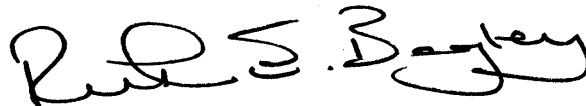


Date of issue: 12th September 2011

MEETING	HEALTH SCRUTINY PANEL (Councillors P K Mann (Chair), Chohan, Davis, Long, Munawar, Plimmer, Rasib, Sharif and Strutton)
DATE AND TIME:	TUESDAY, 20TH SEPTEMBER, 2011 AT 6.30 PM
VENUE:	THE SMALL HALL, THE CENTRE, FARNHAM ROAD, SLOUGH SL1 4UT
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	TERESA CLARK 01753 875018

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.



RUTH BAGLEY
Chief Executive

AGENDA

PART I

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
	Apologies for absence.		
	CONSTITUTIONAL MATTERS		
1.	Declarations of Interest		
	(Members are reminded of their duty to declare personal and personal prejudicial interests in matters		

AGENDA
ITEM

REPORT TITLE

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coming before this meeting as set out in the Local Code of Conduct)

2. Minutes of the Last Meeting held on 22nd June 2011 1 - 8

SCRUTINY ISSUES

3. Member Questions

(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).

4. Employment Support for People with Disabilities, Mike Bibby, Assistant Director, Personalisation, Commissioning & Partnerships, SBC 9 - 42

(20 Mins Presentation, 45 Mins Questions)

5. Re Commissioning of Mental Health Day Services, Mike Bibby, Assistant Director - Personalisation, Commissioning & Partnerships, SBC 43 - 86

(15 Mins Presentation, 20 Mins Questions)

BREAK

6. Future of Mental Health Inpatient Services - Progress Update on Additional Engagement and Consultation Activity: Bev Searle. Director of Joint Commissioning, NHS Berkshire 87 - 90

(15 Mins Presentation, 20 Mins Questions)

7. Future of East Berkshire Mental Health Inpatient Services- Transport Solutions to support relatives and carers proposed by Berkshire Healthcare Trust: Julian Emms, Deputy Chief Executive, Berkshire Healthcare NHS Foundation Trust 91 - 94

(10 Mins Presentation, 15 Mins Questions)

8. Developing Safe and Sustainable Acute Services in NHS South Central Region: Stroke, Major trauma and Vascular Surgery: Bev Searle, Director of Joint Commissioning, NHS Berkshire 95 - 100



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9. *(10 Mins Presentation, 15 Mins Questions)*
National 'Any Quality Provider' Initiative-
Implications for NHS Berkshire: Bev Searle,
Director of Joint Commissioning, NHS Berkshire
- (10 Mins Presentation, 15 Mins Questions)*
10. Joint East Berkshire Health Overview and
Scrutiny Committee, Teresa Clark, Senior
Democratic Services Officer, SBC
- (5 Mins Presentation, 5 Mins Questions)*
11. Consideration of reports marked to be noted/for
information
- (The Panel will consider any reports marked to be
noted/for information and determine whether future
scrutiny is considered necessary: maximum of 5
minutes allocated).*
12. Forward Work Programme 107 - 108
13. Attendance Record 109 - 110
14. Date of Next Meeting- 18th October, 2011

Press and Public

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 the Committee considers any items in the Part II agenda. Special facilities may be made available for disabled or non-English speaking persons. Please contact the Democratic Services Officer shown above for further details.

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Health Scrutiny Panel – Meeting held on Wednesday, 22nd June, 2011.

Present:- Councillors Chohan, Davis, Long, P K Mann, Munawar, Plimmer, Rasib, Sharif and Strutton

Also present under Rule 30:- Councillors M S Mann and Walsh

PART 1

1. Declarations of Interest

Councillor Strutton declared a personal interest in that he was formerly an elected Steering Group member of the Slough LINK and that he was currently employed as an assistant to disabled individuals.

2. Election of Chair

The nomination of Councillor PK Mann was moved and seconded. There being no other nominations it was –

Resolved – That Councillor PK Mann be appointed Chair of the Health Scrutiny Panel for the 2011 / 2012 municipal year.

(Cllr PK Mann in the Chair)

3. Election of Vice Chair

The nomination of Councillor Long was moved and seconded. There being no other nominations it was –

Resolved – That Councillor Long be appointed Vice-Chair of the Health Scrutiny Panel for the 2011 / 2012 municipal year.

4. Minutes of the Last Meeting held on 21st March 2011

The meetings of the last meeting held on 21st March, 2011 were approved as a correct record subject to an amendment to Minute No 62, Stroke Services in Slough, second and third sentences of 4th paragraph to read:-

“ In response to a Member question, Dr McGlynn advised that there would be no provision for hyper acute stroke care at Wexham Hospital because the hospital did not have the required physicians. It was confirmed that acute stroke care would continue to be provided at Wexham Park Hospital”.

5. Member Questions

A member asked for an update on the national health service and public health reforms. It was agreed that an update report would be provided to the Panel in September, 2011.

6. Outcome of the Health Scrutiny Panel Task and Finish Group; Transfer of Mental Health in patient provision to Prospect Park Hospital

Naveed Mohammed, Scrutiny Officer, outlined a report on behalf of the Panel's Task and Finish Group (TFG) regarding its investigation into the consultation on the proposed relocation of mental health inpatients services in East Berkshire.

The Panel was reminded that the results of the public consultation were published in February 2011, and the Trust had recommended Option 1, the relocation of all mental health inpatients beds to Prospect Park Hospital (PPH) in Reading, for final ratification by the Board. The Panel had resolved that further detailed scrutiny was required and that a TFG be established, comprising three members of the Panel and two members of the Slough LINK. The scope of the TFG was to ascertain whether the public consultation was conducted in the best interest of patients and the local community or whether the Berkshire Healthcare Foundation Trust (BHFT) had pursued another agenda to suit its own long term strategic aims. The TFG had focused on the rationale and financial reasons behind the public consultation and the resulting proposals. The Group also investigated a number of matters including how BHFT had forecast their income for the next three years, whether the extent of the impact of relocating services to Prospect Park was clearly explained and considered fully in the public consultation response by BHFT and whether in the light of the findings of the investigation, the outcome of the consultation be accepted or whether the matter be referred to the Secretary of State for Health for further investigation.

The Officer discussed the findings of the TFG which had been circulated in a report prior to the meeting. It was highlighted that the three crucial concerns were; the assumptions made regarding the future funding situation faced by BHFT; the timing and genesis of their decision to vacate the Heatherwood and Wexham Park (HWP) premises; and the impartiality of advice being received by BHFT and from how wide a pool the advice was sought. The Officer advised that in all three respects the group remained wholly dissatisfied by the responses received by BHFT and although the future funding situation broadly remained challenging, the financial arguments put forward for relocating services to PPH lacked persuasiveness. It was noted that the current government had stated that it required Trusts to focus on clinical excellence in Mental Health Services and NHS budgets had risen and would continue to rise in this area. This contrasted with the Trust assertion that cuts needed to be made in this area and the TFG therefore felt that the provision of a new purpose built facility at Upton Hospital did not appear to have been investigated fully. Further, the fact that a move to PPH would require an outlay of £4.9 meant that in the short term the Trust would have to incur considerable costs over and above any monies that could have been diverted into improving facilities at the HWP sites. The Officer highlighted that the TFG had not received any firm clear evidence that a move was a requirement and there was also no evidence to suggest that a move was being forced upon BHFT. The Officer concluded that the Group continued to have concerns regarding the non use of impartial and independent clinical

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advice and the apparent use of advice received from in house BHFT clinicians. It was argued that in order to achieve a robust and transparent public consultation, BHFT should have sought impartial advice and in the absence of this it was felt that the decision making process was fundamentally flawed.

The Officer discussed a number of recommendations suggested by the TFG as set out in his report.

Julian Emms, Deputy Chief Executive, Berkshire Healthcare NHS Foundation Trust addressed the Panel and referred to his written response to the findings of the TFG, which had been circulated to the Panel in advance of the meeting and which were also tabled at the meeting. Mr Emms advised that the purpose of his response was to highlight what he felt were a number of inaccuracies contained in the TFG report and the Panel was requested to consider these. The response highlighted that the Trust had cash available for the one off capital expenditure requirement of £4.9 m to deliver reconfiguration alterations to PPH and that the Trust would achieve the required £2m annual revenue efficiency savings from the transfer of services from HWP Foundation Trust to PPH. The Panel was advised that the Trust did not have the cash required to finance the total one off capital expenditure for land and a new build hospital estimated in 2009 at £21m for Option 3. The Trust would therefore need to contribute its own cash injection of at least £7m and borrow the balance of £21m through a PFI or other long term borrowing arrangement. Although this was feasible it would commit the Trust to repay a significantly higher amount of capital investment to a PFI company over a thirty year period. The formal response submitted by Mr Emms also clarified the lease position on the HWP Hospital sites, the transport survey and the equality impact assessment. The Panel was also referred to a response regarding clinical engagement and it was highlighted that the Trust's Professional Advisory Committee was established to provide direct clinical advice to the Trust Board and represented local clinical expertise in mental health. In respect of engagement with local GPs, it was confirmed that there had been no clear public or GP consensus as to the options and that comments attributed to Dr O'Donnell were recorded differently on the LINKS website to those outlined within the TFG report. The Panel was advised that the PCT were currently undertaking a further piece of GP engagement work which would take into account the views of GPs across East Berkshire and this would be considered by the Trust when it made its final decision. It was emphasised that no final decision had been made about the future of inpatient services in east Berkshire and the matter would be considered by the board at its meeting in July when further comments and responses from the Health Scrutiny Panel and stakeholders would be taken into account.

In the following debate Panel members and John Kelly, representing Slough LINKs raised a number of comments and questions. The estimated build cost of £21m at Upton was questioned and it was felt that no justification had been submitted for this cost. Mr Emms advised that the site was owned by the PCT who was required to obtain the best value for its sale and an external advisor was employed to provide a guide on the related costs, using comparable

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evidence from other sites. It was also emphasised that the Board had received internal verification on the costs. In response to a question regarding the issue of notice to leave the site, Mr Emms confirmed that in the original consultation it was established that HWP had alternative long term plans for the site and therefore the continuation of services at Wexham Hospital was not an option. It was highlighted that this was an important point and that before the second consultation, the hospital had confirmed its position on this. Further, an audit trail was available to support this. In response to a question regarding the position on GPs, the Panel was advised that a number of events had been arranged over the coming weeks and a business case outline would be provided. Regarding the £4.9m available, Mr Emms advised that if the Upton option were chosen then the resources required would be deployed for Upton. It was emphasised that these funds could not be used to revamp WPH as this was not a long term option due to the position with the Landlord. It was also highlighted that the current facilities at Wexham were not fit for purpose – in particular it would not be possible to have single en suite rooms and it would not be possible to provide the kind of facilities that local residents had requested. In response to a further question Mr Emms advised that if the PCT chose the option of providing a new build in Slough then PPH would remain under occupied with a consequential revenue cost of £2m. The Board had indicated that it would work up an option at PPH unless the £2m gap was found. It was highlighted that the consultation concerned 24 or 25 people who were required to be admitted to hospital and other patients requiring mental health services would continue to receive the same level of service as at present. Mr Emms advised that Option 1 was a Pan-Berkshire initiative and £2m would be saved each year by opting for this initiative. Clearly a status quo position was not satisfactory and there was a real financial choice to be made where a good standard of care could be provided at PPH for £2m less. In response to a question regarding the position of the PCT as Landlord, Mr Emms advised that the PCT owned a number of buildings and the Trust was a tenant- the consultation had been therefore been carried out on this basis. It was confirmed that under accounting rules, one NHS body could not gift a building to another.

Mr Emms was unable to disclose the name of the Consultant who had carried out the equality impact assessment but advised that the board was satisfied that the report was robust and contained sufficient details. He advised that the consultant could be asked for further clarification if the Panel felt that there were any shortcomings in the report. Regarding the position on the transport survey, Mr Emms accepted that this was a very important part of the discussion and the Trust had agreed to put more thought into the detail of this. He advised that some Panel members had been contacted to contribute to the discussion and any flagged areas of concern would be addressed. The concern was raised that no business plan had been put forward for public consideration and would any money provided be ring fenced in the future. Philippa Slinger, Chief Executive, Berkshire Healthcare NHS Foundation Trust, confirmed that if Option 1 was the confirmed option then money would be ring fenced for this purpose. The transport case was been looked at in detail and the business case was currently in its first draft form and would be considered by the Trust board on July 11th and then by the PCT.

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In response to the concern that the transport plan should have been considered at a much earlier date, Ms Slinger advised that on any one day there could be twenty five patients resident at PPH and these were cases where acute psychiatric care was needed and 60% of the patients were being held against their will. The care provided would involve an average stay of two to three weeks and during this period there would be some trial home stays. It was emphasised that patients would not be expected to travel on their own to the hospital and the Trust would look at ways in which relatives and carers could be assisted with transport to the hospital. Panel members were particularly concerned that these patients would need more support from their families. Mr Emms advised that if the PPH option were chosen then the hospital already covered West Berkshire, Wokingham and Reading areas and the Trust therefore already had experience in this area. It was confirmed that in terms of patients being escorted by the police and ambulance service to PPH, that the authorities had shared their views and feedback suggested that they could accommodate this need. It was highlighted that this service would not be needed for a couple of years.

The Chair adjourned the meeting at 7.43pm so that the Panel could deliberate the findings of the TFG and the response provided by the Trust.

(The meeting reconvened at 8.10pm)

Having regarded the evidence available, the findings of the TFG and the response provided by Mr Emms, the Panel was concerned that there appeared to be discrepancies in the process and the outcome of the public consultation.

Resolved –

- (a) That the Health Scrutiny Panel does not accept the findings of the Public Consultation regarding the provision of Mental Health in patient provision in East Berkshire.
- (b) That in the event that the Trust decides to relocate Mental Health in patient provision to Prospect Park Hospital, Reading, that the Panel recommend that the Overview and Scrutiny Panel refer the matter to the Secretary of State for review.
- (c) That the Panel request that Berkshire Healthcare Foundation Trust seek independent advice on the cost of a new purpose built facility and that the resulting detail submitted to the Panel at the earliest opportunity.
- (d) That in the event the independent advice determines that a new facility is unaffordable, that the Panel recommend that an improved and enhanced service in conjunction with HWP is the preferred option.
- (e) That the Panel recommend that once concluded, the outcome of the transport business case be presented to the Panel at its next meeting in September 2011.

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7. Slough Reablement and Enhanced Intermediate Care Implementation Programme

Vicky Cooper, Head of Provider Services and Reablement, outlined a report to provide the Panel with an update on the Slough Reablement and enhanced intermediate care service implementation programme. The Panel was reminded that Cabinet had given approval in September 2010 to continue the implementation of the programme and have the service fully operational by 1st April 2011. Slough BC and Berkshire East PCT had for some years a pooled budget agreement in place to jointly commission and provide an intermediate care service in Slough. Reablement provided additional capacity and access to ICT intervention for adults with long term conditions who were entering health and social care systems through different pathways. Reablement also provided a complimentary service to ICT and the Council had invested the total annual budget of inhouse homecare into this service. The Panel noted the provision of new funding streams from the Department of Health and the agreed use of spending priorities.

The Officer discussed the enhanced intermediate care model and its four service components being, intermediate care, end of life care, twenty four / seven lack of response and reablement. The Panel noted the key milestones which had been achieved during the six months implementation period and the principles and service standards recognised by the Social Care Institute for Excellence which had been adopted. It was highlighted that the new service would be measured against local and national key performances indicators agreed with the PCT and the routine capture of the views of service users which would be used as an important part of the evaluation of performance and service standards.

The Officer advised that the Council and local healthcare services would continue to implement the enhanced IC model and ensure that all pathways were operational by mid Summer 2011.

In the ensuing debate members asked a number of questions of detail and the Officer responded to these. It was confirmed that no key milestones were missed in the process and that only one issue with a service user had been identified and this was swiftly resolved. During the process Slough BC staff had agreed to work with external staff for a six week period and this had proved beneficial. In response to a question regarding current austerity measures in place, the Officer advised that £200k savings were available this year and the following year for the reablement process but the budget aspect would continue to be monitored. David Williams, PCT advised the Panel that enhanced intermediate care services were in place in all boroughs and national evidence had indicated that this kind of support made a difference to the elderly and vulnerable people. Early indications were that there had been a reduction in the numbers of admissions to hospital.

Resolved – That the report be noted and that an update report be provided in six to eight months.

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8. Consideration of reports marked to be noted/for information

None received.

9. Forward Work Programme

At the request of Members, the following items were added to the Work Programme:

- National Health Service and Public Health Reform:- The NHS White Papers- Equity and Excellence: Liberating the NHS-update report- September 2011.
- Transfer of Mental Health in patient provision to Prospect Park Hospital- outcome of transport business case- September 2011.
- Slough Reablement and Enhanced Intermediate Care Implementation Programme-update report-1st February 2012.

10. Date of Next Meeting- 20th September 2011

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.45 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 20th September 2011

CONTACT OFFICER: Mike Bibby – Assistant Director, Personalisation,
Commissioning & Partnerships
(For all enquiries) (01753) 875800

WARD(S): All

PART 1
FOR COMMENT & CONSIDERATION

EMPLOYMENT SUPPORT FOR PEOPLE WITH DISABILITIES

1 Purpose of Report

This report provides detail on the review of employment support for disabled people currently provided by the Council at Speedwell Enterprises. It summarises the options considered for future provision of these services and makes recommendations on the proposed future model for service delivery which will be considered by Cabinet on 17th October.

2 Recommendation(s)/Proposed Action

That the panel note and consider the review findings and the options and recommendations for the future

Consider and comment on the recommendations to be considered by Cabinet on 17th October

- a) That the Council implement a new model for the provision of employment support for disabled people and determine the current supported business on 31st March 2012
- b) That the Council facilitate the termination of the Work Choice contract with Shaw Trust to provide supported employment, with effect from 31st March 2012
- c) That formal 30 day consultation with affected support staff and workshop operatives and their trade union representatives be undertaken from the end of October to the end of November
- d) That comprehensive support be offered to displaced workshop operatives to assist them in finding alternative employment where possible or other suitable day time activities
- e) That support staff and other council employees affected will follow existing procedures and processes concerning redeployment and redundancy
- f) That the current Work Opportunities scheme continue to be provided directly by the council beyond April 2012
- g) That an extended Work Opportunities service for all disabled people of working age eligible for Adult Social Care services be implemented during 2012
- h) That the new service model is commissioned in line with procurement guidelines and legislation alongside other day opportunities services following consultation and market testing.

- i) That the Strategic Director of Community and Wellbeing in consultation with the lead Commissioner be delegated to agree the provider of the new service following the tender process

3 Community Strategy Priorities

- 3.1 Implementation of the recommendations of the review of employment support for people with disabilities and services provided at Speedwell Enterprises will contribute to the delivery of Community Strategy priorities in a number of ways:

Community Cohesion

- Promoting involvement of adults with disabilities in employment, training and volunteering;
- promoting social inclusion for people with disabilities;
- reducing inequalities by increasing access to employment, skills development and employment opportunities for disabled people.

Health and Wellbeing

- improving access to skills development, volunteering, work experience and employment opportunities for disabled people.
- Promoting independence of vulnerable people

Economy and Skills

- Providing employment training and support to people with disabilities to enable them to improve their skills and enhance their opportunities to access to colleges, work experience and jobs.

4 Other Implications

(a) Financial

Employment support services for disabled people are currently provided by the Council through the Speedwell Enterprise service.

The gross budget for the service is £555,000. This includes grant income of £144,000 per year received from the Shaw trust to provide the Work Choice scheme and additional income generated through contract work undertaken in the workshop.

The income generated through contracted work varies year to year. The income target identified within the budget is £70,000 in 2011/12. The actual income from contracted work in 2010/11 was £70,713.

The net budget for the Speedwell service (ie the Council's contribution to the service costs) is £341,000.

The proposals in the report, if approved by Cabinet, would result in permanent savings of approximately £100,000 to £120,000 per year pending further market testing.

Grant income for the Work Choice contract would be lost, as would income from contract work.

