

Slough Wellbeing Board – Meeting held on Wednesday, 29th January, 2014.

Present:- Councillors Rob Anderson and James Walsh.
Ruth Bagley, Simon Bowden, Lise Llewellyn, Dr Jim O'Donnell, Colin Pill, Paul Southern and Jane Wood.

Also present under Rule 30:- Councillor Strutton

Apologies for Absence:- Ramesh Kukar and Matthew Tait

PART 1

51. Declaration of Interest

None.

52. Minutes of the last meeting held on 13th November 2013

Resolved - That the minutes of the last meeting of the Board held on 13th November 2013 be approved as a correct record.

53. Membership

The Board noted that Richard Humphrey and Neil Prior had resigned from the Board having moved to positions elsewhere. A welcome was extended to Superintendent Simon Bowden, attending his first meeting, who had replaced Richard Humphrey. Consultations with the business community were in hand with a view to nomination of a replacement business representative.

Paul Southern informed the Board that this was to be his last meeting and thanked fellow members for their help and support over the last six years service on the Board and its predecessor Strategic Partnership. Dave Phillips (in attendance) would take over as the Royal Berkshire Fire and Rescue Service representative from the next meeting.

54. Better Care Fund - formerly Integrated Transformation Fund

The Board considered a report, together with a presentation from David Williams, Director of Strategy and Development Slough CCG, about the Better Care Fund and the Local Delivery Plan.

Arising from the Chancellor's 2013 Spending Round, a Better Care Fund (totalling £3.8 billion nationally) was being set up for integrating health and social care services and aimed at improving holistic working and outcomes for service users. The Council and the CCG had been working collaboratively in order to agree and plan the use of the Better Care Fund (BCF) funding and jointly agree the BCF delivery plan, which was required for submission (in its initial form) to NHS England by 15th February 2014. This was being taken forward by the Slough BCF Task Force Group.

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Three Priority Areas for the BCF had been identified under the headings of Self-Care; Care Co-ordination; and Maintaining and Promoting Independence, reflecting the vision for Slough health and social care service. The overall budget for the BCF for Slough amounted to £5.36m in 2014/15 and £9.762m in 2015/16. The delivery plan described a number of investment priorities listed for 2014/15 in terms of infrastructure, services and development. The Governance Structure put in place showed how the BCF Task Force Group would plan and manage the funding and delivery plan, reporting through the BCF Joint Commissioning Group to the Health PDG. A framework of nationally agreed outcome measures had been proposed and it was necessary to show how these would be achieved, the benefits expected and how they would be measured.

The emphasis on self-care was noted, underlining the need for development of strong community networks to support older people living at home. Reablement/rehabilitation services were particularly important in allowing people to take more responsibility for their own care. The Board recognised that although the outcome measures were set nationally (and future funding was linked to performance against them) there was scope to develop some local measures in addition, which were more relevant to Slough. The CCG had already fed back to Government that the focus on adult care did not reflect the breadth of issues and priorities on the local agenda. It was suggested that there was an urgent need to improve care services for children for instance, by targeting areas of risk, extending the Child and Adolescent Mental Health Service and developing health visitor services. It was possible that additional work could be undertaken alongside the BCF to improve outcomes for children, widening the partnership beyond the CCG and the Council's Adult Social Care team.

Resolved -

- (a) That the Slough vision be approved.
- (b) That the core funding for 2014/15 and minimum proposal for 2015/16 be approved, subject to Cabinet approval of the Council's resources to be applied to the BCF.
- (c) That the key outcomes be approved.
- (d) That the plan for use of wider funding where joint commissioning can make the most impact from 2015/16 be noted.
- (e) That a focus on prevention and support for families and children, as referred to above, be shaped separately alongside the BCF developments.
- (f) That the governance and programme management structure be approved.
- (g) That authority be delegated to further develop and submit the draft plan for 14th February 2014.
- (h) That the additional BCF 2014/15 investment and detailed proposals be submitted to the 26th March 2014 meeting for approval.

55. **Strategic Asset Planning Report - Options for Improving Primary Care Access**

The Board considered a report outlining options for improving primary care access, based on the evidence that better access to general practices and other primary care facilities reduces health inequalities. The report contained a summary of this evidence, information of where health care outcomes are poorest across Slough compared to assets in primary care and data on population growth and general practice requirements. Quality and outcome (QOF) data illustrated how a spatial planning approach to improve health outcomes could be evaluated.

The Board recognised that Slough was underprovided in GPs working in General Practice in the town. There were currently 97 GPs working in 16 practices in Slough and compared to provision in other areas, a further 25 GPs were required. The rapid population growth in recent years had not been matched by a corresponding increase in GPs, although more surgeries were now registered as training practices with a view to attracting more new GPs to Slough. It was proposed that NHS England Area Team should be invited to come and discuss practical ways of addressing this situation.

