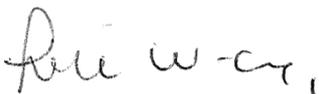


Date of issue: Tuesday, 13 November 2018

MEETING:	HEALTH SCRUTINY PANEL (Councillors A Sandhu (Chair), Smith (Vice Chair), Ali, Chaudhry, M Holledge, Matloob, Qaseem, Shah and Strutton) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	WEDNESDAY, 21ST NOVEMBER, 2018 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.



JOSIE WRAGG
Chief Executive

AGENDA

PART I

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
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



AGENDA
ITEM

REPORT TITLE

PAGE

WARD

any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.

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 16th October 2018 | 1 - 6 | - |
| 3. | Action Progress Report | 7 - 8 | All |

SCRUTINY ISSUES

- | | | | |
|----|---|---------|-----|
| 4. | Member Questions

<i>(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).</i> | - | - |
| 5. | Frimley Health and Care System Winter Planning 2018/19 | 9 - 14 | All |
| 6. | Frimley Health and Care Integrated Care System | 15 - 20 | All |
| 7. | Air Quality and Health in Slough | 21 - 36 | All |

ITEMS FOR INFORMATION

- | | | | |
|-----|--|---------|---|
| 8. | Forward Work Programme | 37 - 42 | - |
| 9. | Attendance Record | 43 - 44 | - |
| 10. | Date of Next Meeting – 17 th January 2019 | - | - |

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. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings. 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 Tuesday, 16th October, 2018.

Present:- Councillors A Sandhu (Chair, until 7.19pm), Smith (Vice-Chair), Ali, Chaudhry, M Holledge, Matloob, Qaseem and Strutton

Non-Voting Co-optee – Colin Pill, Slough Healthwatch representative (until 8.01pm)

Also present:- Councillor Pantelic

Apologies for Absence:- Councillor Shah

PART I

25. Declarations of Interest

None were declared.

26. Minutes of the Last Meeting held on 11th September 2018

Resolved – That the minutes of the last meeting held on 11th September 2018 be approved as a correct record.

27. Action Progress Report

The Panel noted the progress being made on the actions agreed at recent meetings. It was agreed that a Member visit be arranged to Respond and Lavender Court, instead of Priors and Phoenix Day Centres which were undergoing refurbishment.

Resolved – That details of the Action Progress report be noted.

28. Member Questions

No questions from Members had been submitted.

(With the agreement of the Panel, the Chair varied the order of the agenda to take items in the following order: Item 8 – Slough Safeguarding Adults Board Annual Report; Item 6 – Oral Health in Slough Children; Item 7 – SWB Half Yearly Report; and Item 5 – Five Year Plan Outcome 2.)

29. Slough Safeguarding Adult Board (SSAB) Annual Report

The Slough Safeguarding Adults Board (SSAB) Chair, Nick Georgiou, and Safeguarding Partnerships Manager, Betty Lynch, presented the Annual Report for 2017/18.

Health Scrutiny Panel - 16.10.18

It was a statutory requirement to produce an annual report and the format had been streamlined to be more accessible by focusing on key issues and highlights. The key points of the presentation are summarised as follows:

- The progress in aligning the procedures and approach between the independent adult and children's safeguarding board was outlined. Mr Georgiou chaired both boards and they were administered by a single business unit.
- Progress was noted on the key objectives including the identification and management of risk. There had been a reduction in the number of safeguarding concerns received with 695 in 2017/18 compared to 989 in the previous year. The principle reason was stated as being a greater understanding of safeguarding amongst partner organisations.
- The most common type of abuse was neglect (41%) followed by physical abuse (24%) and financial abuse (15%). Members noted some inconsistencies in the figures in the narrative and chart in the annual report (page 49 of the agenda).
- The main focus of the work was in reducing risk where a concern was identified and this was the outcome in 81% of cases in 2017/18.
- Slough performance in providing advocacy support for those who lacked mental capacity had improved on the previous year and was better than the national average.
- It was a priority to make safeguarding personal to help people achieve their desired outcome from a safeguarding enquiry and this work was being embedded.
- The priorities for 2018/19 included recruiting to the business support team, establishing a quality assurance sub-group and working with the joint safeguarding executive to improve the communications strategy and planning.

The Panel discussed the different types of reported abuse and it was stated that the overall pattern was broadly in line with previous years. The Panel requested further detail on the outcomes of concern/enquiries; the types of physical abuse reported and any relevant comparative data with previous years for types of abuse. Information about how to report safeguarding concerns was clearly set out at the beginning of the annual report (page 42 of the agenda). Councillors were asked to raise any concerns or issues about individual cases outside of the meeting and through appropriate channels to ensure they could be properly followed up.

It was recognised that in some cases vulnerable people did not accept the support offered and it could not be imposed unless their mental capacity was impaired. Assessments on mental capacity were not fixed and could be undertaken at different times people came to the attention of services. Assurance was provided that cases were properly documented and people were advised of the risks and consequences of refusing support. Information was also shared amongst professionals where appropriate. The issues of neglect and self neglect were discussed and Mr Georgiou explained the next steps to be taken including the establishment of a co-ordination group to work on early help for vulnerable adults.

Health Scrutiny Panel - 16.10.18

It was noted that the recorded figure for the number of carers in Slough, 11,626 (14% of the population), was probably in line with similar places to Slough but was likely to be significantly underreported. A Member asked about the work being done to reduce neglect by carers and it was responded that formal carers were regulated and a significant amount of work was done with agencies and providers to improve the quality of the workforce in part to tackle neglect. However, it was harder to tackle neglect carried out by informal carers outside of service settings.

At the conclusion of the discussion, the Chair thanked Mr Georgiou and Ms Lynch for presenting the annual report which was noted.

Resolved – That details of the Slough Safeguarding Adult Board Annual Report be noted.

(Councillor Sandhu left the meeting.)

(Councillor Smith in the Chair for the remainder of the meeting.)

30. Oral Health in Slough Children

The Lead Member for Health & Social Care and the Service Lead Public Health introduced a report on the current position on oral health in Slough.

Oral health was an important factor in people's general health and was closely linked to deprivation. There was a particular concern about the oral health of children locally. Slough had more children with teeth affected by decay, on average, than in any other local authority in the South East and one of the highest in England. The most recent data from 2016/2017 highlighted that 41.5% of children had one or more decayed, missing or filled teeth, compared to 23.3% in England and 16.4% in the South East. The impacts included missed school days and the need for urgent health care and oral surgery.

The Panel discussed the work being undertaken in Slough to address the problems. The Healthy Smiles Campaign had been launched earlier in 2018 which included training for staff who supported children in areas such as brushing, diet and sugar intake. Slough was working with Public Health England and some dental practices on the Starting Well pilot initiative which was an outreach programme targeting 6-8 primary schools in the areas of highest need to promote brushing to children and working with families. The results of the work undertaken would be evaluated to inform future activity.

Members were concerned about the high levels of tooth decay in Slough and whilst the initiatives described were welcomed it was noted that the limited funding meant they were not available to children across Slough. The Lead Member recognised the serious problems highlighted by Members and reiterated the strong action being taken to improve oral health and the wider factors of poor diet and low levels of exercise. In relation to the specific concerns expressed about the scale of the Starting Well initiative, the Lead

Health Scrutiny Panel - 16.10.18

Member stated that it was a pilot scheme focused on wards with the highest levels of deprivation and the ambition was to expand the scheme in future funding rounds. A question was asked about the sustainability of the initiative and it was responded that the Council was seeking to involve local businesses where appropriate. The Panel supported the pilot and it was agreed that an update would be provided to the Panel in January 2019.

Access to NHS dentists had previously been considered to be a problem in Slough and the Panel requested further information on the current number of dentists in Slough and any data available on the cost of tooth extractions in Slough.

Resolved –

- (a) That the actions being taken to deliver improved oral health, particularly in children in Slough be noted.
- (b) That the future extension of the Starting Well project be supported.
- (c) That the Panel receive an update report at the meeting in January 2019 on the pilot, roll out and funding.

(Colin Pill left the meeting)

31. Slough Wellbeing Board - Half Yearly Report

The Lead Member for Health & Care introduced that half yearly report of the work of the Slough Wellbeing Board in her capacity of chair of the Board. The key activities and achievements of the Board were set out in Appendix A to the report. The included the launch of high profile social media campaigns to promote healthy lifestyles and tackle loneliness and social isolation. It was noted that the Board was currently seeking to recruit two new private sector Board members to strengthen links to local businesses. The Partnership Conference had been held on 4th October and the feedback was being evaluated.

The Panel discussed various aspects of the report including the recruitment of private sector Board members and the recent conference. Whilst those Members that had attended thought the conference had been very good, the attendance was not considered to be fully representative of all parts of Slough's communities. It was responded that invitations had been sent out widely to try to engage all relevant groups but that some organisations that had accepted did not attend on the day, particularly from the voluntary and community sector.

The linkages between the Panel and Board's work was discussed and it was agreed that the outcomes of the Disability Task & Finish Group should be reported to the Wellbeing Board. It was therefore agreed that a report be added to its work programme for May 2019. It was also agreed that more

Health Scrutiny Panel - 16.10.18

could be done to promote activity and healthy lifestyles by making greater use of parks, open spaces and allotments.

