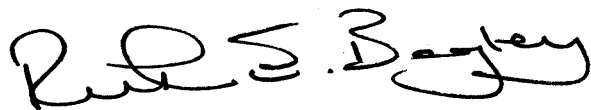


Date of issue: Friday 4th April, 2014

MEETING:	CABINET Councillor Anderson Councillor P K Mann Councillor Munawar Councillor Pantelic Councillor Parmar Councillor Sharif Councillor Swindlehurst Councillor Walsh	Leader of the Council - Finance & Strategy Education & Children Social & Economic Inclusion Community & Leisure Environment & Open Spaces Performance and Accountability Neighbourhoods & Renewal Health & Wellbeing
DATE AND TIME:	MONDAY, 14TH APRIL, 2014 AT 6.30 PM	
VENUE:	MAIN HALL, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP	
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NICHOLAS PONTONE 01753 875120	

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

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Apologies for absence.

1. **Declarations of Interest**

All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.

The Chair will ask Members to confirm that they do not have a declarable interest.

All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.

2.	Minutes of the Meeting held on 10 March 2014	1 - 6	
3.	Corporate Plan 2014/15	7 - 24	All
4.	Carers Caring for Others - Slough's Joint Carers Commissioning Strategy Refresh 2014-17	25 - 108	All
5.	Better Care Fund and Local Delivery Plan	109 - 152	All
6.	Slough Regeneration Partnership, Partnership Business Plan	153 - 164	All
7.	Option Appraisal - Subsidiary Housing Company	165 - 172	All
8.	Development of Council Owned Land - Interim Update Report (a) Windsor Road (b) Trelawney Avenue (c) Bath Road (d) Gurney House	173 - 194	Central; Kedermister; Cippenham Meadows; Upton
9.	Council Tax and Business Rates Policies	195 - 222	All
10.	Arrangements for New Free Schools	223 - 230	All
11.	Contracts in Excess of £250k	231 - 234	All
12.	References from Overview & Scrutiny	235 - 236	All
13.	Notification of Forthcoming Decisions	237 - 246	All

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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.

Note:-

Bold = Key decision

Non-Bold = Non-key decision

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Cabinet – Meeting held on Monday, 10th March, 2014.

Present:- Councillors Anderson (Chair), Munawar, Pantelic, Parmar, Sharif, Swindlehurst and Walsh

Apologies for Absence:- Councillor P K Mann

PART 1

92. Declarations of Interest

None were declared.

93. Minutes of the Meeting held on 10 February 2014

Resolved – That the minutes of the meeting of the Cabinet held on 10th February 2014 be approved as a correct record.

94. Chalvey Regeneration Strategy Update

The Interim Head of Asset Management introduced a report regarding the progress and next steps of the second phase of the Chalvey Regeneration Strategy.

In relation to the potential development of 24 one-bedroom properties and two townhouses on the site of the derelict petrol station at Chalvey Road East, Members were informed that Asset Management had carried out a viability assessment of the revised development appraisal submitted by the owner and officers were satisfied that the scheme would not be viable with a full Section 106 contribution. This was primarily due to issues associated with the acquisition and abnormal costs related to land remediation. Commissioners considered a number of issues including the proposed property mix on the site; and the potential to clawback any reduced Section 106 contributions, if flexibility was agreed through the planning process. The Cabinet agreed to take proactive steps to facilitate the redevelopment of the site, subject to the agreement of an overage clause in the event the development proved to be more profitable than anticipated.

It was noted that the redevelopment of the former Cross Keys public house site, of which the Council owned circa one-third, had not progressed due to the valuation expectations of the owner of the rest of the site. The background to this matter was explained to Commissioners who considered whether to utilise compulsory purchase powers to acquire the site in line with the policy that had been approved by Cabinet in February 2014. The potential use of the site would be the provision of affordable housing. After due consideration, the Cabinet agreed to authorise the Strategic Director Regeneration, Housing and Resources to take the necessary steps to secure the Compulsory Purchase Order to deliver the Chalvey Regeneration Strategy if agreement could not be reached through negotiation.

Members were updated on the progress of the other projects in phase 2 of the Chalvey Regeneration Strategy including the housing scheme on land at Ledgers Road which was due start onsite by the end of year; new changing facilities and a Multi-Use Games Area at Chalvey Recreation Ground due for completion in the summer; and the funding bid for Chalvey Halt. The potential development of a health facility on the former SSE depot site was welcomed and Commissioners noted the potential for the Council to enter into an agreement to combine the health facilities with either 60 Extra Care Housing apartments or 18 general needs homes for rent. The options would be considered and may be subject to a separate report to Cabinet. Members welcomed the progress that had been made in implementing the Regeneration Strategy and agreed to receive a further update in September 2014.

Resolved –

- (a) That the proposals to take proactive steps to bring forward the development of the former petrol station site be approved.
- (b) That it be noted that following discussions with the CCG and local GPs, a local GP is using private finance to acquire the former Scottish and Southern Electricity (SSE) site to introduce an integrated health facility.
- (c) That the possibility to enter into a partnership to improve housing choice in Chalvey linked to the former SSE depot site be noted.
- (d) That it be noted that the changing rooms will be completed by July 2014.
- (e) That it be noted that subject to there being no planning issues, the Multi-Use Games Area (MUGA) will be completed by June 2014.
- (f) That the Director, Regeneration, Housing and Resources be authorised to take all necessary steps to secure the making, submission, confirmation and implementation of the CPO of the third party land at the Former Cross Keys Public House and other land required to deliver the Chalvey Regeneration Strategy (and where appropriate amendments to the Order) including;
 - Publication and service of all notices
 - Advertise the Order and submit it to the Secretary of State in accordance with the Acquisition of Land Act 1981.
 - Negotiation with landowners.
 - Setting out the terms for the withdrawal of objections to the CPO.
 - Where appropriate, seeking exclusions of land from the CPO
 - Making arrangements for the presentation of the Council's case for confirmation of the CPO at any Public Inquiry.

- Exercising the compulsory purchase powers authorised by the CPO by way of general vesting declaration and / or notices to treat and notices of Entry.
 - Acquiring third party interests in the site by private treaty.
 - Making any third party payments of compensation due pursuant to the national Compensation Code as a result of the implementation of the CPO. Compensation due to unidentified owner can be paid to the Crown.
- (g) That the Strategic Director, Regeneration, Housing and Resources be authorised to appropriate to planning purposes the land in the ownership of Slough Borough Council which is no longer required for the purpose for which it was previously used, for use in connection with the Chalvey Regeneration Strategy under Section 122 of the Local Government Act 1972.
- (h) That an update report will be presented to Cabinet in September 2014 that will confirm progress on the 6 existing sites and include updates on additional regeneration sites identified as the strategy has evolved.

95. Leisure Strategy

The Strategic Director Regeneration, Housing & Resources introduced a report which set out the strategic background and key considerations of the development of the strategy for leisure provision in Slough.

The Cabinet were informed that since the overall approach to leisure and physical activity was agreed in September 2013, a significant amount of work had been undertaken which had mainly focused on the provision of buildings to achieve the outcomes in the broader leisure strategy. Further review and detailed information on the costs of the previously agreed approach had led to the need to change the approach. It was proposed that a Member/Officer Task and Finish Working Group be set up to review the evidence and options for leisure provision and bring a further report to the Cabinet in summer 2014. The group would take a structured approach and would consider the evidence base on health and physical activity in Slough; a complete understanding of the facilities available for leisure in the Borough including parks, private provision and schools; and further work to increase market understanding and alternative models of delivery adopted by other councils.

The Cabinet agreed to the proposed approach to take forward the leisure strategy and nominated the Commissioners for Community & Leisure and Neighbourhoods & Renewal to join the task and finish group.

Resolved –

- a) That the report be noted.

- b) That a Leisure Strategy member/officer task and finish working group be set up and that the Commissioners for Community & Leisure and Neighbourhoods & Renewal join that group.

96. Community Investment Fund 2013/14

The Communications Manager made a presentation on the projects which had been funded by the Council's Community Investment Fund (CIF) in 2013/14.

The CIF was introduced in 2012 to direct funding to smaller street level projects that benefitted the local community and improved neighbourhoods. The projects taken forward in 2013/14 included circa 400 new and replacement litter bins by the end of April 2014; new signs for parks; three upgraded and four new Multi-Use Games Areas; almost 700 street name plates had been replaced over the past two years; and the phased roll out of the pavement parking policy to prevent damage to verges and improve safety. A number of other smaller projects had also been funded such as minor highway improvements, tree planting and new parking bays following neighbourhood walkabouts.

Members discussed a number of aspects of the CIF including the positive impact the approach to pavement parking and targeted introduction of new parking bays had had in terms of streetscape and safety. In noting the report, the Cabinet welcomed the contribution that the CIF had made to neighbourhoods across the Borough during the past year.

Resolved – That the progress made to date on the Community Investment Fund projects be noted.

97. Sign Up to LGA 'Climate Local' Initiative

The Commissioner for Environment & Open Spaces and Strategic Lead for Planning Policy introduced a report seeking agreement for the Council to sign up to the Climate Local Commitment.

The Cabinet were informed that Climate Local succeeded the Nottingham Declaration on Climate Change which the Council had signed in August 2009, and it offered a framework that could reflect local priorities and opportunities for action both to reduce carbon emissions and improve resilience. Signing Climate Local would commit the Council to set out the further actions it would take locally and publish progress reports on an annual basis. Members discussed some of the actions taken by the Council in recent years as part of the Climate Change Strategy and Action Plan and commented on the current My Electric Avenue initiative which would trial the use of electronic cars. Members expressed their interest in participating in any future extension of this scheme and offered to assist with the promotion of the neighbourhood trial. After due consideration, the Cabinet agreed to sign the Climate Local Commitment.

Resolved –

- (a) That SBC sign up to the Climate Local Commitment (Appendix A).
- (b) That the Council's Commitments to climate change mitigation and adaptation be developed by the Carbon Management Board and Climate Change Partnership Delivery Group and that their proposals be considered by Members in due course.
- (c) That clear and measurable actions in a climate change action plan are set out and published on the Council's website and LGA website with 6 months of signing up to Climate Local.
- (d) That progress on climate change actions be reported annually and published on the Council's website.

98. Updated Policy & Procedural Guidance - Regulation of Investigatory Powers Act 2000

The Head of Legal Services introduced a report which sought approval of the revised Covert Surveillance Policy and Procedural Guidance.

It was noted that these documents had been agreed previously by Cabinet but that it was considered good practice for Members to approve them periodically. The Covert Surveillance Policy and Procedural Guidance, as attached at Appendix A to the report, had been updated with changes to the Authorising Officers to reflect the new organisational structure of the Council and changes to the process for securing judicial approval for authorisations through the Magistrates' Court.

After due consideration, the Cabinet approved the updated Policy and Procedural Guidance, noting that further amendments could be made under delegated authority to reflect organisational changes at the Council.

Resolved –

- (a) That the revised Covert Surveillance Policy and Procedural Guidance (Appendix A) be approved.
- (b) That the RIPA Monitoring and Coordinating Officer be authorised to make any further updates to the designation of Authorising Officers to reflect the Council's organisational structure.

99. References from Overview & Scrutiny

There were no references from Overview & Scrutiny.

100. Notification of Forthcoming Decisions

Resolved – That the published Notification of Decisions be approved.

101. EXCLUSION OF PRESS AND PUBLIC

Resolved – That the Press and Public be excluded from the meeting during consideration of the item in Part II of the Agenda, as it involves the likely disclosure of exempt information relating to the financial and business affairs of any particular person (including the authority holding that information) as defined in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 (amended).

102. Part II Minutes - 10 February 2014

Resolved – That the Part II minutes of the meeting of the Cabinet held on 10th February 2014 be approved as a correct record.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 7.16 pm)

SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet **DATE:** 14 April 2014
CONTACT OFFICER: Tracy Luck, Head of Strategic Policy and Communications
(For all enquiries) (01753) 875518
WARD(S): All
PORTFOLIO: Councillor Robert Anderson (Leader of the Council and Commissioner for Finance and Strategy)

PART I
KEY DECISION

CORPORATE PLAN 2014/5

1. Purpose of Report

1.1 To agree the Council's Corporate Plan for 2014/15, which sets out the Council's objectives and key work areas for the forthcoming year.

2. Recommendation(s)/ Proposed actions

2.1 The Cabinet is requested to recommend to Council that the Corporate Plan 2014/15, as set out in Appendix A, be approved.

3. Slough Joint Wellbeing Strategy Priorities

The Plan contributes to the delivery of all of the following Slough Joint Wellbeing Strategy Priorities:

- Health
- Economy and Skills
- Housing
- Regeneration and Environment
- Safer Slough

4. Other Implications

(a) Financial

This Plan has been developed in parallel with the Council's service planning and budget planning processes for 2014/15 [and Our Medium Term Financial Plan] in order to ensure that there are sufficient resources in place to deliver all of the highlighted activity within existing resources. As a consequence, there are no specific financial implications associated with agreement of the Plan as it is currently drafted. Any new activities will however need to be the subject of separate reports to Cabinet setting out their financial implications, where appropriate.

(b) Risk Management

Risk assessment and management has been or will be carried out for specific actions identified in the Plan, where appropriate. As a result there are no specific risks associated with agreement of the Plan as a whole.

(c) Human Rights Act and Other Legal Implications

There are no human rights act and other legal implications.

(d) Equalities Impact Assessment

Equality and diversity issues are a mandatory consideration in the decision making of the Council. This requires elected Members to satisfy themselves that equality considerations are integrated into day to day business and that all proposals emerging from the finance and service planning processes have been properly taken into consideration what impact, if any, there is on any protected group and what mitigating factors can be put in train.

At the time of writing no specific equalities implications are associated with the agreement of this Plan. Further work will however be undertaken by service areas as and where appropriate to ensure that any specific and /or cumulative equalities impacts of our proposals are identified and fully understood [and mitigating activities put in place] as part of a fuller consideration of an equalities impact assessment.

6. Supporting Information

6.1 The Corporate Plan is the overarching strategic document for the Council, setting out its strategic priorities and objectives for the year ahead. It sits above published Service Plans for each directorate providing a clear link between the Council's strategic objectives and the actions each service will take to deliver them. The Corporate Plan is one of the plans which must be approved by Council.

6.2 The latest version of the Plan (see Appendix A) has been re-designed to be accessible to residents, partners and staff and will provide a framework for future engagement activity. It includes the following objectives (in terms of our external services and internal functions) which remain relatively unchanged from 2013/14 and can be summarised as follows:

- Improve customer experience
- Deliver services and facilities to meet local needs
- Develop new ways of working
- Deliver local and national change and improvement
- Develop a skilled and capable workforce
- Promote economic growth and protect the Council's finances

6.3 The Plan does not reflect the entirety of the Council's activities - but identifies a number of key high-level actions that our services will undertake under each of the objective headings to deliver the priority outcomes and help translate our vision for Slough into a reality over the forthcoming year.

7. Comments of other Committees

7.1 At the time of writing this report, the proposed Plan was due to be considered by Overview and Scrutiny Committee on 8 April 2014. Any further comments from that meeting will be reported verbally to Members at the meeting.

8. Conclusion

8.1 Cabinet are asked to recommend the Council that the Corporate Plan be agreed.

9. Appendices Attached

'A' Draft Corporate Plan 2014/15

10. Background Papers

None.

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Corporate Plan

2014 - 2015

DRAFT

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Foreword from the Leader of the Council

Welcome to the Corporate Plan - our roadmap of what we will achieve for Slough in the forthcoming year.

Knowing the needs and aspirations of our residents has led us to a range of actions – all designed to help deliver our and your priorities.

The money Government gives to councils has been cut dramatically and this is expected to continue. But despite this we are developing new ways to deliver services, protecting the front line services our residents rely on and focusing our efforts on plans which will bring the most benefit to the most people.

Slough is always on the move and through our major regeneration projects we are improving our neighbourhoods now and for the future – despite the difficult economic times. We have competing demands – to provide housing, to meet business' needs to support growth and provide jobs, to work with health and education providers, to provide community buildings and an infrastructure that supports them all.

Residents want more, we want to provide more, better and smarter and all within a shrinking budget. We cannot do it alone. And our strong partnerships within and outside our town are vital. But even more important are our residents; improving their town and encouraging them to play their part.

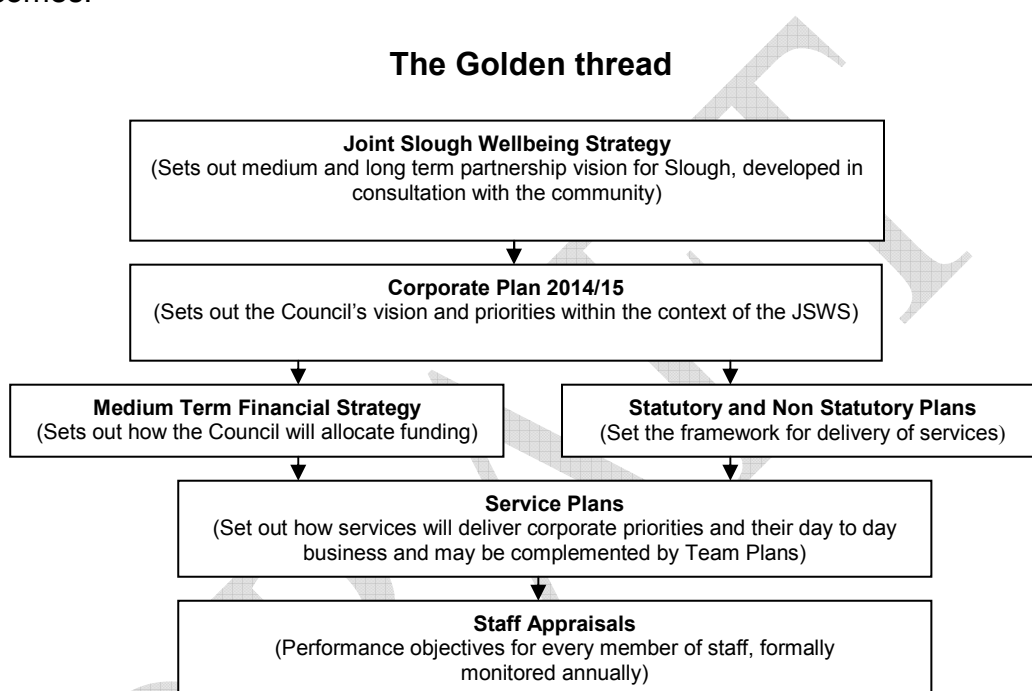
We have the right people and the right processes in place to make this happen and despite the challenges, the mountain we have to climb, I am confident we will not be diverted from the tasks we know are best for our town.

Councillor Rob Anderson
Leader Slough Borough Council

Shaping services for the future

This Plan outlines our approach to the council's business planning processes, ensuring that our vision, priorities and resource allocations are based on sound evidence and an understanding of our communities' needs.

The priorities identified in this Plan complement those that have been agreed for the town (and which are set out in borough's Joint Wellbeing Strategy¹), are unpinned by a robust service planning process and a sustainable budget for 2014/15. This approach, known as the 'gold thread' ensures that all of our activities are suitably aligned to the achievement of our stated priorities and outcomes.



The Council's vision

Our vision is of a council that can continue to adapt to and lead change, through new ways of working and commissioning services.

Our recently agreed Organisation Development Strategy sets out how we aim to improve organisational effectiveness and:

- Get ourselves fit for the future through a process of organisational transformation
- Better understand the major issues facing us and set a clear direction for sustainable success
- Build consensus about what needs to change and mobilise the energies and abilities of people

¹ <http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-joint-wellbeing-strategy.aspx>

- Continuously improve service delivery to meet the increased demand for services from residents and businesses against a backdrop of challenging economic circumstances

Our values

Our values state clearly and simply what the council stands for and what it wants to be known for. They are:

<p style="text-align: center;">Respect</p> <ul style="list-style-type: none"> • To treat everyone fairly and value difference • To communicate openly and honestly with customers and colleagues • To accept change and move on positively when a decision is made 	<p style="text-align: center;">Taking Pride</p> <ul style="list-style-type: none"> • To work as one council and promote Slough as a place to live, work and visit • To suggest ways to improve how we work • To find ways to improve our skills and knowledge
<p style="text-align: center;">Responsibility</p> <ul style="list-style-type: none"> • To resolve problems even if it's not our job • To make decisions and take the initiative • To get things done and in good time 	<p style="text-align: center;">Results</p> <ul style="list-style-type: none"> • To make it easy for customers to contact us • To respond to the needs of our customers • To ask customers for their views on our services and act on them

What's important – Slough's operational priorities

In order to deliver our vision, the council has adopted six operational priorities for 2014/15. These are to:

1. Improve customer experience
2. Deliver services and facilities that meet local needs
3. Develop new ways of working
4. Deliver local and national change and improvement
5. Develop a skilled and capable workforce
6. Promote economic growth and protect the council's finances.

Strategic actions to deliver these priorities are listed below – these do not include the wide range of “business as usual” activity set out in service and team plans. However, the most important changes we need to make this year are:

- Improving Children's Social Care
- Delivering our budget for 2014/15 and identifying further required savings
- Implementing Fit for the Future to ensure that all staff have the skills to meet the challenges ahead

1. Improve customer experience

Why is this important?

Customers' expectations and needs are changing. People expect and want more from services at a time when resources are reducing. We need to listen to our customers but also develop their capacity to take more responsibility.

What outcomes do we want to achieve?

- Customers will receive the right information to access services first time in the most cost effective way
- Residents' and communities' capacity will be developed to enable them to take responsibility for their lives, their homes and the areas in which they live
- Customer satisfaction will improve.

In 2014/15 we will:

Customer and Community Service

- Simplify and streamline service processes and procedures making it easier for customers to receive services more efficiently and effectively
- Develop the transactional capacity of our website making more services available online as part of our customer focus programme
- Develop plans for a new Langley community hub

Adult Social Care

- Increase the number of older people who achieve independence through rehabilitation or enablement and other types of non residential or short term care
- Increase the number of working age adults and older people receiving self directed support and direct payments so that they have more control over the support and services required to meet their social care needs

Children's Social Care

- Be more ambitious for the education of looked after children, listen to them and prioritise their aspirations and attainment by improving the quality and monitoring of their personal education plans and setting challenging targets.
- Ensure that pathway plans are an effective tool to drive planning for young people leaving care and that young people are listened to and involved in developing their own pathway plans.

Highways and Transport

- Undertake junction improvements at key locations across the borough to improve accessibility and reduce congestion
- Repair road damage and limit the impact of road works in order to improve the customer experience

Housing

- Amalgamate our housing management and neighbourhood enforcement functions to deliver neighbourhood services which are resident focused and reflect local priorities

2. Deliver services and facilities that meet local needs

Why is this important?

The council has made considerable savings since 2010 but has been successful in protecting frontline services. We have to make further savings so will have to continue to review the way we deliver and commission services within our limited resources.

What outcomes do we want to achieve?

- Customers will access services designed around their needs, within available resources
- More residents will benefit from early intervention/prevention services
- Service levels will be defined and fit for purpose according to need and priority
- Contract management will be improved to generate savings
- An increased number of vulnerable adults will receive an integrated service
- More people will take control of their care.

In 2014/15 we will:

Adult Social Care

- Develop an integrated health and social care system 'My Health, My Care' that provides consistent, high quality, personalised support for residents who have a risk of hospital or care home admission

Children's Social Care

- Work effectively with partners to develop the responsive commissioning of Early Help services for children, young people and families in Slough
- Implement the Children and Young People's Engagement and Participation Plan and recruit, train and deploy Young Commissioners to help us to listen to children and young people and design services that meet their needs
- Mitigate the impact of poverty on the achievements and life chances of children and young people through development of a new Child Poverty Strategy

Community Services

- Improve and upgrade facilities at the crematorium and cemetery

Housing

- Build more than 200 new affordable homes for local residents
- Ensure that our social housing stock meets local demand in a fair and equitable way including by developing an effective transfer scheme

Leisure Services

- Implement the council's strategy for leisure to improve healthy living by increasing the physical activity of residents of all ages

Procurement

- Establish a central contracts team, framework for procurement and management of contract performance to deliver cashable efficiencies

Public Health

- Commission public health services, promote screening services and health checks and raise public awareness to improve the health of residents

3. Develop new ways of working

Why is this important?

In order to deliver the scale of change required to meet savings targets the council has to work differently both in terms of service delivery and its internal operations.

What outcomes do we want to achieve?

- Services will be delivered in the most effective ways including through partnerships and outsourcing
- The council will have a modern ICT platform which will facilitate service delivery and enable council staff to work flexibly and improve productivity

In 2014/15 we will:

Adult Social Care

- Develop a strategic approach with partners to reduce drug and alcohol misuse and their impact on health, domestic abuse and violent crime and respond effectively to identified cases

Children's Social Care

- Work with partners to improve frontline inter-agency working and communication in order to risk assess and prioritise all referrals about children at risk in order to keep them safe
- Develop and implement a Multi-Agency Safeguarding Hub for Slough
- Work with the police and crime commissioner to ensure our priorities remain high on his agenda and to maximise funding opportunities

Community Services

- Implement community learning trusts to help develop joined up delivery of adult learning for local people

Housing

- Work with landlords to address issues with the quality, accessibility and availability of private rented housing across the borough
- Promote and encourage digital inclusion and explore ways of engaging with residents online, including allowing them to manage their tenancy, reporting repairs and managing their rent account

Procurement

- Use the major contract review to manage contractors more effectively, realise significant savings and ensure the most effective use of resources in the short, medium and long term

Regulatory Services

- Expand our regulatory services to businesses in order to increase income and work towards offsetting the cost of service delivery

Asset Management

- Change our approach to use of buildings, accommodation, materials and energy to reduce use, increase re-use and be more efficient

4. Deliver local and national change and improvement

Why is this important?

We recognise that some of our services need to be improved and we are focusing our resources to deliver improvement and change. We also need to respond to changing statutory requirements and those of our partners.

What outcomes do we want to achieve?

- Services that do not meet required standards will be improved and new statutory service requirements will be met
- Children will live in stable families or other circumstances
- People will be supported to live independently in their own homes resulting in more housing options
- The council will have a clear town centre strategy.

In 2014/15 we will:

Adult Social Care

- Work in partnership with the Care Quality Commission and the local NHS to prevent abuse and keep vulnerable adults (and carers) safe from harm and neglect

Children's Social Care

- Improve the quality of social work practice to ensure that children in need of help and protection make good progress and have positive experiences of the support and services we provide
- Develop and implement a new permanency strategy for children in care that provides increased opportunities for adoption and long-term fostering arrangements in and around Slough

Community Services

- Implement the Berkshire City Deal in Slough to help more local young people find employment including via education and training, as part of Slough Aspire
- Start building work on The Curve, a new learning and community venue, in the centre of town, completing it by July 2015

Housing

- Minimise the amount of rental income lost through reducing the length of the void periods (the period before we re-let an empty property)
- Meet, and where possible exceed, the decent homes standards for all new builds

Assets, Regeneration and Environment

- Work with local businesses and partners to develop the town centre including the retail offer, parking, infrastructure and housing
- Replace 80% of street bins and 100% of parks bins with split litter and recycling bins to improve recycling rates across the borough
- Establish processes (during the refresh of our Asset Management Plan²) to enable the redevelopment of land and property

² see www.slough.gov.uk/business/land-and-property/council-land-and-property.aspx

5. Develop a skilled and capable workforce

Why is this important?

We need to recruit and retain a skilled and flexible workforce to deliver our objectives and to do this we must invest in our employees and listen to their views.

What outcomes do we want to achieve?

- The council will recruit and retain a skilled workforce, developed to deliver prioritised services
- The council will have a competent workforce to meet statutory requirements
- Employees will be engaged to deliver our vision.

In 2014/15 we will:

Corporate

- Implement the Fit for the Future programme of workforce initiatives
- Equip our managers and staff with the right skills and competencies to support and manage change and deliver our priorities
- Carry out staff engagement activity on a regular basis to ensure that staff understand council priorities and their role in delivery
- Develop a customer focus learning and development programme for our managers and staff
- Increase our capacity to manage contracts, programmes and projects.
- Continue with our recruitment and retention campaigns for hard to recruit posts (particularly across our professional services and in Children's Social Care)
- Develop and promote a range of part-time employment opportunities for local people within the Thames Valley Transactional Services Hub

Social Care

- Set-up a Social Work Development Unit for student and newly qualified social workers to provide support, learning and development to develop their professional knowledge, skills and practice
- Expand our social work post-qualification learning and development programme to ensure that social workers are offered attractive and relevant professional development opportunities
- Increase the number of independent and voluntary sector organisations who participate in social care training provided by the council

6. Promote economic growth and protect the council's finances

Why is this important?

The strength of Slough's economy is vital to its success. We have many advantages but competition with other locations is fierce and we need to work hard to retain existing businesses and attract new ones. The growing reliance on business rates as an income source has made this even more important.

The council's resources are reducing. We need to ensure that our limited resources are used in the most cost effective way to deliver our priorities.

What outcomes do we want to achieve?

- Use resources effectively, identify savings and increase income
- Ensure a return on capital spend including social return on investment
- Ensure that full cost recovery and whole life costings are achieved
- Social care and health costs will be reduced
- Business support services will be improved to increase business rate retention.

In 2014/15 we will:

Corporate

- Deliver a balanced budget including agreed savings for 2014/15 by 31st March 2015
- Deliver an anticipated collection rate of at least 98% of Council Tax and Business Rates
- Explore how full and whole life cost recovery and value for money can be achieved through our future contract specification documentation

Social Care

- Work with Slough's Clinical Commissioning Group and Adults and Children's social care teams to identify efficiency savings and develop 'invest to save programmes'

Children's Social Care

- Work with partners to recruit more foster carers to reduce dependence on more costly foster placements through Independent Fostering Agencies and increase the numbers of locally looked after children
- Work more effectively to identify forever families for all looked after children and increase the numbers of adoption and special guardianship orders granted, providing stable families for children and reducing the costs of care
- Improve care planning for looked after children to increase the stability of placements, to improve children's experiences of care and reduce costs

Economic Development

- Develop an improved approach to increase inward investment, retention of existing businesses and entrepreneurship
- Increase the percentage of council expenditure on contracts with Small and Medium Enterprises (SMEs) in line with government targets

Transport

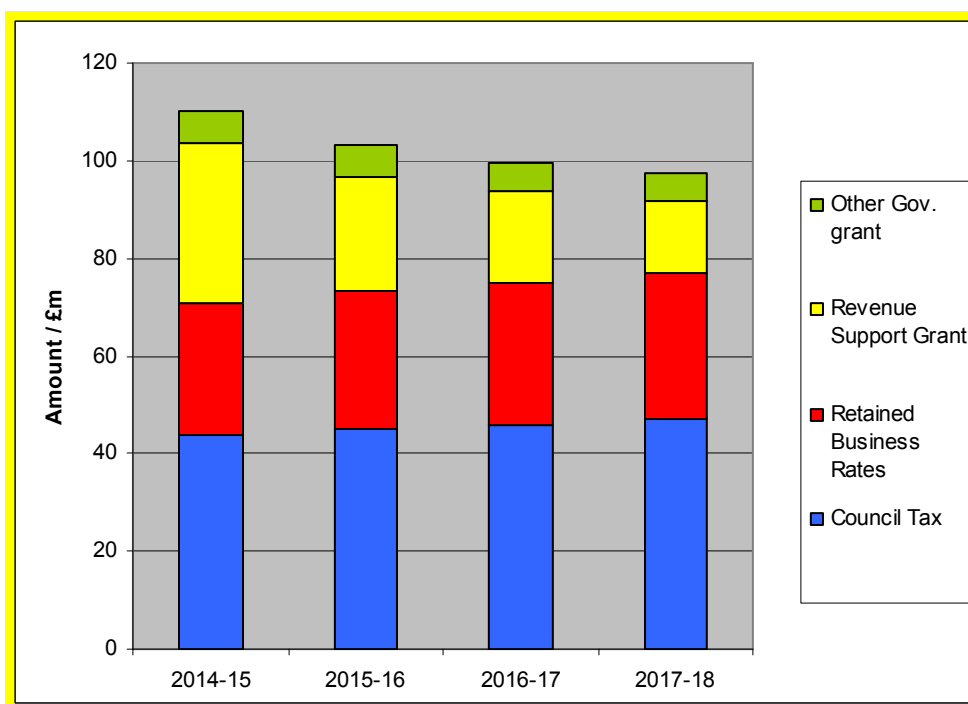
- Prepare for the impact of Crossrail and WRAtH and maximise the benefits from these national projects to stimulate local growth

Slough's budget challenge

Slough Borough Council is facing an extremely tough financial challenge.

In 2010, as part of the Spending Review, the government announced its plan for reducing the national financial deficit. Funding to local authorities will be reduced by 28% from 2011 to 2015 after taking account of inflation and, in fact, some grants have been stopped altogether. Some towns, like Slough, have been hit hard.

Over two years the Government will have reduced its grants to the council by over £16.5m. That is a reduction of 42%.



At the same time, the council has to pay for unavoidable cost increases due to inflation, changes in legislation, the changing needs of local people and financing costs. These are expected to cost at least £28m extra by the end of 2017/18.

The combined impact of these grant reductions and rising local costs means the council will have to make savings of around £45m by 2017/18.

The challenge for 2014/15 is therefore to save around £12m in addition to the £20m that has already been saved in the previous two years.

In recent years, efficiency savings have been made and these have helped to bridge the financial gap. This is no longer enough. Over the next few years we will need to target our limited resources to where they are most needed - balancing the needs and demands of residents with what is right for Slough. This may result in some services changing and, indeed, in some instances being discontinued altogether.

In light of these challenges we need to continue to adapt and make changes to services and how they are run, particularly by embracing new and improved

models of delivery and we will continue to involve residents in the shaping and delivery of these services where possible. Throughout this process the council will however ensure that it makes the best use of resources for those most in need – protecting those local people who are the most vulnerable or at risk.

Our Medium Term Financial Strategy 2014 - 18³ sets out our high level financial plans for the next 3 years. It explains the council's objective of securing a sustainable balanced budget position across the medium term, while accommodating clearly identified savings and known future challenges.

Focusing on performance

Given the budgetary and resource pressure the council faces and the expectation that these pressures will increase in the coming years, it is now more important than ever the council manages its operations and resources as efficiently and effectively as possible.

In order to do this we regularly take a robust look at our performance, celebrating our improvements and focusing attention on those areas where we need to do better. The council's Performance Management Team creates quarterly reports for Cabinet, which includes information on the progress of our key list of Gold projects⁴, to ensure that we remain on track to achieve our vision for Slough, as set out in this Plan and in our Wellbeing Strategy.

Contact for more information: xxxxxxxxxx

³ See www.slough.gov.uk/moderngov/mgChooseDocPack.aspx?ID=4867

⁴See www.slough.gov.uk/council/performance-and-spending/budgets-and-finance.aspx

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SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet **DATE:** 14th April 2014

CONTACT OFFICER: Sally Kitson, Commissioner, Wellbeing, Slough Borough Council
(For all enquiries) (01753) 875593/4

WARD(S): All

PORTFOLIO: Health & Wellbeing – Councillor Walsh

PART I
KEY DECISION

CARERS CARING FOR OTHERS – SLOUGH’S JOINT CARERS COMMISSIONING STRATEGY REFRESH 2014-17

1 **Purpose of Report**

1.1 To provide Cabinet with the opportunity to review and comment on the draft refreshed interim Joint Carers Commissioning Strategy for Slough Borough Council (SBC) and Slough Clinical Commissioning Group (CCG).

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

2.1 The Cabinet is requested to comment on and resolve that the draft interim Joint Carers Commissioning strategy, including resource allocation, be approved.

3 **Slough Wellbeing Strategy Priorities**

3.1 The six priorities within the draft interim Joint Carers Commissioning strategy support a number of national and local priorities and legislative changes. These include:

- The refreshed National Carers Strategy ‘Recognised, Valued and Supported: Next Steps for the Carers Strategy’ 2010 setting out four key priorities. These are:
 - **Priority area 1: Identification and recognition**
Supporting those with caring responsibilities to identify themselves as Carers at an early stage, recognising the value of their contribution and involving them in designing local care provision and planning care packages.
 - **Priority area 2: Realising and releasing potential**
Enabling those with caring responsibilities to fulfil their educational and employment potential.
 - **Priority area 3: A life outside of caring**
Personalised support both for Carers and those they support, enabling them to have a family and community life.
 - **Priority area 4: Supporting Carers to stay healthy**
Supporting Carers to remain mentally and physically well.

- The changes introduced in the Health and Social Care Act 2012. This includes the increased requirement to involve patient and carers in their own care and treatment along with the need for more integrated working between health and social care.
- The Care Bill which place greater duties on local authorities to meet eligible carers support needs. This will, subject to eligibility, include entitlement to receive a personal budget.
- The Children and Families Act 2014 which adopts a ‘whole family approach’ thereby requiring increased collaboration between Adult and Children’s services. The Children and Families Act 2014 also includes specific duties to Local Authorities to ensure the needs of Young Carers are given a high priority.
- Slough Joint Wellbeing Strategy (SJW Strategy) 2013-16. The draft Joint Carers Strategy supports the SJW Strategy and work streams within the Priority Delivery Groups. The main priority which applies to Carers within the SJW Strategy is health. This states: By 2028, Slough will be healthier, with reduced inequalities, improved wellbeing and opportunities for our residents to live positive, active and independent lives.

4 **Joint Strategic Needs Assessment (JSNA)**

4.1 The JSNA includes needs assessment data about Slough Carers extracted from the Census 2011¹. This is detailed in the table below. Slough Carers amount to 14% of the local population compared to the national average which is 12%.

Age Group	Provides unpaid care: Total	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
0 to 24	1,350	1,013	208	129
25 to 49	5,662	3,438	1,047	1,177
50 to 64	3,097	1,907	503	687
65 and over	1,513	696	219	598
Total:	11,622	7,054	1,977	2,591

4.2 The JSNA identifies a number of key inequalities experienced by Carers based on national and local information. This research suggests Carers will often ignore their own financial, health and emotional needs, putting the needs of those they care for before themselves. As a consequence caring can impact on many aspects of their lives including:

- Accessing and staying in employment.
- Financial, health and emotional wellbeing.

¹ Office for National Statistics

- Accessing social and recreational activities.
- Family and other relationships.
- Achieving educational potential
- Juggling work and caring responsibilities

5 **Other Implications**

- 5.1 The increased pressure to use budgets more efficiently and effectively necessitates more innovative ways of working. This includes greater collaboration between health and social care. A drive for developing this strategy at this time is to agree how Local Authority and CCG funding to support Carers can be targeted most efficiently to improve outcomes for local Carers.
- 5.2 It is anticipated that the Care Bill will result in an increased number of Carers Assessments. Carers meeting eligibility for support will also be entitled to a personal budget. At this stage it is unclear what extra resources will be allocated to Local Authorities to support them with this new duty. Likewise the Children and Families Act 2014 will necessitate Children's Services having to plan for the increased numbers of Young Carers assessments and parent Carers along with appropriate support to meet identified needs.
- 5.3 The Carers Respite and Community Support Framework is now operational. A range of providers are included within the Framework able to meet the diverse needs of Carers including young Carers. There are examples of the framework delivering imaginative and personalised support to Carers. This is a good foundation for the Carers Offer which will be required following implementation of the Care Bill and the Children and Families Act 2014.

(a) **Risk Management**

Risk	Mitigating action	Opportunities
Legal Slough Borough Council has not developed systems to cope with the additional Carers Assessments that will be required as a result of forthcoming legislative changes.	Guidance will be issued to local authorities by the Department of Health as to how to manage changing requirements. Carers Assessments have been included within the new Adult Social care customer pathway. The needs of Carers have been identified as a priority in development and commissioning of future services.	To review how Carers are being supported from all groups within Slough's diverse community.
Property None		

<p>Human Rights Carers not only have a right to a Carers Assessment but, where eligible, to choose services including a personal budget. If Carers are not consulted, then there is a possibility commissioned services will not meet the local needs of Carers.</p>	<p>The Carers and Support Framework allows Carers to select a provider of their choice able to respond to their individual needs. Carers can also use their personal budget to purchase services to meet assessed eligible needs.</p>	<p>To stimulate the market by working with local providers to create more personalised and tailored opportunities for local Carers.</p>
<p>Health and Safety None</p>		
<p>Employment Issues Adult Social care and Children's services do not have sufficient staff in place to respond to the anticipated increased duties and responsibilities to Carers.</p>	<p>Plans in place to review extra duties for the Council. This will be reviewed following the issuing of DOH guidance and allocated resources.</p>	<p>To ensure all eligible Carers have access to tailored and personalised support.</p>
<p>Equalities Issues Services commissioned do not meet the needs of Sloughs diverse communities.</p>	<p>Equalities Impact Assessment completed</p>	<p>Commissioning services to ensure responsive and personalised services that meet individual needs of Carers.</p>
<p>Community Support Without full engagement with the local community, there is a risk that locally based services will be developed without considering how to meet Carers needs.</p>	<p>There has been full engagement with key stakeholders throughout the development of the Strategy. This included regular feedback sessions with information updates.</p>	<p>Ensuring Carers have their own needs met. This includes helping them to feel better equipped to support the cared for to remain in their own homes</p>

<p>Communications If the publication of the strategy is not wide spread, there is a risk that Carers will be unaware of their rights and opportunities to help them in their caring role. It is more likely that hidden Carers within Slough will remain unidentified and unsupported</p>	<p>Full engagement of key stakeholders throughout consultations.</p> <p>Feedback sessions with information updates provided.</p> <p>Summary of the strategy will be developed and circulated within the Slough Community</p>	<p>Keeping carers and key other stakeholders updated and involved in future service developments and commissioning processes.</p>
<p>Community Safety Providers are not adequately monitored</p>	<p>All providers of the Carers Respite and Community support Framework have been evaluated through the tender process.</p> <p>They will also continue to be monitored including providing quarterly performance data.</p>	
<p>Financial Resources to support carers are not adequate to cope with increased duties of the Council to support Carers.</p>	<p>Plans in place to review anticipated increase in numbers along with budget allocation for Carers in order to plan effectively.</p>	<p>Opportunity to review Carers eligibility in light of new DOH guidance</p>
<p>Timetable for delivery The strategy does not have a clear timetable for implementation</p>	<p>A detailed work plan has been developed to support the implementation of the strategy.</p> <p>A strategy development group will be set up to oversee implementation of the strategy</p>	<p>This is an interim strategy that will be reviewed within twelve months strategy.</p>
<p>Project Capacity The strategy will require continued collaboration between different directorates within the Council and the CCG. Without a development group being established with clear governance arrangements to Health and Wellbeing Priority Development</p>	<p>Plans in place to re-establish the Carers Partnership Board to oversee the implementation of this strategy. This Board will be accountable to the Health Priority Delivery Group.</p>	<p>Plans in place to ensure wide membership of the Board to raise the profile of Carers Locally and to seek opportunities</p>

Group, accountable to the Wellbeing Board, it will be at risk of not being given adequate priority.		
Other		
None		

(b) Human Rights Act and Other Legal Implications

The Government is committed to delivering equity of access to treatment, prevention and promotion interventions, as well as equality of experience and outcomes across all protected groups. The Department of Health's Equality and Human Rights Assurance Group (EHRAG) uses the Adults Social Care Outcomes Framework (ASCOF) outcomes measures and indicators to support the development of an action plan to deliver statutory equality objectives. Slough Borough Council also uses the ASCOF as part of the contract monitoring process.

The development of the strategy ensured full consultation with service users and key stakeholders which had a positive influence in developing the priorities in the strategy. Feedback events on the consultation results were held and the useful information we have gleaned was shared.

Local authorities' current duties to carers are set out in a range of legislation as follows:

- i. The Carers (Recognition and Services) Act 1995 sets out the core statutory duties to carers. The 1995 Act introduced the concept of the carer's assessment. Where an individual ("the carer") provides or intends to provide a substantial amount of care on a regular basis for the relevant person, the local authority has a duty to carry out an assessment of the carer's ability to provide and to continue to provide care for the relevant person, if the carer makes a request for such an assessment;
- ii. The Disabled Persons (Services, Consultation and Representation) Act 1986 provides that when assessing the needs of a disabled person who is receiving a substantial amount of care on a regular basis from another person, the local authority has to have regard to the ability of that person to continue to provide such care on a regular basis when they are deciding whether the disabled person is in need of services from the local authority.
- iii. The Carer's and Disabled Children Act 2000 built on the 1995 Act and entitles qualifying carers aged 16 and over who care for another person aged 18 and over to an assessment of their need for services. It also provides for an assessment of the needs of people with parental responsibility for disabled children where the Local Authority is satisfied that the child and his family are persons for whom it may provide services under section 17 Children Act 1989, and to take the carer's assessment into account when deciding what, if any services to provide under section 17 of the 1989 Act.
- iv. The Carers (Equal Opportunity Act 2004) requires local authorities to inform carers, in certain circumstances, that they may be entitled to an assessment

under the 1995 and 2000 Acts. The 2004 Act provides that when undertaking a carer's assessment, the local authority must consider whether the carer works, undertakes any form of education, training or leisure activity, or wishes to do any of those things. The 2004 Act also provides for co-operation between local authorities and other bodies in relation to the planning and provision of services that are relevant to carers.

Local authorities are also required to have regard to relevant statutory guidance, including *Prioritising Need in the context of Putting People First: a whole system approach to eligibility for social care*, *Guidance on Eligibility Criteria For Adult Social Care, England 2010*, which includes guidance on assessing the needs of carers, and the '*Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004 Combined Policy Guidance 2005*'.

The Department of Health has also published Practice Guidance entitled '*Carers and People with Parental Responsibility*' on how to implement the provisions of the Carers and Disabled Children's Act 2000.

New legislation is set to change significantly local authorities' duties to carers. The Care Bill is expected to receive Royal Assent in 2014 with the majority of its provisions coming into force in April 2015. The provisions in the Care Bill will replace existing legislation with a single duty to carry out an assessment of a carer's need for support (i.e. a carer's assessment), comparable to the legal duty to assess the people they care for. Under the new legislation it will not be necessary for the carer to demonstrate that they are providing a substantial amount of care on a regular basis.

For the first time local authorities will be required to use an eligibility framework set out in Regulations to determine the eligible needs of carers and provide services to meet eligible needs through a personal budget and support planning. Proposed eligibility criteria for carers who need support is set out in draft regulations on eligibility criteria published by the Department of Health in 2013 in the Annex to the discussion document "*Draft National Minimum Eligibility Threshold For Adult Care and Support*".

The Children Act 2014 received Royal Assent in March 2014 although not all of the provisions are yet in force. It inserts new provisions into Part 3 of the Children Act 1989. Sections 96 and 97 of the 2014 Act consolidate existing rights for carers, in particular from the Carers (Recognition & Services) Act 1995 and the Carers and Disabled Children Act 2000. Section 96 extends the right to an assessment of needs for support to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it. It requires a local authority to carry out an assessment of a young carer's needs for support on request or on the appearance of need, and provides for local authorities to combine the assessment of a young carer with an assessment of the person they care for. Previously, a young carer had to request such an assessment.

Section 97 simplifies the legislation relating to parent carers of disabled children, making rights and duties clearer to both parent and practitioners. It removes the requirement for such carers to be providing "a substantial amount of care on a regular basis" in order to be assessed, and requires local authorities to assess on the appearance of need, as well as on request. This section requires local authorities explicitly to have regard to the well-being of parent carers in undertaking

an assessment of their needs. The definition of well-being will be the same as in Part 1 of the Care Bill.

The Interim Joint Carer's Commissioning Strategy will enable the Council to comply with its existing statutory duties to carers whilst preparing for implementation of the new statutory responsibilities for carers coming into force from April 2015.

(c) Equalities Impact Assessment

An equalities impact assessment (EIA) has been completed.

This shows that the strategy would specifically affect people with regard to age and disability issues in enabling them to live more independently.

(d) Workforce

The Wellbeing directorate has recently been subject to a restructure which will have a positive impact on service delivery. This was necessitated by the need to align the workforce organisational structure to transitional and transformational activities that have taken place within the directorate over the past year. The redesigned Adult Social Care Customer Pathway now includes Carers Assessments. This will support the requirement to give Carers a much higher priority in light of the forthcoming legislation.

