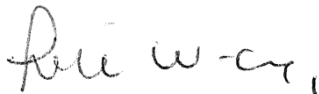


Date of issue: Monday, 2 September 2019

MEETING:	HEALTH SCRUTINY PANEL (Councillors A Sandhu (Chair), Smith (Vice Chair), Ali, Begum, Gahir, N Holledge, Mohammad, Qaseem and Rasib) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative – Colin Pill Buckinghamshire Health and Adult Social Care Select Committee Representative - Vacancy
DATE AND TIME:	TUESDAY, 10TH SEPTEMBER, 2019 AT 6.30 PM
VENUE:	COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EJ
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	JANINE JENKINSON 01753 875018

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



<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
	<i>Pecuniary or other Interest in 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.</i>		
2.	Minutes of the Last Meeting held on 27th June 2019	1 - 8	-

SCRUTINY ISSUES

3.	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>	-	-
4.	Frimley NHS Foundation Trust - Wholly Owned Subsidiary	9 - 20	All
5.	Primary Care Networks	To Follow	All
6.	Health Issues by Ward: Updating the Ward Health Profiles Through a New Data Observatory and Website for Public Health Slough	21 - 36	All

ITEMS FOR INFORMATION

7.	Frimley Health and Care ICS Long-Term Strategy Update	37 - 48	All
8.	Health Scrutiny Panel - 2019-20 Work Programme	49 - 52	-
9.	Members' Attendance Record	53 - 54	-
10.	Date of Next Meeting - 15th October 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

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ITEM

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WARD

should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

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Health Scrutiny Panel – Meeting held on Thursday, 27th June, 2019.

Present:- Councillors Ali, Begum, Gahir (from 6.45pm), N Holledge, Mohammad, Qaseem, Rasib, A Sandhu and Smith

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

Apologies for Absence:- None

PART I

1. Declarations of Interest

None were declared.

2. Election of Chair 2019/20

The Panel was invited to make nominations for the position of Chair for the 2019/20 municipal year.

Councillor Atiq Sandhu was proposed by Councillor Rasib and seconded by Councillor Ali.

Resolved – That Councillor Atiq Sandhu be elected Chair of the Health Scrutiny Panel for the ensuing year.

(Councillor Sandhu in the Chair for the remainder of the meeting)

3. Election of Vice-Chair 2019/20

The Panel was invited to make nominations for the position of Vice-Chair for the 2019/20 municipal year.

Councillor Smith was proposed by Councillor Rasib and seconded by Councillor Ali.

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

4. Minutes of the last Meeting held on 25th March 2019

A query was raised in relation to Minute No.60 Adult Social Care Local Account 2017-18. The Director of Adults and Communities confirmed that the Council's strategy was to support people to live independently in their own homes and this approach enhanced people's quality of life.

In addition, he explained that the Council, along with other local authorities nationally, was experiencing difficulties keeping pace with the level of service demand. The Association of Directors of Adult Social Services (ADASS) had recently published its key messages arising from the Annual Budget Survey

Health Scrutiny Panel - 27.06.19

2019. In summary, there was an escalating crisis in adult social care. The issues local authorities faced had gotten progressively worse and the system was failing financially. The Director of Adults and Communities agreed to circulate a copy of the ADASS report to the Panel.

In relation to Minute No.62 – Disability Task and Finish Group Report and Recommendations, the Director of Adults and Communities confirmed that the recommendations that could be implemented within existing budgets would be progressed without delay.

Resolved –

- (a) That the minutes of the meeting held on 25th March 2019 be approved as a correct record.
- (b) The Director of Adults and Communities to provide the Senior Democratic Services Officer with a copy of the ADASS Annual Budget Survey report for circulation to the Panel.

5. Member Questions

Councillor Smith asked a question about reported new national ranking figures relating to oral health. The Director of Adults and Communities advised that no new data from the Public Health Outcomes Framework had been published since the recent report to the Panel. The Council was continuing work to address children's oral health. A copy of the question and answer would be circulated to the Panel and published on the Council's website.

(Councillor Gahir joined the meeting)

Councillor Sandhu asked about the membership fees for the recently refurbished Langley Leisure Centre. He reported that a full membership was £45 per month and he raised concern that the charge was prohibitive. Following a discussion it was agreed that the Panel receive a report regarding the proposed fees and charges for 2020/21 before being considered by Cabinet in February 2020.

(At this point in the meeting Councillor Gahir declared that he was a Hackney Carriage driver. He remained in the room throughout the meeting).

(At this point in the meeting Councillor Mohammad declared that she was a General Practice Manager at a Medical Centre. She remained in the room throughout the meeting).

Resolved –

- (a) That the Director of Adults and Communities provide the Senior Democratic Services Officer with the following, for circulation to the Panel:

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- A written copy of the response to the question raised by Councillor Smith.
- An update on progress since the last Oral Health in Slough report provided to the Panel on 25th March 2019.

(b) That a report regarding the Council's Leisure Fees and Charges be added to the Health Scrutiny Panel Work Programme to allow the Panel to scrutinise the proposals before they were presented to Cabinet for agreement.

6. **Frimley Health and Care Integrated Care Systems Long-Term Strategy**

The Director of Adults and Communities introduced an update report detailing the steps being taken to develop the Frimley Health and Care Integrated Care Systems (ICS) Long-Term Strategy.

Frimley Health and Care had first developed a five-year Strategy in 2016. Since then, partners from across health and local government had been working together with local communities to improve the health and wellbeing of individuals and were using their collective resources more flexibly as part of a commitment to achieve the best possible value. Significant progress had been made implementing the Strategy and Frimley Health and Care was considered a leading ICS. The development of a five-year Strategy presented an opportunity to refresh the ambition and ensure the work undertaken delivered on its priorities.

The Panel discussed the lack of mental health provision in Slough. Concern was raised that mental health services at Wexham Park Hospital had been moved to Prospect Park Hospital and many people were experiencing difficulties visiting inpatient family members and friends. The cost of frequent travel to Reading was unaffordable for many Slough residents and this created financial pressure for families during an already difficult time.

Colin Pill, Healthwatch representative, reported that financial support was available to people wishing to travel to Reading Prospect Park Hospital and grant application forms were available at the hospital.

The Director of Adults and Communities explained the importance of an integrated mental health and social care approach and commended the excellent service provided by Slough Mental Health Team. He explained that it was often preferable for people to be supported to live independently, rather than spending extended periods of time as a hospital inpatient.

Discussion took place about patients experiencing extended periods in hospital due to a delay in preparing social care arrangements. The Director of Adults and Communities explained that managers attended a weekly meeting and reported to him the patients who had not been discharged on time, including the reasons and an action plan to progress each case.

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Referring to page 20 of the report Members noted that the Frimley Health and Care public survey had closed on 14th June 2019. The Director of Adults and Communities explained that there would be a range of future opportunities for Members to contribute to the development of the Strategy in the coming months. Members were keen for the survey to be published widely and for copies of the survey to be made available in public libraries and community centres.

Resolved – That the report be noted.

7. Disability Task and Finish Group - Update and Proposed Timescales

The Panel considered a report that detailed the proposals of the Disability Task and Finish Group and sought approval to forward the recommendations on to Cabinet.

The Task and Finish Group had been formed in response to concerns around disability access continually emerging through discussions at meetings. The aim of the Group had been to help Slough become a 'disability friendly town' encompassing a wide range of matters, such as building access, transport and leisure options.

Members' attention was drawn to section 5.5 of the report which listed the proposals officers felt they could not, or not currently implement, along with explanations and alternative proposals. Section 5.6 of the report set out the recommendations that could be implemented within existing budgets and indicated timescales.

A discussion ensued, during which the following issues were raised:

- Disabled car parking bays – the Panel highlighted the need to provide a sufficient number of disabled car parking spaces in shopping and residential areas. It was noted that in response to the Group's recommendation officers would be reviewing disabled car parking throughout Slough and conducting a statutory consultation on provision near to shopping areas.
- In relation to the recommendation set out on page 26 of the report: *'Displaying notices in taxis as to the rights of disabled service users not to be charged differently'*, the Scrutiny Officer confirmed that the Transport Planning Officer fully supported the recommendation. In addition, he explained that where there were no notes/comments listed next to a recommendation, this indicated that officers had no comments to add.
- Members felt it was important to monitor progress of recommendations to ensure they were implemented. It was suggested that a progress update report be provided to the Panel at every other meeting.

