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Slough Borough Council

Growing a place of opportunity and ambition

Date of issue: Tuesday, 5 November 2019

MEETING:	**SLOUGH WELLBEING BOARD** Councillor Pantelic, Lead Member for Health and Wellbeing (Chair) Dr Jim O'Donnell, East Berkshire Clinical Commissioning Group, Slough Locality (Vice Chair) Cate Duffy, Director of Children, Learning and Skills Superintendent Sarah Grahame, Thames Valley Police Lisa Humphreys, Slough Children's Services Trust Ramesh Kukar, Slough CVS Tessa Lindfield, Director of Public Health Councillor Nazir, Lead Member for Housing & Community Safety Doug Buchanan, Royal Berkshire Fire and Rescue Service Colin Pill, Chair of the Healthwatch Slough Board David Radbourne, NHS England Alan Sinclair, Director of Adults and Communities Aaryaman Walia, Slough Youth Parliament Representative Josie Wragg, Chief Executive, Slough Borough Council
DATE AND TIME:	WEDNESDAY, 13TH NOVEMBER, 2019 AT 5.00 PM
VENUE:	COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL
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

sustainable forest

AGENDA ITEM	REPORT TITLE	PAGE	WARD
	PART I		
	Apologies for absence.		
CONSTITUTIONAL MATTERS			
1.	Declarations of Interest *All Members who believe they have a Disclosable 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.*	-	-
2.	Minutes of the last meeting held on 25th September 2019	1 - 6	-
ITEMS FOR ACTION / DISCUSSION			
3.	Developing the Future Priorities of the Slough Wellbeing Board	7 - 36	All
4.	Annual Director of Public Health Report (2019) Berkshire - A Good Place to Work	37 - 80	All
FORWARD PLANNING			
5.	Forward Work Programme	81 - 84	-
ITEMS FOR INFORMATION			
6.	Better Care Fund Plan 2019-20	85 - 100	All
7.	Update on Immunisations and the Slough Local Action	101 - 114	All
8.	Attendance Report	115 - 116	-
9.	Date of Next Meeting - 23rd January 2020	-	-

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.

Slough Wellbeing Board – Meeting held on Wednesday, 25th September, 2019.

Present:- Councillor Pantelic (Chair), Dr Jim O'Donnell (Vice-Chair), Cate Duffy, Lisa Humphreys, Nazir, Alan Sinclair, Aary Walia and Josie Wragg

Also present under Rule 30:- None

Apologies for Absence:- Superintendent Grahame, Tessa Lindfield, Lloyd Palmer, Colin Pill and David Radbourne

PART 1

12. Declarations of Interest

None were declared.

13. Minutes of the last meeting held on 17th July 2019

It was noted that the NHS England representative had not attended any meetings over an extended period. The Chair agreed to contact the current NHS England representative to establish if he intended to attend future meetings.

In relation to Minute No.5 – Sexual Health Services, Dr O'Donnell reported that he had contact his counterparts in Milton Keynes to discuss the approach partner organisations adopted to address sexual health challenges. There was interest in undertaking a site visit. Further consideration would be given to this following the discussions at the Development Day on 3rd October 2019.

Resolved – That the minutes of the meeting held on 17th July 2019 be approved as a correct record.

14. Health Beliefs and Physical Activity Research

The Chair welcomed Dr Liz Brutus (Service Lead Public Health) and David Chong Ping (Local Government Research Director – M.E.L Research Ltd) to the meeting and invited them to introduce the report, which provided the Board with an update on the Public Health Beliefs and Physical Activity research project.

The project had been embarked on to add value to the Joint Strategic Needs Assessment and to provide a rounded picture of Slough residents' health. The Council's Public Health and Leisure Teams had commissioned M.E.L Research Ltd to undertake a research project within Slough. The project was an in-depth, community led research project to involve Slough residents in a local conversation regarding health, primarily with a focus on what residents

believed they could do to keep physically and mentally well and prevent poor health.

The aim of the project was to draw on understanding of residents' health beliefs, level of health literacy and behavioural insights. The project also explored the local population's behaviours and attitudes, specifically, towards regularly taking part in physical activity and sport, to ascertain a true picture of prevailing inactivity.

David Chong Ping provided a presentation to the Board.

During the presentation, the following issues were highlighted:

- Qualitative research had been undertaken, involving stakeholder workshops, 'chattabouts' and focus groups with residents. The research had shown that residents had the knowledge and awareness to lead healthy and active lifestyles, but the opportunity and motivation needed to be focussed on.
- A face-to-face survey had been conducted with 1,605 residents representative of gender, age and ethnicity. The survey reinforced many of the findings from the qualitative exploratory stage. In summary: residents had the capabilities to undertake healthy and active lifestyles; the opportunities to do so were limited by age, lifestyle and financial circumstances; motivation was also a key barrier to undertaking healthy and active lifestyles.
- The use of planning and licensing controls could be used to introduce greater opportunities for healthy eating choices – working with local businesses to promote healthier options could be considered.
- The conclusions and recommendations of the project were: greater promotion of the Council's leisure provision and the Active Slough programme was needed to raise awareness. Highlighting a wider range of activities, such as brisk walking and gardening that could lead to healthier and active lifestyles would be beneficial. Consideration was given to how financial incentives and promotions could support those residents most in need.
- Education around healthy eating and healthier choices could be introduced into schools.
- Raising awareness and dispelling the myths around sexual health and vaccinations required ongoing work by the Council and its partners.
- Good oral health was not consciously linked to leading a healthy lifestyle.
- There was a high reliance on GPs for information and advice. Greater use of pharmacists and online channels may be useful mechanisms for supporting healthy and active lives.

The Board had a wide-ranging discussion, during which the following points were raised:

- The importance of promoting physical activity in the Council's strategies, and encouraging partner organisations to incorporate activity throughout their plans and strategies.
- A need to involve young people through engagement with school councils' and the Youth Parliament was highlighted.
- There was discussion relating to the idea of a 'community contract', similar to the 'Wigan Deal', which was an informal agreement between the council and residents that set out a series of pledges, and in return asked residents to commit to playing their part to improve the local area.
- The importance of viewing and promoting the idea of the community as an 'asset' was discussed.
- In relation to early years and children, there was discussion regarding the barriers to healthier lifestyles, and around ways to encourage parents to take up free early education places where made available. It was agreed that the most effective way to overcome barriers was to promote community change by incorporating activity into people's day-to-day routines.
- It was noted that some people viewed cycling and walking in particular areas of the Borough as unsafe and this was often a perception rather than being based on any evidence. It was highlighted that regeneration strategies should promote healthy lifestyles. The Board noted the example of the White City Health Champions, a group of volunteers who resided on White City Estate and through their local connections had influenced their communities to make positive steps to improve their health and wellbeing.
- Of the 1,605 residents to take part in the doorstep survey, 115 people had indicated they would be willing to take part in further work with researchers.
- The findings of the Slough Health Beliefs project would be reported in a 'reader friendly' format in a series of articles published in the Council's Citizen newspaper.
- The messages arising from the project would be communicated to Council staff and Members and embedded in the Council's strategies.
- It was agreed that to trigger change a 'whole system', targeted approach would be most effective.

Dr Brutus reported that the presentation slides would be circulated and all Members would be invited to attend a briefing session presenting the findings of the Health Beliefs and Physical Activity Research project.

On behalf of the Board, the Chair thanked David Chong Ping and Dr Brutus for the report and presentation.

Resolved – That the report and presentation be noted.

15. Frimley Health and Care ICS Long-Term Strategy Update

The Director of Adults and Communities introduced a report that updated the Board on progress in the development of the Frimley Health and Care Integrated Care System (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 had been using collective resources more flexibly as part of a commitment to achieve the best possible value from every 'Frimley pound'. Considerable progress had been made in implementing the Strategy and Frimley Health and Care was considered as a leading ICS. As a result, partners now wished to publish an updated five-year plan in 2019.

It was the ICS's intention that the Strategy : was developed through engagement with the workforce and local communities; reflected local needs, issues and priorities; was ambitious for the population and system; tackled the wider determinants of health and wellbeing and was rooted in evidence.

During July 2019, Frimley Health had 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 the population, funding, key areas of work and patient and public engagement feedback.

Arising from the engagement, the following four themes had been identified: the need to be brave with ambitions; the need to focus on broader wellbeing and prevention; the need to focus on what Frimley Health wanted to achieve and how impact was measured; the need to continue on a journey of co-production.

Engagement across stakeholders, through events, forums and meetings would continue until November 2019. Once the Strategy had been signed off, Frimley Health would host a series of events to target the local community, staff and stakeholders in order to gather feedback and engage further on priorities and how best to deliver the Strategy's ambitions.

Resolved – That the report be noted.

16. Development Day - 3rd October 2019

The Chair reported that the Development Day would be held on Thursday 3rd

October from 8.30 am to 12.30pm at Arbour Park, Slough. The session would be led by Andy Caldwell, an external facilitator from CoCreate.

The intention of the session was to make progress on following three priority areas:

- Learn more about the role of an Integrated Care System and explore how the role of the Slough Wellbeing Board related to this.
- To discuss the health needs of the local population, exploring the wider determinants of health.
- Agree the specific health priorities for the Slough Wellbeing Board to focus on for the next three years, and discuss how this work would be done, and the ways of working required to support this.

A pre-reading information pack would be circulated to Board members ahead of the session. The pack would provide an overview of health, and health inequalities in Slough in order to inform the Board's priority setting.

Resolved – That the update be noted.

17. Forward Work Programme 2019-20

In view of the upcoming Development Day being held on 3rd October 2019, the Board agreed to defer consideration of the Work Programme until the next meeting.

Resolved – That consideration of the Work Programme be deferred until the next meeting.

18. Attendance Report

Resolved – That the Attendance Report be noted.

19. Date of Next Meeting - 13th November 2019

Resolved – That the date of the next meeting was confirmed as 13th November 2019.

Chair

(Note: The meeting opened at 5.00 pm and closed at 6.20 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 13th November 2019

CONTACT OFFICER: Dean Tyler, Service Lead Strategy and Performance Service

(For all Enquiries) (01753) 875847

WARD(S): All

PART I
COMMENT AND CONSIDERATION

DEVELOPING THE FUTURE PRIORITIES OF THE SLOUGH WELLBEING BOARD

1. Purpose of Report

1.1 To present the proposed future priorities of the Wellbeing Board to members of the board.

2. Recommendation(s)/Proposed Action

2.1 The Board is recommended to:

(a) Discuss the proposals for the future priorities of the board.

(b) Consider whether to accept, reject, or alter these proposed priorities.

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

3a. Slough Joint Wellbeing Strategy Priorities

The Slough Wellbeing Strategy 2016-2020 was launched at the Board's partnership conference in September 2016. It explains the role of the Board and how it has set itself an ambition to set strategic direction for partnership working in Slough. The Strategy describes the relationship between the Board and the wider partnership network in Slough and how it hold the 'hold the ring', by coordinating activity to make the best use of resources in achieving common outcomes. The Wellbeing Strategy includes four priorities:

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

3b. Joint Strategic Needs Assessment (JSNA)

The priorities in the Wellbeing Strategy are informed by evidence of need contained in the Joint Strategic Needs Assessment.

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

The work of the Board and the Wellbeing Strategy contributes to the five priority outcomes in the Council's Five Year Plan:

- 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
- Outcome 3: Slough will be an attractive place where people choose to live, work and stay
- Outcome 4: Our residents will live in good quality homes
- Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents

4. **Other Implications**

(a) Financial – There are no financial implications directly resulting from the recommendations of this report.
(b) Risk Management - There are no identified risks associated with the proposed actions.
(c) Human Rights Act and Other Legal Implications - There are no direct legal implications. The specific activity in the Wellbeing Strategy and other plans may have legal implications which will be brought to the attention of the Council's Cabinet separately. There are no Human Rights Act Implications.
(d) Equalities Impact Assessment - There is no requirement to complete an Equalities Impact Assessment (EIA) in relation to this report. EIAs will however be completed on individual aspects of any actions produced to sit underneath the Wellbeing Strategy, as required.

5. **Summary**

This report provides an update to the board on the work that has been done to develop the future priorities of the Slough Wellbeing Board. It proposes four key areas for the board to prioritise work on for the next three years. These four areas are:

- *Workplace health*
- *Integration*
- *Starting Well*
- *Community resilience*

6. **Supporting Information**

6.1 Members of the Wellbeing Board met for a development session on Thursday 3rd October 2019. In this session, members of the board worked with an external facilitator to discuss the future priorities of the board.

6.2 In this development session, members of the board received an update from Slough Borough Council Chief Executive Josie Wragg on the council's strategic

partnerships, and an update from Fiona Edwards on the role of the Frimley ICS. Members of the board also then heard from Dr Liz Brutus, Service Lead for Public Health at Slough Borough Council, on data relating to Sloughs health inequalities and wider determinants of health.

6.3 Drawing upon the updates and data presented during the session, the board members then worked with a facilitator to draw out several areas that could potentially form the priority areas for the Wellbeing Board. Six potential areas of work were raised in this discussion:

- Workplace health
- Integration (with a particular focus on health and social care)
- Starting Well
- Building community asset resilience
- Improving the built environment
- Reducing poverty

6.4 In this discussion, attention was also paid to the importance of recognising the difference between areas the board can lead on, and areas where the board can have more of an influencing role.

6.5 Members of the board agreed that a smaller group of members would continue to refine these priority areas and present their proposals at the next Wellbeing Board meeting. This smaller group was agreed to be composed of Alan Sinclair (Director of Adults and Communities, Slough Borough Council), Dr Liz Brutus (Service Lead for Public Health, Slough Borough Council), Ramesh Kukar (Chief Executive Officer, Slough CVS) with policy support provided by Dean Tyler (Service Lead for Strategy and Performance) and Ellie Gaddes (Policy Insight Analyst).

7. Comments of Other Committees

7.1 These proposed priorities will be reported to Health Scrutiny Panel on the 20th November as part of the 6-monthly report on the activity of the Wellbeing Board.

8. Conclusion and next steps

8.1 Subject to the views of the board, the proposed priorities will either be adopted, altered, or rejected by members of the board.

8.2 Once the board has agreed a set of priority areas, work must begin on agreeing a set of measurable targets, and then developing strategies to address these areas.

9. Appendices

- Appendix A: “Public Health: Slough Wellbeing Board Away Day”. Slides presented by Dr Liz Brutus at the development day, relating to Slough’s health inequalities and wider determinants of health (attached).
- Appendix B: “Developing the Future Priorities of the Slough Wellbeing Board”. Slides to be presented to Slough Wellbeing Board (attached).

10. Background Papers

None.

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Public Health

Slough Wellbeing Board

Away Day – 3 Oct 2019

Dr Liz Brutus – Service Lead Public Health

Slough Borough Council www.slough.gov.uk

Appendix A

Contents

Health inequalities

- Health inequalities are **systematic, avoidable and unjust differences** in health and wellbeing between groups of people

- For example:
  - Socioeconomic (SE) status
  - Ethnicity
  - Mental health vs Physical health diagnoses
  - Gender
  - Sexuality
  - Disability
  - Age

Tackling health inequalities – Priority setting

Marmot Review

The **Marmot Review** :
1) Improve health and well-being for all
2) Reduce health inequalities.

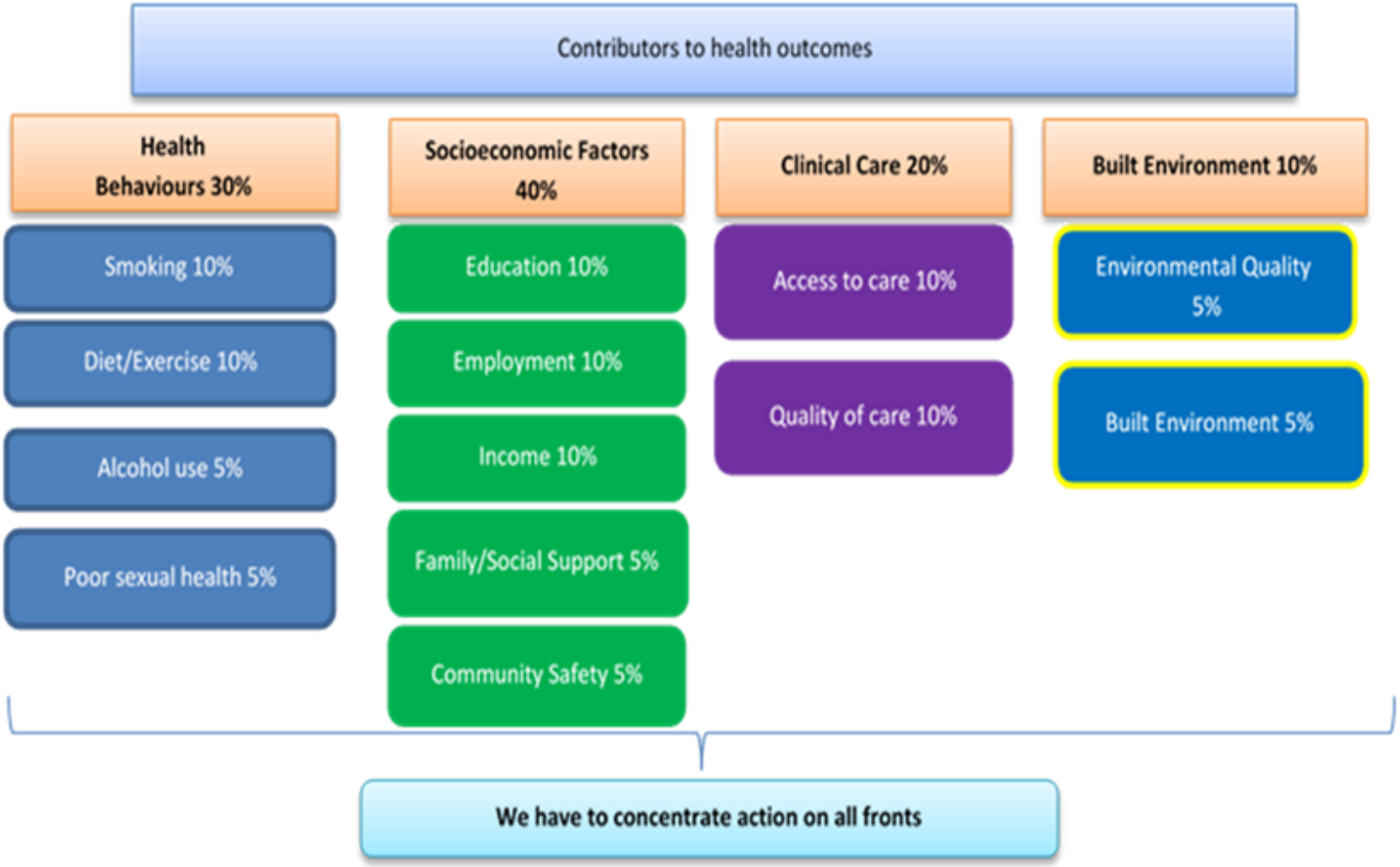
Reducing health inequalities requires action on six policy objectives:

A. Give every child the best start in life
B. Enable all children young people and adults to maximise their capabilities and have control over their lives
C. Create fair employment and good work for all
D. Ensure healthy standard of living for all
E. Create and develop healthy and sustainable places and communities
F. Strengthen the role and impact of ill health prevention

Actions must be universal, **but with a scale and intensity that is proportionate to the level of disadvantage**.

'1. Fair Society, Healthy Lives: The Marmot Review. Marmot M, Allen J et al. Institute of Health Equity. 2010. Available at: http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

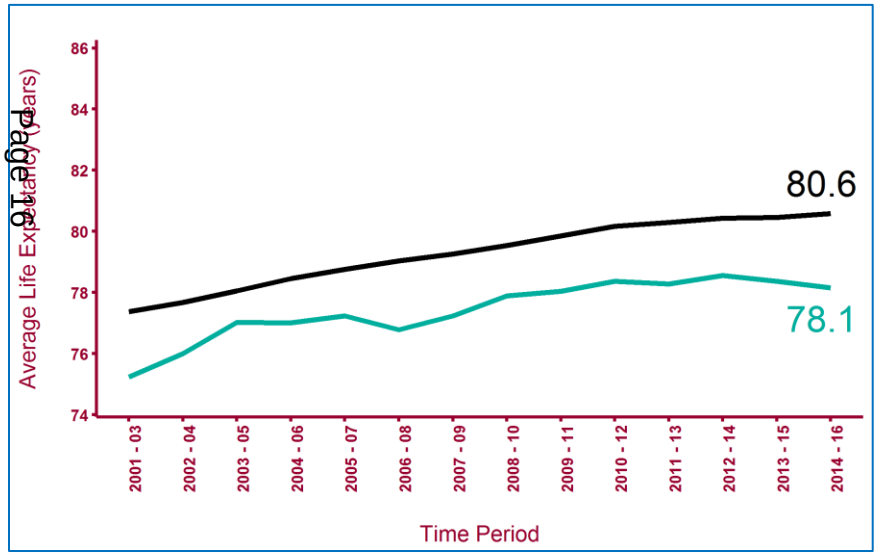
The estimated contribution of the factors affecting health ie the so-called 'wider determinants of health'

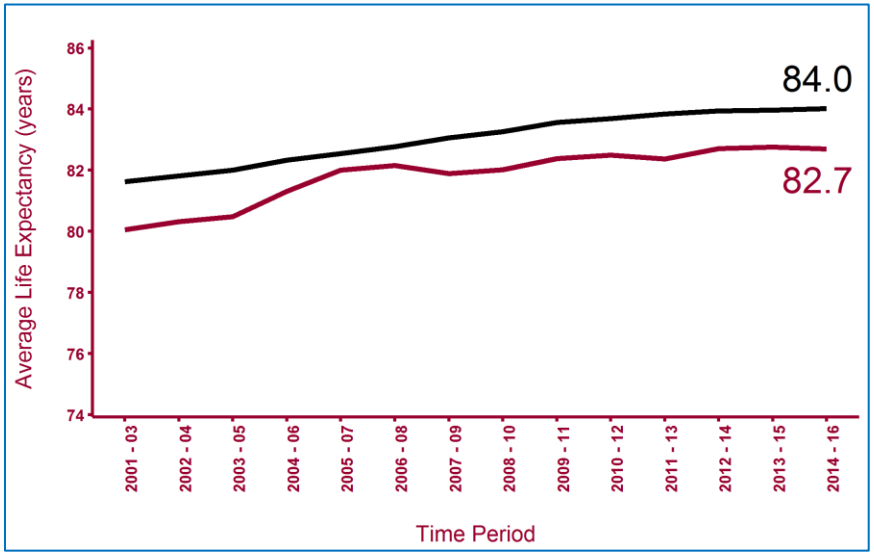


Source: Robert Wood Johnson Foundation

Average life expectancy at birth by gender (2001 – 2016)

