

Slough Wellbeing Board – Meeting held on Wednesday, 14th July, 2021.

Present:- Councillor Pantelic (Chair), Tracey Faraday-Drake, Chris Holland, Ramesh Kukar, Alan Sinclair, Supt. Wong and Josie Wragg

Apologies for Absence:- Councillor Akram and Dr Jim O'Donnell

PART 1

49. Declarations of Interest

No declarations were made.

50. Election of Chair

Resolved – to note the appointment of Councillor Pantelic as Chair of the Board for 2021/22 Municipal Year as agreed at Annual Council.

51. Election of Vice Chair

Resolved – to note the appointment of Dr Jim O'Donnell as Vice Chair of the Board for 2021/22 Municipal Year, as agreed at Annual Council.

52. Minutes of the last meeting held on 24 March 2021

Resolved – That the minutes of the meeting held on 24 March 2021 be approved as a correct record.

53. Slough 2040 Vision

The Board received a report and a slide presentation by the SBC Policy Insight Analyst regarding The Slough 2040 Vision. She highlighted the following key areas of the report:

- The Vision had been devised taking into account the views of over 500 people in Slough, which included residents, council officers, Councillors, local businesses, partners as well as some Board members. Five different remote engagement methods had been used, including surveys and mind mapping.
- Three months' worth of data had been collated and analysed thematically. Following which, sixty four main topics were identified and ranked by how frequently they were mentioned.
- Areas of tension included transport, where views were divided over whether Slough should be car-friendly or geared towards public active transport.
- The 64 main topics had been distilled down to create eight different themes which formed the basis of the Vision, and included transport, community, carbon-neutrality, the town centre, neighbourhoods, economy, education and health & safety.

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- The overall vision statement was that Slough should be a 'vibrant, thriving and innovative town where people are supported to live happy fulfilled lives. People will feel safe and valued in their communities and proud to call Slough home.'
- The Vision would sit alongside other key partnership strategies in Slough including the Wellbeing Strategy.

Board Members asked the following questions and received the following responses:

Residents had raised the issue of high levels of violent crime in the Borough. How was this being tackled?

The representative from the Police stated that this issue continued to be of concern to both residents and the Police. The taskforce was working closely with the Council and the Chalvey Community Partnership. A funding application would be made to round three of the Safer Streets Fund. This fund focussed on initiatives to reduce violence against women and girls. The project would focus on Chalvey because of reported incidents there linked to violence against women and girls. As part of this programme, the Police would work with local partners and local businesses to improve community safety and work with the local community through the Partnership to identify the community's role in this issue.

Resolved – That the report be noted.

54. **Slough Recovery Strategy**

The SBC Associate Director of Place Strategy and Infrastructure presented a report and a slide presentation regarding Slough's Covid Recovery Strategy.

The Slough Leaders' Group (SLG) would be provided with a distillation of activities and initiatives focussed on recovery which were taking place across various partnerships, including the Board. These would need to be factored into the Council's plans for moving forward from a 'crisis and response' phase to one of 'recovery and renewal'.

The report was based on three themes, namely, the work of the Board, the work of the Children and Young People's Partnership and Economy and Skills. His role had been to co-ordinate responses from partnerships which had informed the recovery plan. He added that coming out of a crisis could be seen as an opportunity to refocus priorities, reflect on the impact of the crisis and reset policy goals accordingly. He reiterated the importance of not duplicating activities and urged partner organisations to collate their recovery activities into a single document to present to SLG, which would co-exist with the Slough Vision.

The Chair stated that health & wellbeing would be integral to the recovery process. Following the proposed lifting of restrictions by the Government, many employees would be returning to work places, and adapting to new

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ways of working. The number of people self-isolating would affect frontline staff capacity. The NHS and other service providers were anticipating a rise in the number of covid cases, hence the need to keep reiterating the message about the importance of being double vaccinated. Economic development skills and the number of young people in education would need to be assessed to ensure resilience in the Town. She asked how the Council, in view of its current financial predicament, would meet its obligations.

The SBC Chief Executive responded that discussions were ongoing regarding how to 'right size' the Council within budgets available. Partnership working would be a vital part of this process going forward. Right-sizing the Council would involve checks and balances coupled with a need to balance ambition, aspiration and recovery within available funding.