The report explored what opportunities there were to utilise properties in the year ahead and contained reference to the range of potential development sites in the asset management plan. Whether a potential site is NHS property or Slough BC property, the opportunities for co-location of services were noted. Other partners also owned property which after review may be approved for disposal or have scope for sharing facilities.

It was noted that the CQC were conducting an inspection of GP surgeries and Jim O'Donnell requested that he be kept up to date with progress by the Public Health team.

Resolved –

- (a) That the use of spatial planning guidance in future decisions about land use, to improve health outcomes such as mental health, obesity, physical activity, alcohol harm reduction etc. be endorsed.
- (b) That use of the data on ward outcomes when considering the disposal of sites such as future health hubs be endorsed.
- (c) That the adoption of spatial planning as a key enabler in any revisions of the Wellbeing Strategy be endorsed.
- (d) That the NHS England Area Team be requested to discuss ways to increase the number of GPs/surgeries in Slough, progress to be reported to the next meeting of the Board.

56. **Annual Review of SWB Activity and Effectiveness**

The Board considered a report providing an overview of the SWB and its activities since May 2013, and proposing a review and development workshop to be held in May 2014.

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The Board was reminded of the legislative background to the setting up of health and wellbeing boards and the local context where the Slough Wellbeing Board was formally constituted on 1st April 2013 (following a year of operation in shadow form), as successor to the Slough Local Strategic Partnership. The Board delivered the Slough Joint Wellbeing Strategy priorities through its network of Priority Delivery Groups, and used experience gained from two development workshops facilitated by the LGA to shape the activities of the Board in its first year.

The Kings Fund had produced a report “Health and Wellbeing Boards one year on” comprising examples of good practice and survey feedback from 60 local authorities from around the country. Also the LGA had produced a self-evaluation tool to enable health and wellbeing boards to assess their performance and achievements. The Board considered three options for a review and development workshop, including brief details of cost and content, which could be arranged on a full or half day basis :

- Workshop to be facilitated by the Kings Fund – combining the advantages of their national and local expertise with concepts explored at the recent BCF workshop.
- Workshop to be facilitated by the LGA – building on the work carried out with the LGA in 2012 and using their self-evaluation tool.
- Workshop to be facilitated by SWB officers – cost neutral but not benefitting from the objectivity of an external facilitator.

After consideration of the options, it was

Resolved - That the Kings Fund be engaged to facilitate a full day annual review and development workshop, to be held in June 2014 after the new Council had been elected.

57. Childhood Immunisation Update

The Board considered a report on childhood immunisation in Slough and the action being taken to improve coverage.

The UK Childhood Immunisation Schedule covered the recommended immunisations for children and young people up the age of 18 and included the routine immunisations offered to all children as well as selective immunisations targeted to children at higher risk from certain diseases. The target of the national immunisation programme is for 95% of children to complete the routine childhood immunisations at appropriate ages. A number of changes to the schedule were being made during the current year:

- Meningitis C – from June 2013 the second priming dose to be replaced by a booster in adolescence
- Rotavirus – from July 2013 introduction of a vaccine to protect babies against rotavirus
- Childhood flu – extension (phased over a number of years) of the flu immunisation programme to include all children aged 2 to 16

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Also, a shingles vaccine was to be introduced (from September 2013) for 70 years olds, with a catch-up programme for older persons.

The report outlined the commissioning and monitoring arrangements for the Screening and Immunisation service, which have changed from April 2013.

With regard to performance, the Board noted data on childhood immunisation uptake for Slough compared to neighbouring authorities and England as a whole. Figures for the latest quarter (July to September 2013) showed a 94.04% coverage for children aged 1 year, only slightly below the England figure of 94.34%. However, for the aged 2 years and aged 5 years groups, the Slough figures were around 4 – 5 and 12 – 14 percentage points (respectively) below the all England average in relation to the relevant immunisations. The Board noted that shortcomings in the recording and capture of immunisation data were thought to be an adverse factor in the performance figures. A project was underway for working with GP practices to roll out the electronic upload of immunisation data and encourage surgeries to improve their call/recall systems and follow-up processes for defaulters. Lessons learned from the MMR catch-up programme were also being taken up to assist with improving performance. In addition, a programme of other work was ongoing with the Thames Valley Area Team including targeted health campaigns and messaging and measures to increase immunisation capacity.

