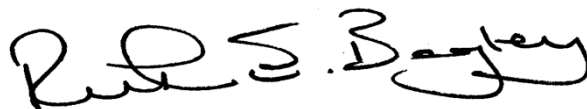


Date of issue: Tuesday, 23 August 2016

MEETING:	HEALTH SCRUTINY PANEL (Councillors Pantelic (Chair), Strutton (Vice-Chair), Chaudhry, Cheema, Chohan, M Holledge, Mann, Qaseem and Smith) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	THURSDAY, 1ST SEPTEMBER, 2016 AT 6.30 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

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

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. Minutes of the Last Meeting held on 30th June 2016 1 - 6 -

SCRUTINY ISSUES

3. Member Questions -

(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).

4. Frimley Sustainability and Transformation Plan 7 - 18 All

5. Better Care Fund 19 - 30 All

6. Refresh of Slough Joint Wellbeing Strategy 2016-20 31 - 52 All

7. Forward Work Programme 53 - 56 -

8. Attendance Record 57 - 58 -

9. Date of Next Meeting - 6th October 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.

Health Scrutiny Panel – Meeting held on Thursday, 30th June, 2016.

Present:- Councillors Chaudhry, Cheema, Chohan, M Holledge, Mann, Pantelic, Qaseem (from 6.37pm), Smith and Strutton

Non-Voting Co-optee – Colin Pill, Slough Healthwatch representative

Also present:- Councillor Hussain

Apologies for Absence:- None.

PART I

1. Declarations of Interest

No declarations were made.

2. Election of Chair for 2016/17

The Panel was invited to make nominations for the position of Chair for the 2016/17 municipal year. Councillor Pantelic was proposed by Councillor M Holledge and seconded by Councillor Mann. Councillor Chaudhry was self-nominated and this nomination was seconded by Councillor Cheema.

The two nominations were put to the vote and, a prior request having been made, for the record of the voting:

Those voting for Councillor Chaudhry:- Councillors Chaudhry and Cheema.

Those voting for Councillor Pantelic:- Councillors Chohan, M Holledge, Mann, Pantelic, Smith and Strutton.

Not present at the time of the vote:- Councillor Qaseem.

Councillor Pantelic was therefore elected as Chair of the Panel for the 2016-17 municipal year by six votes to two.

Resolved - That Councillor Pantelic be elected Chair of the Health Scrutiny Panel for the ensuing year.

(Councillor Pantelic in the chair for the remainder of the meeting)

3. Election of Vice-Chair for 2016/17

The nomination of Councillor Strutton was moved and seconded. There being no other nominations it was:-

Resolved - That Councillor Strutton be elected Vice-Chair of the Health Scrutiny Panel for the ensuing year.

Health Scrutiny Panel - 30.06.16

4. Minutes of the Meetings held on 21st March and the Extraordinary Meeting held on 4th April 2016

Resolved –

- (a) That the minutes of the meeting held on 21st March 2016 be approved as a correct record.
- (b) That the minutes of the Extraordinary meeting held on 4th April 2016 be approved as a correct record.

5. Member Questions

There were no questions from Members.

6. Introduction to Health Scrutiny

The Panel received presentations from the Director of Adult Social Care, Assistant Director of Public Health and the Chair of Slough Clinical Commissioning Group (CCG) introducing the key themes and issues relating to the remit of the Panel.

(Councillor Qaseem joined the meeting)

Adult Social Care

The key points noted are summarised as follows:

- The legislative framework for adult social care was set out in the Care Act 2014. Services were undergoing a period of significant change and aimed to support people to maintain their 'independence, dignity and control'.
- Adult social care budgets had reduced by 31% in real terms nationally in the past five years and in Slough the net budget for 2016-17 was £31m, down from £40m in 2013-14. A major Reform Programme was in place which included planned savings of £7.8m between 2015 to 2020.
- Spending patterns were changing with a shift from supporting people in care homes towards more support for care at home. Despite the funding pressures, all but one key performance indicator was improving.
- Future strategy aimed to prevent, support and delay the need for social care services; help support people to live at home; make safeguarding personal and integrate support with the NHS and other partners.

