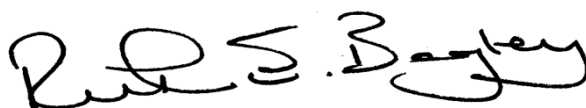


Date of issue: Wednesday, 23 March 2016

MEETING:	HEALTH SCRUTINY PANEL (Councillors Ajaib (Chair), Strutton (Vice-Chair), Chahal, Chaudhry, Cheema, Chohan, M Holledge, Pantelic and Shah) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	MONDAY, 4TH APRIL, 2016 AT 6.30 PM
VENUE:	MEETING ROOM 3, <u>CHALVEY COMMUNITY CENTRE</u> , THE GREEN, CHALVEY, SLOUGH, SL1 2SP
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NICHOLAS PONTONE 01753 875120

NOTICE OF MEETING

You are requested to attend the above Extraordinary 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.

SCRUTINY ISSUES

- | | | |
|----|---|-----------|
| 2. | Five Year Plan Outcome 6 - 'More people will take responsibility and manage their own health, care and support needs' | 1 - 14 |
| 3. | Update on nationally mandated health visitor service and the planned redesign to 0-19 Services | 15 - 24 |
| 4. | Progress report on formal co-operation between Slough Borough Council and Slough CCG | To Follow |
| 5. | Slough Wellbeing Board's Annual Report 2015/16 | 25 - 44 |
| 6. | Date of Next Meeting – 30 th June 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.

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 4th April 2016
CONTACT OFFICER: Alan Sinclair, Interim Director for Adult Social Care
(For all Enquiries) (01753) 875752
WARD(S): All

PART I
FOR COMMENT AND CONSIDERATION

FIVE YEAR PLAN OUTCOME 6 – MORE PEOPLE WILL TAKE RESPONSIBILITY AND MANAGE THEIR OWN HEALTH, CARE AND SUPPORT NEEDS

1. **Purpose of Report**

To provide an update on Outcome 6 of the Five Year Plan, which forms part of the theme of enabling and preventing.

2. **Recommendation**

The Health Scrutiny Panel is requested to take note and comment on the activity that has been undertaken to support delivery of this part of the Five Year Plan. This activity is outlined in the presentation provided in Appendix 1.

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

3.1 **Slough Joint Wellbeing Strategy Priorities**

The Five Year Plan relates to all aspects of the Slough Joint Wellbeing Strategy's (SJWS) priorities and cross-cutting themes as set out below.

Priorities:

- Health

Cross-Cutting themes: Activities through enabling and preventing in the Five Year Plan relating to the health of local residents are strongly linked to:

- Civic responsibility
- Improving the image of the town

3.2 **Five Year Plan Outcomes**

The outcome discussed in this report is:

- More people will take responsibility and manage their own health, care and support needs

It is recognised that there are strong connections and interdependencies between Five Year Plan Outcomes and the delivery of outcome 6 impacts upon other Five Year Plan priorities.

4. **Other Implications**

(a) Financial

The Five Year Plan will be used to determine the Council's spending priorities from 2016/17. This process was started during 2015/16 including identifying savings and/or increases in income generation.

(b) Risk Management

Risk	Mitigating action	Opportunities
Legal		
Property		
Human Rights		
Health and Safety		
Employment Issues		
Equalities Issues		
Community Support		
Communications	Agencies work together to deliver consistent messages	A wider understanding of Slough's health needs is promoted.
Community Safety		
Financial	Delivery is based upon a multi-agency approach to agree priorities and share resources	The Five Year Plan will provide a mechanism to make budget decisions from 2016/17.
Project Capacity	The work of existing groups is fully utilised to support delivery	

(c) Human Rights Act and Other Legal Implications

There are no direct legal implications.

(d) Equalities Impact Assessment

Equality Impact Assessments will be prepared for specific actions within the plan when required.

5. **Supporting Information**

- 5.1 Slough Borough Council's Five Year Plan contains three themes. This report will focus on part of the second theme of enabling and preventing and one of three outcomes within that theme; 'More people will take responsibility and manage their own health, care and support needs'.

5.2 The following key actions are placed under this heading:

- Encourage all residents to manage and improve their health
- Target those individuals most at risk of poor health and wellbeing outcomes to become more active, more often
- Develop preventative approaches to ensure that vulnerable people become more able to support themselves
- Build capacity within the community and voluntary sector to enable a focus on supporting more people to manage their own care needs
- Put in place new models of social care for adults with a focus on an asset based approach and direct payments
- Ensure people are at the centre of the adult safeguarding process and are supported to manage any risks

5.3 As can be seen from these key actions, a major emphasis is on empowering local residents to manage their own care. Whether that takes the form of preventative action to ensure that they do not develop long term care needs, giving residents direct payments to make the best decisions themselves for their own care or ensuring that those receiving support are key voices in safeguarding procedures, the common theme is one of providing greater self-determination.

5.4 The presentation is structured to highlight the major actions which have been undertaken to fulfil these objectives. This presentation will be given at the meeting, and members are asked to identify any aspects they wish to scrutinise in greater depth on the evening.

5.5 This is the first time that the outcome has been presented in specific detail to the Health Scrutiny Panel. However, the Overview and Scrutiny Committee made the decision that this outcome should be evaluated on an annual basis by the Panel. As a result, whilst this general introduction will provide an overview of the entire outcome, members may also wish to give consideration as to whether there are specific elements which require a more in-depth review in 2016/17 and can influence the revised 2016/17 action plan for this outcome.

6. **Comments of Other Committees**

This specific presentation has not been an agenda item for other Committees.

7. **Conclusion**

The Five Year Plan Outcome 6 provides the framework and focussed resources for the Council to enable further partnership and multi-agency working with partners to improve health and wellbeing outcomes for local residents in Slough.

8. **Appendices Attached**

'1' - Outcome 6 presentation

9. **Background Papers**

Five Year Plan 2016 – 2020

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Five Year Plan Outcome 6 Progress Update December 15

More people will take responsibility and manage their own health, care and support needs

What will be different?

- People taking responsibility for managing their own health and social care needs
- Good range of preventative services that means less people needing long term health and social care support - especially at crisis point
- People supported by their communities and voluntary sector
- More people taking part in sport and physical activity
- More people getting their health checks
- People managing their care and support with a direct payment
- People managing their care and support on line
- Less people reporting that they are socially isolated
- Reduced number of people dying from cardiovascular diseases

1. Encourage all residents to manage and improve their health

What have we be doing?

- Community consultation completed to inform the delivery of the new latent TB screening service
- Bowel cancer pilot underway in three GP practices to increase uptake and national bowel cancer awareness campaign in place
- Smoking cessation retender completed - cessation rates are in the top decile in England and prevalence rates show a 2% reduction over the course of the previous contract
- Childhood obesity rates in reception are now equal to the SE average for the first time since weighing and measuring began

What will we be doing?

- Implementing the Mental Health Change for Life project
- Funding achieved from NHS England for six projects for CAMHS transformation
- Implementing the CAMHS and the alcohol strategies
- The evidence based Campaign Against Living Miserably has been launched to reduce the risk of suicide

2. Target those individual at risk of poor health to become more active more often

What have we be doing?

- Development of a new community sports facility on the Arbour Park site commenced
- Leisure services becomes a national pilot for the commissioning of sport and physical activity with public health and ASC partners
- Ten new neighbourhood activity programmes launched in four priority wards
- New outdoor rowing and canoe centre on the Jubilee River opens
- Trained 16 residents to deliver exercise programmes enabling local communities to better manage their own health and well being
- Held 4 funding workshops for local community organisations attracting 28 participants enabling a greater awareness of opportunities for applying for external funding to support self help.
- Over the last 5 months supported groups securing over £60k of external grants to deliver programmes such as: tea and technology, support your neighbour scheme, health and wellbeing programmes, seated exercises, etc.

Target those individual at risk of poor health to become more active more often

What will we be doing?

- Langley Leisure Centre refurbishments works commence February 2016
- Cabinet reports presented for decision on new leisure centre, ice arena refurbishments and funding for the community sports facility phase 2
- Decision from Sport England on funding bids for new leisure centre and Langley Leisure Centre improvements due March 2016
- Worked with the Milan users, to support their transition from the Centre by:
 - Introducing users to new activities and opportunities
 - Starting new activities e.g. yoga sessions at Chalvey Community Centre.
 - Supported a successful bid to the health lottery that secured £25,000 over 2 to years to support the long term sustainability of the group
 - Creating an environment that increases the ability of individuals/groups manage their own care/health needs
- Commenced a community neighbourhood mapping exercise based on three geographical areas of the borough to enable future referrals to community groups aimed preventing residents entering the social care systems.

3. Develop preventative approaches to ensure that vulnerable people are more able to support themselves

What have we be doing?