At the conclusion of the discussion, the report was noted.

Resolved –

- (a) That details of the Slough Wellbeing Board Half Yearly Report be noted.
- (b) That the areas of joint working between the Panel and Slough Wellbeing Board as detailed in paragraph 5.4 of the report be agreed.
- (c) That the Panel ask the Wellbeing Board and partners to consider how to improve the provision and access to green spaces, including in new developments, allotments etc. to improve residents activity and wellbeing.
- (d) That the Slough Wellbeing Board receive a report on the outcomes of the Disability Task & Finish Group at its meeting in May 2019.

32. Five Year Plan - Outcome 2

The Service Lead Public Health introduced a report that updated on the progress of Outcome 2 of the Five Year Plan that focused on the health of local residents and enabling service users to take an active role in shaping the services available to them.

The 4 key actions for Outcome 2 were:

- Support our residents to be more active;
- Open a range of new leisure facilities including Slough Ice Arena, Salt Hill Activity Centre, Langley Leisure Centre, The Centre and a network of green gyms in our parks and open spaces;
- Support more people to take control of their care needs including a direct payment; and
- Support more people to have a health checks.

The progress being made against each of these areas was outlined including the major investment in new core leisure facilities and provision in neighbourhoods such as green gyms, trim trails and multi-use games areas. The impact of the new facilities on activity was queried and it was agreed that further information be circulated to Panel Members on usage figures of new or refurbished leisure facilities. The use of direct payments was increasing and Adult Social Care expected to reach the target of 500 by March 2019 and this was welcomed by the Panel.

Members discussed the provision of mental health services and progress was explained. It was agreed that a report on Recovery Colleges due for January 2019 to be extended to include some data, statistics and case studies on the

Health Scrutiny Panel - 16.10.18

progress of delivering mental health services since the last update to the Panel. The report was noted.

Resolved –

- (a) That progress on Outcome 2 Key Actions be noted.
- (b) That further information on the progress of mental health services be included in the report to the Panel on Recovery Colleges scheduled for January 2019.
- (c) That the Panel support further engagement with and contribution from communities and residents, in particular with becoming more physically active.

33. Forward Work Programme

The Panel considered the Work Programme for 2018/19 and agreed the following additional items for the meeting to be held on 17th January 2019:

- The report on Recovery Colleges to include additional information about the progress and effectiveness of mental health services since the previous report, including admissions from Slough to Prospect Park.
- Children's oral health update.
- First Annual Report on Screening and Immunisation.
- Health and adult social care budget update.

Resolved – That the Forward Work Programme be agreed.

34. Members' Attendance Record 2018/19

Resolved – That the Members' Attendance Record for 2018/19 be noted.

35. Date of Next Meeting

The date of the next meeting of the Panel was confirmed as 21st November 2018.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.47 pm)

Health Scrutiny Panel – Actions Arising from Meetings

16th October 2018

Minute:	Action:	For:	Report Back To: Date:
27	Member visit to be arranged to Respond and Lavender Court (instead of Priors and Phoenix Day Centres which were undergoing refurbishment).	Adult Social Care	HSP Early 2019
29	Resolved: That the Panel support further engagement with and contribution from communities and residents, in particular with becoming more physically active.	Public Health	HSP Ongoing
30	The Panel requested further information on: <ul style="list-style-type: none"> • Number of dentists and availability of NHS dentists in Slough. • Any data available on the cost of tooth extractions in Slough. 	Public Health	HSP Circulated by email 30 th October 2018
31	Resolved: <ol style="list-style-type: none"> a) That the area of joint working between the Panel and Slough Wellbeing Board as detailed in paragraph 5.4 of the report be agreed. b) That the Panel ask the Wellbeing Board and partners to consider how to improve the provision and access to green spaces, including in new developments, allotments etc. to improve residents activity and wellbeing. 	Scrutiny Officer Wellbeing Board	HSP Ongoing HSP Ongoing

	c) That the Slough Wellbeing Board receive a report on the outcomes of the Disability Task & Finish Group at its meeting in May 2019.	Wellbeing Board	Wellbeing Board 8 th May 2019
32	The Panel requested further detail on the outcomes of concern/enquiries; the types of physical abuse reported and any relevant comparative data with previous years for types of abuse.	Safeguarding Adults Board	HSP 21 st November 2018

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 21st November 2018

CONTACT OFFICER: Rachel Wakefield and Ben Cox – East Berkshire CCG

WARD(S): All

PART I
FOR CONSIDERATION AND COMMENT

FRIMLEY HEALTH AND CARE SYSTEM WINTER PLANNING 2018/19**1. Purpose of Report**

To provide information on the winter planning arrangements for the Frimley Health and Care system, which include details of system planning, implementation arrangements, governance and resilience arrangements during 2018/19.

2. Recommendation(s)/Proposed Action

The Panel is requested to note the presentation and system plans and comment as appropriate.

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

The plan links to and addresses the following Slough Joint Wellbeing Strategy 2016 – 2020 (SJWS) priorities:

- 1) Protecting vulnerable children
- 2) Increasing life expectancy by focussing on inequalities
- 3) Improving mental health and wellbeing

3b. Five Year Plan Outcomes

These plans will support the following Five Year Plan outcomes:

- Slough children will grow up to be happy, healthy and successful
- Our people will be healthier and manage their own care needs

4. Other Implications**(a) Financial**

There are no financial implications of proposed action.

(b) Risk Management

The risks are reviewed and managed across the Frimley ICS.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications.

(d) Equalities Impact Assessment

The CCG already assesses these matters as part of current service provision.

(e) Workforce

The plans are supported by additional workforce requirements during the winter period.

5. **Summary**

To receive the information on the Winter Planning Arrangements for the Frimley ICS.

6. **Supporting Information**

- 6.1 The anticipated winter challenges are no surprise to Systems every year, however, each year the Frimley ICS System have built upon the excellent work carried out as part of the Urgent and Emergency Care Delivery Plan during the year in order to ensure all System Partners are in a state of readiness for meeting the varied challenges over the Winter period.
- 6.2 In addition to the National Directives shared with Systems during the year around Winter Preparation, the lessons learnt from the previous year is incorporated within the forthcoming Plan and any current associated Plans such as the Surge and Escalation Protocol are reviewed in order to provide a robust Winter Planning Framework.

7. **Appendices**

‘A’ - Presentation on Winter Plans 2018 – 19 for Slough

8. **Background Papers**

‘Winter Planning Framework 18/19

Winter period: 15th October 2018 – 22nd April 2019;

- **System Resilience Plan 18/19**
- **“Countdown to Winter” Plan** - 15th October 18 – 30th November 18
- **“Home for Christmas” Plan** – 1st December 18 – 7th January 19
- **Christmas & New Year Plan** - 18th December 18 – 7th January 19.