The Children and Families Act 2014 will necessitate changes for both Children and Adult Services. This includes the need to ensure the early identification of young people with caring responsibilities, as well as ensuring they receive a carer's assessment and appropriate support. The Children and Families Act 2014 now gives parent Carers the same rights as adult and young carers. These increased duties to Local Authorities will require an adoption of a 'whole family approach', necessitating much closer collaboration between Children and Adult services and partner organisations including schools.

The Care Bill is expected to receive Royal Assent in 2014, although the care and support provisions will not come into force until April 2015. The new legislation will place additional duties and responsibilities onto Local Authorities to assess Carers. This will include a requirement to provide personal budgets to those Carers eligible for support.

6 Supporting Information

6.1 **Background to the strategy development**

6.1.1 Slough's Carer's strategy has come to an end and therefore needed to be refreshed. There have been a number of major legislative and policy changes within health and social care that impact on Carers and those they care for as well as ever increasing budget constraints. This interim refreshed strategy, adopts an integrated and collaborative approach with health. It provides an opportunity to review and transform the way services are delivered in line with both national and local policy drivers. The strategy has considered:

- The major legislative changes for health and social care in the Health & Social Care Act 2012

- The legislative drivers directly related to Carers, namely the Care Bill and the Children and Families Act 2014
- The impact of Personalisation on both the cared for and their Carers
- Slough's changing demographics and health needs shown in the JSNA 2013
- Latest census information on the projected needs of carers and young carers within in the borough
- The current financial position for both the Council and the CCG. The action plan supporting the implementation of strategy needs to be realistic and sustainable and in line with the Better Care Fund.

6.2 Consultation

6.2.1. This refreshed interim strategy has been developed through extensive consultation with Slough Carers and key stakeholders using different methods including:

- SBC and health jointly funding the voluntary sector to arrange and co-host a large consultation event.
- Feedback events to share the results of the consultation. The consultation provided significant but important information which helped inform the strategy.
- Questionnaires undertaken to seek views of local Carers including Young Carers.
- Partnership working with key stakeholders to identify priorities for future commissioning.
- Slough Clinical Commissioning Group have participated and contributed to the development of this strategy.

6.3 Local Priorities to support Carers

6.3.1 The six agreed local priorities to support Carers are:

- Local Priority Area 1: Improved Health and Wellbeing
- Local Priority Area 2: Primary Health Care Services
- Local Priority Area 3: Hospital and Carers
- Local Priority Area 4: Improved support for Young Carers
- Local Priority Area 5: Training and Information for Professionals
- Local Priority Area 6: Involving Carers

7 Comments of Other Committees

7.1 This draft strategy was presented to Health Scrutiny on 13.1.14 outlining the agreed local priorities in order to improve outcomes for Carers as well as recognise the valuable support they make to the local community. Members raised how awareness of local support available to Carers could be promoted within Slough. Discussions also included problems faced by young carers, the flexibility and choice of respite care and the monitoring of the strategy in order to ensure effective

delivery and value for money. The strategy, following discussion was endorsed by Health Scrutiny.

- 7.2 However since the Strategy was presented to Health Scrutiny, a position has subsequently been adopted to seek implementation of this strategy on an interim basis. The reason for this is the guidance to support the implementation of Bill is anticipated over the next few months. At that point it will be clearer what the impact of the Bill will have for the Borough including the numbers of Carers likely to be eligible for support as well as resources required to meet it. Following analysis of the guidance, the strategy will be updated including the publication of Slough's Local Offer to Carers.

8 **Conclusion**

- 8.1 The interim Joint Carers Commissioning Strategy clearly sets out the priorities for the Council and CCG to support Carers over the next twelve. It provides opportunities to:

- Ensure greater collaboration between health and social care so resources are targeted effectively to provide improved support for Carers
- Help re-shape the market according to need to improve outcomes for Carers
- Ensure SBC and the CCG are meeting additional responsibilities to Carers through changing legislation within available resources.

- 8.2 The strategy allows SBC and the CCG to demonstrate commitment to the needs of Carers as well as ensuring the contribution they make is valued.

- 8.3 Extensive consultation has been undertaken with carers and key stakeholders to inform the development of the Strategy. The results from the consultations have been reflected in the strategy's priorities.

- 8.4 The strategy, together with the action plan, will lead the delivery of the future commissioning of services which provide more flexible service provision, are relevant to current needs and link to the wider community.

- 8.5 The strategy will then be updated in light of the significant legislative changes to meet the needs of Carers.

9 **Appendices Attached**

Carers Caring for Others – Slough's interim Joint Commissioning Strategy Refresh 2014-17

10 **Background Papers**

None

Carers Caring for Others

Slough's Interim Joint Carers' Commissioning Strategy
Refresh 2014-2015

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Foreword

Caring for a relative, friend or partner is a role that many of us will take on at some point in our lives. The number of Carers is growing as more people have complex support needs, many of whom are living longer. Carers make an essential contribution to the local community, providing practical, emotional and financial support to others. The role they undertake can all too often lead to isolation, poverty, ill health and loneliness. It is therefore crucial they are appropriately supported to enable them carry out their caring duties. To achieve this, it is necessary to commission high quality and personalised support responsive to the diverse needs of Slough Carers.

Slough Borough Council and NHS Slough Clinical Commissioning Group have joined forces by a shared commitment to work together to continue to seek out and improve the lives of carers. This interim strategy has been developed at a time of significant changes in how health and social care will be delivered. This includes increased duties to assess and support Carers in their own right, brought about within the forthcoming Care Bill 2013/14 Children and Families Act 2014. The impact of these changes is still unclear. Therefore this is an interim strategy that will be reviewed and updated over the next twelve months in light of anticipated guidance to support changes in legislation. However it has been developed in the spirit of the anticipated changes, setting out the future vision and priorities for the health and wellbeing of Carers within the Borough over the next twelve months. It will look at opportunities to jointly commission and develop services as well as work in partnership with the voluntary and private sector. Only by working together will meaningful and sustainable developments continue for the benefit of Carers in Slough.

We would like to thank all our stakeholders for their contribution in the development of this strategy and in particular Carers groups within the Borough. We are committed to making changes to ensure services are delivered that improve the quality of lives for local Carers.

Jane Wood

Director, Wellbeing

Dr Jim O'Donnell

Chair Slough Clinical Commissioning Group

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1.0 Introduction

1.1 Executive Summary

This refreshed interim Joint Carers Commissioning Strategy sets out the shared vision and commitment by Slough Borough Council and the newly formed NHS Slough Clinical Commissioning Group (CCG) to support the health and wellbeing of Carers (including young carers) living within the Borough of Slough over the next three years.

It has been developed within the context of a changing population and financial climate. People are living longer with growing numbers having long term illnesses and complex disabilities. As a consequence, the numbers of Carers are also increasing as well as the demands on them to meet these needs. Growing financial pressures within the public sector coupled with the recent major overhaul in the commissioning of NHS services require new ways of working. There is an ever increasing requirement to demonstrate value for money in all aspects of health and social care including provision for Carers. It is therefore important this strategy is both realistic and sustainable. Commissioned services must demonstrate value for money and effective outcomes for Carers.

1.2 Vision

At the heart of this strategy is a commitment to Carers to support them in their caring role. It recognises the essential role Carers provide within Slough's diverse community, promoting and maintaining the wellbeing of others. It is therefore crucial they are valued as expert and equal partners and are supported to lead as full a life as possible alongside their caring role. This will be achieved through the delivery of more integrated and personalised support. It will focus on what Carers have said will help them to continue in their caring role.

To realise this vision, strong and creative partnerships are necessary between the statutory, private and voluntary sector in order to maximise resources and opportunities to Carers. This collaborative approach will help meet the needs of Carers, including those from Slough's diverse community, get equal access to support for which they are eligible.

1.3 Aims of the strategy

This interim refreshed strategy responds to what Carers are now telling us is important as local and national policy directions. It will:

-
- Involve Carers as equal partners in the planning and delivery of future commissioned services.
 - Empowering parents of disabled children to be involved in decisions that will improve the lives of their child and whole family.
 - Ensure Carers receive timely and accessible information including benefits entitlements.
 - Ensure Carers are aware of their own unique entitlements, including a Carers assessment and annual review focusing on their individual needs.
 - Ensure access to personalised services and direct payments.
 - Ensure young Carers are identified, appropriately supported and able to meet their own potential. This includes enabling them to have the same opportunities as other young people without caring responsibilities.
 - Maximise resources by promoting creative and strong partnerships between Slough Borough Council, health, the voluntary and private sector.
 - Stimulate the market to enable personalised, flexible and innovative services for Carers.
 - Ensure where Carers may themselves be Vulnerable Adults, they are appropriately protected through the Berkshire Safeguarding Adults Policy.
 - Ensure Young Carers, are appropriately safeguarded through the Slough Local Children Safeguarding Board.
 - Raise awareness regarding the range and quality of locally based short breaks, emergency respite and community support.
 - Provide access to training for Carers on issues such as dementia, stroke, assistive technology and moving and handling.
 - Increase awareness and understanding about the needs of Carers by delivering training to health, social care and other key staff.
 - Ensure Carers are signposted to training and employment opportunities.
 - Ensure Carers have access to advocacy as well as other support to meet their emotional needs.

-
- Ensure high quality service provision through robust quality monitoring arrangements.
 - Ensure Carers who share relevant protected characteristics including race, disability, gender reassignment, religion and belief, sexual orientation, gender; marriage and civil partnership and age are supported and signposted to relevant groups and networks.
 - Be updated over the next twelve months in light of the anticipated future legislative changes to support Carers

1.4 Priorities

This refreshed interim Carers Strategy sets out the six new priorities to focus on for the next three years. These have been developed as a response to:

- The views of local Carers and other key stakeholders.
- The most recent updated four Government national priorities.
- Forthcoming changes in legislation in light of the Care Bill and the Children and Families Act.
- Reviewing progress since the previous Carers' Commissioning Strategy.

Slough Carers have identified a number of areas where they would like to see changes. A challenging financial environment means resources have to be targeted efficiently and effectively. Therefore by engaging with Carers we have a greater understanding about the services which are most valued as well as providing value for money. These new priorities are:

Local Priority Area 1: Improved Health and Wellbeing

Local Priority Area 2: Primary Health Care Services

Local Priority Area 3: Hospital and Carers

Local Priority Area 4: Improved support for Young Carers

Local Priority Area 5: Training and Information for Professionals

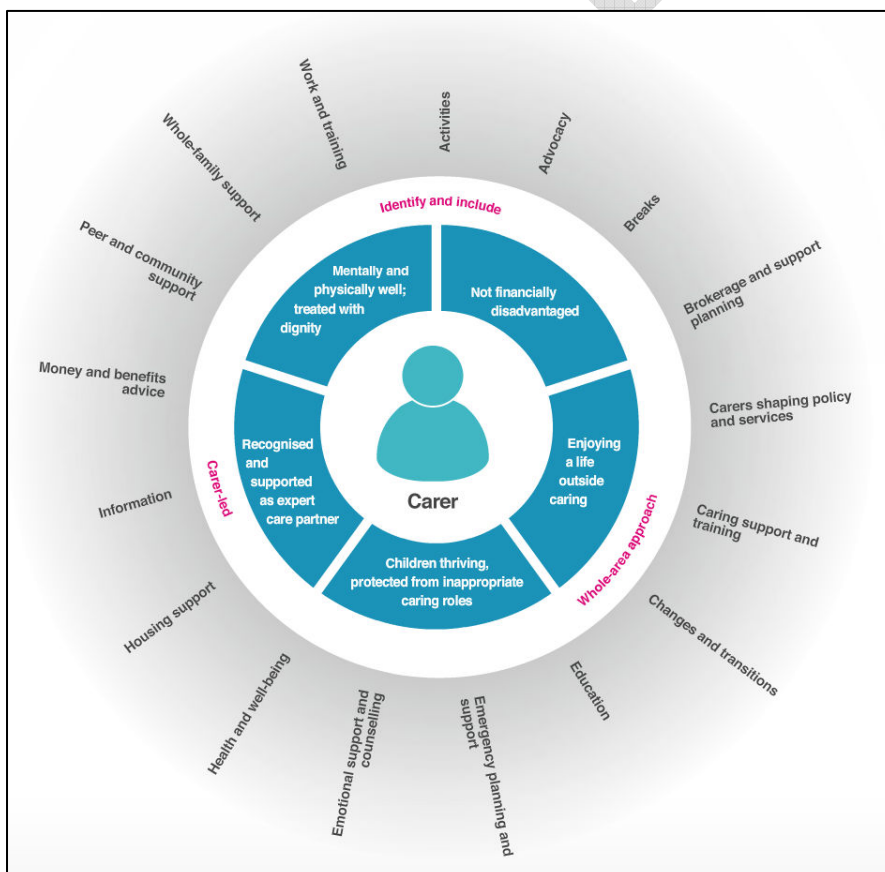
Local Priority Area 6: Involving Carers

1.5 Outcomes

The Carers' Hub is a model developed by the Princess Royal Trust for Carers and Crossroads Care¹ (now merged to form the Carers Trust), following the refreshed National Carers Strategy². It adopts a personalised approach to meet the needs of Carers through having a range of services in place. The model places the five outcomes from the refreshed National Strategy at the core (illustrated in blue in the diagram below). It then identifies the types of support required on the outside of the circle to help meet these outcomes.

The priorities within Slough's refreshed Strategy will be working towards meeting these outcomes. It recognises the need to give a high priority to the needs of overlooked Carers experiencing barriers to accessing support.

Whilst it will be necessary to provide some specialist Carers services, these outcomes will not be met by this activity alone. Instead the needs of Carers have to be integrated in the commissioning and development of preventative and other services including health, social care, leisure, housing and employment.



¹ 'Commissioning better outcomes for Carers –and knowing if you have'. Princess Royal Trust and ADASS 2010

² 'Recognised, Valued and Supported: next steps for the Carers strategy'. Department of Health, November 2010

2.0 Purpose of commissioning

“Commissioning is the means to secure the best value for local citizens. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which:

- Deliver the best possible health and well-being outcomes, including promoting equality.
- Provide the best possible health and social care provision.
- Achieve this within the best use of available resources.”³

3.0 Agreed Approach

In line with the commitment by Slough Borough Council and Slough CCG to work collaboratively, opportunities will be sought to jointly fund and commission services in order to improve outcomes for Carers. The strategy will be reviewed over the next year and Carers will continue to be consulted on the implementation of it. If the agreed actions cannot be met within timescales, this will be communicated with reasons. This will take place through the recently re-established Slough Carers Partnership Board, the other Partnership Boards, Slough Carers forums, including the Early Help Board and SEND Strategy Group which feed into the Children and Young People’s Partnership Board. It has been agreed that:

- The strategy will be for an interim for one year period commencing in May 2014.
- The priorities, vision and outcomes outlined in this strategy will shape and steer the commissioning and delivery of services to support Carers
- There is a need to review historically funded health care Carers services. These service reviews will be undertaken collaboratively.
- There will be a continued investment in preventative services.
- Strong partnerships with the private and voluntary sector are essential in order to widen opportunities.
- It will respond to any demographic changes within Slough as well as both local and national policy and legislative changes.

“As providers of social care and now public health, the council has a key role to play in integrating services to both improve the quality of care and support that people receive and help find new ways of addressing the long-standing concerns around

³ Commissioning framework for health and well-being Department of Health 2007

the future funding of care services” Sir Merrick Cockell, Chair of the Local Government Association. Partnerships and integrated working are most successful when priorities and outcomes are identified and agreed and when resources and activity are targeted to meet those outcomes.

It is our intention to ensure Carers and the people they support are given every opportunity to remain as independent as possible. We are committed to working with partners to design and deliver flexible and high quality local services. Services need to be wide ranging and universal, preventative or targeted where appropriate. We will use partnership engagement through our Local Healthwatch, Slough Wellbeing Board and Clinical Commissioning Group whose key role is bringing together local commissioners to agree integrated ways of improving local health and well-being.



3.1 How this strategy was developed

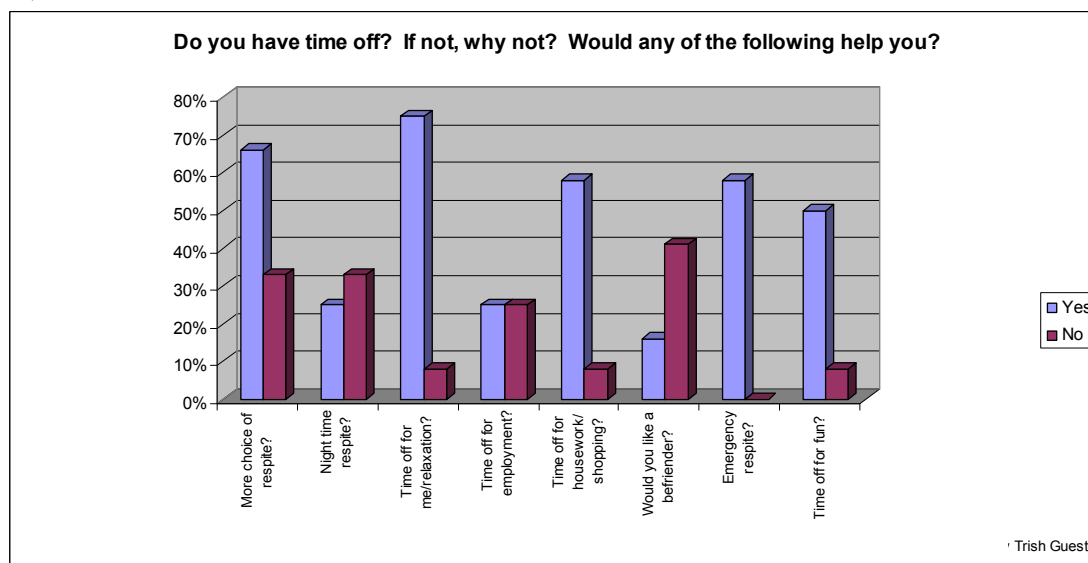
The strategy was developed through a partnership approach between Slough Borough Council, Slough CCG, the private and voluntary sector and importantly Carers. This included:

- A series of consultation events with local Carers and other key stakeholders.
- A sample survey being undertaken to seek the views of some existing Carers.
- Reviewing local responses to the National Carers Survey.
- Priorities agreed with local Carers at consultation events as well as other key stakeholders including the Slough Older People’s and Carers Partnership Board and the Children and Young People’s Partnership Board prior to this final version being approved.

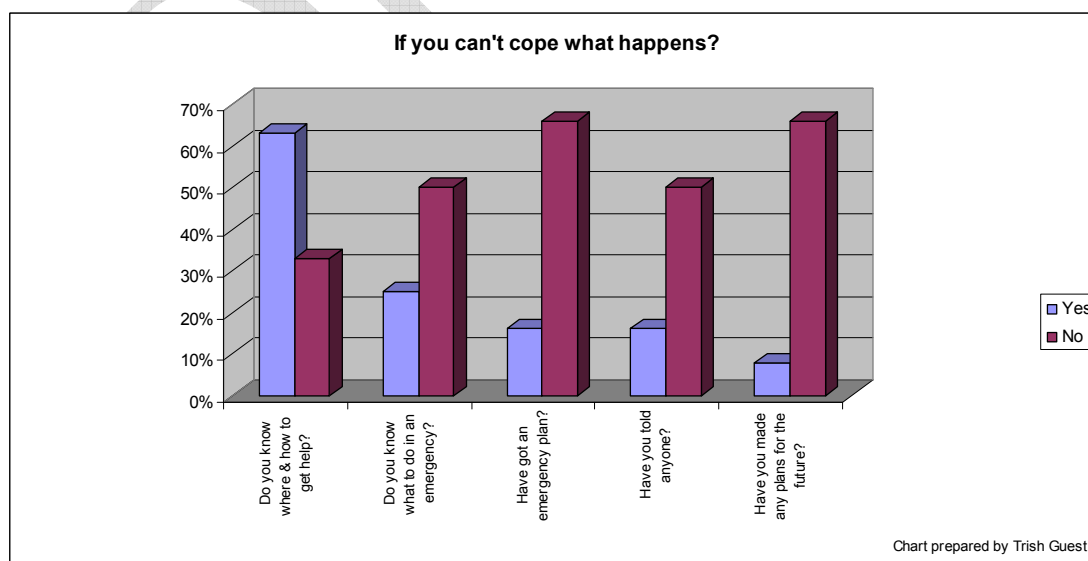
3.2 Local consultation

The extensive consultation with local Carers included an event held in the town centre developed in partnership with Carers UK Slough and District Branch and Slough Borough Council. This was jointly funded by the Council and NHS Berkshire East and attended by 125 Carers.⁴ Carers were given the opportunity to discuss the services they would like to see available in Slough. A summary of responses to four key areas are summarised in the tables below;

Question 1

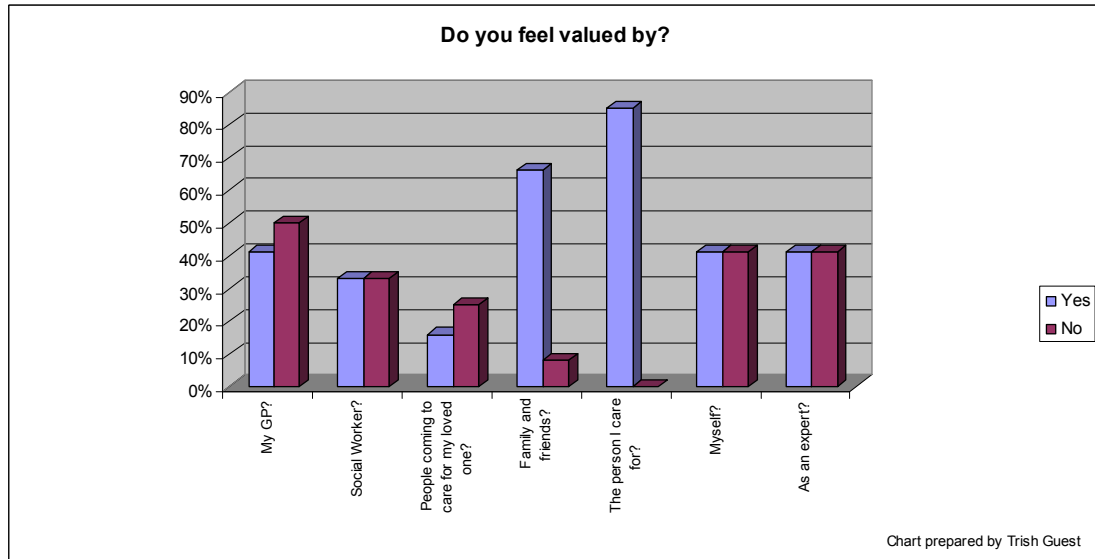


Question 2

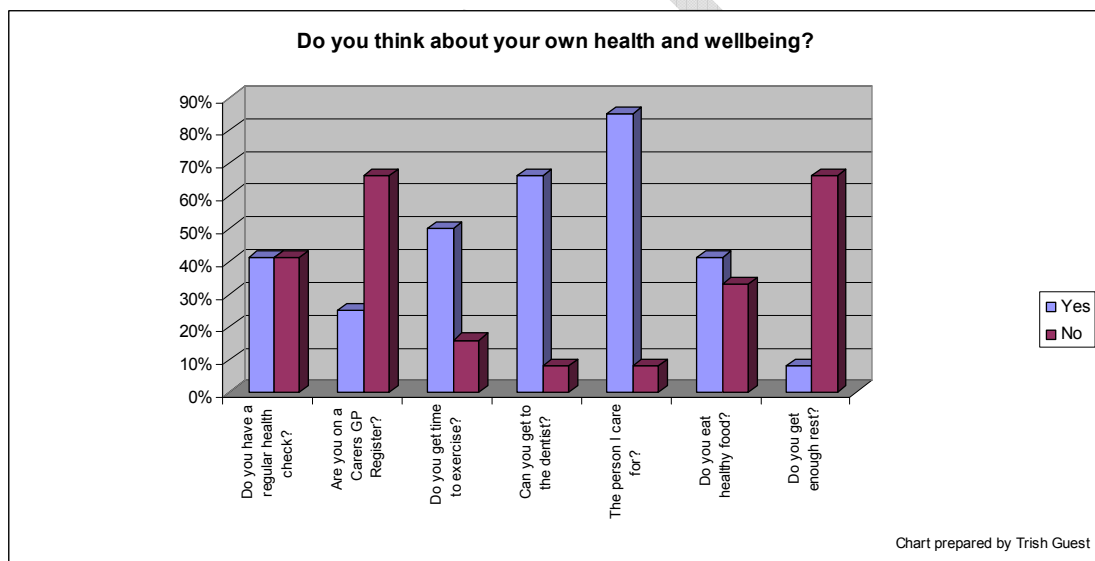


⁴ Full report available on request; 'Report on Carers Event in Slough'. Carers UK Slough, November 2012.

Question 3



Question 4



In addition engagement events were held with established local Carers supports groups including Carers of Mental Health Coffee Morning, Langley Carers Support Group, Cippenham Carers Support Group, and Stroke Survivors Carers Group. Consistent themes that emerged from these events included:

- The need for increased access to and awareness of flexible respite opportunities.
- More choices for 'time off 'opportunities providing Carers with time for rest and relaxation.

-
- Emergency planning, short breaks and respite.
 - Increased staff awareness of the needs of Carers including social workers, health professionals and schools.
 - General Practitioner (GP) recognition of Carers.
 - Re-instate GP Carers register.
 - Enable respite for Carers directly from GPs through Direct Payments.
 - Carers receiving support from health services/professionals.
 - A programme of courses available to support Carers in their caring role. This included first aid, dementia awareness, safeguarding, stress management, assistive technology and safe moving of people.

Slough Carers were also invited to complete a questionnaire about what was important to them. It focused on eight areas, cutting across national priorities. A copy of the questionnaire, completed by 37 Carers, is available on request. The findings from the questionnaire are illustrated in the Appendices (1) document which supports this strategy.

An additional event was held with a group of young Carers at Crossroads 'Friday night club'. This group was also encouraged to complete a questionnaire designed specifically around their needs. Again a summary of the responses (20 returned), is included in the Appendices. The themes that emerged included:

- The need for agencies including schools to work more closely to increase support to young Carers and their families.
- The need for increased support for young Carers including from schools to help them in their caring role.
- Involving young Carers in decision making including hospital discharges.
- Involving young Carers in developing awareness raising material.

A further event was held to enable Carers to comment and agree local priorities for this strategy.

4.0 Definition of a Carer

The term "Carer" refers to someone who looks after or provides regular unpaid help to family members, neighbours or friends who are elderly, sick, disabled, have mental health or substance misuse problems or other special needs. They include

parents of children with disabilities. Carers will be from any ethnic, faith, social background or sexual orientation.

Carers help and support the people they care for to deal with and manage a range of problems including illness disability, dementia, and substance or alcohol abuse. They help in keeping others safe by giving physical, practical and emotional support. Their responsibilities may be for short periods of time or, in many cases, for a lifetime. Responsibilities may vary over time and be difficult to predict on a daily basis. Carers may also carry out their responsibilities from a distance. Anyone can become a Carer. It might happen suddenly or a gradual process which grows over time with a slow deterioration in the health of the cared for person.

A parent Carer of a disabled child will be providing substantial and regular care beyond what is usually expected for a child of a similar age. When a disabled young person reaches age 18, the parent Carer does not stop being a parent, but in legal and policy terms is considered to be the Carer of an adult.

The role of the “Carer ” should not be confused with “care worker” or “care staff” who are either undertaking a caring role as part of paid employment or as volunteers attached to a voluntary organisation. This distinction is made in law through the Carers (Recognition and Services) Act 1995.

4.1 Definition of a Young Carer

Children or young people who undertake caring responsibilities are often referred to as ‘Young Carers’. These are children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances The most commonly adopted definition of young Carers are:

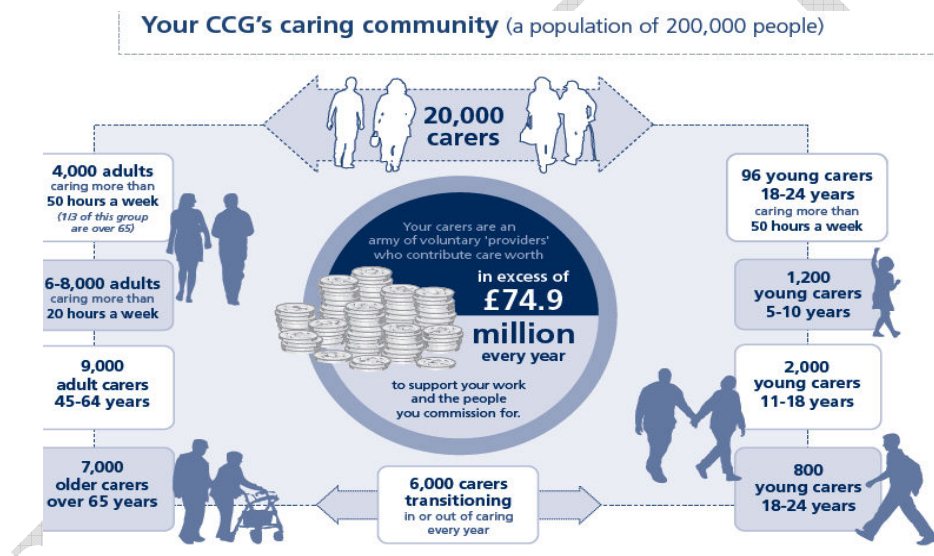
“... children and young people who assume inappropriate responsibilities to look after someone who has an illness, a disability, or is affected by mental ill-health or substance misuse. Young Carers often take on practical and/or emotional caring responsibilities that would normally be expected of an adult.”⁵

Tasks undertaken by young Carers vary considerably according to the nature of the illness or disability of the person they support, the level and frequency of need for their care as well as the structure of the family as a whole. The key issues for a young Carer are that they can become vulnerable when the level of care-giving and responsibility to the person receiving the care becomes excessive or inappropriate for that child. This can impact on their emotional or physical well-being or educational achievement and life chances. It can impact on their childhood.

⁵ Commissioning for Carers, Royal College of General Practitioners 2013

5.0 Value of Carers

Carers make a vital contribution to communities providing emotional and practical support, including enabling people they care for to remain in their own homes for much longer. They also make a significant economic contribution. A recent estimate⁶ is that this amounts to £119 billion per year in the UK. This is higher than the annual cost of all aspects of the NHS, which, in 2009-2010, was £98.8 billion. Carers help reduce the ever increasing pressures on both health and social care budget by limiting numbers of hospital and residential admissions. Therefore there are economic benefits to support Carers as well as legal and moral duties. A recent report by the Royal College of General Practitioners (RCGP)⁷ estimates in a population of 200,000 people, the average number of Carers is 20,000. The diagram below, taken from this report illustrates the average age of Carers, the hours of care provided as well estimated annual savings they deliver.



The Public Services (Social Value) Act 2012 requires public bodies to consider how the services it commissions improve the economic, social and environmental well-being of the area. Commissioning services to support Carers is clearly complying with this legislation.

6.0 Impact of Caring

Caring can be very rewarding but it can also be both financially and emotionally demanding, tiring and stressful. The impact on Carer's lives varies depending on a number of factors including the amount of caring undertaken, the age and health of the Carer, their other responsibilities as well the individual needs of the person they are supporting.

⁶ Valuing Carers - Calculating the value of Carers' Support Carers UK 2011

⁷ Commissioning for Carers, Royal College of General Practitioners 2013

Carers may not always identify themselves as Carers and thus remain “hidden” from services that may advise, help and support them in their role. Often Carers ignore their own financial, health and emotional needs, putting the needs of those they care for before themselves. Caring can impact on many aspects of their lives including:

- Accessing and staying in employment.
- Financial, health and emotional wellbeing.
- Accessing social and recreational activities.
- Family relationships.
- Achieving educational potential.

The RCGP report ⁸ referred to above summarises the health impacts on Carers. These include:

- 40% of Carers experiencing psychological distress or depression. Those caring for people with behavioural problems experience the highest levels of distress.
- 33% of Carers providing more than 50 hours of care a week report depression and disturbed sleep.
- Carers providing more than 20 hours of care a week over an extended period have double the risk of psychological distress over a two year period compared to non-Carers.
- 44% of Carers suffer verbal or emotional abuse and 28% endure physical aggression or violence from the person they care for.
- Older Carers who report ‘strain’ have a 63% higher likelihood of death in a four year period.

In a guidance report produced by ADASS ⁹ focusing on Carers and safeguarding, it lists situations when the Carer, often when isolated, is at increased risk of harm. These include when the person they support:

- Have health needs that exceed the Carer’s ability to meet them.
- Treats the person with a lack of respect.

⁸ Commissioning for Carers, RCGP 2013

⁹ Carers and Safeguarding Adults- Working together to produce outcomes April; 2011

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- Rejects help and support from outside.
 - Has a history of substance misuse, unusual or offensive behaviours.
 - Refuses or is unable to be left alone at night.

The report also considers the importance of preventing abuse in cases where the Carer becomes overloaded, which may then result in them becoming abusive or neglectful of the person whom they care for. The report differentiates between unintentional and intentional harm. In the former, it stresses the importance of ensuring the Carer is adequately supported to minimise risks.

The impact of caring for a child with disabilities often causes additional long term worries and responsibilities.

“Having a child brings a lifelong commitment, but with an expectation that when your child grows up, they'll need less care from you. When your child is disabled things can be very different. You are both a parent and a carer. Accessing the help and support you need can be a battle”.¹⁰

The local Carers survey 2012-13 conducted as part of a national exercise included questions focusing on the impact of caring. The sample of 165 Slough Carers resulted in a 34% response rate (56 Carers). Of these respondents:

- 25% indicated that they were unable to continue with paid employment because of the caring responsibilities.
- 23% felt they sometimes could not look after themselves well enough.
- 18% felt they had insufficient time so were neglecting themselves.
- 42% indicated they themselves had health conditions including long-term illnesses.

7.0 National Context

7.1 Key Legislation and Guidance

Over the last two decades various Governments have recognised the essential and vital contribution Carers make in maintaining the wellbeing and independence of older people as well as those with disabilities or illness in local communities. This is demonstrated in key legislation, guidance and strategies including the land mark

¹⁰ <http://www.carersuk.org/help-and-advice/who-do-you-care-for/item/960-caring-for-your-disabled-child>

National Carers Strategy¹¹. All of these have increased the entitlement of Carers to be involved and informed about decisions impacting on those they care for as well receive services in their own right.

The Carers (Equal Opportunities) Act 2004 was a landmark as it gave Carers new rights to information. It placed a duty on Local Authorities to inform Carers of their right to a Carers Assessment. The Act also gave Local Authorities powers to work with housing, health, education and other Local Authorities in supporting Carers to work, learn and enjoy leisure opportunities.

The Equality Act 2010 is also significant as it consolidates existing anti-discrimination legislation and for the first time, extended protection against discrimination to Carers. It gave new rights to Carers in both the workplace and in the provision of goods and services.

The previous Government's National Carers Strategy¹² and the further Coalition Government's refreshed strategy¹³ set out a vision that by 2018:

'Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling Carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.'

Personalisation¹⁴ is one of the overarching drivers of change within social care. This is based on the principles of enabling individuals to have greater choice, independence and control over their lives including the type of support they receive. Preventative services, stronger communities, and active citizenship are integral within this approach. This increased choice and independence should benefit not only the cared for but also the Carer.

A personalised approach to supporting Carers¹⁵ relies on:

- Carers being recognised as experts and genuine partners in all levels of service design and delivery.

¹¹ Carers at the heart of 21st-century families and communities: "A caring system on your side. A life of your own." (June 2008) Department of Health

¹² Carers at the heart of 21st-century families and communities: "A caring system on your side. A life of your own." (June 2008), Department of Health

¹³ Valued and supported next steps for the Carers Strategy (November 2010) Department of Health.

¹⁴ Putting People First (2007) Department of Health

¹⁵ Carers and Personalisation: Improving Outcomes (2010) Department of Health.

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- Carers being able to design and direct their own support, access direct payments and being involved in the assessment and support planning of the person they care for where appropriate.
 - Integrated support planned around a whole family approach.
 - Recognition of the emotional and social impact of caring.
 - The development of a range of support for Carers which reflects the diverse needs of Carers and the outcomes they want to achieve.

The 2013/4 NHS Operating Framework builds upon the earlier Framework set within the context of changes with health provision. It again outlines the five high-level national outcomes, of which the overarching focus is to improve health and reduce health inequalities. Enhancing the quality of life for Carers is one of the areas included within the second outcome, enhancing the quality of life for people with long-term conditions.

The Breaks for Carers of Disabled Children Regulations 2010 came in to force in April 2011 and require the Local Authority to:

- (a) have regard to the needs of those Carers who would be unable to continue to provide care unless breaks from caring were given to them; and
- (b) have regard to the needs of those Carers who would be able to provide care for their disabled child more effectively if breaks from caring were given to them to allow them to:
 - (i) undertake education, training or any regular leisure activity,
 - (ii) meet the needs of other children in the family more effectively, or
 - (iii) carry out day to day tasks which they must perform in order to run their household.

The Local Authority must provide services designed to assist individuals who provide care for disabled children to continue to do so, or to do so more effectively, by giving them breaks from caring. This must include, as appropriate, a range of:

- (a) day-time care in the homes of disabled children or elsewhere,
- (b) overnight care in the homes of disabled children or elsewhere,
- (c) educational or leisure activities for disabled children outside their homes, and
- (d) services available to assist Carers in the evenings, at weekends and during the school holidays.

There is also a duty to publish a Short Break Statement setting out details of the services and how these are accessed, including eligibility criteria, and how these services will meet the needs of parent Carers in Slough. This Statement was written with contributions from parent Carers and is published on the Slough Borough Council website.

7.2 The Government's four key priorities for Carers

The Coalition Government has refreshed the vision in the National Carers Strategy by publishing 'Recognised, Valued and Supported: Next Steps for the Carers Strategy' 2010. This document sets out four key priorities upon which the Government, working in partnership with Local Authorities, the NHS, employers, the voluntary sector, local communities and Carers will focus.

Priority area 1: Identification and recognition

Supporting those with caring responsibilities to identify themselves as Carers at an early stage, recognising the value of their contribution and involving them in designing local care provision and planning care packages.

Priority area 2: Realising and releasing potential

Enabling those with caring responsibilities to fulfil their educational and employment potential.

Priority area 3: A life outside of caring

Personalised support both for Carers and those they support, enabling them to have a family and community life.

Priority area 4: Supporting Carers to stay healthy

Supporting Carers to remain mentally and physically well.

7.3 Health and Social Care Act 2012

This is a very significant Act as it introduces changes designed to make the NHS more responsive, efficient and accountable. These include;

- Introducing the NHS Commissioning Board and the clinical commissioning groups which directly commission services for local populations including Carers.
- Establishing the local Healthwatch and Health and Wellbeing boards, working across agencies Local Authorities and the NHS. These bodies are positioned to be the new health and social care consumer champion, providing a strong forum for the views and experiences of patients and Carers to be heard. Slough has established 'Healthwatch Slough' and the 'Slough Wellbeing Board'.

The newly established NHS Commissioning Board is required to report annually on progress. The Department of Health produced a mandate setting out the requirements for the newly established NHS Commissioning Boards to report on progress. In it, it states:

“NHS England’s objective is to ensure the NHS becomes dramatically better at involving patients and their Carers, and empowering them to manage and make decisions about their own care and treatment. For all the hours that most people spend with a doctor or nurse, they spend thousands more looking after themselves or a loved one. By 2015 five million Carers looking after friends and family members will routinely have access to information and advice about the support available – including respite care.”¹⁶

The Act requires more joined up care and support for individuals, with the aim of maintaining health and wellbeing and preventing as far as possible conditions deteriorating. Improvements are expected in the way that care is coordinated around the needs, convenience and choices of patients, their Carers and families. By March 2015 NHS England is required to make measurable progress, in particular ensuring timely diagnosis and the best available treatment for everyone who needs it, including support for their Carers.

7.4 The Care Bill 2013-14

The Care Bill is expected to be enacted during 2014 with a commence date of April 2015 and is a very significant piece of legislation for Local Authorities in how it delivers social care including its duties and responsibilities to Carers. The Bill defines a Carer as “an adult who provides or intends to provide care for another adult”. A major focus of the Bill is on the ‘impact of caring’ and the ‘outcomes that a Carer wants to achieve’. It adopts a whole family approach as well as ensuring a more effective delivery of personalisation.

The Bill enshrines the right for Carers to receive support from Local Authorities and introduces a duty on them to meet eligible Carers' support needs. Currently Carers have to show they provide substantial care and on a regular basis in order to request a Carers assessment. Local Authorities then have the power to respond to Carer’s eligible needs.

The Government has said the Bill will mean;

“Carers will no longer be treated as an extension of the person they are caring for. They will have the right to have an assessment to decide if they need support. The

¹⁶ A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015’ Department of Health November 2012

main difference from the current rules is that Carers won't have to be providing a substantial amount of care regularly to be entitled to an assessment. " ¹⁷

It has also stated that the changes in legislation will ensure;

"Carers who are eligible for support will be legally entitled to a personal budget, just like the people they care for". ¹⁸

Another significance of this Bill is the test for triggering when a person is deemed to be a 'Carer' will change as follows:

- The Carer will no longer have to demonstrate that they are providing 'regular and substantial' care to trigger the need for an assessment and services.
- Local Authorities will have to assess anyone for whom they have the power to provide services. However they will be able to carry out balanced and proportionate assessments.

The Bill does not outline to Local Authorities the minimum threshold of care that Carers need to provide to trigger an assessment. However it is anticipated that the impact of this Bill for Local Authorities is that they will be required to undertake an increased number of Carers assessments and therefore resources will be required to carry out this duty. Guidance to support the legislation is currently awaited. The financial impact of these changes have yet to be quantified for Slough but it is expected some of the additional funding to meet any new costs will be confirmed in the Better Care Fund plan for 2015/15.

The Government is clear in the draft legislation about the distinction between Adult and Young Carers. The focus within this Bill is about improving the rights of Adult Carers. It is clear that it does not believe children should receive adult care and support before they are 18. However in line with the 'whole family approach', it states;

"it is of course crucial that adult and children's services work well together so that young people do not carry out inappropriate caring roles, are not disadvantaged in their education, and do not lose their childhood because of caring"¹⁹

It is also requiring Local Authorities to increase the focus of the needs of Young Carers by improving the recognition and support to them as they move from Children's to Adult services. ²⁰ Clauses 55 to 63 within the Bill aim to support

¹⁷ <http://caringforourfuture.dh.gov.uk/what-the-changes-will-mean/carers/>

¹⁸ Ditto

¹⁹ Ditto

²⁰ <http://www.official-documents.gov.uk/document/cm86/8627/8627.asp> The Care Bill explained: including a response to consultation and pre-legislative scrutiny on the draft Care and Support Bill

smoother transition arrangements. They also allow Local Authorities to assess a young person's needs through adult care systems when they are nearing adulthood. This can help the young person to understand whether they and their carer are likely to be eligible for care and support when they turn 18 years of age, as well as what might be available to them.

7.5 The Children and Families Act 2014

The Children and Families Act takes forward the Coalition Government's commitments to improve services for vulnerable children and support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The Bill will make significant reforms including adoption, looked after children, family justice and special educational needs.

In order to ensure Young Carers receive equal treatment to adult Carers the Lords Amendments inserted a new clause relating to Young Carers. This clause outlines that the authority must undertake an assessment of the child and their needs as a carer; provide support to meet the needs in order to safeguard and promote the child's welfare; consider whether the adult being cared for is eligible for assessment under the Care Act 2013; where a child is caring for a child, assess whether the child being cared for requires an assessment under the Children Act 1989 and the authority must consider what is in the best interests of safeguarding or promoting the child's welfare.

This new legislation will require Local Authorities to ensure an improved focus on the needs of Young Carers as well as greater collaboration between Children and Adult services in line with the Government's 'whole family approach'.

Guidance will be issued as to how these new responsibilities should be implemented.

A late amendment to the Act now gives parent Carers the same rights as adult and young Carers. This amendment removes the requirement that a parent carer must be providing a "substantial amount of care on a regular basis" in order to be assessed. The legislation will now require local authorities to assess on the appearance of need, as well as following a request by a parent carer.

8.0 Local Context

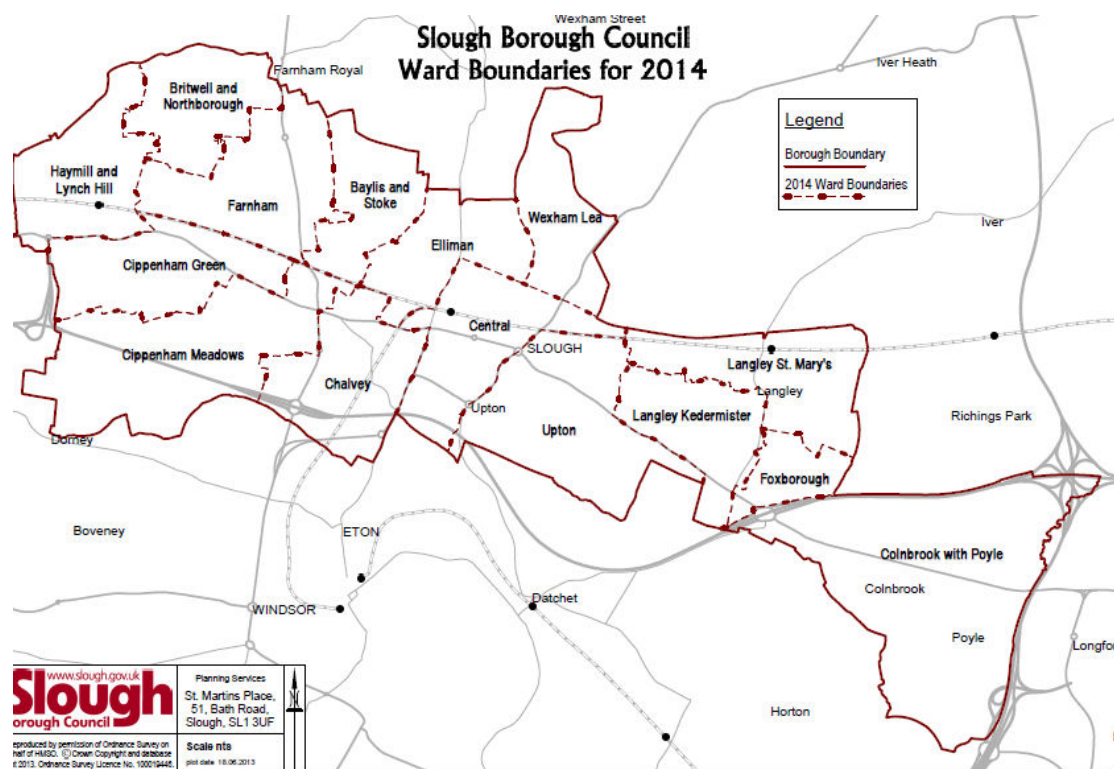
8.1 Local drivers

Slough has a number of key local strategies / policy documents which include:

- Slough Joint Wellbeing Strategy 2013-16
- Slough Joint Strategic Needs Assessment 2013.
- East Berkshire Dementia Plan 2009-14
- Berkshire Adults Safeguarding Policy and Procedures.
- Berkshire Local Safeguarding Children Board Child Protection Procedures.
- Adult Social Care Local Account 2013/14.
- Slough Supported Accommodation Strategy 2011-16
- Sloughs Putting Me First Strategy 2010 (Personalisation Strategy)
- Aiming High Short Breaks Strategy 2013
- Slough short breaks statement 2012-13
- Slough Clinical Commissioning Group Strategy 2013/14
- Children and Young People's Partnership Board Commissioning Strategy 2013/14
- Children and Young People's Partnership Board Commissioning Plan Refresh 2013-15
- Early Help Strategy 2013
- Slough's Economic Development Strategic Plan 2013-16

8.2 Overview of Slough's Population

Map of Slough's Wards



Slough is an urban area situated 25 miles to the west of Central London. It is a densely populated area, only 7 miles long and 3 miles wide and has a population of around 141,838 (Office of National Statistics Carers – ONS Mid-Year Estimates 2012). This produces a population density of approximately 4,359 people per square kilometre. It is the most ethnically diverse local authority area outside London and is home to a diverse community from over 80 different countries who live and work together harmoniously. 39% of our population were not born in the UK.