- More people receiving reablement services - with an average of 96% still at home 90 days after discharge from hospital with reablement support
- Launched a new Information and advice via the Slough Services Guide
- New falls service developed under Better Care Fund (BCF) plan and reduction in Q3 in numbers of falls compared to baseline
- Identifying people with complex needs via a risk stratification project working with GP's - via the BCF plan
- Started a new recovery college / promoting physical activity for mental health service users

What will we be doing?

- Review of the range of intermediate care services to improve the service so more people benefit
- Implement the Carers strategy and plan so we find and support more carers
- Develop a prevention strategy that identifies the best value preventative approaches and services so more people benefit

4. Build capacity within the community and voluntary sector to enable more people to manage their own care needs

What have we be doing?

- Developed a new outcomes based strategy
- Re-commissioned the voluntary sector services against this strategy and award of the contract to the SPACE consortium

What will we be doing?

- Supporting the SPACE consortium and the rest of the voluntary sector over transition period
- Review and re-commissioning of advocacy services

5. Put in place new models of social care for adults with a focus on asset based approaches and direct payments

What have we be doing?

- New direct payments support services in place
- 204 people in receipt of a direct payment
- Re-assessing all people with care and support services under the Care Act
- 41 people with a learning disability supported to live in their own home
- Developing our new innovation approaches to change the way social care works
- Redesigning our commissioning team

What will we be doing?

- Start of new ASC front door on 6th Jan - with an asset based approach
- Working in partnership with a private developer for a new extra care housing facility
- Redesigning the learning disability in house provider service
- Redesigning housing related support services
- Increasing the number of people in receipt of continuing health care
- Redesigning the substance misuse services
- Implementing the ASC workforce strategy
- Implementing self service options for our clients and carers via ASC digital plan
- ASC staff working flexibly and using more mobile technology

6. Ensure people are at the centre of the adult safeguarding process and are supported to manage risks

What have we be doing?

- Ensuring we are compliant with new Care Act responsibilities
- Safeguarding adults board annual report published
- Increase of initial enquiries
- Reviews of all contracted services

What will we be doing?

- Updating the safeguarding adults board business plan
- Learning from recent safeguarding adults reviews
- Implementing Making Safeguarding Personal

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 4th April 2016

CONTACT OFFICER: Dr Angela Snowling, Assistant Director of Public Health.
(For all Enquiries) 01753 87 5142

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

**UPDATE ON NATIONALLY MANDATED HEALTH VISITOR SERVICE AND THE
PLANNED REDESIGN TO 0-19 SERVICES**

1. Purpose of Report

Responsibility for the delivery of the nationally mandated health visiting service transferred to local authorities in October 2015. This paper describes the purpose of the service, the current health visiting service model, the current performance, and the outcomes it supports.

New reporting data is presented (only available through this universal service) which will enable improved service planning and delivery of targeted services.

2. Recommendation(s)/Proposed Action

The Panel is asked to note that:

- (a) The health visiting service provides four levels of service covering; community, universal, universal plus, universal partnership plus. It is vital that children meet their development milestones and professional assessments at each of the five mandated checks ensure that, where needed, children are identified early and supported whether they have developmental delays, safeguarding needs or other health conditions as per the outcomes shown in section 4.1. Families in need also benefit from the service and are referred into the relevant services for support.
- (b) Growth to the full staff complement and improved training in maternal mental health and for increasing breastfeeding rates have already been evidenced since the transition but more could be done to improve parental mental health outcomes in conjunction with the CCG who commission perinatal mental health services.
- (c) National guidance for developing integrated 0-19 services shows the complexity of children's' commissioning arrangements under the Health and Social Care Act 2012. The panel is asked to note that a working group will be established to recommission an integrated 0-19 service that delivers the full healthy child programme. This will require liaison between NHS England, Slough CCG, Slough Borough Council, Slough Children's Trust and the voluntary sector.

(d) The ethnic and ward profile of new births shown in Tables 1 and 2 is calculated using data provided by the current health visiting service which supplies Slough with previously unseen planning information to inform early years service integration and future early years and school placements. Use of this and other significant information from this service will influence planning for integrated services to maximise and health and wellbeing outcomes across the town.

3. Other Implications

(a) Financial

Whilst no financial implications arose from the novation of the contract in October 2015 the impact of the Comprehensive Spending Review (CSR) in July 2015 has caused a 6.2% pressure on the budget in 2015-16 and a further 2.2% in 2016-17 and 2.4% in 2017-18.

The reductions to the Public Health grant mean that existing contracts will be renewed to allow all contracts to align in September 2017 in preparation for a new 0-19 service.

(b) Human Rights Act and Other Legal Implications

There is a legal duty under the terms of the public health grant to notify the child health information system (based in Berkshire Healthcare Foundation Trust but commissioned by NHS England) of every child's progress against the five mandated developmental checks and to keep a comprehensive record of the child's health and wellbeing needs and vaccination status.

The Health Visiting contract with NHS England was novated to Slough Borough Council and the service provided by Berkshire Healthcare Trust is performance managed through a joint arrangement with all six councils in Berkshire.

There are no Human Rights Act implications arising from this report although there is a duty to engage with and consult the families who currently receive the service and this is led by the provider who recently received a 'good' CQC inspection.

4. Supporting Information

4.1 Purpose of the service

During pregnancy and in the first 2 years, a baby's brain and neurological pathways are being laid down for life with 80% of a baby's brain development taking place during this time. It is therefore the most important period for brain development, and is a key determinant of intellectual, social and emotional health and wellbeing.

The Health Visiting Service workforce consists of specialist community public health nurses (SCPHN) and teams who provide expert information, assessments and interventions for babies, children and families including first time mothers and fathers and families with complex needs. Health visitors (HVs) help to empower parents to make decisions that affect their family's health and wellbeing and their role is central to improving the health outcomes of populations and reducing

inequalities. The health visiting service performs a major safeguarding function whether within universal visits, at universal plus or universal partnership plus.

The Health Visiting Service works across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme 0-5 (HCP): a prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity.

This includes working to promote health and development in the '6 high impact areas' for early years – which can be found at <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children>

- Transition to parenthood and the early weeks
- Maternal mental health (perinatal depression)
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition and physical activity
- Managing minor illness and reducing hospital attendance and admission
- Health, wellbeing and development of the child age 2 – 2.5 year old review (integrated review) and support to be 'ready for school'.

The service is led by HVs and supported by skill mix teams. HVs are qualified nurses or midwives who have an additional diploma or degree in specialist community public health nursing enabling them to practice autonomously and exercise professional judgement to improve outcomes for children and families.

As public health practitioners, health visitors also contribute to health needs analysis using tools such as the Early Years Profile. They also work alongside other health professionals including early years practitioners, voluntary organisations, peer supporters, Family Nurse Partnerships, GPs and primary and secondary care providers as well as children's centres and early years staff to ensure a holistic service and focused on improving health outcomes, reducing inequalities at individual, family and community level

The service in conjunction with partners contributes to the following healthy child outcomes;

- Improving life expectancy and healthy life expectancy;
- Reducing infant mortality;
- Reducing low birth weight of term babies
- Reducing smoking at delivery;
- Improving breastfeeding initiation;
- Increasing breastfeeding prevalence at 6-8 weeks;
- Improving child development at 2-2.5 years;
- Reducing the number of children in poverty;
- Improving school readiness;

- Reducing under 18 conceptions;
- Reducing excess weight in 4-5 and 10-11 year olds;
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14;
- Improving population vaccination coverage;
- Disease prevention through screening and immunisation programmes;
- Reducing tooth decay in children aged 5.

National pathways exist for best practice linkages with other services whether through referrals or co-delivery.

4.2 Policy context and scope of responsibilities

All the national guidance relating to the local authority commissioning responsibility for 0-5 services can be found at <https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities>

A major part of the work of delivery through the 0-5 public health workforce is delivering the Healthy Child Programme (HCP). The HCP is the national public health programme, based on best knowledge/evidence to achieve good outcomes for all children.

The programme is delivered in partnership between the Department of Health (DH), NHS England (NHS E), Public Health England (PHE) and Health Education England (HEE) as well as local authorities. DH is the system lead and NHS England is responsible under the NHS Mandate and Section 7A for commissioning the childhood immunisation programme. Professional leadership comes from both DH and PHE, while HEE is mandated to lead the delivery of students and CPD, and PHE has responsibility for evidence, information and wider public health. This includes how the mandated service should run, the details of the mandated checks and outcomes that should be delivered, a description of pathways and quality standards to deliver the Health Child Programme.