A suggestion was made about a possible link being created in the school admissions welcome letter, which would prompt parents to ensure that their child was up to date with immunisations. It was also considered it would be beneficial to emphasise that childhood immunisations were free of charge, as this was not understood in all communities.

Resolved -

- (a) That past and current performance in childhood immunisations be noted.
- (b) That changes in the immunisation schedule and the amended roles and responsibilities for commissioning and monitoring immunisations be noted.
- (c) That opportunities for local support to develop the action plan with partners, identify resources and implement it with a view to improving uptake and reducing inequalities be noted.

58. Slough Local Safeguarding Children Board Annual Report 2012/13 and business plan

The Board considered the Annual Report of the Slough Local Safeguarding Children Board (SLSCB) for the year 2012/13, presented by Paul Burnett, Independent Chair of the SLSCB. The report highlighted successes achieved, lessons learned and the improvements sought for 2013/14. Performance was measured against each of following five key Business Plan priorities:

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- Improved safeguarding practice in relation to Early Help; Child Protection; and Looked after Children
- Reducing risk in key safeguarding areas
- Improved Board effectiveness
- Effective communication and engagement
- A workforce fit to deliver priorities for action

Much of the work in 2012/13 had concentrated on addressing improvements required as a result of the Ofsted inspection in 2011, which had contained an 'inadequate' rating for safeguarding and looked after children. Positive progress, as evidenced by the Peer Review carried out in November 2012, had been shown in the SLSCB working effectively and demonstrating increasing levels of professional challenge and accountability. The level of commitment of all partners was good, illustrated by effective joint working between police, health and social care relating to domestic abuse. There was a clear and focused partnership approach to child sexual exploitation backed up by a strong and clear commitment to the safety and wellbeing of children and young people by the children's workforce.

Arising from a question, it was suggested that there was scope for greater sharing of information between the SLSCB and GP practices about incidents/referrals in their area. There was a significant correlation between the number of referrals and areas of deprivation. It was noted that GP surgeries were not required to carry out 'section 11 audits' to ensure their functions were discharged having regard to the need to safeguard and promote the welfare of children. This could usefully be discussed with the CQC given their role in the inspection of GP surgeries.

The Board also received the SLSCB Business Plan 2013-16 and noted the priorities built into the five strategic objectives that had been identified. The aim was to see the level of performance in the protection of children improve at a faster rate, with particular emphasis on giving effective early help.

Resolved - That the SLSCB Annual Report and Business Plan be noted and Paul Burnett be thanked for attending to present them.

59. Housing Update

The Board considered a housing update comprising an overview of the current service, highlighting concerns and achievements in terms of improving the living conditions of Slough residents.

Enforcement work was continuing in regard to houses in multiple occupation (HMOs) of which there was an estimated 2,199 in the Borough. This took the form of inspections and the mandatory licensing for the larger HMOs. Because of the high number of HMOs in Chalvey, a discretionary licensing scheme had been introduced there controlling all HMOs regardless of size. Local residents had reported a general improvement in the area with landlords doing more work to improve their properties. Work on Slough Sheds was going forward on two fronts, firstly to remove those found to be sub-standard

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and secondly to regulate the use of satisfactory accommodation, including referral to the District Valuation Service so that Council Tax could be levied. The service was on target to complete the inspection of 900 'sheds' by October 2014. Prosecutions in connection with the enforcement role were undertaken when all other options had been exhausted. The publicity arising had a beneficial effect and acted as a deterrent to other would-be offenders.

The Council's newly adopted Allocations Policy was moving the provision of housing from the 'tenure of last resort' to the 'tenure of choice'. The policy gave priority to existing residents/tenants, with additional preference allowed for individuals whose behaviour contributed positively to the community. Under the heading of housing management, a new tenancy strategy had been adopted defining more clearly how properties will be managed and what will be expected of tenants in terms of good behaviour. Although it was still too early to draw firm conclusions on the effect of benefit reforms, there was a marked increase in the number of applications for Discretionary Housing Payments. The number clients seeking housing advice had also increased although there was no evidence of an exodus from London.

Although partner organisations had not delivered any new affordable housing in the last two years, 24 new Council houses had been built and occupied in Britwell, with a further 9 units under construction. Further schemes were underway which would deliver 107 council and RSL properties over the next three years, of which 44 would be for shared ownership. Developments at Castlevue, Middle Green and St Bernard's Convent would produce a further 170 rented and 46 shared ownership units.

The Council continued to work effectively with private sector landlords, as evidenced by high attendances at the Landlords Forum. The Board was particularly pleased to note progress in relation to homelessness and temporary accommodation. Although the numbers seeking advice or claiming homelessness had increased, it had been possible by a focussed approach and early intervention, to cease the use of B&B accommodation entirely for families and single people alike. The total number of households in temporary accommodation had also decreased to 72. Apart from removing the adverse effects of placing families in B&B, this had relieved the Council of a considerable financial burden.

