

Date of issue: Tuesday, 7 July 2020

**MEETING:**

**SLOUGH WELLBEING BOARD**

Neil Dardis, NHS Acute and Community Sector Representative  
Cate Duffy, Director of Children, Learning and Skills  
Chris Holland, Royal Berkshire Fire and Rescue Service  
Lisa Humphreys, Slough Children's Services Trust  
Ramesh Kukar, Slough CVS  
Tessa Lindfield, Director of Public Health Berkshire  
Councillor Nazir, Lead Member for Housing & Community Safety  
Dr Jim O'Donnell, Slough Clinical Commissioning Group  
Councillor Pantelic, Lead Member for Health and Wellbeing  
Colin Pill, Chair of the Healthwatch Slough Board  
Alan Sinclair, Director of Adults and Communities  
Aaryaman Walia, Slough Youth Parliament Representative  
Superintendent Wong, Thames Valley Police  
Josie Wragg, Chief Executive, Slough Borough Council

**DATE AND TIME:**

WEDNESDAY, 15TH JULY, 2020 AT 5.00 PM

**VENUE:**

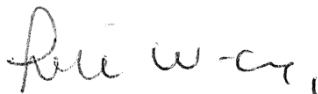
VIRTUAL MEETING

**DEMOCRATIC SERVICES OFFICER:  
(for all enquiries)**

JANINE JENKINSON  
07511 048 406

NOTICE OF MEETING

You are requested to attend the above meeting at the time and date indicated to deal with the business set out in the following agenda.



**JOSIE WRAGG**  
Chief Executive

**AGENDA**



## PART I

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
<b>APOLOGIES FOR ABSENCE</b>			
<b>CONSTITUTIONAL MATTERS</b>			
1.	Declarations of Interest  <i>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.</i>	-	-
2.	Election of Chair 2020-21  <i>To elect a Chair for the 2020-21 municipal year from amongst the voting members of the Board.</i>	-	-
3.	Election of Vice-Chair 2020-21  <i>To elect a Vice-Chair for the 2020-21 municipal year from amongst voting members of the Board.</i>	-	-
4.	Minutes of the last meeting held on 23rd January 2020	1 - 6	-
<b>ITEMS FOR ACTION / DISCUSSION</b>			
5.	Slough Outbreak Engagement Board - Terms of Reference	7 - 14	All
6.	Slough Wellbeing Strategy: 2020-2025	15 - 48	All
7.	Slough Wellbeing Board - Annual Report 2019/20	49 - 66	All
8.	Slough Wellbeing Board - Terms of Reference 2020	67 - 74	All
9.	Local Government Declaration on Tobacco Control	75 - 86	All
<b>FORWARD PLANNING</b>			
10.	Slough Wellbeing Board - Work Programme	87 - 92	All

## ITEMS FOR INFORMATION

11.	Slough Covid-19 BAME Pilot	93 - 102	All
12.	Attendance Report 2020-21	103 - 104	-
13.	Date of Next Meeting - 23rd September 2020	-	-

### Press and Public

This meeting will be held remotely in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020. Part I of this meeting will be live streamed as required by the regulations. The press and public can access the meeting from the following link (by selecting the meeting you wish to view):

<http://www.slough.gov.uk/moderngov/mgCalendarMonthView.aspx?GL=1&bcr=1>

Please note that the meeting may be recorded. By participating in the meeting by audio and/or video you are giving consent to being recorded and acknowledge that the recording will be in the public domain.

The press and public will not be able to view any matters considered during Part II of the agenda.

This page is intentionally left blank

**Slough Wellbeing Board – Meeting held on Thursday, 23rd January, 2020.**

**Present:-** Councillor Pantelic (Chair), Daryl Gasson (substitute for Neil Dardis), Lisa Humphreys, Ramesh Kukar, Tessa Lindfield, Alan Sinclair and Aary Walia

**Apologies for Absence:-** Dr Jim O'Donnell, Cate Duffy, Councillor Nazir, Colin Pill and Josie Wragg

**PART 1**

**29. Declarations of Interest**

Councillor Pantelic declared that she was a member of the Local Government Association Community Wellbeing Board. She remained in the Council Chamber throughout the meeting.

The Senior Democratic Services Officer reported that Dr Jim O' Donnell was unable to attend the meeting and had conveyed his apologies for absence. In his absence, Dr O'Donnell had requested a statement be read out on his behalf. Accordingly, the Senior Democratic Services Officer reported to the Board that Dr O'Donnell had accepted the responsibility of leading on the Frimley Integrated Care System ambition 'Starting Well' and was keen to have one-to-one meetings with relevant Board members to discuss the key priorities going forward.

**30. Minutes of the last meeting held on 13th November 2019**

In relation to Minute No.22 – Developing the Future Priorities of the Slough Wellbeing Board – it was requested that the penultimate paragraph, sentence ending ‘..establish the areas the Board would deliver and those areas in could influence’ be amended to read ‘..establish the areas the Board would **lead** on and those areas **it** could influence’.

**Resolved** – That, subject to the amendment set out above, the minutes of the meeting held on 13th November 2019 be approved as a correct record.

**31. Draft Wellbeing Strategy 2020-2025**

Prior to consideration of the report, the Chair invited the Strategic Director of Public Health for Berkshire to provide an update regarding the recent Coronavirus outbreak. She explained that the Coronavirus had first been identified in Wuhan, Hubei Province, China. Robust containment measures had been instigated locally in China and restrictions had been placed on international travel. Public Health England was monitoring the situation and providing daily updates on its website. Risk in the UK had been assessed as low; however, the relevant authorities were remaining vigilant to any change in the situation.

## Slough Wellbeing Board - 23.01.20

The Chair then invited the Service Lead Strategy and Performance to introduce the Draft Wellbeing Strategy 2020-2025 report.

The Service Lead Strategy and Performance explained that in October 2019, members of the Board had attended an 'Away Day' held at Arbour Park to determine the priorities of the Slough Wellbeing Board over the next five years. Following on from the session, a smaller group had formed to short list the Board's priorities. At the Board meeting held on 13th November 2019, the following priorities were agreed: workplace health, integration, building community asset resilience and starting well. During December 2019, the smaller group met and agreed to form 'task and finish groups' around each of the priorities. The four task and finish groups had worked to develop and refine a set of proposed actions and outcomes for each area, and these now formed the basis of the draft Wellbeing Strategy. The four priority areas were:

- 1: Starting Well
- 2: Integration
- 3: Strong, Healthy and Attractive Neighbourhoods
- 4: Workplace Health

Of the four priorities, two reflected areas the Board would lead on work, and two reflected the areas the Board would have a role influencing the work of other boards or groups.

The first two priorities were areas the Board would influence. The work relating to these priorities would be led by two of the partnership boards that reported to the Slough Wellbeing Board. The Children and Young People's Partnership Board would lead on the work of priority one and The Health and Social Care Partnership Board would work on priority two.

The final two priorities related to areas the Board would directly lead on, set the direction of work and drive forward progress.

The Director of Adults and Communities was then invited to present the rationale and detail of each priority area. Board Members considered each priority area, in turn, as follows:

### Priority One: Starting Well

Over the next five years the Board would seek to:

- Decrease the attainment gap between all children and the bottom 20% at Early Years Foundation Stage
- Reduce the number of Reception and Year 6 aged children classified as obese
- Improve immunisation rates amongst young people in Slough
- Improve oral health amongst children in Slough and reduce the rate of five year olds with one or more decayed, filled or missing teeth

## Slough Wellbeing Board - 23.01.20

The Starting Well priority would be led by the Children and Young People's Partnership Board and it would report back on the actions and progress made to the Slough Wellbeing Board. It was highlighted that the priority linked to the Integrated Care System (ICS) and there was good alignment, particularly as Dr O' Donnell would be acting as the Frimley ICS lead in this area.

There was a discussion in relation to the ambition 'Improve oral health amongst children in Slough and reduce the rate of five year olds with one or more decayed, filled, or missing teeth'. A Board member queried if this was the right measure of oral health.

### Priority Two: Integration

Over the next five years the Board would seek to:

- Increase healthy life expectancy in Slough
- Increase the proportion of people living independently at home and decrease the proportion living in care homes
- Increase the number of people managing their own care and support needs
- Reduce the amount of attendances and admissions to hospital and the length of stay
- Reduce delayed transfer of care

This priority would be led by the Health and Social Care Partnership Board and it would report back on actions and progress to the Slough Wellbeing Board.

### Priority Three: Strong, Health and Attractive Neighbourhoods (Building Community Asset Resilience)

Over the next five years the Board's ambitions would be to:

- Increase levels of resident satisfaction with local place and improve levels of happiness
- Improve life chances of residents, by focusing on areas such as housing, poverty, education and employment
- Reduce health inequalities between wards in Slough
- Improve community resilience and improve engagement and volunteering impact

The Slough Wellbeing Board would directly lead on the work undertaken in this area.

There was a discussion regarding the importance of engagement with the voluntary sector, in particular undertaking work that was 'community lead'. It was agreed that clear and appropriate communication with residents was necessary, and the Board would need to give some thought to how engagement was developed.

## Slough Wellbeing Board - 23.01.20

### Priority Four: Workplace Health

Over the next five years the Board's ambitions would be to:

- Increase the percentage of people aged 16 to 64 in employment
- Reduce the gap in employment rates for key groups, including those with a long-term health condition, those with a learning disability, and those in contact with secondary mental health services.
- Reduce sickness absences, by decreasing the percentage of working days lost due to sickness absence.

The Slough Wellbeing Board would directly lead on the work undertaken in this area.

In relation to the action 'Set up a network for local businesses in Slough to access information about workplace health, and establish a set of Wellbeing Awards to celebrate success and best practice from employers' – it was noted that there were existing networks for local businesses in Slough, such as Slough Business Community Partnership and SEGRO. Clarification was sought regarding the type of network envisaged. It was explained that the intention was to create a human resources director network group, and to influence change through the network.

The Chair highlighted that there were two vacant business representative positions on the Board, and it was suggested that one large business and one smaller business representative be recruited. It was agreed that a recruitment process would be undertaken.

A Board member queried whether the ambition 'Increase the percentage of people aged 16 to 64 in employment' fully encompassed the remit of what the Board wanted to achieve. It was highlighted that job satisfaction had a significant impact on a person's wellbeing. It was therefore agreed that the wording of the ambition should be refined to reflect the importance of promoting work place satisfaction.

It was suggested that a task and finish group be formed, led by the Service Lead, Public Health, to progress work in relation to Priority Four.

The Chair thanked the sub-group of the Board that had led on the development of the four priority areas.

### **Resolved –**

- (a) That the Service Lead, Strategy and Performance be requested to make the arrangements to recruit two business representatives (one large, one small business) to the Slough Wellbeing Board.
- (b) That a task and finish group, led by Dr Liz Brutus, be established to lead on the work undertaken in relation to Priority Four: Workplace Health.



## Slough Wellbeing Board - 23.01.20

- (c) That the task and finish group be asked to consider refining the Priority Four: Workplace Health ambition 'Increase the percentage of people aged 16 to 64 in employment' to reflect the importance of increasing work place satisfaction.

### 32. Slough Wellbeing Board Forward Plan

The Chair requested that the agenda for each Board meeting be divided into two parts:

- Consideration of a progress report relating to one of the Slough Wellbeing Board's four priority areas.
- Consideration of a statutory responsibility.

#### 24<sup>th</sup> March 2020

It was reported that a request had been received from the Director of Transformation to provide an 'Our Futures Update' presentation at the 24<sup>th</sup> March 2020 meeting. It was agreed that the presentation should be tailored to ensure it was relevant to the work of the Wellbeing Board. It was agreed that the Service Lead, Strategy and Performance and the Director of Adults and Communities would discuss the details of the presentation with the Director of Transformation.

In addition, it was agreed that the Service Lead, Communities and Leisure be invited to the March meeting to provide a report in relation to Priority Three: Strong, Healthy and Attractive Neighbourhoods (Building Community Asset Resilience).

#### 13<sup>th</sup> May 2020

It was agreed that a progress report regarding Priority Two: Integration, be provided to the Board at the May 2020 meeting.

#### To be scheduled

It was agreed that the Forward Plan would be updated to include the statutory reports the Board was required to consider, for example the Joint Strategic Needs Assessment. In addition, updates from statutory partners (e.g Slough Local Safeguarding Children Board and the Safer Slough Partnership) would be added to the Forward Plan.

**Resolved** - That the Forward Plan be updated, as detailed above.

### 33. Attendance Report

It was reported that Superintendent Sarah Grahame was no longer in post at Thames Valley Police. The Senior Democratic Services Officer agreed to contact Thames Valley Police to ascertain if Superintendent Grahame's successor would be attending future Slough Wellbeing Board meetings.

## **Slough Wellbeing Board - 23.01.20**

It was noted that a representative from Frimley Health NHS Foundation Trust would be attending future Board meetings. The representative would be either Neil Dardis (Chief Executive) or Daryl Gasson (Director of Strategy).

The Chair highlighted that David Rathbourne (NHS England representative) had not attended any Slough Wellbeing Board meetings over the past 12 months. It was requested that the Senior Democratic Services Officer write to Mr Rathbourne explaining that due to his non-attendance he would be removed from the Board.

The Chair report that Lucy Bowman, (Partnership Manager – Bracknell, Maidenhead and Slough Jobcentres, Department for Work and Pensions) had agreed to attend future Board meetings.

### **Resolved –**

- (a) That the details of the Members' Attendance Record be amended to reflect the changes in the Board's membership, as set out above.
- (b) That the Senior Democratic Services Officer be requested to contact Thames Valley Police to ascertain if Superintendent Grahame's successor would be attending future Slough Wellbeing Board meetings.
- (c) That the Senior Democratic Services Officer be requested to write to Mr Rathbourne explaining that due to his non-attendance he would be removed from the Board.

### **34. Date of Next Meeting - 24th March 2020**

**Resolved –** The date of the next meeting was confirmed as 24th March 2020.

Chair

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

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board  
**DATE:** 15<sup>th</sup> July 2020  
**CONTACT OFFICER:** Josie Wragg, Chief Executive  
**(For all enquiries)** (01753) 875017  
**WARD(S)** All

**PART I**  
**FOR DECISION**

**SLOUGH OUTBREAK ENGAGEMENT BOARD – TERMS OF REFERENCE**

1. **Purpose of Report**

1.1 To seek agreement for the terms of reference for the Slough Outbreak Engagement Board.

2. **Recommendation**

The Slough Wellbeing Board is requested to resolve that the Terms of Reference of the Slough Outbreak Engagement Board as at Appendix A to the report be approved.

3. **The Slough Joint Wellbeing Strategy 2020-24**

Coronavirus has the potential to impact on the delivery of all of the Wellbeing Board's priorities:

1. Starting Well
2. Integration
3. Strong, Healthy and Attractive Neighbourhoods (Building Community Asset Resilience)
4. Workplace Health

However the response to the crisis has demonstrated the strength of community and partnership working.

4. **Five Year Plan 2020-24 Outcomes**

Coronavirus has the potential to impact on the delivery of all of the Five Year Plan's priority outcomes:

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

## 5. Other Implications

- (a) **Financial** – The Government is providing local authorities with additional funding to tackle the increased service demands they face in addressing the COVID-19 Pandemic. SBC's share of the £3.2bn of national funding provided for local government's response to COVID-19 is £7.636m There are no foreseen financial implications arising from this report, as it is expected that the work will be contained within existing budgets.
- (b) **Risk Management** – There are no identified risks to the proposed action to establish a board. A COVID-19 risk register has been prepared and forms part of the previous report to Cabinet in May 2020 on COVID-19 response planning. The Communications Plan will address specific risks relating to the engagement and communications response to an outbreak.
- (c) **Human Rights Act and Other Legal Implications** – There are no Human Rights Act or Other Legal Implications arising from the establishment of the an Engagement Board.
- (d) **Equalities Impact Assessment** - There is no requirement to complete an Equalities Impact Assessment in relation to this report, although it should be noted that the Local Outbreak Management Plan itself attends to a number of high risk settings including Care Homes, Faith settings and Homeless communities. In addition, there is a specific pilot being undertaken within Slough understanding the impact and likely interventions for BAME communities.

## 6. Supporting information

- 6.1 We are now seeing the initial wave of COVID-19 cases decline across the country with national lockdown restrictions being gradually lifted. The next phase of the pandemic in England is predicted to be a much more variegated pattern with focussed outbreaks requiring local controls to keep cases and harm from COVID-19 to a minimum.
- 6.2 The Government has announced allocations to each LA of a Test & Trace Grant to support this localised response. SBC was allocated £689,507.
- 6.3 The model proposed for outbreak or incident<sup>1</sup> response locally is detailed in the LA's Local Outbreak Management Plan (LOMP) as endorsed by the Cabinet on 30<sup>th</sup> June 2020.

---

<sup>1</sup> An outbreak is one or more cases of Covid-19, an incident has a broader meaning, encompassing events or situations which warrant investigation to determine if action is needed to manage the risk.

