

Slough Wellbeing Board – Meeting held on Monday, 25th March, 2013.

Present:- Councillors Rob Anderson and James Walsh,
Ruth Bagley, Lise Llewellyn, Richard Humphrey and Matthew Tait.

Apologies for Absence:- Jane Wood, Colin Pill, Julie Curtis, Paul Southern and Neil Prior.

PART 1

1. Declarations of Interest

None were declared.

2. Minutes of the last meeting held on 4th February 2013

Resolved – That the minutes of the last meeting of the Board held on 4th February 2013 were approved as a correct record.

3. Slough Wellbeing Board - Practice and Procedure

The Board considered a report dealing with the implications of moving from Shadow status to a formally constituted Committee of the Council and inviting a view on a number of matters of practice and procedure.

Dates for future meetings of the Board, which would now take place at Chalvey Community Centre, had been set at two monthly intervals over 2013/14. Meetings would be open to the public and the issue and publication of agenda would be subject to normal Access to Information requirements. It would only be possible to exclude the public from a meeting if information in one of seven specified categories was likely to be disclosed. Reports to the Board would be in a standard form and a tailored report template was attached to the report for consideration by the Board. A suggestion was made that the section on risk management could be improved by including a checklist of the different types of risk to be considered.

The membership of the Board from 1 April 2013 was largely the same as that which had been operating in shadow form. Any member organisation which did not wish to accept voting rights was requested to confirm this with the Council (two had so confirmed to date). The Board considered whether arrangements should be made to enable a named representative to act as a substitute and agreed that this should be permitted in appropriate cases.

The terms of reference of the Board envisaged a formal Annual Report to be made to the Council and member organisations. It was suggested that there could be more frequent reporting on an informal basis throughout the year.

A further consequence of the Board being constituted as a Committee of the Council was the requirement for Members to undertake to comply with the

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Council's Member Code of Conduct, including the obligation to notify the Council's Monitoring Officer of Disclosable Pecuniary Interests (DPIs). The Regulations applied these obligations to Voting Members of the Board only. A copy of the Code of Conduct, guidance on its application and the necessary form declaration would be supplied separately to Board Members not already bound by it and Members' DPI forms would be entered into the Council's Register of Interests published on the website.

- Resolved** - (a) That the report setting out the future administrative arrangements for the Board be noted.
- (b) That the report template be amended to include a checklist covering the different types of risk to be considered.
- (c) That those organisations that do not wish to accept voting rights confirm this with the Council (to date only Paul Southern, RBFRS and Neil Prior, local business representative have so confirmed).
- (d) That Board Members be enabled to nominate a substitute representative to attend on their behalf if appropriate (Lise Llewellyn nominated Angela Snowling as substitute).
- (e) That the Board produces an Annual Report to be shared with all member organisations as set out in the terms of reference, with more frequent informal reporting back throughout the year.
- (f) That the Board accepts compliance with the Council's Member Code of Conduct, with all voting Board Members to declare their Disclosable Pecuniary Interests (DPIs) for the Register of Interests.

4. Slough Wellbeing Board - Terms of Reference

The Board considered its terms of reference, as updated to take account of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, coming into force from 1st April 2013. The terms of reference covered all matters regarding the purpose and objectives of the Board, accountability, membership, working arrangements, sub-committees and working parties and support arrangements.

New statutory guidance had just been issued detailing the appropriate means of escalation in circumstances where the Board may be considered not to be discharging its duties. This would need to be reflected in the terms of reference. With regard to the membership list, it was suggested that this should differentiate between statutory members and locally agreed appointments.

The Board was informed that the Council was embarking on a review of its Constitution which could result in changes to various cross references referred to in the terms of reference.

- Resolved** - That the updated terms of reference be approved, subject to:
- (a) an addition to paragraph 1.1.1 to reflect the recently issued guidance as to the escalation routes applicable where the

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Board is considered not to be discharging its duties satisfactorily;

- (b) an amendment to the membership list in paragraph 2.2 to show which members are statutory; and
- (c) further consequential amendments as necessary to reflect any changes arising from the forthcoming review of the Council's Constitution.

