

**Slough Wellbeing Board – Meeting held on Wednesday, 15th May, 2013.**

**Present:-** Councillors Rob Anderson, and James Walsh,  
Richard Humphrey, Ramesh Kukar, Lise Llewellyn, Dr Jim O'Donnell,  
Paul Southern, Neil Prior, Matthew Tait and Jane Wood,

**Apologies for Absence:-** Councillor Ruth Bagley

**PART 1**

**1. Declaration of Interest**

None were declared.

**2. Election of Chair and Vice-Chair**

**Resolved** - That Cllr Rob Anderson and Lise Llewellyn be elected as Chair and Vice-Chair of the Board respectively for the ensuing year.

**3. Minutes of the last meeting held on 25th March 2013**

**Resolved** - The minutes of the last meeting of the (Shadow) Board held on 25<sup>th</sup> March 2013 were approved as a correct record.

**4. Slough Wellbeing Board Governance Arrangements**

The Board considered a report setting out the Governance arrangements now applying since the formal inception of the Board from 1<sup>st</sup> April 2013.

The terms of reference of the Board, considered at the last meeting, had been updated to include some late changes to Regulations and Guidance and a copy was attached to the report as an Appendix. The confirmed membership list for the Board stated which members were statutory members and those which had elected to be non-voting members. Matthew Tait indicated he may also wish to be regarded as a non-voting member but was consulting other NHS Commissioning Board representatives in the region to ensure a common approach. A decision was awaited from the newly inaugurated Healthwatch as to the appointment of a permanent representative.

With reference to the Register of Interests, all members had been supplied with a copy of the Council's Code of Code and guidance on its application. Completion of the undertaking to comply with the Code and notifications from (voting) members of their interests for the register were in the course of being collected.

The Board noted that a report was due to be made to the next meeting about a protocol to help develop clarity and mutual understanding of the roles and responsibilities of the Wellbeing Board, the Overview and Scrutiny Committee and Slough Healthwatch.

**Resolved** - That the Governance arrangements now in place be noted and confirmed.

## 5. Introduction to Healthwatch

The Board received a presentation introducing Slough Healthwatch given by David Liley, South East Regional Manager for Help and Care, attending in place of Marianne Storey an Executive Director of Healthwatch.

Healthwatch was the new consumer champion for health and social care, organised nationally as Healthwatch England and locally as Slough Healthwatch, to be operated under contract to the Council by Help and Care and Citizens Advice Bureau. While Healthwatch had a number of defined statutory functions, particular importance would be attached to day to day matters about information, advice and signposting to help people to make the right choices about the health care issues affecting them. The presentation covered what Healthwatch would do, and how, the organisational structure proposed, its vision as to how it would represent the views of local people to decision makers, and how it was hoped to work with the Wellbeing Board.

Board members put a number of questions to Mr Liley about the role of Healthwatch and the approach it proposes to take in its initial months of operation. A number of points arose from the discussion:

- Maintaining continuity from the LINK legacy was to be achieved through transferring staff and ongoing channels of communication with service providers, while at the same time looking to recruit and train new volunteers.
- The experience of CAB in receiving and managing large numbers of enquiries would be key to establishing Healthwatch as an effective consumer champion that could engage with the community.
- Healthwatch would look to quickly establish a productive working relationship with partners, with a mutual benefit to come from cooperation on communications and coordination of publicity for campaigns and other issues of common interest.
- There would need to be consultation and feedback on the Healthwatch Business Plan as it developed, but the initial view was that it would be centred around issues that were “topical, relevant and challenging”.
- Healthwatch was encouraged to use its experience of campaigns in other areas that were targeted at young people, given the demographic of Slough with its high proportion of residents in the younger age groups.

The Board also received a schedule setting out how Healthwatch would participate in the preparation of the Joint Strategic Needs Assessment (JSNA), development of the Slough Wellbeing Strategy (SWS), and align its Annual Plan accordingly. A further Appendix contained Local Healthwatch Regulations governing lay and volunteer involvement.

**Slough Wellbeing Board - 15.05.13**

**Resolved** - That David Liley be thanked for his presentation on the newly constituted Healthwatch.

**6. Community Cohesion Strategy**

The Board considered a draft document “Living Together: A Community Cohesion Strategy for Slough 2013 – 2015”, introduced by Richard Humphrey. The draft Strategy had been developed in the light of national guidance and by local partners and organisations who had come together to (a) identify the issues that matter most to their client groups, and (b) develop a shared understanding of, and vision for, cohesion across the Borough for the next two years.