- 6.4 The fundamental duties and roles of organisations and teams involved in outbreak control have not changed. The LOMP sets out the roles of the LA: to support the PHE Health Protection Team's (HPT) lead for outbreak response and to ensure their recommendations function locally. This includes prevention of COVID-19 in the first place as well as preventing the spread of infection.
- 6.5 In the event of an outbreak, the Thames Valley HPT are responsible for co-ordinating outbreak management and will work closely with the Public Health team at Slough Borough Council and the Slough Outbreak Cell to facilitate a timely and proportionate outbreak response.
- 6.6 The local response will vary according to the setting of any outbreak and the populations involved. Support will be needed from individual services and the community hubs. SBC's LOMP establishes an Outbreak Management Cell to be stood up to co-ordinate contact tracing and its associate components across Slough. Its members will act as a link to their respective service areas for contact tracing and expertise.
- 6.7 Communication with residents is key aspect of any response. The Outbreak Engagement Boards will be held in public every month and more often if needed, led by local councillors accountable to the public. It is committed to:
- keep our website up to date with the latest guidance
  - use social media to spread the word
  - work with services, businesses and organisations to make sure information is clear and accurate
  - make information available in accessible formats and languages other than English where appropriate and use community engagement as well as traditional broadcast techniques
- 6.8 The role of the Board is as follows:
- Lead engagement with the public regarding Covid risks and prevention
  - Endorse the Local Outbreak Plan and the accompanying communications plan.
  - Provide ongoing oversight of the Plan's implementation.
  - Provide political ownership of the local response.
  - Proactively lead the communications and engagement in the event of a local incident .
  - Coordinate, where appropriate, with neighbouring authorities in the event of cross/near border local outbreaks.
- 6.9 The terms of reference set out the proposed membership and ways of working of the new board.

## 7. **Comments of other committees**

- 7.1 This report has not been considered by any other committees. The Cabinet endorsed the Outbreak Management Plan on 30<sup>th</sup> June 2020.

8. **Conclusion**

8.1 Slough Borough Council has responded swiftly to mitigate the impacts of COVID-19.

8.2 This report sets out our plans to establish and Outbreak Engagement Board as part of the wider response to potential local outbreaks of COVID-19 as we move into the next phase of the pandemic.

9. **Appendices attached**

A – Draft Terms of Reference, Local Outbreak Engagement Board

10. **Background papers**

None.

**SLOUGH BOROUGH COUNCIL**

**Outbreak Engagement Board**

**Draft Terms of Reference**

**Background**

1. Following the initial wave of Covid-19, cases are declining across the country and national lockdown restrictions are gradually lifting. The next phase of the pandemic in England is predicted to be a much more variegated pattern with focussed outbreaks requiring local controls to keep cases and harm from Covid-19 to a minimum.
2. Each Upper Tier local authority was required to develop a Local Outbreak Control plans by the end of June 2020. Slough's plan was endorsed by Cabinet on 30<sup>th</sup> June 2020 and set out how the authority would work with the national Test and Trace service and other partners, so that the whole local system is geared up to contain the virus.
3. This Board will be a subgroup of the Slough Wellbeing Board and is therefore, not subject to the political proportionality rules.

**Purpose**

4. The role of the Board is to
  - Lead engagement with the public regarding Covid risks and prevention
  - Endorse the Local Outbreak Plan and the accompanying communications plan.
  - Provide ongoing oversight of the Plan's implementation.
  - Provide political ownership of the local response.
  - Proactively lead the communications and engagement in the event of a local incident<sup>1</sup>.
  - Coordinate, where appropriate, with neighbouring authorities in the event of cross/near border local outbreaks.
5. The Board will report through the Gold emergency command structure and will also be a time limited subgroup of the Slough Wellbeing Board. They will have a working relationship with their local Health Protection Board, responsible for delivery of the Outbreak Control Plan.

---

<sup>1</sup> An outbreak is one or more cases of Covid-19, an incident has a broader meaning, encompassing events or situations which warrant investigation to determine if action is needed to manage the risk.

## **Membership**

6. The standing membership of the Board will comprise:
  - All Lead Members (as nominated by the Leader of the Council)
  - Chief Executive of the Council
  - SBC Director of Adults & Communities
  - SBC Director of Children, Learning & Skills Services
  - SBC Director of Finance & Resources
  - SBC Director of Transformation
  - SBC Interim Director of Regeneration
  - SBC Interim Director of Place & Development
  - SBC Communications Manager
  - Public Health representative
  - Borough Commander, TVP
  - ICS Place Lead
  - HealthWatch
  - VCS Representative
  
7. In the event of a local incident the relevant Lead Members and Directors will be expected to be core members of the board and take leadership roles in the work of the board depending on the nature of the incident.
  
8. Membership of the Board can be extended to include:
  - The relevant Ward Councillors who will be the public face of engagement and communication with their local communities.
  - The relevant Service Lead(s) depending on the nature of the outbreak.
  - Other members can be coopted, for example key stakeholders or local business representatives could be considered
  
9. The Director of Public Health and a representative of the Clinical Commissioning (CCG) will have a standing invitation to attend the Board.
  
10. The Board is committed to engaging with community leaders and partners in different settings and will seek to work closely and proactively irrespective membership status.
  
11. Meetings will be chaired by the Lead Member for Health & Wellbeing. The vice-chair will be the Leader of the Council. In the absence of the chair and vice-chair another Lead Member will chair that meeting.

## **Quorum**

12. Minimum of three Members and three officers.

## **Ways of Working**

13. Meetings will be held in Public.



14. A sample agenda is included at Appendix 1.
15. As the meeting needs to be responsive to a dynamic situation, papers in connection with scheduled monthly meetings will be published 2 days in advance of the meeting on the Council website.
16. Openness and transparency is crucial to the work of the board and public involvement is welcomed. Questions can be submitted from the public 2 days in advance of the meeting and responses will be provided either at the next meeting or in writing afterwards as appropriate.
17. The Board will develop a review mechanism of activity undertaken to ensure lessons can be learned in the response to any outbreaks.

### **Frequency**

18. Monthly, with the expectation that the Board will meet more frequently in the event of a local outbreak.
19. Meetings will take place in accordance with Government guidance on social distancing and will initially be held virtually via BlueJeans.

## **APPENDIX 1**

### **Sample Agenda for Outbreak Engagement Board**

1. Public Questions
2. Local Covid Status report
3. Incident reports
4. Key Messages
  - a. National
  - b. Local
5. AOB

This page is intentionally left blank

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 15<sup>th</sup> July 2020

**CONTACT OFFICER:** Ellie Gaddes – Policy Insight Analyst  
(For all Enquiries) (01753) 875657

**WARD(S):** All

**PART I**  
**FOR COMMENT AND CONSIDERATION**

**SLOUGH WELLBEING STRATEGY: 2020-2025**

1. **Purpose of Report**

To present the final draft of the 2020-2025 Slough Wellbeing Strategy to members of the Wellbeing Board, and to update board members on the progress of establishing the Task and Finish groups responsible for delivering the priorities set out in the strategy.

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

The Board is requested to:

- a) Endorse the proposed Slough Wellbeing Strategy for 2020-2025.
- b) Discuss the progress of the establishment of the Task and Finish groups responsible for delivering the priorities set out in the strategy.

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

As the current strategy is coming to an end, this draft strategy is being developed as the new Slough Wellbeing Strategy for 2020-2025.

### 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

In particular, the work of the Slough Wellbeing Board aims to address Outcome One and Outcome Two of the councils five priority areas.

## 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. **Supporting Information**

- 5.1 The current Wellbeing Strategy is due to end in 2020. As such, a new strategy needs to be developed for the period 2020:2025.
- 5.2 In October, members of the board met for an 'Away Day' at Arbour Park, in order to begin deciding the priorities of the Wellbeing Board for the next five years. A long list of potential priorities was drawn together that day, and it was agreed that a smaller group would work together to agree a final list of priority areas.
- 5.3 The group (formed of Alan Sinclair, Ramesh Kukar, Liz Brutus, with Dean Tyler and Ellie Gaddes for policy support) proposed a shorter list of priorities:

- Priority One: Workplace Health
- Priority Two: Integration
- Priority Three: Building Community Asset Resilience
- Priority Four: Starting Well

- 5.4 These priorities were agreed by the Wellbeing Board at the meeting on the 13<sup>th</sup> November. It was also agreed that the same group would go away and begin developing these priorities into the 2020:2025 strategy.
- 5.5 To do this, the group met in December, and agreed that they would form Task and Finish groups around each priority, calling on other members of the board and staff from their organisations with expertise in these areas.
- 5.6 The four Task and Finish groups developed a set of proposed actions and outcomes for each area. These were written up to form the basis of the draft of the new Wellbeing Strategy.
- 5.7 A draft version of the strategy was taken to the Wellbeing Board at the meeting on the 23<sup>rd</sup> January 2020. At this meeting, members of the board proposed some minor changes, and agreed that the strategy should next be taken to the Slough Borough Council communications team in order to be published in a polished format.
- 5.8 A final draft of the new strategy was originally planned to be brought to the meeting on the 24<sup>th</sup> March for approval from the Wellbeing Board. However, due to the COVID-19 outbreak, this meeting was cancelled. The Slough Wellbeing Board next met for an informal meeting on the 27<sup>th</sup> May. In this meeting, it was agreed that the strategy would be refreshed slightly to ensure that it is still relevant in the wake of the COVID-19 crisis. Although the four priority areas would remain unchanged, slight changes might be made to the ambitions and actions sections of these priorities. In order to make this refresh, key officers responsible for each priority (Cate Duffy, Alan Sinclair, Ramesh Kukar, Ketan Gandhi and Liz Brutus) met with Ellie Gaddes from the policy team to discuss each priority.
- 5.8 The final draft of the Strategy can be found in Appendix A. This final draft encompasses the comments made at the meeting on the 23<sup>rd</sup> January 2020, as well as the changes made during the COVID-19 refresh. It has been formatted by the Slough Borough Council communications team.
- 5.9 At the meeting on the 23<sup>rd</sup> January 2020, the Board also agreed that two of the priorities in the new strategy (Priority One: Starting Well and Priority Two: Integration) would be led by existing partnership boards. The Terms of Reference for these boards can be found in Appendix B and C.
- 5.10 The Board also agreed that two new Task and Finish groups would be set up to lead on the other two priorities (Priority Three: Strong, Healthy & Attractive Neighbourhoods, and Priority Four: Workplace Health). Work has begun on setting up these groups, agreeing membership and creating terms of reference. The first meetings of these groups were postponed by the COVID-19 outbreak, but are scheduled to restart shortly. The Draft Terms of Reference for these groups can be found in Appendix D and E.

6. **Comments of Other Committees**

6.1 The proposed priorities were reported to Health Scrutiny Panel on the 20<sup>th</sup> November as part of the 6-monthly report on the activity of the Wellbeing Board. The Panel had no suggestions to make.

6.2 The draft Wellbeing Strategy for 2020-2025 was presented to the Health and Social Care Partnership Board on the 25<sup>th</sup> February. The board had no suggestions to make.

7. **Conclusion and next steps**

The Slough Wellbeing Strategy for 2020-2025 has been developed by members of the board over the last few months. Members of the Board are requested to endorse the proposed Slough Wellbeing Strategy for 2020-2025, and to discuss the progress of the establishment of the Task and Finish groups responsible for delivering the priorities set out in the strategy.

8. **Appendixes**

A – (Final Draft) Slough Wellbeing Strategy: 2020-2025

B – Terms of Reference – Children & Young People’s Partnership Board

C – Terms of Reference – Health & Social Care Partnership Board

D – Draft Terms of Reference – Strong, Healthy & Attractive Neighbourhoods Task & Finish Group

E – Draft Terms of Reference – Workplace Health Task & Finish Group

9. **Background Papers**

None.



Slough  
Wellbeing  
Board

# Slough Wellbeing Strategy

2020-2025



## Contents

---

The Slough Wellbeing Strategy at a Glance	3
What is the Slough Wellbeing Strategy?	4
Our Priorities	6
Priority One: Starting Well	7
Priority Two: Integration	8
Priority Three: Strong, Healthy and Attractive Neighbourhoods (Building Community Asset Resilience)	9
Priority Four: Workplace Health	10
Ways of Working	11
Glossary	12
Appendix One: Statutory Responsibilities of the Slough Wellbeing Board	13



# The Slough Wellbeing Strategy at a Glance

The Wellbeing Strategy for Slough is the overarching plan to improve the health and wellbeing of residents in the borough. It has been created by the Slough Wellbeing Board, a partnership between organisations from the public, private and voluntary sectors in Slough.

## About Slough

Slough has a population of 149,000 people.	This population is relatively young, with Slough's average age only 34.8 years.
Life expectancy in Slough remains lower than the average for the rest of the South East, at 78 years for men, and 83 years for women.	Childhood health in Slough remains poor, with low rates of immunisations, high rates of obesity, and poor oral health.

## Our Priorities

The Slough Wellbeing Strategy is focused around four priority areas the Board will seek to address in order to improve the health and wellbeing of the people of Slough.

Of the four priorities, two reflect areas where the Board will lead on work, while two reflect areas where the Board will have a role influencing the work of other boards or groups.

### Priority One: Starting Well



This priority is an area where the Slough Wellbeing Board will have an influencing role in the work being done to address these ambitions. The Starting Well theme will be led by the Children and Young People's Partnership Board.

### Priority Two: Integration



This priority is an area where the Slough Wellbeing Board will have an influencing role in the work being done to address these ambitions. The Integration theme will be led by the Health and Social Care Partnership Board.

### Priority Three: Strong, Healthy and Attractive Neighbourhoods



This priority is an area where the Slough Wellbeing Board will directly lead on the work being done. To achieve these ambitions the board will work with local communities to understand the issues facing them, co-design SMART neighbourhood plans together, and work together to implement the actions outlined in these plans.

### Priority Four: Workplace Health



This priority is an area where the Slough Wellbeing Board will directly lead on the work being done. To achieve these ambitions, the board will build connections with local businesses in Slough to promote information about Workplace Health, establish a set of Wellbeing Awards to celebrate best practice from employers, create a toolkit of resources relating to Workplace Health, and promote culture change surrounding Workplace Health in employers across the borough.

# What is the Slough Wellbeing Strategy?

The Wellbeing Strategy for Slough is the overarching plan to improve the health and wellbeing of residents in the borough. It has been created by the Slough Wellbeing Board, a partnership between organisations from the public, private and voluntary sectors in Slough.

## The Slough Wellbeing Board

Every local authority is required to have a Health and Wellbeing Board. The task of improving wellbeing in the local area is something best tackled by a range of organisations working together. The Wellbeing Board therefore brings together key organisations from the area, including representatives from the public, private and voluntary sector.

In Slough, we have made a deliberate decision to widen membership beyond the statutory requirements. This allows us to engage with a greater range of partners and work more fully across the borough. We have also called our partnership the 'Slough Wellbeing Board' rather than the Health and Wellbeing Board, to reflect our chosen focus on the wider determinants of the wellbeing of the people of Slough.

The Wellbeing Board consists of senior representatives from:

- Slough Borough Council
- East Berkshire Clinical Commissioning Group
- NHS England
- Berkshire Public Health
- Thames Valley Police
- Royal Berkshire Fire and Rescue Service
- Slough Children's Services Trust
- The Voluntary and Community Sector
- Healthwatch Slough
- Slough Youth Parliament

As well as the priority areas the Wellbeing Board works on, it also has a set of statutory responsibilities. These can be found in Appendix One.

## Health and Wellbeing in Slough: The Context

Slough is a unique area, and as such, faces unique challenges.

The borough of Slough has a total population of around 149,000 people. This population is relatively young, with Slough's average age estimated to be only 34.8 years. Since the 1930s, people from across the world have made Slough their home, making Slough one of the most diverse authorities in the country.

Located to the west of London, Slough is a densely populated urban area. High levels of personal car use mean there is significant congestion and poor air quality. However, despite the urban nature of the borough and its industrial history, Slough has more than 2.54 square kilometres of parks and open spaces. The council has also recently invested in brand new leisure facilities, including gyms and leisure centres, swimming pools and an ice rink.

Slough has pockets of deprivation, and some neighbourhoods offer specific challenges. There are also inequalities in health, primarily between different areas of the borough and between different ethnic groups. Life expectancy in Slough is lower than the average for the rest of the South East, and physical inactivity, cardiovascular disease, obesity and diabetes are high. Slough also has high-rates of preventable ill health amongst children - including obesity, tooth decay and higher levels of hospital admissions for long-term conditions such as asthma.

This health and wellbeing context became even more significant during the COVID-19 outbreak of 2020, when Slough grappled with the impact of the virus on its population. As an authority with high diversity and some areas of deprivation, Slough's population contained relatively high numbers of those people considered to be at high risk from the virus. By the beginning of June 2020, Slough had over 400 confirmed cases of COVID-19 in the borough, and over 100 people had been killed by the virus.

## How the Strategy was developed

The Slough Wellbeing Board began developing this strategy during the autumn of 2019. Members of the board attended a workshop in October to begin agreeing the priorities that would shape the work of the board over the next five years. In this workshop, they heard from members of staff from several different partner organisations on the current context in Slough and the health and wellbeing issues facing residents.

Some of the key points raised in these discussions were:

- In Slough, major causes of ill health and death are mainly due to circulatory conditions, cancer and respiratory conditions.
- A wide range of different factors influence the health of an individual. These include health behaviours, such as diet and exercise or alcohol use, socioeconomic factors, such as education, employment, and income, clinical care, including the access to care and quality of care, and finally, the quality of the built environment.
- To improve the health and wellbeing of residents in Slough, there are a range of areas where work can be done, including tackling poverty, improving the built environment, preventing violence, improving workplace health, integrating health and social care, and improving health and wellbeing in the early years of life.

From this discussion, members of the board turned their attention to developing a list of priority areas. These priorities all reflected areas where work could be done by the Wellbeing Board to improve the health and wellbeing of residents in Slough. This list of priorities was refined to create the four priority areas which underpin this wellbeing strategy. During the spring of 2020, these priority areas were revisited in light of the COVID-19 outbreak, to ensure that this strategy continued to address the most significant and relevant priorities in the wake of the COVID-19 crisis.

# Our Priorities

---

The Slough Wellbeing Strategy is focused around four priority areas the Board will seek to address in order to improve the health and wellbeing of the people of Slough.

