didn't want to make a complaint, but after getting help to write my experience in a letter stating just the facts of what happened and how it made me feel, made me feel so much better and hopeful that all staff will be better trained and made more aware of how their words can impact and hurt people who are already in pain and anxious about their recovery.

Annual Report 2014-2015



Making a difference for individuals

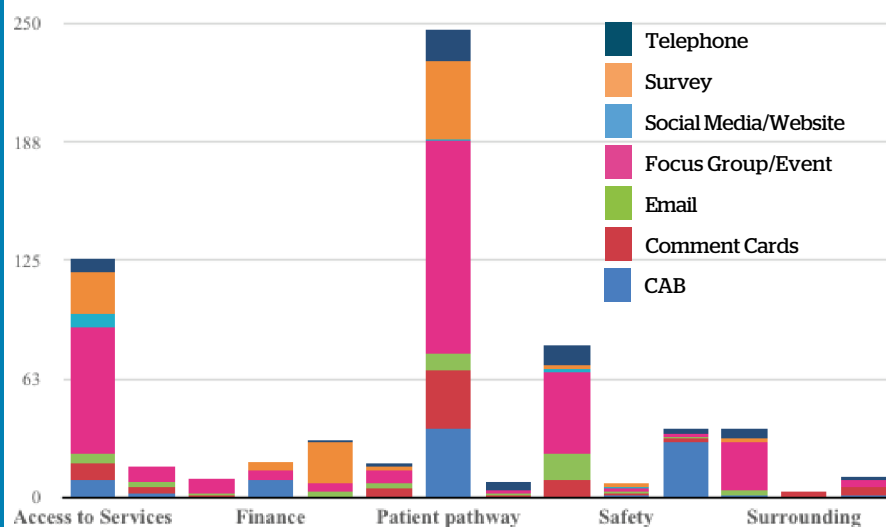
Signposting, advice and advocacy

We provide an impartial, confidential, free and independent advice, information and signposting service to deal with a range of different health and social care issues for anyone living in Slough. Our signposting, advice and advocacy service helps people through our helpline (01753 325 333). We signposted over 156 people through our helpline.

Signposting and advice

Almost three quarters of the people who go to Citizens Advice are given information about options they can follow-up themselves including leaflets and websites. They may also be signposted to other agencies who are better placed to help. If the issue is more complex, or the person needs more support, we arrange for them to meet one of our specially trained advisers at their local Citizens Advice. We log details of all the experiences issues, and topics people contact us about so we can look for trends (eg: by topic/issue, provider or area).

CONTACT ORIGIN and TOPIC



Signposting in action - Case study 1

A caller to our Helpdesk recounted her 8 year old son's experience at a Medical Centre in Slough. They had waited for three months for her son's appointment to have his blocked ear wax removed due to not hearing well. When they arrived at the appointment her son was a bit nervous - The caller reported that the GP did not seem child friendly. When the doctor asked her son to lay down to look at his ear the son started to cry as his voice was very loud and impatient. While Parent was trying to calm son the receptionist walked in and asked doctor to move his car. The caller said that the doctor was angry and said he was not going to move his car and shouted at patient and parent.

The caller said that her son asked to get the doctor to remove the wax from his ear as he could not hear very well and it was uncomfortable and he promised not to cry. The caller said that the doctor left patient and parent in his office and went to move his car saying he had other people waiting.

The parent emphasised that she had noticed from the start that the doctor did not appear happy to deal with a nervous child. She had sent in email of complaint to the surgery hoping that the doctor would be investigated. She was dissatisfied with the reply she had received which suggested talking to Practice manager and/or changing GP or moving to a different practice. We signposted to NHS Choices and formal Complaints procedure, as well as the NHS complaints advocacy service.