Slough is a multicultural town with approximately 48 per cent of its adult residents from a black or minority ethnic background (Census 2011). It has the highest percentage of Sikh residents across England and Wales, making up 10.6% of Slough's population, more than any other local authority. It also has the seventh highest percentage of Muslim (23.3%) and tenth highest percentage of Hindu residents (6.2%) across England and Wales.

Slough thrives as an exciting and diverse town with people from all around the world who choose to live and work here and whilst we can all be proud of the success the town achieves we are also right to be concerned about the social and economic challenges this diversity brings.

8.3 Health Profile of Slough

In terms of future planning of health and social care services, the following key themes are identified in the Joint Strategic Needs Assessment 2013.

- The general health of many local people is poor and many people in Slough experience more years of ill health and disability than average.
- There are high rates of coronary heart disease and pulmonary disease (chest and lungs) and this is the single most common cause of all premature death.
- Diabetes is significantly above national rates.
- There is a higher than average number of people who are HIV positive or have AIDS and there has been a rise in the rate of Tuberculosis
- There are high numbers of people with mental health problems with rising numbers of people with problems of misuse and addiction to drugs or alcohol.
- There are high rates of obesity and people who smoke and these factors will impact on health and disability.

Many of the above factors will affect both Carers and the cared for. This will present significant challenges in how people are being supported to manage their conditions.

9.0 Profile of Carers

9.1 National Picture

The 2011 national census for England, Wales and Northern Ireland concludes a significant increase in the number of Carers since the last census in 2001. The findings were summarised in a recent report produced by Carers UK²¹. It indicated numbers rose from 5.22 million to 6 million, an increase of 629,000 in the ten year period.

The same report states 2.2 million people in England, Wales and Northern Ireland are now undertaking caring responsibilities in excess of 20 hours a week and that 1.4 million people are providing care for more than 50 hours per week. This research suggests the numbers of Carers are likely to increase in the future. An earlier report by Carers UK²² state that demographic changes, coupled with the direction of community care policy, will see a 40% rise in the number of Carers by 2037. It also estimates that 3 in 5 people will be Carers at some point in their lives.

²¹ Carers UK 'The facts and figures about Carers' Policy briefing December 2012

²² 'It could be you' Carers UK 2002

58% of Carers are female compared to 42% who are male. The age profile shows the peak age for caring is 50 to 59 and that one in five people in this age group (1.5 million across the UK) are providing some unpaid care. Of this one in four are women compared with 18% men²³.

The group of Carers increasingly referred to as the 'sandwich generation' are most likely to be middle-aged people. Often they have dependent children in addition to their caring responsibilities for older or disabled adults. The peak age for such dual-caring is 40-44 for women, and 45-49 for men. Women are more likely to be dual-Carers than men.

9.1.1 Black, Asian and Minority Ethnic (BAME) Carers

The detailed analysis including statistical commentary about the ethnicity of Carers from the 2011 census will be available later this year and this strategy will be updated in light of this information. Caring varies between ethnic groups. Bangladeshi and Pakistani men and women are three times more likely to provide care compared with their white British counterparts²⁴. This analysis of the 2001 Census also showed that black and minority ethnic (BAME) Carers are also more likely to be providing between 20-49 hours of care a week.

BAME Carers who care for at least 20 hours a week are less likely to be in employment than those without caring responsibilities. BAME respondents to Carers UK's 'State of Caring' survey highlighted the challenges often faced by BAME communities in accessing support. The study concludes that this group of Carers are less likely to be consulted about hospital discharge or receive additional support from their GP around caring. They are also more likely to miss out on financial support. In addition they are more likely to be caring without any practical support from services, friends or family.²⁵

A 2011 report²⁶ focusing on BAME Carers highlight additional difficulties they face including language barriers, accessing culturally appropriate services and stereotyping around caring. As a consequence they are at greater risk of ill health, poverty, loss of employment and social exclusion.

9.1.2 Young Carers

Recent analysis²⁷ of the 2011 census relating to young Carers comment:

²³ Referred to in 9 citing NHS Information Centre for Health and Social Care (2010)

²⁴ Carers UK 'The facts and figures about Carers' Policy briefing December 2012

²⁵ State of Caring Carers UK 2013

²⁶ Half a million voices: Improving support for BAME Carers: Carers UK. March 2011

²⁷ Hidden from view: The experiences of young Carers in England.' Children's Society 2013

“There is growing evidence pointing to the adverse impact on the health, future employment opportunities and social and leisure activities of those providing unpaid care, particularly in young Carers”.

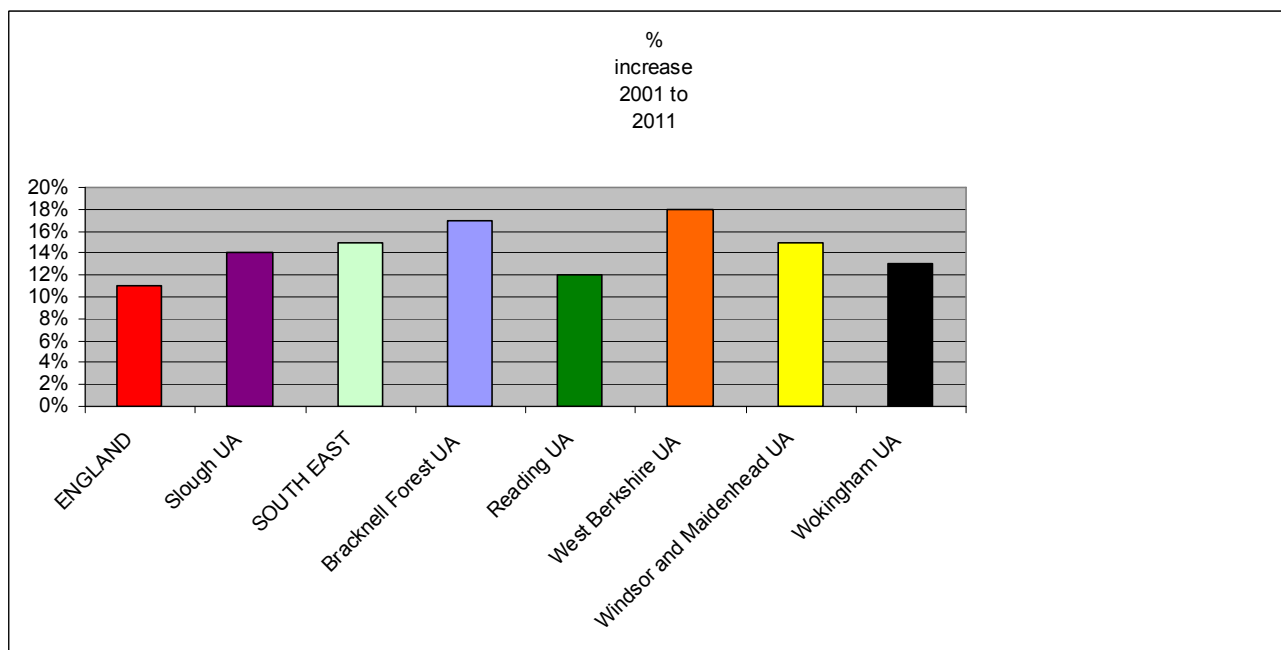
In 2011, there were 177,918 young unpaid Carers aged between 5 to 17 years in England and Wales. Of these, 54% were girls and 46% were boys. Within England, the North West had the highest proportion of young Carers providing unpaid care at 2.3%, whereas the South East had the lowest proportion at 1.9%. Overall, Wales had the highest proportion of young Carers providing unpaid care, at 2.6%. An increase in the number of unpaid Carers aged 5 to 17 was observed in all regions between 2001 and 2011. In England and Wales the number of young unpaid Carers increased by almost 19% during this period. The South East had the largest increase of 41.2%, which equates to an additional 7,282 young unpaid Carers, while the smallest increase was seen in the North East at just 1.7%, an additional 135 young unpaid Carers.

The report looked at the needs of young Carers and concludes numbers identified from the 2011 census figures are “the tip of the iceberg” as it fails to capture those caring for family members with mental illness or substance misuse. It also states that many young Carers are marginalized and hidden from professionals for fear of stigma. Other key findings from this report are that:

- One in 12 young Carers is caring for more than 15 hours per week. Around one in twenty misses school because of their caring responsibilities.
- Young Carers are 1.5 times more likely than their peers to be from black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language.
- Young Carers are 1.5 times more likely than their peers to have special educational needs or a disability.
- The average annual income for families with a young Carer is £5000 less than families who do not have a young Carer.
- There is no strong evidence that young Carers are more likely than their peers to come into contact with support agencies, despite government recognition that this needs to happen.
- Young Carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine B's and nine C's.
- Young Carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19.

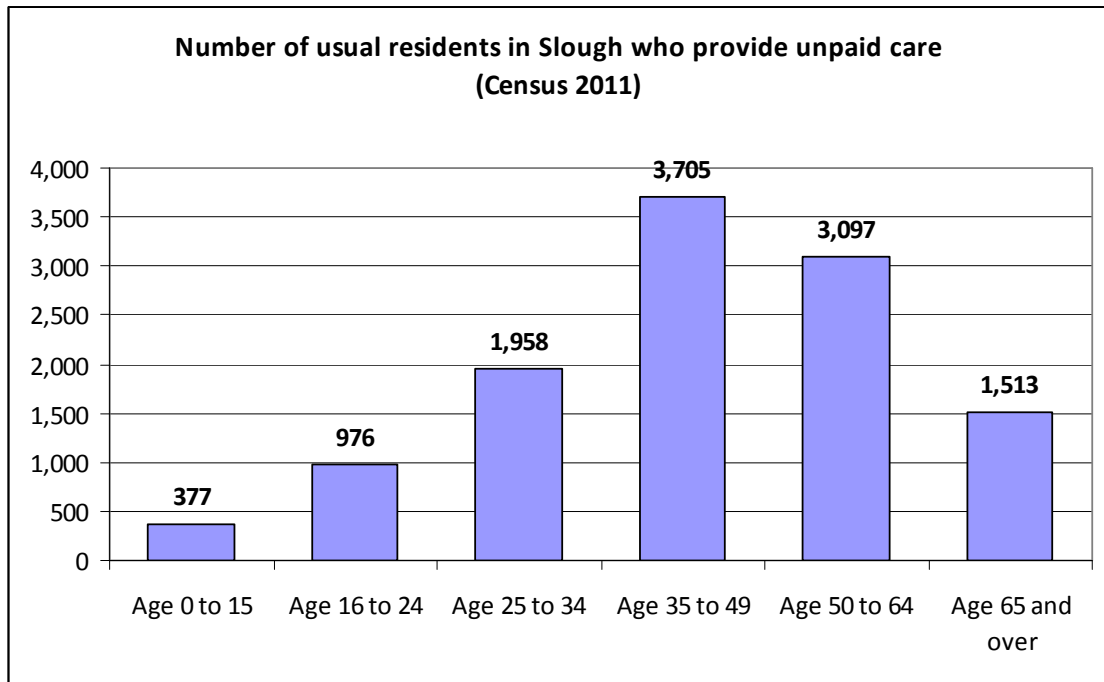
9.2 Local Picture

The 2011 national census data indicates there are a total of 11,626 people who provide some level of unpaid care to a relative or friend in Slough. This amounts to 14 % of the area's population compared to a national average of 12%. The table below illustrates a 14 % increase in the numbers of Carers identified in Slough from the 2001 census to that of 2011. It also looks at both the average increases in numbers of Carers in England (11%) and the other Berkshire authorities.

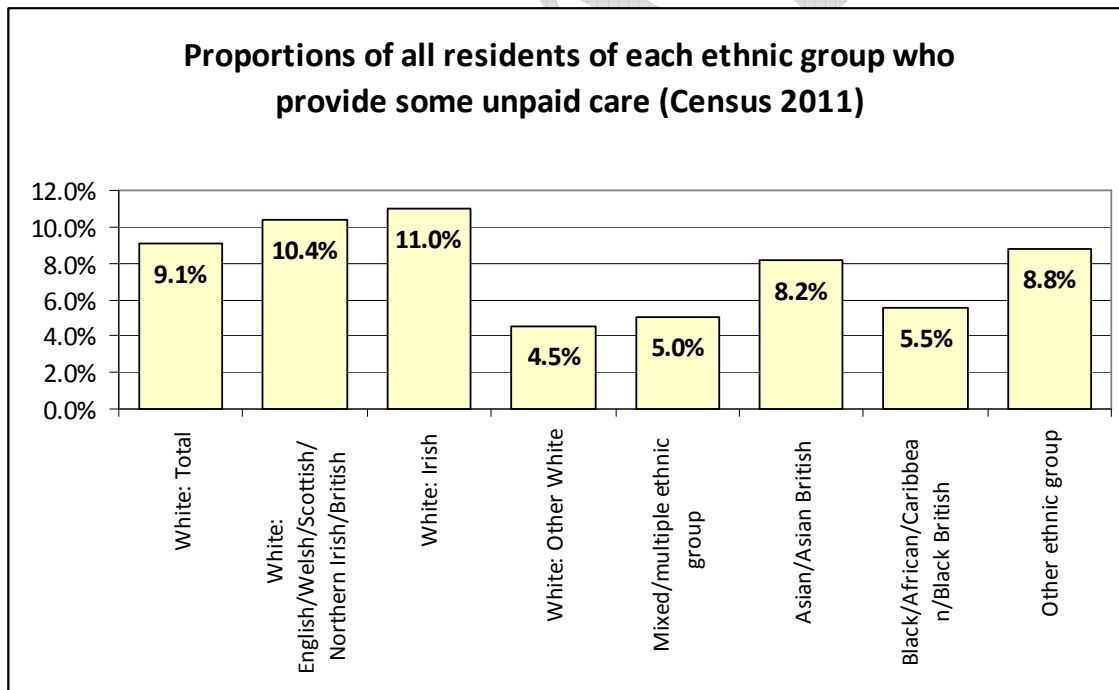


Using the 2011 census data, the tables below summaries the age of Slough Carers with the number of hours of care they provide.

Number of people by age							
Carer	All categories: Age	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 and over
All categories: Provision of unpaid care	140,205	33,560	16,393	27,552	30,694	19,182	12,824
Provides no unpaid care	128,579	33,183	15,417	25,594	26,989	16,085	11,311
Provides unpaid care: Total	11,626	377	976	1,958	3,705	3,097	1,513
Provides 1 to 19 hours unpaid care a week	7,058	317	699	1,220	2,219	1,907	696
Provides 20 to 49 hours unpaid care a week	1,977	34	174	360	687	503	219



The next table illustrates the portion of Slough Carers within different ethnic groups.



9.2.1 Adult Carers in receipt of services

For the period 2012-13, 448 Carers requested a Carers assessment. 282 Carers are currently actively in receipt of a service. Carers' services available include a range of additional support to the cared for person and / or the carer to enable

support with their caring responsibilities; these include overnight respite provision, home care support, and day care opportunities. Carer's support also involves the provision of information, advice, guidance and emotional support.

9.2.2 Parent Carers in receipt of services

For the period 2012-13, 495 disabled children living in Slough with their families received a short break, thereby also benefiting parent Carers and their siblings who may also be undertaking caring responsibilities. Of these 84 children accessed overnight short breaks. In addition, a further 36 families received a Personal Budget in lieu of a short break. Again this benefited the disabled child, the parent Carer as well as siblings.

9.2.3 Young Carers

Currently the numbers of young Carers living within the borough of Slough is unclear although the latest JSNA suggest there could be 729 young Carers in Slough. Crossroads report supporting 30 young people through a weekly Carers Club funded through the Children in Need 'Pudsey' fund. In addition it also provides, through the same grant, residential holiday club activities.

Slough's strategy relating to young Carers²⁸ reported the difficulties profiling young people with caring responsibilities both nationally and in Slough as they remain a largely hidden group. At the time of developing this strategy, 250 young people with caring responsibilities were identified in Slough. As indicated above, the latest census recorded higher numbers in that 377 aged up to 15 years and 976 aged 16-24 years provide regular care.

A priority for Slough Borough Council is to undertake a detailed mapping exercise to help identify the current numbers of young Carers in Slough. The next phase will then be to work with young people including schools and other organisations to identify and develop provision to support the needs of this group. One of the six local priorities identified within this strategy is to ensure more resources are concentrated on this vulnerable group.

10.0 Local Commissioning Activity

In line with the personalisation agenda there has been an increased shift towards commissioning a range of more flexible and innovative support as well as preventive provision. These services benefit both the Carer and cared for. This can be evidenced through the following activity:

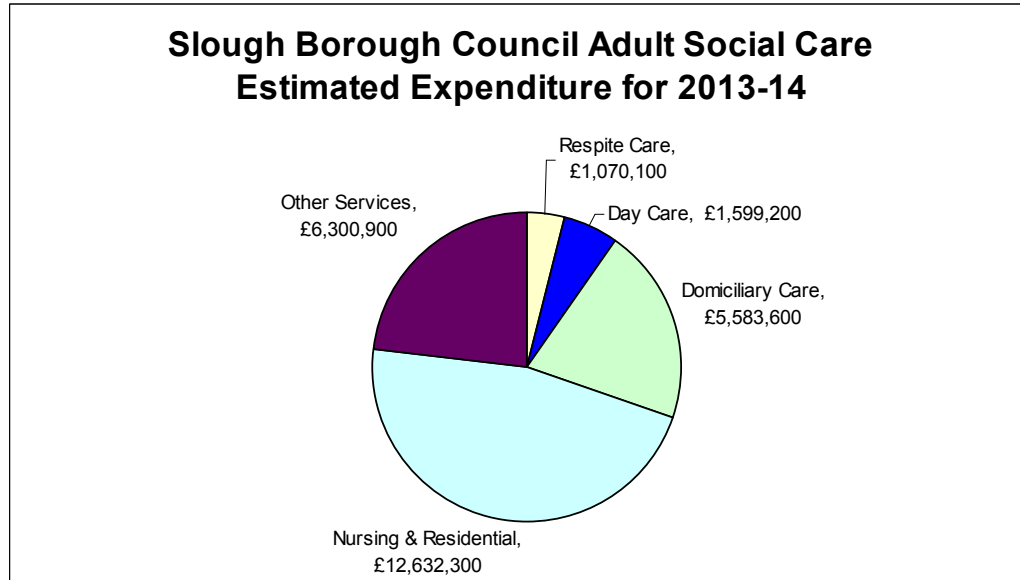
²⁸ Strategy for Young Carers and their Families 2009-2012

-
- Re-tendering home based care and support services to include the facility for personal assistants.
 - Re-tendering Carers Respite and Community Support providing a new way of working which includes joint support planning with outcomes for both the Carer and the cared for.
 - Developing enhanced integrated intermediate care and reablement services to help people return home safely following a hospital admission.
 - Commissioned for a Berkshire Community Equipment Service which supports and enables independence.
 - Tendering a Mental Health Day service provision.
 - Tendering Floating Support services.
 - Tendering for a comprehensive Advice, Information and Advocacy service. This includes a range of Carer support groups.
 - Successfully bidding and securing funds through the Dementia Challenge for information services and strategies for early diagnosis.
 - Commissioning local voluntary groups and schools to provide short breaks for children with disabilities to enable their parent Carers and siblings who may be young Carers to have breaks from their caring duties.

10.1 Slough Borough Council Support for Carers

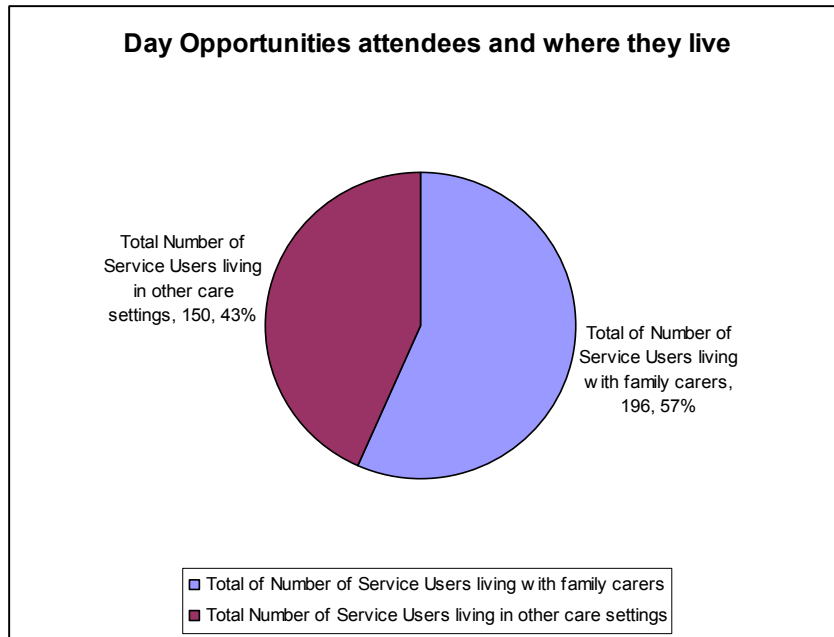
10.1.1 Adult social care activity

The pie chart below illustrates estimated adult social care expenditure for 2013-14



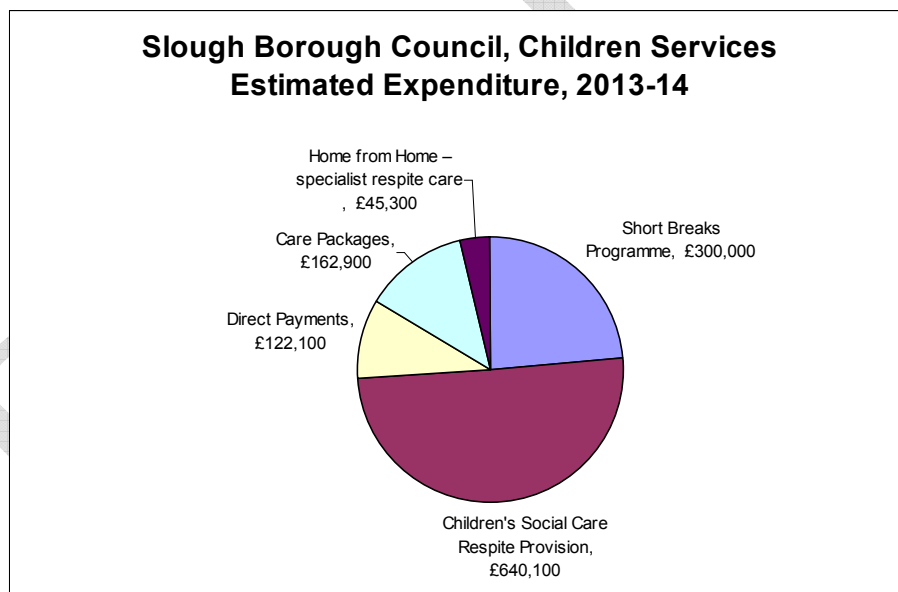
10.1.2 A range of support for Carers is currently in place. This includes:

- £200,000 to fund the 'Information, Advice and Advocacy service' for all care groups from 'other services'. Of this, £ 55,000 is attributed to Carers' activities. In addition to information, advice and advocacy are a range of support groups, ad hoc support and mental health Carers assessments.
- £592,290 to fund the in-house learning disability residential respite unit from 'respite care'.
- Carers meeting the Fair Access to Care eligibility criteria access support through the £130,000 allocated to the Carers' Respite and Community Support from 'other services'. This also includes emergency respite. Direct Payments are also funded through this budget.
- Respite support through day opportunities. Of the 346 Slough people attending day opportunities, 196 (57%) live with a family Carer including parents, partner and adult siblings.



10.1.3 Children’s services activity

The pie chart below illustrates estimated children services expenditure for 2013-14



The Slough Short Breaks Statement 2012-13, outlines the Council’s duty and commitment to provide short breaks to disabled children and young people aged up to 19 years and their parents and Carers in Slough. The purpose of short breaks is to give the child a valuable and enjoyable experience as well as the parent/Carer a valuable break. The types of breaks available vary in length take the form of:

- Leisure activities outside of the home
- Daytime care in the home or elsewhere
- Overnight care in the home or elsewhere

- Specialist activities during the evenings, weekends and school holidays.

Support available has been classified into three groups along with a summary of services and eligibility criteria.

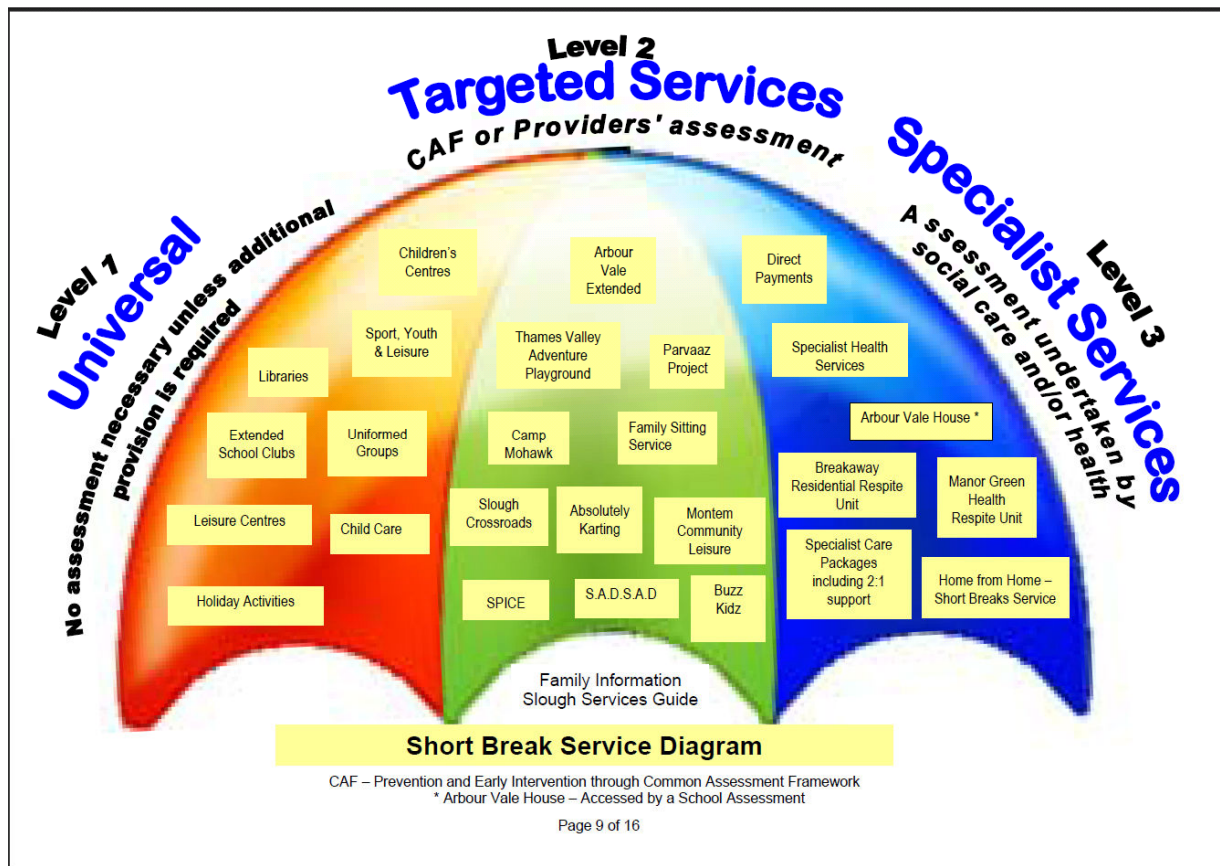
Level	Service Description	Eligibility
1 Universal Services	Includes leisure centres, libraries, playgrounds, youth clubs, Children's Centre, extended school clubs, holiday clubs, childcare and uniformed clubs such as scouts and guides	Accessible to all children with or without a disability
2 Targeted Services	Targeted services deliver specialist short break provision for children and young people with disabilities. A range of organisations are funded to provide activities after school, at weekends and during the school holidays.	Access to these services ranges from no formal assessment to an assessment through Common Assessment Framework (CAF).
3 Specialist Services	Designed for children/ young people with complex levels of need. Short breaks include specialist day care/ overnight stays with a trained Carer.	Access to level 3 require a social care and/or health assessment

For the period 2012/13, a total of 495 Slough children accessed short breaks. Specialist overnight short breaks currently funded by Slough Borough Council are delivered through;

- Breakaway
- Arbour Vale House
- Home from Home service

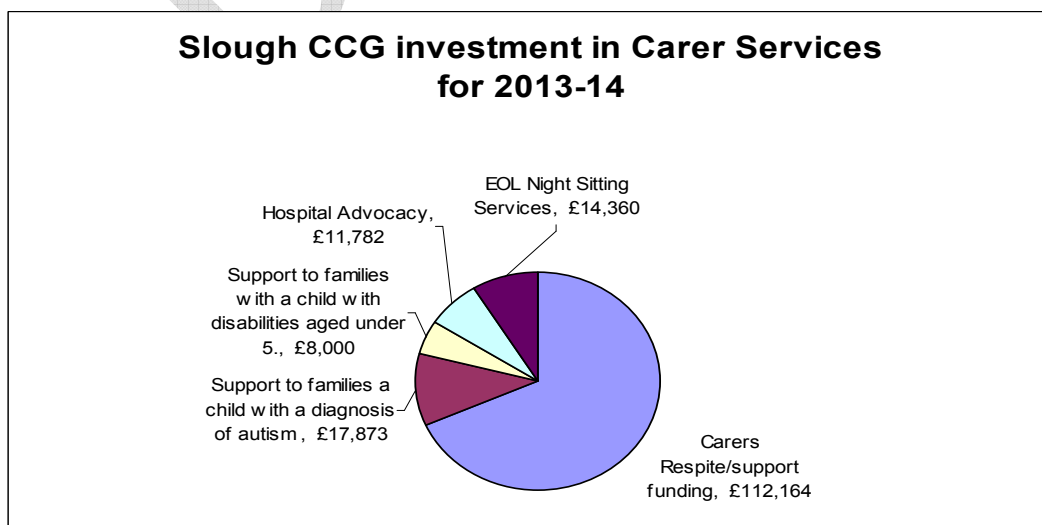
Berkshire Healthcare NHS Foundation Trust also delivers specialist respite for children up to aged 19 year at Manor Green Respite Care Unit.

The diagram below illustrates the spectrum of short break support available to Slough children with disabilities and their parents and Carers.



10.2 NHS support for Carers

For 2013/14, Slough CCG has allocated a total of £164,179 to fund locally based Carers services. Of this, £112,164 has been allocated to Slough Borough Council as part of a Section 256 Agreement to support Carers services including respite, an area identified as a priority.



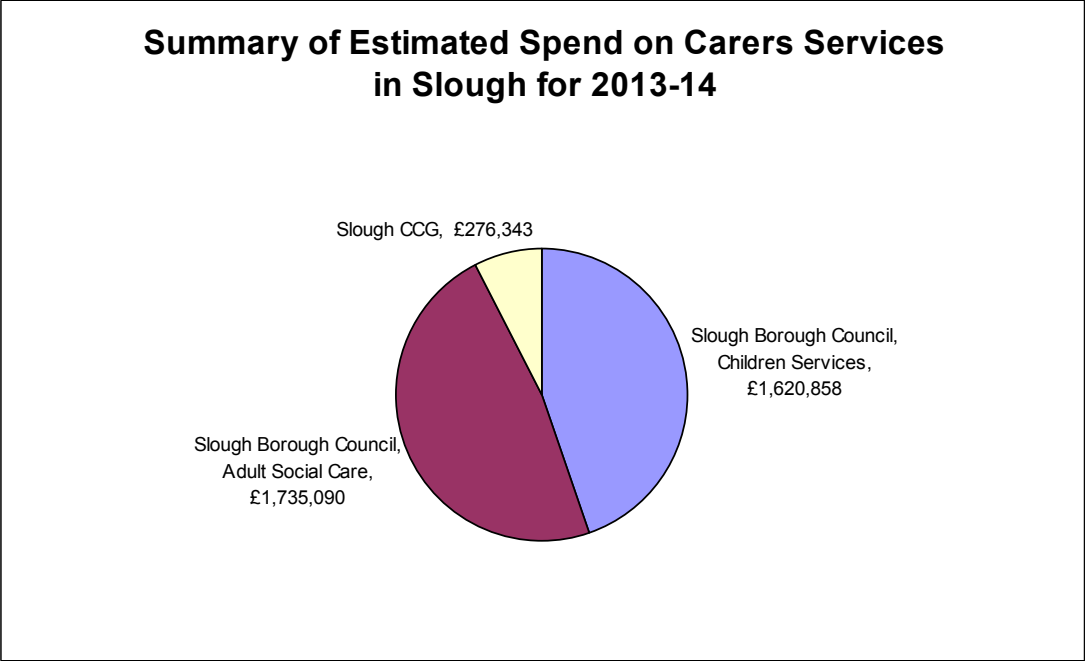
* A further £112,164 for Carers services have been carried forward for the period 2012/13.

A description of the services supporting Carers are in the table below. The £112,164 allocated to Carers respite and support and the additional carry over from the financial year 2012/13 will be allocated to support young Carers and Carers respite through the Carers' Respite and Community Support Framework.

Service	Description	Budget
Early Bird Scheme and Early Bird Plus	To support families a child with a diagnosis of autism	£17,873
Home Start	To support families with a parent or child who is suffering from a long-term physical or mental ill health or a disability and has a child aged under 5.	£8,000
End of life night service	A half-time Carers Liaison worker is employed to support those at end of life and their Carers	£14,360
Hospital Advocacy	To provide hospital based advocacy for older people, including those with caring responsibilities.	£11,782

Berkshire Healthcare Foundation Trust also delivers respite to families across Berkshire East. Currently the total numbers of families supported are twenty three, nine of whom are from Slough. This is delivered by the Children's Community Nursing team and is funded as part of the whole service delivery. It is therefore not possible to apportion the cost of the respite budget within this service. Respite is delivered within a purpose build respite unit in Manor Green as well as through homecare. Berkshire Healthcare Foundation Trust also provides through Continuing Health Care individual packages of care support to children in their homes and nurseries and schools. This also has the additional benefit of providing respite to their families.

10.3 Combined expenditure on activities to support Slough Carers

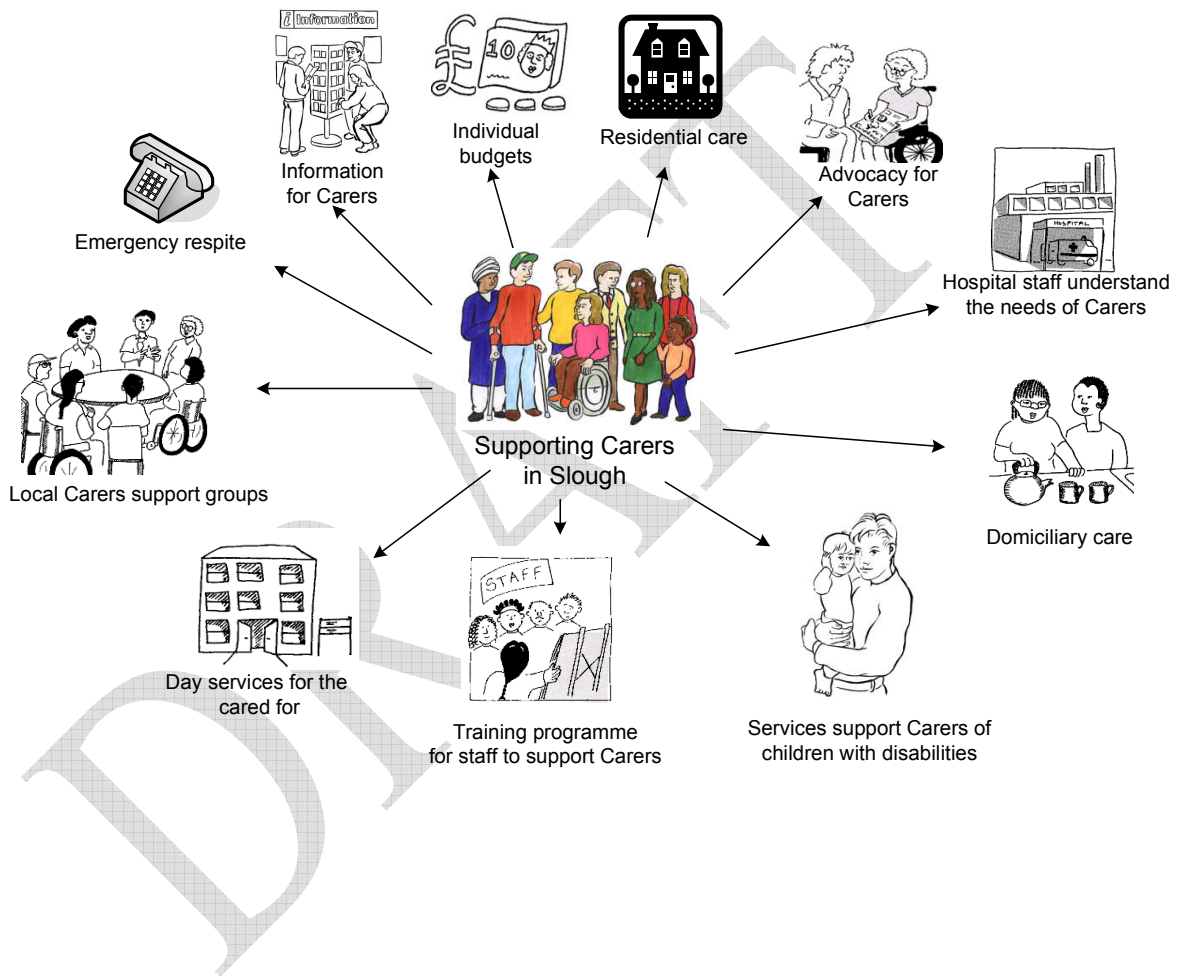


This does not include services provided by Berkshire Healthcare Foundation Trust.

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10.4 Summary of services

Below is a diagram summarising the range of support currently in place to support Slough Carers. In addition to specialist provision, all Carers can also access the range of services through the Information, Advice and Support Services (IASS) as well as support through universal services operating within the Borough.



11.0 Summary update of local and national priorities

The table below summarises local and national priorities for Carers. These are cross referenced with the most highly scored responses from the Carers' questionnaire about what they would like to happen. These are then mapped against the current local position including progress since the last strategy. The areas for development have helped inform the action plan which is Appendix 3 in the separate appendices that support the Strategy.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
Local Improved health and wellbeing (P1) National Supporting Carers to stay healthy (P4)	<ul style="list-style-type: none"> An Emergency Alert Card Scheme being available. 	<ul style="list-style-type: none"> Emergency card has been re-launched. 	<ul style="list-style-type: none"> Ensure the scheme is included as part of Carers' assessment. Promote the scheme amongst Carers within Slough. Review take-up and impact of the scheme.
Local Improved health and wellbeing (P1) National Supporting Carers to stay healthy (P4)	<ul style="list-style-type: none"> Ensure an Emergency Respite Service can be maintained. Ensure support is available out of hours. 	<ul style="list-style-type: none"> Commissioned Carers Respite and Community Framework - includes emergency respite. Providers identified to deliver the flexible services. Quarterly monitoring of providers delivering respite services. SBC Adult Social Care Learning Disability Change programme includes reviewing respite provision to support Carers. 	<ul style="list-style-type: none"> Review the need for local respite including emergency respite for all Carers including those caring for people with dementia and adults with learning disabilities. Ensure clear and transparent processes in place for Carers to access respite based on their eligibility of need. Continue to monitor providers ensuring person centred and responsive services meeting diverse needs of Carers.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local Improved health and wellbeing (P1)</p> <p>National Supporting Carers to stay healthy (P4)</p>	<ul style="list-style-type: none"> • Carers receive a break from caring. • Flexible breaks are in place for Carers of all care groups including those with dementia. • Carers receive practical help e.g. gardening, shopping and cleaning. 	<ul style="list-style-type: none"> • Carers Respite and Community Support Framework in place offering flexible support. • Range of short breaks in place benefitting disabled children and parent Carers. • SBC has introduced more targeted monitoring arrangements. • Range of day, residential and supported living opportunities benefitting the cared for and Carers. 	<ul style="list-style-type: none"> • SBC transformation of adult social care programme to develop and embed personal budgets for Carers • Develop the market by working with providers to increase range of support for Carers. • Ensure systems are in place to monitor take up of Carers assessment and services.
<p>Local Improved health and wellbeing (P1)</p> <p>National Realising and releasing potential (P2) Life outside of caring. (P3)</p>	<ul style="list-style-type: none"> • Increased leisure, recreational and educational opportunities for Carers. 	<ul style="list-style-type: none"> • Carers have access to 'taster' recreational / leisure activities through Carers Support groups e.g. Thai Chi, arts. 	<ul style="list-style-type: none"> • Promote the needs of Carers within universal services- e.g. flexible and competitive leisure memberships. • Within the Slough Economic Development Strategy promote the needs of Carers through local partnerships including the Slough Business community. • Monitor SBC brokerage team to ensure Carers are actively supported to access range of support to meet individual needs.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local Improved health and wellbeing (P1)</p> <p>National Supporting Carers to stay healthy (P4)</p>	<ul style="list-style-type: none"> Increased use of Telecare to support Carers in their caring role. 	<ul style="list-style-type: none"> SBC telecare lead in place developing an action plan. Work commenced to embed telecare processes into Adult social care. Telecare equipment provider contract in place (NRS). Training events planned for Carers to increase knowledge and understanding of telecare. 	<ul style="list-style-type: none"> Role out awareness raising training amongst professionals/providers and Carers. Review impact of training including improved access to telecare. Telecare assessment to be included as part of all Carers assessment. Monitor use of telecare delivered by Providers in Carers Respite Frameworks. Promote the recently developed Neighbourhood Return partnership scheme to help people with dementia and their Carers.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local Primary Health Care Services (P4)</p> <p>National Identification and recognition (P1) Supporting Carers to stay healthy (P4)</p>	<ul style="list-style-type: none"> • All GP surgeries to be 'Carer friendly.' • GPs sign post Carers to other services. • Carers able to sign up GP's Carers register. • Carers Information available at GP surgeries. 	<ul style="list-style-type: none"> • Carers of patients with long term conditions are indentified (e.g. dementia and mental health). • 13 out of 16 Slough GP Practices offer extended hours services. 	<ul style="list-style-type: none"> • Carers of patients with Long-term conditions included under GP's Quality Outcome Framework. • Carers identified including those from hard to reach groups at GP registration. • GPs work with voluntary organisations to deliver educational programmes. • Carers on GP Carers register supported to have 18 month health checks. • GPs refer Carers to SBC for Carer's assessment / signpost to voluntary organisations • GPs able to identify and support Carers for Direct Payments.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local Hospital and Carers (P3)</p> <p>National Identification and recognition (P1) Supporting Carers to stay healthy (P4)</p>	<p>The Hospital Trust should:</p> <ul style="list-style-type: none"> • Contribute to Carers forums and be actively involved in solving Carers issues. • Engage in Carers awareness training. • Ensure Carers including those caring for person with complex needs are equal partners in discharge arrangements. • Hospitals understand and recognise the role of young Carers. 		<p>Develop protocols with acute trust to ensure :</p> <ul style="list-style-type: none"> • Carers identified at Admission /Registration • Improved admission/ discharge arrangements • Carers receive adequate information about the cared for • Carers awareness training in place for hospital staff

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local Involving Carers (P6)</p> <p>National A life outside caring (P3) Supporting Carers to stay healthy (P4)</p>	<ul style="list-style-type: none"> • Carers of people with the most complex needs engaged in service planning. • Increased opportunities for Carers to access self management programmes. • Carer's awareness training is mandatory for professionals. • Carers' assessments and support planning training for professionals. Includes meeting needs of those from minority groups. • Increased number of direct payments to Carers. 	<ul style="list-style-type: none"> • All SBC recently commissioned adult social care services have involved consultation with all care groups including Carers. • Carers consulted in the development of the Carers strategy. 	<ul style="list-style-type: none"> • Continue to ensure Carers consulted in development of future health and social care services. • Continue to involve Carers in the implementation of the Carers' strategy. • Develop a training programme for Carers. • Develop Carers awareness training programme for health and social care staff including on e-learning. • Monitor numbers and quality of Care assessments. • Review and plan for the new duties to Carers in light of the Care Bill and the Children and Families Act. • Publicise the Carers Offer outlining the range of local services including Direct Payments for Carers in order to meet their needs.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local Improved health and wellbeing (P1)</p> <p>National Supporting Carers to stay healthy (P4)</p>	<ul style="list-style-type: none"> Increased extra care and supported living housing to meet needs of older Carers. 	<ul style="list-style-type: none"> Commissioned learning disability supported living framework for adults with learning disabilities and autism. Carers have been addressed as a priority group within the SBC housing strategy. 	<p>Work with SBC housing to</p> <ul style="list-style-type: none"> Identify and promote housing needs of Carers and the person they care for. Ensure needs of Carers are considered within future planning including developing extra care housing.
<p>Local Improved health and wellbeing (P1)</p> <p>National Identification and recognition (P1) Supporting Carers to stay healthy (P4).</p>	<ul style="list-style-type: none"> Improved and maintained access to information and advocacy. Consult with Black, Minority and Ethnic (BME) Carers Groups. Carers consulted about new service development. Awareness raising to identify hidden Carers across Borough. Carers' partnership board linked to Wellbeing Board. Carer representative on all Partnership Boards 	<ul style="list-style-type: none"> Commissioned Information, Advice and Advocacy service (IAAS). 'Carers involved in commissioning of services including IAAS. Range of Carers support groups available to all carers through IAAS and other voluntary organisations. Developing governance between Partnership Boards and the HWB. Safe Place Scheme been rolled out within Slough offering immediate reassurance to vulnerable groups and their Carers. 	<ul style="list-style-type: none"> Maintain funding for information advice and advocacy for Carers. Ensure through the monitoring of IAAS includes ensuring access to it by Slough's diverse community. Map current support services to identify duplication and gaps in provision. Undertake review of all Partnership Boards including Carers involvement. Ensure views of Carers represented at the Slough Wellbeing Board and Healthwatch.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local - Improved support for Young Carers (P4)</p> <p>National Identification and recognition (P1) Supporting Carers to stay healthy (P4) Life outside of caring (P3), Supporting Carers to stay healthy (P4)</p>	<ul style="list-style-type: none"> • Increased support for young Carers • Young Carers access the right support including focused groups • Young Carers involved in developing training material. • Hospitals understand and recognise the role of young Carers. • Schools support young Carers. • Young Carers entitled to annual health check. 	<ul style="list-style-type: none"> • Commenced mapping exercise of young Carers known to services. • Some limited group holiday activities delivered by the voluntary sector through Children in Need funding. • Varying support available through schools-(School Carers charter been in place in the past). 	<ul style="list-style-type: none"> • Complete mapping of young people with caring responsibilities. • Undertake consultation with young people and key stakeholders about how to meet needs. • Ensure resources are in place to develop and commission services. • Engage with schools/universal services to ensure consideration of needs of young Carers. • Promote partnership working as part of the Families First programme.

12.0 Delivering the Strategy

12.1 Commissioning Intentions

Our intention is to focus on ensuring resources are targeted towards meeting local priorities for Carers. The amount invested in respite and emergency respite will need to be reviewed following the introduction of personal budgets for Carers, which will be included within the second phase of Slough Borough Council Adult Social Care (ASC) Transformation Programme. Also very significantly, the Care Bill and the Children and Families Act are likely to bring an increase in numbers of Carers seeking a Carers assessment and subsequent service. In light of these increased responsibilities and duties, the supports and services that will support carers in their caring role will need to be reviewed and developed. Our current Carers Respite and Community Support Framework have a broad range of providers available to meet the diverse support needs of Slough Carers. Children's services will continue to commission flexible short- breaks provision for disabled children which will benefit both them and their Parent and sibling Carers. In future we will consider how to offer short breaks using personal budgets where the child has a new Education, Health and Care Plan as described in the Children and Families Act without impacting negatively on the current short break scheme. Below is an outline of the current financial commitments from the Council and the CCG. Health funding beyond 2013/14 will form part of the Better Care Fund and for 2014/15 a figure of £210,000 has been confirmed overall.