These priorities are:

- 1. Starting Well**
- 2. Integration**
- 3. Strong, Healthy and Attractive Neighbourhoods  
(Building Community Asset Resilience)**
- 4. Workplace Health**

Underpinning these four priorities is a commitment to reducing health inequalities across Slough. The differences in health outcomes - particularly between different areas of the borough and different ethnic groups - impact all four of the priority areas the board has chosen to address. The commitment to reducing these inequalities therefore drives much of the work of the Wellbeing Board, and forms a theme which underpins each of the board's priorities.

These priorities aim to strike a balance between the need to set ambitious, challenging work targets, and the need for the priorities of the board to be practical and achievable. They also aim to avoid replicating the work currently being done by other partnership boards and committees across the borough.

The priorities all relate to elements of health and wellbeing which many different partner organisations can seek to improve. By effectively working together as a partnership, the Wellbeing Board can aim to make real, tangible changes to the health and wellbeing of residents in Slough.

Of the four priorities, two reflect areas where the Board will lead on work, while two reflect areas where the Board will have a role influencing the work of other boards or groups. The first two priorities, 'Starting Well' and 'Integration' are areas where the Board will play an influencing role. The work relating to these priorities will be led by two of the partnership boards that report to the Slough Wellbeing Board. The Children and Young People's Partnership Board will lead on the work of Priority One: Starting Well, while the Health and Social Care Partnership Board will work on Priority Two: Integration. For both of these priorities, the Slough Wellbeing Board will have a supervising and influencing role over the work being done to address these areas.

The final two priorities relate to areas where the Slough Wellbeing Board will directly lead on the work being done. These two areas are Priority Three: Strong, Healthy and Attractive Neighbourhoods, and Priority Four: Workplace Health. Both of these priorities are areas where the Board will directly lead on setting the direction of work, and drive forward progress.

Each priority is discussed in greater detail in the second half of this strategy. For each priority, some background information on the theme or concept is given first, before data and insight is used to illustrate why this issue is a particular challenge in Slough. Once the context has been established, the ambitions for that area are outlined, before the actions the board will undertake over the next five years are presented.



## Priority One: Starting Well

Starting Well focuses on the health and wellbeing of children and young people. The evidence tells us that when children start school with a good level of health and development, they are more likely to go on to succeed in later stages of education. Tackling health and wellbeing issues at an early stage in life prepares our young people for their future.

### Why is this a priority?

- Slough is a relatively young town. Children and young people aged 0 to 17 years make up 28% of the population of Slough. In particular, we have a significantly high proportion of children aged 0 to 14 years.
- When we compare the health and wellbeing of children in Slough to that of the rest of the country, a number of high priority areas emerge.
- Slough has lower than average rates of many recommended childhood immunisations, including the Mumps, Measles and Rubella immunisation and the Flu vaccination.
- Levels of childhood obesity are high - with over 25% of Year 6 children categorised as obese.
- Oral health amongst Slough children is worse than the England average. 41.5% of 5 year olds have one or more decayed, filled, or missing teeth.
- Mental health disorders in young people in Slough have risen, with 9.6% of young people aged 5 to 16 years in Slough having a mental health condition in 2015.
- The COVID-19 outbreak will have an impact on both the mental and physical wellbeing of children and young people across Slough.

### Ambitions

Over the next 5 years, the Board will seek to:

- Decrease the attainment gap between all children and the bottom 20% at Early Years Foundation Stage.
- Reduce the number of Reception and Year 6 aged children classified as obese.
- Improve immunisations rates amongst young people in Slough.
- Improve oral health amongst children in Slough.

### Actions

This priority is one of two areas where the Slough Wellbeing Board will have an influencing role in the work being done to address these ambitions. The Starting Well theme will be led by the Children and Young People's Partnership Board.

This board will address the work of this priority and report back regularly on their progress to the Slough Wellbeing Board. The actions relating to this priority will be set by the Children and Young People's Partnership Board, and will form part of their strategy. This strategy will seek to understand and respond to the changing picture of the health and wellbeing of children and young people in Slough, including the impact of the COVID-19 outbreak on their health and wellbeing.



## Priority Two: Integration

There are a large range of services that support people to live independently at home, rather than needing institutional care in a hospital or care home. These services are delivered by both health professionals, and social care services. By working closely together, health and social care professionals can ensure that their services are aligned and integrated, in order to provide better care for our residents.

### Why is this a priority?

- The majority of people living in Slough will require health and social care support at some time in their lifetime.
- In Slough, we spend over £100m every year across health and social care. We need to ensure that this funding is being spent in the best way possible to make the biggest difference for people's health and wellbeing.
- Research by Think Local Act Personal tells us that people want their care to be flexible, integrated, and under their own control.
- During the COVID-19 outbreak, health and social care partners demonstrated the benefits of working closely together.

### Ambitions

Over the next 5 years, the Board will seek to:

- Increase healthy life expectancy in Slough.
- Increase the proportion of people living independently at home, and decrease the proportion living in care homes.
- Increase the number of people who are managing their own care and support needs.
- Reduce the amount of attendances and admissions to hospital, and the length of these stays.
- Reduce delayed transfers of care.

### Actions

This priority is one of two areas where the Slough Wellbeing Board will have an influencing role in the work being done to address these ambitions. The Integration theme will be led by the Health and Social Care Partnership Board, who will address the work of this priority and report back regularly on their progress to the Slough Wellbeing Board.

To achieve these ambitions, the Health and Social Care Partnership board will:

- Develop a place-based health and care strategy, to align the current health and social care services.
- Build on the work of the Slough Better Care Fund, to increase the contributions from health and social care to the pooled budget.
- Encourage health and social care partners to work together to support and maintain providers, and promote the use of collaborative commissioning of services in Slough.
- Continue to work with our care users to ensure that co-production and co-design are at the heart of all that we do.
- Work to reduce the impact of COVID-19 on the physical and mental health of people in Slough.



## Priority Three: Strong, Healthy and Attractive Neighbourhoods (Building Community Asset Resilience)

Our communities are at the heart of everything we do. Strong, healthy and attractive neighbourhoods are built around people, place, local pride and strong collaborative working between the community and its partners. People in strong, healthy and attractive communities are part of a shared local identity and are empowered to have the skills and opportunities to take part in local life.

### Why is this a priority?

- Health and Wellbeing is influenced by a range of different factors, including socioeconomic factors such as education, employment and income and the quality of the built environment.
- Some areas of Slough have pockets of severe deprivation and poor environmental quality, with the built environment, open spaces, and air quality all suffering.
- These factors all contribute to the health inequalities seen across the borough. Mortality rates of people under 75 years are significantly higher in areas such as Britwell & Northborough, Chalvey and Foxborough.
- During the COVID-19 outbreak, many neighbourhoods in Slough came together to respond to the crisis. The collaboration and sense of community developed during the crisis has the potential to develop into long-lasting local partnerships.

### Ambitions

In the next five years, we aim to:

- Increase levels of resident satisfaction with local place, and improve levels of happiness.
- Improve life chances of residents, by focusing on areas such as housing, poverty, education and employment.
- Reduce health inequalities between wards.
- Increase engagement and volunteering impact, and improve community resilience so that communities are better prepared to cope with extreme events such as disease outbreaks or economic downturn.

### Actions

This priority is one of two areas where the Slough Wellbeing Board will directly lead on the work being done.

To achieve these ambitions, we are going to:

- Work with local communities to understand the issues facing them.
- Work with residents and partners to co-design SMART neighbourhood plans.
- Work with residents and partners to implement the actions outlined in these plans.
- Work with local communities to enable them to deliver mutual support at neighbourhood level.



## Priority Four: Workplace Health

Having a good job, with a reasonable wage, provides security and allows individuals to thrive. It also protects against adverse health outcomes, both while people are working, and in later life. In particular, a good working environment can protect a person's mental health and musculoskeletal health.

### Why is this a priority?

- The county of Berkshire has a high rates of employment. In Slough, 73.5% of population - or over 70,000 people - are in employment.
- Life expectancy in Slough remains lower than the average for the rest of the South East, at 78 years for men, and 83 years for women.
- Healthy life expectancy - or the number of years a person can expect to live in good health - is worsening in Slough.
- The COVID-19 outbreak is expected to have a detrimental effect on the economy, employment rates and staff wellbeing, both in Slough and across the country.

### Ambitions

In the next five years, we aim to:

- Reduce the gap in employment rate for key groups, including those with a long-term health condition, those with a learning disability, and those in contact with secondary mental health services.
- Reduce the gap in wages between residents of Slough, and those who travel into Slough to work.
- Reduce sickness absences, by reducing the percentage of working days lost due to sickness absence.
- Improve the wellbeing at work of people employed in the borough.

### Actions

This priority is one of two areas where the Slough Wellbeing Board will directly lead on the work being done.

To achieve these ambitions, we are going to:

- Build connections with local businesses in Slough to promote information about Workplace Health, and establish a set of Wellbeing Awards to celebrate success and best practice from employers.
- Create a toolkit of resources and materials relating to Workplace Health for employers and staff in Slough, particularly in relation to the COVID-19 recovery.
- Promote culture change surrounding Workplace Health in employers across the borough.



## Ways of working

The Slough Wellbeing Board meets 6 times a year for formal meetings. In these meetings, representatives from the partner organisations discuss strategic issues relating to these four priority areas. They also receive updates on the statutory work that the Board must complete. In addition to these meetings, the Board also engages in one-off workshops and 'Away Days' to further its work in key areas.

The Wellbeing Board is one of three boards or committees that Slough Borough Council has a statutory duty to maintain. In addition to the Wellbeing Board, the local authority must also maintain a partnership board around community safety, and a safeguarding board.



The Safer Slough Partnership is the partnership board centred around community safety. The board is made up of representatives from Slough Borough Council, Thames Valley Police, Slough Council for Voluntary Services, the National Probation Board, and other organisations. The aim of the board is "protecting our diverse, evolving and vibrant community".



The Slough Safeguarding Boards are formed of representatives from Slough Borough Council, Slough Children's Trust, Thames Valley Police, Slough Council for Voluntary Services, Slough Healthwatch, and other organisations. The Boards have four priorities - serious youth violence, neglect, exploitation and domestic violence.

The partners have recently reviewed the ways in which these statutory boards work together. Each board has reset the priority areas they are focusing on, and a Leaders Group has been created to co-ordinate and align this work. This review sought to ensure that the boards are operating in the most effective way to ensure good outcomes for the people of Slough.

# Glossary

---

**Cardiovascular Disease**

A general term for conditions affecting the heart or blood vessels. Includes conditions such as heart disease and strokes.

**Co-Production**

A way of working where people with experience of using services are involved in the design and delivery of these services, in order to make sure they really meet the needs of the people who use them.

**Commissioning**

The process of assessing what services are needed in the community, purchasing these services from a provider, and monitoring these services to ensure they meet the desired outcomes.

**Healthy Life Expectancy**

A measure of population health, that estimates the expected years of life in good health for a person.

**Immunisation**

The process where a person is made immune, or resistant to an infectious disease. This usually takes place by administering a vaccine, which stimulates the body's immune system to protect the person against a later infection.

**Musculoskeletal Health**

Musculoskeletal health refers to conditions that affect the joints, bones and muscles.

**Oral Health**

The health of a person's mouth and throat, including tooth decay, gum disease and mouth or throat cancer.

**Physical Inactivity**

A term used to refer to those people who do not get the recommended level of regular physical activity.

**Respiratory Conditions**

Those conditions that affect the lungs and other tissues involved in breathing.

**Statutory Responsibilities**

The responsibilities that the Wellbeing Board has a legal obligation to complete.

# Appendix One: Statutory Responsibilities of the Slough Wellbeing Board

---

The Health and Social Care Act of 2012 set out the statutory responsibilities of Health and Wellbeing Boards. These are:

- To prepare and publish a Joint Strategic Needs Assessment for Slough.
- To prepare and publish a Joint Health and Wellbeing Strategy for Slough.
- To give its opinion to the East Berkshire Clinical Commissioning Group (CCG) as to whether their Commissioning Plans adequately reflect the current Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- To comment on the sections of the CCG's Annual Report which describe the extent of their contribution to the delivery of Joint Health and Wellbeing Strategy.
- To give its opinion, as requested by the NHS Commissioning Board, on the CCG's level of engagement with the Board, and on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- To encourage persons who arrange for the provision of health and/or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the area.
- To work with partners to identify opportunities for future joint commissioning.
- To lead on the signing off of the Better Care Fund Plan.
- To publish and maintain a Pharmaceutical Needs Assessment.
- To give its opinion to the Council on whether it is discharging its duty to have regard to any Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy prepared in the exercise of its functions.
- To exercise any Council function which the Council delegates to it.
- To ensure that strategic issues arising from Slough's Safeguarding Boards inform the work of the Board.
- To receive the annual reports from Slough's Safeguarding Boards and ensure that partners respond to issues pertinent to the Board.

This document can be made available on audio tape, braille or in large print, and is also available on the website where it can easily be viewed in large print.

## Slough Wellbeing Strategy 2020-2025

If you would like assistance with the translation of the information in this document, please ask an English speaking person to request this by calling 01753 875847.

यदि आप इस दस्तावेज़ में दी गई जानकारी के अनुवाद कए जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लिए 01753 875847 पर बात करके कहें.

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ 01753 875847 ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਹੋ।

Aby uzyskać pomoc odnośnie tłumaczenia instrukcji zawartych w niniejszym dokumencie, należy zwrócić się do osoby mówiącej po angielsku, aby zadzwoniła w tej sprawie pod numer 01753 875847.

Haddii aad doonayso caawinaad ah in lagu turjibaano warbixinta dukumeentigaan ku qoran, fadlan weydiiso in qof ku hadla Inriis uu ku Waco 01753 875847 si uu kugu codsado.

اگر آپ کو اس دستاویز میں دی گئی معلومات کے ترجمے کے سلسلے میں مدد چاہئے تو، براہ کرم ایک انگریزی بولنے والے شخص سے 01753 875847 پر کال کر کے اس کی درخواست کرنے کے لئے کہیں۔

# Slough Children and Young People's Partnership

## Terms of Reference Agreed February 2020

The Slough Children and Young People's Partnership will provide strategic oversight and coordinate system wide improvements to provide the best outcomes for children and young people.

Partners will work collaboratively to share information and resources to agree and deliver objectives which are also informed by the voice of local children and families.

### 1. Vision

**1.1. To ensure that Slough is a great place for children to grow up and live happy, healthy and successful lives**

### 2. Strategic Role and Purpose

- 2.1. To provide strategic direction and oversight of the delivery of services supporting the wellbeing of children and young people in Slough (aged 0-25)
- 2.2. To ensure that effective multi-agency working is in place
- 2.3. To evaluate the quality and effectiveness of multi-agency processes and services in improving outcomes including strategic quality assurance of impact
- 2.4. To lead on the delivery of the Starting Well Priority of the Wellbeing Board
- 2.5. To inform and improve future planning and service delivery so as to improve outcomes for children, young people and families; with a particular focus on early help and early intervention

### 3. Shared Responsibilities

- 3.1. Produce a Children and Young People's Plan (CYPP) by May 2020 for the next 3 – 5 years using shared data and intelligence
- 3.2. Oversee the delivery of the CYPW Strategy and related strategies including the Multi-Agency Early Help Strategy
- 3.3. Agree systems and processes for effective information sharing and collaboration and identify measures of success to actively track and manage progress
- 3.4. Oversee relevant partnership improvement plans including preparation for and response to external Inspections with a particular focus on the ILACS inspection of children's social care
- 3.5. Work collaboratively to identify and resolve any issues that appear in the children's system to ensure children and families receive timely and effective support appropriate to their needs
- 3.6. Champion the voice of children, young people and families, ensuring that they are represented in both strategic planning and service delivery

- 3.7. Engage with relevant forums and related boards to promote excellent outcomes for children, young people and families

#### **4. Membership**

- 4.1. Membership to be finalised and agreed at the inaugural meeting of the new Partnership on 3 February 2020

#### **5. Chairing Responsibilities**

- 5.1. Chaired by Slough's Director of Children's Services
- 5.2. Be a champion for children, young people and families and exercise the statutory requirement of support and challenge to the whole child system in Slough.
- 5.3. Secure active involvement and commitment from all agencies involved in the delivery of support to children and families in Slough

#### **6. Role of Members**

- 6.1. Attend or be represented and actively engage in meetings, challenging and supporting members of the group
- 6.2. Share information, data and quality assurance to allow the board to determine outcomes, impact and progress in meeting children's needs.
- 6.3. Take responsibility for a specified area of delivery if required and drive improvements
- 6.4. Represent and feed in the views of your representing organisation
- 6.5. Be champions for children, young people and families
- 6.6. Actively work in partnership to deliver the Starting well priority of the Children and Young People's Wellbeing Strategy and to take accountability for the delivery of outcomes

#### **7. Communications**

- 7.1. Agree strategic communications to ensure widespread awareness of the work of the partnership, services and support available
- 7.2. Communicate any issues or messages back to respective organisations effectively

#### **8. Governance**

- 8.1. The Board is accountable to the Slough Health and Wellbeing Board
- 8.2. To meet three times year – half day workshop style and thematic
- 8.3. To agree the need for and remit of any operational sub-groups including task and finish groups relating to the planning and delivery of the boards priorities – see section "Related Boards"
- 8.4. See governance diagram Figure 1 and Children's Partnership Boards Figure 2
- 8.5. The C&YPP Terms of Reference and Membership to be reviewed in Autumn 2020 meeting and annually thereafter

## **9. Related Boards (\*Statutory)**

- 9.1. Health and Wellbeing Board\*
  - 9.2. Slough Safeguarding Partners\*
  - 9.3. Safer Slough Partnership\*
  - 9.4. Slough Strategic Education Partnership Board
  - 9.5. Youth Violence Task Force
  - 9.6. YOT Board
  - 9.7. Prevent Board
  - 9.8. Slough SEND and Inclusion Board
  - 9.9. East Berks Children's and Young People's Transformation Plan Group
  - 9.10. Adults Health and Social care Board
- 

## **Potential themes for Children & Young People's Partnership Plan / Wellbeing Strategy**

- 1. Early Help – Including Strengthening Families
- 2. Parenting
- 3. Improvements in children's social care services
- 4. Physical and mental health outcomes of CYP
- 5. Starting well element of the Wellbeing Board priorities

This page is intentionally left blank



## Health and Social Care Partnership Terms of Reference

### 1. Purpose

The purpose of Health and Social Care Partnership is to provide oversight, strategic direction and commissioning intentions for the integration of health and social care services within Slough. All representatives will undertake an active representative on behalf of their organisations for overseeing such strategic direction.