5. Cross Sector Leadership

The Board received the presentation slides from a Cross Sector Leadership Seminar held at Basildon and Thurrock University Hospital in November 2012.

6. Public Health: Summary of Contractual Arrangements

Lise Llewellyn gave a presentation to the Board about the new Public Health responsibilities being taken on by local authorities and how these impacted on the contracts in place locally which assisted in the delivery of some of the required outcomes. The main duties falling on the local authority were:

- A duty to take such steps as it considers appropriate for improving the health of the people in its area
- To be responsible for ensuring robust plans are in place to protect the health of their population
- To support clinical commissioning through public health support
- To commission public health services to improve the health of local residents (using a ring-fenced budget)

As the Director of Public Health for Berkshire, Lise Llewellyn provided, with her small team, a shared resource for each Unitary Authority across the County from a base at Bracknell Forest Council. The local structure for each Council comprised a Consultant Head of Public Health (Angela Snowling for Slough), a Programme Manager, 3 Project Officers and administrative support. A national outcomes framework was in place against which each Authority would be measured, but the principal aims of improving life expectancy and reducing health inequalities remained central. Evidence of need would be provided through the Joint Strategic Needs Assessment and the improvements would be delivered through implementation of the Slough Wellbeing Strategy.

The Director outlined details of the grant allocation, explaining that the ring-fenced budget was to ensure that it was spent appropriately on the new public health responsibilities transferring from the NHS to local authorities. A breakdown of the allocation for the Authorities across Berkshire was shown, with further details to follow. The majority of the budget would be taken up with maintaining the inherited contracts such as that for sexual health (operated through the Garden Clinic at Upton Hospital), and the NHS health checks contract currently administered through GP surgeries.

A number of points arose from discussion of aspects of the presentation:

- A difficult challenge for Slough was posed by the “churn” effect where action taken to improve life expectancy/inequalities achieved a measure of success with families who then migrated out of the Borough, only to be replaced by others requiring the same improvement. As a result the standard indicators failed to show any improvement taking place.
- The duty to take steps to improve the health of the area was particularly important for Slough, where the appropriate actions were somewhat different to other areas in Berkshire. Advantages were seen in working more closely with London Boroughs which displayed similar health profiles for residents and therefore would make better comparator authorities.
- It was appropriate to carry out a review of the inherited contracts in place. In order to gauge effectiveness and value for money, it was proposed to undertake a benchmarking exercise.
- The early indications were that the smoking cessation contract was proving very successful whereas the NHS health checks contract (being carried out by GP surgeries) was under-performing.

Resolved – That the presentation be noted, in particular the action proposed on:

- the review of the Public Health contracts for 2014-15
- the risk of under-performance on the NHS Health checks contract and the discussion underway with the CCG (as a contact point for GP providers) regarding increasing activity as well as the consideration of other providers
- the possibility of working more closely with certain London Boroughs which were considered better comparator authorities than the other Berkshire Unitaries.

7. Place-Shaping Scoping Report

The Board considered a report proposing a programme to undertake focussed partnership working in one ward (for example Foxborough, Baylis and Stoke or Farnham, which had been identified as areas of need) or alternatively a smaller area within one ward. The work would take a ‘place-shaping’ approach comprising a range of interventions and would also incorporate actions on other strategic priorities such as housing, domestic violence, and personal responsibility and engagement.

The report contained a summary of the key indicators of deprivation, including household, economic, health and social deprivation, for the three wards of Foxborough, Baylis and Stoke and Farnham. The summary, in tabular form, also contained comparisons of the three wards to the Slough average and national average for each deprivation measure. This was followed by a detailed ward profile for each of the three areas. All statistics related to the existing wards rather than the new wards coming into effect in 2014.

