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Date of issue: 30th November, 2011

MEETING	**HEALTH SCRUTINY PANEL** (Councillors P K Mann (Chair), Chohan, Davis, Long, Munawar, Plimmer, Rasib, Sharif and Strutton)
DATE AND TIME:	THURSDAY, 8TH DECEMBER, 2011 AT 6.30 PM
VENUE:	COUNCIL CHAMBER, TOWN HALL, BATH ROAD, SLOUGH
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

AGENDA ITEM	REPORT TITLE	PAGE	WARD
	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	PAGE	WARD
	coming before this meeting as set out in the Local Code of Conduct)		
2.	Minutes of the Meetings held on 13th October and 18th October, 2011	1 - 8	All
	SCRUTINY ISSUES		
3.	Member Questions *(An opportunity for Committee Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated. Notification of questions required at least 5 clear days before meeting).*		
4.	Joint Strategic Needs Assessment-Progress Report and Presentation *(15 Mins Presentation- 30 Mins Questions)*	9 - 12	All
5.	Future of Mental Health Inpatient Services - Progress Update on Additional Engagement and Consultation Activity: Bev Searle, Director of Joint Commissioning, NHS Berkshire *(15 Mins Outline- 30 Mins Questions)*	13 - 26	All
6.	Report of the Slough Safeguarding Vulnerable Adults Partnership Board (April 2010 to October 2011) *(15 Mins Outline- 30 Mins Questions)*	27 - 88	All
7.	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).*		
8.	Forward Work Programme	89 - 90	-
9.	Attendance Record	91 - 92	-
10.	Date of Next Meeting- 1st February, 2012	-	-

AGENDA ITEM	REPORT TITLE	PAGE	WARD

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 – Special Meeting held on Thursday, 13th October, 2011.

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

Also present under Rule 30:- Haines

PART I

25. Declarations of Interest

None were received.

26. Minutes of the Last Meeting held on 20th September, 2011

The minutes of the last meeting held on 20th September, 2011, were approved as a correct record.

27. Employment Support for People with Disabilities

Mike Bibby, Assistant Director (AD), Personalisation, Commissioning and Partnerships, referred the Panel to the report set out in the agenda summarising the key issues regarding the future of employment support for people with disabilities. The report had been considered by the Health Scrutiny Panel on 20th September, 2011 but on that occasion the Panel determined that it would defer making any recommendations to Cabinet until the Panel had visited the Speedwell Enterprise site. The Panel was reminded that the Special meeting had been convened so that the Panel could further consider the option and recommendations being considered by Cabinet on 17th October 2011 and determine any recommendations that the Panel may wish to make. The AD thanked members for attending the site visit and it was felt that this had been useful. Speedwell Enterprise staff were also thanked for accommodating members of the Panel. The Panel was advised that members of Cabinet had also visited the site.

The AD discussed the background and context of the report, the related cost of the current provision for employment support for disabled adult social care service users and the findings of the national policy review, 'Getting in, staying in and getting on – disability employment support fit for the future'.

The Panel was reminded of the five options which had been considered for future service delivery and that the preferred option was one which would be broadly based on the current work opportunities service model.

Panel members raised a number of issues / comments in the ensuing debate. The establishment of a disability working forum was discussed and the limitations of the current scheme in the sense that it provided a limited number of places. The AD confirmed that the work Choice scheme would provide short-term work availability but this concept advocated a scheme of

progression and was not meant for long term provision. In response to a question regarding the availability of places for Slough residents, the AD confirmed that this information was not collated but the scheme was available to disabled people who resided in Slough and other areas. The Panel was advised that the majority of individuals who had left Speedwell and subsequently gained employment elsewhere had maintained their new position. In response to the concern that there were insufficient long-term employment offers in place for Speedwell Operators, the AD advised that five members had received work experience at Slough Borough Council. This had not led to permanent employment but that was not the sole aim of work experience. A Member questioned why a contract for £150k that had been offered to Speedwell was not pursued. The AD advised that he had discussed this with workshop staff, but there had been questions around the viability of the contract and its long-term conditions. A business case and plan had been requested to explore the viability of the possible contract, but this had not materialised.

The Panel was advised that the Council would provide substantial support for the operatives and ensure that they would be able to continue to meet their former colleagues. In response to comments that the current Speedwell provision was a great success and did not cost a great deal to provide, the AD advised that the issue under discussion was not about money but rather the provision of a suitable service model for the future which could benefit more individuals in the community who are eligible for Adult Social Care services. The national review had stated that a desired aim was to overcome social exclusion and the current model clearly provided a service that was segregated from the main community. The proposed new model would seek to promote integration in open employment settings. In response to a comment that it would be possible to find companies who would provide work for the current operatives, the AD emphasised that the issue was not about costs or savings but about providing a suitable service model. The Panel was advised that work would be carried out to assist the operatives to find employment and if this was not possible then measures would be put in place to ensure that meaningful activities were provided. It was highlighted that the overall policy should meet the needs of more Slough's residents, specifically those elgigible for Adult Social Care services. In response to further questions the AD advised that there were specialist organisations who could deliver the new service model under contractual arrangements and necessary safeguards would be put in place as part of the contract. A Member argued that in the outside world people would have someone to fight for them for example a trade union but this was not the case for the workshop operatives. The AD confirmed that all views had been taken into account and there had been extensive discussion with a number of agencies and trade unions.

Panel Members proposed and discussed a number of suggested recommendations.

It was moved and seconded that the current service and contract remain in force for a period of one year so that other avenues could be explored and the Disability Forum be established. The recommendation was put and lost.

The following recommendations were proposed, seconded and carried by a majority of votes:

Resolved-

a) The Panel recognise the contribution that Speedwell Enterprises has made to both the town and its service users, and further recognises that Speedwell is more than a typical factory based employment service.

b) The Panel is unanimous in its view that disabled people in Slough, and particularly those eligible for Adult Social Care services, should benefit from support into employment, work experience, skills development or volunteering.

c) The Panel, whilst noting the contribution made by Speedwell, recognises that the current and future needs in Slough call for a revised service, one which is better able to meet and respond to both the volume of need and the specificity of individual cases. As such the Panel recommends a policy shift which sees disabled people being supported into mainstream employment rather than the current model.

d) The Panel believe that this policy shift will help a greater number of vulnerable people in Slough by ensuring greater access to those that are eligible for Adult Social Care.

e) The Panel however also recognises the impact that the closure of Speedwell will have, particularly on long-term users of the service, and seeks reassurance from Cabinet over how these users will be guaranteed support into alternative employment or provisions.

f) The Panel also recognises the social importance and value that users place on Speedwell and also urge the Cabinet to look into ensuring social provisions are maintained and expanded.

28. Date of Next Meeting- 18th October, 2011

Resolved- That the date of the next meeting be noted.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.10 pm)

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Health Scrutiny Panel – Meeting held on Tuesday, 18th October, 2011.

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

Also present under Rule 30:- Councillor Walsh

PART I

1. Declarations of Interest

None were received.

2. Member Questions

None were received.

3. Tuberculosis (update) - Presentation by Asmat Nisa, Consultant in Public Health & Assistant Director, Public Health Directorate, NHS Berkshire East

Asmat Nisa, Consultant in Public Health and Assistant Director, Public Health Directorate, NHS Berkshire East, outlined a presentation on Tuberculosis (TB) detailing the cause of the disease, the infection rate and ways in which it could be cured. The Panel was advised that TB could cured through treatment and could be effectively controlled and prevented through the BCG immunisation. Ms Nisa advised that a multi-agency strategy group had been set up and within its strategic plan refresh the PCT had committed to prioritise TB under its 'Staying Healthy' programme. It was noted that the TB service had been enhanced through investment, the recruitment of additional staff, the provision of weekly BCG clinics and community outreach. Testing had been extended to cover new entrants and data collection had been improved using a local database.

The Panel noted the progress to date in preventing TB which included visiting hard to reach groups and the formalisation of the BCG pathway for neonates born in the area. It was also noted that provision had been made to screen contacts of all cases of TB to detect transmission of infection earlier and other measures including the creation of a new TB infection control policy for the Acute Trust. It was highlighted that the TB service was currently located at King Edward Hospital, Windsor but there were plans to have outreach clinics in Slough.

Members raised a number of questions / comments in the ensuing discussion. In response to a question regarding the success rate of treatment, the Panel was advised that patients were generally compliant with the medication given and that anyone over the age of thirty-five would not be required to have the BCG vaccination and the antibiotics would cure the infection. Ms Nisa explained the symptoms of TB and the ways in which close contacts with TB patients were managed. It was highlighted that there was no upward trend in the number of TB cases reported and that in Berkshire there were between

fifty to seventy-five cases each year of which eighty percent were normally in Slough.

A Member asked how many patients were hospitalised each year due to TB and how many deaths occurred. He also asked for information about the use of KAT and spitting and was there any evidence that this caused the spread of TB. Ms Nisa advised that she did not have this information to hand but this would be forwarded to the Panel. In response to a further question she also advised that she would provide further detail on the strains of TB which were found in Slough.

Ms Nisa confirmed that the prevalence of houses in multi occupation were a causative link in the incidences of TB and there was also clearly a link with the number of migrants coming to Slough from countries where TB was endemic. The Trust was working with Slough BC to address this issue.

Ms Nisa discussed representation on the TB Strategy Group which included members from the Polish and other communities. In response to a further question it was confirmed that BCG immunisation in schools had stopped in 2004 but this was still given to newborn babies if they were at a high risk of TB. Also clinics were provided for children born elsewhere who had not previously received the BCG immunisation but the immunisation could only be given with the approval of parents.

Resolved- That the Panel thank Ms Nisa for her comprehensive presentation.

4. Male Cancers/ Cervical Cancer Screening- Presentation by Asmat Nisa, Consultant in Public Health & Assistant Director, Public Health Directorate, NHS Berkshire East

Ms Nisa, Consultant in Public Health and Assistant Director, Public Health Directorate NHS Berkshire East, outlined a presentation on Male and Cervical Cancers. explaining the causes, risk factors and prevalence. The Panel noted the detail of the screening programme for cervical cancer and who was eligible. Ms Nisa discussed initiatives to increase the uptake of screening in Slough and it was highlighted that younger women were less likely to respond to an invitation to be screened and work needed to be done to increase this.

Members raised a number of questions / comments in the ensuing debate and a number of other points of detail.
It was noted that if certain GP practices were not meeting the required targets for screening then measures would be put in place to ensure that this would be achieved.

<u>Male Cancers</u>

The Panel received a presentation on the three most common male cancers, lung cancer, prostate cancer and bowel cancer. Ms Nisa discussed the causes and risk factors of the respective cancers and mortality rates.

It was confirmed that the incidences of lung cancer were significantly higher in Slough due to the number of smokers and this was being addressed through a smoking cessation programme. In the previous year a target of 960 quitters had been set. In response to a member question regarding the suggestion that other commercial environmental factors could contribute to the level of lung cancer in Slough, Ms Nisa advised that she would find out whether any research had been done in this area. In response to a question about liver cancer, Ms Nisa advised that she had provided the presentation to deal with three main cancers but could provide further information on this if required.

A Member asked whether Panel Members could assist with the promotion of campaigns and Ms Nisa advised that she would be delighted to take up this offer and would invite any members who volunteered to be involved in the process.

Resolved- That the Panel thank Ms Nisa for her comprehensive presentation.

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

None were received.

6. Forward Work Programme

A Panel Member requested an update on the situation regarding the East Berkshire Car Parking Review and it was agreed that this would be included within the next agenda as an information report.

The Programme was updated as follows:

- East Berkshire –NHS Car Parking Review- 8th December 2011.

The following items were removed from the un-programmed list as there would not be an opportunity to scrutinise these items.

- Effects of economic downturn on mental health of population
- Access to NHS Dentistry (particularly Orthodontics)

Resolved- That the report be noted.

7. Date of Next Meeting- 8th December, 2011

The date of the next meeting was noted.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.18 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 8th December, 2011

CONTACT OFFICER: Dr Angela Snowling East Berkshire PCT and Dr Russell Bourner 01753 875217

(For all Enquiries) (01753 63 6853)

WARD(S): All

PART I
FOR COMMENT AND CONSIDERATION

JOINT STRATEGIC NEEDS ASSESSMENT- PROGRESS REPORT

1. Purpose of Report

The purpose of the report is:

(a) To inform panel of the purpose of the JSNA and progress toward the finalisation of the 2011 version

(b) To inform member of the key health issues over the last 2 years both success and the areas that remain a concern.

2. Recommendation(s)/Proposed Action

The Committee is requested to:

- Note the information contained in the report

3. Community Strategy Priorities

- **Celebrating Diversity, Enabling inclusion**
- **Adding years to Life and Life to years**
- **Being Safe, Feeling Safe**
- **A Cleaner, Greener place to live, Work and Play**
- **Prosperity for All**

This report reflects the Council's aims under the five key priorities and focuses on all aspects of community wellbeing.

4. Other Implications

(a) Financial

There are no financial implications of the proposed action.

Human Rights Act and Other Legal Implications

The PCT and the Council have a statutory duty under the Local Government and Public Involvement in Health Act (2007) to undertake Joint Strategic Needs Assessment (JSNA).

Human Rights Act Implications.

There are no Human Rights Act implications in regard to this report.

Equalities Impact Assessment

5. **Supporting Information**

Purpose of JSNA

The Local Government and Public Involvement in Health Act (2007) places a duty on upper- tier authorities and Primary Care Trusts to undertake Joint Strategic Needs Assessment (JSNA).

In 2006 the Department of Health White Paper *Our Health, Our Care, Our Say* sets out a new direction for improving the health and wellbeing of population in order to achieve:

- Better prevention and early intervention for improving health, independence and wellbeing
- More choice and a stringer voice for individuals and communities
- Tackling inequalities and improving access to services
- More support for people with long term needs

Our health, our care, our say identified the need for Directors of Public Health, Adult Social Services and Children's Services to undertake regular strategic needs assessments of the health and wellbeing status of their populations, enabling local services to plan both short and medium term objectives.

In definition the Joint Strategic Needs Assessment describes:

- a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness
- It identifies "the big picture" in terms of the health and wellbeing needs and inequalities of a local population

Needs assessment is an essential tool for commissioners to inform service planning and commissioning strategies. For the purpose of JSNA, a clear distinction should be made between individual and population need. JSNA examines aggregated assessment of need and should not be used for identifying need at the individual level. Specifically, JSNA is a tool to identify groups where needs are not being met and that are experiencing poor outcomes.

Key Findings from this years JSNA exercise

New insights into current and projected needs of vulnerable groups based on the local Government Improvement and Development JSNA data inventory published in August 2011. A key gap in the projected needs of those with physical disability has

been identified by commissioners and the new projections will inform future commissioning.

Detailed population density maps for planning services have yielded insights into how the provision of age-specific services can be improved

An update on population growth with insight into the optimum modelling of future migration to inform the planning of school places and housing

An update on changes in prevalence of GP registered patients with long term conditions – mental health, diabetes and coronary heart disease are the ones that are statistically higher and adult obesity

Identification of wards with significantly higher rates of emergency admissions

Where poorer outcomes have been found or where cost is above the expected range there are now ten top areas suggested for the health and wellbeing board to influence plus information from benchmarked analysis of primary and secondary care data to assess the most costly areas of spend to inform commissioning in 2012-13.

Significant opportunities for remodelling services are identified prior to the move to local authorities e.g revising the mental health and sexual health contracts in 2012-13.

Detailed service templates from the majority of NHS providers of childrens' and older peoples services in readiness for the transfer of public health commissioning functions to the local authority

6. Comments of Other Committees

None.

7. Conclusion

The new look JSNA will have four distinct products.