There would be one-off redundancy costs of approximately £170,000. The payback period would be 18 months.

The suggested future service model would be provided initially by the Local Authority with the longer-term tendered service being commissioned in line with procurement requirements and guidelines.

(b) Human Rights Act and Other Legal Implications

The provision of supported employment for disabled people as provided through the Work Choice scheme is not a statutory requirement. However, Slough Borough Council has a statutory duty to commission services for those who meet Adult Social Care eligibility criteria.

The contract with Shaw Trust to provide the Work Choice scheme commenced in October 2010 for a period of five years. The contract can be terminated immediately upon the Shaw Trust giving notice if the supported business ceases or threatens to trade or operate as a supported business. It is understood that the Shaw Trust will invoke the termination provisions of the contract following consultation with the council.

Individual assessments of needs and skills of all workshop operative staff affected have been carried out, and significant levels of support will be given to find alternative employment for them.

The Council will comply with legal requirements for all staff.

(c) Equalities Impact Assessment

An Equalities Impact Assessment has been undertaken.

The assessment recognises the negative impact that the proposals will have on staff affected, and notes in particular the adverse impact on disabled staff members.

An action plan to mitigate the negative impacts has been developed. This includes significant levels of support to enable displaced staff to access alternative employment options. Individual assessments of needs and skills have been carried out to inform this work.

The proposed new service model will have positive impacts in terms of supporting increased numbers of disabled people who are eligible for Adult Social Care services to access employment, work experience, volunteering, training and skills development.

(d) Workforce

There are two elements to the workforce at Speedwell.

There are seven staff in post providing support to disabled people involved in the Work Opportunities scheme and the Work Choice scheme. In addition,

there are 24 Slough Borough Council 'workshop operatives' provided with supported employment through the Work Choice scheme. These are all disabled people.

There will be workforce implications resulting from the options outlined in this report. These will be primarily around staff being served their redundancy notices. However, there will be a consultation process that will be followed whereby staff will be supported through the redeployment process to mitigate against potential redundancies. We will also be seeking additional support for the workshop operatives from external agencies to further identify opportunities outside Slough Borough Council.

5 Supporting Information

5.1 Background/Context:

5.1.1 Over the last four years the Council has implemented an extensive change programme in Adult Social Care to improve outcomes for service users and through developing to improving the range services provided to local people.

5.1.2 A number of new services have been introduced and others redesigned to improve the range of provision available to meet the needs of service users. These include:

- Re provision of residential care services for older people
- Investment in Extra Care facilities
- Establishment of the reablement service
- Reconfiguration of day care services for people with learning disabilities and physical disabilities

5.1.3 These initiatives have proven successful in improving outcomes for service users and have achieved the aims of:

- Reducing the number of people admitted to residential care
- Promoting independence
- Enhancing the integration and engagement of Adult Social Care service users in the wider community

5.1.4 This programme is continuing in order meet changing needs and increasing levels of demand. In order to achieve this in the current financial climate it is essential that any changes in services will need to deliver efficiencies and ensure the most effective use of resources to provide value for money while also delivering improved outcomes for local people within reduced resources

5.2 Review of employment support for people with disabilities

5.2.1 As part of the development and improvement of service provision, a review of employment support for people with disabilities has been undertaken during 2011.

5.2.2 Access to employment, training and skills development is an important issue for all people, however disabled people face a range of additional barriers when seeking employment. These can take a number of forms

including physical barriers to access, additional support requirements and prejudicial attitudes of prospective employers

5.2.3 In undertaking the review the objectives and outcomes to be achieved through any proposed changes to current provision included:

- Increasing the number of disabled people eligible for Adult Social Care services benefitting from support to access employment, work experience, volunteering, education and skills development
- Increasing access to mainstream employment for disabled people
- Delivering improved services within reduced costs

5.2.4 A project group consisting of Council officers was established to undertake the review. Staff, workshop operatives service users and families were informed of the review, and regular meetings with the staff and operatives most directly affected have been held as the review has progressed. Further details of consultation during the review are given in section 11 below.

5.2.5 Assessments of individual skills and social care needs have been completed for all workshop operatives and for users of the work opportunities service.

5.2.6 The review has considered good practice examples from other areas and as well as the national policy context for provision of employment support for disabled people. Further details of national policy issues are set out in section 5.4 below.

5.2.7 Consideration has also been given to value for money issues and costs as well as the service quality and outcomes delivered. These have been balanced against the needs of individuals engaged in the current service and the anticipated future demands of service users.

5.2.8 The project group examined a number of possible options for the future provision of employment support services for disabled people and considered a range of service options taking into account:

- The objective of maximising access to mainstream employment, work experience, training, volunteering and skills development for disabled people, particularly for those eligible for Adult Social Care support
- Increasing the number of people benefitting from services
- Needs and abilities of current service users and staff
- Views of key stakeholders consulted during the review
- Costs of each option and any associated savings

5.3 Current Provision:

5.3.1 Employment support for people with Disabilities is currently provided by the Council through Speedwell Enterprise. The services are located on the Wexham Nursery site. Heating and other utilities for the Speedwell service have been provided through facilities jointly shared with the nursery which closed in August 2011.

- 5.3.2 There are two distinct elements to the service.
- 5.3.3 **Opportunities Group.** This service provides support to 30 service users with Learning Disabilities who are eligible for Adult Social Care services. Referrals come from the Community Team for People with Learning Disabilities. Users are placed in employment, volunteering, work experience or colleges for between 1 and 15.5hrs per week. It is based on the Speedwell site and the 'workshop' is used as part of an 'induction' training programme. There is one co-ordinator and one other support post (currently vacant).
- 5.3.4 **Work Choice Group (formerly Workstep programme)** – From September 2010 this service has been provided under contract with Shaw Trust. The contract stipulates 30 places and runs for 5 years with income to the council of £144,000 per year to provide 'supported employment'. This employment is mainly provided in a workshop setting. The funding is used to provide a contribution towards the salary costs of the workshop operatives. All operatives work 21 hours per week. Referrals come through various sources including Job Centre Plus, Shaw Trust and other Local Authorities. People accessing the Work Choice scheme do not need to meet the Fair Access to Care eligibility criteria for Adult Social Care services, though six of the current workshop operatives do meet these criteria.
- 5.3.5 As at the end of August 2011, there were 28 people in supported employment under the Shaw Trust contract, 24 of whom are employed in the workshop and are employees of Slough Borough Council. Of the Local Authority supported employees, 14 are on long-term contracts, and the other 10 are on short-term contracts of up to two years. The other 4 people are employed by other organisations.
- 5.3.6 Of the 28 people supported through the Work Choice scheme, 10 have mental health problems, 12 have a learning disability or learning difficulty and 6 have a physical disability
- 5.3.7 The service has a number of long term and short term commercial contracts with a variety of companies such as Air Bus and Yoplait for packaging, construction and hand finishing of products. There is also a contract under which the operatives put the finishing touches to Greetings cards that are sold in the Royal Palaces, and 'one off' contracts for Children in Need and Comic Relief.
- 5.3.8 In addition to the workshop operatives there are six other Council staff currently employed to manage the service and provide support to the disabled staff.
- 5.3.9 The concept underpinning the Work Choice scheme is one of 'progression' whereby disabled people seeking employment are referred to the Supported Employment provider and are taken on as employees for a period of up to 2 years. During this time they gain experience of the work environment and receive support and training as set out in individual Personal Development Plans with a view to them moving on to mainstream employment. There are additional incentive payments in the contract for any progressions made.

- 5.3.10 The Workshop provided by Speedwell has been in operation since the 1970s. It started life as a factory making mobility carts for the disabled. It therefore pre-dates the Work Choice scheme and as a result does not respond fully to the 'progression' ethos. For example, 14 of the workshop operatives are long standing employees of the Council, some with 20 years continuous service.
- 5.3.11 The gross budget for Speedwell Enterprise is £550,000. When income from the Shaw Trust Work Choice contract and from commercial work undertaken in the workshop is taken into account, the net budget for the service is £341,000.

5.4 Review Findings:

The review has highlighted a number of key issues related to the objectives and outcomes to be achieved which have informed the options considered and the recommendations for future provision.

5.4.1 Access to employment support for disabled adult social care service users

The Work Choice scheme is accessed through various sources including Job Centre Plus, Shaw Trust and other Local Authorities. Some of the disabled people supported on this scheme do not live in Slough.

Six workshop operatives meet adult social care eligibility criteria and are already in receipt of care package support with three more receiving supporting people funded support. The other 22 operatives do not meet eligibility criteria.

Access to the Work Opportunities scheme is through the Community Team for People with Learning Disabilities. All people referred to the scheme are eligible for Adult Social Care services and come from Slough

Of the two service elements currently provided, the Work Opportunities scheme is therefore better placed and designed to promote access to employment support for Adult Social Care eligible service users.

During 2010/11 Adult Social Care Services in Slough provided support to a total of 1,257 disabled people of working age. This is broken down as:

- Physical disabilities 371
- Learning disabilities 317
- Mental health 569

Many of these service users could benefit from access to services to support them into employment, work experience, volunteering, education, training or skills development.

The current service model is providing a limited number of places and only supports a small proportion of eligible service users.

There are opportunities to increase the number of disabled people eligible for Adult Social Care services benefiting from employment support through refocusing service provision.

There is relatively low turnover and throughput in both the Work Choice and Work Opportunities schemes.

Within the Work Choice scheme, the scope for increasing opportunities for people to access the service is limited by the relatively small number of placements available within the contract, and further restricted as almost half of these are permanently occupied by long-term contracted staff.

The current Work Opportunities model has not had sufficient focus on achieving moving people on through the service and as a result increasing the number of people benefiting.

There is scope to increase throughput in the Work Opportunities scheme and increasing opportunities for more people to benefit from the support provided through a remodelling of the service which gradually reduces and withdraws support where appropriate as placements are secured and service users are settled.

5.4.2 Increasing access to mainstream employment

During the last five years, 31 people have progressed from the Work Choice scheme into full-time employment. During the same period, 38 people have progressed into part-time employment from the Work Opportunities scheme.

The Work Choice scheme is only partially able to achieve progression into mainstream employment as almost half of the workshop operatives (14) are on long term contracts with the Council which compromises this objective.

24 of the 28 people in supported employment under the Work Choice scheme are based within the workshop at Speedwell rather than in mainstream employment.

The Work Opportunities scheme is therefore best placed to achieve the objective of increasing access to mainstream employment as all the placements arranged are in integrated, community based settings.

Skills assessments have demonstrated that, with appropriate support and advice, those currently benefiting from the services provided at Speedwell Enterprise would be able to access mainstream employment, work experience or volunteering opportunities.

The most recent year from which comparative data is available for analysis is 2009/10 which shows that :

For learning disabilities, Slough's performance in terms of the proportion of adults with learning disabilities in paid employment was 7.5% compared to a South East Average of 10.2%

For mental health, the proportion of adults in contact with secondary mental health services in paid employment Slough's performance was 11.2% compared to a South East average of 6.6%

Performance for both areas increased in 2010/11 rising to 7.9% for learning disabilities and 11.9% for mental health. With regard to mental health

services, there were 94 out of 789 people in contact with secondary mental health services in paid employment. However, only 10 of these people benefited from the services provided in the workshop at Speedwell indicating that this service is not a significant contributor to this performance.

5.4.3 Value for Money and unit costs

An analysis of unit cost information shows that the overall cost of the current Speedwell service at £555,000 supporting 60 disabled people across the Work Opportunities and Work Choice schemes has a unit cost of £9,250 per disabled person.

There are two support posts (one currently vacant) dedicated to the Work Opportunities scheme supporting 30 disabled people with a salary budget of approximately £51,000

There are five posts specifically dedicated to supporting 30 operatives on the Work Choice scheme with a salary budget of approximately £108,000

The Shaw Trust contract income is used to subsidise the salaries of workshop operatives, but the Council contributes a further £2,670 towards each position. The total subsidy for the Work Choice placements if this is applied to all 30 places on the programme is £80,100

The Work Opportunities scheme is the more cost effective of the two employment support services currently provided, supporting similar numbers to the Work Choice scheme but at much lower cost.

Were the Council to redesign services and replace the workshop model with one based on the Work Opportunities scheme it is anticipated that up to 50% more people could benefit from the service at reduced cost.

5.4.4 National Policy review

An assessment was undertaken of the current employment support services and their delivery against national policy objectives.

In June 2011 the Government, through the Department for Work and Pensions, published the report 'Getting in, staying in and getting on – Disability employment support fit for the future'. This independent review was conducted by Liz Sayce, the Chief Executive of RADAR which is the UK's leading pan-disability organisation.

In July 2011 the Government, issued a consultation document based on the recommendations made in the review report. Consultation closes on 17th October 2011.

Key recommendations in the report include:

- Money should follow the individual so they can work where they choose, rather than the Department funding disability-specific workplaces or facilities. Over time, all specialist disability employment

support should be made available through individual budgets so individuals can select the support that best meets their needs.

- Support should be evidence based with a focus on supporting people into open employment with ongoing and flexible support and rapid job search rather than assuming a series of stepping stones are needed first, with provision for rapid support and adjustments to aid job retention

The review noted that there was ***‘total consensus among disabled people’s organisations and charities that .. factories were not the model for the 21st Century’***.

It also concluded that ***‘money should be used to support individuals to achieve their employment aspirations in the widest range of jobs and careers, rather than to fund disability specific workplaces or facilities’***.

The review made specific recommendations on the Work Choice programme. These included:

- When existing Work Choice contracts expire, specific guarantees of funding to supported business places should cease so that funding follows people rather than facilities.
- When Work Choice contracts end consideration should be given by the Department for Work and Pensions to rolling this funding into individual budgets with the Access to Work programme. This would simplify the system into one general Work Programme and one individual budget-based programme so individuals have a choice over the support that they most need

The consultation paper states that future decisions about the strategy for supported businesses and the Work Choice programme will be informed by the results of the consultation. It notes that the Work Choice programme is already moving ‘away from the direct funding of supported business places, for example, phasing out the direct financial subsidy of supported places in local authority owned businesses’.

Over recent years there has been a general shift away from the provision of supported employment in workshop settings. For example, Work Choice services have been closed in Brent and in Luton.

It is clear that at a national level, the longer term policy aspiration is to provide individually tailored support for disabled people to enable them to access employment in mainstream settings. Local policies must reflect this agenda.

The current Work Choice provision at Speedwell is a disability specific factory model. The recommendations of the national review clearly indicate a move away from such provision.

The Work Opportunities model is more in line with the national policy as it is focused on supporting people into open employment settings.

Any proposed new service model will need to better reflect the national policy direction with the emphasis being placed on supporting access to mainstream employment for disabled people with support tailored to meet individual needs.

5.4.5 **Review Conclusions - The Need for change**

The policy context, objectives and desired outcomes for supporting people with disabilities in terms of employment has changed significantly since the services currently provided by Speedwell Enterprise were established. In particular there is a greater emphasis on providing opportunities for work experience, training and access to mainstream employment to maximise people's life chances and minimise social exclusion.

The current employment support services for disabled people only partly meet these objectives and outcomes.

The Work Opportunities scheme provides access to mainstream work and volunteer placements for people with Learning Disabilities who are eligible for Adult Social Care Services. It has been relatively successful in securing employment for service users and achieves the outcome of integrating service users into the community. However, there is no similar service for people with other disabilities.

Within the Work Choice scheme, a number of the operatives are on short term contracts with the specific aim of progression into mainstream employment. However, there remain fourteen staff on long term contracts. This makes it difficult to achieve the progression and is in conflict with the objective of moving people on into open employment as there is no incentive for staff who are on local authority terms and conditions to move on to other employment. It also limits the number of people who are able to benefit from the service.

Whilst the Work Choice contract provides some funding to the Council to deliver supported employment, significant levels of additional resources are required to fund the salaries of workshop operatives, the support staff and to cover the overheads and general running costs of the factory.

The workshop provides much valued support and activity for the operatives, but it is not a financially viable or sustainable business enterprise. There are relatively small numbers of people who benefit from the service and turnover and progression rates into mainstream employment are low.

Most of the people on the Work Choice scheme are not eligible for Adult Social Care services.

The current services meet the needs of only a small number of disabled Adult Social Care service users who could benefit from employment support.

There are opportunities to increase the numbers benefiting from engagement in these services through service redesign and this could be achieved at a reduced cost.

6. Options for future service delivery

A number of options have been considered during the review. These are summarised below with further detail set out in Appendix 1 and further analysis of the options in Appendix 2.

6.1. Option 1 - Maintain the status quo – retain existing service on the current site

This option would see continuation of the current service on the Wexham Nursery site providing the Work Opportunities programme for people with Learning Disabilities referred through the Adult Social Care team and supported employment placements provided in the workshop under the Work Choice scheme following referral from various sources including; Job Centre Plus, Shaw Trust and other Local Authorities.

This option is not recommended as it:

- Does not maximise opportunities to achieve the objective of supporting people eligible for Adult Social Care services
- Does not have a specific focus on progression into open employment
- Does not enhance integration and engagement with the wider community
- Does not represent best value for money and deliver improved outcomes at reduced cost

6.2 Option 2 - Re-provide the existing service in a different location

This option would see the relocation of the existing service to an alternative site. It would involve additional costs in terms of revenue and/or capital. The service could be located in existing commercial premises (if available and suitable) or in a Council owned building which would require fit-out for workshop provision and adaptations for disability access and use.

This option is not recommended as it:

- Does not maximise opportunities to achieve the objective of supporting people eligible for Adult Social Care services
- Does not have a specific focus on progression into open employment
- Does not enhance integration and engagement with the wider community
- Does not represent best value for money and deliver improved outcomes at reduced cost

6.3 Option 3 - Cease all provision of employment support for disabled people

This option would see the closure of both the Work Opportunities service and the Work Choice programme provided at Speedwell. It would involve redundancy of all support staff and workshop operatives. Service users currently accessing the Work Opportunities schemes as part of their assessed needs would require alternative provision to be made. This could

be funded through Personal Budgets though it would mean some assessed needs would not be met.

This option is not recommended as it:

- Reduces opportunities to achieve the objective of supporting people eligible for Adult Social Care services
- Would remove services from existing users
- Would reduce integration and engagement with the wider community

6.4 **Option 4 - Transfer Supported Employment contract to another provider**

This option would involve the transfer of the current contract between Slough Borough Council and Shaw Trust to provide the Work Choice supported employment programme to another organisation.

This option is not recommended as it:

- Is not permissible under the terms of the contract as set out in national Work Choice policy

6.5 **Option 5 – Remodel employment services building on the benefits of the Work Opportunities service**

This option would build on the Work Opportunities model to provide a more robust and comprehensive service with a greater focus on increasing throughput of the service and increasing the numbers benefiting from employment support. It would involve termination of the Work Choice contract and closure of the workshop. It would result in redundancy for 14 workshop operatives and some of the support staff

The Work Opportunities scheme would be remodelled from the current service relating only to service users with Learning Disabilities to cover other client groups such as Mental Health and Physical Disabilities. The service would be accessed following assessment of needs and be provided as part of an individual's support plan to provide support for adult social care service users to access employment, work experience, training, skills development or volunteering.

The service could be provided either directly by the Council or tendered out to another provider.