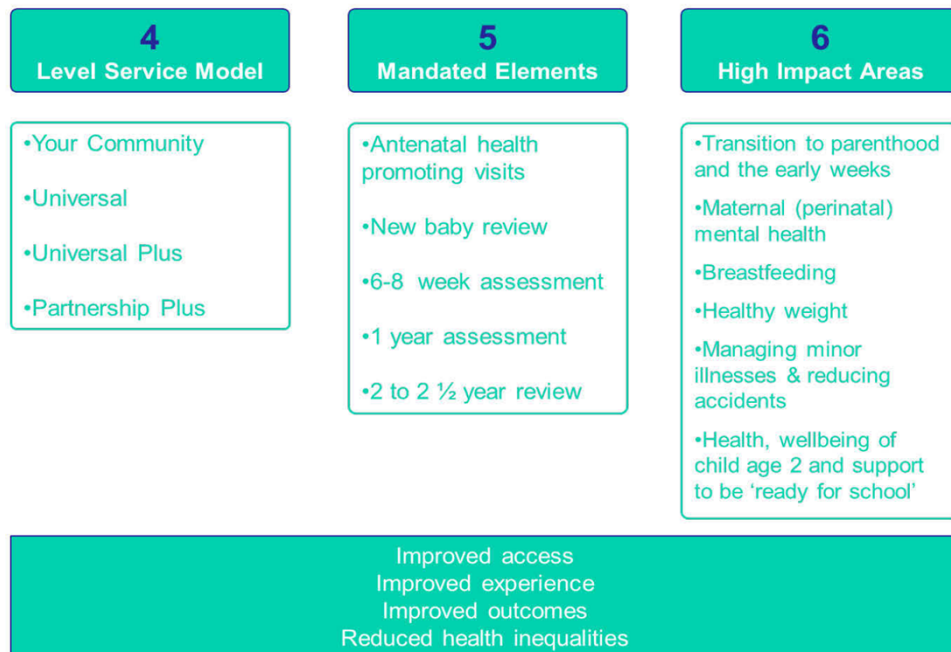
Health visiting is also linked with other public health services for children and young people aged 5-19, (or up to age 25 for young people with Special Educational Needs and Disability - SEND). A CQC inspection of how SEN services are delivered locally is due in 2016.

The latest policy guidance relates to the commissioning of an integrated 0 to 19 years service. National guidance can be found at <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>

The following commissioning responsibilities are not expected to transfer to LAs until 2020:

- a. Child Health Information Systems (CHIS); and
- b. The 6-8 week GP check (also known as Child Health Surveillance)

4.3 Figure 1- the national model of service



4.4. Local performance and data sharing

Before taking over the contract Slough reviewed the gaps against the levels of service described in the four levels of the Healthy Child programme (universal, universal plus, universal partnership plus and the community work which overlaps with the work of the local voluntary sector).

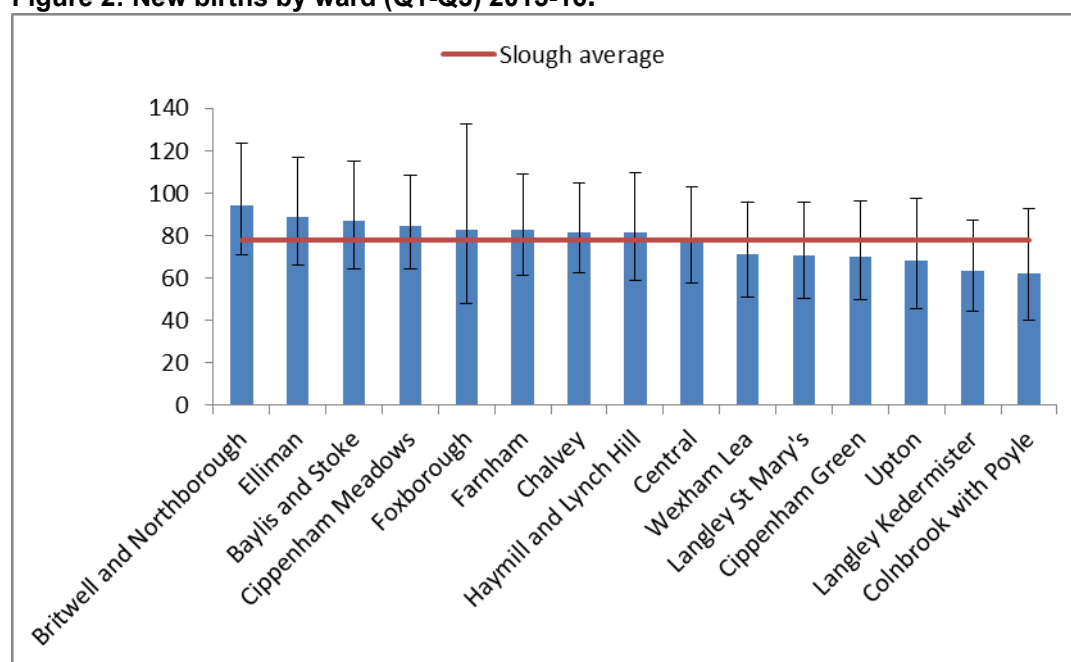
Priorities were set with the provider to address prior to transfer – these included; data sharing with children’s centres, a common method of assessing development at the 2- to 2.5 year check, support for services for fathers and training for staff in pre and post natal depression. All of these have been addressed and the service now reports quarterly through the Shared Public Health Information team based in Bracknell

The following numbers of births have been reported to date.

Table 1 Births by ward Q1-Q3 2015-16

Ward	NUMBER OF BIRTHS			
	Q1 2015/16	Q2 2015/16	Q3 2015/16	Grand Total
Baylis and Stoke	49	39	47	135
Britwell and Northborough	53	56	51	160
Central	49	70	67	186
Chalvey	61	74	70	205
Cippenham Green	38	32	33	103
Cippenham Meadows	60	61	68	189
Colnbrook with Poyle	24	25	29	78
Elliman	50	52	53	155
Farnham	49	52	50	151
Foxborough	17	17	16	50
Haymill and Lynch Hill	43	37	42	122
Langley Kedermister	37	37	27	101
Langley St Mary's	41	40	37	118
Upton	29	34	24	87
Wexham Lea	42	44	53	139
Grand Total	642	670	667	1979

Figure 2: New births by ward (Q1-Q3) 2015-16.



Of those seen to date (from Q1-Q3 2015-16) Table 2 overleaf shows their ethnic group

Table 2 Numbers of births by ethnic group (Q1-Q3 2015-16)

Ethnicity	Number
Asian or Asian British - Pakistani	484
Asian or Asian British - Indian	367
White - Any other background	319
White - British	308
Black or Black British - African	101
Not Known (Not Requested)	55
Asian or Asian British - Any other background	54
Other Ethnic Groups - Any Other Group	47
Mixed - White & Asian	46
Mixed - Any other mixed background	37
Not Known (Unable to Request)	36
Mixed - White & Black Caribbean	25
White - Polish	20
Black or Black British - Caribbean	15
Asian or Asian British - Bangladeshi	12
Black or Black British - Any other background	11
Mixed - White & Black African	10
Other Ethnic Groups - Chinese	6

Targets are set for each of the five mandated visits.

With the exception of the antenatal visits (a new measure introduced this year) targets for the others are being met i.e.

- 95% of all new births are seen within 14 days
- 92% were seen at 6-8 weeks after the birth
- 73% received a twelve month review
- 81% received a review* at two and a half years and 100% of these used the A&S 3

(*) This review is based on the Ages and Stages questionnaire and this informs a range of partners of the child's development needs, especially where emotional or behavioural, physical or communication difficulties can be identified early, which might delay their progress in school if not addressed. This return is used as the basis of the readiness for school indicator published for the council area.

In addition to the mandated visits 97% of those whose mothers required a follow up after a maternal mood assessment were seen by the service and 3% of all children required a safeguarding review in quarter 3.