Frimley Health and Care



Winter Plans 18/19

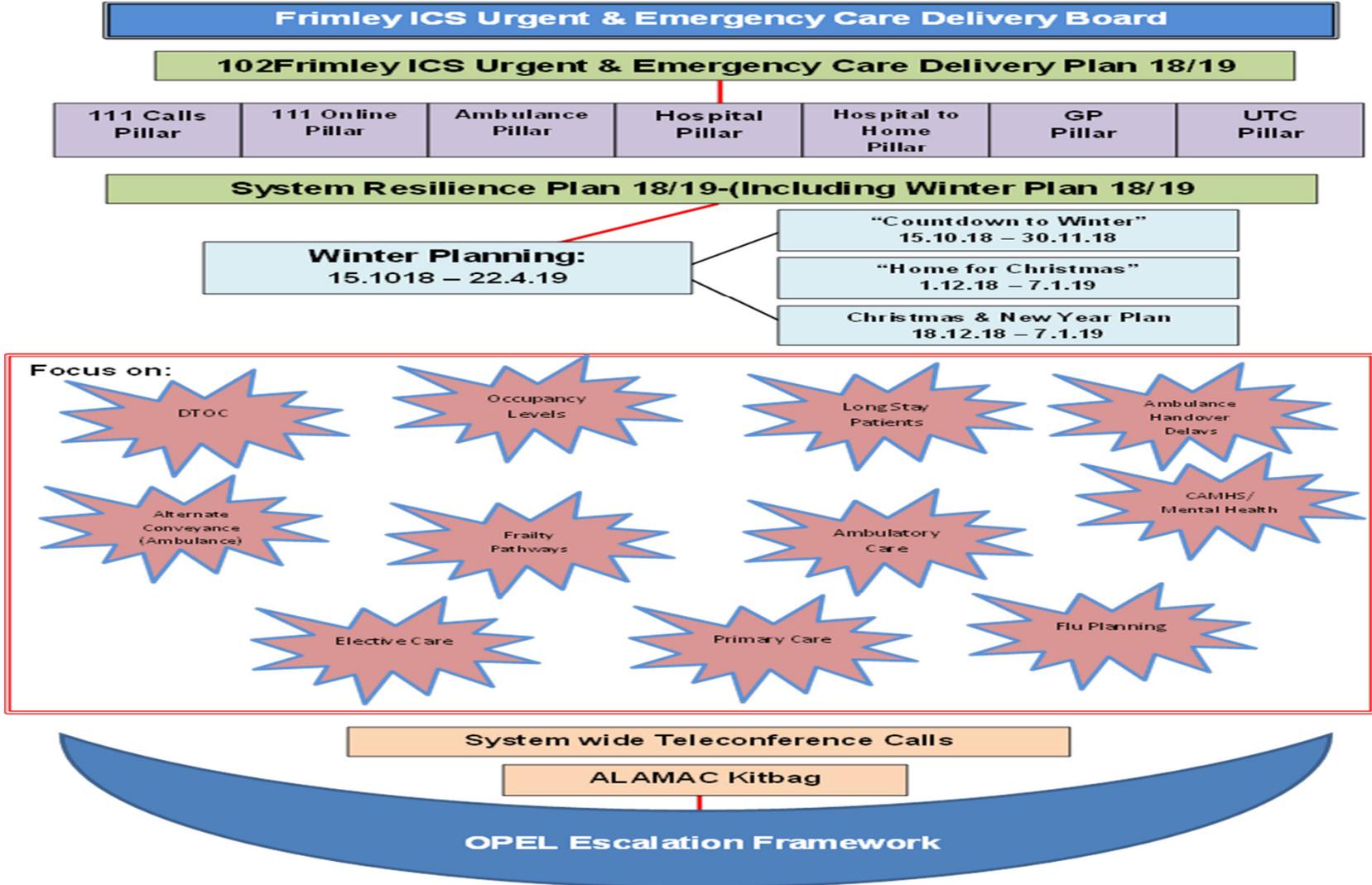
Slough



Key Objectives

- To ensure that the Frimley Health integrated health and care system:
 - Is **Resilient** throughout the winter period - providing safe, effective and sustainable care for the local population
 - Has sufficient **Capacity** available to meet likely demands over winter
 - Is able to deliver quality **Care** for Patients/clients in the most appropriate setting
 - Is able to **Achieve** national and local access targets and trajectories across the system
 - Is compliant with winter planning, national guidance and also includes the **pillars of urgent and emergency care**
 - Has learnt from previous winters locally and from **other systems** and **applied best practice** to service delivery to ensure safe and effective patient flow
 - Promotes **prevention** and supports self-care, encourage residents to prepare for winter and cold weather
 - To raise **awareness** amongst the public of the most suitable place to go for different levels of care

System Planning & Resilience



Local Slough implementation

	November	December	January	February
National /local communication messages – Help Us Help You – Know What to Do	Stay well this winter Signposting to range of NHS services.	Extended GP access - GP and pharmacy opening hours. - Order repeat prescriptions. - Options over Christmas - Signposting	NHS 111 online What to do if you have been unwell – signposting. - Pharmacy and GP opening times.	Pharmacy <i>To be tailored according to system requirements</i>
Additional staffing/capacity across Frimley Health System	Direct booking to OOH and SWIC & St Marks from 111 in place. Direct OOH booking number to be made available to GP's for SWIC & St Marks UCC –	Increase primary care streaming arrangements at WPH. GP Unit provision 7 days a week Frailty pathway in place Increases AIR nurses Additional Capacity in primary care, St Mark and SWIC Additional Capacity in community services SCAS: 1) Falls and Frailty Vehicles – to extend the current falls and frailty response cars to seven day a week working. 2) Mental Health Vehicles Response – to deploy three dedicated mental health response vehicles with specially trained staff to safely and appropriately convey mental health patients .		<i>39 additional beds @ WPH in new A&E block</i> <i>Additional appointments in primary care</i>

Slough Focus : children and changing parent and caregiver behaviour, increasing access to more children’s appointments Mon – Friday 5 days a week

Slough Focus: implementation of discharge to assess across Slough to improve capacity and flow across the health and care system

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 21st November 2018

CONTACT OFFICER: Alan Sinclair – Director of Adults and Communities
(For all Enquiries) (01753) 875752

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

FRIMLEY HEALTH AND CARE INTEGRATED CARE SYSTEM**1. Purpose of Report**

This report provides the Health Scrutiny Panel (HSP) with an update on progress being made to deliver the Frimley Health and Care Integrated Care System.

2. Recommendation(s)/Proposed Action

The Panel is recommended to note the report and the progress being made in developing the Frimley Integrated Care System (ICS) 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 ICS reflect the need to improve the health and wellbeing of the population. The ICS 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 ICS.

3a. Slough Joint Wellbeing Strategy Priorities

The ICS will meet several of the current Slough Wellbeing Board strategy priorities including:

- Protecting vulnerable children and young people
- Improving healthy life expectancy
- Improving mental health and wellbeing

3b. Five Year Plan Outcomes

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

- Slough children will grow up to be happy, healthy and successful
- Our people will be healthier and manage their own care needs

4. **Other Implications**

(a) **Financial**

One of the aims of the ICS is to 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 ICS process.

(b) **Risk Management**

There are no recommendations arising from this report.

(c) **Human Rights Act and Other Legal Implications**

No legal implications have been identified at this point.

(d) **Equalities Impact Assessment**

These are being undertaken by service deliverers as STP programmes become operative.

5. **Supporting Information**

5.1 The Frimley footprint has been in operation since October 2016. This has seen the system change from the initial Sustainability and Transformation Programme to an ICS, which became operational earlier in 2018. This involves all health and care providers and commissioners (including SBC).

5.2 Given the importance of the matter to healthcare provision in Slough and across the region, it has been a regular agenda item for the Health Scrutiny Panel. The last meeting to receive an update on progress was held on 28th June 2018. This event took a presentation, which covered the following matters:

- The governance of the ICS
- The workstreams of the ICS and their delivery plans for 2018 – 19
- The benefits being delivered by the ICS

5.3 In response to this, the Panel raised a series of areas of interest regarding the ICS. These can be summarised as follows (with full details available in the minutes of the meeting held on 28th June 2018):

- The importance of communicating the new system and its benefits to local residents
- The importance of ensuring the effective and efficient discharge of patients from hospital
- The ability of the ICS to respond to local needs and priorities
- The need for local residents to be involved fully in consultation events

On the second of these points, the Panel may be interested in the report to be taken by Overview and Scrutiny Committee on 15th November 2018. This will cover the Adult Social Care Transformation Programme, with the 'Discharge to Assess' model to be part of this agenda item.

The big conversation about Urgent Care Services

- 5.4 At the 28th June 2018 Health Scrutiny Panel members received an update from the East Berkshire Clinical Commissioning Group (CCG) on the conversations that have taken place regarding the future of urgent care services.

Local NHS commissioners in East Berkshire have reached out to over 2,300 people as part of its 'Big Conversation' to understand local peoples experiences of urgent care and what matters to them.

The 'Big Conversation' took place between 21 May – 6 August 2018 and included a series of public meetings across Slough, Windsor, Maidenhead, Ascot and Bracknell; visits to community groups, online discussion forums and an online survey.

The majority of people said they want to see their GP first if they had an urgent care need, and that the CCG needed to think about primary care and community services as part of this ongoing work.

As part of the on-going assurance process around the 'Big Conversation' the CCG met with regional NHS England colleagues who scrutinised the progress being made. NHS England gave very positive feedback and assured the CCG about the approach and the actions taken to date.

They did though advise the CCG to extend the original timelines to allow additional time to model the options as well as continued engagement of all stakeholders once the options and modelling has been completed. The extra time will also allow general practice plans to be fully taken into account in line with feedback from the 'Big Conversation'. Other areas of work currently taking place across the system, for example the estates strategy can also be accounted for in the potential service models.

The following timelines and key decision making milestones have been agreed by the CCG Governing Body (GB):

October 2018 – May 2019: CCG to develop models for the future taking into account what we have heard already, and engaging with local lead councillors and local authorities

15 May 2019: GB decision regarding the shortlist of models and to decide whether consultation is needed

16 May – 11 July 2019: Consultation (if required depending on options)

11 July – August 2019: Recommendation paper write up to present to GB

14 September 2019: GB decision on service model

The Big Conversation about urgent care – where are we now?

Briefing 5 – October 2018 is attached as appendix A

Joint Health Scrutiny - Update

- 5.5 As members may be aware, the last meeting took a brief item under the work programme on the moves towards commissioning a Joint Health Scrutiny Panel for East Berkshire. The members nominated for this role at Annual Council on 17th May 2018 were Councillors Bedi, Rana and Usmani. As a result, these would be the members who would be Slough Borough Council's delegates to a reconvened version of any such body.

- 5.6 Since the last meeting on 13th September 2018, the Care Commissioning Group (CCG) has indicated that a Joint Scrutiny Committee may need convening. NHS England have indicated that the CCG should build the possibility for public consultation into its planning. A CCG meeting on 10th October 2018 stated that the period in which this would take place if required would be May – July 2019. Given the need to engage local Councillors in this, a Joint Scrutiny Committee may need to be established. Such a body would discuss the models for the future proposed by the CCG.
- 5.7 At present, officers are seeking clarification on the following matters:
- Which local authorities would be involved; the historic Joint East Berkshire Health Scrutiny Committee involves the Royal Borough of Windsor and Maidenhead and Bracknell Forest Council. However, it may also need to involve Wokingham Borough Council and Buckinghamshire County Council given the geography of the footprint.
 - The exact timeframes around such a body
 - Responsibility for administrating the body if convened

The nominated representatives for a Joint Scrutiny Committee and the Health Scrutiny Panel will be updated on this as appropriate.