This option is recommended as it:

- Increases and maximises opportunities to achieve the objective of supporting people eligible for Adult Social Care services
- Has a focus on supporting people into open employment
- Enhances integration and engagement with the wider community
- Represents good value for money and improves outcomes for service users at reduced cost

7. The proposed new service model

- 7.1. A preferred future service model has been identified. This could be developed in line with option 5 as summarised above.
- 7.2 This option ensures the most effective delivery of the objective to increase the number of disabled people eligible for Adult Social Care services supported into mainstream employment, training, work experience volunteering, and skills development opportunities. It is also the most cost effective of the options considered.
- 7.3 The model is broadly based on the current Work Opportunities service but it is expanded to provide support to all disabled people of working age who are eligible for adult social care services.
- 7.4 The desired outcome for the service and the individual service users is to provide support to seek, secure and maintain mainstream employment where possible. For others, the service will support access to education, training, skills development, work experience and volunteering opportunities.
- 7.5 The support will be tailored to individual needs and aspirations and will have agreed outcomes. As work, training or educational placements are arranged, the level and nature of on-going support required may change over time. The flexibility afforded by Personal Budgets will allow for individually tailored support to be put in place. This will also facilitate progression through the service thus freeing up opportunities for other service users to access the service and thus increasing the numbers of people accessing employment opportunities.
- 7.6 Access to the service would be through a referral from social care teams for adults of working age. These include the Community Team for People with Learning Disabilities, Physical Disabilities and Mental Health services
- 7.7 The service would need to develop partnerships to help to develop the work market and create in-roads and opportunities for people with disabilities to access mainstream employment and or voluntary work.
- 7.8 This will include the establishment of a disability work forum made up of local businesses and mainstream employers as well as other agencies involved in skills development and employment preparation such as Job Centre Plus and adult education services. Such a forum would facilitate greater co-ordination across agencies and a range of employment initiatives and would streamline access to employment opportunities. It would also foster greater understanding of disability in the workplace thus going some way to overcoming barriers that can exist in some areas, as well as highlighting some of the unique talent and commitment that people with disabilities can bring to the workplace.
- 7.9 The service would need to include provision of or access to a training work assessment space that would give individuals the experience of what it might be like to work in mainstream employment. The skills and of service users would be assessed for a short, time-limited period in a range of relevant work experience activities which would support the identification of

the individual's aptitudes and strengths and planning of further skills development where required. Employment, education, training or volunteering placements would be arranged following this assessment period.

- 7.10 The service could be delivered in a variety of ways, but would need to include support including confidence building, travel training, workplace etiquette and skills testing and training. The service would also need to identify employers willing to take referrals and offer work placements and jobs.
- 7.11 Accommodation requirements for the service include Office Space, Interview Room/s and a Training Room / Work Assessment Space. The facility would need to be fully accessible, including toilets with disability access.
- 7.12 This model is designed to provide support to a wide range of disabled people to enable them to access the most appropriate employment, work experience, volunteering or skills development opportunities. The support will be flexible and tailored to individual needs to deliver clearly identified outcomes. It will also ensure that resources are effectively targeted to support the longer term aspirations of service users rather than funding disability specific facilities.
- 7.13 Such a model will enable more disabled people eligible for Adult Social Care services to benefit from support to access employment and other opportunities than are supported by the current service model with this being achieved at reduced costs

8 Options for the delivery of the new service:

- 8.1 There a range of possible options for the delivery of the proposed new service. These include:
1. Provided directly by the Local Authority
 2. Provided by an external partner as a discreet employment support service
 3. Provided by an external partner as part of a wider service model offering a range of day opportunities for people with disabilities
- 8.2 The long term intention is to deliver the new expanded Work Opportunities model through an external provider. Whilst this service will have a specific focus on supporting disabled people into employment, work experience, volunteering and skills development, there will be synergies with other day opportunity support provided to Adult Social Care service users. Further work and market testing will need to be undertaken to identify the most appropriate and cost effective model for the longer term provision of day opportunities including employment support for disabled people. Formal procurement and tender processes will also need to be followed after the initial market testing.
- 8.3 It is therefore proposed that a staged process be adopted to implement the new service model during the coming months. This would involve:

- a Cabinet decision in October 2011 to approve the future service model and to commence market testing of the delivery options for the future service model. This exercise is to be undertaken alongside similar market testing and tendering for day care provision following consultation.
- b Cabinet decision in October 2011 to withdraw from the Work Choice contract and close the workshop as part of the future option model.
- c Formal 30 day consultation with affected staff and their trade union representatives from the end of October to the end of November 2011. To assist with the understanding of the proposals staff briefing sessions will be arranged as close as possible to the launch of the formal consultation document. Each of these sessions will be followed by a question and answer session through which managers will aim to improve the understanding of the process, clarify the aims of the proposals and to allay any fears and uncertainty regarding the redeployment and further support that will be available.
- d Support to all staff at risk to identify redeployment opportunities, and for workshop operatives specialist support to find alternative employment, work placements and training opportunities or implementing other support as required, including formal care packages. This will continue throughout the period of the consultation and up to the date of implementation of the proposals.
- e Identify and secure an alternative venue from which to provide the current Work Opportunities service and relocate staff and resources required by the end of March 2012. This will not involve additional revenue or capital costs as staff can be relocated to existing council facilities such as Day Centres or other office bases from which support can be provided and where service users can be seen.
- f Close workshop and cease all service provision on the Wexham Nursery site by the end of March 2012
- g Commence market testing of expanded Work Opportunities service in February 2012
- h Tender for new enhanced work opportunities model in April 2012
- i Implement new service October 2012

9. Transition Arrangements: Supporting Staff with disabilities:

9.1 As part of the review process the needs of all workshop operatives have been assessed to identify their eligibility for adult social care services and any care needs they have. The assessments have also considered the work skills and employment aspirations of operatives.

9.2 The assessments have shown that

- The operatives on short-term contracts are generally younger than those on long-term contracts and they have aspirations to work in mainstream employment rather than in the supported workshop
- The operatives will need substantial support to enable them to access alternative employment options
- The social aspect of working in the workshop at Speedwell is important for the operatives, especially for those on long term contracts

- A number of operatives may need some on-going support, especially during the initial period, to enable them to settle into and maintain alternative employment
- Most operatives have access to support from family or external agencies to assist with correspondence and financial issues to replace the support currently provided by staff at Speedwell
- The operatives have a range of skills and abilities, and with appropriate support and advice, they would be able to access mainstream employment, work experience or volunteering opportunities

9.3 If the recommendation to close the workshop is resolved, then substantial support will be provided to the support staff and workshop operatives to find alternative employment or other meaningful activity.

9.4 As part of the consultation process with staff, redeployment options will be considered for all affected staff in line with the Council's policies. Staff will also be invited to submit Expressions of Interest for voluntary redundancy or early retirement.

9.5 In addition, specific support to find other employment will be provided to workshop operatives both by Council staff and specialist workers from the Shaw Trust and Job Centre Plus. This will take place from the end of the consultation period until the end of March 2012.

9.6 Meetings with Shaw Trust and Job Centre Plus have indicated a commitment to co-ordinate additional capacity and specialist expertise to work closely with individual workshop operatives to support them in securing alternative employment.

9.7 Following formal consultation with all affected workshop operatives concerted work will be undertaken during the coming months to identify alternative employment opportunities as the most desired outcome. The individual needs reviews and skills assessments undertaken for each operative have provided useful background information and evidence to support this work.

9.8 In cases where alternative employment cannot be found, other arrangements for work experience placement, volunteering or training and skills development will be provided.

9.9 Options will also be explored for facilitating and maintaining contact between workshop operatives to sustain the valuable social contact that is valued by staff.

10 Consultation:

10.1 Throughout the review there has been extensive consultation with staff including workshop operatives, Trade Unions, family members/carers and other key stakeholders.

10.2 At the start of the review, briefing sessions were held with support staff in January 2011 and with support staff, workshop operatives and family members in February.

- 10.3 Regular meetings have been held with support staff and workshop operatives during the review period which have been attended by Senior Council officers involved in the review project group. These meetings have provided regular updates on options under consideration and have been used to seek the views of staff and operatives.
- 10.4 A workshop for staff, workshop operatives, other service users, family members/carers and wider stakeholders engaged in work to support disabled people into employment and promote skills development was held on 13th May. Over fifty people attended the workshop which provided an update on the review and sought the views of participants in terms of a vision for the future, identifying the type of support needed and preferred options for the future.
- 10.5 Meetings were held with Trade Unions in March, May and August 2011 to brief them on the review, and there was Trade Union representation at the workshop in May.
- 10.6 The review has also been a regular item for discussion at the Disability Forum.
- 10.7. Throughout the consultation a range of views and issues have been highlighted. These include:
- There is a need to better co-ordinate employment support and skills development work
 - Support is needed in terms of preparation of CVs and job applications and interview training
 - There is a need to provide work placement and training, as well as access to volunteering, skills development and mainstream employment opportunities
 - Work needs to be undertaken with employers to raise their awareness of disability issues
 - Support is needed for people in work placements
 - The work opportunities scheme should be available to all Adult Social Care client groups to enable and support a wider range of people with disabilities to access employment, work placements, volunteering and skills development
- 10.8 In terms of the Work Choice scheme which provides supported employment within the workshop, the strong view of support staff, workshop operatives and their family members is that this service should continue in its present form and ideally in its current location. This is the preferred option of these groups, with a second preference being relocation of the existing service to another site.
- 10.9 The consultation with support staff, workshop operatives and their family members has shown that they value the sense of purpose that their employment in the workshop brings to their lives, and that there is a strong feeling of community amongst the workforce.

- 10.10 They have also expressed their concerns about losing their jobs should the preferred option be one which does not include continuation of the Work Choice scheme and the workshop.
- 10.11 Consultation on the emerging options and proposals for the future has also taken place with support staff, workshop operatives their families and other service users with disabilities. This took place on 8th and 9th September 2011. A verbal report on issues raised will be given at the panel meeting.
- 10.12 It is recognised and acknowledged that the proposed service model does not reflect the preferred option of the staff and operatives currently employed within the workshop at Speedwell.
- 10.13 However, any change to the current arrangements would not meet their expressed preferences other than relocation of the existing service.
- 10.14 The review project group has taken account of the views expressed through the consultation exercises, has given them careful consideration and taken them into account in reaching a decision on the preferred model to be considered by Cabinet.
- 10.15 The project group fully respects and recognises the views expressed by the staff and workshop operatives. However, when identifying a preferred model the delivery against policy objectives to promote wider access employment, training, volunteering and skills development for disabled people as well as financial issues and the views of other stakeholders indicate that change is required.

11.0 Conclusion

- 11.1 The review of employment support services for disabled people has considered a number of possible options for the future delivery of such services to facilitate and support access to mainstream employment, work experience, volunteering, training and skills development for disabled people, particularly those eligible for Adult Social Care support.
- 11.2 The review has taken account of national and local policy developments, as well as considering the impacts on service users, staff and other stakeholders. Due consideration has also been given to financial issues to ensure the most effective use of available resources.
- 11.3 Throughout the review there has been considerable engagement and communication with service users, staff, their families and union representatives.
- 11.4 Health Scrutiny Panel is asked to note and consider the review findings and the options and recommendations for the future.
- 11.5 The Panel is also asked to consider and comment on the following recommendations to be considered by Cabinet on 17th October
- 11.6 That the panel note and consider the review findings and the options and recommendations for the future

- 11.7 Consider and comment on the recommendations to be considered by Cabinet on 17th October
- a That the Council implement a new model for the provision of employment support for disabled people and determine the current supported business on 31st March 2012
 - b That the Council facilitate the termination of the Work Choice contract with Shaw Trust to provide supported employment, with effect from 31st March 2012
 - c That formal 30 day consultation with affected support staff and workshop operatives and their trade union representatives be undertaken from the end of October to the end of November
 - d That comprehensive support be offered to displaced workshop operatives to assist them in finding alternative employment where possible or other suitable day time activities
 - e That support staff and other council employees affected will follow existing procedures and processes concerning redeployment and redundancy
 - f That the current Work Opportunities scheme continue to be provided directly by the council beyond April 2012
 - g That an extended Work Opportunities service for all disabled people of working age eligible for Adult Social Care services be implemented during 2012
 - h That the new service model is commissioned in line with procurement guidelines and legislation alongside other day opportunities services following consultation and market testing.
 - i That the Strategic Director of Community and Wellbeing in consultation with the lead Commissioner be delegated to agree the provider of the new service following the tender process

12 Appendices Attached

Appendix 1 – Detail of options considered
Appendix 2 Summary of options – risks and benefits

13 Background Papers

None

Appendix 1 – Options Appraisal

Option 1 - Maintain the status quo – retain existing service on the current site

This option would see continuation of the current service on the Wexham Nursery site providing the Work Opportunities programme for people with Learning Disabilities referred through the Adult Social Care team and supported employment placements provided in the workshop under the Work Choice scheme following referral from various sources including; Job Centre Plus, Shaw Trust and other Local Authorities.

1a Achieving outcomes and objectives:

The current model of service only partially meets the objective of maximising employment opportunities for disabled people. The work opportunities scheme delivers against this objective for people with Learning Disabilities. The Work Choice scheme achieves the objective in part for all disabled groups, though it is only able to provide to a limited capacity with little turnover. There is limited access to mainstream work opportunities as half of the placements are long-term employees for whom there are no progression plans.

1b Staffing issues:

There are no staffing implications arising out of this option

1c Financial issues:

Total gross costs for the service of £555,000 would increase with additional rental costs of £25,000 which have previously been in part subsidised through property services

There would be additional one-off capital costs of £20,000 for relocation of utilities and other services previously provided through the Wexham nursery services

No savings would be delivered and costs would increase

Option 2 - Re-provide the existing service in a different location

This option would see the relocation of the existing service to an alternative site. It would involve additional costs in terms of revenue and/or capital. The service could be located in existing commercial premises (if available and suitable) or in a Council owned building which would require fit-out for workshop provision and adaptations for disability access and use.

2a **Achieving outcomes and objectives:**
As option 1 above. The current model of service only partially meets the objective of maximising employment opportunities for disabled people. The work opportunities scheme delivers against this objective for people with Learning Disabilities. The Work Choice scheme achieves the objective in part for all disabled groups, though it is only able to provide to a limited capacity with little turnover. There is limited access to mainstream work opportunities as half of the placements are long-term employees for whom there are no progression plans.

2b **Staffing issues:**
Staff would need to be consulted about relocating to a new site and offered any support that may be required through the relocation process. However, there would be no staffing implications arising out of this option.

2c **Financial issues:**
Total gross costs for the service of £555,000 would increase with a requirement for additional premises costs. Rental and other costs of an equivalent facility including workshop space are estimated at £81,500 per annum. Additional capital costs may be required to provide appropriate facilities to support a disabled workforce costing approximately £30,000.

If a suitable council owned building can be identified for the relocated service, one-off capital costs of £75,000 would be needed for fit out and disability access works.

There would also be one-off costs of approximately £10,000 associated with moving of factory machinery and other equipment

No savings would be delivered and costs would increase

Option 3 - Cease all provision of employment support for disabled people

This option would see the closure of both the Work Opportunities service and the Work Choice programme provided at Speedwell. It would involve redundancy of all support staff and workshop operatives. Service users currently accessing the Work Opportunities schemes as part of their assessed needs would require alternative provision to be made. This could be funded through Personal Budgets though it would mean some assessed needs would not be met.

3a **Achieving outcomes and objectives:**

The ending of all employment support services for disabled people would have negative impacts on the objective of maximising opportunities to access mainstream employment. Disabled people, including those eligible for Adult Social Care support would be reliant on services provided through Job Centre plus and agencies such as the Shaw Trust. The Council would have no control over the operation and effectiveness of these services and therefore limited ability to influence delivery and achievement of objectives.

3b Staffing implications:

All support staff and workshop operatives would be made redundant through this option. Alternative support arrangements would need to be implemented for workshop operatives. Some may be eligible for adult social care services, others are not. All displaced staff would be considered for redeployment in line with council policies and the workshop operatives would also be offered support and assistance to identify alternative employment options.

3c Financial implications:

There would be redundancy costs of up to £207,000 due to the loss of all support staff and workshop operatives.

Alternative support for those currently using the work opportunities service would also need to be found, which may incur additional costs though this is not yet quantified

There would be on-going savings of £341,000 per year (current net budget)

Option 4 - Transfer Supported Employment contract to another provider

This option would involve the transfer of the current contract between Slough Borough Council and Shaw Trust to provide the Work Choice supported employment programme to another organisation.

Discussions have been held with Shaw Trust to explore the viability of this option. However, under the terms of the contract as set out in national Work Choice policy such a transfer is not allowed.

Option 5 – Remodel employment services building on the benefits of the Work Opportunities service

This option would build on the Work Opportunities model to provide a more robust and comprehensive service with a greater focus on increasing throughput of the service and increasing the numbers benefiting from employment support. It would involve termination of the Work Choice contract and closure of the workshop. It would result in redundancy for 14 workshop operatives and some of the support staff

The Work Opportunities scheme would be remodelled from the current service relating only to service users with Learning Disabilities to cover other client groups such as Mental Health and Physical Disabilities. The service would be accessed following assessment of needs and be provided as part of an individual's support plan to provide support for adult social care service users to access employment, work experience, training, skills development or volunteering.

The service could be provided either directly by the Council or tendered out to another provider.

5a Achieving outcomes and objectives:

This option will support the delivery of the policy to maximise access to mainstream employment for people with disabilities assessed as eligible for Adult Social Care services.

Expansion of the Work Opportunities model to cover other groups in addition to Learning Disabilities will broaden the range and increase the numbers of people who can benefit from the service. The service model also supports increased levels of throughput and turnover enabling more people to access support.

5b Staffing implications:

The workshop operatives and associated support staff would be made redundant through this option.

Two support staff and part-time administrative support would be retained to run the existing work opportunities service.

Additional staffing comprising of two support workers would be required for the expanded work opportunities model if directly provided.

Alternative support arrangements will need to be implemented for workshop operatives.

All displaced support staff would be considered for redeployment in line with council policies.

Workshop operatives will also be provided with individualised, comprehensive support and assistance to identify alternative employment options.

Positive and constructive discussions have been held with representatives of Shaw Trust and Job Centre Plus which have shown a commitment to provide intensive and co-ordinated support to operatives to find alternative employment.

5c Financial Issues

Retaining the existing work opportunities service as a directly provided service supporting Learning Disability service users only would incur redundancy costs of approximately £170,000 due to the loss of most support staff and workshop operatives.

Expansion of the work opportunities service as a directly provided service supporting additional groups would require additional staffing which would add to revenue costs but may reduce redundancy costs.

Income from the Shaw Trust contract and from contracted work undertaken in the workshop would be lost

An alternative base for the provision of the work opportunities service would be needed. This is likely to be possible from within the council's existing property portfolio as only limited office space is required for the work opportunities service. There would be minimal revenue cost.

On-going annual savings of £257,000 would be achieved if the existing work opportunities model is retained. Savings would reduce to approximately £100,000 to £120,000 if the expanded work opportunities model is provided.

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Appendix 2

Options Summary – Risks and benefits

Option 1 - Maintain the status quo – retain existing service on the current site

This option would see continuation of the current service on the Wexham Nursery site providing Work Opportunities programme for people with Learning Disabilities referred through the Adult Social Care team and supported employment placements provided in the workshop following referral from Job Centre Plus.

Benefits	<p>Service has received positive Ofsted reports Service valued by service users and staff Contract to provide supported employment in place up to October 2015 – brings in £144,000 from Shaw Trust Workshop brings in funding through contracted work Continuity of service No redundancies or associated costs Provides work taster experience in workshop</p>
Risks	<p>Current service receives significant subsidy from Council – short and long term financial pressures Workshop not currently a viable 'business' model Continues out-dated service model at workshop Does not fully promote access to mainstream employment Small number of people supported – low levels of progression Long-term uncertainty over Work Choice model Additional capital and revenue costs Located on site where other services have been closed</p>

Staffing/Service user numbers	30 Learning Disability service users on Work Opportunities 30 Workshop operatives (SBC employees) – mixture of long term and short term contracts 7 support staff
Resources – costs and savings	<p>Current costs:</p> <p>Staffing - £452,700 Premises - £54,200 Supplies & services - £48,100 Total Gross - £555,000</p> <p>Income:</p> <p>Work Choice Contract £144,000 Workshop Contracts (variable) £70,000 Total net budget - £341,000</p> <p>For remaining on current site: Additional capital costs – Relocation of boiler & other utilities - £20,000 Rental costs – increase by £25,000</p> <p>No savings delivered, additional capital and revenue costs</p>

Option 2 - Re-provide the existing service in a different location

This option would see the relocation of the existing service to an alternative site. It would involve additional costs in terms of revenue and/or capital. The service could be located in existing commercial premises (if available and suitable) or in a Council owned building which would require fit-out for workshop provision and adaptations for disability access and use.