### 2. Responsibility

The Health and Social Care Partnership will:

- a) Agree strategic direction for the integration of health and social care within Slough.
- b) Ensure commissioned services across the partnership are aligned to deliver efficient and effective services, designed to improve outcomes.
- c) Consider any issue of health and social care strategic policy, public health strategy or general community concern within Slough
- d) Take recommendations to Integrated Care System Group.

### 3. Principles

- a. To align strategic direction, prioritise actions and present clear plans of what will be done locally to address needs and improve health wellbeing and reduce health inequalities, by:
  - Prioritising actions, based on the agreed strategic direction, joint commissioning strategies and joint strategic needs assessment, to meet the needs of the current population without compromising the wellbeing of future generations.
  - Communicating actions in publicly available action plans.
  - Reviewing and ensuring alignment for all new Integrated Care Systems developments.
- b. To coordinate partnership working to minimise duplication, avoid cost shunting and maximise the cost effectiveness of services, by:
  - Integrating the business action plans of partner organisations.
  - Coordinating information sharing across partners
  - Coordinating commissioning decisions to reflect the priorities identified by the partnership including the use of joint commissioning and pooled budgets where appropriate.
  - Reporting to Slough Wellbeing Board (where necessary) and linking to the Children's Trust.
- c. To monitor progress against the actions agreed in local plans and against nationally set outcomes and ensure action is taken where appropriate to improve outcomes, by:
  - Evaluating performance against locally agreed priorities.
  - Evaluating performance against nationally set outcomes frameworks for the NHS, public health and social care.
  - Producing annual reports of progress in relation to above action plans, in order that the partnership is publicly accountable for delivery of these actions.
- d. To consult with service users and carers about service developments which affect them, by:
  - Working with and involving people who use health and social care services, carers and communities in equal partnership

## 4. Membership

4.1 Members will be required to represent their organisation with sufficient seniority and influence for decision making. Membership of the partnership will consist of:

- Alan Sinclair Director of Adult and Communities (SBC)
- Andy Brooks Clinical Chief Officer (NHS CCG)
- Arunjot Mushiana Healthwatch Slough
- Avtar Maan Integrated Commissioner (SBC)
- Bernadette Bates Co-production network member
- Beth Reed Community Development & Partnerships Officer
- Debbie Fraser Associate Director of Finance (CCG)
- Elena Gaddes Policy Insight Analyst (SBC)
- Fiona Slevin-Brown Director of Strategy and Operations (CCG)
- Geoff Dennis Chair, Slough Mental Health Board (SBC/NHS)
- Jane Senior Service Lead, Commissioning and Transformation (SBC)
- Jayne Reynolds Regional Director East Berkshire Healthcare F/Trust (NHS)
- Jeanette Bailey Community Integration Manager (SBC)
- Jennifer Wallis Principle Systemic Lead – Slough Children’s Services Trust
- Jim O'Donnell CCG Chair (CCG)
- Joanne Greengrass East Berks CCG
- Jocelyn John Co-production network member
- Joe Carter Transformation director (SBC)
- Liz Brutus Service Lead, Public Health (SBC)
- Marcia Wright Co-Chair: Older People's Partnership Board
- Martin Elliott Service lead, Adult social care operations (SBC)
- Martyn Storey Consultant
- Mike Connolly CCG Board Member (Patient and Public Involvement)
- Mike Hoskin East Berks CCG
- Mike Wooldridge Better Care Programme Manager
- Patrick Rogan Chief Executive, East Berks Primary Care
- Paula Bass Group accountant (SBC)
- Priya Kumar GP and Primary Care Strategy Lead
- Ramesh Kukar Slough Council for Voluntary Service
- Ricky Chana Senior Commissioning Manager (CCG)
- Sangeeta Saran Manager CCG
- Sharon Boundy Programme Lead for Transformation (NHS Trust)
- Stephen Gibson Interim director of regeneration (SBC)
- Stuart Pavelin Farnham Road Practice
- Sue Benford Co-production network member
- Susanna Yeoman Deputy Regional Director East Berks Healthcare F/Trust

4.2 Other members shall be appointed by the Co Chairs after consultation with the partnership.

4.3 Membership of the partnership will be reviewed annually.

## **5. Member's roles and responsibilities**

All members of the partnership will commit to the following roles, responsibilities and expectations:

- Committed to attending meetings;
- Uphold and support partnership decisions and be prepared to follow through actions and decisions obtaining the necessary financial approval from their organisation for the partnerships proposals and declaring any conflict of interest;
- Be prepared to represent the partnership at stakeholder events and support the agreed consensus view of the partnership when speaking on behalf of the partnership to other parties;
- Champion the work of the partnership in their wider networks and in community engagement activities;
- Participate in partnership discussions to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery; and
- Ensure there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the partnership to be effectively disseminated.

## **6. Resignations**

Members may resign at any time by giving written notice to the Co Chairs.

## **7. Removal**

The Co Chairs may remove a member by giving written notice in any of the circumstances set out below:

If the member:

- Has been absent from partnership meetings a period of more than three months;
- Is unfit to continue the appointment because of misconduct;
- Has failed to comply with the terms of the appointment; or
- Is otherwise unable, unfit or unwilling to carry out the member's functions.

## **8. Co Chairs**

The role of the Co Chairs is to provide leadership and direction to the partnership. The Co Chair's responsibilities include:

- To chair and facilitate partnership meetings
- To plan the annual cycle of partnership meetings and set the agendas
- To give directions to partnership policy making
- To monitor decisions taken at partnership meetings are implemented
- To enable the partnership to fulfil its responsibilities
- To secure consensus between individual partner organisations
- To represent the partnership at meetings with key organisations and promote its objectives effectively.
- To act as a spokesperson for the partnership where appropriate.
- To attend and be a member of other committees or working groups when appropriate in their role as Chair.

- To represent the partnership at Slough Wellbeing Board and at appropriate events, meetings or functions.

## 9. Charing the meetings

- 9.1 The partnership shall be Co Chaired by the council's Director of Adult and Communities (SBC) and the Chair of the East Berkshire's Clinical Commission Group.
- 9.2 The Chair of the partnership shall alternate at each meeting, with an equal number of meetings chaired by the Director of Adult and Communities (SBC) and the Chair of the Clinical Commission Group (CCG).

## 10. Meetings

- 10.1 The partnership shall schedule meetings at least 12 times a year with other meetings as necessary.
- 10.2 The dates of these meetings shall be agreed by the partnership at the first meeting of the new calendar year.
- 10.3 Members will be notified of the date, time and venue of each meeting by email immediately after the first Partnership meeting of the new calendar year. Meetings shall be held at such dates, times and venues, as the co chairs and the partnership itself shall determine.
- 10.4 The dates of meetings will only be changed in exceptional circumstances.
- 10.5 The agenda and supporting papers shall be forwarded to each member of the Partnership at least 5 working days before the date of the meeting
- 10.6 Any member may request that an item is included on the Partnership's Forward Plan. Such items shall be brought to the notice of the Co Chairs at first available meeting.
- 10.7 Any member with an interest in an item under discussion shall be expected to declare their interest at the start of the meeting.

## 11. Special meetings

A special meeting of the Partnership may be called at any time by the co chairs or at the request, in writing of any five members. This meeting may be called with less than 5 working days' notice if the co chairs so directs, on the grounds that there are matters demanding urgent consideration.

## 12. Decisions

- 12.1 Decision making will be achieved through consensus reached amongst those members present. If a consensus is not reached, members would vote to reach to a decision
- 12.2 Decisions relating to the **Better Care Fund** would require the presence of the following members:
- Director of Adult and Communities (SBC)
  - Group Accountant – Financial Management (SBC)
  - Associate Director of Finance (CCG)
  - Director of Strategy and Operations (CCG)

### **13. Quorum**

- 13.1 Meetings will be deemed quorate if at least five members of the partnership are present and in no case shall the quorum for the Partnership be less than five.
- 13.2 If the number of members increases or decreases this will need to be reviewed.
- 13.3 Where a meeting is inquorate those members in attendance may meet informally but any decisions taken shall require appropriate ratification at the next quorate meeting of the Partnership.
- 13.4 A meeting must remain quorate for its full duration. Should members arrive late or leave for any reason, quoracy must be maintained. If the meeting is or becomes inquorate, partnership decisions can no longer be made and any discussions shall be informal only. The relevant co chair may decide to call a special meeting to undertake the remaining business.

### **14. Sub-Groups**

- 14.1 The partnership may establish sub groups or Task and Finish groups to help it undertake its strategic functions. The membership and terms of reference for these groups will be determined by the Partnership.
- 14.2 The partnership shall also hold ad-hoc meetings, workshops and development sessions throughout the calendar year as and where appropriate

### **15. Administration**

- 15.1 The agenda for each meeting shall be agreed by the co chairs as part of the partnership's ongoing forward work plan for the calendar year.
- 15.2 Administrative support will be provided by the council, who will arrange the meetings of the partnership and publish its agendas. Agenda's will be despatched at least five working days in advance of the meeting.
- 15.3 The council will also be responsible for the minutes of the meeting (including special meetings) and their subsequent circulation.
- 15.4 The council's Policy team will be responsible for maintaining the partnership's forward work plan, and for conducting additional research and analysis as required.
- 15.5 Attendance at meetings and access to the minutes will be restricted to members of the partnership
- 15.6 Requests from non-members to view the minutes and/or attend the meetings as observers will be considered based on a case by case basis.

### **16. Dissolution**

Members have the right to dissolve the partnership at any time deemed fit by members.

### **17. Governance**

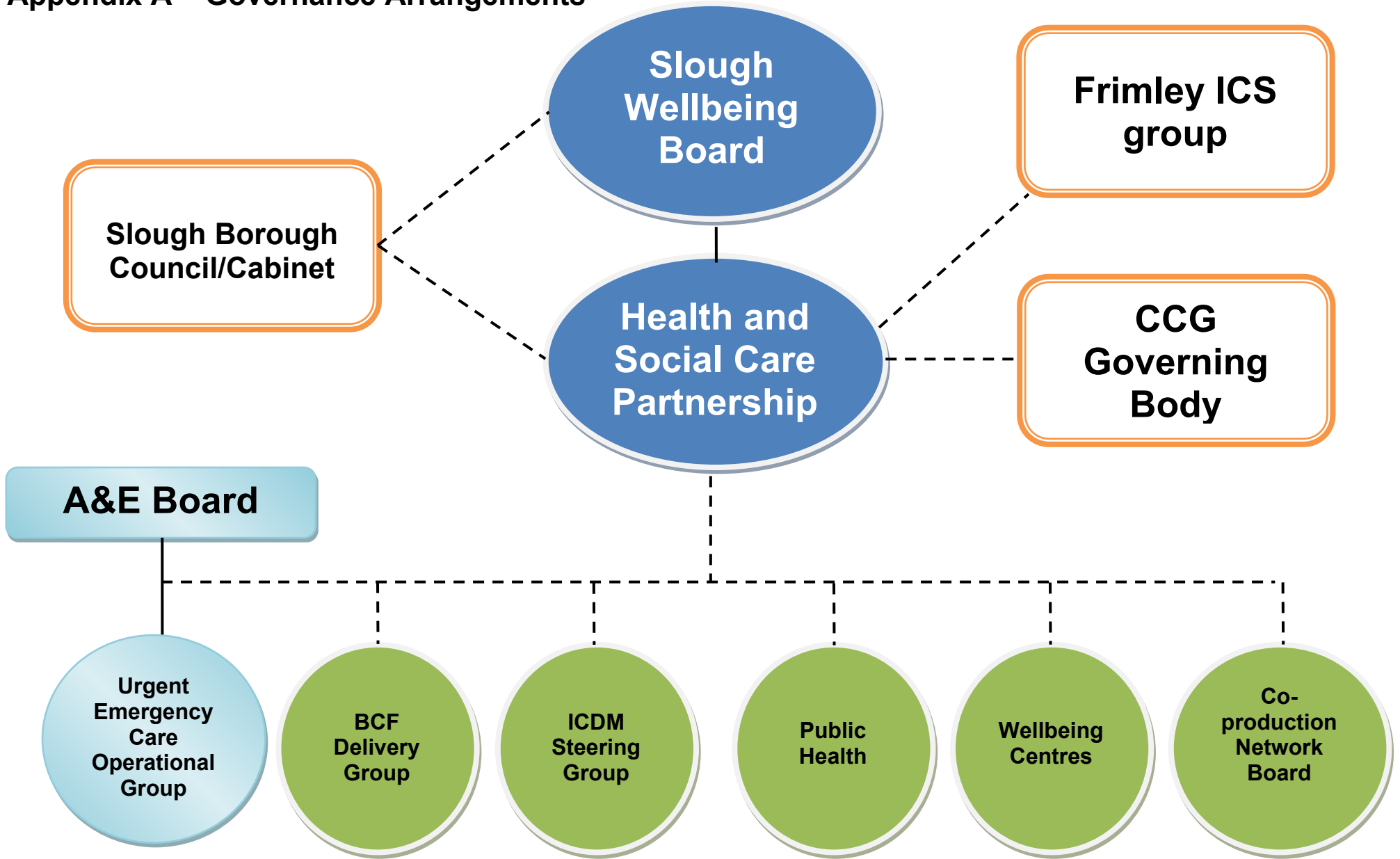
A diagram showing the Partnership relationship to the Slough Wellbeing Board and other boards and partnerships is attached at Appendix A.

**18. Annual review of terms of reference**

18.1 These terms of reference will be reviewed annually by the Partnership's Co Chairs.

18.2 Any revisions shall be endorsed by the Partnership

# Appendix A – Governance Arrangements



This page is intentionally left blank





**Slough  
Wellbeing  
Board**

## **Task & Finish Group**

Priority Three: Strong, Healthy & Attractive  
Neighbourhoods

### **Terms of Reference**

#### **Background**

The Slough Wellbeing Board is a partnership between organisations from the public, private and voluntary sectors in Slough. In 2020, the Board developed a new Wellbeing Strategy, to cover 2020 to 2025. This strategy contains four key priority areas which the Board will seek to address in order to improve the health and wellbeing of the people of Slough. These priorities are:

1. Starting Well
2. Integration
3. Strong, Healthy and Attractive Neighbourhoods (Building Community Asset Resilience)
4. Workplace Health

#### **Purpose**

This task and finish group has been set up by the Wellbeing Board to lead on co-ordinating and delivering the third priority of the 2020-2025 Wellbeing Strategy: Strong, Healthy and Attractive Neighbourhoods.

#### **Membership**

The group is comprised of members from a range of organisations, all with an interest in working in Slough's communities. Not every member of staff who is a member of this task and finish group is also a member of the Wellbeing Board. The group is comprised of:

- Ketan Gandhi (Co-Chair) – Slough Borough Council
- Ramesh Kukar (Co-Chair) – Slough Council for Voluntary Service
- *More members to be confirmed, from the Police, the NHS and education sectors.*

#### **Operation**

- The task and finish group will meet every 2 months.
- Meetings will be co-chaired by Ketan Gandhi and Ramesh Kukar.
- Regular reports will be provided to Slough Wellbeing Board.
- Administrative support will be provided by Difaf Sharba from Slough Borough Council.

This page is intentionally left blank



**Slough  
Wellbeing  
Board**

## **Task & Finish Group**

Priority Four: Workplace Health

### **Terms of Reference**

#### **Background**

The Slough Wellbeing Board is a partnership between organisations from the public, private and voluntary sectors in Slough. In 2020, the Board developed a new Wellbeing Strategy, to cover 2020 to 2025. This strategy contains four key priority areas which the Board will seek to address in order to improve the health and wellbeing of the people of Slough. These priorities are:

1. Starting Well
2. Integration
3. Strong, Healthy and Attractive Neighbourhoods (Building Community Asset Resilience)
4. Workplace Health

#### **Purpose**

This task and finish group has been set up by the Wellbeing Board to lead on co-ordinating and delivering the fourth priority of the 2020-2025 Wellbeing Strategy: Workplace Health.

#### **Membership**

The group is comprised of members from a range of organisations, all with an interest in Workplace Health. Not every member of staff who is a member of this task and finish group is also a member of the Wellbeing Board. The group is comprised of:

- Dr Liz Brutus (Chair) – Slough Borough Council
- Lucy Bowman – Department of Work and Pensions
- Ramesh Kukar – Slough Council for Voluntary Service
- Rajni Cairns – Slough Borough Council
- Dipak Mistry – Slough Borough Council
- *More members to be confirmed, from local business partnerships and Royal Berkshire Fire and Rescue Service.*

#### **Operation**

- The task and finish group will meet every 2 months.
- Meetings will be chaired by Dr Liz Brutus.
- Regular reports will be provided to Slough Wellbeing Board.
- Administrative support will be provided by Ellie Gaddes from Slough Borough Council.