6. **Comments of Other Committees**

This report has not been taken by any other committees at Slough Borough Council.

7. **Conclusion**

Given the relative newness of the ICS, HSP may wish to use this agenda item to discuss how to contribute to the ongoing consultation. They may also wish to consider how to add value to the implementation of the ICS throughout 2018 – 19 and how they can best contribute to its progress.

8. **Appendices Attached**

‘A’ -The Big Conversation about urgent care – where are we now?
Briefing 5 – October 2018

9. **Background Papers**

Agenda papers & minutes, Health Scrutiny Panel 28th June 2018

The Big Conversation about urgent care – where are we now?

Briefing 5 – October 2018



From 21 May – 6 August 2018, East Berkshire CCG ran the ‘Big Conversation’ about out of hospital urgent care. The purpose of the conversation was to understand from local people their experiences of urgent care and what matters to them when they have an urgent care need.

In total, we reached over 2300 local people and other stakeholders – this equates to 0.5% of the CCG’s population. The full Engagement Report can be viewed on the CCG website:

<https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2018/08/Engagement-Report-Web.pdf>

What has been happening since 6 August?

The full engagement report and a report on a provider survey have been produced (see above).

An appraisal framework to shortlist potential options has been developed.

Local clinicians have been considering the results of the Big Conversation and all of the data about how people use urgent care services, to inform potential options.

As part of our ongoing assurance process, members of the CCG met with regional NHS England (NHSE) colleagues who scrutinised our progress to date on this programme of work. NHSE gave us very positive feedback about the ‘Big Conversation’ and was assured of our approach and the actions taken to date. However, they advised the CCG to extend its original timeline to allow additional time to model the options as well as continued engagement of all stakeholders once the options and modelling has been completed.

Next Steps

A paper was presented to the CCG Governing Body (GB) meeting on Wednesday 10 October, taking into account the advice from NHSE and the feedback from the 'Big Conversation' that people would rather see their GP first if they had an urgent care need. The Governing Body reviewed the original timescales proposed and decided to revise these as follows:

Phase	When
CCG to develop models for the future taking into account what we have heard already, and engaging with local authorities	October 2018 – May 2019
GB decision regarding the shortlist of models and to decide whether consultation is needed	15 May 2019 (originally October 2018)
Consultation (if required depending on options)	16 May – 11 July 2019 (originally October – December 2018)
Recommendation paper write up to present to GB	11 July – August 2019 (originally February 2018)
GB decision on service model	14 September 2019

The revised timeline allows the CCG to follow a robust process of continuing to work closely with partners to develop potential service model options and undertake the complex modelling required supporting these. It will also allow general practice plans to be fully taken into account in line with feedback from the 'Big Conversation'. Other areas of work currently taking place across the system, for example the estates strategy can also be accounted for in the potential service models.

If the final options require a consultation, the CCG will launch a full public consultation from 16 May – 11 July 2019.

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 21st November 2018

CONTACT OFFICER: Dr Liz Brutus - Service Lead Public Health
Jason Newman – Environmental Quality Team Manager

(For all Enquiries) (01753) 875142 (LB) / 875 219 (JN)

WARD(S): All

PART I
FOR COMMENT AND CONSIDERATION

AIR QUALITY AND HEALTH IN SLOUGH**1. Purpose of Report**

The purpose of the report is to respond to Members' concerns regarding air quality within Slough and the harm air pollution is causing local residents. The following specific areas are addressed:

- 1) Slough's mortality rate attributable to air pollution;
- 2) The causes of this mortality rate;
- 3) The distribution of health conditions related to air pollution (on a range of factors such as geographical area, gender and ethnicity);
- 4) Any plans to review the action plan in the light of this information; and
- 5) Future arrangements for air quality monitoring.

2. Recommendation

The Panel is requested to note and discuss the information contained in this report and its implications for local residents. The Panel is also asked to review the short term Public Health mitigation recommendations as detailed in 5.16.

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

Slough Borough Council's (SBC) Low Emission Strategy supports the following priorities:

- Protecting vulnerable children
- Increasing life expectancy by focusing on inequalities
- Improving mental health and wellbeing

3b. Five Year Plan Outcomes

The Low Emission Strategy also contributes to the following outcomes:

- Our people will be healthier and manage their own care needs.
- Slough will be an attractive place where people choose to live, work and stay

4. Other Implications

a) Financial

There are no financial implications relating to the proposed actions within this report.

b) Risk Management

There are no identifiable risks associated with this report.

c) Human Rights Act and Other Legal Implications

There are no legal or Human Rights Act implications relating to this report.

d) Equalities Impact Assessment

There is no identified need to complete an EIA for this report.

5. Supporting Information

- 5.1 At its meeting on 11th September 2018, the Health Scrutiny Panel received an answer to a written question which asked for the response of SBC and its NHS partners to Slough's high rate of deaths attributable to air pollution. Whilst the Panel were satisfied with this response which included an outline of the planned Low Emission Strategy (submitted for Cabinet's approval on 17th September 2018), they wished for some specific questions to be addressed in an agenda item. These questions are answered in the rest of this report.

Slough's mortality rate attributable to air pollution

- 5.2 The major air pollutants today are nitrogen dioxide (NO₂) and anthropogenic particulate matter (PM_{2.5}). The principal sources of PM_{2.5} emissions are domestic wood and coal burning (39%); industrial combustion (17%); road transport (13%) and industrial processes (10%). In Slough it can be linked to:
- Proximity to the national motorway network, predominately driven by higher rates of NO_x air pollution in the area near junction 5 and 6 of the M4.
 - Cross boundary effects from London and the continent (under steady anti-cyclonic conditions)
 - Emissions from airplane take-off at Heathrow and unburned jet fuel
 - Incineration and electricity generators
- 5.3 In the latest figures - 2016, 6.2% of all cause adult mortality was attributed to anthropogenic particulate air pollution (PM_{2.5}) compared to 5.3% in England and 5.5% in the South East. Based on all cause adult mortality (which in relation to air pollution covers adults aged over 30 as it indicates the mortality burden associated with long-term exposure), this equates to approximately 51 people in Slough. Nationally, this ranges between 28,000 and 36,000 people annually although these numbers are approximate because deaths tend to be caused by multiple factors.

The causes of increased mortality rate associated with air pollution

5.4 There are strong associations between air pollution and major diseases that pose a great health and economic burden, including coronary heart disease¹ (CHD) and stroke (where the relationship seems to be related to hardening of the blood vessels in a similar way to smoking's effects). This is demonstrated in Figure 3 in the Annex. There is also strong evidence for the association of air pollution with lung cancer and childhood asthma.² In 2017, the total NHS and social care cost due to PM_{2.5} and NO₂ was estimated to be £42.9 million in England.

5.5 People with chronic respiratory diseases such as chronic obstructive pulmonary disease (COPD) and asthma are especially vulnerable to the detrimental effects of environmental air pollutants which can induce the acute exacerbation of COPD and onset of asthma, increasing the respiratory morbidity and mortality.³

5.6 There is also emerging evidence that suggest links between air pollution and conditions like diabetes, the underdevelopment of infant lungs and cognitive decline through Alzheimer's dementia. Other health concerns related to air pollution include:

- Increase in low birth weight babies (<2500g)⁴
- Inhibits neurological development in children⁵ (it is thought that particulates pass through the olfactory (smell) system into the brain where they prevent normal nerve development)
- Inhibits lung function in children, permanently affecting lung capacity⁶
- The World Health Organisation (WHO) classifies diesel exhaust emissions as carcinogenic to humans with evidence linking air pollution with a range of cancers⁷ (lung and bladder in particular).

The distribution of health conditions related to air pollution in Slough

5.7 Air pollution is certainly a problem in Slough but one of the reasons why mortality may be relatively higher is because cardiovascular and respiratory health are already poor with above-SE England regional averages of heart disease, COPD and asthma. Furthermore, there are above average rates of tobacco smoking which is both a risk factor and exacerbator for both heart and respiratory disease. In addition, there are high rates of diabetes (and until recently, under-diagnosed hypertension) in the Slough population which are key risk factors for CHD and stroke. Older men are currently more susceptible to the health impacts of air pollution due to higher historical rates of smoking however, this is likely to change over time as women's smoking rates have increased.

5.8 Underlying this are widespread low levels of household income in Slough which determine where people live. For example, we know that, in general, more affluent people choose to live in cleaner greener neighbourhoods where air pollution is lower. In short, a poorer person in Slough is at risk of the triple whammy – more likely to smoke, at higher risk of respiratory and coronary heart disease and more likely to live in a poorer neighbourhood where air pollution is higher, thus worsening the impact of their health conditions.

¹ Cesaroni, BMJ, 2014

² PHE. Estimation of costs to the NHS and Social Care due to the health impacts by air pollution. May 2018.

³ Kelly FJ & Fussel JC, Pubmed, 2011

⁴ Pederson, Lancet, 2013

⁵ Jordi Sunyer, CREAL, PRBB group leader, 18 June 2014

⁶ <http://www.escapeproject.eu>

⁷ http://www.iarc.fr/en/media-centre/iarcnews/pdf/pr221_E.pdf

5.9 Figure 4 in the Annex shows the distribution of coronary heart disease emergency admissions by ward in Slough – with the highest rates in Chalvey, Elliman and Baylis and Stoke. Figure 5 shows the position of Air Quality Management Areas (AQMAs) in Slough with two AQMAs also in Chalvey and high levels of poor air quality in a variety of other areas including Elliman. Recent air quality monitoring results are shown in Appendix 2.