“Living Together” (and its forthcoming action plan) will be delivered and monitored through the Community Cohesion PDG, which brings together council, police, health sector and a wide range of third sector and business interests to work on what matters most to residents. The document contained five outcomes and 30 objectives for delivery by 2015.

Arising from discussion of the draft Strategy, the following points were noted:

- While there was not a young people’s representative directly involved in preparation of the Strategy, the opportunity had been taken to check/quality assure it through reference to a ‘youth panel’ as the draft went forward.
- The PDG proposed to monitor and evaluate progress of the Strategy through development of a baseline (by Autumn 2013), using as far as possible some of the measures already in place with partners. A survey of communities was also proposed – to assist benchmarking.
- In terms of equalities impact, the Strategy contained outcomes and objectives designed to promote fairness, equality, and diversity and build community cohesion. Nevertheless it would be important to ensure that actions or initiatives carried out to benefit one group or area did not impact adversely on another.
- The Board was pleased to note the objectives around “attractive neighbourhoods”, recognising the destructive effect of anti-social behaviour on people’s pride in and sense of belonging to their local communities. It was hoped to drive this forward through identifying a number of appropriate low level projects, making use of volunteers, through Slough CVS for instance, wherever possible. Volunteering could often result in ‘health benefits’ for the individual in addition to the wider community benefit.
- Neil Prior reminded the Board of the community work volunteers and the availability of grants through O2 for appropriate projects.

**Resolved** - That the “Living Together: A Community Cohesion Strategy for Slough 2013 – 2015” be endorsed.

## Slough Wellbeing Board - 15.05.13

### 7. Protocol Agreement between Slough Children and Young People's Partnership Board and the Slough Wellbeing Board/Priority Delivery Groups

The Board considered a report introducing a protocol setting out the relationship between the Children and Young People's Partnership Board (CYPPB) and the Slough Wellbeing Board (SWB). The protocol expands upon the arrangements already built into the SWB terms of reference.

The Board noted that the CYPPB operates as a PDG and that its relationship with the SWB should reflect the formal reporting mechanisms and joint working arrangements agreed for all the PDGs. Because of their common interests and priorities, the CYPPB and the Healthier Communities PDG would need to work closely together and the protocol detailed the key points of the relationship between the two.

The Board recognised the importance of all the PDGs working in a similar way and that the relationships between them should be fully understood. Since it was a duty of the CYPPB to contribute to the preparation of the JSNA, it was suggested this should be explicitly referred to in the protocol.

**Resolved** – (a) To accept the protocol as an accurate description of how the Board will work with the CYPPB and other PDGs, subject to including a specific reference to the CYPPB participating in the preparation of the JSNA.  
(b) That the Director of Wellbeing be given delegated authority to finalise the document following comments from the remaining PDGs.

### 8. Place Shaping

The Board considered a resume of the discussions of the workshop held on 24<sup>th</sup> April 2013.

The workshop had centred on place shaping, identified for inclusion in the Board's work programme for 2013-14 because it was felt that through a partnership approach the Board could add value and increase impact. The aim was to explore the benefits of focussing place shaping on a particular area – with a transient population, low income, lower educational attainment, low skills and higher levels of anti-social behaviour.

Members had reviewed IMD data identifying outlying super output areas together with other datasets. Chalvey was identified as the clearest outlier on many of the indicators, notably TB and primary care access. It was proposed to review further IMD data to identify any other clear outliers, taking into account other known problems and data highlighting variances from national norms. Issues amenable to a partnership approach would be selected where a geographical approach was considered appropriate.

## Slough Wellbeing Board - 15.05.13

The Board also considered a report from the Overview and Scrutiny Committee Task and Finish Group concerning the levels of health deprivation in the Foxborough Ward. The report contained a recommendation that the Board considers reviewing levels of health deprivation in Lower Super Output Area EO1016490 (which approximated to the new Foxborough Ward) and report the findings to the Committee.

It was recognised that while further research and reviews of relevant data could be carried out, this should not divert resources away from the more immediate implementation of a programme of measures in Chalvey and Foxborough to address specific issues suitable for a partnership approach.