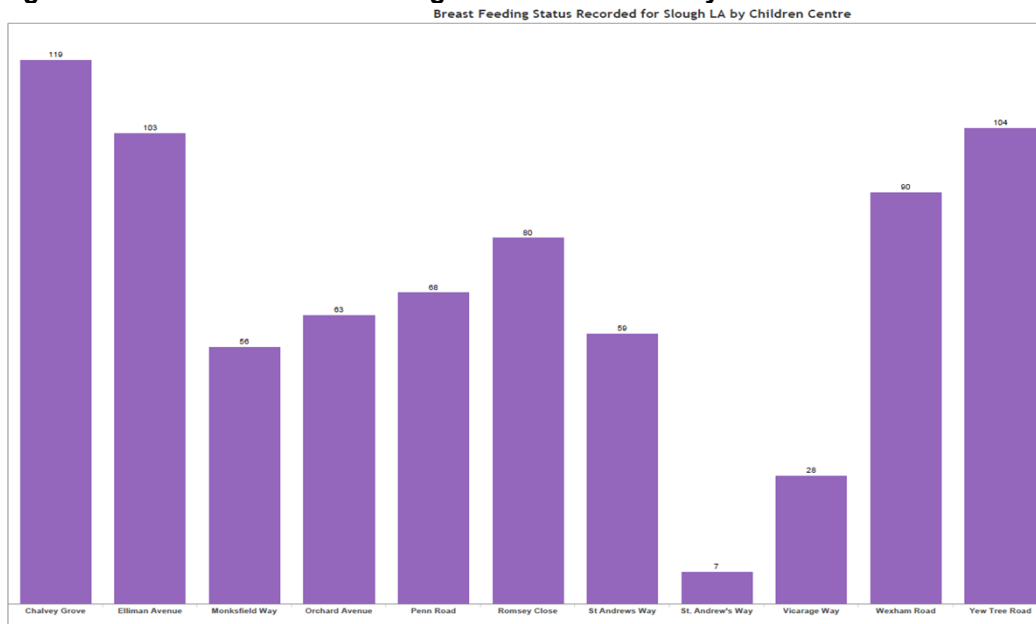
The health visiting service is based at 3 main sites across Slough but deliver services at all the Childrens centres and the management are based at Upton Hospital. There is a named health visitor for each children's centre and general practice.

Table 3. Slough health visiting team bases

Central	Upton Hospital
North Britwell	Britwell health centre
East Langley	Langley health centre
Southwest Cippenham	Britwell health centre

Monitoring data is now produced at children’s centre level for all six high impact areas. For example the data on breastfeeding is shown in Figure 2 below CQC has recently rated the provider as ‘good’ in relation to safeguarding

Figure 2: Q3 2015-16 Breastfeeding rates at 6-8 weeks by Children’s Centre



The goal prior to transition was to grow the health visiting workforce to the required number for the numbers of 0-5 year olds at transition. This was then 13066 and required 37 health visitors (supported by a skill mix team of nursery nurses and admin). This figure was based on a nationally agreed formula called the Cowley model (based on numbers of births and deprivation). Six vacancies are due to be filled in the new financial year but the numbers of births remains around a 1000 less than planned, however this gap is more than filled as around 1000 new families inwardly migrate into Slough each year and all require access to the same universal provision. Caseloads are currently 1 to 388 for the universal service and 1 to 200 for the specialist team for the homeless.

Maintaining full staffing levels to keep caseloads to a safe level is critical. The total numbers of 0-5 year olds known to the service was 12861 as of 17th February 2016. Within this a caseload of 377 were receiving a universal partnership service and 365 a universal partnership plus service – in both levels this represents about 3% of the total.

National guidance has been published on what a 0-19 integrated service can achieve. Outcomes for the new service will be optimised through established pathways with a range of providers.

New developments in the service since transition have included joint working with early year’s staff around information sharing at the 2 year review ,training in the Solihull Approach and updated training in perinatal mental health. Pathways have been reviewed with early help and the team is fully aligned to ensure that all new mothers have the opportunity to register and meet them at local children’s centres or other clinics. The times of opening may change to reflect expressed preferences from working families and weekend and evening clinics are being developed. Full details of how to contact this universal service can be found at <http://www.berkshirehealthcare.nhs.uk/ServiceCatInfo.asp?id=15>

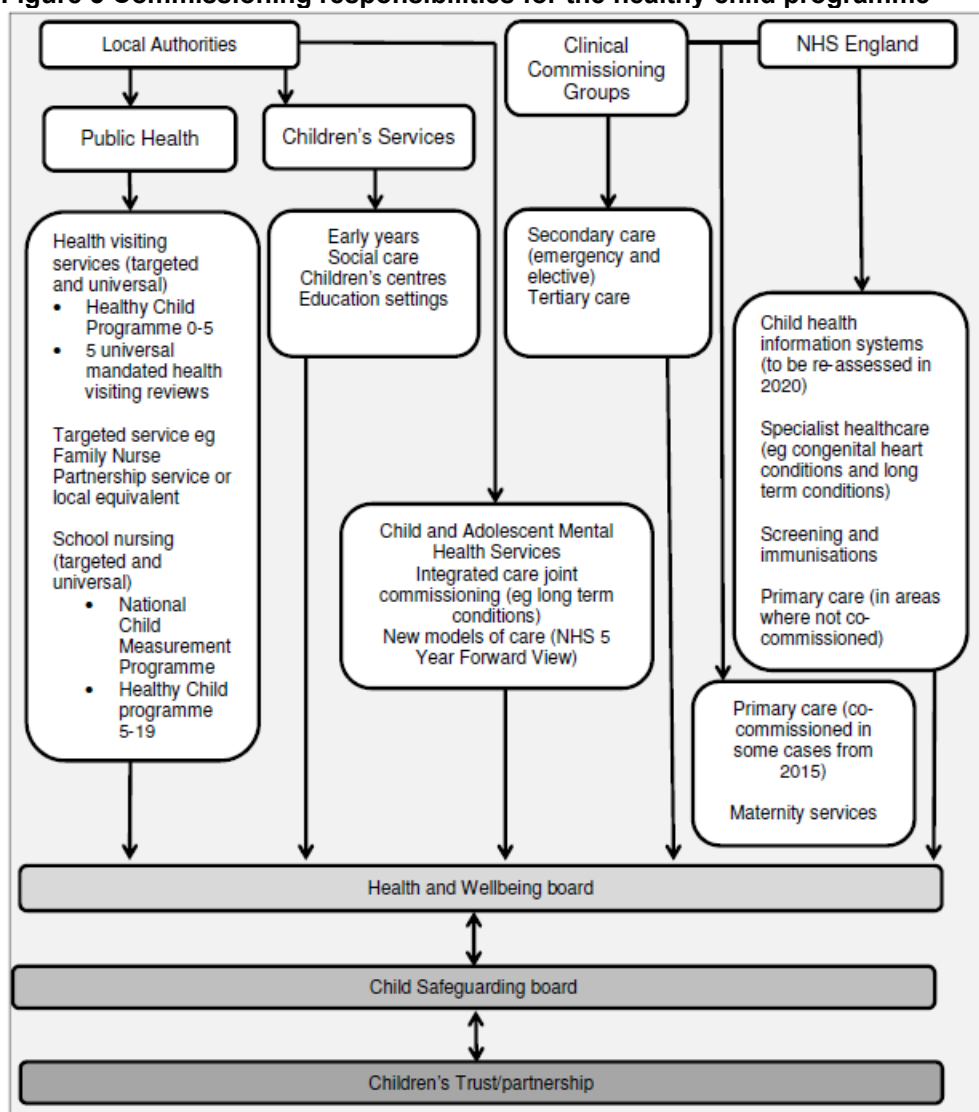
4.5. Funding and next steps

The public health funded services (health visiting and school nursing) are funded according to the modelled need through the Public Health Grant. Other commissioners also fund supporting 0-19 services such youth services, drug and alcohol services, CAMHS and immunisation services.

All public health contracts are now aligned to the end of September 2017 to enable integration.

Figure 3 below is taken from the national guidance for commissioners of 0-19 services. This sets out the separately funded services that collectively deliver against the agreed outcomes.

Figure 3 Commissioning responsibilities for the healthy child programme



5. Conclusion

The current provider of health visiting services is Berkshire Healthcare Trust and it has satisfied the transition board that it can provide data as per the national

specification for all five mandated visits shown in section 6 as well as innovative information on births by ward etc.

Whilst the planned growth in the provision of health visitors has been difficult to maintain, plans are in place to recruit to the vacancies by October 2016 to provide assurance that caseloads are reduced.

The panel is asked to note the plan to provide an integrated 0-19 healthy child programme linking with the school nursing service by September 2017. Other services which will need to align pathways include; maternity and hospital services, CAMHS services, childhood immunisation services commissioned from NHS England and early years and schools and social care providers.

6. Background papers

DH guidance on the transfer of 0-5 children's public health commissioning to local authorities available at <https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities>

DH '6 high impact areas' for early years – available at <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children>

Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial available at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00392-X/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00392-X/abstract)

0-19 commissioning guidance available at <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 4 April 2016

CONTACT OFFICER: Amanda Renn, Corporate Policy Officer, Policy Team, Slough Borough Council

(For all Enquiries) (01753) 875560

WARD(S): All

PART I
FOR COMMENT**SLOUGH WELLBEING BOARD'S ANNUAL REPORT 2015/16****1. Purpose of Report**

- 1.1 This report outlines the process that has been followed to develop the Slough Wellbeing Board's Annual Report for 2015/16 (and retrospective). The Annual Report provides information about how and why the Board was set up and explains what it has been doing since it became a statutory Committee of the Council in April 2013.