Plans to review the air quality action plan

5.10 Slough currently has five air quality management areas, which exceed the EU limit for NO₂ (40ug/m³). In response to this, air quality management plans were established for AQMA 1 and AQMA 2 (2006) and also AQMA3 and AQMA 4 (2012). These plans will be updated under one comprehensive air quality action plan, to reflect regeneration of the town centre and impacts posed by upcoming infrastructure schemes including the Heathrow expansion and Smart M4. It will also include current and emerging AQMAs in 2019, in conjunction with air quality modelling.

5.11 The AQAP will also address sources of local particulate pollution from construction sites and combustion processes Industrial processes are currently regulated by the Local Authority and Environment Agency under the Environmental Permitting Regulations.

5.12 The Low Emission Strategy (2018-2025) forms part of the new air quality action plan, which aims to reduce NO₂ emissions from road transport and improve health outcomes. This will be completed by implementing electric public infrastructure such as fast and rapid electric charging points and promote the operation of electric and ultra-low emission vehicles.

5.13 The Low Emission Strategy is used in conjunction with the emerging Slough Transport Strategy (2016-2036) to be completed early 2019. Its primary focus will be to improve and increase public infrastructure, to increase the modal shift away from the car and reduce congestion. This will be done by promoting sustainable travel such as use of E-bikes and electric vehicles, in transition to a low emission economy.

5.14 A feasibility study for the implementation of a Clean Air Zone (CAZ) in Slough will be conducted in 2019/20, delivered in line with the Slough Transport Strategy. It sets emission standards to encourage the uptake of EVs, and ULEVs which meet the latest European Emission Standard, applicable to public transport vehicles, HGVs and LGVs. The CAZ may be charging or non-charging. Should the feasibility study demonstrate that a charging CAZ is necessary in Slough, an application will be made to the Secretary of State to introduce such a zone by 2021.

Future arrangements for air quality monitoring

5.15 Slough has an extensive air quality network of automatic monitoring stations which measure NO₂ and particulate matter, and diffusion tubes which monitor NO₂.

5.16 Slough currently has seven continuous monitoring stations. The network was extended in October 2017 with three new monitoring stations in AQMA 4, 2 and 3. Four sites monitor particulate concentrations of PM10, and two sites monitor in Colnbrook and Poyle monitor particulate concentrations of PM2.5. The full

dataset obtained by these monitors will be reported in the Annual Status Report by June 2019, and will be used in our updated air quality modeling and source apportionment work. Detailed air quality modelling was last conducted in 2015, to assess the impact on NO₂ concentrations by improving the European Emission Standards of conventional vehicle technologies and use of alternative technologies such as electric.

- 5.17 Concentrations of PM_{2.5} and PM₁₀ recorded at locations within Slough are significantly below the national air quality objectives, however continued monitoring is required due to the associated health effects and to monitor impact of upcoming infrastructure impacts.
- 5.18 Diffusion tubes are present at 53 sites and have been used to monitor annual NO₂ for over 20 years. New diffusion tubes were co-located with air quality monitors introduced in October 2017. Results show that the rate of improvement average over a 5 year monitoring trend has been slow (approximately 3% per annum across the network) and no new AQMAs have been declared, but continued monitoring is needed to understand NO₂ trends longer than 5 years, and to determine if a new AQMA is required and observe the impact of introducing the new air quality action plan.
- 5.19 Air Quality monitoring stations and sensors are constantly been improved, and we will continue to invest in the most appropriate and up to date monitoring equipment.

Short term health outcomes

- 5.20 The Low Emission Strategy and Air Quality Action Plan are designed to address long term objectives. The aim of the Low Emission Strategy is to reduce NO₂ emissions caused by road traffic and consequentially, improve air quality and the health outcomes of those living in Slough.
- 5.21 Air quality data can be used to inform the public of local air quality trends and be used to recommend actions and health advice. An example of a short term method which combines both technical and public health elements is the AirTEXT service.
- 5.22 AirTEXT is a free service for public use, operated by Cambridge Environmental Research Consultants (CERC) Ltd. The service provides air quality maps, created using CERC's urban air quality dispersion modelling system (ADMS-Urban), which are used to predict air quality and emissions across London and surrounding boroughs. It delivers air quality alerts by SMS message, email and voicemail to those who have subscribed to the service and provides a 3-day forecast of air quality, pollen, UV and temperature.
- 5.23 Slough pays an annual subscription to the service. See Figure 6 in the Annex for full details
- 5.24 The Public Health team is supporting the mitigation of air pollution in the short term through a range of informative actions which include:
 - 1. Linking the AirTEXT service to the integrated lifestyle service "CardioWellness4Slough". This will ensure that residents being triaged by this service will be reminded to sign up to AirTEXT and the importance of being

aware of air pollution in Slough. This will be of particular relevance to the smoking cessation service “SmokeFreeLifeBerkshire”

2. Direct communication with primary care to ensure awareness of AirTEXT and specifically which patients are most at risk from poor air quality.
3. Integration of Air Pollution messages with physical activity interventions, for example Active Movement in Primary Schools, to increase awareness of the impact of travel on air quality and to support things like active travel.
4. General promotion of air pollution mitigation options and AirTEXT through the Public Health channels, specifically twitter, Facebook and newsletters.

6. **Comments of Other Committees**

The Low Emission Strategy was taken by Cabinet on 17th September 2018. The Strategy has been adopted as a Council Strategy at Full Council on 27th September 2018, therefore Slough Borough Council are committed to the objectives contained within the Strategy. The wellbeing of those living in Slough are the highest priority and implementation of the Low Emission Strategy and its Programmes over the next few years will improve air quality and therefore health for all of those living and working in the Borough.

7. **Conclusion**

This report addresses a series of questions raised by the Panel at its last meeting. The Panel is asked to discuss the content of this report in this context.

The Low Emission Strategy itself does not address short term air quality issues or pollution events. Collaboration is required between environmental quality, public health and other key departments and local community organisations to bring together long term and short term objectives.

8. **Appendices Attached**

Annex includes:

- Figure 1 - Pollutants that affect air quality – Particulate Matter PM2.5
- Figure 2 - Pollutants that affect air quality –Nitrogen Oxides NOx
- Figure 3 – The impact of air pollution on the human body
- Figure 4 - Emergency admissions for CHD in Slough (2011 – 2016)
- Figure 5 - Air quality management areas (AQMA) in Slough - 2018
- Figure 6 - AirTEXT subscription details

Additional documentation:

- Appendix 1- Air Quality Management Area Map
- Appendix 2 – Slough air quality results
- Appendix 3 – Ward boundaries map

9. **Background Papers**

Agenda Papers and Minutes, Cabinet (17th September 2018)