Service	Description	SBC ASC Budget 2013/14	SBC Children Budget 2013/14	CCG Core Funding for Carers 2013/14	Section 256 2012/13 Carryover
Carers respite and Community Support Framework	<p>Carers meeting eligibility through Fair Access to Care can:</p> <ul style="list-style-type: none"> Choose where to seek support including from one of the 16 provider on the Carers Respite and Community Support Framework. Access a Direct Payment enabling Carers to have increased choices in meeting individual needs 	£130,000		£40,000	

Service	Description	SBC ASC Budget 2013/14	SBC Children Budget 2013/14	CCG Core Funding for Carers 2013/14	Section 256 2012/13 Carryover
Short Breaks for Disabled Children	Disabled children meeting the eligibility criteria for short breaks will continue to have <ul style="list-style-type: none"> • Access to a range of flexible support and/or • a personal budget from September 2014 		£300,000		
Young Carers	Improve local support to meet the needs of Young Carers by; <ul style="list-style-type: none"> • Implementation of a 'whole family' support approach through the 'Local Memorandum of Understanding' (MoU)²⁹. • In line with the MoU, ensure systems are in place to identify young people with caring responsibilities in Slough. • Undertake mapping of numbers and needs of Young Carers. • Review current support available through schools, social care and other universal services. • Consult with Young Carers, their families and other key stakeholders as how best to meet needs. • Following the outcome of consultation, commission tailored support to meet needs of young Carers. • Develop an assessment tool for Young Carers. 			£60,000	£60,000

²⁹ Working together to support young carers and their families. A template for a Local Memorandum of Understanding between Statutory Directors for Children's Services and Adult Social Services August 2012

Service	Description	SBC ASC Budget 2013/14	SBC Children Budget 2013/14	CCG Core Funding for Carers 2013/14	Section 256 2012/13 Carryover
	<ul style="list-style-type: none"> Increase knowledge and understanding of Young Carers amongst GPs, schools and other local services. 				
Training Carers	<p>Slough Borough Council and CCG will deliver a rolling training program to meet the needs of Carers. Consultation events with Carers have already identified a number of themes:</p> <ul style="list-style-type: none"> Dealing with stress Carers Rights (me and the law) Looking after my health Safe moving of people Dementia Awareness Safeguarding awareness Pressure sore/ulcers Nutrition / Diet Bereavement <p>Carers can access financial support to fund respite to enable them to attend the training through Section 256 subject to eligibility following a Carers Assessment.</p>	£8,000		£12,000	
Developing Health provision	<ul style="list-style-type: none"> Develop respite support for Carers via GP s through the Carers Respite and Community Support Framework. 				£52,000

Service	Description	SBC ASC Budget 2013/14	SBC Children Budget 2013/14	CCG Core Funding for Carers 2013/14	Section 256 2012/13 Carryover
Total		£138,00	£300,000	£112,000	£112,000

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12.2 Monitoring our progress

An action plan has been developed to support the six agreed local priorities. In line with aims of Health and Social Care Act 2012 and the “no decision about me, without me” culture, Carers will continue to be consulted throughout the implementation of it. Slough has several established partnership groups in place where Carers are key contributors. These partnerships will be maintained to implement the strategy, commission future services as well as quality assurance and monitoring.

12.3 Quality Assurance

In addition to the Care Quality Commission and OFSTED, the Adult Social Care Outcomes Framework and the NHS Outcomes Frameworks, Slough will also have processes in place to monitor progress and create regular feedback opportunities for Carers and the people they support. Outcome-based contract and monitoring arrangements will ensure services are based on best practice and provide value for money.

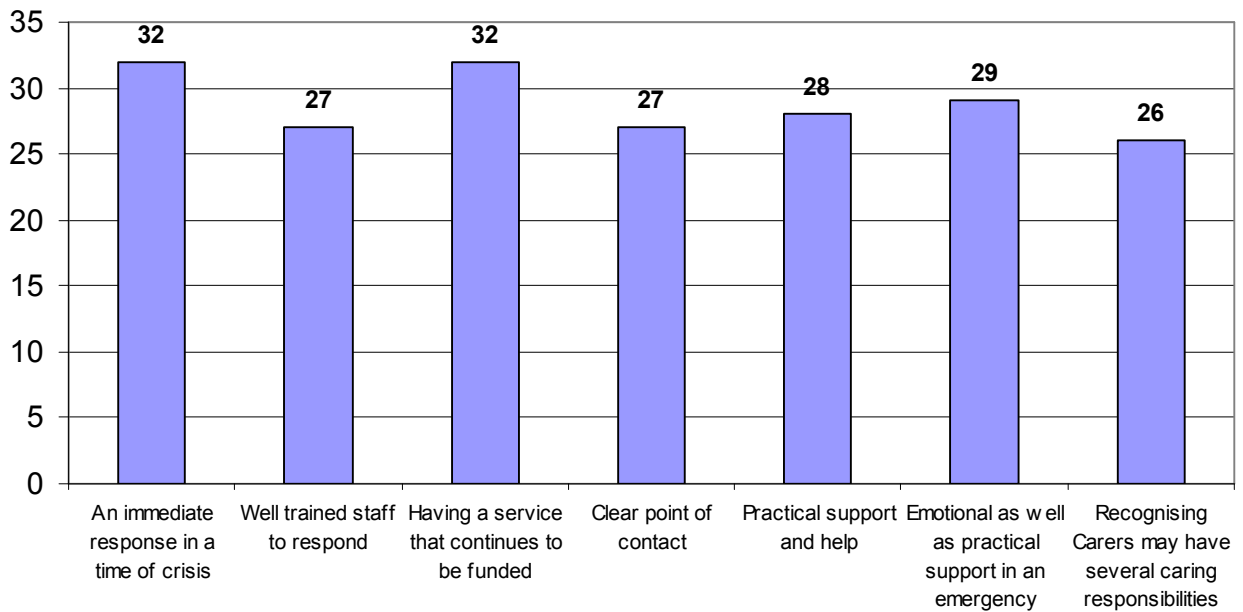
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Appendix 1 - Summary responses to questionnaires (adult Carers)

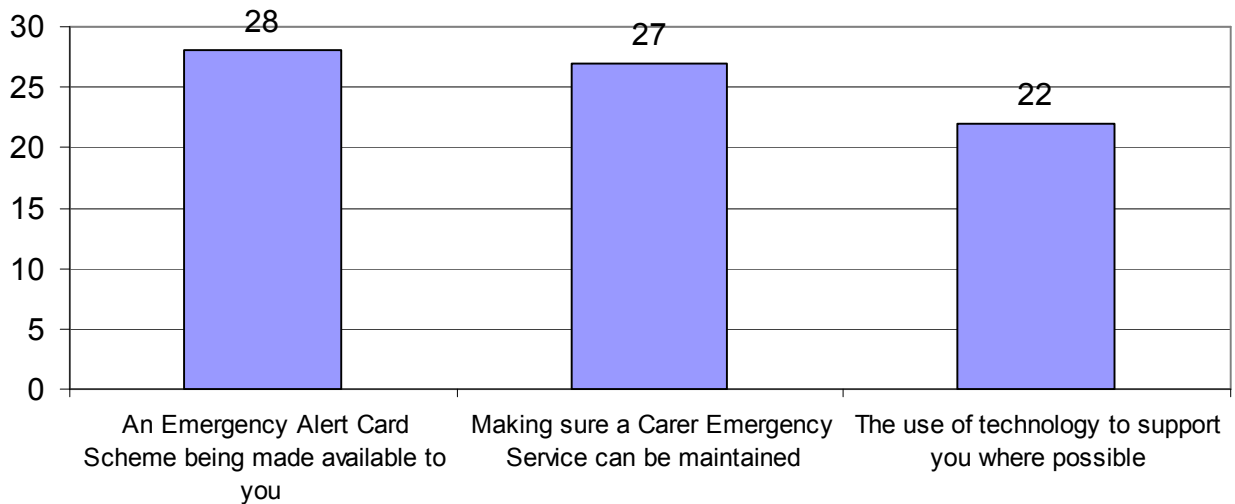
The tables below illustrate responses to questionnaire completed by Carers. It focused on eight priority areas linked to national priorities. Responses to these questions have helped in the development of the six local priorities.

- Emergency support
- Time for yourself
- Carer's Health and wellbeing
- Primary Healthcare services
- Hospital and Carers
- Carers of adults with disability or illness
- Training and Information for professionals
- Involving cares (including advocacy)

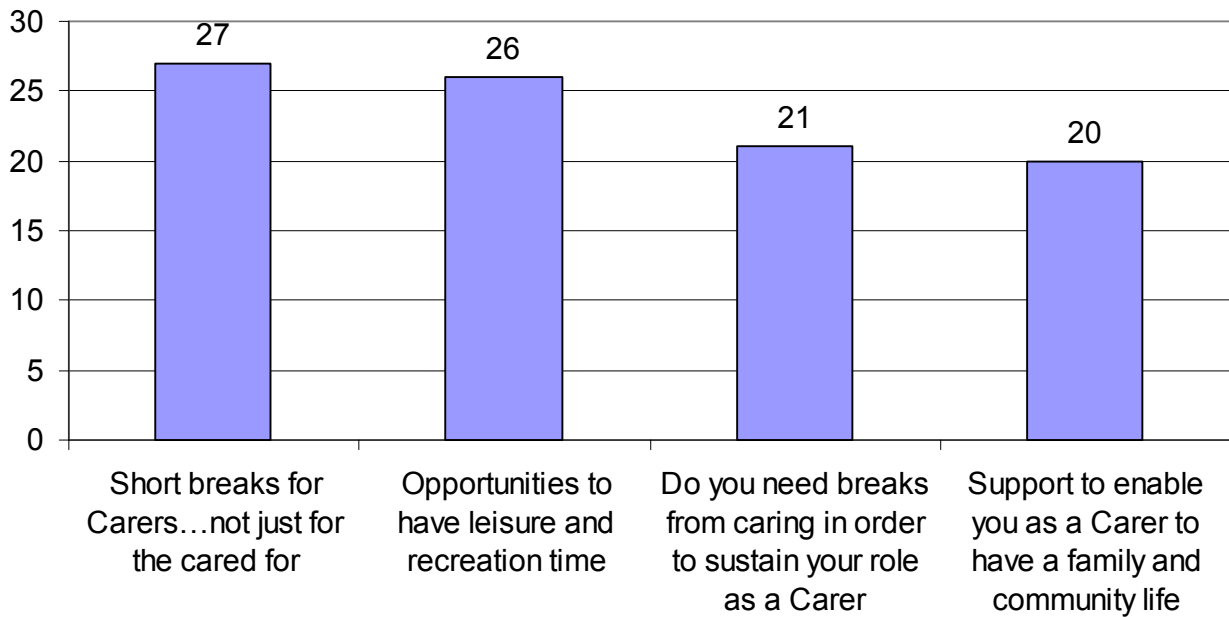
Priority 1 - Emergency Support What is important to you as a carer?



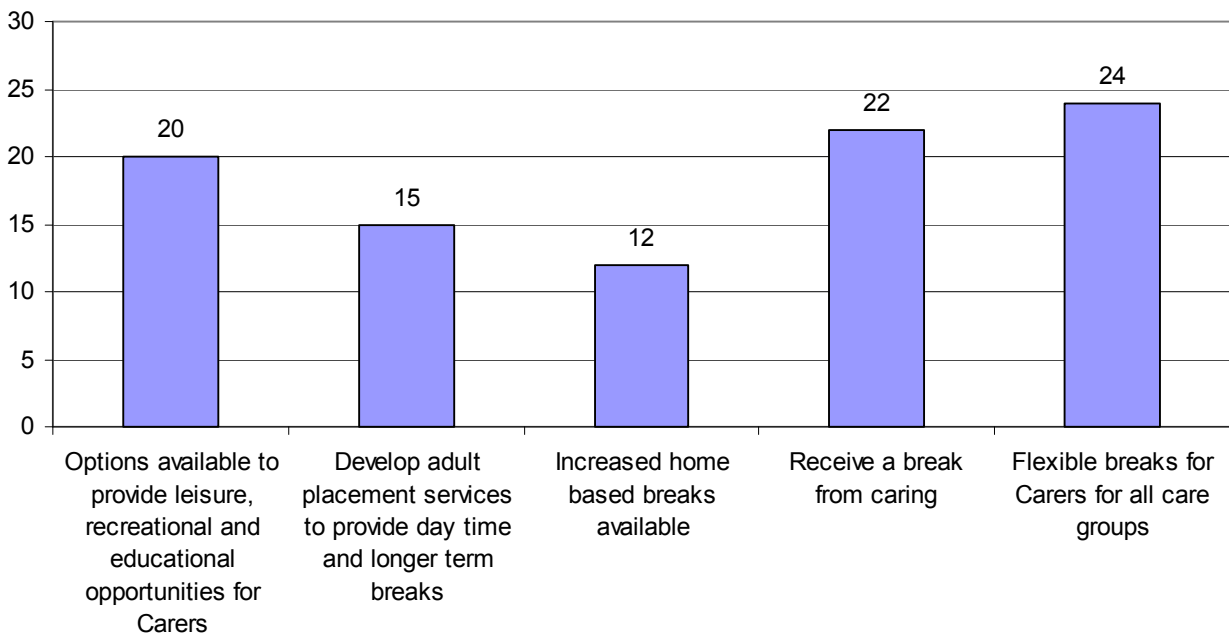
Priority 1 - Emergency Support As a carer what would you like to happen?



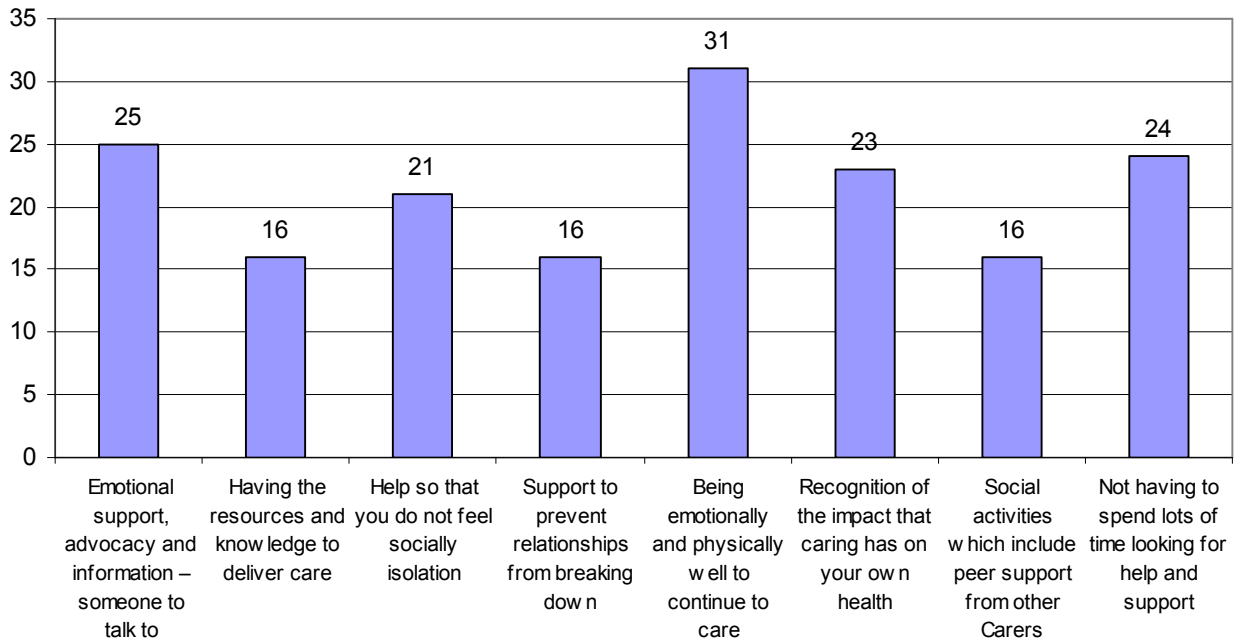
Priority 2 - Time for yourself - Getting a break from caring
What is important to you as a Carer?



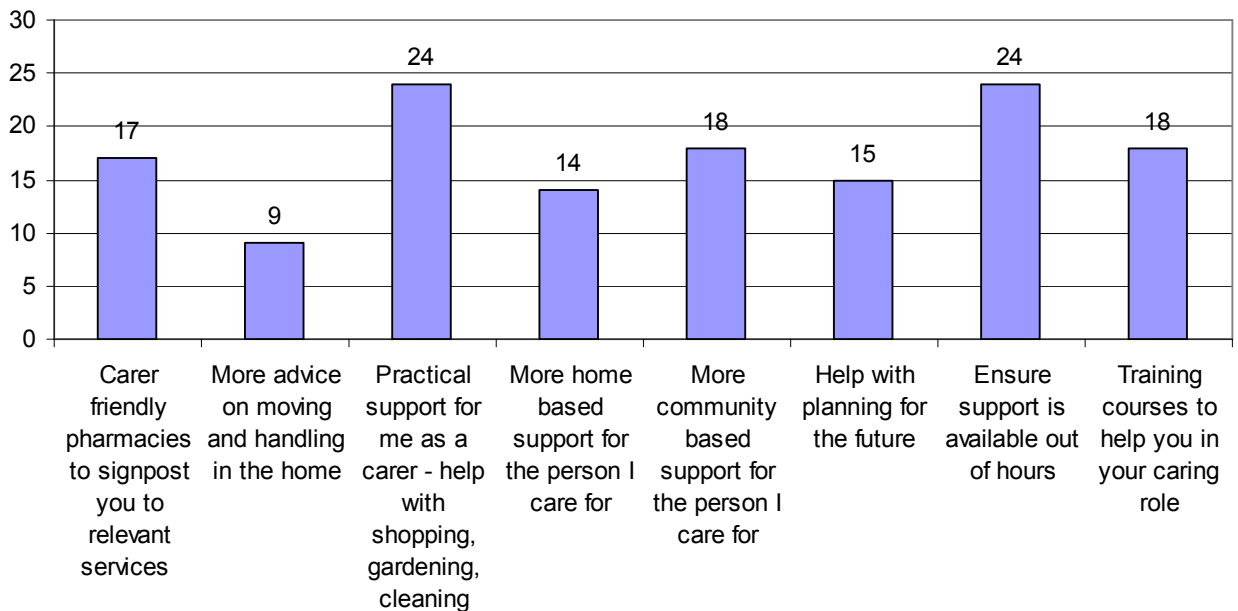
Priority 2 - Time for yourself - Getting a break from caring
As a Carer what would you like to happen?



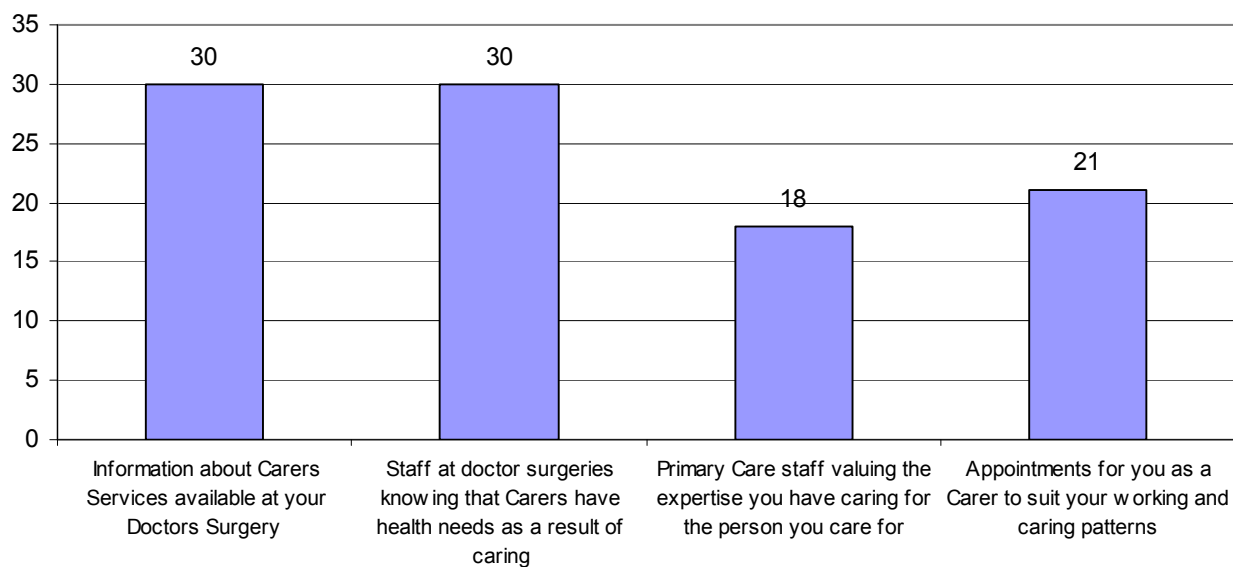
Priority 3 - Carers Health and Wellbeing
What is important to you as a Carer?



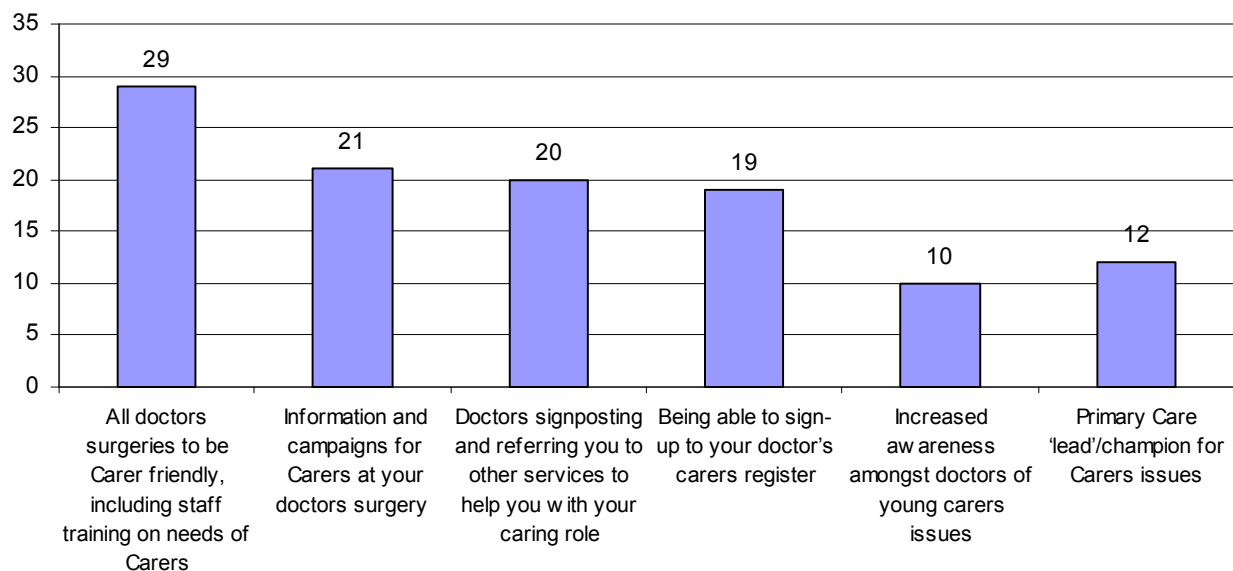
Priority 3 - Carers Health and Wellbeing
As a Carer what would you like to happen?



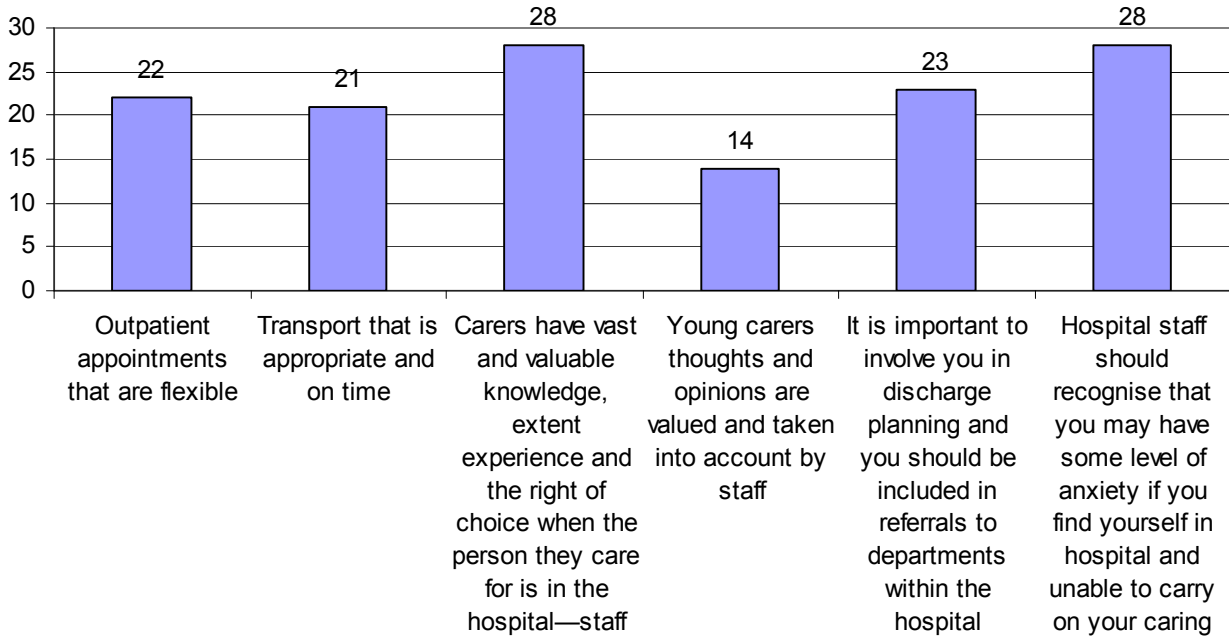
Priority 4 - Primary Care Services
What is important to you as a Carer?



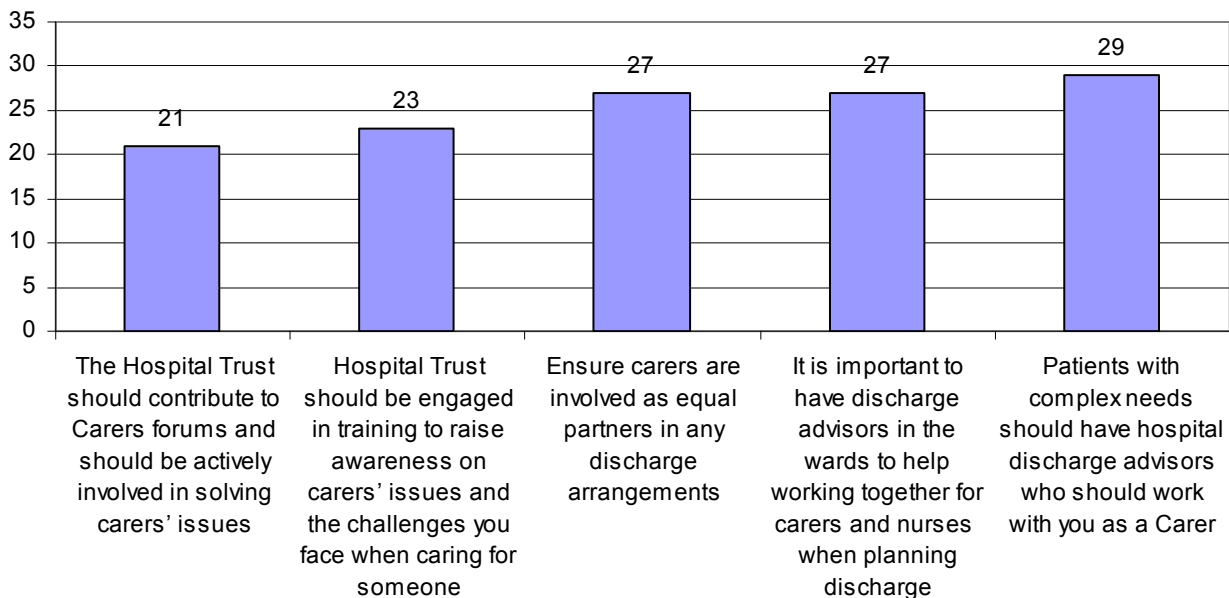
Priority 4 - Primary Care Health Services
As a Carers what would you like to happen?



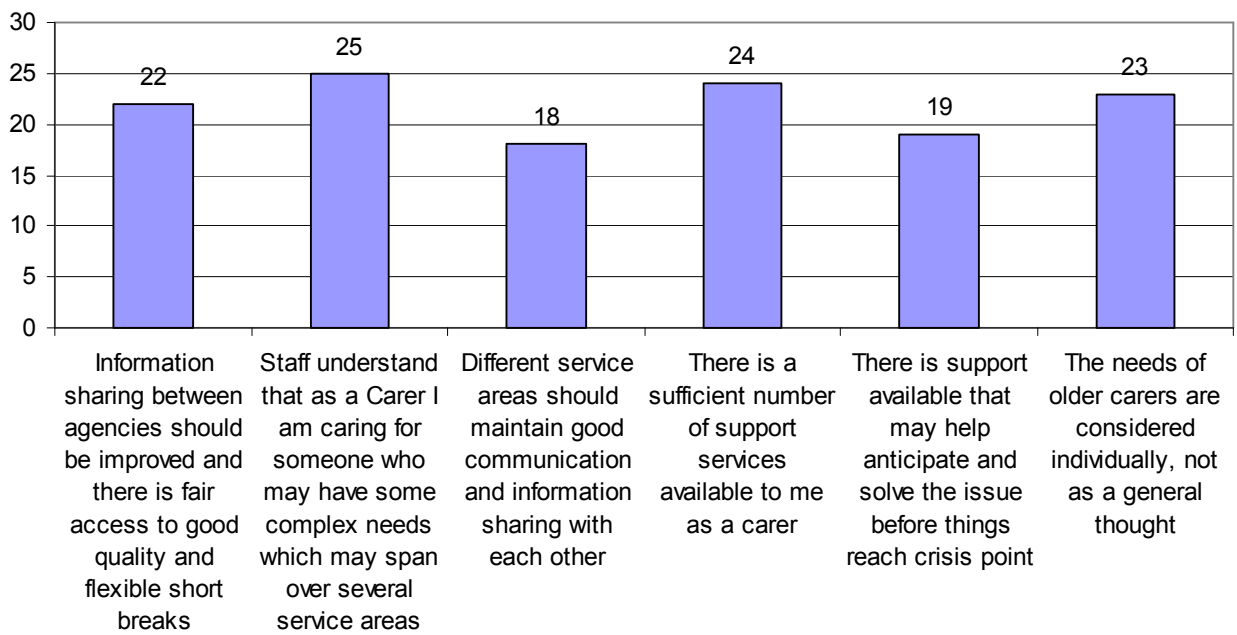
Priority 5 - Hospital and Carers
What is important to you as a Carer?



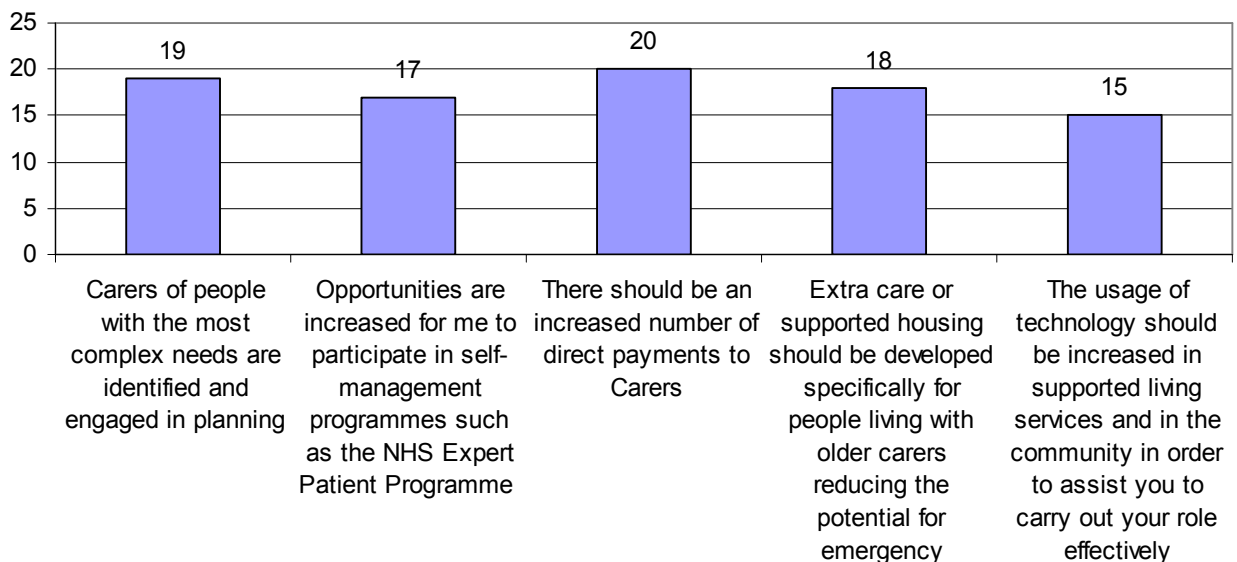
Priority 5 - Hospital and Carers
As a Carer what would you like to happen?



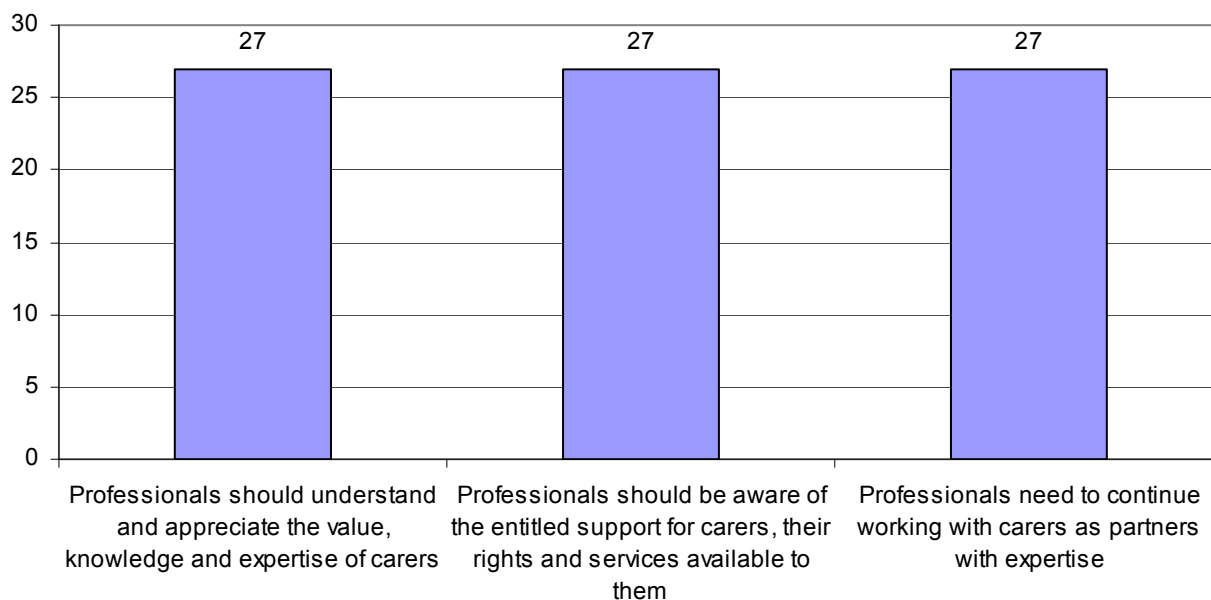
Priority 6 - Carers of adults with disability or illness
What is important to you as a Carer?



Priority 6 - Carers of adults with disability or illness
As a Carers what would you like to happen?



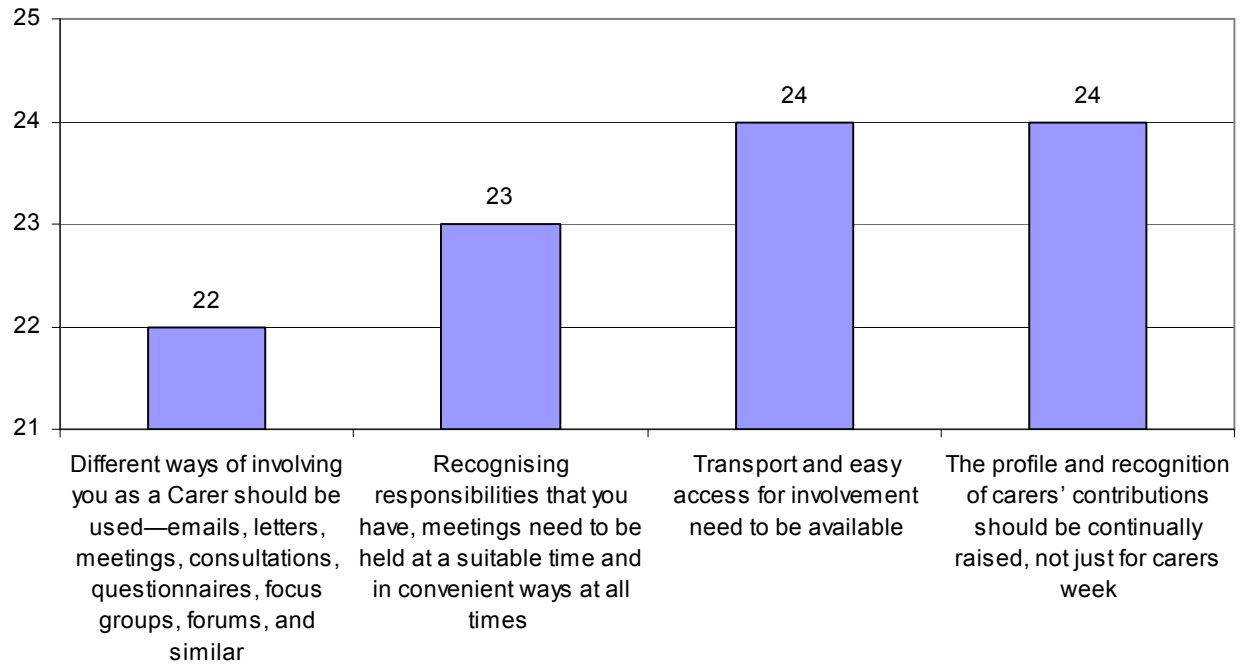
Priority 7 - Training & Information for Professionals
What is important to you as a Carer?



Priority 7 - Training & Professionals
As a carer what would you like to happen?

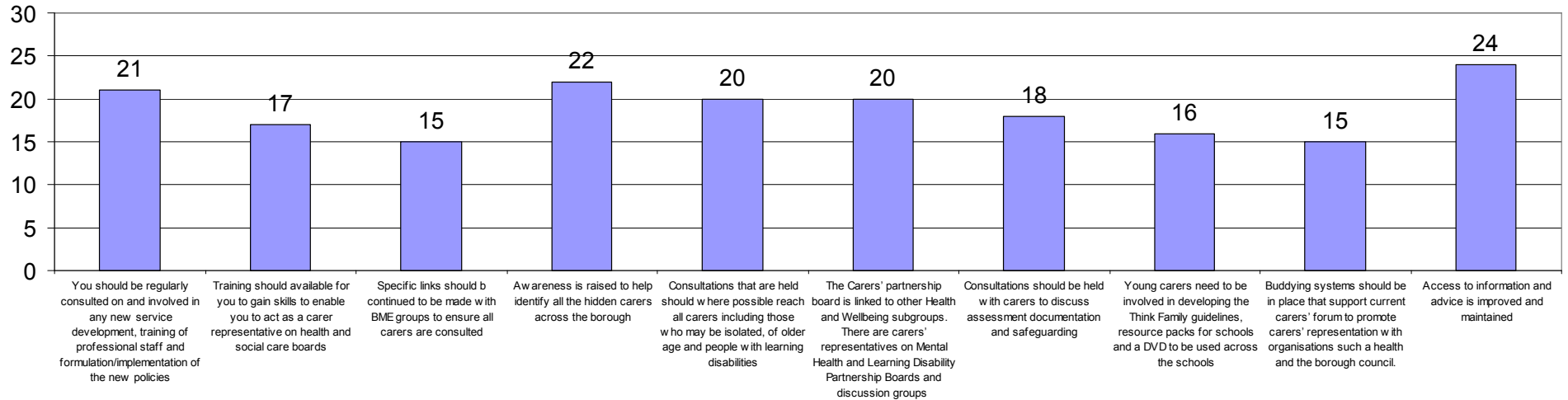


Priority 8 - Involving Carers (including Advocacy)
What is important to you as a Carer?



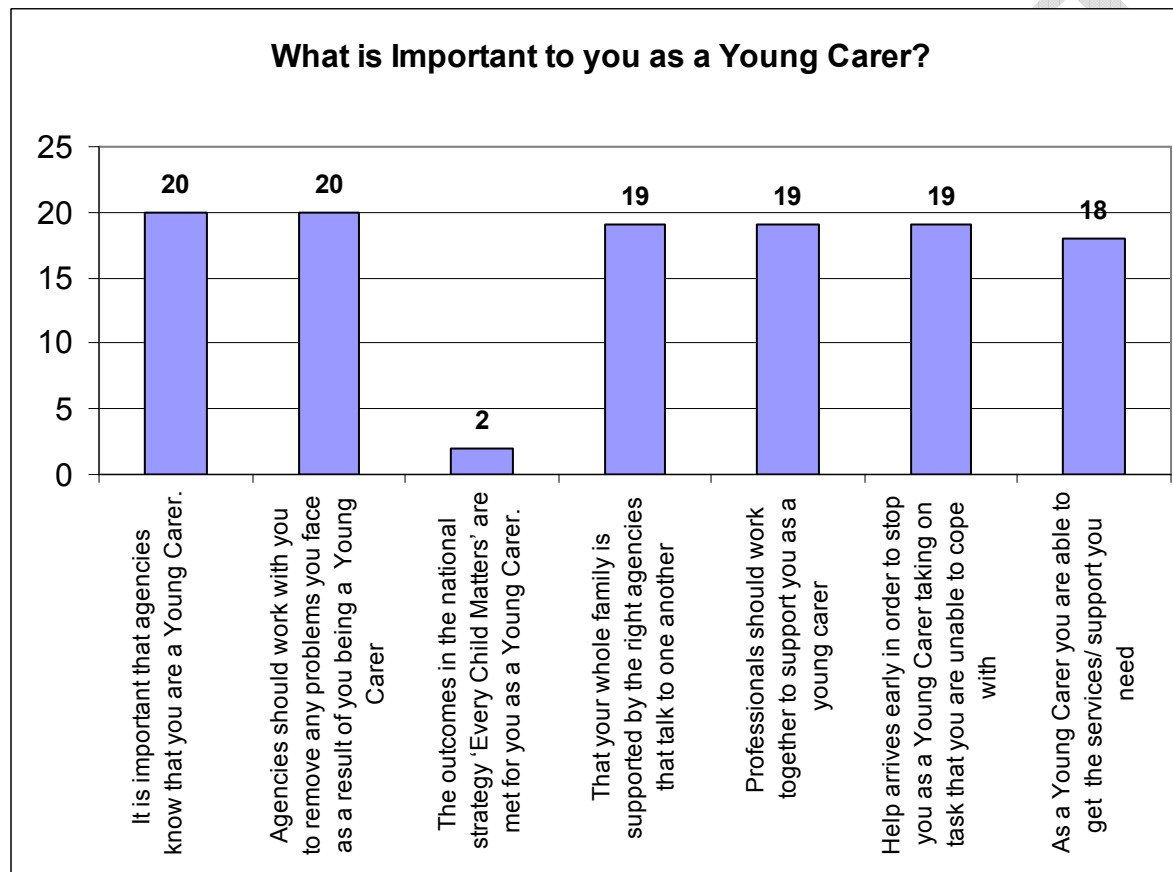
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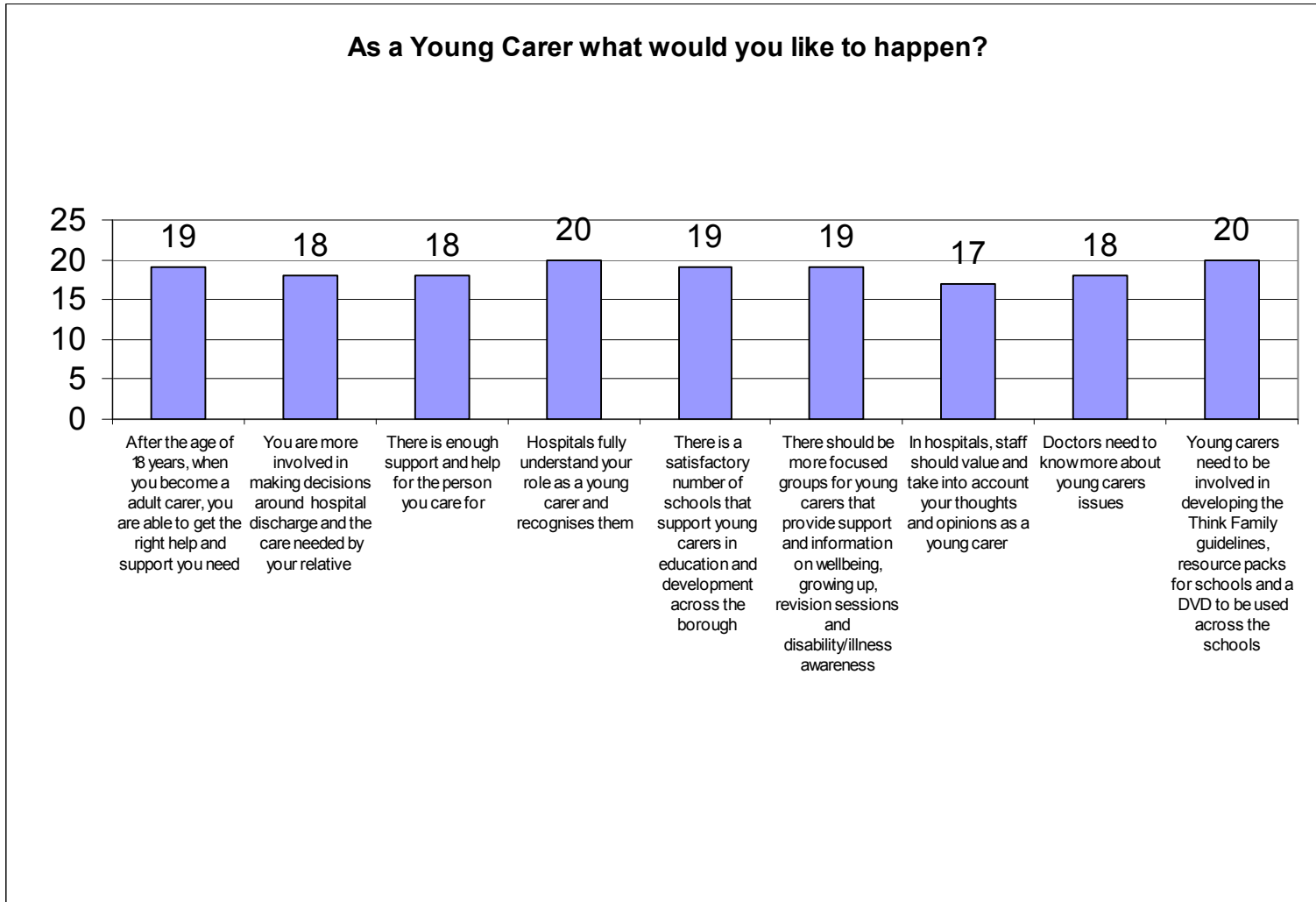
Priority 8 - Involving Carers (including Advocacy) As a Carer what would you like to happen?



