

Date of issue: Friday, 4 March 2022

**MEETING:**

**SLOUGH WELLBEING BOARD**

Councillor Pantelic, Lead Member for Social Care and Public Health  
Dr Jim O'Donnell, East Berkshire Clinical Commissioning Group,  
Slough Locality  
Andrew Fraser, Interim Executive Director of People (Children) /  
Slough Children First Chief Executive  
Adrian Davies, Partnership Manager, DWP  
Caroline Hutton, Frimley Health NHS Foundation Trust  
Representative  
Sangeeta Saran, Slough CCG  
Chris Holland, Royal Berkshire Fire and Rescue Service  
Ramesh Kukar, Slough CVS  
Stuart Lines, Director of Public Health  
Neil Bolton-Heaton, Healthwatch Representative  
Aaryaman Walia, Slough Youth Parliament Representative  
Supt. Lee Barnham, Thames Valley Police  
Councillor Hulme, Lead Member for Children's Services, Lifelong  
Learning & Skills  
Alan Sinclair, Executive Director People (Adults)  
Josie Wragg, Chief Executive, Slough Borough Council  
2 Vacancies, Local Business Representatives

**DATE AND TIME:**

MONDAY, 14TH MARCH, 2022 AT 5.00 PM

**VENUE:**

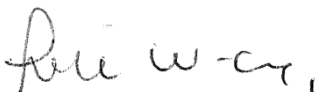
COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR  
ROAD, SL1 2EL

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

MANIZE TALUKDAR  
07871 982 919

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**  
**ITEM**

**REPORT TITLE**

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**WARD**

**AGENDA**

**PART I**

Apologies for absence.

**CONSTITUTIONAL MATTERS**

- |    |   |        |   |
|----|---|--------|---|
| 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 9 and Appendix B of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.</i> |        |   |
| 2. | Minutes of the last meeting held on 17 November & Notes of the informal meeting held on 11 January 2022   | 1 - 16 | - |

**ITEMS FOR ACTION / DISCUSSION**

- |    |  |         |     |
|----|--|---------|-----|
| 3. | Update - Priority Two, Integration. Health and Social Care Partnership Board                 | 17 - 20 | All |
| 4. | Update - Priority Three, Strong, Healthy and Attractive Neighbourhoods Task and Finish Group | 21 - 26 | All |
| 5. | Update on the 'Pharmaceutical Needs Assessment (PNA)'  | 27 - 32 | All |

**ITEMS FOR INFORMATION**

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| 6.  | Update - Priority Four, Workplace Health Task and Finish | 33 - 36       | All |
| 7.  | Update - ICS and Place                                   | Verbal Report | All |
| 8.  | Business Case for the Integrated Care Hub                | 37 - 40       | All |
| 9.  | Equalities update  | Verbal Report | All |
| 10. | JSNA update  | Verbal Report | All |

**FORWARD PLANNING**

- |     |                        |         |   |
|-----|------------------------|---------|---|
| 11. | Forward Work Programme | 41 - 48 | - |
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**AGENDA**  
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12. Date of Next Meeting

-

-

To be confirmed.

**Press and Public**

**Attendance and accessibility:** You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before any items in the Part II agenda are considered. For those hard of hearing an Induction Loop System is available in the Council Chamber.

**Webcasting and recording:** The public part of the meeting will be filmed by the Council for live and/or subsequent broadcast on the Council's website. The footage will remain on our website for 12 months. A copy of the recording will also be retained in accordance with the Council's data retention policy. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

In addition, the law allows members of the public to take photographs, film, audio-record or tweet the proceedings at public meetings. Anyone proposing to do so is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

**Emergency procedures:** The fire alarm is a continuous siren. If the alarm sounds Immediately vacate the premises by the nearest available exit at either the front or rear of the Chamber and proceed to the assembly point: The pavement of the service road outside of Westminster House, 31 Windsor Road.

**Covid-19:** To accommodate social distancing there is significantly restricted capacity of the Council Chamber and places for the public are very limited. We would encourage those wishing to observe the meeting to view the live stream. Any members of the public who do wish to attend in person should be encouraged to contact the Democratic Services Officer.

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**Slough Wellbeing Board – Meeting held on Wednesday, 17th November, 2021.**

**Present:-** Councillors Pantelic (Chair), Alan Adams, Cl Lee Barnham, Chris Holland, Stuart Lines and Alan Sinclair

**Apologies for Absence:-** Councillor Akram, Neil Bolton-Heatonon, Ramesh Kukar, Akram and Josie Wragg

**PART 1**

**74. Declarations of Interest**

No declarations were made.

**75. Minutes of the Last Meeting Held on 21 October 2021**

**Resolved** – That the minutes of the meeting held on 21 October 2021 be agreed as a correct record, and Board members to note the following

**Actions:**

1. Membership of the Board needed to be reviewed and strengthened. The Leader would be asked to consider appointing Councillor Hulme to the Board. Cllr Akram to be sent a letter pointing out she had not attended the last three meetings of the Board;
2. An Equalities impact assessment to be undertaken for the Wellbeing Strategy and to be reported at the next Board meeting.
3. Joint meetings with ICS leaders to be convened in the New Year.
4. The new chair of the ICS Board to be invited to do a presentation at a future Board meeting.
5. Paragraph 6 on page 3 to be amended to read: 'The Chair stated she would like Board members, partners and the Council as a whole to use the JSNA.'
6. The Upton Hospital update to be submitted to the relevant scrutiny panel.

**76. Update - ICS and Place**

The SBC Associate Director People, Adults provided a verbal update on ICS and Place. He advised that:

- The Health & Care Bill currently progressing through parliament proposed new statutory arrangements for Integrated Care Systems from April 2022. In preparation, the Frimley Integrated Care System (ICS) Board had appointed new Chair and new working arrangements were under discussion. A new Chief Executive would also be appointed shortly.
- Work was ongoing on the creation of a new Frimley Integrated Care Board. The Board would be focussing on NHS strategy and its delivery for Frimley and would include a local authority representative. The Integrated

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Care Partnership would be bringing together wider partners in Frimley, the terms of reference and membership of which was under discussion.

- Collaborative working between providers was being developed. Relationships, roles and responsibilities between the Wellbeing Board, its sub-group, the Health and Care Partnership and Place were also under discussion.

Partners described how the changes were impacting them and whether they had been involved in the above discussions:

- The Director of Public Health for East Berkshire stated that he had a lead role with the ICS with regard to population health management. He had been engaged in the process and understood that public health would be an integral part of the new ICS.
- The Police representative and the Fire service representative stated that they had not been involved in initial discussions.
- The SBC Director of Children's service stated that he understood the importance of strategic involvement of his service with the various Partnership Boards.
- The representative from the CCG (Clinical Commissioning Group) advised that the CCG Executive Team were engaged in the process, looking particularly at workforce implications.
- The SBC Associate Director advised that the CCG would be replaced by a complex new structure which would take some time to fully evolve and bed in. It was crucial that Slough's voice be heard at the Partnership Board and that the views of the Wellbeing Board be fed back to the Frimley Integrated Care Partnership. A further government white paper regarding integration was expected to be published in December 2021.
- The LGA (Local Government Association) had produced a publication setting out details of the Health & Care Bill and its implications. He undertook to circulate it to Board members after the meeting.
- The Chair stated that, in her view, there needed to be greater political representation and engagement on the Frimley Board. In preparation for the impending changes, the Wellbeing Board would need to prioritise what areas it wanted to lead on and set out its strategic direction. It was therefore important to clarify the role of the Wellbeing Board and that of partners. She added that a meeting had been planned for the following week to consider the membership and governance structures of the Wellbeing Board.

**Action 7:** The SBC Associate Director People, Adults to circulate the LGA publication regarding the Health and Social Care Bill to Board members after the meeting.

**Resolved:** That the verbal update be noted.

## 77. Slough Safeguarding Boards Annual Report (2020/21)

The SBC Safeguarding Partnership Manager and the Independent Scrutineer for the Adult and Children's Safeguarding Partnerships provided an overview

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of the Slough Safeguarding Boards Annual Report (2020/21). They made the following points:

- The report was a combined adults' and children's safeguarding report and related to the activity of the three statutory partners (Police, NHS and the Local Authority) and wider partners.
- It was no longer obligatory to share the report with the Wellbeing Board, however, submitting it to the Board would ensure it had wider exposure.
- The report set out work completed against priorities set and detailed next steps.
- Capturing the 'so what' question, meaning what real difference did the activities and interventions by the Service make to the lives and experiences of young people, vulnerable adults and their families in Slough was challenging and officers were working to improve this aspect of the report.
- Examples of key achievements included a new threshold document which set out the threshold for formally statutory interventions for children.
- The partnership had developed a new Neglect Strategy and practice tools for children.
- Delivery of training had shifted to online sessions due to the pandemic.
- Risks and ongoing challenges included safeguarding implications during the pandemic and the significant financial challenges currently faced by the Council.
- The SLG (Safeguarding Leaders' Group) had produced a risk log, which was a live document, aimed at helping to understand and mitigate against identified risks (for example the post pandemic recovery period and the financial challenges faced by the Council). The log was available to view on request.
- An equalities review had been commissioned by the SLG to identify any communities that were disproportionately at risk of exploitation. The review had identified the Roma community as being particularly vulnerable to this. This had implications for all partners and data capture across the partnerships needed improvement.

In relation to the topic of physical abuse covered in the report, the Chair made the point that local libraries often acted as safe havens for those experiencing domestic abuse. The Council would shortly be issuing a consultation regarding council services and she encouraged all residents to engage with the consultation to inform future decision-making. The independent scrutineer added that the Council may consider identifying local hubs from among wider partners where early help, interventions and sign posting services could be co-located.

