

Slough Health & Wellbeing Board – Meeting held on Tuesday, 23rd January, 2024.

Present:- Councillor Smith (Chair), Dr Jim O'Donnell (Vice-Chair), Stephen Brown, Sue Butcher, Marc Gadsby and Tessa Lindfield

Apologies for Absence:- Supt. Lee Barnham, Adrian Davies, Caroline Hutton, Ramesh Kukar, Andrew Stockwell, Haddy Bojang and Councillor Wright

PART 1

26. Declarations of Interest

No declarations were made.

27. Minutes of the last meeting

Resolved – That the minutes of the meeting held on 23 November 2023 be approved as a correct record.

28. Update on BCF (Better Care Fund)

The Integration Delivery Lead at NHS Frimley provided a brief overview of the Better Care Fund Plan 2023/25. He stated that:

- the BCF was a pooled budget, hosted by the Council, with funds coming from various sources, e.g., the ICB (Integrated Care Board), the local authority among others.
- It was used to further the health & social care integration agenda locally;
- it was governed by a national policy framework and subject to a national assurance process;
- the total value of the pooled budget was approximately £17.5M for 2023-24 and £19M for 2024-25;
- the partners of the pooled budget had identified 50 different schemes of investment, which mainly focussed on support for frailty, older people, those with complex needs, the integration agenda, avoiding hospitalisation and ensuring timely discharges, and addressing health inequalities (the latter being one of the Council's Corporate priorities);
- the HSCP (health & social care partnership) workshop in December 2023, attended by multi-professional, multi-agency partners, identified the following areas for prioritisation: admission avoidance; supporting people at home; and discharge and flow;
- areas of focus included building connections, signposting services, remote monitoring using assistive technology, re-viewing dementia services, reablement capacity & development, integration of access to services and the prevention agenda i.e., reducing social isolation and promoting wider wellbeing in the community.

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A Board member asked what proportion of the BCF was spent on young people aged 0-19. The Integration Delivery Lead advised that:

- the figure was similar to the previous year - 3-4%; some reserves had been used to fund a two-year SEND (Special Educational Needs and Disability) programme officer post, who would focus on engagement with parents and schools in SEND support; and a project officer post complex needs program led by Bracknell Forest;
- more recently it provided investment in speech & language and occupational therapy support in special needs education;
- the BCF framework had to ensure there was sufficient capacity in the interface between hospital and community;
- the counselling service received recognition for its work to support young people with mental health problems.

The Vice-Chair made the point that 2-3% investment for 30% of the population demonstrated that investment in health & prevention for children was not valued. How could the SHWB views regarding the matter be conveyed to the BCF partnership & be taken into account when allocating funding/commissioning services?

It was advised that the remit of the HSCP (Health & Social Care Partnership) was focussed on adults, whereas the CYPP (Children & Young People's Partnership) set the strategic direction of investment for children and young people. There were separate budgets for statutory children's services. The BCF criteria required investments to be targeted (& evidenced) on health, those with complex needs, hospital admission, etc.

In order to qualify for funding, a project would need to focus on complex needs, (physical or mental), or demonstrate that further costs could be avoided later on or would require potential admission to residential or other facility. Further discussions would be required at the HWBP regarding formulation of a business case for any proposed new area of investment.

Following a question regarding the large number of small programmes funded by the BCF, the previously mentioned need for investment across a lifetime and the stated priority of admission prevention - were at-risk populations such as those with dementia or with issues of substance/alcohol misuse being targeted by through BCF investment - the Integration Delivery Lead advised that the different schemes focussed on complex needs, adult social care and the integration agenda. He added that there was a need to invest in upstream prevention measures, as well as ensure admission prevention and timely discharges (which were national priorities).

He further advised that there were themed areas of investment, e.g., an integrated care approach, an intermediate care offer (both at hospital and at home), EOLC (end of life care), upstream preventive work, support for carers, specific programmes aimed at reducing health inequalities, re-ablement services, evaluating the equity of access and ensuring that equalities ambitions were being met, investigating the under-use of mental health

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services by the BAME community (had provided funding for a project with the voluntary sector to understand the barriers to access and improve uptake). Some BCF money was ringfenced for specific activities such as the Discharge Grant Fund.