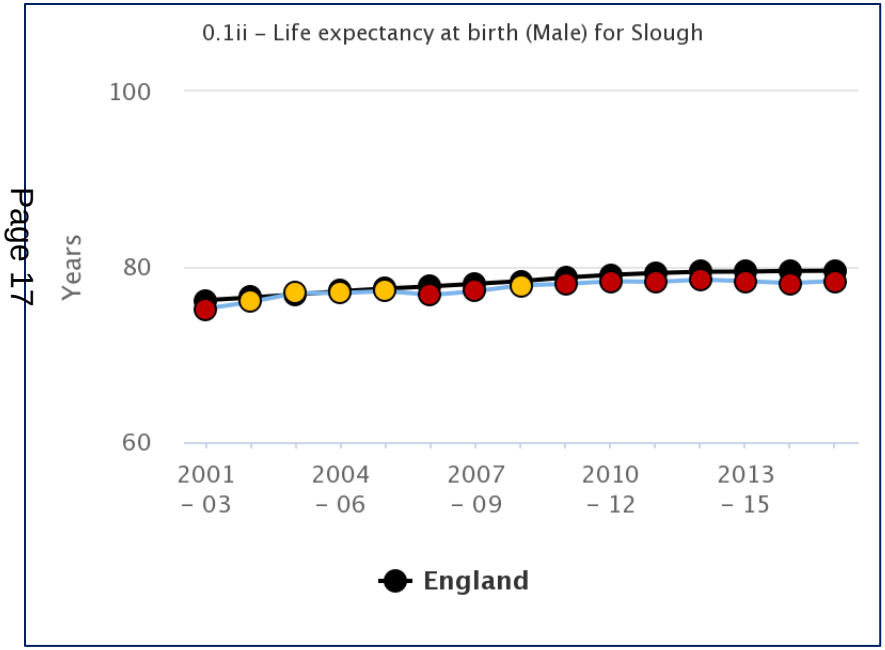
South East | **Slough**

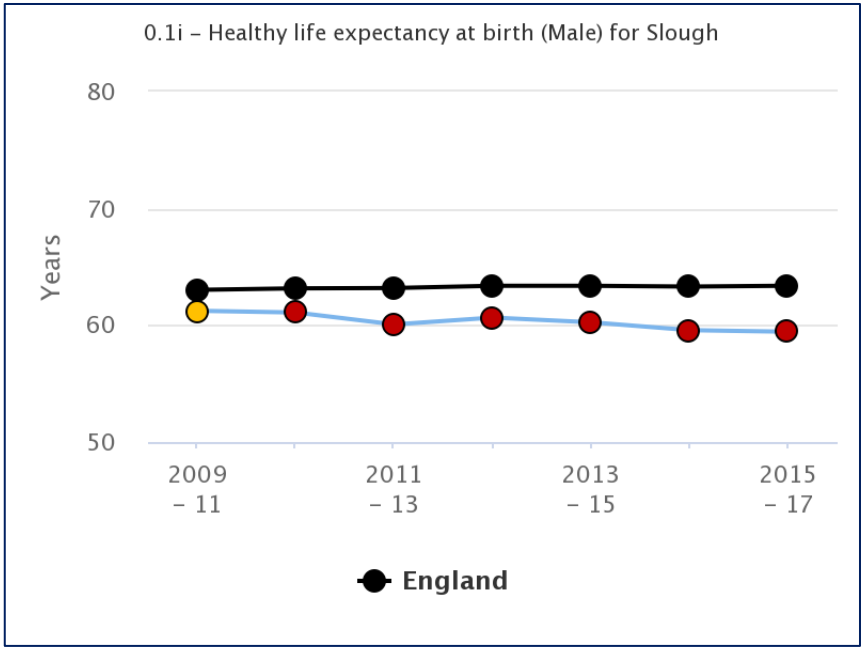




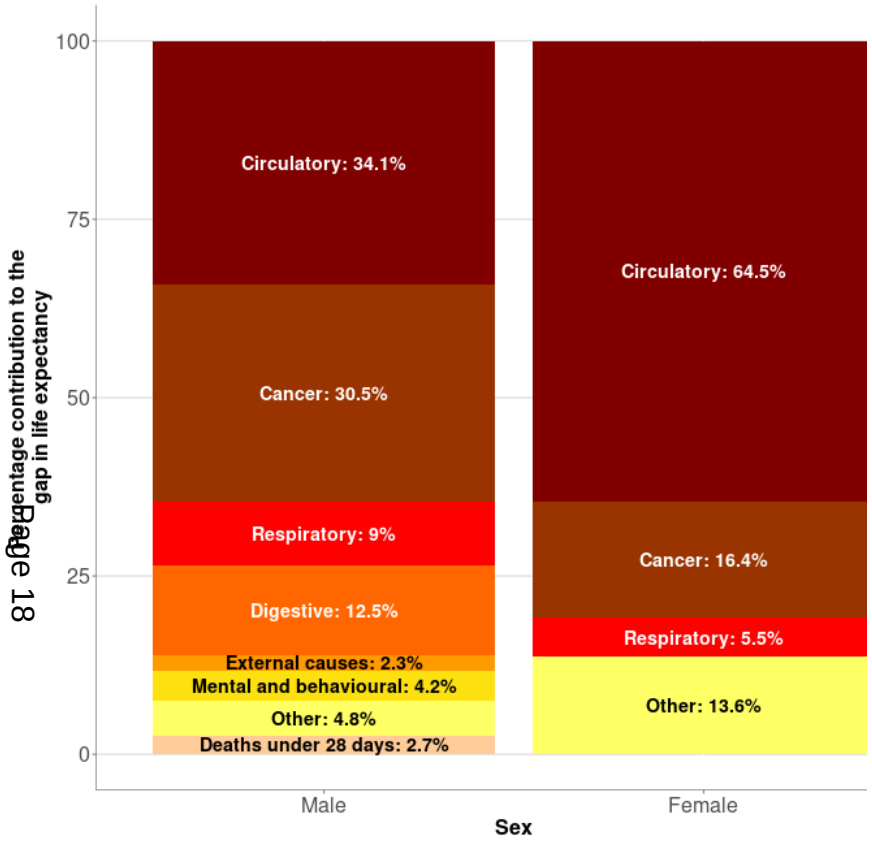
Source: PHE Health Inequalities Briefing – Slough. Feb 2018

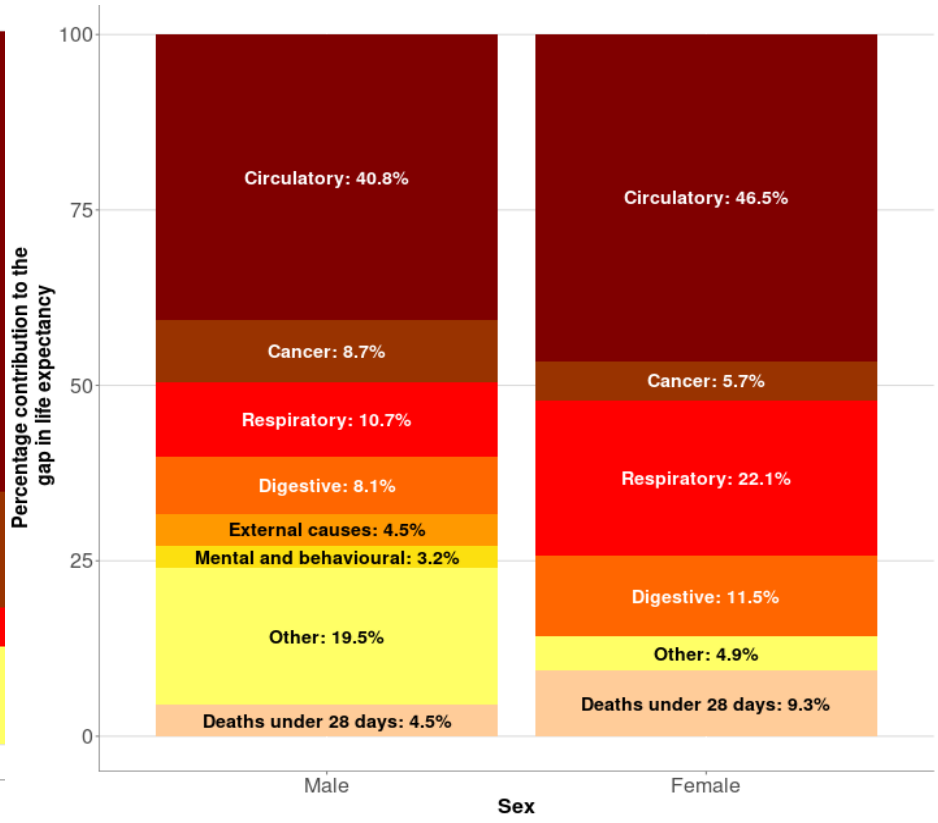
Like England, Slough's gains in male life expectancy stall but our healthy life expectancy is worsening





Causes of Slough's life expectancy gap – 'Scarf charts'





Breakdown of life expectancy gap by broad cause of death

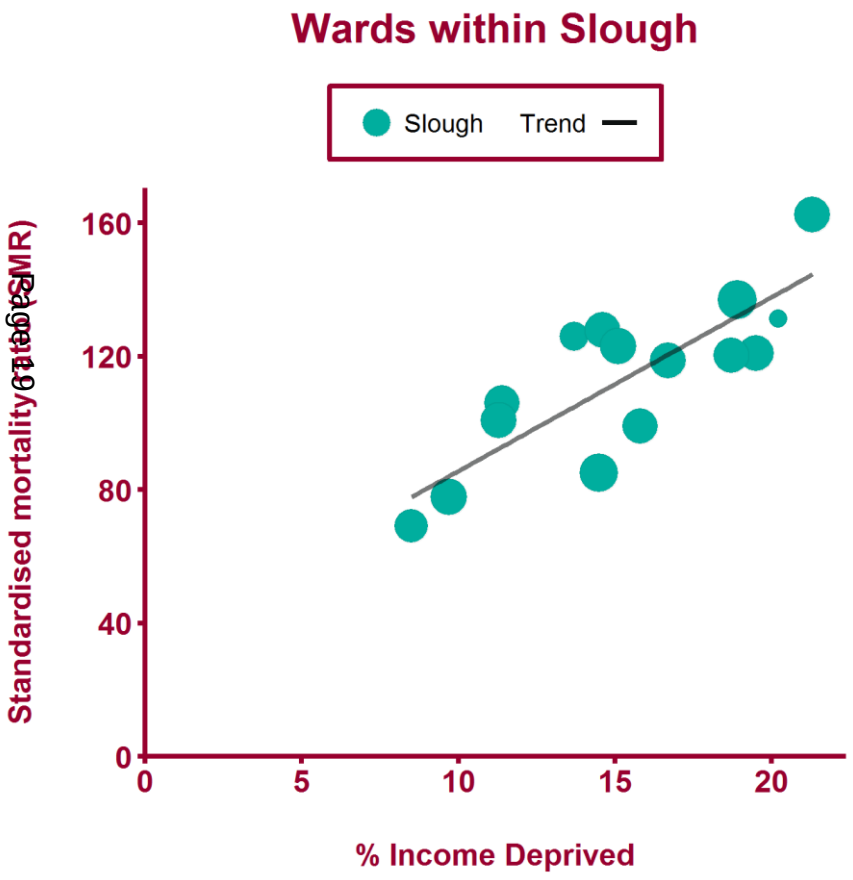
1) Within Slough
(Between the most and least deprived quintiles in Slough in 2015-17.)

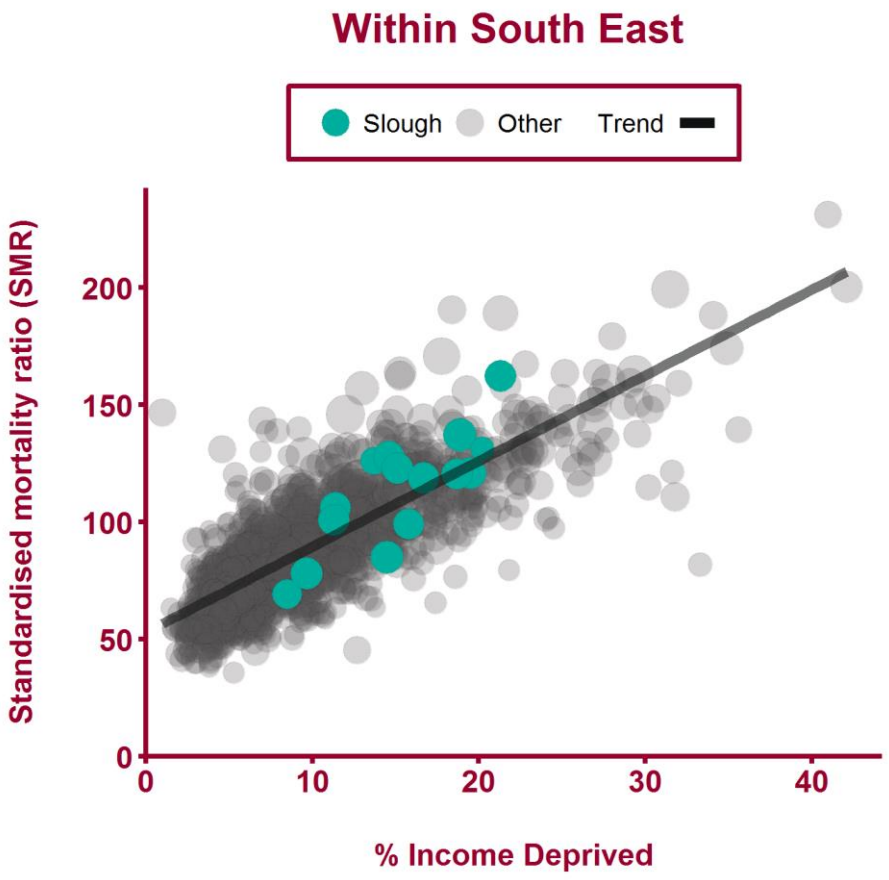
2) **Between Slough and England as a whole**
(2015-17)

Source: Public Health England Segment Tool
https://connect.healthdatainsight.org.uk/health_inequalities/segment_tool/

Premature mortality for Slough wards by % income deprived

Deaths from all causes, under 75 years (2011-2015)





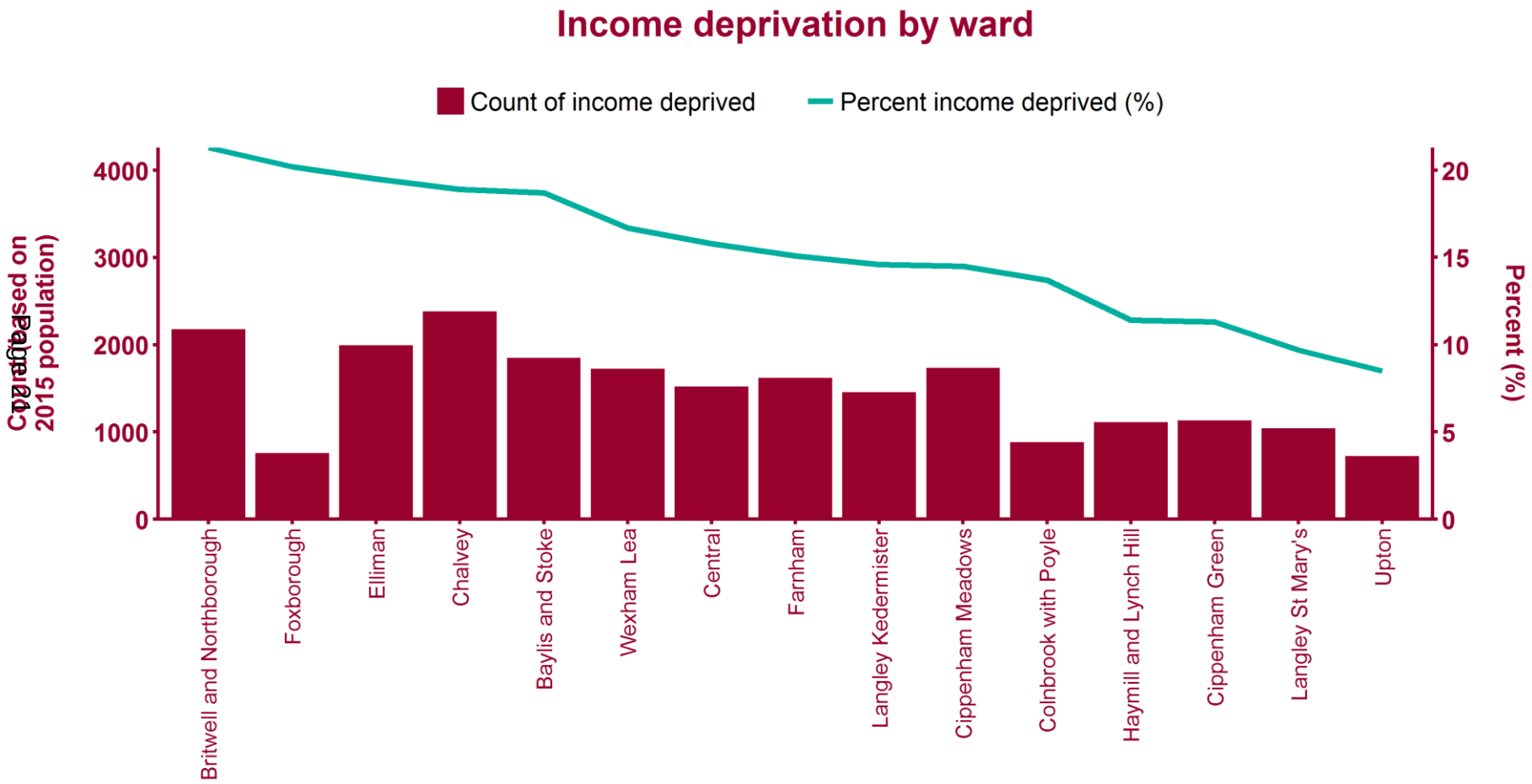
All cause under 75 mortality across Frimley ICS – Worst 20% of wards in ICS

- Ranges higher in Slough wards (160 to 75); both SH and BF have a wider range (120 to 40) than WAM (120 to 60).
- Across the ICS the ward with the highest standard mortality rate (SMR) is Britwell & Northborough (Slough) (162.4) and lowest is Warfield Harvest Ride (BF) (41.4) – a **four-fold** variation.
- Of the 21 wards with an SMR over 100 - Slough has 10, NEHF has 4, WAM has 3, and BF and SH have 2 each.

1	Britwell & Northborough 162.4 SL	6	Colnbrook with Poyle 126.0 SL	11	Old Dean 119.7 SH	16	Rowhill 111.3 NEHF
2	Chalvey 137.0 SL	7	Aldershot Park 123.3 NEHF	12	Wexham Lea 118.7 SL	17	Eton Wick 110.0 RBWM
3	St. Michaels 132.3 SH	8	Farnham 123.0 SL	13	Clewer North 116.1 RBWM	18	Cherrywood 107.0 NEHF
4	Foxborough 131.3 SL	9	Elliman 120.9 SL	14	Priestwood & Garth 116.1 BF	19	Haymill & Lynch Hill 106.0 SL
5	Langley Kederminster 127.9 SL	10	Baylis & Stoke 120.3 SL	15	St. Mark's 113.7 NEHF	20	Clewer East 105.9 RBWM
						21	Bullbrook 101.5 BF

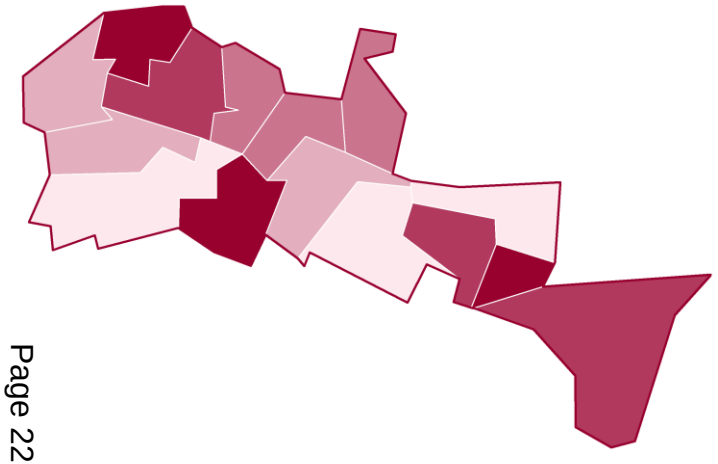
Source: Dr Jim O'Donnell, Farnham Road General Practice, Slough - May 2018

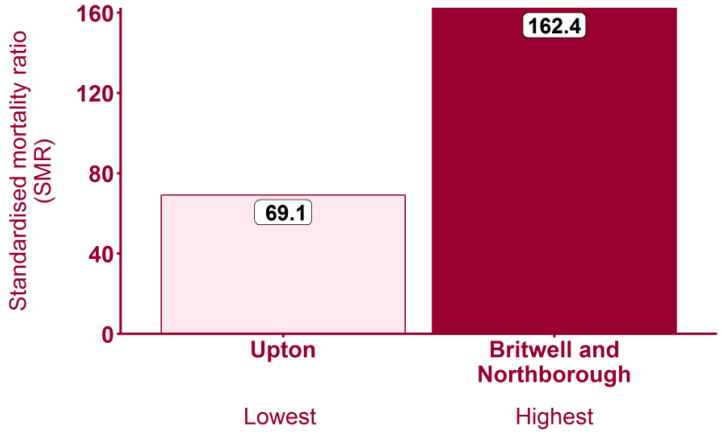
Distribution of income deprivation across Slough

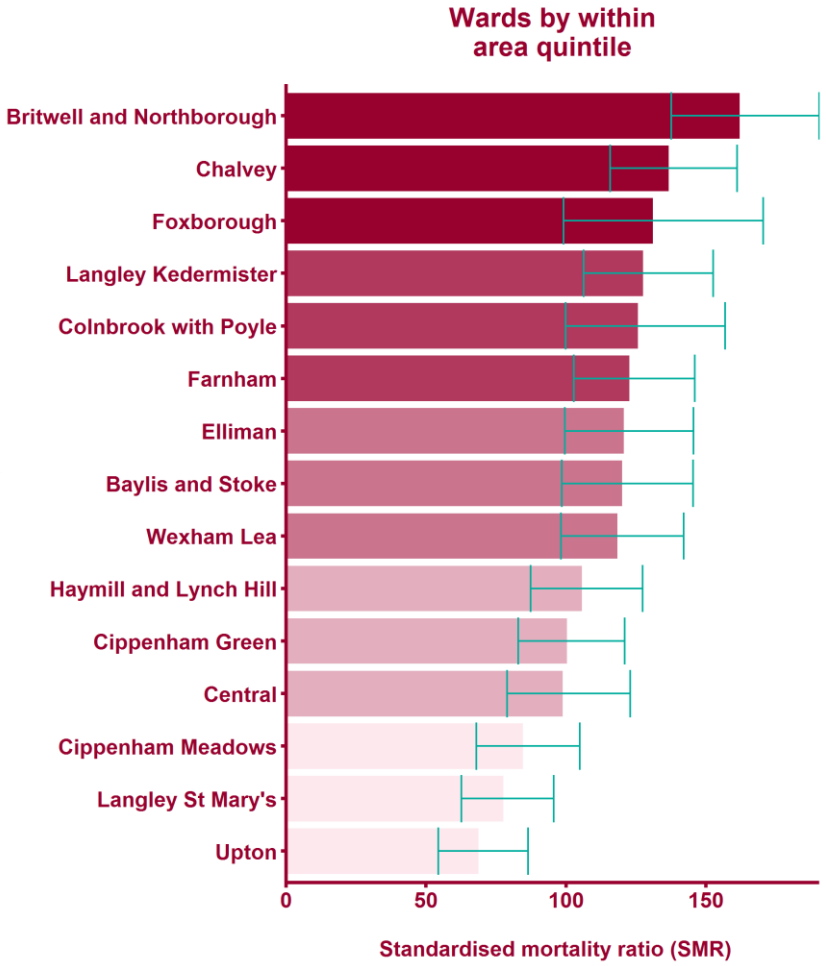


Source: PHE Health Inequalities Briefing – Slough. Feb 2018

Slough: Deaths from all causes, under 75 years (2011-2015)