The representative from the Fire service asked if libraries were recognised as 'safe spaces'. His service was in the process of having some of their premises recognised as 'safe spaces'. The SBC Group Manager stated that she would verify and confirm this information to the Board after the meeting. She added that there was a new initiative to tackle violence against women and girls in

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Chalvey whereby local retail premises may be designated safe spaces or refuges.

- The SBC Director of Children's Services advised that Ofsted had praised Slough social workers for sustained service delivery and continued interaction with clients despite covid restrictions. The biggest risks to children's safeguarding was the ability to successfully recruit social workers and some workforce legacy issues.
- The SBC Safeguarding Partnership Manager advised that the partnership had continued to support partners to work together during the lockdown. The risk log had been initiated at the beginning of the lockdown following concerns regarding the non-visibility of vulnerable people in Slough. A group of managers from partner agencies met regularly to share information regarding risks/ Children First undertook an exercise in prioritising the most vulnerable children and families. All partners worked closely to assess risks and to bridge any gaps. The SLG (Safeguarding Leaders Group) were alerted and involved in the process. The high proportion of agency staff in Children First remained on the risk log. The group continued to meet and assess risks.

It was noted that the report erroneously referred to 'Berkshire CCG' and this should be amended to read 'East Berkshire CCG'. It was agreed that any acronyms used in future reports should be explained.

The East Berkshire Director of Public Health stated that the mainstay of public health was preventative work. Taking a public health approach meant taking a long term view focussed on preventative measures. He gave the example of recent successful initiatives in London and Glasgow aimed at preventing serious youth violence. Initiatives aimed at preventing violence against women and girls were also important. Domestic violence was often linked to substance misuse and poor mental health. The public health team included school nurses and health visitors and offered other preventative initiatives such as parenting classes. It was important to support young people through educational settings, for example, through the provision of relationship and sex education classes, where young people were encouraged to adopt healthy behaviours and avoid risky ones. He added that he would be chairing the Berkshire-wide CDOP (Child Death Overview Panel). The Panel would look at data to identify patterns, trends and warning signs, focussing on what was avoidable, for example, teenage suicides. He acknowledged that there may be capacity issues at the treatment end.

The independent scrutineer stated that the Safeguarding Children's Partnership's relationship to CDOP had changed in recent years and he was keen to clarify the relationship between the two, the governance related to reporting and making recommendations, and the role of the wider partnerships in helping to deliver those recommendations.

The SBC Associate Director stated that the equalities review referred to in the report had implications across a number of different areas. In addition to addressing the recommendations and action plans arising from the review,



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there was an intention to link it to locality working, carry out further data analysis, and initiate learning and development whilst ensuring diversity was valued across the entire partnership. He undertook to circulate the recommendations and actions arising out of the equalities review to the Board after the meeting.

The Chair advised that there had been plans to convene a Place summit with all partners to evaluate workforce capacity and look at joint training. Following a recent meeting with nurses and midwives at Wexham Park Hospital it became apparent that there needed to be better information sharing between other providers and the hospital regarding referral and signposting services. The Board agreed such a summit would be valuable and should be convened in the new year.

**Action 8:** The SBC Group Manager stated that she would verify and confirm this information (whether Slough libraries had been designated as safe spaces) to the Board after the meeting.

**Action 9:** Any acronyms used in future reports should be explained.

**Action 10:** It was noted that the report erroneously referred 'Berkshire CCG' and should be amended to read 'East Berkshire CCG'.

**Action 11:** The recommendations and actions arising out of the equalities review to be circulated to Board after the meeting And to be put on the agenda for the next WBB meeting in January.

**Action 12:** A Place summit to be convened in the new year with all partners to evaluate workforce capacity and look at joint training.

**Action 13:** The forthcoming Slough Council Consultation be shared with all partners so that they may share it with their networks.

**Resolved** – That the report be noted.

## 78. Better Care Fund Plan 2021/22

The Integration Delivery Lead at Frimley CCG (Clinical Commissioning Group) provided a brief overview of the Better Care Fund Plan 2021/22. He stated that:

- BCF (Better Care Fund) was a pooled budget between the CCG and the local authority and was jointly managed by them. The various funding streams included a contribution from the CCG, the Disabled Facilities Grant, the IBCF grant (Improved Better Care Fund) the sum of these amounted to £15M approximately.
- In 2020, due to the pandemic, the government had waived the requirement to produce a plan. There was a well-established governance framework for the Plan which was steered through the Health Social Care Partnership.

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The BCF Delivery Group oversaw operational management, and the Health Social Care Plan set out the vision for integration locally.

- The Plan set out expenditure, metrics, indicators for improvement, and a narrative plan.
- The Spending Plan had to meet certain conditions, for example, it specified the minimum amount that must be invested in out-of-hospital services and social care to ensure a positive impact on the interface between health and social care. In view of the Council's current difficult financial position, additional investments had been agreed for the hospital social work team (to support timely discharges), the re-ablement service and support to the voluntary sector for its valuable contribution to primary prevention work.
- The SBC Associate Director People, Adults advised that this was a key area of joint and integrated working between the Council and partners to deliver some of the Council's key priorities.

The Chair expressed her disappointment that the report had been submitted to the Board the day after its submission to the CCG on behalf of the Board. She added that the Board should have had oversight of the Plan and feedback should have been sought from the Board and all partners. Going forward she would expect all such reports to be submitted to the Board in the first instance. She added that it would have been appropriate for the Board and partners to have had sight of the expenditure plan for the year and have a say in the additional investment allocated to support the community and voluntary sector.

The SBC Associate Director responded that discussions had taken place at the Health and Care Partnership which had delegated authority to make decisions regarding prioritisation of the BCF. Going forward, it would be possible to have those discussions at the Wellbeing Board instead. He added that the guidance regarding completion of the Plan had been received at the end of September which meant that the timescales for completing the Plan had been extremely tight.

The Chair iterated that the Board's role was to take a strategic and influencing overview and therefore it must have oversight of budgets, spending and other key areas. She advised that this would be reviewed as part of the forthcoming governance review of the Board. She added that all recommendations in future Council reports should specify that the decision would be taken by the Director of Adult Social Care, following consultation with the Lead Member for Social Care and Public Health.

The representative from Frimley CCG stated that health service currently faced significant pressures, particularly in terms of patient discharge. She added that she was not clear who from the hospital had input into the plan and would look into this further.

Following a question regarding the integrated models of provision, the Integration Delivery Lead replied that the IBCF was focussed on increasing

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capacity within the market, and the integrated models of provision related to residential care placements and domiciliary care services.

**Action 14:** The Board to have oversight of budgets, spending and other key areas.

**Action 15:** The Integration Delivery Lead at Frimley CCG undertook to provide regular updates regarding the BCF to the Board.

**Action 16:** All Recommendations in future Council reports should specify that the decision would be taken by the Director of Adult Social Care, following consultation with the Lead Member for Social Care and Public Health.

**Resolved:** That the Better Care Fund Plan be noted.

### 79. **Update - Priority Three, Strong, Healthy and Attractive Neighbourhoods Task and Finish Group**

The SBC Group Manager – Localities, Neighbourhoods & Learning provided an update on the Priority Three, Strong, Healthy & Attractive Neighbourhoods Task and Finish Group. She advised that:

- Locality working was now included in the delivery of Priority Three. Key milestones included an initiative to tackle VAWG (violence against women and girls) in Chalvey, creating safe spaces, and recruiting two dedicated officers to deliver the project in Chalvey.
- The recommendations arising from the equalities review were far reaching. She had had discussions with the Safeguarding Partnership Manager to discuss whether locality working would be a natural home for the project in Chalvey and she sought the Board's feedback regarding the matter.
- The current financial pressures on the Council posed a risk to the future delivery of Localities working and priority three as these were not statutory functions. Discussions were ongoing to identify alternative funding sources.
- Partners were aware of the value of the work of the community development team and the detached youth work team. Discussions were ongoing with the CCG with regard to prevention, reducing health inequalities and reducing demand on primary care.

Following questions, the SBC Group Manager stated that, in her view, locality working was not well understood by key partners, which was due in part to the changing landscape at the Council. In the past, many had understood it to mean co-location of key services. However, she was keen to review this and communicate that locality working comprised themes of prevention, self-reliance, and self-help and embed this in service delivery. The intention was to help communities to reflect on how they could help themselves without having recourse to Council services in the first instance and could instead approach the voluntary and community sector, friends, neighbours and family members for advice and support.

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The Police representative advised that localities work would provide an excellent opportunity to pool financial resources, physical locations, to engage online, gather information and intelligence, undertake early interventions and prevention work as part of the neighbourhood policing strategy. He fully supported this area of work.

The SBC Associate Director proposed that the appendix to the report, which set out what was involved in localities working, be circulated to all partners and their feedback sought. He also proposed that the outcomes from the equalities review be included in the localities work. This was agreed by the Board.

The Chair stated that under the heading of 'key features of localities working' in the report, the phrase 'encouraging close relationships with partners', should be amended to read 'encouraging close working relationships' and the phrase 'sharing, learning and best practice' be added.

The SBC Group Manager stated that future updates would include information regarding those discussions with partners and regard to risks to capacity

**Action 17:** The appendix to the report be circulated to all partners and their feedback sought.

**Action 18:** The outcomes from the equalities review be included in localities work.

**Action 19:** Under the heading of 'key features of localities working' in the report, the phrase 'encouraging close relationships with partners', should be amended to read 'encouraging close working relationships' and the phrase 'sharing, learning and best practice with partners' be added.

**Action 20:** A training session for Board members and their named deputies to be arranged by Democratic Services in the near future.