- The first is an electronic guide to the key findings which will take the reader via hyperlinks* to the underlying service templates and core datasets
- The second is an executive summary detailing the top ten priorities all set out under the six headings of the LGID guidance to aid prioritisation.
- There will be two separate powerpoints – the first showing population density data by five year age bands for those planning services who do not have access to routine mapping software.
- The second powerpoint is a summary of the key findings (attached)

*Hyperlinks in the electronic guide will enable information leads and commissioners to access the underlying templates and datasets once they are transferred to the local authority. This is work in progress as the goal is for unitary authority commissioners to have access to the same data visible to NHS commissioners subject to information governance compliance. This document will have an Appendix 3 - a directory of childrens and older peoples services with hyperlinks to the underlying service templates

Final approval will be required by the JSNA working group before the guide can be circulated for consultation as they may wish to develop a version which can be viewed on the website for the public to see which may not have the same links due to information governance requirements.

8. **JSNA Membership**

The membership of the JSNA group is as follows:

Slough
Jane Wood, Chair and Director of Adult Social Care and Health, SBC
Dr Russell Bourner, Policy and performance manager, SBC (JSNA coordinator)
Dean Cooke – Senior Trading Standards Officer, SBC
Ginny de Haan, Senior Environmental Health lead, SBC
Su Gordon Graham – Joint Commissioning Manager, Community and Wellbeing, SBC
Ramesh Kukar- , Chief Executive Slough Voluntary Action
Avtar Maan – Safer Slough Performance and Data Collection officer, SBC
Asmat Nisa - Assistant Director, Public Health Slough, NHS Berkshire East
Dr Jim O'Donnell – GP lead, Slough clinical commissioning group
Sian Smith, Children's Commissioning Manager, SBC
Paul Stimpson – Head of Policy Planning and Projects, SBC
Emma Walker – DAAT Contracts Manager , SBC
Philip Wright - Head of Life Long Learning, SBC

For NHS Berkshire working across all three areas
Sid Beauchant - Senior Information Advisor, NHSBE
Pranay Chakravorti – Commissioner Childrens Services, NHSBE
Diane Clemison – Public Health Specialist
Katherine Kneale – Administrative support for the service templates
Tim Langran – community pharmacist, NHSBE
Dr Naheed Rana – Epidemiologist/information lead.
Sarah Shildrick – JSNA Information analyst, NHSBW
Anthony Skilling – Primary Care Commissioning Manager, NHSBE
Dr Angela Snowling - Assistant Director of Public Health (Bracknell) and JSNA lead, NHSBE
Viki Wadd – Assistant Director Unscheduled Care, NHSBE
Nana Wadee - Information officer, NHSBW

9. **Appendices Attached**

None.

Slough Borough Council Health Scrutiny Committee. 8th December 2011

NHS Berkshire Progress Update on Additional Engagement Work Undertaken Regarding the Future of East Berkshire Mental health Inpatient Services

1.0. Introduction

This paper brings together the results of the additional engagement work agreed by NHS Berkshire and Berkshire Healthcare NHS Foundation Trust (BHFT) in July. The Committee is requested to review this and note the work planned for completion prior to the NHS Board Meeting in January when it is hoped to make a decision regarding the preferred option.

2.0. Case for Change

An alternative means of providing mental health inpatient services for East Berkshire patients has been sought for a considerable time: there is a clear consensus that the existing arrangements on three separate sites, in accommodation which does not allow for single rooms, ensuite facilities and safe access to outside space is not an acceptable standard of provision for patients, and is likely to compromise clinical outcomes.

Numbers of people requiring mental health inpatient services have continued to decline, and with the benefit of additional community services, and improvements in quality and productivity, it is likely that this trend will continue.

This trend leads to the increasing perception of mental health inpatient services as a specialist provision, rather than the dominant feature of mental health services which was the case in previous years. The proportion of people receiving mental health services who require inpatient services is growing smaller, but there is a corresponding growth in acuity and the level of risk presented. This adds further weight to the requirement for a specialist environment to ensure patients' needs are met effectively.

The additional engagement work undertaken has confirmed a good level of understanding of the case for change among stakeholders. However, it was also clear that in some cases there was a limited understanding of the nature of mental health inpatient services, the numbers of patients involved and the needs of individuals and families. For some stakeholders, concerns remained about the distance of Prospect Park Hospital for patients and their families, the nature of any transport support available and planned community service development. There has been additional debate about the impact of investment in inpatient services which would result in a reduction in community service availability- and this factor has been decisive for some stakeholders supporting option 1, the consolidation of all inpatient beds on the Prospect Park Hospital site.

Given the lack of consensus about the future model of service provision, work was undertaken to agree criteria on which the decision could be based, and a Commissioning Statement for Mental Health Inpatient Service was developed and approved by the East Berkshire Mental Health Local Implementation Team. This group includes commissioner and provider representatives of NHS and Local Authorities, as well as clinicians and the local advocacy service provider.

Detail of the community service development and transport support proposed, should option 1 be approved, is included at appendix 1 and appendix 2, criteria for decision making at appendix 3 and the work undertaken to explore the clinical evidence base is provided at appendix 4.

3.0. Clinical and Stakeholder Engagement

At the request of the East Berkshire Clinical Executive Committee (the PCTs primary decision making group, comprising Clinical Commissioning Group Leads and members of the Cluster Executive),

additional information was requested on the detail of the community service provision and transport support offer planned by BHFT in association with option 1, the consolidation of all inpatient services on Prospect Park Hospital site.

In addition, Slough CCG requested that additional work be undertaken to ensure all East Berkshire options had been fully explored, and that service user experience was strongly informing decision making. The East Berkshire Mental health Lead GPs have been involved in this additional work throughout. A summary of the results of the additional work requested is provided below in section 4.

A number of meetings have been held with Health Scrutiny Committees, with Lead Council Members for Health and Social Care, with LINk representatives etc, to listen to concerns, to provide information about options and to inform the next steps. This has enabled a greater understanding of the clinical case for change and evidence supporting different options, resulting in a higher level of support for option 1 from some groups than previously identified. However, concern remains about the potential impact on service users and their families, and further work is planned in terms of stakeholder discussions to ensure that all concerns expressed are properly addressed – in particular the viability and costs of refurbishment of East Berkshire sites to provide an East Berkshire inpatient facility, and mitigation of adverse impacts of option1, should this be selected.

4.0. Community Service Development

4.1. Older Adults

Dementia Plans have been approved by all three East Berkshire Clinical Commissioning Groups and a Dementia Local Implementation Team is in place in each of the three Council areas. Service development currently in progress represents £347k additional investment in East Berkshire.

This has 3 main components for older people with mental health problems:

- Home Treatment. To be available 7 days a week for people with either dementia or functional mental illness. This service will be available for a period of 2 – 12 weeks, depending on need, with visits up to 3 times a day.
- Memory Service. Including early diagnosis and nurse prescribing.
- Day Hospital redesign. In line with the approach taken in West Berkshire, this will release resources to fund the first 2 components of the plan, and be replaced by a programme of evidence-based, time limited interventions. This will include understanding dementia courses for carers and cognitive stimulation for service users.

Staff will be recruited to enable Monday –Friday service provision by the end of December. Extended hours services will be available in all three Council areas. A specification for a Dementia Liaison Service is currently being developed, to reduce length of stay in acute hospital wards, and signpost patients and families to sources of help.

4.2. Adults of Working Age

The Next Generation Care Programme includes a number of components to improve productivity and efficiency, including a common point of entry and a focus on improvements to urgent care.

BHFT has also provided detail of a potential investment of £207k for the establishment of a community service for people with a personality disorder in Slough, should option 1 be selected.

The rationale for this is the large number of people with a personality disorder accessing Ward 10 at Wexham Park Hospital, and their length of stay: Approximately 30% of the total BHFT in-patient

population have a personality disorder/Borderline Personality Disorder as part of their psychiatric formulation. NICE guidance suggests that in-patient admissions should be very short; however some of this client group are amongst the longest stays. In BHFT mean length of stay in an acute ward is 33 days. Patients with a personality disorder often remain longer because of risk. This can be 50 days or more. Last year there were 1040 admissions to BHFT acute wards, of which it is estimated 340 involved people with a personality disorder/BPD.

Ward 10 at Wexham Park Hospital has 20 beds used by approximately 168 patients in the last year. The current consultant psychiatrist for the ward estimates 40% of patients in ward 10 have personality disorder / BPD. This would mean approximately 67 patients with this diagnosis per year. The current mean length of stay for these clients is 56 days. This is 23 days over the Trust average.

Anticipated benefits of the service are detailed as follows:

- It is anticipated that the new service would provide both an early intervention and a basis for longer term recovery work that would result in fewer admissions and a reduced length of stay for this client group. This will be achieved by a service that would have the skills and capacity to meet the needs of people with personality disorder to a much greater extent than currently.

- People will experience a preferred method of service delivery much more capable of meeting their needs.

- The children of people who use the services are likely to experience a happier and more secure upbringing. Therefore, there is a reduced likelihood of local authority care and a decrease in the probability that they will themselves experience future problems.

- There will reduced use of GP, ambulance and A&E time because of less medication, distress and self harming.

- Reducing substance misuse as the service directly works with the reasons why this form of self-medication was used.

- Increased opportunity for individuals to find pathways into work and other positive ways to contribute to their town and society.

Illustrations of the way this service would work in practice are provided at appendix 1.

4.3. Transport Support

A Transport Solution Group was established by BHFT to address the high levels of concern regarding transport difficulties which could be experienced by patients, relatives and friends, should option 1 be selected. The group identified 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

Proposed solutions are as follows:

- Identification of a £100k, recurrent budget to provide transport support.

- Contracting with community transport providers who would provide transport for visitors to Prospect Park Hospital. Potential providers have been approached and agreement in principle to the viability of this proposal secured.

- Providing bespoke, individualised solutions for people who are unable to access the community transport services, which would include fuel subsidy if required.

  Illustrations of the way this service would work in practice are provided at appendix 2.

5.0. Additional Options Exploration

Work was commissioned from BSS by the PCT to identify potential alternative sites for provision of acute inpatient services in Slough, in partnership with GPs. In summary these are as follows:

- A stand alone acute inpatient unit in Slough, which was confirmed as not viable because of risks associated with its isolation: a limited staff group would not be able to provide the full range of therapeutic interventions to promote recovery, management of risk to patients and others would be compromised because of the small staff group who would be likely to be difficult to recruit and retained. This option was not supported by the clinicians with experience in acute inpatient care.
- In addition, the potential for a Slough/Windsor and Maidenhead only option has been explored, potentially on the Heatherwood site, but not supported by BHFT clinicians or Windsor and Maidenhead GPs.
- BHFT has also considered what could be provided in Slough with a residential component in order to answer the concerns raised by local GPs. The potential for commissioning of local independent sector provision has been considered by BHFT and also local GPs, but not supported as a viable alternative on either grounds of cost or clinical evidence. However, further discussions are taking place to identify the extent to which Nursing Home provision could support the care and treatment of people with dementia, to minimise the need for hospital admission.
- Options of refurbishment of accommodation at Wexham Park, Upton Hospital or Heatherwood have been further queried by stakeholders. To date this has not been identified as financially viable, and a formal report will be provided to the CCGs and Cluster Board by Berkshire Shared Services to outline the factors which have informed this position. Discussions will also be held between BSS representatives and Slough LINk to ensure sharing of this information with the wider stakeholder group.

6.0. Service User Experience

Public Consultation identified no strong preference for any of 3 options consulted on. Responses were strongly linked with where people lived. 41% of respondents to the consultation survey were service users or carers. The patient survey conducted by BHFT strongly supported provision of single rooms and outside space.

Lack of privacy and dignity associated with shared rooms were emphasised by patients and carers.

The ability of family and friends to be able to visit easily was acknowledged as important, as well as the need to provide a quality environment with good treatment outcomes.

Service users requiring transfer to intensive care would need to be transported to Prospect Park Hospital from any East Berkshire Acute inpatient Unit if required – this is a challenging and potentially very distressing experience for patients and families.

Approximately 20- 25% of Slough residents requiring inpatient services already go to Prospect Park Hospital – and the PCT has not received any complaint from any of these people or their families about their experience. However, further work is being undertaken to identify the actual numbers of people involved and some detail about their experience, and what support may help them with the distance from their homes.

7.0. Financial issues

The cost of a new build facility on the Upton site was previously estimated at approximately £21m, which would require borrowing above the level of reserves held by BHFT. This would have a revenue impact of approximately £2m per annum.

A new build on Wexham Park site also has approximately the same cost – which has an annual impact of approximately £2m per annum because of the cost of borrowing required sums.

Exploration of possible conversion of Wexham Park Hospital accommodation is not in line with the Trusts own plans for use of its accommodation, but the cost of achieving this, were it to be possible, is estimated in excess of £10m, with corresponding revenue impact. The cost of equivalent refurbishment on Heatherwood or St Marks sites is estimated as a similar figure.

Cost of changes required to Prospect Park Hospital would be approx £5 - 6m. This funding is already available within BHFT budget, having been built up over a number of years, as a one-off sum to support anticipated necessary changes to inpatient services.

Consideration of all options needs to be in the context of the savings plan that BHFT is already embarking on, in order to meet demand and continue to provide effectives services. This requires achievement of a savings target of £12m over 3 years. A recurrent savings assumption of £1.9m resulting from consolidation of beds at Prospect Park Hospital has been included in this plan.

Any additional investment required, or loss of currently identified savings would not necessarily impact on community service provision. Should this be the case, agreement would be required regarding the apportionment of savings, both geographically and in terms of service functions, taking into account the relative merits of investment in community and inpatient services.

8.0. Decision making process and next steps

During the additional engagement work undertaken this summer and autumn, a Gateway Review was undertaken. One of the recommendations of the review being that a commissioning statement was completed for mental health inpatient services (referred to in section 2 above). This has now been completed, and approved by the Mental Health lead GPs and the East Berkshire LIT. The vision for mental health inpatient services is as follows:

To offer time-limited safety, support and therapy to people who are too unwell, and present too high a level of risk to themselves or others to be cared for outside hospital. To achieve this by providing a range of therapeutic and other activities in a good quality environment, with the aim of supporting recovery and return to the community as soon as possible

The criteria for potential changes to mental health inpatient services are included in this commissioning statement and attached at appendix 4. This document will also be used to inform the Cluster Board decision making process.

Since commencing the additional engagement work, there has been an increased mutual understanding of stakeholder concerns and the clinical evidence and financial considerations underpinning the various options. The following actions will be completed prior to the January Cluster Board discussion:

- Publication of the results of the engagement work undertaken – which will include: a fact sheet about mental health inpatient services, information about community service and transport support should option1 be selected, and an overall summary of the engagement work – issues identified and the response to them.

- Provision of further information about the costs of refurbishment options on various sites to the Slough CCG and the stakeholder group pulled together by the Slough LINk.
- Further discussion about the community service offer and how this can be developed to minimise the need for admission as far as possible.
- Collation of the formal position of each of the CCGs, the Clinical Executive Committee and Health Scrutiny Committees prior to the Cluster Board meeting in January.

Bev Searle. Director of Joint Commissioning, NHS Berkshire.

Appendix 1.

Proposed Community Service for People with Personality Disorder – case illustrations

24 year old Ms T has very low self-esteem, having been emotionally and sexually abused as a child. She has been unable to develop healthy long term relationships with other people. Her inability to maintain relationships has resulted in her not working, being cut off from her wider family and a number of short term sexual contacts. She has a 3 year old child and lives on a local estate in Slough. She self-harms through cutting as a daily occurrence and has a history of overdose when encountering emotional problems. She has been admitted to psychiatric hospitals on 4 occasions in the last three years. On the last occasion she spent 50 days as an in-patient as the risk was deemed too great for her to be discharged. When in hospital her self-harming escalates and her sense of hope and future is diminished.

Following discharge she had previously had been followed up through routine psychiatric outpatient appointments and a nurse who as care co-ordinator monitored her mental state, risk and provided support at times of stress. In the past this hasn't been sufficient to prevent admissions or help her improve her quality of life. Concerns about her ability to care for her daughter are ever present and she fears losing her.