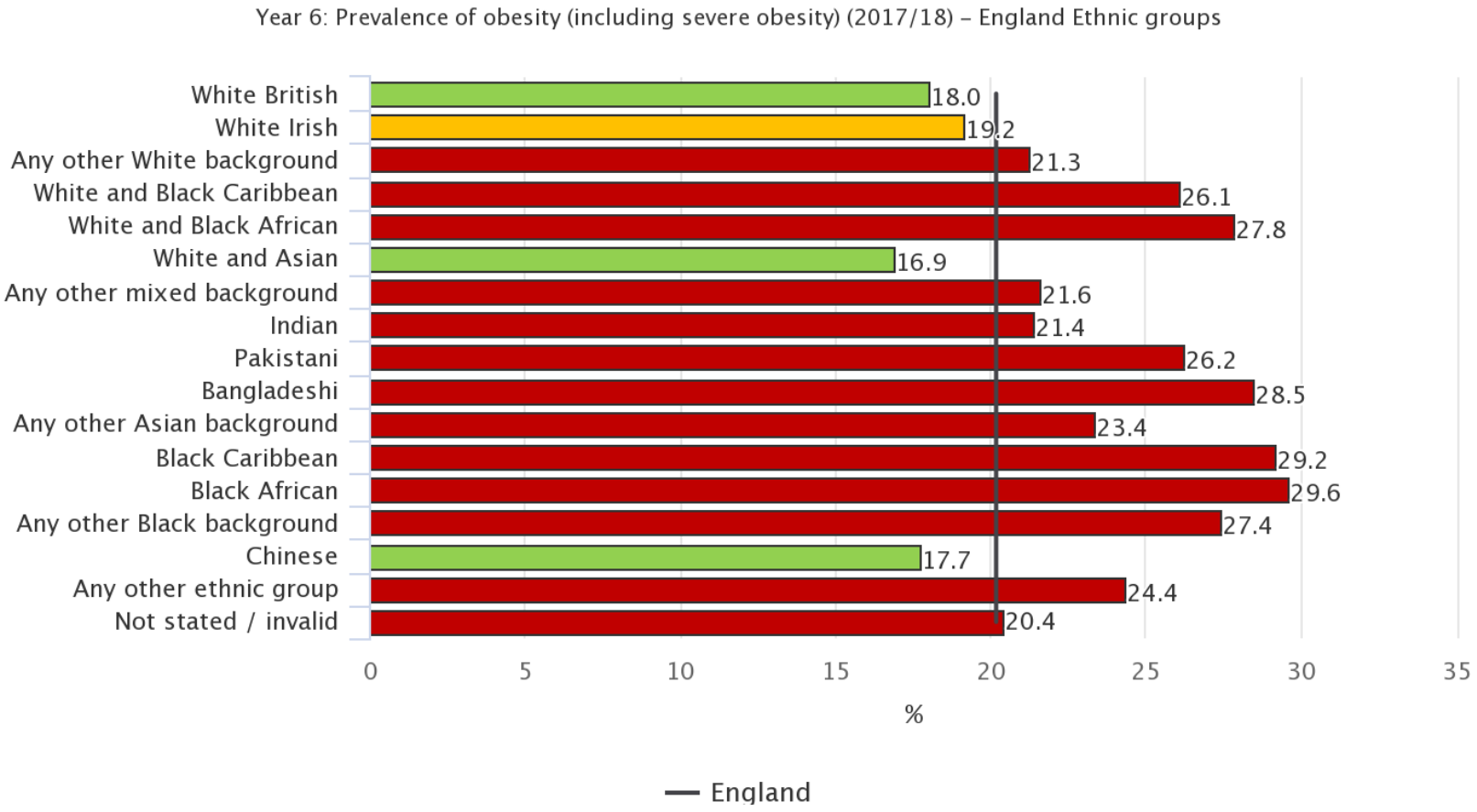




Source: PHE Health Inequalities Briefing – Slough. Feb 2018

Some health issues are also strongly driven by ethnicity as well as deprivation levels eg Childhood obesity

In Slough, we need to do more to understand our local ethnic and cultural differences in health. At present, these differences are mainly understood at a national level.

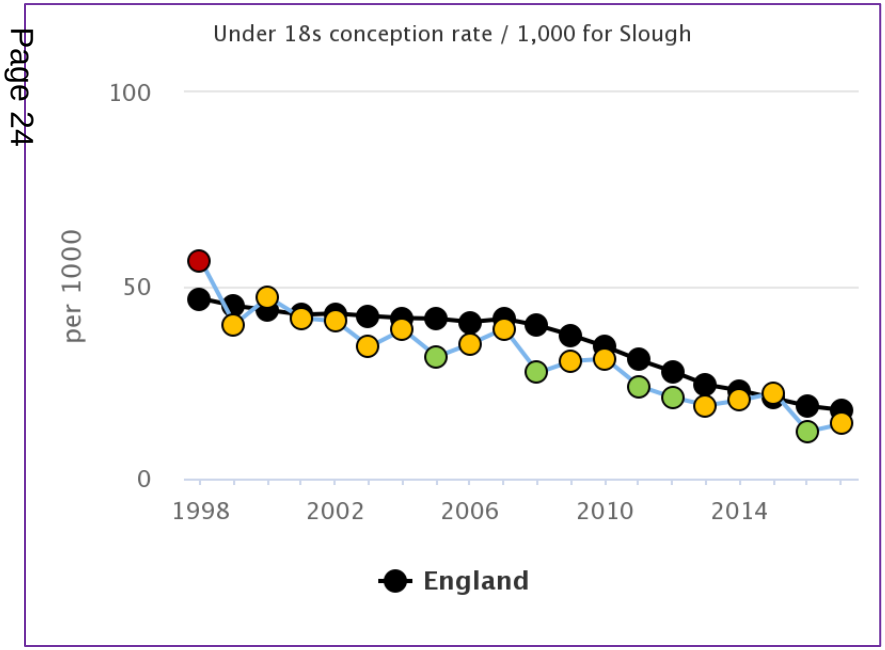


Note: Public Health Slough plan to commission a Health Needs Assessment of Black & Minority Ethnic Residents in 2019/20

There have been achievements in improving health outcomes – For example:

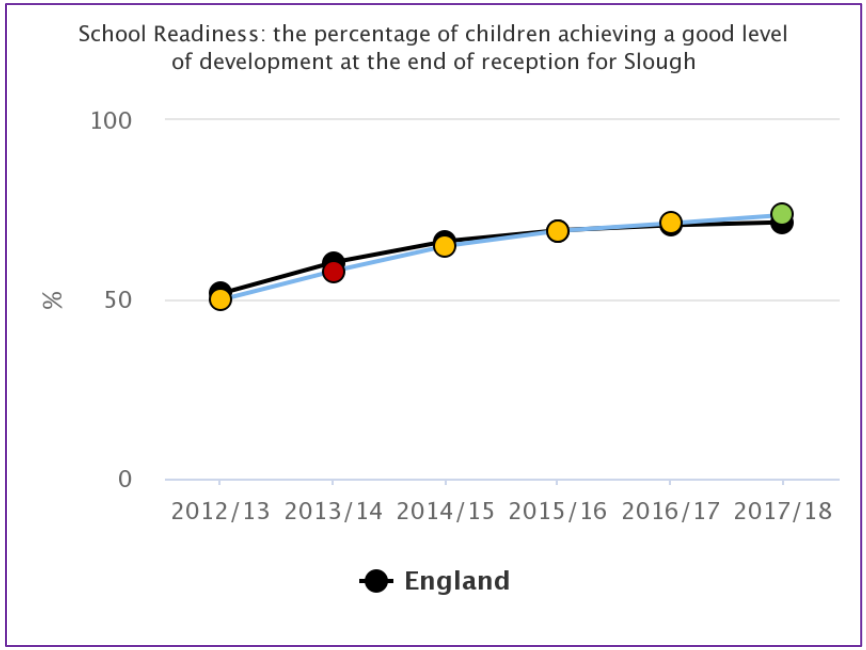
Teenage pregnancy

- Concerted multi-agency effort over time



School readiness

- With significantly greater equity for children on free school meals than some of our neighbours (see next slide)



Source: PHE Fingertips Tool – Slough Local Authority Profile (Sep 2018)

Summary of key health and wellbeing challenges in Slough

Children, young people and families

- Maternal ill health & perinatal mortality
- High Year 6 obesity*
- Low physical activity*
- Poor oral health*
- Low immunisations

Working age adults

- High obesity
- Low physical activity
- High smoking* – especially manual workers
- High TB rates*
- High substance misuse
- Poor mental health

Older people

- High cardiovascular disease & associated premature mortality
- High diabetes
- Falls
- Low uptake of cancer screening
- Social isolation
- Lower *healthy* life expectancy - 59 yr*

* In worst 3 in South East

Source: PHE Fingertips Profiles (including General, Child Health, Tobacco Control) 2018


everyone
ACTIVE
23 JUNE 2019
SLOUGH
5K FUN RUN
Get Active
everyone
ACTIVE
23 JUNE 2019
SLOUGH
5K FUN RUN
Get Active
everyone
ACTIVE
23 JUNE 2019
SLOUGH
5K FUN RUN
Get Active

Long list of suggested SWB priority areas

Slough headline area of need	Possible elements	Comments	Alignment with Marmot's 6
Starting Well	• School readiness ie 0-5 focus • Childhood obesity • Specific groups eg Looked after children, SEND • General health eg Oral health & Immunisation	Important to choose elements that require cross-partner 'unblocking'	A. Give every child the best start in life
Tackling poverty	• Poverty strategy	Poverty impacts all partners & would benefit from multi-agency response	D. Ensure healthy standard of living for all
Built environment	• Regeneration (including Heathrow) & health • Homelessness	Is there sufficient multi-agency interest / need or is this an SBC / SBC-CCG issue?	E. Create and develop healthy and sustainable places and communities
Violence	• Youth violence including gangs • All-age violence	Risk of duplication with SSP	E. Create and develop healthy and sustainable places and communities
Cardiovascular health	• Smoking cessation • Diabetes awareness • Physical activity & inactivity • Obesity • Workplace health	Obesity is all-system response Does CVD need a partnership response?	F. Strengthen the role and impact of ill health prevention
Mental health & wellbeing	• CYP Mental Health • Social isolation • Workplace mental wellbeing	• Important priority to address 'parity of esteem' • Care with duplicating CYP MH Transformation work	F. Strengthen the role and impact of ill health prevention
Workplace health	• Mental health • Cardiovascular health • General health promotion including PA & obesity	All SWB partners can engage for organisational & borough benefits	C. Create fair employment and good work for all
Health & Care System integration	• Residents with complex needs (eg People with 2 or more of mental ill health, substance misuse, domestic abuse, homeless)		D. Ensure healthy standard of living for all

Acknowledgements

Many thanks to the following for their help in providing and/or collating the data:

- Becky Campbell – Senior Analyst, Public Health Services for Berkshire (hosted by Bracknell Forest Council)
- Helen Atkinson – Interim Director of Population Health and Wellbeing, Frimley Health and Care Partnership
- Dr Jim O'Donnell – GP Partner, Clinical Lead for the Slough Locality of NHS East Berkshire CCG, Farnham Road Surgery

Slough Wellbeing Board

Developing the Future Priorities of the Slough Wellbeing Board

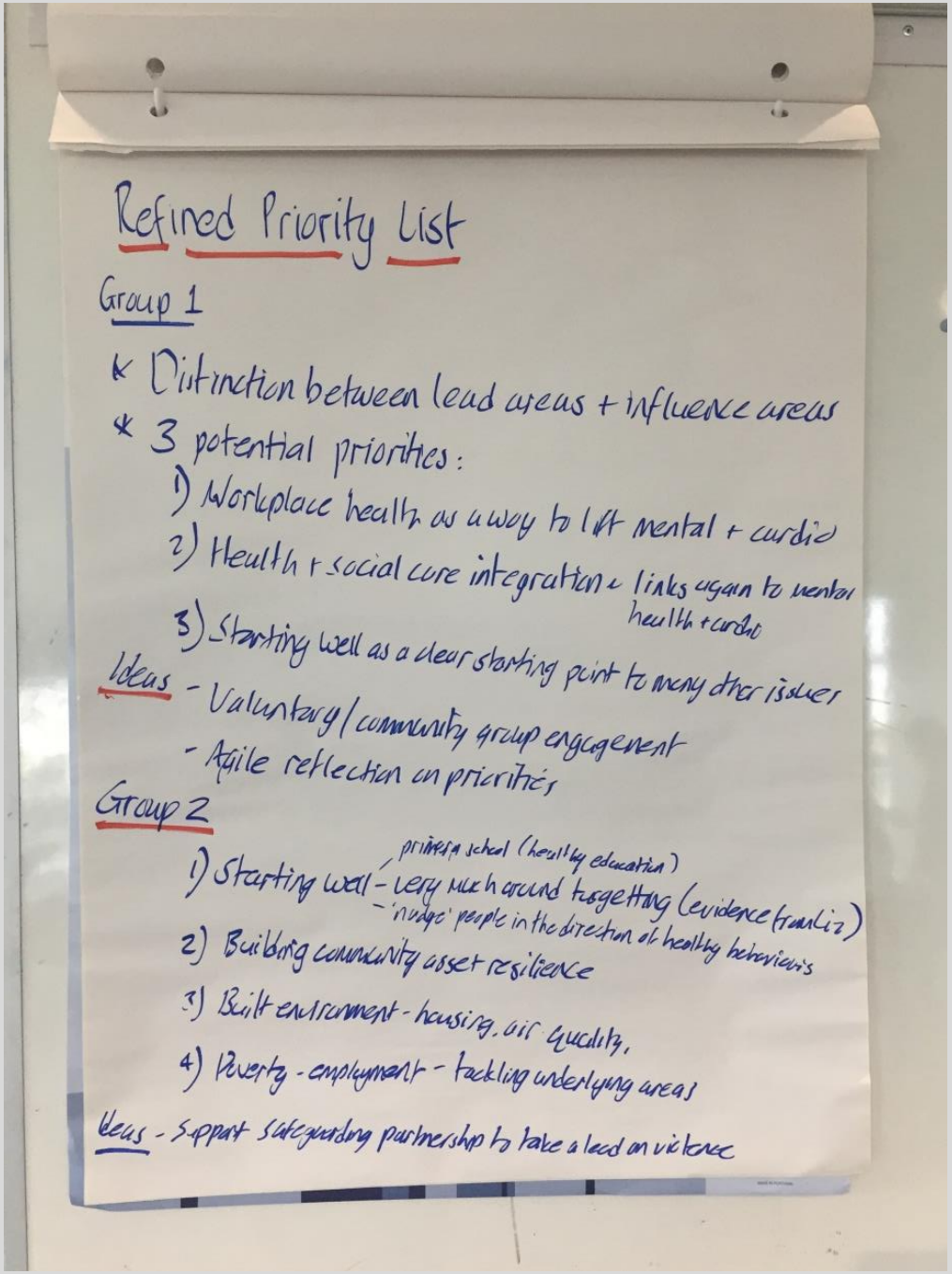
13th November 2019

The Background

- Development session on Thursday 3rd October.
- Data relating to Slough's health inequalities and wider determinants of health presented.
- Worked with an external facilitator to draw out several potential priorities.
- Discussed question of "influence" vs "lead".

The group came up with these potential priority areas:

- Workplace health
- Integration
- Starting well
- Building community asset resilience
- Built environment
- Poverty



The Proposed Priorities

Overarching Aim: **Tackling Poverty and Reducing Inequalities**			
Priority One: Workplace Health	*Priority Two:* Integration (including health and social care)	*Priority Three:* Building community asset resilience	*Priority Four:* Starting Well

Partnerships

Local statutory partnerships:

- Wellbeing Board
  - Health and Wellbeing board – possible name change.
- Safer Slough Partnership
  - Areas including serious youth violence and domestic abuse.
- Safeguarding
  - Areas including neglect and exploitation.

Plus:

- Children and Young People's Partnership
  - Areas include Starting Well work

Gaps:

- Inclusion of businesses in Slough.
- Housing and environment, regeneration and economic development

Outcomes

- Timescale
  - Proposed timescale of three years
- Brief ideas for outcomes
  - Reduction in poverty
  - Improvement in healthy life expectancy
  - Improved community cohesiveness
- Next steps:
  - Agree priorities.
  - Finalise outcomes. Need to consider how to measure some of the outcomes that are harder to quantify.
  - Create an action plan to reach these outcomes.

Questions and Thoughts

Overarching Aim: **Tackling Poverty and Reducing Inequalities**			
Priority One: Workplace Health	*Priority Two:* Integration (including health and social care)	*Priority Three:* Building community asset resilience	*Priority Four:* Starting Well

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SLOUGH BOROUGH COUNCIL

REPORT TO:	Slough Wellbeing Board
DATE:	13th November 2019
REPORT AUTHOR:	Tessa Lindfield, Strategic Director Public Health for Berkshire
CONTACT OFFICER: **(For all Enquiries)**	Dr Liz Brutus - Service Lead Public Health (01753) 875142
WARD(S):	All

PART I
COMMENT AND CONSIDERATION

ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT (2019): BERKSHIRE - A GOOD PLACE TO WORK

1. Purpose of Report

This paper describes the Annual Director of Public Health Report (2019): Berkshire – A Good Place to Work, which focuses on workplace health and wellbeing.

2. Recommendations

The Slough Wellbeing Board is recommended to note the information provided.

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

3a. Slough Joint Wellbeing Strategy Priorities

The current programme is aimed at supporting local residents to improve their health and wellbeing through improved prevention and early detection as provided through the national immunisation and screening programmes. This work supports two of the Joint Wellbeing Strategy priorities in particular - around increasing life expectancy and improving mental health and wellbeing.

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

3b. Five Year Plan Outcomes

The outcomes where delivery will be enhanced by the paper are primarily around:

- Outcome 2: Our people will be healthier and manage their own care needs
- Outcome 5: Slough will attract, retain and grow businesses and investment to provide jobs and opportunities for our residents.

4. **Other Implications**

(a) Financial

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

(b) Risk Management

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**

Policy context

5.1 Every year, the Director of Public Health has a statutory responsibility to produce an Annual Director of Public Health Report (ADPHR). These reports highlight topical health issues affecting local residents.

5.2 The ADPHR aims to inform residents on health issues in their community, to inspire action and guide decision makers' priorities, and ultimately to reduce local health inequalities.

Summary of report contents

5.3 This year's Director of Public Health Report focusses on work and health. This particular topic was selected because of the strong relationship between work and health and the opportunity in workplaces to take action to improve health and wellbeing.

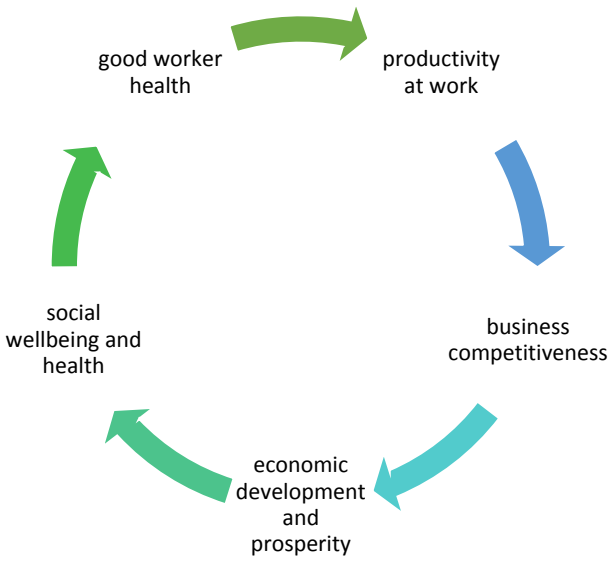
5.4 Evidence shows that 'good work' improves health and wellbeing, it connects us with others, provides us with a stable income, social interaction and a sense of identify and purpose. On the other hand, unemployment is associated with an increased risk of poorer health including limiting long term illness, heart disease, poor mental health and health harming behaviour and suicide.

5.5 The relationship between work and health is symbiotic, not only is good work good for your health but people in the best health possible can be a more productive workforce for business. To complete the cycle, successful business supports economic prosperity and the wellbeing of communities.

5.6 The benefits of improving workplace health extend beyond the individual worker - for an employer, a healthy resilient workforce has fewer sick absences, better productivity and longer careers before retiring. From an economic and wider societal point of view, an unhealthy workforce leads to increased healthcare costs, increased informal

caregiving, increased long-term sickness and loss in productivity. These relationships are illustrated in the work and health cycle below.

Diagram showing the Health and Work Cycle:



Source: Public Health England; Health Matters: Health and Work

Key Messages from the report

Chapter 1: The win:win

5.7 There is a strong relationship between work and health. Good work is good for you and a healthy resilient workforce is good for business. The work place an ideal venue for improving health. Our health during our working life lays the foundation for our retirement years and we want to increase the length of healthy lives in Berkshire. Workplace health is a win:win for population health, employees and employers.

Chapter 2: Working in Berkshire

5.8 We are privileged in Berkshire to enjoy relatively high levels of employment, hosting a large number of well known companies. A significant proportion of our residents work in public sector or other large organisations. The top industries in Berkshire are Professional, scientific & technical, Information and Communication and construction and we have a higher proportion of people in Managerial and professional positions jobs than average for Great Britain.

Chapter 3: Meeting the Challenge

5.9 Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but healthy life expectancy is lagging behind. The number of years spent in poorer health varies between places in Berkshire

and is closely associated with deprivation. Productivity in the UK is not as strong as other G7 member countries and there is good evidence that improving health the workforce assists productivity. However, workplaces are changing and we need to adapt our approaches to meet the needs of flexible employees and freelancers as well as those with regular places of work.

5.10 Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways, to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

Chapter 4: What can we do?

5.11 The conditions that contribute to poorer healthy life expectancy, sickness absence and presenteeism have prevention opportunities in common. Access to good work remains a central focus and strong management and HR processes are the bedrock of a healthy workforce.