**Resolved:** That the report be noted.

### 80. Date of Next Meeting

Tuesday 11 January 2022 at 5.00 pm.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 6.33 pm)

**Slough Wellbeing Board – Notes of the Informal Meeting held on Tuesday, 11th January, 2022.**

**Present:-** Councillors Pantelic (Chair), Dr Jim O'Donnell (Vice-Chair),  
Cl Lee Barnham, Neil Bolton-Heatonon, Tracey Faraday-Drake,  
Andrew Fraser, Chris Holland, Caroline Hutton, Ramesh Kukar,  
Alan Sinclair and Hulme

**Apologies for Absence:-** Adrian Davies and Josie Wragg

**PART 1**

**1. Board Membership Update**

The following changes in Board Membership were announced:

1. Councillor Hulme had replaced Councillor Akram
2. Andrew Fraser had replaced Alan Adams
3. Caroline Hutton had replaced Neil Dardis

**2. Minutes of the last meeting held on 17 November 2021**

The minutes were noted and would be agreed at the next formal meeting of the Board.

**3. Update - ICS and Place**

The SBC Associate Director People, Adults, provided a verbal update on ICS and Place. He advised that:

- A new chief executive and a new chair of the ICS had recently been appointed at Frimley.
- The integrated care system changes were on hold because health and care partners were having to focus on covid.
- A new Frimley Integrated Care Board and Integrated Care Partnership were being set up.
- Discussions were ongoing about how to move from a place-based approach to more of a partnership approach. Membership of the board and the partnership was yet to be confirmed, nevertheless, both he and the Vice Chair would work to ensure that Slough's concerns and needs were well represented at both these fora.
- The health and care bill that that would set these actions in motion was slightly delayed for a number of reasons, however, preparations would continue in the background.
- The Chair of the Wellbeing Board had recently met with both the Chair of the ICS and the Chief Executive at Frimley Health.

The Vice Chair advised that:

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- The NHS was on level four alert nationally due to the Omicron outbreak. All NHS meetings had been shortened with the focus on covid and maintaining capacity.
- The passing of the new Care Act had been delayed for a number of reasons.
- The recently appointed Chair and Chief Executive intended to visit Slough and meet with the Board, partners, GPs etc.
- Local facilities and resources had improved, particularly in primary care in Slough, with extended hours of functioning and significantly reduced waiting times.
- There was a strong commitment from the four Primary Care Networks and clinical directors to ensure continued access.

#### 4. **Update - Priority One, Starting Well. Children and Young People Partnership Board**

The Vice Chair advised that he was the clinical lead for the starting well ambition at the ICS and that the group continued to develop and progress and was coordinating a range of activities across the ICS. It was working to fill any gaps and avoid any duplication of work.

The Principal Strategy & Policy Officer advised that:

- The Children and Young People's Partnership Board (CYPB) was in the process of completing a needs analysis and meanwhile Public Health were in the process of carrying out a 0-19 needs assessment. This would be discussed in further depth at future CYPB meetings. She was working to join up the 0-19 needs assessment with the Board's needs analysis. The Children and Young People's Plan would be presented at the next meeting of the CYPB and that SEND (Special Educational Needs and Disabilities) was now a standing item on its agenda. The Board's December 2021 meeting had been postponed to the following week. A more detailed update regarding discussions at the Board's forthcoming meeting and next steps would be sent via email to Wellbeing Board members.

The Chair advised that she had met with the Chief Executive and the Chair at Frimley and had discussed decision making and governance structures and Children and Young People's space, among other things. A significant amount of work had been carried out on 0-5 age range, but the 5-19 age range required further work, focussing on pathways between children's services and adults' services.

A Member stated that she had concerns regarding the recent Ofsted inspection of the SEND (Special Educational Needs and Disabilities) service which was deemed as poor by the inspectors. The service was in the process of developing an action plan in response to the Ofsted report. SEND services should remain on the Board's radar and it could contribute to progress in the form of improvements and outcomes for the service.

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The Chair agreed that this topic fitted in well with the Wellbeing Board's priorities and she hoped to see greater leadership from Children's Services on the Wellbeing Board and its input into the children and young people's Plan.

The Executive Place Managing Director stated that there was a need to focus more on CYP and SEND services. The CQC and Ofsted inspection had highlighted a number of failings. However, the report had also identified areas of strength which were commended, for example, early years, youth justice and mental health support for children and young people. This success needed to be replicated across all areas of the service. Recently she had had a productive meeting with head teachers to address some areas of the inspection report and produced a document to help to build on improvements.

The representative from Healthwatch advised that in setting its priorities for 2022, it would be launching a new initiative called Youthwatch, which was aimed at giving a voice to children and young people regarding their experiences of health & social care services in Slough.

The Principal Strategy & Policy Officer stated that this topic had also been discussed at CYPB and she would raise this at next Board meeting with a view to setting up something as many partners were keen to engage with this.

The Director of Children's Services stated that he was keen to raise the profile and actions around CYP and their families. His team was committed to improving outcomes for all CYP in Slough and welcomed the support of the Wellbeing Board in this.

The Associate Director of People, Adults stated that the Wellbeing Board's governance structures, goals, roles, responsibilities and the relationship between it and the sub groups would be discussed further with LGA colleagues the following week.

The Chair added that the Board should be taking strategic overview and ensuring work and discussions were not duplicated.

### **5. Update - Priority Two, Integration. Health and Social Care Partnership Board**

The Executive Place Managing Director advised that:

- The Integrated Health and Social Care Plan brought together all providers and commissioners and ambitions together. Local meetings had focussed on how to measure the impacts of that work but were keen to avoid the use of traditional key performance indicators and preferred to focus on outcomes. The CCG had commissioned HACT (Housing Associations' Charitable Trust) to undertake a key area of work focussing on communities and outcomes and the impact of the wider determinants of health. HACT would facilitate a workshop regarding the Health and Care Plan and produce a set of measurable outcomes in relation to the integration work.

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- The service was currently dealing with system pressures and hoped to set a date for the workshop in February and would submit the outcomes framework to the March meeting of the Board.

### 6. Update - Priority Four, Workplace Health Task and Finish Group

The Interim service lead public health advised that the report had not been completed in time for the meeting due to pressures of the recent Omicron outbreak. The report would be presented at the March meeting of the Board.

### 7. Safe and Wellbeing Reviews

The Executive Place Managing Director reported that following the NHS response to the Safeguarding Adults' review concerning the death three residents at Causton Park, a national review had been undertaken and set out a series of reviews that each of the ICSs were undertaking for all those with autism or mental health issues in a mental health in-patient setting. The deadline for completion of the reviews was the end of January 2022. The reviews would identify what support was being given and take forward any recommendations. The review had been commissioned by the CCG and carried out by a specialist review team. The process to be followed recommended by NHS England was being used.

The SBC Associate Director stated that Slough had a good track record of supporting those with complex needs to remain in their living environment wherever possible and to return home following hospital discharge.

### 8. Pharmaceutical Needs Assessment 2022 - 2025

Chair stated that it was statutory responsibility of the Board to regularly review the PNA (Pharmaceutical Needs Assessment) and that future reports should be submitted on the correct report template.

The Associate Director People Adults undertook to verify when the PNA was last reviewed by the Board and provide a timetable for the final version of the PNA to be submitted to the Board.

### 9. Equalities Review

The SBC Associate Director People, Adults advised that:

The equalities review had been commissioned by the Slough Safeguarding Leadership Group Partnership (SLG) to investigate whether any demographic groups were particularly vulnerable to exploitation, either as victims or perpetrators. The review had concluded that no groups were disproportionately affected by this.

The review had identified nineteen learning points and had acknowledged areas of strength within partnerships in Slough. SLG had discussed the



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learning and agreed it was relevant to all statutory partnerships. Rather than formulate an action plan, SLG had agreed to consider outcomes in four key theme areas as set out below:

- Improvement of data collection - sharing and using it to identify concerns and take action.
- Locality working and communication regarding common issues.
- Learning and development in relation to equalities.
- Addressing the specific recommendations.

The Wellbeing Board would lead on the themed areas and have discussions regarding inequalities and exploitation with communities. Particular areas identified in the report included:

- engaging with the local Somali community
- the need to produce an engagement strategy with excluded communities and those at risk of exploitation
- developing a hyper-local communications strategy
- Supporting and further engaging with the Roma and Somali communities.
- Considering how to work in a micro way with each of the neighbourhoods to identify community concerns and risks.

The Chair stated that the community engagement strategy and the resetting strategy post-pandemic were key. Some issues would be picked up by the Safer Slough Partnership. She asked how this work would integrate with the localities strategy.

The SBC Associate Director stated that the Board should steer the direction of travel. The key theme areas would be included in discussions with communities, partners and the SBC Neighbourhood Manager. He emphasised the importance of taking a consistent approach with all statutory partners. The Strategy and policy team at SBC would be included in the discussions. The Neighbourhood Manager would be requested to include an update regarding this as part of her update at the next Board meeting. The Strategy and Policy team were on board.

The Vice Chair stated that there needed to be closer working and partnership between schools, GPs and other services for children in relation to safeguarding matters and the Board had an influencing role play in this.

It was agreed that the outcomes and recommendations from the Equalities review should be used effectively to influence how staff were operating, in data gathering, the quality of that data and ensuring that the recommendations were integral to practice. Interconnectivity between the PCNs and schools was also crucial.

The Director of Children's Services stated that he would aim to put the topic on agenda of meetings of head teachers.

Executive Place Managing Director advised that the CCG had identified additional funding to support the work of the localities team for a year. Some

**Slough Wellbeing Board - 11.01.22**

of the funding would be used to bring together localities work with Primary Care Networks in a bid to achieve shared ambitions.

The Associate Director undertook to provide either an update report or a verbal update on the topic at the next Board meeting.

A member stated that the subject should be included on the agenda for the Schools forum meeting the following week with a view to undertaking joint working with them.

The Director of Children's Services proposed that primary and secondary schools in areas of deprivation should be contacted in the first instance with the aim of extending this out to all Slough schools. He asked the policy and Insight officer to contact the education and inclusion officer and liaise with the Vice Chair about the matter.

The Public Health Strategy Programme Manager stated that a number of related activities were already in place, for example, the use of commissioned work at schools e.g. physical activities, oral health, messaging about drugs and alcohol which was focussed on tier 1 prevention work. She added that schools should be encouraged to become more involved in this work. School nurses and other practitioners should be contacted to help get schools on board.

