

Date of issue: Monday, 23 May 2022

**MEETING:**

**SLOUGH WELLBEING BOARD**

Councillor Pantelic, Lead Member for Social Care and Public Health  
(Chair)

Dr Jim O'Donnell, East Berkshire Clinical Commissioning Group,  
Slough Locality (Vice-Chair)

Andrew Fraser, Interim Executive Director of People (Children) /  
Slough Children First Chief Executive

Marc Gadsby, Acting Executive Director of People (Adults)

Adrian Davies, Partnership Manager, Department for Work and  
Pensions

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

Gavin Jones, Chief Executive, Slough Borough Council

2 Vacancies, Local Business Representatives

**DATE AND TIME:**

TUESDAY, 31ST MAY, 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.



**GAVIN JONES**  
Chief Executive



**AGENDA**  
**ITEM**

**REPORT TITLE**

**PAGE**

**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 14 March 2022   | 1 - 6 | - |

**ITEMS FOR ACTION / DISCUSSION**

- |    |  |        |     |
|----|--|--------|-----|
| 3. | Better Care Fund Programme 2021/22 - Annual Report | 7 - 20 | All |
|----|--|--------|-----|

**ITEMS FOR INFORMATION**

- |    |   |               |     |
|----|---|---------------|-----|
| 4. | Update - ICS & Place  | Verbal Report | -   |
| 5. | Update - Priority One, Starting Well. Children and Young People Partnership Board | 21 - 30       | All |
| 6. | Future Plans - Priority Four, Workplace Health Task and Finish Group              | 31 - 40       | All |
| 7. | Strong, Healthy and Attractive Neighbourhoods Update                              | 41 - 44       | All |

**FORWARD PLANNING**

- |    |                                    |         |   |
|----|------------------------------------|---------|---|
| 8. | Forward Work Programme             | 45 - 54 | - |
| 9. | Date of Next Meeting               | -       | - |
|    | Wednesday 20 July 2022 at 5.00 pm. | -       | - |

**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.

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**Slough Wellbeing Board – Meeting held on Monday, 14th March, 2022.**

**Present:-** Councillor Hulme (in the Chair), Supt. Lee Barnham, Dr Vantia Dutta, Andrew Fraser, Chris Holland, Ramesh Kukar, Sangeeta Saran, Alan Sinclair and Hulme

**Apologies for Absence:-** Councillor Pantelic, Dr Jim O'Donnell, Neil Bolton-Heaton, Adrian Davies and Caroline Hutton

**PART 1**

**13. Election of Chair**

In the absence of the Chair and Vice-Chair, the Board agreed that Councillor Hulme chair the meeting.

*(Councillor Hulme in the Chair)*

**14. Declarations of Interest**

No declarations were made.

**15. Minutes of the last meeting held on 17 November & Notes of the informal meeting held on 11 January 2022**

The actions recorded in the minutes were reviewed for progress. It was agreed that future actions should also recorded a named person responsibly for completed the action and reporting back where required.

**Resolved –** That the minutes of the meeting held on 17<sup>th</sup> November 2021 and the notes of the informal meeting held on 11<sup>th</sup> January 2022 be approved as a correct record.

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

Sangeeta Saran, the Interim Slough Place Locality Director, introduced a report that updated the board on the progress of work on integration and the delivery of the Health and Social Care Plan.

A number of achievements had already been made in delivering the plan including establishing community maternity hubs and Mental Health Integrated Community Service (MHICS). The Board particularly noted the key activities and progress in the past quarter, which included signing off the Better Care Fund Plan; recruiting for a Frailty Practitioner role as part of the Anticipatory Care Planning approach; and the development of plans for the delivery of an integrated care hub for Slough. The Health Inequalities Board

had been established, which built on the learning of the BAME programme on the impact of Covid.

A question was about outreach work in deprived communities. Ms Saran reported that a new scheme focused on deprivation was due to start in April and aimed to provide intensive support for people in the lowest income deciles. Reports would be provided to the Health & Social Care Board and could be shared with members of the Slough Wellbeing Board when available.

It was noted that priorities in the Health & Social Care partnership were likely to shift in response to the Health & Care Bill and Integration White Paper. It was recognised that there was a lot of good practice in Slough on integration and it was important that this work continued.

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

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

The Board received a report that updated on the progress of delivering Strong, Healthy and Attractive Neighbourhoods (SHAN) and the alignment of this work to support Primary Care Networks (PCNs) in Slough.

The Board noted the progress of the various projects in Chalvey, Colnbrook, Britwell and Baylis & Stoke. The progress on a number of community safety projects in Chalvey was described. The aim was to make the area safer and tackle perceptions of crime, for example through the Safer Shop Scheme and initiatives to 'design out' crime. The violence against women and girls project would finish at the end of March. The Community Plan for Colnbrook had been adopted following consultation and by working in partnership with the Parish Council. A health focused public engagement project had taken place in Britwell to gather information about how the community felt about the new health centre at Britwell Hub. In Baylis & Stoke the Community Development Officer was managing a community consultation to develop the Community Plan for the area. Three hundred residents had been engaged and it was hoped the plan would be in place by the end of the month.

The Board was updated on the Primary Care Network pilot. This would use the SHAN model but focus on health priorities. A pilot partnership between Slough Primary Care Networks and Community Development had been agreed to start in April 2022 and run for 12 months. It was recognised that working with communities was crucial to address health inequalities by reaching people who were not currently engaged and to build community resilience. One of the key issues was improving both stakeholder and community messaging, and information sharing amongst partners was important. The board discussed the culture shift in partnership working following the One Slough approach that had been very effective during Covid. There was a discussion about the mapping of services and keeping this information up to date and available to professionals. An online and printed

directory was being developed and it was hoped this would be available in 2-3 months.

At the conclusion of the discussion, the Board welcomed the positive work that had been undertaken and the update was noted.

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

**18. Update on the 'Pharmaceutical Needs Assessment (PNA)'**

SBCs Public Health Programme Director, Dr Vanita Dutta, introduced an update report on the Pharmaceutical Needs Assessment (PNA).

Health & Wellbeing Board's had a statutory duty to carry out a statement of needs for the pharmaceutical services for local population every three years. This was achieved through the PNA. Due to the Covid pandemic the timeframe for PNAs had been extended to October 2022. The six Berkshire authorities had commissioned delivery of the PNA to an external provider, Healthy Dialogues, and the work was overseen by a PNA steering group comprising the six local authorities and other health partners.

The first draft of the PNA was due to be ready in April and there would be a public consultation in April. Wellbeing Boards were required to sign off the PNA in August. It was likely that the Board would receive a near-final draft at the meeting in July with an update report in September.

**Resolved –** That the progress and proposed timeline for approval of the PNA be noted and agreed.

**19. Update - Priority Four, Workplace Health Task and Finish**

The Board received an update report on the work of the Workplace Health Task and Finish Group. Members commented on the relative high number of residents who had not received Covid vaccination, although it was noted that uptake amongst the NHS workforce was high. The progress report was noted.

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

**20. Update - ICS and Place**

The SBC Executive Director, People (Adults), Alan Sinclair, gave a verbal update on the Integrated Care System (ICS) and Place.

It was noted that the new Frimley Integrated Care Board would come into being from 1<sup>st</sup> July 2022 under the provisions of the Health & Care Bill. Fiona Edwards had been appointed as the Chief Executive Designate and Dr Priya Singh was the Chair Designate. The Integrated Care Board would have a local authority representative and the wider Integrated Care Partnership would

play a role in setting the strategy. The details of partnership working were still being finalised, including the links with Health & Wellbeing Boards.

The Government's Integration White Paper had been published in February 2022 with the aim of joining up care. The NHS and local government were tasked with delivering for local communities at Place level. Detailed local plans and governance arrangements would need to be in place by the spring of 2023 and single social care record by 2024. The work already undertaken by the Health & Social Care Partnership meant Slough was a good position. It was noted that the current pooled budget was £111m but the total health and social care expenditure in Slough was between £150m - £200m which demonstrated the scale of the opportunities by improving integration. It was noted that the health needs of the Slough population were the highest in the Frimley area and it was important that Slough could influence plans to ensure the right support was available to local people.

The update was noted and it was agreed a further report would be provided in either May or July 2022.

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

*(Chris Holland left the meeting)*

## **21. Business Case for the Integrated Care Hub**

The Board received a briefing paper on the proposed Integrated Care Hub (ICH) in Slough.

The opportunity was to create an ICH within the Upton Hospital location to provide a strong primary and community care offer. The ICH would deliver a 7-day, 8am to 8pm primary care offer along with wider services for Slough residents, potentially including frailty services, public health, diagnostics and a family hub. The proposals were at an early stage and the views of patients, carers and communities would be important as the concept progressed.

Members of the Board welcomed the proposal and agreed that retaining and expanded health provision on the Upton site would be beneficial. The timescale for progressing the plans were tight with the proposal due to be submitted by the end of June.

The Board agreed to record its support for the proposal to provide an integrated offer on the Upton site.

**Resolved –**

(a) That the report be noted.

(b) That the Board support the proposal for an Integrated Care Hub on the Upton Hospital site.



## 22. Equalities update

The Board received a verbal update on the Equalities Review.

The review had been commissioned by the Slough Safeguarding Leaders Group in 2021 to establish if there were any specific demographic groups disproportionately represented as victims or perpetrators of exploitation.

The final report made 19 recommendations for action to strengthen understanding of, and work to deliver improved equality of opportunity and outcomes. The recommendations were grouped into four overarching themes – learning & development, data collection and sharing, community engagement and safeguarding & community safety.

An implementation group was now taking forward work on how to deliver the recommendations and an update would be provided to the Board at a future meeting.