FORMAL REPORTING

Finance and contacts

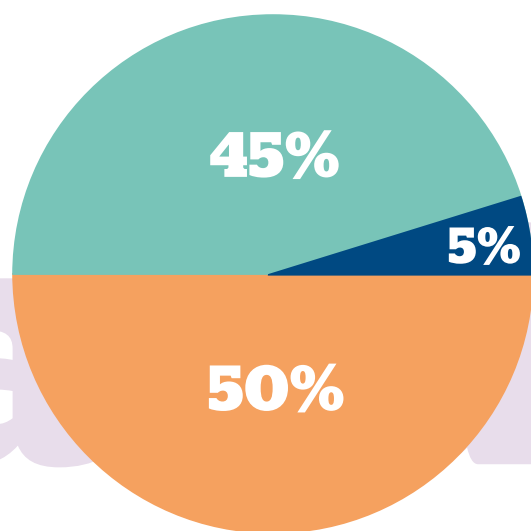
Our contract with Slough Borough Council gave us funding in 2015/16 of £114,679.

What we used the money for:

Patient and public involvement: £57,639

Information, advice and signposting: £51,525

Administration and governance: £5,515



Making the report available

This Annual Report will be made available to the public through a standard pdf and text-only versions on our website. We will promote the annual report through social media, and e-mail electronic copies to key stakeholders, supporters, and partners. We will also provide electronic and printed copies and versions in alternative formats and languages on request.

Partners' registered offices

Citizens Advice Slough
(ceased trading on 31.3.16)
27 Church St,
Slough,
SL1 1PL

Healthwatch Slough Borough registered office

Healthwatch Slough is a Community Interest Company limited by guarantee and registered in England and Wales

(Registration number 08686075)

Tel 01753 325 333

Help and Care (www.helpandcare.org.uk)
The Pokesdown Centre
896 Christchurch Road
Bournemouth
Dorset BH7 6DL

FORMAL REPORTING

About Us

Governance

Healthwatch Slough is a Community Interest Company. This is a company that acts for the benefit of the community. Our strategic direction is set by a Board of Directors that comprises of three non-executive directors and two executive directors, as well as a number of Lay Representatives representing special interest groups. We publish the approved minutes from our Board meetings on our website. On a day-to-day basis, our work is led by employed staff and volunteers.

The Healthwatch Trademark

Healthwatch Slough uses the Healthwatch Trademark when undertaking work on our statutory activities as covered by our license agreement with Healthwatch England.



🌐 www.healthwatchslough.co.uk

✉ enquiries@healthwatchslough.co.uk

📞 01753 325 333

 HealthwatchSlough

 HWSlough

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Slough Wellbeing Board's Work Programme

September 2016 - May 2017

Slough Wellbeing Board Forward Work Programme (September 2016 – May 2017)

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
28 September 2016				
Discussion				
Frimley Sustainability and Transformation Plan (STP)	The Board is asked to note and comment on the Frimley Sustainability and Transformation Plan	John Lisle, Accountable Officer, Berkshire East CCG's	Director Adult Social Care	tbc
Healthwatch Slough's investigation into the experiences of vulnerable patients (use of the Walk in Centre)	The Board is asked to note and comment on Healthwatch Slough's findings	Healthwatch Slough	Healthwatch Slough	No
Slough Safeguarding Adults Board (SSAB) Annual Report 2015/16	The Board is asked to consider the Annual Report of the SSAB	Nick Georgiou, Chair of SSAB	Director Adult Social Care	No
Slough Local Safeguarding Children's Board (SLSCB) Annual Report 2015/16	The Board is asked to consider the Annual Report of the SLSCB	Phil Picton, Chair of SLSCB	Director Children Services Chair of Safer Slough Partnership	No
Refresh of Boards Overarching Information Sharing Protocol	The Board is asked to consider the updated Protocol and endorse it for use	Policy team, SBC	Policy team, SBC Democratic Services	No
Heatherwood & Wexham Park Operational Resilience and Capacity Planning for Winter 2016/17	The Board is asked to note and comment on Heatherwood & Wexham Park's Operational Resilience and Capacity Plan for Winter 2016/17	tbc	Director Adult Social Care	No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Policy team, SBC	Policy team, SBC Democratic Services	No
Themed workshop				
Engaging People Workshop	To explore how the Board can inform, consult and involve local people in its work and in making decisions that affect the future wellbeing of people in Slough.	Policy team	tbc	No

