

Slough Wellbeing Board – Meeting held on Wednesday, 17th November, 2021.

Present:- Councillors Pantelic (Chair), Alan Adams, Cl Lee Barnham, Chris Holland, Stuart Lines and Alan Sinclair

Apologies for Absence:- Councillor Akram, Neil Bolton-Heatonon, Ramesh Kukar, Akram and Josie Wragg

PART 1

74. Declarations of Interest

No declarations were made.

75. Minutes of the Last Meeting Held on 21 October 2021

Resolved – That the minutes of the meeting held on 21 October 2021 be agreed as a correct record, and Board members to note the following

Actions:

1. Membership of the Board needed to be reviewed and strengthened. The Leader would be asked to consider appointing Councillor Hulme to the Board. Cllr Akram to be sent a letter pointing out she had not attended the last three meetings of the Board;
2. An Equalities impact assessment to be undertaken for the Wellbeing Strategy and to be reported at the next Board meeting.
3. Joint meetings with ICS leaders to be convened in the New Year.
4. The new chair of the ICS Board to be invited to do a presentation at a future Board meeting.
5. Paragraph 6 on page 3 to be amended to read: 'The Chair stated she would like Board members, partners and the Council as a whole to use the JSNA.'
6. The Upton Hospital update to be submitted to the relevant scrutiny panel.

76. Update - ICS and Place

The SBC Associate Director People, Adults provided a verbal update on ICS and Place. He advised that:

- The Health & Care Bill currently progressing through parliament proposed new statutory arrangements for Integrated Care Systems from April 2022. In preparation, the Frimley Integrated Care System (ICS) Board had appointed new Chair and new working arrangements were under discussion. A new Chief Executive would also be appointed shortly.
- Work was ongoing on the creation of a new Frimley Integrated Care Board. The Board would be focussing on NHS strategy and its delivery for Frimley and would include a local authority representative. The Integrated

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Care Partnership would be bringing together wider partners in Frimley, the terms of reference and membership of which was under discussion.

- Collaborative working between providers was being developed. Relationships, roles and responsibilities between the Wellbeing Board, its sub-group, the Health and Care Partnership and Place were also under discussion.

Partners described how the changes were impacting them and whether they had been involved in the above discussions:

- The Director of Public Health for East Berkshire stated that he had a lead role with the ICS with regard to population health management. He had been engaged in the process and understood that public health would be an integral part of the new ICS.
- The Police representative and the Fire service representative stated that they had not been involved in initial discussions.
- The SBC Director of Children's service stated that he understood the importance of strategic involvement of his service with the various Partnership Boards.
- The representative from the CCG (Clinical Commissioning Group) advised that the CCG Executive Team were engaged in the process, looking particularly at workforce implications.
- The SBC Associate Director advised that the CCG would be replaced by a complex new structure which would take some time to fully evolve and bed in. It was crucial that Slough's voice be heard at the Partnership Board and that the views of the Wellbeing Board be fed back to the Frimley Integrated Care Partnership. A further government white paper regarding integration was expected to be published in December 2021.
- The LGA (Local Government Association) had produced a publication setting out details of the Health & Care Bill and its implications. He undertook to circulate it to Board members after the meeting.
- The Chair stated that, in her view, there needed to be greater political representation and engagement on the Frimley Board. In preparation for the impending changes, the Wellbeing Board would need to prioritise what areas it wanted to lead on and set out its strategic direction. It was therefore important to clarify the role of the Wellbeing Board and that of partners. She added that a meeting had been planned for the following week to consider the membership and governance structures of the Wellbeing Board.

Action 7: The SBC Associate Director People, Adults to circulate the LGA publication regarding the Health and Social Care Bill to Board members after the meeting.

Resolved: That the verbal update be noted.

77. Slough Safeguarding Boards Annual Report (2020/21)

The SBC Safeguarding Partnership Manager and the Independent Scrutineer for the Adult and Children's Safeguarding Partnerships provided an overview

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of the Slough Safeguarding Boards Annual Report (2020/21). They made the following points:

- The report was a combined adults' and children's safeguarding report and related to the activity of the three statutory partners (Police, NHS and the Local Authority) and wider partners.
- It was no longer obligatory to share the report with the Wellbeing Board, however, submitting it to the Board would ensure it had wider exposure.
- The report set out work completed against priorities set and detailed next steps.
- Capturing the 'so what' question, meaning what real difference did the activities and interventions by the Service make to the lives and experiences of young people, vulnerable adults and their families in Slough was challenging and officers were working to improve this aspect of the report.
- Examples of key achievements included a new threshold document which set out the threshold for formally statutory interventions for children.
- The partnership had developed a new Neglect Strategy and practice tools for children.
- Delivery of training had shifted to online sessions due to the pandemic.
- Risks and ongoing challenges included safeguarding implications during the pandemic and the significant financial challenges currently faced by the Council.
- The SLG (Safeguarding Leaders' Group) had produced a risk log, which was a live document, aimed at helping to understand and mitigate against identified risks (for example the post pandemic recovery period and the financial challenges faced by the Council). The log was available to view on request.
- An equalities review had been commissioned by the SLG to identify any communities that were disproportionately at risk of exploitation. The review had identified the Roma community as being particularly vulnerable to this. This had implications for all partners and data capture across the partnerships needed improvement.