**Resolved –** That the update be noted and that a report be received at a future meeting.

## 23. JSNA update

The SBC Public Health Programme Manager provided an update on the Joint Strategic Needs Assessment (JSNA).

A significant amount of work had been undertaken since the last report to the Board in November 2021. A soft launch of the new website had taken place in January 2022 and feedback was being collated. It was planned that the new JSNA website would be hosted on the Healthy Berkshire platform in the Summer of 2022. A demonstration could be provided to the Board in June/July.

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

## 24. Forward Work Programme

The Board considered and noted the forward work programme that listed the expected items for the next meeting in May 2022. Several suggestions had been made during the meeting for items to come back to the board in 2022/23 and it was agreed they would be incorporated into the next version of the work programme.

**Resolved –** That the proposed work programme be noted for May 2022 and further developed for 2022/23.

## 25. Date of Next Meeting

The date of the next meeting was to be confirmed, but would be held in May 2022.

**26. Vote of Thanks**

The Board was informed that this would be the final meeting attended by Alan Sinclair, SBCs Executive Director of People (Adults). Members recognised that Mr Sinclair had made a huge contribution to the board since its inception, and to partnership working more widely in Slough over many years. A vote of thanks was agreed.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 6.32 pm)

**SLOUGH BOROUGH COUNCIL**

**Report to:** Slough Wellbeing Board      **Date:** 31 May 2022

**Contact officer:** Marc Gadsby, Interim Executive Director of People (Adults)  
Mike Wooldridge, Integration Delivery Lead, Frimley CCG

**Ward(s):** All

**PART I**  
**FOR COMMENT & CONSIDERATION**

**BETTER CARE FUND PROGRAMME 2021/22 – ANNUAL REPORT****1. Purpose of report**

The purpose of this report is to inform the Slough Wellbeing Board with a summary of the key areas of activity and outturn position of the Better Care Fund (BCF) programme for Slough in 2021-22.

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

The Wellbeing Board is requested to note the content of the report outlining the progress and delivery of the BCF Programme for 2021-22

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

The Better Care Fund programme is developed, agreed and managed between the local authority and the Frimley Clinical Commissioning Group (CCG) together with other delivery partners it aims to improve, both directly and indirectly, the health and wellbeing outcomes for the people of Slough. The annual BCF Plan is written and produced in accordance with the guiding policy criteria and framework published by the national team.

**3a. Slough wellbeing strategy priorities**

The Better Care Fund programme is developed and managed between the local authority and CCG together with other delivery partners and aims to improve the health and wellbeing outcomes for the people of Slough. It directly supports delivery of priority three within the Slough Joint Wellbeing Strategy, that is:

- 3) Integration relating to Health and Social Care.

The BCF programme for this year and next is guided by priorities we have jointly set out and agreed in the Health and Wellbeing Plan for Slough place. The plan includes activities between the partners that contribute towards addressing health inequalities identified in the Slough Joint Needs Assessment.

#### 4. Other implications

##### (a) Financial

The total size of the BCF Pooled Budget in 2021/22 was £15,047,515

This includes a minimum contribution of £10,034,713 from the CCG, the improved Better Care Fund (grant funding to local authority, including Winter Pressures Grant) £3,872,122 and Disabled Facilities Grant of £1,140,680.

Minimum CCG Contribution	£10,034,713
DFG	£1,140,680
iBCF	£3,872,122
Total	<b>£15,047,515</b>

The expenditure is across 36 schemes is listed and described in the Annual Report (appendix 1) which are agreed and managed between the partners of the pooled budget agreement under section 75 agreement (NHS Act 2006).

##### (b) Risk management

The Health and Social Care Partnership acts the Programme Board for the BCF and oversees and monitors risks in relation to the BCF programme. A risk register identifies, and scores risks of delivery of the programme together with actions to mitigate or manage those risks.

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

No Human Rights implications arise.

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

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

##### (d) Equalities impact assessment

The BCF aims to improve outcomes and wellbeing for the people of Slough through effective protection of social care and integrated activity to reduce emergency and urgent health demand. Impact assessments are undertaken as part of planning of any new scheme or investment to ensure that there is a clear understanding of how various groups identified within the Equalities Act (2010) may potentially be affected.

(e) Workforce

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

**5. Supporting information**

Supporting information is contained within the content of the Annual Report

**6. Comments of other committees**

An interim report on BCF was presented to the Health and Social Care Partnership in March 2022. This report has now been finalised with performance and finance outturn position and presented as the Annual Report to the Wellbeing Board in appendix 1

**7. Conclusion**

The Better Care Fund programme continues to be central to the delivery of integrated care in Slough. This year has largely carried forward existing schemes but some of the CCGs minimum contribution to the pooled budget has supported investment into areas of social care services transitioned from the Council into the Better Care Fund. This has been to maintain capacity and activity in services that contribute to delivery of the ambitions set out within the plan.

**8. Appendices attached**

'A' - Better Care Fund Annual Report 2021/22

**9. Background papers**

'1' BCF Plan 2021/22

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# Slough Better Care Fund Programme

## Annual Report 2021-22 (May 2022)

### **1 Summary**

The Slough BCF programme for 2021-22 has continued in line with the plan submitted and assured in autumn of 2021. Our BCF Plan outlined our investment and activity to continue to progress in our journey towards personalised and integrated care that will achieve real and significant improvements in the experience of Sloughs residents, particularly for those living with frailty and complex conditions, and in the support for their carers.

Our strategic direction is to continue to invest in areas that help us to shift away from reactive responses and towards proactive health and social care to enable more people to have healthier, safer and more independent lives in their own home and community for longer, receiving the right care in the right place at the right time.

This Annual Report is presented to the Wellbeing Board following the submission of the national year end return (27<sup>th</sup> May) with outturn on performance metrics, financial outturn and year end feedback.

### **2 Background**

Our priorities for Slough Place in 2021-22 were agreed and set out within our Health and Social Care Plan developed between the Health and Social Care Partnership based on local needs analysis within our JSNA and the strategic ambitions of the partners. BCF supports local delivery of those priorities as well as those contained within the NHS Long Term Plan, Think Local Act Personal and of the Frimley ICS.

Areas of activity within our Health and Social Care plan are focused around:

- Better Access to Care
- More integrated and pre-emptive service offers
- Use of locality-based models
- Improved outcomes for mental health
- Improved outcomes for frailty
- Responding to changing demands and needs post covid-19

Key changes for BCF expenditure plan for this year 2021/22:

- Contract uplifts where applicable for staff pay increases/increments
- Additional investment to maintain capacity in social care (social care protection)
- Investment to retain current level of capacity and activity within Reablement / intermediate care (RRR service). This service is key to admission avoidance and supporting discharge and reablement in the community. It also provides end of life care to support people to remain at home.
- Investment in Hospital Social Work Team to ensure continued support safe and timely transfers of care, maintaining hospital flow back out to community through established Discharge to Assess pathways

- Additional BCF investment into the community and voluntary sector supporting primary prevention, vulnerable groups and communities
- A Frailty Practitioner pilot supporting the anticipatory care element of Integrated Care Decision Making identifying patients living with frailty proactive screening and intervention supported by integrated community MDTs (clusters).
- Post covid-19 – pilot of a ‘cold car’ OT providing same day response for people visited by the GP who have deconditioned during covid period and need quick access to OT assessment and equipment.

### **3 Finance**

The value of our BCF pooled budget in year 2021/22 was £15,047,515. A full breakdown of the expenditure across the various schemes funded through BCF is included in the appendix.

#### **3.1 Funding sources**

DFG	£1,140,680
Minimum CCG Contribution	£10,034,713
iBCF	£3,872,122
Additional LA Contribution	£0
Additional CCG Contribution	£0
<b>Total</b>	<b>£15,047,515</b>

#### **3.2 Required spend**

	Minimum Required Spend	Planned Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£2,765,796	£2,812,029
Adult Social Care services spend from the minimum CCG allocations	£6,365,034	£7,686,181

Slough BCF investment exceeds the required minimum spend in both the out of hospital spend and that into Adult Social Care. The additional investment into Adult Social Care in 2021/22 has been vital to help maintain delivery of services, particularly those in the interface between hospital and the community, and to the work of the community and voluntary sector.

#### **3.3 New or additional investment in 2021/22 was made into the following schemes:**

- Reablement services - £468k
- Nursing home contribution - £100k
- Hospital Social Worker team - £447k
- Information and Advice services - £100k

#### **3.4 Forecast outturn**

There are two schemes current where we had underspends within the pooled budget. These will be carried forward in the pooled budget for 2022/23.



- OT/SALT system transformation - £35k
- Primary Care proactive frailty management (was enhanced support to care homes) - £114k

### 3.5 Carry forward investment

In addition to the current years funds the pooled budget hosted by Slough Borough Council also currently holds an additional £1.3m from previous years underspends which have been accumulated and carried forward. This money is still being held for investment in our shared objectives and priorities for investment but is non-recurrent. This therefore can only effectively be used to support transformation or transitional costs, or fixed term schemes.

**3.6** There were several schemes agreed between the partners for one-off expenditure using this non-recurrent funding:

- Browns Intensive Support - £30k
- Virtual Review Team and post pandemic recovery - £140k (per year for 2 years)
- A business intelligence role - £60k (per year for 2 years)
- Frailty Practitioner pilot - £72k
- Additional resources in social care (winter capacity) - £180k

## 4 Performance and metrics

A new set of metrics were set in this year’s plan which included

- Avoidable admissions (in place of all admissions)
- Length of stay (proportion of 14+ and 21+ stays (in place of Delayed Transfers of Care)
- Discharge to usual place of residence
- Care Home admissions (unchanged)
- Reablement (unchanged)

The BCF planning framework asked areas to set out their ambitions which have been agreed between partners at a local level. These should be stretching and demonstrate how BCF activity and investment will contribute to achieving these.