**Resolved** - (a) That following further discussion of the detail at the next workshop, a report be prepared for the July meeting of the Board recommending a programme of place shaping interventions in Chalvey and the new Foxborough ward; and  
(b) That the next workshop should also consider a further review of IMD data to identify any other clear outliers suitable for future work, in addition to a review of the health data for the Foxborough Lower Super Output Area, as requested by the Overview and Scrutiny Committee Task and Finish Group.

## 9. Evaluating the Effectiveness of Meetings

The Board considered a report containing a proposal for evaluating the effectiveness of meetings.

Arising from development sessions facilitated by the Local Government Association, it had been agreed that the Board should develop a simple system for evaluating the effectiveness of each meeting and agreeing any changes required. This would focus on how meetings were running, as distinct from the broader process of measuring the performance and impact of the Board. A development tool was available which set out descriptions of what a Health and Wellbeing Board should look like now and how it should develop over the coming years. This included criteria for leadership, values, relationships and ways of working, together with roles and contributions.

The report put forward a one page questionnaire with a 13 point list to invite feedback on how effective a meeting had been, with a suggestion that two members in turn be invited to respond to it via a short telephone interview following each meeting. However, the general view of the meeting was that it would be preferable to seek feedback from all members at each meeting, as long as this could be collected on-line or via email, and be quite brief with say around 5 – 7 questions only. Equally important, there was also a need to obtain feedback from members of the public who may attend meeting of the Board.

**Resolved** – (a) That a method of evaluating the effectiveness of Board meetings be developed along the lines of a regular, brief

**Slough Wellbeing Board - 15.05.13**

survey/questionnaire for all members, returnable by email, with more detailed feedback collected less frequently.

(b) further work be undertaken to consider how feedback can be obtained from members of the public who attend the meetings as part of the development of the Board's communication strategy.

**10. Joint Strategic Needs Assessment (JSNA) Refresh Process 2013-2014**

The Board received a report outlining the approach proposed for the refresh process for the JSNA 2013 – 2014. The JSNA will build on the “Local Story” and provide local residents and councillors with their own ward level story and maps of key health and wellbeing outcomes. The Wellbeing Boards across the six Berkshire Unitary Authorities, the Councils, the CCGs and their partners will be provided with a web based accessible resource for examining outcomes and to inform commissioning plans.

Jo Hawthorne attended the meeting and explained, with the assistance of some presentation slides, how it proposed to create a new style JSNA which would be accessible and web based with relevant information that was both easy to read and disseminate. Sample web pages from the Bedford Borough JSNA, which was a very good example of what was proposed, were shown to members.

The Board expressed satisfaction with the ‘look and feel’ of the proposed JSNA and asked a number of questions on matters of detail. Wherever possible the opportunity would be taken to include with the needs assessment data information about what is being done to address the needs and how to access the relevant services. In the long term it was hoped to combine the needs assessment and strategy within one document. The possibility of having a printed version or summary document also available was discussed. A clear advantage of a web based JSNA was the ability to amend and update on a regular basis.

**Resolved** - That the proposed approach to redesign of the JSNA for its 2013 – 2014 Refresh be approved.

**11. PCT Funding Transfer to Social Care**

The Board received a report detailing the NHS allocation funds to be transferred to local authorities and the agreement which has been reached over their application.

For 2013/14 the funding transfer would be carried out by the NHS Commissioning Board and the amount for Slough was £1.84m (compared to £1.37m and £1.31m in 2011/12 and 2012/13 respectively). The funding must be used to support adult social care services and in previous years this had been concentrated on:

- Enhanced Intermediate Care and End of Life Care
- Telecare equipment and Careline

**Slough Wellbeing Board - 15.05.13**

- Nursing Home Placements
- Reablement
- Project Management and Support

For 2013/14 there was a continuing commitment to support the same activities as previously (although the Project Management allocation had now been diverted to support a stroke coordinator) and the report detailed where it was proposed to allocate the additional £0.5m. There was a notable addition to the nursing home placement allocation. The principles applied to the allocation were to:

- build on services that avoided cost pressures in the system
- address specific known pressures in the system (eg increased nursing home placements)
- work with the CCG to target proposals that would benefit the whole system (eg telecare, stroke care)

**Resolved** - That the report be received with a comment that the Board be advised of any action it could take to help maximise this investment in social care.

**12. Work Programme 2013/14**

The Board received a schedule showing the work programme for 2013/14 together with known key developments, on which the members made a number of comments.

**Resolved** – That the work programme be noted, with addition of consideration of the role of the Board (and PDGs as appropriate) in the integration of services.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 7.45 pm)