In response to a question it was noted that it was generally more cost effective to support people at home rather than in a care home setting, although costs were rising partly due to the increasingly complex needs of many people. Most care home provision was through spot purchase with only one block contract at present. The Council was commended on the quality of

Health Scrutiny Panel - 30.06.16

its reablement service and it was recognised to be performing well. Direct payments were increasing from around 20% a few years ago to a target of 40% in the next two years. A Member asked about the linkages with other services, particularly housing, to ensure people receiving care at home were fully supported. It was responded that a new housing strategy was being developed and this had recently been considered by the Health Priority Delivery Group to identify the important linkages between social care and housing. A number of practical steps had already been taken to improve engagement and it was recognised that further progress was required to provide people with the support that fully met their wider needs.

The Panel discussed the integration between health and social care services and noted the significant changes underway as part of the transformation programme. Members recognised the importance of working closely with the NHS and other partners to improve services and meet the financial challenges facing social care.

Public health

The key points noted are summarised as follows:

- The scope of public health services was detailed and aimed to extend healthy life expectancy and reduce premature death. The Public Health Team sought to work with Council departments and partners to address the determinants of health such as education, housing employment etc.
- Significant public health data was available to Members, including ward profiles and emerging trends from www.phoutcomes.info.
- The Strategic Director of Public Health, based in Bracknell, was a shared service arrangement across Berkshire with local teams in each authority.
- The Public Health Grant from the Government had been subject to a significant in year cut last year and was set to reduce for the next two years.
- Performance indicators were closely monitored and the Panel noted the successes made on a number of key local priorities e.g. to tackle childhood obesity, flu immunisation and CAMHS services.

Members welcomed the range of programmes and activities underway and offered their support in championing and promoting such initiatives. It was agreed to give further consideration to how this could best be achieved. The Panel also commended the Public Health Team for the numerous ways in which they had engaged Slough Youth Parliament and it was suggested that they be involved with the Panel on relevant areas of scrutiny in the future.

A Member asked what was being done to identify and adopt innovative practices in areas such as mental health services. A significant amount of work had been done on providing mental health 'first aid' training for 400 people and local CAMHS services were considered innovative. In response to a question about the wards in Slough with the highest levels of admissions

Health Scrutiny Panel - 30.06.16

it was noted that there were particular challenges in Chalvey and activity was underway there to promote physical activity and prevent conditions such as diabetes.

NHS/CCG services

The key points noted are summarised as follows:

- Slough CCG sought to work with providers, the Council and other CCGs to improve the health of the local population and improve the outcomes for patients. For an overview of how the NHS worked, Members were encouraged to view a video put together by the Kings Fund and it was agreed to circulate the web link.
- Of the overall NHS budget of £120bn, £72bn was provided to the 209 CCGs to purchase routine and planned services, urgent and emergency care, elective (planned) hospital care, community health services, maternity and mental health.
- The NHS Five-Year Forward View set the future national direction for the service which included more out-of-hospital care, new models of service delivery and increased investment in primary care.
- The CCG Assurance Process had now changed to the Improvement and Assessment Framework focusing on Better Health, Better Care, Sustainability and Leadership to deliver the Forward View.

The Panel asked a number of questions about the likely impact of the increased GP investment and co-commissioning arrangement for services in Slough and the wider engagement with the wellbeing agenda locally. It was responded that the additional resources were required to meet rising demand and that services were being changed to help patients navigate through the health system and address the needs of people with complex and long term conditions. This included the roll out of activity piloted through the Prime Ministers Challenge Fund for a 'seven day NHS' and to provide longer GP appointments for people with complex conditions. The local partnership arrangements of the Slough Wellbeing Board and Health Priority Delivery Group were also explained.

At the conclusion of the discussion the Panel noted the information provided and thanked Alan Sinclair, Angela Snowling and Dr O'Donnell for their presentations. The overview was considered to be helpful background and would be used to shape the Panel's Work Programme for the year ahead.

Resolved – That the presentations to introduce the Health Scrutiny agenda be noted.

7. **Slough's Learning Disability Plan 2016-19**

The Panel considered Slough's Learning Disability Plan 2016-19 which was a partnership approach to continue to improve and develop services for people with learning disabilities in the borough. It had been developed by the Learning Disability Partnership Board jointly with Berkshire Healthcare NHS

Health Scrutiny Panel - 30.06.16

Foundation Trust, Slough CCG, the Council, services users and their families. Delivery of the plan would also contribute to the Council's efficiency targets.