Note			
Prevent Action Plan	The Board is asked to note the draft action plan that is being prepared by the Prevent Violent Extremism Group	Naheem Bashir, Prevent Coordinator, SBC	tbc
BCF quarterly report	The Board is asked to note the quarterly report	Mike Wooldridge SBC	Director Adult Social Care

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
16 November 2016				
Discussion				
Frimley Sustainability and Transformation Plan (STP)	The Board is asked to note and comment on the Frimley Sustainability and Transformation Plan	John Lisle, Accountable Officer, Berkshire East CCG's	Director Adult Social Care	tbc
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Policy team, SBC	Policy team, SBC Democratic Services	No
Themed workshop				
Note				
BCF quarterly report	The Board is asked to note the quarterly report	Mike Wooldridge SBC	Director Adult Social Care	No

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
26 January 2017				
Discussion				
Frimley Sustainability and Transformation Plan (STP)	The Board is asked to note and comment on the Frimley Sustainability and Transformation Plan	John Lisle, Accountable Officer, Berkshire East CCG's	Director Adult Social Care	tbc
SBC 5 year plan refresh of outcome plans	To note and comment on an early draft	Policy team, SBC	Policy team, SBC	No
1 st draft of the Board's Annual Report for 2016/17	To note and comment on an early draft	Policy team, SBC	Policy team, SBC Chairs of subgroups	Yes

Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Policy team, SBC	Policy team, SBC Democratic Services	No
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Themed workshop				
Note				
BCF quarterly report	The Board is asked to note the quarterly report	Mike Wooldridge SBC	Director Adult Social Care	No

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
29 March 2017				
Discussion				
Frimley Sustainability and Transformation Plan (STP)	The Board is asked to note and comment on the Frimley Sustainability and Transformation Plan	John Lisle, Accountable Officer, Berkshire East CCG's	Director Adult Social Care	tbc
Public Health Annual Report 2017/18	To note and comment draft	Director of Public Health	Director of Public Health	No
2 nd draft of the Boards report for 2016/17	To note and comment on latest draft	Policy team, SBC	Policy team, SBC Chairs of subgroups	No
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Policy team, SBC	Policy team, SBC Democratic Services	No
Themed workshop				
Note				
BCF quarterly report	The Board is asked to note the quarterly report	Mike Wooldridge SBC	Director Adult Social Care	No

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
10 May 2017				
Discussion				
Sign off of Slough Wellbeing Board's Annual	To agree the final draft	Policy team, SBC	Policy team, SBC Chairs of subgroups	Yes

report for 2016/17					
Forward Work Programme	The Board is asked to review and update the Forward Work Plan	Policy team, SBC	Policy team, SBC Democratic Services	No	
	Themed workshop				
Note					
BCF quarterly report	The Board is asked to note the quarterly report	Mike Woolldridge SBC	Director Adult Social Care	No	

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 20 July 2016

CONTACT OFFICER: Alan Sinclair, Interim Director of Adult Social Services
Mike Wooldridge, Better Care Fund Programme Manager

(For all Enquiries) (01753) 875752

WARD(S): All

PART I
FOR INFORMATION

BETTER CARE FUND – 4th QUARTER REPORT

1. **Purpose of Report**

The purpose of this report is to inform the Slough Wellbeing Board (SWB) of the Quarter four outturn of the Better Care Fund (BCF) Plan for 2015/16 and provide a summary annual report to the Board.

2. **Recommendation/Proposed Action**

The Wellbeing Board is requested to note the report.