Benefits	<p>As option 1:</p> <ul style="list-style-type: none"> Service has received positive Ofsted reports Service valued by service users and staff Contract to provide supported employment in place up to October 2015 – brings in £144,000 from Shaw Trust Workshop brings in funding through contracted work Continuity of service No redundancies or associated costs Provides work taster experience in workshop
Risks	<p>As option 1:</p> <ul style="list-style-type: none"> Current service receives significant subsidy from Council – short and long term financial pressures Workshop not a viable 'business' Continues out-dated service model at workshop Does not fully promote access to mainstream employment Small number of people supported – low levels of progression Long-term uncertainty over Work Choice model Additional capital and revenue costs Availability of alternative site Increases in rent for new premises Costs of move Additional capital costs Need to find suitable accessible premises

Staffing/Service user numbers	<p>As option 1:</p> <p>30 Learning Disability service users on Work Opportunities 30 Workshop operatives (SBC employees) – mixture of long term and short term contracts 7 support staff</p>
Resources – costs and savings	<p>Costs:</p> <p>Staffing - £452,700 Premises costs – rise to £81,500 Supplies & Services –£49,000 Total Gross - £583,200</p> <p>Income:</p> <p>Work Choice Contract £144,000 Workshop Contracts (variable) £70,000 Total net cost- £369,000</p> <p>Additional capital cost:</p> <p>One-off capital expenditure to fit out building £75,000 (assumes council owned building found) On-off capital expenditure of £30,000 to provide fully accessible facilities in commercially rented property One-off capital costs of approximately £10,000 for moving factory machinery and other equipment</p> <p>No savings delivered, additional capital and revenue costs</p>

Option 3 - Cease all provision of employment support for disabled people

This option would see the closure of both the Work Opportunities service and the Work Choice programme provided at Speedwell. It would involve redundancies for all support staff and workshop operatives. Service users currently accessing the Work Opportunities schemes as part of their assessed needs would require alternative provision to be made. This could be funded through Personal Budgets though it would mean some assessed needs would not be met.

Benefits	Long-term financial savings
Risks	<p>Redundancy of all workshop operatives and support staff</p> <p>No provision of employment support for disabled people</p> <p>Does not deliver to local policy of Personalisation and aims of maximising life opportunities for disabled people</p> <p>Eligible support needs of some operatives to be addressed in other ways</p> <p>Ending of existing elements of assessed support packages of assessed service users</p> <p>Possible legal challenge due to removal of service for users</p> <p>Negative impact on Performance Indicators</p> <p>Loss of grant and contractual income</p>
Staffing/Service user numbers	<p>30 service users would require existing needs to be met in other ways</p> <p>Redundancy of 14 long-term contracted workshop operatives</p> <p>Redundancy of 7 support staff</p>
Resources – costs and savings	<p>Costs: Redundancy costs of £207,000</p> <p>Additional costs:</p>

	<p>Possible additional alternative care package costs for 30 service users of Work Opportunities scheme</p> <p>Savings: £341,000 (net budget for service)</p>
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Option 4 - Transfer Supported Employment contract to another provider

This option would involve the transfer of the current contract between Slough Borough Council and Shaw Trust to provide the Work Choice supported employment programme to another organisation.

Discussions have been held with Shaw Trust to explore the viability of this option. However, under the terms of the contract as set out in national Work Choice policy such a transfer is not allowed.

5.6.4 Option 5 -- Remodel employment services building on the benefits of the Work Opportunities service

This option would see the end of the Work Choice contract with Shaw Trust and the closure of the supported workshop. It would result in redundancy for 14 workshop operatives on long term contracts and some of the support staff. The Work Opportunities model would be retained to provide support for adult social care service users to access employment, work experience, training, skills development or volunteering. This could be expanded from the current service relating only to service users with Learning Disabilities to cover other client groups such as Mental Health and Physical Disabilities. The service would be accessed following assessment of needs and be provided as part of an individual's support plan. The service could be provided either directly by the Council or tendered out to another provider.

Benefits	<p>Focuses support more on individual needs Ensures service provided to those assessed as needing support Gives Council full control over referrals Service model more in line with national and local policies Council no longer subsidising work placements Greater emphasis on progression into mainstream opportunities Fits with Personalisation agenda – use of Personal Budgets Likely long term positive impact on Performance Indicators Greater focus on co-ordinated approach to support and service provision Meets needs of wider range of service users Greater turnover – more people benefit Delivers savings</p>
Risks	<p>Redundancy of all long term workshop operatives and some support staff Challenge of identifying redeployment or alternative employment for those made redundant Support needs of some operatives may need to be addressed in other ways Initial negative impact on Performance Indicators Loss of grant and contractual income</p>
Staffing/Service user numbers	<p>Current work opportunities scheme 30 Learning Disability service users 2 support staff plus 0.5 clerical support</p> <p>Expanded work opportunities scheme: 60 – 90 service users across all client groups 3 support staff plus 1 FT clerical support</p>

	<p>For either option:</p> <p>Redundancy of 14 workshop operatives on long term contracts</p> <p>Redundancy of workshop support staff</p>
<p>Resources – costs and savings</p>	<p>Current work opportunities scheme</p> <p>Revenue costs:</p> <p>Staffing £ 64,800</p> <p>Premises £13,000</p> <p>Supplies and services £6,000</p> <p>Total annual revenue cost - £83,800</p> <p>NB – if current scheme provided in-house premises costs may not be required</p> <p>Expanded work opportunities scheme:</p> <p>Revenue costs:</p> <p>Staffing £142,600</p> <p>Premises £33,000</p> <p>Supplies and services £8,000</p> <p>Total annual revenue cost - £183,000</p> <p>For both options: redundancy costs of approximately £170,000</p> <p>Savings: Saving of approximately £100,000 to £120,000 if expanded work options scheme developed</p>

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 20th September 2011

CONTACT OFFICER: Noreen Coppin, Commissioning & Development Manager,
Community & Wellbeing, Slough Borough Council
(01753) 875593

Susanna Yeoman, Locality Manager / Head of Mental Health
Services, Slough Borough Council and Berkshire Healthcare
NHS Foundation Trust
(01753) 477011

WARD(S): All

PART 1
FOR COMMENT & CONSIDERATION

RE-COMMISSIONING OF MENTAL HEALTH DAY SERVICES

1 **Purpose of Report**

- 1.1 To provide the Health Scrutiny Panel with the opportunity to review and comment on the proposed approach to commissioning of a re-designed Day Activities and Opportunities Service for people with mental health needs.
- 1.2 To inform, consult and seek the views of Panel members on the proposed new service model.

2 **Recommendation/Proposed Action**

- 2.1 Health Scrutiny Panel members note the information contained in this report
- 2.2 Health Scrutiny Panel members consider and comment on the suggested service model and proposal for commissioning the service.

3 **Community Strategy Priorities**

- 3.1 The provision of the Mental Health Day Activities and Opportunities service will assist in delivering the Council's priorities set out in Slough's Sustainable Community Strategy:

Community Cohesion

- Promotes and enables involvement in community activities
- Reduces inequalities and promotes fair access to high quality services

Health and Wellbeing

- Enables people to make positive informed choices about their care and support
- Intervene early to aid recovery and promote healthier lifestyles and choices

- Maintain a person centred approach to service provision
- Provide effective and tailored services for adults to allow them to live independent, socially inclusive lives

Community Safety

- Improve public information and help people have an active role
- Focus on ensuring personal safety and high quality service provision

4 National and Local strategies

- 4.1 The provision of the Day Activities and Opportunities service will contribute to Slough Borough Council delivering services in line with the Department of Health's 'Putting People First: *A Shared Vision and Commitment to Adult Social Care*' which outlines the context, vision and direction of how future adult social care is to be shaped.

Services provision will also follow the guiding values and principles of 'No Health without Mental Health: *A cross government mental health outcomes strategy for people of all ages*', and commissioning the services will take account of The DoH 'From Segregation to Inclusion – *Commissioning guidance on Day Services for People with Mental Health*' .

5 Other implications

(a) Financial

The Sunrise Club is a mental health day service currently commissioned by Slough Borough Council at a cost of £161,273 per annum. Over the next two years funding available for the service is £101,273 plus £35,000 contributed by Berkshire Health Care NHS Foundation Trust totalling £136,273.

Currently a considerable proportion of this budget is tied up in staffing and building costs rather than creative developments for the service user.

The proposal for the new service model is for the Provider to utilise other venues already operating in Slough resulting in significantly reduced costs. See section 6.3.1 and Appendix D.

(b) Human Rights and Legal Implications

The Government is committed to delivering equity of access to treatment, prevention and promotion interventions, as well as equality of experience and outcomes across all protected groups. (*No Health without Mental Health: A cross government mental health outcomes strategy for people of all ages* 2010)

The mental health outcomes strategy is a strategy for equality and human rights. Reducing inequality and promoting individuals' human rights reduces the risk of mental illness and promotes wellbeing.

The strategy also takes account of the impact of socio-economic status. It upholds the aims of the Equality Act 2010, protects and promotes human rights in accordance with UN and European Conventions, and supports compliance with the UN Convention on the rights of Persons with Disabilities.

Whilst there are no immediate legal implications arising from this report, the procurement of a provider must accord with the Council's procurement procedures.

(c) Workforce

There are no workforce implications for Slough Borough Council staff. TUPE may apply to staff of the current service provider.

(d) Equalities Impact assessment

An Equalities Impact Screening Assessment has been completed. This has indicated that there are likely to be positive impacts for users of the proposed new service as it will more effectively meet identified needs and expressed preferences of mental health service users.

6 Detail:

6.1 Background to the review

6.1.1 Day services for people with mental health problems are currently provided by Ability Housing Association at the Sunrise Club. This service was commissioned in April 2010, initially for a 12 month period, following the withdrawal of the previous service provider.

6.1.2 The arrangement with Ability was recently extended for a further year to enable the completion of a consultation exercise with service users to plan for the future provision of services. This work takes forward the review which was underway before Ability Housing took over the running of the service.

6.1.3 It is proposed that the service be re-tendered in Autumn 2011 with the new service being in place from March 2012.

6.1.4 Cabinet approved the retendering of this service at its meeting on 11th April 2011.

6.2 Current Service Provision

6.2.1 The Sunrise Club mental health day service provided by Ability Housing Association is open four days per week and is based at Stoke Park Trust, Northern Road. The club provides opportunities for social interaction and a timetable of activities for members of the Sunrise Club.

6.2.2 In addition Ability operates a 'community day' once a week, offering group outings, or support to individual members of the Sunrise club to access facilities in Slough community.

6.2.3 The purpose of the Sunrise Club day service is to provide a range of activities for clients who, in the majority, are being treated by the Slough Community Mental Health Team under the care coordination programme.

6.2.4 The current service is primarily a 'building based' model though the expectation is that it should comprise of a combination of centre based and community activities, offering a service to users with mental health issues.

6.3 Uptake of current services and demand

6.3.1 The service is commissioned to provide services for up to sixty people a day.

6.3.2 The service has not fully met delivery expectations and although it has capacity for up to 60 users, the current uptake is around 12-18 attendees per day, with fewer attending the weekly 'community day'.

6.3.3 It should also be noted that a significant number of Sunrise Club members do not meet the Fair Access to Care Services eligibility criteria for Adult Social Care services.

6.3.4 There are currently approximately 200 Service users of the Community Mental Health Team who could benefit from accessing day activities. In order to meet that demand, the Community Mental Health Service has provided community group activities (including 'drop in', activity for black and minority ethnic groups, and sports teams) which operate separately from the Sunrise Club, and which are currently accessed by 114 service users.

6.3.5 Appendix A provides more detail on the current programme of activities at the Sunrise Club and the attendance levels.

6.4 The need for change

6.4.1 The current building based environment is poor and not conducive to the wider needs of the client group. Although there have been some positive outcomes, issues identified include:

- Care co-ordinators not referring into the service due to reservations about quality of the service and the environment
- Concerns expressed that the environmental context could be detrimental to vulnerable service users
- Service users becoming long term members of the club, not being supported to 'move on' in a planned and recovery focussed way
- Limited availability i.e. Monday to Friday 9:30am to 3:30pm
- The service is accessed by low numbers of eligible service users and as such does not represent value for money.
- The consultation elicited further evidence from service users and other stakeholders to indicate that the current service provision is not meeting needs. Further details are set out in section 6.5 below and in Appendix B.

6.4.2 The ending of the current contract on 31st March 2012 provides an opportunity to implement improvements in the service delivery following detailed consultation of service users.

6.5 Consultation

6.5.1 Slough Community Mental Health service developed a consultation process to gather information from service users who use the Sunrise Club as well as other service user groups in the Slough locality. The consultations have been extensive and have included the views of service users, carers, operational managers and other stakeholders.

6.5.2 The purpose of the consultation was to gain an understanding of the needs of the service user group in terms of day service provision. Consultation was undertaken through the 'Circle Works' user group and a postal user questionnaire.

6.5.3 The outcome of the consultations has confirmed that a transformation of the current service delivery is much needed. Alternative activities, arranged by Community Mental Health Team, have demonstrated that in many instances service users prefer to go elsewhere other than the Sunrise Club. Currently 114 community mental health team service users attend alternative activities provided by the community mental health team staff. Service users have indicated they want a 'welcoming space' where they can feel safe.

6.5.4 However, it should be acknowledged that there is a small number of service users who wish to continue with the service as it currently stands, but it is possible that this may be due to lack of awareness of alternatives

6.5.5 Feedback from the mental health service user focus groups and service user survey indicated that:

- Some service users commented that the current day service environment does not feel safe and can feel intimidating
- There were concerns expressed regarding the quality of the service
- The service is in the main provided to a small group of users resulting in the needs of the most vulnerable not being consistently provided for
- The service does not meet needs of the wider user group
- The service has not fully achieved the outcome of developing the skills of the user group and so it has significantly contributed to improvements in the mental health of users

Appendix B provides more details on the consultation process and findings.

6.6 The proposed service model

6.6.1 It is intended that the new service provision will be in line with the principles of day service modernisation and personalisation. The vision is that services will be more user-led and outcome focussed and will consist of the following:

- Activity centre(s) provided in an accessible venue(s), with good access to inclusive activities such as life long learning, arts and crafts, social enterprises and group activities
- Delivery to a wider population meeting the needs of more diverse groups
- Utilising existing service provision and adding more value
- Integrating with other services and not operating as a 'stand alone' service
- Utilising service user led services which promote a progressive recovery
- More flexible opening hours

6.6.2 The proposal for the new service model is for the provider to utilise mainstream inclusive venues already operating in Slough which promote social inclusion. The examples in section 6.7 below are for illustrative purposes only.

6.6.3 The proposal to use community venues rather than a static base or centre has many attractions and benefits, from both a service user and financial perspective. It is more cost effective to engage the service user group in all of the activities available in the community, which would contribute far more to people gaining independence through community engagement.

6.6.4 There will be a commitment to ensuring that the needs of those most vulnerable, who meet the eligibility criteria, are prioritised and met through the re-designed service. Service provision will also include:

1. Volunteering, employment and peer support opportunities
2. Other services based on promoting independence and recovery
3. Individualised support consisting of a range of activities
4. Individualised support service for those using personal budgets and direct payments
5. Empowering service users to get involved in delivering services
6. Support to promote good mental health, manage symptoms and avoid relapse

6.6.5 There are several other examples of opportunities which have been developed such as partnerships with Lifelong Learning for computer classes and links with the Volunteer Bureau.

6.7 Achieving value for money

6.7.1 *Example 1: Chalvey Community Hub*

There are opportunities to hire rooms at the Chalvey Community Hub on a weekly basis, which includes use of a kitchen and a large room with garden access. This would cost £5,500.00 per annum. This could be replicated by seeking and utilising a further 3 similar venues across Slough resulting in costs of approximately £22,000 per annum.

The community hubs bring added value. There is already a combination of different usage, resources and services operating from the community hubs including training suites, educational packages, Lifelong Learning, employment agencies and volunteer services.

Feedback from consultations has indicated all of these services are desired by, and are beneficial to service users.

6.7.2 Example 2: Langley Free Church

The Community Mental Health Team currently operates the 'Langley Drop-in' based in the Langley Free Church on a weekly basis from 8.00am – 2.00pm. The cost of hiring this venue is under £3,000.00 per year and it is staffed by two support workers (cost of workers not included).

6.7.3 The service specification is not proscriptive in terms of the numbers of staff to be employed, or in relation to venues to be used. Agencies submitting tenders will be required to demonstrate how they would deliver the required outcomes within the resources available. It is expected that the provider will seek alternative additional sources of funding to further enhance the service

6.7.4 The provider will be expected to link closely with existing providers to develop cost effective activities, for example partnerships with Lifelong Learning, Leisure Services, health walks, allotments, community sports activity. The provider will also be expected to work in partnership with the Community Mental Health Team to support the provision of existing activities.

6.7.5 It is anticipated that the number of service users supported by the new provider will incrementally increase during the initial period, and that up to 200 service users will be supported in recovery-focussed activity within the first year of operation. This will be achieved in part by the provider working in partnership with the community mental health services, jointly delivering existing community activities which the community mental health service currently offers to 114 service users (more detail on these activities is provided in Appendix C).

6.7.6 A copy of the draft service specification is attached at Appendix F

6.8 Users attending Sunrise Club (Impact Assessment).

6.8.1 Impact assessments have completed for the current service users of the Sunrise Club which took account of any loss of services currently being received. From the information provided positive solutions were sought, and where appropriate alternative ways to meet needs suggested. Further details are set out in Appendix D.

6.8.2 The assessments assisted in confirming that some of the identified outcomes for service users can be more appropriately met using a wider range of services which are already in place across the area, rather than through a dedicated mental health base.

6.8.3 Accessing services in the wider community offers the potential for a more positive impact for people and creates a greater degree of independence. Attendance at different venues opens up a number of opportunities for

personal development. There is also the opportunity to link support plans to a wide range of services which are available in the Slough locality.

7. Summary and Conclusion

- 7.1 Extensive consultation has been undertaken with service users to inform the development of a new service specification for mental health day services.
- 7.2 The findings from the consultation have shown that the current 'building based' model no longer meets the needs of the majority of service users who could potentially benefit from the service. This is reflected in the reduction in daily attendance. The service needs to be re-commissioned with a re-designed model which will help develop a more comprehensive and evolving range of activities for people with mental health needs in the borough.
- 7.2 The re-commissioning of this service provides an opportunity to redesign the existing model to provide more flexible service provision, relevant to current needs and linking to the wider community.
- 7.3 The new service model will focus on recovery and wellbeing and will be expected to support up to 200 service users, (significantly more than 60 currently commissioned) which will be regularly reviewed. This level of activity will be partly achieved by partnership working with the community mental health services to jointly provide existing activities currently run by the community mental health service. There will be clear pathways to accessing and exiting the service, ensuring close working with the Berkshire Health Foundation Trust, Next Generation Care model.
- 7.4 Outcomes will also be monitored using the Department of Health 2011/12 Adult Social Care Outcomes Framework.
- 7.5 It is intended that the new service model will:
- Provide opportunities for local people to make positive lifestyle choices to improve their mental and physical health.
 - Focus on improved outcomes which supports vulnerable service users to lead more fulfilling lives
- 7.6 It is also anticipated that the Provider will seek additional sources of funding to support and enhance the service, including encouraging a role for any emerging social enterprises.