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- Disability access – Members were informed that the Council had partnered with AccessAble to create access guides containing information on accessibility throughout venues in Slough. The guides were free and available to view and download via the AccessAble website.

Resolved –

- (a) The proposals officers felt they could not or could not yet implement, as set out in section 5.5 of the report be noted.
- (b) The proposed timelines for implementing the Task and Finish Group's proposals, as set out in section 5.6 of the report be noted.
- (c) The Task and Finish Group's report be taken forward to Cabinet for approval as Council policy.
- (d) A report detailing the progress made implementing each of the Task and Finish Group recommendations be provided to the Panel at alternate meetings.

8. Update on the Slough Local Action Plan for Immunisations

Consideration was given to a report that provided an update on the Slough Local Action Plan for Immunisations and Screening.

Members were informed that historically Slough had some of the lowest uptake of screening and immunisation programmes in the South East of England. NHS England was responsible for commissioning screening and immunisation programmes in England. Locally this was co-ordinated and managed across Thames Valley by the Public Health Commissioning Team at NHS England, South East. Through partnership working some progress had been made in recent years, however considerable challenges remained across the various immunisation and screening programmes.

Slough Public Health was leading on the Local Action Plan tasks in partnership with key stakeholders. Over the next 18 months the objectives of the Plan were to increase overall immunisation uptake of Slough residents and to reduce inequalities across Slough's population groups. Areas of action included: understanding the needs of the population, improving the quality and sharing of data, improving uptake in priority groups and addressing the issue of vaccine hesitancy.

A proposal of the Local Action Plan was to host a workshop for partners during October 2019. The aim of the workshop was to bring key partners and stakeholders from across Slough together to update on the current immunisation position and provide an opportunity for networking and collaboration. To support events and to raise awareness, the Panel was asked to elect a 'Panel Champion for Immunisations'. Councillor Ali was

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nominated and it was subsequently agreed that he would act as Panel Champion.

There was some discussion in relation to awareness raising and overcoming vaccine hesitancy. The Director of Adults and Communities acknowledged the challenge of countering anti-vaccine messages; nevertheless he highlighted the evidence about the safety of vaccines and the importance of promoting immunisation as a social norm.

A Member asked if the uptake of bowel screening in Slough had increased. In response, the Panel was advised that the number of people being screened had increased but the uptake remained below target. The current priority was to improve the uptake of immunisations and the next phase of work would be to promote screening.

In relation to the Slough Immunisation Action Plan, set out on page 72 in Appendix 1 of the report, Members asked if the following action had been completed: *'Multi-agency flu planning workshop to enable stakeholders in each locality to identify key actions for inclusion in their local 'Flu Action Plan' building on work done in the previous flu session'*. The Public Health Programme Manager agreed to check the status of the action and report back to the Panel.

Resolved –

- (a) The Panel was satisfied that the proposed Local Action Plan for Immunisations had actions tailored to the needs of Slough and relevant partners to address the relatively lower uptake and health inequalities in immunisation.
- (b) Councillor Ali to act as 'Panel Champion for Immunisations' to raise community awareness and support events such as the proposed Immunisation Workshop, scheduled for 1st October 2019.
- (c) The Panel requested a further six month update on the Local Action Plan for Immunisations (to coincide with the next Annual Screening and Immunisations Report) in January 2020.
- (d) The screening element of the Local Action Plan be postponed until January 2010.
- (e) The Public Health Programme Manager to check the status of the action, as detailed above and provide a response back to the Panel.

9. Forward Work Programme

The Scrutiny Officer introduced a report that set out the proposed Work Programme for 2019/20 and a list of potential items to be scheduled.

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There was some discussion about the closure of a number of General Practice surgeries in Slough and Members asked if the Disability Task and Finish Group could recommend that provision be increased. The Panel was advised that the issue was beyond the remit of the Group, as the location of a surgery was somewhat determined by its business model and often residents did not visit their nearest practice. It was suggested that the Panel would find it useful to look at the health profile of wards in Slough to identify the health needs of residents.

Members requested that the following items be added the Work Programme:

10 September 2019

- Primary Care Networks
- Slough Health Issues by Ward
- Integrated Care System (oral report)

15 October 2019

- Director of Public Health's Annual Report

20 November 2019

- Keeping Well Strategy / Leisure Strategy (to include details about uptake of memberships at Langley Leisure Centre)
- Adult Social Care Strategy and Budget

16 January 2020

- Leisure Centre Fees and Charges

Resolved – That subject to the inclusion of the items listed above, the Health Scrutiny Panel Work Programme 2019/20 be approved, as set out in Appendix A of the report.

10. Date of Next Meeting - 10th September 2019

The date of the next meeting was confirmed as 10th September 2019.

Chair

(Note: The meeting opened at 6.30pm and closed at 8.10pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 10th September 2019

CONTACT OFFICER: Thomas Overend, Policy Insight Manager
(For all Enquiries) (01753) 875657

WARDS: All

PART I**FOR COMMENT & CONSIDERATION****FRIMLEY HEALTH NHS FOUNDATION TRUST - WHOLLY OWNED SUBSIDIARY**1. **Purpose of Report**

To consider Frimley Health NHS Foundation Trust's decision to transfer non-clinical staff to a wholly owned subsidiary company.

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

That the Panel review Frimley Health's case for change (Appendix A), comment upon it and seek to ascertain how it will affect the hospital and community services provided for residents of Slough.

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

The decision may have implications for the first three priorities of the SJWS:

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

3b. **Five Year Plan Outcomes**

Though not a decision made by SBC, the creation of the wholly-owned subsidiary may have implications for Outcome 2 of the Five Year Plan:

- Our people will be healthier and manage their own care needs

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

None - this report refers to a decision made outside of the council.

(b) **Risk Management**

None - this report refers to a decision made outside of the council.

(c) Human Rights Act and Other Legal Implications

None - this report refers to a decision made outside of the council.

(d) Equalities Impact Assessment

None - this report refers to a decision made outside of the council.

5. **Supporting Information**

Frimley Health NHS Foundation Trust provides hospital and community services for 900,000 people in Berkshire, Hampshire, Surrey and South Buckinghamshire - including at Wexham Park Hospital.

Frimley Health has taken the decision to transfer non-clinical staff to a subsidiary company, which will be 100% owned by the Trust. This will have implications for the future delivery of hospital and community services in Slough.

It is hoped that this decision will:

- Save clinical time and improve the quality of non-clinical support provided to frontline services.
- Increase the focus on direct patient care
- Increase investment in equipment upgrades to improve sustainability and safety
- Provide the best 'end-to-end' supply chain as well as further commercial opportunities.
- Develop non-clinical services and protect them from potential outsourcing.
- Maximise new income, commercial and cost saving opportunities for the Trust and the wider healthcare economy.
- Maintain or exceed current levels and enable service modernisation.

Frimley Health's Case for Change (Appendix A) provides detail on the rationale behind the decision, including information on:

- The background to the decision;
- The changing demand in healthcare;
- Frimley Health's ambitions and the challenges it faces in regard to the workforce, quality and finances;
- Frimley Health's aims and objectives;
- The options which were available to them; and
- The benefits Frimley Health expects to receive through the wholly owned subsidiary.

6. **Comments of Other Committees**

This report is yet to be seen by any other committees.

7. **Conclusion**

The Health Scrutiny Panel should seek to ascertain how the decision taken by Frimley Health may affect the future of hospital and community services for residents of Slough.

8. **Appendix Attached**

'A' Frimley Health NHS Foundation Trust - Wholly Owned Subsidiary - Case for Change, August 2019

9. **Background Papers**

None

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Frimley Health
NHS Foundation Trust

Wholly Owned Subsidiary

The Case for Change

BACKGROUND

WHO WE ARE

With close to 9,000 employees across three principal sites, Frimley Health NHS Foundation Trust (Frimley Health) provides hospital and community services for 900,000 people in Berkshire, Hampshire, Surrey and South Buckinghamshire.