In relation to the topic of physical abuse covered in the report, the Chair made the point that local libraries often acted as safe havens for those experiencing domestic abuse. The Council would shortly be issuing a consultation regarding council services and she encouraged all residents to engage with the consultation to inform future decision-making. The independent scrutineer added that the Council may consider identifying local hubs from among wider partners where early help, interventions and sign posting services could be co-located.

The representative from the Fire service asked if libraries were recognised as 'safe spaces'. His service was in the process of having some of their premises recognised as 'safe spaces'. The SBC Group Manager stated that she would verify and confirm this information to the Board after the meeting. She added that there was a new initiative to tackle violence against women and girls in

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Chalvey whereby local retail premises may be designated safe spaces or refuges.

- The SBC Director of Children's Services advised that Ofsted had praised Slough social workers for sustained service delivery and continued interaction with clients despite covid restrictions. The biggest risks to children's safeguarding was the ability to successfully recruit social workers and some workforce legacy issues.
- The SBC Safeguarding Partnership Manager advised that the partnership had continued to support partners to work together during the lockdown. The risk log had been initiated at the beginning of the lockdown following concerns regarding the non-visibility of vulnerable people in Slough. A group of managers from partner agencies met regularly to share information regarding risks/ Children First undertook an exercise in prioritising the most vulnerable children and families. All partners worked closely to assess risks and to bridge any gaps. The SLG (Safeguarding Leaders Group) were alerted and involved in the process. The high proportion of agency staff in Children First remained on the risk log. The group continued to meet and assess risks.

It was noted that the report erroneously referred to 'Berkshire CCG' and this should be amended to read 'East Berkshire CCG'. It was agreed that any acronyms used in future reports should be explained.

The East Berkshire Director of Public Health stated that the mainstay of public health was preventative work. Taking a public health approach meant taking a long term view focussed on preventative measures. He gave the example of recent successful initiatives in London and Glasgow aimed at preventing serious youth violence. Initiatives aimed at preventing violence against women and girls were also important. Domestic violence was often linked to substance misuse and poor mental health. The public health team included school nurses and health visitors and offered other preventative initiatives such as parenting classes. It was important to support young people through educational settings, for example, through the provision of relationship and sex education classes, where young people were encouraged to adopt healthy behaviours and avoid risky ones. He added that he would be chairing the Berkshire-wide CDOP (Child Death Overview Panel). The Panel would look at data to identify patterns, trends and warning signs, focussing on what was avoidable, for example, teenage suicides. He acknowledged that there may be capacity issues at the treatment end.

The independent scrutineer stated that the Safeguarding Children's Partnership's relationship to CDOP had changed in recent years and he was keen to clarify the relationship between the two, the governance related to reporting and making recommendations, and the role of the wider partnerships in helping to deliver those recommendations.

The SBC Associate Director stated that the equalities review referred to in the report had implications across a number of different areas. In addition to addressing the recommendations and action plans arising from the review,

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there was an intention to link it to locality working, carry out further data analysis, and initiate learning and development whilst ensuring diversity was valued across the entire partnership. He undertook to circulate the recommendations and actions arising out of the equalities review to the Board after the meeting.

The Chair advised that there had been plans to convene a Place summit with all partners to evaluate workforce capacity and look at joint training. Following a recent meeting with nurses and midwives at Wexham Park Hospital it became apparent that there needed to be better information sharing between other providers and the hospital regarding referral and signposting services. The Board agreed such a summit would be valuable and should be convened in the new year.

Action 8: The SBC Group Manager stated that she would verify and confirm this information (whether Slough libraries had been designated as safe spaces) to the Board after the meeting.

Action 9: Any acronyms used in future reports should be explained.

Action 10: It was noted that the report erroneously referred 'Berkshire CCG' and should be amended to read 'East Berkshire CCG'.

Action 11: The recommendations and actions arising out of the equalities review to be circulated to Board after the meeting And to be put on the agenda for the next WBB meeting in January.

Action 12: A Place summit to be convened in the new year with all partners to evaluate workforce capacity and look at joint training.

Action 13: The forthcoming Slough Council Consultation be shared with all partners so that they may share it with their networks.

Resolved – That the report be noted.

78. Better Care Fund Plan 2021/22

The Integration Delivery Lead at Frimley CCG (Clinical Commissioning Group) provided a brief overview of the Better Care Fund Plan 2021/22. He stated that:

- BCF (Better Care Fund) was a pooled budget between the CCG and the local authority and was jointly managed by them. The various funding streams included a contribution from the CCG, the Disabled Facilities Grant, the IBCF grant (Improved Better Care Fund) the sum of these amounted to £15M approximately.
- In 2020, due to the pandemic, the government had waived the requirement to produce a plan. There was a well-established governance framework for the Plan which was steered through the Health Social Care Partnership.

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The BCF Delivery Group oversaw operational management, and the Health Social Care Plan set out the vision for integration locally.