8. Appendices Attached

- A – Sunrise Club - Activities and Attendance levels
- B – Consultation details
- C – Community Mapping
- D – Impact Assessment of Sunrise Club users
- E – Draft Service Specification

APPENDIX A – SUNRISE CLUB – Activities & Attendance levels

1) Programme and opening times

<i>MON</i>	<i>TUE</i>	<i>WED</i>	<i>THURS</i>	<i>FRI</i>
<i>OPEN 9:30AM</i>	<i>OPEN 9:30AM</i>	<i>OPEN 9:30AM</i>	<i>10:30AM</i>	<i>OPEN 9:30AM</i>
Yoga @ 11:15am Walking Group @ 1pm	Women's Group (alternate weeks) @ 11am Guitar Lesson @ 12:00pm	Basic Sewing @ 10:30 Members Meeting@ 12pm Personal Trainer @ 1pm	Community Based Programs All Day. (Swimming at Montem on the last Thursday of each month. Theatre Royal Windsor once per month)	Men's Group (alternate weeks) @ 11am Gardening (1 st Friday of each month) Theme day (3 rd Friday of each month)
<i>CLOSES 3PM</i>	<i>CLOSES 3:30PM</i>	<i>CLOSES 3:30PM</i>	<i>CLOSES 3:30PM</i>	<i>CLOSES 3PM</i>

2) Attendance / Activity Data

The data submitted by Ability Housing suggests the following:

- An average of **12** clients per day attend the Sunrise Club Monday – Friday.
- Thursdays has a particularly low attendance rate. The Sunrise Club is closed and the day is dedicated for community based activity.
- Current membership is 45 individuals of whom 28 are open to Slough Community Mental Health Team and are being care co-ordinated.
- The Day Services contract agreement is that 15% of the total membership can be clients who are not care co-ordinated by the Slough Community Mental Health Team
- The attendance at the Sunrise Club over the last six months has been a total of 66.
- Males 71% Female 29%.
- Ethnicity 60% white British.
- Age between 23-82 average age group 40-50 years.
- Of these 37 are open to Slough Community Mental Health Team. This equates to 29 clients not open to CMHT = 43%.
- This exceeds the agreed percentage for non-CMHT clients of 15%.
- During the past six month period there have been **1674** visits to the Sunrise Club.
- Of these visits 784 have been Community Mental Health Team care coordinated clients and 890 have been non-Community Mental Health Team clients
- 47% of the visits have been for Community Mental Health Team clients with 53% being non-CMHT clients
- This again exceeds the agreed percentage for non-CMHT clients of 15%

Of the 66 individuals that visited the Sunrise Club in this six month period the data suggests that the attendance during this period falls into these categories:

1 - 2 visits per month	= 26 people (39%)	(During a six month period)
1 - 3 visits per month	= 10 people (15%)	(During a six month period)
Once a week	= 16 people (24%)	(During a six month period)
Twice a week	= 9 people (13%)	(During a six month period)
3/4 times a week	= 3 people (4%)	(During a six month period)
Every day	= 2 people (3%)	(During a six month period)

The data indicates that:

- 30 people use the Sunrise Club once a week or more
- Only 15 of the 30 are open to Slough Community Mental Health Team and meets the Fairer Access to Care Services eligibility criteria
- 14 clients appear to use the Sunrise Club more than twice a week .
- A larger cohort of 16 clients uses the Sunrise Club once a week .
- 5 people attend the club on a regular daily basis.
- The 5 clients who use the Sunrise Club more than 3 times a week are open to Slough Community Mental Health Team.

APPENDIX B – CONSULTATION

Consultation Process

B1) Consultation was conducted in two parts:

Part 1 - Utilisation of The Circle Works

The Circle Works is a service user group which is used for development and information sharing by service users, other providers and professionals.

The commissioning of the Day Services had been raised and discussed at numerous meetings including the Sunrise Club to promote the importance of the all service users being consulted and involved on the development of day services in Slough.

Over 20 service users, carers and service providers attended the session and this included the Commissioning Officer of Slough Borough Council. The consultation focussed on five parts of day services:

1. Function
2. Building
3. Activities
4. Inclusion
5. Staff

The themes from the consultation are shown below:

Function

- Feel safe
- Grow in confidence
- Spacious – Garden
- Many Rooms
- Make Noise
- Provide Variety activities
- Food – Cooking
- Yoga / Exercise
- Group Gym membership
- Licensed premises
- Quiet – “chill-out room”.
- Easy access
- Parking

Activities

- IT Training - Internet
- Cooking
- Yoga / Exercise
- Art
- Basic life skills
- Singing
- Creative writing
- Opportunity for showcasing own personal talents
- Swimming
- Gym

Building

- Function – purpose
- Staff
- Clients – users – inclusion
- Activities
- In-house
- Wider community

Staff

- What can service – users / carers contribute?
- Staff are needed - provide support
- Various staff levels
- Drop – in - Different sessions e.g. women only
- Collaborative working between staff and service – users
- Therapeutic
- Being able to “pop in”
- Stepping stones. In and

- Confidence – Fear
- Allotment
- Walks
- Balance of In and Out house activities
- Information sharing
- Discussion group
- Skilled volunteers (compassion)
- Self help
- Photography
- Motivation
- Referral process
- Volunteers

Inclusion

- Trips
- Self referral - Aware of limits of members
- Space for groups – BME/ Woman / Men
- Providing safety

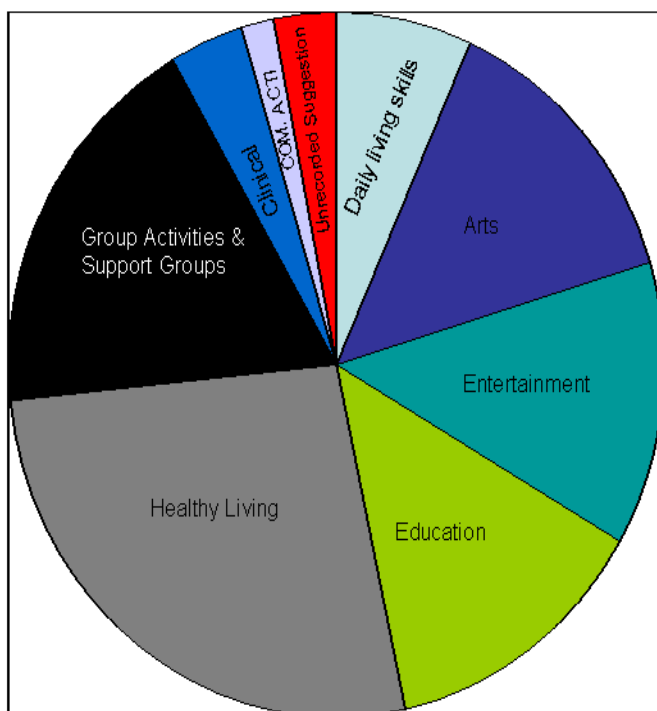
All of the points above are the contributions of the whole group as to what constitutes mental health day services. The scope of the session was wide ranging and conducted in an open and non-directed approach. The question of day services being at the Sunrise Club was not commented on or discussed during the consultation process.

At a later date the outcome findings of the consultation were presented to members of The Circle Works.

B2) Part 2 – Mail shot to Service Users with Questionnaire

A broad mail shot was sent to all service user groups, other agencies and Community Mental Health Team clients. 86 completed questionnaires were returned and 370 suggestions were made.

Of these suggestions certain themes appeared:



DAILY LIVING SKILLS	20
ARTS	42
ENTERTAINMENT	40
EDUCATION	40
HEALTHY LIVING	82
GROUP ACTIVITIES and SUPPORT GROUPS	56
CLINICAL	11
COMMUNITY ACTIVITIES	5
UNRECORDED SUGGESTIONS	9

The themes indicate the following activities

COMMUNITY ACTIVITIES <ul style="list-style-type: none"> ▪ Fundraising ▪ Transport 	Daily Living Skills <ul style="list-style-type: none"> ▪ Cooking ▪ Baking ▪ Cleaning ▪ Daily Skills
Entertainment <ul style="list-style-type: none"> ▪ Gardening ▪ Dancing ▪ Playing / Learning Music ▪ Singing ▪ Reading ▪ Snooker / pool ▪ Go out for Meals Tea/Coffee ▪ Board games ▪ Table Tennis 	Group Activities and Support Groups <ul style="list-style-type: none"> Self - esteem Groups Workshops in several languages Re: MH Emotional Support Groups Lunch Club Social groups Discussion Groups Day Trips Laughing Groups Groups for Asian woman
Healthy Living <ul style="list-style-type: none"> ▪ Walking ▪ Gym ▪ Swimming ▪ Cycling ▪ Yoga / Relaxation ▪ Out Door Activities ▪ General Activities ▪ Intro. To healthy eating for all cultures ▪ Aerobics 	Education <ul style="list-style-type: none"> ▪ Getting back to work ▪ Computer Training ▪ Voluntary Work ▪ Learning about benefits ▪ Budgeting my finances ▪ English classes ▪ Educational Outings ▪ Courses for carers ▪ Daily Coping skills
Clinical <ul style="list-style-type: none"> ▪ Medication explained ▪ Talking Therapies ▪ Counsellors for Carers ▪ DBT ▪ Support in Therapies 	Unrecorded Suggestions <ul style="list-style-type: none"> ▪ Trips Abroad
	Arts <ul style="list-style-type: none"> ▪ Painting ▪ Drawing ▪ Making Things ▪ Writing ▪ Sewing / Needlework ▪ Interior Design ▪ Poetry ▪ Pottery

B3) Summary of outcome findings

A common theme materialised from The Circle Works consultation and the mail shot questionnaire. All of the suggestions of what constitutes a day service are already being delivered in the wider community.

Slough has a comprehensive range of services and all of these are delivered in different venues across the area. It is an interesting to note that what people are asking for is already in place albeit in different venues. This would suggest a lack of information and understanding of what is available for service users across the area.

Currently Sunrise offers a small range of activities to a relatively small group of people.

APPENDIX C – COMMUNITY MAPPING

C1) Community Mapping

A community mapping exercise was conducted across Slough (see page 14). The exercise highlighted a vast array of services which are currently on offer, all of which have been identified in the consultation process as desired by service users. This confirms the outcome findings that the services that people are asking for are already in existence but perhaps not understood or not being tapped into by the current service provider.

It could also suggest that people would like services brought to them. However this is not being proposed due to the attendance rate at activities currently provided by Sunrise being very low and much higher attendance at activities delivered by Community Mental Health Team in other parts of the community being evidenced. This demonstrates that people are willing to travel if the opportunities are out there. Services currently being delivered by the Community Mental Health Team are as follows:

- A once a week drop-in at Langley Free Church (Langley Drop In). Up to 30 people attend this drop-in on a weekly basis
- A weekly Healthy Living Group which has an attendance of 17 people at each session. The Healthy Living Groups consists of activities such as yoga, cooking and lifestyle choices
- A Football Club (19 people), Cricket club (13 people), The Walking Group (10 people) and Badminton (10 people).
- The Mallaap Group which is a south Asian culture group. 15 people attend the group on a regular basis and engage in various community activities.
- A recently introduced community project with Lifelong Learning called Singing for Health. The activity has clear links to learning opportunities for all participants and up to 40 people attend on a weekly basis.

This data indicates that 114 people attending these activities alone will attend opportunities in the community if presented. The mapping table indicates how many other opportunities could be tapped into if we expand mental health day services into the wider community and encourage a more independent approach to delivering mental health day service. The evidence suggests that we need to encourage a culture change across the area to better use the resources that are available for people.

APPENDIX D – SUNRISE CLUB – Impact Assessment of current service users

1) Service users attending Sunrise Club (Detailed Impact Assessment)

- Detailed Impact assessments were completed based on the Ability Support Plan for 29 individuals.
- Of these 29, 15 use the Sunrise Club once a week and 14 use it twice a week or more.
- Of the high attendees 7 are Community Mental Health Team Care Coordinated and 7 are not.

The lists below identify what people believed they would lose if the current Sunrise service ended.

The 7 Community Mental Health Team Care Coordinated (Fairer Access to Care Services - FACS) eligible people identified:

- Various community activities
- Familiarity with bus routes
- Social Interaction
- Staff support
- Keep fit class
- Guitar class
- Cooking class
- Yoga class

These will need to be re-provided by the new service

The 7 non-Community Mental Health Team (Non FACS eligible) people identified:

- Social interaction
- Swimming
- Maintain mental wellbeing
- Keep fit class
- Guitar class
- Support to contact local Colleges
- Support to contact Lifelong Learning
- Support to attend volunteer centre
- Yoga
- Swimming
- Staff support
- Community activities

Individuals can be signposted on for access to these services

It should be noted that similar outcomes were also identified for the 16 users whose assessments were undertaken in less detail.

2) Positive Solutions to issues identified in the Impact Assessments

From the information provided positive solutions were sought, and where appropriate alternative ways to meet needs suggested.

The identified themes that came from the assessments can be readily addressed by using a wider range of services which are already in place across the area.

For the 7 Community Mental Health Team Care Coordinated people:

- Personal Budgets for PA to support to attend community activities
- Lifelong Learning
- STR Worker to assist with travel and bus routes
- Singing for Health
- Langley Drop In
- Service user groups
- Healthy Living Group
- Gym membership

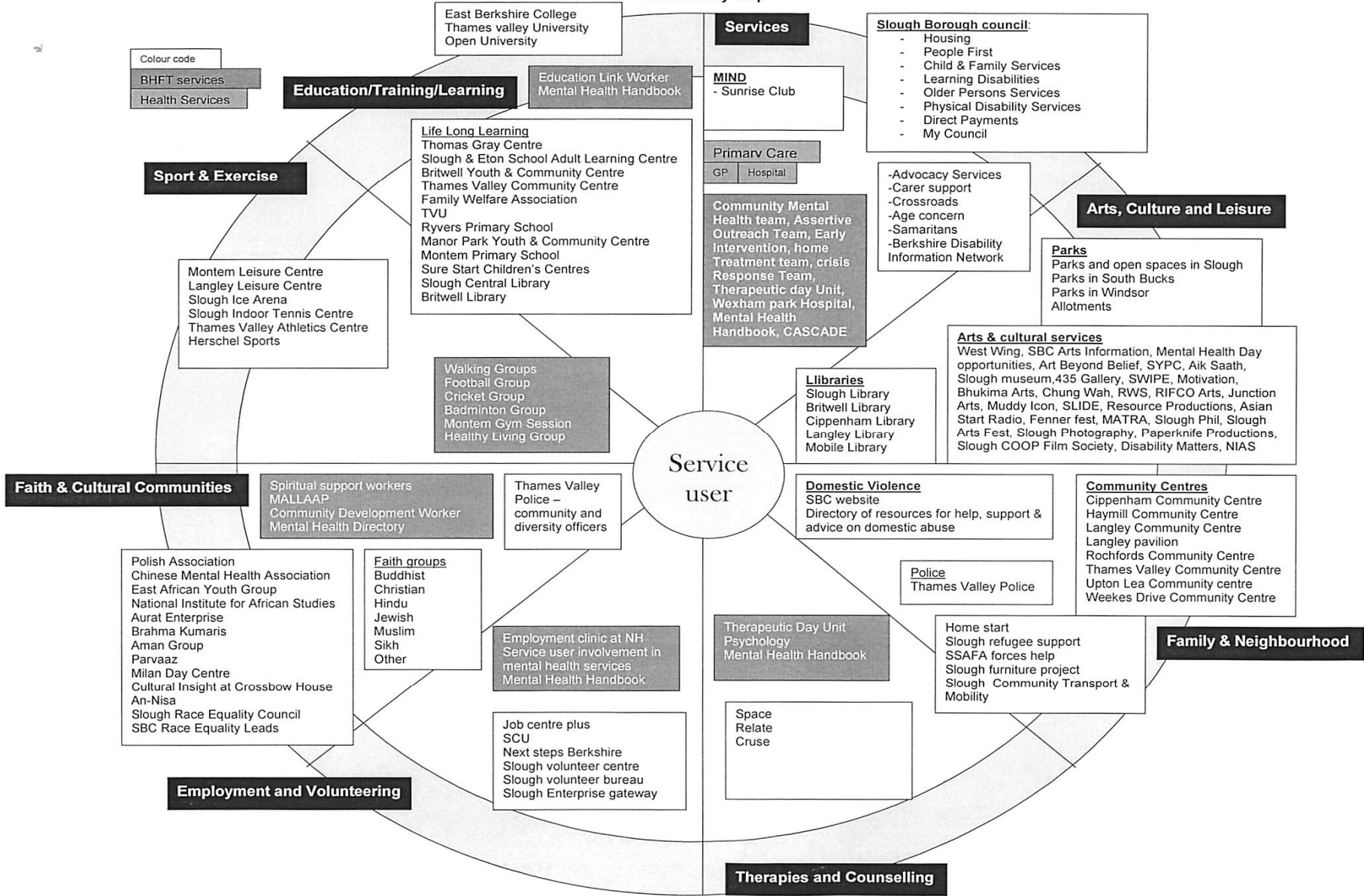
For the 7 non-CMHT people:

- Langley Drop In
- Service user groups
- Lifelong learning
- Volunteer services
- Keep fit classes at leisure centre
- Lifelong learning
- Service user groups
- Local leisure centre

Again, it should be noted that similar outcomes were also identified for the 16 users whose assessments were undertaken in less detail.

All of the Care Coordinated service users are entitled to Self-Direct Support and Personal Budgets which could enable access to a wide and broader range of services by each individual across the area. This would therefore offset any *perceived* gap in service provision.

**Berkshire Healthcare Foundation Trust & Slough Borough Council
Community map**



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SPECIFICATION

DAY ACTIVITIES AND OPPORTUNITIES FOR PEOPLE WITH MENTAL HEALTH NEEDS

August 2011

Prepared by		Date	May 2011
Name	Noreen Coppin	Email:	Noreen.coppin@slough.gov.uk
Designation	Commissioning & Development Manager	Tel:	01753 875862
Name	Susanna Yeoman	Email:	Susanna.Yeoman@berkshire.nhs.uk
Designation	Locality Manager	Tel:	01753 477053
Name	Geoff Dennis	Email	Geoff.Dennis@berkshire.nhs.uk
Designation	Community Services Manager	Tel:	01753 690950
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2 INTRODUCTION

2.1 Service Summary

- 2.1.1 Slough Borough Council working jointly with Berkshire Healthcare NHS Foundation Trust is seeking to work in partnership with a Provider to develop a comprehensive and evolving range of activities and opportunities and provide a support service for people with mental health needs in the borough.
- 2.1.2 The new service provision will be in line with the principles of day service modernisation and personalisation. The Provider will:
- Deliver a high quality flexible service
- 2.1.3 Take the lead in co-ordinating services
- Support individuals, through partnership working with other service providers i.e. local colleges, housing, libraries, leisure, culture & faith groups etc
- 2.1.4 Slough has an ethnically diverse population, and deprivation indicators are above average in some wards. A re-designed service will need to ensure that the mental health needs of our local population are catered for effectively.
- 2.1.5 It is envisaged that the new service will consist of a combination of the following:
- Activity centre(s) provided in an accessible venue(s), with good access to inclusive activities
 - Individualised support consisting of a range of activities
 - Support to promote good mental and general health, manage symptoms and avoid relapse
 - Individualised support service for those using personal budgets and direct payments
 - Advice, guidance and signposting on resources in the community to meet individual outcomes
 - Volunteering, employment, peer support and user led activities
- 2.1.6 The service objectives will be to:
- Promote recovery and provide support that enhances people's lifestyles and life chances and builds on the strengths and aspirations of the service user. The Provider will be expected to adopt a recovery model e.g. 'The Recovery Star Approach'. See Appendix 2.
 -
 - Promote independence and wellbeing within the context of personalisation and self directed support. Maximise choice, self determination and individualised opportunities
 - Ensure accessibility to services to all those who meet the eligibility criteria including those with complex mental health needs through active community mapping
 - Promote social inclusion, skills and opportunities for recovery by enabling individuals to build and maintain meaningful relationships within their community

- Focus on community participation, minimising risks of discrimination and reducing isolation by encouraging users to build social networks outside of mental health community
- Promote access to lifelong learning and leisure activities
- Provide opportunities for mental health champions, peer support and user run services, and support service users in these aspects of the service
- Ensure user involvement in service design and delivery
- Provide tailored and appropriate levels of support to enable individuals to achieve their goals
- Be sensitive to the diverse needs of individuals and ensure age, health, gender, disability, race, language, culture and religion are taken into account in individual support planning
- The overarching aim is to make a positive difference to the quality of life of the service user through safe and accessible venue(s) with a focus on outcomes as indicated in Appendix 1

2.1.7 These objectives should not be viewed in isolation but read alongside the six mental health objectives in the Government mental health outcomes strategy '*No Health without Mental Health*'

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

2.2 Background

2.2.1 The Department of Health document 'Putting People First: A Shared Vision and Commitment to Adult Social Care' outlines the context, vision and direction of how future adult social care is to be shaped. This is echoed by the objectives in '*Putting Me First*' – *Personalised Adult Social Care in Slough* and the guiding values and principles of '*No Health without Mental Health – A cross government mental health outcomes strategy for people of all ages*'

2.2.2 Personalisation, a key feature, is central to bringing about the changes needed to ensure individuals have capacity to live a full and meaningful life. It is therefore our intention to ensure that by working in partnership with the Provider, that mental health services are delivered in a way that reflects the aims of the personalisation agenda.