### 4.1 Table of BCF metric ambitions (from BCF Plan 2021/22) and outturn

Metric	Definition	BCF ambition				Achieved
<b>Avoidable admissions</b>	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	650.0				Data not yet available
<b>Length of Stay</b>	Proportion of inpatients resident for:	<b>14 days or more (Q3)</b>	<b>14 days or more (Q4)</b>	<b>21 days or more (Q3)</b>	<b>21 days or more (Q4)</b>	

	i) 14 days or more ii) 21 days or more	9.0%	8.5%	4.5%	4.0%	i) 12.2% - 14+ days ii) 6.6% - 21+ days
<b>Discharge to normal place of residence</b>	Percentage of people who are discharged from acute hospital to their normal place of residence	95.0%				92.4%
<b>Residential Admissions*</b>	Rate of permanent admissions to residential care per 100,000 population (65+)	478				289
<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	65.2%				78.6%

#### 4.2 Avoidable Admissions

At the time of this report the latest data has not been published on the Better Care Exchange. To reduce the number of avoidable admissions to hospital our Slough BCF programme has significant investment in 'out of hospital' services that support people to remain at home even when acutely unwell or have become very frail. This includes equipment services, the Disabled Facilities Grant, Reablement and rehabilitation services, integrated care services and the investment in Local Access Point and Integrated Decision Making multi-disciplinary teams (ICDM). The partnership work with Primary Care and the Community Trust is vital to this, not only in responding to urgent care needs but also in early intervention and management of people living with multiple or complex conditions.

The investment in the Connected Care programme across the Frimley Integrated Care System is providing quick and easy access to a Shared Care Record providing information collated from different record systems. This is used to inform clinical decision making and more personalised health and care delivery. The Connected Care system is also driving improvements in our Population Health Management whereby we have much greater source of data to have more targeted health interventions and help reduce health inequalities in our population.

As an ICS system we are also working on delivery of the Ageing Well Programme which includes providing Urgent Care Response (2-hour response 8am-8pm, 7 days a week), Anticipatory Care and

Enhanced Health in Care Homes, all of which contribute to supporting people to be supported in the community and avoid unnecessary admissions to hospital.

Our challenge is to increase the capacity within ICDM model to become more proactive in supporting people in the earlier stages of becoming frail by identifying risk factors and having earlier intervention. We have invested in a Frailty practitioner role to pilot this approach in Slough but have not yet been able to recruit to this role.

### **4.3 Length of Stay**

The length of stay metric in BCF in 2021/22 replaced the previous Delayed Transfer of Care indicator. The emphasis is particularly on reducing the number of people with a hospital stay that exceeds 14 or 21 days. There are several schemes of BCF investment which contribute to reducing length of stay, guided by the national framework of [High Impact Changes for Managing Transfers of Care](#). These include Discharge to Assess people at home or in an interim community bed along with other support to improve flow of people out of hospital.

This year was particularly challenging for maintaining flow and capacity, not only in the acute hospital but across the wider system with not only the regular winter pressures but the additional impact of covid. The restrictions and infection control measures in health and care settings affected bed capacity and ability to transfer, along with the impact of sickness and absence of staff to maintain services and sufficient staffing levels throughout. National data published on the Better Care Exchange shows that Slough averaged a proportion of 12.2% (14+ days) and 6.6% (21+ days) in the period Oct-Feb which is greater than our stretch ambition we set in our plan.

### **4.4 Discharge to normal place of residence**

This is a new indicator for BCF in 2021/22. Best Practice nationally would be to achieve over 95% of people returning to their normal place of residence after a stay in hospital and we set our ambition to achieve this. However, as with other indicators this has been adversely affected by impact of covid, particularly the extended periods of care home closures. This meant that more people had to be discharge to another interim care setting before returning to their normal place of residence. Our outturn figure was 92.4% which is closely in line with the national average for Wellbeing Board areas of 92.6%.

### **4.5 Residential admissions to care homes (65+)**

The inclusion of the care home metric is the ambition to support more people to remain in their own homes for longer and minimise the number of permanent placements in care homes. Slough has a relatively small number of care homes for its population and through investment into reablement and rehabilitation services aims to support people to remain at home wherever possible. Our metric was set at no more than 76 permanent placements (a rate of 478 per 100,000 people 65+) and maintaining our position on the previous against an increase in population. This has been an unusual year, again with the impact of covid have impacted on availability of care home beds for a significant period of the year. The final outturn figure was therefore much less than the ambition set in the plan with only 45 permanent placements being made during 2021/22.

#### **4.6 Reablement**

Reablement, Recovery and Rehabilitation services (known as RRR in Slough) are central to supporting people to return home from hospital, as well as providing additional short-term support to someone to remain at home and avoid an admission to hospital. BCF now invests over £2.8m into these services that help safely transition and transfer people between hospital and community-based care. The BCF metric is specifically aimed at measuring how many people supported to return home from hospital through these intermediate care services and continue to remain at home more than 91 days later. It takes a snapshot of discharges in intermediate care for one quarter of the year (Oct-Dec). Our ambition was to achieve over 65% success rate and final figure was 78.6%. However, the total number discharged into RRR was less with 56 supported following discharge against our plan of 66.

It should be noted that for the purposes of BCF metrics this figure does not include those supported by RRR through step-up, escalation routes that put in support to remain at home which accounts for around half of the overall activity within the service.

## 5 - BCF Expenditure Plan 2021-22

Scheme ID	Scheme Name	Commissioner	Provider	Source of Funding	Risk	Part or Full	Risk category	2021-22
1	Stroke Support Service	Local Authority	Charity / Voluntary Sector	CCG Minimum Contribution	SBC	Part	1	<b>57,000</b>
2	Dementia Care Advisor	Local Authority	NHS Mental Health Provider	CCG Minimum Contribution	SBC	Full	1	<b>30,000</b>
3	OT/SALT whole system transformation	CCG	NHS Acute Provider	CCG Minimum Contribution	CCG	Full	1	<b>35,000</b>
4	Integrated Wellbeing Service	Local Authority	Private Sector	CCG Minimum Contribution	SBC	Full	1	<b>241,000</b>
5	Telehealth	CCG	Private Sector	CCG Minimum Contribution	SBC	Full	1	<b>25,000</b>
6	Telecare	Local Authority	Private Sector	CCG Minimum Contribution	SBC	Part	3	<b>72,000</b>
7	RRR service (Reablement and Intermediate Care)	Local Authority	Local Authority	CCG Minimum Contribution	SBC	Full	1	<b>2,858,239</b>
8	Hospital Social Work Team	Local Authority	Local Authority	CCG Minimum Contribution	SBC	Full	1	<b>446,824</b>
9	Joint Equipment Service	CCG	Private Sector	CCG Minimum Contribution	CCG	Full	1	<b>710,802</b>
10	Joint Equipment Service	Local Authority	Private Sector	CCG Minimum Contribution	SBC	Part	3	<b>130,000</b>
11	Nursing Care Placements	Local Authority	Private Sector	CCG Minimum Contribution	SBC	Part	3	<b>500,000</b>
12	Primary care proactive frailty management	CCG	CCG	CCG Minimum Contribution	CCG	Part	2	<b>114,000</b>
13	Care Homes - programme	CCG	CCG	CCG Minimum	CCG	Part	3	

	manager			Contribution				<b>25,000</b>
14	Integrated Care Services / ICT	CCG	NHS Community Provider	CCG Minimum Contribution	CCG	Part	3	<b>836,009</b>
15	Intensive Community Rehabilitation	Local Authority	NHS Community Provider	CCG Minimum Contribution	SBC	Full	3	<b>82,000</b>
16	Intensive Community Rehabilitation	CCG	NHS Community Provider	CCG Minimum Contribution	CCG	Full	3	<b>188,136</b>
17	Responder Service	Local Authority	Private Sector	CCG Minimum Contribution	SBC	Full	1	<b>130,000</b>
18	High Impact Change delivery (D2A)	Local Authority	Local Authority	CCG Minimum Contribution	CCG	Full	1	<b>284,200</b>
19	High Impact Change delivery (Alamac/GP)	CCG	Private Sector	CCG Minimum Contribution	CCG	Full	1	<b>97,016</b>
20	Community beds (D2A)	CCG	Private Sector	CCG Minimum Contribution	CCG	Full	1	<b>129,572</b>
21	ICDM / LAP - SBC	Local Authority	Local Authority	CCG Minimum Contribution	SBC	Full	1	<b>283,656</b>
22	ICDM/LAP/cold car OT - CCG	CCG	NHS Community Provider	CCG Minimum Contribution	CCG	Full	1	<b>203,257</b>
23	Community Integration Manager (CIM)	Local Authority	CCG	CCG Minimum Contribution	CCG	Full	2	<b>81,000</b>
24	Disabled Facilities Grant	Local Authority	Local Authority	Disabled Facilities Grant	CCG	Full	1	<b>1,140,680</b>
25	Connected Care	CCG	CCG	CCG Minimum Contribution	CCG	Part	3	<b>200,000</b>
26	Winter pressures social care	Local Authority	Local Authority	CCG Minimum Contribution	SBC	Full	1	<b>180,000</b>
27	Carers	Local Authority	Charity /	CCG Minimum	SBC	Full	1	