Ms T was helped by the **new proposed service** that provided her with the following opportunities:

- A care co-ordinator experienced in working with people with personality disorder who was able to help Ms T manage her emotions, self harm and unhelpful behaviours through the use of dialectical behaviour therapy (DBT). Working together to produce a Wellness Recovery Action Plan (WRAP) which highlighted what she wanted from life, a relapse prevention plan, a plan for crisis and an advance directive should she require admission to hospital.
- Putting her in touch with 'Growing Better Lives' a local horticultural and animal care project wanting to work in partnership with statutory services. This gave her a more secure sense of attachment to a place she could regularly go to with people who were sympathetic to her 'story'.
- It became apparent that she needed to do more in-depth therapy work, about her long history of trauma and abuse, to truly recover from it. She joined and successfully completed the intensive treatment programme facilitated by a clinical psychologist whilst keeping involved with her friends from 'Growing Better Lives' throughout.
- A crèche facility was supported by local authority personalised budget funding when Ms T was at the project, when she had appointments or when she felt or predicted a period of stress.

After the therapy, the work looking after animals gave her a real sense of fulfilment. Her confidence increased, she enrolled on an animal husbandry courses and intended to pursue a career on a farm.

Ex-service man Mr A has spent the last 3 months in hospital following a failed attempt to kill himself through drowning. He remains adamant that he will kill himself. He does not participate in ward activity and refuses medication on a regular basis. He suffers from emotions associated with his experiences of being in the Army; however, he does not suffer from PTSD. When he is at home he avoids social contact. He describes people as irritating him and he is worried about losing his temper. He self-medicates with his use of alcohol.

Mr A was helped by the **new proposed service** that provided him with the following opportunities:

- Supported by the Trust positive risk panel a care plan with the new service design was formulated.

- Along with a care co-ordinator a support, time recovery worker (STR) engaged with Mr A and discussed his interests and hobbies. Mr A is a fisherman and football supporter. The STR worker had enjoyed a similar rapport and wasn't long before Mr A had joined the Slough All Stars football and cricket teams.
- Mr A was put in touch with Mr B who also uses our services but had volunteered to help other people with emotional problems. Mr B had previously been in the forces as well. They both acknowledged with one another that it took another serviceman to understand their experiences.
- 6 months later he asked his care co-ordinator if he could see a therapist as he wanted help to understand why he was experiencing problems and to explore how he could move on.

Appendix 2.

Illustrations of proposed transport support

1. Mrs B (aged 75) lives in Langley with her son, who is a long standing user of mental health services and has had several previous admissions to hospital. He is admitted to hospital as part of a planned admission. Mrs B does not drive and but wishes to visit him whilst he is there.

2. Mr C (aged 83) lives in Maidenhead and has been admitted to hospital for further investigations as he becoming increasingly confused. Mrs C is understandably worried and wants to visit daily. The admission has happened late on a Friday evening. Usually her daughter (who lives nearby and drives) visits her parents at weekends but this weekend she is away.

The proposed transport solution:

Mrs B is already registered with the Community Transport Scheme. She calls the booking centre on Thursday and arranges to be picked up to visit her son on Saturday and then every other day. She wants to be there for the afternoon.

The booking centre confirms that the mini bus will pick her up between 12.30 and 1 o'clock. She agrees with the centre that she wants to be home about 7.30 p.m. and so arranges for transport back home between 6 and 6.30 from the hospital.

Mr C has not been admitted before. When the CPN who arranged the admission visited he explained to Mrs C about the community transport scheme and gave her a contact card with the out of hours number so that she could arrange to be picked up the next day. (She has also been given all the ward contact details so she is able to keep in contact with the ward and her husband in the meantime.)

Mrs C calls the out of hour's service, who on checking the schedule, confirm that there is a mini bus already making that journey the next day. The contact centre confirm with Mrs C that she will be picked up between 1 and 1.30 p.m. They also ask her whether she wants to arrange transport for Sunday and Monday as it is the weekend and this is done.

The mini bus that is scheduled to pick up Mrs B then calls to pick up Mrs C on the way to PPH.

3. Ms H from Slough is a mother with 2 children of school age. She lives with her partner. The family are on a low income and receive benefits. Her partner Mr J drives but the additional cost of petrol would make the journey unsustainable.

The proposed transport solution:

The family receives income support and housing benefit therefore Mrs H's partner is eligible to take advantage of the community transport scheme. However, because there needs to be a certain amount of flexibility in the dial a ride service times he could not guarantee being back in time to care for the 2 children.

The CPN provides the information leaflet on the Community Transport Scheme which also has details for the Reimbursement Scheme for which he is eligible if the Community Transport Scheme is not an option. Mr J is then able to claim a mileage allowance for the additional mileage.

4. Mr K lives in Slough and generally works full time. His long term partner works in London. Both people drive. Mr K requires a short admission. The family are not in receipt of any benefits.

In this vignette neither Mr K nor his partner would be eligible for the community transport scheme. Although, through their relationship with Mr K's Care Coordinator, any specific concerns or issues could be discussed, with the aim of supporting communication and contact during Mr K's admission.

Appendix 4.

Mental Health Inpatient Services: Commissioning Statement. October 2011.

Criteria for Decision Making on Proposed Service Changes

1. Clinical Evidence Base

This should be clearly demonstrated, and be supported by the majority of clinicians involved.

Service change proposals should represent provision of safe, effective services, where the physical environment promotes good outcomes for patients.

Proposals for change should effectively balance an understanding of current need with demographic change and analysis of the impact of continued development of community based services.

Proposals for change should enable the care pathway to be enhanced, fostering close and collaborative working between inpatient and community services.

Proposals should facilitate compliance with statutory requirements of the Mental Health Act (including arrangements for APOS and Intensive Care provision)

National guidance should be used to inform local proposals, which should describe the extent to which specified standards and criteria will be met.

Proposals should support the achievement of performance and quality targets.

2. Support of Clinical Commissioners

Developments should be supported by the majority of the 7 Clinical Commissioning Groups in Berkshire, including their non-GP Members, at the relevant level of federation.

3. Promotion of choice for patients and improved patient experience.

Services should be locally accessible wherever possible and centralised where necessary.

Choice of provider for mental health inpatient care is not at present a NHS policy aim due to the benefits of integration with social care and the operation of the Mental Health Act. However, proposals for service change should outline the interaction between the proposed service environment and treatment and care provided.

Proposals should also demonstrate how service user and carer experience will be enhanced, as well as mitigation of any adverse impacts. This should include understanding diversity and mitigation of inequalities.

4. Engagement of public, patients and local authorities

Proposals for major change should include required engagement and consultation, the findings of which should inform their development and plans for implementation.

For major service change proposals, review by appropriately qualified external advisors should be undertaken, and recommendations used to refine proposals as required.

5. Value for Money

Financial impacts of proposals should be clearly demonstrated in project documentation or an Outline Business Case as appropriate.

Financial analyses should take into account any differential impacts between Clinical Commissioning Groups and/or be agreed at the appropriate level of “federation” with the Director of Finance for NHS Berkshire, before Board approval.

Appendix 5

Clinical Evidence Base

A review of the clinical evidence relating to Mental Health Inpatient Services was undertaken by the Public Health team at NHS Berkshire. The key points identified are 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.

Also, a brief review of development plans currently in progress in other parts of the country was undertaken, to identify issues in common and potential learning points:

- 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.

In addition, a meeting was held with senior clinicians from BHFT (Consultants for both older adult and adults of working age services) and the three GP Mental Health Leads for Berkshire, along with senior managers of BHFT and PCT Commissioners. The BHFT Clinicians strongly supported 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 requirement for inpatient services is reducing, in line with other areas of the country (see above). Clinicians recognise the need for locally accessible services – but 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, and the total number of patients of all ages requiring inpatient treatment at any one time equates to approximately 20 from each of the East Berkshire Council areas).

BHFT clinicians confirmed their view that better outcomes would be achieved for patients if they were treated in an environment which enabled access to outside space, provided single bedrooms, enabled flexible and sustainable staffing and provided access to therapeutic activity throughout the week.

Finally, the Director of Joint Commissioning visited Ward 10 at Wexham Park Hospital on 2 occasions – once with a member of the PCT Contracting Team, and once with the Mental Health Lead GP for Slough and a Governor of BHFT. The aim of this was to both gain a better understanding of the physical environment, and speak to service users and staff about their views.

The key points from this discussion were:

- The quality and safety issues resulting from the physical environment, which present a significant challenge. This includes the requirement for staff escorts for patients when they wish to access outside space, the shared bedroom accommodation (both male and female areas include areas where up to 4 people share a room), the reduced number of staff able to respond to calls for urgent assistance as a result of the ward being an isolated unit and the difficulties presented as a result of the distance to the Intensive Care Ward at prospect Park Hospital when the most unwell patients require transfer.
- The ability of family and friends to be able to visit easily was acknowledged as important, as well as the need to provide a quality environment with good treatment outcomes.
- The staff highlighted the work that had been done to improve the environment, but stressed that the building presented a number of problems which could not be overcome by further work – e.g. lines of sight were poor, thus making observation of patients difficult, some patients reported feeling unsafe on the ward because of the shared rooms, temperature control was difficult and work to remove ligature points reduced natural light in certain areas.
- The staff confirmed that they believed that nursing patients in purpose built environments with single rooms and ensuite facilities was the required quality standard for patients.

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 8th December, 2011

CONTACT OFFICER: Jane Wood Strategic Director Community & Wellbeing

(For all enquiries) 01753 875750

WARDS(s) ALL

PART I
FOR COMMENT AND CONSIDERATION

REPORT OF THE SLOUGH SAFEGUARDING VULNERABLE ADULTS PARTNERSHIP BOARD (APRIL 2010 TO OCTOBER 2011)

1. Purpose of Report

To represent the annual report of the Slough Safeguarding Vulnerable Adults Partnership Board, that sets out the work of the Board between April 2010 and October 2011 and the context in which the Board is operating.

2. Recommendations

The Panel is requested to:

a) Note the content of the report of the Slough Safeguarding Vulnerable Adults Partnership Board

b) Comment on the developments made by the Board during the period set out in the report, and the four year priority plan contained in the Board report.

c) Note that the legal framework for regulated social care changes on 1st October 2010 with the implementation of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009

3. Key Priorities

This multiagency strategic partnership contributes to the following Council and partner agency key priorities as defined in the Sustainable Community Strategy:

a) Community Cohesion – celebrating diversity, enabling inclusion

The role of the Slough Safeguarding Adults Partnership Board is to take strategic leadership of the safeguarding agenda. It is to increase

awareness, understanding, reporting of and protection from abuse and neglect of vulnerable adults, who due to age, disability, frailty and long term illness are amongst the most isolated, excluded and vulnerable people living within our communities.

b) Community Safety – being safe, feeling safe.

Safeguarding adults is about protecting people from significant harm and who are unable to protect themselves. The desired outcome is that people *feel safe* and *are safe*. The work of the Board will contribute to and are included in the wider safer communities, crime and disorder agenda and endorsed by the LSP.

c) Health and Wellbeing – adding years to live and live to years.

The key component of the Slough Safeguarding Adults Partnership Board is for all agencies and organisations, statutory, independent sector and third sector to work collaboratively and collectively with local people to tackle abuse and neglect. The experience of abuse or neglect has a significant impact on a person's health and wellbeing. The misuse of power by one person over another by its very nature will impact upon a person's physical and emotional health and independence. Neglect can prevent a person who is dependent on others for their basic needs exercising choice, control over fundamental aspects of their lives, causing humiliation and loss of dignity.

4. Other Implications

a) Financial

The Board works collaboratively to maximise the use of resources available to each partner member and will pool resources to improve awareness of safeguarding, joint working practices, and outcomes for local vulnerable people.

b) Human Rights Act (HRA) and other Legal Implications

'Abuse is a violation of an individual's human and civil rights by any other person or persons'', No Secrets (DH 2000).

The working principle of the Board is that:

''Peoples' human and civil rights should be protected, and they have a right to be able to live their lives without fear of abuse or intimidation, in an environment where individuality, independence, privacy and personal dignity are respected''.

c) Workforce

It is the responsibility of all agencies and organisations, statutory or otherwise, to ensure that their respective workforce is appropriately trained and deployed to identify and respond to the risk of abuse and neglect, and that each organisation's operational and human resource

policies and procedures promote and protect the public through safe recruitment and working practices.

The work of the Slough Board includes workforce development and the improvements required to ensure safe practices and increase workforce awareness, understanding and competency.

5. Supporting Information

Background

5.1 The Department of Health document 'No Secrets', was the first document to provide guidance to Councils with social service responsibility, Health, the Police and partner organisations on protecting vulnerable adults. Identifying social services departments as holding the 'lead' co-ordinating responsibility for adult protection services, the guidance advised Councils to establish local multi-agency Adult Protection Committees (now called Safeguarding Boards) and to develop and implement multi-agency policies and procedures to protect vulnerable adults from abuse.

5.2 The Councils of Berkshire established two multiagency committees, one for social services departments and statutory partners responsible for delivering health and social care services to residents living in the East of Berkshire, and one for those living in the West. However, in April 2009 Slough Council established The Slough Safeguarding Vulnerable Adults Partnership Board, with the aim of strengthening priority setting and improvement planning to meet the specific needs of Slough residents and to strengthen local accountability.

5.3 The Board is now in its third year and has focussed on:

- Effective strategic leadership, necessary to deliver required safeguarding standards and performance improvements at a local level.
- Strengthening multi-agency planning and joint working to better respond to abuse and neglect.
- Shared strategic priorities that promote the health and wellbeing of vulnerable residents, and support the local crime reduction and community safety agenda.
- Connectivity and accountability to the LSP via the Health & Wellbeing Partnership Delivery Group and through representation on the Safer Slough Partnership.

5.4 'No Secrets' sets out the requirement for local Safeguarding Boards to publish an annual report, to be endorsed through each statutory agency's governance committee. In addition the constitution of the Slough Board states that the Board will report to Health Scrutiny Panel annually to discuss safeguarding issues.

5.5 The report of the Slough Safeguarding Vulnerable Adults Partnership Board being presented to Health Scrutiny Panel, summarises the work

undertaken by the Board during the period April 2010 to October 2011 and includes:

- Background of the Board arrangements.
- The strategic priorities of the Board over a four year period
- Progress against these priorities
- Case examples of good practice
- The statistical profile of safeguarding reports to Adult Social Care services.

6. Appendix

'Slough Safeguarding Adults Partnership Board: Public Report April 2010 to September 2011'

7. Background Documents

- No Secrets (March 2000) Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse' (March 2000)
  http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

- No Secrets Review Consultation, 2008
  www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_089375

- The Law Commission Report: Adult Social Care, May 2011
  www.justice.gov.uk/lawcommission/docs/lc326_adult_social_care.pdf

- Earlier reports of the Slough Safeguarding Vulnerable Adults Partnership Board: Interim Report September 2009, and, the Annual Report April 2009 to March 2010
  www.slough.gov.uk/services/20542.aspx

Slough Borough Council www.slough.gov.uk

Taking pride in our communities and town

SLOUGH SAFEGUARDING ADULTS PARTNERSHIP BOARD

PUBLIC REPORT

APRIL 2010 to September 2011

Final

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1. INTRODUCTION

Councillor James Walsh, Commissioner for Health & Wellbeing

At a time of increasing pressure on resources, it is more important than ever that Slough Borough Council works closely and effectively with its partners to make sure that vulnerable adults do not fall through the net when it comes to their protection.

Ensuring that the most vulnerable members of our community are looked after is one of the hallmarks of a civilised society, and that's why I am proud to be part of the Slough Safeguarding Partnership Board and proud of the work it has done during the past two years.

I am pleased to introduce the Board's third public report, which details the work it has undertaken with partner agencies in 2010 and 2011 to make sure that vulnerable people continue to be safeguarded from harm. This includes, for example, working with Thames Valley Police and Social Services to address issues surrounding chaotic lifestyles and problem neighbours.

