

Date of issue: Wednesday, 16 November 2022

MEETING:

SLOUGH WELLBEING BOARD

Councillor Pantelic, Lead Member for Social Care and Public Health
Dr Jim O'Donnell, East Berkshire Clinical Commissioning Group,
Slough Locality
Stephen Brown, Chief Executive, SBC
Andrew Fraser, Executive Director People (Children) / Slough
Children First Chief Executive
Marc Gadsby, Executive Director People (Adults)
Adrian Davies, Partnership Manager, Department for Work and
Pensions
Caroline Hutton, Frimley Health NHS Foundation Trust
Representative
Sangeeta Saran, Slough CCG
Chris Holland, Royal Berkshire Fire and Rescue Service
Ramesh Kukar, Slough CVS
Jonathan Lewney, Deputy Director of Public Health
Stuart Lines, Director of Public Health
Neil Bolton-Heaton, Healthwatch Representative
Aaryaman Walia, Slough Youth Parliament Representative
Supt. Lee Barnham, Thames Valley Police
Councillor Hulme, Lead Member for Children's Services, Lifelong
Learning & Skills
2 Vacancies, Local Business Representatives

DATE AND TIME:

THURSDAY, 24TH NOVEMBER, 2022 AT 5.00 PM

VENUE:

COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR
ROAD, SL1 2EL

**DEMOCRATIC
SERVICES OFFICER:
(for all enquiries)**

MANIZE TALUKDAR
07871 982 919

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



STEPHEN BROWN
Chief Executive

AGENDA

PART I

Apologies for absence.

CONSTITUTIONAL MATTERS

- | | | |
|-----|---|---------------|
| 1. | Declarations of Interest | |
| | <i>All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 9 and Appendix B of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.</i> | |
| 2. | Minutes of the last meeting held on 18 October 2022 | 1 - 6 |
| 3. | Update - Priority One, Starting Well. Children and Young People Partnership Board | 7 - 12 |
| 4. | Update - Priority Four, Workplace Health Task and Finish Group | 13 - 22 |
| 5. | Update on Adult Social Care Reform & on Adult Social Care Transformation Programme & Savings Plan | 23 - 42 |
| 6. | Safeguarding Partnership Annual Report | To Follow |
| 7. | Update - National & Local Policy | To Follow |
| 8. | ICS & Place Update | Verbal Report |
| 9. | Forward Work Programme | To Follow |
| 10. | Date of Next Meeting | |
| | 18 January 2023. | |

Press and Public

Attendance and accessibility: You are welcome to attend this meeting which is open to the press and



public, as an observer. You will however be asked to leave before any items in the Part II agenda are considered. For those hard of hearing an Induction Loop System is available in the Council Chamber.

Webcasting and recording: The public part of the meeting will be filmed by the Council for live and/or subsequent broadcast on the Council's website. The footage will remain on our website for 12 months. A copy of the recording will also be retained in accordance with the Council's data retention policy. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

In addition, the law allows members of the public to take photographs, film, audio-record or tweet the proceedings at public meetings. Anyone proposing to do so is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

Emergency procedures: The fire alarm is a continuous siren. If the alarm sounds Immediately vacate the premises by the nearest available exit at either the front or rear of the Chamber and proceed to the assembly point: The pavement of the service road outside of Westminster House, 31 Windsor Road.

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Slough Wellbeing Board – Meeting held on Tuesday, 18th October, 2022.

Present:- Councillors Pantelic (Chair), Dr Jim O'Donnell (Vice-Chair),
Adrian Davies, Marc Gadsby, Ramesh Kukar and Jonathan Lewney

Also present under Rule 30:- Councillors

Apologies for Absence:- Supt. Lee Barnham, Andrew Fraser, Chris Holland,
Caroline Hutton, Gavin Jones, Stuart Lines,
Sangeeta Saran, Aaryaman Walia and Hulme

PART 1

47. Declarations of Interest

No declarations were made.

48. Minutes of the last meeting held on 20 July 2022

Resolved – That the minutes of the meeting held on 20 July 2022 be approved as a correct record.

49. Better Care Fund

The Integration Delivery Lead at Frimley CCG (Clinical Commissioning Group) provided an overview of the report the Better Care Fund Plan 2022/23.

The Vice Chair asked whether future such reports could provide an age breakdown of Slough residents, and state what proportion of the BCF was spent on each age group. A third of Slough's population was aged 0-19 years, and this information would help ensure that the funding of vulnerable children living in deciles one to three, was proportionate to their needs.

The Integration Delivery Lead at Frimley replied that he would look into providing this data in future such reports. He added that there was a requirement to reflect the priorities of the JSNA (joint strategic needs analysis), health inequalities and several other national requirements. There were plans to invest in prevention initiatives as well as managing current demand, for example there were plans to invest in mental health services in schools and substance misuse programmes. It was a matter of prioritising a limited pot.

The Vice Chair emphasised the vital importance of investing in upstream preventive work, otherwise demand would continue to rise, and services would not be in a position to meet this.

The Chair asked what proportion of the funding was allocated to preventive measures. The Integration Delivery Lead replied that some public health

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elements such as falls prevention, healthy lifestyle initiatives and re-ablement services were funded by the BCF.

The Vice Chair stated that he would like to see the focus shift to primary prevention, which was focussed on children.

The Director of Adult Services stated that the approach to allocating funding needed to be re-framed and priorities re-shaped to meet forthcoming challenges. He added that going forward, his service area would be in a more stable position and the team would have more time to plan next year's allocation.

Resolved – That the report be noted.

50. **Pharmaceutical Needs Analysis**

The SBC Deputy Director of Public Health presented an overview of the Pharmaceutical Needs Assessment 2022-25. He advised that the Director of Public Health had signed off the PNA for publication.

The Chair asked about the survey results and what the Board could do to encourage residents to seek advice from their local pharmacy, where appropriate, to help relieve the pressure on busy GP practices.