2.2.3 The commissioning process will take account of The DoH 'From Segregation to Inclusion: – *Commissioning guidance on Day Services for People with Mental Health*'

2.2.4 This service specification has been written following a major consultation of stakeholders, and a wide-ranging review of local and national policies including *Slough Borough Council Commissioning Strategy for Adult Social Care*; and '*No Health without Mental Health*'. It aims to offer individuals a wider variety of support appropriate to their needs and focuses on outcomes.

It describes the key features of the services being bought, and should be read in conjunction with the Terms and Conditions.

- 2.2.5 The specification highlights good practice. It does not attempt to provide a precise definition of all aspects of the service, but it is expected that appropriate support in the fullest sense will be provided, as well as the application of good practice and striving to meet the strategic goals of the service as well as current legislation.
- 2.2.6 It is expected that the service will be continually developing and evolving in response to changing needs, and the Provider will need to demonstrate flexibility and responsiveness to ensure the needs of individuals are met in creative ways.

2.3 The Vision

- 2.3.1 Slough Borough Council (SBC) and Berkshire Healthcare NHS Foundation Trust (BHFT) wish to work in partnership with a Provider to deliver a high quality, outcome-based service to its mental health service users.
- 2.3.2 It is expected that the day activities and opportunities service will be innovative, creative and provide support for those suffering from mental ill health
- 2.3.3 The service should include the establishment of mental health champions, encouraging users to take on roles which are supported, functional and add value.
- 2.3.4 The aim is to maximise the use of available resources within the borough and establishing longer-term relationships with appropriate organisations.
- 2.3.5 By signing up to a partnership approach, all Parties shall make a commitment to:
 - ensure delivery of person-centred care
 - share key objectives
 - collaborate for the mutual benefit of the service user
 - communicate with each other clearly and regularly
 - be open and honest with each other
 - share relevant information, expertise and plans
 - avoid duplication wherever possible
 - monitor performance
 - seek to avoid conflicts, but where they arise, to resolve them quickly at a local level wherever possible
 - strive for continuous improvement by using the available resources in better, more efficient ways
 - share any potential risks in service development
 - promote partnership working at all levels
 - ensure an agreement which is flexible enough to reflect changing needs and priorities, lessons learned and encourages service user participation
 - Prospective service providers should be guided by local and national policies which are aimed at improving the quality of life in the borough.

The Borough Council's objectives and commitment to improvement are documented in these policies, which may not be exhaustive. The Joint Strategic Needs Assessment - prepared jointly for the health and care authorities in Berkshire, provides a breakdown for each area, examines demographic changes, causes of morbidity and increasingly interventions to prevent inequalities <http://berkshireobservatory.org/Health/JSNA>

2.4 Core Principles

2.4.1 The following principles underpin the way in which the Borough Council commissions services. This set of principles should apply to all contact with service users and carers.

- to treat people as individuals and promote each person's dignity, privacy and independence
- to acknowledge and respect people's gender, sexual orientation, age, ability, race, religion, culture and lifestyle
- to maximise people's independence
- to recognise people's personal preferences
- to provide support for carers, whether relatives or friends, and recognise the rights of other family members
- to acknowledge that people have the right to take risks in their lives and to enjoy a normal lifestyle
- to provide protection to people who need it, including a safe environments
- to ensure that skilled and competent staff are provided that are appropriately trained for the client group they are working with
- to acknowledge it is a legal requirement to uphold service user's human rights in decisions concerning the business and in the delivery of service

3 SERVICE DESCRIPTION

3.1 Service Model

- 3.1.1 The service model is based on recovery, rehabilitation and re-enablement. There will be a commitment to ensuring that the needs of those most vulnerable, who meet the eligibility criteria, are met through the re-designed service. A service will only be provided to those with less complex needs where it is evidenced that the service is maintaining and progressing sustainable recovery.
- 3.1.2 There needs to be a comprehensive range of day service provision designed to promote recovery, social inclusion and self-determination and to decrease social isolation. The service should fulfil the four key functions as indicated in The DoH 'From Segregation to Inclusion – *Commissioning guidance on Day Services for People with Mental Health*':
- a) Provide opportunities for social contact and support
 - b) Support people to retain existing social roles, relationships and existing social/leisure activities that they value
 - c) Support people to access new roles, relationships and mainstream social/leisure opportunities of their choosing
 - d) Provide opportunities for people with mental health problems to run their own services
- 3.1.3 The Provider will ensure the introduction of projects, particularly those which are service user led
- 3.1.4 The service model will:
- be focussed on a personalised approach, in that each individual will have access to a range of different activities to meet individual social, employment, learning and leisure needs
 - prioritise the needs of those most vulnerable
 - be community based, integrating with other mental health services in the wider community
 - include access to advice and information and signposting to mainstream services
 - need to develop strong links with other services and resources within the borough such as employment, advisory services, education and lifelong learning, sport and leisure
 - provide a support service to those with personal budgets
- 3.1.5 It is anticipated that the Provider will seek additional sources of funding to support and enhance the service including encouraging any emerging social enterprises.
- 3.1.6 The service will support up to 200 service users and outcomes will be monitored using the Department of Health 2011/12 Adult Social Care Outcomes Framework. In measuring outcomes, the total number of users receiving an outcome based service will be more appropriate than a daily 'attendance' measure i.e. how many become volunteers, mental health champions, reductions of those in receipt of personal budgets, ability to manage independently.

4 OUTCOMES

4.1 Required Service Outcomes

- 4.1.1 All service users who receive support and or funding from the Council are required to have Support plans, which detail the service users agreed outcomes.
- 4.1.2 Support will be required at different levels but will focus on maximising service user independence and deliver a set of outcomes that enable service users to achieve or maintain independent living. There is an expectation that appropriate measures e.g. the Recovery Star tool will be adopted.
- 4.1.3 Outcome focussed services aim to achieve the goals and aspirations of the individuals they serve and are fundamentally person-centred in approach recognising that each individual is unique and will have different requirements.
- 4.1.4 Services will be more user-led and outcome focussed and will consist of the following:
- Service delivery to a wider population which meets the needs of more diverse groups
 - Utilising existing service provision ensuring more added value
 - Integration with other services and not operating as a stand alone service
 - Wider service user inclusion to create momentum for forward progression
 - Utilising service user led services which promote a progressive recovery focus
 - Empowering service users to get involved in delivering services
 - Individualised support consisting of a range of activities
 - Individualised support, advice , guidance and signposting on resources for those using personal budgets and direct payments
 - Support to promote good mental health, manage symptoms and avoid relapse
 - Support for volunteering, employment and peer support
- 4.1.5 Outcome measures will include:
- Maintaining family and social life
 - Contributing to community life and avoiding loneliness or isolation
 - Opportunities to have the best mental health and wellbeing, avoiding relapse
 - Ability to make safe lifestyle choices and be supported in doing so
 - Enjoying physical safety and feeling secure

4.2 Adult Social Care Outcomes

- 4.2.1 Outcomes will also reflect those indicated in the Department of Health 2011/12 Adult Social Care Outcomes Framework outlined below.

Domain 1 – Enhancing quality of life for people with care and support needs:

- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.

- Carers are supported so they can balance their caring roles and maintain their desired quality of life.
- People are able to maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

Domain 2 – Delaying and reducing the need for care and support:

- Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their needs.
- Reablement means that people and their carers are less dependent on intensive services.
- Support received takes place in the most appropriate setting, and enables people to regain their independence.
- Domain 3 – Ensuring that people have a positive experience of care and support:
 - People who use social care and their carers are satisfied with their experience of care and support services.
 - Carers feel that they are respected as equal partners throughout the care process.
 - People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
 - People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

Domain 4 – Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm:

- Everyone enjoys physical safety and feels secure.
- People are free from physical and emotional abuse, harassment, neglect and self harm.
- People are protected as far as possible from avoidable harm, disease and injuries.
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.

4.2.2 Utilising the new National Outcomes Framework will enable comparison with local statistics from the National Social Care Survey and the achievements in other service areas.

5 PERSONALISATION

5.1 Self Directed Support / Individual Personal Budgets

- 5.1.1 Self directed support is a key feature of Personalisation. Personal budgets also form part of self directed support where individuals can purchase the support as they want to. It means that individuals are in control of the support services they receive. They are able to develop their support plans with help if they need it.
- 5.1.2 The new Mental Health Day Service will operate in the developing context of personalisation and increasingly self directed support. The prospective service Providers should be supportive of such initiatives and more person centred services generally.
- 5.1.3 A support plan will indicate how the Personal budget can be spent to meet eligible social care and support needs. The plan will identify what individuals want to achieve, the outcomes, and the support they need to realise them.
- 5.1.4 Individuals can then use their personal budgets to pay people or agencies to provide the support that helps them to achieve the outcomes they want. Arrangements can be made for them by the Council or through other independent brokerage services/agencies.
- 5.1.5 If a service user chooses not to manage their own budgets, they will still have control over the services they receive.
- 5.1.6 The fundamental principle is that with the right support service users are in control, making their choices and decisions.

6 SERVICE USERS GROUPS

6.1.1 Support services will be available to adults aged 18 and over, who live in the Borough and will include those who:

- Meet the Fair Access to Care Services (FACS) eligibility criteria and /or BHFT criteria for mental health services
- Have mental health needs
- Are willing to accept support and sign up to a 'Service Users Code of Conduct'
- Come from a diverse range of cultural, religious and ethnic backgrounds

6.2 Accessing the Service

6.2.1 Referral to the service will be through the Community Mental Health Team and with the user's consent be accompanied by a needs & risk assessment and care programme approach plan.

6.2.2 Service users, who, through the process of their recovery no longer meet FACS eligibility criteria, may continue to use the service by agreement with the Community Mental Health Team. However, there needs to be a clear and specified recovery plan in place which enables positive outcomes and ensures access to other services.

6.2.3 The new service model will focus on recovery and wellbeing. There will be clear pathways to accessing and exiting the service, ensuring close working with the BHFT Next Generation Care model.

7 SERVICE MANAGEMENT

7.1 Hours of Service

7.1.1 The service will operate daily, for fifty-two weeks per year.

7.2 Service Flexibility

7.2.1 Services need to be flexible in meeting the needs of service users. There will be an expectation that access to weekend, bank holidays and evening activities will be made available as appropriate.

7.2.2 Details of the service provision will be agreed and recorded in Individual Support plans.

7.3 Support Planning

7.3.1 On referral to the service, the Provider will:

- Make initial contact with a potential user within seven calendar days of receiving a referral
- Provide a service within 14 days of receiving the referral (or advise of waiting list if appropriate)
- Provide access to a range of activities from which users can choose, in line with their identified objectives

7.3.2 Following acceptance into the service, Providers may wish to carry out a more in-depth support plan. Support plans must:

- Be driven by the service user
- Include individual service user outcomes so that the qualitative aspects of the service can be effectively measured
- Provide a consistent record to ensure fair treatment of all service users
- Be signed and dated by the service user, advocate or other support worker
- Be copied to the Service User within five working days of preparation.

7.4 Referral to other Statutory services

7.4.1 Where a change in need has been identified, the Provider will discuss this with the Community Mental Health Team. The Provider will not initiate referral to other services without discussion with the Community Mental Health Team.

7.5 Risk Assessment

7.5.1 The aim of a risk assessment is to ensure the safety of the service user / carer / support worker. This will include of the following:

- Identify risk issues for each service user, and hazards from each risk issue, determining who is at risk and the possible harm
- Decide on any appropriate action in priority order
- Have access to information and pass the information on to others if necessary, having regard to issues of data protection and confidentiality.
- Be clear about responsibilities
- Develop and review strategies to reduce risk whilst allowing service user as much independence as possible

7.6 Support Plan Reviews

- 7.6.1 Service users will have an individually tailored support /recovery plan which will be agreed jointly and owned by the service user.
- 7.6.2 Staff will be required to liaise with support co-ordinators for those service users on CPA (Care Programme Approach), and outcome-focussed day activities plans will be linked to overall recovery plans.
- 7.6.3 The support plan should be updated to take account of any significant changes and reviewed at least 6 monthly. A review process, based on CPA where applicable, needs to be agreed between the Provider and CMHT and service users will be central to the process of any review. Carers will also be included where appropriate and with the agreement of service users.
- 7.6.4 A review will include some or all of the following:
- A record of the agreed outcomes in the support plan since the previous review and any changes to the support plan
 - A record of service users outcomes achieved, using the appropriate outcome measure e.g. Recovery Star
 - Details of risks assessments
 - Details of change of key worker since the previous review
 - Details of any incidents involving the user and the outcome of such incidents
 - Complaints made by the user, relative or advocate, how it has been dealt with, and key outcomes and actions resulting from the enquiry in relation to the particular complaint
 - Dates for next review
- 7.6.5 The Provider must notify the Council if it believes the service user's needs have changed to the extent that the support plan needs to be changed.
- 7.6.6 Where there is an indication that services provided will go beyond the personal budget agreed for that service user, the Provider must notify CMHT
- 7.6.7 The Provider will take responsibility to ensure that services offer best value as agreed by Slough Borough Council/Berkshire Healthcare
- 7.6.8 The Provider shall not change, suspend or terminate any part of the service without consultation or agreement with the Council

8 QUALITY, PERFORMANCE AND COMPLIANCE

8.1 Quality Assurance

8.1.1 To ensure that services provided are of the standard and quality required, Providers must:

- Have quality assurance and quality control systems/procedures in place which monitors their performance against this specification
- Provide the Council with clear evidence of its quality assurance system
- Have internal mechanisms in place that make them directly accountable to each of their service users for the delivery and quality of care and support being given
- Have procedures for consulting with service users and their carers in order to obtain their views and feedback on the quality of service provided by the Provider
- Ensure that employees are aware of the standard of service they are required to provide and are able to meet that standard
- Conduct routine monitoring of performance and of adherence to these standards ensuring that remedial action is taken, where necessary

8.2 Service Performance / Monitoring

8.2.1 Performance monitoring will focus principally on Outcomes as described in Appendix 1 – OUTCOMES BASED APPROACH and in the 2011/12 Adult Social Care Framework.

8.2.2 The Provider must maintain all the records required for the efficient running of the business for the requisite length of time. Records must be kept secure, in accordance with the Data Protection Act 1988 as amended, up to date and in good order.

8.2.3 In addition to the collection and presentation of information required for the measurement of Outcomes, the Provider must maintain records and operate processes in respect of Quality Assurance and Complaints and Compliments.

8.2.4 Monitoring will take into account all levels of outcomes. The Provider will be required to produce on a quarterly basis, evidence in relation to performance, and at a minimum, details of the following:

- Number of placements including details of ethnicity, age, disability, gender etc
- Number of new referrals to the service
- Number of complaints and compliments
- Staff turnover
- Details of staff training undertaken
- Absence rates of staff through sickness
- Service user involvement in shaping and running services
- Service user satisfaction survey and outcomes

8.2.5 The Provider shall ensure at all times that it maintains the standards required and notifies the Borough Council where changes occur

8.2.6 The Provider must be able to demonstrate that it has office systems that can accommodate the minimum requirements of the Borough Council.

- 8.2.7 The Provider will be invited on a quarterly basis to a Service Review (contract monitoring) meeting to be held by a Service Management Review Group chaired by a Slough Borough Council nominated officer, which will also be attended by:
- The Locality Manager, BHFT
 - Community Services Manager, BHFT
 - Joint Commissioning Team representative, SBC
 - The Contracts Manager, SBC
 - Service User Representative/Advocate
 - The Provider's Representative
- 8.2.8 Ten working days prior to the Service Review meeting, the Provider shall present a written report evidencing achievements / activities in relation to the performance targets / indicators stated in the specification.
- 8.2.9 The Borough Council will be permitted reasonable access to the Day Service to monitor service activity, quality and progress. This shall include meeting with service users, examining service users records including their Day Activities Plan and reviewing the Providers policies and procedures.
- 8.2.10 The Borough Council Contracts Manager, a member of the Commissioning Team or BHFT Managers, may at any time interview any employee of the Provider in connection with the monitoring programme
- 8.2.11 In addition to the quarterly reviews and to ensure positive working partnerships, the Provider may be required, on occasion, to meet with a Community Mental Health Team Liaison Officer to discuss and resolve any mutual areas of concern
- 8.2.12 The Borough Council may require the Provider to supply financial information concerning their continuing financial viability. The Borough Council shall treat this information in the strictest confidence and shall use it only for the purpose it was requested. Any concerns arising from the information shall be fully discussed between both Parties.

8.3 Compliance

- 8.3.1 The Provider shall ensure at all times that it maintains the standards required under the eventual Contract and Final Specification. The Provider must be able to demonstrate that it has office processes and systems that will meet the requirements of the Specification and Contract. The Council must be informed at the earliest opportunity where changes are required.
- 8.3.2 A list of the Policies and Procedures required of the Provider is given in Appendix 3 – Policies and Procedures
- 8.3.3 Where the standard of the service falls below the acceptable standard, the Borough Council will produce an action plan with the Service Provider with agreed timescales in order to make the necessary improvements. If the agreed action plan is not complied with this will be classified as a breach of contract and will be treated as a default. See clause "Defaults" in the terms and conditions.

8.4 Complaints

- 8.4.1 The Provider must have a Complaints Policy which is included as part of their information pack. The Policy should be available to the Borough Council in responding to this tender and in the future upon request.
- 8.4.2 The Provider must maintain a complaints procedure that is available to service users and their carers.
- 8.4.3 The Provider must maintain a clear written procedure for handling complaints
- 8.4.4 Positive action should be taken to publicise their complaints procedure and enable service users to make a complaint.
- 8.4.5 The Provider must operate a complaints procedure that is in line with the Borough Council's Complaints Procedure. The procedure must set out a clear investigative process, ensuring that all complaints are thoroughly followed through.
- 8.4.6 The Provider must make clear that the service user will not jeopardise their entitlement to a service by making a complaint.

9 HUMAN RESOURCES

9.1 Staffing

- 9.1.1 Staffing levels should be sufficient to provide appropriate support to service users, including supporting individuals to engage in social and recreational activities.
- 9.1.2 The Provider will ensure that staff are aware of the cultural backgrounds of various local ethnic minority groups using the service and that principles of good practice regards diversity are applied.
- 9.1.3 Staff should be recruited in accordance with an Equal Opportunities Policy and appointments made solely on the criterion of who is the person best equipped to do the job. People should not be discriminated against on grounds of race, religion, gender, disability, age or sexual orientation.
- 9.1.4 The Provider will ensure that all matters relating to the appointment, management and termination of employment of staff are conducted in an appropriate manner to ensure that requirements relating to equal opportunities are met and that confidentiality is maintained.
- 9.1.5 Staff should be provided with regular supervision and have opportunities for personal development and relevant training. There should be a written procedure regarding grievance and disciplinary matters.

9.2 Training and Workforce Development

- 9.2.1 The Provider will ensure that staff delivering the service are appropriately experienced and trained and able to fulfil the requirements of the organisation and this service specification.
- 9.2.2 The Provider will ensure there is a structured induction process and training.
- 9.2.3 The Provider will ensure emphasis is given to staff's continued professional development relevant to their role and in particular to any specialist training required.

10 SAFEGUARDING AND SAFETY

10.1 Safeguarding – Specific Issues

- 10.1.1 The Provider will maintain an awareness of all relevant safeguarding policies and procedures. The Provider shall comply with and apply the Berkshire Safeguarding Adults Policy and Procedure and Slough Borough Councils local procedures. A copy of the relevant policies can be obtained from the Community Social Work Team on 01753 690400.
- 10.1.2 The Provider should ensure that their managers, staff and volunteers are trained in safeguarding procedures and issues adequately (see 10.2 Safeguarding – Competence Framework).
- 10.1.3 The Provider shall accept that preventing, recognising and reporting abuse is the duty of all staff in all organisations and agencies. Providers should act on any concerns that they have, reporting such concerns and raising alerts at the earliest time.
- 10.1.4 Safeguarding requires a thorough view of the service user and their wellbeing, which may include:
- Safeguarding issues which arise in relation to those associated with the service user and may include children;
 - Whilst the personalisation of social care and personal budgets introduce new freedoms to choose, there may be instances where the service user is abused in new ways (e.g. increases in financial abuse).
- 10.1.5 The Provider should be alerted to any form of abuse and report it to the Borough Council without delay.