2. Recommendation(s)/Proposed Action

- 2.1 To note and endorse the Slough Wellbeing Board Annual Report for 2015/16.

3. The Slough Wellbeing Strategy (SJWS), the Joint Strategic Needs Assessment (JSNA) and the Council's Five Year Plan

- 3.1 The Annual Report 2015/16 relates to all aspects of the Slough Joint Wellbeing Strategy's (SJWS) priorities and its cross-cutting themes. It also contributes to the following Five Year Plan outcome: *More people will take responsibility and manage their own health, care and support needs.*

4. Other Implications

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

5. Supporting Information

- 5.1 Since its formation as a shadow Health and Wellbeing Board in 2012 the Slough Wellbeing Board has been clear about its role and functions regarding performance and transparency. The Board's vision is to make a real difference to the health, wellbeing and life chances of Slough's population. The underlying principles of the Board include an undertaking to promote openness and transparency in the way that it carries out its work and in the way that it engages with service users and the public. It is in this spirit of this openness that the Board has produced its first Annual Report.

5.2 The draft Report at Appendix A sets out the origins of the Board, drawing upon national documents including the Health and Social Care Act 2012. It also draws on local work to develop the Board through its shadow form and more recently its formal statutory status and describes:

- The purpose of the Board
- The governance of the Board
- The vision and values of the Board
- The work undertaken by the Board during 2015/16 (including a short retrospective of its activities during 2013 – 2015)
- Key achievements during 2015/16, which include:
 - Oversight of the development of a number of strategies and action plans
 - Implementation of several national policy agendas:
 - Better Care Fund
 - Children and Families Act
 - Care Act and
 - The Transforming Care agenda
 - Partnership working to deliver a number of key initiatives.

5.3 A refreshed Wellbeing Strategy will be produced during the summer 2016 to identify the key priorities and outcomes that the Board, supported by a wider network of partners, will tackle together to help make Slough a place where *“People are proud to live, where diversity is celebrated and where residents can enjoy fulfilling, prosperous and healthy lives”*.

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

6.1 The Wellbeing Board and all of its thematic PDGs have been closely involved in the preparation of this report. Health Scrutiny Panel Members were also given an opportunity to comment on an early draft and no substantive comments were received. The Panel is therefore invited to comment on, note and endorse the latest draft as at Appendix A. This version will be considered for endorsement by Wellbeing Board members at their meeting on 23 March and by full Council on 19 April 2016.

7. **Conclusion**

7.1 Publishing this Report provides the Board with an opportunity to:

- Promote its work (and that of the wider partnership)
- Provide a narrative, setting out the practical progress that has been made in achieving its statutory functions and the aims of the Wellbeing Strategy against each of its strategic priorities and
- Set out some of the emerging priorities that will influence the Board’s future work programme.

8. **Appendices Attached**

‘A’ - Slough Wellbeing Board’s Annual Report 2015/16

Appendix A

Slough Wellbeing Board

Annual Report

2015 – 2016

**Slough Wellbeing Board
Annual Report 2015 – 2016**

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1. The purpose of this Report

The intention of this report is to provide a description of the work of the Slough Wellbeing Board. This report provides information about how and why the Board was set up and to explain what it has been doing since it became a Committee of the Council in April 2013.

The principles of the Board include an undertaking to promote openness and transparency in the way that the Board carries out its work and engages with people who use health and care services and the general public.

It is in this spirit of openness that we are producing an Annual Wellbeing Report.

2. Foreword

Welcome to the first annual report of Slough's Wellbeing Board.

It gives me very real pleasure to be able to showcase the Board's achievements so far and which are helping to make Slough a more attractive, healthier and safer place to live and where first class services are provided to those who need it.

Since the Boards inception in 2013, we have made enormous strides in establishing our self as the body to oversee the substantial changes and challenges to the system that plans and provides health, social care and wellbeing services to the people of Slough.

In the run-up to the launch of the new NHS structure in April 2012, one of the few aspects which everyone agreed on was that Health and Wellbeing Boards were potentially a good idea. They were to be the place where, under the umbrella of the council, clinical services could combine with all the other services which shape people's health and wellbeing – notably social care, housing and public health, to tackle not only illness and poor health but also the root causes of ill health and health inequality.

In a system characterised by fragmentation and confused accountability, Health and Wellbeing Boards were seen as being one of the few places where the services that matter to local people could be joined up. This has led to big expectations on the shoulders of Wellbeing Boards that they can solve problems, such as the integration of health and social care services, which governments have struggled with for decades. And while it's fair to say that enormous progress has been made locally the Board is still grappling with some of these issues, including how we make sure that health and social care is organised in the best way possible both to prevent ill-health in Slough and to treat it effectively when it happens.

There are some big challenges in this not least the financial challenges that we all face and the need to reconsider how we all use services, especially our local hospitals and community services. However I think that this, the first Annual Report of the Board, gives the assurance that in Slough we have a Board with members drawn from the Council, the local Clinical Commissioning Group, the Police and Fire services, the voluntary and business sectors and Healthwatch who are committed to

working together to overcome these challenges to improve not only the health but wellbeing of the people of Slough.

We have made a good start - but we still have a lot of work to do and this Annual Report sets out the work that we have done and the work that we are planning to undertake in 2016/17 to ensure that we take much more of a strategic view of the issues facing Slough - by not only drawing on the expertise of our members but also more broadly and from others specifically outside of the health and social care sector.

Our next Wellbeing Strategy, planned for publication later this year, will set out the outcomes that we and our wider network of partners can achieve together to improve both the health and wellbeing of local people.

Councillor Rob Anderson
Chair of Slough's Wellbeing Board

3. Executive Summary

Slough's Wellbeing Board's Annual Report of 2015/16 contains a summary of the business, achievements and progress made towards the Board's main responsibilities during its first three years of statutory operation.

This Report is intended for Board members, stakeholder organisations and members of the public for assurance purposes and contains evidence that the Board is achieving what it set out to do and is meeting its statutory responsibilities.

The Board's key achievements during 2015/16 include:

- Oversight of the development of a number of strategies and action plans;
- Implementation of several national policy agendas: Better Care Fund, Children and Families Act, Care Act and the Transforming Care agenda;
- Partnership working to deliver a number of key local initiatives.

4. Introduction

The origins of Health and Wellbeing Boards

As early as 2010 the government set out its intention to strengthen the role of local government in local health services. It announced that Health and Wellbeing Boards would be established across the country to encourage local authorities to work with NHS partners in organising and providing joined up health and local government services. The proposals to establish local Health and Wellbeing Boards were confirmed as part of the Health and Social Care Act 2012.

Who are we?

The 2012 Act required local authorities to create Health and Wellbeing Boards as a forum where leaders from across the health and social care system work together to improve the health and wellbeing of local residents and reduce health inequalities.

This was part of wider plans to modernise the NHS. These Boards are intended to help communities understand and have a greater say in how health and social care services meet their needs.

Slough's Wellbeing Board was established as a shadow Wellbeing Board in April 2012. A comprehensive programme to support its transformation (from a local strategic partnership – Slough Focus -¹ into a Committee of the Council) and help to shape its future ways of working, competencies and structures was pursued throughout 2012/13. This process culminated in Board being effectively established as a Committee of the Council in April 2013.

The Boards statutory function is to:

- Ensure strong democratic legitimacy and involvement across the health and social care systems;
- Provide system leadership across health and social care;
- Strengthen relationships between health and social care providers;
- Encourage the development of more integrated commissioning of services.

It also has a responsibility to:

- Understand and use health and wellbeing needs, inequalities, risks and assets locally to determine priorities for local action,
- Promote integration and partnership working in addressing these priorities and delivering services, and
- Act as the high level strategic partnership for the borough.

The Board has a small core statutory membership as set out in the legislation, but additional members have been appointed by the Council and/or by the Board itself. The following organisations/sectors were represented on the Board in 2015/16:

- Slough Borough Council
- Slough's Clinical Commissioning Group
- Public Health, Berkshire
- Healthwatch Slough
- NHS England
- Thames Valley Police
- Royal Berkshire Fire and Rescue Service
- Slough's business sector
- Slough's Council for Voluntary Service

The Board is unique as a Committee of the Council in that officers and external representatives can be appointed to it, as full voting members. A list of current members of the Board is attached at Appendix 1.

The Board is also subject to the same openness and transparency rules as other Committees of the Council. It meets every eight weeks and its meetings are open to the public.

¹ Slough has a proven track record of working closely with partners from the various sectors both at the strategic and operational levels. Between 2001 – 2012, Slough Forward, the borough's Local former Strategic Partnership brought together organisations from across Slough and developed some of the borough's earliest combined strategies, including its Sustainable Community Strategy.