			Voluntary Sector	Contribution				<b>216,000</b>
28	End of Life Advice Line	CCG	Charity / Voluntary Sector	CCG Minimum Contribution	CCG	Part	1	<b>144,732</b>
29	Paediatric hotline	CCG	NHS Acute Provider	CCG Minimum Contribution	CCG	Part	3	<b>46,382</b>
30	EOL Night sitting service	CCG	Charity / Voluntary Sector	CCG Minimum Contribution	CCG	Part	3	<b>15,597</b>
31	Community Capacity	Local Authority	Charity / Voluntary Sector	CCG Minimum Contribution	SBC	Part	3	<b>218,000</b>
32	Information and Advice	Local Authority	Charity / Voluntary Sector	CCG Minimum Contribution	SBC	Full	1	<b>100,000</b>
33	Programme Management and Governance	Joint	Local Authority	CCG Minimum Contribution	Joint	Full	2	<b>260,000</b>
34	Care Act funding	Local Authority	Local Authority	CCG Minimum Contribution	SBC	Full	3	<b>296,000</b>
35	Additional Social Care protection	Local Authority	Local Authority	CCG Minimum Contribution	SBC	Part	3	<b>798,291</b>
36	Improved Better Care Fund	Local Authority	Local Authority	Improved Better Care Fund	SBC	Part	3	<b>3,872,122</b>

**15,047,515**

## Risk categories

- 1) **Category 1** - Entire Scheme within BCF, risk of Overspend owned by ONE Partner
- 2) **Category 2** - Entire Scheme within BCF, risk of Overspend shared between Partners
- 3) **Category 3** - Fixed Contribution towards a budget held by one Partner

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 31st May 2022

**CONTACT OFFICER:** Andrew Fraser, Director of Children’s Services, Children, Learning, Skills

**(For all Enquiries)** 07599 102 809

**WARDS:** All

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

**CHILDREN AND YOUNG PEOPLE’S PARTNERSHIP BOARD – UPDATE**

1. **Purpose of Report**

To provide the Slough Wellbeing Board with an update on the work of the Children and Young People’s Partnership Board (CYPB).

2. **Recommendations/Proposed Action**

- 2.1 That the Slough Wellbeing Board note and review the work of the Children and Young People’s Partnership Board to deliver the first priority of the Slough Wellbeing Strategy – Starting Well.
- 2.2 Identify and nominate any staffing resource across the partnership to support with the coordination and writing of the new Children and Young People’s Plan for Slough, to progress this workstream forward.

3. **The Slough Joint Wellbeing Strategy, the JSNA, and Doing Right by Slough 22-25 (SBC Corporate Plan)**

- 3.1 The work of the Slough Wellbeing Board aims to address the four priority areas outlined in the Slough Wellbeing Strategy 2021-2026:
  - Starting Well
  - Integration
  - Strong, Healthy, and Attractive Neighbourhoods
  - Workplace Health
- 3.2 The work of the Children and Young People’s Partnership Board addresses Priority One – Starting Well; it will also help facilitate and contribute to priority two and three.

- 3.3 The priorities in the Wellbeing Strategy are informed by evidence of need contained in the Joint Strategic Needs Assessment (JSNA), therefore, Priority One, Starting Well in the Wellbeing Strategy, is built upon the evidence outlined in the JSNA.
- 3.4 The work of the Children and Young People's Partnership Board also contributes to the Council's 'Doing Right by Slough' 2022-2025 Corporate Plan, in particular priority two and three:
1. A council that lives within our means, balances the budget, and delivers best value for taxpayers and service users.
  2. An environment that helps residents live more independent, healthier, and safer lives.
  3. A borough for children and young people to thrive.
  4. Infrastructure that reflects the uniqueness of Slough's places and a new vision for the town centre.
- 3.5 It is anticipated, like with each of the council's recovery priorities, that delivery of changes will take place over the next few years, through partnerships, with clear progress milestones along the way.

#### 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 Children and Young People's Partnership Board which may have legal implications will be brought to the attention of the monitoring officer and Cabinet separately.

(d) **Equalities Impact Assessment**

Equality Impact Assessments will be completed for any specific activity undertaken by the Children and Young People's Partnership Board which may have equalities implications.

## 5. **Supporting Information**

- 5.1 **Purpose:** The Children and Young People's Partnership Board (CYPB) was established to provide strategic oversight to coordinate local system wide improvements, enabling the best outcomes for children and young people in Slough. The partnership is responsible for ensuring partners work collaboratively to share information and resources, and deliver objectives which are informed by data and insight, and the voice of local children and families; please refer to the Terms of Reference for more details (Appendix A).
- 5.2 **Information Sharing & Collaboration:** The CYPB has continued to meet regularly and facilitate information sharing between partners working on the children and young people's agenda. Most recently updates and discussions have included the outcome of the Ofsted focussed visit and the learning which can be taken from this, operational capacity challenges, the 0-19 Health Needs Assessment and recommendations evidenced by the assessment, local insights from the Oxwell Survey, an update on the CAMHS crisis service exploring opportunities for future collaborative working, and, a review by Frimley Health and Care mapping the greatest challenges and needs for children and young people, and obstacles preventing progress to address these.
- 5.3 **Local Insight:** Through its members, the partnership has compiled a substantial body of evidence and recommendations relating to local need, this includes the 0-19 health needs assessment, insight from the Oxwell Survey, the Frimley ICB Children and young people portfolio review, and the CYPBs own needs analysis, undertaken in 2021. This wealth of data and insight will help inform activity to support the CYPB's vision, in ensuring that Slough is a great place for children to grow up, and live happy, healthy, and successful lives.
- 5.4 **Voice of Children & Young People:** One of the key shared responsibilities of members of the CYPB is to champion the voice of children and young people in Slough, ensuring that they are represented in both strategic planning and service delivery. The board has started pulling together a youth consultation directory which aims to map partnership engagement with children and young people across the borough. This will facilitate the sharing of insight derived from consultations across the partnership, to inform strategic direction and operational activity, identify gaps in our consultation with young people, both in terms of the groups of young people engaged, and the types of topics, and, prevent duplication which can result in consultation fatigue and wasted resource.
- 5.5 **Slough Written Statement of Action (WSOA) for SEND:** An additional responsibility of the CYPB is to oversee relevant partnership improvement plans including preparation for, and response to external inspections with a particular focus on social care. The SEND and Inclusion Strategic Partnership Board provides scheduled updates to the CYPB on progress against the Slough Written Statement of Action (WSOA) for SEND. The

WSOA is a partnership plan to address areas of weakness in the support offered to children and young people with SEND, identified by Ofsted and the Care Quality Commission during inspections in September/October 2021. To date the following progress has been made:

- The Slough Written Statement of Action for SEND has an accompanying action plan broken down into seven priority areas.
- Actions within each priority area have been assigned owners (often multiple owners from across partner agencies) and milestones to meet.
- In June the Department for Education are meeting the SEND & Inclusion Strategic Partnership Board to discuss progress against the WSOA.
- The new SBC Corporate Plan 'Doing Right by Slough' states that the WSOA action needs to be implemented by May 2023, with year-on-year improvement of outcomes for children with SEND between now and 2025.

- 5.6 **Mapping Exercise:** Members of the CYPB are currently supporting a piece of work to map the partnership arrangements and key strategies which sit within the children and young people's space, to provide a broad capture and understanding of activity within this area, prevent duplication and wasted resource, and enable the identification of gaps in delivery. This piece of work would benefit from expansion, incorporating an overview capture of delivery programmes which sit beneath key strategies. This mapping exercise will support the development of the delivery plan beneath the overarching Children and Young People's Partnership Plan.
- 5.7 **The Importance of Early Help:** A primary focus of the partnership will be in ensuring the development of a comprehensive early help offer for children, young people, and families in Slough to prevent and reduce risk of harm at an earlier stage, decreasing the demand on acute and specialist services.
- 5.8 **Challenges:** The CYPB has struggled with a number of challenges over the past 12 months, which include several changes in leadership and subsequent direction of the partnership, loss of staffing resources to provide coordination support, and increasing demand on members, as result of high levels of local need and staff shortages. CYPB members remain committed to improving the lives of local children, but it is important that the Slough Wellbeing Board be made aware of such challenges and the implications this has had on delaying the development of the new Children and Young People's plan, and subsequent activity to deliver the plan.
- 5.9 **Children and Young People's Plan Intention:** The CYPB intends for the children and young people's plan to be used as an overarching strategic framework, which will outline the partnerships vision for children and young people in the borough, highlighting key priorities, system principles, intended outcomes, and measures which help us to know if we have made a difference to the lives of children and young people in the borough. Both partnership and corporate strategies and plans, which include the Early Help Strategy, the Slough Children First Business Plan, the Slough Exploitation

and Youth Justice Service Plan, and the WSOA for SEND, amongst others, will all contribute to the Slough Children and Young People's plan. It is intended that there will be areas where the CYPB directly leads on work associated with the plan through small task and finish groups, and other areas where existing groups and workstreams are already in place. The intention for the Slough Children and Young People's plan demonstrates the importance of the mapping work referenced in 5.6.

5.10 **Request for Support:** Progress on the Children and Young People's Partnership Plan has halted. CYPB members are eager to progress with a delivery plan, but require resource in the first instance to pull it together. The Chair of the CYPB is requesting members of the Slough Wellbeing Board to consider if they have any short-term resource to support and lead on the development and writing of the new Children and Young People's plan, and supporting delivery plan; nominated colleagues require expertise within the children and young people's space. The body of evidence referenced in 5.3, which has been generated by the partnership, can be drawn on for the development of the plan. Whilst Children and Young People's Plans are no longer statutory requirements, the board recognises the value in such plans, in providing a strategic framework and shared vision to which partnership activity is aligned and committed.