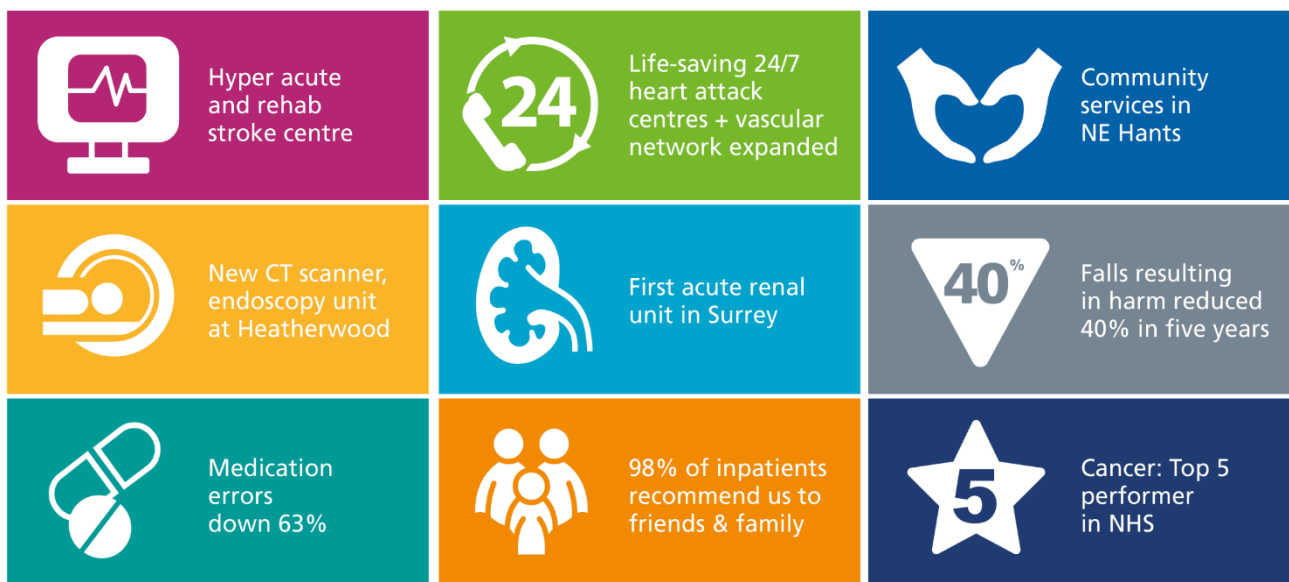
The Trust has a strong reputation on which to build. Both Wexham Park and Frimley Park Hospitals, were part of the first wave of Foundation Trusts achieving the highest star rating. Frimley Park Hospital was also the first Trust in the country to be rated outstanding by the CQC. We work tirelessly to build on our achievements to make Frimley Health a Trust that its people, patients and communities are proud of. With our continued improvements as well as our strong performance over the past few years, we benchmark really well amongst some of the best Trusts in the country.

Our strategy for Frimley Health for 2020-25, supports and mirrors the principles set out in the NHS Long Term Plan, as we adopt a greater emphasis on prevention, a focus on the reduction of health inequalities and the provision of effective mental health services, all contributing to the overall health and wellbeing of our people, patients and the communities we serve.

Together with our vision, our values guide everything we do and underpin the delivery of our ambitious long-term strategy helping us to shape a brighter future for our people, our patients and the communities we serve.

Our Journey

Over the past few years we have gone through a significant period of change that has expanded the service offerings of our Trust, transformed the way we have delivered care to our communities and improved our safety record.



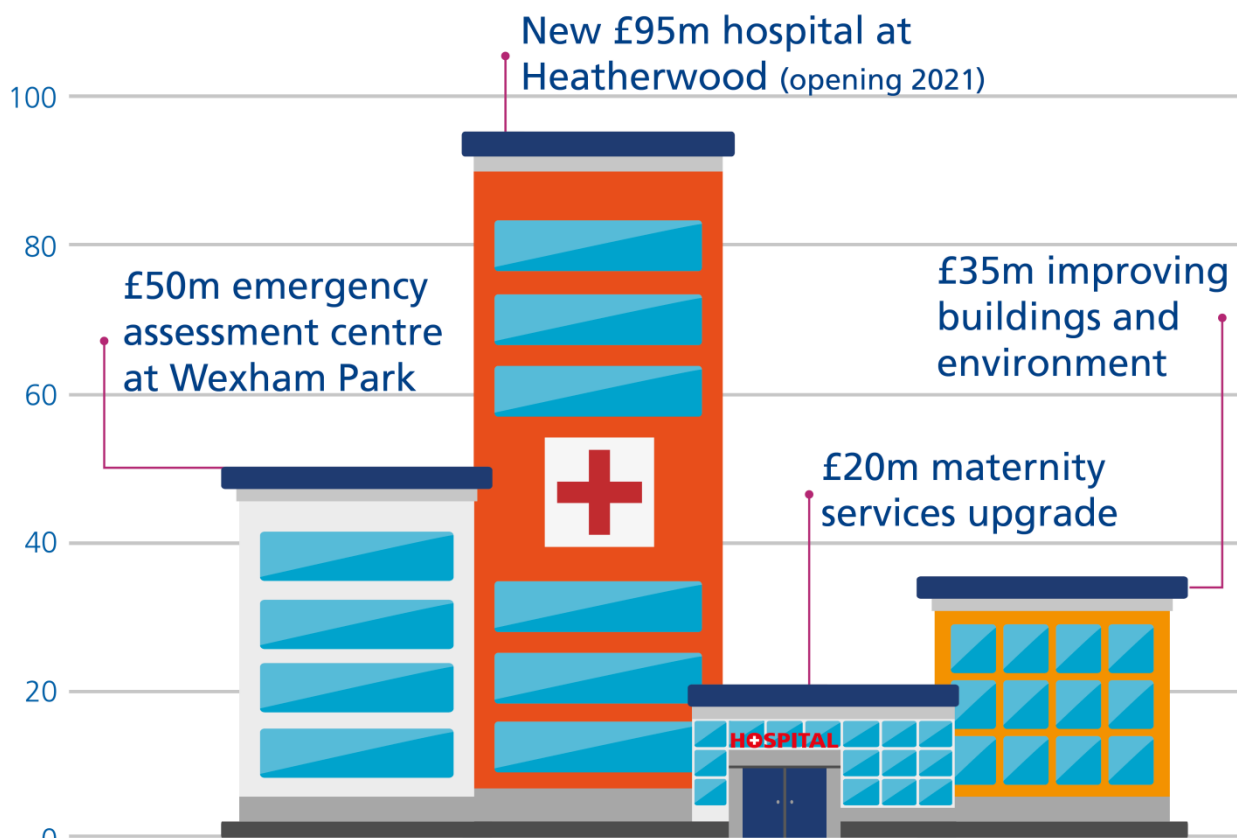
Our People

Our people are, and always will be, our greatest asset. It is through our people that we deliver our vision and values and, importantly, it is our people who deliver outstanding care to our local population. The evidence is very clear – teams who feel valued and recognised, are able to make changes, and people who are supported to develop themselves also deliver the best care and outcomes for patients, therefore supporting our people to do so is a key FHFT ambition.

We have some of the best staff engagement scores in the annual NHS National Staff Survey and have regularly been acknowledged for the work we have done on staff health and wellbeing. We have also made significant investment in our people over the past few years and continue to treat this as a key priority, as shown by our Investors in People status increasing from bronze to silver in Summer 2019.

Our Infrastructure

We have extended our infrastructure and made significant investment in our estates and in the latest technological advancements but have ambitions to do even more to meet the growing needs of our population.



THE NHS TODAY

Healthcare is changing. Demand is increasing and becoming more complex. Our patients and communities would like healthcare that is responsive, with easy access to emergency care at the time they need it most. Similarly, patients with long-term conditions would like healthcare to be delivered in a way that allows them to live independently for longer.

As society develops with advances in technology, medicines and healthcare provision, traditional health and care demands are changing and ever-growing, putting a significant strain on an already pressurised system.

In spite of these extensive demands, we know that challenges will be even greater in the future as we care for a growing population, often with greater and more complex physical and mental health, as well as social care, needs, with even more of this care required outside of hospitals. Add to this the advances in medicine and technology that is required and the staffing challenges we have that is linked to national shortages – all of this will mean that more investment will be needed to meet the needs of the people we serve.

OUR AMBITIONS

Frimley Health needs to adapt, to be innovative, to navigate intelligently through this challenging landscape and move forward to ensure, that in 5-10 years' time, we will be able to provide effective and sustainable services to meet the needs of the communities we serve and to maintain our proud legacy of excellence.