Annex

Figure 1 - Pollutants that affect air quality – Particulate Matter PM2.5

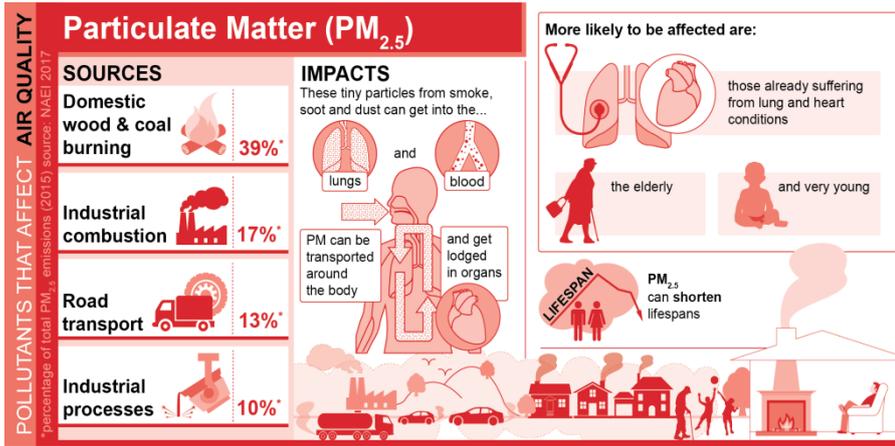


Figure 2 - Pollutants that affect air quality – Nitrogen Oxides NOx

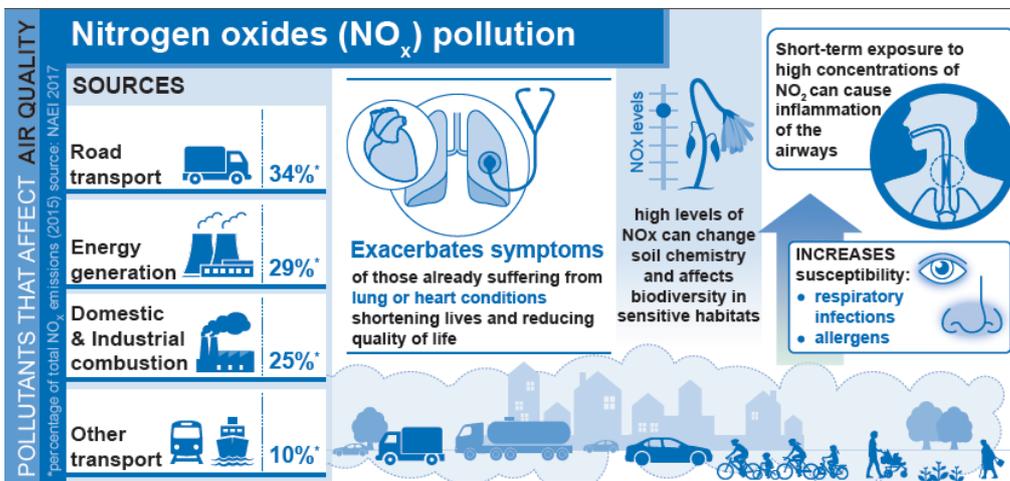


Figure 3 – The impact of air pollution on the human body

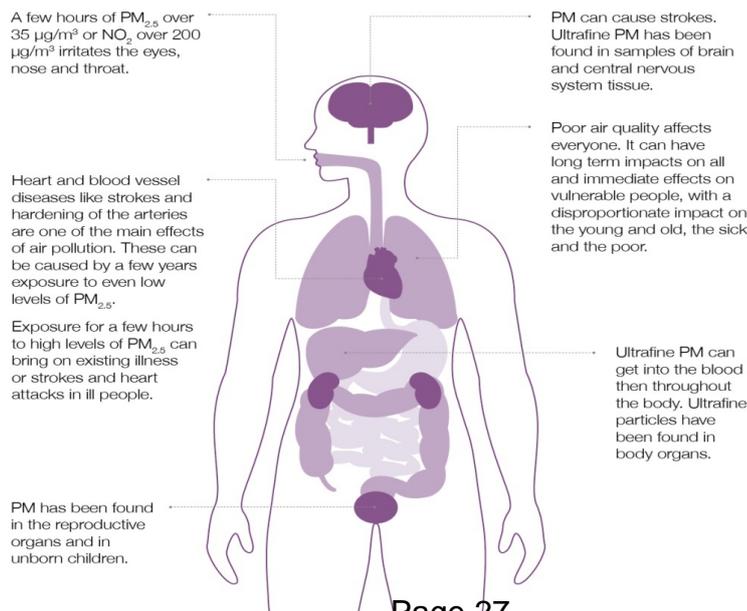


Figure 4: Emergency admissions for CHD in Slough (2011 – 2016)