The Plan was split into seven parts and the key elements of the plan were summarised. It was informed by what people thought of current services and how they could be improved, and incorporated the principles of the Government Strategy 'Valuing People Now'. It also took account of the financial climate and changing needs of service users.

The current review of the in house day services for people with learning disabilities was discussed. The Cabinet would consider a report at its meeting on 18th July that recommended an increase in the amount of community based activities and a decrease in the number of building based services. The proposal was to retain and invest in the centres at Phoenix and Priors and to close the Elliman Resource Centre. In response to questions, the Panel were assured that those people who were assessed to need building based day services would continue to be able to do so, but that others could be best supported through a range of community based activities. Work would be done with each family to ensure people received safe and secure services which met their needs. This process was due to be completed by the end of the year with closure likely in early 2017, subject to Cabinet approval.

Members raised a number of issues about the proposal to close the Elliman Resource Centre including staffing issues; the range and quality of community based provision; and how friendship groups amongst users of the centre would be maintained. An engagement process was in place with staff to prepare for the changes and community based provision was in place and would be identified to meet the needs of individuals. The Council would seek to maintain friendship groups where possible and this would be monitored. Officers had a detailed knowledge of the individuals involved and were working closely with them, their families and advocates to understand their precise needs. Members requested that future such reports to Cabinet come to the Panel for scrutiny first. The Panel decided not to make any recommendations to the Cabinet at this stage but would be kept informed of progress and would consider whether further scrutiny would be required at a later stage in the process.

Members asked about the diagnosis and support for people at the lower end of the Autism Spectrum Disorder, particularly those moving into Slough who may have been misdiagnosed and were therefore not receiving the appropriate support. It was confirmed that ASD rates were higher than expected in Slough, indicating that diagnosis was not an issue. Members were invited to consider raising such matters with the Autism Partnership Board if they had specific concerns. The Panel discussed a number of other aspects of the plan including the performance management arrangements. It was a high level strategic plan with detailed actions and performance measures sitting below it. At the conclusion of the discussion, the Panel agreed to note the report.

Resolved – That Slough's Learning Disability Plan 2016-19 be noted.

8. HSP Work Programme 2016/17

Members considered the work programme of the Panel for the forthcoming municipal year. In terms of the general approach, the following was agreed:

- 2/3 substantive scrutiny items per meeting, ideally collated into an overarching theme.
- The Panel to scope and specify the focus of future reports as part of its work programme item at each meeting.
- Chair and Vice-Chair to work with Scrutiny Officer on detailed work programming, liaising with Overview & Scrutiny and other Panel Chairs accordingly.
- Consider the engagement of residents, patients and young people (including both Reach Out and Youth Parliament) and plan programme of engagement.

The following outline programme and themes for future meetings was suggested, subject to further discussion with the Chair, Vice-Chair, Director of Adult Social Care and Scrutiny Officer:

- 1st September – Frimley System Sustainability and Transformation Plan and Better Care Fund.
- 6th October – Performance & Quality - to include annual reports – BHT, CCG plan, Safeguarding Adults, Local Account; Wexham Park update; and Preparedness for Winter.
- Date TBC – Wellbeing (possible extra meeting) – to include links to housing; leisure and activity.
- 23rd November – Assets & Infrastructure - to include Slough Central update; consider links to Local Plan Review; mapping of services against population.
- 19th January – Focus on Slough CCG issues.
- 27th March – Transformation & Innovation - to include digital.

It was also suggested and agreed that a programme of visits for Panel Members to a range of services be arranged.

Resolved – That the Panel's Work Programme for the municipal year be developed to reflect the themed approach agreed at the meeting and that a programme of visits for Panel Members to a range of services be arranged.