The SBC Deputy Director of Public Health advised that 131 responses had been received from Slough residents. Most respondents had indicated they preferred to use their nearest pharmacy.

Resolved – That the report be noted.

51. **Strong, Healthy & Attractive Neighbourhoods update**

The SBC Active Communities Manager presented a report entitled Strong, Healthy & Active Neighbourhoods Update.

Following questions from the Chair, the SBC Active Communities Manager advised that a health & wellbeing consultation was live in eight wards and undertook to share the link to the web consultation page with partners. She added that the Community Development Team were operating a twelve-month pilot jointly with the PCNs (Primary Care Networks) which was aimed at tackling health inequalities. She undertook to discuss with the Interim Locality Place Director Slough, next steps in relation to the twelve-month pilot project and would provide a verbal update regarding the matter at future Board meeting.

Following a question from the Vice Chair regarding community engagement, the SBC Active Communities Manager advised that her team worked closely with key community figures who could broker relationships with the local community, and used different platforms to raise awareness, engagement and disseminate information.

The representative from Healthwatch advised that a local health and wellbeing GP lead in Slough had been in touch regarding setting up a community health & wellbeing panel to discuss topics such as diabetes, isolation, hypertension etc with residents. The SBC Active Communities Manager advised that she would be discussing this matter further with Healthwatch.

The Vice Chair shared that his GP practice had undertaken a strategy meeting where patients had been invited along to participate. Patients had made a valuable contribution to the discussion, and in his view, all practices would benefit from involving patients in their strategy meetings.

Referring to the Safer Slough Partnership and the recent increase in violent crime among young people in Slough and initiatives to tackle drugs, alcohol and substance misuse, the Chair suggested that it would be valuable to gain greater insight into this issue. She proposed that the Police representative on the Board be asked to deliver a verbal briefing to the Board regarding how anti-social behaviour, alcohol and substance misuse, and violence among young people was being tackled and how young people could be better supported. This was agreed. The SBC Active Communities Manager advised that many survey respondents had cited anti-social behaviour as having a negative impact on their health and wellbeing.

Action 1 - The SBC Active Communities Manager to share the link to the health and wellbeing web consultation page with partner organisations.

Action 2 – The Community Development Team to engage with Councillors and others to explore how residents could become involved in some of the initiatives discussed in the report.

Action 3 – The SBC Active Communities Manager to discuss with the Interim Locality Place Director Slough, NHS Frimley CCG, next steps in relation to the twelve-month pilot project.

Action 4 – The representative from Thames Valley Police to be asked to deliver a verbal briefing to the Board regarding how anti-social behaviour, alcohol and substance misuse, and violence among young people was being tackled and how young people could be better supported.

Resolved – That the report be noted.

52. Slough Wellbeing Board Annual Report

The SBC Strategy & Policy Lead gave a brief overview of the Board's Annual Report, 2021-22.

Following a comment from the Chair regarding workstreams relating to the four priority areas contained in the Board's strategy and how the Board could be more effective, the SBC Strategy & Policy Lead stated that at a recent

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informal ICB (integrated Care Board) event discussions had focussed on not duplicating work across partner organisations.

He added that the wider determinants of health and wellbeing could become a key focal point for the Board's activities. The Board could reassess its strategy following the final release of the latest census data in November.

The SBC Director of Adults stated that the CQC had released thirty-six quality statements in relation to what constituted 'good' as a benchmark. These would form the basis for delivering joint health and care systems going forward. He added that forty-seven thousand people in Slough were living in poverty deciles 2 and 3 and it was important to be mindful of the wider determinants of health when planning service delivery.

The SBC Deputy Director of Public Health advised that the partnership Board would look into how levels of poverty in Slough compared to the rest of Frimley. 'Priority one – Starting Well' was being refreshed by Frimley and the new lead appointed to the public health team would be focussing on workplace health. He would look at opportunities for the Board to be involved in this work.

The Vice Chair advised that Slough had three times the number of people living in deciles one, two and three (seventeen thousand of whom were children) in comparison to the rest of the Frimley area. The wider partnership would be looking to the Board to lead the way in supporting vulnerable families and children.

Resolved - That the report be noted.

53. NHS Frimley CCG Annual Report

No representative from Frimley CCG was present to introduce the report.

Resolved – That the report be noted.

54. ICS & Place

The Chair advised that she had recently attended the first inaugural meeting of the People's Assembly, which was a sub-group of the ICP (integrated care partnership). The Assembly was made up of Chairs of Wellbeing Boards in Frimley and other partners organisations and would provide an opportunity to discuss topics such as the future direction of the ICS and commissioning.

Resolved – That the report be noted.

55. Work Programme

Resolved – That the Work Programme be noted.

56. Date of Next Meeting

Thursday 24 November, 2022 at 5.00pm.

Chair

(Note: The Meeting opened at 5.03 pm and closed at 6.00 pm)

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Slough Borough Council

Report To: Slough Wellbeing Board

Date: Thursday 24 November 2022

Subject: Update – Priority One, Starting Well. Children and Young People Partnership Board

Chief Officer: Andrew Fraser, Chief Executive, Slough Children First, and Executive Director People: Children, Slough Borough Council

Contact Officer:

Ward(s): All

Summary and Recommendations:

- 1.1. This report provides the Slough Wellbeing Board with an update on the work of the Children and Young People's Partnership Board (CYPP Board).
- 1.2. The previous report to the Wellbeing Board identified the need to develop an Early Help Strategy with partners to meet the needs of children, young people, and families at an earlier stage prior to the need for statutory involvement.

Recommendations:

The Slough Wellbeing Board is recommended to:

- a) Note and review the work of the Children and Young People's Partnership Board to deliver the first priority of the Slough Wellbeing Strategy – Starting Well.
- b) Note that the most effective way to deliver the best outcomes for children, young people and families is through the development of a partnership approach to Early Help and the development of an Early Help Strategy.
- c) Note the progress that we have made through the CYPP Board and the Early Help Task and Finish Group.