5.11 **Activity Beyond the CYPB:** There exists extensive amounts of work outside of the current CYPB arrangements aimed at supporting children and young people to start well, this includes the work of the Safeguarding partnership arrangements, and the Safer Slough Partnership, as well as operational BAU activity by teams across the partnership including Early Help, the Exploitation Youth Justice Service, Social Care, Health Visitors, Schools etc.

## 6. **Conclusion**

6.1 This report is intended to provide the Slough Wellbeing Board with an update of the work of the Children and Young People's Partnership Board, current challenges, support requirements, and the direction of the partnership moving forward.

## 7. **Appendices Attached**

A: CYPB Terms of Reference

## 8. **Background Papers**

None.

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# Slough Children and Young People's Partnership

## Terms of Reference December 2020

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

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

### 1. Vision

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

### 2. Strategic Role and Purpose

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

### 3. Shared Responsibilities

- 3.1. Produce a Children and Young People's Wellbeing Strategy by end of October 2021 for the next 3 – 5 years using shared data and intelligence
- 3.2. Oversee the delivery of the Strategy and related strategies including the Multi-Agency Early Help Strategy
- 3.3. Agree systems and processes for effective information sharing and collaboration and identify measures of success to actively track and manage progress
- 3.4. Oversee relevant partnership improvement plans including preparation for and response to external Inspections with a particular focus on social care
- 3.5. Work collaboratively to identify and resolve any issues that appear in the children's system to ensure children and families receive timely and effective support appropriate to their needs
- 3.6. Champion the voice of children, young people, and families, ensuring that they are represented in both strategic planning and service delivery
- 3.7. Engage with relevant forums and related boards to promote excellent outcomes for children, young people, and families

#### **4. Membership**

- 4.1. Membership to be finalised and agreed at the inaugural meeting of the new Partnership on 21 January 2020 & reviewed October 2020 and April 2021
- 4.2. The proposed quorum of 60% of members to be agreed at the inaugural meeting

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

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

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

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

#### **7. Communications**

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

#### **8. Governance**

- 8.1. The Board is accountable to the Slough Wellbeing Board
- 8.2. To meet four times year – half day workshop style and thematic
- 8.3. To agree the need for and remit of any operational sub-groups including task and finish groups relating to the planning and delivery of the board's priorities – see section "Related Boards"
- 8.4. The C&YPP Terms of Reference and Membership to be reviewed annually

#### **9. Related Boards**

- 9.1. Slough Wellbeing Board
- 9.2. Slough Safeguarding Partnership
- 9.3. Safer Slough Partnership



- 9.4. Slough Violence Task Force
- 9.5. YOT Board
- 9.6. Prevent Board
- 9.7. Slough Inclusion Board
- 9.8. Slough Strategic Education Partnership Board

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

1. Early help
2. Parenting
3. Strengthening families
4. Improvements in children’s social care services
5. Starting well element of the Wellbeing Board priorities (Appendix A)

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

**DATE:** 31<sup>st</sup> May 2022

**CONTACT OFFICER:** Dr Vanita Dutta, Public Health Principal, Slough Borough Council

**(For all Enquiries)** vanita.dutta@slough.gov.uk

**WARD(S):** ALL

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

**FUTURE PLANS: PRIORITY FOUR, WORKPLACE HEALTH**1. **Purpose of Report**

This report has been submitted to provide the Slough Wellbeing Board our current position and proposals for next steps on Workplace Health.

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

- (a) The Committee is requested to note the report*  
*(b) To consider and agree the proposals put forward*

3. **Background**

Workplace Health is Sloughs' Priority Four within the 2020-25 Wellbeing Strategy.

There is strong evidence that supporting health and wellbeing of colleagues can achieve a range of positive outcomes such as: enhanced performance, improved staff retention, lower levels of sickness absence, presenteesim and organisational success through more productive and motivated staff.

It is useful to establish what we mean by Workplace Health and its relationship to individual wellbeing as it can be unique to each person. The Office for National Statistics describes it as: Wellbeing, put simply, is about 'how we are doing' as individuals, communities and as a nation and how sustainable this is for the future.

Personal wellbeing is a particularly important dimension which we define as how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day to day emotional experiences (happiness and anxiety) and our wider mental wellbeing. <sup>1</sup>

Sickness and ill health cost employers substantial amounts of money. The CIPD (2019) Health and Wellbeing at Work survey estimate the cost of sickness absence equates to £835 per employee in the public sector. <sup>2</sup>

As employers we know we have a responsibility to protect and support the health and wellbeing of our staff. We know that organisations that work with staff to develop approaches that invest in the health and wellbeing of their staff see higher rates of retention, reduced sickness absence and increased productivity. <sup>3</sup> Therefore, a proactive approach to health and wellbeing in the

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<sup>1</sup> ONS (2016)

<sup>2</sup> CIPD (2019) Health & Wellbeing at Work

<sup>3</sup> PHE (2017)

workplace is the right thing to do. As a community it is beneficial for employees, our business and wider society.

Our starting point is to identify where our top health risks are and how our data can give us a good insight into where we should target our strategy. We must be holistic in our approach and ensure that financial wellbeing receives adequate attention and evaluate and improve wellbeing initiatives.

ONS national labour market data<sup>4</sup> states that:

- Average Sickness absence rates (2.2%) have increased and are at their highest for 11 years.
- Average Number of total days lost through sickness absence (149.3 millions) are at their the highest since 2009
- Number of days lost per employer (4.6 days) are at their highest since 2010
- Average number of days lost per local government employee (6.9 days) is the highest since 2009

The Southeast has the highest number of days lost to sickness (18.8m) within England  
And what does this mean to Slough Borough Council (based on modelling):

Days lost to sickness per employee	6.9 days
Average Salary in Slough Borough Council	£30,000.00 (guesstimate, not verified)
Average cost of sickness per employee	£796.15
Total average cost of sickness	£955k (796.15 x 1200 employees)

Nationally, the top reasons for sickness, taking out “other” are minor illnesses and musculoskeletal problems:

Reason given for sickness (Public sector)	2021 (%age of days lost)
Minor illnesses	16.5
Musculoskeletal problems	15.6
Other *	27.8
Mental health conditions **	12.0
Gastrointestinal problems	5.2
Eye/ear/nose/mouth/dental problems	3.0
Headaches and migraines	2.6
Respiratory conditions	6.7
Genito-urinary problems	2.2
Heart, blood pressure, circulation problems	3.5
Prefers not to give details	4.8
<b>Total</b>	<b>100.0</b>

\*From April 2020 interviewers were advised to code any mention of Coronavirus as other albeit they may also

\*\*This includes stress, depression, anxiety and serious mental health

<sup>4</sup> ONS (2021)

The CIPD (2022) report suggests that 67% of organisations include COVID-19 among their top three causes of short-term absence and just over a quarter (265) report long COVID among their top causes of long term illness<sup>5</sup>

The cost of ill health and absence from work, according to the 'Thriving at Work' the Stevenson/Farmer review mental health and employers (2017), suggests £1485 per employee. **6This would mean that on estimation it could be costing Slough Borough Council around; £1,782 m** . This figure is made up of absence costs, presenteesim costs, recruitment and turnover costs.

Understanding the needs of our workforce population, identifying our desired health and wellbeing outcomes and developing robust health interventions is the main focus of the proposals being put forward. In terms of our return on investment, recent research has indicated that for every £1 spent there is around a £9.98 return. <sup>7</sup>

From experience and extensive research, the key ingredients of a successful workplace wellbeing programme requires the following:

- ✓ Senior buy in and clear messaging from organisational leaders
- ✓ A Workplace Wellbeing Strategic Committee - Strategic direction
- ✓ A Workplace Wellbeing Lead
- ✓ Data driven / evidence based
- ✓ Making wellness activities convenient and accessible to all employees
- ✓ Resources to deliver the initiatives
- ✓ A communication plan
- ✓ Evaluation and measurement of impact of wellbeing programmes

This proposal will put forward promising wellbeing initiatives and practices for health and wellbeing at work including: the strategy and holistic approach to get started, mental health, financial wellbeing initiatives and ideas that cover a broad range of wellbeing topics.

The approach is to develop a holistic wellbeing programme that includes: prevention and interventions initiatives, together with addressing some of the top health risks as below.

### 1.1. **Mental Health**

Approximately 1 in 4 people in the UK will experience a mental health problem each year. <sup>8</sup>

In England, 1 in 6 people report experiencing a common mental health problem (such as anxiety and depression) in any given week.

By 2030, it is estimated that there will be approximately two million more adults in the UK with mental health problems than there were in 2013.

The interventions and initiatives suggested below are ideas of what we could offer as part of a workplace wellbeing programme.

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<sup>5</sup> CIPD (2022)

<sup>6</sup> 'Thriving at Work' the Stevenson/Farmer review mental health and employers (2017)

<sup>7</sup> 'Thriving at Work' the Stevenson/Farmer review mental health and employers (2017)

<sup>8</sup> McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. (2009). [Adult psychiatric morbidity in England, 2007: results of a household survey](#). The NHS Information Centre for health and social care.

- 1.1.1 To roll out Mental Health First Aid training.<sup>9</sup>
- 1.1.2 To roll out Mental Health awareness training to all staff.
- 1.1.3 To promote the NHS approved Be Mindful online course to all staff. A digital training programme that guides users through all the elements of mindfulness-based cognitive therapy and mindfulness-based stress reduction.<sup>10</sup>
- 1.1.4 To promote PHE Psychological First Aid Training
- 1.1.5 To promote and increase take-up of our employee assistance programme.
- 1.1.6 To promote the New every Mind Matters Campaign<sup>11</sup>
- 1.1.7 Explore the use of the HSE Talking Toolkits for tackling work-related stress<sup>12</sup>
- 1.1.8 To develop, implement and communicate a mental health at work plan in line with the “Thriving at Work” review, mental health and employers<sup>13</sup>

## **2.1 Musculoskeletal Health (MSK)**

MSK conditions include a range of ailments that cover injury, damage or disorder of the joints or other issues in the upper/lower limbs or the back. MSK-related conditions are associated with; sedentary positions, continual repetition of movement, concentrated force of specific areas of the body and a pace of work that does not allow employees sufficient recovery time.<sup>14</sup>

With this in mind the following are suggestions of what could be offered as part of a workplace wellbeing programme.