Abuse of a person is wrong, and abuse of a person who is unable to protect themselves due to a disability, illness or frailty is utterly repugnant. It can manifest in many ways and can involve physical, mental and sexual harm, as well as more through more subtle means like the exploitation of someone's pension and finances and acts of cruelty behind closed doors.

As lead member for Health and Wellbeing, part of my role is to make sure that Slough Borough Council continues to do all it can to prevent such abuse and to address concerns and issues as soon as they are raised. That is why the Council has taken a strong lead to ensure that safeguarding is delivered effectively across the borough.

This Report summarises the measures taken during the Board's second year and identifies the means by which multi-agency working is developing and benefiting vulnerable adults across Slough. As a result of its work in raising awareness of abuse,

more vulnerable people are being identified and more measures are being put in place to address concerns. These include:

- Increasing in the number of staff in local services trained to identify and report safeguarding concerns
- Improving working arrangements between safeguarding services and community safety teams
- Strengthening responses to poor care practices

One final note, I think that one of the Board's key strengths lies in its independent standing; it is not an agency "run" by the Council or any of the other partner agencies and, under Nick Georgiou's firm leadership, it has the power to scrutinise and question all organisations to make sure that vulnerable adults continue to get the best possible safeguarding across the borough.

Abuse is a problem that affects everyone – whether you are the victim, a family member or someone who has to pick up the pieces afterwards – and it is only through working together in an effective way that the Council and its partner agencies can help safeguard those who need it most in our community.

REMEMBER ADULT ABUSE IS WRONG.

If you have a concern that someone is being abused call:

01753 475111 day time weekdays, or

01344 786543 evenings and weekends (Emergency Duty Team)

If you wish to report anti social behaviour in your neighbourhood contact the Anti Social Behaviour Hotline on 01753 875047

Or visit our website *http:www.slough.gov.uk/services/17702.aspx*

2. KEY MESSAGES

Nick Georgiou, Independent Chair Slough Safeguarding Vulnerable Adults Partnership Board

This annual report shows a wide range of work carried out by the partners on the Partnership Board. It demonstrates a range of effective joint work both at the strategic level, and most importantly, in the way the agencies work together to help individual people vulnerable to abuse.

There is well documented evidence that people can become more subject to risk at times of organisational change and transition. I am pleased that through these times Board members and partner organisations have maintained there commitment and enthusiasm for working together in a context of organisational change and diminishing resources. What the case examples in this report illustrate is that the pressures and specific problems faced by many vulnerable people can rarely be addressed by any one agency alone, in Slough they have been tackled well by the agencies working effectively together.

It is very satisfying that we can illustrate good practice in this annual report. However, there is more to do and a major job for the Board is to maintain its high standards and expectations in challenging times. We can anticipate that as the pressures in our society increase there will be an increasing demand for effective safeguarding procedures and practice. It is essential that the Board works well together in both its strategic planning to address this rising demand, and also that we maintain our constructive challenge to ensure that we add value to the work of individual agencies in delivering good quality practice together.

I want to thank my Board members for there impressive work and application and leadership in their agencies over this period. But I also want to thank especially all those staff from across the agencies who day to day deal with the pressures and go about their business providing safer and more supportive universal and specific safeguarding services to Slough's rich and diverse community.

3. EXECUTIVE SUMMARY

Jane Wood, Strategic Director Community & Wellbeing

This public report sets out the work of the Slough Safeguarding Vulnerable Adults Partnership Board from April 2010 to September 2011. This is the third report of the Board, and the work since April 2010 has been no less important than in the previous year. Working together is paramount to:

- Increasing public awareness of abuse and information about how to report a concern is essential to safeguarding;
- Improving standards of care, and ensuring local services recognise poor quality and respond robustly;
- Protecting our most vulnerable residents from hate crime and anti social behaviour where this threatens the person's safety and wellbeing;
- Providing informative and accessible information to residents about local services, and what makes for a good quality service.

Tackling these issues requires that agencies and support services share the same objectives, work in a coordinated way, and operate to agreed standards and arrangements. And there is no time more important for effective working across agencies than now. With increasing concerns about public sector funding, and significant changes proposed across the NHS, it is crucial that all services keep safeguarding as a top priority, share resources and work together to maximise benefits for the most vulnerable residents of Slough.

This public report of the Slough Safeguarding Vulnerable Adults Partnership Board sets out the four years priorities of the Board, April 2010-2013/14, and summarises the improvements made during 2010 and 2011 to contribute to the achievement of the longer term objectives and the benefit these improvements are beginning to have for local people.

4. SETTING THE SCENE

Deborah Stuart-Angus, Service Manager, Adult Safeguarding & Governance, Slough Borough Council

4.1 Safeguarding is everybody's business

Safeguarding is about reducing harm experienced by a vulnerable person by the abusive actions of others. It is about upholding a person's fundamental right to be safe, and promote their needs for safety and security - whilst simultaneously respecting the rights of the vulnerable person to be in control of their lives and be empowered to make their own choices.

Safeguarding is about taking action to:

- raise awareness that abuse of vulnerable people is wrong
- support communities to look out for the most vulnerable people in their communities
- enable public, professionals and volunteers to know what to do if they suspect a person is being harmed or abused
- ensure that community safety, domiciliary, nursing, respite and day care services work to identify and support adults who may be at risk from harm, ensuring they are included in decision making
- protect the most vulnerable and support people to be empowered to protect themselves, to make informed decisions about what they want to happen if they (or are likely to) experience harm, physical, emotional, institutional, financial or sexual abuse, neglect or exploitation

Residents of Slough, volunteers, and people working in local shops and services can all play a vital role in safeguarding people who are vulnerable. Looking out for a neighbour's welfare; responding to information that suggests a vulnerable person is being harmed or at risk of harm, and reporting such concerns, helps to support and protect the most vulnerable residents in our communities.

4.2 Policy and legal context

The report, 'No Secrets (2000)', set out guidance to local authorities and other statutory agencies relating to the protection of vulnerable adults. This was landmark guidance. Key recommendations included the setting up of Adult Protection Committees, now called Safeguarding Boards, to oversee the strategic planning and management of the protection of vulnerable adults, and that these committees or Boards should produce an annual report:

> *"Lead officers from each agency should submit annual progress reports to their agency's executive management body or group to ensure that adult protection policy requirements are part of the organisation's overall approach to service provision and service development". (DH 2000, Section 3.13)*

Slough Borough Council has the lead responsibility for co-ordinating multi-agency procedures that address allegations or suspicions of the abuse of vulnerable adults, as well as leading the Safeguarding Board arrangements. Work with local agencies ensures that effective processes and appropriate support is offered to an individual should they be the subjected to abuse or at risk of it.

In 2008 The Department of Health undertook a consultation on the review of 'No Secrets', with the aim of strengthening safeguarding awareness and practice. The review identified the need for more powers and duties for Councils and statutory agencies and that new legislation was required to better establish safeguarding. There were over 12,000 consultation responses including those from partners on the Slough Safeguarding Vulnerable Adults Partnership Board.

The Law Commission published a set of proposals relating to all aspects of Adult Social Care law, including safeguarding. The proposals have been received positively by the coalition government, are being refined and will likely inform statute by 2013. If implemented local authorities and their partners will take on new safeguarding duties and powers.

5. ABOUT THE BOARD

Strategic Leadership and Governance

The Slough Safeguarding Adults Partnership Board has a wide membership, consisting of senior members of the Council, local Health Services, Thames Valley Police, LINKs, The Fire & Rescue Service, Ambulance Service, and local voluntary sector organisations. Established in April 2009, the Board has the full support of the Leader of the Council, Commissioner for Community and Wellbeing, Cabinet Members and the Chief Executive. It identifies ways in which local safeguarding arrangements can continue to be strengthened, and the Independent Chair, Nick Georgiou, holds a strong ethic of services working together.

The Board has four main functions:

- To set and own the strategic direction for multi-agency developments, improvements in practice and local safeguarding arrangements
- To ensure common policies of safeguarding exist between agencies and that these are being consistently applied.
- To share and disseminate information on national, regional and local developments and to share learning from Serious Case Reviews and national enquiries.
- To work together to:
    - Deliver shared objectives
    - Agree standards and safeguarding arrangements
    - Tackle poor standards of care
    - Protect Slough's residents from harm and anti-social behaviour which threatens safety, independence and wellbeing.

The Board directly reports to the Safer Slough Partnership and The Health and Well Being Delivery Group, which in turn report to Slough Forward - the Local Strategic Partnership (LSP) for Slough. The LSP is a non-statutory body which brings together local public, private, community and voluntary sector organisations. The LSP works with the local community to identify and tackle key priority such as reducing crime and the fear of crime, increasing opportunities for local people to develop skills necessary to compete in the workplace, improving health and wellbeing, and housing.

Slough Forward works by:

- engaging the local community and others in deciding priorities
- consulting with community and partners to prepare and publishing a sustainable community strategy and local area agreement
- co-ordinating services and plans around agreed objectives
- developing new ways of partnership working to deliver services and maximise outcomes for local people.

The Slough Safeguarding Board also reports at least annually to the Health Scrutiny Panel. The Panel is made up of ward councillors of the council, nominated by the political parties, who provide political scrutiny and public accountability for the work of the Board. Under the Terms of Reference of the Board each agency and organisation representative is also accountable for the work programme of the Board, acting on behalf of a service area or the organisation they represent. The constituent organisations are responsible for monitoring and endorsing their organisation work through their relevant organisational executive board or committee.

The Slough Safeguarding Board has developed links with other important partnership boards and operational groups, which support the development and championing of improvements in safeguarding practice in other key areas of community activity, for example the Anti-Social Behaviour Repeat Victims Group. Alongside these local arrangements the Board continues to work jointly with its counterparts in Windsor and Maidenhead and Bracknell Forest local authority areas to establish a network across East Berkshire on shared areas of concern, such as care service quality and the Berkshire Safeguarding Procedures. This helps to ensure consistency of approach for larger organisations that operate across local authority boundaries for example, Heatherwood and Wexham Park NHS Foundation Trust, Berkshire NHS Foundation Trust and Thames Valley Police.

The Appendices on pages 53-57, contain the Board Terms of Reference, Confidentiality Statement, Strategic Principles, Practice Standards and Board membership.

6. PRIORITIES 2010 – 2013

In September 2009, the Slough Board published the first report of the Board reflecting the work undertaken to deliver improved safeguarding outcomes during the first six months of the Board's development. This was shortly followed by the second public report of the Board, which reported on the first full year, and summarised the improvements made to local safeguards, including increasing public awareness, extending training to staff working in local services and improving the joint working between agencies to respond to safeguarding concerns.

The Board's objective has been to ensure that going forward its work continues to build on these improvements. The Board identified seven priority themes, and a number of accompanying actions, as the focus for improvements over a four year period, 2010-2013. We recognise that these priorities are challenging and we have therefore put achieving these priorities into a four year time frame from April 2010 going forward to the end of the year 2013/14. We recognise that during this period of time there may well be other responsibilities that we need to respond to and the achievement of these priorities and specific objectives will be monitored and reviewed on an annual basis.

Partner organisations on the Board are working with other local authorities, jointly with local Slough partners and within their respective organisations, to ensure developments achieve these shared objectives in the mid to longer term. The priority themes are:

- Awareness and community engagement
- Prevention
- Risk and choice and control
- Safe delivery of care services
- Partnership working
- Workforce development
- Improved processes and delivery of the Board's work

Improving awareness and community engagement Objective: To continue to improve awareness of the types of abuse and risks of harm presented to our most vulnerable residents. We will achieve this by:
Improving awareness of the Board's role.
Developing targeted and general public awareness campaigns to achieve engagement across all communities.
Working specifically with Slough's diverse communities to raise the profile of safeguarding and how communities can seek support, advice and assurance on issues of concern.
Continuing with information and publicity campaigns to ensure that all citizens of Slough are provided with accessible information which empowers them to keep safe and raise concerns if they need to.
Working with health colleagues & GPs to improve awareness, identifying early signs of safeguarding or abuse.
Developing service user engagement to better inform safeguarding developments and responses through experts by experience.
Prevention Objective: To identify early signs of risks to individuals who may be affected by crime, anti social behaviour or chaotic lifestyles, and preventing escalation of the risks. We will achieve this by: :
Developing a common definition and understanding of safeguarding and its relationship to community safety.
Launching public information available in a range of formats and languages about support services for vulnerable people who are victims of the anti-social behaviour.
Developing a safeguarding prevention strategy common to all key partners.
Risk, choice and control Objective: To ensure there are safeguards in place to support, guide and advise residents who due to ill health, disability or frailty require care and support and wish to exercise choice and control over the type and delivery of their care We will achieve this by:
Raising awareness of safeguarding and choice with vulnerable people who are self funders or who have statutory funded support delivered through a personal budget.
Working across agencies and through the safeguarding partnership to develop a

comprehensive approach to safeguarding and personalisation, embracing positive risk-taking that balances risk and personal choice.
Safe delivery of care and support services Objective: To expand the measures in place to promote quality care services and address concerns about care standards. We will achieve this by:
Developing common safeguarding standards for contract documentation across health and social care services
Agreeing joint triggers for intervention and escalation of poor performing care providers
Working with domiciliary care providers to ensure providers have robust systems in place to respond to safeguarding alerts.
Hosting an annual Safeguarding Conference to engage providers of services, users of services, people directing their own support and other relevant stakeholders in the safeguarding agenda
Partnership working Objective: To maximise outcomes for local people through collaborative and coordinated working We will achieve this by:
Building on existing partnership arrangements to develop strong links with organisations Berkshire wide and at a local level that promote the safeguarding agenda.
Developing processes to avoid duplication of effort across East Berkshire and to facilitate joint working with neighbouring Boards and partners who relate to local authority areas wider than Slough. We will do this through joint working groups - for example, processes for the collection and sharing of safeguarding information, and joint training in regard to safeguarding awareness and procedures across partner organisations.
Working with other Boards in Berkshire to review and update the Berkshire Safeguarding procedures to ensure they are fit for purpose.
Supporting and empowering organisations to develop robust safeguarding arrangements and develop lead safeguarding roles.
Workforce development Objective: To ensure the health and social care workforce, across the statutory, private and not for profit sector, has the knowledge and skills to identify risks of harm and respond appropriately to reduce the risk. We will achieve this by:
Reviewing the current Workforce Development Strategy to ensure that it is applicable to

all agencies, professionals and practitioners that support or work with vulnerable adults who may be at risk from harm.
Reviewing training across all partners to measure its impact in the delivery of improved outcomes and safe support to vulnerable people.
Better engagement of private, not for profit and voluntary sector services in awareness training programmes, its development and validation.
Identifying the developments required to improve opportunities for joint training between agencies, better engagement of care organisations in training and specially tailored training.
Developing and implementing a combined training package for Council Members, NHS Berkshire East Executive and Non Executive Directors and Constituent Board Members Committee Members to achieve an integrated training programme across all agencies.
Improving processes, actions and delivery of the Board's work Objective: To ensure the Board works effectively and captures lessons learned to the benefit of safeguarding outcomes. We will achieve this by:
Consolidating sub group structure to deliver on strategic themes and ensure cross agency engagement in the safeguarding agenda
Working to formulate and publish necessary processes that aid partnership working and deliver the Board's work (e.g. Serious Case Review, Serious Untoward Incidents)
Review the Berkshire multi-agency safeguarding procedures to ensure they remain fit for purpose

7. SUMMARY OF ACHIEVEMENTS DURING 2010 AND 2011

7.1 Improving Awareness and Community Engagement

Abuse and intimidation of a person who is vulnerable can take many different forms, from antisocial behaviour, to theft of property, to hate crime, to poor care standards. Knowing where to get advice and the support to report incidents of abuse and harm is important to stopping abuse and protecting people who are experiencing abuse.