Report:

2. The Slough Joint Wellbeing Strategy, the JSNA, and Doing Right by Slough 22-25 (SBC Corporate Plan)

- 2.1. The work of the Slough Wellbeing Board aims to address the four priority areas outlined in the Slough Wellbeing Strategy 2021-2026:
 - Starting Well
 - Integration
 - Strong, Healthy, and Attractive Neighbourhoods
 - Workplace Health

- 2.2. The work of the Children and Young People's Partnership Board addresses Priority One – Starting Well; it will also help facilitate and contribute to priority two and three.
- 2.3. The priorities in the Wellbeing Strategy are informed by evidence of need contained in the Joint Strategic Needs Assessment (JSNA), therefore, Priority One, Starting Well in the Wellbeing Strategy, is built upon the evidence outlined in the JSNA.
- 2.4. The work of the Children and Young People's Partnership Board also contributes to the Council's 'Doing Right by Slough' 2022-2025 Corporate Plan, in particular priority two and three:
 1. A council that lives within our means, balances the budget, and delivers best value for taxpayers and service users.
 2. An environment that helps residents live more independent, healthier, and safer lives.
 3. A borough for children and young people to thrive.
 4. Infrastructure that reflects the uniqueness of Slough's places and a new vision for the town centre.
- 2.5. It is anticipated, like with each of the council's recovery priorities, that delivery of changes will take place over the next few years, through partnerships, with clear progress milestones along the way.

CYPP Board progress update:

3. At the July CYPP Board, an introduction was provided to partners in relation to the new 'Supporting Families' Programme (Strengthening Families in Slough) and Early Help System Guide which sets out a 3-year plan to develop a whole system approach in delivering specific outcomes for children and young people through a whole family approach.
 - 3.1.1. The system guide was reviewed with the group, which aims to develop a vision across the partnership for an Early Help System, as a network of services, processes and interactions that aim to help children, young people, and families at the earliest opportunity. Utilised as a Self-Assessment tool, our dialogue focussed on our key achievements, along with our collectively identified areas for development, a specific focus on the aspect of Leadership.
 - 3.1.2. It was agreed that the Governance of the Strengthening Families Programme would sit with the CYPP Board. The outcomes of this were the Early Help System Guide finalised and signed off by Board and the submission of the Early Help System Guide to the Department of Levelling Up Housing and Communities.
- 3.2. In September, a face-to-face workshop was held with all CYPP Board members to consider the needs of Slough children, young people and families, the current Early Help system (developments and challenges) and how the Strengthening Families outcomes meet the vision and aims of all partners.
 - 3.2.1. The 10 outcomes criteria for the programme was shared. These reflect the work and aims of multi-agency partners including Education, Police and Health, which was recognised by all and agreed as a clear framework for measuring outcomes

throughout the journey of a child and their family across services. The 10 outcomes criteria are listed below:

1. **Getting a good education** – poor attendance, special needs not being met
2. **Good early years development** – immunisations, development needs being met
3. **Improved mental and physical health** – learning disabilities child and/ or adult
4. **Promoting recovery & reducing harm from substance use** – drug/ alcohol misuse
5. **Improved family relationships** – parenting issues, parental conflict
6. **Children safe from abuse and exploitation** – criminal, sexual, peer to peer, harm
7. **Crime prevention and tackling crime** – adult criminality, gangs, anti-social behaviour
8. **Safe from domestic abuse** – adult perpetrator, historic/ current domestic abuse, coercion, and control
9. **Secure housing** – temp accommodation, unsustainable housing, youth homelessness
10. **Financial stability** – unemployed adult on benefits, financial issues, not in education, employment, or training (NEET)

- 3.2.2. Opportunities and barriers to collaboration were identified, with data sharing and resources to develop the reporting within key services seen as a particular barrier. The Board requested to have further information on current data sets around the Strengthening Families Programme which were agreed to be shared at the next Board meeting.
- 3.2.3. Feedback from groups identified the need to incorporate a renewed Early Help Strategy and review of current Thresholds into the workstream. The outcome of this was contact to be made with individual agencies in relation to key areas of outcomes criteria.
- 3.3. A further workshop was held in October. A review of the previous workshop provided the foundation to conversations to identify key tasks required to move the development of the Early Help System and new Strengthening Families framework forward.
 - 3.3.1. Current Strengthening Families data was shared showing the number of families identified in two or more of the Strengthening Families categories, along with the number that we can then evidence outcomes for. This demonstrated where we have gaps in outcomes data from partner agencies, which was recognised by all and agreed that we needed to find a way forward.
 - 3.3.2. The concept of developing the Early Help Champions (a group of approx. 150 multi-agency professionals) as 'Lead Professionals' within their own organisations was agreed as a way forward to build on the wider Early Help offer, prior to requirements for targeted or statutory support. This encompasses a wide range of partners, including the police.
 - 3.3.3. The outcomes of this were to set up the Early Help Strategy Task and Finish group to develop a draft strategy and the first iteration will be shared at the CYPP Board on 5 December.
 - 3.3.4. The creation of the Strengthening Families Data Task and Finish Group was agreed to develop data maturity model in relation to the outcomes plan. There has been an

initial meeting with health and public health colleagues to understand how the outcomes framework works to then identify suitable partners to attend this group.

Early Help Strategy Task and Finish Group progress:

4. Since October, a series of weekly task and finish groups have taken place in order to produce the Early Help Strategy. CYPP Board members volunteered to be part of the group which includes –
 - Children's social Care
 - Targeted Early Help
 - Public Health
 - Safeguarding Partnership
 - ICB
 - Schools
 - Community and Voluntary sector
- 4.1. The Early Help Strategy builds on the Strengthening Families programme to broaden the approach to Early Help across the whole partnership and this is the ambition of DLUHC who will evaluate our whole system approach to Early Help as a Local Authority. The Strengthening Families programme was previously known as Troubled Families. Following a review by DLUHC around our Strengthening Families programme in August, they were very positive and complementary about the journey Slough is on with partners around the programme, hence it was sensible to build our Early Help on this strong foundation.
- 4.1.1. In the first – focussed at developing a common language for Early Help, determined the approach to have as a partnership round delivering Early Help and intervention for children and young people – strategy to be a strength-based way of working across all partnerships with children, young people, and families.
- 4.1.2. The second task and finish group developed the model (shown below), reflecting safeguarding children's social care model, including health, to make sense to all partners with different thresholds. We now intend to add criminal justice terminology.