THE CHALLENGE

In addition to the changing healthcare landscape mentioned above Frimley Health faces several other significant challenges that are specific to our hospitals and regions.

Population

A steadily growing, ageing population is putting increasing pressure on our services, with increasing prominence of complex management of long-term conditions, and the need for a robust frailty management system. Some of the key demographic challenges are:

Life expectancy for both men and women is significantly higher than the national average.

Despite the higher life expectancy within the FHFT region, there are significant variations across the geographical area with a 12 year variation to be seen between the highest and lowest for both men and women.

159,073 people in the FHFT geographical area have 2 or more chronic conditions.

89,774 people in the FHFT geographical area have 3 or more chronic conditions.

56,519 people in the FHFT geographical area report having both mental and physical ill health.

Workforce

There are significant challenges around staffing as we seek to reduce our vacancy and turnover rates to match the aims of the NHS Long Term Plan, which is to have a vacancy rate of 5% by 2028. This is going to be very difficult as nationally there are over 110,000 vacancies currently and this is predicted to grow to over 250,000 in the next few years.

Quality

In terms of quality we need to meet the needs of our patients and improve safety and outcomes in a system that is under increasing pressure with growing demand and complexity of demand. To provide the highest quality of care in the future, we will also need to make significant investments in medical advancements, equipment and technology.

Financial

FHFT faces a very difficult future financially with an underlying deficit of £24.3m; a cost improvement requirement of £30m for 2019/20; payment by results funding is coming to an end; as well as further pressures and the need to invest in our people, systems and infrastructure to meet the challenges associated with changing healthcare needs and technologies. We will also see a shift of funding from hospitals to mental health and primary care, as we move to a more integrated system with shared financial resources. This will only put further pressure on the money Frimley Health has to invest in the future.

AIMS AND OBJECTIVES

Our future strategy provides a roadmap to navigate the challenges we will face over the next 5-10 years. It also describes what we are going to be doing differently in order to meet the demands of the future.

Our strategy is stretching and ambitious but realistic and sets an exciting vision built on our existing values, setting a dynamic but bold vision for the future. Our strategy provides us cause for optimism; it equips us with the tools and plans to steer through the challenges we will face over the next 5-10 years and allows our people the capability to continue to deliver the outstanding services and outcomes for our patients and communities.



WHY A WHOLLY OWNED SUBSIDIARY

We are considering the development of a wholly owned subsidiary (the Subsidiary) as a key enabler for Frimley Health to provide more focus and support for some of our non-clinical services and staff, creating greater scope for the generation of surpluses and income to invest in patient care. In addition, we see it as a way of providing job security and parity of esteem for some of the most pressurised, and occasionally undervalued, members of staff.

WHAT IS IT

A wholly owned subsidiary is a company set up by NHS foundation trusts to manage part of their organisation. In setting up a subsidiary NHS trusts retain 100% of the shares in the company, ensuring that the organisation, staff and savings remain within the NHS family. They can protect valuable staff, skills and jobs, prevent outsourcing to the private sector – hence keeping public money in the NHS, whilst maximising quality and value for money.

National context

Subsidiaries are not a new concept in the NHS, the legislation enabling trusts to create wholly owned subsidiaries has been in place since 2006. Over 40 trusts across the UK have successfully established subsidiaries that are all functioning and delivering financial and operational efficiencies. It is important to note, that of those launched, none have failed to meet their original expectations and in fact, in some instances, the benefits achieved have been well over the original estimates

Our proposal

Frimley Health's Subsidiary will comprise of fixed property, equipment and the transfer of services, including: Estates, Facilities, Equipment Management and Procurement – providing fully managed end-to-end services to the Trust which will include:

- A service contract which is fully supported by detailed service level agreements and agreed performance metrics;
- The transfer of land and buildings as well as medical equipment to the Subsidiary to allow them to manage these.

In addition, the following will apply:

- Some members of the Frimley Health Board will serve on the Subsidiary Board.
- All major decisions, once they have passed through the Subsidiary Board, will have to be approved by the Trust Board.
- Because the Subsidiary's business will be concentrated on the delivery of non-clinical services, they will have greater visibility and management of these and therefore we can expect much improvement on quality and efficiencies.
- The potential for the provision of non-clinical services to other businesses will provide great opportunities – not just for the Subsidiary, but also for staff for their growth and development.

THE OPTIONS

Frimley Health explored several options in great depth to ensure our focus was directed towards the option that gave the Trust the greatest security for its staff whilst enabling it to deliver on its future ambitions.

Options

- **Do Nothing** – this option was rejected as it does not address any of the current and future issues: improving support to specific staff groups whilst meeting the financial challenge or the expected increase in demand.
- **Outsource** – this was rejected as given we would be outsourcing the services to a third party the savings would be significantly lower, the Trust would have less control and therefore this could provide a risk to the quality of service and ultimately this options would be less beneficial for staff and not compliment the Trust values or the principal of One Frimley Health.
- **Some Innovation** – this option was rejected as the savings would not be as great and the reality of this being implemented is low as it will require investment. Also, as has been shown in the past, focus in hospitals tends to be placed on clinical priorities, which is understandable, and this is unlikely to change.
- **Joint Venture** – this option was rejected as savings would be lower, as they would be shared with a partner, and there would be less control but much more complexity as well as less improvements for staff.
- **Wholly Owned Subsidiary** – the option was selected as the recommended option as there is excellent potential for cost reductions, savings, service quality, staff retention and partnership potential in the wider health economy. The Trust, being 100% owner, would also maintain overall control. The evidence from other Trusts that have set up a subsidiary supports this.

Scoring criteria

These options were scored against a robust set of benefits criteria to ensure the best overall value to the Trust – both in terms of financial and quality. These criteria asked how each option scored on:

- Income generation
- Cost reduction
- Speed of innovation
- Level of risk
- Contract flexibility
- Engagement with wider health economy
- Assurance re quality of service
- Improvements to patient care

BENEFITS

The Subsidiary is expected to provide a range of benefits, for the Trust and across the wider region. Although fully owned by Frimley Health, being an independent entity, the Subsidiary will have the freedom to innovate; be more flexible – less bureaucratic; to take best practice learnings from both the private and public sector; to seek new business and to create maximum opportunities for its future.

Staff

Non-clinical support staff are a vital part of the Frimley Health family and this relationship is expected to continue seamlessly given the close relationship between the two organisations – they will be working with the same colleagues as before and operating under the same shared values and on the same terms and conditions – including their NHS Pension, if they have one.

For new staff, the Subsidiary will be able to offer new terms and conditions that support recruitment efforts and offer competitive market rates. This will enable the Subsidiary to create expert specialist teams in areas that are traditionally difficult to recruit talent to, such as estates, as the NHS pay scales are not competitive in the South East market.

In addition, there will be several additional key benefits, for both existing and new staff:

- Greater **opportunities** and good **job security** – with a 25-year contract between both organisations giving stability.
- New roles within the Subsidiary to **create seamless support teams** that are: highly skilled; mobile; and motivated, with the right skill mix and delivery tools to support their clinical colleagues.
- More flexible approach to **recruitment and retention** to address specific workforce pressures and risks in non-clinical support services.
- Able to attract a **wider pool of staff** with specialist skills.
- Non-clinical support services will be at the **heart of the new organisation** – currently some of the highest vacancy rates (40% porters and 14% overall) and lowest staff survey scores, with a management team dedicated to them and giving priority to clinical needs.
- Improved job satisfaction and morale.

Quality

At the heart of our organisation is outstanding patient care and the formation of the Subsidiary will help us in our development journey to improve our facilities, technologies and staff; ultimately resulting in improved patient outcomes and even greater quality standards:

- For **clinical and other trust staff** the Subsidiary will:
 - ✓ Save clinical time currently spent on non-clinical and admin activities to spend on patient care.
 - ✓ Provide high performing, high quality, non-clinical support to frontline services.

- For **patients** the Subsidiary will:
 - ✓ Increase focus on direct patient care.
 - ✓ Increase investment into equipment upgrades, allowing Frimley Health to deliver sustainable and safe clinical services.
 - ✓ Surplus from the Subsidiary will be reinvested into the NHS and improvements for continued high quality patient care.
- On the **operational** front, the Subsidiary will:
 - ✓ Provide the best end-to-end' supply chain as well as further commercial opportunities.
 - ✓ Develop non-clinical services and protect them from potential outsourcing.
 - ✓ Maximize new income, commercial and cost saving opportunities for the Trust and the wider healthcare economy.
 - ✓ Maintain or exceed current levels and enable service modernization.