- The Plan set out expenditure, metrics, indicators for improvement, and a narrative plan.
- The Spending Plan had to meet certain conditions, for example, it specified the minimum amount that must be invested in out-of-hospital services and social care to ensure a positive impact on the interface between health and social care. In view of the Council's current difficult financial position, additional investments had been agreed for the hospital social work team (to support timely discharges), the re-ablement service and support to the voluntary sector for its valuable contribution to primary prevention work.
- The SBC Associate Director People, Adults advised that this was a key area of joint and integrated working between the Council and partners to deliver some of the Council's key priorities.

The Chair expressed her disappointment that the report had been submitted to the Board the day after its submission to the CCG on behalf of the Board. She added that the Board should have had oversight of the Plan and feedback should have been sought from the Board and all partners. Going forward she would expect all such reports to be submitted to the Board in the first instance. She added that it would have been appropriate for the Board and partners to have had sight of the expenditure plan for the year and have a say in the additional investment allocated to support the community and voluntary sector.

The SBC Associate Director responded that discussions had taken place at the Health and Care Partnership which had delegated authority to make decisions regarding prioritisation of the BCF. Going forward, it would be possible to have those discussions at the Wellbeing Board instead. He added that the guidance regarding completion of the Plan had been received at the end of September which meant that the timescales for completing the Plan had been extremely tight.

The Chair iterated that the Board's role was to take a strategic and influencing overview and therefore it must have oversight of budgets, spending and other key areas. She advised that this would be reviewed as part of the forthcoming governance review of the Board. She added that all recommendations in future Council reports should specify that the decision would be taken by the Director of Adult Social Care, following consultation with the Lead Member for Social Care and Public Health.

The representative from Frimley CCG stated that health service currently faced significant pressures, particularly in terms of patient discharge. She added that she was not clear who from the hospital had input into the plan and would look into this further.

Following a question regarding the integrated models of provision, the Integration Delivery Lead replied that the IBCF was focussed on increasing

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capacity within the market, and the integrated models of provision related to residential care placements and domiciliary care services.

Action 14: The Board to have oversight of budgets, spending and other key areas.

Action 15: The Integration Delivery Lead at Frimley CCG undertook to provide regular updates regarding the BCF to the Board.

Action 16: All Recommendations in future Council reports should specify that the decision would be taken by the Director of Adult Social Care, following consultation with the Lead Member for Social Care and Public Health.

Resolved: That the Better Care Fund Plan be noted.

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

The SBC Group Manager – Localities, Neighbourhoods & Learning provided an update on the Priority Three, Strong, Healthy & Attractive Neighbourhoods Task and Finish Group. She advised that:

- Locality working was now included in the delivery of Priority Three. Key milestones included an initiative to tackle VAWG (violence against women and girls) in Chalvey, creating safe spaces, and recruiting two dedicated officers to deliver the project in Chalvey.
- The recommendations arising from the equalities review were far reaching. She had had discussions with the Safeguarding Partnership Manager to discuss whether locality working would be a natural home for the project in Chalvey and she sought the Board's feedback regarding the matter.
- The current financial pressures on the Council posed a risk to the future delivery of Localities working and priority three as these were not statutory functions. Discussions were ongoing to identify alternative funding sources.
- Partners were aware of the value of the work of the community development team and the detached youth work team. Discussions were ongoing with the CCG with regard to prevention, reducing health inequalities and reducing demand on primary care.

Following questions, the SBC Group Manager stated that, in her view, locality working was not well understood by key partners, which was due in part to the changing landscape at the Council. In the past, many had understood it to mean co-location of key services. However, she was keen to review this and communicate that locality working comprised themes of prevention, self-reliance, and self-help and embed this in service delivery. The intention was to help communities to reflect on how they could help themselves without having recourse to Council services in the first instance and could instead approach the voluntary and community sector, friends, neighbours and family members for advice and support.

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The Police representative advised that localities work would provide an excellent opportunity to pool financial resources, physical locations, to engage online, gather information and intelligence, undertake early interventions and prevention work as part of the neighbourhood policing strategy. He fully supported this area of work.

The SBC Associate Director proposed that the appendix to the report, which set out what was involved in localities working, be circulated to all partners and their feedback sought. He also proposed that the outcomes from the equalities review be included in the localities work. This was agreed by the Board.

The Chair stated that under the heading of 'key features of localities working' in the report, the phrase 'encouraging close relationships with partners', should be amended to read 'encouraging close working relationships' and the phrase 'sharing, learning and best practice' be added.

The SBC Group Manager stated that future updates would include information regarding those discussions with partners and regard to risks to capacity

Action 17: The appendix to the report be circulated to all partners and their feedback sought.

Action 18: The outcomes from the equalities review be included in localities work.

Action 19: Under the heading of 'key features of localities working' in the report, the phrase 'encouraging close relationships with partners', should be amended to read 'encouraging close working relationships' and the phrase 'sharing, learning and best practice with partners' be added.

Action 20: A training session for Board members and their named deputies to be arranged by Democratic Services in the near future.

Resolved: That the report be noted.

80. Date of Next Meeting

Tuesday 11 January 2022 at 5.00 pm.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 6.33 pm)