- 2.1.1 To develop a MSK toolkit for the organisation using the BITC MSK toolkit template.
- 2.1.2 To adopt the ESCAPE-pain initiative, a rehabilitation programme that includes both an education component to learn about the causes of chronic pain and coping strategies as well as tailored exercise programme<sup>15</sup>
- 2.1.3 To promote day 1 intervention for MSK related sickness absence for assessment by occupational health and/or physiotherapy.

## **3.1 Financial Wellbeing**

Integral to any workplace wellbeing programme is an understanding of the importance of how financial concerns can affect employee mental and physical health. Financial wellbeing not only affects individual workers, but it also impacts on business performance.

According to research commissioned by the CIPD, found that, 1 in 4 employees say that financial concerns have affected their ability to do their job. The effects of these

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<sup>9</sup> MHFA England

<sup>10</sup> Bemindful.co.uk

<sup>11</sup> PHE Jan 2021

<sup>12</sup> HSE (2018) Go Home Healthy – Talking Toolkits – Preventing work-related stress

<sup>13</sup> Thriving at Work’ the Stevenson/Farmer review mental health and employers. (2017)

<sup>14</sup> HSE (2018)

<sup>15</sup> [www.scape-pain.org](http://www.scape-pain.org)

concerns include, lost sleep, finding it hard to concentrate at work, spend working time dealing with money worries. <sup>16</sup>

This is a challenging area of wellbeing driven by rising living costs and Slough section 114 status. There is evidence that poor employee financial wellbeing costs an organisation in terms of absenteeism, mental health, stress levels, job performance, decision making and focus

The initiatives suggested below are ideas of what we could offer as part of a workplace wellbeing programme

3.1.1 Promote the services of Money Advisor Network

3.1.2 Introduce Neyber, a financial Employee Benefits wellbeing platform that includes: financial education, podcasts & workshops

#### **4.1 Menopause**

51 is the average age women reach Menopause, with 1 in 4 women experiencing serious symptoms. 8 out of 10 women of menopausal age are in work and the majority are unwilling to discuss menopause related health problems to their line manager. Symptoms can include; sleeplessness, memory loss, headaches, depression and anxiety. <sup>17</sup>

With this in mind the following are suggestions of what could be offered as part of our workplace wellbeing programme.

4.1.1 review existing policies related to wellbeing and develop a specific policy around women's Health and the Menopause

4.1.2 Deliver Menopause seminars for staff and line managers

4.1.3 Carry out an assessment of "How Menopause friendly" is our organisation

#### **5.1 Physical Activity**

Becoming more active is good for our mental health and physical health and reduces our risk of developing a number of health conditions. One in 3 adults in England live with a long-term condition and they are twice as likely to be the amongst the least physically active<sup>18</sup>Slough has significantly lower levels of physical activity (56%) compared to our neighbours (69.5%) and lower levels of overweight & obesity (58.7%) compared to our neighbours (61.6%)<sup>19</sup>

The NHS guidelines on physical activity state that adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on a least 5 days a week. All adults should minimise the amount of time being sedentary (sitting) for extended periods.

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<sup>16</sup> CIPD (2019) Health and Wellbeing at Work

<sup>17</sup> The British Menopause Society

<sup>18</sup> PHE (2020) Health matters: physical activity-prevention and management of long-term conditions

<sup>19</sup> PHE Fingertips Local Authority Health Profile 2019

With this in mind the following are suggestions of what could be offered as part of our workplace wellbeing programme.

- 5.1.1 Review of current provision of opportunities for staff to take part in physical activity clubs/event. In particular a focus on what's available in the workday in terms of convenience and accessibility.
- 5.1.2 Develop a workplace challenge event where employees/teams compete, using an activity log and face to face activities. Slough Games

## **6.1 Healthy Eating**

Individuals consume a third of their calorie intake at work, highlighting the potential for businesses to have a significantly positive impact on the eating habits of their employees. Only 27% of adults (19-64) and 35% of those aged over 65 years ate recommended five or more portions of fruit and vegetables a day in 2019<sup>20</sup>

Public Health England<sup>21</sup> has put together guidance for employees to support and encourage healthier eating in the workplace which includes:

- 6.1.1 Put in place a healthy eating policy/statement to maximise opportunities for staff to make healthier choices
- 6.1.2 Encourage staff to take regular breaks during the working day so they have opportunities to eat well.
- 6.1.3 Choose healthy catering services and venues when considering staff away days and business lunches.

## **7.1 Men's Health**

Men account for three-quarters of premature deaths from heart disease, are twice as likely to die from drug or alcohol abuse and three times more likely to die from suicide.

But perhaps the most damaging of all-male habits is men's reluctance to seek help. Working-age men are far less likely to visit a GP than women when they become ill and they are less likely to ask for help with their mental health.

- 7.1.1 Nominate a male "champion" at work to build awareness of men's health issues and encourage uptake of support
- 7.1.2 Encourage senior male employees to share their experiences of accessing support for health issues – particularly in regards to mental health.
- 7.1.3 Use relevant awareness days (including Movember, Men's Health week and International Men's Day) to highlight men's health issues internally.
- 7.1.4 Update existing Equality and Diversity policies to ensure they make adequate provision for men's health.
- 7.1.5 Encourage male employees to attend medical appointments, both virtually and in-person, by offering flexibility for thee to take place within work hours.

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<sup>20</sup> BDA Association of UK Dietitians (2019)

<sup>21</sup> [www.wellbeingcharter.org.uk/media/Healthy%20Eating%20Topic%20Guide.pdf](http://www.wellbeingcharter.org.uk/media/Healthy%20Eating%20Topic%20Guide.pdf)



The evidence is resounding that a workplace wellbeing programme is good for our people and good for business. There is a need to make a difference to the lives of the people who work in our business and our community by promoting overall wellness support.

As Slough enters a significant period of change through the Section 114 recovery plan it is paramount that staff understand what this means to them and how this will affect their day-to-day life and work.

A robust health and wellbeing at work programme should be a key component of the cooperate recovery plan in building engagement and active participation of staff in shaping and creating a resilient workforce. The current staff benefits and reward and recognition initiatives should be reviewed and strengthened.

As a result of this staff will recognise that senior leaders value their contribution through the development of the workforce wellbeing programme.

5a. **Slough Wellbeing Strategy Priorities** – (Compulsory Section)

Workplace Health is our fourth priority within the Slough Wellbeing Strategy.

*Priorities:*

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

5b. **Five Year Plan Outcomes** (Compulsory Section)

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

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

- *Outcome 2: Our people will be healthier and manage their own care needs– through having a robust Director led Workforce Health strategy and action plan*
- *Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents - through the Council being an employer of choice and who places Workplace Health as a corporate priority*

6. **Other Implications**

Financial Implications:

In order to deliver effective and robust workplace wellbeing programme the most essential resource will be the people delivering and driving the programme. This is best delivered under the co-leadership of HR and Public Health with engagement of various stakeholders including our business.

There needs to be a dedicated programme manager resources to drive the agenda forward. This will be supported through COVID recovery plan for next six months but will need resources identified in the future.

Staffing	Cost including on cost with pension	Notes
HR Consultant backfill	£30,000 (approx.)	Backfill for current post
Project Manager to be hosted by PH	£45,000 (approx.)	New post

**Estimated Staff Costs: £75,000 (approx.)**

Initiative	Estimated Costs	Notes
MECC Training	Free – e-lfh.org.uk	Made available to all staff
Mental Health First Aid Training	£10,000	The proposal is to train 50 managers in the first cohort over the first year
Mental Health Awareness ½ day course	£2500	To run a ½ day lite course every other month at a cost of
MH First Aid training for those caring for working with children <a href="#">PHE launches new Psychological First Aid training - GOV.UK (www.gov.uk)</a>	Free	Promote to all staff especially those who are parents plus those working with children and YP
Add <a href="#">Home :: Keeping Well (keepingwellnwl.nhs.uk)</a> to SBC Public Health Webpage	Free	Promote to all staff
Health Topic Seminars i.e. Menopause, Healthy Heart, Men's health	£2000 (excluding those provided by Medigold)	Investigating what's included within the Medigold contract
Virtual Exercise Programme Active Slough Active Berkshire	Free – Couch to Fitness	Promote to all staff  Promote Active Slough and Active Berkshire to all staff
Slough Staff Awards	Develop local sponsorship	

**Estimated Initiatives costs: £14,500**

(a) Risk Management

	Risks/Threats/ Opportunities	Current Controls	Using the Risk Management Matrix Score the risk	Future Controls
Financial Restraints inhibit the funding wellbeing programme	Financial insecurity of the council	Understanding the Workplace ill-health costs to the council	18 (High)	Funded from PH ringfenced grant

(b) Human Rights Act and Other Legal Implications

None identified

(c) Equalities Impact Assessment

The Workforce Health Strategy and action plan process 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.

7. **Supporting Information**

*Nil*

8. **Comments of Other Committees**

*NA*

9. **Conclusion**

Workplace Health is Sloughs' Priority Four within the 2020-25 Wellbeing Strategy.