Following a question regarding the delays in discharging into appropriate services those admitted to hospital for substance/alcohol misuse, it was advised that the partners were collaborating with the high-needs group, the discharge and flow group, mental health services and housing to speed up the discharge process.

The SBC Director of People, Adults stated that the BCF contribution was an essential element of the ASC (adult social care) budget. Hence, if funding priorities changed, then this could lead to pressures elsewhere in the service. The BCF currently funded critical areas such as the re-ablement service, it fully funded hospital social workers, any changes to existing funding could significantly increase the pressure on acute beds.

The SBC Executive Director, Children stated children's health, safety and emotional wellbeing were of primary importance and the covid epidemic and lockdown had had far-reaching effects on the mental health of young people.

Following further discussion, the Board agreed that, in view of the of the currently disproportionately low level of investment in schemes aimed at children and young people in Slough, many of whom were in great need, the Board would formally request the BCF partnership to consider expanding its priorities and spend allocation in the future to include:

- a) early intervention services for children and young people; &
- b) services aimed at children and young people with complex needs.

Action: The matter to be further discussed at the next Health & Wellbeing Partnership meeting.

The recommendation was seconded and agreed unanimously.

Resolved – that:

1. The BCF partnership be requested to consider expanding its priorities and spend allocation in the future to include:
 - a) early intervention services for children and young people; &
 - b) services aimed at children and young people with complex needs;
 - c) the matter to be further discussed at the next Health & Wellbeing Partnership meeting;
2. the report be noted.

29. Health & Wellbeing Strategy Progress

The Director of Public Health, Berkshire East, provided a brief update on progress to date on the priorities of the Health & Wellbeing Strategy. She highlighted that:

- CYPB (Children & Young People's Partnership Board) had a focussed on the action plan. The overall plan was sound, though it required further benchmarking work;
- Early help partnership work was focussed on the local offer, providing information to parents, and launching the early help offer;
- Family hubs were being established;
- Looking into the attainment gap;
- children's emotional wellbeing – two local schools were benefitting from this support;
- workforce development plans focussing on collective responsibility, managing risks/challenges, raising concerns;
- CME (children missing education) was a safeguarding issue;
- there was need to improve data sharing in Slough to ensure a comprehensive community picture
- there were 2,400 children and young people receiving additional support from social care services & early help services;
- implementing measures to deal with immunisation hesitancy and low uptake rates;
- involving young people to help improve the youth offer, which found to be poor;
- to increase the number of children attending nursery by the age of 2;
- early identification of children with additional needs and an obesity summit;
- supporting mental health & wellbeing initiatives in schools to build emotional resilience among pupils.

It was further advised that:

- helping people to live independently at home reduced dependency on care homes. The following measures were being progressed:
- new strategies around learning difficulties and autism were being developed, including housing support. A steering group and action plans were being developed. There was engagement with key stakeholders to enhance the power of local voices;
- ensuring supported housing, aftercare advice, and general needs accommodation for those discharged from mental health units;
- a multi-general pilot providing outreach support had yielded significant learning and successes;
- markets to support those with complex needs were being explored and developed; each strategic priority was related to complex needs, and though these may represent a low number, this was an area of high spend and limited local resources and therefore required accurate forecasting of what the current market needed to look like;

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- a carers' strategy to support carers, a co-production network with former carers contributing to the design of services were being developed;
- cost-effective strategies included the use of assistive technology to reduce dependence on traditional models of care, thereby empowering to the service user; &
- efforts to reduce hospital admissions and delays in transfers of care;
- the action plans needed further development;
- with regard to alcohol/substance misuse, the strategy had identified priorities, such as reducing alcohol consumption/substance misuse;
- the low take-up of services such as cervical smears, required further investigation.