9. Date of Next Meeting - 1st September 2016

The next meeting of the Panel would be held on 1st September, 2016.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.19 pm)

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 1st September 2016

CONTACT OFFICER: Alan Sinclair, Interim Director Adult Social Care
Jim O'Donnell, Chairman Slough CCG

(For all Enquiries) (01753) 875752

WARD(S): All

PART I

FOR INFORMATION, COMMENT & CONSIDERATION

FRIMLEY SUTAINABILITY AND TRANSFORMATION PLAN

1. **Purpose of Report**

This report provides the Health Scrutiny Panel with an update and progress being made to deliver the Sustainability and Transformation Plan (STP) for the Frimley footprint.

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

- The Health Scrutiny Panel 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 several of the current Slough Wellbeing Board strategy 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

As part of the NHS Forward Plan each health and social care area across the country was requested to produce a five year Sustainability and Transformation Plan starting in 2015/16. The footprint for each area was prescribed by NHS England and for Slough this is the Frimley footprint. This 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.

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 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

- 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 is a standing item on the Slough Wellbeing Board agenda.

7. Conclusion

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

8. Appendices Attached

A – STP progress summary presentation July 2016

9. Background Papers

None

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Frimley System Sustainability & Transformation Plan

Progress Update

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.

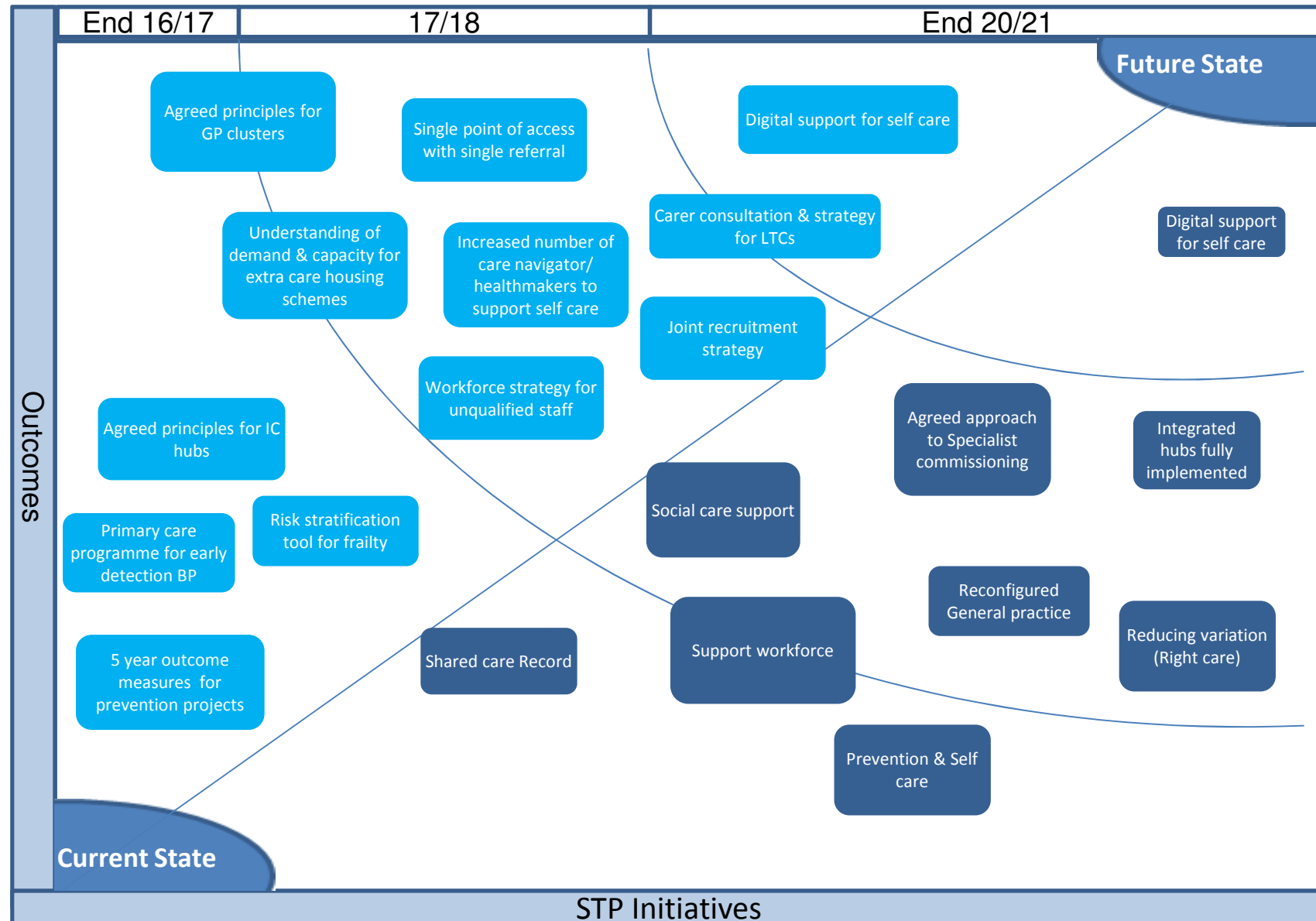
We believe that these are the actions which will:

- 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 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: Health Scrutiny Panel

DATE: 1st September 2016

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

(For all Enquiries) (01753) 875752

PART I

FOR COMMENT & CONSIDERATION

BETTER CARE FUND

1. **Purpose of Report**

The purpose of this report is to inform the Scrutiny Panel of the Quarter four outturn of the Better Care Fund (BCF) Plan for 2015/16 and provide a summary annual report on activity and progress.

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

The Panel is requested to comment on the progress being made in the Better Care Fund.

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 and 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**

The Better Care programme has financial implications for the Council and the CCG for the following reasons:

- BCF and its role in starting the delivery of a wider integration agenda is key in its contribution to managing ongoing financial and demographic pressures facing Councils and the NHS
- It combines CCG and SBC funding into a pooled budget which subsequently brings changes in governance and sharing risks related to the identified funds
- It links to delivery of elements of the Care Act and new health and social care responsibilities
- It aims to release funding from the hospital sector over the next 5 years through building capacity in 'out of hospital' community based services
- Costs arising from an escalation of non-elective admissions into the acute sector hospitals if not successful in delivering the above

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

Risks to the programme are reviewed and managed within the risk register which is overseen and reviewed by the BCF Joint Commissioning Board with escalation to Slough Wellbeing Board, CCG Governing Body and SBC Cabinet as appropriate.

The BCF Plan has identified funding within the pooled budget as contingency to cover areas of risk. There is no Payment for Performance element to BCF in this year against non-elective (unplanned) admissions to hospital but instead a requirement to agree investment in NHS commissioned out of hospital services and/or put a proportion of the fund into a local risk sharing agreement. In the expenditure plan the total value of the NHS commissioned out of hospital services is £2,477m together with £542k funding held as risk share to ensure value to the NHS.

Risk	Mitigating action	Opportunities
Legal	A Section 75 (Pooled Budget) agreement in place for 2016/17 by 30 June 2016.	Improved joint working and better value for money.
Property	None	None
Human Rights	Engage residents and service users in BCF development.	Improved wellbeing for residents and positive experience of services.
Health and Safety	None	None
Employment Issues	Full formal consultations will be carried out with staff over changes as and	Improved joint working and better value for money.

	where required.	
Equalities Issues	EIA will be carried out in respect of individual projects and schemes and any proposed changes.	Improved wellbeing for all residents.
Community Support	Engage communities in the development of BCF related activities.	Improved joint working and better value for money.
Communications	Utilise communication functions to keep stakeholders up to date.	Better understanding of BCF and health and wellbeing in Slough.
Community Safety	Engage community safety services in development of BCF related activities.	Improved joint working and better value for money.
Financial	Robust risk and project management in place.	Improved joint working and better value for money.
Timetable for delivery	Timetable agreed with SWB, CCG and SBC. Programme managed to deliver on agreed milestones on time.	Improved joint working.
Project Capacity	BCF Programme Manager for Slough in post	Improved joint working and better value for money.
Acute Sector.	Acute sector representatives are part of planning and delivery of BCF activities.	Improved joint working and better value for money.

(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 reforms within 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 Slough Wellbeing Board. There were no amendments proposed and has 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 BCF Plan for 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 to 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
	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	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

BCF Performance Summary

1. Non-elective admissions

Within the Payment for Performance period (Jan-Dec 2015, Q4-Q3) Slough performed well against its plan for NEL achieving an overall reduction of 241 against the baseline (Jan-Dec 2014) which was 1.43%. This activity has increased into the next and final quarter of the financial year. Performance for Q4 is an improvement on Q3 by 67 NEA but is significantly above our ambition target of 3665 set within our plan.