10.2 Safeguarding – Competence Framework

- 10.2.1 A National Competence Framework for Safeguarding Adults is currently being developed. The framework will establish consistent safeguarding practices across the country and will provide a baseline for standards of competence.
- 10.2.2 There are currently four levels of competency for all those working with vulnerable adults. The Provider needs to ensure that all staff are competent in the first five competencies. Beyond this will be dependent on the occupational role and level of responsibilities. The competencies are as follows:
- 10.2.3 The management of the Day Activities Service should:
- Ensure that all managers, staff and volunteers are competent in Group A
 - Managers should also be competent in the first three points listed in Group B
- 10.2.4 Staff Group A:
- Including but not limited to: volunteers, day service staff, support workers, personal assistants, housing officers, leisure and recreation centre staff, drivers and transport staff, church/faith workers are required to:
- Understand what Safeguarding is and their role in Safeguarding Adults
 - Recognise an adult potentially in need of Safeguarding and take action
 - Understand the procedures for making a ‘Safeguarding Alert’
 - Understand dignity and respect when working with individuals

- Have knowledge of policy, procedures and legislation that supports Safeguarding Adults activity

10.2.5 Staff Group B:

Qualified Professionals in health and social care and all frontline Managers (including staff who may act as the senior staff on duty) who manage or supervise staff providing services directly to the public. Including but not limited to: Voluntary and Independent Sector Managers, Health and Social Care Provider Service Managers etc,

- Demonstrate skills and knowledge to contribute effectively to the Safeguarding process
- Have awareness and application of a range of local and national policy and procedural frameworks when undertaking Safeguarding activity
- Ensure service users / carers are supported appropriately to understand Safeguarding issues to maximise their decision making
- Understand how best evidence is achieved
- Understand when to use emergency systems to Safeguard adults
- Maintain accurate, complete and up-to-date records
- Demonstrate required level of skills and knowledge to undertake a Safeguarding Adults investigation

10.2.6 Further details regarding the framework and competencies can be obtained from the following link www.learntocare.org.uk/index.aspx?o=1942

10.3 Health and Safety

- 10.3.1 The Provider will be aware of relevant legislation and regulations and ensure the operation of safe working practices.
- 10.3.2 The Provider will ensure that all staff are provided with appropriate training to carry out the service safely and in line with regulations and legislation.
- 10.3.3 Any incidences of serious injury or death of a service user must be notified by the Provider to Slough Borough Council immediately by telephone and in writing with 24hours.

11 OTHER MANAGEMENT

11.1 Service User Records

- 11.1.1 The Provider shall ensure that information held in relation to a service user is made available to staff authorised by Slough Borough Council and Berkshire Healthcare in accordance with the legislation of the Data Protection Act.
- 11.1.2 The Provider will share information with CMHT on any event where a change of service may be needed e.g. changing level of need or risk
- 11.1.3 The following records (at a minimum) shall be kept by the Provider in relation to the Service User:
- Full name, date of birth, home address, next of kin, gender, contact details of each service user enrolled in the service, including the relevant Care Co-ordinator and the service user's General Practitioner
 - Information about the service user's health, risk assessment and risk management, and up to date reviews and move-on's
 - Details of any professional staff involved with the service user
 - Written care / support plans in accordance with this specification
 - Records of any serious incidents relating to client health care and safety, and associated outcomes and actions

11.2 Finance

- 11.2.1 The Provider must have appropriate governance arrangements in place to ensure that they are able to manage and control their finances for internal efficiency and to enable the organisation to respond readily to external scrutiny.
- 11.2.2 The Provider must:
- Ensure Service Users to manage their own financial affairs
 - Ensure that staff do not accept cash, gratuities or gifts from Service Users
 - Ensure that staff are issued with a copy of the written policy on the acceptance of cash or gifts from a Service User

11.3 Confidentiality

- 11.3.1 The Provider, Slough Borough Council and Berkshire Healthcare will integrate care-planning information where appropriate. The Provider will make available a copy of the day service support plan and any other relevant information
- 11.3.2 The Community Mental Health Team will share relevant information with the Provider
- 11.3.3 The agreement for information to be shared between the Provider and the Community Mental Health Team is to be made explicit to service users when they register with the day service, and their written consent is to be obtained
- 11.3.4 Service user's views and consent should always be sought and documented before information is shared with a carer or other party
- 11.3.5 The Community Mental Health Team will convene Care Programme Approach reviews in line with national standards and requirements. The

Provider will be invited to attend Care Programme Approach reviews for users whose care plan includes attendance at the Day Service, with the consent of the service user

- 11.3.6 Service users information held by the Provider will be held securely and will be made available to service users on request

12 APPENDIX 1 - OUTCOMES BASED APPROACH

The outcomes shown below are by no means exhaustive. Service delivery will be expected to be driven by the outcomes identified by each individual. Individuals are unique and their outcomes will be specified in their individual care / support plans. Slough Borough Council will monitor providers in line with the Adult Social Care Outcomes Framework 2011/12.

Adult Social Care Outcomes

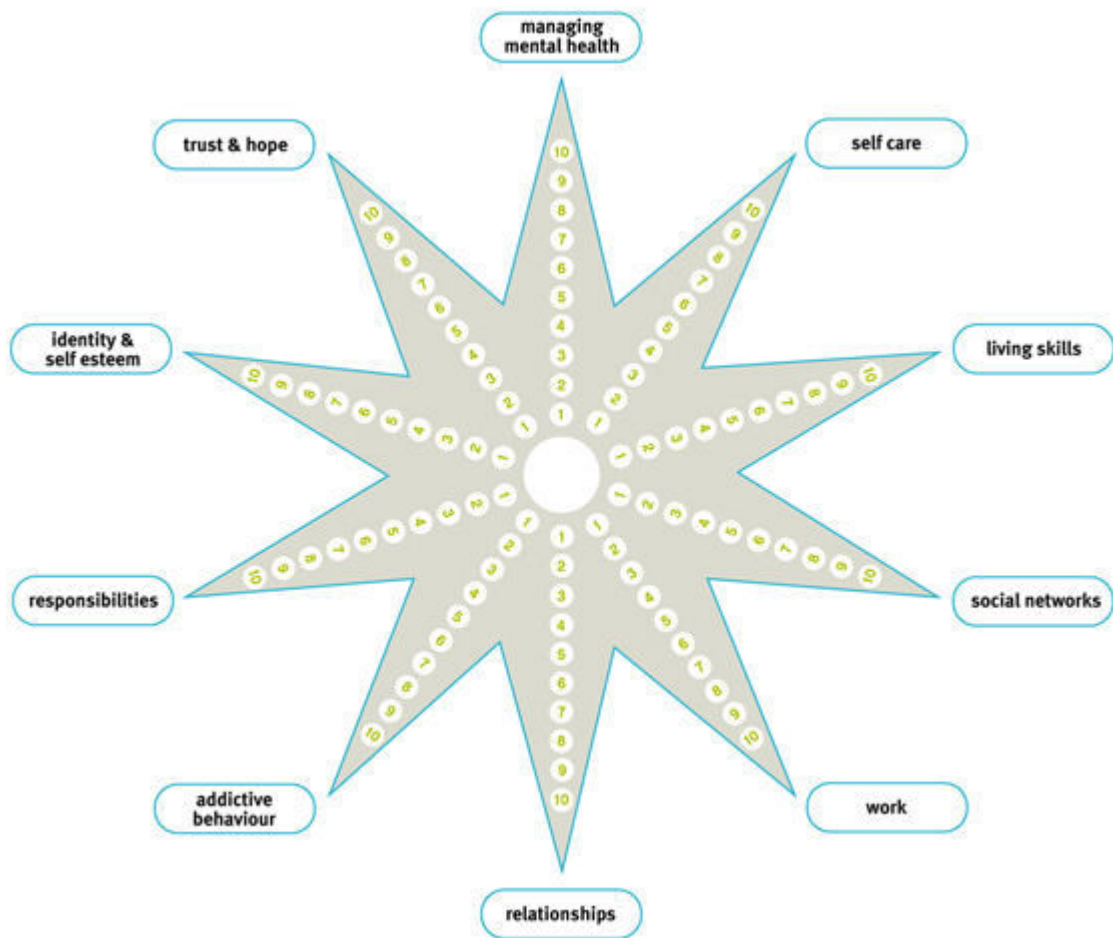
Domain 1	Outcome Indicators
<p>Enhancing quality of life for people with care and support needs</p>	<p>National</p> <ul style="list-style-type: none"> • The proportion of people who use services who have control over their daily life <p>Local</p> <ul style="list-style-type: none"> • Number of new referrals to the service • Number of locations / venues where the Provider has enabled access to services and the extent of the service provision • Elapsed time between access to services and service delivery • Follow-up research on the views (qualitative) of those who have used the mental health day service • Notable brief case studies, demonstrating high quality outcomes and enhanced quality of life for the service user; • Number of complaints and compliments for the mental health day service. •

Domain 2	Outcome Indicators
<p>Delaying and reducing the need for care and support</p>	<p>National</p> <ul style="list-style-type: none"> • Effectiveness of prevention/preventative services • Effectiveness of early, intervention and reablement: avoiding hospital admissions • Effectiveness of reablement: regaining independence

Domain 3	Outcome Indicators
<p>Ensuring that people have a positive experience of care and support</p>	<p>National</p> <ul style="list-style-type: none"> • Overall satisfaction, of people who use services, with their care and support • Overall satisfaction of carers with social services • The proportion of carers who report that they have been included or consulted in discussions about the person they care for • The proportion of people, who use services and carers, who find it easy to find information about support <p>Local</p> <ul style="list-style-type: none"> • Follow-up research on the views (qualitative) of those who have used the Service • Number of complaints and compliments for the Service.

Domain 4	Outcome Indicators
<p>Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm</p>	<p>National</p> <ul style="list-style-type: none"> • The proportion of people, who use services, who say that those services have made them feel safe and secure • Effectiveness of safeguarding services <p>Local</p> <ul style="list-style-type: none"> • Number of new referrals to the service, processed where the outcome contributes to reducing the vulnerability of the service user, and / or made them feels safer • Number of alerts and analysis of action taken • Follow-up research on the views (qualitative) of those who have used mental health day service • Measures to raise awareness of safeguarding issues and processes • Number of volunteers / staff members trained in safeguarding • Notable brief case studies, demonstrating high quality outcomes and enhanced quality of life for the service user, by increasing the protection afforded to the vulnerable

13 APPENDIX 2 – RECOVERY STAR APPROACH



Reference: www.mhpf.org.uk/recoveryStarApproach.asp

14 APPENDIX 3 – POLICIES AND PROCEDURES

- The Provider is required to have the following and any other appropriate documented Operational policies and procedures in place:
- Access to carers and advocates
- Access to records
- Bullying and harassment
- Care Planning and Review policy
- Code of conduct
- Complaints and compliments procedures
- Consultation and Involvement Policy
- Dealing with Violence and Aggression
- Dignity and Respect
- Disciplinary and grievance policies and procedures
- Equal Opportunities policy and non-discriminatory practices
- First Aid
- Food preparation and general kitchen hygiene
- Health and Safety policy
- Incident and accident recording, including management procedures
- Induction and ongoing training policy
- Managing Finance Policy and Procedures
- Managing Risk
- Medicines (if appropriate)
- Off site activities – including escorting users to external activities
- Quality assurance systems and guidance, including self-audit information
- Recording/Data Protection and confidentiality of information
- Referral and assessment guidance
- Safeguarding Vulnerable Adults
- Sexual or racial harassment
- Staff recruitment and retention policy
- Supply and Use of Equipment Policy
- Team meeting framework
- Terms and Conditions of Employment
- Training and Staff development
- Use of information technology guidelines
- Whistle blowing

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Report for Slough Borough Council Health Scrutiny Committee

Future of Mental Health Inpatient Services – Progress Update on Additional Engagement and Consultation Activity. September 2011.

1.0. Introduction

The purpose of this paper is to provide an update on the additional work agreed by NHS Berkshire and Berkshire Healthcare NHS Foundation Trust (BHFT) in July, to inform decision making on the future of mental health inpatient services for East Berkshire.

The decision to do further work was based on a number of factors, notably:

- No clear consensus has emerged on the way forward
- Significant concerns have been raised by key stakeholders about some options.

It was decided to undertake a further period of engagement during the summer, with any additional consultation taking place in the autumn. Engagement work is currently in progress, and the views of the Health Scrutiny Committee will contribute to the development of recommendations to be placed before the Board of NHS Berkshire at its September meeting, when next steps will be confirmed.

It is vitally important that we make the right decisions and ensure the provision of good quality, cost effective services for people with mental health problems. Both the Primary Care Trust and BHFT are totally committed to making sure we listen to clinicians, patients and their families, our local authority partners and other key stakeholders before our decision is made.

2.0. Background

Consideration of options for future provision of Mental Health Inpatient Services for East Berkshire commenced in 2007. The results of the consultation work, clinical opinions and financial analysis supported a preferred option of a new build at the Upton Hospital site. However, it did not prove possible to proceed with this option due to the changed financial context in which the NHS was operating, and BHFT developed its “Next Generation Care” Programme in order to ensure that high quality service provision could be achieved in future years within the resources available.

Consultation was undertaken between August and November 2010 on 3 options:

- Option 1. All hospital beds to be provided from Prospect Park Hospital in Reading resulting in BHFT closing all beds on the current three sites in East Berkshire
- Option 2. All hospital beds at Prospect Park Hospital except for those for older people (aged 75 years and over) at St Mark’s Hospital in Maidenhead
- Option 3. Develop a new, purpose built mental health unit at Upton Hospital, Slough that would replace all the current hospital beds in the east of Berkshire

In January 2011 Berkshire East PCT asked BHFT to progress an Outline Business Case (OBC) for option 1 and issued a joint statement with BHFT stating option 3 was unaffordable and option 2 not clinically appropriate.

Option 1 includes approximately £350k investment in community services for older people, £240k for services for adults of working age with borderline personality disorder, and an allocation of approximately £100k per annum to support transport needs of both patients and carers.

3.0. Additional Work Undertaken to Date

3.1. Clinical Engagement

The East Berkshire Clinical Executive Committee, comprising leads of the three Clinical Commissioning Groups, along with the PCT Executive, determined the form of the additional clinical engagement work required. Three meetings with clinicians have now taken place with the following results:

- BHFT Clinicians strongly support consolidation of inpatient services on a single site in order to achieve the best clinical outcomes for patients. Their experience of the increased provision of community services is that the requirement for inpatient services is reducing, in line with other areas of the country (see below). The importance of a good quality environment in terms of inpatient treatment was emphasised – which includes single bedrooms and access to outside space. Clinicians recognise the need for locally accessible services, which should be provided by community based services for the vast majority of people. They see inpatient provision as a specialist function, for a small minority of patients (approximately 2% of adults of working age receiving support from Community Mental Health Teams).
- GPs understand the clinical case for change, but are concerned to ensure that the service user and carer experience is a positive one, and have requested that some work is undertaken to ensure that the voice of users and carers informs their decision making. This will build on the work undertaken by BHFT to date. GP leads will also be working with BHFT to ensure that all possible options have been considered to enable provision of inpatient services in East Berkshire, which are clinically appropriate and affordable.
- GPs have highlighted the importance of their clinical leadership in service development, and the establishment of a “clinical interface group” is now being progressed. This group would provide the required leadership of service change across both primary and secondary care.

3.2. Clinical Review

A review of the clinical evidence for mental health treatment has been provided by the Berkshire East Public Health Team. This will inform the decision making process by the Clinical Executive Committee and Board, and can be summarised as follows:

- Emphasis is on the provision of treatment in patient’s own homes as far as possible, to achieve the best outcomes. This includes patients of all ages.
- Provision of single bedrooms with en-suite facilities is the optimum environment for inpatient services, ensuring patients are treated with respect and dignity.
- Consideration of travelling distance should be included in decision making about service provision.
- The physical environment is an important component of treatment and a poor environment can have a detrimental impact on patients.

3.3. Engagement with Stakeholders

Individual discussions with Health Scrutiny Chairs, Lead Council Members for Adult Social Care and Health and Senior Council Officers are almost complete across the three East Berkshire Council areas. Opportunities for discussions between clinicians and Council Members are currently being explored to enable discussion about key issues of accessibility of services, respect and dignity in the provision of services, ensuring the best clinical outcomes and effective use of resources.

Discussion with BHFT Governors has taken place, including patient and carer representatives. Key points emphasised:

- Patients reporting individual experience of inpatient services at Prospect Park Hospital as significantly better than in East Berkshire environments – this was not a comment on the quality of care provided by staff, rather the physical environment.
- Carer and patient representatives highlighted that the previous survey work had identified patients' preference for a single room over the location of services.
- Carer representatives highlighted the enhanced respect and dignity and positive outcome associated with an appropriate environment as more important than service location.

Senior PCT staff have visited Wexham Park Hospital and heard directly from staff and some patients about their experience of the current environment and their thoughts about future service provision:

- Despite investment and improvement, the ward does not provide the environment required for the service they would like to provide or receive.
- Transferring patients to the Intensive Care Ward at Prospect Park Hospital from East Berkshire inpatient services can present a significant challenge.
- Isolated/ small units are difficult to recruit staff into.
- The variety of patient needs and mix of diagnosis means that consolidation onto one site enables more personalised care.
- Significant numbers of patients from East Berkshire have already received services at Prospect Park.

3.4. Review of Inpatient Service Development Proposals in other Areas

Consideration of future inpatient service provision is currently underway in a number of other parts of the country. A brief review of this work has been undertaken to identify issues in common and potential learning:

- Future plans in Lancashire have identified the need for more personalised support, and a network of community and hospital based services. The "specialist" nature of inpatient care is highlighted and a reduced number of inpatient sites is planned to correspond with reduced demand, and increased provision of community services. Evidence and independent

review supports improved outcomes for people receiving treatment in community settings. The impact of increased community service investment has resulted in reduction in the original estimate of inpatient service need.

- Manchester services have planned to consolidate onto 2 sites, following consultation in 2010. The objectives were to provide same sex accommodation, improved staff response as a result of the physical environment and improved user and carer experience.
- Central and North West London Foundation Trust has experienced reduced demand in need for inpatient services for older adults, with the development of community services. This has identified an inpatient service requirement 60% less than existing provision. The aim is to provide a single centre of excellence for older people on one site rather than the existing 2 sites.

3.5 Exploration of potential options

Further work has been done to identify whether there could be another means of providing appropriate inpatient service provision in East Berkshire within available resources. This has included exploration of options for the use of St Mark's site, as well as alternative configurations at Wexham Park Hospital. No other viable options have emerged to date; however, as noted above, the Slough Clinical Commissioning Group is undertaking some further exploration with the support of BHFT.

4.0. Summary of Further Work Planned

- Conclusion of clinical engagement work and consideration of progress to date by the East Berkshire Clinical Executive Group in September.
- Conclusion of meetings with Councils (both Health Scrutiny Committees and Lead Members and Heads of Service for Adult Social Care) during September.
- Completion of a "Gateway Review" – which is an independent peer review undertaken by a team of experts through the Department of Health. This review will take place during September.
- Engagement with LINKs and Carer Groups .
- Discussion with Service Users and Carers – as requested by Slough Clinical Commissioning Group.
- Establishment of Clinical Interface Group and exploration of the potential for formal, independent representation of service user and carer voices in service development plans possibly through an independent advocacy organisation.
- Confirmation of any further engagement and consultation work required.

Bev Searle. Director of Joint Commissioning, NHS Berkshire.