The collective work and decisions of the Board are subject to scrutiny through the Council's Health Scrutiny Panel and all of its agendas and minutes of meetings are available at www.slough.gov.uk.

All the decisions taken by Board are recorded and available at www.slough.gov.uk/moderngov/ieListMeetings.aspx?CId=592&Year=0.

The Board does not work alone to improve Slough's health and wellbeing. In order to ensure that the town's former local strategic partnerships² focus on the wider determinants of health (which are key to improving the wellbeing of residents), was not lost during its transition, a number of the priorities which formed a part of towns former Sustainable Community Strategy were incorporated into the Board's 2013 - 2016 Joint Wellbeing Strategy and its governance structure. The sub groups that currently report into the Board include:

- Health and Adult Social Care Priority Delivery Group
- Children and Young People's Partnership Board
- Safer Slough Partnership
- Climate Change Priority Delivery Group

The Board also maintains close links with the towns Adult Safeguarding Board and its Local Children's Safeguarding Board.

What do we do?

The Board's vision is to make Slough a place where ***"People are proud to live, where diversity is celebrated and where residents can enjoy fulfilling, prosperous and healthy lives"***.

The legislation that established the Board gave it a number of specific statutory functions. These are:

- To prepare a Joint Strategic Needs Assessment³ of the health needs of the people of Slough.
- To develop the Slough vision and Strategy for health and wellbeing that connects health, social care and the wider determinants that affect the health and wellbeing of local people, such as housing, the environment and education services.
- To provide leadership and drive delivery to promote the change that's needed across the town to provide better services and better outcomes for communities, families and individuals.
- To encourage integrated working between organisations that plan and deliver health and social care services for local people.
- To encourage close working relations between all partners that plan and provide services that can improve the health and wellbeing of local people.

² *Slough Focus*

³ *Joint Strategic Needs Assessments analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within local authority areas. The main goal of a needs assessment is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. The NHS and upper-tier local authorities have had a statutory duty to produce an annual needs assessment since 2007.*

This means:

- Making a real difference to the health, wellbeing and the life chances of Slough's people by dealing with the really stubborn challenges and closing the inequalities gap.
- Making the Board work more effectively - which involved members signing up to the Board's Strategy and what we all need to do to make it happen. This requires us to make the best use of the collective money and resources available to the people of Slough.
- Leading on Slough's Better Care Fund Plan.
- Ensuring that strategic issues arising from Slough's Adults Safeguarding Board and Local Safeguarding Children's Board inform the work of the Board.
- Receiving the annual report of these safeguarding boards and ensuring that partners respond to issues pertinent to the Wellbeing Board.
- Publishing and maintaining a Pharmaceutical Needs Assessment⁴ for Slough.
- Involving Healthwatch Slough and the local community in the shaping of health and wellbeing services.
- Encouraging new thinking (and working) and behaviour to challenge traditional thinking and ways of doing things where will improve outcomes for local people.
- Contributing to the debate at a local strategic level about the issues that residents say affect them the most. This means collaborating with others to address the issues that cannot be solved by any single organisation and taking actions that not only narrow Slough's health inequalities but also address a range of wider, more cross cutting social and economic issues that impact on resident's wellbeing, such as:
 - Slough's local economy and job market
 - Supporting children and families
 - Developing a vibrant housing sector
 - Fostering safer communities
 - Building a better environment/place

The Board's current work programme is designed around encouraging integrated working across all of the borough's health and social care systems and influencing other key partnerships and agencies to tackle the wider determinants of health through their plans and actions.

To support this, the Board's current Joint Strategic Needs Assessment and Joint Wellbeing Strategy contain a series of recommendations to increase collaboration, encourage local action and improve service delivery so that services are responsive

⁴ *The Health and Social Care Act 2012 Act transferred responsibility for preparation of pharmaceutical needs assessment to Health and Wellbeing Boards. The pharmaceutical needs assessment presents a picture of community pharmacies and other providers of pharmaceutical services, reviewing services currently provided and how these could be utilised further. Community pharmacies can support the health and wellbeing of the population of Slough in partnership with other community services and GP practices. The pharmaceutical needs assessment is also a tool for NHS England and local commissioners to support the decision making process for pharmacy applications and ensure that the services they provide address local needs. In addition to NHS contracts, Slough's pharmacy services support the Wellbeing Board in achieving the health priorities and outcomes outlined in its joint Wellbeing Strategy. Their contributions include signposting, screening, awareness raising, management of medicines and support with monitoring and self-care. In the future, community pharmacists could become involved in more targeted care, working closely with other health and social care providers.*

to resident's needs and patients and care users receive the right package of health and social care at the right time and delivered seamlessly.

5. Getting started – a retrospective of early collaboration and the Board's first two years of activity

The following provides a brief summary of the Board's early work:

Key activities in 2013/14

The Board's first year of formal activity focused on building relationships between partners, understanding the complex architecture of both a reconfigured NHS and the local authority, increasing understanding of the multiplicity of services commissioned and provided and their interdependencies and taking the first steps towards creating integrated service. Early work also included carrying out, in conjunction with Board members, the development of a Joint Needs Assessment and Pharmaceutical Needs Assessment for the town for 2013/14, Slough Clinical Commissioning Groups Commissioning Plan for 2014 – 2017 and the implementation of the Board's Joint Wellbeing Strategy for 2013 – 2016.

The Wellbeing Strategy is owned by all the organisations that make up the Board. It builds upon the information in the Joint Needs Assessment which describes the needs of local people. Using this information the Wellbeing Strategy identified the following priorities areas that the Board could support to improve the health and wellbeing of local people.

- Health
- Economy and skills
- Housing
- Regeneration and the environment
- Safer Slough

The Board's current Wellbeing Strategy for 2013 – 2016 can be viewed on the Council's website at www.slough.gov.uk/council/strategies-plans-and-policies/slough-joint-wellbeing-strategy.aspx .

A copy of the town's latest Joint Needs Assessment (which is updated annually) can be viewed on the Council's website at www.slough.gov.uk/council/joint-strategic-needs-assessment/.

A list of all the issues discussed by the Board in 2013/14 can be found at Appendix 2.

A short summary of the progress made against delivering each of the Board's 2013 – 2016 priority areas is provided at Appendix 4.

Key activities in 2014/15

The second year of activity continued to build upon the work that the Board had carried out in year one. The Board focused on monitoring delivery of the shared

priorities and increasing its knowledge and influence of existing and developing strategies. It also started to consider what integration might look like in practise in Slough. Self evaluation ensured that the Board's architecture and governance arrangements were robust and fit for purpose. Key pieces of work included:

- **Refreshing the Joint Needs Assessment** to help the Council, the NHS and local partners understand the range of services that needed to be commissioned in order to improve the health and wellbeing of local people. The needs assessment also makes recommendations based on the latest evidence about the way that these services are run or the sorts of services that need to be put in place in future.
- **Prime Minister's Challenge Fund** – The Prime Minister's Challenge Fund was announced in October 2013 as a way to improve access and innovation in the delivery of GP services. 16 local GPs and their practices worked with local patients on a plan called *Steps to the Future* for improving primary care services across Slough. They listened to what patients said about how things could be improved and put together a bid for funding which included a range of initiatives (such as different practices working together to provide longer opening hours in the evening and weekends, different ways for patients to talk to their GP, improving links with the community and support for patients with long term conditions). This bid was successful and the 16 participating practises were awarded £2.95 million in additional funds to operate a seven day service. These services have now been running for well over a year now and provide routine appointments from 9am to 5pm on Saturdays and Sundays, and on weekdays from 8am to 8pm. The scheme has also proved popular with patients, the public and with GPs, and has helped reduce unplanned emergency admissions to Accident and Emergency.
- **Better Care Fund**- the Better Care Fund was announced by Government in June 2013. The purpose of the Fund is to speed up the local integration of health and social care so that people can have personalised care closer to home. This should, in turn, reduce the number of unplanned admissions to hospitals. The Fund pools a number of separate budgets previously held by Slough's Clinical Commissioning Group and the council for a range of health and social care provisions including reablement, carers' breaks and disabled facilities grants. When the Fund was announced, each health and wellbeing board was asked to produce a local plan by April 2014 (for rollout from April 2015) to demonstrate how health and social care partners would deliver personalised care. The Council and Slough's Clinical Commissioning Group have worked together to develop a plan for the borough, which focuses on delivering increasingly high quality, value for money services and tangible outcomes for patients and service users. Implementation is being overseen by a dedicated Delivery Group and F Joint Commissioning Board with issues escalated to Slough Wellbeing Board, the Clinical Commissioning Groups' Governing Body and full Council, as appropriate.
The Fund provides £8.762 million of funding, through a pooled budget agreement for local spending on health and social care with progress regularly reported to the Wellbeing Board. Initiatives during 2014/15 included the provision of an independent information and advice service and practical support and activities to promote self management, peer support, prevention and the use of personal budgets.