- 4.1.3. The third task and finish developed the vision for the strategy which will feed into the rest of the framework.
- 4.1.4. The final task and finish group will collectively review the data to add into the strategy. Members will have their individual tasks to review progress against before the December CYPP Board.
- 4.1.5. At the December CYPP Board, the draft Early Help Strategy will be reviewed. There will then be a consultation period around January/February including partners, the community and obtaining the views of children, young people, and families. The Slough Wellbeing Board will be part of the consultation. We envisage that the Early Help Strategy will be finalised in March.

Other Implications:

(a) Financial

There are no financial implications of proposed action.

(b) Risk Management

There are no risk management implications of proposed action.

(c) Human Rights Act and other Legal Implications

There are no Human Rights Act implications arising from this report. Any specific activity undertaken by the Children and Young People's Partnership Board which may have legal implications will be brought to the attention of the monitoring officer and Cabinet separately.

(d) Equalities Impact Assessment

Equality Impact Assessments will be completed for any specific activity undertaken by the Children and Young People's Partnership Board which may have equalities implications.

Background papers:

None.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: **14th November 2022**

CONTACT OFFICER: Dr Vanita Dutta, Public Health Principal, Slough Borough Council

(For all Enquiries) vanita.dutta@slough.gov.uk

WARD(S): *ALL*

PART I

For comment and consideration

Workplace Health Strategy Update

1. **Purpose of Report**

To provide the Slough Wellbeing Board with an update on progress to date on the works delivered against the ambitions and actions of Priority 4 – Workplace Health.

2. **Recommendation(s)/Proposed Action**

- a) The Board is requested to review and note the contents of this report.
- b) To consider and agree the future plan proposed through this report.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

The Slough Joint Wellbeing Strategy (SJWS) details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA)¹.

3a. **Slough Wellbeing Strategy Priorities** – (Compulsory Section)

Workplace Health is our fourth priority within the Slough Wellbeing Strategy.

Priorities:

- 1. *Starting Well*
- 2. *Integration (relating to Health & Social Care)*
- 3. *Strong, healthy and attractive neighbourhoods*
- 4. *Workplace health*

3b. **Five Year Plan Outcomes** (Compulsory Section)

Explain which of the Five Year Plan's outcomes the proposal or action will help to deliver. The outcomes are:

- *Outcome 2: Our people will be healthier and manage their own care needs– through having a robust system wide Workforce Health strategy and action plan*

¹ <https://www.slough.gov.uk/downloads/file/866/slough-wellbeing-board-strategy-2020-2025>

- *Outcome 5: Slough will attract, retain and grow businesses and investment to provide opportunities for our residents - through the Council being an employer of choice and who places Workplace Health as a corporate priority*

4. **Other Implications**

Financial Implications:

In order to deliver effective and robust workplace health programme the most essential resource will be the people delivering and driving the programme. This is best delivered adopting system wide approach via engagement and partnership of various stakeholders including Slough businesses.

Dedicated resource is essential to drive the agenda forward. This will be supported through COVID recovery plan until March 23 but will need resources identified in the future.

(a) Risk Management (Compulsory section to be included in **all** reports)

The Table below must be completed fully for each recommendation from Section 2

	Risks/Threats/ Opportunities	Current Controls	Using the Risk Management Matrix Score the risk	Future Controls
Ongoing work on Workplace Health	Financial insecurity of the council as a result of S114	Funded through grant for COVID recovery	18 (High)	Funded from PH ringfenced grant Exploring alternate funding source

(b) Human Rights Act and Other Legal Implications (compulsory section to be included in **all** reports)

There are no human Rights Act implications.

(c) Equalities Impact Assessment (Compulsory section to be included in all reports which relate to a new or substantially revised policy, procedure or function)

The Workforce Health Strategy and action plan process will augment and strengthen the SBC Equality duty through representation from various employee forums including REACH, disability etc. to ensure all needs of Slough employees with protected characteristics as set out in the Equality Act are considered and met.

5. **Supporting Information**

(A) *Background*

There is strong evidence that supporting health and wellbeing of colleagues can achieve a range of positive outcomes such as: enhanced performance, improved staff retention, lower levels of sickness absence, presenteesim and organisational success through more productive and motivated staff.

Workplace Health has a wider implication on other socio-economic indicators like employment, poverty, housing.

(B) Update

Since the last report to the Slough Wellbeing Board in May 2022, following actions have been undertaken:

Workplace Health Project Manager has been recruited to oversee the operational delivery.

Progress has been positive against the **three over-arching actions** which sit within Priority 4 -Workplace Health as laid out in the Slough Wellbeing Strategy²:

1. Build Connections with local businesses in Slough to promote information about Workplace Health and establish a set of Wellbeing Awards to celebrate success and best practice from employers.

- I. The Workplace Health Strategy Group has been set up, replacing the previous Workplace Health Task & Finish Group which had been stalled due to Covid-19. The strategy group meets monthly and has had two meetings so far.
- II. The group agreed the Terms of Reference at the October meeting, which are attached as Appendix A. The current membership represents organisations with an interest in workplace health, we are continually developing relationships and expanding partnership across Slough place to include partners from Police, NHS Acute Trust, Primary Care Networks etc.
- III. Contact has been established with Chamber of Commerce and Slough Business Community Partnerships and although this work is slow to progress, initial interest is positive and will continue to develop.

2. Create a toolkit of resources and materials relating to Workplace Health for employers and staff in Slough, particularly in relation to COVID-19 recovery.