Baseline				Plan					Actual				
Q4 2013/14	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
3,941	4,147	4,297	4,441	3,798	3,991	4,161	4,294	3,665	3,969	3,974	4,080	4,572	4,505

HWB Non-Elective Admission Plan 2016/17				
Q1	Q2	Q3	Q4	Total
4,134	4,273	4,511	4,122	17,040

2. Residential Admissions

There were 76 permanent admissions of older people to care homes in 2015/16. Performance in 2014/15 was also 76 admissions. Application of DH a mid-2014 population estimate of 13,620 to this to create an adjusted per capita rate of 558.1 per 100,000.

		Actual 2014/15	Planned 2015/16	Actual 2015/16	Planned 2016/17
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	558.1	554.8	534.7	534.7
	Numerator	76	77	76	76
	Denominator	13,620	13,880	13,880	14,215

3. Reablement

Slough has been high performing in terms of its reablement activity for older people in recent years. It was our ambition was to extend our offer reablement to a greater number of older people discharged from hospital in this and acknowledged that our success rate would drop against a larger cohort of patients. We have seen more people coming through the service than anticipated and the denominator increased significantly. Our 91 day indicator has therefore reduced further as a result to 88%. For 2016/17 we plan to maintain our higher level of activity but with this regain a higher success rate of 90%.

		Actual 2014/15	Planned 2015/16	Actual 2015/16	Planned 2016/17
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	100.0%	94.3%	87.6%	90.4%
	Numerator	60	66	99	104
	Denominator	60	70	113	115

4. Delayed Transfers of Care

Our DTOC targets set are ambitious and aspire to a reduction in our quarterly rate by 5 over the year. We aim to reduce the variation seen in 2015/16 activity and bring our average rate per quarter over the year from 555 to 429. This requires achieving actual target activity of 470 reduced bed days per quarter or better.

		2015-16 plans				2015-16 actuals				2016-17 plans			
		Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)	Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	Quarterly rate	468.5	465.7	468.5	454.4	728.3	464.7	609.3	612.8	440.4	435.7	435.7	437.0
	Numerator	496	493	496	485	771	492	645	654	470	465	465	470
	Denominator	105,864	105,864	105,864	106,723	105,864	105,864	105,864	106,723	106,723	106,723	106,723	107,546

5. Local Performance Metric

This has been selected as a new indicator for Slough for 2016/17. This indicator is taken from the GP survey. Slough achieved 86% in 2013/14 and then improved to 89% in 2014/15. Our CCG comparator group average is 90% (with worst at 89%) and England average is 93%. This indicator fits with our ambition to support more people towards self help but also in knowing where to go for information and advice, having access to support when needed and proactive case management for those with complex long term conditions. Our baseline rate is from the results of the GP survey in January 2016 and is 90%

		Actual 2015/16	Planned 16/17
Confidence in managing own health - confident (total) GPS33	Metric Value	90.0	91.0
	Numerator	1,815.0	1,841.0
	Denominator	2,023.0	2,023.0

6. Experience Metric

Actual outturn of client satisfaction in 2014/15 was 55 which was lower than target of 58. We committed to again reaching a target of 58 in this indicator again for 2015/16 and achieved 59. We aim to maintain this performance into 2016/17. Numbers relate to those who are receiving social care and where number of respondents is low can make significant differences to the satisfaction rate.

		Actual 2015/16	Planned 2016/17
Client satisfaction with care and support (3a of the ASCOF framework).	Metric Value	59.0	59.0
	Numerator	654.0	654.0
	Denominator	1,108.0	1,108.0

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 1 September 2016

CONTACT OFFICER: Alan Sinclair (Interim Director Adult Social Services)
Dean Tyler (Head of Policy, Partnerships & Programmes)
(For all Enquiries) (01753) 875847

PART I**FOR COMMENT & CONSIDERATION****REFRESH OF SLOUGH JOINT WELLBEING STRATEGY 2016 – 2020****1. Purpose of Report**

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

2. Recommendation(s)/Proposed Action

The Health Scrutiny Panel is asked to:

- a) Comment on the draft of the refresh of the Slough Joint Wellbeing Strategy which has been developed by the Slough Wellbeing Board (Appendix A). In particular, the views of the Panel are welcomed in terms of how the Strategy is implemented and taken forward across the Council and partners (see para 7.1);
- b) Note the arrangements for a Slough Partnership conference and launch of the Strategy on 22 September 2016 (see 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 Slough Wellbeing 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 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.