**10. EQIA for the Wellbeing Strategy**

The Principal Strategy & Policy Officer stated that the report set out whether the Wellbeing Strategy had a positive or negative impact on the 'protected characteristics'. Any negative impact identified by Board would need to be logged on the template, which was included in the report and the Board would need to decide what action to take regarding the matter. However, no negative impacts had been identified to date.

She went on to suggest that in the interests of good practice, any actions that were identified as having a positive impact should also be logged. The Chair agreed it was important to celebrate this and share it with the Board and its sub groups as well as include it in the annual report and the strategy.

The Interim Service Lead Public Health stated that the Eqia needed to be flexible enough to include Health and social inequalities, even though these were not protected characteristics. The Principal Strategy & Policy Officer undertook to include these measures in the Eqia going forward.

The Executive Place Managing Director asked whether the Council's current financial situation would impact on Eqias being undertaken for decisions which would affect the most vulnerable communities in Slough. The Chair advised that all Cabinet decisions required that an Eqia be undertaken as a matter of course. Any executive decisions impacting on services would also be informed by the results of the recent mass consultation of residents regarding proposed changes to Council services.

**Slough Wellbeing Board - 11.01.22**

The Vice Chair stated that there was detailed deprivation data relating to communities in Slough and pointed out that four of the sixteen Primary Care Networks within the ICS, with the highest deprivation deciles were located in Slough.

The SBC Associate Director undertook to discuss revising the Eqia to include social and health inequalities with the Council's equalities officer.

**11. Forward Work Programme**

The work programme was noted.

**12. Date of Next Meeting - 14 March 2022**

14 March 2022 at 5.00pm.

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**SLOUGH BOROUGH COUNCIL**

**Report to:** Slough Wellbeing Board      **Date:** 14<sup>th</sup> March 2022  
**Contact officer:** Sangeeta Saran, Interim Slough Place Locality Director  
**(For all enquiries)** 07789 721673  
**Ward(s):** All

**PART I**  
**FOR INFORMATION**

**UPDATE ON PRIORITY TWO - INTEGRATION. HEALTH AND SOCIAL CARE PARTNERSHIP BOARD**

**1. Purpose of report**

To update the Board on the progress of work on integration and the delivery of the Health and Social Care Plan. The Plan has been co-developed between Slough Borough Council and Frimley CCG together with partners within the Health and Social Care Partnership. It outlines our agreed, shared plan for further integration in 2022.

**2. Recommendation(s)/proposed action**

The Board is requested to note the content of the report and the activity and progress in integrating health and social care

**3. The Slough joint wellbeing strategy, the JSNA and the Five year plan**

**3a. Slough wellbeing strategy priorities**

Integration is priority two within the Slough Wellbeing Strategy 2020-2025. The strategic ambitions are 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 number of attendances and admissions to hospital, and the length of these stays. Reduce delayed transfers of care.

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

The Health and Social Care Partnership together with the Place Based Committee have now developed a place-based Health and Social Care Plan setting out our shared priorities and next steps in our journey towards integration.

### **3b. Five year plan outcomes**

The work of the Health and Social Care Partnership and Place based Committee is to directly support delivery of outcome 2 of the five-year plan:

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

## **4. Other implications**

### **(a) Financial**

Integration of health and social care services not only a more personalised approach around individual needs and improved outcomes but also bring financial benefits from avoiding duplication between services and agencies involved in care of the person. Through our integrated care approach we are now able to use health and social care analytical data to identify risks and precursors to frailty and life-limiting health conditions to enable a proactive, targeted approach and intervention that will keep people healthier and living independently for longer.

We already have a pooled budget through which to jointly plan, commission and delivery integrated care. Whilst this is currently still a small proportion of combined spend at place level our ambition is to increase this in future.

### **(b) Risk management**

Risks associated with the delivery of the Health and Social Care Plan will be monitored by the Health and Social Care Partnership and Place Based Committee. A risk register will be developed and overseen by the committee. Individual projects within the work programme will also develop and manage this own risk registers.

### **(c) Human rights act and other legal implications**

There are no direct Human Rights Act Implications. The legislation for health and social care services to pool budgets is within Section 75 of the Health and Social Care Act 2006.

### **(d) Equalities impact assessment**

There is no requirement to complete an Equalities Impact Assessment (EIA) in relation to this report. EHAs will be completed for specific aspects of the integration programme and projects as required. One of main priorities in the Health and Social Care Plan is to address inequalities in our population.

(e) Workforce

There are workforce implications for the future as we further develop our model of integration for Health and Social Care. Currently we have multi-disciplinary teams working closely together who are employed by different partner organisations. This collaboration and cooperation will over time lead towards new ways of working in partnership with others which will be aligned together with other significant change management programmes such as that within the Frimley Integrated Care System workforce development programme and the newly emerging primary care networks.

**5. Supporting information**

There are number of achievements already to date which are outlined in the plan:

- Establishing community maternity hubs
- Establishing Mental Health Integrated Community Service (MHICS)
- Establishing the recovery college
- Providing some GP direct referrals for Long Term Conditions
- Establishing Locality Access Points for integrated multi-disciplinary decision-making, and supporting these through Connected Care
- Implementing Home First to improve recovery out of a hospital setting

In this last quarter:

Better Care Fund - Produced and signed off our Better Care Fund programme plan for 2021-22, setting shared ambitions for improvement against national BCF metrics and supported by a pooled budget of over £15m for delivery of integrated care in Slough.

Anticipatory Care Planning – Using Connected Care and the insights available to improve our population health management we can now identify and target precursors to poor health, frailty and life-limiting conditions. Slough is currently recruiting to a Frailty Practitioner role to identify and carry out early screening and assessment of people with mild/moderate frailty and pilot this ACP approach.

Ageing Well programme – as part of the ICS Ageing Well Programme we are delivering improvements at place, including the Urgent Care 2 hours response (currently achieving this response time currently in 100% of cases, exceeding the national target of 70%). We also have a local Care Home project group to support delivery of the Enhanced Healthcare in Care Homes framework.

Improving access to care

- Developed plans for the delivery of integrated care hub for Slough
- Improved access to primary care expanding capacity in evenings, weekends and with out of hours services as well as centralising telephony and online services to dramatically reduce call waits from 40 to less than 7 minutes greatly improving access.
- Pharmacy consultation service allowing practices to directly refer patients to local pharmacy for minor illness and ailments.

MICHHS mental health services

- Further planned roll out of the MICHS model across all the Primary Care Networks
- Pilot underway of Mental Health dual diagnosis worker as part of our Slough Homeless Outreach Liaison team providing support to homeless

#### Neighbourhood and community work with the Primary Care networks

Building on the work done within the Stronger Neighbourhoods and Community Development teams there is now work underway bringing this together with the PCNs across Slough enabling them to connect and engage with their local communities whilst developing and supporting population health management approaches at PCN level.

#### Reducing health inequalities –

- Established Health Inequalities Board building on the learning of the BAME programme on impact of covid
- Supporting project on blood pressure monitoring and hypertension in at risk groups
- Covid Wellbeing Champions programme is working with Slough CVS and volunteer network to further reach into communities to increase vaccination take and support with positive health messaging
- Mobile Family Health Clinic to reach vulnerable young families who find it difficult to access primary care and health visiting services providing nursing care support, check-ups along with help and advice.

#### Achieving social value

Preparations are underway for a HACT (Housing Associations Charitable Trust) workshop being held in March to look at how we will collectively calculate and measure the impact of our integration and work with local communities to ensure we are achieving broader social value.

### **6. Comments of other committees**

This report has not been shared with other committees

### **7. Conclusion**

The board is requested to note to the content and progress in the last quarter

### **8. Background papers**

'1' - Health and Social Care Plan



**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board Working Group

**DATE:** 14<sup>th</sup> March 2022

**CONTACT OFFICER:** Richard West – Executive Director (Customer & Community)

**For all Enquiries)** (01753) 875500

**WARD(S):** All

**FOR COMMENT & CONSIDERATION****STRONG, HEALTHY AND ATTRACTIVE NEIGHBOURHOODS UPDATE****1. Purpose of Report**

To update the Wellbeing Board on the progress of delivering Strong, Healthy and Attractive Neighbourhoods and the new alignment of this work to support Primary Care Networks (PCN) in Slough. The report also updates on progress considering the implications of the Equalities Review carried out on behalf of the Slough Safeguarding Leadership Team.

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

The Committee is requested to note the progress made on aligning Strong, Healthy and Attractive Neighbourhoods initiative with Locality working and the work to reduce health inequality with Primary Care Networks. The Committee is also requested to note the progress made in relation to the Equalities Review.

**3. Slough Wellbeing Strategy Priorities**

3.1 Strong, healthy and attractive neighbourhoods is a key priority of the Slough Wellbeing Board.

**3.2. Five Year Plan Outcomes**

The strong, healthy and attractive neighbourhoods' initiative cuts across all of the Councils five Year Plan Outcomes; however, it has a particular focus on Outcomes 2 & 3

*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*

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

The strong healthy and attractive neighbourhoods' (SHAN) initiative aims to make better use of existing resources. The model provides a more focussed way of identifying and addressing need and working in a collaborative way to

ensure intended outcomes and impact are achieved. However, as outlined in the report presented on 17 November 2021 the dedicated Council posts which deliver this work are all 100% from the General Fund and this is not a statutory service that the council has a legal duty to provide. Frimley Clinical Commissioning Group (CCG) has agreed to provide a grant of £90,000 to Slough Borough Council to support the delivery of SHAN with a re-alignment to closely work with Primary Care Networks to reduce health inequality in Slough. More details are in the body of this report.