This page is intentionally left blank

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 15<sup>th</sup> July 2020

**CONTACT OFFICER:** Ellie Gaddes, Policy Insight Analyst

**(For all Enquiries)** (01753) 875657

**WARDS:** All

**PART I**  
**FOR COMMENT AND CONSIDERATION**

**SLOUGH WELLBEING BOARD – ANNUAL REPORT 2019/20**1. **Purpose of Report**

To present the 2019/20 Slough Wellbeing Board Annual Report to the Slough Wellbeing Board.

2. **Recommendations/Proposed Action**

That the Board approve the report for publication, or suggest any corrections or alterations which are required.

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

The Slough Wellbeing Board Annual Report outlines the work the Board has done over the last year to address these priorities.

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. Therefore, the work conducted by the board over the last aims to address the needs outlined in the JSNA.

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

In particular, the work of the Slough Wellbeing Board contributes to Priority One and Priority Two of the Council's Five Year Plan.

4. **Other Implications**

(a) Financial – none.

(b) Risk Management – none.

(c) Human Rights Act and Other Legal Implications - There are no direct legal implications. Any specific activity undertaken by the Wellbeing Board, which may have legal implications which will be brought to the attention of 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 Board.

5. **Supporting Information**

5.1 This Annual Report outlines the work the Slough Wellbeing Board has been engaged in over the 2019/20 municipal year. In particular, it covers:

- The work the Board has been engaged in to address the four priority areas outlined in the Slough Wellbeing Strategy.
- The work the Board has done to meet its statutory requirements.
- The work the Board has done to create a new Slough Wellbeing Strategy for 2020-25.
- The work the Board has been involved in as part of the Slough COVID-19 response.

6. **Comments of other Committees**

None.

7. **Conclusion**

This report is intended to provide the Slough Wellbeing Board with the opportunity to review the Slough Wellbeing Board Annual Report for 2019/20.

8. **Appendix Attached**

A – Slough Wellbeing Board Annual Report for 2019/20

9. **Background Papers**

None.

This page is intentionally left blank





Slough  
Wellbeing  
Board

# Slough Wellbeing Board Annual Report

2019-2020



## Contents

---

The Slough Wellbeing Board Annual Report at a Glance	3
What is the Slough Wellbeing Board Annual Report?	4
The Slough Wellbeing Board	
Health and Wellbeing in Slough: The Context	
Writing the Annual Report	
The Work of the Slough Wellbeing Board	6
Our Priority Areas	
Our Statutory Requirements	
Developing a Future Strategy	
Responding to COVID-19	
What next for the Slough Wellbeing Board?	10
Glossary	11
Appendix One:	
Statutory Responsibilities of the Slough Wellbeing Board	12

# The Slough Wellbeing Board Annual Report at a Glance

The Slough Wellbeing Board Annual Report details the work of the Slough Wellbeing Board over the last year. This report describes the work the Board was involved in between May 2019 and April 2020.

## About Slough

Slough has a population of 149,000 people.

This population is relatively young, with Slough's average age only 34.8 years.

Life expectancy in Slough remains lower than the average for the rest of the South East, at 78 years for men, and 83 years for women.

Childhood health in Slough remains poor, with low rates of immunisations, high rates of obesity, and poor oral health.

## The Work of the Slough Wellbeing Board

Much of the work the Slough Wellbeing Board does is aimed at addressing the priorities laid out in the Slough Wellbeing Strategy or fulfilling the statutory requirements of the Board. This year, the Board also worked to develop a new Slough Wellbeing Strategy, and was involved in the COVID-19 response.

### Our Priority Areas

The Slough Wellbeing Board has four priorities it aims to address. These four areas form the basis of the Slough Wellbeing Strategy for 2016-2020. The four priority areas are:

- Protecting Vulnerable Children
- Increasing life expectancy by focusing on inequalities
- Improving mental health and wellbeing
- Housing

Some of the highlights from the last 12 months include the work done surrounding sexual health services in Slough, health beliefs in the borough, and immunisations and vaccinations in Slough.

### Our Statutory Requirements

The Wellbeing Board also has several statutory responsibilities it must fulfil. In particular, this year the Board worked with the Slough Safeguarding Boards on strategic issues, and was involved in signing off the Better Care Fund Plan for Slough.

### Developing a Future Strategy

The Slough Wellbeing Board is required to maintain a Health and Wellbeing Strategy for the area. The previous strategy was due to expire in 2020, and so this year the Board began developing a new strategy to guide the work of the board over the next five years. The Slough Wellbeing Strategy 2020-25 is expected to be published in the summer of 2020.

### Responding to COVID-19

The COVID-19 outbreak in spring 2020 led to a pause in the normal work of the Slough Wellbeing Board. As Slough's immediate response to the crisis became more developed and entrenched, the Slough Wellbeing Board began to re-establish its involvement in partnership working, by taking on the governance responsibilities for some of the partnership projects working to respond to the crisis.

# What is the Slough Wellbeing Board Annual Report?

---

The Slough Wellbeing Board Annual Report details the work of the Slough Wellbeing Board over the last year. It describes the work the Board was involved in between May 2019 and April 2020, as well as outlining which priorities the Slough Wellbeing Board aims to address next.

## The Slough Wellbeing Board

Every local authority is required to have a Health and Wellbeing Board. The task of improving wellbeing in the local area is something best tackled by a range of organisations working together. The Wellbeing Board therefore brings together key organisations from the area, including representatives from the public, private and voluntary sector.

In Slough, we have made a deliberate decision to widen membership beyond the statutory requirements. This allows us to engage with a greater range of partners and work more fully across the borough. We have also called our partnership the 'Slough Wellbeing Board' rather than the Health and Wellbeing Board, to reflect our chosen focus on the wider determinants of the wellbeing of the people of Slough.

The Wellbeing Board consists of senior representatives from:

- Slough Borough Council
- East Berkshire Clinical Commissioning Group
- NHS England
- Berkshire Public Health
- Thames Valley Police
- Royal Berkshire Fire and Rescue Service
- Slough Children's Services Trust
- The Voluntary and Community Sector
- Healthwatch Slough
- Slough Youth Parliament

---

## Health and Wellbeing in Slough: The Context

Slough is a unique area, and as such, faces unique challenges.

The borough of Slough has a total population of around 149,000 people. This population is relatively young, with Slough's average age estimated to be only 34.8 years. Since the 1930s, people from across the world have made Slough their home, making Slough one of the most diverse authorities in the country.

Located to the west of London, Slough is a densely populated urban area. High levels of personal car use mean there is significant congestion and poor air quality. However, despite the urban nature of the borough and its industrial history, Slough has more than 2.54 square kilometres of parks and open spaces. The council has also recently invested in brand new leisure facilities, including gyms and leisure centres, swimming pools and an ice rink.

Slough has pockets of deprivation, and some neighbourhoods offer specific challenges. There are also inequalities in health, primarily between different areas of the borough and between different ethnic groups. Life expectancy in Slough is lower than the average for the rest of the South East, and physical inactivity, cardiovascular disease, obesity and diabetes are high. Slough also has high-rates of preventable ill health amongst children - including obesity, tooth decay and higher levels of hospital admissions for long-term conditions such as asthma.

This health and wellbeing context became even more significant during the COVID-19 outbreak of 2020, when Slough grappled with the impact of the virus on its population. As an authority with high diversity and some areas of deprivation, Slough's population contained relatively high numbers of those people considered to be at high risk from the virus. By the beginning of June 2020, Slough had over 400 confirmed cases of COVID-19 in the borough, and over 100 people had been killed by the virus.

## Writing the Annual Report

This annual report was written shortly after the end of the 2019/20 municipal year. Writing this report offers the Board the opportunity to reflect on the work of the previous year, and to consider how the board has developed over the last twelve months. Most importantly, this report helps us to remain accountable to the residents, businesses, and partners of Slough, whose opinions and experiences must remain central to shaping the future work of the Slough Wellbeing Board.

# The Work of the Slough Wellbeing Board

---

The Slough Wellbeing Board has a range of work it needs to undertake over the course of each year. Much of the work the Board does is aimed at addressing the priorities laid out in the Slough Wellbeing Strategy. In addition to this, the board also has several statutory requirements which it must fulfil.

This section of the annual report provides a summary of the work the board has done over the last year. It outlines some of the highlights of the work done to address the four priority areas, and some of the work done to meet the statutory requirements of the board. It also considers the work done by the board this year to develop a new Slough Wellbeing Strategy, and the response to the COVID-19 outbreak.

## Our Priority Areas

Much of the work of the board is aimed at addressing the four priority areas on which the Slough Wellbeing Board has chosen to focus. These four areas form the basis of the Slough Wellbeing Strategy for 2016-2020. The four priority areas are:

- Protecting Vulnerable Children
- Increasing life expectancy by focusing on inequalities
- Improving mental health and wellbeing
- Housing

Many of the projects done to address these priorities are cross-cutting pieces of work, which aim to improve several areas at once. Some of the highlights from the last 12 months include the work done surrounding sexual health services in Slough, health beliefs in the borough, and immunisations and vaccinations in Slough.

**Sexual Health** - At the start of the year, the Wellbeing Board oversaw work considering the sexual health services available in Slough. Sexual health services underpin several of the key priority areas of the board, including protecting vulnerable children, reducing health inequalities, and improving mental health and wellbeing. HIV prevalence in Slough is significantly higher than the national average. Slough also has a higher than average rate of abortion than the rest of the country, and a lower take-up of long-acting reversible contraceptives than the national average. The board considered the local picture of sexual health issues and services in Slough in detail, and began the process of learning from best practice examples from statistically similar local authorities, and considering strategies to encourage more people in Slough to access sexual health services.

**Health Beliefs** - The Wellbeing Board has also overseen work surrounding health beliefs and perceptions in Slough. This work addresses two of the Board's key priority areas - to reduce health inequalities and improve mental health and wellbeing. In order to better understand the health beliefs of the Slough population, a research project into health beliefs and physical activity in Slough was commissioned from an external research organisation. This research project combined both qualitative and quantitative approaches to provide detailed insight into the beliefs and opinions held by the people of Slough. The findings from this research will inform the work of the Slough Wellbeing Board, the Slough Public Health Team, and the Slough Leisure Team.

This research showed that:

- Just 16% of Slough residents consume the recommended 5 portions of fruit and veg a day, and 90% of the population would like to eat healthier.
- While 66% of the population could recall having sex education at school, there was a fall to 53% for those from an Asian background. 25% believe that HIV can be spread through kissing, and 19% believe that the contraceptive pill can help prevent against STI's.
- Only 72% of residents stated that they get a dental check up at least once a year.
- 37% of the population believe that vaccine preventable diseases are just part of childhood, and 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.
- Mental health in Slough varied by ward, with Foxborough and Elliman having the highest average mental health score, and Haymill & Lynch Hill and Upton having the lowest.
- During the previous four weeks, only 34% of residents claimed to have undertaken moderate physical activity on a daily basis.

**Immunisations** - In the 2018/19 year, the Slough Wellbeing Board received the first Annual Report on Immunisation and Screening in Slough. This year, the Board carried forward this work by continuing to oversee the progress of the implementation of this plan. Historically, Slough has had some of the lowest uptakes of screening and immunisation programmes in the South East of England, contributing to poor health in both adults and children and strong health inequalities between residents. Work in this area therefore aims to meet the Board's objectives of reducing health inequalities and protecting vulnerable children. Over the last year, work has been done to improve uptake of immunisations, through a range of approaches. The first ever Slough Immunisation Partnership Conference was held to help highlight the issue in Slough and share good news stories and best practice. Berkshire Healthcare NHS Foundation Trust have recruited a Health Inequalities Nurse, who will promote immunisations in Slough and Reading families, and an #Iamvaccinated campaign was run to increase vaccination rates in the local community.

## Our Statutory Requirements

In addition to the work the Wellbeing Board does to address its priority areas, the Board also has several statutory responsibilities it must fulfil. A full list of these responsibilities can be found in Appendix One. Over the last year, the Slough Wellbeing Board carried out a range of work in order to meet its statutory requirements. In particular, this year the Board worked with the Slough Safeguarding Boards on strategic issues, and was involved in signing off the Better Care Fund Plan for Slough.

**Slough Safeguarding** - In July 2019, the Slough Wellbeing Board received a report from the Slough Safeguarding Boards on the ongoing restructure of their boards. As part of this restructure, the Slough Safeguarding Executive Board had been formed to bring together senior managers from key partners in the borough. This new safeguarding board had requested that the Wellbeing Board consider how it could add further value to partnership working, safeguarding issues and health in Slough. The Wellbeing Board considered this topic and agreed that the Slough Wellbeing Board would contribute to partnership working around these themes by improving resilience through a 'universal offer' to communities. This theme was later incorporated into the new Slough Wellbeing Strategy, and will form an ongoing part of the work of the Slough Wellbeing Board over the next five years.

**Better Care Fund** - The Better Care Fund programme in Slough is developed and managed by Slough Borough Council and the East Berkshire CCG. It aims to improve the wellbeing of the people of Slough by joining up health and care services to allow people to manage their own health and wellbeing, and live independently in their communities for as long as possible. In November 2019, the Slough Better Care Fund Plan for 2019-20 was brought to the Slough Wellbeing Board, for their consideration as part of its signing-off process. This plan demonstrated how the Better Care Fund programme continues to develop and grow, and showed that it is now a key part of the movement towards integration of health and social care in Slough.

## Developing a Future Strategy

The Slough Wellbeing Board is required to maintain a Health and Wellbeing Strategy for the area. The previous strategy was due to expire in 2020, and so this year the Board began developing a new strategy to guide the work of the board over the next five years.

Members of the board attended a workshop in October to begin agreeing the priorities that would underpin the new Slough Wellbeing Strategy. In this workshop, they heard from members of staff from several different partner organisations on the current context in Slough and the health and wellbeing issues facing residents. Some of the key points raised in these discussions were:

- In Slough, major causes of ill health and death are mainly due to circulatory conditions, cancer and respiratory conditions.
- A wide range of different factors influence the health of an individual. These include health behaviours, such as diet and exercise or alcohol use, socioeconomic factors, such as education, employment, and income, clinical care, including the access to care and quality of care, and finally, the quality of the built environment.



From this discussion, members of the board turned their attention to developing a list of priority areas. Over the next few months, these priorities were refined to create the four final priority areas which will underpin the 2020-25 Slough Wellbeing Strategy.

These priorities are:

- 1. Starting Well**
- 2. Integration**
- 3. Strong, Healthy and Attractive Neighbourhoods (Building Community Asset Resilience)**
- 4. Workplace Health**

The priorities all relate to elements of health and wellbeing which the different partner organisations of the Wellbeing Board can seek to impact. By effectively working together as a partnership, the Board can aim to make real, tangible changes to the health and wellbeing of residents in Slough.

The Slough Wellbeing Strategy for 2020-25 will build upon these four priorities. For each of the key priorities, the strategy contains a set of actions and ambitions. These actions all represent tangible pieces of work which the Board will either lead on itself, or will be led on by one of the partnership boards which work closely with the Slough Wellbeing Board. As well as these actions, the Strategy contains a set of measurable ambitions for each priority. These ambitions will allow the impact of the work of the Slough Wellbeing Board to be tracked and measured over the next five years. This strategy was completed at the end of this municipal year, and is expected to be published in the summer of 2020.

## Responding to COVID-19

The COVID-19 outbreak in spring 2020 led to a pause in the normal work of the Slough Wellbeing Board. Many of the organisations represented on the Board were heavily involved in organising Slough's response to the pandemic. During this time, meetings of the Wellbeing Board were cancelled, in order to protect the health of Board members and to ensure government guidelines on social distancing were adhered to.

As Slough's immediate response to the crisis became more developed and entrenched, the Slough Wellbeing Board began to re-establish its involvement in partnership working. The Board took on the governance responsibilities for some of the partnership projects working to respond to the crisis, including the Black, Asian and Minority Ethnic (BAME) Pilot. This pilot aims to test approaches to strengthen the ability of individuals and communities to protect themselves from the direct and indirect harms of COVID-19, and is run by a collaboration that includes the Slough Community & Voluntary Sector, Slough Borough Council and NHS Frimley Health Foundation Trust.

In addition to this, the Board also undertook some work to ensure that the new Slough Wellbeing Strategy for 2020-25 was still relevant in light of the COVID-19 outbreak. The four priority areas the strategy rests upon remain unchanged, but the actions and ambitions for these priorities were refreshed, in order to ensure that the new Strategy supports the Slough Wellbeing Board to work in the most effective way during the continued COVID-19 health crisis.

## What next for the Slough Wellbeing Board?

---

This annual report summarises the work of the Slough Wellbeing Board over the last year. It provides an overview of some of the work which the Board has been involved in to address its priority areas, meet its statutory requirements, develop its new strategy and direction, and respond to the COVID-19 outbreak. Through all of these areas of work, the Wellbeing Board has aimed to use partnership working to improve the health and wellbeing of the people of Slough.

The next year is expected to be a challenging and demanding year for the Slough Wellbeing Board. Over the next few months, the Board expects to remain involved in the COVID-19 response in Slough. During this crisis, the need for key organisations and local communities to work closely together is more pronounced than ever before, and the Slough Wellbeing Board will endeavour to model the values of collaboration and partnership working.

Over the next year, the Slough Wellbeing Board will also begin the introduction of its new priorities and ways of working. The new Slough Wellbeing Strategy for 2020-25 will be launched, and with it, new areas of focus for the board. These new areas of focus will allow the Board to begin new programmes of work that address some of the key challenges facing the borough. Throughout this, the Board will endeavour to incorporate co-production and place-based approaches into its work, in order to continue using partnership working to improve the health and wellbeing of residents across Slough.