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

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

The Better Care Fund programme is developed and managed between the local authority and CCG together with other delivery partners aims to improve, both directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities of the strategy but especially the Health priority.

3b. **Five Year Plan Outcomes**

The Better Care programme will contribute towards the outcome of more people taking responsibility and managing their own health, care and support needs.

4. **Other Implications**

(a) **Financial**

These are as outlined in the May report. In summary the total value of the BCF Pooled Budget in 2015-16 was £8.762m. This has increased to £9.035m in 2016-17. The expenditure plan is across 31 separate schemes between the partners of the pooled budget agreement. These are listed within the report in appendix A.

(b) Risk Management

This is as outlined within the May report. The Joint Commissioning Board continues to oversee and monitor the risk register for the BCF programme.

(c) Human Rights Act and Other Legal Implications

No Human Rights implications arise.

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

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

(d) Equalities Impact Assessment

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

(e) Workforce

There are significant workforce development implications within the programme as we move forward with integration which leads to new ways of working in partnership with others. Changes will be aligned together with other change programme activities such as that described in the New Vision of Care being led across the East of Berkshire and the Social Care transformation within Adult Social Care services in SBC.

5. **Supporting Information**

The quarter four and summary annual report marks the end of the reporting and monitoring the Slough BCF programme for 2015/16.

The BCF Plan for 2016/17 was submitted to NHS England on 3 May 2016. It was presented to the Board on 11 May has now been formally approved by NHS England following a national assurance process.

6. **Comments of Other Committees**

The report has been presented to the Slough Health and Adult Social Care Partnership Delivery Group and there no proposed comments or amendments proposed and received positive support.

7. **Conclusion**

This report accompanies the reporting outlining the quarter four and annual report on the 2015/16 Better Care Fund programme.

The plan 2016/17 will continue to be actively managed through the Joint Commissioning Board with regular progress updates to the Slough Wellbeing Board.

8. **Appendices Attached**

'A' - Slough Quarter Four and summary Annual Report 2015/16

9. **Background Papers**

None

Appendix A.

Slough Better Care Fund Quarter Four and Annual Report 2015/16

Summary

Overall the Slough BCF programme has been a catalyst and driver towards more integrated working in Slough and through it we have developed strong governance and encouraged open discussion around pressures and priorities together with shared decision making. It has also had good clinical engagement both at a strategic and operational level from GPs and provider partners.

The BCF programme performed well in 2015/16 both in terms of its achievements against the Performance metrics and national conditions. It achieved a 1.43% reduction in non-elective (unplanned) admissions in 2015 from the same period in 2014, which is a significant achievement when profiled against the pattern of activity in most other Wellbeing Board areas in the South of England. However, the pattern of NEL activity is increasing in this year and we want to increase the scale and scope of our programme to achieve greater impact.

For 2016/17 whilst progressing on existing work within our programme we are looking for further integration and joint working across our organisational and geographical boundaries that support the ambitions of both our BCF and the New Vision of Care Programme that will take us further towards a more integrated health and social care system in Slough and East Berkshire.

Slough BCF 2015/16 – Quarter 4 report

The financial outturn of our BCF Pooled Budget was a balanced position for the end of the year. There were some variances to the financial plan arising from closure, late starts and slippage. Regular financial monitoring together with programme planning and scheduling meant we were able to forecast and plan for this so as to make effective use of all the pooled funds and support other areas of activity and pilot schemes. All changes were discussed and agreed through the Joint Commissioning Board and formalised through a contract variation to the Pooled Budget agreement.

In performance terms there was an overall impact on NEL activity and some of this evidenced to specific BCF schemes. In other areas we achieved the target of maintaining our low rate of admissions to care homes and achieved improvements in extending our offer of reablement to a greater number of older people being discharged from hospital, although our success rate has dropped slightly (to 88%) as a result.