Appendix 2 Summary responses to questionnaires (young Carers)

The tables below summarise the findings from the questionnaires completed by young Carers





Appendix 3 Slough's **Interim** Joint Carers' Commissioning Strategy 2014- 15 Action Plan

Key Actions	Outcome	Lead	Timescale
Priority 1 – Improved Health and Wellbeing			
<ul style="list-style-type: none"> The second phase of Slough Borough Council (SBC) Adult Social care Transformation Programme develops and embeds personal budgets for Carers. 	<ul style="list-style-type: none"> Needs of Carers given a higher profile within SBC and partner organisations Carers meeting the Fair Access to Care (FAC) eligibility criteria have access to a personal budget Increased number of Carers in receipt of Direct Payments 	Assistant Director Adult Social Care, Commissioning and Partnerships Head of Service Care Group Commissioning Service Manager-Transformation, Performance & Practice	Sept 2014
<ul style="list-style-type: none"> Understand the impact of the Care Bill and Children and Families Act following publication of guidance. Understand anticipated numbers of Carers likely to seek an assessment Understand and identify anticipated resources to meet increased duties and responsibilities Review current Carers services provision in light of forthcoming changes Develop a clear Offer for Carers 	<ul style="list-style-type: none"> Ensure plans are in place to meet needs of local Carers in line with legislative changes. 	Assistant Director Adult Social Care, Commissioning and Partnerships Head of Service Care Group Commissioning Service Manager-Transformation, Performance & Practice	Sept 2014
<ul style="list-style-type: none"> Ensure Carers from all Carer groups within Slough's diverse community 	<ul style="list-style-type: none"> Carers are better supported to help them in their caring role 	Commissioner	Ongoing

Key Actions	Outcome	Lead	Timescale
<ul style="list-style-type: none"> have access to quality information, advice and advocacy Continue to monitor Information, advice advocacy service 	<ul style="list-style-type: none"> Carers receive emotional and practical support to help in their caring role. 		
<ul style="list-style-type: none"> Map local support groups for Carers to identify overlaps and gaps in provision 	<ul style="list-style-type: none"> Target future support to ensure the needs of all Carers from Slough's culturally diverse communities are met 	Commissioner	Sept 2014
<ul style="list-style-type: none"> To consult carers about training needs Develop and roll out a joint training programme between SBC and CCG to support Carers 	<ul style="list-style-type: none"> Carers feel more confident and supported in meeting their caring responsibilities 	SBC Training officer Commissioner-Adults Consultant Public Health CCG General Manager	July 2014
<ul style="list-style-type: none"> Review progress of the Care Bill and any impact for local authorities in the planning and delivery of Carers assessments. Identify resources to manage anticipated increase in take up of Carers assessments. Develop pathways to help manage possible increase in take up of Carers Assessments Review quality of Carers assessments undertaken Ensure publication of the Carers Offer outlining local services to meet their needs. 	<ul style="list-style-type: none"> Clear processes in place for Carers assessments including clear definitions about eligibility. Clear recordable systems in place to monitor take-up of Carers assessments Carers that meet FAC access an assessment/ support. First contact Team sign post Carers to mainstream /preventative services to help in caring role as well as life outside caring 	Assistant Director Adult Social Care, Commissioning and Partnerships, Head of Service Strategic Commissioner, Service Manager-Transformation, Performance & Practice Commissioner-Adults	Sept 2014
<ul style="list-style-type: none"> Review the need for respite and emergency respite for those caring 	<ul style="list-style-type: none"> Carers including those caring for a person with dementia and learning disabilities 	Commissioner-Adults, Head of Services,	Oct 2014

Key Actions	Outcome	Lead	Timescale
<p>for people with dementia and adults with learning disabilities.</p> <ul style="list-style-type: none"> • Ensure clear and transparent processes in place for carers accessing respite based on their eligibility of needs. • Develop the Carers Respite and Community Support Framework 	<p>have access to flexible respite and community support tailored to their needs.</p> <ul style="list-style-type: none"> • Carers that are eligible for support in their own right have respite/support opportunities regardless of the eligibility of the person for whom they provide care. • Carers feel reassured by having an emergency respite plan in place should a crisis arise resulting in them being unable to provide care. • Social workers/Brokers identify current gaps in service provision to help inform future commissioning 	Senior Broker	
Develop material to support Carers in their caring role	<ul style="list-style-type: none"> • Carers access appropriate support and services to support them in their caring role • Carers have been consulted in design of material including access to website to help support them in their caring role 	Assigned leads within adult social care. SBC web development lead	Dec 2014
Promote and monitor Emergency Carers Alert Card	<ul style="list-style-type: none"> • The Emergency Carers Alert Card provides increased emotional security to Carers should a crisis occur enabling them to be unable to meet their caring responsibilities. 	Service Managers Operations	Sept 2014
Increase use of telecare for Carers in Slough	<ul style="list-style-type: none"> • Quality of life for Carers and cared for is enhanced through assistive technology 	Commissioner – Adults	Sept 2014
<ul style="list-style-type: none"> • Analyse numbers of Safeguarding alerts involving Carers • Processes accurately able to identify 	<ul style="list-style-type: none"> • Carers have a clear understanding of what safeguarding means. • Carers have access to appropriate 	Head of Adult Safeguarding and Learning Disabilities	Sept 2014

Key Actions	Outcome	Lead	Timescale
intentional and unintentional safeguarding incidents <ul style="list-style-type: none"> • support and to provide assistance accordingly • Support a communication Safeguarding campaign to raise awareness amongst general public • Targeted interventions to raise awareness for Carers about Safeguarding • Range of measures in place to prevent safeguarding. 	support in order to prevent safeguarding concerns arising (including access to a Carers assessment , advocacy and respite provision) <ul style="list-style-type: none"> • More appropriately targeted intervention is in place following identification of intentional and unintentional safeguarding incidents 		
<ul style="list-style-type: none"> • Within the Job Opportunities Group facilitate a local campaign to raise awareness as to the benefits of economic benefits of flexible working to employers. • Raise benefits of recruiting and retaining carers through local business seminars. 	<ul style="list-style-type: none"> • Employers have increased understanding as to the economic benefits of flexible working to their organisation. • Increases employment options for Carers which are compatible with their caring responsibilities. 	Commissioner – Adults Policy Assistant (facilitator of Job Opportunities Group)	Oct 2014
<ul style="list-style-type: none"> • Ensure Carers have access to the range of work preparation programmes run by SBC and partner organisations 	<ul style="list-style-type: none"> • Carers have increased skills thereby enabling wider range of employment opportunities 	Commissioner – Adults	Oct 2014
Priority 2 – Primary Health Care Services			
<ul style="list-style-type: none"> • Populate a Carers Register 	<ul style="list-style-type: none"> • Increased numbers of Carers referred for Carers assessments and sign posted to 	Slough CCG Management	Sept 2014

Key Actions	Outcome	Lead	Timescale
<p>HOW</p> <ul style="list-style-type: none"> The Carers of patients with long term conditions are identified through GP Quality Outcome Framework Carers are identified by GP surgeries at patient registration Carers are identified by GP surgeries from hard to reach groups i.e. ageing, blind and deaf patients, children with special needs 	<p>other agencies.</p> <ul style="list-style-type: none"> Carers access respite options through GP services. Fast track GP appointments – maximum 3 days for an appointment Recognition of carers and their health needs at GP Surgeries Invites for appropriate training (self-care) 		
<ul style="list-style-type: none"> GP surgeries promote relevant information to Carers Sign posting of services in Slough for Carers 	<ul style="list-style-type: none"> Increased number of Carers receiving appropriate support 	Slough CCG Management	Sept 2014
<ul style="list-style-type: none"> GPs in partnership with voluntary organisations facilitate educational programmes for Carers and cared GP Reception staff training for Carers Training for GPs and Nurses 	<ul style="list-style-type: none"> Increased prevention and self-care amongst Carers and cared Better awareness of Carers needs by Practice staff and clinicians 	Slough CCG Management Slough Borough Council	Sept 2014

Key Actions	Outcome	Lead	Timescale
<ul style="list-style-type: none"> Standardisation of services across Slough Practices 	<ul style="list-style-type: none"> Equality of care 		
<ul style="list-style-type: none"> GPs to actively promote NHS health checks for all registered patients aged 45 years plus with no long term conditions 	<ul style="list-style-type: none"> Increased prevention and early identification of health conditions amongst Carers 	Slough CCG Management	Commenced July 2013: on going
<ul style="list-style-type: none"> To undertake a review of current commissioned health services for Carers Ensure CCG involve Carers in commissioning decisions 	<ul style="list-style-type: none"> More targeted Carers support in place meeting needs of Carers Carers have influenced types of services that better meet their needs. 	Slough CCG Management	Commenced August 2013 Commence April 2014: on going
<ul style="list-style-type: none"> Training programme to be in place to help Carers manage their caring responsibility 	<ul style="list-style-type: none"> Increase number of Carers accessing training and support Increased numbers of Carers able to self manage health conditions including 'expert care' training programme 	Training Officer SBC General Manager CCG Consultant Public Health	Oct 2014
<ul style="list-style-type: none"> Ensure CCG involves Carers in Patient Participation groups and Carers Forum 	<ul style="list-style-type: none"> Carers have influenced types of services that better meet their needs 	Slough CCG Management	Commence April 2014
Priority 3 – Hospital and Carers			
<ul style="list-style-type: none"> Improve admission and discharge 	<ul style="list-style-type: none"> Carers are fully involved in admission and 	CCG & Wexham Park Management	Commence April

Key Actions	Outcome	Lead	Timescale
arrangements	discharge arrangements resulting in smoother arrangements for both the Carer and cared for. <ul style="list-style-type: none"> Increased understanding of carers needs by hospital staff 		2014
Priority 4 – Improved support for Young Carers			
<p>To agree council approach as to how the needs of young carers will be met. This will include developing a job description and recruit Yong Carers Lead (12 months) to :</p> <ul style="list-style-type: none"> Undertake mapping exercise of young Carers – numbers and needs Undertake consultation with young people, schools and other key stakeholders agree how best to meet the needs of this group Ensure resources and commissioned services following outcome of consultation Promote partnership with schools and other agencies to increase opportunities for young Carers Re-launch – Carers charter in schools 	<ul style="list-style-type: none"> Have increased local knowledge about the numbers and needs of young people providing care The needs of young Carers are met through schools, universal and specifically targeted services Slough is providing increased and tailored support to the needs of young carers 	Assistant Director - Children, Young People & Families, Head of service care group commissioning, Commissioner – Adults and Children	Sept 2014

Key Actions	Outcome	Lead	Timescale
<ul style="list-style-type: none"> Implement the 'memo of understanding' to support young carers To develop a tool to assess young carers 			
Priority 5- Training and Information for Professional			
<ul style="list-style-type: none"> Develop a local three year 'Carers matter' staff training program for SBC, Health and partner organisations. Develop and target intervention according to staff roles and responsibilities. Roll out –e-learning program. 	<ul style="list-style-type: none"> Carers receive increased support Staff are more confident and responsive in meeting needs of Carers. Increased number of Carers receiving g carers assessments and targeted services 	Training officer Commissioner –Adults	Oct 2014
Priority 6 – Involving Carers			
<ul style="list-style-type: none"> Ensure Carers consulted in all health and SBC commissioning activity – includes identifying and designing services. 	<ul style="list-style-type: none"> Service that are commissioned meet the needs of Carers and the people they support 	Strategic Commissioning Manager	Ongoing
<ul style="list-style-type: none"> Ensure Slough Wellbeing Board and 	<ul style="list-style-type: none"> The needs of local Carers are considered 	Assistant Director Adult	Sept 2014

Key Actions	Outcome	Lead	Timescale
<p>other SBC /CCG strategic planning boards include and consult Carers about future delivery of services and policies</p> <ul style="list-style-type: none"> • Monitor how Carers are consulted in these processes 	<p>in planning and allocation of resources</p>	<p>Social Care, Commissioning and Partnerships. Consultant Public Health, Slough CCG Head of operations</p>	
<ul style="list-style-type: none"> • Ensure Carers involved in development of council wide housing policies • Have a clearer view about the housing needs of Carers and those whom they care for 	<ul style="list-style-type: none"> • Housing needs of Carers and those they care for are met • Provide assurance to older carers that the longer –term needs of the person they care for will be met. 	<p>Head of Service Care Group Commissioning, , Assistant Director housing and environment Commissioner- Adults</p>	<p>Dec 2014</p>

SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet **DATE:** 14th April 2014

CONTACT OFFICER: Alan Sinclair, Assistant Director Adult Social Care,
(For all enquiries) Commissioning and Partnerships, 01753 875752.
Samantha Jones, Policy Manager Health and Social Care,
01753 875847

WARD(S): All

PORTFOLIO: Cllr Walsh. Commissioner for Health and Wellbeing.

PART I
KEY DECISION

BETTER CARE FUND AND LOCAL DELIVERY PLAN

1. **Purpose of Report**

1.1. This report introduces the Better Care Fund (BCF) to the Cabinet and explains the work that has taken place to plan the use of this funding in Slough. It also outlines the implications, benefits and risks of the implementing the BCF and requests endorsement for the final Slough BCF delivery plan which was submitted to NHS England on 4th April 2014.

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

2.1 The Cabinet is requested to resolve:

- (a) That the future planned activity set out in section 6 of the report and the benefits, implications and risk associated with the BCF planning for Slough set out in section 7 be noted.
- (b) That the Slough Wellbeing Board (SWB) sign off of the final Slough BCF delivery plan for submission to NHS England be endorsed.

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

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

3.1 **Slough Joint Wellbeing Strategy Priorities**

The actions the local authority and Clinical Commissioning Group (CCG) will take to address the requirements of the BCF, will aim to both improve, directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities as set out below.

Priorities:

- Economy and Skills
- Health

- Regeneration and Environment
- Housing
- Safer Communities

It will do this by promoting people's wellbeing, enabling people to prevent and postpone the need for care and support and putting people and families in control of their lives so they can pursue opportunities underpinned by the theme of civic responsibility. The longer term impact of improved wellbeing will be visible, thus contributing positively in improving the image of the town.

3.2 Joint Strategic Needs Assessment (JSNA)

The following key facts and figures have been taken from the JSNA 2013 relevant to the BCF local delivery plan. The aim of the local authority and CCG will be to address the potential needs identified from the JSNA through our joint BCF delivery plan.

Residential and Nursing Care Provision

- The 2011 Census results indicated that whilst the national older people population is increasing, Slough's population aged 50 and over has reduced. However, with the proportion of people aged 65 years and over predicted to grow by 16% in the period to 2020, the Council and CCG needs to consider alternative models of care and support particularly in Sloughs overreliance on residential and nursing provision for over 65s compared to the national average.

Access to Personalisation and Social Care Services

- The Government set a national target to ensure that at least 70% of all people eligible for publicly-funded adult social care support were receiving a personal budget by April 2013. The [Department of Health](#) note that this target ensures that "personalised care becomes standard practice" for all. A survey by the [Association of Directors of Adult Social Services](#) (ADASS) indicated that this target had been met nationally, although the [Adult Social Care Outcomes Framework](#) measure suggests that 56% of Service Users and Carers received a personal budget in 2012/13.
- In 2012/13, 58.5% of Slough's Adult Social Care Service Users and Carers received a personal budget and/or self-directed support. This was a higher proportion than the England average of 56%, but lower than the South East average of 60.3%.
- However, the number of people receiving their Personal Budget through a Direct Payment was much lower in the Slough Borough at 5%, compared with the national average of 16.5%. Direct Payments are the preferred method for delivering Personal Budgets to Service Users and Carers, as they give individuals greater flexibility, choice and control about what support they receive.

Other facts and figures which will contribute to addressing needs identified from the JSNA:

- Injuries due to falls are measured as part of the [Public Health Outcomes Framework](#). In 2011/12, Slough had 2,053 emergency admissions for falls injuries per 100,000 people aged 65 and over. This is significantly higher than the national figure of 1,665 per 100,000 population.

Excess winter deaths

- Deaths in Slough increased by around 14% during the winter months of 2008-2011 compared to the other seasons of the year. Excess winter deaths in Slough follow a similar pattern over time to those nationally ([Public Health England](#)).

Seasonal flu

- According to data from the NHS Thames Valley Local Area Team, 75.4% of adults aged 65 years and over in Slough received a flu vaccination between September 2012 to January 2013 which is in line with the National target of 75%

Dementia

- 329 people (0.2% of the population) are recorded on Slough GP registers as having dementia, according to the [Quality and Outcomes Framework](#) for 2011/12. This is significantly below the expected number for Slough and is expected to rise following dementia awareness training funded through the national dementia challenge campaign.
- Social Situation: Slough Borough Council's Adult Social Care Survey asked Service Users about their social situation in 2011/12. The [Health and Social Care Information Centre](#)'s results show that Older People accessing services in Slough reported that they felt they have less social contact than the national or South East regional response. The majority did, however, feel that they have at least adequate social contact.

Many of the above factors affect people under 65 and continue to impact into old age. They present significant challenges that require considerable service planning and partnership working.

The JSNA highlights that 66% of people with chronic heart failure have 4 or more long term conditions, and as a result, 20% of the resources of the local clinical commissioning group are used to support those with four or more long term conditions. In addition, some patients consistently use Accident and Emergency (A&E) rather than elective care. Slough therefore has a high level of non-elective admissions which puts considerable pressure on accident and emergency. A&E attendances indicate a range from zero to 20 times a year per person. Slough has 19% above England average of avoidable admissions (Avoidable admissions measure as detailed in the CCG outcomes framework 2013).

Children

Slough also has a relatively young population with a higher than average % of the population who are under 19.

The JSNA identifies the following needs for children in Slough:

- Birth rates in Slough are the fifth highest in England and 56.4% of all births in Slough are now to women whose country of origin is not the UK.
- 20% of all non elective admissions relate to children.
- Two of the four avoidable admissions categories linked to the national criteria for the Better Care Fund relate to children.
- 48.8% of children speak English as a second language.
- Slough has higher than average children's outpatient appointments per 1,000 patients.
- There has been a 39% increase in rates of looked after children in Slough since 2007.

- 19.8% of children live in a household with no wage earner.
- The carers strategy particularly highlights children and young people as a group that needs support. Slough has a 12% children aged 0-24 as a total of all carers providing unpaid care.
- At least 23% of all hospital activity in Slough is generated by children (excluding maternity services). A significant amount of this is non elective activity.
- Slough CCG spends a total of £5.3m within Wexham on paediatric services in which £3.12m is in non elective activity.

The BCF local delivery plan takes into account the local needs of the population and sets out how SBC and the CCG will work together on cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion, in order to mitigate these needs.

Furthermore the BCF local delivery plan sets out a range of activities which focus on diversion from A&E and increasing community based support services. These services will improve health and wellbeing outcomes for people and families in Slough.

4. **Other Implications**

(a) Financial

The development of the BCF has financial implications for both the Council and the CCG for the following reasons:

- the ongoing financial and demographic pressures facing Councils and the NHS
- the combining of CCG funds and SBC funds into a pooled budget and the changed status this brings for the governance and risks related to the identified funds
- the implications of implementing elements of the Care Bill for new health and social care responsibilities
- The releasing of funding from the hospital sector over the 5 years to support the implementation of the BCF
- The risk the fund carries if agreed outcomes measures are not delivered

We are still awaiting further guidance for the BCF and the Care Bill and as such the full financial implications are still uncertain. These risks will be managed within the risk and issues log and project plan of the newly formed joint commissioning group with escalation to the Wellbeing Board, CCG Governing Body and SBC Cabinet as appropriate.

(b) **Risk Management**

The purpose of the report is to help ensure that the necessary action is being taken to prepare the Council and CCG for the implementation of the BCF. The risk to the Council and CCG in not keeping up to date on BCF developments is that it may fail to meet deadlines to implement use of the funding.

The BCF has a stand alone risk register to monitor any associated risks.

Risk	Mitigating action	Opportunities
Legal	Section 75 and/or 256 agreements will be agreed.	Improved joint working and better value for money.
Property	None	None
Human Rights	Engage residents and service users in BCF development.	Improved wellbeing for residents.
Health and Safety	None	None
Employment Issues	Consultations will be carried out with staff if necessary.	Improved joint working and better value for money.
Equalities Issues	EIA to be carried out on proposed changes.	Improved wellbeing for all residents.
Community Support	Engage community services in BCF development.	Improved joint working and better value for money.
Communications	Utilise communication functions to keep stakeholders up to date.	Better understanding of BCF and health and wellbeing in Slough.
Community Safety	Engage community safety services in BCF development.	Improved joint working and better value for money.
Financial	Robust risk and project management in place.	Improved joint working and better value for money.
Timetable for delivery	Timetable agreed with SWB, CCG and SBC. On track to meet all deadlines.	Improved joint working.
Project Capacity	CCG strategy lead to move to new post in March 2014. Interim to be recruited to maintain continuity. CCG looking to recruit Slough BCF Programme Manager	Improved joint working and better value for money.
Acute Sector.	Ensure that Acute Health Sector view BCF as an opportunity to meet challenges in terms of reduced resources, reduced admissions, improved service and level of care.	Improved joint working and better value for money.

(c) Human Rights Act and Other Legal Implications

Guidance issued by NHS England entitled "Annex to the NHS England Planning Guidance, Developing Plans for the Better Care Fund, (formerly the Integration Transformation Fund)", sets out the process and format for developing plans for the Better Care Fund ("the BCF"). A condition of accessing money in the BCF is that Councils and Clinical Commissioning Groups must jointly agree plans setting out how the money will be spent and that these plans must meet certain requirements.

The BCF will be allocated into local areas in 2015/16 and put into pooled budgets established under powers set out in section 75 of the National Health Service Act 2006 ("the NHS Act 2006"). Written agreements made between local authorities and clinical commissioning groups under section 75 of the NHS Act 2006 can include arrangements for pooling resources. Money invested in a pooled budget can only be spent with the agreement of both parties on activities that benefit both health and social care.

The Care Bill, which is expected to receive Royal Assent in 2014 places a number of duties on local authorities requiring them to work more closely with their local health authority to develop integrated services. These duties will come into force from April 2015. The funding will enable local authorities to develop these services and prepare for their new duties under the legislation. The Care Bill will also facilitate the establishment of the BCF by providing a mechanism which will allow the sharing of NHS funding with local authorities to be made mandatory.

The NHS guidance requires that the BCF Delivery Plan is to be signed off by Slough Borough Council's Health and Wellbeing Board prior to submission to NHS England and the Local Government Association by 4 April 2014. "

(d) Equalities Impact

The equalities implications of any changes required as a result of the Better Care Fund will be reported as they are assessed and impact assessments will be completed as detailed under the Equalities Act 2010 by March 2015.

(e) Workforce

This will be advised once the BCF delivery planning has been further developed and workforce implications have been agreed.

(f) Property

This will be advised once the BCF delivery planning has been further developed and property implications have been agreed.

5. **National Context**

5.1 In the 2013 chancellor's Spending Round a £3.8 billion fund was announced for 2015-16 for integrating health and social care services. This fund is known as the 'Better Care Fund' (formerly known as the Integrated Care Fund) and comprises of:

- £1.9 billion existing funding continued from 2014-15
- £130 million Carers' Breaks funding
- £300 million CCG reablement funding
- £350 million capital grant funding including £220 million Disabled Facilities Grant
- £1.1 billion existing transfer from health to social care
- £1.9 billion new funding from NHS allocations, which includes £1 billion performance related funding.

5.2 £135m of revenue funding is linked to a range of new duties that come in from April 2015 as a result of the Care Bill. Most of the cost results from new entitlements for carers and the introduction of a national minimum eligibility threshold, but there is also funding for better information and advice, advocacy, safeguarding and other measures in the Care Bill. This funding will not be not ring-fenced and local plans should show how the new Care Bill duties will be met; £50m of the capital funding from BCF has been earmarked for capital costs (including IT) associated with transition to the capped cost system, which will be implemented in April 2016;

- 5.3 The Spending Review also agreed that £1bn of the total £3.8bn available nationally would be linked to achieving outcomes. These outcome measures are:
- Delayed transfers of care;
 - Emergency admissions;
 - Effectiveness of re-ablement;
 - Admissions to residential and nursing care;
 - Patient and service user experience
 - And one further locally agreed outcome measure from a pick list provided by NHS England. Sloughs suggested chosen measure is *improving the health-related quality of life for people with long-term conditions*.
- 5.4 The purpose of the BCF is to create a health and Adult Social Care (ASC) pooled budget which brings together services for adults in order to improve integrated and holistic working and improve outcomes for service users. The use of the funding is subject to the following national conditions:
- A jointly agreed local plan;
 - protection for social care services (not spending);
 - local plans to include 7-day working in health and social care to support patient discharge and prevent unnecessary admissions at weekends;
 - improved data sharing between health and social care, using the NHS patient number;
 - joint assessments and care planning;
 - one point of contact (an accountable professional) for integrated packages of care;
 - risk-sharing principles and contingency plans in place if targets are not met – including redeployment of the funding if local agreement is not reached; and
 - agreement on the consequential impact of changes in the acute sector.
- 5.5 The Fund provides for £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. In 2014/15, in addition to the £900m transfer already planned from the NHS to adult social care, a further £200m will transfer to enable localities to prepare for the Better Care Fund in 2015/16.
- 5.6 In 2014/15 there are no new requirements for pooling of budgets. The requirements for the use of the funds transferred from the NHS to local authorities in 2014/15 remain consistent with the guidance from the Department of Health (DH) to NHS England on 19 December 2012 on the funding transfer from NHS to social care in 2013/14.
- 5.7 For 2014/15 there are no additional conditions attached to the £900m transfer already announced, but NHS England will only pay out the additional £200m to councils that have jointly agreed and signed off two-year plans for the Better Care Fund.
- 5.8 CCGs and Local Authorities are free to extend the scope of their pooled budget to support better integration in line with their Joint Health and Wellbeing Strategy.
- 5.9 In 2015/16 the BCF will be allocated to local areas, where it will be put into pooled budgets under Section 75(2) National Service Act 2006 joint governance arrangements between CCGs and councils. A condition of accessing the money in the Fund is that CCGs and councils must jointly agree local delivery plans plans

which set out how the funding will be allocated and used, and these plans must meet certain requirements set by NHS England in the BCF planning guidance.

- 5.10 The local delivery plan should
- aggregate the ambitions set for the Fund across all Health and Wellbeing Boards;
 - assure that the national conditions have been achieved; and
 - understand the performance goals and payment regimes that have been agreed in each area.
 - Show how the BCF will be used for the period that the plan covers (2014/15 and 2015/16).
- 5.11 The outline timetable for developing the pooled budget plans in 2013/14 is as follows:
- August to October: Initial local planning discussions and further work nationally to define conditions etc
 - November/December: NHS Planning Framework issued
 - December to January: Completion of Plans
 - February: SWB agreed plan submitted to NHS England
 - March: Final plans agreed.
 - April: Final plans submitted to NHS England.
- 5.12 Each upper tier Health and Wellbeing Board will be required to sign off the BCF plan for its constituent local authorities and CCG's.
- 5.13 The Department of Health is considering what legislation may be necessary to establish the Better Care Fund, including arrangements to create the pooled budgets and the payment for performance framework. Options are also being explored for any required legislation within the Care Bill, with further details being made available in due course. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected and will be helpful in taking this work forward. The above is in reference to Sections 75 and 256 of the National Health Service Act 2006.
- 5.14 The BCF planning and context also aligns well with the annual Winter Planning process, the NHS Call to Action with its vision for large scale reshaping in the planning and delivery of health services based around the growing pressures of an ageing population, a rise in long term conditions and rising patient expectation, and the Care Bill which will impose duties on local authorities to exercise their functions with a view to ensuring the integration of care and support with health and health related provision, improved holistic working and improved service user personalisation. This provides a good opportunity at a local level to forward plan and align planning for all four of these agendas.

6. Local Context

- 6.1 The Slough BCF taskforce group has been meeting fortnightly since September 2013 in order to agree and plan the use of the BCF funding and jointly agree the BCF delivery plan. This group is led by the Assistant Director of Adult Social Care, Commissioning and Partnerships, the Director of Strategy and Development for East Berkshire CCG's and Policy Manager (Health and Social Care).
- 6.2 A joint SBC and CCG workshop was held on 2nd December 2013 to introduce the BCF, review current funding and performance and discuss initial ideas about how

the funding can be implemented across Slough. This workshop was attended by the Chair of the CCG and the Leader of the Council.

- 6.3 A further BCF engagement workshop, hosted by the Slough Wellbeing Board, took place on 24th January 2014. This workshop was being facilitated by The Kings Fund. The aims of this workshop was to ensure wider engagement in the development of integration between the NHS and Social Care in Slough, confirm our vision, and ask attendees to consider and contribute to shaping the use of the funding and the agreed outcomes for Slough. The target audience for this workshop was SWB members, Lead Members and Councillors, health and Adult Social Care professionals, health and social care providers, service users and carers and voluntary and community sector organisations.
- 6.4 The local Slough BCF delivery plan was updated following comments and feedback from the 24th January BCF workshop.
- 6.5 The timeline for sign off and agreement of the BCF delivery plan is as follows:

1	Slough CMT	18 th December 2013
2	Health PDG	9 th January 2014
3	Health Scrutiny	13 th January 2014
4	SWB* * Sign off of delivery plan	29 th January 2014
5	Slough CCG Governing Body	4 th February 2014
6	Submission of initial delivery plan to NHS England	15 th February 2014
7	Commissioners and Directors	25 th February 2014
8	Final submission of delivery plan to NHS England	4 th April 2014
9	SBC Cabinet	14 th April 2014

- 6.6 The initial estimate for Slough's allocation of the BCF was £7.030m.
- 6.7 After the Autumn Statement this was revised to £8.762m.
- 6.8 In the final BCF delivery plan Slough has agreed on a pooled budget of £6.058 million for 2014/15 and £9.762 million for 2015/16.
- 6.9 The minimum amount required for BCF pooled budgets by NHS England is £2.28 million for 2014/15 and £8.762 million for 2015/16. This is detailed in the tables below.

Table 1 describes the funding identified for Slough through the national formula

Better Care Fund Planning Announcements Slough CCG and Slough BC				
DESCRIPTION	Original Estimate	Revised Estimate		
		Local Authority	NHS	TOTAL
	£'m	£'m	£'m	£'m
Pass Through Funding				
2013/14 S256 Funds	1.850		1.850	1.850
2015/16 Government Transfers Capital	0.670			
2015/16 Disabilities Facilities Grant		0.407		0.407
2015/16 Social Care Capital Grant		0.287		0.287
Total	2.520	0.694	1.850	2.544
Impacting CCG Budgets				0.000
2014/15 Additional S256 Transfer	0.380		0.430	0.430
Carers Break Funding	0.250			0.000
Re-ablement Funding	0.280			0.000
Core CCG Funding	3.600		5.706	5.706
Difference between s256 & 15/16 BCF			0.082	0.082
Total	4.510	0.000	6.218	6.218
GRAND TOTAL	7.030	0.694	8.068	8.762

Table 2 describes the funding that Slough CCG and Slough Borough Council will be contributing to the BCF over the next two years.

		2014/15	2015/16
CCG Budgets		£m	£m
	Carers	0.210	0.210
	Community Equipment (s.75)	0.523	0.523
	Intermediate Care (s.75)	0.857	0.857
	CCG match funding s256	0.430	0.430
	Ward 8 & Early Supportive Discharge Service	0.252	0.252
	Oaks EMI		0.076
	Henley Suite		0.247
	Foot care		0.014
	CCG additional BCF contribution		3.119
	Sub Total	2.272	5.728
Local Area Team 14/15, CCG 15/16			
	s256 money continued from 2013/14	1.910	1.910
	Additional s256 transfer	0.430	0.430
	Sub Total	2.340	2.340
Local Authority			
	Disabilities Facilities Grant		0.407
	Social Care Capital Grant		0.287
	Intermediate Care	1.000	1.000
	Sub Total	1.000	1.694
	Overall Total	5.612	9.762

6.11 These budgets have been agreed to deliver the Slough BCF vision of:

“My health, My care: Slough health and social care service will join together to provide consistent, high quality personalised support for me and the people who support me when I’m ill, keeping me well and acting early to enable me to stay happy and healthy at home.”

6.12 Since the initial draft submission of the BCF delivery plan to NHS England on 14th February a number of changes have been added to the plan. These include:

- Additional budget from the CCG
 - Community equipment that is already transferred to the Council - £0.583m
 - Intermediate care that is already transferred to the Council – 0.857m
 - Match funding of the additional S256 funding (this is new investment - £0.430m
 - Ward 8 rehabilitation funding - £0.698m)
- Additional budget from SBC Intermediate Care Service - £1m
- Amended the vision, aims and objectives of the plan following consultation with partners, providers and service users at the January Wellbeing Board workshop
- Agreement to include meeting the health needs of children in relation to reducing admissions to hospital
- Agreement to use the additional investment in a number of areas of need. These include:
 - Infrastructure to support the delivery of the BCF delivery plan
 - Sustainability of our developing integrated care services including an improved falls service and the continuation of some of the services that have had an impact over the winter period (and were funded by temporary winter pressures funding).
 - Improving the health and well being of our residents living in care homes
 - Supporting the reduction of admission to hospital of children and young people

6.13 Slough’s BCF delivery will focus on the following three strands:

- Self care and prevention services across adults and children and families
- Improved care co-ordination.
- Maintaining and promoting independence.

6.14 BCF Programme Delivery Boards will be set up to deliver the agreed aims and objectives for each of these three strands.

6.15 The benefits for services users of these integrated services for each strand are as follows:

A Self care and prevention:

This programme will focus on the information, advice and support available to residents to manage their condition to remain as safe and independent for as long as possible. Service users will have improved access to:

- Psychological Therapies
- Information and Advice services (e.g. primary care, NHS 111)
- Smoking Cessation
- Falls Prevention
- Structured patient medication for long term conditions
- Social Marketing Campaigns

- Support to carers
- Admission avoidance for children and young people

B Care Co-ordination:

This programme will focus on integrating care for residents who require more specialist clinical and social care support to maintain independence either in a community care setting or in their own home. Benefits to services users will include:

- Improved and integrated case management including individuals at high risk of admission
- Joint health and social care assessments
- A single access point to health and social care services and shared care records
- Improved medicines management
- Integrated Care Teams
- Improved end of life care
- Improved sensory services

C Maintaining and recovering independence:

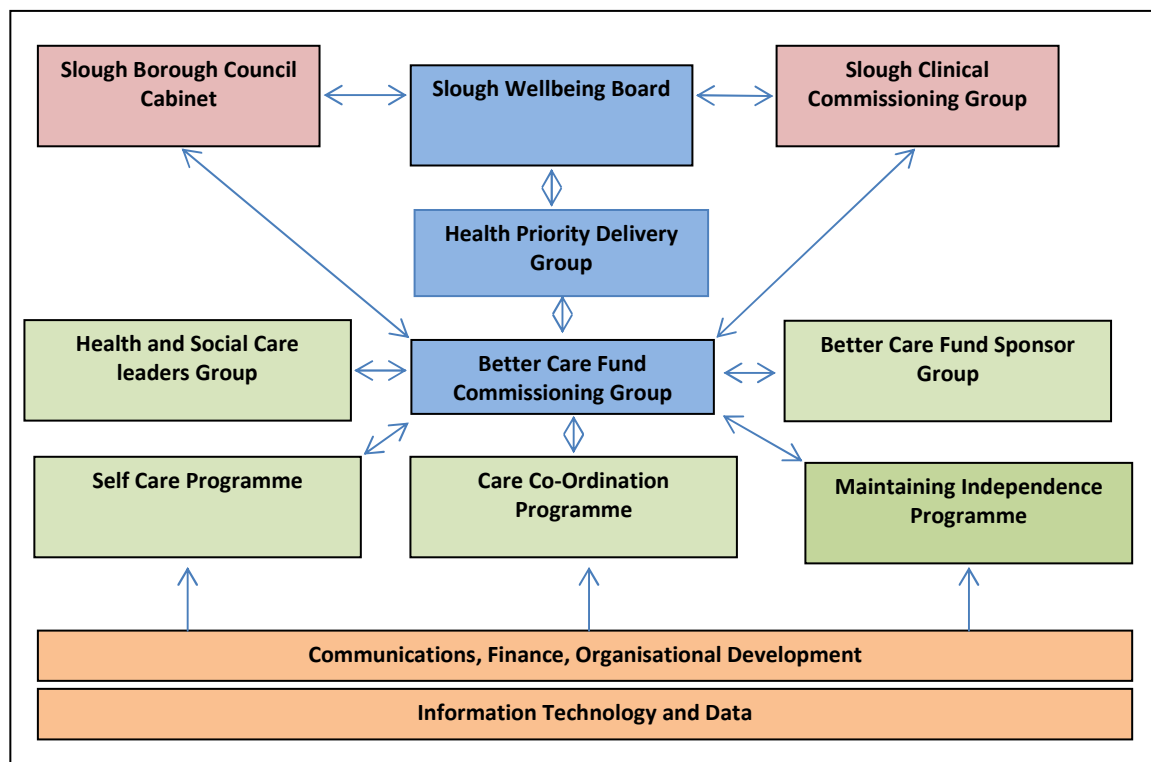
This programme will focus on supporting patients to maintain their independence and to recover quickly after a period of ill health. Benefits to services users will include:

- A multi-disciplinary discharge team at Wexham Hospital
- Access to 24/7 intermediate care and reablement services
- Improved quality of nursing and residential home placements
- Continuing Healthcare
- Early Supported Discharge schemes
- A rapid assessment process

D The wider benefits of implementing the BCF delivery plan are as follows:

- Protection of social care services
- Improved 7 day health and social care services
- Data sharing
- Joint assessment

6.16 The Governance structure for delivery of the BCF is as follows:



6.17 The Governance and reporting arrangements for BCF are that:

- The CCG and SBC will hold joint accountability for delivery of the BCF plan and effectiveness and performance against the agreed outcomes and metrics will be monitored through the SWB.
- The Slough CCG will be accountable to NHS England for BCF compliance. SBC will be accountable to SWB and Health Scrutiny Panel.
- SBC will hold accountability for the Section 75 Partnership Agreement and the pooled budget for the BCF funding. The Section 75 agreement will also outline the financial and performance reporting structure.
- Slough BCF delivery and performance will also be regularly reported to SBC corporate management team, Cabinet and Overview and Scrutiny Committee
- The final BCF delivery plan will be submitted to NHS England on 4th April 2014 and it is expected that ongoing monitoring of the delivery plan and outcomes will be required to be reported to NHS England.
- Once Section 75 and 256 agreements to manage the fund are developed, further sign off will be required by the SWB, the CCG Governing Body and the SBC Cabinet.

7. Benefits, implications and risks

7.1 The Council and the CCG will be in a formal partnership for management of the funds and services will need to be managed jointly with shared risks and shared opportunities. It is planned that SBC will be the host organisation of the S75 Partnership Agreement under NHS Act 2006.

7.2 The following benefits for Slough and the SWB of implementing the BCF are as follows:

- Jointly agreed planning and objectives between health and social care.
- Improved transparency over data, budgets and use of funding.
- Clear and robust governance arrangements with joint management of existing and any new risks and issues.
- Clear local leadership.
- A focus on the key priority issues for Slough for the two main public bodies.
- A strong focus on outcomes.
- Better joint understanding of the needs of the Slough population.
- Improved value for money and use of resources. With a focus of resources on where this makes the biggest difference.
- Less duplication of effort, time and resources leading to further efficiencies and to support the delivery of existing efficiency savings.
- Working in partnership to meet increasing demand/complexity against the backdrop of reducing funding.
- Improved opportunities for joint commissioning.
- Provision of Veto by voting members of BCF Commissioning Group.

7.3 The following general risks for Slough and the SWB are as follows:

- A possible loss of autonomy for the SWB and CCG. This will be mitigated by agreed plans and the ability to review the objectives and BCF funding allocation annually by each party, and by financial modelling and planning being undertaken over the coming months to track planned investments, and where the benefits of these investments will be delivered.
- Decisions on funding and services could not be made unilaterally.
- A loss of boundaries between the use of funding for health and social care.
- The background effect of efficiency savings for both SBC and CCG could lead to a loss of focus and delivery for only one partner.
- Not delivering to agreed BCF outcomes.

7.4 If the BCF delivery plan is not agreed there will be a continued pressure on NHS acute services; and on Slough CCG and SBC regarding demand for services that the sole agencies will have difficulty providing alone.

8. **Comments of Other Committees**

8.1 On the 26th March 2014 the Slough Wellbeing Board were asked to agree the submission of the BCF delivery plan to NHS England on 4th April 2014.

8.2 The SWB made the following comments:

- The Board suggested that the final local delivery plan submission should be updated to show a clear link between the investment programmes being put forward and the outcome and metrics data. It would also assist to show the timescales for completion of the business plans underpinning the Local Delivery Plan.
- And Resolved –
 - (a) That the benefits of the BCF planning for Slough and future planned activity be noted.
 - (b) That subject to final updates and completion, the Local Delivery Plan be signed off by the Board for submission to NHS England on 4th April 2014.

9. **Conclusion**

- 9.1 The BCF delivery plan and funding provides a real opportunity for improved partnership working, jointly delivered services and improved outcomes for service users. It allows SBC and Slough CCG with the opportunity to meet the increasing health and social care needs of the residents and patients of Slough in a more integrated way, is patient and person centred and is focussed on early intervention and prevention and is not crisis and acute care dominated.

10. **Appendices Attached**

'A' - BCF delivery plan, financial summary and metrics template.

11. **Background Papers**

- '1' - Annex to NHE England Planning Guidance Developing Plans for the Better Care Fund. <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>
- '2' - The Care Bill; reforming care and support, department of health (ADASS South East TASCK Network) 30th October 2013
- '3' - Delivering better services for people with long-term conditions – Building the house of care (The Kings Fund). October 2013
- '4' - Co-ordinated care for people with complex chronic conditions (The Kings Fund). October 2013
- '5' - Next Steps on implementing the Integration Transformation Fund (LGA and NHS England) October 2013
- '6' - Planning for a sustainable NHS: responding to the 'call to action' (NHS England) October 2013
- '7' - Integrated Care and Support: Our Shared Commitment (DoH) May 2013
- '8' - Department of Health Factsheet 19; The Care Bill - Better Care Fund, January 2014
- '9' - The Care Bill explained including a response to consultation and pre-legislative scrutiny on the Draft Care and Support Bill. (Secretary of State for Health) May 2013

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Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net


To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

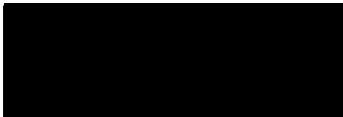
1) PLAN DETAILS


a) Summary of Plan

Local Authority	Slough Borough Council
Clinical Commissioning Groups	Slough Clinical Commissioning Group
Boundary Differences	Slough practices are co-terminous with the Borough however we recognise the CCG will be responsible for patients registered to practices outside the borough boundary especially in Windsor and Buckinghamshire. Links through Urgent Care Boards across systems will enable effective alignment to take place across these boundaries linked to the Better Care Fund.
Date agreed at Health and Well-Being Board:	26th March 2014
Date submitted:	4th April
Minimum required value of ITF pooled budget: 2014/15	£2.280 million
2015/16	£8.762 million
Total agreed value of pooled budget: 2014/15	£5.612 million
2015/16	£9.762 million

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	
By	Dr Jim O'Donnell
Position	Chair, Slough Clinical Commissioning Group
Date	2nd April 2014

Signed on behalf of the Council	
By	Ruth Bagley
Position	Chief Executive
Date	2nd April 2014

Signed on behalf of the Health and Wellbeing Board	
By Chair of Slough Wellbeing Board	Councillor Rob Anderson
Date	2nd April 2014

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

Slough CCG and Borough Council have engaged providers on the integrated care agenda with independent support from the King's Fund. Qualitative interviews with NHS providers on progress with integrated care have taken place. The King's Fund hosted a system wide Conference on January 24th with health and social care providers which approved the vision, aims and objectives of the Better Care Fund.

NHS Providers

A Health and Social Care Professional Leaders Group has been established across three CCGs to engage NHS providers and commissioners. The group will steer the development of the five year strategic plan and have agreed Better Care Fund as the key focus of its joint work across the system; sharing financial strategies, working on enablers and learning from best practice.

Healthcare providers including the local Ambulance Service (SCAS), Heatherwood and Wexham Park NHS Foundation Trust (HWP), Berkshire Healthcare NHS Foundation trust (BHFT) and Buckinghamshire Healthcare Trust (BHT) attend monthly Urgent Care Programme Group meetings with the Council and CCG. The meetings have focussed on redesigning urgent and emergency care system focussing on access, patient flow through the hospital and discharge especially for frail elderly patients. The group have signed up to a 7 day service innovation proposal and an Urgent and Emergency Care Recovery Plan as part of their work. Learning and development of the system through this group has been incorporated into discussions on the Better Care Fund.

A Clinical workshop between HWP and CCGs took place on 27th February to share the aspirations of the Better Care Fund; a follow-up clinical workshop on urgent and elderly care will be held on 3rd April with clinicians across community, primary and secondary care to co-design new pathways of care..

CCGs are engaged in the development of a Clinical Strategy linked to the acquisition of Heatherwood and Wexham Park by Frimley Park; this will ensure alignment of provider and commissioning strategies linked to the Better Care Fund over the next five years. The business case is due by the end of April within the timescales for the CCGs five year strategy.

Providers were engaged in a co-design of urgent and long term conditions services in Slough in 2012. This resulted in the introduction of integrated care teams in three practice 'networks' in 2013 supported by community and social care providers.

The health economy engaged in a three month public consultation 'Shaping the Future' on significant changes to rehabilitation services in 2013. Key local health providers; Berkshire Healthcare NHS Foundation Trust (BHFT) and Heatherwood and Wexham Park NHS Foundation Trust (HWP) were signatories to the proposals which supported significant investment in health and social care services in the community predicated on a reduction in acute bed capacity.

Social Care Providers

Health and Social Care providers have been widely consulted through the development of the Slough Joint Wellbeing Strategy during 2012. The Carers Strategy and Older Peoples Strategy which underpin this plan have also been consulted upon.

Social Care Providers have been engaged through the Provider Forum and Partnership Boards as well as the system wide workshop on 24th January.

Primary Care

Slough practices have been engaged through protected learning time sharing case studies and learning linked to integrated care teams in October and November 2013. Feedback from these events has influenced the service design and the aspirations of the Better Care Fund.

Slough CCG and HWP have engaged in a joint audit of patients on admission to hospital which has highlighted which patients could have been treated in the community.

Slough CCG has submitted an application for PM Challenge Fund to support improved access, 7 day working and the enhancement of integrated care teams. The outcome of the bid is expected by the end of March.

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

Slough CCG and Borough Council engaged patients and service users on the integrated care agenda through a system wide Conference on 24th January to shape the aims and objectives of the Better Care Fund. Those attending the workshop will form the basis of a sponsor group to help shape the future of integrated care.

This was the culmination of a number of strands of engagement work:

- Extensive consultation with the local population took place in 2012 on the Slough Joint Wellbeing Strategy 2013-2016. The strategy and the Joint Strategic Needs Assessment are the focus areas to develop this plan.
- Consultation on the Older Peoples Strategy and Carers Strategy has also taken place
- The health economy engaged in a three month public consultation 'Shaping the Future' on significant changes to rehabilitation services in 2013. Local people had the opportunity to shape the future of rehabilitation services via public events across Slough, focus groups and patients surveys on options of change. The consultation has resulted in significant investment in social and community services predicated on a reduction in hospital bed capacity in 2014.

A survey of patient opinions of the urgent and emergency system in Slough was carried out in 2013. The survey included:-

- A large-scale telephone survey (over 3,000 patients) across three CCGs including Slough, with a representative sample of those responsible for advising and decision-making on health and care matters
- Focus groups targeted on specific population groups of parents and people with long-term conditions
- In-depth interviews with individuals caring for people with dementia
- Individual depth interviews with people who had recently attended Wexham Park Accident & Emergency department, and had been triaged into the Urgent Care Centre
- Individual depth Interviews with staff in different roles at a number of GP practices.

Healthwatch (as LINKs) conducted a discharge audit within HWP which provided valuable feedback on how systems could be improved for patients at discharge from hospital. This has shaped a multidisciplinary discharge team integrating community health and social care teams at HWP.

Slough CCG and Slough Borough Council are engaging in a number of events through

'Call to Action' including public meetings and surveys. Engagement is planned of specific patient groups as well as wider engagement in local supermarkets to gather patient views. A 'Keeping Well' Programme was launched on 12th February with over 50 members of public helping co-design the future of services in the Borough based on their experiences of care.

The Council and CCG will build on this work through continued co-design and co-production with Slough users and carers on the further development of the integrated care system in the Borough in 2014/15.