# Glossary

---

**Cardiovascular Disease**

A general term for conditions affecting the heart or blood vessels. Includes conditions such as heart disease and strokes.

**Commissioning**

The process of assessing what services are needed in the community, purchasing these services from a provider, and monitoring these services to ensure they meet the desired outcomes.

**Immunisation**

The process where a person is made immune, or resistant to an infectious disease. This usually takes place by administering a vaccine, which stimulates the body's immune system to protect the person against a later infection.

**Long-Acting Reversible Contraceptives**

Methods of birth control that provide effective contraception for extended periods of time. They include injections, intrauterine devices and contraceptive implants.

**Municipal Year**

The municipal year is a period of time used by local government. The municipal year usually begins in May, following any local elections.

**Physical Inactivity**

A term used to refer to those people who do not get the recommended level of regular physical activity.

**Respiratory Conditions**

Those conditions that affect the lungs and other tissues involved in breathing.

**Safeguarding**

Actions taken to protect vulnerable adults or children from abuse or neglect.

**Screening**

Screening tests identify whether people who appear healthy do or do not have a disease or condition. This increases early detection of these conditions so the individuals can be treated or monitored.

**Statutory Responsibilities**

The responsibilities that the Wellbeing Board has a legal obligation to complete.

# Appendix One: Statutory Responsibilities of the Slough Wellbeing Board

---

The Health and Social Care Act of 2012 set out the statutory responsibilities of Health and Wellbeing Boards. These are:

- To prepare and publish a Joint Strategic Needs Assessment for Slough.
- To prepare and publish a Joint Health and Wellbeing Strategy for Slough.
- To give its opinion to the East Berkshire Clinical Commissioning Group (CCG) as to whether their Commissioning Plans adequately reflect the current Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- To comment on the sections of the CCG's Annual Report which describe the extent of their contribution to the delivery of Joint Health and Wellbeing Strategy.
- To give its opinion, as requested by the NHS Commissioning Board, on the CCG's level of engagement with the Board, and on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- To encourage persons who arrange for the provision of health and/or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the area.
- To work with partners to identify opportunities for future joint commissioning.
- To lead on the signing off of the Better Care Fund Plan.
- To publish and maintain a Pharmaceutical Needs Assessment.
- To give its opinion to the Council on whether it is discharging its duty to have regard to any Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy prepared in the exercise of its functions.
- To exercise any Council function which the Council delegates to it.
- To ensure that strategic issues arising from Slough's Safeguarding Boards inform the work of the Board.
- To receive the annual reports from Slough's Safeguarding Boards and ensure that partners respond to issues pertinent to the Board.

This document can be made available on audio tape, braille or in large print, and is also available on the website where it can easily be viewed in large print.

## Slough Wellbeing Board Annual Report 2019-2020

If you would like assistance with the translation of the information in this document, please ask an English speaking person to request this by calling 01753 875847.

यदि आप इस दस्तावेज में दी गई जानकारी के अनुवाद कएि जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लिए 01753 875847 पर बात करके कहें.

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ 01753 875847 ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਹੋ।

Aby uzyskać pomoc odnośnie tłumaczenia instrukcji zawartych w niniejszym dokumencie, należy zwrócić się do osoby mówiącej po angielsku, aby zadzwoniła w tej sprawie pod numer 01753 875847.

Haddii aad doonayso caawinaad ah in lagu turjibaano warbixinta dukumeentigaan ku qoran, fadlan weydiiso in qof ku hadla Inriis uu ku Waco 01753 875847 si uu kugu codsado.

اگر آپ کو اس دستاویز میں دی گئی معلومات کے ترجمے کے سلسلے میں مدد چاہئے تو، براہ کرم ایک انگریزی بولنے والے شخص سے 01753 875847 پر کال کر کے اس کی درخواست کرنے کے لئے کہیں۔

This page is intentionally left blank

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 15<sup>th</sup> July 2020

**CONTACT OFFICER:** Ellie Gaddes, Policy Insight Analyst

**(For all Enquiries)** (01753) 875657

**WARDS:** All

**PART I**  
**FOR COMMENT AND CONSIDERATION**

**SLOUGH WELLBEING BOARD – TERMS OF REFERENCE 2020****1. Purpose of Report**

The Slough Wellbeing Board Terms of Reference 2019 state that the Terms of Reference for the Board will be refreshed annually. This report provides an opportunity for the Board to review the refreshed Terms of Reference for 2020.

**2. Recommendations/Proposed Action**

That the Board review the Terms of Reference and approve the report for publication, or suggest any corrections or alterations which are required.

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

As the current strategy is coming to an end, a new 2020-2025 strategy is awaiting formal approval. This new strategy contains four updated priorities:

1. Starting Well
2. Integration
3. Strong, Healthy & Attractive Neighbourhoods
4. Workplace Health

The work of the Slough Wellbeing Board over the 20/21 year will aim to address these priorities, as well as meet the statutory requirements of the Board.

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. Therefore, the work outlined in the work programme is built upon the evidence outlined in the JSNA.

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

In particular, the work of the Slough Wellbeing Board contributes to Priority One and Priority Two of the Council's Five Year Plan.

4. **Other Implications**

(a) Financial – none.

(b) Risk Management – none.

(c) Human Rights Act and Other Legal Implications - There are no direct legal implications. Any specific activity undertaken by the Wellbeing Board, which may have legal implications which will be brought to the attention of 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 Board.

5. **Supporting Information**

5.1 The 2019 Slough Wellbeing Board Terms of Reference states that those Terms will be reviewed annually.



5.2 This report provides an opportunity for the Board to review the refreshed Terms of Reference for 2020.

6. **Comments of other Committees**

None.

7. **Conclusion**

This report is intended to provide the Slough Wellbeing Board with the opportunity to review it's the 2020 Terms of Reference and make any amendments it feels are required.

8. **Appendices Attached**

A – Slough Wellbeing Board Terms of Reference - 2020

9. **Background Papers**

None.

This page is intentionally left blank

**SLOUGH WELLBEING BOARD  
TERMS OF REFERENCE**

**JULY 2020**



**1. Purpose and objectives**

- 1.1 The Slough Wellbeing Board (the Board) will act as a high level strategic partnership for the Borough. It will aim to strengthen partnership working across the borough to maximise resources and make a positive impact. This will include a focus on opportunities for co-commissioning between partners and co-production with the local population.
- 1.2 The Board will carry out the statutory functions of Health and Wellbeing Board as set out in the Health and Social Care Act 2012 and all other relevant statutory provision:
- To prepare and publish a Joint Strategic Needs Assessment for Slough.
  - To prepare and publish a Joint Health and Wellbeing Strategy for Slough.
  - To give its opinion to the East Berkshire Clinical Commissioning Group as to whether their Commissioning Plans adequately reflect the current Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
  - To comment on the sections of the East Berkshire Clinical Commissioning Group's Annual Report which describe the extent of their contribution to the delivery of the Joint Health and Wellbeing Strategy.
  - To give its opinion, as requested by the NHS Commissioning Board, on East Berkshire Clinical Commissioning Group's level of engagement with the Board, and on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
  - To encourage persons who arrange for the provision of health and/or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the area.
  - To work with partners to identify opportunities for future joint commissioning.
  - To lead on the signing off of the Better Care Fund Plan.
  - To publish and maintain a Pharmaceutical Needs Assessment.
  - To give its opinion to the Council on whether it is discharging its duty to have regard to any Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy prepared in the exercise of its functions.
  - To exercise any Council function which the Council delegates to it.
  - To ensure that strategic issues arising from Slough's Adult Safeguarding Board and Local Safeguarding Children's Board inform the work of the Board.
  - To receive the annual reports from the Slough's Adult Safeguarding Board and Local Safeguarding Children's Board and ensure that partners respond to issues pertinent to the Board.

## **2. Membership**

- 2.1 Board members will be required to represent their organisation with sufficient seniority and influence for decision making. The membership of the Board will consist of:
- The Cabinet Member for Health and Wellbeing
  - The Cabinet Member for Housing and Community Safety
  - The Chief Executive of Slough Borough Council
  - The Chief Executive of Slough Children's Services Trust
  - The Director of Adults and Communities
  - The Director of Children, Learning and Skills
  - The Director for Public Health (Berkshire)
  - A representative of East Berkshire's Clinical Commissioning Group
  - A representative of Slough Healthwatch
  - The Local Police Area Commander
  - A representative of the Royal Berkshire Fire and Rescue Service
  - Two local business representatives
  - A representative of Slough's voluntary and community sector
  - A representative of Slough's Youth Parliament
  - A representative from the Slough Jobcentre (Department of Work and Pensions)
  - Other members appointed by the Board or the Leader of the Council after consultation with the Board
- 2.2 The two local business representatives will be appointed for a period of two years. No business representative shall be appointed for more than two consecutive terms.
- 2.3 The Board will keep membership under review and make recommendations to Council as required.
- 2.4 Membership of the Board will be reviewed annually.
- 2.5 The Chair of the Board will be required to hold a named delegate list for Board representatives including deputies.
- 2.6 Where any member of the Board proposes to send a substitute to a meeting, that substitute's name shall be properly nominated by the relevant 'parent' person/body, and submitted to the Democratic Services Officer in advance of the meeting. The substitute shall abide by the Code of Conduct.
- 2.7 Board members are bound by the same rules as Councillors, including submitting a Register of Interests.
- 2.8 The following are disqualified from being a Board Member:
- a) Any person who is the subject of a bankruptcy restriction order or interim order; and

- b) Any person who has within five years before the day of being appointed or since his or her appointment has been convicted in the United Kingdom, the Channel Islands or the Isle of Man, of any offence and has had passed on them a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

### **Election of Chair and Vice-Chair**

- 2.9 Each year, the Board will appoint its own Chair and Vice Chair who must be voting members of the Board. In the absence of the Chair or the Vice Chair the Board shall elect a Chair for that meeting from the members present.

### **Resignation**

- 2.10 Members may resign by giving written notice to the Chair.

### **Member's roles and responsibilities**

- 2.11 All members of the Board will commit to the following roles, responsibilities and expectations:
  - a) Commit to attending the majority of meetings;
  - b) Uphold and support Board decisions and be prepared to follow through actions and decisions obtaining the necessary financial approval from their organisation for the Board proposals and declaring any conflict of interest;
  - c) Be prepared to represent the Board at stakeholder events and support the agreed consensus view of the Board when speaking on behalf of the Board to other parties;
  - d) Champion the work of the Board in their wider networks and in community engagement activities;
  - e) Participate in Board discussion to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery; and
  - f) Ensure there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendations of the Board to be effectively disseminated.

## **3. Working arrangements**

- 3.1 The Slough Wellbeing Board is a committee of the Council and will adhere to the Constitutional requirements of the Council affecting committees unless alternative provision is made within these terms of reference or the law.
- 3.2 The Board shall schedule meetings at least six times a year.
- 3.3 The Board will meet in public and comply with the Access to Information procedures.
- 3.4 The filming/recording of all public meetings is allowed in accordance with the Council's Constitution.

- 3.5 The Board will hold ad-hoc meetings, workshops and development sessions throughout the year as and where appropriate.
- 3.6 Decision-making will be achieved through consensus reached amongst those members present. Where a vote is required decisions will be reached through a majority vote of voting members; where the outcome of a vote is impasse the Chair will have the casting vote.
- 3.7 All members have an equal vote.
- 3.8 Meetings will be deemed quorate<sup>1</sup> if at least one third of members are present and in no case shall the quorum for the Board be less than 5. If the number of members increases this will need to be reviewed. Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board.
- 3.9 The Board will produce an Annual Report which will be shared with all member organisations and published on the Council's website.

#### **4. Relationship to other partnership groups**

- 4.1 A network of partnerships groups is already in place which will act as the vehicle for the delivery of the Slough Wellbeing Strategy. The Board will coordinate activity between these and any new groups, to make the best use of resources in achieving common outcomes.
- 4.2 The Board may establish sub groups or Task and Finish groups to help it undertake its statutory and strategic functions.
- 4.3 The Board may ask for regular reports from the other partnership groups, at least annually, highlighting any areas the Board may be able to support.
- 4.4 For the avoidance of doubt these groups are not sub committees of the Council.
- 4.5 The Board will not exercise scrutiny duties around health and adult social care directly. This will remain the role of the Slough Borough Council's Health Scrutiny Panel. Decisions taken and work progressed by Slough Wellbeing Board will be subject to scrutiny by the Council's Health Scrutiny Panel.

#### **5. These terms of reference will be reviewed annually and will require the approval of the full Council.**

<sup>1</sup> The Board does not have to comply with Part 4.1 rule 7 of the Council's Constitution.

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 15<sup>th</sup> July 2020

**CONTACT OFFICER:** Rajni Cairns, Public Health Programme Officer – Living Well & Liz Brutus – Public Health Service Lead

**(For all Enquiries)** 07749 046177

**WARD(S):** All.

**PART I****FOR COMMENT AND CONSIDERATION****LOCAL GOVERNMENT DECLARATION ON TOBACCO CONTROL****1. Purpose of Report**

To request that the Board sign the Local Government Declaration on Tobacco Control

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

The Board is requested to sign the Local Government Declaration on Tobacco Control and support tobacco control efforts across the Borough.

The Board is requested to review progress against tobacco control work in six months.

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

This Declaration meets the priorities:

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

Slough has a high smoking prevalence rate of 16.2% compared to a regional value of 12.2% and an England average of 13.9% (Figures for 2019). Smoking remains the principle cause of premature preventable deaths and accounts for one third of respiratory deaths, more than half of cancer deaths and one sixth of circulatory disease deaths.

Smoking is a leading cause of health inequalities and is particularly prevalent among people in lower socio-economic groups, people with mental health conditions and other disadvantaged groups.

**3b. Five Year Plan Outcomes**

This position statement will help to deliver:

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

4. **Other Implications**

(a) Financial - none

(b) Risk Management - none

(c) Human Rights Act and Other Legal Implications - There are no direct legal implications. 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.

5. **Supporting Information**

5.1 In 2017, the government set the ambition for England to move towards a smoke free generation, with an adult smoking prevalence rate of 5% or less by 2030. With one of the highest rates in England, there is a lot of work to do in Slough to support this ambition and reduce smoking rates across the Borough

5.2 The Local Government Declaration on Tobacco Control is a public commitment to prioritising tobacco control and reducing the harm caused by tobacco use in the local community.

5.3 Since its launch in 2013, the Declaration has now been signed by nearly half of all top tier authorities in England and, including District Councils, by over 100 councils.

5.4 The Declaration doesn't commit the Council to specific policies but to overarching principles. Local authorities decide their own priorities and can use the Declaration as a tool to support their work or provide a starting point for action.

5.5 Partnership work on tobacco control has been shown to be extremely effective. The LGA state that comprehensive tobacco control is the best thing a local authority can do for public health.

5.6 A Slough Tobacco Control Network has recently been established by the Public Health team which currently includes stakeholders from Trading Standards, Housing, Environmental Health, Education, Mental Health, East Berks Clinical Commissioning Group, Maternity & Smoking cessation services. This group will work collaboratively across the Borough to deliver against tobacco control priorities

6. **Comments of Other Committees**

None.



7. **Conclusion**

The Local Government Declaration on Tobacco Control is a statement of a council's commitment to ensure tobacco control is part of mainstream public health work. It is a commitment to take action and a statement about a local authority's dedication to protecting their local community from the harm caused by smoking.

The most effective way to tackle smoking is through a comprehensive, collaborative approach working with partners across the locality.

The newly formed Slough Tobacco Control Network aim to reduce the health harms from smoking in Slough by working collaboratively to promote smoke free homes, parks and hospitals, supporting people to quit, preventing young people taking up smoking as well as tackling illegal tobacco.

The Local Government Declaration on Tobacco Control will support the efforts of the newly formed local network and will provide a framework for delivering effective tobacco control in Slough.

The Board is requested to sign the Declaration and support the work of the Slough Tobacco Control Group. The group will provide updates on progress to the Wellbeing Board every 6 months.

8. **Appendices Attached**

A – Local Government Declaration on Tobacco Control

B – Frequently asked questions

9. **Background Papers**

None.

This page is intentionally left blank

# Local Government Declaration on Tobacco Control

## We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

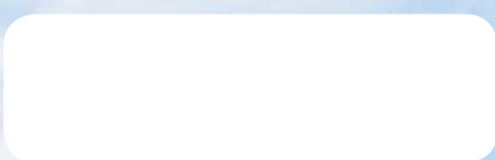
## As local leaders in public health we welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization’s Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by the Department of Health, Public Health England and professional bodies.