Slough's performance on delayed transfers of care (DToC) has been variable within the year and was seen to rise in Q3 and Q4 reporting 30% and 33% above our plan. However, overall numbers are still low in Slough in comparison to the national picture. Our BCF plan for 2016/17 requires us to have a DToC plan to bring about further improvement and so work is in hand to improve in this area across the system. This includes improving our understanding through better data and analysis, and informing our commissioning activity for out of hospital services to improve patient flow and reduce length of stay where possible.

The BCF programme has had regular oversight by the Slough Wellbeing Board with quarterly reports presented to the committee on progress and activity as well as to the Health Scrutiny Panel which ensures visibility and alignment of BCF with other change and transformation programmes. This includes the established links with the reforms that are taking place in social care coming from changes through the Care Act and a shift to asset based approach, and the New Vision of Care design and modelling work happening across the East of Berkshire that will shape and inform integration at a local level.

There has been positive feedback from our partners on the Joint Commissioning Board, including acute, voluntary sector and Healthwatch, on having the opportunity to hold transparent and open debate on proposed use of BCF funding and being able to actively contribute and influence the direction of travel. The governance of Slough's BCF has been held as an exemplar by NHSE.

Performance within individual schemes

There has been significant positive impact evidence from several projects that we will continue to evaluate and build on for 2016/17. These are:

Children's Community Respiratory Service	Slough has focused in this area in recognition that significant NEL activity is from u18s, particularly around asthma and respiratory problems. Changes in the way that this are managed at practice level and supported by Community Respiratory Nurses have reduced non-elective activity by 14% from our April 2014 baseline
Care Homes	The pilot project of a bespoke programme for local Care Homes together with additional GP support which has delivered significant reductions in NEL from Care Homes (up to 50%) as well as providing improved quality of care and positive patient and family experience.
Telehealth	A small pilot project which has been targeted at patients with COPD and HF and has seen marked reduction in NEL and outpatient follow up. This is giving significant return on investment, as well as having positive feedback from patients and giving additional capacity community nursing staff as a result.
Falls Prevention	This pilot project has been commissioned with Solutions for Health and whilst only operating a few months has started to demonstrate impact against admissions due to falls, currently 9% below our April 2014 baseline.
Complex Care Management	Carrying out complex case finding and targeting interventions at those most at risk of an admission has started to show significant impact on reduction in admissions amongst this cohort. In the second month of the scheme it has shown 17% reduction in non-elective admissions and 24% reduction in A&E attendances for those identified.

BCF 2016/17 Policy and Planning

The [BCF Policy Framework](#) for 2016/17 has some key changes which included:

- Payment for Performance Framework removed and replaced with 2 new national Conditions
 1. Requirement to use monies previously allocated to P4P for investment in NHS Out of Hospital Services (including Social Care)
 2. Jointly agreed action plan for reducing DToC
- A reduced amount of detail required for the assurance process

BCF Plans are also required to demonstrate that they are aligned with other programmes of work including new models of care (e.g. New Vision of Care) and form part of the

Sustainability and Transformation Plan, set out within the NHS Five Year Forward Plan and delivery of 7-day services.

The Slough BCF Plan was submitted NHS England on 3 May 2016 and now been approved following a national assurance process against the criteria and conditions laid out within the policy framework.

Slough BCF Plan 2016/17

The BCF Delivery Group used the BCF self-assessment tool to reflect on 2015/16 and help plan towards 2016/17. From this we:

- i) identified areas of activity that are performing well in order to build and develop these
- ii) identified projects that have been slow to get off the ground and provide additional resource and/or linking and scheduling with other planned project activity and
- iii) identified areas which aren't performing so well and take steps to review, evaluate or redesign

As outlined above we were able to identify areas of projected underspend early and ensure that this was reinvested in other areas of activity. These investments had business plans developed and supported through the shared decision making of the Joint Commissioning Board.