Finance

Over a 5 year period the Subsidiary will contribute to Frimley Health's financial strategy with savings over the period of circa £45m – and this is conservative estimate which has been risk adjusted accordingly.

The Subsidiary will provide an environment and approach to support services to reduce overall operating cost to the organization, whilst still maintaining job security. No savings will be derived by cutting jobs, salaries or pensions but will be derived from operational efficiencies, clinical time saved as well as VAT and capital savings.

The savings will enable important projects such as the development of the new Electronic Patient Records system, advances in medicine and technology as well as continued improvements in our infrastructure such as the new diagnostic centre focusing on early detection of breast cancer; as well as helping the Trust to build new services and enable other developments and modernization.

WITHOUT IT

If Frimley Health are unable to take the step of forming a Wholly Owned Subsidiary we will not only struggle to achieve our financial targets, but more importantly we will not have the money to invest in our people, our systems, our infrastructure or develop new services. It will also mean that we would be unlikely, given our past performance, to progress plans to improve the engagement and support for these staff groups to the same extent as we could in a Subsidiary dedicated to these service areas.

As it stands, the only remaining option to enable the Trust to meet its financial target and have the money to invest will be to reduce costs significantly. Unfortunately, as our payroll represents over 60% of our costs, ultimately this might mean reducing the number people we have.

WITH IT

The positives for the development of a wholly owned subsidiary far outweigh any potential negatives; instead it will allow Frimley Health to go on to even greater heights in patient care.

Forming a wholly owned subsidiary, one which is 100% owned by Frimley Health, is about:

- Creating a great place to work for our support services – giving them the focus and attention they deserve.
- Supporting our clinical teams so that they can focus on what's important – our patients.
- Having the scope to grow and becoming a key partner in the local health economy.
- One Frimley – wholly owned by us means keeping our values and being a key enabler in helping us deliver our future ambitions.

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 10th September 2019

REPORT AUTHOR: Dr Liz Brutus - Service Lead Public Health (SBC)

CONTACT OFFICER: Tim Howells – Public Health Officer (SBC)
(For all Enquiries) (01753) 875144

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION**HEALTH ISSUES BY WARD: UPDATING THE WARD HEALTH PROFILES THROUGH A NEW DATA OBSERVATORY & WEBSITE FOR PUBLIC HEALTH SLOUGH****1. Purpose of Report**

Provide an overview of the updating of Slough's Ward Health Profiles through the development of a new Public Health Data Observatory and Public Health website for Slough.

2. Recommendations

The Panel is recommended to:

1. Review the paper and presentation outlining how ward health profiles are being developed through a new Data Public Health Observatory and Slough Public Health website and progress to date.
2. Request a further update in 3-6 months in order to demonstrate the Public Health Data Observatory in practice and present the up-to-date Ward Health profiles and what this means for each ward.

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

This work addresses all of the Wellbeing Strategic priorities by making it easier to review the data at a Slough and ward-based level for both decision-makers and the public.

3b. Five Year Plan Outcomes

The primary outcomes where delivery will be particularly enhanced by the paper are:

- Outcome 1: Slough children will grow up to be happy, healthy and successful

- Outcome 2: Our people will be healthier and manage their own care needs

4. **Other Implications**

(a) **Financial**

There are no financial implications directly resulting from the recommendations of this report and outlined activities are within the current budget and resources.

(b) **Risk Management** - None

There are no identified risks associated with the proposed actions.

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

There are no Human Rights Act implications to the content of this report

(d) **Equalities Impact Assessment**

The content of this report does not require an Equalities Impact Assessment.

5. **Supporting Information**

Background

- 5.1 Historically, Slough Borough Council Public Health team has commissioned the fifteen Ward Health Profiles every 2 years from the Berkshire Public Health Shared Team (PHST). (The PHST is co-commissioned by the 6 Berkshire Unitary Authorities using the Public Health ring-fenced grant to provide various shared functions including health informatics.) The resultant products have been helpful but represent a 'snap-shot in time' every 2 years. Stakeholders have expressed frustration that the data in the Ward Health Profiles (and Joint Strategic Needs Assessment) appeared 'out of date' and requested more timely and flexible presentation of data.
- 5.2 Over the last year, PHST in conjunction with representatives from each of the Public Health Teams from the 6 boroughs have been working together to understand Public Health data requirements and what technological solutions are available to meet our needs and that of our stakeholders.
- 5.3 The resultant tool, the Public Health Data Observatory, should provide a user-friendly solution for more up-to-date data reports which can be self-tailored to the needs of the enquirer.
- 5.4 Unfortunately, the project is running a few weeks late so we are not yet able to present the new Ward Health Profiles and discuss what this means for each ward however, it is hoped that these should be available by Nov 2019.
- 5.5 The attached presentation in Appendix 1 explains about the Ward Health Profiles, how they fit within the growing 'library' of health data available and the development of both the Slough (and Berkshire) Data Observatory and new Slough Public Health website.

6. **Comments of Other Committees**

6.1 There have been no other presentations of this paper to other Council Committees.

7. **Conclusion**

7.1.1 The forthcoming Slough Public Health Data Observatory is an opportunity to provide Public Health data in a user-friendly way which is amenable to creating bespoke reports to inform decision-makers, including Ward Health Profiles. Because of the improving technology, data will be automatically updated as new national (or local) data is released for publication and allowing better assurance for users that they have the latest data available.

7.1.2 It is hoped that Slough Ward Health Profiles, which will be drawing on this new technology, will soon become available (by approximately Nov 2019), allowing the presentation and discussion of the population's health by ward in detail.

7.1.3 The planned Slough Data Observatory (as part of similar work across each of the Berkshire Unitary Authorities) will contribute to a 'library' of resources to inform decision-makers and the public across the Borough, allowing them to make the best decisions about health and wellbeing at an organisational or personal level. The new Public Health website is a key platform for sharing this information more easily.

8. **Appendix**

1. Update on Ward Health Profiles

9. **Background Papers**

None

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Borough Council

Public Health

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Update on Ward Health Profiles, Slough Data Observatory and Slough Public Health website



Slough Health Scrutiny Panel - 10 September 2019

Contents

1. Overview of JSNA and Ward Health Profiles
2. Developing a library of information resources for Slough
3. Creating a data observatory
 - Instant Atlas
4. New Public Health website – a platform for information for all

JSNA and Ward Health Profiles

What are they?

- The **JSNA** provides an overview of the health and wellbeing of the Slough population and describes some of the Health and Wellbeing Board's key aims.
- **Ward Health Profiles** provide a place-focused overview of health and key social and environmental factors that are related to health eg employment, deprivation levels.

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What do we use them for? To guide decision making and to inform policies, strategies and commissioning.

Why? To help reduce health inequalities and enable communities to live healthy lives.

Ward Health Profiles

Contents

1. Summary
2. Demographics
3. Deprivation, poverty and access to services
4. Economy and enterprise
5. Education
6. Health
7. Housing
8. Environment
9. Sources of data

Previously: Produced manually every 2 yrs

Future plan: Data Observatory allows creation of Ward Health Profiles with latest automatically-updated data

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Home Council information Joint Strategic Needs Assessment (JSNA) Slough ward profiles

Slough ward profiles

The 15 Slough ward profiles gives data on a range of topics and includes:

- demography
- deprivation
- poverty
- access to services
- economy
- enterprise
- education
- health and
- community safety.

Ward profiles

- Baylis and Stoke ward profile (PDF)
- Britwell and Northborough ward profile (PDF)
- Central ward profile (PDF)
- Chalvey ward profile (PDF)
- Cippenham Green ward profile (PDF)
- Cippenham Meadows ward profile (PDF)
- Colnbrook and Poyle ward profile (PDF)
- Elliman ward profile (PDF)
- Farnham ward profile (PDF)
- Foxborough ward profile (PDF)
- Haymill and Lynch Hill ward profile (PDF)
- Langley Kedermister ward profile (PDF)
- Langley St Mary's ward profile (PDF)
- Upton ward profile (PDF)
- Wexham Lea ward profile (PDF)

The data has been prepared by the Berkshire Shared Team using results from the 2011 Census as well as other data sources.