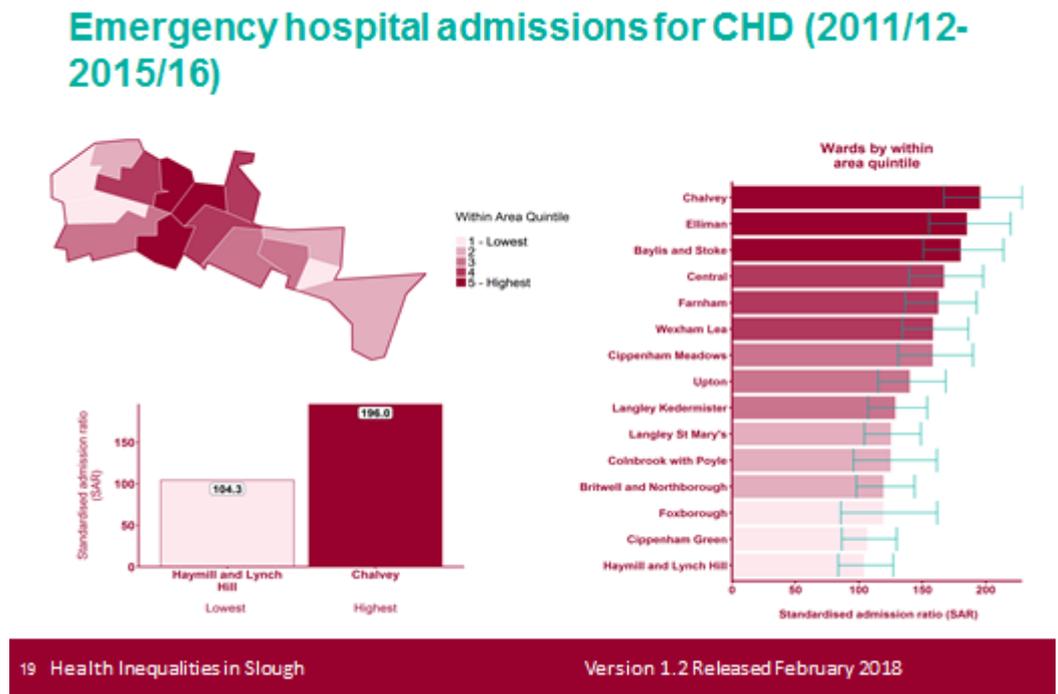


Figure 5: Air quality management areas (AQMA) in Slough - 2018

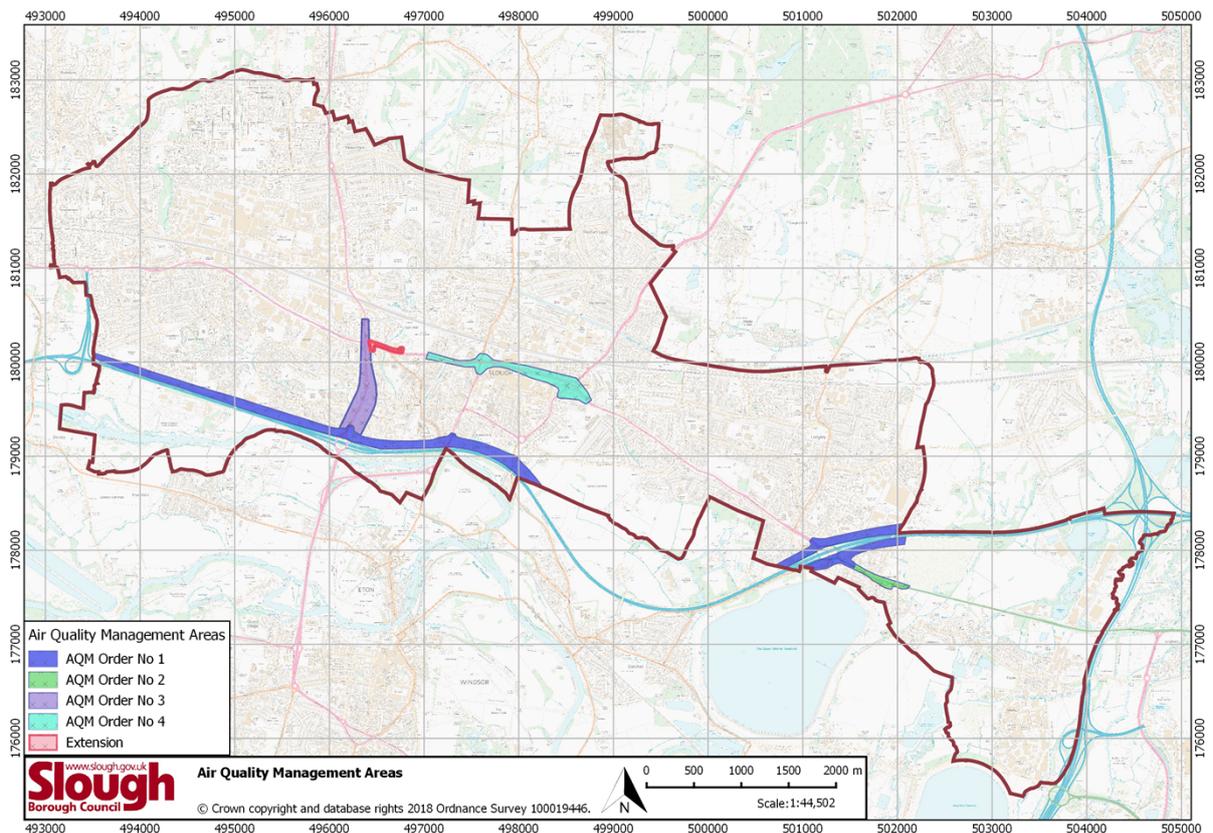


Figure 6: AirTEXT subscription details

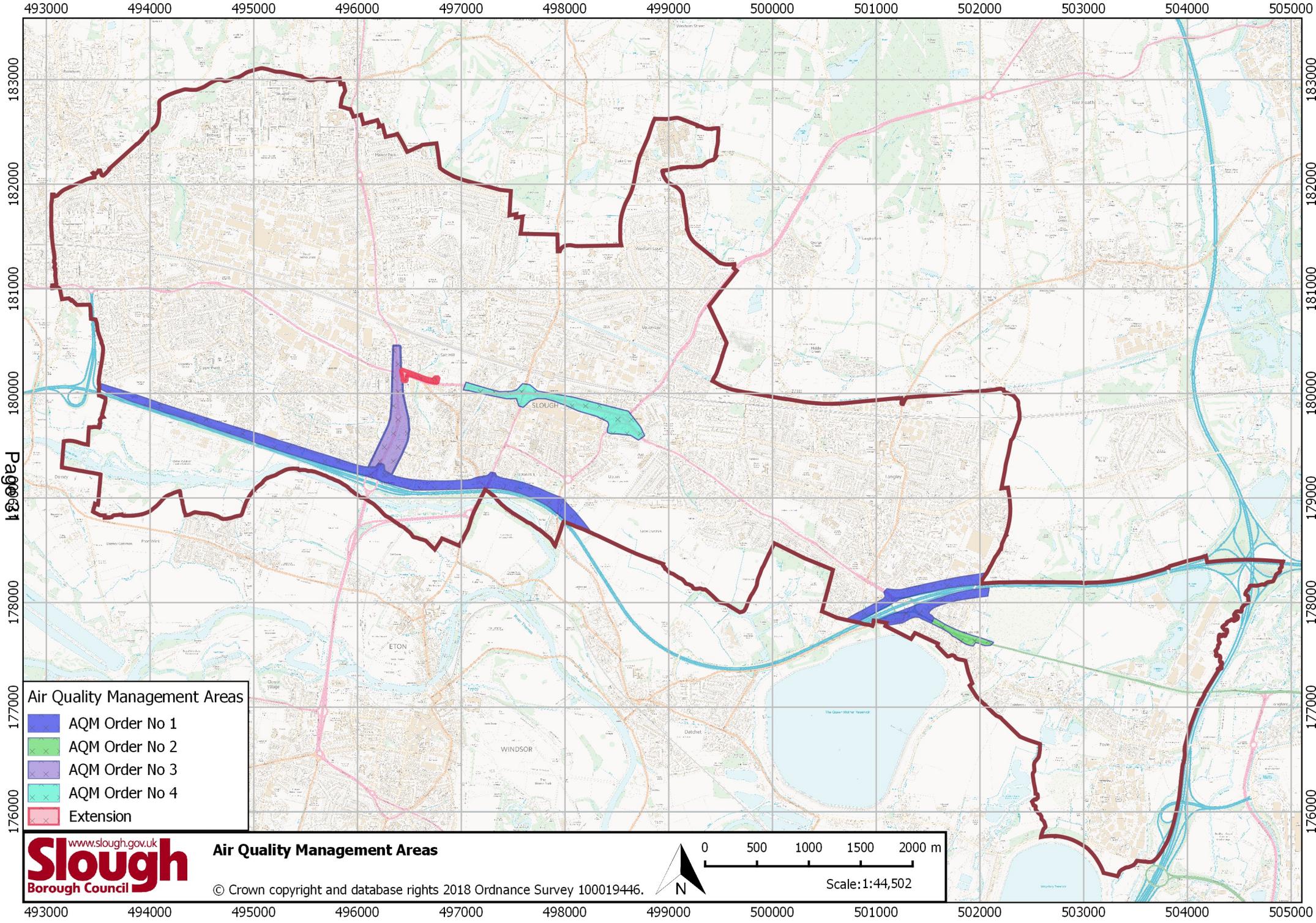
Contact Method	Alert Sent Record*	New Subscribers*	Total Subscribers**
Email	466	1	8
SMS message	2550	21	106
Voicemail	76	0	3
Twitter	-	-	6
Total	3092	21	123

*from 1st July 2017 – 31st August 2018

**at 31st August 2018

From 1st July 2017 to 31st August 2018, the service gained 21 new subscribers from Slough, producing a total of 123 subscribers for the Borough. This subscription rate is low relative to Slough's population, so work needs to be done to encourage residents to subscribe to the service. This will lead to an increase in awareness of air quality impacts and can be used to promote and aid implementation of the Low Emission Strategy.

This page is intentionally left blank



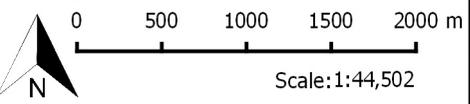
Air Quality Management Areas

- AQM Order No 1
- AQM Order No 2
- AQM Order No 3
- AQM Order No 4
- Extension



Air Quality Management Areas

© Crown copyright and database rights 2018 Ordnance Survey 100019446.



Page 1

This page is intentionally left blank

Passive Diffusion Tube Results

Ward	Site Name	Site ID	AQMA?	NO ₂ Annual Mean Concentration 2017 (µg/m ³)*
Central	Princess Street	SLO 5	Yes – AQMA 4	40.7
	Hencroft Street	SLO 20	No	27.0
	Windsor Road	SLO 21	No	40.9
	Winvale	SLO 22	Yes – AQMA 1	41.8
	Yew Tree Road (Ux Rd) (B)	SLO 26	Yes – AQMA 4	48.1
	India Road	SLO 27	No	31.3
	Yew Tree Road (Ux Rd) (A)	SLO 29	Yes – AQMA 4	42.9
	Wellington Street – Stratfield	SLO 33	Yes – AQMA 4	33.9
	Wellesley Road	SLO 38	Yes – AQMA 4	37.4
	Wexham Road	SLO 40	Yes – AQMA 4	42.3
	Goodman Park (Ux Rd)	SLO 44	No	36.4
	Princess House, Bath Road	SLO 47	Yes – AQMA 4	36.9
	Wellington Street - 1	SLO 60	Yes – AQMA 4	36.6
	Wellington Street - 2	SLO 61	Yes – AQMA 4	36.6
Wellington Street - 3	SLO 62	Yes – AQMA 4	36.6	
Chalvey	Salt Hill - 1	SLO 1	Yes – Extension	31.1
	Salt Hill - 2	SLO 2	Yes – Extension	31.1
	Salt Hill - 3	SLO 3	Yes – Extension	31.1
	Tuns Lane	SLO 23	Yes – AQMA 3	33.6
	Spackmans Way	SLO 24	Yes – AQMA 1	37.9
	Paxton Avenue	SLO 25	Yes – AQMA 1	36.5
	Chalvey (CAS)	SLO 34	Yes – AQMA 1	35.8
	Chalvey (CAS)	SLO 35	Yes – AQMA 1	35.8
	Chalvey (CAS)	SLO 36	Yes – AQMA 1	35.8
	Windmill (Bath Road)	SLO 43	Yes – Extension	37.2
	Cornwall House, Bath Road	SLO 46	Yes – AQMA 4	46.2
	Wind Mill – 1	SLO 57	Yes – Extension	44.1
	Wind Mill – 2	SLO 58	Yes – Extension	44.1
	Wind Mill – 3	SLO 59	Yes – Extension	44.1
Cippenham Meadows	Farnham Road	SLO 30	Yes – AQMA 3	32.6
	Castle Street	SLO 48	No	29.4
	Windsor Road (B)	SLO 49	No	48.7
	Tuns Lane (B)	SLO 50	Yes – AQMA 3	45.3
Colnbrook with Poyle	Colnbrook By-pass	SLO 7	No	38.7
	Tweed Road (B)	SLO 9	Yes – AQMA 1	35.3
	London Road (A)	SLO 10	Yes – AQMA 2	45.3
	Torridge Road	SLO 11	Yes – AQMA 1	32.7
	Lakeside Road	SLO 12	No	38.6
	Elbow Meadows	SLO 13	No	30.5
	Pippins – 1	SLO 14	No	26.0
	Pippins – 2	SLO 15	No	26.0
	Pippins – 3	SLO 16	No	26.0
	Horton Road (Caravan Park)	SLO 17	No	25.6
Brands Hill (A)	SLO 18	Yes – AQMA 2	55.2	

	Rogans (Colnbrook By-pass)	SLO 28	Yes – AQMA 2	45.3
	Brands Hill (B)	SLO 32	Yes – AQMA 2	36.3
	London Road (B)	SLO 39	Yes – AQMA 2	33.1
	London Road (C)	SLO 45	Yes – AQMA 2	31.4
	Brands Hill 1	SLO 63	Yes – AQMA 2	37.3
	Brands Hill 2	SLO 64	Yes – AQMA 2	37.3
	Brands Hill 3	SLO 65	Yes – AQMA 2	37.3
Elliman	Lansdowne Avenue	SLO 4	Yes – AQMA 4	37.9
	Blair Road – Victoria Court	SLO 37	Yes – AQMA 4	45.3
Farnham	Essex Avenue	SLO 31	No	28.7
Foxborough	Grampian Way	SLO 8	Yes – AQMA 1	40.4
Haymill & Lynch Hill	Sandringham Court	SLO 41	No	25.9
	Walpole Road	SLO 42	No	23.1
Langley Kedermister	Ditton Road	SLO 19	No	34.6
	Langley Road	SLO 51	No	37.8
	High Street Langley (A)	SLO 53	No	42.1
Langley St. Mary's	Station Road	SLO 52	No	36.4
	High Street Langley (B)	SLO 54	No	35.4
	Parlaunt Road	SLO 55	No	31.4
	Sutton Lane	SLO 56	No	37.8
Upton	Sussex Place	SLO 6	No	32.1

Continuous Monitoring Stations

Ward	Site Name	Site ID	AQMA?	NO ₂ Annual Mean Concentration 2017 (µg/m ³)*	PM ₁₀ Annual Mean Concentration 2017 (µg/m ³)*
Central	Slough Town Centre (Wellington Street)	SLH 10	Yes – AQMA 4	36.6	-
Chalvey	Salt Hill (Slough Town Centre, A4)	SLH 4	Yes – Extension	33	18
	Slough – Chalvey, M4	SLH 7	Yes – AQMA 1	35	-
	Slough Windmill (Bath Road)	SLH 12	Yes – Extension	41.5	24.4
Colnbrook with Poyle	Slough-Colnbrook (Pippins)	SLH 3	No	25	16
		SLH 6	No	-	16
	Slough – Colnbrook (Lakeside, Tan House Farm)	SLH 5	No	-	14
	Slough – Lakeside 2 (Lakeside Road)	SLH 8	No	26	14
		SLH 9	No	-	17
	Slough Brands Hill (London Road)	SLH 11	Yes – AQMA 2	37.5	27.9