These additional investments in 2015/16 include:

- **Complex Case Management** – using AGC tool to carry out risk stratification and support GPs in identifying and supporting those at risk (see above)
- **Responder service** – this provided a quick response to people who are in need and use Care line services as an alternative to ambulance callouts.

We now also have several over new areas of investment into BCF schemes for 2016/17 which form part of our programme and commissioning activity to achieve person-centred integrated care. These are:

- **Integrated Cardio Prevention Programme (£151k)** - A business case has been developed and approved to commission an integrated cardiovascular prevention service for Slough aiming at reducing early deaths from cardiovascular disease
- **Out of Hospital Transformation (£200k)** - Investment identified to support the transformation of a range of services that provide short term support to people at home and in the community to support people to leave hospital in a timely way and/or avoid an unnecessary admission to hospital.
- **Care Homes – enhanced GP support (£110k)** - This investment will be used to commission an enhanced GP service to registered Care Homes in Slough to deliver improved quality of care including care planning, support and training.
- **Dementia Care Advisor (£30k)** – this is an existing scheme which is now funded through BCF and provides advice and support to those newly diagnosed with dementia as well as their carers and families.

- **Integration in local community hubs (£272k)** – this programme is at an early stage but will support the work to provide local services at local community and neighbourhood level linking closely link with the Social Care Reform and Out of Hospital programmes.

For 2016/17 there has also been an increase in investment for equipment of £260k for both health and social care (£130k for each partner) as well as some additional funding through the Disabled Facilities Grant (£368k). We will also be establishing in this year our integrated point of referral for professionals into short term services through the existing Health Hub (£150k).