A TO Z OF SERVICES

ABCDEFGHIJKLMNOPQRSTUVWXYZ

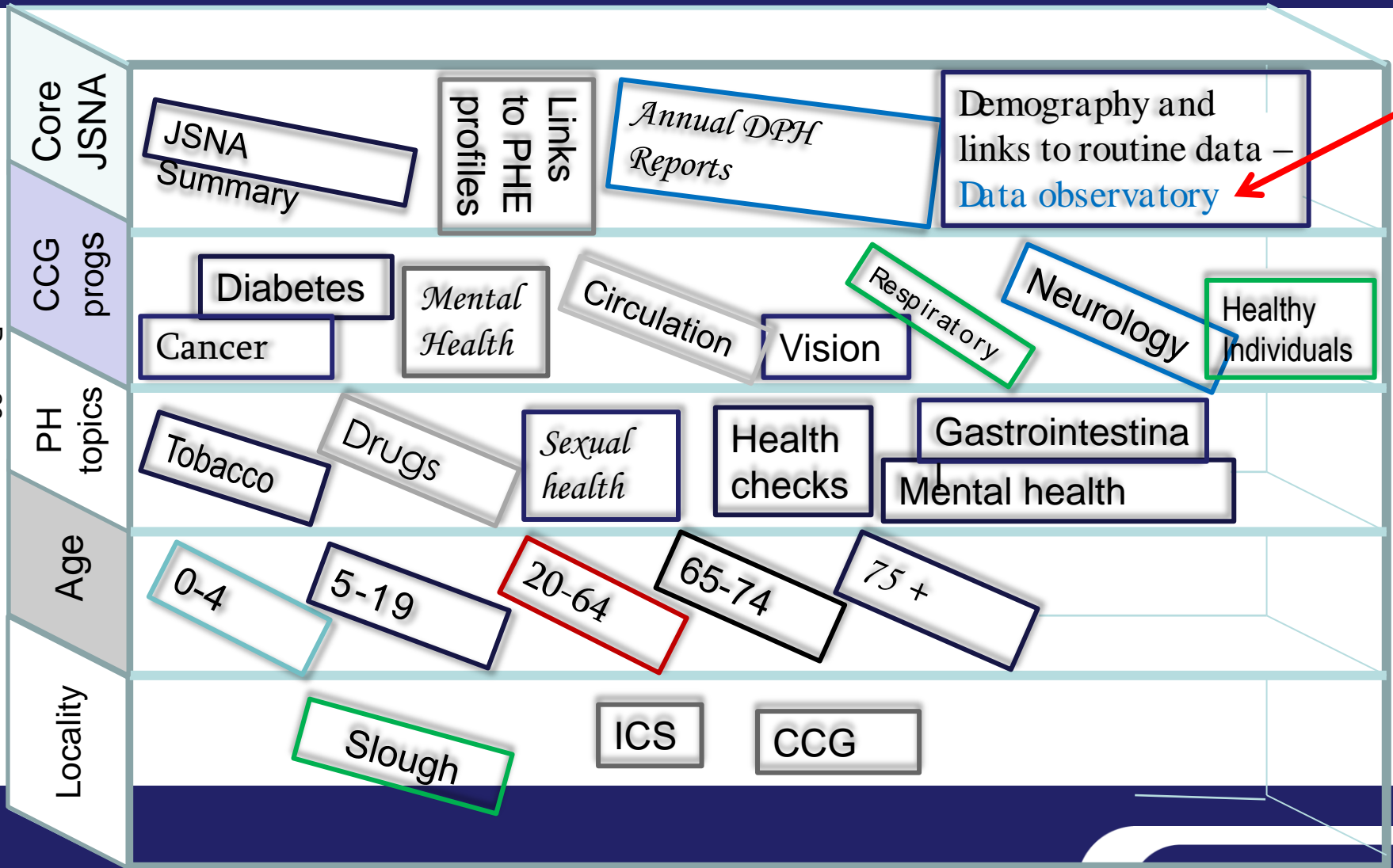
sitemap contact news

translations help twitter kahuti feeds

Current Ward Health Profiles available at:
<https://www.slough.gov.uk/council/joint-strategic-needs-assessment/slough-ward-profiles.aspx>

Developing a library of information resources for decision making for Slough

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Creating a Slough Data Observatory within a pan-Berkshire framework

Instant Atlas – Provided by Geowise

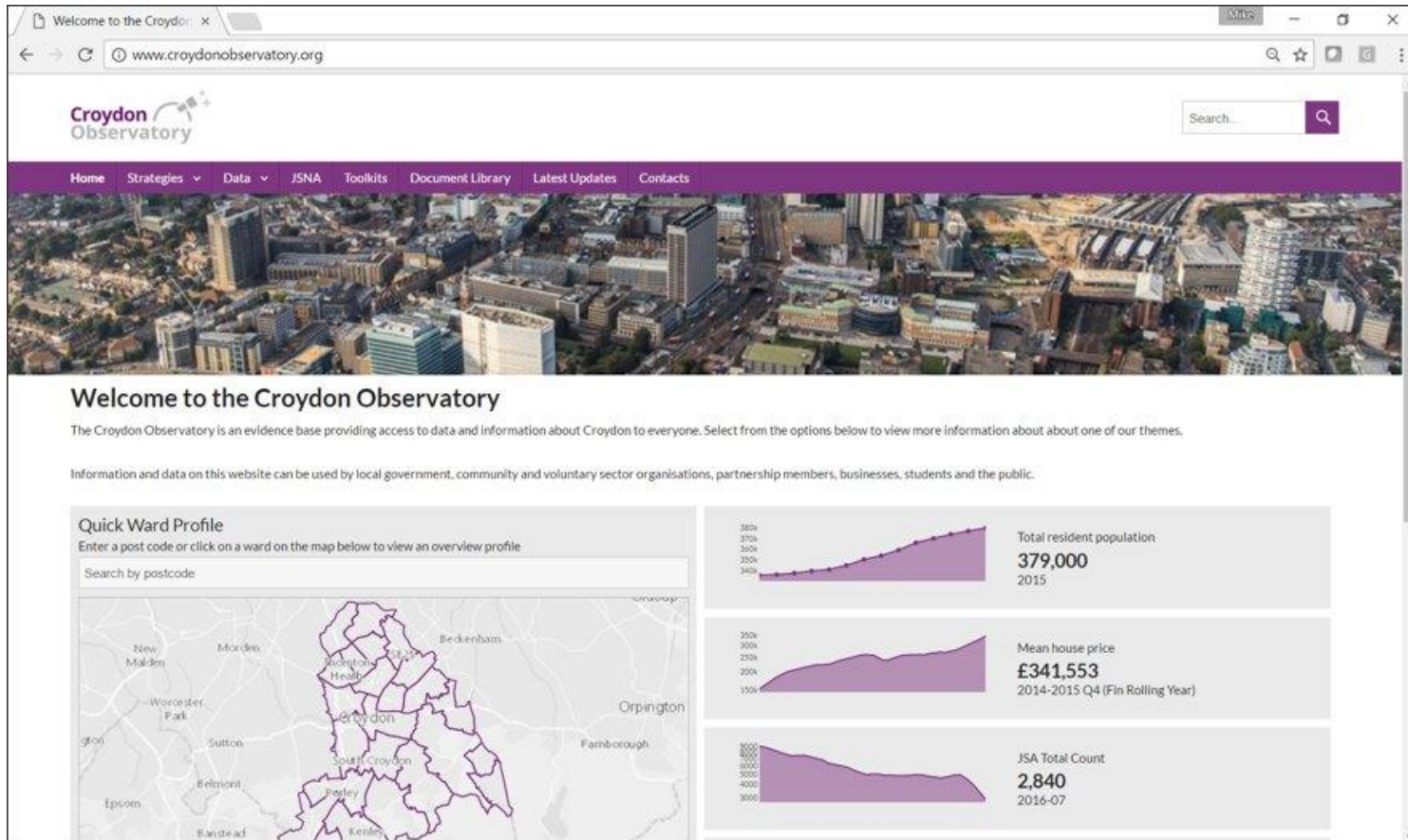
A shared endeavour to produce, maintain and utilise a suite of tools to identify health and wellbeing priorities and guide decision making that reduces health inequalities and enable communities to live healthy lives – accessed via the [Berkshire Data Observatory](#)

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Why?