There is strong evidence that supporting health and wellbeing of colleagues can achieve a range of positive outcomes such as: enhanced performance, improved staff retention, lower levels of sickness absence, presenteesim and organisational success through more productive and motivated staff.

Through this paper Slough Wellbeing Board is requested to consider and agree the future proposal for investment and initiatives in Workplace Wellbeing programme.

10. **Background Papers**

None

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**SLOUGH BOROUGH COUNCIL**

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

**DATE:** 31<sup>st</sup> May 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 (SHAN) and the new work around Poverty Support in Slough.

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

The Committee is requested to note the progress made on the Poverty Support agenda under Strong, Healthy and Attractive Neighbourhoods initiative.

3. **Slough Wellbeing Strategy Priorities**

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

3.2. **Corporate Plan Outcomes**

The work to nurture and support strong, healthy, and attractive neighbourhoods helps deliver the following outcome in the Corporate Plan (2022 – 2025):

*An environment that helps residents live more independent, healthier, and safer lives.*

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

Frimley Clinical Commissioning Group (CCG) is supporting the delivery of SHAN by the awarding of a £90,000 grant to Slough Borough Council in 2022/23. This has led to a re-alignment of outcomes to closely work with Primary Care Networks to reduce health inequality in Slough. Work to alleviate poverty is part of the new SHAN/CCG programme.

(b) Risk Management

Risks associated with the delivery of the Strong, Healthy and Attractive (SHA) initiative will initially be monitored by 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 SHAN initiative collaborates with, and supports individuals, community groups and other stakeholders (including businesses, ward members and other public sector organisations) to deliver transformational projects in communities and neighbourhoods.

5.2 Primary Care Network pilot: The 12-month pilot partnership between Slough's Primary Care Networks (PCNs) and the council's Community Development Team began on 1 April 2022. The pilot partnership recognises the shared outcomes around reducing health inequality between the Clinical Commissioning Group (CCG) and Slough Borough Council. The CCG provides health care to reduce health inequality while Community Development leads on delivering outputs to tackle the wider determinants of health inequality.

5.2.1 A work programme has now been jointly agreed between both parties and Community Development will deliver projects and work streams that build on the firm foundations the team have with our communities to address the wider health determinants like, poverty, physical inactivity, loneliness and lifestyle choices which lead to poor health.

5.2.2 An initial work stream to develop a Community Directory has begun. Following research and feedback from stakeholders including Social Prescribers linked to PCNs, Community Development officers are working with #OneSlough to develop this on-line resource. Partner organisations and individual officers currently have only partial knowledge and understanding of the depth and spread of support available in the borough and the wider East Berkshire and Thames Valley region. It has been agreed to develop a new website to meet the needs of residents, community groups, GPs, Social Prescribers, and other agencies who need to refer to community-based support.

5.2.3 Physical and social event and other forms of local support will be listed in one place and will include links to wider networks across the borough and region. This directory will meet the outcomes of promoting self-help, community resilience and prevention and allow activities (social and physical) and support to be mapped out in one place with links to other support and networks in Slough.

5.3 SHAN update: Over the last 6 months the SHAN workstream has delivered the following projects in specific wards:

- Britwell – The Community Development officer led a health focussed public engagement process to gather information about how the community felt about the new health centre at Britwell Hub. A delivery plan has been drafted with community leaders and local groups are being supported to host a Jubilee event as a catalyst to start working on the rest of the delivery of the plan.
- Baylis and Stoke – A SHAN engagement process was completed, and an action plan was created with local people and groups. Local groups in the ward have agreed to adopt the plan and work with residents to deliver the agreed outcomes.

Future to be developed this year include:

- Wexham Lea (SPINE/CSN)
- Central (CSN/LOCC)
- Cippenham Green and Meadow (SHAPE/SPINE/LOCC)
- Foxborough/Kedermister (LOCC)

5.4 Cost of living crises in Slough: Across the UK the impact of historically high inflation rates is being felt by everyone. High fuel and food costs linked to low wages in some sectors are contributing to a national cost of living crises. Locally Slough Foodbank are reporting a significant rise in referrals to this service. #OneSlough are co-ordinating a number of initiatives across the voluntary and community sector to try to alleviate the impact in Slough; Community Development are supporting this important work.

5.4.1 Poverty Action Group: Through the work to develop a new Community Directory, it was clear that there was an urgent need to prioritise a way to share understanding of the existing and emerging projects to help residents cope with cost of living. Community Development will support #OneSlough to create an alliance of partners to come together in June to share their data and understanding of the problem and the emerging response. This will also be an opportunity to identify gaps in service provision so community and voluntary sector can respond to ensure there are no hidden pockets of people in Slough not receiving support around food and/or fuel and can access financial advice.

5.4.2 Food support: Community Development have audited food-assistance provision in Slough and identified organisations, community groups and charities which are providing food-assistance to local residents. The council's Community

Development team are focussing on developing and supporting two food-assistance projects in Slough; a new Community Pantry continuing support for Meals from Marlow.

- A Community Pantry is being planned to open in June 2022. Using existing links with local supermarkets, food shops, cafes and restaurants the project is looking to be able to run a membership-based scheme where members pay a small weekly fee (around £3.50 per week) which will allow them to come to the Pantry and choose up to 10 food items. Further details can be found here [Your Local Pantry](#)
- Meals from Marlow is a scheme used by Community Development during Covid-19 lockdowns. Hot meals are provided to community groups who can then distribute them through their own micro-networks. This model uses the strength of the community groups who are trusted by residents and allow them to build resilience in a time of need.

5.4.3 Fuel and energy support: This work is in its early stages. Community Development officers are ensuring that GPs and Social Prescribers are aware of the support available via third parties to help residents deal with high fuel and utility costs. A number of training webinars by Groundworks' Green Doctor service ([Green Doctor, helping UK residents stay warm, stay well, and save money on household bills - Groundwork](#)) have been organised.

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

This report has not been shared with other committees.

## **7. Conclusion**

Strong, Healthy and Attractive Neighbourhood initiatives continue to be delivered across the borough and from April 2022 the focus will continue around tackling wider health inequalities as well as supporting the work to co-ordinate community support for those struggling with huge rises in fuel and food prices including the cost of living.



**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board  
**DATE:** 31st May 2022  
**CONTACT OFFICER:** Beth Wilks, Strategic Partnerships Lead  
**(For all Enquiries)** (01753) 875560  
**WARDS:** All

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

**SLOUGH WELLBEING BOARD - WORK PROGRAMME 2022/23**

1. **Purpose of Report**

For the Slough Wellbeing Board to discuss its work programme for the 2022/23 financial year.

2. **Recommendations/Proposed Action**

- 2.1 Slough Wellbeing Board to review and agree the work programme, and items suggested for inclusion.
- 2.2 Slough Wellbeing Board to modify the agenda as it deems appropriate, including the removal and/or merge of proposed sessions, and identification of any additional items for inclusion in the work programme.

3. **The Slough Joint Wellbeing Strategy, the JSNA, and Doing Right by Slough 22-25 (SBC Corporate Plan)**

- 3.1 The work of the Slough Wellbeing Board aims to address the four priority areas outlined in the Slough Wellbeing Strategy 2021-2026:
  - Starting Well
  - Integration
  - Strong, Healthy, and Attractive Neighbourhoods
  - Workplace Health
- 3.2 The work programme incorporates scheduled updates on delivery against the four priority areas of the Wellbeing Strategy; the priorities described are informed by evidence of need contained within the Joint Strategic Needs Assessment (JSNA).

- 3.3 The work of the Slough Wellbeing Board also contributes to the four priority outcomes in the Council's 'Doing Right by Slough' 2022-2025 Corporate Plan:
- A council that lives within our means, balances the budget, and delivers best value for taxpayers and service users.
  - An environment that helps residents live more independent, healthier, and safer lives.
  - A borough for children and young people to thrive.
  - Infrastructure that reflects the uniqueness of Slough's places and a new vision for the town centre.
- 3.4 In particular, the work of the Slough Wellbeing Board aims to address outcome two and three of the council's 3-Year Corporate 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 the monitoring officer and Cabinet separately.

##### (d) Equalities Impact Assessment

Equality Impact Assessments will be completed for any specific activity undertaken by the Wellbeing Board which may have equalities implications.

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

- 5.1 The Slough Wellbeing Board work programme provides a provisional outline of the board's agenda for the 11-month period leading up to, and including, April 2023.
- 5.2 Statutory responsibilities of the Slough Wellbeing Board have been scheduled into the work programme to ensure compliance with the Health and Social Care Act 2012, and other relevant legislation. The timing of such content has been agreed in principle with the appropriate officers.

- 5.3 In addition to statutory items, regular updates on the work being delivered to address the priorities of the Slough 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 workstream, and the Workplace Health Task and Finish group.
- 5.4 A standing agenda item of '*Update – National & Local Policy*' has been added to all formal meetings of the board, to ensure members remain up to date with legislative and policy changes within the health and social care domain. The update itself will be kept brief, highlighting only headline changes; any further in-depth analysis will need to be sought separately.
- 5.5 Following two training sessions with the Local Government Association (LGA) on health and wellbeing boards, there was a strong desire amongst several board members to introduce informal sessions into the work programme, to enable focussed discussions on specific topics which include the cost-of-living crisis, and, exploring the relationship between the Slough Wellbeing Board and the new integrated care system arrangements i.e., Frimley ICP and ICB. The informal sessions offer the opportunity to invite additional participants as the board deems appropriate for specific topics.
- 5.6 The informal sessions will not be managed by democratic services and the strategy and partnerships team. The Chair, or a board member delegated by the Chair, will have responsibility to arrange and facilitate the informal sessions. Hosts for each session have provisionally been identified, but will be confirmed post the boards approval of the work programme.
- 5.7 The work programme has been developed in consultation with board members and other officers from organisations involved in the partnership, and its priority areas.
- 5.8 The Slough Wellbeing Board Work Programme is a live document which is subject to continual review and change as deemed appropriate by members of the Board; it should be updated in line with emerging risks, evolving priorities, and changes in scope for the partnership.