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
Joint Well Being Strategy	This document sets out the vision and priorities for the Slough Wellbeing Board. http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-joint-wellbeing-strategy.aspx
Joint Strategic Needs Assessment	This document details the health and wellbeing needs of the Slough Population as well as basic population demographics and wider determinants. http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-joint-wellbeing-strategy.aspx
Call to Action plan	This document details plan of engagement events planned in Slough to inform our strategy
Carers Strategy 2014-17	The refreshed Joint Carers Commissioning Strategy sets out the shared vision and commitment by Slough Borough Council and Slough CCG to support the health and wellbeing of Carers (including young carers) living within the Borough of Slough over the next three years.
Slough Commissioning Strategy for Older People 2013-18	This Strategy identifies the commissioning priorities for adult social care. Based on strategic commissioning principles and best practice it proposes specific actions to transform social care and the range of services commissioned. http://www.slough.gov.uk/council/strategies-plans-and-policies/adult-social-care-strategies.aspx

Safeguarding Adults Strategy	This strategy sets out the legal framework for safeguarding adults and how the Slough Safeguarding Adults Partnership Board will keep adults safe through the shared vision, priorities and actions set out in this 3 year strategy.
*7 day working development	This document outlines our bid to develop seven day working
*Dementia Plan	This strategy outlines the priority actions for meeting the health and social care needs for people living with dementia in Slough
*Integrated Care Team Project Plan	Joint Project plan
*Winter Plan and Urgent and Emergency Care Recovery Plan	These documents describe our approach to joint working through the winter period.
*Model of care – Long term conditions	This document outlines a service model for long term conditions
*Urgent Care Strategy	This document outlines a service model for urgent care.
* CCG 2 year operational plan and 5 year strategy	These documents outline the CCGs 2 year operational and five year healthcare strategy and will be available end of March 2014

*** Documents will be made available on request**

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

“My Health, My Care:

Slough health and social care service will join together to provide consistent, high quality personalised support for me and the people who support me when I’m ill, keeping me well and acting early to enable me to stay happy and healthy at home.”

By April 2018 patients in these groups will be able to say:-

- **I have access to a range of support that helps me choose to live the life I want.**
- **I am supported to achieve my goals and take control of my care and support needs.**
- **If I have questions about my care I know who to contact.**
- **I have information and support to remain as independent as possible.**
- **I take responsibility for my health and my care.**
- **I have support for any carer(s) involved in my care.**
- **I am involved in discussions and decisions about my care and treatment.**
- **I have someone I trust so that I can get help at an early stage to avoid crisis**

We will deliver services through integrated care teams in ‘clusters’ based around GP practices with access to specialist and generic services to support patients needs. Pilot teams are already established and case studies demonstrate good outcomes for Slough people.

The Better Care Fund will focus on the following interventions:-

Intervention	Delivered through
Self Care and Prevention	Self-care, health and social care advice and information, advocacy, behaviour management and expectation. Telecare and telehealth solutions to promote independence Falls Prevention. Increasing access to smoking cessation for expectant mothers, Asthma management plans for children, Public health support for healthy schools in areas of deprivation linked to the ‘place shaping’ agenda and accessing paediatric urgent care
Care Co-Ordination	Integrated Care Teams Joint Care Planning Case Management Specialist Input as required

	Joint Assessment Accountable professional Single access point and shared clinical record Improving management of end of life care Sensory services
Maintaining and Promoting Independence	Support to avoid admission Discharge support for patients into community and back home from acute care Daily admissions and discharge information Rapid response with short term intermediate care and reablement Care Home provision

This will require:-

- Build up of a register of clients/ patients who would benefit from this care plan approach
- An Information sharing platform
- Specific interventions to support reducing paediatric emergency admissions
- Evidence based pathways of care e.g. diabetes, stroke, COPD, CHD, Falls, dementia
- Joint assessment and care planning processes e.g. accountable professional
- Organisation of practices into 'clusters'
- Development of new roles and ways of working

We will enable this to happen by ensuring:-

- Patient engagement in co-designing the new system of care
- Joint Leadership, governance and accountability in all areas of the system
- Information sharing and decision support tools
- Aligned incentives and contractual models

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

The vision of the Slough Wellbeing Board and Joint health and wellbeing strategy is to make Slough a place where:

“People are proud to live, where diversity is celebrated and where residents can enjoy fulfilling, prosperous and healthy lives.”

The Slough Joint Wellbeing Strategy (SJWS) was developed by the Slough Wellbeing Board. The SJWS is informed by the Slough Joint Strategic Needs Assessment (JSNA) which provides an evidence base to determine the needs of the population of Slough. In addition, the strategy builds upon a body of work that has been undertaken in Slough over the last five years, particularly the Sustainable Community Strategy but also other plans and strategies such as the Children and Young People's Plan, the Safer Slough Partnership Strategic Assessment and the Community Cohesion and Climate Change strategies.

The purpose of the Slough Joint Wellbeing Strategy (SJWS) is to improve the health and wellbeing of our communities and it is vital to ensure that collective responsibility to improve this lies with the local authority, Public Health and the CCG.

SJWS priorities:

- Health
- Economy and Skills
- Housing
- Regeneration and Environment
- Safer Slough

In relation to the SJWS Health priority the SWB commit that by 2028, Slough will be healthier, with reduced inequalities, improved wellbeing and opportunities for our residents to live positive, active and independent lives.

SJWS delivery:

In order to deliver the strategy and improve the wellbeing of Slough, the SWB will seek opportunities with fewer resources to:

- pool budgets together from different partner organisations
- work in partnership to address key priorities and target services
- promote public involvement in ensuring we deliver high quality and effective services

The Slough JSNA highlights the following relevant local needs:

- Injuries due to falls are measured as part of the [Public Health Outcomes Framework](#). In 2011/12, Slough had 2,053 emergency admissions for falls injuries per 100,000 people aged 65 and over. This is significantly higher than the national figure of 1,665 per 100,000 population.
- Excess winter deaths in Slough increased by around 14% during the winter months of 2008-2011 compared to the other seasons of the year. Excess winter deaths in Slough follow a similar pattern over time to those nationally ([Public Health England](#)).
- Seasonal flu. According to data from the NHS Thames Valley Local Area Team, 75.4% of adults aged 65 years and over in Slough received a flu vaccination between September 2012 to January 2013.
- Dementia. 329 people (0.2% of the population) are recorded on Slough GP

registers as having dementia, according to the [Quality and Outcomes Framework](#) for 2011/12. This is significantly below the expected number for Slough and is expected to rise following dementia awareness training funded through the national dementia challenge campaign.

- In addition, 4,400 people aged 65 and over living in Slough are estimated to be unable to manage at least one self-care activity in 2012. These tasks include bathing, showering or washing all over, dressing and undressing, washing their face and hands, feeding, cutting their toenails, and taking medicines. This figure is expected to rise to 5,000 by 2020 ([Projecting Older People Population Information](#))
- Social Situation: Slough Borough Council's Adult Social Care Survey asked Service Users about their social situation in 2011/12. The [Health and Social Care Information Centre](#)'s results show that Older People accessing services in Slough reported that they felt they have less social contact than the national or South East regional response. The majority did, however, feel that they have at least adequate social contact.
- Many of the above factors affect people under 65 and continue to impact into old age. They present significant challenges that require considerable service planning and partnership working.
- The JSNA highlights also that 66% of people with chronic heart failure have 4 or more long term conditions, and as a result, 20% of the resources of the local clinical commissioning group are used to support those with four or more long term conditions. In addition, some patients consistently use Accident and Emergency (A&E) rather than elective care. Slough therefore has a high level of non-elective admissions which puts considerable pressure on accident and emergency. A&E attendances indicate a range from zero to 20 times a year per person.
- Slough has a relatively young population with a higher than average % of the population as under 19s.
- The JSNA identifies some key needs with regards to children in Slough:-
 - Birth rates in Slough are the fifth highest in England and 56.4% of all births in Slough are now to women whose country of origin is not the UK.
 - 20% of all Non elective admissions related to children
 - Two of the four avoidable admissions categories linked to the national criteria for the Better Care fund relate to children
 - 48.8% of children speak English as a second language
 - Slough has higher than average children's outpatient appointments per 1,000 patients
 - There has been a 39% increase in rates of looked after children in Slough since 2007
 - 19.8% of children live in a household with no wage earner.
 - The carers strategy particularly highlights children and young people as a group that is particularly needing support.- Slough has a 12% children aged 0-24 as a total of all carers providing unpaid care

- Slough CCG spends a total of £5.3m within Wexham on paediatric services in which £3.12m is in non elective activity.

The aims and objectives of this BCF plan support the vision of the SWB, delivery of the priorities in the SJWS and have been put in place to mitigate local needs and improve wellbeing outcomes for Slough residents.

The delivery of improved services will be measured through a combination of existing national and local metrics outlined below. These will be monitored through the governance structure that reports to the Slough Wellbeing Board.

- Improve patient and user experience of health and social care services
- Encourage independence and self- reliance by building community capacity
- Reduce the proportion of patients falling into crisis and needing admission to hospital or care home
- Increase the proportion of patients who feel supported to manage their long term condition
- Improve mortality and morbidity statistics for CVD, respiratory, stroke and heart failure
- Reduce permanent admission to nursing and residential care for over 65s
- Maintain the good performance of older people at home 91 days after discharge from hospital care into reablement
- Reduce delayed transfers of care
- Reduce avoidable hospital admissions for children and adults
- Increase number of people with a health and social care personal budget
- Increase number of people (aged 65+) offered reablement following discharge from hospital
- Ensure all patients have a choice of place of death
- Deliver key aims of the Slough Wellbeing Strategy
- Provide more support within the community for self-care and prevention initiatives for children and young people
- Increase access to self-care for people with mental and physical health problems
- Safeguard and support vulnerable adults and children in our communities

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

The BCF will be managed under three distinct programmes:-

Self Care and Prevention

This programme will focus on the information, advice and support available to residents to manage

their condition to remain as safe and independent for as long as possible. This will relate both to children and adults.

Projects under this programme are:-

- Asthma Management linked to air quality awareness
- Paediatric Urgent care
- Support for schools in deprived areas linked to the 'place shaping' agenda
- Improving access to parent support groups through PUFFELL
- Improving access to Psychological Therapies
- Information and Advice services (e.g. improving links between primary care and CAB)
- Smoking Cessation
- Falls Prevention
- Structured patient education for long term conditions e.g. through the diabetes app being developed through Social Marketing Campaigns such as Puffell and through tailored local programmes
- Support for carers including to access healthchecks
- Telehealth and telecare

This programme will contribute to the improvement targets of the following metrics:

- Avoidable Emergency Admissions
- Patient/service user experience

Care Co-ordination

This programme will focus on integrating care for residents who require more specialist clinical and social care support to maintain independence either in a community care setting or in their own home.

Projects under this programme are:--

- Case management including individuals at high risk of admission
- Joint health and social care assessments
- Single access points and share care records
- Medicines Management
- Integrated Care Teams
- Improving end of life care
- Sensory services
- Stroke Co-ordination

This programme will contribute to the improvement targets of the following metrics:

- Permanent Admissions of older people to residential and nursing care homes
- Proportion of older people who were still at home 91 days after discharge from hospital into reablement services
- Delayed transfers of care
- Avoidable Emergency Admissions
- Patient/service user experience
- Health relate quality of life for people reporting having one or more long term condition

Maintaining and recovering independence

This programme will focus on supporting patients to maintain their independence and to recover quickly after a period of ill health.

Projects under this programme include

- Multi-disciplinary discharge team at Wexham Hospital

- 24/7 intermediate care and reablement services
- Nursing and residential home placements
- Continuing Healthcare
- Early Supported Discharge schemes (e.g. PACE)
- Rapid Assessment processes
- Nursing Home Placements and Domiciliary Care

This programme will contribute to the improvement targets of the following metrics:

- Permanent Admissions of older people to residential and nursing care homes
- Proportion of older people who were still at home 91 days after discharge from hospital into reablement services
- Delayed transfers of care
- Avoidable Emergency Admissions
- Patient/service user experience
- Health relate quality of life for people reporting having one or more long term condition

Business cases will be developed by the Autumn of 2014 for each programme to support the service reform and any additional investment from the 2015/16 contingency funding that will be required to deliver the overall objectives of the plan from April 2015. The business cases will be developed after evaluations has been completed during the early part of 2014/15.

Also by the Autumn of 2015 we will be clear on the investment required from the BCF contingency funding to support the delivery of the Care Bill.

Additional investment of £860,000 has been identified in 214/15 to support the delivery of the 3 programmes. This includes:

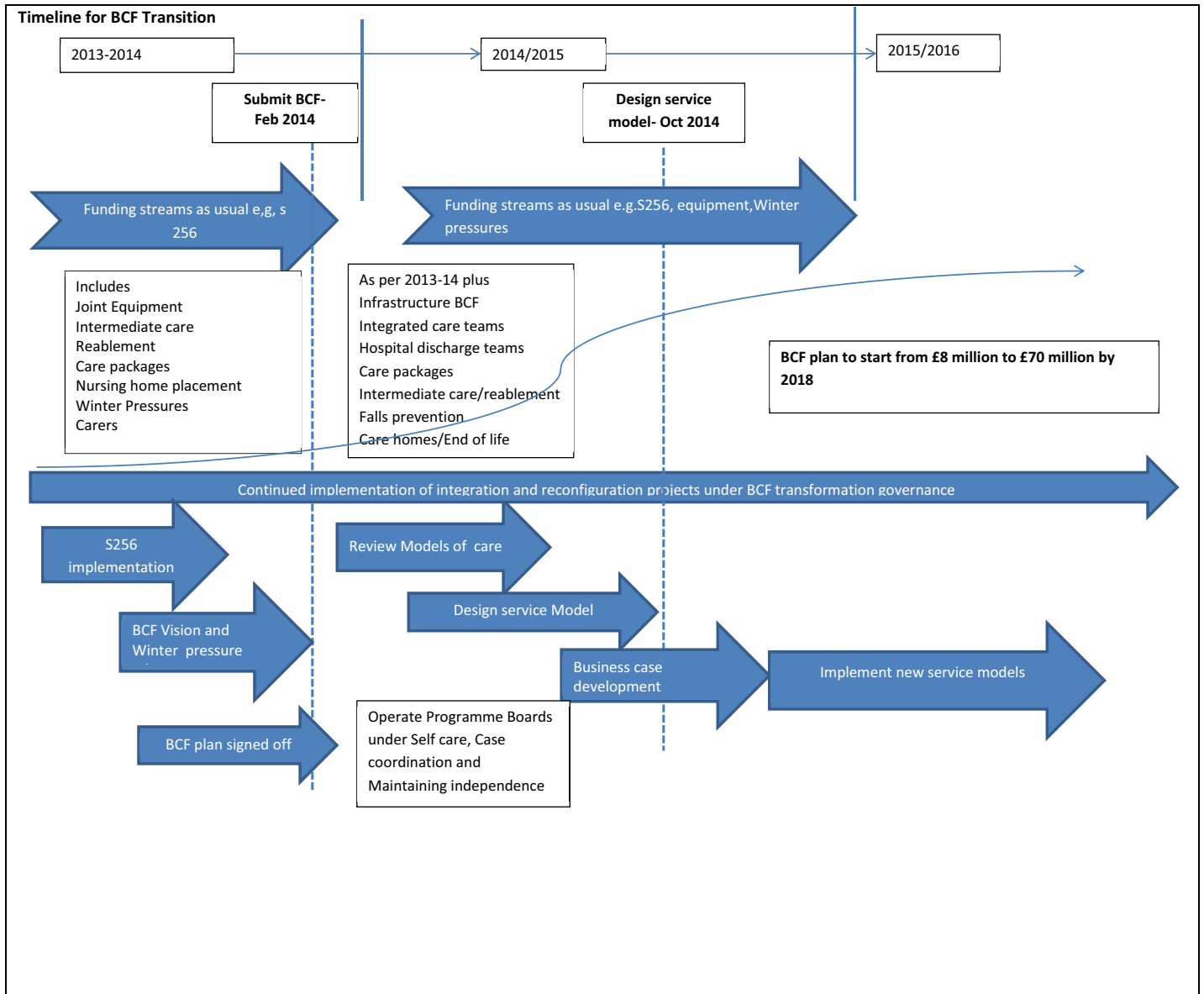
- Childrens Health Prevention to support admission avoidance
- Improving quality in care homes to support admission avoidance
- Post Acute Reablement (PACE) – to support admission avoidance and reduce delays
- Falls prevention – to support admission avoidance
- Infrastructure (including project management) to support the delivery of the plan

All programmes will require extensive support to ensure sustainability of system changes:-

- Governance
- Communications
- Finance
- Information and IT
- Education and Training
- Contracts and Commissioning
- Performance Management

A separate Information and IT group is to be established to develop a shared Information Platform under the vision; 'One Patient, One Record, One Care Plan'.

The BCF Commissioning Group will be working up the detailed programme and project plans underpinning the above as we work towards April 2015. In 2014/5 the focus for new investment will be in three areas: infrastructure to support enablers, sustainability of our developing integrated care services and investment in specific services to make an impact in year one.



d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

The position we have signalled to acute providers is that we will be looking to reduce investment in emergency care by 3% per annum over the 5 years of the strategic plan. This will build to the 15% reduction as outlined in the planning guidance, but at a pace which means that providers can respond to the change and remain sustainable.

The CCG is developing modelling tools based on a detailed analysis of the risk profile of the population to establish the interventions most likely to affect a reduction in hospital admissions.

Our plans will result in fewer patients needing to go to hospital and those who do will be discharged earlier, potentially requiring tariff prices to be unbundled to fund different

models of provision along the pathway.

It is expected that pathway redesign will result in an outreach model for many pathways, including falls prevention, frail elderly, heart failure, and respiratory disease which will bring secondary care teams out into the community to support people and avoid admissions

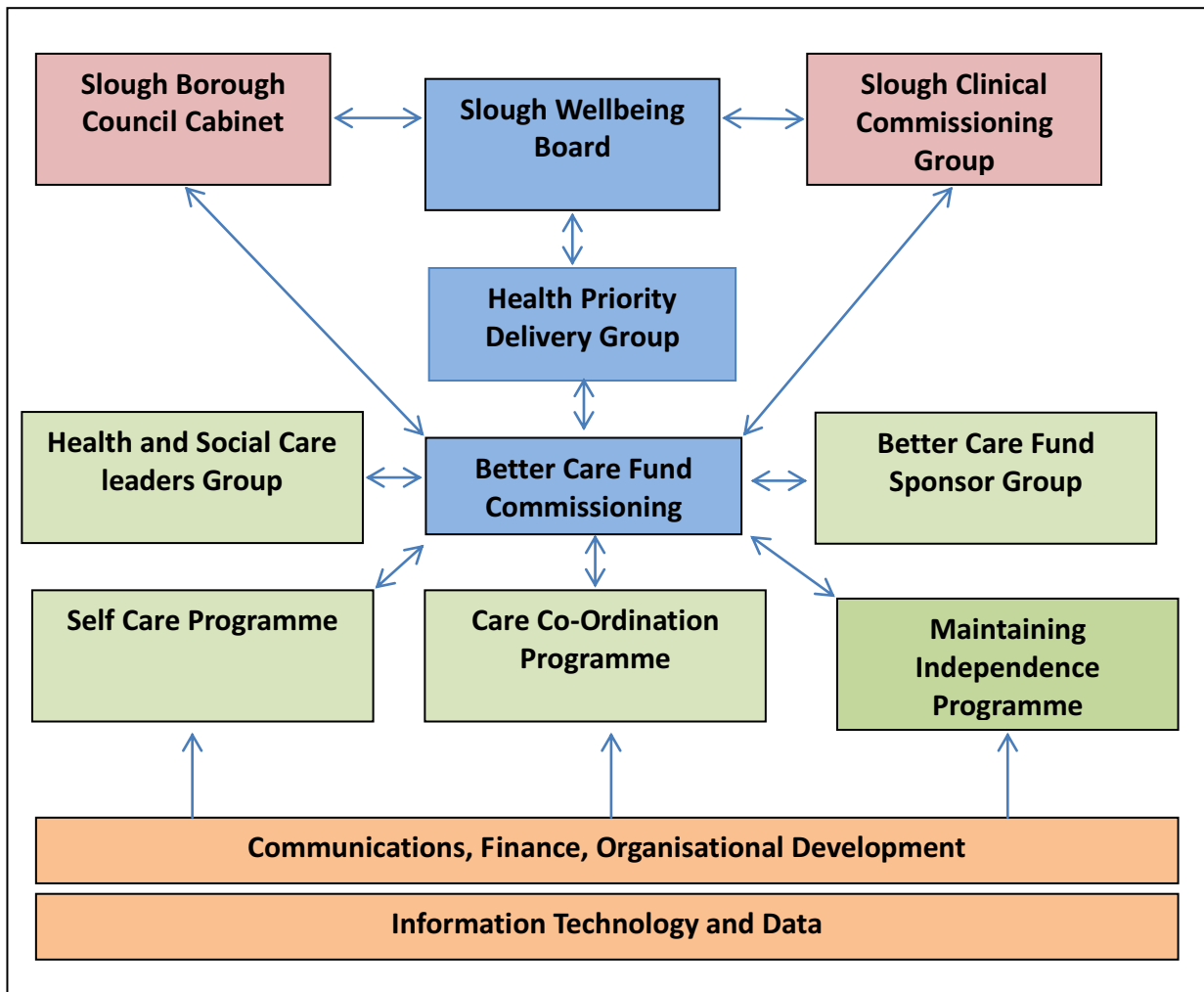
The following approach will be taken to reduce risk for the acute sector:

- The pace of change envisaged is realistic and will enable Trusts to reduce their cost base in a planned way.
- Alternative support systems for patients will be invested in up front so that Trusts have the confidence to take out excess capacity and cost.
- Acute providers are fully involved in the redesign of services and, either through collaborative or competitive processes, will have the opportunity to provide services or expert support outside traditional acute boundaries.
- The SWB recognises that the BCF will, in the short term, be continuing to support activity in secondary care, until service transformation changes patient and money flows.
- The SWB also recognises the need to share in the cost risk if plans do not result in the expected change in patient flows.
- Commissioning intentions have been fed into the current business case development linked to Frimley Park acquisition of Heatherwood and Wexham Park. This will align the CCG five year strategy. The case is due for completion by the end of April.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

The following governance structure will manage the development of the Better Care Fund.



The **Slough Wellbeing Board** is well established and meets every two months.
 The **Health Priority Delivery Group** is one of 6 strategic sub groups of the Slough Wellbeing board that oversee the implementation the Wellbeing Strategy.

The **Better Care Fund Coimmissioning Group** is the group that is supporting the delivery of the Better Care Fund and consists of key commissioners, finance, performance and policy officers from Slough Borough Council and Slough CCG. The group will review service models, agree the scale and pace of the BCF and agree joint commissioning arrangements from April 2014 onwards.

Three Programme Groups with commissioners, providers, clinicians, front line staff and patients will review, co-design and develop service models under the BCF in 2014/15.

A **Better Care Fund Sponsor Group** of over 50 professionals, patients, front line staff and voluntary organisations will be a touchstone for the Commissioning group as service models are reviewed and developed.

A **Health and Social Care Professional Leaders Group** has been established across three CCGs to engage providers and commissioners in long term strategic planning across a wider geographical area. The Better Care Fund has been agreed as a key focus of the work of the

group.

3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services

Slough Borough Council has responsibility for adult social care services in the area covered by this Better Care Fund.

The partnership between Slough Borough Council and Slough CCG in delivering the Better Care Fund will protect social care services by ensuring that people with eligible social care needs under the Fair Access to Care Services criteria – which is set by Slough Council at Critical and Substantial - will continue to have their needs met. The partnership will also be supporting early intervention and prevention approaches to support people to continue living at home, reduce the number of people in crisis, promote peoples independence and involvement in their local communities and improve the inequalities in health that the Slough population experiences. This will lead to a reduced number of people and who may be at risk of being admitted to a care home or hospital and reduce the reliance of people on social care services even with an increase in demand. The partnership also supports the promotion of personalisation and people being in more control of their care needs.

Please explain how local social care services will be protected within your plans

With an increasing demand for adult social care services both for older people and for people with long term conditions and a reduction in the Councils adult social care budget over the next three years of approximately 15% a major emphasis of the BCF plan is to support the delivery of social care services. The priority of the BCF plans in using the additional Section 256 funding, the CCG match funding of the Section 256 funding and the transfer of funding from acute NHS services to community provision over the next 3 years is to develop, remodel and improve our range of preventative services, our integrated locality teams and intermediate care services to:

- Promote the wellbeing of the population especially those people who are eligible for social care support
- Reduce the proportion of patients falling into crisis and needing admission to hospital or care home
- Increase the proportion of patients who feel supported to manage their long term condition and take control of their health and social care needs and services living at home
- Reduce permanent admissions to nursing and residential care for over 65s
- Maintain the good performance of older people at home 91 days after discharge from hospital care into the reablement service
- Increase the number of people offered and benefiting from a range of intermediate care services including reablement following discharge from hospital, to avoid admission to hospital and support people to be more independent at home
- Increase the number of people with a health and social care personal budget

This will support the Council to ensure that people with critical and substantial needs will continue to have their needs met and ensure that people will be supported to take more control over their care needs.

With an increasing demand for children's social care services and an increase in the

Councils children's social care budget over the next three years a major emphasis of the BCF plan is to support the delivery of preventative early help programmes to offset future demands on looked after children's teams in social care services

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

We were unsuccessful in our national bid to become a 7 day pilot but through use of winter pressures funding we have established working practices for seven day services across the Slough health and social care economy. Services are being evaluated for consideration for longer term funding linked to the Better Care Fund. This includes; rapid access assessment services, Consultant cover, diagnostic testing, intermediate care services (24/7, 2 hour response), minor injuries and urgent care services, early intervention and prevention and multidisciplinary discharge service at Wexham Park Hospital.

A local example of this has been the funding of cover for a seven day GP service into the rehabilitation service which has already demonstrated significant results in terms of facilitating discharge and preventing unnecessary admissions at weekends.

The delivery of a multi-disciplinary discharge team at Wexham Park hospital across seven days has been supported recurrently after an evaluation of the merits of the scheme to avoid admissions over the winter period.

Slough CCG have submitted a proposal for seven day primary care provision as part of the PM Challenge Fund which is currently under consideration and due for a response by the end of March.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

NHS Number is the primary identifier on NHS based systems; and the use of both the Summary Care Record and Demographics Batch Service has proven to be up to 95% successful in pilots in Wiltshire & Berkshire CCGs (and former PCTs)

The NHS identifier is not the primary identifier used in social care, but there is the facility in the social care client record management system to record the NHS identifier for any one who uses social care services. Whilst this is not recorded on every single case, there is a sizeable chunk of records which do include this (in excess of 2,800 individuals). It is therefore technically feasible for this to occur and the Council supports the use of the NHS Number as the primary identifier for correspondence across health and social care services.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

Commitment is in place for NHS organisations; and the ability to enable non NHS providers through SCR and DBS to populate NHS Number. Slough Adult Social Care is committed to using the NHS number as the primary identifier for correspondence across health and social care services. A mechanism for updating all the current social records to ensure that all social care records have the NHS Number identified and the recording of the NHS Number for all new social care clients will be confirmed over the next few months.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

We are committed to adopting systems which make use of open standards for interoperability; technologies used in the past include Cache, HL7 and other open source integration engines as long as they align to our IG requirements.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

Central Southern both hosts an office of the Data Service for Commissioners and has achieved Accredited Safe Haven (ASH) Status; with a Caldicott guardian in place and a thorough IG Framework which is currently being implemented throughout the organisations. Central Southern has IGT Level 2 and is working towards Level 3 for its Data Service for Commissioners Office by 31st March 2014.

While these accreditations are good for assurance there must be a legal basis for the sharing, processing and linkage of social and health data and where possible work should take place making use of pseudo data at acceptable 'small number' levels.

It is important that suitable clinical / social care advice is sought when drawing up sharing agreements to ensure that patients are not wrongly identified and that where patients/clients have opted out of data sharing this is recognised.

Slough Borough Council is committed to ensuring the highest levels of Information Governance controls and security, both for information held by the Council and for that shared by the Council. Sharing of data is controlled to ensure compliance with legal and ethical standards, including taking individual's own wishes into account. Slough Borough Council would need to understand the detailed specifications of the exact matter under consideration before it can comment further, but would commit to undertaking all appropriate steps to support better communication between agencies wherever this would assist service users / patients. That would include ensuring the appropriate protocols and guidance are in place, as well as ensuring the confidentiality and security of data flows.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

Since April 2013 SBC and CCG have piloted **Integrated care teams** organised around a cluster model of practices. These clusters teams are multidisciplinary and include health and social care professionals. The team identify patients at risk of hospitalisation using risk assessment tools as well as local knowledge. The teams work on joint assessment and care plan with a lead professional to ensure patients are managed within the community setting to avoid unnecessary admissions into hospital.

Clusters consist of a 50,000 of patient population and are currently managing a case load of 193.

As we move into the delivery of this plan we expect the number of adults being case managed with a joint care plan and accountable professional to increase to 1,000 by April 2015.

The development of integrated care teams will form a central strategy to develop joined up services in the community for patients at high risk of hospital admission or nursing home / residential home placement. Our aspiration is to grow and develop these teams to manage at least 5% of our patients in the high risk groups as having a dedicated care plan and lead professional.

The King's Fund are evaluating the effectiveness of our current integrated care teams and providing recommendations linked to national and international best practice for their further development in April 2014.

GPs will play a key part in supporting people with multiple long terms conditions and the frail elderly. The CCGs are developing a primary care strategy in conjunction with NHS England and will use the £5 a head for primary care signalled in the Operating Plan and the new GMS contract to support practices in providing enhanced support to this section of our population. There are already plans in place for 2014/15 to identify a GP in every practice with dedicated time to identify those patients most at risk of admission to hospital and provide more intensive support to these people in conjunction with the integrated primary care teams.

During the Winter period we have developed **PACE- Post Acute Care Enablement**

The objective of PACE is to maximize the use of 'Out of Acute Hospital Care' in a creative and innovative way, bridging the care gap where necessary to support early safe discharge and prevent inappropriate admissions to acute beds. This will ensure that patients are, when medically fit, discharged effectively and safely from a hospital setting.

It is a collaborative multi-agency approach with dedicated resource and input from various agencies. The pilot has been implemented and early indication is that this has supported the system over the winter to date. Once evaluated we would recommend this service be supported beyond winter period.

Intermediate care and reablement services provide a 24/7 service to support independence and facilitate discharge. The aim of the BCF is to review and co-design the service to ensure this meets best practice in order to recommission from April 2015.

Furthermore we will be developing models of support for patients with a mental and physical disorder by reviewing care at A&E; ensuring this incorporates liaison services including specialist skills e.g. psychiatry.

4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
Lack of a pooled budget legal agreement in place and signed off	Medium	Plans to develop pooled budget and sign off by CCG Governing Body and SBC July 2014. Robust governance of BCF in meantime for the new joint commissioning group and new governance structure
Lack of trust between stakeholders destabilises the success of the partnership	Medium	Strong communication about the culture change behind this programme Effective training programmes Commitment to projects beyond a one year timescale Liaison with Health education and AHSC to develop new roles and ways of working
Financial risk if BCF does not deliver	High	Robust programme and project management Monitoring of KPIs Engagement with NHS/ social care providers and care professionals Explicit risk sharing agreements between organisations
Uncertainty over long term financial allocations to health and social care due to current financial climate	High	Regular monitoring and understanding of government policy and implications for local services
Sustainability of the provider market given the scale of the change	High	Providers explicitly part of programme and project management approach Use of long term financial planning with providers to mitigate risks associated with transformation
Demographics and needs of the population exceed JSNA expectations	Medium	JSNA refreshed on an annual basis Public health support to SWB and associated workstreams

Culture change in both patients and professionals	Medium	Regular communication including co-design and co-production of new service lines. Stakeholder and OD programme as part of enablers for change
Social care reform impact	High	Explicit agreements on protection of social care services and implications of new statutory legislation

Association

Finance - Summary

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Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15 /£	Minimum contribution (15/16) /£	Actual contribution (15/16) /£
Local Authority Slough		£ 2,804	£ 694	£ 1,694
CCG Slough		£ 2,808	£ 8,068	£ 8,068
BCF Total		£ 5,612	£ 8,762	£ 9,762

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

The BCF plan is premised upon savings from fewer non-elective admissions to hospital and shorter hospital stays. Investment of £800k is planned in 2014/15 in new or additional services that are designed to achieve at least this level of saving. These services include prevention/admission avoidance for children, falls service, care homes service, ongoing funding of the PACE 9 Post Acute Care Enablement team and infrastructure costs to support the delivery of the BCF plan. The continuation of this policy into 2015/16 is planned to increase savings to £1.2m in that year. The large contingency showing in 15/16 will be allocated later in 14/15 when reviews have been completed with business cases signed off for each of the 3 workstream areas and financial implications for the implementation of the care bill are known. There will be close monitoring of performance against targets in 2014/15 enabling corrective action to be taken in-year should it become evident that planned improvements are not being achieved. It is anticipated that contingency funding will be available each year for the purposes

Contingency plan:	2015/16	Ongoing
Planned savings (if targets fully achieved)	800	800
Outcome 1 - 3% reduction in non-elective admissions in 2014/15	Maximum support needed for other services (if targets not achieved)	200
Planned savings (if targets fully achieved)		400
Outcome 2 - 3% reduction in non-elective admissions in 2015/16	Maximum support needed for other services (if targets not achieved)	200



England

Outcomes and metrics

Please provide details of how your BCF plans will enable you to achieve the metric targets, and how you will monitor and measure achievement

We plan to reduce the number of people over 65 entering residential and nursing care from 105 people per year to 100 in 15/16 by improved performance of our range of intermediate care services to be developed as part of this plan as well as the work of the integrated care teams and their focus on meeting the needs of older people with complex needs at home. We also plan to increase the number of people who are offered and take up reablement on discharge from hospital from the current 40 people per quarter to 65 and aim to have an overall 264 older people being offered the service over the full year. We expect a small reduction in performance as we increase the overall numbers. For the delayed transfers of care we expect performance to continue at our high benchmarked levels. We expect though that by improving our work on discharges with the PACE team we will reduce the average length of stay in acute setting from an average of 2,769 bed days to 1,869 April-Dec 14 and to 1,246 Jan-June 15. We plan to reduce our avoidable admissions by 3% year on year by the projects in each of the workstreams in the BCF plan - this will be both reducing children and adults admissions. Slough has a higher number

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below.

For the patient experience metric we will implement the new national metric when this is developed. Additionally we have chosen a local indicator which ties into the CCG overall strategy to improve quality of care in patients as measured by the GP patient survey with no condition. We will also be monitoring the ASCOF measure of clinical satisfaction with social care and support services which comes from the social care annual survey and for 12/13 was at 49.9% for Slough although this is a local measure as this was not part of the national ASCOF report. The survey is being conducted again now for 13/14 and we are aiming to get to our comparator group average score in 12/13 which was 62.7% and for 14/15 we would be aiming for England average in 12/13 of 64.1%.

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

Performance plans have been developed for each of the metrics and these will be monitored via the BCF commissioning group with escalation to the Slough Wellbeing Board and governing bodies as appropriate.

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

Not applicable

Please complete all pink cells:

Metrics	Metric Value Numerator Denominator	Baseline*	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	801.5 105 13100	(Apr 2012 - Mar 2013)	N/A	721.4 100 13878 (Apr 2014 - Mar 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services NB. The metric can be entered either as a % or as a figure e.g. 75% (0.75) or 750	95.20 40 40	(Apr 2012 - Mar 2013)	N/A	95.00 65 66 (Apr 2014 - Mar 2015)
Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	222.8 2769 103548	(Apr 2012 - Mar 2013)	193.0 1869 107615 Apr - Dec 2014 (9 months)	190.4 1246 109059 Jan - Jun 2015 (6 months)
Avoidable emergency admissions (average per month)	172.3 2933 141838	(Apr 2012 - Mar 2013)	161.2 1423 147091 Apr - Sep 2014 (6 months)	159.0 149145 Oct 2014 - Mar 2015 (6 months)
Local measure Average EQ-5D (health related quality of life) score for people reporting rating one or more long-term conditions. Specification per the national GP Survey.	75.1 743 990	(Apr 2012 - Mar 2013)	N/A	76.0 752 990 (State time period and select no. of months)

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- Value for money: the SRP is expected to achieve a higher rate of return when assets are disposed of than comparable traditional routes for disposal.

4 Other Implications

Financial

The SRP Business Plan has a significant financial implication for the timing of major capital schemes and receipts to the Council.

The current business plan indicates that the Council will receive capital receipts as follows:

Financial Year	£m
2014-15	-
2015-16	2.5
2016-17	3.8
2017-18	2.6
2018-19	0.1
	9.0

The current Capital Strategy (2014-19) reflects this and assumptions concerning other receipts through the SRP over the life of the strategy for land holdings at Ledgers Road, Wexham Nursery and Montem Lane. These figures will be reviewed and revised on a regular basis and at this stage are not binding on either SRP or SBC.

There are three key financial elements contained within the SRP Business Plan which have implications for the Council:

- 1) Residual Land Value – indicative figures from the latest SRP Business Plan have been included within the capital strategy; however, the Council will need to ensure that these reflect best value at the time of disposal and these numbers will be likely to change over the course of the development process. There is a statutory requirement to ensure the Council receives best value when disposing of sites and if the difference in value between the offer and an independent valuation is greater than £2m then the transaction has to be referred to the Secretary of State. It is the Council's position to achieve best value from capital receipts through the SRP; any proposals that represent less than best value will need to come back to Cabinet for consideration.
- 2) The amount of development profit (returned to the Council at the end of the individual sites being completed) - The SRP Business Plan shows net profit receivable to the end of 2018-19 totalling £5.5m, based on the completed development during this period of Ledgers Road, Wexham Nursery and Haymill. This takes into account the administrative costs of the SRP that are paid before the development profits are distributed. A further £1.6m is anticipated post 2019, from the completion of development at Montem Lane.
- 3) The scale of the capital development of the Council's infrastructure that it decides to place into the SRP to develop - At present the capital programme

includes the completion of the Curve building. Indicative figures concerning leisure facilities (though this remains dependent upon decisions taken concerning the Leisure Strategy) will be presented separately to Cabinet and will be included in future capital strategies.

In addition, investment returns on loan notes issued total £1m in the SRP Business Plan.

Should the Council decide to purchase any affordable housing on the SRP development sites, there would be financial implications which will be worked through on a site by site basis. Any such acquisition is likely to be by means of HRA balances or right to buy receipts which in turn would have implications for the 30 year HRA Business Plan.

There are other financial implications of the SRP through the associated impact on the Council's Treasury Management Strategy.

(a) Risk Management

Risk	Mitigating action	Opportunities
Legal - Some issues detailed legal issues are arising as the SRP is gaining momentum and the complex legal framework that supports it is tested.	Legal advice is sought in all cases to ensure the interests of the council are protected.	
Property – the council entered into SRP in order to maximise the financial benefits from asset ownership and disposal. The risk is that the costs of the agreement are not outweighed by the benefits	Active participation in SRP and effective challenge of the development appraisals submitted by SRP on a site by site basis by informed staff.	The opportunity to maximise the financial benefits to Slough of effective management of the Council's asset base
Human Rights	n/a	
Health and Safety	n/a	
Employment Issues	n/a	
Equalities Issues	n/a	
Community Support	n/a	
Communications – ineffective or inadequate communication about the benefits of SRP to Slough leading to negative approach by the community .	A Communications and Community involvement plan is part of the suite of documents that makes up the Partnership Business Plan	
Community Safety	n/a	

Financial	See comments above	
Timetable for delivery	n/a	
Project Capacity	n/a	
Other	n/a	

(b) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications associated with this report.

(c) Equalities Impact

An Equalities Impact Assessment was completed at the point at which SBC entered into the SRP. The approval of the PBP does not require a separate EIA.

5 **Supporting Information**

The first Partnership Business Plan (PBP) was adopted by Slough Regeneration Partnership (SRP) and by the Council in March 2013. The PBP is a core document for the SRP. It sets out the strategic direction of the Partnership, with governance arrangements, operational business arrangements and provides a rolling 5 year plan of activities for the SRP.

The Partnership Agreement requires that the PBP is updated annually and it has to be formally agreed by both partners. For SBC, Cabinet is the identified decision making body. Appendix B (attached as a separate document) sets out a summary of the SRP Business Plan (MSIL providing). The full SRP Partnership Business Plan (which contains exempt information) can be viewed by Commissioners (contact Vikki Swan 01753 875300 or vikki.swan@slough.gov.uk). Due to the size of the full document an Executive Summary has been provided in Appendix A.

An update report on the progress of SRP in its first 6 months was noted by Cabinet in October 2013. Progress continues with building the Partnership, taking the complex legal agreements and making them work to deliver the Council's ambitions and making practical steps to get regeneration of key sites underway. Key achievements in the first year of SRP include:

- the completion of the contract documentation and final design of the Curve with construction now fully underway on the site; completion in mid-2015
- following a design competition, appointment of architects to design housing scheme at Ledgers Road with submission of planning application in May/June
- SBC Planning team have produced a design brief for Wexham Nursery site, agreed by Planning Committee in February 2014 to bring forward the site development; planning application anticipated summer 2014
- close working with East Berkshire College to ensure that local businesses have an opportunity to be part of the construction supply chain
- developing training and apprenticeship opportunities for local people within the supply chain

The 2014 PBP has been developed following a series of workshops with SBC and Morgan Sindall staff and SRP Board meetings and reflects some of the experience from the first year of SRP working. This is reflected in a changed list of priority sites, a more achievable timetable for site development and increasing robustness around

the financial assumptions and forecasting contained within the site development plans and the financial appraisals contained in them. The format of the PBP is prescribed in the Partnership Agreement and partly is a re-statement of the objectives and governance arrangements of the Partnership and partly a programme plan for the next 5 years with most detail for the first 2 years.

The master programme is attached at Appendix A. The sites listed in the programme are those which were identified in the Partnership Agreement and on which either options to purchase are in place or are potential construction projects (community projects). The programme indicates that construction will commence on Ledgers Road at the start of 2015 and Wexham Nursery around the same time. The 3 other sites under option – Haymill, Montem Leisure Site and Weekes Drive – will not be progressed until later in the programme as each has critical constraints which currently are hindering their development.

On the construction projects (Community Projects), of the 3 sites included in the Partnership Agreement and first PBP, the Curve has commenced construction. The other two Community project sites, Castleview School and The Centre, are not likely to proceed in 2014 and are currently programmed to start in 2015/16.

Following a Strategy day for the SRP Board held in November 2013 it was agreed to request the SRP to focus on the following sites to bring them forward for investigation and possible development in 2014/15: the area around Slough Canal Basin; land adjacent to Mercian Way and Lavender Farm. It is possible for land in third party ownership to be developed by SRP and discussions are underway between SBC, SRP and HCA about the future development opportunities of the existing library site (Old Library) and the possible opportunity for this to be undertaken by SRP. This strategic approach to the development of these assets is consistent with the Council's Asset Management Strategy agreed at Cabinet February 2014.

SBC is also exploring with SRP Board the opportunities to utilise the supply chain of Morgan Sindall and its constituent companies to undertake other construction projects for the council particularly with regard to the development of new housing. At the Cabinet meeting in January, members received details of proposals to redevelop the site of Gurney House and this included further exploration of the benefits of using the SRP supply chain to accelerate development of the site. It has now been established that the SRP supply chain opportunity is only viable for sites of 15/20 units or more. Therefore given that the majority of the available HRA development sites are smaller than this an alternative development approach will be used to bring forward these sites.

The process for bringing forward sites for development is prescribed in the Partnership Agreement. At the core of process is a site development plan (SDP) which is continually evolving as the detail of a project gets greater certainty. Within the process are key stages eg decision to apply for planning permission; moving land from SBC ownership to SRP and crystallising land value; commencement of construction. Attached to this PBP are a series of SDP's for each of the sites under option. These SDP's are a 'snapshot' of the current status on each site with assumptions based on information available at the time of writing. As sites reach the point at which they can be transferred to SRP ownership, and the land value is crystallised, the full SDP and financial appraisal together with independent valuations will be brought to Cabinet for final decision. The SDP's attached to the PBP are not at this stage yet, and their content is not binding on SBC and therefore they are to be noted.

6 **Comments of Other Committees**

This matter has not been considered by any other Committees

7 **Conclusion**

The Cabinet are asked to consider and approve the Partnership Business Plan.

8 **Appendices Attached**

'A' - Master Programme extracted from PBP

'B' - Summary of PBP

9 **Background Papers**

' - Progress Update on Slough Regeneration Partnership – Cabinet, 14 October 2013

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APPENDIX B

INTRODUCTION

The first Partnership Business Plan was adopted by Slough Regeneration Partnership LLP (“SRP”) on 22nd March 2013.

The Partnership Business Plan (‘PBP’) covers the strategic, operational business and governance framework of the Slough JV / LABV Partnership.

The SRP Board (made up of three representatives from the Council and three from Morgan Sindall Investments) will be responsible for the strategic management and direction of SRP..

The PBP forms an overarching strategic framework, informing and integrating the individual Site Development Plans (‘SDPs’). As such, the PBP will serve as a management tool for JV Partners and Representatives and provide strategic guidance for the Development Manager and operational staff in delivering the Partnership Objectives.

PARTNERSHIP OBJECTIVES

The Partnership has a number of objectives (“the LABV Objectives”) as set out in the Partnership Agreement and summarised below:

- 1 Strategic and operational objectives** - in relation to the Sites, to contribute to the delivery of the Council’s Strategic Regeneration Objectives.
- 2 Efficiency and flexibility objectives** - to maximise the utilisation of the Council’s overall asset base.
- 3 Partnering and risk objectives** - to take an acceptable approach to risk in the context of expected returns agreed in the Partnership Business Plan.
- 4 Commercial objectives** - to take an acceptable approach to construction and build quality for all Sites.

ROLE AND ACTIVITIES OF THE PARTNERSHIP

In accordance with the Partnership Agreement, the Partnership will facilitate the delivery of the Objectives by providing the management framework, financial and human resource, physical infrastructure as well as the skills and capacity to deliver the physical, social, economic and environmental outcomes associated herewith.

LOCAL ENGAGEMENT AND COMMUNICATIONS

Local engagement and consultation with key stakeholders and the community is an integral part of the Business and will be undertaken in accordance with the Objectives as set out above and in the Partnership Agreement.

SRP have produced a Communications & Community Involvement Plan which sets out the strategic framework and methodology for local engagement and consultation.

In addition, the Partnership will engage with the key stakeholders and land owners of the Heart of Slough in pursuit of the Objective to facilitate the regeneration of Slough Town Centre to become a thriving sub-regional hub for public transport, retail, culture and living.

The Partnership has produced a communications protocol setting out when and how it will communicate with key stakeholders. This is included as an appendix to the Communications & Community Involvement Plan.