- Met the needs of all Berkshire LAs
- Configurable flexible system
- Pages can be locked down
- Custom Reports can be made
- More indicators can be added (including locally collected)
- Can be integrated to existing websites

Instant Atlas – Example from Croydon



Welcome to the Croydon Observatory


The Croydon Observatory is an evidence base providing access to data and information about Croydon to everyone. Select from the options below to view more information about about one of our themes.




Information and data on this website can be used by local government, community and voluntary sector organisations, partnership members, businesses, students and the public.

Quick Ward Profile

Enter a post code or click on a ward on the map below to view an overview profile

Search by postcode



	Total resident population 379,000 2015
	Mean house price £341,553 2014-2015 Q4 (Fin Rolling Year)
	JSA Total Count 2,840 2016-07

Progress update

Technical development – progress update

- Development of Berkshire Data Observatory using Instant Atlas ✓
- Geowise testing ✓
- Super-user and key partner review
 - Technical, Analytical, Strategic, Aesthetic
- Domain name ✓
- Go live launch
 - Key comms needed at this stage
- Wider comms and engagement
 - Options: User guides, Workshops & Presentations
- Further technical development based on needs

New Slough Public Health website: A platform to share information for all



All services Services for young people Search local activities Set your SMARTER goals How are you? Resources Blog Speak to us

Select Language

Need some help?

SMALL CHANGES, BIG RESULTS

Making positive change needn't mean uprooting your entire life and routine.

Start by choosing your goal

OUR PLEDGE TO YOU

At Slough Borough Council, we are committed to helping our residents improve their health, well-being and fitness, and to be in the best shape possible. This website is packed with advice, resources, stories and links to educate, inspire and assist in reaching your goals, whatever they may be.



Language translation capability

Sharing existing data - JSNA

gh Borough ... Employee wellbeing Obesity Physical Activity Flu & Imms Oral Health Campaigns Other Data, Hubs & Portals e-LFH Hu

Population and life expectancy Starting well Developing well Adult health and well-being Showcasing Slough

Adult Health and Wellbeing

Physical activity and healthy eating

A healthy lifestyle improves life expectancy and healthy life expectancy; reduces the risks of cancers, diabetes, cardiovascular diseases, osteoporosis and obesity; improves wellbeing and vitality

We want people to live longer and improve their healthy life expectancy and quality of life as they get older.

We want people to:

- Be better informed about what constitutes a healthy lifestyle;
- Be able to make positive lifestyle changes including increasing rates of physical activity, improving diet, drinking less alcohol and stopping smoking
- Be aware of the support available to help them achieve this.

Physical activity and healthy eating

4 in 9 adults in Slough claim to eat recommended 5-a-day fruit and vegetables

Current figures estimate **61.9%** of adults in Slough are overweight or obese

Surveys also found that only **33.3%** of adults in Slough were physically active in 2017

Slough is the most inactive local authority in Berkshire. Nationally Slough is the 319th most inactive local authority out of 326.

Sedentary behaviour: sitting for more than 4 hours each day leads to increased

Feedback

Sharing existing data – Other reports

SLOUGH CCG LOCALITY PROFILE (2017)

Information about the health needs of the local population to support GP commissioners to develop their commissioning priorities.

[Download profile →](#)

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT (2018)

The 2018 report based on Creating the Right Environments for Health.

[Download report →](#)

PHE SLOUGH HEALTH PROFILE

This profile gives a picture of people's health in Slough.

[Download profile →](#)

CYP MENTAL HEALTH AND WELLBEING PROFILE

The 2017 Children and Young People profile for Mental Health and wellbeing in Slough

[Download profile →](#)

1. SUMMARY

Category	Indicator	Baylis and Stoke	Slough Average	Ward Range Worst	Local Authority Average		Ward Range Best
					Worst	Best	
Deprivation & access	Indices of Multiple Deprivation Score - IMD (2015)	27.0	22.9	32.9			13.6
	% children in Poverty (2015)	20.8	19.5	25.7			9.8
	Barriers to Housing and Services Score - IMD domain (2015)	46.5	41.1	58.3			17.7
Economy & Enterprise	% Job Seekers Allowance Claimants (September 2017)	1.5	1.4	1.8			0.9
	% Income deprived households (2015)	18.7	15.1	8.5			21.3
Education	% of Good Level of Development at Age 5 (2013/14)	51.2	57.8	46.2			67.0
	% 5+ GCSEs A*-C (inc Maths and English) (2013/14)	55.0	59.2	48.3			72.1
Health	All Cause Mortality Rate <75, DGR per 100,000 (2012-16)	1001.1	1016.8	1354			728
	Life Expectancy - males (2011-15)	77.7	78	75.2			82.2
	Life Expectancy - females (2011-15)	81.6	82.9	79.6			87.2
	Emergency hospital admissions for all causes (SAR) 2011-16	134.6	125.0	151.9			104.6
	% low Birthweights <2500g (2011-15)	3.7	3.3	4.6			2.1

How to read the spine chart:

The shapes on the graph represent the value of the ward compared against the Local Authority average. If positioned to the right of the average line this suggests the ward is performing 'better' in a particular indicator, to the left suggests it is 'worse'. This does not necessarily mean higher or lower values, e.g. high GCSE attainment is 'better', whereas a high crime rate is 'worse'. The light grey rectangle represents the range between the 'best' and 'worst' wards in the local authority. The yellow circles represent values that are within the 75th and 25th percentile for that indicator, or where most values typically lie. The black triangles represent values that are better than the average, whilst the blue diamond shows values that are worse.

Ward Profile (summary page)

For any questions, please contact:

Liz Brutus – Service Lead - Public Health

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Tim Howells – PH Programme Officer (Instant Atlas lead)

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publichealthslough@slough.gov.uk

twitter - @SloughPH

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 10th September 2019

CONTACT OFFICER: Alan Sinclair, Director of Adults and Communities

For all Enquiries (01753) 875657 (Thomas Overend, Policy Insight Manager)

WARDS: All

PART I**FOR INFORMATION****FRIMLEY HEALTH AND CARE ICS LONG-TERM STRATEGY UPDATE**1. **Purpose of Report**

To update the panel on progress in the development of the Frimley Health and Care Integrated Care System (ICS) Long-Term Strategy since the last meeting on 27th June.

2. **Recommendations**

That members note the report.

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

The ICS supports the delivery of the first three of the Slough Wellbeing Board's priorities:

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

3b. **Five Year Plan Outcomes**

The ICS supports the delivery of the first two priority outcomes within Slough Borough Council's Five Year Plan

- 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**

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

There are no legal implications to this report.

(d) Workforce

Slough Borough Council's engagement with the ICS will require employee time and line-manager support.

5. **Supporting Information**

5.1 Background

Frimley Health and Care first developed a 5-year strategy in 2016. Since then, partners from across health and local government have been working together, with local communities to improve the health and wellbeing of individuals, and are using their collective resources more flexibly as part of a commitment to achieve the best possible value from every 'Frimley pound'.

Considerable progress has been made implementing the strategy and Frimley Health and Care is considered one of the leading Integrated Care Systems. As a result, partners now wish to publish an updated five year plan in 2019.

The NHS published its long-term plan in January 2019, and a Green Paper on social care is expected to be published later this year. All systems will be required to develop and agree a five year strategy by Autumn 2019.

It is the ICS's intention that the strategy:

- Is developed through engagement with the workforce and local communities;
- Reflects local needs, issues and priorities;
- Is ambitious for the population and system;
- Tackles the wider determinants of health and wellbeing; and
- Is rooted in evidence.

The ICS is following a five-step process to develop the ambitions within the strategy:

1. **Frame** - achieving collective clarity on what the five-year strategy is for, what it will do and how it will be developed.
2. **Insight** - understanding what matters to local people and partners, the issues the ICS wants to impact and the key trends that drive the strategy.
3. **Ambition** - developing a shared view and understanding of what the ICS wants to achieve and what success looks like for the ICS.
4. **Prioritise** - agreeing the shared priorities to deliver the ICS' ambitions, which are recognised by partners and local people.
5. **Organise** - concluding the strategy, ensuring it is owned, understood and ready for implementation from 2020/21.