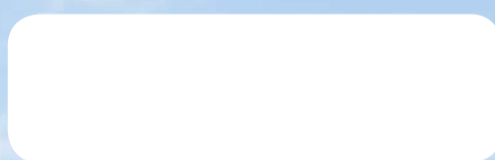
## We commit our Council from this date .....to:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

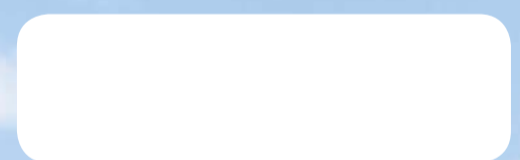
## Signatories



Leader of Council



Chief Executive



Director of Public Health

## Endorsed by

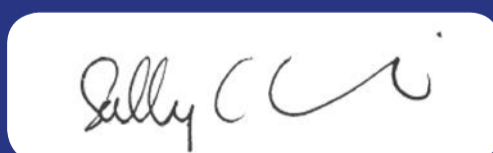
Jane Ellison, Public Health Minister,  
Department of Health



Duncan Selbie, Chief Executive,  
Public Health England



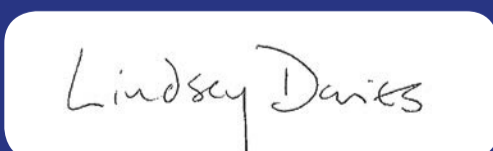
Professor Dame Sally Davies, Chief  
Medical Officer, Department of Health



Dr Janet Atherton, President, Association  
of Directors of Public Health



Dr Lindsey Davies, President, UK Faculty of  
Public Health



Graham Jukes, Chief Executive, Chartered  
Institute of Environmental Health



Leon Livermore, Chief Executive, Trading  
Standards Institute



This page is intentionally left blank

# Local Government Declaration on Tobacco Control

## Frequently Asked Questions

### 1. What is the Local Government Declaration on Tobacco Control?

The Declaration is a statement of a council's commitment to ensure tobacco control is part of mainstream public health work. The Declaration has also been widely endorsed by leading figures and organisations in the public health community, including the Public Health Minister, the Chief Medical Officer, Public Health England, the Association of Directors of Public Health, the Faculty of Public Health, the Trading Standards Institute and the Chartered Institute of Environmental Health. At the time of writing, over 70 councils have signed and the Declaration has strong cross-party political support at the local level.

The Declaration includes a number of specific commitments to enable local authorities to take leadership on tobacco:

- Reduce smoking prevalence and health inequalities
- Develop plans with partners and local communities
- Participate in local and regional networks
- Support Government action at national level
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Monitor the progress of our plans
- Join the [Smokefree Action Coalition](#)

### 2. Why does it matter?

Every year 80,000 people a year in England die prematurely from smoking related illness. Smoking is the largest single cause of premature death in the UK. Not only does smoking cut lives short it damages local communities and economies. It takes money out of the pockets of those who cannot afford it and causes half the difference in life expectancy between the richest and the poorest.

The Local Government Declaration on Tobacco Control is a response to the enormous and ongoing damage smoking does to our communities. It is a commitment to take action and a statement about a local authority's dedication to protecting their local community from the harm caused by smoking.

Further, it is an opportunity for local leadership. We know the best way to tackle smoking is through a comprehensive approach working with all partners. The Local Government Declaration on Tobacco Control can be a catalyst for local action showing the way for partners both inside and outside the local council. The NHS Statement of Support acts as a sister document for NHS organisations to sign, and commits local health organisations to support colleagues in local government to reduce smoking prevalence.

### 3. How would we implement the Declaration?

To some extent this depends on local practice. For some authorities it would be an acknowledgment of ongoing best practice activities whereas for others there may be areas where further action is needed.

For many local authorities the most appropriate route for ensuring implementation of the Declaration will be through the Health and Wellbeing Board. The Health and Wellbeing Board can be tasked with assessing current practice and establishing a clear way forward. Areas for action might include:

- Ensuring there is a comprehensive tobacco control plan being implemented
- Developing a policy on protecting health policy from the influence of the tobacco industry (A template policy and support is available for councils)
- Supporting local and regional networks of support
- Reviewing monitoring processes
- Joining the Smokefree Action Coalition

Regardless of what actions need to be taken all the commitments in the Declaration are contained in existing policies, strategies and treaties which local authorities are subject to. The Declaration reaffirms these commitments and adds the weight of local council leadership.

If you would like further advice on how your council can implement the Declaration, please email [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk) for support and advice.

#### **4. Is it really necessary to protect local policy from the tobacco industry?**

Yes. Tobacco companies have a long record of attempting to influence council policies. In England they have

- Sponsored schools and museums
- Paid for industry branded smoking shelters on council property
- Provided staff and funding and sniffer dogs for joint work on illicit tobacco. These campaigns have focussed on counterfeit and “cheap white” brands rather than main stream branded products sold without tax.
- In the past they have worked through campaigns such as “Love where you live”. It was a way of distributing industry branded giveaways such as portable ash trays. Since the publication of the Local Government Declaration on Tobacco Control, Keep Britain Tidy, who run the campaign, have ended their relationship with the tobacco industry and this campaign is now independently funded.
- Used subsidiaries to arrange meetings with members and officers on local harm reduction policies. In particular, Nicoventures, a wholly owned subsidiary of British American Tobacco, has offered to meet council officers to discuss: *“Analysis of smoking prevalence within your local authority... [and] the opportunity to reduce smoking prevalence through Tobacco Harm Reduction strategies”*. There is no role for tobacco companies in discussing these issues with local government or local health organisations.

When they cannot divert local policies in their favour they will seek to delay and dilute their implementation. Previously secret industry papers released in court talk of “throwing sand in the gears” of health policy. We particularly see this in relation to illicit tobacco where the industry tries to focus local efforts solely on the counterfeit market in tobacco products and away from the illegal trade in non-duty paid products. The tobacco industry has, historically, been implicated in the trade of non-duty paid products.

Under the World Health Organisation Framework Convention on Tobacco Control, to which the UK is a party, countries have pledge to protect health policy from the commercial interests of the tobacco industry. Local authorities are also subject to this treaty however policies on how to ensure local compliance are rare. By signing the

Declaration councils are reinforcing their existing obligations and sending a message that they will protect policies from tobacco industry lobbying.

#### **5. How can local government protect health policies from commercial and vested interests of the tobacco industry?**

Where local authorities want to take a best practice approach to protecting health policy from the influence of the tobacco industry they should look to develop and implement a local policy. That policy would ensure they were fulfilling their commitments under Article 5.3 of the World Health Organisation Framework Convention on Tobacco Control. Help is available to develop local policies by contacting [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk).

As the Declaration states the policy should include: “not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees”. This is in line with the guidelines to Article 5.3, which can be found here.

Such a policy should be developed with all relevant council departments and implemented among all staff that might have contact with the tobacco industry.

Concerns have been raised about how councils should interact with tobacco companies wanting to work collaboratively on illicit trade. Please contact us via [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk) if you would like further guidelines on these areas.

#### **6. Would the Declaration cause problems for our pension fund investments?**

No. Imagine Ayton Council’s pension scheme has tobacco investments; but they have a clear stance which protects local policy from tobacco industry interests and lobbying. On the other hand Beeborough Council has no tobacco investments but has industry branded smoking shelters on its property, its councillors and senior officers meet with industry representatives and attend industry funded events on illicit tobacco. It is Beeborough that needs to look at its policy urgently and would not comply with the commitments in the Declaration.

The Declaration does not conflict with other duties. It is a strong way of demonstrating that council’s have a robust approach to engagement with the tobacco industry regardless of any share investments. It can also be a tool to deflect media and other criticism regarding tobacco industry share investment by focusing on the key issues of protecting health policy from interference.

Councillor Nick Forbes, leader of Newcastle City Council, who developed the Declaration said:

*"It is... true that almost all local government pension schemes in England have some investment in tobacco companies. I share the frustrations of many in public health regarding these investments, however our fiduciary duties makes effective action difficult. The greatest threat from the tobacco manufacturers comes not from investments by our pension fund managers but from their influence on our health policy. This Declaration is about taking effective action against real threats."*

The Declaration commits the council to protect health policy from the influence of the tobacco industry and this can be achieved through a strong policy on engagement and transparency locally. It is possible for a local authority to do this while retaining pension investment in tobacco shares. However, as part of the development of any policy it

may be appropriate to review tobacco share investment in line with a local authorities' fiduciary duty. This will show that the council is acting appropriately.

### **7. Can we add to the Declaration or change some of the wording?**

No, but you can commit to go further. The Declaration contains overarching principles not policies. It is for local authorities to decide on the policies which are relevant for their tobacco control plan. For the Declaration to have meaning at a national level it needs to be signed up to as is. The goal of the Declaration is both to support local authority leadership on tobacco control but also to make a collective statement about the importance of this issue. Having multiple versions of the Declaration would weaken this collective statement.

That does not mean that councils can't choose to go further or focus their energy on a specific set of issues. Such extensions to the Declaration might best fit in a council's local tobacco control plan. In Nottingham, for example, the council has created a community declaration, designed to help local organisations, including businesses and charities, demonstrate their support for tobacco control. In Somerset, the County Council has used the Declaration as tool to engage District Councils in tobacco control work, offering a small pot of money to implement Smokefree playgrounds projects for district councils who chose to sign.

### **8. Why is the Declaration relevant to district councils?**

Smoking remains the biggest cause of premature death in the UK and has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. The Declaration provides a public statement of intent on tobacco control for district councils committed to tackling this burden.

Although existing services and additional public health capacity varies between district councils, the transfer of public health from the NHS to local authorities enhances every districts' role in improving health outcomes for local residents.

Smoking cessation services are often based at district level and other specific areas affected by smoking which fall within the responsibilities of district councils include:

- Street cleaning - cigarette butts are a major cause of litter. It costs an estimated £342 million annually to clean smoking-related litter from streets in England.
- Environmental health – this includes ensuring smoke-free laws are applied and can also involve dealing with smoking related issues within homes and workplaces. This can include making sure tenants and workers aren't affected by smokedrift and second-hand smoke.

For further information on district councils and public health, please see the District Councils' Network report [District Action on Public Health](#).

### **9. What does it mean to be a member of the Smokefree Action Coalition?**

Membership of the Smokefree Action Coalition (SFAC) is a further demonstration of a local council's commitment to tobacco control and also offers additional benefits.

The SFAC is a coalition of over 250 local and national organisations and has wide membership among the Royal Colleges, the public health professional bodies, local councils and health charities. It campaigns for tobacco control at a national level and provides a network of support and advice to local public health professionals.

Membership of the SFAC gives local council's a national platform to make the case for central Government action to reduce the level of smoking in support of local



authorities. However, no member is required to agree with every policy position and all members would be contacted ahead of their name being put to a specific public statement (e.g. a briefing on a particular issue).

## **10. What can we do to publicise the Declaration?**

There are a number of steps you can take to maximise the publicity for the Council signing the Declaration and to use the Declaration to publicise tobacco control work to local media:

- A press release and photo with the Declaration signatories. See examples from [Luton Borough Council](#) and [York Council](#).
- Combine signing the Declaration with action on illegal tobacco sales/under-age sales in the local area. For example, the [Royal Borough of Greenwich](#) combined news of series of spot-checks by trading standards officers on local stores with the news that the council had committed to the Declaration.
- Include local statistics on the harm caused by smoking to your area in your press release and other communications. For local figures: see [www.ash.org.uk/localtoolkit](http://www.ash.org.uk/localtoolkit) and [www.tobaccoprofiles.info](http://www.tobaccoprofiles.info).
- Tie in signing the Declaration with a national event or campaign such as [No Smoking Day](#) or [World No Tobacco Day](#). See [Knowsley Council](#) for an example.

This page is intentionally left blank

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board  
**DATE:** 15<sup>th</sup> July 2020  
**CONTACT OFFICER:** Ellie Gaddes, Policy Insight Analyst  
**(For all Enquiries)** (01753) 875657  
**WARDS:** All

**PART I**  
**FOR COMMENT AND CONSIDERATION**

**SLOUGH WELLBEING BOARD - WORK PROGRAMME 2020/21**

1. **Purpose of Report**

For the Slough Wellbeing Board to discuss its work programme for 2020-21.

2. **Recommendations/Proposed Action**

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

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

As the current strategy is coming to an end, a new 2020-2025 strategy is awaiting formal approval. This new strategy contains four updated priorities:

1. Starting Well
2. Integration
3. Strong, Healthy & Attractive Neighbourhoods
4. Workplace Health

The work of the Slough Wellbeing Board over the 20/21 year will aim to address these priorities, as well as meet the statutory requirements of the Board.

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. Therefore, the work outlined in the work programme is built upon the evidence outlined in the JSNA.

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

In particular, the work of the Slough Wellbeing Board contributes to Priority One and Priority Two of the Councils Five Year Plan.

4. **Other Implications**

(a) Financial – none.

(b) Risk Management – none.

(c) Human Rights Act and Other Legal Implications - There are no direct legal implications. Any specific activity undertaken by the Wellbeing Board, which may have legal implications which will be brought to the attention of 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 Board.

5. **Supporting Information**

5.1 This work programme outlines some of the work the Wellbeing Board will be involved in over the next year. In particular, some of the statutory responsibilities of the Board have been scheduled into the work programme, in order to ensure these pieces of work are addressed at the most suitable time of year. This scheduling has taken place by drawing on conversations with officers from the appropriate organisations, as well as conversations with the Chair of the Wellbeing Board.

5.2 In addition to these items, regular updates on the work being done to address the priorities of the Board have been scheduled across the year. This aims to allow the Board to maintain a close overview of the working being done in these areas, by the Children and Young People's Partnership Board, the Health and Social Care Partnership Board, the Strong, Healthy and Attractive Neighbourhoods Task and Finish Group, and the Workplace Health Task and Finish Group.

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

6. **Comments of other Committees**

None.

7. **Conclusion**

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

8. **Appendices Attached**

A – Slough Wellbeing Board Work Programme for 2020/21

9. **Background Papers**

None.

This page is intentionally left blank

**Slough Wellbeing Board Work Programme  
2020/21**

<b>Meeting Date</b>
<b>23<sup>rd</sup> September 2020</b>
<ul style="list-style-type: none"> <li>• Slough Safeguarding Boards Annual Report (2018/19)</li> <li>• JSNA Refresh (highlights and update on progress)</li> <li>• Update – Priority Two, Integration. Health and Social Care Partnership Board</li> <li>• Update – Priority Four, Workplace Health Task and Finish Group</li> </ul>
<b>17<sup>th</sup> November 2020</b>
<ul style="list-style-type: none"> <li>• Better Care Fund Plan 2020-21</li> <li>• Update – Priority One, Starting Well. Children and Young People Partnership Board</li> <li>• Update – Priority Three, Strong, Healthy &amp; Attractive Neighbourhoods Task and Finish Group</li> </ul>
<b>12<sup>th</sup> January 2021</b>
<ul style="list-style-type: none"> <li>• JSNA Refresh (highlights and update on progress)</li> <li>• Update – Priority Two, Integration. Health and Social Care Partnership Board</li> <li>• Update – Priority Four, Workplace Health Task and Finish Group</li> </ul>
<b>24<sup>th</sup> March 2021</b>
<ul style="list-style-type: none"> <li>• Update – Priority One, Starting Well. Children and Young People Partnership Board</li> <li>• Update – Priority Three, Strong, Healthy &amp; Attractive Neighbourhoods Task and Finish Group</li> </ul>
<b>12<sup>th</sup> May 2021</b>
<ul style="list-style-type: none"> <li>• Better Care Fund Annual Report</li> <li>• Update – Priority Two, Integration. Health and Social Care Partnership Board</li> <li>• Update – Priority Four, Workplace Health Task and Finish Group</li> </ul>



**Unscheduled Items:**

- Slough Safeguarding Boards Annual Report (2019/20)
- East Berkshire CCG Commissioning Plans



**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 15<sup>th</sup> July 2020

**CONTACT OFFICER:** Dr Vanita Dutta, Public Health Programme Manager  
Dr Liz Brutus, Service Lead Public Health

**(For all Enquiries)** 07545 083411

**WARD(S):** All

**PART I****FOR INFORMATION****SLOUGH COVID-19 BAME (BLACK, ASIAN AND MINORITY ETHNIC PEOPLE) PILOT****1. Purpose of Report**

To provide an update and assurance to the board members on Slough COVID-19 BAME (Black, Asian and Minority Ethnic people) Pilot Project. It describes the key work streams and synergies for the deliverability of the proposal including the management responsibilities, governance and reporting arrangements.

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

The Board is recommended to:

- Note the contents of the report.
- Review progress of the Slough BAME Pilot in mid-Autumn 2020.

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

This Declaration meets the priorities:

- Increasing life expectancy by focusing on inequalities

The evidence shows that the burden of illness and death due to coronavirus (COVID-19) is not shouldered equally across the population. In particular, ethnicity has a huge impact. The risk of dying is higher among those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups (caused by a result of many different factors). Given our population make-up, Slough is at higher risk of harms from Covid-19 and this has been evident in some of our patterns of Covid-19 illness to date.

A focus on reducing the negative impact of Covid-19 on those in the Slough population most at risk from the infection helps reduce the risk of widening health

inequalities and longer-term, may have benefits which more proactively reduce inequalities.

### 3b. **Five Year Plan Outcomes**

This position statement will help to deliver:

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

### 4. **Other Implications**

(a) Financial - As a partner of the BAME pilot, Public Health are contributing some funding within the Public Health ring-fenced grant budget.

(b) Risk Management - none

(c) Human Rights Act and Other Legal Implications - There are no direct legal implications. 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.

### 5. **Supporting Information**

5.1 The evidence shows that the burden of illness and death due to coronavirus (COVID-19) is not shouldered equally across the population. In particular, ethnicity has a huge impact.

5.2 The risk of dying is higher among those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups (caused by a result of many different factors). Deprivation and lower socio-economic status also increases the risks from Covid-19. Given our population make-up, Slough is at higher risk of harms from Covid-19 and this has been evident in some of the Borough's patterns of illness to date. The work fits well within each of the pilot's partner organisations' declared commitment to tackle health inequalities and improve health.

5.3 The aim of the project, which started in rapid response to the emerging learning from the pandemic at the end of April, is to test approaches to protect residents from both direct and indirect harms of Covid-19 and mitigate its effect by reducing morbidity and mortality for future waves of the pandemic across Slough.

5.4 Since the BAME pilot started in Slough in May 2020, it has gained some regional and even national interest, particularly in NHSE and PHE – driven by a recognition of the inequitable impacts of Covid-19 on some communities and also related to the Black Lives Matter movement.