Arising from questions and discussion, it was noted that there was an opportunity for health data in relation to childhood illness, for example, to be used to inform housing strategy. Whilst it was generally accepted that there was a correlation between bad housing and poor health, there was little in the way of specific local evidence of this. A suggestion was made that consideration be given to the possibility of Housing Officers carrying out inspections of outbuildings and HMOs collecting health intelligence e.g. occupants not registered with a GP. With regard to mould and damp problems in social and private housing in the town, the Council had invested in an 'affordable warmth' programme but lifestyle factors and the exceptionally wet weather recently were exacerbating condensation and damp conditions in

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properties. More evidence of where particular problems existed and the type and construction of properties most susceptible to damp would be helpful.

Resolved - That the report be noted.

60. JSNA Update

The Board considered a report drawing together new information from recently published outcomes indicators, from the JSNA and presented these under nine headings set out in the evidence based cost effectiveness framework provided by the Kings Fund.

The web-based JSNA, refreshed with the aid of a wide partnership, was now available and accessible to all residents, partners and providers. It was arranged under six chapter headings: starting well; developing well; working well; ageing well; wider determinants of health; and vulnerable groups. Each agency in the Wellbeing Board worked to a different set of outcomes and as a result of the Census, the findings of the JSNA 2013 refresh and the new outcomes framework, consideration would need to be given to revising outcomes. It was vital for good governance that a 'golden thread' linked each of the Wellbeing Board partners in their work to improve outcomes.

The report went on to outline the Kings Fund evidence base for cost effective actions to improve public health under nine key themes, which could be used as a checklist by all partners to ensure that future joint work is optimised. The key themes are set out below (and the report linked these to relevant chapters in the JSNA and detailed recommended actions for each):

- A better start in life
- Healthy schools and pupils
- How employment can affect health
- Active and safe travel
- Warmer and safer homes
- Access to green and open spaces, and the role of leisure services
- Strong communities, wellbeing and resilience
- Public protection and regulatory services (including takeaway/fast food, air pollution, and fire safety)
- Health and spatial planning

It was recognised that there was a challenge for the Board arising from the inconsistencies of the evidence base, national and local variances etc. It would be important to focus on the most relevant indicators for Slough, and use them going forward. A concentration on actions to address indicators relating to children, for instance, would have an immediate benefit as well as building in improvements for the medium and longer term. Other local concerns mentioned were the level of infectious diseases and actions to reduce NEETs (young persons not in education, employment or training).

Resolved - That the report be noted, with further consideration to be given as to whether any review of current priorities is required.

61. Healthwatch Update

The Board received reports on progress to establish Healthwatch Slough in the form of a written Statement from the Chair (Colin Pill) and the Healthwatch Slough Update January 2014.

Healthwatch Slough had been incorporated as a Community Interest Company on 11th September 2013, with a Chair and Non-Executive Directors appointed by an independent appointments panel. Its vision was to be an independent consumer champion bringing together people's views and experiences to improve health and social care. Community outreach and influencing activities had been centred around attending events, meetings, delivering presentations, distributing a Healthwatch E news, website hits, followers on twitter, volunteer contact and display of publicity material.

A formal launch of Healthwatch was being planned for 24th February 2014 to be held at The Centre, to which Board members would be invited, with other mini-launch events around the town.

The Board considered it was most important for Healthwatch to link more closely with partners around key issues and possible future work projects. In particular, more joint work on better and more effective engagement with the public would be useful. Obtaining better feedback from the public, particularly difficult to reach groups, would add validity to Healthwatch work, and it was suggested that Healthwatch report further on how this was progressing. The CCG would be very interested to have feedback about GP practices, patients on smoking cessation programmes etc. It was suggested that Healthwatch could liaise with Council Officers over the design of survey forms and questionnaires in order to obtain more valid feedback.

Resolved - That the report be noted and a further report be made with regard to the engagement issues referred to above.

62. Action Progress Report and Future Work Programme

Consideration was given to an action progress report and future work programme for the Board.

It was noted that the programme was an early indication of forthcoming agenda items which was liable to change; members were invited to flag up potential items for the programme. It was noted that there would be additions, arising from discussions earlier in the meeting, relating to expansion of GP practices and the best ways of engaging with the public in Slough. A list of attendance (at the year end) was also suggested.

Resolved - That the report be noted.

63. Date of next meeting

The date of the next meeting was confirmed as 26th March 2014.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 8.05 pm)