- I. Partnership work is on-going to audit and evaluate current activities, offers and resources for staff - as many of these are out of date. The review will be further shaped by the results of the SBC staff survey due to go out in November.
- II. Menopause Guidance has been produced for SBC employees and was released on World Menopause Day in October. This was achieved through collaborative efforts of various SBC teams including HR, equality and diversity and policy teams. This guidance has been shared with partners as a resource to adapt to individual organisational need. Menopause cafés are in development.
- III. The 'One Slough website' has been agreed as the most accessible platform to host workplace health promotion and resources for businesses and organisations. It will also be one of the gateways for training opportunities, public health interventions and wider health and wellbeing resources. Additional benefit is the added value of One Slough being the source of a directory of services for signposting routes.

3. Promote culture change surrounding workplace health in employers across the borough.

- I. Draft paper has been completed for SBC CLT with recommendation for SBC as organisation to commitment to MECC principles and approach. This aims to provide sample template in making the case for MECC in other organisations. (Making Every Contact Count is a nationally recognised and accredited tool).

² <https://www.slough.gov.uk/downloads/file/866/slough-wellbeing-board-strategy-2020-2025>

- II. MECC staff training options menu has been developed and awaiting initial costings for delivery of a universal open offer for businesses and CVS.
- III. Discussion is underway to embed MECC level 1 free on-line training onto the SBC learning and development platform 'Cornerstone' for all SBC staff, creating a network of champions.

(C) Future Plan

- I. Extend the membership of the Strategy group to make partnership robust recognising that organisations vary in size, capability, and resource
- II. Deliver a Workplace Health workshop in Jan 23 to draw out the needs and priorities of workplace health in Slough. The workshop is key to shaping a set of realistic and achievable common deliverables which individual organisations feel motivated to sign up to.
- III. Produce a Slough Workplace Health Strategy and subsequent action plan
- IV. Continue building relationship with the business to influence and advocate the importance of Workplace Health
- V. Key activities over the coming months will focus on the roll-out and evaluation of the workshop outcomes and shaping the programme plan, and the implementation of Making Every Contact Count (MECC).

6. **Comments of Other Committees**

NA

7. **Conclusion**

Workplace Health is Sloughs' Priority Four within the 2020-25 Wellbeing Strategy.

Effective workplace health programmes can make a real difference to the health and wellbeing of employees, businesses and the communities in which people live and work. Research evidence shows that promoting health in the workplace improves the working environment and is beneficial to the organisation and its employees in the following ways³:

- Reduction in illness-related absence and ineffectiveness caused by presence at work when ill.
- Reduction in staff turnover.
- Increased motivation among staff and improved working atmosphere, leading to more flexibility, better communications and improved use of resources.
- Measurable increases in the quality of products and services, more innovation and creativity, and a rise in productivity.
- More prestige, which improves the public image of the organisation and makes it more attractive as an employer

Efforts are underway to adopt system wide approach to Workplace Health in Slough with future plans in place. Board is requested to note the report, agree to the future plan and provide opportunity to bring the Slough Workplace Health Strategy for approval in 6 months.

³ https://www.publichealth.hscni.net/sites/default/files/Workplace_Health_Guide_08_17.pdf

8. **Background Papers** *(This is compulsory)*

Workplace Health Strategy Group Terms of Reference (Appendix A)



Workplace Health Strategy Group Terms of Reference

Background & Context

Employment is an important factor for health, directly and indirectly making an impact on the individual, their families and communities⁴. Unemployment is associated with an increased risk of mortality and morbidity, including limiting illness, cardiovascular disease, poor mental health, suicide and health-damaging behaviours⁵. Individuals unemployed for more than 6 months have lower wellbeing than those unemployed for less time⁶. Health-related worklessness can be defined as individuals not in employment for a health reason⁷.

The COVID-19 pandemic has highlighted even more-so the important relationship between work and physical and mental health and wellbeing. The review of specific working conditions, policies, and practices have helped organisations and workers navigate pandemic-related challenges. These include a commitment to the physical and emotional health, wellbeing, and safety of workers; supportive and flexible leadership; frequent and honest communication and dialogue; flexible work provisions; encouragement and support of worker engagement in both identifying and solving problems; and enhanced organisational benefits (e.g., flexible working, childcare support, sick leave policies, and care-taker policies).⁸

As part of the Covid-19 recovery plans, the requirement to increase the focus and visibility in narrowing social and health disparities across the workforce has become more prominent, as the way in which people live and work has significantly changed from traditional formats to the evolution of hybrid and remote working arrangements becoming the norm for many workplaces. Hybrid and remote work arrangements have changed the sense of cohesion within organisations, introducing the need for policies and practices to increase connectedness and a sense of value and belonging for workers.⁹

Workplaces and their working conditions are central to addressing the sociodemographic determinants of health and inequalities, such as determinants related to income, race and ethnicity and gender; promoting a culture of diversity and inclusion so that nobody is left behind.

⁴ McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. *Health Aff (Millward)* 2002;21(2):78-93.

⁵ Marmot M, Allen J, Goldblatt P et al. Fair society, healthy lives: strategic review of health inequalities in England post-2010; London: The Marmot Review.

⁶ Health, work and health related worklessness: A guide for local authorities. 2016; London: Local Government Association.

⁷ Centre for Mental Health. The economic and social costs of mental health problems in 2009/10. London: Centre for Mental Health, 2010.

⁸ <http://dx.doi.org/10.2139/ssrn.3856915>; Work, health and COVID-19: a literature review. SSRN. 2021; (published online June 7.)

⁹ https://www.pewresearch.org/social-trends/wp-content/uploads/sites/3/2020/12/PSDT_12.09.20_covid.work_fullreport.pdf

In addition, Workplace health requires a system-wide approach working at a collaborative and integrated level to meet future public health challenges and the ambitions of our Corporate and ICS and priorities.