(b) Risk Management

Risks associated with the delivery of the Strong, Healthy and Attractive (SHA) initiative will initially be monitored by the SHA task and finish group and relevant operation and strategic groups as well as being reported to the Slough Wellbeing Board.

(c) Human Rights Act and Other Legal Implications

There are no direct legal or 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 be completed for specific aspects of the programme as required. A key principle of the model is to address inequalities.

5. Supporting Information

5.1 The Locality model is about bringing increased efficiency and effectiveness to what the council and its partners deliver for local people and how this is delivered. Our model is focussed on 3 key outcomes:

- Helping individuals, communities and businesses become more *self-supporting* and relying less on services delivered directly by the council.
- Helping individuals, communities and businesses become more *resilient* and able to react to, and recover from, challenges and issues they face.
- Developing effective interventions at the right time to *prevent* challenges faced by individuals, businesses, and communities becoming so significant that urgent, reactive steps are needed which often represent poor value for money.

5.2 Underpinning these outcomes are three assumptions:

- a) The majority of transactional requests made to the council by individuals and businesses will be delivered digitally. Locality working will help deliver the council's "digital by default" agenda.
- b) Delivery of transformational projects and workstreams will be driven by evidence of need (data insight) so there is clarity and transparency about why resource from a number of partners is being focussed on particular geographical areas or particular work-streams.

- c) Local community partnerships and voluntary groups will be enabled, strengthened and developed to deliver services to support the 3 key Locality outcomes.
- 5.3 The Strong, Healthy, and Attractive Neighbourhoods (SHAN) initiative is the way in which the Locality model engages with, collaborates with and supports individuals, existing community groups and new community groups to support the 3 key outcomes. SHAN works with key stakeholders (including residents, businesses, ward members and other agencies) to deliver transformational projects.
- 5.4 SHAN update: The Community Development Team and Locality Lead have access to the wide and broad ecosystem of voluntary and community services across the borough and have good partnership connections to enable a community led approach to local issues and concerns. Over the last 2 years the SHAN workstream has delivered the following projects in specific wards:
- Chalvey – Supported the creation and development of the Chalvey Community Partnership and delivered a comprehensive local consultation to produce the “Strong Healthy Attractive Chalvey Plan”. The delivery of actions in the Plan are now led by the Chalvey Community Partnership and member agencies and the Community Development Team have tapered off their direct support to encourage community led (rather than council-led) solutions.
  - Colnbrook and Poyle – Delivered a robust community consultation in partnership with Colnbrook Parish Council. The results of the consultation allowed the Community Development Officer to co-create a Strong Healthy Attractive community plan for this neighbourhood which is being delivered by Colnbrook Parish Council. Ownership of the plan by the Parish Council has led to them funding a 12-week youth services pilot to reduce community tension in the area.
  - Britwell – Led on the delivery of a health focussed public engagement process to gather information about how the community felt about the new health centre at Britwell Hub. The results of this engagement are being used to devise a new Strong Healthy Attractive Britwell and negotiations with the Parish Council and other voluntary groups are taking place to agree ownership of delivery.
  - Baylis and Stoke – The Community Development Officer is currently managing a community consultation. They will then use the results and work with local community groups to develop a Strong Healthy Attractive plan which will be owned by a of local community groups. Discussions have already started with community groups to agree ownership of delivery.
- 5.5 Primary Care Network pilot: Since the Health and Wellbeing Board in November 2021 a pilot partnership between Slough Primary Care Networks and Community Development has been agreed to start in April 2022 for 12-months. The pilot partnership recognises the shared outcomes around reducing health inequality between the Clinical Commissioning Group (CCG) and Community Development. The CCG leads on providing health care to reduce health inequality and Community Development leads on tackling the wider determinants of health inequality.
- 5.5.1 The Office for Health Improvement and Disparities ([wider determinants](#)) highlight that wider (or social) determinants of health have a “strong and persistent link between social inequalities and disparities in health outcomes. Variation in

the experience of wider determinants (i.e., social inequalities) is considered the fundamental cause (the 'causes of the causes') of health outcomes, and as such health inequalities are likely to persist through changes in disease patterns and behavioural risks so long as social inequalities persist. Addressing the wider determinants of health has a key role to play in reducing health inequalities, one of PHE's (*Public Health England's*) core functions".

- 5.5.2 In Slough, our locality work has facilitated a unique opportunity across Frimley CCG to innovate and work more collaboratively with the Primary Care Networks (PCN's) to tackle the wider health inequality determinants which can lead some residents to have a very high level of engagement with their GP. In many instances the GP has relatively limited knowledge, time, and capacity to help these individuals with support beyond health care.
- 5.5.3 Building on the firm foundations in our communities created via the SHAN work, Community Development Officers will work with PCNs to address wider health determinants like poor housing, poverty, physical inactivity, or loneliness etc. They will be able to do this by proactively supporting high need individuals and linking them to existing community networks. The Community Development Officers will also identify ways to both support these existing networks (e.g., helping them bid for grant funding to maintain or expand provision, helping them attract new members or volunteers, linking them with new partners etc) and help new organisations set up to address gaps in service provision.
- 5.5.4 The pilot will test the hypothesis that together PCNs and Community Development Officers can work in localities to deliver a new way of engaging and changing behaviour of the highest need residents. This holistic partnership with health providers will support and direct residents to use community and council services where they live to help them manage their health and care needs more effectively.
- 5.6 Locality update: At the meeting on 17 November, it was requested that the briefing paper outlining the future direction of Locality working was circulated to all Board members. The paper was initially circulated to internal partners within the council, and this prompted a wider-ranging discussion about how and where community hubs will be located and how services will work from them. In light of this ongoing conversation the briefing paper was not circulated but once there is clarity from Slough Borough Council a new paper will be shared.
- 5.7 Equalities Review: In 2021 the Slough Safeguarding Leaders Group commissioned an independent review to establish if there were any specific demographic groups disproportionately represented as victims or perpetrators of exploitation (all forms). Whilst key lines of enquiry focused specifically on exploitation within Slough, the review and several subsequent learning points served to highlight the need for a renewed focus on our partnership approach to equalities, expanding beyond the safeguarding sphere. The final report made 19 recommendations for action to strengthen understanding of, and work to deliver improved equality of opportunity and outcome across our communities. To simplify the implementation of the recommendations they have been grouped into 4 overarching themes of learning & development, data collection & sharing, community engagement, and safeguarding & community safety.

5.7.1 An Equalities Review implementation group (made up of managers from a range of council services and chaired by Executive Director People (Adults)) has met to agree how to deliver the recommendations. A common theme throughout the recommendations is that there is not a common and shared understanding about what “equalities” means and how individuals, teams, services, and organisations can ensure that this concept is incorporated into all service delivery. Work is now underway to plan how this learning and development requirement can be implemented across partner organisations as a foundation from which all partners can then implement the wider recommendations.

## **6. Comments of Other Committees**

This report has not been shared with other committees; however, the general principles of the Locality model and alignment of SHAN with PCN work to reduce health inequality has been shared with Customer and Community Scrutiny Panel.

## **7. Conclusion**

Strong, Healthy and Attractive Neighbourhood initiatives continue to be delivered across the borough and from April 2022 will be re-aligned to support Primary Care Networks. Equality Review work xxxxxxxxxxxx.

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 14<sup>th</sup> March 2022

**CHIEF OFFICER:** Stuart Lines, Director of Public Health

**CONTACT OFFICER:** Author: Dr Vanita Dutta, Public Health Programme Manager

**PART I**  
**FOR CONSIDERATION AND COMMENTS**

**UPDATE ON THE 'PHARMACEUTICAL NEEDS ASSESSMENT (PNA)'**

1. **Purpose of Report**

This report presents to the Slough Wellbeing Board an update on Pharmaceutical Needs Assessment (PNA), progress to date and future direction of PNA and timescales.

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

That the Slough Wellbeing Board:

- Note the progress of Pharmaceutical Needs Assessment to date
- Consider and approve the proposed work programme and timelines

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

The [Slough Joint Wellbeing Strategy](#) (SJWS) details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA) 2016-2020.

3a. **Slough Wellbeing Strategy Priorities**

Since April 2013 local Health and Wellbeing Board has been given a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area.

Development of PNA across Slough will support and inform the Slough Joint Wellbeing Strategy (SJWS) priorities.

The SJWS priorities are:

1. Starting Well
2. Integration (relating to Health & Social Care)
3. Strong, healthy and attractive neighbourhoods
4. Workplace health

### 3b. Five Year Plan Outcomes

*Explain which of the Five-Year Plan's outcomes the proposal or action will help to deliver.*

PNA will particularly contribute to the following three outcomes laid in Slough Five Year Plan:

- Outcome 1: Slough children will grow up to be happy, healthy and successful – through direct provision of national and locally commissioned services
- Outcome 2: Our people will be healthier and manage their own care needs– through direct provision of national and locally commissioned services
- Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents - through the securing of appropriate services delivered through ongoing pharmaceutical businesses in the Slough area

### 4. Other Implications

#### (a) Financial

There are no financial implications of proposed action.

#### (b) Risk Management (Compulsory section to be included in **all** reports)

There are no risks as this report is for information only.

#### (c) Human Rights Act and Other Legal Implications (compulsory section to be included in **all** reports)

There are no Human Rights Act implication.

#### (d) Equalities Impact Assessment

An EIA is not necessary, but the result of PNA will augment and strengthen the SBC Equality duty through a refreshed needs assessment of pharmaceutical service provision in the area and the ability it affords to understand current population needs – including the needs of Slough residents with protected characteristics as set out in the Equality Act.

#### (e) Workforce

Currently the development of the Slough PNA is being led by PNA steering group which has both Est Berkshire Hub and local representation. The work is being carried out by the commissioned provider.

Although, services and capacity within Slough Public Health team have been stretched, in light of the COVID 19 pandemic and further impacted by section 114, the work on PNA is on track and there are no workforce implications identified.