The Chair invited partners to share their recovery plans and asked how the Council's Recovery Plan could be made as inclusive as possible.

The SBC Public Health Service Lead stated that recovery planning was a fundamental part of disaster relief planning. From a public health point of view, the pandemic had had a fundamental impact on the Health and Wellbeing of the Town. Slough would continue to access Government Covid Grants. Officers were awaiting approval to undertake a Covid Community Impact Assessment. The results of the assessment would provide a detailed picture of the effects of the pandemic, help prioritise resources and dictate the nature of the response. During the pandemic numerous successful and valuable partnerships had had been forged between the Council and local groups. Going forward it was vital to maintain these relationships.

The Fire Service had three key areas service delivery. These focussed on prevention, protection and response. Prevention consisted of education and was currently focussed on 'safe and well visits' to residential homes. Fire teams were working their way through backlogs of safe and well visits, and visits to very high risk residents. Protection related commercial sites and these visits were back on track. Response was about ensuring availability of crews and trucks. The Service had the sought support of crews in neighbouring counties such as Hampshire and Wiltshire where necessary. The Service would be happy to receive referrals where risk was noted. He concluded by saying that the Services' recovery was gathering pace.

The NHS was in recovery phase, though continued to be in response mode in some areas. Work was underway to rebuild elective capacity in order to reduce waiting lists. There continued to be unprecedented numbers of cases coming through the urgent care route, for various reasons. Staff were making every effort to reduce waiting lists and prevent any increase in Covid levels. There were robust recovery plans in place, some of which were prescribed by NHS planning guidance. The Health and wellbeing of staff was being prioritised.

The voluntary sector was slowly returning to normal. The overall strategy had been to build resilience, both in volunteers and organisations by ensuring that

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the food bank was resilient, vulnerable charities had sufficient cash resources, providing training programmes for residents and volunteers, building new infrastructures for better service delivery and using the Community Champions and social media platforms to disseminate public health messages. Those partners who had taken part in Covid response initiatives were in a better position than those that had not.

The Police representative stated that strong partnerships underpinned by good structures had been established during the pandemic. The forthcoming lifting of restrictions would be challenging for all agencies. The recovery process would require some re-thinking of priorities, improvements to service provision and the opportunity to support agile working. However, it was important to bear in mind some of the unintended consequences of working from home, such as isolation, mental health problems and a rise in obesity levels.

The Chair stated that investing in the workforce, enabling flexible working, prioritising residents' views and ensuring transparency during the recovery phase were crucial. She asked how residents' views regarding the recovery were being gauged.

An SBC officer responded that although there was no co-ordinated programme of resident engagement activity with regard to the recovery plans, but there was engagement with businesses, partners and Community Champions.

The CCG was dealing with surge planning which was taking priority over recovery planning and anticipated being busy during the autumn. With regard to engagement, work had been undertaken as part of the Children and Young People's New Transformation Plan and consultation data was being collated. "There was currently a rising demand for mental health services, including crisis provision, particularly from children and young people, which was leading to significant pressures on services." There was also a need to focus on their educational recovery. It was also important to glean the views of young people to inform the recovery plan.

The Chair stated that currently there was no formal input to the Wellbeing Board and other Council Boards from young people. She urged Board members to accept invitations to engage with young people in the borough, to have open and honest discussions with them.

The Fire Service had not been in a position to engage with young people in schools due to covid but would be providing teachers with video presentations that could be shown to pupils at any time. Visits were not possible as schools were focussing on catching up with the curriculum.

The Chair requested that officers present at the meeting should obtain feedback from any Board members not present at the meeting regarding the plan. She added that the four priority areas of the Wellbeing Strategy should include a section about response and recovery.

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The representative from the voluntary sector stated that poverty was often a key driver in mental health issues suffered by adults, which in turn could affect the whole family, particularly children. It was vital that families felt supported through the process of recovery.

The Chair added that it was important to focus on the wider determinants of health and joined up service provision, better skills and employment opportunities and access to housing would support those families which were struggling.

The Chair requested that the Board's terms of reference and priorities be an item for discussion at the next meeting.

Resolved – That the report and presentation be noted.