The Slough Wellbeing Board is a partnership between organisations from the public, private and voluntary sectors in Slough. In 2020, the Board developed the Slough Wellbeing Strategy 2020 to 2025.¹⁰ This strategy has four key priority areas; one of which is Workplace Health, which the Board will seek to address to improve the health and wellbeing of the people of Slough. The board approved a proposal in May 2022 to take forward the next steps in establishing a workplace health partnership to deliver on this priority, along with a supporting budget.

Purpose & Objectives

The Workplace Health Steering Group has been set up by the Wellbeing Board to support the development and delivery of the ambitions and actions of Workplace Health (Priority 4).

Governance and Accountability

The group will be accountable to the joint Slough Wellbeing Board.

Scope

1. All workplaces in the Slough borough, including home remote working and businesses without a physical building or office.
2. A focus on diversity and inclusion plus addressing workplace health inequalities.
3. A short, medium and long term scope reflecting the current COVID 19 pandemic and its impact on workplace health.

Roles and Functions

- provide leadership and operational steer in delivering the priorities outlined in the joint Slough Wellbeing Strategy
- develop a joint policy statement through partnership working
- provide advice, support and assistance in developing strategy for improving Workplace Health
- assist in the promotion of an organisational culture of health and wellbeing across workforces
- support the development of a structure to support the programme management and monitor identified and emerging risks and advise on their prevention, mitigation and management
- recognise both barriers and enablers to healthy lifestyles within the workplace, and assist in developing initiatives to address these
- monitor the programme budget and expenditure
- provide governance for task and finish groups delivering the plan

Membership

The group is formed of members from a range of organisations, all with an interest in Workplace Health:

Name	Role	Organisation	Contact
Vanita Dutta *Chair	Public Health Principal & Consultant in Public Health cover	Slough BC	Vanita.dutta@slough.gov.uk
Shirley O'Brien	PH Lead/Prog Mgr.	Slough BC	Shirley.Obrien@slough.gov.uk
Adrian Davis	Partnership Manager	Dept. of Work and Pensions	adrian.davies1@dwp.gov.uk
Ramesh Kukar	Slough Council for Voluntary Service	CVS	ramesh@sloughcvs.org.uk

¹⁰ [slough-wellbeing-board-strategy-2020-2025](#)

Kam Birdie	Localities, Community Development and Leisure Lead	SBC Place and Community Directorate	kam.birdie@slough.gov.uk
David Saab		Thames Valley Chamber of Commerce	DavidSaab@tvchamber.co.uk
Bob Jones	SBCP Company Secretary	Slough Business Community Partnership (SBCP)	bob@sbc.co.uk
Dipak Misty	OH/Human Resources	Slough BC	Dipak.Mistry@slough.gov.uk
Simon Lawrence	Frimley Health	Frimley ICB	simon.lawrence6@nhs.net
Christine Ford	Diversity & Inclusion Lead	Slough BC	equalities@slough.gov.uk
Andre Ansah	REACH (race, equalities and celebrating heritage)	ASC, Slough BC	Andre.ansah@slough.gov.uk
Gaby Koenig	Women's Network	Slough BC	Gabrielle.Koenig@slough.gov.uk
Liam Tower	Disabilities Network	Slough BC	Liam.Toner@slough.gov.uk
Carers network	Interim Group Manager, Market Management People, Strategy and Commissioning	Slough BC	Sally.kitson@slough.gov.uk
Thames Valley Police			To be confirmed
Frimley Healthcare Trust			To be confirmed
Note-Taker – Maria McCann	Public Health Business Support	Slough BC	Maria.mccann@slough.gov.uk
			More members to be confirmed, from local business partnerships and Royal Berkshire Fire and Rescue Service?

Members will nominate an informed and suitable representative to attend in their stead if they are unable to attend any meeting.

Membership of the group will be reviewed at least every 6 months and subject to the frequency in attendance of members.

Administration

- The group will meet monthly via Teams or in person
- Meetings will be chaired by Vanita Dutta
- An underpinning Programme Management framework will be developed to monitor and track deliverables and timelines
- Programme and highlight reports will be provided to the Slough Wellbeing Board as and when required

- Agenda items to be submitted to the (admin support) by close of play five working days prior to the next meeting
- Agenda and meeting papers to be distributed at least 5 days prior to the scheduled meeting
- Meeting notes to be circulated no later than 7 days post meeting
- Administrative support will be provided by Slough Borough Council

Quorum

A quorum will be 50% attendance of the membership.

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Wellbeing Board

24th NOVEMBER 2022

ASC Transformation Programme

& Cost of Care update

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Programme Summary and Key Risks



Programme updates

- Savings continue to be submitted to finance and process for monthly validation ahead of Transformation Delivery Board is in place
- Lesley Hutchinson has joined the team from Peopletoo to lead on the Shared Lives, Front Door and Practice & Process workstreams
- Cabinet have agreed that Peopletoo will continue to support Adults transformation for the year 2034/24 and scoping work has commenced to agree the next set of priorities



Programme risks

- Difficulties in recruiting, particularly OT's, is impacting our ability to deliver on more than one project
- The challenges proposed within the ASC reform remains, particularly the future demand from self funders
- The resource within ASC is spread across a variety of priorities due to the volume if changing priority.



Project updates

- Despite some recruitment difficulties, work on the reablement project to launch the new rota and design new ways of working is progressing well
- Revised project plan for Shared Lives scheme has been drafted and is being confirmed
- Refocused Front Door project



Project risks

- Recruitment to the new Reablement service has delayed the increased capacity element of the service, mitigations are being explored
- Recruiting an OT to work on the review team continues to be a problem and is affecting our ability to review high cost packages in a timely way
- Delay in progression of Shared Lives Scheme project places in year saving in this area at risk.