## 5. **Supporting Information**

### **(a) Background**

Health and Wellbeing boards have a statutory duty to carry out a statement of needs for the pharmaceutical services for the population it serves every three years. This is known as a Pharmaceutical Needs Assessment (PNA). Due to the COVID 19 pandemic, nationally the timeframe for delivery of the 2021/22 PNAs was extended to October 2022.

The PNA describes the needs for the population and considers current provision of pharmaceutical services to assess whether they meet the identified needs of the population. The PNA considers whether there are any gaps in the delivery of pharmaceutical services.

PNAs are used by NHS England to make decisions on which NHS-funded services need to be provided by local community pharmacies. These services are part of local health care, contribute to public health and affect NHS budgets. The PNA may also be used to inform commissioners such as Clinical Commissioning Groups (CCGs) and Slough Borough Council of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by local organisations.

### **(b) Timelines and progress**

Sloughs last PNA was published on 1<sup>st</sup> April 2018 and a refreshed PNA will need to be published by October 2022 as per national regulations.

The six Berkshire local authorities agreed to commission delivery of their pharmaceutical needs assessments to an external provider due to capacity gaps in the local public health system and to ensure a coordinated and efficient delivery.

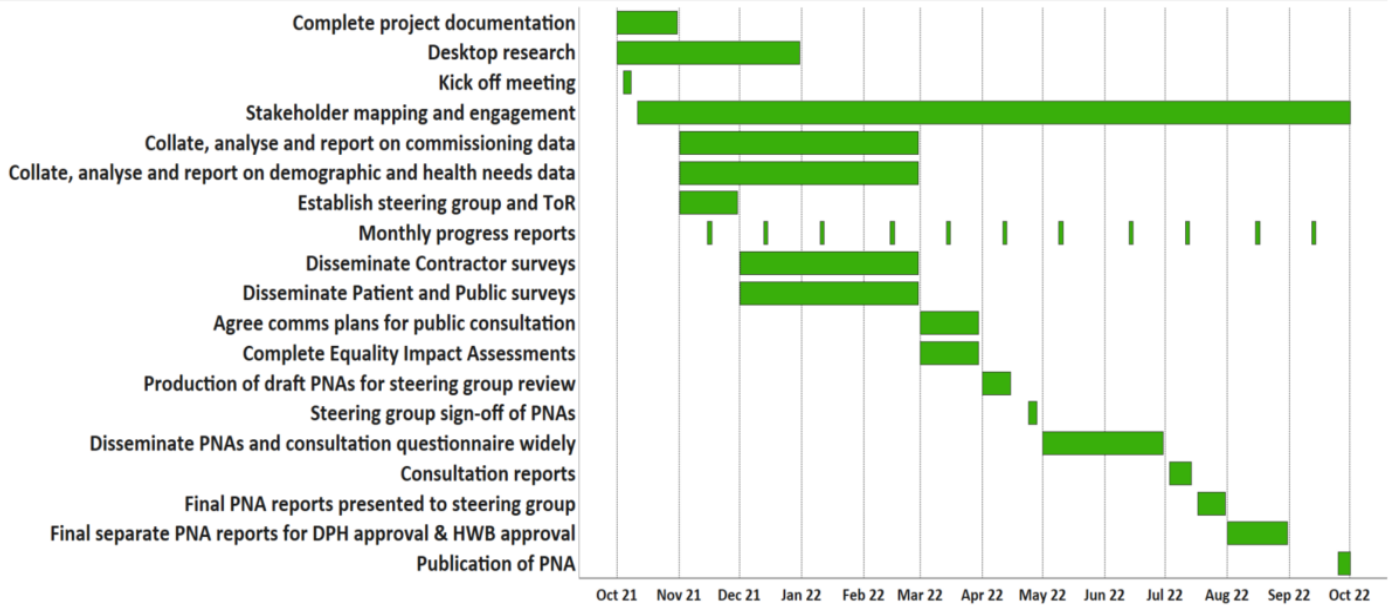
Healthy Dialogues was awarded the contract after competitive procurement; the Berkshire East Hub (shared team) are the delegated contract manager and led the procurement process.

A PNA steering group has been established, which includes leads from six local authorities, ICS, LPC, NHSE, VS and communication leads. Berkshire East Hub oversees the PNA development and has regular project assurance meetings with Healthy Dialogues.

A robust project plan for delivering PNAs has been developed and has identified clear work streams that meet the national requirements.

## Project Phase GANNT

The GANTT below illustrates the project timeline.



## Progress RAG

TASK LIST				
Task	DUE DATE	% COMPLETE	Likelihood RAG	Notes
Kick off meeting	08/10/2021	100%	Green	
Stakeholder mapping and engagement	01/10/2022	75%	Green	
Complete project documentation	31/10/2021	100%	Green	
Desktop research	31/12/2021	75%	Green	
Establish steering group and ToR	30/11/2021	100%	Green	
Disseminate Public survey	28/02/2022	75%	Green	Nearly complete
Disseminate Contractor survey	28/02/2022	25%	Orange	Underway - low initial response rate
Collate and process commissioning data	28/02/2022	75%	Orange	Seeking clarification on some data received
Analyse commissioning data	28/02/2022	25%	Green	
Collate, analyse and report on demographic and health needs data	28/02/2022	50%	Green	
Complete Equality Impact Assessments	30/03/2022	0%	Green	
Agree comms plans for public consultation	30/03/2022	0%	Green	
Production of draft PNAs for steering group review	15/04/2022	0%	Green	
Steering group sign-off of PNAs	28/04/2022	0%	Green	
Disseminate PNAs and consultation questionnaire widely	30/06/2022	0%	Green	
Consultation reports	14/07/2022	0%	Green	
Final PNA reports presented to steering group	31/07/2022	0%	Green	
Final separate PNA reports for steering group & HWB approval	31/08/2022	0%	Green	
Publication of PNA	01/10/2022	0%	Green	

Current progress is on track against the project plan timeframe.

Contractor survey has been disseminated. Progress is typically slow but ongoing. Deadline has been extended.

Public survey has been widely published and promoted. Consideration has also been given to engage with target population group – Parents of children with SEND, ESOL group, young people and digitally excluded cohort.

In total we have 131 responses, with 50% from ethnic minority which is a representative sample of the Slough population.

Collection of commissioned data is complete for Slough.

Data collection – provider has processed the NHSE pharmacy data and have begun mapping. This will be shared with the members at the next update.

First draft of the PNA reports will be presented to the Steering Group in April 2022. Thereafter the reports will be disseminated for public consultation as per the regulations.

The final draft of the PNA will be presented to the Health and Wellbeing Boards in August 2022 for approval.

Should any issues arise in the production of the PNA, these will be raised with the appropriate Slough Wellbeing Board in a timely manner.

## 6. **Comments of Other Committees**

NA

## 7. **Conclusion**

The Slough Wellbeing Board is requested to note the current progress in delivering the PNA. Since April 2013, Health and Wellbeing board have statutory duty to carry out a statement of needs for the pharmaceutical services for population it serves every three years.

Due to the Covid-19 pandemic, nationally the timeframe for delivery of the 2021/22 PNAs has been extended to October 2022.

Collaborative approach to developing PNAs across Berkshire was agreed.

The commissioned provider 'Healthy Dialogues' have produced a project plan. Current progress is on track, with mitigation of current issues in place.

First draft of PNA to be produced in April 2022 and final draft of PNA for Slough Wellbeing Board approval will be presented in August 22.

## 8. **Background Papers**

None

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 14<sup>th</sup> March, 2021

**CONTACT OFFICER:** Sohail Bhatti, Service Lead Public Health

**(For all Enquiries)** 07599102865

**WARDS:** All

**PART I**  
**FOR INFORMATION****WORKPLACE HEALTH TASK AND FINISH GROUP – MARCH 2022 UPDATE****1. Purpose of Report**

To provide the Slough Wellbeing Board with an update on the work of the Workplace Health Task and Finish Group.

**2. Recommendations/Proposed Action**

The board is requested to:

- Receive and comment on the work done by the Workplace Health Task and Finish Group since the last update to the Wellbeing Board.

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

3.1 The work of the Slough Wellbeing Board aims to address the four priority areas outlined in the Slough Wellbeing Strategy 2020-2025:

- Starting Well
- Integration
- Strong, healthy and attractive neighbourhoods
- Workplace Health

3.2 In particular, the work of the Workplace Health Task and Finish group aims to address Priority Four – Workplace Health.

3.3 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.

3.4 The work of the Slough Wellbeing Board also 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.

3.4 In particular, the work of the Workplace Health Task and Finish Group aims to address outcome two of the council's Five Year Plan.

#### 4. **Other Implications**

##### (a) Financial

There are no financial implications of proposed action.

##### (b) Risk Management

There are no risk management implications of proposed action.

##### (c) Human Rights Act and other Legal Implications

There are no Human Rights Act implications arising from this report.

##### (d) Equalities Impact Assessment

There are no equalities implications arising from this report.

#### 5. **Supporting Information**

5.1 The Workplace Health Task and Finish group was set up in spring 2020 in order to lead on delivering Outcome Four of the Slough Wellbeing Strategy – Workplace Health.

5.2 The first meeting of the Task and Finish group took place on Friday 9<sup>th</sup> October. At this meeting, it was decided that the group would meet regularly to begin with, in order to rapidly progress work in this field. Since then, the group has met monthly. In addition to these main meetings, members of the group have met in smaller groups to progress work in several key areas.

5.3 The group was originally chaired by Sue Foley, the Service Lead for Public Health, the group has begun to be chaired by the new Interim Service Lead for Public Health, Dr Sohail Bhatti. Due to the issues related to Plan B, and the Omicron surge, it has proven difficult to meet since November 2021. There have also been movement in staff leaving SBC.