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

The SBC Executive Director People (Adults) and the SBC Executive Place Managing Director presented the Priority Two, Integration, Health and Social Care Partnership Board update report. They highlighted the following areas of the report:

- This was the first Slough based Health and Care Plan (HCP). It had been set up to provide oversight, strategic direction and co-ordinate commissioning intentions for the integration of health and social care services.
- The Health and Social Care Partnership Board was a sub-group of the Wellbeing Board.
- It was proposed that the Health and Social Care Partnership Board and the Slough Place Based Committee would work collaboratively by conducting their meetings at the same time, which would allow the two groups to transact their business together, while remaining independent entities. The HSCP Board would retain its own terms of reference and membership, but be able to work more effectively with colleagues from the Slough Place Based Committee. The Terms of Reference of the HSCP Board had been updated in line with these proposed changes.
- In addition to this work, the HSCP Board had been working to develop a Health and Care Plan which would seek to provide the detail of how the HSCP Board and the partner organisations that make up the board could deliver greater Integration between health and social care in Slough. The plan would steer the work of the HSCP Board, and its member organisations, to deliver Priority Two: Integration, of the Slough Wellbeing Strategy.
- The group would include a Health Inequalities Group which would be made up from the existing BAME group.

The Chair asked about the partnership working – the use of joint commissioning and pooled budgets, how would this work in practice and how would the views of partners, residents and lay members be taken account of?

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HCP was a co-production network hence service users and family members would be designing, scrutinising the plan alongside the Board. Budgets had already been pooled in the form of the Better Care Fund, and any changes to the pooled budgets or joint working would require approval from the relevant Statutory Body, the CCG or the Council.

A review report would be presented at the November meeting of the Board.

Resolved – That the report be noted.

56. Update - Priority Three, Strong Healthy & Attractive Neighbourhoods

The SBC Group Manager – Localities and Neighbourhoods provided an update on one of the key priority of the Wellbeing Board - Priority Three, Strong Healthy & Attractive Neighbourhoods. She stated that the report provided updates on work undertaken in Colnbrook, Chalvey and Britwell and linking the work to the localities agenda.

The Chair praised all those who were involved in the Strong, Healthy and Attractive Neighbourhoods initiative for their partnership working, community involvement and for the positive outcomes achieved.

Following questions, the SBC Group Manager advised that a new Assistant Director for Primary Care and Community had been appointed. Part of her role would be to support the localities work. She gave the example of Britwell, where large amounts of data relating to population health, residents views etc had already been collated and urged partners and officers to access this information rather than duplicate work already undertaken.

The Chief Executive stated that the Governance would evolve and reiterated the importance of balancing the strategic and the operational ie the importance of local practitioners working with the community at the grassroots level which would ensure the continued success of the initiative.

The Chair encouraged partner organisations at the meeting to explore how they could take part in and contribute towards this initiative.

The Chair requested an update report be submitted to the November meeting of the Board.

Resolved – That the progress made on the Strong, Healthy and Attractive Neighbourhoods initiative be noted.

57. Update - ICS and Place

The Executive Director of People (Adults) and the Executive Place Managing Director provided a joint verbal update regarding Integrated Care System (ICS) and Place. They made the following points:

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- A decision regarding the boundary issue relating to the Integrated Care System was awaited from the new Secretary of State. Works were progressing on the plans irrespective of the boundary issues.
- The third of three Place based workshops had taken place the previous week where participants had come together as a whole ICS. The event had been very well attended with many fruitful discussions about collaborative working taking place.

The Chair advised that work was being undertaken regarding decision-making at The Place. In addition to statutory responsibilities, the Wellbeing Board's terms of reference included having oversight of commissioning services, ways of working and governance. In her view, there would be many discussions and opportunities arising from the new legislation. She added that in light of the Council's current financial difficulties, further discussions were planned with health partners regarding future budgets and financing.

Resolved – That the verbal update be noted.

58. Forward Work Programme

Resolved – That the Work Programme for 2021/22 be noted.

59. Slough Wellbeing Board Annual Report - 2020/21

Resolved – That the report be noted.

60. Slough Wellbeing Board Terms of Reference

Resolved – That the report be approved for publication.

61. Date of Next Meeting

The date of the next meeting was confirmed as 29 September 2021 at 5pm.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 6.36 pm)

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