22/23 Savings Budgeted and Actuals

	Saving Description	2022/23 Budgeted Saving (£'000)	Actual to Date (£'000)	Workstream
Transformation Programme	Provider Services	854	854	ASC Operations
	Client Contributions	560	300	ASC Ops / Finance
	Accelerated Shared Lives	204	-	ASC Operations
	Virtual Review Team	120	69	ASC Operations
	Focussed Review Project	410	10	ASC Operations
	Practice and Process Development	823	823 ⁺	ASC Operations
	Joint Funding Protocol	500	115	ASC Operations
	Reablement Efficiencies	550	-	ASC Operations
	Targeted Reablement Project	450	-	ASC Operations
	Accommodation with Support	300	-	Commissioning
	LD negotiations		24	ASC Operations
BAU	Direct payment reclaims	150	303	ASC Operations
	Review savings – Localities	-	24	ASC Operations
	Review savings – MH	-	423	ASC Operations
	Floating Support & Business Support Efficiencies	210	210	ASC Operations
	Better Care Fund & BC Review	769	769	ASC Operations
	Total	5,900	3,924	

⁺ Subject to tracking throughout the year

CQC Inspection Update

Assurance – Self Assessment

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CQC Assessment Framework

Current

- 3 inspection frameworks
- 5 key questions:
Safe, Effective, Caring, Responsive, Well led
- 4 levels of rating:
Outstanding, Good, Requires Improvement, Inadequate
- ASC has 24 Key Lines of Enquiry (KLOEs)

From April 2023

- 1 framework for all providers, LAs and ICSs
- 5 key questions and 4 levels of rating are unchanged
- KLOEs replaced by 34 Quality Statements
- 8 will apply to local authorities and ICSs

Evidence for CQC

6 evidence categories (5 for LA)

Feedback from:

- Service users
- Staff (interviews & focus groups)
- Partner organisations

Processes

Outcomes

Evidence is specified

- Specific data indicators
- Specific documents
- Evidencing processes which CQC lists

Evidence will be *scored*

Evidence will be evenly weighted

Evidence for CQC

Self-assessment

Data indicators

- Statutory returns
- CQC ratings profile of local regulated services
- National capacity tracker metrics

Case notes – ‘tracking’

Documents

- strategic plans, commissioning strategies
- evidencing that learning has been implemented and embedded
- the effectiveness of policies and procedures

4 themes for LAs and ICSs

How Local Authorities:

- work with people
- provide support
- ensure safety within the system
- Leadership

Evidencing what we do



Key Findings to date

- The open, learning and 'can do' culture in ASC is standing them in good stead for the work ahead. Staff were very enthusiastic at the away day to support us positively with the exercise to identify where we are doing well and what needs to improve
- Low staffing levels, IT difficulties and a historic lack of focus on fundamental processes exacerbate the gap between where we are and what needs to be in place
- There has been significant work to address this in ASC with concentrated focus on improving the accuracy of activity & financial data and working towards creating a balanced scorecard to support decision making – further to go
- The senior team are working hard to deliver in the difficult context we're all aware of

Key areas to focus on

- Much of the work that needs to take place corresponds to ‘the golden thread’ clearly binding together partnership, council and ASC objectives, translating these into measurable targets which are monitored and then to show improvement over time. Tightly drawn, measurable targets are needed for the other areas of ASC work including:
 - Further development of the ASC strategy so that it represents the widest picture of all ASC work and how it all fits together
 - Producing an overarching commissioning strategy to similarly provide a comprehensive picture of the entirety of commissioning and where the different strategies fit
 - Producing a quality assurance policy to similarly provide a comprehensive picture of all the QA work that takes place across all of ASC
- Relationships with partners are good, collaborative, not combative, yet some areas are not producing what ASC would want – needs time to systematically work through detail, agreement to processes etc.

Highlight Reports

ASC Transformation Projects

Front Door

Owner

Andre Ansah & Andrea Rodin

RAG

Progress up until: 7 November 2022		Anticipated progress until: 5 December 2022	
<ul style="list-style-type: none">Route from Contact Centre to OTs and Reablement is establishedRefocus of Front Door project – agree next stepsCommenced discussions regarding CVS and front door		<ul style="list-style-type: none">Set up a task group to drive the project (include – commissioning; team managers from ASC)Meet with new commissioning lead working on VCS workstream. Including pick up conversation with Mike Wooldridge re social prescribing and opportunities or co-locating at front doorObserve the front door to assess the current strengths based approach and propose areas for developmentReview pros and cons of investing in a trusted assessor model at the front doorDesign data collection on referrals from contact centre to OTs	
Qualitative Benefits upon Completion of the Project		Key Risks & Issues	
<ul style="list-style-type: none">Supports people to remain independent and access preventative servicesSupport long-term sustainability of the social care market by reducing demand		Risk	RAG
		Lack of resource (capacity) available to take work forward the project	
Savings Achieved to Date		Milestones	
Savings Target	Savings Achieved	Milestone	Date
Included within Practice and Process savings		New project plan with revised timescales in place and task group driving this forward	30 th Nov 2022

Reablement Efficiencies

Owner

Andre Ansah

RAG

Progress up until: 7 November 2022

- New rota launches with staff which will increase efficiency
- Adverts published aiming to fill newly created posts and existing vacancies on a permanent basis
- Work ongoing to recruit locums to fill vacant posts on an interim basis
- New process has been designed for implementation when capacity allows

Qualitative Benefits upon Completion of the Project

- Development of an enablement approach in SBC, creating capacity for significantly more Reablement for people to maintain independence.
- Support quicker hospital discharge and decrease the volume of people returning to hospital/other front doors.
- Improving the quality of Reablement care received.

Savings Achieved to Date

Savings Target	Savings Achieved to Date
£550k	£0
Target savings date – from Nov 2022	

Anticipated progress until: 5 December 2022

- Data and performance management tools to be created
- Completion of a prioritisation matrix to be used for an interim period whilst we are not at full capacity to target reablement where it is most likely to have an impact

Key Risks & Issues

Risk	RAG
Difficulty in recruiting to new structure, particularly qualified posts	
Resource available to map and design new service requirements	

Milestones

Milestone	Date
New rota launched	1/11/22

Commissioning Strategy

Owner

Jane Senior

RAG

Progress up until: 7 November 2022

- Vision and priorities finalized
- Commissioning principles completed
- Local Needs completed
- Draft strategy completed

Qualitative Benefits upon Completion of the Project

- This will be an enabler to support savings in other areas.
- Will support the market sustainability plan due in October 2022 as part of the cost of care exercise.
- Align the service to wider ASC strategy, Corporate strategy and the transformation programme.