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The Board took the view that in considering the most suitable area for this work, particular weight should be given to where there was already a good level of community engagement, where there was a single identifiable community and where there was an expectation that meaningful interventions could be effective. For such a project to be successful, it would be important to be able to communicate effectively with the community in such a way that both groups and individuals would feel comfortable and willing to respond. Learning how best to get those conversations under way would be essential. Appropriate channels of communication may be through, for instance, primary schools or GP surgeries.

It would also be relevant to consider what particular problems it was hoped to tackle, for example childhood obesity or a key issue like 78.5% of pupils are not having a balanced packed lunch at school (Foxborough Ward profile). Account could also be taken of what resources other partners had got on the ground in the relevant area.

The view was expressed that the whole of an existing ward was probably too large and rather too diverse an area in which to launch an initiative of this nature. The new Foxborough Ward (coming into effect from 2014) was a smaller, more homogenous unit that may be more appropriate. Further consideration could be given to the selection of an appropriate area at the workshop due to take place on 25th April. It was also important that positive and measurable outcomes could be achieved in order to provide a proof of concept, and demonstrate that the interventions made have worked. A roll-out to other areas could then be based on an effective model.

Resolved - That information be provided to support the place shaping discussion at the workshop on 25th April 2013 to include:

- the possible use of the new Foxborough ward as a focus for place shaping work
- details of the existing level of community engagement in this and any other potential areas under consideration
- information about primary and secondary school catchment/admissions in these areas
- information about GP surgery registrations in these areas.

8. **Self-Care / Personal Responsibility / Engagement Scoping Report**

The Board considered a report proposing that a work programme be developed around the role that individuals play in ensuring their own wellbeing. This would be linked to managing demand for and access to services and would form one of the Board's key priorities for 2013-14.

This idea had originated at the LGA-facilitated Board workshop on 15th February. Issues discussed there had included the impact of behaviour choices on health and wellbeing, the pressures that increasing demand places on financially-constrained services and the challenges of working with a diverse population with varying expectations and patterns of accessing services.

Access to primary care had been recognised as a particular issue. The CCG had identified satisfaction with GP services and support provided to manage long-term conditions as indicators to focus on during 2013-14. This will link with a national programme of work on GP access to be undertaken by the NHS Commissioning Board.

Reference was made to pilot working with the Fire and Rescue Service, who had a good track record of work in the community and opening up access to households and individuals. A query was raised about the quality of information given to residents about health services in general and whether this could be improved. As suggested in the report, the Board endorsed the preference for this initiative to be passed to a task and finish group to carry forward. Member organisations should consider what they could contribute and who they should nominate to participate in the group. The aim would be for the group to bring a proposed work programme for 2013-14 back to the Board for consideration, to include an initial communications strategy.

Resolved – (a) That a Task and Finish Group be established to scope and develop a work programme around the role individuals play in ensuring their own wellbeing.
(b) That member organisations be invited to nominate representatives who could contribute (Neil Prior or a representative was suggested as an ideal nominee given his communications background).
(c) That attention be given to revising the ‘citizens pack’ to upgrade the health section and include reference to the new NHS 111 service, designed to make it easier to access local NHS healthcare services and due to go live in Slough shortly.

9. Work Programme 2013/14 and Key Developments

The Board received a schedule showing the work programme for 2013/14 together with key developments over the next six months.

The Board made a number of suggestions about the layout and content of the work programme. It was noted that the planning group was considering the appropriate format of and reporting pattern for Priority Delivery Groups (PDGs).

Resolved – (a) That the general format of the work programme and key developments schedule be approved, subject to the addition of named Lead Officers for reports/projects.
(b) That the proposed programme for the 15th May meeting be amended to achieve a more manageable workload, with the Economic Development and Housing items delayed until later in the year.
(c) That a report be brought to the 25th April workshop regarding a suitable reporting pattern and appropriate indicators for PDG updates.

10. Date of Next Meeting

The date of the next meeting was confirmed as 15th May 2013.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 6.48 pm)