5.12 Fortunately, there are many resources available to help us get started. Evidence shows that engaged and committed organisational leadership, working closely with employees is critical for success. There are tools available to assist with assessing need for workforce health and measuring progress.

5.13 Work can support or damage our mental health and there are actions employers can take to prevent stress and increase resilience to mental ill health. Creating workplaces where healthy behaviours are default is challenging but there are examples where businesses have helped their staff be physically active every day, to eat well and stop smoking. Berkshire businesses are already putting these ideas into action and case studies are included in the report.

5.14 Some groups of workers need careful consideration as they have more chance of becoming unwell. Shift workers, people at risk of discrimination, people with disabilities, people with caring responsibilities and new mothers need extra support.

5.15 Some organisations are bedded strongly in communities over generations, they are anchor institutions and especially influential within their communities.

Chapter 5: Next steps

5.16 So where do we start? The report suggests:

- Start a better conversation in your organisation about improving health *and listen*
- Use the evidence on what works to make a plan *and start somewhere*
- Measure change *and adapt your approach*
- Share your learning with others *and learn from them*

6. **Appendix**

1. Annual Director of Public Health Report – Berkshire 2019: Berkshire - A Good Place to Work (Full report)

7. **Background Papers**

None

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DIRECTOR OF PUBLIC HEALTH REPORT
BERKSHIRE 2019

Berkshire:
A good place to work

Working together for health and wellbeing

Public Health for Berkshire

ACKNOWLEDGEMENTS

Many thanks to all those who contributed to this year's report.

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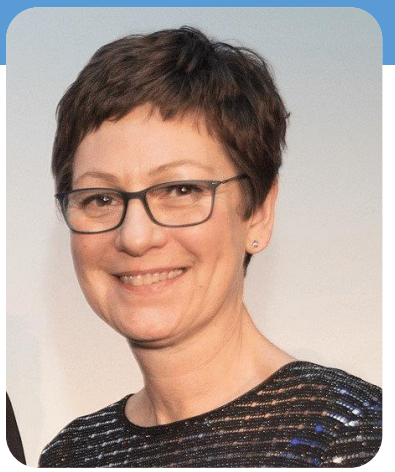
FOREWORD



On the face of it Berkshire is a good place to work. Whilst there is some variation between boroughs, unemployment is low overall. We know that having a good job, one that pays a reasonable wage, provides security and allows individuals to thrive protects against adverse health outcomes both during our working lives and into retirement. Indeed our health in the years when we are at work lays the foundation for our health in later years.

Employers have an interest in maintaining and improving the health of their workforce, avoiding preventable sickness absence and presenteeism which damage productivity. There is a win:win here for population health and employers, particularly in a place like ours where so many people are in work.

People tell us that they want to take responsibility for their health but they need it to be easier than it is now. There are many ways that employers can help employees manage illness and disability and improve their health. A healthy workforce is an aspiration that should be held by every employer.

The nature of work also affects our health. It stands to reason that people who are in unstable or unhappy work environments are less likely to benefit from the health advantages associated with employment. Increasingly common issues such as zero hours contracts, stress, presenteeism and low pay have been shown to adversely affect future health and are important workforce health issues to take into account.

Workplaces are changing, I was at work when this picture was taken, giving out an award for workplace health. Like many, my workplace is not just an office and meeting rooms but also coffee shops, my spare room and my car! Indeed for some companies the concept of a workplace in itself is becoming obsolete. The way we work is shifting too, We see more tasks performed via technology and more remote working. This changes the balance of health opportunities and risks associated

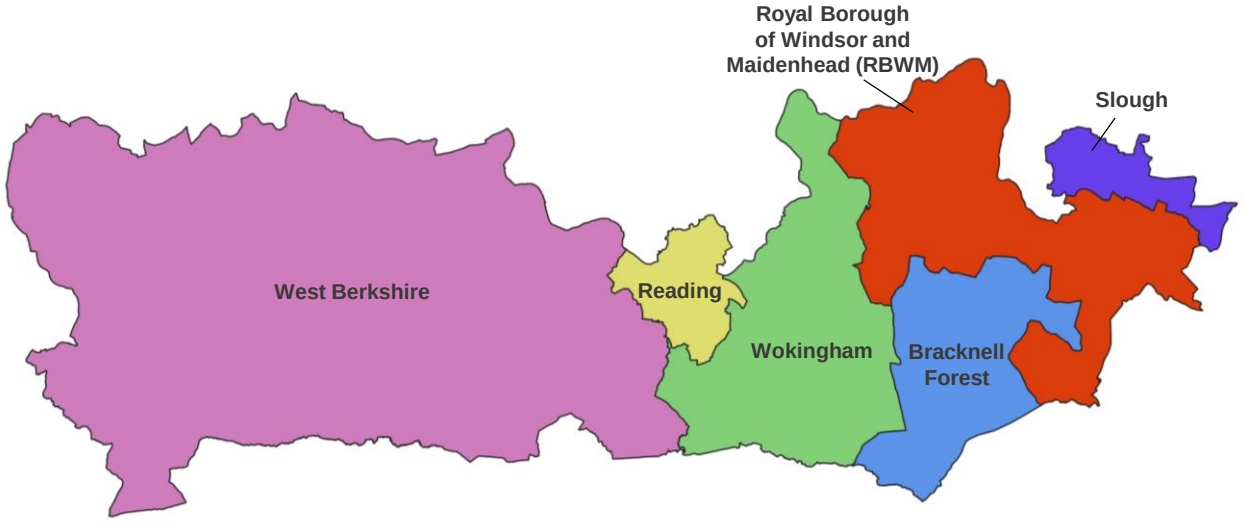
with work, not least how we replace the social interactions we have with our colleagues. If we are looking at good workforce health as a foundation for later life, we need to take this changing context for work and think differently about workplace health.

We also need to think beyond individual worker's wellbeing, organisations not only influence the health of their employees but also their families and the communities they form. Employing individuals from a range of different backgrounds and abilities should not be underestimated. This not only helps the individual concerned but also enhances the working environment for other employees and adds to the wellbeing of the organisation.

This 2019 Annual Public Health Report outlines what we know about employment and health in Berkshire and offers some ideas to improve the health of our workforce in our ever changing workplaces. The aim is to start a conversation, to inspire us to do more to improve the health of our workforce and our population.

Workplace health presents a win:win for business and population health. We have an opportunity, working together, to make Berkshire an even better place to work.

Tessa Lindfield
Strategic Director of Public Health for Berkshire



CONTENTS

The Long Walk, Windsor Great Park

SEGRO Business Park, Slough

KEY MESSAGES

The Win:Win

There is a strong relationship between work and health. Good work is good for you and a healthy resilient workforce is good for business.

The work place is an ideal venue for improving health.

Our health during our working life lays the foundation for our retirement years and we want to increase the length of healthy lives in Berkshire.

Workplace health is a win:win for population health, employees and employers.

Working in Berkshire

We are privileged in Berkshire to enjoy relatively high levels of employment, so addressing health in the workplace means we can reach a large number of people.

Berkshire hosts a large number of well-known companies and a significant proportion of our residents also work in large public sector organisations.

The top industries in Berkshire are Professional, Scientific & Technical, Information and Communication and Construction.

We have a higher proportion of people in managerial and professional positions jobs than average for Great Britain.

KEY MESSAGES

Meeting the challenge

Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but the number of years that people can expect to live in good health is not keeping pace with life expectancy, meaning that people are living more years in poor health. This does not affect everyone in the same way, the number of years spent in poorer health varies between places in Berkshire and is closely associated with deprivation.

Productivity in the UK is not as strong as other G7 member countries and there is good evidence that improving the health of the workforce assists productivity.

Workplaces are changing and we need to adapt our approaches to meet the needs of flexible employees and freelancers as well as those with regular places of work. It is important to consider how workplaces enable a healthy inclusive workforce, taking account of physical, mental and cultural needs of all workers.

Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways, to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

KEY MESSAGES

What can we do?

The conditions that contribute to poorer healthy life expectancy, sickness absence and presenteeism have prevention opportunities in common. Access to good work remains a central focus and strong management and HR processes are the bedrock of a healthy workforce.

Fortunately, there are many resources available to help us get started. Evidence shows that engaged and committed organisational leadership, working closely with employees is critical for success. There are tools available to assist with assessing workforce health needs and measuring progress.

Work can support or damage our mental health and there are actions employers can take to prevent stress and increase resilience to mental ill health. Creating workplaces where healthy behaviours are the default is challenging but there are examples where businesses have helped their staff be physically active every day, to eat well and stop smoking. Berkshire businesses are already putting these ideas into action and case studies are included in the report.

Some groups of workers need careful consideration as they have more chance of becoming unwell. Shift workers, people at risk of discrimination, people with disabilities, people with caring responsibilities and new mothers need extra support.

Some organisations are bedded strongly in communities over generations. These are known as anchor institutions and are especially influential within their communities.

NEXT STEPS

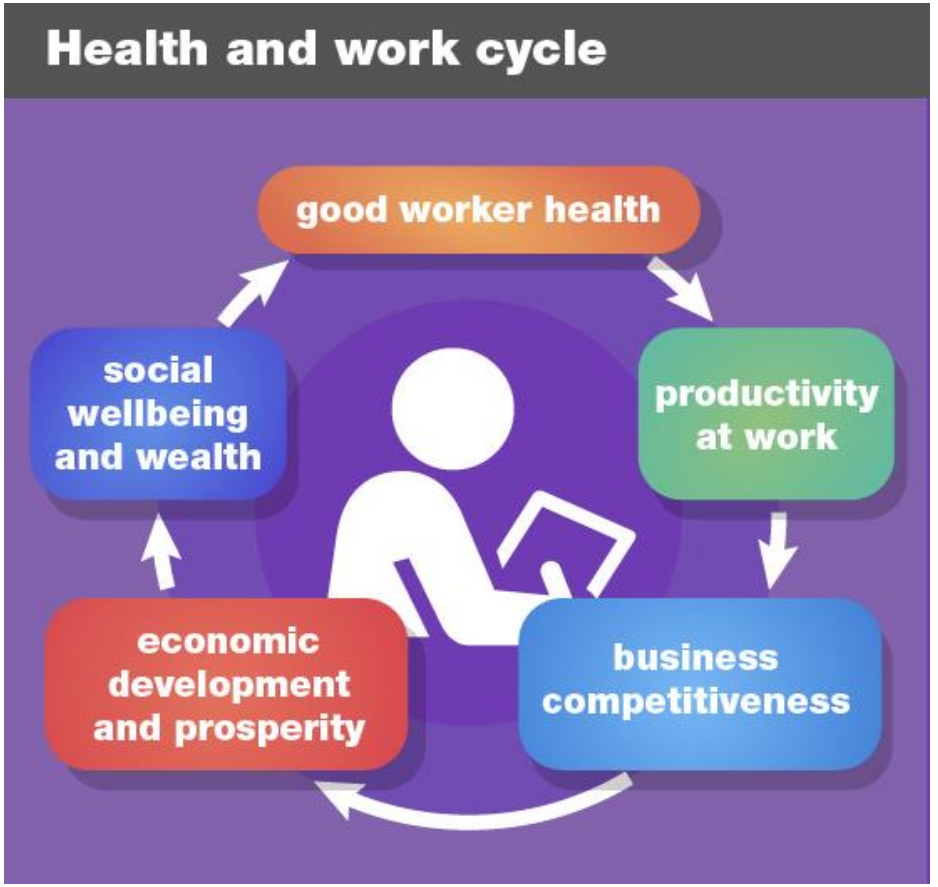

1. Start a better conversation in your organisation about improving health *and listen*
2. Use the evidence on what works to make a plan and *start somewhere*
3. Measure change and *adapt your approach*
4. Share your learning with others and *learn from them*

CHAPTER 1: THE WIN:WIN

There is a strong relationship between work and health.

Evidence shows that 'good work' improves health and wellbeing, it connects us with others, provides us with a stable income, social interaction and a sense of identity and purpose. On the other hand, unemployment is associated with an increased risk of poorer health including limiting long term illness, heart disease, poor mental health, health harming behaviour and suicide.

The relationship goes both ways - not only is good work good for your health, but a healthy population has the potential to be a productive workforce for business. In turn successful business supports economic prosperity and the wellbeing of communities. The benefits go beyond the individual worker - for an employer, a healthy resilient workforce has fewer sick absences, better productivity and longer careers before retiring. From an economic and wider societal point of view, an unhealthy workforce leads to increased healthcare costs, increased informal caregiving, increased long-term sickness and loss in productivity. Overall, sickness absences and worklessness is estimated to cost the economy £100 billion a year (Public Health England 2016).



Public Health England; Health Matters: Health and Work

What do we mean by good work?

It is more than a workplace that is safe. Good work gives a sense of security, autonomy, communication within an organisation and good line management. As Sir Michael Marmot's studies illustrated, it is not just having work that makes a difference, but the quality of our jobs (Marmot et al, 1991).

Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

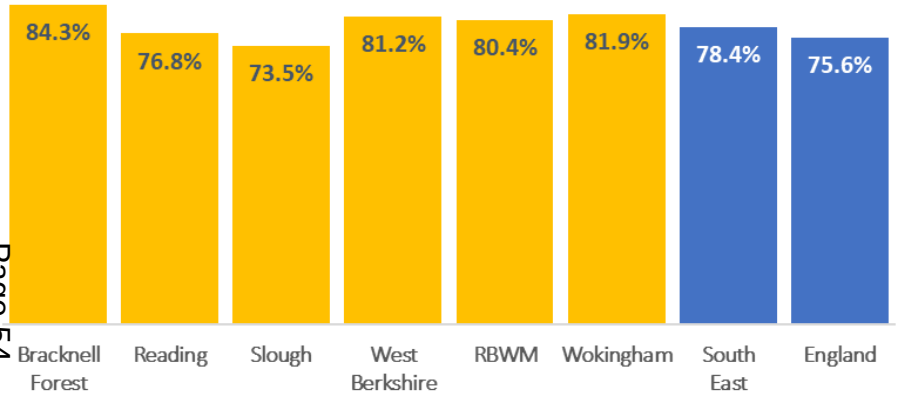
Investing in workplace health makes sense. There is good evidence that the financial benefits of investing in worker health outweigh the costs of managing employee sickness and absence. Benefits include:

- Reduced sickness absence
- Improved productivity – employees in good health can be up to three times more productive than those in poor health and experience fewer motivational problems
- Reduced staff turnover – employees are more resilient to change and more likely to be engaged with the business's priorities

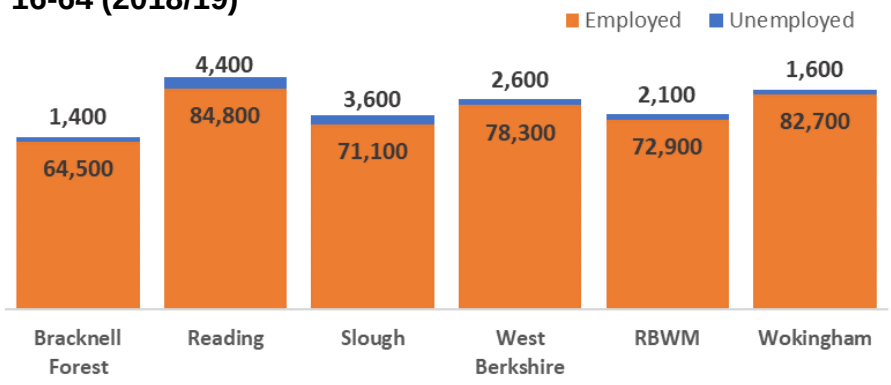
CHAPTER 2: WORKING IN BERKSHIRE

In Berkshire we have a robust economy and one of the highest employment rates in Europe.

EMPLOYMENT RATES FOR PEOPLE AGED 16-64 (2018/19)



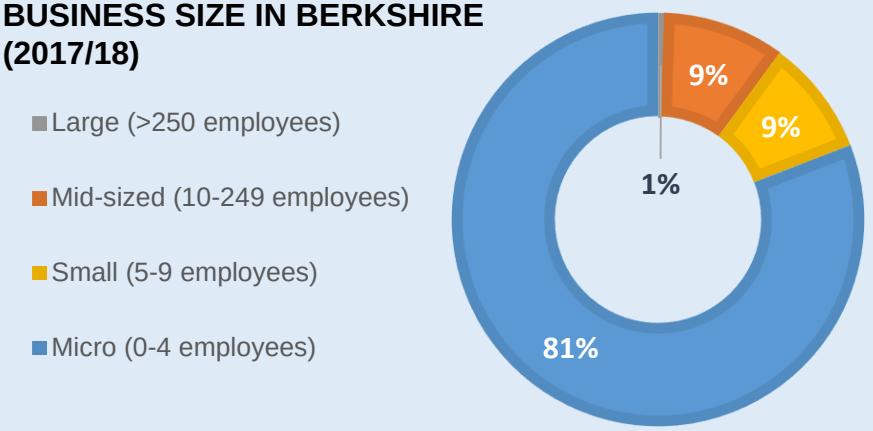
NUMBER OF PEOPLE EMPLOYED AND UNEMPLOYED AGED 16-64 (2018/19)



Office for National Statistics; Labour Market Profile – Thames Valley Berkshire

The majority of Berkshire businesses are micro-businesses, employing four or fewer staff. Despite fewer than 1% of business in Berkshire being large enough to employ over 250 staff, they provide approximately 38% of local employment. This presents a great opportunity to maximise our ability to protect, improve and promote good health in the workplace.

BUSINESS SIZE IN BERKSHIRE (2017/18)



Thames Valley Berkshire LEP; Business in Berkshire 2018

TOP 5 BUSINESS SECTORS IN BERKSHIRE (2017/18)

1. Professional, scientific & technical
2. Information & communication
3. Construction
4. Wholesale & retail trade; repair of vehicles
5. Administrative & support service activities

Thames Valley Berkshire LEP; Business in Berkshire 2018

EMPLOYMENT BY OCCUPATION (2018)

	Thames Valley Berkshire (numbers)	Thames Valley Berkshire (%)	South East (%)	Great Britain (%)
SOC 2010 major group 1-3	259,100	55%	51%	46%
1. Managers, directors and senior officials	56,400	12%	12%	11%
2. Professional occupations	116,700	25%	22%	21%
3. Associate professional and technical	86,100	18%	16%	15%
Soc 2010 major group 4-5	87,000	19%	20%	20%
4. Administrative and secretarial	48,700	10%	10%	10%
5. Skilled trades occupations	38,300	8%	10%	10%
Soc 2010 major group 6-7	65,500	14%	16%	17%
6. Caring, leisure and other service occupations	36,400	8%	9%	9%
7. Sales and customer service occupations	29,100	6%	7%	8%
Soc 2010 major group 8-9	58,600	13%	13%	17%
8. Process plant and machine operatives	21,100	5%	4%	6%
9. Elementary occupations	37,400	8%	9%	10%

Notes: Numbers and % are for those aged 16 and over. % is a proportion of all persons in employment

Office for National Statistics; Labour Market Profile – Thames Valley Berkshire

LARGEST BUSINESSES IN BERKSHIRE (2017/18)

Name	Number of employees (local estimate)
NHS	16,500
6 local authorities	9,300
Vodafone	5,000
AWE	4,500
University of Reading	3,500
Waitrose (HQ & distribution centre)	3,400
Microsoft	3,000
Telefonica O2	2,500
GSK	2,000
Merlin (Legoland)	2,000
Oracle	2,000
Royal Mail	2,000
SSE	2,000
Fujitsu	2,000

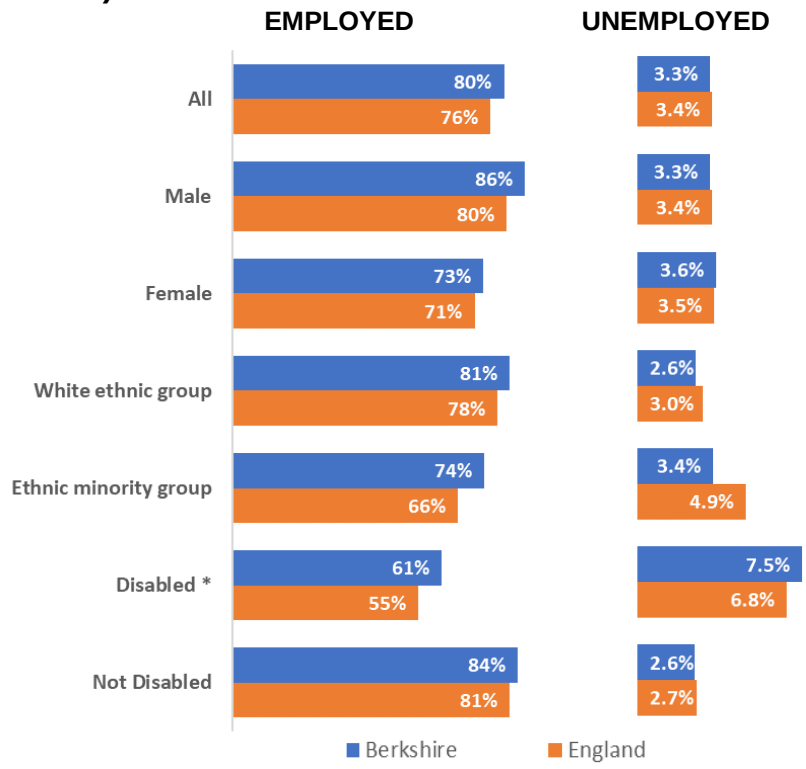
Thames Valley Berkshire LEP; Business in Berkshire 2018

Over 50% of Berkshire employees work in occupations that are classified in the top three major groups of the Office for National Statistics Standard Occupation Classification (SOC). In particular 25% of employees in Berkshire have professional occupations. This is a significantly higher proportion than the South East England and Great Britain workforces.

Gaps in the local workforce

Berkshire's employment rates are higher than the national figures across all population groups. However, it is clear that there are still gaps and inequalities locally which may prevent people from becoming employed.