COLLABORATION TO PROVIDE LOCAL ECONOMIC AND SOCIAL BENEFITS

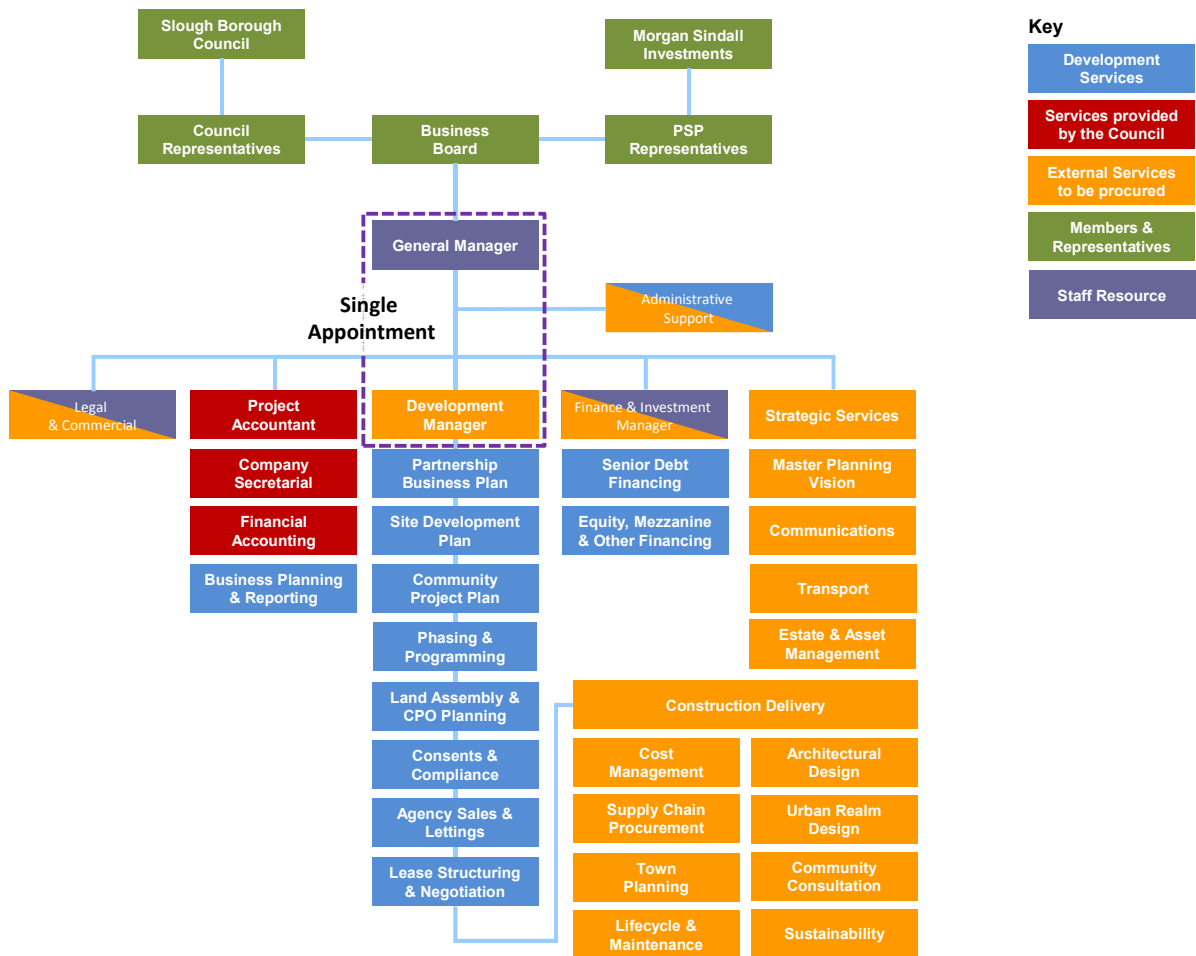
The Partnership may be required to deliver certain social and economic benefits as part of its planning obligations in relation to delivery of SDPs and CPPs, including but not limited to:

- On-site vocational training apprenticeships; and
- Work placements and sponsored educational training

The Partnership will work with the Council and other community and business stakeholders on a voluntary basis to achieve further social and economic benefits to the community where reasonably possible, including liaising with the Council's nominated representatives in order to alert local business of any sub-contracting opportunities which the Partnership may require and offer from time to time.

SRP STRUCTURE

The Partnership is structured on the principles of equal sharing by the JV Partners of risk and reward. The Partnership will act as the developer of the projects designed to deliver this Partnership Business Plan with parity between the members.



DEVELOPMENT OPPORTUNITIES

It is intended that the development opportunities will be reviewed in line with the updating of the Partnership Business Plan or in accordance with the requirements of the Business Board from time to time.

STRATEGY DAY

SRP held its first Strategy Day on 14th November 2013. The event reviewed the sites within the originally agreed business plan, their progress to date and discussed the future sites that SRP LLP would look to focus on in 2014/15 and looking towards 2018.

SRP SITES

Following the Strategy Day SRP it has been agreed by SRP Board that SRP will primarily focus its attention over the next 5 years on delivering the following sites:

Community Projects

- The Curve (Site 31)
- Castleview School (Site 2)
- The Centre (Site 30)

Site Developments:

- Haymill (Site 8)
- **Ledgers Road (Site 15)**
- Montem Leisure (Site 20)
- Weekes Drive (Montem School Expansion) (Site 21)
- **Wexham Nursery (Site 37)**
- **The Old Library (Site 22)**
- **Slough Basin (site 28)**
- Land Adjacent to Mercian Way (Site 11)
- Lavender Farm (Site 14)
- Maria Cowland Hall (site 18) note this is to be discussed and agreed with SRP Board
- The Orchard (site 32) note this is to be discussed and agreed with SRP Board

(sites shown in bold will be actively worked on in 2014)

SBC is reviewing its asset management strategy and has recognised that many of the sites within the original 39 portfolio previously identified as sites for SRP consideration are no longer available to SRP for development. SBC is in the process of completing SBC asset management strategy and additional sites may be added at a future point

TIMETABLE FOR DELIVERY

An Indicative master programme has been prepared, providing an overview of the proposed project for the first 5 years and beyond. The master programme includes both the preparation and delivery of the Partnership's Site Developments and Community Projects.

The Partnership will actively facilitate and assist the Council in identifying regeneration opportunities with potential to unlock value from its assets.

LAND VALUE

The valuation mechanism for establishing the value of council sites on transfer to the Partnership is set out in the Option Agreement where market value is defined for the purposes of Site Developments undertaken jointly by the JV Partners through the Partnership. Market value is with the benefit of planning permission and established using RICS valuation methodology at the point at which the land transfers to the SRP.

AFFORDABLE HOUSING

Following discussion with SBC Housing regarding the developments at Wexham Nursery and Ledgers Road sites it has been assumed that SBC Housing will purchase the affordable elements of both of these schemes.

At this stage SRP has not had any discussion regarding the affordable housing purchase of Weekes Drive, Montem or Haymill.

RISK APPRAISAL

Effective risk identification and management is an essential business process of the Partnership. The Business Board will be responsible for identification, assessment and management of the key business risks facing the Partnership and will take an acceptable approach to risk in the context of achieving expected returns and the Objectives as set out in the Partnership Agreement.

A Risk Register has been developed for the Partnership. This provides an overarching risk management tool, consolidating risk management best practice and risks potentially arising at both Partnership and at Site Development Plan level.

The Board is responsible for the strategic management and direction of the Partnership and will be accountable to the JV Partners in accordance with the Partnership Agreement. The Board will adopt and implement best practise in the form of corporate governance and risk management. As an integral part of the risk management the Partnership shall comply with its obligations under the Project Agreements in respect of insurance.

SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet **DATE:** 14th April 2014

CONTACT OFFICER: Neil Aves, Assistant Director Housing & Environment
(For all enquiries) (01753) 875527

WARD(S): All

PORTFOLIO: Neighbourhoods & Renewal - Cllr Swindlehurst

PART I
NON-KEY DECISION

OPTION APPRAISAL – SUBSIDIARY HOUSING COMPANY

1 **Purpose of Report**

This report provides an update on investigations to date, to determine the benefits of the ‘flexibilities and freedoms’ introduced by the Localism Act 2011 primarily relating to the options for establishing a subsidiary housing company or other special purpose vehicle

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

The Cabinet is requested to resolve:

- (a) That officers establish a corporate working group to fully develop an outline business case for establishing a Subsidiary Housing Company (SHC), or other vehicle, to develop, acquire, manage and sell market and affordable cross tenure properties to assist in meeting local housing need.
- (b) That an ‘invest to save’ bid is approved to fund initial specialist, legal and financial advice up to a maximum of £50,000.
- (c) That a further report is brought to the July Cabinet meeting with an outline business case, including financial modelling and, if appropriate, indicative timescales for the launch of the company.

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

The provision of additional, good quality family housing can reduce housing need for local households and contribute to the identified priorities of the JSNA by increasing the availability of good quality accommodation. The Corporate Plan has a target of achieving value for money and if this initiative contributes to that by maximising the asset value of development sites that the council will be better placed to respond to the wider needs of the community.

3 **Slough Joint Wellbeing Strategy Priorities –**

- (a) Priorities:
 - Health
 - Economy and Skills

- Regeneration and Environment
- Housing
- Safer Communities

If the feasibility study determines that it is beneficial to establish a subsidiary housing company then conceivably it could contribute positively to all five of the wellbeing priorities.

(b) Cross-Cutting themes: improving the image of the town

Clearance or acquisition of redundant or derelict sites across the town and the subsequent construction of aesthetically pleasing family housing will improve the image of the town both visually and in terms of its perception by demonstrating that good quality homes are available and that aspiring households can find homes within the borough avoiding the need to move to adjoining areas.

4 **Other Implications**

(a) Financial

This reports seeks Cabinet approval to undertake a feasibility study to determine the benefits of establishing a subsidiary housing company (SHC) to potentially develop, acquire and manage properties across the borough as such there are no financial implications at this stage but future cabinet reports detailing the completion of the investigations and a launch report (if appropriate) will detail the financial risks and benefits. The formulation of any subsidiary housing company will have revenue financial implications, but also Capital and Treasury Management implications, depending on the best option taken forward for the Council in respect of financing any company or other financial vehicle.

(b) Risk Management

Risk	Mitigating action	Opportunities
<u>Legal</u> The local authority can only act as permitted by legislation which may limit some more creative solutions.	The feasibility study will include a full legal appraisal and authorisation of the recommended course of action.	Exploiting the flexibilities and general power of wellbeing under the Localism Act may offer increased financial returns to the local authority and assist in meeting wider housing need in the town
<u>Property</u> If council landholdings are retained and not developed while awaiting the determination of the options appraisal there is a real and opportunity if swift assessment and decision making is not achieved.	The majority of sites which may be related to the development of the company have now been cleared thereby reducing financial liabilities for security and occupiers liability.	If the feasibility study determines that a subsidiary housing company is viable then this may provide a new, exciting and financially beneficial method through which to manage the council's property assets.

Risk	Mitigating action	Opportunities
<u>Human Rights</u> There are no human rights issues associated with this report		
<u>Health and Safety</u> On vacant sites the Council has a legal duty to secure the site and prevent access which could lead to accidents and injury	Demolition of existing buildings will reduce obligations and liabilities.	
<u>Employment Issues</u> There are no employment issues associated with this report however should a subsidiary housing company be established it is possible that some existing staff will be contracted to work directly for the company and this may give rise to TUPE issues later.		
<u>Equalities Issues</u> There are no equalities issues associated with this report		
<u>Community Support</u> There are no issues related to this report however in future specific sites may be subject to challenge or opposition if the community perceives that designs and developments are inappropriate.	All schemes will be developed in accordance with Development Control guidance and designed to contribute positively to the town and the need for good quality accommodation.	Well planned site developments are likely to gain community support if they result in the removal of derelict or rundown sites.
<u>Communications</u> There is an outside chance of negative public perception of council owned vacant sites being left undeveloped over a longer period of time	This feasibility study will be a short, intense programme of work with a final decision paper being presented to Cabinet in July 2014.	If successful a subsidiary housing company will maximise the efficient use of the council's resources as well as delivering new homes to meet local housing need. All of these aspects will be positive issues for the Council.

Risk	Mitigating action	Opportunities
<u>Community Safety</u> Vacant and derelict properties together with cleared sites can attract a variety of anti-social behaviour activities	The feasibility study will be completed expeditiously, limiting the remaining lifespan of the property and then the vacant site. Colleagues in Neighbourhood Enforcement will be advised to maintain a watching brief on the site to deal promptly to any issues.	If successful the subsidiary housing company could resolve a number of longstanding 'eye sore' sites across the borough removing ABS focal points
<u>Financial</u> Financial implications at this stage are limited to the specific 'invest to save bid and the delayed receipt of any sale or development values for sites	The feasibility study will be completed expeditiously ensuring that the council will be in a position to consider a business case in July 2014	If successful a subsidiary housing company will maximise the efficient use of the council's resources as well as delivering new homes to meet local housing need. That in itself will reduce financial liabilities for homelessness and temporary accommodation.
<u>Timetable for delivery</u> Indecision or ongoing delays continue the revenue expenditure of maintaining vacant sites and delay receipt of projected capital receipts and/or revenue income	The feasibility assessment is making good progress although as a first time venture for the council subsequent projects of a similar nature will benefit from lessons learned and be delivered more swiftly.	Sound project management regulation will ensure that timely decisions are made and prevent 'mission creep' to investigate other peripheral issues.
<u>Project Capacity</u> Staff resources to undertake feasibility studies are limited and timescales could extend without sound project management control	The initial phase of developing an outline business case will be limited in resource implications and can be controlled within normal operational capabilities. If the OBC is positive a greater evaluation of business and resource needs will feature within the next report to cabinet.	
<u>Other - None</u>		

(c) Human Rights Act and Other Legal Implications

This report is seeking to commission a feasibility study into the establishment of a subsidiary housing company (SHC) as such there are no Human Rights or Legal implications at this stage however, should the project proceed, the creation of a company as a legal entity will be subject to full legal advice and guidance both internally and through external specialist advice.

(d) Equalities Impact Assessment

As a feasibility report there is no proposed policy change at this stage and hence no requirement for an equality impact assessment. Should the project result in the creation of a subsidiary housing company a further EIA screening will be undertaken although superficially, a project which increases the availability of new homes to all across the borough is unlikely to raise equality issues.

(e) Workforce

As a feasibility report there are no implications for the council's workforce at this stage. Should the project proceed the launch report will outline the employee related implications if any.

(f) Property

This feasibility study relates initially to the establishment of an SHC to develop and rent or sell properties on existing council owned land. If the outline business case shows a financial benefit of such action, further SBC owned properties and landholdings deemed to be surplus to requirements could be transferred to the company to deliver additional market and affordable housing as well as a financial return to the council.

5 Supporting Information

- 5.1 As this cabinet agenda demonstrates the Council's review of its assets and landholdings has identified a number of sites which are available for redevelopment or sale to generate revenue income or capital receipts. Given the financial challenges facing the council it is imperative that each site is fully evaluated to determine the best financial return that is achievable. This determination is not just assessing what the site can be used for but how a new development can be delivered, either by selling the vacant site, retained and built within the council or through some new special purpose delivery vehicle.
- 5.2 Looking at the borough as a whole it is clear that there are only a limited number of large sites (in public or private ownership) which might support the delivery of large numbers of new homes and of those sites, those in council ownership are already linked to the SRP while those privately owned, such as Castlevue or Middlegreen Trading Estate are already under construction.
- 5.3 What remains are a significant number of small, difficult sites, some owned by the council as housing (HRA) or in the General Fund and many sites in private ownership which because of their location, size or former uses have not been seen as attractive to speculative developers.

- 5.4 The matter has been discussed at the SRP board and the considered opinion was that, as a large multi-national company the organisation would not be able to gear itself up or demonstrate value for money for small in-fill site schemes of less than 20 units. While this is disappointing, as it could have legitimately avoided the need to complete a full procurement exercise on each future site, it does at least give clarity to the Council and in particular to the housing service who, in addition to the sites listed on this agenda, have plans to redevelop around 25 existing sites, each with significantly less than 20 units capacity.
- 5.5 Therefore if somehow, the council could create a smaller, more flexible special purpose vehicle to intervene on such sites then not only would additional homes and jobs be created but a more comprehensive regeneration of the area could be achieved.
- 5.6 While Slough has agreed ambitious housing, regeneration and wellbeing strategies which support the Council's Vision, that "People are proud to live in Slough where diversity is celebrated and where residents can enjoy fulfilling, prosperous and healthy lives", it could be argued that stalled sites and low market confidence will remain a real block to delivering Slough's vision in significant proportions of the borough.
- 5.7 Fortunately, the Localism Act, through the general powers of competency introduced a concept that a local authority has the power to do anything that individuals generally of full legal capacity may do and a number of local authorities, most notably Thurrock, Havering and Newham have already used this permissive power to establish subsidiary housing companies and officers are now recommending that Slough explores a similar route.
- 5.8 This concept is not actually new to Slough and although little known, DISH Ltd. (the Development Initiative in Slough Housing) began life back in the mid 1980's as a wholly owned subsidiary company taking ownership of 54 homes in Britwell in return for the sale of a ransom strip which allowed a developer to build a new housing estate for private ownership. Since that date these homes have been managed alongside the 'normal' council housing stock by the housing service and other than the absence of right-to-buy the tenants receive an identical service in all other respects.
- 5.9 With the Localism Act introducing a broader, general power of competency, a wholly owned housing company could operate cross tenure delivering sub or full market rented properties, key worker accommodation or simple market sale depending upon identified needs and the operating market conditions. Unlike the SRP, which concentrates on development of large strategic sites, a subsidiary housing company would develop but could also manage small schemes of rented accommodation, potentially meeting the general needs of residents who would not normally gain access to the council's social housing.
- 5.10 With higher rents generating greater returns than traditional social housing the Council could directly deliver housing on stalled sites in key locations and provide a catalyst for further private sector investment thus helping to meet Slough's wider strategic and regeneration objectives.
- 5.11 Development of high quality social housing is already underway, funded through the Council's Housing Revenue Account (HRA), in response to the opportunities presented by HRA finance reform but in key areas of the borough there is still

insufficient development of high quality housing across a range of tenures, while a broader delivery of the right quality homes will help deliver the jobs and improve the quality and attractiveness of Slough to potential investors.

- 5.12 As an indication, in terms of throughput, a very basic assessment of sites currently available in council ownership or through acquisition would generate around 200 additional units of accommodation. There is no limit to how far the company could grow, subject of course to sound financial planning and management but as economic conditions change decisions can be taken to dispose of stock to a viable private sector in return for a capital receipt or continue to rent out individual properties to develop a steady revenue source for the council.
- 5.13 As a separate entity the housing company would need a board of directors and accord with usual company law in terms of accounting practice, registration and clear operating parameters set out in the memorandum and articles of association. Funding could be from a variety of sources to suit the desired outcome, direct loans from the council, prudential borrowing, HRA reserves, right to buy receipts or institutional investments. Returns to the council could be many and varied, cashable such as a direct return in interest paid on loans, company profits covenanted back to the council, capital receipts for the sale of developed properties, indirect cashable returns through increased council tax receipts as well as non cashable benefits through the delivery of area regeneration.
- 5.14 Of course the council will need to consider the risks of such a venture against the projected returns together with a full evaluation of all the possible operating models which have only very briefly been laid out above. But if cabinet agrees to the commissioning of an outline business case, in the time until July officers will establish a project group and commission expert advice internally from Property Services, Asset Management, Housing, Legal, Finance and augment this as necessary with externally procured specialist advice.

6 **Conclusion**

- 6.1 This report seeks approval to undertake a short, focussed feasibility study into the pros and cons of establishing a subsidiary housing company with the primary function of intervening in the private rented and private sale sectors to boost the availability of good quality accommodation across the town and to complement the development work already being undertaken by the Council's Housing service and through the Slough Regeneration Partnership.

7 **Background Papers**

'1' - None

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SLOUGH BOROUGH COUNCIL

REPORT TO Cabinet **DATE:** 14 April 2014

CONTACT OFFICER: Stephen Gibson, Interim Head of Asset Management
(01753) 875852
Neil Aves, Assistant Director Housing & Environment

WARD(S): Kedermister, Upton, Central, Cippenham Meadows

PORTFOLIO: Neighbourhoods & Renewal - Cllr Swindlehurst

PART I
NON KEY DECISION

DEVELOPMENT OF COUNCIL OWNED LAND - INTERIM UPDATE REPORT

1 Purpose of Report

1.1 This covering report precedes four specific reports providing an update on key landholding assets currently in council ownership and advises members of progress made towards the redevelopment of each. Where appropriate specific recommendations are included on each report.

2 Recommendation

The Cabinet is requested to resolve:

- (a) That the progress made to date to redevelop or regenerate the sites included and appended to this report be noted.
- (b) That the recommendations as listed specific to each site be approved:

Windsor Road (Appendix A)

- (i) That the Strategic Director of Regeneration, Housing and Resources be authorised to take all necessary steps to secure the making, submission, confirmation and implementation of the CPO of the third party land at 101, 107 and 109 Windsor Road under regeneration powers and the land required to deliver the Windsor Road Regeneration Strategy (following statutory process set down in the Highway Act 1980 and the Acquisition of Land Act 1981, as amended by the Planning and Compulsory Purchase Act 2004.) including;
 - Publication and service of all notices
 - Advertise the Order and submit it to the Secretary of State in accordance with the Acquisition of Land Act 1981.
 - Negotiation with landowners.
 - Setting out the terms for the withdrawal of objections to the CPO.
 - Where appropriate, seeking exclusions of land from the CPO
 - Making arrangements for the presentation of the Council's case for confirmation of the CPO at any Public Inquiry.

- Exercising the compulsory purchase powers authorised by the CPO by way of general vesting declaration and / or notices to treat and notices of Entry.
 - Acquiring third party interests in the site by private treaty.
 - Making any third party payments of compensation due pursuant to the national Compensation Code as a result of the implementation of the CPO. Compensation due to unidentified owner can be paid to the Crown.
- (ii) That the Strategic Director of Regeneration, Housing and Resources be authorised to appropriate to planning purposes the land in the ownership of Slough Borough Council which is no longer required for the purpose for which it was previously used, for use in connection with the Windsor Road Regeneration Strategy under Section 122 of the Local Government Act 1972.
- (iii) That subject to (i) and (ii) above, an update report is presented to Cabinet by September 2014 that identifies the preferred option for the housing development site between 81 and 111 Windsor Road.

Trelawney Avenue (Appendix B)

- (iv) That it be noted that consultation has been undertaken with internal departments and other public bodies in relation to the option to create a community hub in Area A.
- (v) That it be noted that consultation has commenced with local residents, New Langley Community Group, Customer Senate and other stakeholders.
- (vi) That an options appraisal will be undertaken following the completion of the consultation process with a view to taking a report with recommendations to Cabinet by September 2014.

Bath Road (Appendix C)

- (vii) That officers undertake a feasibility study and develop options to introduce residential development on the area of land that is located behind the road widening line.

Gurney House (Appendix D)

- (viii) That following completion of the procurement exercise, officers complete the submission of a full planning application for the Gurney House site to bring about the development of new, high quality family housing.
- (ix) That a further report is brought to the September Cabinet meeting to advise members of the outcome and to determine a delivery mechanism for the scheme.

3 The Slough Joint Wellbeing Strategy, the JSNA and the Corporate Plan

The provision of additional, good quality family housing and ancillary community facilities can reduce housing need for local households and contribute to the identified priorities of the JSNA by increasing the availability of good quality accommodation and access to

health and support services. The Corporate Plan has a target of achieving value for money and if this initiative contributes to that by maximising the asset value of development sites that the council will be better placed to respond to the wider needs of the community.

Slough Joint Wellbeing Strategy Priorities –

(a) Priorities:

- Health
- Economy and Skills
- Regeneration and Environment
- Housing
- Safer Communities

Development of new affordable and market homes together with additional community facilities can conceivably contribute positively to all five of the wellbeing priorities.

(b) Cross-Cutting themes: improving the image of the town

Clearance or acquisition of redundant or derelict sites across the town and the subsequent construction of aesthetically pleasing homes and community facilities will improve the image of the town both visually and in terms of its perception by demonstrating that good quality homes are available and that aspiring households can find homes within the borough avoiding the need to move to adjoining areas.

4 Other Implications

(a) Financial

There are no financial implications as a direct consequence of this interim report. As the specific schemes are developed further reports will include financial appraisals and cost benefit analysis of the options for consideration.

(b) Risk Management

Risk	Mitigating action	Opportunities
<u>Legal</u> There are no Legal risks associated with this report however each specific site will have issues relating to title deeds, covenants and in some cases statute relating to the powers under which the land is presently held and compulsory purchase procedures. If any of the sites are to be developed for commercial purposes the Council will only be permitted to do this via a company as required by Section 4 of the Localism Act 2011.		
<u>Property</u> There are no specific risks associated with this report or with each site at this stage. As the feasibility studies develop options will be evaluated to determine what can and can not be delivered upon each site.		
<u>Human Rights</u> There are no human rights issues relating to this report however statute will determine how residents or occupiers are displaced and compensated should the matter arise.		

Risk	Mitigating action	Opportunities
<u>Health and Safety</u> There is a strict obligation upon the council to safeguard health and safety to persons accessing its sites. Vacant, derelict or redundant sites must be secured and maintained in a safe manner	Such liabilities have been minimised in relation to these land holdings as properties have been demolished and sites cleared just as soon as they become vacant.	
<u>Employment Issues</u> As vacant sites there are no employment risks related to this report		
<u>Equalities Issues</u> As vacant sites there are no equalities risks related to this report		
<u>Community Support</u> Specifically relating to Trelawney Ave, the New Langley Community Group operate from the current facility attached to the Merrymakers public house and will need to be considered before being displaced.	All schemes will be developed in accordance with Development Control guidance and designed to contribute positively to the town and the need for good quality accommodation.	Well planned site developments are likely to gain community support if they result in the removal of derelict or rundown sites.
<u>Communications</u> There is an outside chance of negative public perception of council owned vacant sites being left undeveloped over a longer period of time	This feasibility study for these sites will be robustly project managed and a short, intense programme of work will result in a further paper being presented to Cabinet in July 2014.	Development of new homes and new community facilities will be positive issues for the Council.
<u>Community Safety</u> Vacant and derelict properties together with cleared sites can attract a variety of anti-social behaviour activities	The feasibility study will be completed expeditiously, limiting the remaining lifespan of the property and then the vacant site. Colleagues in Neighbourhood Enforcement will be advised to maintain a watching brief on the site to deal promptly to any issues.	Successful development of the attached sites will resolve a number of longstanding 'eye sore' sites across the borough removing ABS focal points

Risk	Mitigating action	Opportunities
<u>Financial</u> The council has finite financial resources and many competing demands. All schemes will need to be scrutinised before capital funding can be allocated to develop sites and ongoing revenue costs will need to be established and built into base budgets in the event that sites are retained.	Initially the RHR project board will maintain scrutiny of the projects and subsequently the Capital Strategy Group will need to be satisfied with plans should they include options to develop and retain the sites within the Council.	Efficient use or disposal of existing assets can generate capital receipts, revenue income or reduce ongoing expenditure.
<u>Timetable for delivery</u> Once individual sites and options have been evaluated a prioritisation of sites and agreed delivery timetable will be determined		
<u>Project Capacity</u> Following the initial feasibility studies of each site, detailed development work will need to be phased and prioritised if it is to be achieved within existing staffing resources.		
<u>Other</u> The Trelawney Avenue site is an HRA land asset and strict financial accounting rules will need to be adhered to if this site is used to meet wider community need. Any HRA funding of the development will either compete with or reduce the resources available to deliver new social housing.		

(c) Human Rights Act and Other Legal Implications

None

(d) Equalities Impact Assessment

As feasibility reports there are no Equalities Act implications at this stage. When final development options are considered the matter will be reviewed with the specifics pertinent to each site.

f) Land and Property Implications

If council landholdings are retained and not developed while awaiting the determination of the options appraisal there is a real and opportunity if swift assessment and decision making is not achieved. Accordingly each of these schemes will be subject to project management regimes, supervised by the Regeneration, Housing & Resources Project Board and update reports brought to Cabinet in July 2014. The use of HRA resources in relation to the housing and community hub options for Trelawney Avenue could only proceed if it were subject to approval of a robust business case and must comply with HRA guidelines in relation to the ability to break-even within 15 years.

5 Appendices Attached

- Appendix A – Report on Windsor Road
- Appendix B – Report on Trelawney Avenue
- Appendix C – Report on Bath Road
- Appendix D – Report on Gurney House

6 Background Papers

None.

APPENDIX A
UPDATE ON WINDSOR ROAD

1. Purpose of Report

- 1.1 The purpose of this report is to provide an update on the Windsor Road Regeneration scheme. It will advise members of a refined Road Widening Line (RWL) between 81-127 Windsor Road, identify the positive consequences and to seek approval to use alternative powers to assemble land required for housing-led regeneration.
- 1.2 The revised RWL has no impact on the decision to CPO land between 12-46 Windsor Road.

2. Recommendations

- 2.1 Cabinet is requested to resolve:
- (i) That the Strategic Director of Regeneration, Housing and Resources be authorised to take all necessary steps to secure the making, submission, confirmation and implementation of the CPO of the third party land at 101, 107 and 109 Windsor Road under regeneration powers and the land required to deliver the Windsor Road Regeneration Strategy (following statutory process set down in the Highway Act 1980 and the Acquisition of Land Act 1981, as amended by the Planning and Compulsory Purchase Act 2004.) including;
- Publication and service of all notices
 - Advertise the Order and submit it to the Secretary of State in accordance with the Acquisition of Land Act 1981.
 - Negotiation with landowners.
 - Setting out the terms for the withdrawal of objections to the CPO.
 - Where appropriate, seeking exclusions of land from the CPO
 - Making arrangements for the presentation of the Council's case for confirmation of the CPO at any Public Inquiry.
 - Exercising the compulsory purchase powers authorised by the CPO by way of general vesting declaration and / or notices to treat and notices of Entry.
 - Acquiring third party interests in the site by private treaty.
 - Making any third party payments of compensation due pursuant to the national Compensation Code as a result of the implementation of the CPO. Compensation due to unidentified owner can be paid to the Crown.
- (ii) That the Strategic Director of Regeneration, Housing and Resources be authorised to appropriate to planning purposes the land in the ownership of Slough Borough Council which is no

longer required for the purpose for which it was previously used, for use in connection with the Windsor Road Regeneration Strategy under Section 122 of the Local Government Act 1972.

- (iii) That subject to (i) and (ii) above, an update report is presented to Cabinet by September 2014 that identifies the preferred option for the housing development site between 81 and 111 Windsor Road.

3. Supporting Information

- 3.1 Windsor Road connects Slough with Eton and Windsor to the south and is one of the key arterial routes into the town centre. The road widening line (RWL) was brought into effect by Berkshire County Council as part of a long-term strategy to improve the capacity of the road network and reduce traffic congestion to and from the town centre. The scheme will provide a four lane road, with improvements to traffic crossings and traffic signals. In addition to improving the flow of traffic, it will increase access for cyclists and provide the infrastructure to facilitate associated regeneration projects.
- 3.2 On 15 April 2013, Cabinet approved a recommendation to use CPO powers for the assembly of the land between 12- 46 Windsor Road and from 81 – 127 Windsor Road to facilitate the road widening scheme. In making the CPO, it was noted that the Council would follow the statutory process set down in the Highway Act 1980 and the Acquisition of Land Act 1981, as amended by the Planning and Compulsory Purchase Act 2004.
- 3.3 The position of the RWL was established some time ago and showed the line running through the properties from 97- 127 Windsor Road. This subsequently required the demolition of all properties. However, as detailed plans have evolved, it has recently been established that the objectives of the road widening scheme can be realised without demolition of the properties – although it does require a thin strip of ground running through the front gardens.
- 3.4 The revised location of the RWL will significantly reduce the impact on the properties, the amount of compensation due to owners and introduce material savings to the public purse.

Current Position 81-127 Windsor Road

- 3.5 This area remains in mixed ownership between SBC, two individual owners and a property development company, as follows:

Number	Owner	Comment
97	SBC	Freehold acquired in 2013
101	Property Developer	The private developer is the freeholder, however SBC is the long leaseholder
103	SBC	
105	SBC	
107	Individual Owner ¹	
109	Individual Owner	
111	SBC	
113	Private Developer	
115	Private Developer	
117	Private Developer	
119	Private Developer	
121	Private Developer	The private developer is the freeholder, however SBC is the long leaseholder
123	Private Developer	
125	Private Developer	
127	Private Developer	

- 3.6 The individual owners of 107 and 109 Windsor Road have been contacted about an acquisition by private treaty but no further action has been taken. Negotiations are still ongoing.
- 3.7 The Council has been unsuccessful in reaching a negotiated agreement with the property developer that owns 101, 113 -127 Windsor Road. Following several meetings, the developer has confirmed that they are:
- Not interested in selling their interest at 101 Windsor Road to allow the demolition of numbers 101, 103, 105 and 107, which have been the source of several complaints,
 - Not interested in a land swap between 101 and 121 Windsor Road, which would provide each party with a cleared site to develop,
 - Not interested in any form of joint venture,
 - Not interested in acquiring the land owned by SBC,
 - Prepared to do nothing and realise the income generated from their rental units, and
 - Only interested in a straightforward disposal of all their interests to SBC.

4 Potential Options

- 4.1 The Council already has planning permission in place for a 7 unit development that sits behind the road widening line between numbers 81- 95 and has access from Windsor Road. The Council could revisit this to maximise the development potential to take account of the acquisition of 97 Windsor Road and seek to dispose of the site from the General Fund to the HRA or via an open market disposal.

¹ The properties owned by the private developer between 113-127 Windsor Road are split into two units and rented through a subsidiary company.

- 4.2 The Council could CPO the properties at 101, 107 and 109 Windsor Road, develop options for either low density family housing or a high density flatted development between numbers 81 and 111, seek planning permission for the preferred option and dispose of the site from the General Fund to the HRA or via an open market disposal.

5 Conclusion

- 5.1 The Windsor Road scheme has the potential to introduce substantial economic, social and environmental benefits to the town. It will increase the flow of traffic to and from the town centre, reduce congestion and provide additional high quality housing at this key gateway.
- 5.2 Since April 2014, the Council has endeavoured to reach a negotiated settlement with the private developer that owns several properties between 101 and 127 Windsor Road. However this ultimately proved unsuccessful.
- 5.3 The redesign of the RWL has resulted in an opportunity to introduce the four lane carriageway without the demolition of the existing properties. It also introduces the option for SBC to develop land already in its ownership or CPO number 101, 107 and 109 using regeneration powers to maximise the potential of the site.

6 Appendices Attached

Appendix 1 – site map

7 Background Papers

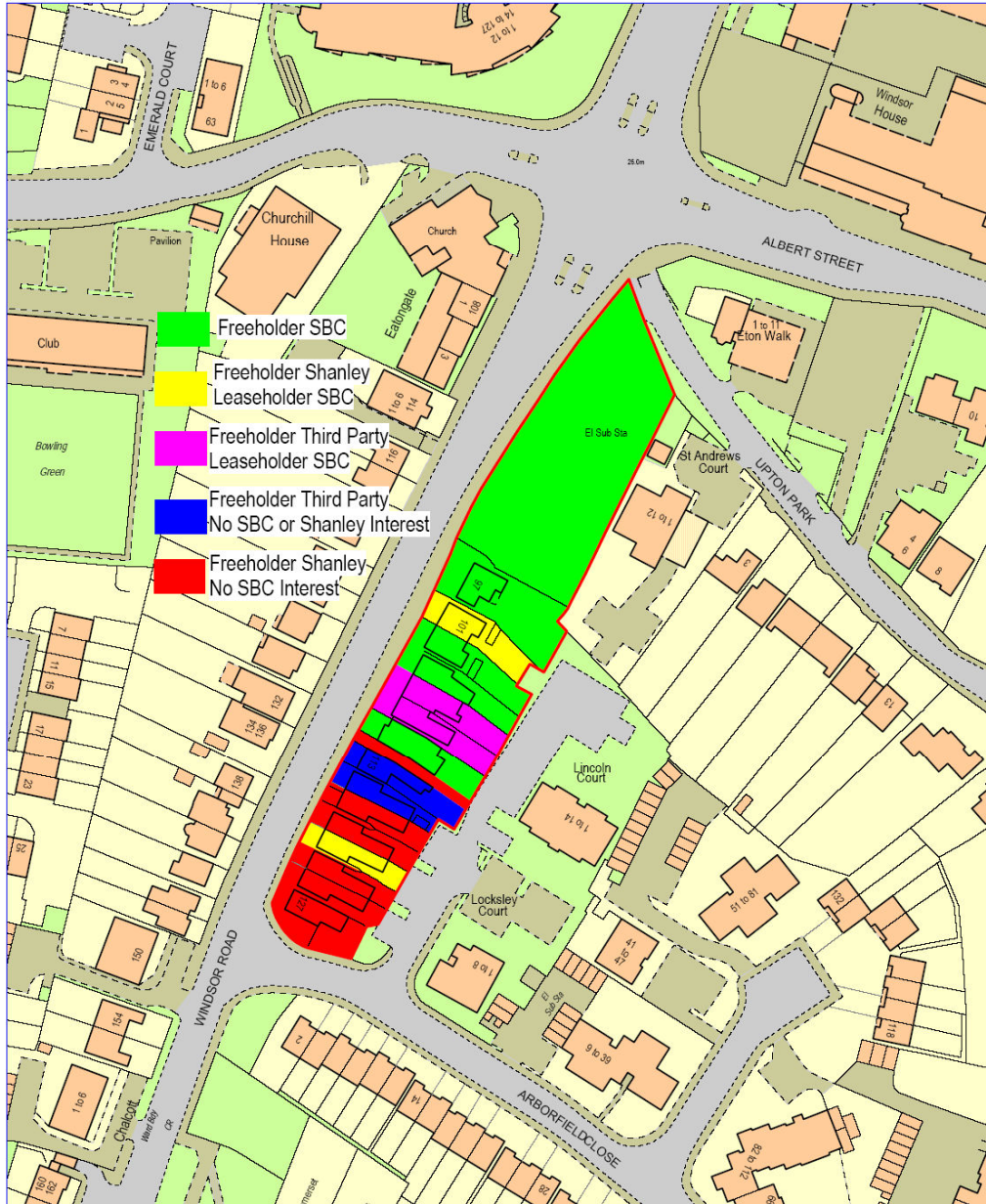
None.

Asset Management Resources

Scale 1: 1,250



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APPENDIX B **TRELAWNEY AVENUE**

1 Purpose of Report

1.1 The purpose of this report is to provide an update on the Trelawney Avenue Redevelopment Plan.

2 Recommendation

2.1 The Cabinet is requested to resolve:

- (iv) That it be noted that consultation has been undertaken with internal departments and other public bodies in relation to the option to create a community hub in Area A.
- (v) That it be noted that consultation has commenced with local residents, New Langley Community Group, Customer Senate and other stakeholders.
- (vi) That an options appraisal will be undertaken following the completion of the consultation process with a view to taking a report with recommendations to Cabinet by September 2014.

3. Supporting Information

3.1 In September 2013, Cabinet agreed that the Council should commence consultation with tenants, residents and key stakeholders regarding the potential to redevelop three areas in Trelawney Avenue:

Area	Description	Comment
A	Merrymakers site, garages and 6 SBC residential properties.	This has been identified as a possible location for housing and community facilities. The redevelopment of this site would include the demolition of 6 SBC properties between 313-323 Trelawney Avenue.
B	Former GP Practice at 324 Trelawney Avenue	This is a potential housing site. The former GP premises are currently occupied; however this is on a tenancy at will basis, allowing occupation within 7 days.
C	Trelawney Avenue residential infill	This is a potential housing site. This would involve the introduction of a row new housing with an active frontage overlooking the retail units between 265 and 298 Trelawney Avenue.

Area A – Merrymakers Site

3.2 The report in September 2013 mentioned the possibility of introducing some form of neighbourhood housing service within the hub. Having reconsidered this matter, Housing Services will not pursue this option.

3.3 Initial discussions have taken place with a local dental practice that is interested in developing a community hub. The outline proposals include the co-location of a dental practice, GP practice, other NHS Services, Police and community space.

Rather than leasing the premises from SBC, the dental practice has a preference at acquire the site. The dental practice has commissioned a feasibility study. In the event that a viable business case is proposed, this option could provide enhanced local services and generate a capital receipt to contribute towards the housing element of the site. It would also alleviate financial risks in relation to insufficient HRA funding. **However, it should be stressed that the introduction of GP services would require prior support from the NHS Clinical Commissioning Group and that it is unlikely that a GP practice could be introduced without such support.**

- 3.4 The Council owns the current police station which is occupied by Thames Valley Police (TVP) on a long lease (to 2042) but is now too large and expensive for their ongoing operational need. TVP has confirmed a desire to relocate to a smaller facility locally, while maintaining the current operational team presence and capability. Asset Management is currently working with TVP to establish if there is a viable opportunity to co-locate with other community services and enhance service provision. This would introduce the potential to redevelop the site at the axis of Trelawney Avenue and High Street.

Area B – Former GP Practice

- 3.5 Initial feedback from Planning supports the introduction of residential accommodation on this area. However due to the proximity of a main sewer, it is likely that only two units will be accommodated on the site.

Area C – Trelawney Avenue residential infill

- 3.6 The initial proposals showed the potential for up to 6 flats on this site. Due to concerns about the impact on adjacent flats, Planning would not support this proposal. However, it may be possible to provide a terrace

Consultation

- 3.7 A staged consultation process has commenced with tenants, residents and local stakeholders. The consultation strategy includes meeting individual tenants residing in 313-323 Trelawney Avenue, meetings with the key stakeholders such as New Langley Community Group, the Area Panel and Senate as well as drop-in events for local residents. In addition to establishing specific views regarding specific issues, the process will seek to elicit views on the following questions:
1. Would you prefer to see Areas A, B and C developed:
 - a) Exclusively for housing?, or
 - b) A combination of housing and a Community Hub?
 2. If you have a preference to retain community space, do you agree with the proposal to locate the community hub in Area A?
 2. Do you use the existing community hall in Meadow Road, if so, what for and how often?
 3. If a community hub was to be introduced, what are your views on the type of services that should be provided?

4 Conclusion

4.1 During the consultation process, it will be confirmed that the potential to create a community hub will be subject to the availability of funding from third party organisations. The consultation period will extend until the mid-May. The feedback from the consultation process will be used to inform the options appraisal process and subsequent recommendations to Cabinet.

5 Appendices Attached

Appendix 1 – Scope of Feasibility Study

6 Background Papers

None.

Appendix 1 – SCOPE OF FEASIBILITY STUDY

The following drawing is for illustrative purposes only – it provides an early indication of the potential use and layout of the areas A, B and C. Subject to Cabinet approval, consultation will commence on the use, layout and mix for each area.



APPENDIX C **BATH ROAD**

1 Purpose of Report

- 1.1 The purpose of this report is to update members on the demolition of properties at 150-160 Bath Road and seek delegated authority to commence a feasibility study.

2 Recommendation(s)/Proposed Action

- 2 The Cabinet is requested to resolve:

(vii) That officers undertake a feasibility study and develop options to introduce residential development on the area of land that is located behind the road widening line.

3. Supporting Information

- 3.1 In February 2013 Cabinet gave approval to demolish the properties between 150-160 Bath Road, which consisted of five 3 bedroom late Victorian style terraced houses and an adjoining conversion providing a ground floor and upper main door flat. To obtain economies of scale, the demolition was procured along with other projects (including the demolition of Gurney House) and was subsequently completed in March 2014. The properties were demolished to facilitate a long-term strategy to improve traffic flow.
- 3.2 The road widening line, which was the catalyst for the acquisition of the properties remains in place. Proposals are being developed for transport improvements related to a rapid transport system along the A4.
- 3.3 The potential exists to introduce a residential development on land that sits behind the road widening line to provide an attractive gateway into the town and maximise the value of the remaining asset.

4. Conclusion

- 4.1 Whilst the demolition of the properties at 150-160 Bath Road has introduced an immediate environmental improvement, the Council will incur ongoing costs to maintain the newly landscaped area. Given the high demand for housing, it is prudent to explore options for the development of land behind the road widening line in tandem with the ongoing feasibility study linked to traffic improvements.

5 Appendices Attached

Appendix 1: Site Plan of 150 – 160 Bath Road, Slough

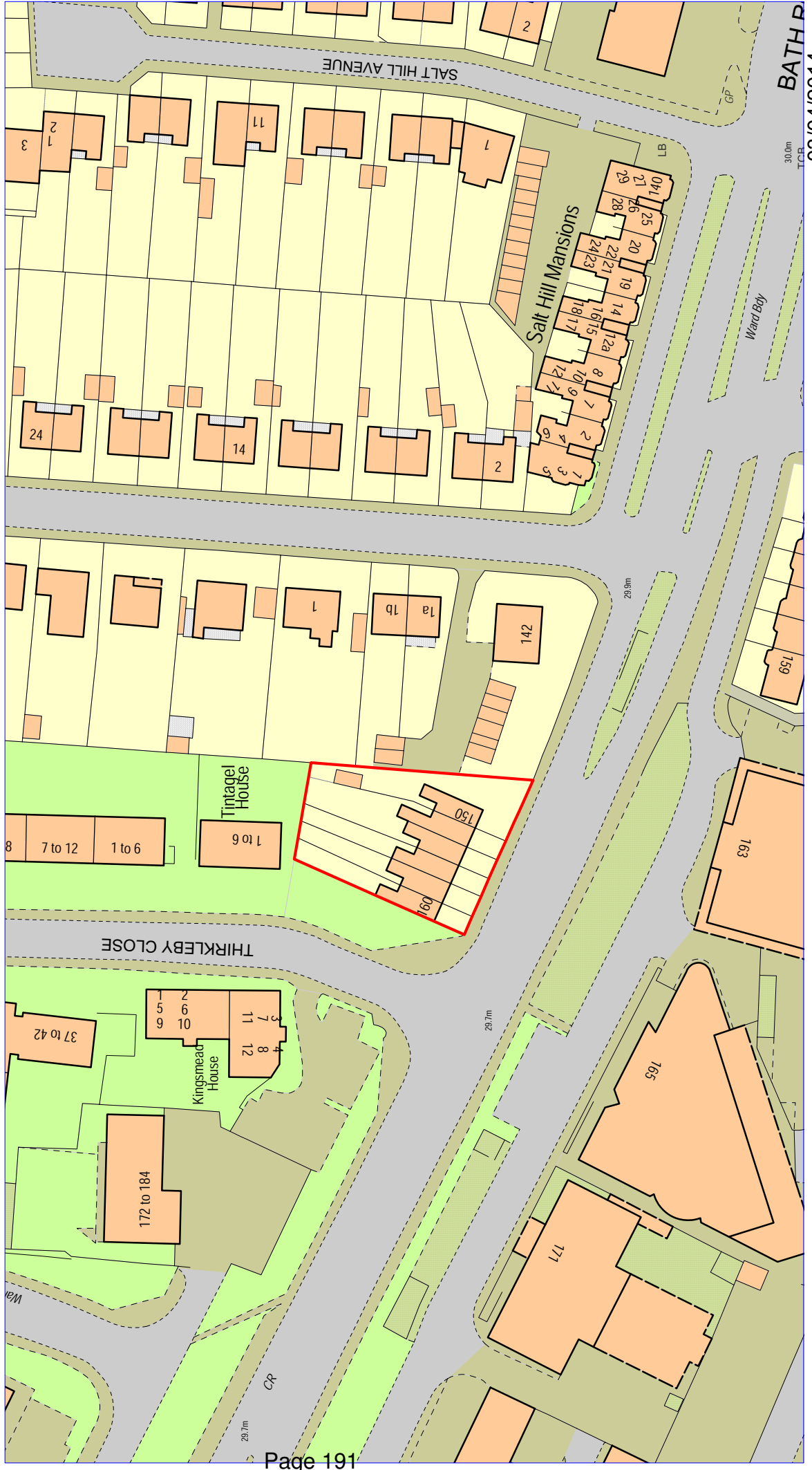
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Asset Management Resources



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APPENDIX D THE GURNEY HOUSE SITE

1 Purpose of Report

This report provides an update on progress to determine the future redevelopment of the Gurney House site, with the aim of maximising the financial returns and effective use of assets for the council.

2 Recommendation(s)/Proposed Action

The Cabinet is requested to resolve

- (viii) That following completion of the procurement exercise, officers complete the submission of a full planning application for the Gurney House site to bring about the development of new, high quality family housing.
- (ix) That a further report is brought to the September Cabinet meeting to advise members of the outcome and to determine a delivery mechanism for the scheme.

3 Supporting Information

- 3.1 Members will recall a report to the January Cabinet which authorised the retention of the Gurney House site while further evaluation was undertaken in regard to size, number and layout of the new homes and the final tenure or mix of tenures on site.
- 3.2 Further feasibility work has been undertaken which concludes that the development of the site to create 10 x four bedroom semi-detached properties is the most financially attractive design and one which allows retention of the existing front boundary wall to develop an 'exclusive' scheme with off street parking. A tender exercise is currently underway to select an architect to turn the concept drawings into the reality of a full planning application by August of this year.
- 3.3 A market analysis exercise has also been undertaken which, while not a full tender evaluation, was sent to eight local and national housing construction companies with the response reinforcing our own expert advice in terms of both an indicative build cost and also an ultimate market sale value. With a high degree of confidence in these figures, officers can now confidently move to the final stage of determining the delivery mechanism and the tenure mix of the site.