As part of this transformation programme, the Clinical Commissioning Group and the Council also embarked on a programme to ensure patients, their families and carers, including health and social care practitioners are empowered and enabled to make the right choice and access the most appropriate service to meet their needs.

- **Preparing for the implementation of the Care Act** – Throughout 2014/15 the Board also prepared for the introduction of the Act in April 2015. Partner's policies and procedures were revised to ensure that they were compliant with the new legislation. Training and other learning opportunities were used to help embed a person centred approach and put service users at the heart of our decision making. A number of major projects were also completed to provide support for carers, allow for the introduction of deferred payment agreements for care home costs and improve access to information, advice and independent advocacy services.
- **The Council's Five Year Plan** – The Council's Five Year Plan 2015-2019 was developed using the town's Joint Needs Assessment (and the Slough Story) as its evidence base. This Plan sets out the focus of the Council's work around eight outcomes. These outcomes also collectively support and compliment the Board's Wellbeing Strategy's priorities. The Plan therefore effectively represents the contribution of the Council to the delivery of the Wellbeing Board's priorities for Slough.

A list of all the issues discussed by the Board in 2014/15 can be found at Appendix 3.

6. Key activities and achievements in 2015/16

The Board's third year of activity continued to build upon the work carried out in year one and two. Key pieces of work have included:

Statutory functions undertaken by the Board

- **Expanded the management and content of the Town's Joint Needs Assessment** to include information from the Clinical Commissioning Group, voluntary and community sector and service related information from the Council. The latest version of the Needs Assessment also includes new information on early detection and prevention of cancer, alcohol and liver disease, long term conditions, tuberculosis, dementia, material on early years, offender health, and fuel poverty. This Assessment is now published as a web based resource on the Council's website, which means it can be kept up to date and new information added to it as and when it becomes available. This website also contains links to the evidence used to develop the Assessment so that people can explore a topic in more depth if they wish to do so.
- **Championed and encouraged the increased sharing and use of health and wellbeing data** (in the Needs Assessment) in local Council service planning.
- Continued to identify and oversee opportunities to **integrate and commission** services across the town's health, social care and wellbeing sectors.
- Continued to approve, oversee and sign off Slough's **Better Care Fund**.
- Agreed an updated **pharmaceutical needs assessment** for the town.

- Started to **refresh its Wellbeing Strategy** - Following an extensive review of the Board and its increasing strategic functions (at a development workshop held in January 2016) it became clear that the Wellbeing Strategy would also benefit from an update.
A refreshed Strategy will be published during the summer of 2016.

Influenced policy and strategy

The Board maintained oversight of a large number of detailed strategies, work programmes and partnership activity to supports the core aims of its Wellbeing Strategy, including:

- Endorsing a five year Get Active Leisure Strategy for Slough;
- Signing up to the Local Government Declaration on Tobacco Control;
- Signing up to the Mental Health Crisis Care Concordat;
- Endorsing Mental Health4Life: Building Resilient Communities- Sloughs' Children and Adults Mental Health Strategy for 2015 – 2019;
- Endorsing a Promoting and supporting the wellbeing of residents with the voluntary sector 2015 – 2020 Partnership Strategy;
- Endorsing Slough Clinical Commissioning Groups report on GP planning;
- Endorsing Slough's Child Poverty Strategy for 2015 - 2018;
- Endorsing Slough's Children and Young People's Partnership Plan for 2015 - 2016;
- Endorsing Slough Borough Council's Five Year Plan - Refresh of outcomes for 2016 – 2010.

The Board also considered, commented on and championed:

- Healthwatch Slough's research in access to extended hours primary care appointments;
- Healthwatch Slough's research into the experiences of deaf and hard of hearing people's experiences when accessing health services across the borough;
- The Director of Public Health's Annual report for 2015/16;
- Healthwatch Slough's Annual Report 2014/15.

Encouraged the appropriate and effective use of services

The Board continues to promote integrated working through shared priorities, plans, action and continuing to develop relationship between partners and stakeholders. Examples of this include:

- Improving access to information, advice and independent advocacy for service users as part of the implementation of the Care Act 2012 Care Act;
- Transforming health and social care services through the development of an updated Better Care Fund Plan 2015/16;
- Investing in initiatives to support an anticipated increase in demand throughout the winter of 2015/16 at Heatherwood and Wexham Park, by

improving hospital Operational Resilience and Capacity Planning, discharges and avoiding unnecessary hospital admissions during the winter of 2015/16;

- Endorsing and trialling the introduction of a Mental Health Triage Programme across Slough;
- Endorsing the introduction of web based sexual health services for young people across Berkshire.

Fostered a more strategic approach to joint working from across the wider partnership network in Slough

The Board received reports from the following sub groups, partners and partnerships:

- The Safer Slough Partnership's Strategic Assessment 2014/15;
- Slough's Local Annual Safeguarding Children Board's Report 2014/15;
- Slough Safeguarding Adult Board's Annual Report 2014/15;
- The Climate Change Priority Delivery Group's annual report into its climate change and carbon management plan activities;
- Slough Youth Parliament's manifesto commitment regarding young people's mental health.

Strengthened its governance and accountability structures

The Board took time during the year to refresh the governance structures within which it operates in order to ensure that it was fully aware of the extent and limitations of its statutory powers and duties. This work stream involved:

- Reviewing the Board's effectiveness early in 2015 with the assistance of the Local Governance Association and Kings Fund;
- Developing and agreeing an Overarching Information Sharing Protocol to manage the lawful exchange of information and data between Board members;
- Developing templates and guidance for the Board's sub groups to use when developing their own Information Sharing Agreements;
- Agreeing a Protocol with the Local Safeguarding Children's Board and the Adults Safeguarding Board to agree how these bodies would work together to safeguard and promote the welfare of children and adults;
- Developing and publishing dedicated web pages about the Board and its work;
- Refreshing its Terms of Reference and other governance structures in light of feedback provided by participants at the Wellbeing Board's development workshop in January 2016.

In addition, Democratic Services and policy leads reviewed the Boards planning and reporting arrangements and introduced a number of improvements, including:

- Refreshing the Board's template for reports to include a summary, address key questions and inform the Board if noting, discussion or decision was required;

- Creating a meeting schedule to provide a consistent process for report submission;
- Developing and publishing a forward plan/forward work programme to effectively plan the business of the Board;
- Publish a quarterly Newsletter to help inform the wider partnership about the work of the Board and subgroups. Copies of these newsletters can be found at www.slough.gov.uk/council/strategies-plans-and-policies/slough-wellbeing-board.aspx.

Facilitated Member and Board development

The Board agreed at an early stage that its success would depend on a high level of understanding, trust and collaboration. The Board's success requires a combination of being agile enough to respond to challenges but also to have clarity and robust arrangements for conducting its business. Members committed to making time for individual and shared development so that the Board had strong foundations for the future. This included participating in:

- Member development sessions/ opportunities
- The Local Government Associations South East Area Chair and vice chair network
- Local Government Associations leadership workshops
- Outcomes and visioning workshops

7. Future plans and activities

The ability of the Board to manage the structural and financial challenges posed by current financial settlements, public sector reform and the public expectations with regard to the delivery of local services will be tested in the coming years.

The Board began a comprehensive review of its Wellbeing Strategy and the governance structures needed to deliver it, at a development workshop held in January 2016. There was broad agreement amongst Board members at this event that the Strategy and the five priorities areas that sit beneath it should be refreshed and updated to align with this evolving context and associated programmes of work.

A refreshed Wellbeing Strategy, setting out the Boards future priorities for reducing health inequalities and improving residents health and wellbeing outcomes will be published during the summer of 2016.