Throughout 2010 and 2011 increasing residents' awareness of abuse and how to report it has continued to be a top priority of the Board. The following case example illustrates the importance reporting a concern can bring to safeguarding a vulnerable person.

Case Example

The safeguarding team at Slough Borough Council received a telephone call from a concerned neighbour of Mrs J, a 76year old with complex needs and a history of obsessive behaviours. The neighbour reported that Mrs J could be heard screaming from her house when carers visited. The safeguarding team immediately contacted the Care Agency to discuss the alert. Mrs J and her husband were visited at their home to discuss the concerns and arrangements were made for a different carer to attend to Mrs J; one with whom Mrs J. was familiar and had confidence in.

The neighbour, who had reported the concern, was pleased with the outcome. He said he was "really pleased that Ms J will now be free from distress". Mrs J's husband stated that "the new carer was very good and that he is happy that 'things went in the right direction'". He added: "The present carer lives nearby and is always on time". As a result of the neighbours call to the council immediate action was taken to protect Mrs J.

Achievements during 2010 and 2011

The Board has worked on three important awareness raising and reporting initiatives, the details and outcomes of which are set out below. In addition to these:

- Community health services have undertaken extensive work to raise awareness and increase reporting. This has included implementing easy view working guide on the identification and reporting of signs of abuse for use by district nurses and GPs.
- Adult Social Care has commenced the scoping of the needs of some of our diverse communities with a view to commissioning a special service in 2012.
- Training sessions for local Councillors have been held during the year to increase understanding of abuse and the work of the Board.

a. Don't Suffer in Silence: Improving awareness and public information

The ***"Don't suffer in silence"*** card was published and distributed across public and voluntary services in the borough, to encourage adults, who are living with an illness or disability or who are elderly, to seek help and support were they experiencing abuse, harm or intimidation by the actions of others.

The pocket/wallet sized card provides the contact details of both statutory and third sector services across the Borough to whom vulnerable people can turn. The card is one of a number of public awareness and information initiatives of the Safer Slough Partnership and Slough Safeguarding Adult Board designed to increase public awareness of abuse and the reporting of abuse and related incidents. Other important initiatives of the Council and Thames Valley Police are:

- *Safeguarding adults from abuse is everyone's business.* Slough guide to reporting concerns about abuse of vulnerable adults
- *Help Us Sort It. If You See It Report it!* Slough guide to reporting crime and anti social behaviour
- *A quick guide to anti social behaviour.* Includes anti social behaviour hotline number

b. Stop It Now! Tackling hate crime against People with Learning Disabilities.

The '**Stop it now**!' campaign was established to increase awareness of hate crime experienced by people with learning disabilities. Coordinated by Slough Learning Disability Partnership Board in partnership with Thames Valley Police and Slough Borough Council, the focus of the campaign has been with youth projects and schools, to:

- Raise awareness about hate crime and its impact on people with disability, particularly amongst young people.
- Promote zero tolerance to bullying and hate crime, and
- Make available accessible information to support people with learning disabilities experiencing such crimes to seek support.

A poster campaign, DVD about hate crime, produced with local people with learning disabilities, and a series of awareness workshops in schools, colleges and other community settings.

- In April 2010 we reported that over 870 young people in schools across Slough had taken part in this programme.
- By March 2011 this had increased to over 1,000 Slough young people.

If you are concerned some one with a learning disability is experiencing bullying, verbal discrimination or hate crime, report it today.
Contact **Berkshire East Community Cohesion Unit** on **0845 8505 505**

The ''**Stop It Now Learning Disabilities Third Party Reporting**'', builds on the earlier Stop It Now campaign through third party reporting centres. Developed by Thames Valley Police Community and Diversity Officers, in partnership with local people with a learning disability, this scheme recognises that whilst many people with learning disabilities may experience bullying, verbal assault and hate crime, this often goes unreported to the police because the victims of the crime may find it hard talking to some one they do not know, or to someone who is not familiar with their way of communicating. Drawing on the positive relationship many people with learning disabilities have with their support workers and support network, such as volunteers, this scheme provides the opportunity

for a third party to report the crime on the persons behalf. Nine care and support organisations across the borough who work with people with learning disabilities have signed up as ‘’virtual’’ reporting centres.

The scheme:

- Encourages people to ‘’tell their story’’ through the person with whom they already have a positive relationship, a third party, who in turn can report the incident or crime on their behalf.
- Reports are then coordinated by the Community Cohesion Unit at Slough Police station whose role includes ensuring the victim receives appropriate support
- The police can respond by focusing policing on particular areas or issues where concerns have been raised.

Case Example

A number or residents with learning disabilities were experiencing bullying and verbal discrimination when standing at a bus stop, used by young people attending a local secondary school.

The residents, who had been given information about the Stop It Now Third Party Reporting Scheme, informed someone they knew and trusted, who then on the residents' behalf, reported the incidents through the scheme.

The police response was to meet with the residents and their "third party" support to find out more about the incidents and to provide advice about being safe. From these reports the police were able to coordinate an operation to tackle the hate crime. This included monitoring the behaviour of the school pupils in the vicinity of the bus stop.

With this evidence the police were able to take more formal action.

The police also worked with the Head and teachers of the school to increase awareness of the impact of hate crime and promote zero tolerance to such behaviours. Footage from the monitoring operation was used with the young people as part of this programme. There have been no further reports of incidents of this nature by these residents.

7.2 Prevention

People with long term ill health, frailty and disability can experience a variety of difficult and challenges situations, and in some circumstances this may increase their sense of feeling safe or present increased risk to their safety and well being.

There are particular challenges and risks presented for people who do not engage in housing support, community safety, health and social care services despite meeting eligibility for those services, or who have 'chaotic lifestyles'. Older people, people with mental illness or learning disability can also be particularly affected by anti social behaviour or hate crime, or the fear of such behaviour and crime.

The Board holds an important role in supporting the work of the Safer Slough Partnership, with a particular focus on vulnerable residents. Much of this work is about early identification of risks and **prevention**. That is identifying early signs of risks, reducing these by services deploying resources to meet the needs of the individual, and preventing escalation of the risks and the need to deploy the safeguarding procedures.

Achievements during 2010 and 2011:

During the past eighteen months much has been done to develop a common understanding and new ways of working to more effectively identify people who are vulnerable and at risk in our communities. Improvements in public awareness and information about anti social behaviour crime and hate crime, its affects on vulnerable residents and where people can go for support and assistance, has been covered in the section 7.1 above. Here we summarise developments in the way agencies work together and find solutions that help people feel safer within their communities.

a. Early identification of risks: improving assessment of vulnerability

In 2009/10 Thames Valley Police implemented a new assessment matrix designed to improve the early identification, by front line police officers, of factors that may increase the level of risk presented to individuals affected by crime or the fear of crime because of their level of vulnerability. Included within the assessment matrix are a range of vulnerabilities that may increase the risk presented to individuals by crime.

During 2010 and 2011

- ❖ 85% of all Slough's front line police officers received training in use of the matrix and in recognition of different types of vulnerability people may experience.
- ❖ In the same period we saw an increase in the number of reports where front line police officers had assessed and ''flagged' vulnerability using the matrix.
- ❖ Between October 2009 and October 2010 the number of incidents flagged was 324. Between October 2010 and May 2011 the number was 478, an increase by over 32%.

b. Early identification of risks: improving interagency response to anti social behaviour

In the last report of the Safeguarding Board we reported on the developments to improve multi-agency working between council officers, the police and housing landlords through the new multi-agency task group for victims and repeat victims of anti social behaviour.

The task group was set up to develop better joint working between agencies with a particular focus on improving early identification of concerns and responses to people who are vulnerable and experiencing repeated incidents of anti-social behaviour (ASB). In addition case meetings were established to coordinate support to residents affected by repeated ASB some of whom are also vulnerable people. The task group and case meetings are attended by the Vulnerable Adults Safeguarding Manager.
Since April 2010 risks presented to over 70 victims of ASB were monitored and supported by agencies as a direct result of improved joint working, and the risks reduced. The following case example illustrates the outcomes achieved for the victim.

Case Example

Mrs A, an elderly Housing Service tenant, who was partially sighted and living alone. Mrs A was suffering Anti-social Behaviour from a neighbour, who would often congregate with a group outside Mrs A's property late at night (and on occasion trespassing into her rear garden) causing noise and criminal damage. There were no threats made by the group, but as she lived alone, the group's presence left Mrs A feeling intimidated and

vulnerable.

By working together the ASB services, Housing services and the Family Intervention service were able to address the situation.

The ASB Victims Champion at Slough Borough Council supported Mrs A for a 6 month period. This included providing regular visits and contacts with Mrs A, monitoring the situation and providing updates to other services involved.

Housing Services dealt with the breach of tenancy issues of the perpetrator, who was also causing problems for another neighbour. Housing Service commenced possession proceedings against the perpetrator.

The perpetrator and family were referred to Family Intervention Project (FIP), and subsequently offered a FIP tenancy at an alternative address. The perpetrator and family moved from the vicinity, received support in their own right. Mrs A was safeguarded from the harmful effects of the ASB.

c. Supporting victims of anti social behaviour: Slough Victims Champion

In April 2010, the Council appointed its first Victim Support Champion. This new role was established in response to the lessons learned from a tragic incident in Leicester, in which a mother and her daughter who suffered repeated incidents of anti social behaviour died.

Between April 2010 and September 2011 The Victims Champion provided support to over 80 repeat victims of ASB:

- By October 2010 45 victims had received support from the champion and other services
- This increased to 59 by the end of December 2010
- And up again to 83 by August 2011.
- 7 of these 'victims' were particularly vulnerable due to age, frailty, illness or disability

The support provided by the Victims Champion includes support by phone and through personal visits with the level and length of contact being dependant on the person's vulnerability and the level of support being provided by other agencies. Referrals

include those from partner agencies/departments that may come into contact with ASB victims, such as Thames Valley Police, Housing providers and various services across in Slough Borough Council including Adult Social Care services and community wardens.

- Encouraging victims to report repeated incidents of ASB
- Providing emotional and practical support (e.g. additional security measures to prevent further incidents).
- Keeping victims up to date as to progress of any enforcement action such as an Acceptable Behaviour Contract or Anti-Social Behaviour Order (ASBO).
- Liaising with care coordinators and signposting to specialist support (including third sector providers such as Age Concern)
- Onward referral to Police, Safeguarding Team, Mental Health, Drug and Alcohol Services and Adult/Children Social Care, and Witness Support Services.

"Often the cases involved vulnerable adults and children as either victims or perpetrators. In these cases I ensure I make appropriate contact with the vulnerable person as soon as possible and maintain contact with the social services to ensure they are fully aware of the ASC issues.

The frequency and level of contact I have with the vulnerable victims will depend upon their individual need and the level of support they receive from other agencies. My links with other services has meant that the situation is resolved quickly".

Slough Victim Support Champion

d. Being Safe: Developing a Safe Place Scheme

Safe Place Schemes are fairly recent initiatives developed to provide support to people who are feeling vulnerable when they are out in local communities. The idea was first initiated by the South Devon and Dartmouth Safety Partnership, and has been successfully launched in a number of other areas of the country since. The schemes have been seen as a positive means to tackle bullying and hate crime.

All the schemes work with the support and commitment of local businesses including leisure services, who are encouraged to 'sign up' to the scheme. These services display a Safe Place sticker in a visible place, usually in a window identifying them as a place

where a vulnerable person can, in the case of an emergency, receive immediate short-term help and contact can be made on their behalf to the police or a carer as required.

"The Safer Place Scheme makes me feel better when I am going out alone or at night. If this scheme was in every town, it would really benefit the country as a whole and make people feel better when going outside"

Resident benefiting from the Wokingham Safer Place Scheme

Concerned that residents of Slough benefit from such a scheme, the Slough Safeguarding Partnership Board is developing a Slough scheme. To date:

- Over 50 people with learning disabilities have been consulted on the scheme
- Further consultation sessions are planned with older residents and people with mental illness
- Peer advocacy and support is being provided by United Voices
- Trading Standards and Food and Safety officers from the council are playing an important role in the schemes development, and links are being made with the Local 'Pub Watch' scheme
- A pilot is being set up in Langley, and if the pilot project is successful it will be rolled out to other areas of Slough during 2012/2013.

Are you experiencing anti social behaviour or you are concerned that a neighbour or someone you know is? Report it today!

Contact the **Slough Anti Social Behaviour Hotline** on **01753 875047**

7.3 Risk, Choice and Control

In response to the national policy for the delivery of care services, Slough Adult Social Care services have introduced new ways of working to deliver more personalised approaches for people who are eligible for care and support services. The Slough 'Putting Me First' strategy sets out these policy changes and makes specific reference to the challenges of providing safeguards to vulnerable people who wish to take 'control' over their care arrangements:

> *"There will be new challenges to address as people choose their care from services which are not provided or commissioned by local authority and which are not subject to formal regulation. These will include ensuring that services are of high quality and meet appropriate service standards and that information on these issues is readily available to people when making decisions on purchasing their care."*
>
> *Slough 'Putting Me First' Strategy*

The actions supporting the strategy aim to:

- Assist and enable people to be actively involved in decisions about their care and make risk-managed choices
- Ensure that brokers and the brokerage service are fully trained and aware of all aspects of safeguarding and can advise service users accordingly
- Ensure advice and information is available to service users who directly recruit personal assistance and other support services, to include people who fund their own care.
- Share local knowledge about potential risks and appropriately engage with multi-agency safeguarding arrangements.

Achievements during 2010 and 2011

During the year a number of steps have been taken to safeguard people who use direct payments or arrange their own care and support through for example a personal budget or through 'self funding'. These include:

- New public information on Direct Payments. This now includes advise on the quality checks and balances a person should undertake when employing their own personal assistant or arranging their own care. For example, CRB checks.

- Annual programme of quality audit and monitoring of registered services, such as nursing homes and home care services.
- All staff working in the brokerage service, provided by the Local Authority, trained in safeguarding awareness and response.
- Safeguarding training is also made available to all local support providers. Take-up of training is reviewed and monitored. Safeguarding is a regular item on the agenda of the Slough Provider's Forum meeting where providers are informed of training opportunities and updated on changes and developments in policy and practice.
- Information about care standards and what to look for when choosing care services, designed for people who fund their own care and for their relatives, is being compiled.

Case Example 1

Mr S received direct payments to employ a personal assistant (PA). His family became concerned that the PA was charging for services which were not delivered, such as providing support Mr S to have trips out.

Social worker met with Mr S and the family to discuss the outcome they were looking to achieve. Subsequently the social worker met with the PA to discuss appropriate recording of the support agreed with Mr S and contained in his support plan including activities, and the importance of having a clear understanding with Mr S and his family regarding the role and duties of a PA.

Adult Social Care services also provided the PA with Safeguarding awareness training.

There is still more work to do in the coming year to develop a comprehensive approach to safeguarding, risk, choice and control. This work will remain a key priority going forward.

7.4 Safe Delivery of Care and Support Services

Safe delivery of care services, whether these are services provided by local statutory agencies, or by the private, not for profit and voluntary sector organisations, is central to the health and wellbeing of the people in receipt of that care.

In the past year there have been a number of cases across the country, in residential care, nursing home and hospital settings, that have received national press profile and intensive regulator and public scrutiny, following exposure about poor care standards and in some instances serious abuse or neglect of the vulnerable people in their 'care'.

Consistently evaluating the measures in place to promote good care standards, and improving arrangements to identify and address poor practice, is of paramount importance to keeping people safe and ensuring quality outcomes for our vulnerable residents. The Council, the Primary Health Care Trust, Heatherwood and Wexham Park NHS Hospital Trust, and Berkshire Healthcare Foundation Trust have all worked to extend and improve the measures to promote and assure quality across the local care economy.

Achievements during 2010 and 2011

a. Enhancing monitoring and governance arrangements

Providers of residential, nursing and home care services are required in law to comply with the minimum standards set down by national Care Standards Act and of the national regulator: the Care Quality Commission. The onus of responsibility is upon the care provider to self regulate and monitor the standards and practices of the service, and put in place improvements where standards fall short of compliance levels.