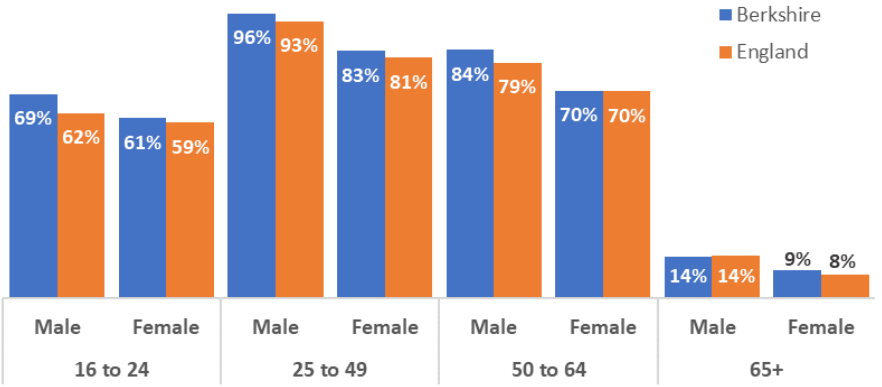
EMPLOYMENT AND UNEMPLOYMENT RATES IN BERKSHIRE AND ENGLAND FOR PEOPLE AGED 16-64 (2018/19)



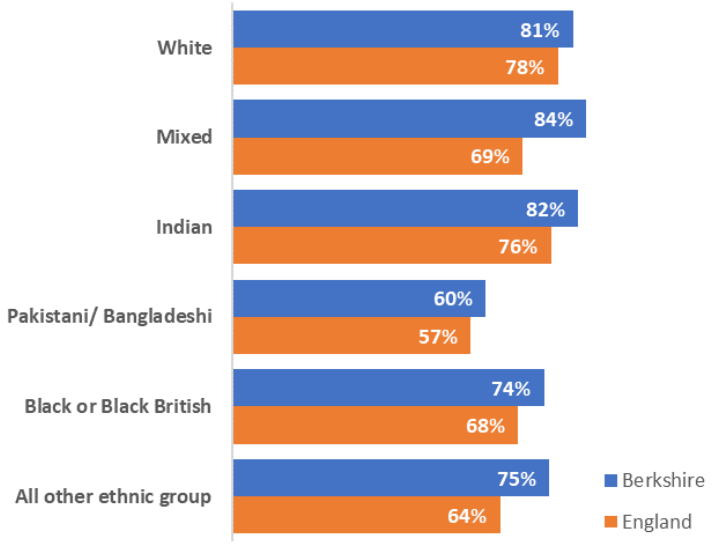
** Disabled includes people who have a long-term disability which substantially limits their day-to-day activities, as well as those that have a disability which affects the kind or amount of work that they might do.*

Office for National Statistics; Annual Population Survey

EMPLOYMENT RATES BY SEX AND AGE GROUP (2018/19)



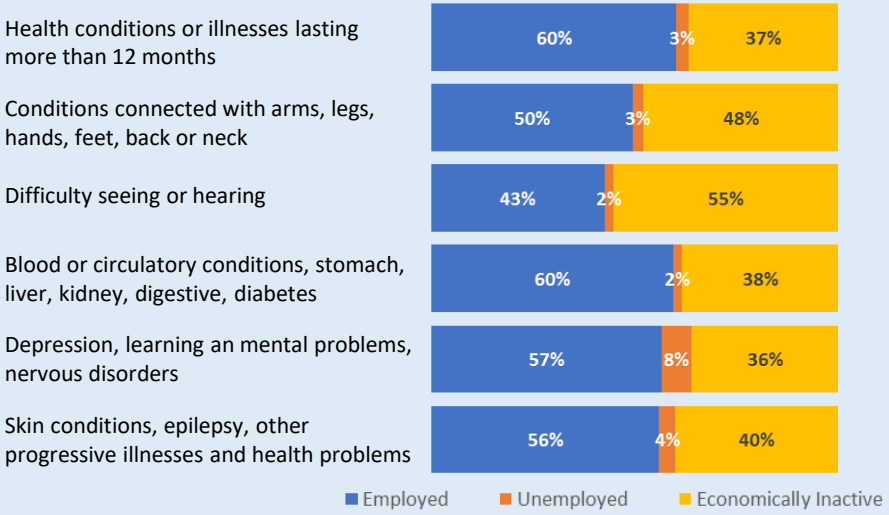
EMPLOYMENT RATES BY ETHNIC ORIGIN (2018/19)



Individuals with disabilities, mental health conditions and limiting long- term health condition face greater barriers to move into employment. Despite a new record high overall employment rate of 76.1% nationally (Office for National Statistics, 2019) the employment gap between these group of individuals compared to people with no health condition remains high.

In Berkshire, over 100,000 people aged 16 to 64 have a long-term disability that substantially limits their day to day activities or affects the kind or amount of work that they might do. This is approximately 18% of the working-aged population. 61% of this group were in employment during 2018-19 and a further 7.5% were unemployed, but seeking employment (Office for National Statistics, 2019)

EMPLOYMENT ACTIVITY FOR PEOPLE AGED 16 AND OVER WITH A DISABILITY IN BERKSHIRE (2018/19)



Office for National Statistics; Labour Market Profile – Thames Valley Berkshire

GAP IN THE EMPLOYMENT RATE BETWEEN KEY GROUPS AND THE OVERALL EMPLOYMENT RATE (2017/18)

Area	People with a Learning Disability	People in contact with Secondary Mental Health services	People with a long-term health condition
Bracknell Forest	74%	68%	5%
Reading	73%	67%	11%
Slough	74%	66%	14%
West Berkshire	77%	69%	15%
RBWM	65%	69%	9%
Wokingham	64%	57%	11%
England	**69%**	**68%**	**12%**

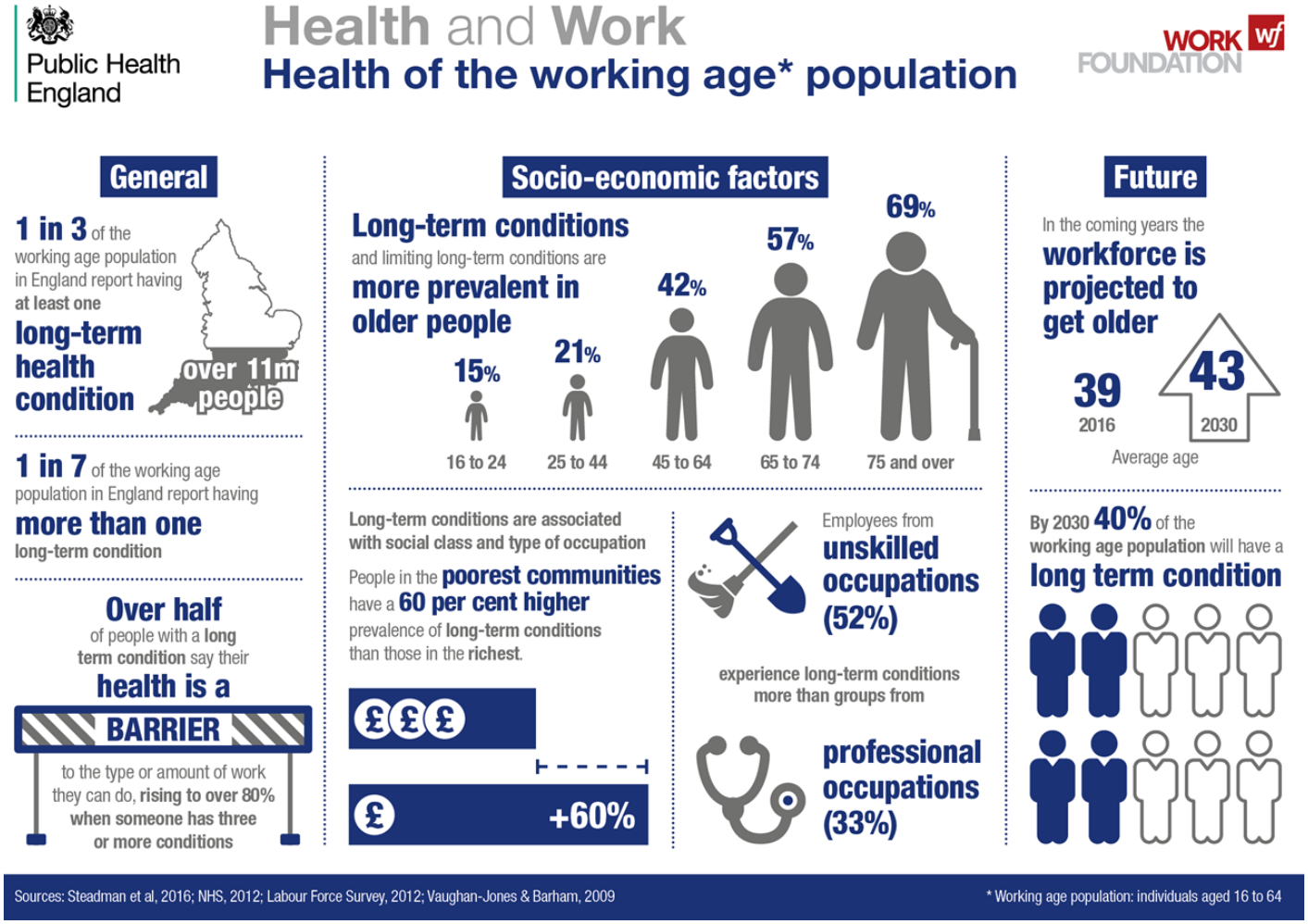
Public Health England; Public Health Outcomes Framework

Around £13bn is spent annually on health-related benefits. Supporting people back into work does not only empower individuals, but can also bring about returns to the local economy by about £14,436 per person per year (Public Health England, 2016).

In March 2018, 3,672 people claimed unemployment-related benefits in Berkshire. This is a 23.3% decrease compared to March 2010. Many people claiming such benefits would like to work, provided they find the right job and support that accommodates their health needs (Office for National Statistics, 2018).

Where are the inequalities?

This useful infographic from Public Health England and the Work Foundation shows that long term health conditions are more common in unskilled occupations, compared to those in professional occupations. The prevalence of long-term conditions also increases with age.



Public Health England; Health and Work: Health of the working age population

In Berkshire, 12% of workers are employed in the two least skilled occupations groups (process plant and machine operatives; elementary occupations).

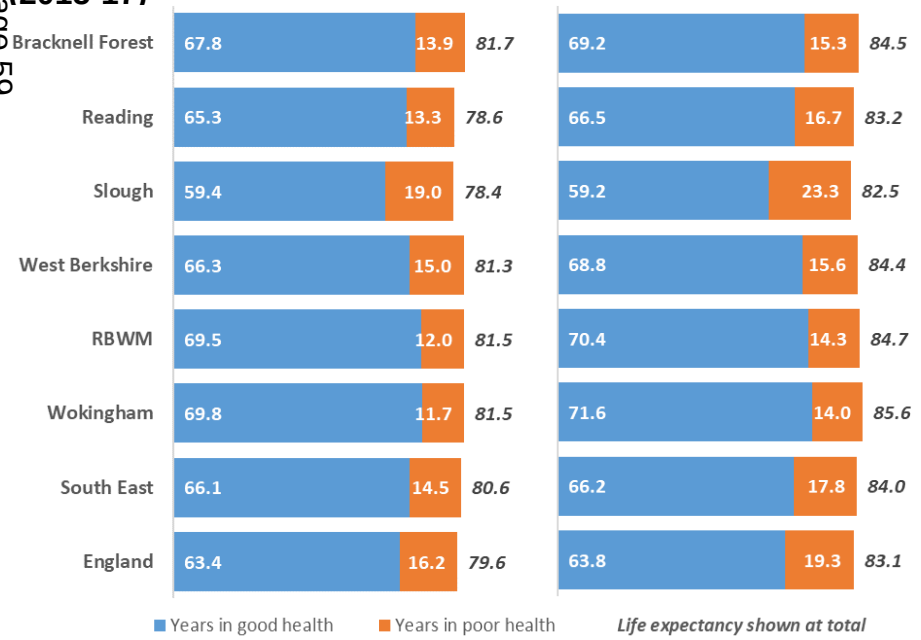
The proportion of workers from a Pakistani/ Bangladeshi ethnic group who were employed in these occupations in 2018/19 was much higher at 23%, with 19% of Black British workers also employed in these roles.

Office for National Statistics; Labour Market Profile – Thames Valley Berkshire

CHAPTER 3: MEETING THE CHALLENGE

We are living and working longer. The state pension age is increasing and life expectancy stands at 80.6 and 84.0 years for men and women across the South East region (Public Health England, 2019). The number of years living in good health is lower, which means that that more people will be working later into life with long-term health conditions, particularly those from poorer communities and in unskilled occupations (Public Health England, Health Profile for England: 2018).

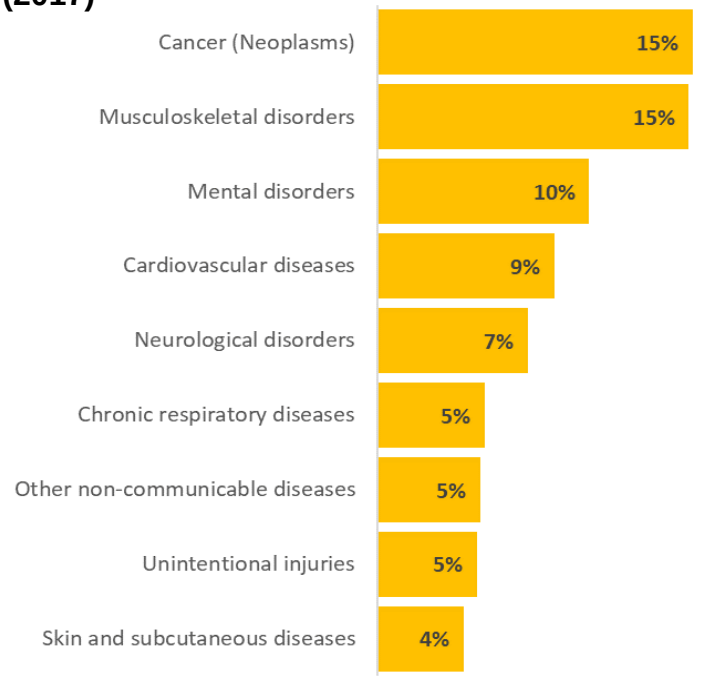
LIFE EXPECTANCY AND YEARS SPENT IN GOOD AND POOR HEALTH (2015-17)



Public Health England; Public Health Outcomes Framework

The conditions that cause early death and disability across Berkshire are shown in the graph below, with cancers, musculoskeletal disorders and mental orders identified as the main causes. Many of these have preventable elements and opportunities to limit progression.

MAIN CAUSES OF DISABILITY-ADJUSTED LIFE YEARS (DALYS) IN BERKSHIRE FOR PEOPLE AGED UNDER 75 (2017)



DALYS measure the overall burden of disease in an area by estimating the number of years of life lost to ill-health, disability or premature death (deaths before the age of 75).

Institute of Health Metrics and Evaluation; Global Burden of Disease Compare tool

Some groups have particular issues when it comes to health and work.

Shift work

14% of us work shifts outside regular daytime hours of 7am to 7pm, including healthcare professionals, the police, the fire brigade, manufacturing and transportation industries, all integral members of the Berkshire workforce (Health and Safety Executive, 2006).

Shift work disrupts our body clock and metabolism, leading to:

Short term effects	Long term effects
Poor quality rest and sleep	Indigestion
Shortened attention span	High blood pressure
Impaired memory and decision making	Increased susceptibility to minor illnesses (e.g. colds and flu)
Mood changes	Diabetes

In the UK, tiredness and fatigue accounts for 20% of accidents on major roads and 3,000 road deaths per year. The ability for shift workers to adapt to the changes of the sleep-wake cycle varies considerably. It is estimated that 10-30% of shift workers are affected by shift work sleep disorder (The Parliamentary Office of Science and Technology, 2018).

In a 2017 survey, more than 50% of NHS junior doctors reported being involved in an accident or near miss after driving home from a night shift (McClelland et al, 2017).

The Gig Economy

Whilst all employers have the same legal responsibility to protect the health and safety of employees, workers on zero hour contracts, temporary contracts and gig economy work may not be receiving as much support as permanent, full-time employees.

A recent survey undertook by the Institution of Occupational Safety and Health (IOSH) reveals that amongst non-permanent workers:

1 in 2

receive full base safety induction

4 in 10

work without paid holiday that they are entitled to

1 in 3

have access to support from occupational health

Sitting and sedentary behaviour

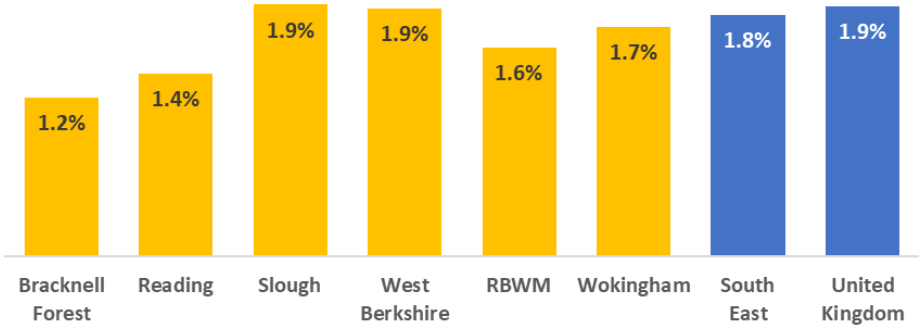
Excessive sitting can increase the risk of diabetes, obesity, heart disease and musculoskeletal problems (NHS, 2019). For certain occupations like long distance lorry drivers or taxi drivers, incorporating physical activities into the working day pose a significant challenge. It is estimated that 10% or more HGV drivers are overweight or obese compared to their peers (National Institute of Health and Research, 2018).

Productivity

There is ongoing debate about measuring productivity, with a move to include the quality as well as the quantity of work produced. Data is limited, but the UK is not performing as well as it might compared to other G7 economies (Office for National Statistics, 2018).

Sickness absence adversely affects productivity. Latest figures show that in the UK, employees took an average of 4.1 sickness absence days in 2017. Interestingly, there is a difference in the sickness absence rates in the private (1.7%) and public (2.6%) sectors. There is also a difference between occupations, with the highest rate in public sector health workers (3.3%) and the lowest in managers (0.9%). Absence rates are lower for professional occupations (1.7%) and higher for elementary occupations (2.6%) and process, plant and machine operatives (2.2%) (Office for National Statistics, 2018).

SICKNESS ABSENCE RATES ACROSS BERKSHIRE AND THE UNITED KINDOM, 2017



Office for National Statistics; Sickness absence in the UK Labour Market

When comparing the size of organisations, those in large businesses report the highest sickness absence rates (2.3%) compared to smaller businesses employing less than 25 people (1.6%) (Office for National Statistics, 2018).

Causes of sickness absence

In the UK, 131 million working days are lost each year to sickness absence, and the leading causes are minor illnesses, musculoskeletal (MSK) disorders and mental health issues (namely stress, depression and anxiety) (Public Health England, 2019).

Mental health conditions

14.3 million days lost

19% long-term sickness in England attributed to mental ill health

£33-£42 billion annual cost to employers

Only 40% of organisations have trained line managers to support staff mental wellbeing

Health and Safety Executive, 2018

Mental health affects how we think, feel and behave. Having good mental health allows us to cope with challenges we face and helps us build healthy relationships.

People working in professional jobs (comprising a significant proportion of the Berkshire workforce) have the highest rate of work-related stress, depression and anxiety. This is especially prevalent in healthcare, welfare, teaching, educational, legal and customer service sectors.

The most common work-related mental health issues are stress, anxiety and depression. The main factors leading to this include:

1. high workload pressure
2. insufficient managerial support
3. lack of clarity of role and responsibilities
4. experience of violence, threat, bullying in the workplace
5. lack of employee engagement when business undergoes organisational changes

Musculoskeletal Health (MSK)

28.2 million days lost

33% long-term sickness in England attributed to MSK

14 working days lost per year for each case

£7 billion annual cost to the UK economy

Business in the Community, 2017

Musculoskeletal conditions are the second most common cause of global disability.

Musculoskeletal disorder may develop from an injury or be due to conditions like arthritis. Heavy lifting or sitting for long periods in front of a workstation can contribute to back pain, whereas repetitive movement like typing and clicking can lead to wrist and hand injuries. Maintaining a healthy weight and staying strong and active helps protect against musculoskeletal conditions.

Musculoskeletal conditions can be episodic and transient, whereby the pain resolves and recurs again, or they may become chronic and irreversible. They may impair quality of life and mental wellbeing and can limit our ability to work efficiently and participate in social role and activities (Health and Safety Executive, 2018).

Presenteeism

In 2017, **131 million days** lost due to sickness compared to 178 million days lost in 1993

Presenteeism increased by **three times** since 2010

Only **30%** of managers take initiatives to identify the underlying cause of presenteeism

Office for National Statistics 2018

Chartered Institute of Personnel and Development 2018

Although the number of sickness absence days have fallen steadily, presenteeism is on the rise. This is when an individual spends more time at work than is required, including when they're ill and in need of a rest. On average, employees spend nearly 2 weeks at work when they are unfit. According to a business research report by Nottingham Trent University, the leading presenteeism conditions are hand or wrist pain, arthritis and anxiety and depression. This can lead to employees feeling unmotivated and unable to fully engage at work (Whysall et al, 2017).

Presenteeism also contributes to lower workplace morale and decline in workplace atmosphere. Employees who are unwell at work may take longer to recover and are also more likely to make mistakes or produce work of lower standard.

The changing nature of work

In the UK, as many as **1 in 10** working-age adults now work on gig economy platforms

There are now **6,075** flexible working spaces in the UK alone, which has grown by **7%** over the last 6 months alone

In 2018, there were approximately **12 million** millennials in the UK

Trades Union Congress, 2019

Instant Offices, 2019

Office for National Statistics, 2019

Workers and workplaces are changing. We are moving away from traditional employee, employer relationships.

Commentators talk about the gig economy where people hold multiple roles, working as freelancers.

Technology offers ever more solutions for tasks and even the office or formal workplace is under threat, with people in unrelated jobs working in shared spaces or at home.

Employees are expected to continually develop and learn and the much quoted millennial population is looking for more than a pay check as a reward for work (Marr, 2019).

CHAPTER 4: WHAT CAN WE DO?

There are actions that all employers can take to ensure the health and wellbeing of their workforce, regardless of their organisation size or the sector that they work in. A range of Public Health England resources and Business in the Community (BITC) toolkits are available in the January 2019 edition of Health Matters, which focuses on Health and Work.

Public Health England; Health Matters: Health and Work

This chapter highlights some examples of what employers could do within Berkshire to improve and protect the health of their employees, starting with actions for all employees and then focussing on some particular groups

Healthy workplace policies are the essential foundation for a healthy workforce

Understand employees needs	Review organisational policy	Work with employees
• Ongoing anonymous surveys and open dialogue at all levels • Co-design of new policies and interventions with employees • Continuous monitoring of impact • Provide employees with access to confidential support services and adjustments to support return to work	• Ensure adequate workplace assessment, adjustment and interactions • Review workplace design using HSE management standards • Provide training for line managers to identify employees with health needs early and to offer support • Support managers to feel confident to handle sensitive conversations and signpost to appropriate external support where required • Consider employee health and wellbeing in the context of organisational change – poor communication and uncertainty about roles and responsibilities are key triggers for workplace stress	• Organise group activities to improve workplace wellbeing, listening to employee preferences • Promote a positive culture around physical and mental health for all employees • Identify and encourage employees to become wellbeing champions • Ensure policies, processes and culture enables early identification of employees who are struggling and enables them to receive support
Health and Safety Executive, 2019	Health and Safety Executive, 2019	Health and Safety Executive, 2019

Awareness raising can help to break down stigma	
1-31st October annually: Stoptober	7th February 2020: Time to Talk Day
11-15th November 2019: Anti-Bullying Week	16-22nd March 2020: Nutrition and Hydration week
4-8th November 2019: International Stress Awareness Week	13th May 2020: World Sleep Day
1st December 2019: World AIDS day	18-24th May 2020: Mental Health Awareness Week

A workplace that supports healthy living

Increasing physical activity

For good physical and mental health adults should aim to be physically active every day. Any activity is better than none and more is better still. The scientific evidence continues to support 150 minutes of moderate to vigorous physical activity per week spread across the week (Chief Medical Officer, 2019).