Appendix 1: Members of Slough Wellbeing Board 2015/16

- Councillor Robert Anderson, Leader of Slough Borough Council (Chair)
- Lise Llewellyn, Director of Public Health, Berkshire (Vice Chair)
- Councillor Sabia Hussain, Commissioner for Health and Wellbeing, Slough Borough Council
- Ruth Bagley, Chief Executive, Slough Borough Council
- Jane Wood, Strategic Director of Wellbeing, Slough Borough Council
- Simon Bowden, Thames Valley Police
- Ramesh Kukar, Chief Executive, Slough Council for Voluntary Service
- Dr Jim O'Donnell, Slough's Clinical Commissioning Group
- Les O'Gorman, Business representative
- Naveed Ahmed, Business representative
- Rachel Pearce, NHS England representative
- Dave Phillips, Head of Prevention and Protection, Royal Berkshire Fire and Rescue Service
- Colin Pill, Healthwatch Slough

Appendix 2: Issues discussed by the Slough Wellbeing Board in 2013/14

- Annual review of the Slough Wellbeing Board's activity and effectiveness
- Autism Self Evaluation by Public Health England
- Berkshire Public Health spending
- Better Care Fund and Local Delivery Plan
- Department of Health funding transfer to social care services
- Disabled Children's Charter
- Governance arrangements for the Slough Wellbeing Board
- Introduction to Healthwatch Slough
- Living together : A Community Cohesion Strategy for Slough 2013 – 2018
- Measles, Mumps and Rubella (MMR) Vaccination Programme
- Pharmaceutical Needs Assessment
- Place Shaping Programme
- Primary Care Trust Funding transfer to social care services
- Protocol between Slough Wellbeing Board and Slough's Children and Young People's Partnership Board
- Protocol between the Slough Wellbeing Board and Scrutiny
- Public Health Strategy
- Refresh of Slough's Children and Young People's Partnership Plan 2013 - 2015-
- Safer Slough Partnership's Strategic Assessment for 2013/14
- Slough Borough Council's Housing Services update
- Slough Clinical Commissioning Group's (CCG) Commissioning Plan 2014 – 2017
- Slough's Adult Safeguarding Board's Annual Report 2012/13
- Slough's Joint Strategic Needs Assessment for Slough 2013/14
- Slough's Local Safeguarding Children's Board's Annual Report 2012/13 and Business Plan
- Strategic Asset Planning report – options for improving primary care access
- Climate Change Priority Delivery Group's update on their climate change and carbon management activities
- Update on the activities of Healthwatch Slough
- Upgrade to Slough Trading Estate's Multi-fuel site

Appendix 3: Issues discussed by the Slough Wellbeing Board in 2014/15

- Annual review of the Slough Wellbeing Board's activity and effectiveness
- Better Care Fund Pooled Budget Agreement for 2015/16
- Child Adolescent Mental Health Strategy for Slough
- Climate Change Priority Delivery Group's annual update on climate change and carbon management activities
- Disbanding of the Skills, Enterprise and Employment and Community Cohesion Priority Delivery Groups
- Healthwatch Slough's annual report for 2013/14 and work programme for 2014/15
- Heatherwood and Wexham Park Hospitals' Operational Resilience and Capacity Planning for 2014/5
- Information and data sharing arrangements

- Introduction of the Care Act – Transforming care and support
- Joining the Dots – Slough’s Joint Autism Strategy 2014 – 2017
- Local response to the Winterbourne View concordat
- Mental Health Crisis Concordat
- NHS England funding transfer to social care 2014/15
- Pharmaceutical Needs Assessment – final document
- Place shaping project – Impact 1 year on and forward planning
- Primary care co-commissioning arrangements
- Prime Ministers Challenge Fund Pilot to improve primary care access
- Recruitment of two business sector representatives to the Slough Wellbeing Board
- Revised Terms of Reference of Slough’s Children and Young People’s Partnership Board
- Self care, personal responsibility and engagement task and finish group final report
- Review of Slough Wellbeing Board’s governance arrangements
- Re-commissioning of the borough’s sexual health services
- Slough Borough Council’s Housing Services update
- Slough Borough Council’s Five Year Plan 2015 - 2020
- Slough Clinical Commissioning Groups (CCGs) Five Year Plan (final draft)
- Safer Slough Partnership’s Strategic Assessment for 2014/15
- Slough Wellbeing Board’s development plan
- Slough Wellbeing Boards’ communications and engagement
- Slough Adult Safeguarding Board’s Annual Report 2014/15
- Slough’s Local Safeguarding Children’s Board’s Annual Report 2014/15
- Transfer of commissioning responsibility for health visitors and family nurses to Slough Borough Council
- Update on CAMHS pathway mapping and app development

Appendix 4: Progress made towards achieving Slough Wellbeing Board’s the key priorities

The Board’s 2013 – 2016 Joint Wellbeing Strategy includes five overarching priorities to help make Slough a better place to live, work and visit by 2028. This appendix gives a position statement on each of these priorities:

- **Health - Slough will be healthier with reduced inequalities, improved wellbeing and opportunities for our residents to live positive, active and independent lives.**
Despite some recent and noticeable improvements in health and life expectancy the gap between in health outcomes between those at the top and bottom ends of the borough’s town’s social scale remains large and in some wards continues to widen. The borough’s health and social care providers have a key part to play in contributing to the delivery of the Wellbeing Board’s continuing health inequality outcomes.
- **Economy and Skills - Slough will be an accessible location, competitive on the world stage with a sustainable and varied business sector and strong**

knowledge economy, supported by a local workforce who has the skills to meet local businesses’ changing needs.

Slough’s economic conditions remain both fast changing and optimistic. The global financial crisis and recession which followed placed pressure on some of our businesses and on our local economy. Fortunately we have left this period in reasonably good economic shape and now have a thriving £9 billion economy and ambitious plans for the future. We continue to be one of the top three most productive towns in the UK outside London and are home to the highest concentration of European head quarters in the UK. Companies continue to locate to Slough because of our location, accessibility to valuable markets and highly competitive and dynamic business environment. We cannot be complacent though: our Economic Development Plan for Growth highlights the need for us to improve and build on what’s been achieved so far and use our strengths to maintain our resilience in the face ongoing financial and economic

pressures. In particular, we must ensure that Slough continues to be the premier location of choice for businesses of all sizes to locate, start, grow and stay. Our Smart City ambitions will further develop the ICT sector by promoting engagement and partnership opportunities in exploring solutions for more effective council service delivery. There is also a continuing need to ensure that local people have access to the towns many employment opportunities. Our Economic Development Plan for Growth has helped improve the job prospects of hundreds of local people in the two years since it was launched. Local action continues to be directed to raise these and other skills amongst our most disadvantaged groups to enhance opportunities for work. Education remains one of the key routes out of poverty and disadvantage to a good job and adequate income. Unfortunately employment prospects remain bleak for those without at least a good grounding in the basic skills.

- **Housing – Slough will possess a strong, attractive and balanced housing market which recognises the importance of housing in supporting economic growth.**

Demand for housing of all tenures in Slough remains high with increasing competition from the London boroughs. Slough's close proximity to the capital makes it an attractive alternative to the high house prices and increasingly high rents in London. In response to this increased demand, the council has embraced the opportunity to build new homes and had set an ambitious target of delivering 555 new homes each year. In recognition of the role that the private rented sector has to play, much work has been done to engage with private landlords, offering incentives to encourage them to accept nominations from the council to house homeless families, whilst the council's Regulation Team have embraced the powers that are available to drive up the quality of private rented accommodation. The Money to Move scheme is also being used to incentivise people who are under-occupying their home, to move them into more suitably sized accommodation and make better use of the council's housing stock. All of the council's stock now meets the Decent Homes Standard and there is a robust programme of improvement

works in place to further enhance the quality of these homes. Emerging government policy will undoubtedly prove challenging to the service over the coming years. These impacts are currently being analysed and where possible will be mitigated to ensure that a range of affordable housing is available to those residents who wish to live in the borough. This information will also feed into the boroughs forthcoming Local Development Plan and Housing Strategy on which the public will be consulted in 2016.

- **Regeneration and the environment - Slough will be distinctive from our competitors, harnessing the diversity and creativity of our people and our customers and physical fabric to create an attractive local environment for our residents and businesses.**

The borough's long term regeneration programme has (and will continue) to bring about significant investment and improvements to the living environment of a number of our communities. This applies to housing as well as the quality of public and green spaces in and around the places where people live, work and play. The Heart of Slough regeneration project is already having a positive impact on the High Street and will allow more people to live and work in the centre of town. A number of other projects are also underway to develop our retail sector and create a vibrant town centre for residents. National infrastructure projects such as Crossrail, Western Rail Link to Heathrow and Heathrow expansion will also further enhance our connectivity and increase our global attraction for international and national businesses. Our Local Transport Plan has also brought about significant improvements to our road infrastructure and public transport systems. The ability to find work and key services is critical in addressing local health inequalities and other forms of social advantage. Accessibility planning has helped eliminate a number of the obstacles faced by disadvantaged groups and our communities in accessing work, schools, healthcare and shops. The borough's health and social care providers continue to have a vital role in supporting and contributing to the town's planning processes.

- **Safer communities – Slough will have levels of crime and disorder that are not significantly higher than any other town in the Thames Valley.** *Despite Slough being considerably safer than three years ago, crime is still a difficult issue for some of our communities. We have seen significant reductions in vehicle crime, criminal damage, and burglary. Incidents of violence against the person, robbery of personal property, domestic burglary, domestic abuse and substance misuse – all of which tend to be concentrated in areas of high social deprivation (and are reflected in high levels of nuisance and anti social behaviour) continue to be a priorities for the borough’s Safer Slough Partnership (SSP).*

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