The role of Council and Primary Care Trust (PCT) is to oversee the quality of the services commissioned and funded through public funds, bring shortfalls to the attention of the provider and monitor improvements being made. The Council and PCT will actively intervene in instances where there is serious concern that shortfalls in required standards are impacting, or will impact, upon the safety of the individuals in their care. Interventions include, reporting concerns to the national regulator; putting in place an improvement team, often consisting specialist nursing and care staff to guide and assist

the provider to achieve required standards; ceasing new admissions until standards have improved; offering alternative services to service users, developing bespoke training for care staff, enhancing monitoring activity. These measures are implemented through the safeguarding adult multi-agency procedures.

Between April 2010-2011 there were 32 safeguarding concerns raised in relation to alleged abuse in residential and nursing home operating in Slough. This is in the context of there being 466 residential and nursing home places in the Borough. In response to the Castlebeck exposure both the Council and PCT have enhanced their monitoring of care homes for people with learning disability living outside of the Borough to provide additional oversight, assurance and early identification of concern.

Case Example

When serious concerns were raised about the standards of service in a care home, Adult Social Care worked with Police, Care Quality Commission, Health Services and Environmental Health to ensure that appropriate action was taken to safeguard the people living in the home. People funding their own care at home were offered social work assistance to assess their needs and look for alternative services where necessary. Independent advocates from a local voluntary sector organisation assisted with regular visits to the home, and Adult Social Care liaised with local authorities who had people placed in the home to keep them updated. Most residents of the home wanted to move to alternative services. A few however wished to remain at the home. The Adult Social Care and Health Services placed their own staff in the home to work alongside the home staff and assist in keeping the residents safe and while the safeguarding investigation was undertaken and the outcomes fully considered by the statutory agencies and regulatory body.

b. Developing common safeguarding commissioning standards across health and social care

To provide additional clarity of expectation upon providers to deliver safe quality services, the PCT and Council have been working together to produce common standards of contract documentation and care specifications of services commissioned, and making more explicit the responsibilities of providers to:

- Comply with the Berkshire Safeguarding Adults Policy and Procedure and Slough Borough Councils local procedures.
- Ensure managers, staff and volunteers of the services are adequately trained in care practices and in safeguarding identification and reporting
- Report concerns of abuse without delay.
- Self regulate. Have in place governance arrangements that enable the provider to identify issues early, make necessary improvements, and monitor the outcome.

c. Improving triggers for intervention

Pressure ulcers can be an indication of poor or ill advised care practice and in many instances can be avoided and the risk of ulcers minimised.

- In 2009 The South Central Strategic Health Authority introduced a new policy across health services that required all grade 4 pressure ulcers be reported and responded to as a serious incident, with the purpose of identifying the underlying cause and mitigating the risk presented.
- Health services in Slough went one step further and took the decision to report grade 4 ulcers to the Local Authority Safeguarding Team for consideration under the safeguarding procedures.
- By April 2010 the policy was extended to cover grade 3 pressure ulcers.

Important outcomes of this work are:

- Greater understanding of the extent of pressure ulcers incidents across health and other care economy
- An increase in the number of safeguarding alerts raised by the hospital of patients admitted to hospital with ulcer concerns, and in turn, vulnerable people for whom protections and care improvements have been put in place .
- Health economy wide pressure ulcer prevalence study commissioned by the PCT Clinical Executive Committee to explore how to reduce instances.
- Pressure ulcer care pathway compiled and agreed across the main care providers in Slough including Berkshire Care Home Association, GPs,

Community and Acute Mental Health Services and the Hospice care, to be launched in October 2011.

- Preventative programme of assessment and advisory visits by the Community Tissue Viability Nurse to local care homes.

Case Example

Mr G, a 72 year old man, with a chronic long term condition resulting in him being wheelchair dependant. He was experiencing mild depression and had an alcohol dependency which worsened his condition. Following a period in hospital, personal care support was arranged on his discharge. Mr G is reported to have frequently dismissed the home care assistant from his home and over a period of time.

However, the home care assistant did not report this to the care agency. The combined affect of his incontinence and lack of personal care resulted in his skin breaking down and pressure ulcers developing. His personal neglect became a cause of serious concern to others and he was re-admitted to hospital. The A&E clinical team identified the seriousness of his skin condition.

Mr G's situation illustrates the importance of care assistants understanding the factors that can lead to pressure ulcers and raising an alert early and before the skin deteriorates. Adopting preventative measures and intervening early is essential to the effective management of skin care.

In addition the Heatherwood & Wexham Park NHS Hospital Trust has:

- Increased the profile and monitoring of safeguarding, incorporating safeguarding alerts into the Patient Safety and Quality Metrics Dashboard and monthly reporting to the Health Care Governance Committee.
- Improved support to carers and people with learning disabilities. The Trust have participated in the Safeguarding Vulnerable Adults Awareness and Carers Week and the learning disabilities peer review, providing information to cares on safe care practices and developed a '*This is my life'* scrap book to assist relatives and carers to provide information to staff on caring for their loved ones.
- Recruited a Senior Mental Health Nurse to work with the staff on the general wards and awareness sessions have been given to senior nursing staff on the

'*No Health without Mental Health'*, and implemented a best practice improvement programme on dementia care

d. Escalation of Response to Poor Performing Care Services.

The Council's Adult Social Care services have implemented new governance arrangements and risk assessment tools to escalate concerns about poor standards, monitor homes and define the response of the council to poor standards. Chaired by the Assistant Director for Adult Social Care, the governance board determines the council's commissioning and contract management interventions where service quality is of concern.

7.5 Partnership Working

Central to effective safeguarding prevention and intervention is partnership working. It is important to strategic development and improvement of services and practice, the governance arrangements overseeing safeguarding outcomes, and to the effectiveness of response and protection planning for individuals. Partnership working is not an end in itself but a means to maximise outcomes for vulnerable residents of Slough through collaborative and coordinated response.

Many of the achievements for 2010 and 2011 already summarised in the sections above are illustrative of the local commitment to joint working and of its importance. But working together *consistently* is not always easy and can be challenging. This is particularly so when there are very different and sometimes conflicting demands, whether these be resources, policy setting or priorities of time, on local organisations, services and professionals. Having 'partnership working' as one of the top priorities of the Safeguarding Board, assists organisations to retain a focus on the improved outcomes joint working can bring.

The case example opposite illustrates how effective and central partnership working is to the protection of people at risk.

Case Example

A safeguarding concern was raised by a Multiple Sclerosis Specialist Nurse about a young man in the community who lived alone and was having large stones thrown at him and his property, with youths sitting on his shed roof verbally abusing him. The stones had injured his pet and the youths were congregating at night allegedly wearing masks and attempting to break into the property. Safeguarding procedures were investigated and a protection plan put in place. A number of services were involved in the protection plan: Social Work Team, CCTV, Careline, Housing Services, Anti Social Behaviour Team and Thames Valley Police.

The police placed a '24/7' flag on the property, and provided around the clock monitoring. The young man was issued with a personal alarm. The Housing Association discussed options for relocation with him, but he wished to remain in his existing tenancy. Plans were put in place to install CCTV at the property and the young man was offered Respite Care for a period of time to provide him with rest and relief from the situation.

High profile policing has dissipated the youths and the young man is no longer experiencing ASB. Joint working between the Police, Housing Association, Respite Unit, the Multiple Sclerosis Nurse, Anti Social Behaviour Team and the Victim's Champion continues to ensure that he remains safe.

Achievements during 2010 and 2011

a. New safeguarding arrangements across community nursing and mental health NHS Trust provision

Following the mergers of Berkshire East Community Health Services (BECHS) and Berkshire Healthcare NHS Foundation Trust, all safeguarding policies and procedures were reviewed and a single Berkshire Healthcare Foundation Trust policy compiled.

In 2010-11, the new organisation has increased safeguarding adults awareness-raising and staff training; refined the safeguarding definition and improved clarity about alerts. This work was supported by a mock inspection to improve planning about the risks of 'non-compliance, in advance of the Care Quality Commission Inspection during spring 2010.

In addition the Trust has:

- Increased the capacity to lead safeguarding improvements and practice, with a new team in place that includes a senior nurse manager and a nurse lead dedicated to safeguarding adults.
- Implemented an electronic incident reporting system (Datix) to improve management oversight and central monitoring of safeguarding practice. This complemented the safeguarding risk assessment tool already in place.
- Aligned Serious Untoward Incident (SUI) governance and reporting procedures with safeguarding and included 'near miss' situations and 'patient-on-patient' assaults within safeguarding procedures.
- Developed new safeguarding alert and response pathways alongside the Common Point of Entry. In Slough the pathway promotes direct communication between BHFT Common Point of Entry and the nominated safeguarding lead in the Local Authority.
- Put in place information sharing strategies with the Council to consider provider concerns, and safeguarding response and management, and has involved the council leads as key partners in the Trusts safeguarding improvement programme.
- BHFT mental health services are contributors to the work of the Slough Board's Quality Assurance sub group

b. Building on existing partnership arrangements to respond to residents with complex and chaotic lifestyles

There are many people whose circumstances do not warrant the instigation of safeguarding procedures, or who are not eligible for adult social care services. However, some of these people may still be vulnerable, or at risk to themselves or others, or both, largely because of the negative impact of lifestyle choices, including dependencies on harmful substances such as drugs and excessive and prolonged alcohol. Many of these individuals will also experience mental health and long term conditions associated with lifestyle and related dependencies, and loss of tenancies due to the impact of their lifestyle and behaviour on others. Most will be in contact with A&E, primary health care and community policing services.

The Slough Chaotic Lifestyles Group (CLG) has recently been established to try and respond to these complex situations. The aim is for agencies to collectively identify ways to monitor these situations, intervene where risks increase and where possible reduce the risks, aware that there is often no easy solution and that the people in such circumstances rarely change their lifestyle and in this respect some risks may continue. The group has direct links with the Anti Social Behaviour multi-agency tasking working.

Case Example 1

A Housing Officer raised a safeguarding alert to the Councils safeguarding team. This was in respect of - Mr T. (74), living alone with long-term health conditions in a one-bed roomed property with his informal carer. The Housing Officer had been concerned about risk and the ability of the informal carer to support Mr T. because a) the carer was allowing his own friends to stay overnight at the property b) there was a concern that alcohol was being abused and c) on arriving at Mr T's home, it took the Housing Officer repeated attempts to establish if anyone was home. After 15 minutes Mr T. came to the window, saying he couldn't open the door as he had been locked in by his carer, and that he had been left since the early morning and his carer would be back later.

A multi-agency safeguarding meeting held to identify protection actions. A mental capacity assessment was undertaken with Mr T. to ascertain if he could make a decision as to how to exit his property in an emergency, and to ascertain his decision making about the present circumstances at his home. Mr T. confirmed that if his front door is locked, he would go out the back door as it is just on a chain; he also stated that he would pull the emergency cord and speak to someone. Mr T confirmed that his informal carer was his friend and that he was happy for him to live in his property. Housing discussed the option of Mr T. moving to a two bed roomed property, but he wanted to stay where he was as he liked his garden and access to shops. Mr T declined adult social care services formal services. However he did agree to accept: aids to assist him with bathing; a visit from the GP to check physical and mental health and increased visits from Housing. The Police Community Support Officers agreed to complete out of hours checks on Mr T's property and the local area. For Mr T, the safeguarding process was effective as all agencies worked together to ensure his safety and wellbeing, whilst his personal choices were maintained and he stayed in control of his decisions.

d. Improved data sharing measures

Chief Executives of all the statutory agencies have agreed a single agency Information Sharing Protocol, ensuring shared objectives in information sharing about individuals at risk and of concern to agencies and in relation to aggregated data sharing and data analysis. The protocol has been particularly effective in relation to offenders, victims, provider concerns and sharing learning from complex cases.

The Safeguarding Board Quality Assurance & Performance sub-group has also examined the range of safeguarding information collected and available across partner organisations, with the purpose of compiling a shared performance outcome framework. This work demonstrated that larger, statutory organisations have systems in place to record and monitor detailed and comprehensive data on a number of issues, including:

- Safeguarding alerts raised
- Investigations carried out
- Application of safeguarding procedures
- Outcomes for the vulnerable person
- Numbers of staff trained and materials used

Smaller organisations do not, in general, have such sophisticated systems in place, though many do record data on alerts raised. Further work will take place during the coming year to develop a common dataset of information to be collated and systems established to record and share data. These arrangements will take account of the size and capacity of organisations and will be proportionate in the requirements placed on agencies.

7.6 Workforce development

Nationally it is recognised that abuse and neglect of vulnerable adults still largely goes unreported and abuse is often hidden from view. Increasing awareness of the signs of abuse and neglect by people working in universal public services and who come into contact with the public in their work, is as important to ‘safeguarding’ as continuing to provide training on best care practice to staff working in public, private and voluntary health and care services. The workforce development programme of the Board

therefore has sought to increase the knowledge and practice across services in the town. To assist in the Board's objectives the Board has:

- Mapped the training being provided, by whom and which staff had received training, across the whole sector in Slough, including capturing from care providers what training they had provided, including content and methods used. This data will provide the focus for training outcomes during 2012.

- Developed with neighbouring unitary authorities an East Berkshire Workforce Plan, with the aim of providing consistency in training and care practice for agencies and organisations that work across more than one unitary authority boundary. Programmes included in the plan are: awareness and identification of safeguarding concerns for all staff; safeguarding investigator and decision making training for statutory sector practitioners and managers; provider manager training, for voluntary and private sector care and support service managers.

- It was also the intention to implement a national toolkit setting out quality and competency standards that all training should meet. It was anticipated that the toolkit 'Learn to Care' would be issued by the national agency Skills for Care, in June 2011. However, by October the toolkit had still not been released. In the absence of a national framework, work will now commence to expand on the existing local competency standards.

Achievements during 2010 and 2011

- All statutory agencies have focussed training attention on increasing the number of staff trained in the complex Mental Capacity Act and Deprivation of Liberty Safeguard requirements. During the same period we have seen a corresponding rise in successful applications of the legislation.
- Accessible e-learning awareness training module has been implemented across the Berkshire Healthcare Foundation Trust for clinical and non clinical staff
- ''Understanding a life with dementia'' initiative organised by Berkshire East Primary Care Trust, trained 400 community based NHS and care staff, including 20 junior doctors, GPs at 19 Slough practices, 80 practice nurses, 100 staff

working in adult social care. A similar dementia care programme has been implemented for staff working at Wexham Park hospital.

- 380 awareness training places were made available through the council training programme, with an 81% take up.
- 204 volunteers, and care staff working in private home care and care homes, undertook the council awareness training. Many larger care and care home companies provide their own training to staff. For these the council offered to evaluate the training programme to ensure it met minimum standards.
- 9 bespoke training programmes were undertaken specifically to meet the needs of individual providers.
- 91 adult social care staff received training, a third of these Awareness training and two thirds safeguarding Investigation training
- 29 staff working in library and leisure services, 18 working in community safety, care line and trading standards services, 51 staff providing services at My Council, 41 Children and Families workers, and 4 staff from the council's corporate services, successfully completed the awareness and alert training.

Independent Mental Capacity Advocates (IMCA) Referrals

The IMCA Service received 160 authorised instructions with Slough as the ''decision maker'' for 14 cases up to March 2011, increasing to 23 cases by September 2011. Slough is now the highest requesting referrer to IMCA across Berkshire. The highest number of cases assessed related to a move in accommodation and the most prevalent client location at the time of the assessment and decision was the acute hospital. The most common reason for a person's impairment was recorded as organic mental health and most referrals were made on line, with the highest numbers being white British people over 75.

Deprivation of Liberty Safeguards (DoLS) Authorisations

From April 2010 until March 2011, there have been 3 DoLS applications from Slough Council for Supervisory Body status. All 3 have been granted and were for older people with mental health issues. The applications were granted for 3mths, 6mths and 12mths. 18 applications were also made by NHS services across East Berkshire, of which 2 have been granted for Supervisory Body status.