Savings Achieved to Date

There are no savings associated with this project.

Anticipated progress until: 5 December 2022

- Finalise the strategy including:
 - Embedding the forward plan
 - Completing the foreword
 - Taking through relevant governance

Key Risks & Issues

Risk

RAG

Lack of engagement with key stakeholders required to sign off the strategy.

Milestones

Milestone

Date

Completion of the ASC Commissioning Strategy

Initial Target date
18/7/22

Accommodation with Support

Owner

Ann McGale

RAG

Progress up until: 7 November 2022

- List of good quality Supported Living providers in Slough has been created
- Exemplar Supported Living provision identified to showcase to clients and families
- Procurement model still in discussion

Qualitative Benefits upon Completion of the Project

- Increased opportunities for people to maintain their own tenancies.
- Further support an independence approach to care and support.

Savings Achieved to Date

Savings Target	Saving Achieved to Date
£300k	£0
Target Savings Date – Jan 2023	

Anticipated progress until: 5 December 2022

- Compile more detailed information on clients to prioritise them
- Begin working with clients who could be 'quick wins' in terms of capacity and receptivity to move
- Complete test case through the DPS

Key Risks & Issues

Risk	RAG
Delays created due to agreement of procurement model	
Lack of engagement from Providers in the Slough area	

Milestones

Milestone	Date
Agree procurement approach	14 Oct 22

Progress up until: 7 November 2022

- Further discussion with West Berkshire around their Shared Lives scheme.
- Meeting with Commissioning and Operations regarding next steps to move the project forward
- Meeting taking place on 4th Nov to:
 - Consider indicative cost from West Berkshire to deliver a scheme
 - Consider indicative costs from a local provider
 - Review original commissioning element of project plan in light of the above – will either continue with single supplier route or contract with another LA
 - Revise project plan

Qualitative Benefits upon Completion of the Project

- Increased opportunities for people to maximise their independence and live in a family environment
- Further support an independence approach to care and support

Savings Achieved to Date

Savings Target	Saving Achieved to Date
£204k	£0
Target Savings Date – to be discussed given delays unlikely in year	

Anticipated progress until: 5 December 2022

- Confirm Shared Lives model
- Draft service specification and contracting information

Key Risks & Issues

Risk	RAG
Delays created due to agreement of procurement model	
Insufficient carers in and around Slough	

Milestones

Milestone	Date
Agree procurement approach	14th Nov 2022

Focused Review Project

Owner

Andre Ansah / Andrea Rodin

RAG

Progress up until: 7 November 2022

- Three Social Workers now recruited and working
- Tracking spreadsheet created
- Discharge to assess list complete and team are now working through high cost case reviews
- Obtained list of cases where Direct Payments are regularly recouped and review as this could signify that care could be reduced

Qualitative Benefits upon Completion of the Project

- Ensure clients receive an annual review
- Support people to step down towards independence

Savings Achieved to Date

Savings Target	Savings Achieved
£410k	£10k Largest saving not validated yet
Target savings date – August 2022	

Anticipated progress until: 5 December 2022

- Continue trying to secure a dedicated OT to support the team

Key Risks & Issues

Risk	RAG
Recruitment of OT resource	
A number of cases will result in increases or no change	

Milestones

Milestone	Date
Undertaking reviews of clients	1/9/22

Practice and Process Development

Owner

Andrea Rodin

RAG

Progress up until: 7 November 2022

- Change Control have had oversight of the first draft of the new Scheme of Delegation – comments are being incorporated into version 2 largely around the out of panel process
- Workflow workshop carried out focussing on frontline practice to finance team work to ensure good support planning, financial assessments are adhered to, care charging arrangements and payment to providers
- In order to demonstrate cost avoidance savings in a timely manner we have confirmed with teams ways to report in the information

Qualitative Benefits upon Completion of the Project

- Consistent, high quality social care provision including:
 - Strengths based approach
 - Positive Risk taking
 - Proportional care provision

Savings Achieved to Date

Savings Target	Savings Achieved
£823k (includes Front Door project)	£823k

Anticipated progress until: 5 December 2022

- Establish task group to take forward remaining actions
- Scheme of Delegation including practice guidance and flow chart to Change Panel on 08/11/2022
- Social Care Charter to be approved
- Identify list of policies and procedures for handbook/practice toolkit – set out what Slough has in place and what is needed (including hospital)
- Confirm with Mental Health teams which policies and procedures would be beneficial
- Plan workshop for early January to launch new panel and practice toolkit
- Review Learning and Development offer

Key Risks & Issues

Risk	RAG
Large number of conflicting priorities affecting prioritization of transformation project, decision making, and sign-off	
Lack of capacity within frontline teams to support project work	
Risk that the new panel process will not be fully embedded and followed across all of the teams – information remains held in multiple places	

Milestones

Milestone	Date
Scheme of Delegation approval	08/11/2022
Social Care Charter signed off	30/11/2022

Joint Funding Protocol

Owner

Andrea Rodin

RAG

Progress up until: 7 November 2022

- Continued support and training with teams to identify potential eligible clients and completion of paperwork
- Identification of potential clients through panel process

Qualitative Benefits upon Completion of the Project

- Enables people to receive the care relevant to their needs to ensure the best possible service is being received.

Savings Achieved to Date

Savings Target	Savings Achieved
£500k	£115
Target savings date – July 2022	

Anticipated progress until: 5 December 2022

- Continue to undertake joint funding tool for clients.

Key Risks & Issues

Risk

RAG

The protocols had been delayed due to version control issues with the CCG.

Milestones

Milestone	Date
Go live with the tool and undertake the joint funding exercise.	Ongoing