A public survey was held to gather views, which closed on 14th June, alongside community engagement undertaken by Healthwatch.

The Director of Adults and Communities provided the Panel with an update on the strategy on 27th June, and asked members to consider how they would like to be involved in its development going forward.

5.2 Update

In July, Frimley invited partner organisations, community representatives and voluntary sector colleagues to attend an 'Inspiration Station' to review the insight and intelligence that had been gathered. This included information about Frimley's population, funding, key areas of work to date and patient and public engagement feedback.

Frimley identified four strong themes coming out of this:

- The need to be brave with its ambitions
- The need more of a focus on broader wellbeing and prevention
- The need to focus more on what Frimley wants to achieve and how Frimley measures the impact
- The need to continue on a journey of co-production

5.3 Next steps

Between now and November, Frimley plan to:

- Crystallise key trends / themes from the Inspiration Station to inform the strategy
- Summarise key outcomes from Healthwatch survey
- Pull together the core strategy, using the outputs from the Inspiration Station, Healthwatch Survey results and Insight work
- Continue engagement across stakeholders, through events, forums and meetings

After the strategy has been signed-off, Frimley will be holding a series 'pop-up' events targeting the local community, staff and stakeholders (December - March) in order to gather feedback and engage further on priorities, as well as to talk about how the ICS works, partners' roles within it and what can be done to deliver strategy's ambitions.

6. Comments of Other Committees

This report has yet to be seen by any other committees.

7. Conclusion

Frimley Health and Care's long-term strategy presents an opportunity for partners to refresh ambitions for the system, determine the priorities on which to focus collective energy, and improve collaboration in their delivery.

8. Appendix Attached

- 'A' Engagement pack: Creating Healthier Communities – engaging on our Long Term Strategy [Pack 4]

9. **Background Papers**

Creating Healthier Communities, Information Packs.

<https://www.frimleyhealthandcare.org.uk/about/our-plans/creating-healthier-communities/>

Frimley Health and Care



Creating Healthier Communities – engaging on our Long Term Strategy

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Developing our strategy

[Pack 4]





The partners in the Frimley Health and Care are currently in the process of developing a **5-year strategy for the Integrated Care System**. This is an opportunity for us to collectively develop our strategy and ambitions, with shared priorities to focus our collective energy, and make sure the way we work together will enable us to deliver.

A Long-Term Plan for the NHS was published in January 2019 and publication of a long term national strategy for social care is anticipated. These will provide important reference points for the strategy, and all systems are required to develop and agree a five year strategy by November 2019.

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We want to share our planning process with Frimley Health and Care organisations, staff, stakeholders and local communities and are providing regular updates to support these messages to be shared widely. **This is the fourth information pack we have sent out to provide you with information of how we are working together to build the strategy.** You can find further information on the Frimley health and care website:

<https://www.frimleyhealthandcare.org.uk/about/our-plans/creating-healthier-communities/>

These updates include key milestones, progress updates and opportunities about **how you can be involved**.





Frimley Health and Care Inspiration Station:

Throughout July we invited over 250 people from a cross-section of our organisations to come through our **'Inspiration Station'**. This included representation from all our partner organisations, community representatives and our voluntary sector colleagues. The Inspiration station took people through a series of rooms where we presented a variety of intelligence and insight from our system in a way we hadn't presented before.

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The insight included information about our population, funding, key areas of work to date and patient and public engagement feedback. This provided a place for teams of people to take part in a 90 minute facilitated, interactive planning session.





Frimley Health and Care Inspiration Station:

The aim of the sessions was to bring different expertise and experience together to collaboratively discuss what is important for our people locally, where we need to focus our energy and the Frimley £, and how we work together to shape the 'creating healthier communities' plan for the next five years.

The work is now being written up – with some strong themes coming out of the station:

- We need to be brave with our ambitions
- We need more of a focus on broader wellbeing and prevention
- We need to focus more on what we want to achieve and how we measure the impact
- We need to continue on a journey of co-production





Frimley Health and Care Inspiration Station:

Packs of all of the information shared at the station can be found on our Frimley Health and Care website: www.frimleyhealthandcare.org.uk/about/our-plans/creating-healthier-communities/

People really enjoyed the experience and gave us some great feedback:

Brilliant opportunity – everyone needs this – thank you!

Thought provoking. Engaging and well laid out – positively stimulating

Innovative and information Fab! Appreciate being asked

Brilliant – really enjoyed this and know much more now

Amazing interactive experience – hope you get some really good ideas

Fantastic way of engaging with us – the more involved in this the better

Refreshing – good experience Fantastic facilitation well done

Excellent session – what a lot to cover in 90 minutes.





Creating Healthier Communities – next stages

We want build on the approaches we've taken so far. The next step will be to share what we have developed and develop further into our five year strategy. **This will include feeding back on the strategy development and considering where we can do any further engagement at places where people are already meeting during August-October.**

We will also hold a series of pop-up events following the strategy sign off, with an aim to:

- Share what we have done to develop the Five Year Plan and feedback on our collective ambitions – engaging further on key priorities
- Use it as a further opportunity to talk to people about how the system works, our roles in it and what we can do to deliver those ambitions, targeting the local community, staff and stakeholders

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Creating healthier communities timeline

	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC
Community engagement		Survey	Analysis and report						
Insight phase	Analyse and develop insight		Present						
Inspiration Station			Plan from insight phase and hold throughout July – The Inspiration Station						
Develop our strategy						Strategy development		Launch	
Pop-up events									Dec - Mar

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What's next?

- Crystallise key trends / themes from the Inspiration Station to inform our strategy
- Summarise key outcomes from Healthwatch survey
- ICS leads pulling together our core strategy, using the outputs from the Inspiration Station, Healthwatch Survey results and Insight work to guide them
- Continue engagement across stakeholders, through events, forums and meetings that already exist (started in May) and to continue through to November

If you have any questions about the contents of this pack or any comments on how we could improve it please contact:

georgia.henkun1@nhs.net

And we will get back to you as soon as possible.



SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 10th September 2019

CONTACT OFFICER: Thomas Overend, Policy Insight Manager
(For all Enquiries) (01753) 875657

WARDS: All

PART I
FOR COMMENT AND CONSIDERATION

HEALTH SCRUTINY PANEL - 2019/20 WORK PROGRAMME**1. Purpose of Report**

For the Health Scrutiny Panel to discuss its work programme for 2019-20.

2. Recommendations/Proposed Action

That the panel review the work programme and potential items listed for inclusion.

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 Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The work of the Health Scrutiny Panel also reflects the following priorities 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

4. Supporting Information

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

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

5. **Conclusion**

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

6. **Appendix Attached**

A - Work Programme for 2019/20 Municipal Year

7. **Background Papers**

None.

Health Scrutiny Panel Work Programme 2019/20

Task and finish Group / Visits
<ul style="list-style-type: none">• World Mental Health Day - Thursday, 10th October?
Meeting Date
15 October 2019
<ul style="list-style-type: none">• Slough Wellbeing Board Update• Director of Public Health's Annual Report• Frimley Health and Care System Winter Planning 2019/20• Information only - Disability Task and Finish Group - Implementation Progress
20 November 2019
<ul style="list-style-type: none">• Keeping Well Strategy / Leisure Strategy (to include details about take up of memberships at Langley Leisure Centre)• Adult Social Care Strategy and Budget
16 January 2020
<ul style="list-style-type: none">• Immunisations and screening annual report• Slough Safeguarding Adults Board Annual Report• Leisure Centre Fees and Charges• Information only - Disability Task and Finish Group - Implementation Progress

23 March 2020

- Five Year Plan Outcome 2 update
- Slough Wellbeing Board Update
- Adult Social Care Local Account 2019-20

Suggested items to be scheduled:

- Health-based beliefs - 15 October 2019
- Mental health update - 20 November 2019

MEMBERS' ATTENDANCE RECORD 2019/20

HEALTH SCRUTINY PANEL

COUNCILLOR	27/06/19	10/09/19	15/10/19	20/11/19	16/01/20	23/03/20
Ali	P					
Begum	P					
Gahir	P*					
N Holledge	P					
Mohammad	P					
Qaseem	P					
Rasib	P					
A Sandhu	P					
Smith	P					

P = Present for whole meeting
Ap = Apologies given

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

(Ext - Extraordinary)

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