7.7 Improved processes, actions and delivery of the Board's work

The Slough Safeguarding Board has kept under review its working arrangements, to ensure continuous improvement in safeguarding outcomes, responding to changes locally and identifying the learning from safeguarding incidents. During 2010/11, the Board revised its terms of reference and sub group arrangements and extended its membership to include the Berkshire Care Association, a voluntary association of independent residential and nursing providers.

a. Learning from Serious Case Review and Serious Untoward Incidents

Following a serious incident at a private nursing home, the Board commissioned an Independent Chair to convene a review of the circumstances surrounding the incident. The aim of a Serious Case Review is to identify whether there are further improvements that can be made to care practice and arrangements that help to keep people safe. The review commenced following the conclusion of the police investigation into the incident. As legal proceedings are still being considered the circumstances surrounding the incident can not be released. All the residents of the home had either been placed by other local authorities, outside of Slough, or had made their own arrangements to be admitted to the home through 'self-funding arrangements'. The proprietor of the home has since ceased trading and the home is now under new ownership.

The Board has also considered three Serious Untoward Incidents (suicides) which occurred between October and December 2010 of people with chronic and enduring mental illness. The actions taken by Berkshire Care Foundation Trust to address the lessons learnt include:

- Strengthening communication and information sharing between mental health services and Thames Valley Police, supported by the multi-agency information sharing protocol.
- Psychiatrist led training to support the local risk management of suicide and increase of Cognitive Behavioural Therapy interventions to support local practice.

Work has also commenced between safeguarding vulnerable adult and domestic abuse services to improve the risk management and response to incidents involving domestic

violence and vulnerable adults. The Board will report outcomes of this work in next years report.

d. Updating the Berkshire Multi-Agency Safeguarding Procedures.

Led by the six Berkshire Unitary Authorities, statutory agencies have worked collaboratively to review and revise the multi-agency safeguarding vulnerable adult procedures. Drawing on feedback from users of the procedures, lessoned learned across the country, and new legislation, the new procedures include requirements under the Mental Capacity Act and Deprivation on Liberty Safeguards, and is accessible through an easy view web based system.

Thames Valley Police (TVP) has also developed a TVP Adult Protection Policy and revised internal referral processes and the Safeguarding Training Programme for operational police officers. In implementing the Mental Capacity Act 2005, TVP has added a section 44 classification to the crime recording system, supported by information on the local policing intranet site. TVP have also adopted use of the Anti social behaviour risk matrix which is being used to identify levels of risk to victims of ASB in response to reported incidents. The risk matrix includes: frequency and intensity of incidents, nature of targeting and impact on the victim, impact of factors that can increase a person's vulnerability, such as age or disability, and the nature of the support needs of the victim.

7.8 Looking forward

Looking forward, the Board will continue to work to deliver its four year plan and use the outcomes from 2010 and 2011 to inform the focus for improvement over the forthcoming year. Priority actions drawing on the wider priorities and objective described earlier will include: developing a specialist service for hidden vulnerable groups; developing an expert by experience network and more effectively capturing the outcomes that protection planning brings to individuals; extending the work on community safety to include clear pathways with Domestic Violence services; and working with GPs to ensure their readiness to undertake their new statutory responsibilities in 2013.

8. Facts and Figures

In April 2011 it became a requirement for Local Authorities with adult social services responsibilities to submit to the Department of Health (DoH) safeguarding data on an annual basis. The data set is prescribed and primarily captures the number of safeguarding concerns, the nature of concerns and the timeliness of response. To supplement this data the Council also captures data on practice activity against key milestones contained in the local procedures and practice guidance. The data submitted to the DoH relates to the financial year April to March. The data contained in this report therefore is for the financial year April 2010-March 2011.

The data set is managed by the Safeguarding Team, Social Services at the Council. It is also the role of the team to receive safeguarding concerns (often referred to as Alerts); undertake an initial triage assessment; provide advice and guidance to the referrer on the response, referring to other preventative and Adult Social Care services where appropriate; and coordinate the safeguarding procedures for concerns for which deployment of a multi-agency response is required. It is important to note that the nature, type and severity of some concerns raised to the service are appropriately addressed without recourse the procedures.

Summary of safeguarding activity

During 2010-2011, 312 alerts were made to the safeguarding team. This represents a stable position of the number of alerts on the previous year. Of these:

- The number of repeat referrals reduced significantly to 3% compared to 12% in the previous year 2009-10.
- Referrals from statutory agencies increased, particularly from Health, the Police and housing services up by 5%, 4% and 2% respectively.
- Concerns raised by NHS staff now form 37% of the total number of concerns raised, reflecting the extensive work NHS provider trusts have undertaken in the past two years.
- Concerns raised by Adult Social Care staff fell by 15% and now equate to 35% of all concerns raised. This follows the pan London picture where improved joint working and awareness raising, with a range of services such

as community safety teams, leisure services and housing is resulting in more referrals being made direct to safeguarding services rather than through Adult Social Care services.

- Concern raised by family members also fell slightly, though remaining higher than the regional average. Self referrals and referrals from neighbours remained largely unchanged.

Nature of the abuse

In 2009-10 the highest number of reports of abuse related to financial abuse, at 27% of the total. In 2010-2011 it was physical abuse that was the highest, at 32% of the total, an increase in 10% of physical abuse reports on the previous year. Reported incidences of emotional and sexual abuse remained largely unchanged at 6% and 21% respectively.

There are a number of factors that could explain the increase in the number of incidents of physical abuse as compared to the previous year. One is the positive impact of the extensive programme of improvement across the NHS, with increased reporting from A&E staff and in particular early identification of grade 3 and 4 pressure ulcers. The other may be explained by the recording of abuse. Physical abuse and neglect, particularly where the neglect impacts on the physical condition of the vulnerable person, can be used interchangeably to describe the nature of abuse and may have led to a preference to record the abuse as ‘’physical’.

Of concern, however, is the low reporting of discrimination. Discrimination of a vulnerable person can take many forms. Hate crime against people with a learning disability for example is a form of discrimination. Over the past two years Thames Valley Police, the Council and the voluntary sector have put in place a number of initiatives designed to increase awareness that hate crime is wrong and make the reporting of hate crime more accessible and supportive for the vulnerable person. The *Stop It Now* and the *Third Party Reporting* project are examples. It will be important for the Board to continue to promote such initiatives and raise the profile of discrimination against people with illness and disability in order to increase reporting.

Profile of the vulnerable person and relationship to the alleged 'abuser'

The number of reported incidents of abuse against vulnerable Older People and People with Learning Disabilities was higher than for other care groups. This is representative of the wider population of people with these conditions and dependant upon care and support to meet their daily needs. However the number of reports of people with mental health illness in Slough is much higher than in neighbouring authorities. This is encouraging as nationally there is concern that abuse of people with mental illness largely goes unreported.

Also encouraging is the decrease in the number of reported incidents of abuse where the alleged abuser is a staff member in residential and nursing care homes. In 2009-10 reported abuse within care homes represented 26% of the total number incidents, reflecting concerns about care standards in three nursing homes. This percentage fell to 11% in 2010-11. It is important to note however that the identification of abuse by care staff requires early reporting and whistle-blowing by other staff who witness such concerns.

Abuse of a vulnerable person by a family member (other than the partner/spouse) remains the highest at 23% of the total, and marginally higher than in the previous year, whilst allegations against a partner or spouse almost doubled from 6% in 2009-10 to 11% in 2010-11. The reported number of incidents against home care assistants, working within the vulnerable person's own home, remains low at only 4%. This might suggest that there continues to be under-reporting or identification of abuse of people receiving home care services, which by its very nature can be hidden and more difficult to identify than abuse in a shared care and working environment such as a care home. Quality monitoring of home care services will be a priority for 2012.

Timeliness of response

88% of all concerns (alerts) received the first safeguarding response within a 24 hour period. This exceeds the target of 80% and compares very favourably with the other Berkshire authorities who achieved between achieved 60-80% and London Boroughs who achieved between 65- 80% in the same year. The priority action at this stage is to put in place protection arrangements that eliminate or minimise the

risks presented to the vulnerable person and while further investigation of the concerns is undertaken.

For 74% of the alerts, a multi-agency strategy meeting was convened within a 5 day period, slightly short of target. This meeting decides the investigative process in response to the alert and will agree adjustments to the interim protection arrangements if required. Planning meetings were subsequently held for 58% of cases within 28 days from the initial alert. This meeting is held subsequent to the investigation and agrees the nature of ongoing protection arrangements. The % outturn here is lower than the target and influenced by the complexity of a case situation, including recourse to the Mental Capacity Act and Deprivation of Liberty Safeguards. In the majority of cases, 84%, the safeguarding interventions were completed within a three month period, an improvement of over 20% on last year where 63% were completed in 3 months.

Outcome for the vulnerable person

The outcomes for the vulnerable person largely remained consistent with the previous year. The agreed outcomes for the majority of vulnerable people was either on going monitoring of care need and vulnerability (30%) or no further action required following the safeguarding intervention (30%). The next highest outcome rate was continuing health care intervention at 14%. 2010-11 saw a slight increase in referrals for ongoing advocacy support, a rise of 2%, and the person moving to another property, a rise of 1%.

There was also a slight increase in the number of alleged abusers who received counselling and training as part of the resolution. Overall the number of cases that moved to full criminal investigation remained low at 3%, with only one case during the year going through to criminal prosecution, a fall of 9% on the previous year. Whilst these low prosecution rates reflect the national picture it is extremely concerning that abuse against vulnerable adults has such a low juridical profile.

Abuse of a vulnerable person wrong!

If you have a concern that someone you know is being abused or neglected then call now on

01753 475111 and speak to someone today

APPENDIX 1

SLOUGH SAFEGUARDING PARTNERSHIP ADULTS BOARD
TERMS OF REFERENCE

1. BACKGROUND

Why do we need a Slough Safeguarding Adults Board?

1.1 The Department of Health document "No Secrets" (March 2000)[1] recommended the establishment of Adult Protection Committees to oversee multi-agency scrutiny of the protection of vulnerable adults from abuse. Until 2008 Windsor & Maidenhead, Slough and Bracknell have operated an East Berkshire wide Safeguarding Adults Board.

1.2 On-going developments and work with government regulators - Commission for Social Care Inspection (CSCI) - reinforce that the statutory lead for Safeguarding remains with each local authority. To meet this requirement and be responsive to its local population, Slough along with the other unitary authorities, will have its own Safeguarding Adults Board from 2009.

2. PRINCIPLES AND AIMS OF THE BOARD

The context in which the Board will work

2.1 It is recognised and accepted that all adults:

- Have the right to live their life free from violence, fear and abuse.
- Have the right to be protected from harm and exploitation
- Have the right to independence, which involves a degree of risk.
- Have the right to be listened to, treated with respect and taken seriously.

[1] No Secrets (March 2000) Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse' (March 2000)

2.2 The role of all statutory agencies, their partners, carers and users of services within the Borough of Slough have a duty to ensure that these principles are upheld and take action where these rights are infringed.

2.3 The Safeguarding Adults Partnership Board (The Board) recognises and adopts the approach to adult protection as specified under "No Secrets", the Mental Capacity Act and other related legislation and policy. In line with the key principles set out in the Berkshire Policy and Procedures (p12), member organisations of The Board will:

- Reaffirm their commitment to a policy of zero tolerance of abuse within each of their member organisations.
- Take seriously the duty placed on public agencies under Human Rights legislation to intervene proportionately to protect the rights of citizens.
- Act on the principle that any adult at risk of abuse or neglect should be able to access public organizations for advice, support and appropriate protection and care interventions, which enable them to live without fear and in safety.
- Recognise that except where the rights of others would be compromised, citizens have a right to make their own choices in relation to safety from abuse and neglect. Interventions will be based on the presumption of mental capacity unless it is determined that an adult does not have the ability to understand and make decisions about his or her own personal well-being and safety.
- Recognise the right to privacy. Information about an adult who may be at risk of abuse and neglect will only be shared within the framework of the Safeguarding Adults Information – Sharing Protocol.
- Recognise their public duty to protect the human rights of all citizens including those who are subject of concern but who are not covered by the Safeguarding Adults Procedures. This duty falls on each of the Board's member organisations who will offer signposting, advice and support, as appropriate to their organizations.

2.4 The Board is positively committed to opposing discrimination against people on the grounds of race, religion, gender, age, disability, marital status or sexual orientation.

2.5 The role of The Board will be to work as a multi-agency group that has:

- Strategic and operational leadership and stewardship in maintaining these principles, working as a multi-agency group
- Effective strategic governance of safeguarding at senior management level across partner organisations
- Public accountability for safeguarding arrangements and outcomes.
- Informs and support East Berkshire and cross boundary safeguarding arrangements.
- Addresses poor practice, robustly acting in ensuring these principles are maintained, taking actions wherever and whenever necessary.

3. OBJECTIVES

What will the board do

3.1 As a multi-agency Board of senior representatives, the Board will carry out the follow key functions:

- Oversee the development of effective interagency policies & procedures for safeguarding and promoting the welfare of these adults within the Slough Borough.
- Provide support and guidance to communities and organisations to ensure that in Slough we are actively identifying and preventing the circumstances in which neglect and abuse occurs, promoting the welfare and interests of vulnerable adults.
- Develop a robust overarching strategy for Safeguarding in Slough, within which all agencies set their own strategy and operational policy.

- Raise awareness, knowledge and understanding of abuse and neglect in order that communities and organisations know how to respond effectively and coherently where issues arise.
- Engage and encourage dialogue with Borough Partnerships (within Slough and where appropriate across Berkshire) with responsibilities for the safety and welfare of all adults so that we are all able to respond effectively to vulnerable adults.
- Ensure that vulnerable adults who use services we provide or commission are safe and their care and treatment is appropriate to their needs.
- Ensure that each organisation has systems in place that evidence that they discharge their functions in ways that safeguard vulnerable adults
- Become a Board that together learns and shares lessons from national and local experience and research
- Develop systems to audit and evaluate the impact and quality of safeguarding work that enables for continuous improvement of interagency practice, including lessons learned from practice
- Develop and maintain a strong and evolving network of stakeholders including vulnerable adults, their carers and advocates.
- Promote best practice in prevention and investigation by learning from and contributing to national research and policy development, ensuring that this is acted upon.
- Undertake joint serious case reviews where a vulnerable adult when it is confirmed or there is strong evidence to suggest that an adult has died, been significantly harmed or put at risk as a result of abuse or neglect
- Ensure coordinated and timely operational processes, for identifying and investigating any incidents of abuse and protect vulnerable people.

3.2 In order to achieve these objectives, organisations and agencies agree to:

- Work together on the prevention, identification, investigation and treatment of alleged suspected or confirmed abuse of vulnerable adults

- Ensure that vulnerable adults have the same rights as others in the prosecution of criminal offences and pursuit of civil remedies
- Develop and implement policies and procedures within a multi agency framework to protect vulnerable adults;

4. MEMBERSHIP

Who will attend

4.1 The core membership of The Board will be:

- Commissioner (Elected Slough Borough Council Member) - Health and Wellbeing
- Commissioner (Elected Slough Borough Council Member) – Older People's Champion
- Strategic Director Community & Wellbeing (DASS)
- Assistant Director, Community & Adult Social Care
- Assistant Director, Personalisation, Commissioning & Partnerships
- Assistant Director, Learning, Skills and Cultural Services
- Head of Service, Drugs and Community Safety
- Service Manager, Safeguarding and Governance
- Detective Inspector for Domestic Abuse Investigation Unit, Thames Valley Police
- Assistant Director of Unscheduled Care, Berkshire East Primary Care Trust
- Deputy Director of Nursing, Heatherwood & Wexham Park NHS Foundation Trust
- Long Term Conditions Manager, Berkshire Healthcare NHS Foundation Trust
- Locality Director for Slough, Berkshire Healthcare NHS Foundation Trust
- Local Area Manager, Care Quality Commission

- Chief Executive, Age Concern Slough & Berkshire East
- Chief Executive, Slough Mencap
- Scheme Manager, Slough Cross Roads Care Scheme
- Clinical Manager and Designated Professional for Safeguarding, South Central Ambulance Service
- Project Manager, Parvaaz
- Chief Executive, Slough Council for Voluntary Services
- Education Development Officer, Designated Child Protection Officer and StayWise Manager, Royal Berkshire Fire and Rescue Service

4.2 Appendix 1, "Statement of Commitment", sets out the role, function and responsibilities of being a Board Member.

4.3 ***Constituent Agencies***: Partner organisations will recognise the importance of securing effective leadership by nominating persons who are of seniority to be Board members, acting on their behalf.