5.4 The new Terms of Reference for the Board are also clear about the relationship with Health Scrutiny Panel and the role it has in effective scrutiny of decisions.

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.

6.2 The Slough Wellbeing Board reviewed the draft Strategy on 20 July. As a result of their discussion we have arranged for a report on proposals for a new Housing Strategy to be presented to the next meeting on 28 September. Housing is one of the four priorities identified in the Strategy but there was less clarity around the added value the Board was able to make than with the other three priorities. As a key determinant of health and wellbeing the Board looks forward to the potential to have influence over the vision and priorities for Housing in Slough.

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 as a wider network and partnership across the borough over the coming year – please see in particular page 5 of the Strategy. It is recommended that progress against the Strategy is reviewed annually and the document is refreshed with a check on 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 AUGUST 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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Email policy1@slough.gov.uk

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

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: 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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Priority 2: 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 3: 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.

Priority 4: 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.

4. 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 8) Slough Business Community Partnership 	<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

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: Health Scrutiny Panel

DATE: 1st September 2016

CONTACT OFFICER: Dave Gordon – Scrutiny Officer
(For all Enquiries) (01753) 875411

WARDS: All

PART I

TO CONSIDER AND COMMENT

HEALTH SCRUTINY PANEL – 2016/17 WORK PROGRAMME

1. **Purpose of Report**

1.1 For the Health Scrutiny Panel (HSP) to discuss its current work programme.

2. **Recommendations/Proposed Action**

2.1 That the Panel note the current work programme for the 2016/17 municipal year.

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

3.1 The Council's decision-making and the effective scrutiny of it underpins the delivery of all the Joint Slough Wellbeing Strategy priorities. The HSP, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The work of the HSP also reflects the priorities of the Five Year Plan, in particular the following:

- 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. **Supporting Information**

4.1 The current work programme is based on the discussions of the HSP at previous meetings, looking at requests for consideration of issues from officers and issues that have been brought to the attention of Members outside of the Panel's meetings.

4.2 The work programme is a flexible document which will be continually open to review throughout the municipal year.

5. **Conclusion**

5.1 This report is intended to provide the HSP with the opportunity to review its upcoming work programme and make any amendments it feels are required.

6. **Appendices Attached**

A - Work Programme for 2016/17 Municipal Year

7. **Background Papers**

None.

HEALTH SCRUTINY PANEL

WORK PROGRAMME 2016/17

Meeting Date	
1 September 2016 INTEGRATION WITH THE NHS	
<ul style="list-style-type: none">• Sustainability and Transformation Plan• Better Care Fund• Slough Joint Wellbeing Strategy	
6 October 2016 PERFORMANCE AND QUALITY	
<ul style="list-style-type: none">• Annual reports (e.g. Local Account)• Wexham Park update• Preparedness for winter	
23 November 2016 ASSETS AND INFRASTRUCTURE	
<ul style="list-style-type: none">• Slough Central update• Links of care to Local Plan Review• Mapping of services against local population	

Meeting Date
19 January 2017 SLOUGH CCG
27 March 2017 TRANSFORMATION AND INNOVATION
<ul style="list-style-type: none"> Digital innovations

To be programmed:

- Wellbeing - Housing
Leisure and Activity

(Possible extra meeting)

- Reconfiguration of activities for those with learning disabilities

MEMBERS' ATTENDANCE RECORD 2016/17

HEALTH SCRUTINY PANEL

COUNCILLOR	30/06	01/09	06/10	23/11	19/01	27/03
Chaudhry	P					
Cheema	P					
Chohan	P					
M Holledge	P					
Mann	P					
Pantelic	P					
Qaseem	P*					
Smith	P					
Strutton	P					

P = Present for whole meeting

Ap = Apologies given

P* = Present for part of meeting

Ab = Absent, no apologies given

(Ext*- Extraordinary)

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