5.4 The membership of the group is currently comprised of:

- Sohail Bhatti – Public Health, Slough Borough Council (chair)
- Ellie Gaddes –Strategy & Partnerships Team, Slough Borough Council (Policy Support) **LEFT**
- Dipak Mistry – HR, Slough Borough Council
- Simon Lawrence – Frimley Health NHS Foundation Trust
- Adrian Davies – Department for Work and Pensions
- Ramesh Kukar – Slough Council for Voluntary Services
- David Saab - Thames Valley Chamber of Commerce.
- Victoria Swift – Health and Safety, Slough Borough Council **LEFT**
- Levine Whitham – Regulatory Services, Slough Borough Council **MAT LEAVE**
- Sarah Ella Davies – Department for Work and Pensions

- 5.5 Since the group began meeting in October, members of the group have:
- Created an overview of key data and insight in the field of workplace health.
  - Conducted an audit of existing workplace health interventions in the borough.
  - Supported Tracey Faraday-Drake in her bid for funding from the Health Foundation. (Unfortunately, the bid from Slough was not successful).
  - Run a workshop for Slough residents on accessing employment during the COVID-19 pandemic. This workshop was run in partnership between Slough CVS, Slough Borough Council Public Health Team, and the Department for Work and Pensions. Due to the success of this workshop, more workshops are planned.
  - Run webinars for SBC staff on mental health at work, and rolled out Mental Health First Aid training for SBC staff. Learning from the rollout of these projects is being continually shared and learned from with partners in the group.
  - Created a Workplace Health Toolkit. This toolkit forms part of the second action outlined in Priority Four of the Slough Wellbeing Strategy. This toolkit pulls together key resources around the topic of workplace health, and combines them with information about Slough, to make a clear, easily accessible document which is targeted specifically at Slough. The toolkit is aimed at both employers and employees in Slough, and was approved at the May meeting of the Slough Wellbeing Board.

An overview of the key parts of this work has been provided in previous updates to the Wellbeing Board, with the most recent update provided in May 2021.

- 5.6 Since the last update to the Wellbeing Board, the Workplace Health Task and Finish Group has met on 5<sup>th</sup> October, 2021.

5.7 During this meeting, the group has primarily focused on promoting and circulating the Workplace Health Toolkit. The toolkit, including the one-page poster version, is on the Slough Borough Council Website. It can be found at:

- <https://www.slough.gov.uk/strategies-plans-policies/workplace-health-toolkit>

Members of the Workplace Health Task and Finish group have circulated this toolkit to members of their networks.

5.8 In addition to this, the group has begun work towards the first action of Priority Four – creating culture change around Workplace Health and celebrating achievements through a set of Wellbeing Awards. The group has done some research on existing award and accreditation schemes running in Slough, including the awards scheme led by Slough CVS and the Early Years Kitemark Accreditation Scheme.

5.9 The plan was for the group to continue to meet every six weeks, in order to progress work in this area rapidly. Work was intended to focus on evaluating the success of the Workplace Health Toolkit, and on setting up a set of Wellbeing Awards in Slough. Unfortunately, with the Plan B restrictions and the additional pressure on staff, this has not been possible. There has been, however, intentions to setup an awards scheme through Slough CVS in April/May. Unfortunately, the majority of charities are run by people of older age and often with underlying conditions, so full engagement will not be possible until there are lower levels of COVID. It must be remembered that 25% of eligible residents have not received a single vaccination dose and only 44% have been boosted – some 20% behind the UK average in both measures, indicating the need for caution.

5.10 However, the opportunity has been taken to carry out an audit of some of the 46,000 people who have had COVID-19, in order to establish the prevalence and duration of symptoms. No work on chronic (long) COVID has been published in the UK, with a particular focus on BAME communities, so this work in Slough will be innovative research and also provide some intelligence about fit to work issues in the future in Slough's workforce. Thus far, over 502 people have responded either by telephone or by completing an online form. People are being randomly selected for the exercise.

## 6. **Conclusion**

This report is intended to provide the Slough Wellbeing Board with an update of the work of the Workplace Health Task and Finish group.

The board is requested to:

- Take note of the work done by the Workplace Health Task and Finish Group since the last update to the Wellbeing Board.

## 7. **Appendices Attached & Background Papers**

None.





## Frimley Health and Care – Transforming the way we work, improving our services in Slough



Frimley Health and Care Integrated Care System (ICS) is a partnership of local health and care organisations that are involved in planning, buying and providing health and care services locally. Frimley Health and Care is working together with the community to shape future services. This means you and your family will:

- Be supported to remain as healthy, active and independent as you can be
- Know who to contact if you need help and only have to tell your story once
- Have easier access to information and services
- Work together with a care and support team to plan and manage your own care
- Access urgent or emergency care more easily closer to home
- Get treated in the best place for your needs
- Increase your ability and confidence to take responsibility for your own health, care and wellbeing
- Be confident that your care is provided in the best possible way.

Health and wellbeing is important to all of us and we aim to ensure people receive the best possible care, by improving services to meet the challenges of the future.

### Listening to local people

Over the past few years, Frimley Health and Care ICS has carried out extensive public engagement about the transformation of urgent care services. People consistently told us that they were confused by multiple entry points to care, including GP practices, Urgent Care Centres and Walk-in Centres, NHS 111, 999, and Emergency Departments (A&E). People also told us that they are confused by the variation in services, including the level of care provided and different opening times. The majority of patients said that they want to access urgent care through their own practice, however their current experience of primary care is variable. More recently, our online Community Panel and Healthwatch have told us similar things – patients are reporting that access to primary care has got worse during the pandemic.

Despite this, there is also much to be positive about, local feedback has already supported a range of work to develop and implement a range of improvements, to make access easier. This includes:

- Improved practice websites with clearer information about where and how services can be accessed.
- Alternative sources of information for minor injury and minor illness, including the Frimley Healthier Together website focused on children’s health, for parents and families.
- Improved practice telephone systems with more capacity for incoming and outgoing calls, responding to patient feedback about the difficulty in getting through on the phone.
- Rapidly expanded online consulting tools that give alternative routes for administrative requests and access to routine appointments, freeing up telephone systems for those who need to use them.
- Training our workforce to help patients access the right service, first time.
- Continuing to recruit and develop our expanded workforce.
- Providing additional funding during periods of increased demand, for additional workforce.
- Developing more services at scale to make best use of the new workforce across all our practices and provide consistent and reliable service offers.

These changes are still being implemented. Some people may have already seen improvements at their local surgery, and our intention is that everyone who accesses their practice will see improvements during this calendar year.



## Changing Population

It is projected that in the UK by 2032 there will be an estimated 5.9 million more people than there were in 2018–19. Across Frimley this is projected to be a population growth of 16%. As an NHS, we need to prepare for this increase in our local population.

Aside from overall growth the national growth projections also indicate that the number of people aged 65 and over is growing three times faster than the number aged under 65. The burden of disease is also increasing. More of the UK's population will be living with a chronic disease and very many with multiple conditions, further adding to health and care demand pressures. This will have major implications for NHS workforce and capacity, and so we have to consider how we can utilise the clinical workforce differently and work in a smarter way. This will include continuing to offer care via a combination of face to face, telephone and the new and innovative digital channels which are being developed. Our estate needs to demonstrate the flexibility to be able to respond to the changing demand and capacity the services need to meet patients needs efficiently.

## General Practice is changing

GP practices have been open throughout the pandemic with everyone working hard to continue to provide services and look after our patients. Things may continue to be different while we learn to live with Covid-19 as we must continue to maintain infection prevention and control guidance,

Pre-pandemic, work was already underway to improve access to general practice. This includes expansion of the workforce to include a wider range of roles, such as nurse and paramedic practitioners, physiotherapists, pharmacists, mental health practitioners, social prescribers, care coordinators and health and wellbeing coaches. These roles help you see the person who can give you the most appropriate care more quickly.

Creating these new roles is also part of a wider programme of work bringing neighbouring practices together to work as primary care networks (PCNs). These networks will improve the resilience and longer-term sustainability of general practice, by providing some services together at scale within the PCN, sharing workforce and developing services that are more targeted to improve the health and wellbeing of the local population.

## Integrated Care Hubs (ICH)

Integrated Care Hubs will bring staff together in facilities where health, social care, and third sector organisations can work together in a seamless way for the benefit of the local population. Integrated Care Hubs will support the strategic ambitions of the ICS, and be tailored to meet local need, to ensure that primary and community care services have sufficient and suitable capacity, in the right places, to implement new ways of working and meet future demand.

As part of the [ICS 5-year strategy](#), the system is investing in upgrading facilities close to where people need them. The aim is to enable staff to work in the most efficient way by utilising existing space where possible and appropriate, building new premises to meet current need and maximising the impact of digital capability to ensure people receive the best possible care in the right place and at the right time for them.

## Expected benefits for all patients

Integrated Care Hubs, alongside wider primary care development and the transformation of same day urgent care services, will offer a wide range of community-based health and care services meaning that residents will only have to tell their story once. They will have access to local, well-coordinated, safe and high-quality individualised care, which will offer choice, control and the best possible health, care and well-being outcomes from better primary care settings. Benefits include:

- local delivery of integrated health and social care
- patients will be able to access the right setting of care at the right time
- effective use of premises making better use of clinical space and technology
- healthy premises supporting people to live and work well



- Decisions made in the right place with the right people.

### Changes to our Estate

Many of our existing GP surgeries have expanded their premises, but remain within renovated residential buildings, many of which will not be able to cope with an increased practice population. Existing buildings are also variable in their compliance with NHS Health Building Notes (HBN) which set the standard for the size, specification and quality of Healthcare Estate, in particular in respect of clinical space.