**Briefing Paper for Slough Health Scrutiny Committee.
September 2011**

Future of East Berkshire Mental Health Inpatient Services

Transport Solutions to support relatives and carers proposed by Berkshire Healthcare Trust

- 1.1 The results of both transport surveys, undertaken as part of the 'Public Consultation into the future location of mental health in-patient services', at the East Berkshire sites potentially impacted by the proposed relocation found that, "Visitors overwhelmingly travel by car (97%) to see patients in these hospitals" and that, "Travel problems per se do not appear to be a specific reason for patients not receiving visitors."
- 1.2 BHFT Board recognised that, despite the survey results, concerns were expressed regarding the impact on relatives and carers should inpatient services be relocated to the PPH site. Therefore they determined that specific focus should be given to exploring transport solutions within the production of the OBC for Option 1.
- 1.3 A broad cross section of stakeholders was invited to become part of the Transport Group. Representatives were sought from Health and Overview Scrutiny Committees' (HOSC's) and Local Involvement Networks (LINKs) in Bracknell, Royal Borough of Windsor and Maidenhead and Slough as well as service user and carers representatives.
- 1.4 Given the importance of understanding concerns and ensuring that these directly shaped the subsequent work to look at solutions, a range of methods were used to maximise engagement including; group meetings x 2, 1:1 meetings, telephone discussions and e-mail. The combined expectations, concerns and ideas were then reviewed at the 2nd meeting and formed part of the Transport Solution briefing document. The Transport Solutions Group gave generously of their time to ensure that the concerns and challenges which some relatives and carers potentially might experience were understood and considered fully.

Key recurring expectations were that solutions must:

- Be easily accessible including at weekends and during unexpected admissions
- Be affordable for both relatives and carers (including those on a low income) and for the Trust
- Support relatives and carers by not adding any unnecessary stress or anxiety
- Be sustainable

- 1.5 BSS were engaged and brought in the services of Peter Evans Partnership, a transport consultation company with local background knowledge (gained through their involvement with “Right Care, Right Place” and Wexham Park “Travel Plan” projects) to deliver the brief through researching possible solutions. A national review was also undertaken to identify any similar consultations and to ensure that learning from these was considered.
- 1.6 2 consultations; Lancashire Care (September 2009) and Northumberland Tyne and Wear NHS Foundation Trust (2009) were identified as similar in remit. The learning from these, where appropriate, has been considered when shaping the possible solutions that BHFT might provide.
- 1.7 BSS report is attached Appendix 5
- 1.8 In summary the Options identified were:
 - 1.81 **Hopper bus service.** The advantages are that, on the face of it, this is a simple solution. However importantly, it may not provide the flexibility that is needed to support some carers thus take up may be low. The cost is greater than the budget currently identified.
 - 1.82 **Community Transport and Social Enterprise.** There is a number of existing Community Transport operators who have expressed an interest in providing a service. The advantages are that these schemes are currently running; provide a valuable community service for individuals via a simple booking system, and offer the option of a door to door service for carers. It is anticipated that BHFT would support operating costs via a subsidy to the provider.
 - 1.83 **Reimbursement Scheme.** This scheme supports those who would currently drive to existing inpatient facilities. This is applicable to 97% of existing visitors; however it does not address the needs of those who do not drive currently and for whom public transport options may be complicated. Whilst it appears simple to put in place, it is costly and has a potential tax liability/benefit impact for those who use it.
 - 1.84 **Private Hire:** This has similar benefits to option 1.82. The potential cost however is significantly greater and it would require a very robust administration to ensure its appropriate use.
 - 1.85 **Reimbursement of Public Transport Costs:** This would make use of existing public transport options. It would address additional financial pressures but it may not resolve the additional complexity of the journey faced by some carers. Again, there is a potential tax liability/benefit impact for those who use it.
- 1.9 The views of the Transport Group were sought on the options identified above. 4 responses were received. 3 identified a clear preference for option

1.82 (Community Transport) which, it was considered offered the greatest flexibility to provide support tailored to individual need. It was recognised that the practicalities of this option including; door to door for some people or group pick up options for others and whether to consider a small charge for some and financial support to those needing it, would need to be part of the subsequent discussions and scheme parameters should the decision be made to relocate inpatient services. A further respondent expressed concern regarding the long term financial viability of this option and noted that the service would need to operate at evenings and weekends. There was no preference expressed for any other option.

1.10 To inform the OBC and enable the Board to consider whether to progress Option 1 indicative costs associated with the identified options have been included. Should the Board decide to progress, then work can commence to finalise arrangements and confirm costs against the preferred travel solution.

Option	Considerations	Indicative costs
Hopper Bus Service Based on hire of mini buses, fuel and staff costs	1. Individually from each site affected to PPH 2. As part of a loop service; Wexham, Heatherwood, St Marks to PPH	£132K-£213K in 1 st Year. £63K on-going £94K - £154K in 1 st Year £54K on-going
Community Transport and Social Enterprise (Preferred Option from Transport Group feedback)	3 organisations expressed an interest and provided indicative costs All suggested a charge to users; (range dependent on provider) £10 - £20 return for Maidenhead and Slough areas £15- £18 return for Bracknell and Ascot areas	People2places (Social Enterprise)(£75K) Keep Mobile & Slough Community Transport (96K) Bracknell Forest (75K - £150K) Also suggested that any revenue collected could support the reduction in operating costs
Reimbursement Scheme (Mileage) Applicable to 97% of relatives/carers visiting existing sites		18.9p per mile based on an additional 36 miles x number of visitors could = £155K p.a plus additional administration costs IRO £30K p/a (Option to consider payment cost in line with healthcare Travel Cost Scheme paid to eligible patients making own way to hospital, average of 12p per mile)
Private Hire	Need to consider additional administration costs associated with robust monitoring - assumed £30K p.a	Costs between £324 and £1300 per day St Marks – PPK = £35 per single trip Wexham – PPK = £45 per single trip Heatherwood – PPK = £32 per single trip £120K to £480K p.a
Reimbursement of Public Transport costs	Does not address the complexity that some carers relatives might face	Bus, Train & Taxi Train costs between £5.30 - £7.40 off peak return

		Bus from Reading station to PPK = £1.70 single, £3.80 return, £13 weekly, £52 for 30 days and £154 for 90 days Taxi from Reading Station to PPK = £8 per trip
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- 1.11 As an addition to supporting carers and relatives to visit in person, it was suggested that access to internet based communication options, such as Skype might help some patients and their carers/relatives maintain contact between visits.



Berkshire

57-59 Bath Road
Reading
Berkshire
RG30 2BA
Main Tel No: 0118 950 3094

6th September 2011

Dear Colleague,

Please find enclosed a localised briefing on proposed changes to stroke, major trauma and vascular surgery in the South Central NHS region.

The proposals are to concentrate these acute services in places where there are specialists and support services available around the clock. Full details are set out in a document entitled *Developing Safe and Sustainable acute services in South Central - stroke, major trauma and vascular surgery*. It explains each of the three services and the proposed changes and is available on the website www.berkshirewest.nhs.uk

NHS Berkshire would like feedback from OSCs **by 30 September 2011** on the following questions:

- Do the proposals benefit your local population with no negative aspects?
- If so, are you happy for the NHS to proceed with these changes without further consultation?

Write to: NHS Berkshire, Freepost RRLX-SZAY-LTKX,
57-59 Bath Road, Reading, RG30 2BA

Email: ppi@berkshire.nhs.uk

Yours sincerely

Charles Waddicor
Chief Executive
NHS Berkshire

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Berkshire

Developing safe and sustainable acute services in South Central: Stroke, major trauma and vascular surgery

Health overview and scrutiny committee engagement briefing
September 2011

Introduction

The NHS is seeking views on proposed changes to three major services in the NHS South Central region which includes Berkshire. The proposals are to concentrate stroke, major trauma and vascular surgery services in places where there are specialists and support services available around the clock. Details are set out in a document entitled *Developing Safe and Sustainable acute services in South Central - stroke, major trauma and vascular surgery*. It explains each of the three services and the proposed changes and is available on the website www.berkshirewest.nhs.uk

Recommendations

NHS Berkshire would like feedback from OSCs on the following questions:

- Do the proposals benefit your local population with no negative aspects?
- If so, are you happy for the NHS to proceed with these changes without further consultation?

Why are we doing this?

National clinical experience shows that concentrating services saves lives, improves patient recovery and reduces the likelihood of patients suffering long-term disabilities. The main change will be that stroke, major trauma and vascular surgery patients will be treated by specialist staff concentrated in a smaller number of hospitals meaning that some patients travel further than their local hospital to be treated.

What are the proposals for Berkshire?

Stroke

The Royal Berkshire Hospital in Reading has a hyper acute unit and also provides a seven-day high-risk and low-risk TIA service. Doctors from Wycombe Hospital and Wexham Park Hospital in Slough are working together

Developing safe and sustainable acute services in South Central: Stroke, major trauma and vascular surgery

providing 24/7 hyper acute stroke services from Wycombe for patients eligible for thrombolysis. Wexham Park provides acute services and Heatherwood Hospital in Ascot provides rehabilitation services. High-risk TIA patients are seen at Wycombe Hospital; low risk TIA patients are seen at Wexham Park. Frimley Park Hospital in Surrey (outside of the South Central region) also provides hyper acute services and seven-day high- and low-risk TIA services for patients in the Bracknell area.

Case study: Harry- how the proposed changes could lead to better care

- Harry's wife has seen the FAST stroke campaign on telly and calls 999 when she recognises his symptoms.
- An ambulance arrives and within an hour Harry is in a hyper acute stroke unit.
- Harry is admitted and seen immediately by a full stroke specialist team. Clot-busting drugs are administered within four and a half hours of the stroke.
- Harry receives care from staff with specific expertise in stroke. This includes physiotherapy, occupational therapy and speech therapy.
- After seven days Harry is transferred to a specialist stroke rehabilitation community hospital where this therapy continues.
- Harry is discharged home. He has some speech difficulties and walks with a stick. The Community Communication Support Service and Return to Work Service are helping him.
- Harry returns to work, initially part-time. His speech has progressed considerably and his walking has strengthened.

Major trauma

The proposal is that adults and children who suffer major trauma are taken directly to the major trauma centre at the John Radcliffe Hospital in Oxford, rather than to the local A&E. Patients would stay in the John Radcliffe until they were stable. They would then be transferred to a dedicated local trauma unit closer to home or other appropriate, specialist rehabilitation location for ongoing care. This could be at the Royal Berkshire Hospital in Reading, or Wexham Park Hospital in Slough. This proposal makes clear to emergency services the care pathway for major trauma patients as this already happens for some patients.

Case study: William - how the proposed changes could lead to better care

- An ambulance crew identifies that William has a life-threatening head injury. An enhanced care team arrives shortly after. He is sedated, put on a breathing machine and transferred to a major trauma centre.
- Following a rapid assessment, William has a brain scan and is transferred to the neurosurgical operating theatre for an operation.
- After two days William can hold a conversation and move his limbs normally. After four days he is transferred back to his local hospital for rehabilitation.

- After ten days in hospital William goes home and receives community rehabilitation. Within four months he is back at work.

Vascular surgery

The proposal is that the John Radcliffe Hospital in Oxford would provide all emergency and elective complex inpatient vascular surgery. The Royal Berkshire Hospital in Reading and Wexham Park Hospital in Slough would retain vascular surgeons for day case, diagnostics and local outpatient services. These surgeons would travel to Oxford as part of an emergency rota covering the north of the region and to carry out elective complex inpatient surgery on their local patients.

What is the engagement process?

NHS Berkshire and the other primary care trust clusters in the region are carrying out engagement work on all three services at the same time because they are interconnected. Each requires a range of specialist support services including access to specialist theatres, x-ray, scanning and intensive care. We are asking stakeholders and local people for their views over a six-week period **until 30 September 2011**. There are a number of ways of doing this:

Write to: NHS Berkshire, Freepost RRLX-SZAY-LTKX,
57-59 Bath Road, Reading, RG30 2BA
Email: ppi@berkshire.nhs.uk
Online: www.berkshirewest.nhs.uk
Tel: 0118 982 2782

A report on the feedback received will be considered by primary care trust boards before deciding next steps.

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Berkshire

57-59 Bath Road
Reading
Berkshire
RG30 2BA
Main Tel No: 0118 950 3094

6th September 2011

Dear Colleague,

Please find enclosed a localised briefing on the national Any Qualified Provider (AQP) initiative and its local implications.

Patients can already choose which GP to register with and which hospital to go to for tests or treatments. By extending choice of provider into areas where it has not previously been available, patients will be able to choose, where appropriate, from a range of qualified providers and select the one that best meets their needs. Choice of provider is expected to drive up quality, empower patients and enable innovation. There is also evidence that increased choice leads to greater patient satisfaction.

The services chosen for AQP in Berkshire are:

- Adult hearing services in the community (audiology)
- Diagnostic tests closer to home (ultrasound)
- Podiatry services

NHS Berkshire would like feedback from OSCs **by 30 September 2011** on the following questions:

- Do you agree with the selection we have made for services where choice will be extended through Any Qualified Provider (AQP)?
- Are there other services that we should be putting through this process?

Write to: NHS Berkshire, Freepost RRLX-SZAY-LTKX,
57-59 Bath Road, Reading, RG30 2BA

Email: ppi@berkshire.nhs.uk

Yours sincerely

Charles Waddicor
Chief Executive
NHS Berkshire

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Berkshire

Any Qualified Provider (AQP)

Health overview and scrutiny committee engagement briefing
September 2011

Introduction

Any Qualified Provider (AQP) is a national programme to offer patients more choice and drive up standards of care. Patients can already choose which GP to register with and which hospital to go to for tests or treatments. When referred through AQP (usually by their GP), patients should be able to choose from a list of qualified providers who meet NHS service quality requirements, prices and normal contractual obligations. This approach is already in place for routine elective procedures. AQP is intended to address the feedback from patients that choice should also be offered in some of the areas where it has been historically more difficult to do so.

Recommendations

NHS Berkshire would like feedback from OSCs on the following questions:

- Do you agree with the proposals we have made for services where choice will be extended through Any Qualified Provider (AQP)?
- Are there other services from the list below that we should be prioritising through this process instead of the proposals?

Why are we doing this?

By extending choice of provider into areas where it has not previously been available, patients will be able to choose, where appropriate, from a range of qualified providers and select the one that best meets their needs. Choice of provider is expected to drive up quality, empower patients and enable innovation. There is also evidence that increased choice leads to greater patient satisfaction.

What are the proposals for Berkshire?

PCT clusters, with input from their populations, are choosing three services from a shortlist of eight selected by the Department of Health where AQP will apply. The changes will be phased in from April 2012, focusing on services that are most important to patients and where choice will have the greatest impact.

The project is at an early stage. These are our current ideas but they are subject to change. The services chosen for AQP in Berkshire are:

NHS Berkshire

- Adult hearing services in the community (audiology)
- Diagnostic tests closer to home (ultrasound)
- Podiatry services

The other five services on the central list are:

- Wheelchair services (children)
- Leg ulcer and wound healing
- Primary care psychological therapies (adults) ('talking therapies')
- Musculoskeletal services for back and neck pain
- Continence services (adults and children)

The PCTs view is that having introduced a new community spinal pathway in Berkshire West this year it does not lend itself to AQP. Equally with a nationally acclaimed service for Improving Access to Psychological Therapies this would also not be a priority for AQP. The PCTs consider leg ulcer treatment to be too closely aligned to district nursing to make this practicable and that continence services, currently managed under a block contract would be better improved through a single formulary for products than through AQP.

What is the engagement process?

An engagement document and questionnaire is being sent to key stakeholders inviting them to respond with their views **by 30th September 2011**. Discussions are also taking place throughout September at a number of meetings and with all current providers of community healthcare services.

There are a number of ways of contributing to this process:

Write to: NHS Berkshire, Freepost RRLX-SZAY-LTKX,
57-59 Bath Road, Reading, RG30 2BA
Email: ppi@berkshire.nhs.uk
Online: www.berkshirewest.nhs.uk
Tel: 0118 982 2782

We will provide regular updates as the AQP process develops and we move towards taking each AQP service specification to the market.

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 20th September 2011

CONTACT OFFICER: Teresa Clark, Senior Democratic Services Officer
(For all enquiries) (01753) 875018

WARD(S): All

PART I
FOR DECISION

APPOINTMENT TO JOINT EAST BERKSHIRE HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JEBHOS)

1 Purpose of Report

The Panel is requested to appoint three of its Members to the Joint East Berkshire Health Overview and Scrutiny (JEBHOS) Committee so that Slough BC can participate in meetings if required.

2 Recommendations

The Panel is requested to resolve that three of its Members be appointed (on a proportional basis) to attend any occasional meetings of JEBHOS for the current Municipal Year.

3 Community Strategy Priorities

There are none arising from this administrative reference report.

4. Other Implications

(a) Financial

There are none arising from this administrative reference report.

(b) Human Rights Act and Other Legal Implications

There are no direct Human Rights Act implications.

5. Supporting Information

5.1 Members were formerly appointed to JEBHOS by the Council under Outside Bodies arrangements. No Members were appointed in May 2011 because at its meeting on 31st March, 2011, the Overview & Scrutiny Committee was advised that Bracknell Forest had decided to cease its involvement in JEBHOS for a number of reasons including the pressure on resources. It was agreed that future JEBHOS meetings should only be convened on an as-and-when-required basis and, in particular, should joint working be required on a statutory consultation.

5.2 It was agreed that should a meeting of the Joint Committee need to be convened in the period to May 2012 that the Royal Borough of Windsor & Maidenhead would

initiate the process, convene the meetings and provide officer and administrative support as well as chair the meetings.'

6. Conclusion

It would now be pertinent to appoint three Members from the Health Scrutiny Panel so that Slough BC can be represented at any joint meetings that may be convened at short notice to discuss for example future NHS Consultations or other emerging issues.

7. Background Papers

Minutes of Health, Overview and Scrutiny Committee, 31st March, 2011

**HEALTH SCRUTINY PANEL
WORK PROGRAMME 2011/2012**

Agenda Items	Final deadline for Reports	Agenda Despatch	Date of Panel Meeting
<ul style="list-style-type: none"> • NHS Berkshire-report on 'Shaping the Future' including future of Heatherwood Hospital. • Tuberculosis update report (Asmat Nisa, NHS Berkshire East) • Male Cancers/ Cervical Cancer Screening (Asmat Nisa) • Drug and Alcohol misuse in the Borough (the effect on health services and how this is being tackled) • Review of Car Parking by Joint East Berkshire Health Overview and Scrutiny Committee-update report and outcome of recommendations made to Trusts (ref from mtg 21/3/11) 	<p>Wednesday 5th October 2011</p>	<p>Friday 7th October 2011</p>	<p>Tuesday 18th October 2011</p>
<ul style="list-style-type: none"> • Stroke Services in Slough- update report- December 2011 (Dr McGlynn, Deputy Medical Director, NHS Berkshire East-ref from mtg 21/3/11) • Effects of economic downturn on mental health of population (ref: O and S Cttee 25/02/10) • Joint Strategic Needs Assessment-update Report (RB &Asmat Nisa) 	<p>Friday 25th November 2011</p>	<p>Tuesday 29th November 2011</p>	<p>Thursday 8th December 2011</p>
<ul style="list-style-type: none"> • Slough Reablement and Enhanced Intermediate Care Implementation Programme-update report-1st February 2012. • National Health Service and Public Health Reform:- The NHS White Papers- Equity and 	<p>Friday 20th January 2012</p>	<p>Tuesday 24th January 2012</p>	<p>Wednesday 1st February 2012</p>

<p>Excellence: Liberating the NHS-update report- September 2011 JW</p>	<ul style="list-style-type: none"> • Heatherwood and Wexham Park Hospitals NHS Trust- Quality Account 2010/11- Update report by Deirdre Thompson, Acting Director of Nursing (ref from mtg 21/3/11) 	<p>Wednesday 7th March 2012</p>	<p>Friday 9th March 2012</p>	<p>Tuesday 20th March 2012</p>
<p><u>Unprogrammed</u></p> <ul style="list-style-type: none"> • Access to NHS Dentistry (particularly Orthodontics) • Child Health in Slough • Maternity Services in Slough 				

MEMBERS' ATTENDANCE RECORD 2011/12

HEALTH SCRUTINY PANEL

COUNCILLOR	22/06	20/09	23/09	18/10	08/12	01/02	20/03
Chohan	P						
Davis	P						
Long	P						
P K Mann	P						
Munawar	P						
Rasib	P						
Plimmer	P						
Sharif	P						
Strutton	P						

P = Present for whole meeting
 Ap = Apologies given

P* = Present for part of meeting
 Ab = Absent, no apologies given

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