What can employers do?

- Encourage and support employees to walk and stand more.
- Implement sit-stand adjustable desks to enable workers to vary between seating and standing easily.
- Implement incentives to support active travel such as Cycle to Work Scheme alongside facilities such as showers and bike storage.

Healthy food at work

Office cake culture makes it harder to eat well at work (Walker, 2019).

Eating together socially is important but this can be done with healthier options. Reducing the number of 'special occasions' cake days may enhance their social benefits further.

What can employers do?

- Use Public Health England and Business in the Community's Toolkit to start the conversation to create a positive environment for food.
- Take steps to ensure that employees have easier access to healthier food and drink.
- Consider adoption of Government Buying Standards for Food and catering Services (GBSF).

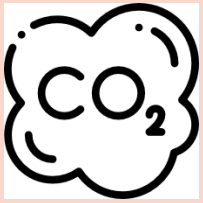
Smoke free

A smoke free work site supports the health of all employees. Giving up smoking is one of the best things people can do to improve health. Smokers are off work 2.7 days more per year compared to ex and non-smokers, costing around £1.7 billion (Department of Health, 2019).

What can employers do?

- Make information on local stop smoking support services widely available at work.
- Be responsive to individual needs and preferences. Provide on-site stop smoking support where feasible.
- Allow staff to attend smoking cessation services during working hours without loss of pay.
- Develop a smoking cessation policy in collaboration with staff and their representative as one element of an overall smoke free workplace policy.

Reducing carbon emissions



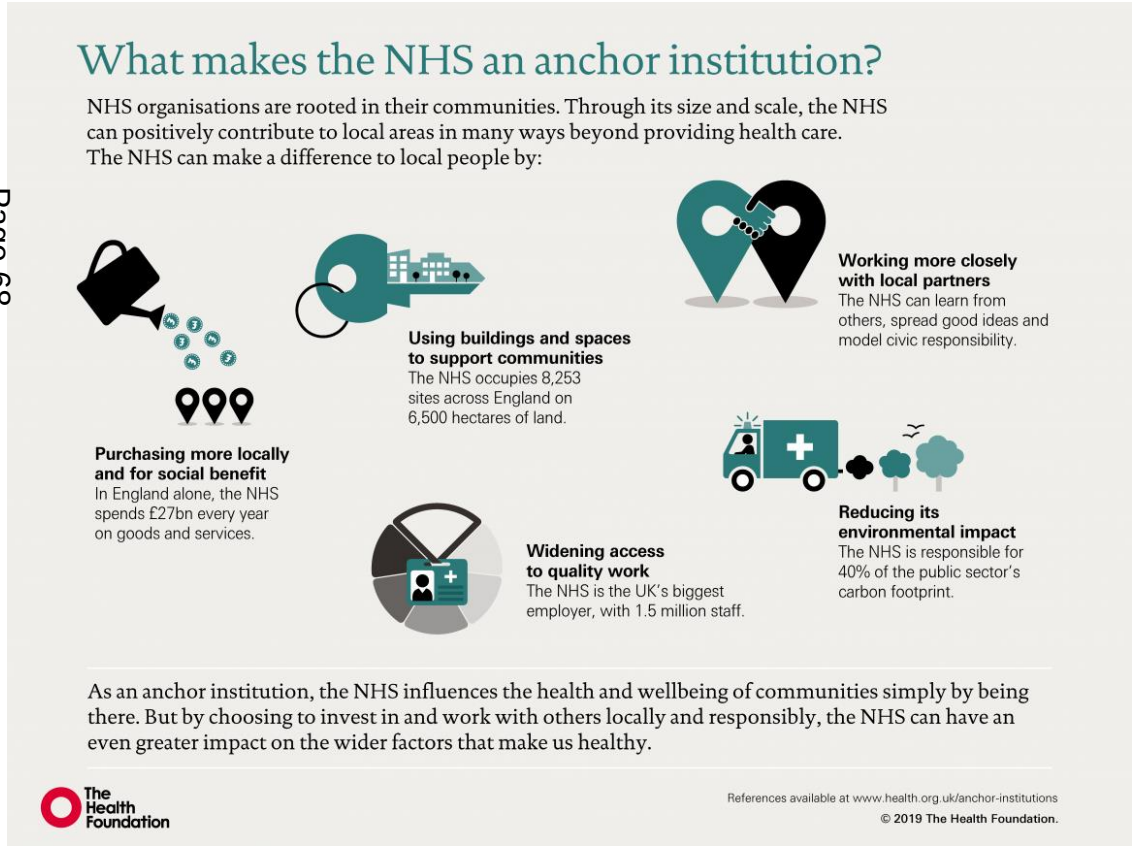
Research has shown that air pollution is bad for both human health and businesses. Researchers found that as pollution increased, consumers are more likely to stay indoors, affecting local sales (New Climate Institute, 2018). Actions to decrease carbon emissions and improve air quality can have additional benefits for employee health and wellbeing.

Ideas include:

- Creating staff gardens to help reduce greenhouse gas emissions and to provide a space for staff to rest and unwind
- Offering working from home or teleconferencing option to minimise commuting (in line with culture of flexible working)
- Creating incentives for use of shared transport, public transport or cycling - increasing social contact and physical activity
- Encouraging employees to switch off lights after using, or install automatic timer or motion sensor
- Offering healthy food options in the canteen from a sustainable supply chain
- Ensuring taxi or other work vehicles are not allowed to idle when waiting to be used

Harnessing the power of anchor institutions

Anchor institutions are the kind of organisations that are rooted in a place, unlike corporations that tend to shift location all over the world. The UK Commission for Employment and Skills defines an anchor institution as one **which, alongside its main function plays a significant and recognised role in a locality by making a strategic contribution to the local economy**. Local Authorities (Councils), universities and hospitals are examples of anchor institutions. A recent report from The Health Foundation focussed on the role of the NHS as an anchor institution and noted the opportunities in the graphics below.



UK Commissions for Employment and Skills, 2015

Examples of some work done by anchor institutions

- Between 2004 and 2011 the University of Lancaster ran LEAD 2 innovate, a programme aimed at promoting business growth by developing the leadership abilities of small business owners.

- Nottingham University Business School initiated a partnership with the city council to deliver the Growth 100 Programme, helping small firms in the local area to devise and successfully implement business plans.

- A local enterprise partnership in the North East of England is setting up a Business Growth Hub in partnership with business networks, universities and professionals. The Hub will target micro and small firms in the region, signposting where support is available, especially for hard-to-reach businesses in rural areas.

Some groups may need specific actions

Shift workers

Shift work is undertaken outside regular daytime hours of 7am to 7pm.

What can employers do?

- Periodic review of shift work scheduling
- Gather employees feedback
- Provide employees with support to prepare for and recover from shift works

The Parliamentary Office of Science and Technology, 2018

Older workers

We want employees to keep in the best possible health and to prevent health conditions developing.

What can employers do?

- Offer flexible hours, locations and adaptations that meet individual needs and help manage health conditions.
- Consider introducing a "mid-life MOT" to allow people to take stock, manage transitions and plan holistically for the short, medium and longer term focussing on their job, health and finances. This requires management buy-in, as well as HR equipping line managers with support to provide the programme.
- Women over the age of 50 are the fastest growing segment of the workforce and most will go through the menopause transition during their working lives. Guidance is available from Chartered Institute of Personnel and Development.

Business in the Community, 2019

New mothers

Breastfeeding exclusively is recommended for around the first 6 months, followed by breastfeeding alongside solid foods. Therefore, it is likely working mothers will be breastfeeding on their return to work. Breastfeeding reduces child sickness and increases staff morale and retention.

What can employers do?

- Comply with workforce regulations to provide suitable facilities for pregnant or breastfeeding women to rest.
- The Health and Safety Executive good practice is for employers to provide a private, healthy and safe environment to express and store milk.

NHS, 2019

People with long term conditions

What can employers do?

- Make reasonable adjustments to support varying needs and fluctuating conditions.
- Recognise that LTCs can impact negatively on mental health and motivation
- Provide an open and supportive environment.
- Be aware of specialist support available, such as occupational therapists, physiotherapists and the Fit for Work Service and Access to Work scheme

The Work Foundation, 2019

Carers

There are growing numbers of informal carers in the UK. Providing care impacts carers' employment outcomes as well as health and wellbeing.

What can employers do?

- Commit to flexible and remote working
- Seek to create a supportive workplace culture with 'carer friendly' policies
- Set up carers' peer groups or support forums
- Provide an online resource to help carers source practical advice and expert support on topics including care, legal and financial information
- Offer online or telephone counselling
- Train line managers to identify and support carers.

The Work Foundation, 2019

People with disabilities

7.7 million people of working age report that they have a disability. Of these 4.1 million were in employment (House of Commons, 2019).

What can employers do?

- Develop more flexible and accommodating workplaces
- Prevent people falling out of work with early implementation of return to work plans
- Develop supported employment programmes with intensive personalised support to help individuals at work
- Structured long-term support for people whilst in work
- Work with other agencies to enable people with disabilities to access specialist 'job coaches' or employment advisers

Department for Work and Pensions, 2013

Part time working

Part-time work negatively impacts promotion and affects more mothers than fathers. Women are more likely to work reduced hours and men and women both reported that it was easier for women to take time off work for eldercare than it was for men. *Working Families: Modern Families Index, 2019*

What can employers do?

- Challenge assumptions that reduced hours means reduced commitment
- Assess the career opportunities for part-time workers and demonstrate it is possible to progress whilst working part-time
- Develop strategies to ensure men understand the part-time and flexible working options open to them and encourage them to use them
- Anytime, anywhere doesn't mean all the time, everywhere
- Develop human-sized jobs that don't require long hours or unreasonable workloads

One size doesn't fit all

Other groups that may requires additional support include military families, armed forces veterans, people who use drugs or alcohol, people in temporary or unstable accommodation and those who are new to the UK.

Resources and toolkits for employers

These are just some of the many resources available to help employers create a healthy workplace

Advisory, Conciliation and Arbitration Services (ACAS) – Health, Work and Wellbeing booklet
https://m.acas.org.uk/media/854/Advisory-booklet---Health-Work-and-Wellbeing/pdf/Health-work-and-wellbeing-accessible-version.pdf

Department for Business Innovation & Skills – Does worker wellbeing affect workplace performance?
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366637/bis-14-1120-does-worker-wellbeing-affect-workplace-performance-final.pdf

Mental Health at Work – Training, toolkits and resources
https://www.mentalhealthatwork.org.uk/resource/?resource_looking-for=0&resource_type=0&resource_medium=0&resource_location=0&resource_sector=0&resource_sector=&resource_workplace=0&resource_role=0&resource_size=0&order=DESC&orderby=meta_value_num&meta_key=rating

Business in the Community (BITC) – Musculoskeletal Health toolkit
https://www.mentalhealthatwork.org.uk/resource/musculoskeletal-health-toolkit-for-employers/?read=more

Business in the Community (BITC) – Physical activity, healthy eating and healthier weight toolkit
https://www.mentalhealthatwork.org.uk/resource/physical-activity-healthy-eating-and-healthier-weight-a-toolkit-for-employers/?read=more

Business in the Community (BITC) – Sleep and recovery toolkit
https://www.mentalhealthatwork.org.uk/resource/sleep-and-recovery-a-toolkit-for-employers/?read=more

Business in the Community (BITC) – Drugs, alcohol and tobacco toolkit
https://www.mentalhealthatwork.org.uk/resource/drugs-alcohol-and-tobacco-a-toolkit-for-employers/?read=more

Public Health England – Local Healthy Workplace Accreditation guidance
https://www.gov.uk/government/publications/local-healthy-workplace-accreditation-guidance

Public Health England – Workplace Health Needs Assessment
https://www.gov.uk/government/publications/workplace-health-needs-assessment

Chartered Institute of Personnel and Development (CIPD) – Wellbeing at work
https://www.cipd.co.uk/knowledge/culture/wellbeing

National Institute of Health and Care Excellence (NICE) – Management practices
https://www.nice.org.uk/guidance/NG13

Department for Work and Pensions – Workplace wellbeing tool
https://www.gov.uk/government/publications/workplace-wellbeing-tool

The following section showcases some work that local business are doing to improve the health and wellbeing of their employees and communities. There are many more examples of good practice in our area, but there is also a lot more to do.

By sharing good practice and evidence of what works, organisations can learn from each other and take steps to make Berkshire an even healthier place for everyone to work and live.

CASE STUDY 1: JOBCENTRE PLUS

Jobcentre Plus (JCP) is a platform that helps people who are unemployed and claiming benefits to find work. JCP has been running a Work and Health programme for over 18 months to help customers whose health issues pose a barrier to employment but whom are likely to return to work within a year, to receive support from specialist advisers in moving towards work. This is important as those not in employment are more likely to suffer from health issues, and therefore initiatives within JCP are highly critical in facilitating return to work. In the context of workplace health, JCP can be seen as a proxy employer for those not currently in work.

Staff Training

Jobcentres recruited Community Partners to bring in lived or professional experience of health issues (for example: addictions, learning disabilities, mental health) to share their knowledge with JCP staff. For example, work coaches receive mental health training to improve their understanding of the health issues faced by JCP customers; and **specialist employer advisors are equipped to work with micro-employers and ensure they were supported to take on people with health issues.**

Collaborative Working

Across East Berkshire, mental health partner meetings are held on a quarterly basis to discuss collaborative working. JCP partners include the Community Mental Health Team (CMHT), Improving Access to Psychological Therapies (IAPT), Individual Placement Support (IPS), BucksMind, Samaritans, Citizens Advice Bureaus, community learning, voluntary work organisations, police and ambulances. This has led to partners making offers to support the JCP with customer workshops and community engagement events and IAPT employment specialists co-locating within the JCP

Reaching Out

In West Berkshire, JCP had arranged for JobCentre staff to locate for part of the week in their surgeries. This provides the opportunity for JCP to engage and support customers in a different setting. **JCP are also working with employers to ensure they understand potential health issues faced by individuals with health issues and the adjustments that they may require in the work place.** This includes promoting the Disability Confident agenda and upskill on Access to Work to ensure employers feel equipped to provide the right support to employees.

CASE STUDY 2: WOKINGHAM BOROUGH COUNCIL WORKPLACE ACTIVITIES & INITATIVES

Morning & Lunchtime Yoga

Running for 2 years with 10-15 keen participants weekly. Morning yoga sessions start prior to the workday to help staff utilise their time.

"The sessions help clear my mind, and reduce my anxiety to enable me to relax and switch off"

Mindfulness Session

10 minutes of guided meditation takes place weekly during lunchtime. Running for 4 months with an average of 17 participants.

"We really enjoy the sessions. Thanks for running the meditation sessions – It's a great idea and I enjoy attending regularly as I find it really important to take some time out."

Cycling

Setting up My Journey information stand on cycling travel information. Organise and promote lunchtime cycle rides, Cycle to Work Day, Bike Week, Urban Limits tour of Berkshire and Love to Ride Challenges. Provide adult cycle training for staff and general public.

Football

Running for 3 years twice a week. Staff ages range from 22 up to 60. Hosted a 'Mini World Cup' in summer 2018 which saw 5 teams compete in a round robin format. Players often enjoy a well-earned refreshment together after games.

Local partnership with local leisure centre to offer 'before work and lunchtime swims'. Staff can swim for £1.00 at selected times during the week.

New shower facilities provided in the office for staff.

CASE STUDY 3: PANASONIC MENTAL HEALTH AND WELLBEING INITIATIVES

Robin's Story

"Running was a sport I hated as a child. During my late 30s all forms of physical sport had been replaced by fast food, beer and armchair participation to the point where in 2012 when I was honoured to be a London Torch Bearer I was also at my heaviest weight tipping the scales at 123kgs. Not long after this, I entered into a team to take part in the Panasonic Global 100 Step Challenge that was on offer as part of our Corporate Wellbeing Initiatives. During the challenge one of my team mates challenged me to run in a 5km and a 10km race. I trained hard for this and could not believe how unfit I had become, so once I completed these two races I decided that I enjoyed the runners high so much that I would continue to be a runner.

During the last 6 years I joined my local running club, trained as a Leader in Running, joined my local ParkRun and subsequently became ParkRun Run Director and Ambassador. I have now competed in about 25 half marathons, 6 marathons and have 2 more in the pipeline! This has resulted in me losing 38kgs since 2012 when I first joined the team taking part in the Panasonic Global 100 Step Challenge.

For me this is all thanks to being given the opportunity to make these healthier lifestyle changes as a direct result of the Panasonic Wellbeing Initiative. I would recommend to anyone to take part and above all make it enjoyable and fun!"

Panasonic has had an Employee Wellbeing Programme for 3 years. One of the key elements of employee support has been mental health. This includes:

Procedural Support

- A stress risk assessment based upon the HSE stress guide
- A whistleblowing hotline
- A stress at work guide
- An agile Working Process
- A flexible working policy
- A harassment and bullying policy
- A monthly event programme, including yoga, reflexology and mindfulness

Training

- An e-learning stress awareness training course for all staff to raise awareness
- Training for a team of Mental Health First aiders (from across the business)
- Specific people manager awareness training

Panasonic collects anonymous sickness and absence data in 4 categories, one of which is days lost to mental health issues. This data helps us to complete trend analysis and highlights departments within the business with specific challenges with mental health. Moreover, at Panasonic, employee wellbeing programme activities are reported on at senior executive managers meetings.

In summary, at Panasonic we understand the value of an Employee Wellbeing Programme. A recent employee survey revealed a feeling of being appreciated raise morale. We believe the Programme is also instrumental in staff recruitment and retention.

CASE STUDY 4: SEGRO MENTAL HEALTH AND WELLBEING INITIATIVES

SEGRO
SLOUGH ESTATES GROUP

I attended on-site training to become a Mental Health Ambassador for our company. The course was run by a military veteran who is fighting his own battle with PTSD and who provided a brave and inspiring account of what he's dealing with, and how. His knowledge and understanding or mental health and wellbeing made me feel positive that SEGRO can put a supportive plan in place to help break the taboo, openly talk about and tackle this topic."

Mental Health Ambassador, SEGRO

In 2018, SEGRO committed to raising the profile of mental health within the workplace, **encouraging others to recognise changes in colleagues, to create an environment that enables employees to talk openly about the subject.**

During the year, **more than 25 employees across the group were trained as Mental Health Ambassadors**. These ambassadors received guidance as to:

- how to spot early signs of changes in mental health
- how to encourage colleagues to speak openly about it
- If needed, how to guide people to appropriate support

In 2019, SEGRO are furthering the training programme, **hoping to provide all SEGRO line managers with awareness training on the subject.**

The Mental Health Ambassadors have now **formed a working group to plan in events and discussions around mental health and wellbeing,** which helps to encourage ongoing openness around this topic.

SEGRO aims to continually promote mental health awareness within the workplace through a number of initiatives including blogs, employee forums, videos, printed materials and events. **A wealth of support and information is also available on SEGRO's website.**

CASE STUDY 5: ROYAL BERKSHIRE HOSPITAL MENTAL HEALTH & PHYSIOTHERAPY SERVICE

Royal Berkshire NHS Foundation TRUST (RBNHFT) recognises that musculoskeletal and mental health are the two main reasons for staff absence.

NHS
Royal Berkshire
NHS Foundation Trust

Occupational Health Staff Physiotherapy Service

Since August 2017, RBH Occupational Health has been providing a dedicated physiotherapy service to Trust staff. From April 2018 to March 2019:

- **379** staff were referred to the service
- **98%** of staff were discharges and felt their symptoms had improved
- **17%** decrease in MSK-related sickness absence
- **1,600** working days saved

The OH staff physiotherapy service has now started to visit areas within the Trust to provide proactive advice to help reduce the potential for musculoskeletal absence at work.

Mental Health Support

The RBNHFT provides staff with access to an Employee Assistance Programme which provides face-to-face advice, support and counselling to staff for both work and personal issues.

During 2018/19, the Employee Assistance programme dealt with over 370 enquiries from Trust staff. This service allows staff to access a confidential support 24/7, 365 days a year via telephone, internet or smartphone app.

A range of training courses are also available to staff and managers which aim to support the mental health of staff as they carry out their roles in the Trust, such as Let's talk mental health, improving your Impact and Assertiveness at work.

CASE STUDY 6: THAMES WATER MENTAL HEALTH FIRST AIDERS

Mental health first aiders are a **catalyst for engagement** and have inspired a cultural revolution at Thames Water.

Confidence has grown throughout the company with people now much more willing to come forward, talk and seek support at their time of need, with records showing **there has been five mental health first aid interventions for every physical one over the last year** (2018/19).

At Thames Water, mental health is considered just as important as physical health, if not more so. With more than 5,000 permanent employees and a further 10,000 contractors, many of whom are working in high risk and physically demanding environments. **Thames Water's 'Time to Talk' mental health strategy** places a continued focus on mental health and wellbeing in the workplace.

Mental Health First Aid (MHFA) England training is an integral part of this strategy, which overall has resulted in a **&%% reduction in work-related stress, anxiety and depression over the last five years.** Mental Health First Aiders (MHFAiders) are clearly identified with a stand-out green lanyard, representing the cultural change that has taken place and opening the door to conversation.

Thanks to its holistic approach, Thames Water is leading the way in the utilities sector when it comes to dealing with mental health as an important workplace issue.

CHAPTER 5: NEXT STEPS

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Slough Wellbeing Board's Work Programme

2019/20

Contact officer: Dean Tyler**,** Service Lead Strategy & Performance, Slough Borough Council

For all enquiries: (01753) 875847

23 January 2020

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Themed discussion				
Details to be confirmed	Details to be confirmed.			
Information				

24 March 2020

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
Themed discussion				
Details to be confirmed	Details to be confirmed.			
Information				

13 May 2020

Subject	Decision requested	Report of	Contributing Officers(s)	Key decision *
Discussion				
				No
				No
				No
Themed discussion				
Details to be confirmed	Details to be confirmed.			
Information				

Unprogrammed items				
Cold winter deaths	Going to Health and Social Care Partnership Board in January 2019. Opportunity to take the draft plans for 2019/20 to the Board for comment in July 2019	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		
Environmental sustainability: Collaborative paper from Wellbeing Board members. Details to be confirmed.	Details to be confirmed. Possible referral from the Health and Social Care Partnership Board	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Housing / homelessness as a themed discussion item	To be confirmed	Colin Moone, Service Lead Strategic Housing Services		No
Vulnerable children as a themed discussion item	To be confirmed	Cate Duffy, Director Children, Learning and Skills		No
People on the edge of services: Possible referral from the Health & Social Care Partnership	To be confirmed	Julia Wales, DAAT Manager & Commissioner		No
Social care: the forthcoming Green Paper on older people (England)	To be confirmed	Alan Sinclair, Director of Adults & Communities		No
Refresh of JSNA	To be confirmed	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Tuberculous	To be confirmed	Liz Brutus, Service Lead, Public Health/ Tessa Lindfield, Director of Public Health, Berkshire		No
Low Emissions Strategy	To be confirmed	Liz Brutus Service Lead, Public Health / Jason Newman, Environmental Quality Team Manager		No

Improve the provision and access to green spaces, including new development, allotment etc. to improve residents activity and wellbeing	To be confirmed	Alan Sinclair, Director of Adults & Communities		No
Business and skills – development agenda as a health issue	To be confirmed	Liz Brutus Service Lead, Public Health		No
Director of Public Health Annual Report	To consider the Annual report which focuses on work place health	Tessa Lindfield, Director of Public Health		No

Criteria

Does the proposed item help the Board to:

1) Deliver one its statutory responsibilities?