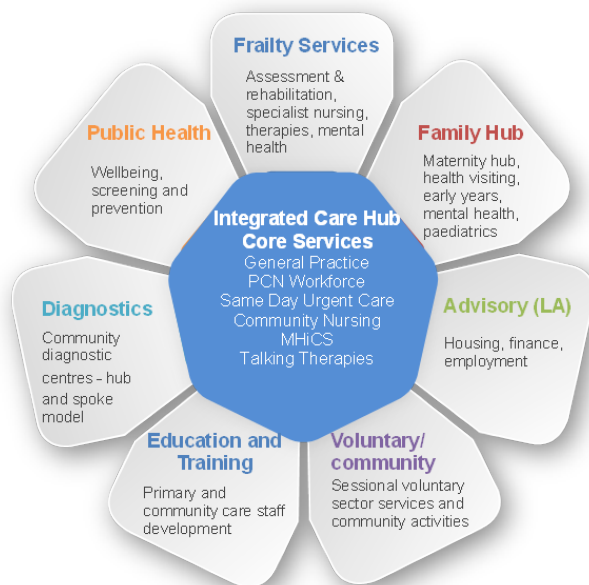
Much of the current primary care estate has limited space. The impact of this limitation was highlighted during the pandemic, when maintaining social distancing was a challenge in many buildings.

In order to enable the service transformation, address future sustainability and be prepared to deal with our population growth, we need to make changes to our estate. In preparation, the ICS as a system, applied for and were awarded £28.4million as part of a national NHS estates investment programme. This money, subject to Business Case Approval, will support the Programme to develop local Integrated Care Hubs (ICH) within the Frimley ICS footprint.

### What this means for Slough

An Integrated Care Hub in Slough would bring staff together in facilities where health, social care, and third sector organisations can work together in a seamless way for the benefit of the local population.

There is an opportunity to create and develop an ICH in Slough, situated within the Upton Hospital location, will ensure a strong and sustainable primary and community care offer for the patient populations of approximately 50,000. The ICH will deliver a 7 day, 8am-8pm primary care service along with wider services accessible to all Slough residents.

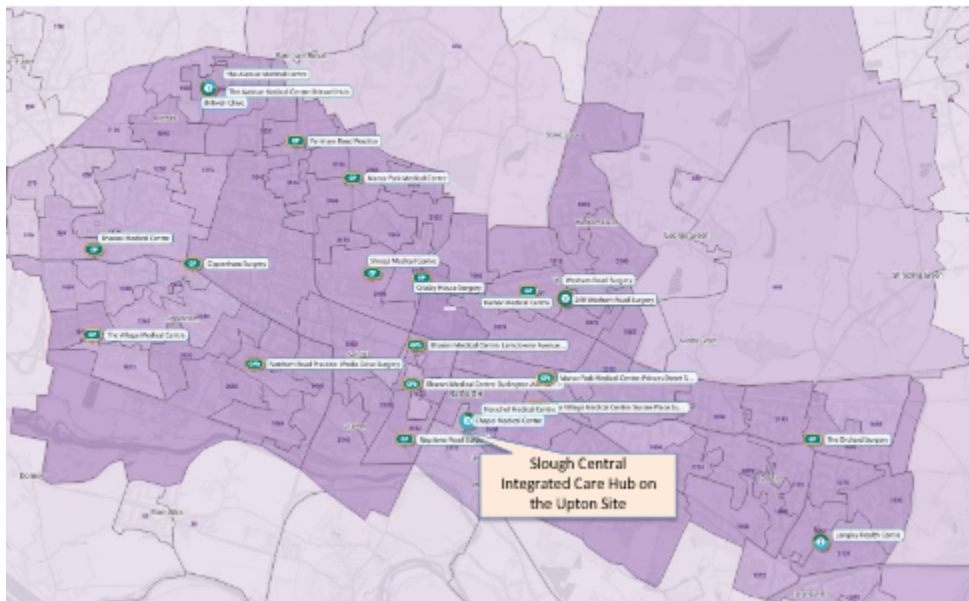


The proposal is to:

- develop new premises for services provided by Cippenham, Crosby and Chapel practices in which they can expand and deliver a wider range of services for their patient populations.
- to create capacity for the extended multi-skilled Primary Care Network (PCN) workforce
- expand the Mental Health Integrated Community Health Services (MHiCS) and IAPT (Talking Therapies) provided by Berkshire Healthcare Foundation Trust (BHFT).
- Integrate the community services eg physiotherapy and Older person Frailty services as well as rehabilitation services
- The new model is designed to future proof the primary care estate serving the local area and will consolidate community services which are currently provided on the Upton site in Slough.



## Central Slough Integrated Care Hub Location



The Slough ICH will offer a wide range of community-based health and care services meaning that residents will only have to tell their story once. They will have access to local, well-coordinated, safe and high-quality individualised care, which will offer choice, control and the best possible health, care and well-being outcomes possible in better primary care settings.

### What next?

We are committed to listening to the views of local patients, carers and communities as this important work develops. We also understand that the population needs, and issues are different in each of our towns, neighbourhoods and communities across the Frimley ICS geography so we will have conversations in local areas about what needs to change. We will also specifically talk with those who might be most affected, to understand their views.

We will ensure that we learn from both local and national insight and feedback as this work continues. Working closely with a range of local stakeholders, we will ensure we maximise opportunities to keep local people involved and up to date.

### Useful links and resources

[‘Your GP Practice is working differently’ poster](#)

[Know where to Go when feeling unwell poster](#)

[‘Helping you to stay well’ information](#)

[‘Helping you to stay well’ booklet](#)

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 14<sup>th</sup> March 2022

**CONTACT OFFICER:** Beth Wilks, Strategic Partnerships Lead

**(For all Enquiries)** 07395 258 142

**WARDS:** All

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

**SLOUGH WELLBEING BOARD - WORK PROGRAMME 2021/22****1. Purpose of Report**

For the Slough Wellbeing Board to discuss its work programme for the 2021/22 year.

**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**

3.1 The work of the Slough Wellbeing Board aims to address the four priority areas outlined in the Slough Wellbeing Strategy 2020-2025:

- Starting Well
- Integration
- Strong, healthy and attractive neighbourhoods
- Workplace Health

3.2 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.

3.3 The work of the Slough Wellbeing Board also 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.

3.4 In particular, the work of the Slough Wellbeing Board aims to address outcome one and two of the council's Five Year Plan.

#### 4. **Other Implications**

(a) **Financial**

There are no financial implications of proposed action.

(b) **Risk Management**

There are no risk management implications of proposed action.

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

There are no Human Rights Act implications arising from this report. Any specific activity undertaken by the Wellbeing Board which may have legal implications will be brought to the attention of Cabinet separately.

(d) **Equalities Impact Assessment**

There are no equalities implications arising from this report. Equalities Impact Assessments will be completed for any specific activity undertaken by the Wellbeing Board which may have equalities implications.

#### 5. **Supporting Information**

5.1 This work programme outlines some of the work the Wellbeing Board will be involved in over the next year.

5.2 In particular, some of the statutory responsibilities of the Board have been scheduled into the work programme, in order to make sure 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 and Vice-Chair of the Wellbeing Board.

5.3 In addition to these items, regular updates on the work being done to address the priorities of the Wellbeing Strategy have been scheduled across the year. This aims to allow the Board to maintain a close overview of the work 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.

- 5.4 The work programme is a flexible document which will be continually open to review throughout the municipal year.
- 5.5 The forward work programme will be developed at the end of March 22, and may be influenced by the outcomes of the LGA training currently being delivered to the Slough Wellbeing Board.

6. **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.

7. **Appendices Attached**

A - Work Programme – 2021/22.

8. **Background Papers**

None.

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## Slough Wellbeing Board Work Programme 2021/22

Meeting Date
<b>21<sup>st</sup> October 21</b>
<ul style="list-style-type: none"> <li>• Slough Wellbeing Strategy 2021-2026</li> <li>• JSNA Refresh</li> <li>• Frimley Collaborative CCG Annual Report</li> <li>• Upton Hospital Update (to include information on walk-in centre)</li> <li>• Update – Priority One, Starting Well. Children and Young People Partnership Board</li> <li>• Update – Priority Four, Workplace Health Task and Finish Group</li> <li>• Update – ICS and Place (verbal update)</li> <li>• Local Transformation Plan on Mental Health for children (Information Only)</li> </ul>
<b>17<sup>th</sup> November 21</b>
<ul style="list-style-type: none"> <li>• Update – ICS and Place (update on draft plans)</li> <li>• Slough Safeguarding Boards Annual Report (2020/21)</li> <li>• Better Care Fund Plan 2021/22</li> <li>• <del>Update – Priority Two, Integration. Health and Social Care Partnership Board (moved to January 2022 meeting)</del></li> <li>• <del>Learning Disabilities &amp; Autism</del></li> <li>• Update – Priority Three, Strong, Healthy and Attractive Neighbourhoods Task and Finish Group</li> </ul>
<b>11<sup>th</sup> January 22</b>
<ul style="list-style-type: none"> <li>• Update – ICS and Place (verbal update)</li> <li>• <del>Pharmaceutical Needs Assessment 2022 – 2025</del></li> <li>• Update – Priority One, Starting Well. Children and Young People Partnership Board</li> <li>• Update – Priority Two, Integration. Health and Social Care Partnership Board</li> <li>• <del>Update – Priority Four, Workplace Health Task and Finish Group</del></li> <li>• Learning Disabilities and Autism</li> <li>• The Slough Equalities Review</li> <li>• EQIA for Wellbeing Strategy</li> </ul>

**14<sup>th</sup> March 22**

- Update – ICS and Place (verbal update)
- Update – Integrated Care Hub
- Pharmaceutical Needs Assessment
- Update – Priority Two, Integration. Health and Social Care Partnership Board
- Update – Priority Three, Strong, Healthy and Attractive Neighbourhoods Task and Finish Group
- Update – Priority Four, Workplace Health Task and Finish Group
- Equalities Review (verbal update)
- JSNA (verbal update)

**May 22**

- Update – ICS and Place (verbal update)
- Better Care Fund Annual Report
- Update – Priority One, Starting Well. Children and Young People Partnership Board
- Update – Priority Four, Workplace Health Task and Finish Group



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