With regard to the multi-generational project, it was advised that there were four thousand multi-generation households living in deprivation in Slough, and this represented a large area of unmet need. The pilot would provide extensive benefits to children and families on a relatively small resource. There were plans to expand its scope. Families in the pilot had responded and engaged well with outreach work from professionals.

The Board fully endorsed and supported the work of the pilot project and was fully committed to its continuation and expansion.

Following further discussion, it was agreed that **Action:** the HCP (Health & Care Partnership), which supported the Board, be requested to formulate some recommendations regarding upscaling the multi-generation pilot and explore further expansion opportunities.

Resolved – That:

1. The Health & Care Partnership be requested to formulate some recommendations regarding upscaling the multi-generation pilot and explore further expansion opportunities;
2. the verbal update be noted.

30. Developing a performance dashboard against the H&WB strategy

The Deputy Director of Public Health, Berkshire East, provided a slide presentation regarding the development of the performance dashboard against the H&WB strategy.

She advised that this was work in progress, as demonstrated by the performance indicators in the slides. The main areas of focus were:

- Starting Well;
- the integration agenda;
- SHAN (strong, healthy & attractive neighbourhoods);
- Work & health.

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She added that some items such as the health visitor checks had been completed.

The SBC Director of Public Health advised that the dashboard would also be RAG rated and highlight the direction of travel. It was noted that some items rag rated red, were now moving in the right direction and picking up pace.

Referring to dental caries, the Vice-Chair stated that there needed to be a better understanding and better education regarding the harmful effects of excessive consumption of snacks and fast foods with immensely high sugar contents, both among parents clinicians.

Action: The Director of Public Health undertook to take the proposal to provide information to clinicians and parents regarding the harmful effects of excessive sugar consumption, to the forthcoming summit for further discussion.

It was also suggested that the dashboard could focus on a single cohort rather than the entire population. This would be a more targeted approach and could provide improvement trajectories in a particular sphere and spur further discussion.

Resolved – That the verbal update be noted.

31. East Berkshire Health Protection Forum

The Director of Public Health, Berkshire East provided an overview of the work of the East Berkshire Health Protection Forum. She advised that it was a sub body of the HWB and whose remit was defined by legislation and included the following: vaccination and screening programs, emergency planning, infection prevention and control, environmental public health, health protection, and communicable disease.

She added that a national guidance document set out local responsibilities and there was a statutory assurance mechanism. The main pillars underpinning the Forum's work were to: support planning, ensure stakeholder engagement, provide emergency planning, implement training exercises, provide professional advice and evidence of scrutiny and challenge, maintain a watching brief, ensure service provision and its quality, communication, engaging with communities and assessing local needs.

Resolved – That report be noted.

32. Frimley ICS Anchor work in Slough

The Strategic Advisor for workforce and Equalities officer gave a slide presentation regarding the Frimley ICS Anchor work in Slough. She advised that it was an opportunity to use the collective power of large, local employers to address the socio-economic factors that lead to inequalities in health.

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She added that this accorded with the Council's CSR (corporate social responsibility agenda) and used resources to address socio-economic factors which contributed to health inequalities. For example, creating a healthy working environment would yield financial and social benefits in the long-term. Local data showed 25% of Slough residents (about five thousand people) were actively seeking employment.

A series of workshops where job seekers had shared their experiences of job hunting revealed many of the complexities and barriers faced by them, for example, not having access to local support networks, prohibitive cost of travel to interviews, anxieties around potential loss of other benefits once employed, lack of self-confidence, concerns about rights to work regulations and generally navigating the system. Consequently, mentorship, work experience, volunteering and training opportunities had been made available to them.

Next steps included helping local employers to develop a culture of health & wellbeing in their workplaces, continued engagement with stakeholders, confirming the strategy, delivery plan and its resourcing.

Resolved – That the verbal update be noted.

33. Policy update, Health in an Aging Society

No officer was available to present the verbal update. The slides would be circulated and published online after the meeting.

34. Date of Next Meeting

12 March, 2024.

Chair

(Note: The Meeting opened at 3.00 pm and closed at 5.01 pm)