2) Deliver agreed priorities / wider strategic outcomes / in the Joint Wellbeing Strategy?

3) Co-ordinate activity across the wider partnership network on a particular issue?

4) Initiate a discussion on a new issue which it could then refer to one of the key partnerships or a Task and Finish Group to explore further?

5) *Respond to changes in national policy that impact on the work of the Board?*

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 13th November 2019

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

(For all Enquiries) (01753) 873752

WARD(S): All

PART I

FOR INFORMATION

BETTER CARE FUND PLAN 2019-20

1. Purpose of Report

The purpose of the report is to provide the Wellbeing Board with the final Slough Better Care Fund Plan 2019-20

2. Recommendation(s)/Proposed Action

The Board is asked to note the content of the Slough Better Care Fund Plan 2019-20 which was submitted on behalf of the Board on 27th September 2019 under delegated decision to the Director of Adult Social Care.

The Health and Social Care Partnership reviewed and agreed the proposed plan in the meeting on 24th September.

Following submission the plan goes through a regional and national assurance process which involves representatives from NHS England and the Association of Adult Social Services (ADASS). The plan will be published on the SBC website once it has been approved.

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

3a. Slough Joint Wellbeing Strategy Priorities

The Better Care Fund programme is developed and managed between the local authority and CCG together with other delivery partners and aims to improve, both directly and indirectly, the wellbeing outcomes for the people of Slough in the areas of:

i) increasing life expectancy by focussing on inequalities and
ii) Improving mental health and wellbeing.

3b. Five Year Plan Outcomes

The Slough BCF programme contributes to achieving the five year plan outcome of more people will take responsibility and manage their own health, care and support needs.

4. **Other Implications**

(a) Financial

The size total size of the BCF Pooled Budget in 2019-20 is £14,406,490. This includes a minimum contribution of £9,070,057 from the CCG, the Winter Pressures Grant equal to £515,453, and the iBCF (grant funding to local authority) of £3,356,669.

	Expenditure
Minimum CCG Contribution	£9,070,057
iBCF	£3,356,669
Winter Pressures Grant	£515,453
Additional LA Contribution	£459,000
Disabled Facilities Grant (DFG)	£1,005,311
Total	£14,406,490

The expenditure plan is across 44 schemes listed and described in the plan which is agreed and managed between the partners of the pooled budget agreement. These are listed in appendix B.

(b) Risk Management

The Health and Social Care Partnership is the Programme Board for the BCF and oversees and monitors a risk register for the BCF programme. The register identifies and scores risks of delivery of the programme together with actions to mitigate or manage the risks.

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(c) Human Rights Act and Other Legal Implications

No Human Rights implications arise.

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

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

(d) Equalities Impact Assessment

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

(e) Workforce

There are workforce development implications as we move forward in the integration of health and social care service. The pooling of budgets and closer collaborative working to deliver integrated care is creating new ways of working in partnership with others and BCF is therefore aligned together with other change programme activities happening across the wider Frimley Integrated Care System (ICS) including the Integrated Care

Decision Making programme and the local integration of health, social care and other services into localities across Slough.

5. Supporting Information

Supporting information is within the contents of the plan (see appendix A &B).

6. Comments of Other Committees

The draft plan was presented and discussed at the Health and Social Care Partnership on 24th September ahead of its submission. The outline of the plan was agreed by the committee and comments were noted for final revision and submission on 27th September.

7. Conclusion

The Better Care Fund programme has continued to develop and grow over the past four years and is a key element through which we continue to progress towards integrated health and social care services within Slough. The governance around finance and the management of the programme is now well established and embedded with a shared approach to commissioning and decision making between the partners.

The increase in funding in this year has supported investment in areas of shared priority where they meet BCF criteria and have evidenced impact and improved outcomes. In addition the continuation of the iBCF grant funding has made a significant contribution to meeting social care needs in the borough, both in support of the NHS and the local social care market. Without this additional investment there would be reduction in activity and numbers of people supported or budgets overspent.

8. Appendices Attached

'A' - BCF Narrative Plan submission 2019-20

'B' - Expenditure Plan 2019-20

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Appendix A

The BCF plan was required to be completed and submitted on an excel spreadsheet. It consists of both narrative and financial sections. The strategic narrative consists of three sections:

1 Person Centred outcomes

Your approach to integrated care around the person, this may include, but not limited to:

- *Prevention and Self Care*
- *Promoting Choice and Independence*

The vision and principles underpinning our commitment to integration remain largely unchanged since our BCF plan submission for 2017-19 and our BCF plan for Slough described our ambition for a shift from reactive to proactive health and social care to enable more people to have healthier, safer and more independent lives in their own home and community for longer, receiving the right care in the right place at the right time.

We have described our vision for being integrated as meaning delivery of a broad range of health and social care services seamlessly, regardless of organisational boundaries. Working across a complex health and social care economy, we continue to develop a proactive approach to the provision of health and social care and support in the community delivered in partnership through GP practices, the acute hospital, integrated health and social care multi-disciplinary teams, community based health and social care services working alongside local care and housing providers, as well as the community and voluntary sector whilst all being underpinned through consultation and collaboration with our residents.

The pace of progress towards our personalised and integrated care goals for 2020, supported by the merger of East Berkshire CCGs, the work within the wider Frimley ICS partnership, and the more recent set up of Primary Care Networks, is now showing real and significant improvements in the experience of Sloughs residents particularly for our targeted cohorts within the population identified through our JSNA as those living with frailty and complex conditions (including CVD, COPD, diabetes, mental health, dementia) and the support for their carers.

Slough local authority boundary and that of what was previously the Slough CCG (now as a locality of the East Berks CCG) is broadly co-terminous. It has a relatively small geographical boundary but includes the acute hospital at Wexham Park in the north; a community hospital (Upton) which also has a walk-in centre in the south; 3 adult social care locality teams and now 3 recently established Primary Care Networks for our 16 practices. Our Community Health and Mental Health service provider works across the East of Berkshire. Slough has a small number of Care Homes (6) although some of these are large in size and a strong care home and domiciliary care market.

Services are brought together through a systematic programme delivering an integrated approach adopting good practice, easier to follow pathways and a focus on success being measured in outcomes for all residents, regardless of their neighbourhood location. Resources are being reshaped with services delivered seamlessly from the service users' perspective with different skills and professional resources being provided promptly from a range of different providers but without delays, duplication of notes and plans, form filling and registration onto different systems. Notable examples of this are:

Integrated Care Decision Making (ICDMS) is a key workstream within the Frimley ICS plan and supported by BCF investment into a community based multi-disciplinary workforce, including additional OT, physiotherapy and Community Psychiatric Nursing

capacity to move away from reactive, crisis management provision and towards proactive, intensive personalised support for those residents at risk, identified through Anticipatory Care Planning toolkit (risk stratification) and health and social care community referrals.

Local Area Access Points are being created in each locality through which referrals will be made and jointly triaged through to the community teams for a rapid and integrated response and carry out joint assessment where it makes sense to do so. Phase 1 launch is December 2019 and will include practitioners from Adult Social Care, Reablement, Community Matrons and Older People's Mental Health. A working group is established reviewing activity data can captured on respective Health and Social Care systems and ways to measure the reduction in handoffs and improved outcomes of the integrated approach on the ongoing care and support needs of the individuals.

The investment in ICDMs complements the development of the new "streamed" A&E medical assessment facility at Wexham, where ambulatory care and frailty services support a whole system approach to a systematic reduction in crisis use of health and care services and avoid potential long term care. Slough's GPs, community health and social care leads refer individual patients at risk for full frailty assessment with a view to them returning to their own place of residence more quickly with integrated care and support plans/packages in place - avoiding unnecessary hospital admission or longer acute care stays. The importance of providing personalised short term support whilst a health crisis or issue is resolved has also been key in supporting carers.

EOLC support - acute, community health and social care specialists and voluntary sector provision united into an integrated, responsive service that meets tailored, individual EOL needs - offering comprehensive and seamless support to all those who wish to die at home. Hotline services provided through the hospice based team avert crises and address individual concerns by families and community clinicians/social care teams to deliver positive benefit in quality of end of life care for our residents, including those in care homes, and helping to reduce avoidable admissions.

Paediatric hotline - offers GPs immediate consultation with a paediatric consultant in the acute trust whilst parent/child is in their practice to reduce avoidable admissions. This support is regularly accessed and proving effective at avoiding unnecessary referral or attendances at A&U or PAU but also has created better understanding and communication between GPs and consultants and the weekly rota arrangements have enabled a consistency supporting dialogue and monitoring of a situation over a few days. Education materials for common childhood illnesses have also been distributed to GP practices, children's centres, health visitors, and nurseries across Slough. These were developed systematically with support from the acute trust and all key partners.

Children's asthma - Our BCF funded Children's asthma service operates both in the hospital and providing outreach in the community. We have two specialist asthma services who work with children and young people who have attended PAU, A&E or been admitted, to help better understand and manage their asthma. They also take referrals from primary care that come in via the paediatric hotline. The service also annually visits secondary schools with its Asthma Bus visiting all 16 schools and about 600 pupils. This service has proved very effective at engaging with children and young people in years 7-8 and promoting proper use of inhalers and good asthma management through personalised plans. The nurses also work together with the school nursing team on this. The service won a Nursing Times award in 2017 and subsequently staff presented at the ARNS (Association of Respiratory Nurse Specialists) national conference in May 2018.

Wellbeing prescribing - BCF has supported the initial pilot and full implementation of the Slough Wellbeing prescribing service which is hosted in the Council for Voluntary services. The model is based on professional referral from a GP, Adult Social Care practitioner, a member of Wexham Park Hospital staff or the Neighbourhood team, through to one of the Wellbeing Prescribers. The prescriber will then complete a wellbeing assessment of the physical, emotional or practical needs, may then make onward referral and support into a one or more CVS support groups (many of these are funded by SCVS), and have regular contact with the person 2x per week up to 6 months.

The model is a person centred journey and guided by what the person wants to achieve, not necessarily what the professional thinks they need. Each person is asked what they would like to achieve through engaging with the service (their wellbeing outcome) and are asked at the end of the intervention if they feel this outcome has been met (and outcome tool used to evaluate). There are currently 75-80 referrals pm and 228 open cases.

Carers support remains a priority as is the collaborative and integrated approach working together with carers and stakeholders both locally and across the ICS. The personalised approaches to individual needs and MECC (Making Every Contact Count) has promoted understanding and response to carer requirements as well as the cared for persons individual needs. A more dynamic approach to looking at the carer role, is being adopted across all carer related services with greater responsiveness to potential changes to a person's short and longer term support needs. Examples of this can be seen in:

- ICDM teams have developed carer identification and support plans to ensure that the success of high risk patient community based services
- The integration of carers support with wellbeing prescribing ensures carers have seamless and direct access to both carer support services and wider wellbeing opportunities in the community voluntary sector
- Support for family members during EOLC has helped to alleviate potential anxiety and bereavement challenges associated with what could otherwise lead to an avoidable acute hospital experience and opened up families to counselling and support services as a natural next step from the EOLC community based programme

2 Health and Wellbeing Board Level

Your approach to integrated services at Health and Wellbeing Board level (and neighbourhood where applicable), this may include but not limited to:

- *Joint commissioning arrangements*
- *Alignment with Primary Care Services, including Primary Care Networks*
- *Alignment of services and the approach to partnership with the voluntary and community sector*

Locally, there are initiatives and programmes of activities in place, and in development, which will impact positively on life expectancy and premature mortality of Slough residents. Progress of these plans, together with new opportunities and requirements against different timetables for delivery create a dynamic and complex context for decision-making.

Slough Wellbeing Board has local leaders from across the local health and care system who work together to improve the health and wellbeing of local residents. The recently refreshed Joint Strategic Needs Assessment (JSNA) sets out the current and future

health and care needs of the population which, in turn, informs the development of our Wellbeing Strategy.

SWB includes a wider range of agencies and sectors in order to not only jointly commission and integrate health and social care service but also act as the strategic partnership for the borough. It has a broader focus that includes wider aspects of wellbeing, including a focus on the wider determinants of health such as education and training, housing, the economy and employment as well as more integrated and efficient health and social care services.

Partners on the Board have positively embraced the opportunity to develop Slough "place" within the Frimley Health and Care System and there is recruitment currently underway to appoint to a project lead to support the SWB develop its Health and Care Place Based Strategy by April 2020.

The Slough Wellbeing Board is supported by the Health and Social Care Partnership which has broad membership that include commissioners and providers in its terms of reference and also representation from the newly established Primary Care Networks. It is well positioned to effectively oversee the delivery of improved population health outcomes being at place and neighbourhood level within the context of the ICS ambitions, and therefore effect real change for local communities.

The current Slough Wellbeing strategy 2016-2020 is due to be refreshed and a workshop session on 3rd October to start this process. It will be focusing on the role of an Integrated Care System and its relationship to the Slough Wellbeing, discussing the health needs Sloughs population, exploring the wider determinants of health and agreeing the specific health priorities for focus for the next 3 years.

In line with the strategy and commissioning priorities implementation of any new business cases being considered for BCF investment have governance through H&CS Partnership and BCF Delivery group. BCF updates are reported to the H&SC Partnership quarterly on finance, performance and key areas of activity and innovation projects (e.g ICDM). The H&SC Partnership, and within it the governance of our BCF programme, provides the integration framework between borough, CCG and ICS linking together our wider organisational, strategic priorities and resources with the needs of our local communities and residents. Equality impacts of local BCF schemes, e.g Cardiowellness, are important, particularly across our diverse population and reflects in our focus on reporting outcomes where possible, rather than activity and performance measures.

The ICDM programme within the ICS operational plan is delivering integrated care planning and personalised support aimed at minimising emergency interventions for at risk residents with frailty and complex conditions. It is a broad range of activities that includes:

- Improved hospital discharge pathways to reduce avoidable delays in acute environment and support a safe and timely return into a community based environment with personalised support programmes to meet individual needs
- Care home capacity and consistent quality of care in both nursing and residential homes
- Domiciliary care and reablement services to support continued independent living
- Housing adaptation, AT and equipment maximising independence
- Raising the profile of dementia and in the support for people with dementia and their carers

- Falls prevention through falls risk assessment and multifactorial interventions including education and awareness, strength and balance classes and greater collaborative working between partners to identify and refer to appropriate services
- Investment in wellbeing prescribing to maintain confidence and social engagement and connecting people with their communities and support services available
- Reduction in avoidable NEL admissions of children by education, asthma service, GP hotline and alternatives to A&E including NHS111
- Identification and support for carers, including young carers and carers employed within our ICS member organisations

All of these different programmes are characterised and underpinned by the common ethos, embedded within our overall BCF approach to integration, which flows within different work strands but also binds them together. They are:

- Person/family at the centre and being able to lead and plan their own health & wellbeing, managing their own resources
- A focus on independence
- Building on the assets of the individual and their community; supporting and mobilising individuals & groups
- A co-produced approach, doing 'with' and not 'to'
- Embedding personalisation and personal budgets (Direct Payments and PHBs)

3 Your approach to integration with wider services (e.g. housing)

This should include your approach to using the DFG to support the housing needs of people with disabilities or care needs.

Through DFG funding we provide a diverse range of adaptations to a disabled person's property to ensure they can remain independent in their own home. Our approach meets both the legislative framework provided by HGCRA Act (1996) and the Care Act 2014, including ASC to assess and to arrange for appropriate assistance, including statutory entitlements to community equipment and minor adaptations but we are also committed to learning from the many examples of good practice, innovation and recommendations referenced in the national DFG Review (Feb 2018). The use of DFG has been expanded to the following areas:

- Relocation Grant to support Slough residents eligible for a DFG where it is more suitable and practicable to move rather than remain in their current property
- Hospital Discharge Grants to support Slough residents aged 65 years and older being discharged from hospital and require small grants for heating/minor repairs that would otherwise delay a hospital discharge
- Handyperson services – to help with small building repairs, minor adaptations to prevent hospital admission
- Fast-track applications – to help with minor adaptations using trusted assessors and other professionals
- Funding in Excess of the Maximum Amount – to fund adaptations with a clear return on investment in excess of the DFG grant limit if £30,000

For 2019/2020 the Partnership have engaged Foundations UK to work closely to identify how the grant can be further used to meet the wider health and social care needs of service users. The aim is to produce a revised operating model, consider the future of how DFG should be delivered and develop pathways to further extend DFG to improve patient flows, promote independence and expand our assistive technology offer

Working in partnership

We recognise the importance of close working between housing, social care and health and this is integral to our wellbeing strategy. Our JSNA provides a detailed profile of our population needs and we recognise the importance of timely availability of aids and adaptations for residents at developing, living or ageing well stages of life in order to maintain their independence and quality of life. Our priorities include a particular focus on cardio-wellness, diabetes, COPD, falls prevention and reducing isolation. The importance of carers and including their needs and considerations in how we support them and the people they care for including use of equipment, adaptations and digital technology is reflected in our BCF plans.

Examples of partnership working with Housing include:

- Joint commissioning and tendering of 16+ Support and Accommodation with particular emphasis on the provision of support for young people with LD, Behavioural and transitional needs. Extensive consultation and engagement with operational staff, service users and local providers to develop a service aimed at reducing or delaying the need for statutory services and support individuals to maintain their tenancies and manage their own health and support needs.
- Development of an inter-agency approach to tackle the issue of hoarding in collaboration with environmental health, mental health and housing. The aim of this project is to reduce DTOC and ensure vulnerable service users can maintain tenancies and manage their own health.

Under the ICS, Slough is also leading on development of ABI (Acquired Brain Injury) pathway. In partnership with RBWM and BFBC, this project will develop plans for jointly commissioning a service for young people with acquired brain injury. The aim of this project is to address a lack of local provision where young people often placed in residential care with people who are much older, or with different types of need.

Provision of more innovative, cost effective technological solutions is a very dynamic environment and we are continuing to work with specialist partners to expand and develop its use. We have had a successful telehealth pilot programme funded by BCF which has evidenced positive outcomes for people using remote digital solutions and requiring less direct intervention. We are looking at options for:

- Provide greater equality of access and adoption to all our residents
- Sourcing equipment and aids from a wider range of equipment suppliers
- Work within the wider context of housing adaptations where appropriate
- Grow and develop in line with the evolving needs and provide outcomes that are personally relevant and valued by all users
- Develop new telehealth and telecare provision seamlessly alongside existing equipment provision

Appendix B

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Anticipatory Care Planning	Proactive identification of frailty /complex cases	Prevention / Early Intervention	Primary Care	CCG	CCG	Minimum CCG Contribution	£60,000	Existing
2	Falls Prevention Services	Community falls assessment and interventions	Community Based Schemes	Other	LA	Private Sector	Minimum CCG Contribution	£90,000	Existing
3	Stroke Support Services	Support for stroke survivors and their families/carers.	Community Based Schemes	Social Care	LA	Charity / Voluntary Sector	Minimum CCG Contribution	£57,000	Existing
4	Dementia Care Advisor	Support for people recently diagnosed and their carers	Community Based Schemes	Mental Health	LA	NHS Mental Health Provider	Minimum CCG Contribution	£30,000	Existing
5	Childrens asthma service	Specialist nurses improving asthma management	Community Based Schemes	Acute	CCG	NHS Acute Provider	Minimum CCG Contribution	£130,000	Existing
6	Single Point of Access	SPA for community health and social care referrals	Integrated Care Planning and Navigation	Community Health	LA	NHS Community Provider	Minimum CCG Contribution	£150,000	Existing
7	Telehealth	Remote monitoring of LTCs using telehealth technology	Assistive Technologies and Equipment	Community Health	LA	Private Sector	Minimum CCG Contribution	£100,000	Existing

8	Telecare	AT to maximise independence at home	Assistive Technologies and Equipment	Social Care	LA	Private Sector	Minimum CCG Contribution	£70,000	Existing
9	Disabled Facilities Grant	Aids and adaptations	DFG Related Schemes	Social Care	LA	Local Authority	DFG	£1,005,311	Existing
10	RRR Service	Reablement and Intermediate Care	Intermediate Care Services	Social Care	LA	Local Authority	Minimum CCG Contribution	£2,295,000	Existing
11	RRR Service	Reablement and Intermediate Care	Intermediate Care Services	Social Care	LA	Local Authority	Additional LA Contribution	£459,000	Existing
12	Joint Equipment Service	Disability aids and mobility equipment	Assistive Technologies and Equipment	Social Care	CCG	Private Sector	Minimum CCG Contribution	£710,802	Existing
13	Joint Equipment Service	Disability aids and mobility equipment	Assistive Technologies and Equipment	Social Care	LA	Private Sector	Minimum CCG Contribution	£130,000	Existing
14	Nursing Care Placements	Additional nursing care capacity	Residential Placements	Social Care	LA	Private Sector	Minimum CCG Contribution	£400,000	Existing
15	Care Homes - enhanced GP support	Enhanced GP support to Care Homes	HICM for Managing Transfer of Care	Primary Care	CCG	CCG	Minimum CCG Contribution	£146,000	Existing
16	Care Homes Programme Manager	Care Home Quality programme	HICM for Managing Transfer of Care	Social Care	CCG	CCG	Minimum CCG Contribution	£35,000	Existing
17	Integrated Care Services / ICT	Community Health and Integrated Care Teams	Community Based Schemes	Community Health	CCG	CCG	Minimum CCG Contribution	£809,141	Existing