## 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 – 2022/2023

8. **Background Papers**

None.



## Slough Wellbeing Board Work Programme 2022/2023

**\*\* Subject to ongoing review and change by the Slough Wellbeing Board\*\***

### End of June 2022 (Date TBC)

**Informal Session 1** - This session may be incorporated into the final LGA training session on the 23<sup>rd</sup> June.

**Title:** Understanding Our Role in Supporting the Health and Wellbeing of the Local Population

**Overall Aim of the Session:** To support partners in identifying areas of collaborative working to improve local health & wellbeing, and to improve understanding of different organisational remits and roles.

**Session Details:**

- Each partner to present slides which explore the following (board members to prepare slides prior):
  - What does the health and wellbeing of the local population mean to your organisation? How does/can your organisation support the health and wellbeing of the local population?
  - What do you see as the value of health and wellbeing boards? Where do you think this board can add value/have impact?
  - What do you feel should be the focus/priorities of this board & why?
  - How do you feel your organisation can contribute to the Slough Wellbeing Board? What do you feel is your role at the Slough Wellbeing Board?
- Group discussion to follow the presentations re: what this means for opportunities to collaborate to support the health and wellbeing of the location population.

**Attendance:** Slough Wellbeing Board Members

**Location:** Virtual session on Microsoft Teams

### 20<sup>th</sup> July 2022

**Formal Meeting**

- Election of Chair and Vice-Chair
- Update – ICS and Place (verbal update)
- Update – Priority Two, Integration. Health and Social Care Partnership Board
- Update – Priority Three, Strong, Healthy and Attractive Neighbourhoods
- Update – Slough Equalities Review
- JSNA Demonstration
- Update – National & Local Policy
- Slough Wellbeing Board Work Programme

**Attendance:** Slough Wellbeing Board Members

**Location:** Session to be held in person at the Council Chambers

### Early September 2022 (Date TBC)

**Informal Session 2**

**Title:** Exploring the Relationship between the ICB, ICP, and Slough Wellbeing Board

**Overall Aim of the Session:** Support improved integration, alignment, and join-up, with the new Integrated Care System Arrangements, preventing duplication and wasted resource.

**Session Details:**

- Overview of the implications of the Health & Social Care Act 22, and the Health & Social Care White Paper, and how they apply to the Slough Wellbeing Board.
- Overview of the role of Integrated Care Partnerships (ICP), Integrated Care Boards (ICB), the role of place, and provider collaboratives.
- Begin exploring/mapping the relationship between the ICP, ICB, and Slough Wellbeing Board - how do the different structures and strategies work together, noting that the Frimley ICB and ICP expand beyond Slough.

**Attendance:** Participation to be broader than the core Slough Wellbeing Board members.

**Location:** To be confirmed (Microsoft Teams or in person at the Council Chambers)

## 20<sup>th</sup> September 2022

**Formal Meeting**

- Update – ICS and Place (verbal update)
- Pharmaceutical Needs Assessment
- Better Care Fund Plan Sign-Off
- Integrated Care Board Annual Report
- Slough Wellbeing Board Annual Report
- Update – National & Local Policy
- Slough Wellbeing Board Work Programme

**Attendance:** Slough Wellbeing Board Members

**Location:** Session to be held in person at the Council Chambers

## October 2022 (Date TBC)

**Informal Session 3**

**Title:** Tackling the Cost-of-Living Crisis for Local Residents

**Overall Aim of the Session:** Identify activity at a local level to support residents facing unprecedented challenges due to the cost-of-living crisis, building on the work of the local poverty action group.

**Session Details:**

- Overview of local data and insight for Slough to inform local profile re: cost-of-living crisis (fuel poverty / food poverty etc.) and local need.
- Overview of what we are currently doing/what is currently in place to support local residents, and gaps in local provision to address need.
- Breakout groups to explore what as a group of partners, we can do collectively to support in addressing identified gaps → ideas to be incorporated within the local poverty action group delivery plan. Delivery of work by the Local Poverty Action Group to be monitored by the Slough Wellbeing Board under the Strong, Healthy, Attractive Neighbourhoods priority.

**Timing of the Session:** The timing of this session is in line with an anticipated 2<sup>nd</sup> phase of energy price increases, and will look to build on activity already underway to support local people.

**Attendance:** Membership for the session to be broader than Slough Wellbeing Board members.

**Location:** To be confirmed (Microsoft Teams or in person at the Council Chambers)

## 24<sup>th</sup> November 2022

### Formal Meeting

- Update – ICS and Place (verbal update)
- Update – Priority One, Starting Well. Children and Young People Partnership Board
- Update – Priority Four, Workplace Health Task and Finish Group
- Update on Adult Social Care Reform
- Update on Adult Social Care Transformation Programme and Savings Plan
- Safeguarding Partnership Annual Report
- Update – National & Local Policy
- Slough Wellbeing Board Work Programme

**Attendance:** Slough Wellbeing Board Members

**Location:** Session to be held in person at the Council Chambers

## December 2022 (Date TBC)

### Informal Session 4

**Title:** Understanding the Health and Wellbeing of Our Local Population to Inform a Refresh of the Slough Wellbeing Board Strategy

**Overall Aim of the Session:** Generate a collective understanding of what local data and insight tells us about the need of our local population, to steer the focus of the 23-27 Slough Wellbeing Strategy, recognising the impact of factors including Covid-19, the cost-of-living crisis, and the Ukraine conflict etc.

#### Session Details:

- Overview of local data and insight for Slough re: local profile and need.
- Discussion re: the priorities for the Wellbeing Board given local profile & need – consideration to be given to the interplay with the Integrated Care Strategy.
- Following session 3, the strategy will be developed, and a draft compiled for the November 22 informal session.

**Timing of the Session:** The timing of this session in December 22 allows for inclusion of the most recent census data to support in informing the priorities of the partnership. Furthermore, it is timely, with the Frimley Integrated Care Strategy anticipated to be complete by the end of December 22; government guidance states: *“Upon receipt of an integrated care strategy, the Health and Wellbeing Board must prepare a ‘joint local health and wellbeing strategy’ that sets out how the local authorities, integrated care board and NHS England will meet population needs in that area. However, if the Health and Wellbeing Board does not need to prepare a new joint local health and wellbeing strategy if, having considered the integrated care strategy, they consider that their existing joint local health and wellbeing strategy is sufficient”*. [Integrated care partnership \(ICP\): engagement summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/integrated-care-partnerships-engage-with-local-people)

**Attendance:** Membership for the session to be broader than Slough Wellbeing Board members.

**Location:** To be confirmed (Microsoft Teams or in person at the Council Chambers)

## 18<sup>th</sup> January 2023

### Formal Meeting

- Update – ICS and Place (verbal update)
- Update – National & Local Policy

- ICB Commissioning Plan
- Update – Priority Two, Integration. Health and Social Care Partnership Board
- Update – Priority Three, Strong, Healthy and Attractive Neighbourhoods
- Slough Wellbeing Board Work Programme

**Attendance:** Slough Wellbeing Board Members

**Location:** Session to be held in person at the Council Chambers

## February 2023 (Date TBC)

### Informal Session 5

**Title:** Delivering the 2023/2027 Slough Wellbeing Board Strategy

**Overall Aim of the Session:** Review and update the refreshed strategy to enable official sign-off, identifying the delivery mechanisms needed to ensure progression aligned to the revised priorities.

#### Session Details:

- Review of the draft strategy which has been worked up from the December 22 Slough Wellbeing Board informal session; consideration of the following:
  - Does the strategy capture the desired direction/priorities of the board?
  - What delivery mechanisms does the board need in place to deliver the strategy?
  - What is the operating model / structure that will deliver the strategy?
  - How does the refreshed strategy and required operating model / structure influence the role of the Slough Wellbeing Board and its members?
- Feedback from the session to be used to update the strategy prior to the March 2023 meeting where official sign-off will take place; terms of reference to be revised in line with the strategy ahead of the March 2023 meeting. The refresh of the 2023/2027 Strategy will likely influence the work programme moving forward.

**Attendance:** Slough Wellbeing Board Members

**Location:** To be confirmed (Microsoft Teams or in person at the Council Chambers)

## 15<sup>th</sup> March 2023

### Formal Meeting

- Update – ICS and Place (verbal update)
- Sign-Off - Slough Wellbeing Strategy 2023 – 2027
- Sign-Off - Slough Wellbeing Board Terms of Reference
- Update – Priority One, Starting Well. Children and Young People Partnership Board
- Update – Priority Four, Workplace Health Task and Finish Group
- Update – National & Local Policy
- Slough Wellbeing Board Work Programme

**Attendance:** Slough Wellbeing Board Members

**Location:** Session to be held in person at the Council Chambers



**Informal Session 6**

- To be confirmed later in the year following the refresh of the Slough Wellbeing Board strategy; informal sessions to also consider emerging risks.
  
- Ideas suggested to date by SWB members include:
  - Tackling Local Child Poverty
  - Children and Young People – Intervening Earlier to Reduce Statutory Crisis Intervention
  - Improving the Lives of Children and Young People in Slough
  - Digital Access and Inclusion
  - Tackling Local Inequality
  - Tackling Worklessness to Address Poverty

Provisional

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