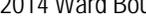
*Annual objective = 40 µg/m³ for both PM₁₀ and NO₂

Slough Borough Council Ward Boundaries for 2014

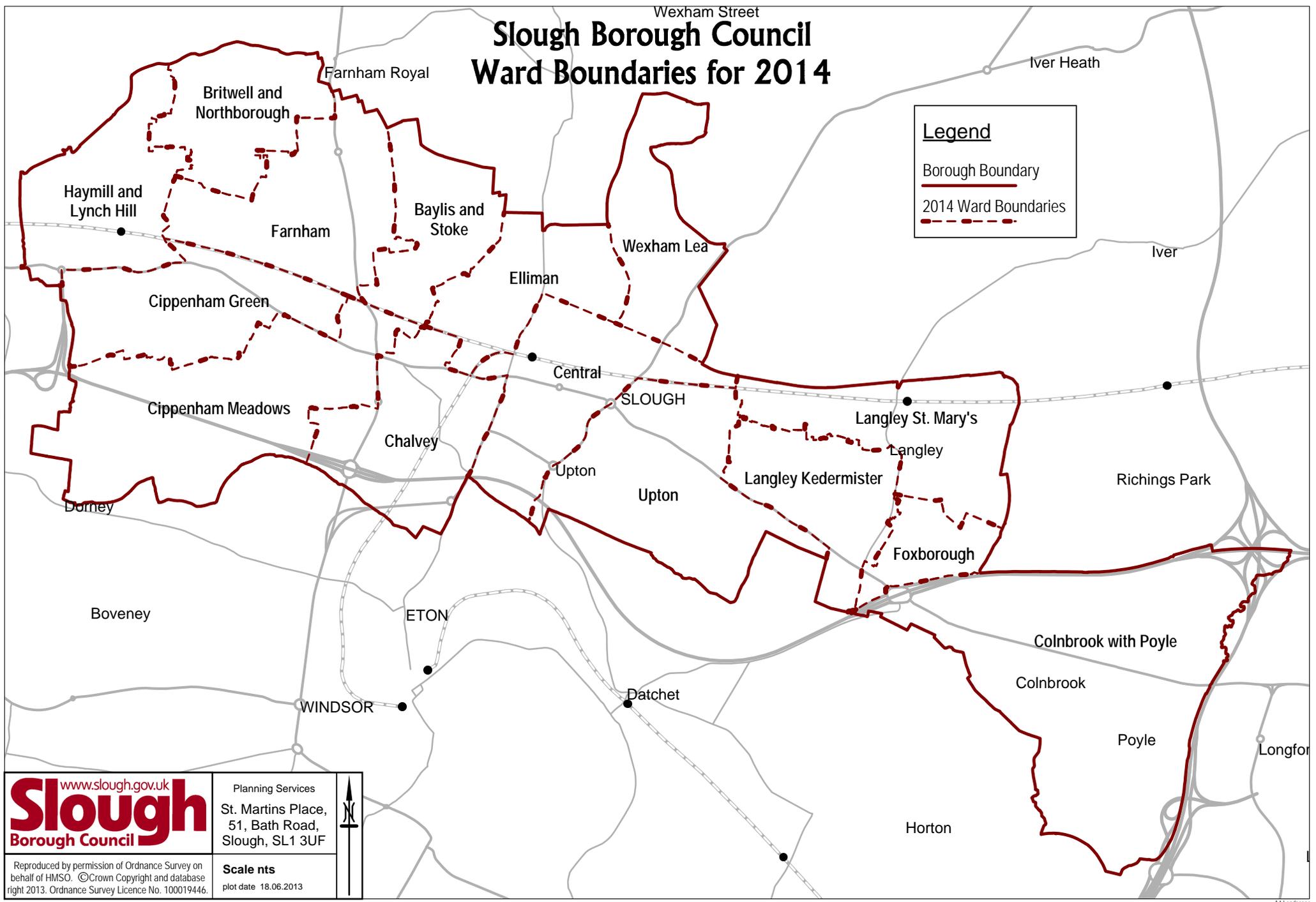
Wexham Street

Iver Heath

Legend

-  Borough Boundary
-  2014 Ward Boundaries

Page 35



<p>www.slough.gov.uk</p> <p>Slough Borough Council</p>	<p>Planning Services</p> <p>St. Martins Place, 51, Bath Road, Slough, SL1 3UF</p>	
	<p>Scale nts</p> <p>plot date 18.06.2013</p>	

Reproduced by permission of Ordnance Survey on behalf of HMSO. © Crown Copyright and database right 2013. Ordnance Survey Licence No. 100019446.

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 21st November 2018

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

WARDS: All

PART I
FOR COMMENT & DECISION

HEALTH SCRUTINY PANEL – 2018/19 WORK PROGRAMME1. **Purpose of Report**

For the Health Scrutiny Panel (HSP) to identify priorities and topics for its Work Programme for the 2018/19 municipal year.

2. **Recommendations/Proposed Action**

2.1 That the Panel:

(a) Identify the major issues it would like to cover in the 2018/19 municipal year;
and

(b) Agree, where possible, timing for specific agenda items during the 2018/19 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, alongside the Overview and Scrutiny Committee and the other 2 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 HSP also reflects the following priority of the Five Year Plan:

- Our people will become healthier and will manage their own health, care and support needs.
- Our children and young people will have the best start in life and opportunities to give them positive lives

3.3 Overview and Scrutiny is a process by which decision-makers are accountable to local people, via their elected representatives for improving outcomes relating to all priorities for the Borough and its residents. Scrutiny seeks to influence those who make decisions by considering the major issues affecting the Borough and making recommendations about how services can be improved.

4. **Supporting Information**

4.1 The purpose of scrutiny is to hold those that make decisions to account and help Slough's residents by suggesting improvements that the Council or its partners could make.

4.2 Prioritising issues is difficult. The scrutiny function has limited support resources, and therefore it is important that the work scrutiny chooses to do adds value.

4.3 There are three key elements that make up the responsibilities of the scrutiny function:

- provide transparency and public accountability for key documents relating to the financial management and performance of the Council;
- scrutinise significant proposals which are scheduled for, or have been taken as, a Cabinet/Officer delegated decision; and
- strategic shaping of service improvements relating to the Cabinet Portfolios of Finance & Strategy and Performance & Accountability

4.4 In considering what the HSP should look at under points two and three above, Members are invited to consider the following questions:

- *To what extent does this issue impact on the lives of Slough's residents?*
- *Is this issue strategic and pertinent across the Borough?*
- *What difference will it make if HSP looks at this issue?*

5. **Suggested Topics**

5.1 It is generally recommended that a Scrutiny Committee should aim to look at no more than 3 or 4 items in any one meeting. This limited number can prove challenging, but does allow the Committee to delve down into specific subject areas and fully scrutinise the work that is being undertaken.

5.2 This will be a continuous process, and flexibility and responsiveness vital to success. It is important not to over-pack the Committee's agenda at the start of the year, which will not allow the flexibility for the Committee to adapt to take into consideration issues that have arisen during the year.

6. **Conclusion**

6.1 The scrutiny function plays a key role in ensuring the transparency and accountability of the Council's financial and performance management, and strategic direction. The proposals contained within this report highlight some of the key elements which the Committee must or may wish to scrutinise over the coming municipal year.

- 6.2 This report is intended to provide the HSP with information and guidance on how best to organise its work programme for the 2018/19 municipal year. As previously stated, this is an ongoing process and there will be flexibility to amend the programme as the year progresses, however, it is important that the Committee organises its priorities at the start of the year.

7. **Appendices Attached**

A - Draft Work Programme for 2018/19 Municipal Year

8. **Background Papers**

None.

This page is intentionally left blank

HEALTH SCRUTINY PANEL
WORK PROGRAMME 2018/2019

Meeting Date
17 January 2019
<ul style="list-style-type: none">• Recovery Colleges• Oral Health• Budget• Immunisations
25 March 2019
<ul style="list-style-type: none">• Disability Task & Finish Group – final report• Autism Hub• Wellbeing Board – Annual Report

This page is intentionally left blank

MEMBERS' ATTENDANCE RECORD 2018/19

HEALTH SCRUTINY PANEL

COUNCILLOR	28/06	11/09	16/10	21/11	17/01	25/03
Ali	P	P	P			
Chaudhry	P	P	P			
M Holledge	P	P	P			
Matloob	P	P	P			
Qaseem	P* (from 6.37pm)	P* (from 6.35pm)	P			
A.Sandhu	P	P	P* (until 7.19pm)			
Shah	P* (from 6.59pm)	P	Ap			
Smith	Ap	P	P			
Strutton	P* (until 7.29pm)	P	P			

P = Present for whole meeting
Ap = Apologies given

P* = Present for part of meeting
Ab = Absent, no apologies given

(Ext - Extraordinary)

This page is intentionally left blank