Mike Wooldridge
BCF Programme Manager
24/6/2016

Slough BCF Expenditure Plan 2016/17

Workstream	No.	Scheme	Scheme type	Area of spend	Commissioner	Provider	2016/17 Expenditure	New or existing scheme	Total 2015/16 (if existing)	Part or Full Budget	RISK	Category	CCG Fund	CCG Pay	SBC Fund	SBC pay	
Proactive Care	1	Enhanced 7 day working	7 day working	Other	CCG	CCG	99,000	Existing	99,000	Part	CCG	1	99,000	99,000			
	2	Complex Case Management	Personalised support/ care at home	Primary Care	CCG	CCG	60,000	Existing	60,000	Part	CCG	1	60,000	60,000			
	3	Falls Prevention	Personalised support/ care at home	Other	Local Authority	Private Sector	50,000	Existing	50,000	Full	SBC	1	50,000			50,000	
	4	Stroke	Personalised support/ care at home	Other	Local Authority	Charity/Voluntary Sector	57,000	Existing	50,000	Full	SBC	1	57,000			57,000	
	5	Dementia Care Advisor	Personalised support/ care at home	Other	Local Authority	Charity/Voluntary Sector	30,000	New		Full	SBC	1	30,000			30,000	
	6	Children's Respiratory Care	Personalised support/ care at home	Community Health	CCG	NHS Acute Provider	95,000	Existing	88,000	Full	CCG	1	95,000	95,000			
	7	Proactive Care (children)	Personalised support/ care at home	Other	CCG	CCG	127,000	Existing	177,000	Full	CCG	1	127,000	127,000			
Single Point of Access	8	Single Point of Access (Integrated Hub)	Integrated care teams	Community Health	CCG	NHS Community Provider	150,000	Existing	50,000	Full	CCG	1	150,000	150,000			
Integrated Care	9	Telehealth	Assistive Technologies	Social Care	Local Authority	Private Sector	50,000	Existing	25,000	Full	SBC	1	50,000			50,000	
	10	Telecare	Assistive Technologies	Social Care	Local Authority	Private Sector	62,000	Existing	62,000	Part	SBC	3	62,000			62,000	
	11	Disabled Facilities Grant	Personalised support/ care at home	Social Care	Local Authority	Private Sector	775,074	Existing	407,000	Full	SBC	4			775,074	775,074	
	12	RRR Service (reablement and intermediate care)	Reablement services	Social Care	Local Authority	Local Authority	2,184,000	Existing	2,184,000	Part	SBC	3	2,184,000			2,184,000	
	13	Joint Equipment Service	Personalised support/ care at home	Social Care	CCG	Private Sector	793,000	Existing	533,000	Part			793,000	663,000		130,000	
	14	Nursing Care Placements	Improving healthcare services to care homes	Social Care	Local Authority	Private Sector	400,000	Existing	400,000	Part	SBC	3	400,000			400,000	
	15	Care Homes - enhanced GP support	Improving healthcare services to care homes	Primary Care	CCG	CCG	110,000	New		Full	CCG	1	110,000	110,000			
	16	Domiciliary Care	Personalised support/ care at home	Social Care	Local Authority	Private Sector	30,000	Existing	30,000	Part	SBC	3	30,000			30,000	
	17	Integrated Care Services / ICT	Integrated care teams	Community Health	CCG	NHS Community Provider	748,000	Existing	748,000	Full	ALL	2	748,000	748,000			
	18	Intensive Community Rehabilitation	Reablement services	Social Care	Local Authority	Local Authority	82,000	Existing	82,000	Part	ALL	3	82,000			82,000	
	19	Intensive Community Rehabilitation	Reablement services	Community Health	CCG	NHS Community Provider	170,000	Existing	170,000	Part	ALL	3	170,000			170,000	
	20	Responder Service	Personalised support/ care at home	Social Care	Local Authority	Private Sector	60,000	New		Full	SBC	1	60,000			60,000	
	Page 88	21	Out of Hospital Transformation (integrated short term services)	Integrated care teams	Other	Joint	Local Authority	200,000	New		Full	ALL	2	200,000			200,000
		22	Integration (local Wellbeing Hubs)	Integrated care teams	Joint	Local Authority	Local Authority	272,000	New		Full	ALL	2	272,000			272,000
		23	Digital roadmap - Connected Care	Integrated care teams	Other	Joint	Private Sector	172,000	Existing	208,000	Part	CCG	1	172,000	172,000		
		24	Integrated Cardiac prevention programme	Integrated care teams	Community Health	Local Authority	NHS Community Provider	150,500	New		Full	SBC	1	150,500			150,500
Community Capacity	25	Carers	Support for carers	Social Care	Local Authority	Charity/Voluntary Sector	196,000	Existing	196,000	Part	SBC	3	196,000			196,000	
	26	EoL Night Sitting Service	Personalised support/ care at home	Community Health	CCG	Charity/Voluntary Sector	14,000	Existing	14,000	Part	CCG	3	14,000	14,000			
	27	Community Capacity	Personalised support/ care at home	Social Care	Local Authority	Charity/Voluntary Sector	200,000	Existing	200,000	Part	ALL	3	200,000			200,000	
Enablers	28	Programme Management Office & Governance	Other	Other	Joint	Local Authority	260,000	Existing	260,000	Full	ALL	2	260,000			260,000	
Other	29	Contingency (risk share)	Other	Other	CCG	NHS Acute Provider	542,000	Existing	867,000	Full	ALL	2	542,000	542,000			
	30	Care Act funding	Personalised support/ care at home	Social Care	Local Authority	Local Authority	296,000	Existing	317,000	Part	SBC	3	296,000			296,000	
	31	Additional Social Care protection	Personalised support/ care at home	Social Care	Local Authority	Local Authority	600,000	Existing	483,000	Part	SBC	3	600,000			600,000	
							9,034,574					8,259,500		2,780,000	775,074	6,254,574	

- 1 Entire scheme funded within BCF - risk with one partner
- 2 Entire scheme funded within BCF - risk with both partners
- 3 Fixed contribution towards a larger budget held by one partner
- 4 Capital spend – ring fenced