18	Intensive Community Rehabilitation	Community health led rehabilitation service	Intermediate Care Services	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£182,070	Existing
19	Intensive Community Rehabilitation	Community health led rehabilitation service	Intermediate Care Services	Community Health	LA	NHS Community Provider	Minimum CCG Contribution	£82,000	Existing
20	Responder Service	First response service	Community Based Schemes	Social Care	LA	Private Sector	Minimum CCG Contribution	£110,000	Existing
21	High Impact Change Delivery	High Impact Change schemes	HICM for Managing Transfer of Care	Social Care	LA	Local Authority	Minimum CCG Contribution	£300,000	Existing
22	Integrated Wellbeing Hubs	Locality working and asset based community development	Enablers for Integration	Social Care	LA	CCG	Minimum CCG Contribution	£90,000	Existing
23	Connected Care	Digital solutions for shared care records	Enablers for Integration	Other	CCG	CCG	Minimum CCG Contribution	£200,000	Existing
24	Integrated cardio wellness service	Primary prevention improving cardiovascular health	Prevention / Early Intervention	Community Health	LA	Private Sector	Minimum CCG Contribution	£151,000	Existing
25	Carers	Support for Carers	Carers Services	Social Care	LA	Charity / Voluntary Sector	Minimum CCG Contribution	£210,000	Existing
26	End of Life Night Sitting service	Night sitting as part of end of life care service	Carers Services	Social Care	CCG	Charity / Voluntary Sector	Minimum CCG Contribution	£14,280	Existing

27	Community Capacity	Support to voluntary and community sector	Prevention / Early Intervention	Social Care	LA	Charity / Voluntary Sector	Minimum CCG Contribution	£200,000	Existing
28	Programme Management and Governance	Programme costs to support delivery of BCF	Enablers for Integration	Social Care	LA	Local Authority	Minimum CCG Contribution	£260,000	Existing
29	Care Act Funding	Supporting delivery of Care Act requirements	Care Act Implementation Related Duties	Social Care	LA	Local Authority	Minimum CCG Contribution	£296,000	Existing
30	Additional social care protection	Additional social care protection	Other	Social Care	LA	Local Authority	Minimum CCG Contribution	£600,000	Existing
31	Integrated Care Decision Making	Additional posts to support MDT meetings	Integrated Care Planning and Navigation	Community Health	CCG	Local Authority	Minimum CCG Contribution	£219,000	New
32	Local Area Access Points	Integrated triage and care coordination	Integrated Care Planning and Navigation	Social Care	CCG	Local Authority	Minimum CCG Contribution	£80,000	New
33	System resilience(GP in A&E)	GP supporting discharge/avoiding admission	HICM for Managing Transfer of Care	Acute	CCG	CCG	Minimum CCG Contribution	£50,000	New
34	System resilience (Alamac)	System to monitor performance and capacity	HICM for Managing Transfer of Care	Acute	CCG	CCG	Minimum CCG Contribution	£47,016	New
35	End of Life Advice Line	Advice and support to families and carers 24x7	Intermediate Care Services	Community Health	CCG	Charity / Voluntary Sector	Minimum CCG Contribution	£137,875	New

36	Paediatric hotline	Telephone advice for GPs for paediatric consultant support and advice	Prevention / Early Intervention	Acute	CCG	NHS Acute Provider	Minimum CCG Contribution	£44,893	New
37	Community beds interim support	Windsor Care home D2A beds	HICM for Managing Transfer of Care	Community Health	CCG	Private Sector	Minimum CCG Contribution	£72,748	New
38	Additional residential/care home	Winter Pressures grant	Residential Placements	Social Care	LA	Private Sector	Winter Pressures Grant	£103,000	New
39	Additional dom care packages	Winter Pressures grant	Home Care or Domiciliary Care	Social Care	LA	Private Sector	Winter Pressures Grant	£412,453	New
40	iBCF	IBCF grant funds to LA	Residential Placements	Social Care	LA	Private Sector	iBCF	£947,829	Existing
41	iBCF	IBCF grant funds to LA	Home Care or Domiciliary Care	Social Care	LA	Private Sector	iBCF	£2,408,840	New
42	Continuing Healthcare	Joint Placement and commissioning team	Other	Continuing Care	CCG	Private Sector	Minimum CCG Contribution	£220,000	New
43	Community beds interim support	BHFT D2A beds	HICM for Managing Transfer of Care	Community Health	CCG	NHS Community Provider	Minimum CCG Contribution	£55,000	New
44	Funds to be allocated	Funds to be allocated	Other	Other	Joint	Private Sector	Minimum CCG Contribution	£235,232	New

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 13th November 2019

CONTACT OFFICER: Tim Howells, Public Health, Slough Borough Council
(For all Enquiries) (01753) 875144

Dr Liz Brutus - Service Lead Public Health (SBC)

WARDS: All

PART I
FOR INFORMATION

UPDATE ON IMMUNISATIONS AND THE SLOUGH LOCAL ACTION

1. Purpose of Report

1.1 Provide an update on the immunisation uptake work in Slough and the Slough Local Action Plan that was presented to the Board on 26 Mar 2019.

2. Recommendations

The Board is recommended to:

1. Take note of the current work happening across the system for immunisation, including the work of the Slough Immunisation Partnership.
2. Review the current draft of the Local Action Plan for Immunisations to ensure it has actions tailored to the needs of Slough and relevant partners are addressing the relatively lower uptake and health inequalities in immunisation.

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

3a. Slough Joint Wellbeing Strategy Priorities

The current programme is aimed at supporting local residents to improve their health and wellbeing through improved prevention as provided through the national immunisation programmes. In particular, this work supports the Joint Wellbeing Strategy priorities:

- Protecting vulnerable children
- Increasing life expectancy by focusing on inequalities

Data from the immunisation activities contribute to further developing the base of the Joint Strategic Needs Assessment and understanding the needs and health inequalities of our population.

3b. The JSNA

3c. Five Year Plan Outcomes

The primary outcomes where delivery will be 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. Summary

During the past year we have been able to galvanise the boroughs work and approach to immunisation uptake.

Historically, Slough has had challenges with vaccination, which includes low rates of Flu and MMR uptake, as well as pockets of challenges with the HPV vaccination and other childhood vaccinations contributing to poor health in both adults and children and our health inequalities. This led to the formation of the Slough Immunisation Partnership, which was a partnership formed between Slough Borough Council, Berkshire Healthcare NHS Foundation Trust (BHFT), the Berkshire shared public health team, the East Berkshire Clinical Commissioning Group (CCG) and the NHS.

This work has included the first ever Slough Immunisation Partnership Conference, the growth of the #IamVaccinated campaign, new local insight research and other key projects led by BHFT and the CCG.

6.0 Supporting Information

Background

6.1 While NHS England is responsible for commissioning screening and immunisation programmes in England. Locally this is co-ordinated and managed across Thames Valley by the Public Health Commissioning team at NHS England, South East under an agreement known as Section 7a. Through concerted local partnership working, there has been some encouraging progress in recent years however considerable challenges remain across the various immunisation and screening programmes in Slough.

Slough Immunisation Partnership and the Local Action Plan

6.2 A small working group has been established and formed a cohesive partnership to support immunisations across the system. The working group has met numerous times throughout the year and includes representation from Slough Borough Council public health, Berkshire Healthcare NHS Foundation Trust, East Berkshire Clinical Commissioning Group, the Berkshire shared public health team, NHS England and more recently, Healthwatch Slough.

6.3 Slough Public Health, supported by the immunisation partnership, has created the Local Action Plan for immunisations. It is in the Appendix but its key objectives and areas of focus are summarised below.

6.4 The objectives of the Local Action Plan over the next 18 months (ie. to end of Apr 2021) are to (1) Increase overall immunisation uptake and coverage for Slough residents and (2) Reduce inequalities across Slough's population groups. The main areas of action are:

- Galvanising the Immunisation system in Slough
- Understanding population need
- Improving data quality & sharing of data
- Reducing variation in Immunisation Coverage
- Improving uptake in agreed priority groups
- Increasing awareness and addressing vaccine hesitancy

Slough Immunisation Partnership Conference

6.5 One of the first and larger roles of the new Slough Immunisation Partnership was the planning and delivery of the first ever Slough Immunisation Partnership Conference. The conference was designed to help highlight the issues in Slough, to share good news stories and best practise, and to create a shared vision of immunisation for the future

6.6 Held on the 1st October 2019, the conference had just under 50 attendee's from across the system and included representation from all corners of health including primary and secondary care, the voluntary sector and key local and regional partners who have a role in helping shape the health of local residents.

6.7 The conference included a range of presentations from local GP practices, the Slough Primary Care Network status, the link with Immunisations and our behaviour change programme (Active Movement), regional and national overviews and a variety of group tasks which have helped grow and expand the Local Action Plan. It was agreed that this will become an annual event.

6.8 We have created a bespoke page on our new Public Health website which allows people to download the presentations, view the group work notes and links to the wider immunisation work. It is available here: https://www.publichealthslough.co.uk/campaigns/immunisation-partnership-conference/

Slough Health Beliefs insight project

6.9 Throughout the first half of 2019 the Public Health team, supported by the Leisure Team, commissioned an appreciative enquiry research project to better understand the health of local residents, their attitudes towards health and how we can better support people to look after their own health. The project focused on the key underlying issues that we face from a health perspective in Slough, one of which was immunisations.

6.10 To gauge awareness residents were asked whether they though a range of statements about vaccinations were true or false. An example of some of those outcomes are as follows:

- Just under six in ten (58%) residents were aware that the chance of having a severe reaction to the MMR vaccine is around 1 in 1 million. with 16% of residents believing this statement to be false.

- 37% of the population believe that vaccine preventable diseases are just part of childhood, that natural immunity is better than vaccine related immunity. This figure rises to 43% for those from an Asian background and falls to 32% for those from a White background.

- 19% of the population believe that vaccines cause autism and Sudden Infant Death Syndrome. This rises to 30% amongst the 25-34yr old population.

6.11 Residents were also asked to indicate from a list of possible sources, where they would have gone for advice on vaccinations if they had needed it. The majority would go/have gone to their GP; nine in ten indicated this. This rises to 97% for those aged 65 and over.

6.12 For the full immunisation related outcomes of the research project please refer to the link in 6.9 above.

Child Health Information Services

6.14 NHS South, Central and West (SCW) Child Health Information Services (CHIS) offer support to local GP practices by:

- Continually validating the 0-19 population database with the patient demographic service data
- Having a database within SCW CHIS IT System that tracks children across the whole of the South Central region
- Sending weekly lists to general practices informing them of all of the children for who we have sent an invitation letter to and for which immunisation they are due
- Continuing to recall children (send parents/ carers an invitation letter) every 28 days until either the immunisations have been given or we are in receipt of an official parental/ guardian refusal document
- On a monthly basis CHIS send a report to general practices highlighting all of the children under 6 years, within their practice who have missing immunisations

6.15 The Thames Valley NHS England commissioned SCW's Improving Immunisation Uptake Team (IIU) work across the Thames Valley to reduce the significant variation

in immunisation uptake between general practices and to increase overall immunisation rates to achieve effective health protection for children. The IIU team facilitate multi-professional practice meetings with the aim of:

- Reviewing practice-wide processes
- Producing and providing products to support the practice's delivery of the immunisation programme; including customisable templates to capture child immunisation details and a general practice toolkit containing key reference and signposting information
- Identifying a practice administration lead to oversee and monitor the immunisation programme by reviewing and cleansing the data in accordance with reports provided by SCW, following up non-attenders who were not responding to SCW invitation letters and deregistering identified ghost patients.

6.16 Since being in post the team have delivered a significant reduction in the variation of immunisation uptake across the Thames Valley and there has been an overall increase in uptake of childhood immunisations.

BHFT Inequalities Nurse

6.17 Berkshire Healthcare NHS Foundation Trust have recently recruited a new "Health Inequalities Nurse 0-19 (25). This new role, which started in October, will involve engaging, educating and empowering families regarding immunisations and raising the awareness of and promoting immunisations generally (from the childhood immunisation schedule) through partnership working across Reading and Slough. This new role can administer immunisations for the age cohort of 5-19yrs for hard to reach/vulnerable children who are struggling to access their GP surgery – this includes home/community visits. The age cohort up to 25yrs old relates to SEN schools. For children under 5 years old the focus will be on empowering and educating the families regarding immunisations

6.18 The new Inequalities nurse will also be responsible for:

- Managing and leading on outbreaks of infectious diseases pan Berkshire
- Linking with the Berkshire School Aged Immunisation Team
- Immunisation updates/training for health care professionals (and also education for families/communities on immunisations)

#IamVaccinated

6.19 The Public Health team has also been working on expanding the #IamVaccinated campaign. This campaign, which is now 12months old, is the front facing platform for all the work that is done around increasing immunisation uptake in Slough. Through the work of the research project and the outcomes from the conference we will be working on expanding on this campaign to target specific areas and specific communities in 2020.

6.20 More information on the campaign can be found at www.publichealthslough.co.uk/campaigns/iamvaccinated

7.0 Comments of Other Committees

7.1 This Update paper for Immunisations has not yet been seen by other committees but the original paper, 'Annual Report on Immunisations and Screening in Slough – Jan 2019' was presented to both the Slough Wellbeing Board and Slough Health & Care Partnership Board who welcomed the recommendations for a Local Action Plan. An update on immunisations and the launch of the Local Action Plan was presented to Health Scrutiny in January 2019 which approved its development.

8.0 Conclusion

8.1 The national Immunisation programme provides important opportunities for protecting health and wellbeing and preventing avoidable disease in Slough with cost-effective and evidence-based interventions. However, their uptake also acts as marker of health inequality in certain groups which we must be vigilant to.

8.2 Slough Public Health is leading local partners to implement this working version of the attached Local Action Plan for Immunisations. We would welcome review every 6 months and hope to see an increase in overall immunisation uptake and reduction of inequalities across key groups.

8. Appendix

1. Slough Local Action Plan for Immunisations – working draft (01.11.19)

9. Background Papers

None

Slough – Immunisations Local Action Plan 2019 – 2021

Objectives over next 18 months i.e. to end of Apr 2021:

1) Increase overall immunisation uptake and coverage for Slough residents.
2) Reduce inequalities across Slough's population groups.

This is a working local action plan (LAP) to improve uptake of immunisations and screening in Slough and under regular review and update. As a result, please check the date of the version you have.

Immunisation Conference – Action ideas: This version of the action plan reflects various ideas captured from the conference that have been shortlisted by the Imms Partnership. They have not yet been fully worked up and this is reflected in 'Due date – tbc'. Over the next few months, these will be reviewed again and more formally accepted and developed or removed.

Immunisations					
Objective	**Action**	**Due date**	**Lead organisation**	**Status**	**Comment**
Galvanising the Immunisation system in Slough	Run Slough Immunisation conference / workshop	**Oct 19**	**SBC PH**	**C**	Conference held – Approx 50 attendees.
Understanding population need	Receive and disseminate Report of Immunisations & Screening annually.	**Jan 2020**	**NHSE/ SBC PH**	**C**	NHSE-PHE to update report / PH Slough to disseminate.
	Complete Slough Health Insights Research and update Immunisation LAP in light of findings.	**Aug 2019**	**SBC PH**	**C**	Research update provided on the 1st October at the Imms conference
	Audit Slough immunisations system against 'The10 Questions'[1] standard.	**Oct 19**	**SBC PH**	**C**	?Useful structure for Autumn workshop. Address gaps in LAP and repeat audit.
Improving data quality & sharing of data	Implementation of daily mover-in reports	**Ongoing**	**CHIS**	**G**	

	Weekly children with missing immunisation reports sent to practice managers	**Ongoing**	**CHIS**	**G**	
	Incorporation of national data of registrations/ de-registrations of children from primary care into CHIS	**Ongoing**	**CHIS**	**A**	
	Automatic extraction of GP data to CHIS via Graphnet	**Ongoing**	**CHIS**	**G**	
	Sharing of school census data with CHIS to facilitate the development of individual pupils vaccination profiles	**Ongoing**	**CHIS /SBC**	**A**	
	Develop RBWM-like Immunisations Profile for Slough	**Mar 2020**	**SBC PH / Shared PH Team**	**B**	Need to ensure alignment across the 3 new Primary Care Networks
Reducing Variation in Immunisation Coverage	Primary Care Immunisation Tool Kit	**Ongoing**	**NHS England**	**G**	
	Practice visits to support implementation of toolkit	**Ongoing**	**NHS England**	**G**	
	GP STEPS education session on Immunisations	**Mar 20**	**Berkshire Shared PH team, NHS England**	**G**	
	CCGs enabled to use practice level data for management purposes to steer improvements and highlight practices with low uptake with CCGs.		**NHS England / EB CCG**	**A**	
	Roll out of learning from Immunisation Profiling project underway in RBWM		**JJ / NHS England / Health Education England**	**R**	
	East Berks CCG uses practice level data for management purposes to steer improvements and highlight practices with low uptake with		**EB CCG**	**A**	

[1] The Ten Questions to Consider If You're Scrutinising Local Immunisation Services. Centre for Public Scrutiny. 2016. Available at: https://www.cfps.org.uk/10-questions-ask-youre-scrutinising-local-immunisation-services/

	CCG and the 3 Primary Care Networks (PCNs).				
	Letter or PHE leaflet to reception aged children (?via schools), reminding parents and carers of the need for them to attend their GP practice for the pre-school booster and any other missed vaccines before starting school in September	**Mar 2020**	**SBC PH**	**G**	Letter provided to schools before summer holidays. Also provided in hard copy to 0-19 service to give to all parents with children starting school this year. Also included in the Children centres registration process and child care admissions forms. **Plan to try to include in Schools Brochure for Reception entry for Sep 2020.**
	Flu "mop-up" session for school-aged children who have not received the vaccine in school utilising RBFRS outreach vehicle	**Ongoing**	**SBC PH, RBFRS, BHFT School Immunisation team**	**G**	
	Communicate with schools re-offering vaccination in schools that have previously not engaged with the Immunisation Team	**Ongoing**	**SDPH and BHFT School Immunisation team**	**G**	04/09 Bespoke school by school flu letter disseminated to primary schools as a reminder about the BHFT flu offer
	Working with Primary Care Networks Encourage PCN's to jointly fund immunisation nurses or to galvanise the current offer.	**tbc**	**SBC PH and EB CCG**	**B**	
	Work with PCN's to suggest more inclusive clinics at suitable times for local need and to investigate the potential of a one stop shop for family imms	**tbc**	**SBC PH and EBCCG**	**B**	

	Ensure providers of vaccines with an e-consent form provide translation opportunities	**tbc**	**EBCCG, NHSE and BHFT**	**B**	
	Explore opportunities for enhancing training of professionals and public	**tbc**	**CCG EB**	**B**	
	Look at integrating a vaccine specific element into the MECC programme	**tbc**	**SBC PH**	**B**	
Improving uptake in agreed priority groups	Develop immunisation plan with Slough Children's Trust for Looked After Children	**tbc**	**SBC PH, Slough Children's Trust & EB CCG**	**B**	Will be further informed by planned Health Needs Assessment for Children Looked After (By Mar 20)
	Develop immunisation plan for pregnant women – Part of Frimley Local Maternity System (LMS) Prevention	**Mar 2020**	**SBC PH Lead & Frimley LMS Prevention**	**G**	Early discussions with LMS and NHSE Regional re Flu and pertussis Imms. Focus gp work planned.
	People who are Homeless: Ensure due regard for immunisation needs of homeless people in planned Homelessness Health Service for East Berkshire.	**Jan 2020**	**SBC PH / East Berks CCG**	**G**	Conference requrest. Initial email exchange is positive. Follow up as new service specification develops.
Increasing Awareness and addressing Vaccine hesitancy	Use social media to engage in national campaigns such as Immunisation Week at a local level	**tbc**	**SBC PH & EB CCG**	**A**	19/20 flu plan has now been drafted which includes a social media plan for the winter which has been scheduled and disseminated to key

					partners. A larger #IamVaccinated social media plan will be completed after the 1st October conference
	Use social media to counter anti-vaccine messages with evidence and promotion of immunisation as a social norm	**tbc**	**SBC PH & EB CCG**	**G**	See above update. Also a bespoke #IamVaccinated page now exists on PH website. This includes a bespoke page for Flu and HPV dispelling myths. An MMR one will be created following 1st October.
	Design and implement the #IamVaccinated campaign	**tbc**	**SBC PH**	**G**	Ongoing Further investment following 1st October conference.
	Develop closer relationships with local schools around health and wellbeing including immunisations	**tbc**	**SBC PH & Schools Wellbeing Officer**	**G**	Immunisations will form part of the healthy schools officer work plan. Bespoke letter has been sent to primary schools for flu. An HPV one will be sent in Spring 2020 (Similar to what was sent in Spring 2019)
	Empowering young people eligible for HPV vaccination through school assembly sessions, highlighting and promoting self-consent.	**tbc**	**BHFT School Immunisation team**	**A**	

	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 season	**May 2019**		**G**	This years' workshop took place on 15th May
	Multiagency East Berkshire Flu Action Group	**Winter 2019-20**	**East Berkshire CCG**	**G**	
	Engaging with the local community: Establish local community champions which would have a role to promote vaccines locally and work alongside key community leaders.	**tbc**	**SBC PH**	**B**	
	Ensure a universal approach and support provided to all Early Years providers locally and attend venues which families use to promote vaccination opportunities- To include local community events.	**tbc**	**SBC PH and BHFT**		
	Working in collaboration: Engage with local sports clubs to help promote vaccinations	**tbc**	**SBC PH**	**B**	
	Look to work with other partners and the wider community to share best practise and network further	**tbc**	**All**	**B**	

	Consistent communication: Look at changing the narrative of why people should get vaccinated i.e. reflect on the impacts that the diseases that vaccines prevent can have, reminding the public of their severity	**tbc**	**All**	**B**	
	Provide vaccine related promotion pictorially where relevant	**tbc**	**NHSE and BHFT**	**B**	
	Source celebrities and social media champions to help promote vaccinations	**tbc**	**All**	**B**	
	Ensure vaccine promotion messages are consistent and include local case studies	**tbc**	**All**	**B**	

Abbreviations
NHSE – NHS England
PHE – Public Health England
CHIS – Child Health Information System
SBC PH – Slough Borough Council Public Health Team
EB CCG – East Berkshire Clinical Commissioning Group
BHFT – Berkshire Health NHS Foundation Trust
RBFRS – Royal Berkshire Fire & Rescue Service

RAGB Rating
Red – Considerable concern about achieving outcome in agreed timeframe
Amber – Some concern about achieving outcome in agreed timeframe
Green – On schedule
Blue – B - Not due to have started / C - Complete

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SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2019/20

MEMBER	17/07/19	25/09/19	13/11/19	23/01/20	24/03/20	13/05/20
**Doug Buchanan						
Cate Duffy	P	P				
Supt Grahame	P	Ap				
Lisa Humphreys	P	P				
Ramesh Kukar	P	Ab				
Tessa Lindfield	P	Ap				
Councillor Nazir	P	P				
Dr Jim O'Donnell	P	P				
*Lloyd Palmer	Ap	Ap				
Councillor Pantelic	P	P				
Colin Pill	P	Ap				
Aaryaman Walia	P	P				
Alan Sinclair	Ab	P				
Josie Wragg	Ab	P				
David Radbourne	Ab	Ap				

P = Present Sub = Substitute sent Ap = Apologies given Ab = Absent, no apologies given

*Lloyd Palmer no longer a member of the Board from 13th November 2019.
**Dough Buchanan appointed to the Board, in place of Lloyd Palmer, from 13th November 2019.

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