5.5 The report describes the partnership of public sector and community and voluntary sector organisations who, together, have designed the 5 workstreams of the BAME pilot – Communications and community engagement; Improving Information; Prevention and Harm reduction; Covid-19 Clinical Management and Workforce.

5.6 Updates on progress made over the last 9 weeks, are provided for each of the 5 workstreams. These bring to life the aim of each workstream and a more detailed description of the work already started or planned. The updates also outline in very practical terms how the work achieved to date has been used or its potential uses. For example, the existing Communications and Community Engagement workstream is already being used to good effect to support the newly nationally-mandated Local Outbreak Management Plan.

5.7 It would be beneficial to take stock on the pilot's progress against milestones and original objectives in approximately September 2020 in order to check its readiness for any future pandemic wave.

6. **Comments of Other Committees**

None.

7. **Conclusion**

The Slough Covid-19 BAME (Black, Asian and Minority Ethnic People) pilot has been a rapid response to the emerging evidence of the inequitable impact of the Covid-19 pandemic on various BAME and low income communities in Slough.

It has pulled together a broad and diverse partnership of organisations (public and voluntary sector) with the common aim to develop and test approaches to protect residents from both direct and indirect harms of Covid-19 and mitigate its effect by reducing morbidity and mortality for future waves of the pandemic across Slough.

The BAME pilot is comprehensive and inclusive in its approach, creating a sense of common endeavour and a strong desire to use approaches developed both for the Covid-19 and in the future, for other health challenges.

Given the risk of future pandemic wave in late Autumn 2020, the pilot would benefit from review of progress against its original objectives.

8. **Appendices Attached**

A – Slough COVID-19 BAME Pilot Project Update – Jul 2020

9. **Background Papers**

None.

This page is intentionally left blank

## Slough COVID-19 BAME Pilot Project Update – July 2020

---

### 1) Purpose

The purpose of this document is to provide update and assurance to the board members on Slough COVID-19 BAME Pilot Project. It describes the key work streams and synergies for the deliverability of the proposal including the management responsibilities, governance and reporting arrangements.

### 2) Context

*Evidence* shows that the burden of illness and death due to coronavirus (COVID-19) is not shouldered equally across the population. In particular, ethnicity has a huge impact. Public Health England has published findings of a literature review and stakeholder engagement activity, aimed at understanding why black and minority ethnic communities are disproportionately affected by COVID-19. *Beyond the data* discusses the role of factors associated with ethnicity including occupation, population density, use of public transport, household composition and housing conditions including overcrowding in COVID-19 transmission, and of inequalities in pre-existing health conditions in morbidity and mortality.

The risk of dying is higher among those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups (caused by a result of many different factors). After accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity are around twice the risk of death when compared to people of White British ethnicity. Approximately 56% of Slough residents are BAME (ONS estimate, 2019) making it one of the most ethnically diverse populations in the UK. The four largest ethnic groups are 'Asian' (44% of the population), 'White British' (31%), 'White Other' (14%) and 'Black' (8%).

Within Slough there are 50,766 households, of which 15.5% have no person in the household with English as their main language. Of the population, 27% are recorded as not speaking English as a first language.

There is a higher than average reliance on public transport with 76.6% of residence having access to a car or van compared to 87% nationally. There are also a number of other key factors which affect both the spread and seriousness of the illness within this population including higher levels of deprivation, higher population density neighbourhoods and multigenerational and larger households.

### 3) Strategic drivers and funding

The early seed for this project was nurtured by the NHS England South East Region's BAME Population Mortality Improvement Board (of which various partners within this pilot are members). It was suggested that Slough consider running a pilot programme given the early evidence about the unequal impacts of Covid-19. The work fits well within each of our partner organisations' declared commitment to tackle health inequalities and improve health.

NHSE funding for Covid-19 flows The work fits well within each of our partner organisations' declared commitment to tackle health inequalities and improve health.via Frimley ICS. The expectation to date has been that partners manage within their own budgets but where required, seek any additional Covid-19-related funding via the ICS.

In addition, strategically, the Black Lives Matter (BLM) movement has gained greater prominence around the world since late April 2020 and has shone more light on the social and health inequalities related to ethnicity in particular. This has had a knock on effect with various national organisations' future plans around tackling inequality related to ethnicity – this includes the NHS and local government. With both Covid-19 and BLM gathering momentum, so too has the Slough BAME project developed greater significance and visibility locally and regionally to NHSE and PHE in particular.

**4) The aim of this project is to:**

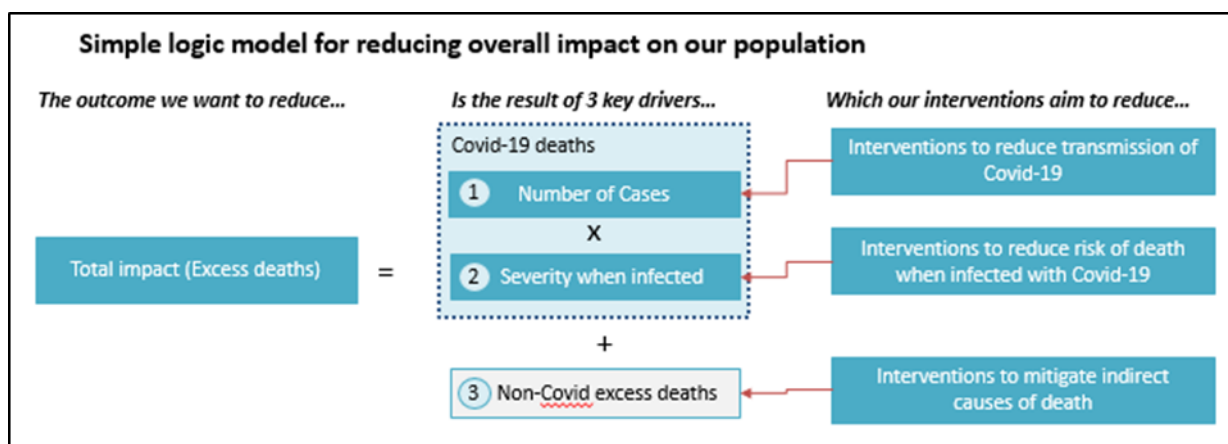
- test approaches to protect residents from direct and indirect harms of COVID-19.
- mitigate the effect of COVID- 19 on Slough’s population and reduce morbidity and mortality across Slough as a direct result.

**5) Partnership**

- Slough Borough Council and Public health
- The Frimley Health & Care ICS
- Slough Community & Voluntary Sector
- Primary, secondary and community care clinicians and professionals: acute and community trust senior leaders
- Joint Managing Director appointment between CCG and Slough Borough Council

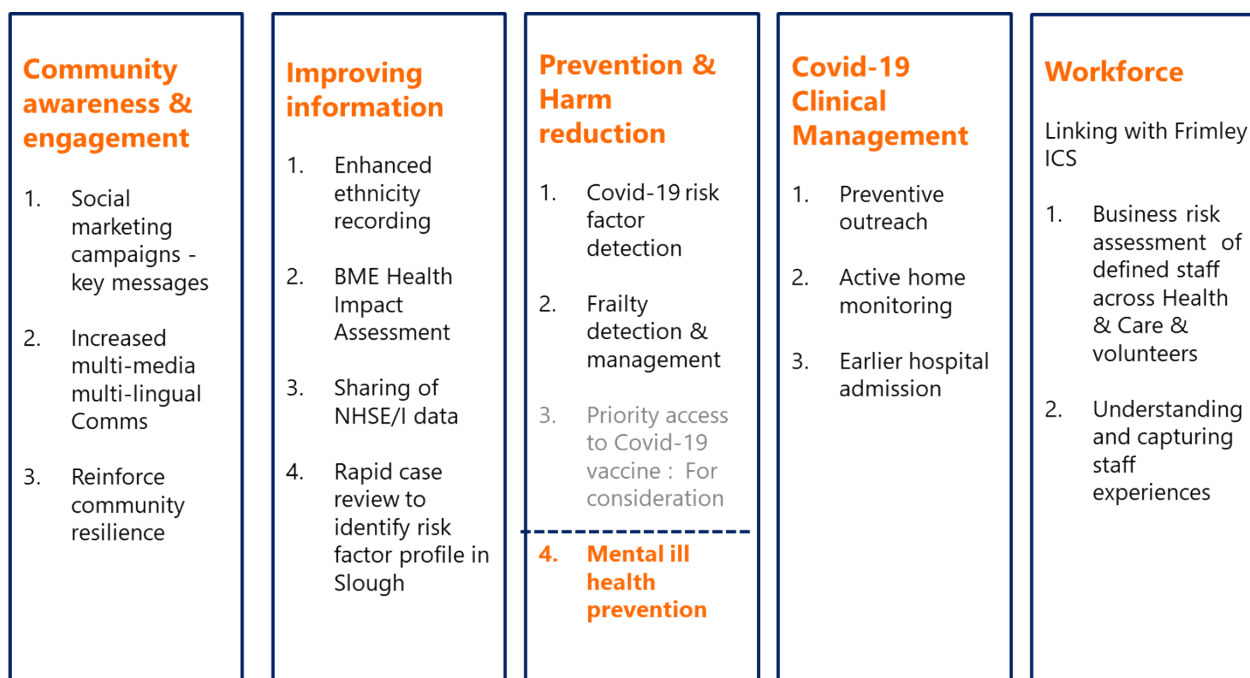
**6) Benefits Realisation**

The logic model below sets out the high level benefits that will be realised through the successful completion of this project:



## 7) Project Structure

The pilot has been divided into 5 key workstreams as indicated in the diagram below:



It should be noted that, whilst it is intended that these will run as discreet workstreams, there is recognition that there will be some cross-over between them and where this occurs, resources will be shared and managed appropriately by the Senior Responsible Officer (SRO). This Programme Board meets every other Thursday.

Arrangements for longer-term dedicated programme management are being made given the broad scope of the programme, its multiple 'moving parts' and increasing visibility at both regional and national level.

## 8) Work stream Progress

**Strand 1: Community Awareness and Engagement:** (Leads – Ramesh Kukar and Ketan Gandhi)

- The subgroup meets once a fortnight and is made up of SBC, PH, CVS, CCG and Apna Versa
- The community resilience plan has been written and has 8 key elements, led and delivered by the CVS alongside the councils communities team - 1 Partnership 2 Effective use and management of data 3 Wellbeing and prevention 4 Volunteering 5 Jobs, skills and learning 6 Supporting business 7 **Communication** 8 Funding
- The communication plan of the community resilience work has been written and has 4 key objectives – 1 Overarching strategic outputs 2 Key messages and themes 3 Targeted messages for specific platforms 4 Delivery and implementation
- The project landing page is now live to the public – [www.publichealthslough.co.uk/campaigns/one-slough](http://www.publichealthslough.co.uk/campaigns/one-slough)

- A logo has been created for the project which will be used on social media and printed material.
- A range of infographics linked to the “reducing risk” work have been developed, which will be used on twitter and Instagram
- Working with an organisation <https://covid19graphics.info/> who have a fantastic search tool for translated material, and a range of their material will be used for this project.
- We’ve got our #HealthyNormal infographic displayed in all children centres and in the town centre as part of the “wrap arounds” Examples attached
- The CVS has delivered targeted comms at community groups on Farnham road in response to the recent uptick of cases. They’ve also done a press release for the project and lined up initial radio interviews and the scripts. This workstream has proved to be an established vehicle to support *Local Outbreak Management Plan* to reach into the community with key messages for Covid eg testing.

### **Strand 2: Improving Information** (Lead– Tessa Lindfield)

- Working group established and meeting regularly
- Workshop planned with leads of other work streams to find the data requirement to support other work.
- This workstream has three elements 1. Description of the risks of harm from COVID-19 in Slough and where they are in the population 2. Development of a Risk Stratification Tool 3. Monitoring of COVID-19 in Slough, including the excess risk in BAME population
- Risk Stratification Tool Developed for identifying high risk people of BAME and non BAME background
- COVID-19 dashboard has been developed
- Data collection for Slough BAME need assessment is being carried out and gaps identified after scoping of available data to explore the completeness of ethnicity recording in the data source available.

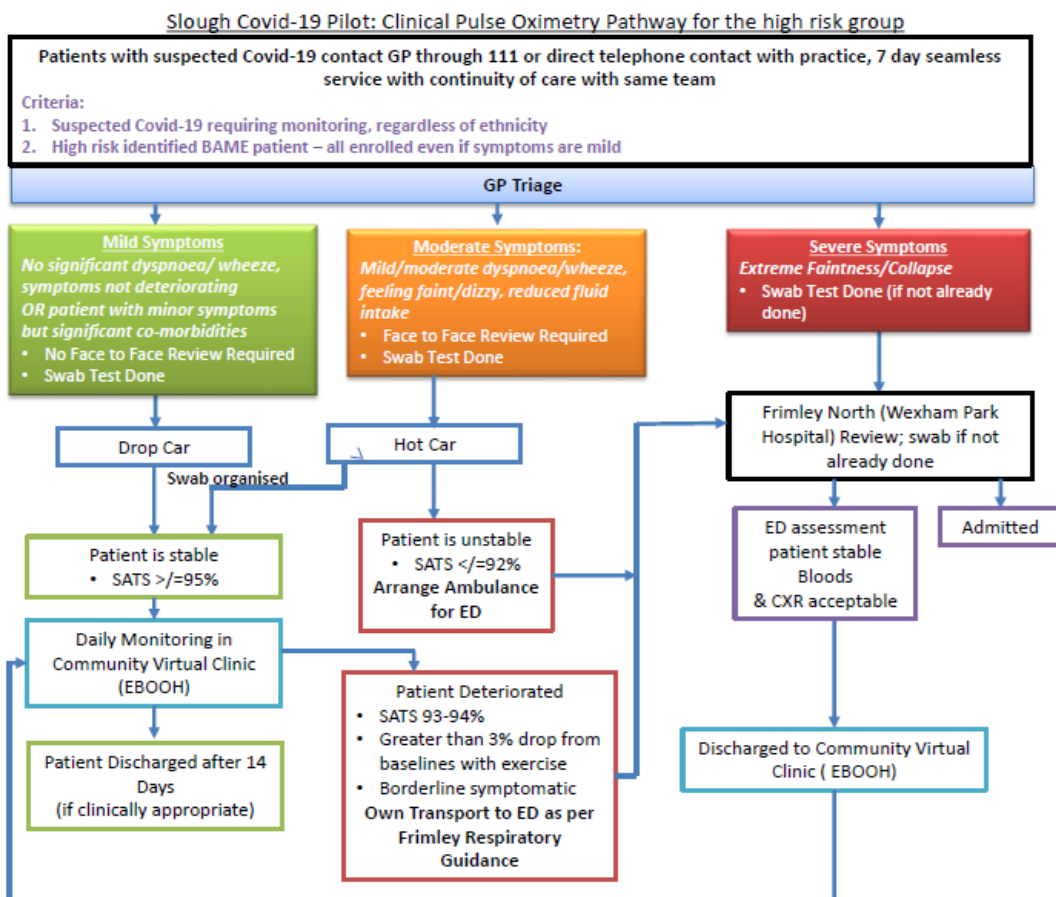
### **Strand 3: COVID-19 Clinical Management** (Leads – Lalitha Iyer, Priya Kumar and Sangeeta Saran)

- The aim is to utilise digital and technological developments to proactively support patients and manage symptoms.
- The clinical management of symptomatic patients will be managed via one provider and will be seamless in hours and out of hours.
- Active home monitoring LCS in place.



**Strand 4: Prevention and Harm reduction** (Leads – Lalitha Iyer, Priya Kumar and Sangeeta Saran)

- In order to better understand the population that is at most risk of being impacted within Slough, a more detailed risk stratification exercise has been carried out. This has used a number of criteria including age and registered conditions.
- At-risk population defined - The project will focus on the 20,000 people who are considered most at risk regardless of ethnicity. However, it should be noted that this is for guidance purposes only and should not affect the clinical decision making when presented with individual cases. Patients will not be denied care if they do not fit the given criteria.
- List of at-risk patients drafted by Connected Care
- 'Hot pathway with pulse oximetry' signed off and launched with practices (See diagram below)
- Demand for pulse oximeters modelled, pulse oximeters purchased and pathway commissioned with OOH



**Strand 5: Workforce** (Leads – Caroline Corrigan)

- The workstream has secured appointed a programme manager who has started making links with HR teams of organisations included in the scope of this project including voluntary sector.
- The scope of this workstream has been planned focusing on four elements – 1.co-create the Covid-19 response with those at risk (Governance) 2.Reduce transmission of Covid-19 in our staff by identify non-clinical risk factors 3.Proactively provide a range of culturally specific interventions to reduce the risk of infection of Covid-19 in staff 4. Provide a range of culturally specific health and wellbeing measures to support staff

**Report Author:** Dr Vanita Dutta, SBC Public Health Programme Manager - Interim BAME Pilot Programme Manager

**Date:** 3 Jul 2020

**SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2020-21**

<b>MEMBER</b>	<b>15/07/20</b>	<b>23/09/20</b>	<b>17/11/20</b>	<b>12/01/21</b>	<b>24/03/21</b>	<b>12/05/21</b>
Neil Dardis						
Cate Duffy						
Chris Holland						
Lisa Humphreys						
Ramesh Kukar						
Tessa Lindfield						
Councillor Nazir						
Dr Jim O'Donnell						
Councillor Pantelic						
Colin Pill						
Alan Sinclair						
Aaryaman Walia						
Supt Wong						
Josie Wragg						

P = Present

Sub = Substitute sent

Ap = Apologies given

Ab = Absent, no apologies given

This page is intentionally left blank