4.4 ***Co-opted members***: As determined and required by the Board, it may co-opt other members as necessary. This will include:

- Senior lead for Safeguarding, and Safeguarding Co-ordinator to support the work of the board (NB these posts are under review and development).
- Chairs and nominated members of the Slough Safeguarding Partnership working groups, and other subgroups of The Board.
- Secretariat support for The Board, to be provided by the Directorate of Community and Well Being, Slough Borough Council.
- Named officers, speakers, and organisations relevant to achieving the key priorities of the Board.

All attendees will be invited in a consultative capacity.

4.5 ***Observers:*** Subject to the approval of the Chairperson, the Board may agree to observers being in attendance.

4.6 ***Chair and Vice-Chair:*** The Director of Adult Social Services retains the statutory responsibility for the functioning of The Board. The Slough Safeguarding Adults' Partnership Board will appoint an Independent Person as Chair, who will act with impartiality and will not be a member of The Board. The person appointed will occupy the 'office' for two years. A Vice Chair will be agreed as necessary.

5. GOVERNANCE

5.1 The Board will report to the Safer Slough Partnership (subgroup of the Local Strategic Partnership) to the Health Scrutiny Panel.

5.2 The Chairperson of the Board will be responsible for ensuring that an annual report of the Board is prepared concurrent with the municipal year and made publically available

5.3 The annual report shall be made published on the Council's website. It is the responsibility of all partner agencies to present the Annual Report to their respective senior management teams and constitute decision making body within 3 months of the report publication.

6. RELATIONSHIP TO OTHER BOARDS

How the Board and other groups and forums link up

6.1 The Board will ensure that there are appropriate representatives on the following boards and forums to represent and champion safeguarding:

- Slough Safer Neighbourhood Partnership
- Slough Domestic Violence Forum
- Slough DAAT

- MAPPA
- Slough Mental Health Local Implementation Team
- Slough Older Peoples, Physical Disability, Learning Disability and Carers partnership boards.
- The individual Partnership Boards for Older People; Physical Disability; Learning Disability; Carers.
- Health and Wellbeing Partnership Development Group
- East Berkshire Joint Commissioning Board

6.2 It is the role of representatives to identify matters significant to the achievement of local safeguarding developments, represent the views and priorities of the Board, and report back milestones and outcomes.

7. BOARD SUBGROUPS AND REFERENCE GROUPS

7.1 The Board shall establish subgroups to undertaken on behalf of the Board key strategic improvements.

7.2 The subgroups will be accountable to the Board. Work undertaken will be commissioned by the Board and progress against targets set and outcomes will be reported to the Board. The role of the groups will include:

- To consider new practice, policy and procedural issues and to propose and initiate appropriate action plans to address those issues.
- To analysis data and compile and present to the Board a quarterly quantitative and qualitative performance report.
- To consider the resource implications of safeguarding and make recommendations to the board.
- To set up time-limited task groups or individuals to undertake specific tasks on policy, procedure and practice matters as necessary.

- To evaluate information presented through statistics, user surveys, DoH inspections, etc, and propose alterations to policies, procedures and practice to the Board for approval.
- To review procedures in partnership with the East Berkshire partners
- To monitor the effectiveness of public information and communication regarding adult protection and to find ways of communicating to all.
- To monitor the effectiveness of training in increasing awareness, and in improving the effectiveness of protection planning and safeguarding interventions.
- To seek and collate the views of user and care stakeholders to inform best practice.

7.3 In addition, the Board will establish two reference groups for the purpose of capturing feedback from key stakeholders and informing developments:

- User and Carer Experience Reference Group
- Provider Reference Group

8. FREQUENCY OF BOARD MEETINGS & MEETING MINUTES

8.1 The Board will meet at least 4 times in every year at such times as may be determined by the Chairperson. Dates will be set a year in advance.

8.2 The Board will nominate subgroups to meet more regularly on behalf of the Board. Representatives of the major constituent agencies will be nominated to serve on the subgroups.

8.3 Minutes of the meetings of The Board shall be taken by a secretary of the Directorate of Community & Well-Being, Slough Borough Council.

8.4 The Chairperson of the meeting shall move that the minutes of the previous meeting shall be approved as a correct record.

8.5 Minutes of the Board and the Annual Report will also be forwarded to the Chairs of the following strategic planning forums, to advise on issues arising and inform cross strategic planning as set out in 6.1 above:

9. SERIOUS CASE REVIEW (SCR)

9.1 It will be the responsibility of the Board to set up a serious case review investigation and review panel, for serious case incidents occurring within the Borough boundary. The Board will elect the independent chair to the SCR panel, agree panel membership to be of sufficient seniority and expertise, and define and agree the terms of reference for the review.

9.2 The Board will receive interim and final reports of the SCR panel and agree actions to be taken to implement the SCR findings and recommendations. The Board will monitor implementation of agreed actions and share lessons learned with members of the East Berkshire Safeguarding Board.

9.3 The Chair of the Board and Strategic Director Community and Wellbeing will present the review findings, recommendations and agreed actions to Health and Social Care Scrutiny Panel

APPENDIX 2

STATEMENT OF COMMITTMENT

Each member of the Slough Safeguarding Partnership Board (The Board) gives a commitment to the following:

Representation

Represent an agency, organisation or representative group of people with full authority. In doing so to raise issues on their behalf, contribute to discussion and debate and ensure a dissemination of information back to that representative group, agency or organisation. To ensure that the representative group, agency or organisation they represent engages with the Safeguarding and Adult Protection agenda and embeds safe practice in their organisation, agency or representative group ensuring positive leadership and stewardship of the issues

Values

Upholding the values statement of the Board as set out in the Terms of Reference, ensuring that vulnerable adults are protected from abuse, working with partners to safeguard them through strategic leadership within the representative group, agency or organisation they represent

Attendance

To attend every Board meeting or to arrange for a suitable representative to act on their behalf (and who is able to act with full authority) at any meeting they are unable to attend

Developments and Work Programme

To be involved in developments and where necessary contribute to the subgroups of The Board so there is a diverse and richness of input to the work and outputs from The Board

Annual Report

Make a contribution, as necessary, for the Board's Annual Report

APPENDIX 3

CONFIDENTIALITY STATEMENT

The Board is convened under “no secrets” guidance and will conform to equal opportunities and anti discriminatory criteria. All people attending must respect the confidentially of the issues discussed and in particular where case examples are discussed these issues are confidential and should not be disclosed to other people without the expressed permission of the Chair.

It is noted that for wider learning information discussed at The Board does need to be shared within the wider community but this must always be done retaining anonymity in relation to named individuals, services or agencies. Where board members are uncertain as to what can be shared this needs to be determined at The Board and agreed as part of the minutes.

QUALITY STANDARDS IN SAFEGUARDING
- STRATEGIC PRINCIPLES -

Protecting vulnerable people in our community and those people who use community care services is a top priority for Slough Borough Council (SBC) and its partners. We will all aim to provide support that is professional, sensitive and timely through the following:

1. PARTNERSHIP WORKING AND LEADERSHIP

- All agencies in Slough will work together in partnership to protect and safeguard vulnerable adults from abuse and will respond accordingly if an alert is forthcoming
- The Safeguarding Board will have strategic oversight of safeguarding work, ensuring agencies work and fulfil a collective responsibility. Members of the Board will take responsibility for their organisation's active contribution to the work plan of The Board.
- Safeguarding Adults is a whole council priority within SBC, with strategic leadership and management from Elected Members and Senior Officers across the council.
- SBC will lead the safeguarding adults' process through a multi-agency Safeguarding Board.
- SBC and partner agencies will ensure that all staff:
  - Have the appropriate skills, knowledge and training relevant to their role
  - Be service user focussed in their response
  - Provide safe support and appropriate responses when abuse is identified
  - (NB Staff refers to all officers who deliver services for the council and those who work in partner agencies be they direct employees, volunteers or contract workers.)

2. BY WORKING TO PROTECT

- The safety and wellbeing of the vulnerable adult is paramount and we will respond promptly, effectively and proportionately, ensuring that the person is safeguarded appropriately.
- When support is needed, it will be accessible, provided by people with expertise and knowledge and provided in a timely way.
- All allegations of abuse received will be taken seriously, action will be taken to protect those at immediate risk of harm and that their needs are addressed.
- Written records will be kept and standards of record keeping will be consistent and of good quality.
- There will be scrutiny and performance management of the safeguarding process to provide systematic support for managers. This will involve a robust analysis of the quality of the service and practice

3. BY INVOLVING THE PEOPLE THAT USE OUR SERVICES

- Information will accessible and be available when needed, and will be adapted by learning from the experience of people who use it.
- We will listen to the people during and after any safeguarding issue, and respond accordingly to the issues they raise.
- When a safeguarding issue is resolved, we will follow up with the service user and carer afterwards to ensure we learn by their experience and inform them of any outcomes.
- Independent support (including advocacy) will be offered to any person involved in a safeguarding process.
- There is an allocated staff member from the council that will act as the link person throughout any safeguarding process.

QUALITY STANDARDS IN SAFEGUARDING
A SUMMARY OF PRACTICE STANDARDS IN ACTION IN SLOUGH BOROUGH COUNCIL

TIMELINESS OF RESPONSE

- All alerts will be risk assessed and issues of urgent concern will be acted upon immediately.
- Immediate risk assessments and protection plans will be put in place upon referral.
- All alerts will be responded to within 24 hours.
- A multi agency strategy meeting will take place within 5 days.
- Assessment and planning process will take place within 28 days.
- All protection plans reviewed within 6 weeks.

ALLOCATION OF CASE WORKER

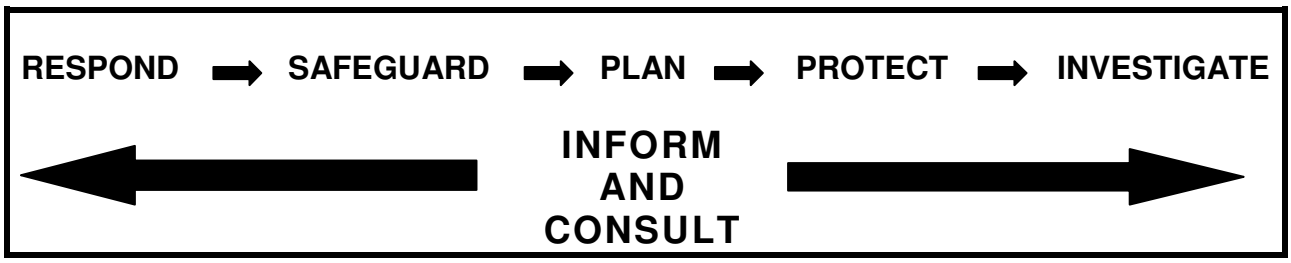
- All cases will be assigned a case worker, who will remain the same worker through the process, and will only change in exceptional circumstances.
- The case worker will speak to the person subject of an alert within 4 hours of picking up the referral.

ALLOCATION OF MANAGER

- A Manager will be assigned to oversee practice within the case.
- The manager will monitor the case through regular supervision with the case worker and ensure adherence to policy, standards and that the Audit/Quality Assurance tool is completed as the case progresses.
- All case files will be audited by the Manager and random samples will be audited by the Head of Service.

WORKING WITH USERS AND CARERS

- The service user and carer will be kept informed of all issues promptly and regularly.
- Carers and/or advocates will be informed where the service user needs assistance to understand the process and actions being taken.
- There will be a process agreed by the Case Worker at the outset of the referral as to how users and/or carers/advocates will be kept updated on progress, information and outcomes and this will be recorded on the file so consistency is maintained should another person need to pick up the case



APPENDIX 6 - BOARD MEMBERSHIP

Nick Georgiou, Independent Chair	
Councillor James Walsh, Commissioner (Elected Slough Borough Council Member)	Health and Wellbeing
Councillor Chrissy Small, Commissioner (Elected Slough Borough Council Member)	Older People's Champion
Jane Wood, Strategic Director Community & Wellbeing	Slough Borough Council
Ged Taylor, Assistant Director, Community & Adult Social Care	Slough Borough Council
Mike Bibby, Assistant Director, Personalisation, Commissioning & Partnerships	Slough Borough Council
Andrew Stevens, Assistant Director, Learning, Skills and Cultural Services	Slough Borough Council
James Priestman, Head of Service, Drugs and Community Safety	Slough Borough Council
Debbie Stuart-Angus, Service Manager (Safeguarding and Governance)	Slough Borough Council
Jackie Phillips, Detective Inspector - Domestic Abuse Investigation Unit	Thames Valley Police
Vicky Wadd, Assistant Director of Unscheduled Care	Berkshire East Primary Care Trust
Carole Webster, Deputy Director of Nursing	Heatherwood & Wexham Park NHS Foundation Trust
Margaret Parsons, Long Term Conditions Manager	Berkshire East Community Health Services
Susanna Yeoman, Locality Manager Community Mental Health Services	Berkshire Healthcare NHS Foundation Trust & Slough Borough Council
Sarah Seaholme, Compliance Manager	Care Quality Commission
Tracey Morgan, Chief Executive	Age Concern Slough & Berkshire East
Eleanor Cryer, Chief Executive	Slough Mencap
Jackie Yokota, Scheme Manager	Slough Cross Roads Care Scheme
Tony Heselton, Clinical Manager and Designated Professional for Safeguarding	South Central Ambulance Service
John Kelly, Development Manager	Local Involvement Networks (LiNKS)
Neeru Palhi, Project Manager	Parvaaz
Ramesh Kukar, Chief Executive	Slough Council for Voluntary Services
Elizabeth Rhodes, Education Development Officer, Designated Child Protection Officer and StayWise Manager	Royal Berkshire Fire and Rescue Service

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HEALTH SCRUTINY PANEL
WORK PROGRAMME 2011/2012

Agenda Items	Final deadline for Reports	Agenda Despatch	Date of Panel Meeting
• Wexham Park (interim Chief Executive) • NHS Reforms: Public Health (JW) • Drug and Alcohol misuse in the Borough (the effect on health services and how this is being tackled) (J P/ Ju W) • Stroke Services in Slough- update report (Dr McGlynn, Deputy Medical Director, NHS Berkshire East • Health and Wellbeing Board (TL/JW)	**Friday 20th January 2012**	**Tuesday 24th January 2012**	**Wednesday 1st February 2012**
• Child Health in Slough (CP/ AN) • Public Local Account – Social Care • Maternity Services • 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)	**Wednesday 7th March 2012**	**Friday 9th March 2012**	**Tuesday 20th March 2012**
Unprogrammed • 'Shaping the Future' including future of Heatherwood Hospital			

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MEMBERS' ATTENDANCE RECORD 2011/12

HEALTH SCRUTINY PANEL

COUNCILLOR	22/06	20/09	13/10	18/10	08/12	01/02	20/03
Chohan	P	P	P	P			
Davis	P	P	P	P			
Long	P	P	P	P			
P K Mann	P	P	P	P			
Munawar	P	P	P	P			
Rasib	P	Ap	P	P			
Plimmer	P	P	P	P			
Sharif	P	P	P	P			
Strutton	P	P	P	P			

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

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