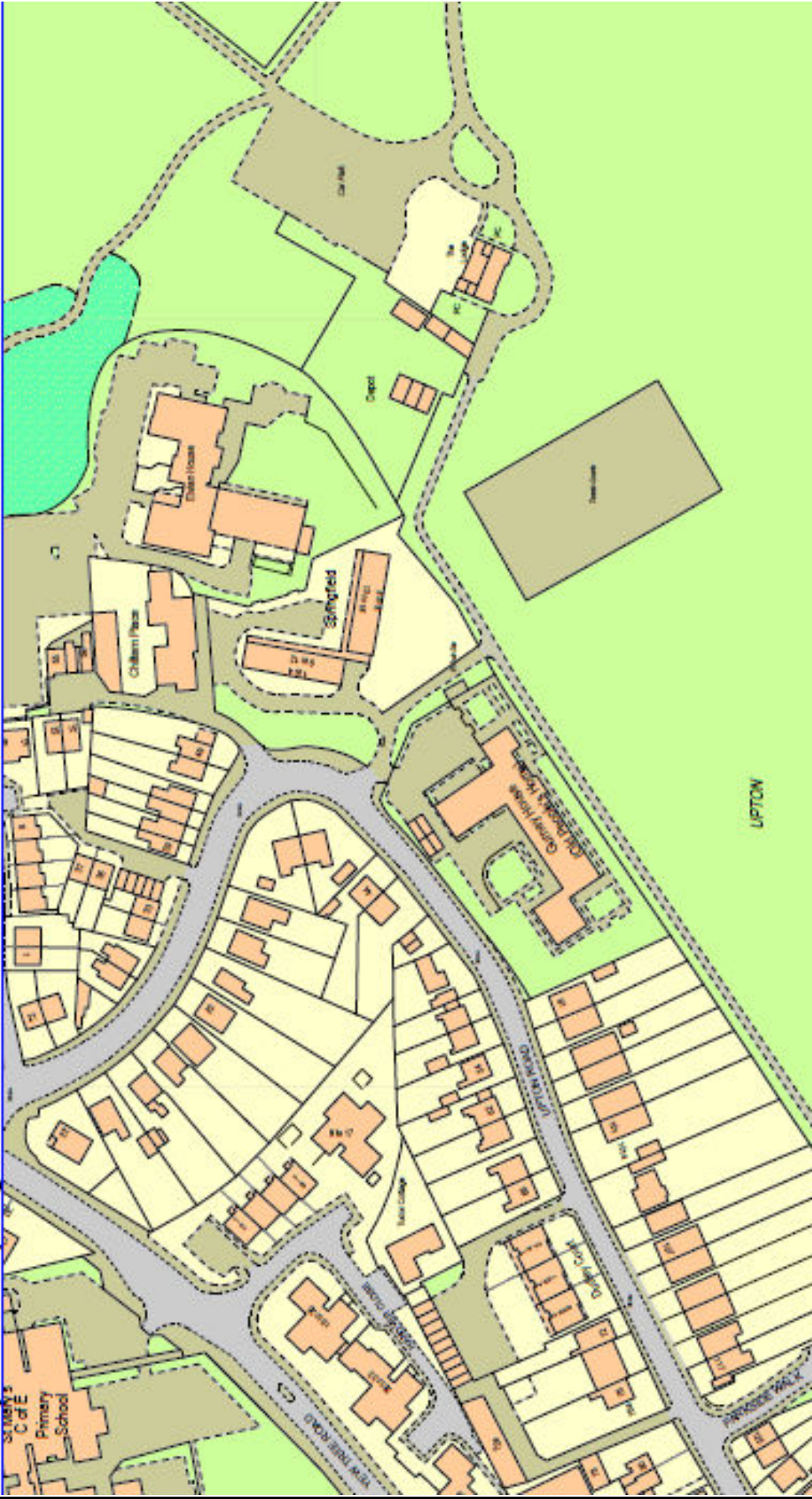
5 Conclusion

- 5.1 The site of the former Gurney house care home has been cleared and detailed planning design is now to be undertaken. If members endorse the recommended course of action it is realistic to expect a successful planning approval to be received by late Summer.

6 Appendices Attached

Appendix 1: Site Plan of Gurney House

Appendix 1: Site Plan of Gurney House



SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet **DATE:** 14th April 2014

CONTACT OFFICER: Joseph Holmes Assistant Director of Finance and Audit S151
officer
(For all enquiries) (01753) 875300

WARD(S): All

PORTFOLIO: Cllr. Rob Anderson; Lead Commissioner for Finance & Strategy;

PART I
KEY DECISION

COUNCIL TAX AND BUSINESS RATES POLICIES

1 **Purpose of Report**

The purpose of the report is to seek approval for four new policies in relation to Revenue collection;

- 'A' Policy for Council Tax Discounts for flooded Properties
- 'B' Policy for Business Rates Relief's for flooded Properties
- 'C' Policy for Retail Rate Relief
- 'D' Policy for Reoccupation Relief

An urgent decision is required because the changes in legislation have only just been enacted by the government and the policy is required to ensure that the Council Tax and Business Rates bills are accurate and that residents and local businesses can access the monies set aside from Government.

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

The Cabinet is requested to resolve that the following policies, as set out in appendices A to D, be approved.

- (a) Council Tax Discounts for Flooded Properties
- (b) Business Rates Relief for Flooded Properties
- (c) Retail Rate Relief for Business Properties
- (d) Reoccupation Relief for Business Properties

3 **Slough Joint Wellbeing Strategy Priorities**

The awarding of relief for homes and businesses affected by flooding and the application of Retail Relief in line with government guidance are all key priorities of the Council

4 **Other Implications**

(a) Financial

There are no direct financial implications to the Council, the Council will award the relief as outlined and will then claim the costs of the relief back from central government via a grant claim later in the financial year

(b) Risk Management

Risk	Mitigating action	Opportunities
Legal	None	
Property	None	
Human Rights	None	
Health and Safety	None	
Employment Issues	None	
Equalities Issues	None	
Community Support	None	
Communications	None	
Community Safety	None	
Financial	Utilisation of Government monies	
Timetable for delivery	None	
Project Capacity	None	
Other	None	

(c) Human Rights Act and Other Legal Implications

There are no human rights or other legal implications arising from this report.

(d) Equalities Impact Assessment

No EIA is required for this report

5 **Supporting Information**

- 5.1 The Prime Minister announced on the 12th February and then on 19th February that help would be provided in the form of discounts and reliefs for homes and businesses that had been flooded.
- 5.2 In order to enact all the legislation quickly the government have enacted it under the discretionary powers for Council Tax and Business Rates in the Local Government Finance act as amended.
- 5.3 As this is a discretionary power members are required to agree any policies that relate to payments under this power.
- 5.4 The Government have agreed to reimburse Local Authorities for any Business Rates reliefs paid out under the guidance issued by the Department of Communities

and Local Government (CLG). The government has also set aside £4m to reimburse Local Authorities for Council Tax discounts awarded under this criteria.

- 5.5 Policies have therefore been developed to award discounts and reliefs in line with the guidance published by CLG to Council Tax and Business Rate payers.
- 5.6 The Government in the Autumn Statement on 5th December 2013 announced that they will be providing Retail Relief for 2014-15 and 2015-16 for certain retail premises.
- 5.7 The Government has issued guidance on the implementation of the Retail Relief but on the basis that they have issued the changes under Section 47 of the Local Government Finance Act 1988 as amended; the local authority has to define a policy for the administration of the relief.
- 5.8 The Government wish to provide a relief of up to £1,000 to all occupied retail properties with a rateable value of £50,000 or less in each of the years 2014- 15 and 2015-16.
- 5.9 The Government have agreed to reimburse Local Authorities for any Retail Relief paid out under the guidance issued.
- 5.10 Policies have therefore been developed to award Retail Relief to Business Rate payers, in line with the guidance published by CLG.
- 5.11 The Chancellor announced in the autumn statement on 5th December 2013 that help would be provided in the form of a 50% discount for reoccupying empty retail premises in order to encourage thriving and diverse town centres and wants to see the number of vacant shops decrease.
- 5.12 In order to enact the legislation quickly the government have enacted under the discretionary powers for Business Rates in the Local Government Finance act 1988 as amended.
- 5.13 As this is a discretionary power members are required to agree any policies that relate to payments under this power.
- 5.14 The Government have agreed to reimburse Local Authorities for any Business Rates relief's paid out under the guidance issued by the Department of Communities and Local Government (CLG).
- 5.15 Policies have therefore been developed to reoccupation relief for businesses in line with the guidance published by CLG.
- 5.16 The guidance released by CLG stated that the council can restrict the scheme as it see's fit, as it is a discretionary scheme, where it would go against the Council's wide objectives. At present the proposed scheme excludes betting shops, payday loans and pawnbrokers.
- 5.17 The Council can include additional discretionary relief to encourage further economic benefit to recipients of the scheme. However, in doing so, this would be a cost to the local taxpayer. The Council would need to have a clear economic rationale for doing so.

6 **Comments of Other Committees**

This report and documents have not been considered by any other Committees.

7 **Conclusion**

The Cabinet is requested to consider and agree the following policies

- a. Council Tax Discounts for Flooded Properties
- b. Business Rates Relief for Flooded Properties
- c. Retail Rate Relief for Business Properties
- d. Reoccupation Relief for Business Properties

In order to comply with current Council Tax and Business rates legislation and guidance issued by the Department for Communities and Local Government

8 **Appendices Attached**

- 'A' Policy for Council Tax Discounts for flooded Properties
- 'B' Policy for Business Rates Relief's for flooded Properties
- 'C' Policy for Retail Rate Relief
- 'D' Policy for Reoccupation Relief

9 **Background Papers**

- '1' Local Government Finance Act 1992 as amended
- '2' Local Government Finance Act 1988 as amended
- '3' Flood & Water Management Act 2010
- '4' Flooding Guidelines from DCLG issued 25th February 2014
- '5' Reoccupation Relief Guidelines from DCLG issued 1st April 2014

Council Tax Policy 2014-15

Council Tax Relief for Flooded Premises

1 Introduction

- 1.1 The Prime Minister announced on 19th February 2014 that funding of up to £4m will be available to local authorities in support of Council Tax Discounts for homes that have been flooded, and that Local Authorities will administer this discount.
- 1.2 The legislation was amended to introduce this change under the discretionary powers which means that each Local Authority needs to develop a policy to deal with the operation and delivery of the relief.

2. How the relief will be provided?

- 2.1 The Government is not changing the legislation around the reliefs available to properties. Instead the Government will reimburse local authorities that use their discretionary relief powers, under section 13A of the Local Government Finance Act 1992, to grant council tax discounts on properties affected by flooding. It allows local billing authorities the flexibility to grant reductions or exemptions on an individual basis or for a class of council taxpayers. It is up to local authorities to decide whether to use this power. Central Government do not need to approve this.
- 2.2 It will be for individual local billing authorities to adopt a local scheme and decide in each individual case when to grant relief under section 13A.
- 2.3 Central government will allow Local Authorities to claim support for their schemes through the Department of Communities and Local Government for Council Tax Discounts for homes that have been flooded, (using a grant under section 31 of the Local Government Act 2003)..

3. Who will be eligible for Relief

- 3.1 The Government offer support for Local Authority Schemes up to the maximum budget.
- 3.2 Properties that apply for relief must meet the following criteria

For any day between 1 December 2013 and 31 March 2014:

- The property has been flooded in whole or in part as a result of adverse weather conditions;
- and
- on that day, as a result of the flooding at the property, the occupants were unable to remain living* in the premises

*defined as unable to carry out daily activities such as eating, sleeping etc at the premises

- 3.3 In considering whether the occupant could live at the premises, Slough Borough Council will consider the impact of the flooding in the full context of all activities undertaken at the hereditament. Very small or insignificant impacts will be ignored.
- 3.4 The funding is for the impacts of flooding from the recent adverse weather conditions and not, for instance, from the failure of a water main, internal water systems or the failure of a sewerage system (unless the failure was itself caused by the adverse weather conditions). As a guide the definition of flood from Section 1 of the Flood & Water Management Act 2010 – (Appendix A)
- 3.5 The scheme applies to all types of domestic properties (other than those occupied by the Billing Authority).

4. How much relief will be available?

- 4.1 Slough Borough Council will provide funding for up to three months of relief granted starting on the day the property first met the criteria set out above.
- 4.2 Where a property has been flooded more than once and the ability to live in the property is adversely impacted, only one period of relief will be funded and should be applied from the first date on which the criteria above were met.
- 4.3 Once the occupiers move back into the property the relief will stop automatically.
- 4.4 In calculating the cost of the discount to be refunded to the local authority, the Government will assume that all other discounts have first been applied.
- 4.5 This discount should be calculated ignoring any prior year adjustments in liabilities which fall to be liable on the day.
- 4.6 Funding for Council Tax discount will continue to be given following a change of chargepayer. In other words, the discount should run with the property rather than the ratepayer.
- 4.7 The scheme does not cover discount for any property which was empty at the time it was flooded.

5 If the property is not capable of being lived in for more than three months

- 5.1 If the property remains uninhabitable for more than three months, the charge payer is able to apply for an extension of the discount stating why the property remains uninhabitable.
- 5.2 The charge payer at this stage will need to demonstrate the work that has been carried out and that all efforts are being made to repair the property.

6 Administration

- 6.1 Slough Borough Council will administer the scheme under the guidelines set out by the Department for Communities and Local Government dated 25th February 2014.
- 6.2 The discounts awarded for the first three months will be administered by the Council Tax team who will provide monthly reports to the Section 151 officer for approval.
- 6.3 Any application for a discount in excess of three months will be approved on an individual basis by the Section 151 officer prior to the discount being awarded.

Annex A – Definition of Flood

Section 1 of the Flood & Water Management Act 2010

1(1) "Flood" includes any case where land not normally covered by water becomes covered by water.

(2) It does not matter for the purpose of subsection (1) whether a flood is caused by—

- (a) heavy rainfall,
- (b) a river overflowing or its banks being breached,
- (c) a dam overflowing or being breached,
- (d) tidal waters,
- (e) groundwater, or
- (f) anything else (including any combination of factors).

(3) But "flood" does not include—

- (a) a flood from any part of a sewerage system, unless wholly or partly caused by an increase in the volume of rainwater (including snow and other precipitation) entering or otherwise affecting the system, or
- (b) a flood caused by a burst water main (within the meaning given by section 219 of the Water Industry Act 1991).

Business Rates Policy 2014-15

Business Rates Relief for Flooded Premises

1 Introduction

- 1.1 The Prime Minister announced on 12 February 2014 a new business rates relief for properties that have been flooded. Local authorities will administer this business rates “flooding relief”.
- 1.2 The legislation was amended to introduce this change under the discretionary powers which means that each Local Authority needs to develop a policy to deal with the operation and delivery of the relief.

2. How the relief will be provided?

- 2.1 As this is a measure for 2014-15 only, the Government is not changing the legislation around the reliefs available to properties. Instead the Government will reimburse local authorities that use their discretionary relief powers, introduced by the Localism Act to grant relief.
- 2.2 It will be for individual local billing authorities to adopt a local scheme and decide in each individual case when to grant relief under section 47.
- 2.3 Central government will fully reimburse local authorities for the local share of the discretionary relief (using a grant under section 31 of the Local Government Act 2003). The Government expects local government to grant relief to qualifying ratepayers.

3. Who will be eligible for Relief

- 3.1 The Government will fund 100% rate relief for three months, for those properties that will benefit from the relief will be those that meet the following criteria
 - For any day between 1 December 2013 and 31 March 2014:
 - The property has been flooded in whole or in part as a result of adverse weather conditions;
 - and
 - on that day, as a result of the flooding at the property, the business activity undertaken at the property was adversely affected;
 - and
 - the rateable value of the hereditament (property) on that day was less than £10 million.
- 3.2 In considering whether the business activity has been adversely affected, Slough Borough Council will consider the impact of the flooding in the full context of all business activities undertaken at the hereditament. Very small or insignificant impacts will be ignored.
- 3.3 The funding is for the impacts of flooding from the recent adverse weather conditions and not, for instance, from the failure of a water main, internal

water systems or the failure of a sewerage system (unless the failure was itself caused by the adverse weather conditions). As a guide the definition of flood from Section 1 of the Flood & Water Management Act 2010 – (Appendix A)

- 3.4 The scheme applies to all types and uses of non-domestic hereditaments (other than those occupied by the Billing Authority).

4. How much relief will be available?

- 4.1 Funding will be provided to authorities for the 3 months of relief granted starting on the day the hereditament first met the criteria set out above. The 3 months relief will apply irrespective of how long the flooding or adverse business impacts last.
- 4.2 Where a hereditament has been flooded more than once and business activities are adversely impacted, only one period of 3 months relief will be funded and should be applied from the first date on which the criteria above were met.
- 4.3 In calculating the cost of the relief to be refunded to the local authority, the Government will assume that all other reliefs have first been applied, including the retail relief where applicable.
- 4.4 This relief should be calculated ignoring any prior year adjustments in liabilities which fall to be liable on the day.
- 4.5 Ratepayers that occupy more than one property may be granted relief within the scheme for each of their eligible properties.
- 4.6 Where a new hereditament is created as a result of a split or merger from a hereditament which for the day immediately prior to the split or merger met the criteria funding will be provided to allow relief to be given for the remaining balance of the three months.
- 4.7 Funding for rate relief will continue to be given following a change of ratepayer. In other words, the relief should run with the property rather than the ratepayer.
- 4.8 The scheme does not cover relief for any hereditament which was empty at the time it was flooded as there was no business activity on the premises at the time. Where a hereditament becomes empty after the flood then it will receive the normal 3 or 6 months (as applicable) empty property rate free period or will continue to receive the balance of the flooding relief.
- 4.9 Where a property is eligible for Enterprise Zone relief, that relief should be granted and this will be funded under the rates retention scheme by a deduction from the central share. If a property in an Enterprise Zone is not eligible for Enterprise Zone relief, or that relief has ended, Flooding Relief may be granted in the normal way, and this would be reimbursed by grant under section 31 of the Local Government Act 2003.

- 4.10 Seriously damaged property may be taken off the ratings list. Where a property is removed from the rating list the ratepayer is not liable for business rates. Where as a result of the floods the property is removed for more than three months from the rating list that property will not require rates relief. Where it is less than three months rate relief should be provided so in total the occupier gets three months equivalent where they are not liable for rates.

5 State Aid

- 5.1 There are European Union regulations which restrict the award of state aid and under certain circumstances the award of discretionary relief could be considered to be state aid.
- 5.2 These circumstances in which the EU regulations need to be considered will be where the organisation engages in commercial activities or competes with commercial bodies because of an activity it carries out. For example a not for profit training organisation that also provides training services to businesses.
- 5.3 If the organisation undertakes any commercial activity it must be commercially insignificant and localised so that there is no potential impact on intra-community trade, otherwise the regulations governing state aid will apply.
- 5.4 Guidance on State Aid is available via the government web site at <https://www.gov.uk/government/publications/enterprise-zones-state-aid-and-business-rate-discounts>

6 Administration

- 6.1 Slough Borough Council will administer the scheme under the guidelines set out by the Department for Communities and Local Government dated 25th February 2014.
- 6.2 It will provide relief as outlined above to all occupied retail premises with a rateable value of £10m
- 6.3 The scheme is fully funded by central Government.
- 6.4 The reliefs awarded will be administered by the Business Rates team who will provide monthly reports to the Section 151 officer for approval.

Annex A – Definition of Flood

Section 1 of the Flood & Water Management Act 2010

1(1) “Flood” includes any case where land not normally covered by water becomes covered by water.

(2) It does not matter for the purpose of subsection (1) whether a flood is caused by—

- (a) heavy rainfall,
- (b) a river overflowing or its banks being breached,
- (c) a dam overflowing or being breached,
- (d) tidal waters,
- (e) groundwater, or
- (f) anything else (including any combination of factors).

(3) But “flood” does not include—

- (a) a flood from any part of a sewerage system, unless wholly or partly caused by an increase in the volume of rainwater (including snow and other precipitation) entering or otherwise affecting the system, or
- (b) a flood caused by a burst water main (within the meaning given by section 219 of the Water Industry Act 1991).

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Business Rates Policy 2014-15

The Award of Retail Relief

1 Introduction

- 1.1 The government in the Autumn Statement on 5th December 2013 announced that they will be providing Retail Relief for 2014-15 and 2015-16 for certain retail premises.
- 1.2 They have issued guidance on the implementation of the Retail Relief but on the basis that they have issued the changes under Section 47 of the Local Government Finance Act 1988 as amended; the local authority has to define a policy for the administration of the relief.
- 1.3 The government has noted that the retail sector is changing, particularly due to internet shopping, and many high streets are experiencing challenges as they look to adapt to changing consumer preferences in how people shop. The Government wishes to support town centres in their response by providing particular support to retailers.
- 1.4 The government wish to provide a relief of up to £1,000 to all occupied retail properties with a rateable value of £50,000 or less in each of the years 2014- 15 and 2015-16.

2. How the relief will be provided?

- 2.1 As this is a measure for 2014-15 and 2015-16 only, the Government is not changing the legislation around the reliefs available to properties. Instead the Government will, reimburse local authorities that use their discretionary relief powers, introduced by the Localism Act to grant relief.
- 2.2 It will be for individual local billing authorities to adopt a local scheme and decide in each individual case when to grant relief under section 47.
- 2.3 Central government will fully reimburse local authorities for the local share of the discretionary relief (using a grant under section 31 of the Local Government Act 2003). The Government expects local government to grant relief to qualifying ratepayers.

3. Who will be eligible for Relief

- 3.1 Properties that will benefit from the relief will be occupied hereditaments with a rateable value of £50,000 or less, that are wholly or mainly being used as shops, restaurants, cafes and drinking establishments, defined as premises that are being used for the sale of goods to visiting members of the public:
 - Shops (such as: florist, bakers, butchers, grocers, greengrocers, jewellers, stationers, off licence, chemists, newsagents, hardware stores, supermarkets, etc)
 - Charity shops
 - Opticians

- Post offices
- Furnishing shops/ display rooms (such as: carpet shops, double glazing, garage doors)
- Car/ caravan show rooms
- Second hand car lots
- Markets
- Petrol stations
- Garden centres
- Art galleries (where art is for sale/hire)
- Hair and beauty services (such as: hair dressers, nail bars, beauty salons, tanning shops, etc)
- Shoe repairs/ key cutting
- Travel agents
- Ticket offices e.g. for theatre
- Dry cleaners
- Launderettes
- PC/ TV/ domestic appliance repair
- Funeral directors
- Photo processing
- DVD/ video rentals
- Tool hire
- Car hire
- Restaurants
- Takeaways
- Sandwich shops
- Coffee shops
- Pubs
- Bars

- 3.2 To qualify for the relief the hereditament should be wholly or mainly being used as a shop, restaurant, cafe or drinking establishment. In a similar way to other reliefs (such as charity relief), this is a test on use rather than occupation. Therefore, hereditaments which are occupied but not wholly or mainly used for the qualifying purpose will not qualify for the relief.
- 3.3 The list set out above is not intended to be exhaustive as it would be impossible to list the many and varied retail uses that exist. There will also be mixed uses.
- 3.4 As the grant of the relief is discretionary, authorities may choose not to grant the relief if they consider that appropriate, for example where granting the relief would go against the authority's wider objectives for the local area. We would encourage councillors to be consulted on the final scheme that the local authority adopts, so there is a clear line of accountability in case of a dispute on the final local scheme that is adopted.
- 3.4. The list below sets out the types of uses that government does not consider to be retail use for the purpose of this relief. Again, it is for local authorities to determine for themselves whether particular properties are broadly similar in nature to those below and, if so, to consider them not eligible for the relief under their local scheme.
- Financial services (e.g. banks, building societies, cash points, bureau de change, payday lenders, betting shops, pawn brokers)
 - Other services (e.g. estate agents, letting agents, employment agencies)

- Medical services (e.g. vets, dentists, doctors, osteopaths, chiropractors)
- Professional services (e.g. solicitors, accountants, insurance agents/ financial advisers, tutors)
- Post office sorting office

4. How much relief will be available?

- 4.1 The total amount of government-funded relief available for each property for each of the years under this scheme is £1,000. The amount does not vary with rateable value and there is no taper.
- 4.2 There is no relief available under this scheme for properties with a rateable value of more than £50,000.
- 4.3 The eligibility for the relief and the relief itself will be assessed and calculated on a daily basis. The following formula should be used to determine the amount of relief to be granted for a particular hereditament in the financial year:

Amount of relief to be granted = £1000 x A/B

Where:

A is the number of days in the financial year that the hereditament is eligible for relief; and

B is the number of days in the financial year

The relief will be applied against the net bill after all other reliefs.

- 4.4 Where the net rate liability for the day after all other reliefs but before retail relief is less than the retail relief, the maximum amount of this relief will be no more than the value of the net rate liability. This should be calculated ignoring any prior year adjustments in liabilities which fall to be liable on the day.
- 4.5 The relief must be applied to the new bills when they are dispatched and amendments made when the information is available to the Business Rates section as necessary.
- 4.5 Ratepayers that occupy more than one property will be entitled to relief for each of their eligible properties, subject to State Aid de minimis limits.

5 State Aid

- 5.1 There are European Union regulations which restrict the award of state aid and under certain circumstances the award of discretionary relief could be considered to be state aid.
- 5.2 These circumstances in which the EU regulations need to be considered will be where the organisation engages in commercial activities or competes with commercial bodies because of an activity it carries out. For example a not for profit training organisation that also provides training services to businesses.
- 5.3 If the organisation undertakes any commercial activity it must be commercially insignificant and localised so that there is no potential impact on

intra-community trade, otherwise the regulations governing state aid will apply.

- 5.4 Guidance on State Aid is available via the government web site at

<https://www.gov.uk/government/publications/enterprise-zones-state-aid-and-business-rate-discounts>

6 Administration

- 6.1 Slough Borough Council will administer the scheme under the guidelines set out by the Department for Communities and Local Government dated January 2014.
- 6.2 It will provide relief of up to £1,000 to all occupied retail premises with a rateable value of £50,000 or less in each of the years 2014-15 and 2015-16.
- 6.3 The scheme is fully funded by central Government.
- 6.4 The retail reliefs awarded will be administered by the Business Rates team who will provide monthly reports to the Section 151 officer for approval.

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Business Rates Policy 2014-15

Business Rates Reoccupation Relief

1 Introduction

- 1.1 The Chancellor in the Autumn Statement on 5th December 2013 announced Reoccupation Relief for reoccupation of shops that have been empty for a long period of time and reward businesses that make this happen. Local authorities will administer this business rates “reoccupation relief”.
- 1.2 The Chancellor announced that 50% business rates discount can be awarded for up to 18 months for businesses moving into previously empty retail premises between 1 April 2014 and 31 March 2016, up to State Aid De Minimis limits.
- 1.3 The legislation was amended to introduce this change under the discretionary powers which means that each Local Authority needs to develop a policy to deal with the operation and delivery of the relief.

2. How the relief will be provided?

- 2.1 As this is a temporary measure that applies to ratepayers moving into previously empty retail premises between 1 April 2014 and 31 March 2016 only. The government is not changing the legislation around the reliefs available to properties, instead the Government will, reimburse local authorities that use their discretionary relief powers, introduced by the Localism Act (under section 47 of the Local Government Finance Act 1988, as amended) to grant relief.
- 2.2 It will be for individual local billing authorities to adopt a local scheme and decide in each individual case when to grant relief under section 47.
- 2.3 Central Government will fully reimburse local authorities for the local share of the discretionary relief (using a grant under section 31 of the Local Government Act 2003). The Government expects local government to grant relief to qualifying ratepayers.
- 2.4 Central Government will reimburse billing authorities and those major precepting authorities within the rates retention system for the actual cost to them under the rates retention scheme of the relief that falls within the definitions in their guidance issued in April 2014. Local authorities will provide an estimate of their likely total cost for providing the relief in their National Non Domestic Rate Return 1 (NDR1) for 2014-15, 2015-16, 2016-17 and 2017-18. Central government will provide payments of the local authorities’ share to authorities at the end of the relevant years.

3. Who will be eligible for Relief

- 3.1 The Government will fund 50% rate relief for up to 18 months, for businesses moving into previously empty retail premises between 1 April 2014 and 31 March 2016, up to State Aid De Minimis limits.
- 3.2 Properties that will benefit from the relief will be occupied hereditaments that:

When previously in use, were wholly or mainly used for retail as set out in paragraphs below:

- Were empty for 12 months or more immediately before their reoccupation
- Become reoccupied between 1 April 2014 and 31 March 2016
- Are being used for any use (i.e. not just retail use) except as set out in paragraph 3.6 below

3.3 There is no rateable value limit for the hereditament in respect of either the previous or reoccupied use. However, State Aid De Minimis limits may limit the amount of relief given.

3.4 What is retail use?

In relation to a premises' previous use for the purposes of Reoccupation Relief Slough Borough Council considers retail to mean:

(a) Hereditaments that were being used for the sale of goods to visiting members of the public:

- Shops (such as: florist, bakers, butchers, grocers, greengrocers, jewellers, stationers, off licence, chemists, newsagents, hardware stores, supermarkets, etc)
- Charity shops
- Opticians
- Post offices
- Furnishing shops/ display rooms (such as: carpet shops, double glazing, garage doors)
- Car/ caravan show rooms
- Second hand car lots
- Markets
- Petrol stations
- Garden centres
- Art galleries (where art is for sale/hire)

(b) Hereditaments that were being used for the provision of the following services principally to visiting members of the public:

- Hair and beauty services (such as: hair dressers, nail bars, beauty salons, tanning shops, etc)
- Shoe repairs/ key cutting
- Travel agents
- Ticket offices e.g. for theatre
- Dry cleaners
- Launderettes
- PC/ TV/ domestic appliance repair
- Funeral directors
- Photo processing
- DVD/ video rentals
- Tool hire
- Car hire

- (c) Hereditaments that were being used for the provision of the following services principally to visiting members of the public:
- Financial services (e.g. banks, building societies, bureaux de change, payday loan shops, betting shops, pawn brokers)
 - Other services (e.g. estate agents, letting agents, employment agencies)
- (d) Hereditaments that were being used for the sale of food and/ or drink to visiting members of the public:
- Restaurants
 - Takeaways
 - Sandwich shops
 - Coffee shops
 - Pubs
 - Bars

3.5 The list set out above is not intended to be exhaustive but is a guide provided by Central Government as to the types of uses that Government considers for this purpose to be retail. Slough Borough Council will consider for relief all those that are broadly similar in nature to those above and, if so, to consider them to be retail. Conversely, properties that were not broadly similar in nature to those listed above will not be considered to be retail.

3.6 Reoccupied use

The new use of the reoccupied premises can be for any use (i.e. not just retail uses) except for hereditaments wholly or mainly being used as betting shops, payday loan shops, and pawn brokers.

3.7 The scheme applies to all types and uses of non-domestic hereditaments (other than those occupied by the Billing Authority).

3.8 Splits, mergers, and changes to existing hereditaments

Where a new hereditament has been created by a split or merger of hereditament(s), the new hereditament will be eligible for the Reoccupation Relief where at least half of the floor area of the new hereditament is made up of retail hereditaments that have been empty for 12 months or more (subject to meeting the other criteria in this policy).

Where a hereditament in receipt of Reoccupation Relief splits or merges to form new hereditaments, the new hereditaments will not be eligible for the remaining term of Reoccupation Relief.

Where a hereditament in receipt of Reoccupation Relief becomes unoccupied for any period of time less than 12 months it will not be eligible for any further Reoccupation Relief on occupation. However, if a hereditament that has previously received Reoccupation Relief becomes empty for 12 months or more it will be eligible for an additional 18 months Reoccupation Relief if the criteria are met.

3.9 Change of ratepayer

The relief will run with the property rather than the ratepayer. So if a hereditament is in receipt of Reoccupation Relief and a new ratepayer becomes liable for the property they will benefit from the remaining term of the relief, subject to the new ratepayer's State Aid de minimis limits.

3.10 Enterprise Zones

Where a property is eligible for Enterprise Zone relief, that relief should be granted and this will be funded under the rates retention scheme by a deduction from the central share. If a property in an Enterprise Zone is not eligible for Enterprise Zone relief, or that relief has ended, Reoccupation Relief may be granted in the normal way, and this would be reimbursed by grant under section 31 of the Local Government Act 2003.

4. How much relief will be available?

- 4.1 Relief will be available for 18 months from the first day the hereditament becomes occupied as long as the first day falls between 1 April 2014 and 31 March 2016, subject to the hereditament remaining continuously occupied.
- 4.2 The eligibility for the relief and the relief itself will be assessed and calculated on a daily basis.
- 4.3 Under this scheme the relief available for each property is 50% of the business rates liability after any mandatory or other discretionary reliefs (other than retail relief) have been applied, up to State Aid De Minimis limits. The relief should be calculated ignoring any prior year adjustments in liabilities which fall to be liable on the day. (See Appendix 1)
- 4.4 Councils may use their discretionary powers to offer further discounts outside this scheme (and under local rate retention, 50 per cent of the cost would be locally funded and 50 per cent funded by central government).

5 State Aid

- 5.1 There are European Union regulations which restrict the award of state aid and under certain circumstances the award of discretionary relief could be considered to be state aid. However Reoccupation Relief will be State Aid compliant where it is provided in accordance with the De Minimis Regulations (1407/2013)
- 5.2 The De Minimis Regulations allow an undertaking to receive up to €200,000 of De Minimis aid in a three year period (consisting of the current financial year and the two previous financial years).

- 5.3 These circumstances in which the EU regulations need to be considered will be where the organisation engages in commercial activities or competes with commercial bodies because of an activity it carries out. For example a not for profit training organisation that also provides training services to businesses.
- 5.4 If the organisation undertakes any commercial activity it must be commercially insignificant and localised so that there is no potential impact on intra-community trade, otherwise the regulations governing state aid will apply.
- 5.5 All applicants will be required to complete a declaration form (Appendix 2) to confirm that they have not received more than the De Minimis amount of State Aid.
- 5.6 Guidance on State Aid is available via the government web site at <https://www.gov.uk/government/publications/enterprise-zones-state-aid-and-business-rate-discounts>

6 Administration

- 6.1 Slough Borough Council will administer the scheme under the guidelines set out by the Department for Communities and Local Government dated 1st April 2014
- 6.2 It will provide relief as outlined above to all occupied retail premises that were previously empty for 12 months or more
- 6.3 The scheme is fully funded by central Government.
- 6.4 The reliefs awarded will be administered by the Business Rates team who will provide monthly reports to the Section 151 officer for approval.

Appendix 1

Calculation examples for 2014-15

Example 1 – A property that was previously a pub and was empty for 14 months becomes occupied on 1 April 2014 as a restaurant with a rateable value of £40,000.

Rateable Value = £40,000

Rates due (excluding any reliefs) = £40,000 x 0.482 = £19,280

Minus Reoccupation Relief for 2014-15 = £19,280 x 0.5 = £9,640

Minus 12 months retail relief = £9,640 - £1,000 = £8,640

Rates due 2014-15 (including reoccupation and retail relief) = **£8,640**

Example 2 – A property that was previously a small department store and was empty for 2 years splits into the following 2 separate hereditaments which become occupied on 1 April 2014:

a) a gym with a rateable value of £10,000

b) an office with a rateable value of £70,000

Gym:

Rateable Value = £10,000

Rates due (excluding any reliefs) = £10,000 x 0.471 = £4,710

Minus small business rate relief of 33% (£3,140) = £1,570

Minus Reoccupation Relief of 50% = £1,570 x 0.5 = £785

Rates due (including all reliefs) = **£785**

Office

Rateable Value = £70,000

Rates due (excluding any reliefs) = £70,000 x 0.482 = £33,740

Minus Reoccupation Relief for 2014-15 = £33,740 x 0.5 = £16,870

Rates due 2014-15 (including reoccupation relief) = **£16,870**

Appendix 2

'De minimis' declaration

Dear []

BUSINESS RATES ACCOUNT NUMBER: _____

The value of the business rates Reoccupation Relief to be provided to [name of undertaking] by [name of local authority] is £ [] (Euros []).

This award shall comply with the EU law on State Aid on the basis that, including this award, [name of undertaking] shall not receive more than €200,000 in total of De Minimis aid within the current financial year or the previous two financial years). The De Minimis Regulations 1407/2013(as published in the Official Journal of the European Union L352 24.12.2013) can be downloaded at <http://eur-lex.europa.eu>

If you have previously received De Minimis aid, please list below. If you have not previously received De Minimis aid, please mark as 'nil'.

Amount of De Minimis aid Euro's	Date of aid	Organisation providing aid	Nature of aid

I confirm that:

1) I am authorised to sign on behalf of _____[name of undertaking]; and

2) _____[name of undertaking] shall not exceed its De Minimis threshold by accepting this Reoccupation Relief.

SIGNATURE:

NAME:

POSITION:

BUSINESS:

ADDRESS:

DATE:

SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet **DATE:** 14th April 2014

CONTACT OFFICER: Ruth Bagley, Chief Executive
Tony Madden, Principal Asset Management Project

(For all enquiries) (01753) 875657

WARD(S): All

PORTFOLIO: Councillor Pavitar Kaur Mann – Commissioner for Education and Children

PART I
KEY DECISION

ARRANGEMENTS FOR NEW FREE SCHOOLS

1 Purpose of Report

To seek approval to fund specific school facilities and approval to delegate authority to enable an agreement to be concluded to facilitate the delivery of Free Schools and associated facilities within the Borough.

2 Recommendation(s)/Proposed Action

Cabinet is requested to resolve:

- (a) That £300,000 of grant funding (Basic Needs Grant) is allocated to fund construction of a new 27 place Special Education Needs resource unit within the SASH Free School; and
- (b) That in principle agreement is given to grant fund (Basic Needs Grant) a contribution to an all weather pitch at Langley Academy on condition that the value for money of the education and community use benefits can be demonstrated and to delegate to the Chief Executive agreement of the amount following consultation with the Leader and Cabinet member
- (c) That the Chief Executive following consultation with the Leader of the Council and Cabinet member is given delegated authority to enter into an agreement and or facilitate discussions to deliver approved secondary Free Schools and associated facilities in Slough.

3 Slough Wellbeing Strategy Priorities

Priorities:

- Economy and Skills – the delivery of school places for Slough residents will support delivery of skills and qualifications to young people in Slough and improve their life chances. However some uses of land may have greater value to the town’s economy if used for purposes other than education.
- Health and Wellbeing – the delivery of well-designed schools with adequate outdoor space will provide an opportunity for young people to live active

lifestyles and contribute to improved fitness and the reduction of childhood obesity and other health risks.

- Regeneration and Environment – using land to deliver school places may have regeneration value and may deliver environmental improvements or damage, e.g. through increased traffic levels. Other uses may have higher regeneration value and different environmental consequences.
- Housing – there is an acute shortage of developable land in the borough and a high pressure for both housing and education land. Decisions on use of land must balance the two needs as well as other needs for community facilities.

4 Joint Strategic Needs Assessment (JSNA)

- 4.1 Slough's School Places Strategy will support the JSNA by ensuring sufficient school places are available for all resident children. Free Schools are part of the range of solutions being considered by Slough for providing the new places required to 2022.
- 4.2 The number of children with Statements of Educational Need (SEN) requiring specialist resourced provision and special school places is rising slightly faster than the general population. Adding an SEN unit for secondary pupils at the SASH school will create the first of a number of new units that will be required to meet the rising demand.
- 4.3 An all weather pitch accessible to the community will increase the amount of sport able to be played on the school grounds and increase the opportunity for community sports activity out of school hours.

5 Other Implications

(a) Financial

- 5.1 Delivery of Slough's School Places Strategy will be dependent on:
- Effective use of the Basic Needs grant and other education funds available;
 - Support to government funded Free Schools where meeting the needs of Slough. Free Schools are externally funded and can be seen as additional investment in the borough. New Free Schools delay the need for the Council to initiate new capital projects and this reduces the capital commitment of the Council.
- 5.2 The Council is also responsible for securing best value from its assets and sources of funding. The Council must balance educational and other community benefits from use of land.
- 5.3 Funding for school places is in a relatively healthy position mainly due to the provision of DfE funded Free Schools. Slough is allocated funding by the DfE annually based on the locally projected shortfall of places. Slough has been allocated £38m for the 4 year period 2013-14 to 2016-17. Latest financial planning suggests that at the end of the current settlement period, to 2016-17, there will be carry forward of £26.5m, although predicted demand beyond that date will outstrip the funds available. At this point Slough would expect to receive a new allocation for 2017-18 and later years. These figures are based on the assumption that no new Free Schools are approved in the interim period and the Council funds all required new school places.

5.4 The proposals are to use £300k to fund SEN places in the SASH Secondary Free School and to make a contribution to the cost of an all weather pitch at Langley Academy. These are comfortably within the funding available to the Council, comply with the Council's strategy of using Basic Needs Grant to complement Free School proposals and to enhance education provision, and subject to agreeing a suitable contribution which reflects the educational and community value generated on the Langley Academy site, represent good value for money.

(b) Risk Management

5.5

Risk	Mitigating action	Opportunities
Legal Challenges from government and specific interest groups to overall strategy	Ensuring sound basis to strategy	Delivery of a coherent, comprehensive strategy will set the context for the long term
Property Challenges from landowners Planning challenges Provisional sites not suitable	Negotiation (and possible CPO) Sound holistic planning case to demonstrate that sites are best suited Sound initial consideration avoiding wasted effort	Use of schools on some sites may support regeneration of the area
Human Rights Challenges from specific interest groups	Sound basis to strategy Appropriate consideration and consultation	
Health and Safety Traffic risks	Avoiding sites which present high risks Sound transport planning	
Employment Issues		
Equalities Issues Challenges	Ensure needs of all parts of community are considered and balanced in the strategy	
Community Support Risk of objection	Consult as appropriate Communicate scale of the problem and benefits	
Communications	Effective communication plan	Improving understanding of the constraints under which the Council operates
Community Safety		

Financial Inability to resource need	Use available funding streams and delivery models Realistic scheme proposals	Supporting appropriate Free School promoters to target resources
Timetable for delivery Obstacles and delays	Effective project plan linked to projected need Resourcing of project team	
Project Capacity Inability to develop and deliver a comprehensive programme	Resourcing of project team matching manageable programme	
Other		

(c) Human Rights Act and Other Legal Implications

- 5.6 There are no Human Rights Act Implications of the proposed action. The Council will be required to follow its governance requirements in any decision making that has implications for the Council or any assets it holds or has an interest in.

(d) Equalities Impact Assessment

- 5.7 The proposals have a positive impact since they enable an increase in the number of school places across the borough, improving access and choice for all. They specifically increase access to SEN education and increase access to SEN education in a mainstream setting. They also increase community access to sports provision.

6 Supporting Information

- 6.1 The pressures of population expansion on school places have been reported to Education and Children's Scrutiny. A strategy to deliver predicted expansion has been developed which takes account of the Council's obligations to secure school places for all Slough children and the considerable land use pressures in the borough which mean that the opportunities for councils to deliver school places are limited.
- 6.2 The overwhelming priority of a school places strategy is to continue to deliver high quality and improving education to the young people of the borough. The principles of the strategy are to:
- Prioritise expansion or delivery of schools to maximise the benefit to Slough residents;
 - Support expansion of selective schools only where the expansion will not add to the imbalance between selective and non-selective places;
 - Allow for adequate playing fields on or very easily accessible to the site. The strategy recognises the high levels of child obesity and poor levels of physical activity in Slough;
 - Maximise the available sources of funding or schemes for delivery;

- Be part of a holistic plan for future developments in the borough;
- Recognise that land use pressures must result in provision being made outside the borough;
- Be sufficiently flexible to respond to acceleration or deceleration in demand.

- 6.3 In addition officers are currently developing the Additional Needs Strategy to understand and map requirements for specialist provision over the next 8 years. The first part of the delivery of this strategy was to open 6 new SEN units in 2013/14, this included 2 within nurseries, 3 within primary schools and 1 within a secondary school. It is clear that a large growth in provision is required to match the equivalent growth in the school population.
- 6.4 An approach to delivery has been developed which seeks to take advantage of the Government's Free Schools programme for the delivery of new schools and to work with heads and governors of existing schools to secure expansion. The principal route to deliver school expansion is via the Basic Needs Grant, a central fund to which councils can bid on the basis of forecasted need.
- 6.5 Proposals to deliver expansion on existing school sites are subject to the agreement of headteachers and governors who have their own pressures and concerns about scalability, manageability and over-development. Slough's ability to influence development on existing school sites is increasingly limited. As more Slough schools become academies they have autonomy over the future use of their land and buildings and expansion, whilst always a process of negotiation, may become less easy to secure on existing sites.
- 6.6 In this context, the Council has an opportunity to enable delivery of the SASH Secondary Free School including an SEN unit and to enhance provision on the Langley Academy site by contributing to an all weather pitch.
- 6.7 **SASH Free School** - The expected cost of the new school is at least £14m with the full cost of the mainstream project being borne by the DfE. The proposal includes provision of a new 27 place SEN unit which will cater for pupils with complex needs including autism. The Department has not funded the SEN units and has asked the Council to close the funding gap.
- 6.8 The DfE have requested a funding contribution of £300K giving a cost of just over £11K per pupil place. The average capital cost of the four stand alone units created in Slough schools in 2013 was £20K per pupil place. Three of these units were for nursery or infant pupils and would have had considerably lower space requirements than secondary age pupils. The one secondary unit that opened cost just under £26K per place. Therefore although the exact basis of the calculation for the DfE's cost is not known, when compared to recent projects carried out by Slough for similar schemes, the figure represents good value for money.
- 6.9 The proposal also enables a revenue saving. If Slough does not increase capacity for statemented pupils, then pupils will need to be placed out of borough. The table below compares the revenue cost of placing pupils in Slough schools and out of borough. The costs below are for one year only, it should be noted that once a pupil is placed out of borough it is likely they will remain out of borough for the full period of their schooling.

	Funded by DSG	Funded directly by LA
	Placement cost per annum	Average transport cost per annum
Out-of-Borough placement	£60-£100K	£12K
Placement in a Slough school	£32K	£4K

- 6.10 **Langley Academy** has requested funding towards an all weather pitch to enable them to enhance educational provision on site.
- 6.11 The Department will not fund enhancements to sports provision and, if progressed, this will need to be funded locally. At this stage no cost has been identified and will be dependent on the size, quality and other facilities required. Officers have already agreed with the school in principle that an all weather pitch can be made available for community use outside school hours and this will complement the Council's existing and planned MUGA and other outdoor provision. Officers are in discussion with the Department for their view of appropriate quality. Any proposal will be subject to achieving planning permission.
- 6.12 Taking the educational and community benefits into account, Members are asked to approve the principle of making a contribution to all weather provision on condition that the pitch is dedicated to community use outside school hours and that value for money of the education and community benefit can be demonstrated, giving an indicative limit and some flexibility. Members are further asked to delegate conclusion of any agreement to the Chief Executive following consultation with the Leader and the Commissioner for Education and Children.
- 6.13 In addition to the matters described above there are a number of discussions ongoing between officers and the DfE around delivery of Free Schools in and around Slough. One of the main areas of discussion involves sites. Both parties understand how important it is that they work together to ensure pupils have the right schools in the right places at the right time. Identifying and securing sites is difficult for the reasons given earlier but it is hoped that progress will be made on a number of sites in the near future. To facilitate the swift conclusion of these discussions it is proposed to delegate conclusion of any agreement to the Chief Executive following consultation with the Leader and the Commissioner for Education and Children.

7 **Comments of Other Committees**

This report has not been considered by any other committees.

8 **Conclusion**

- 8.1 Securing sufficient primary, secondary and SEN places for Slough in the face of rapidly rising pupil numbers and severe constraints on land use is a major challenge for the Council. It is essential that opportunities are taken where possible to facilitate delivery in partnership with existing schools and the Department for Education. After lengthy negotiations the Council has opportunities to move forward at relatively low cost. The willingness of the SASH promoters to include a large SEN Unit is an opportunity for the borough to create a new purpose built unit at good capital and revenue value. The opportunity to secure educational benefit and access to an all weather space for community use is considerable.

8.2 These proposals are consistent with the Council's strategy, particularly the principles of maximising sources of funding, ensuring adequacy of playing fields and working with school authorities. Officers will work to ensure that Slough residents can access the places provided.

8.3 Members are asked to approve the funding proposals.

9 **Appendices Attached**

None

10 **Background Papers**

'1' - Report to Education and Children's Services Scrutiny Panel on 5th December 2013

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SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet **DATE:** 14th April 2014

CONTACT OFFICER: Catherine Meek
(For all enquiries) (01753) 875011

WARD(S): All

PORTFOLIO: Leader and Commissioner for Finance and Strategy –
Councillor Anderson

PART I
NON-KEY DECISION

CONTRACTS IN EXCESS OF £250,000**1 Purpose of Report**

To advise the Cabinet of the contracts of an estimated value of over £250,000, that are proposed to be let in the 2014/15 financial year and any exemptions to competitive tendering that have been granted.

2 Recommendation(s)/Proposed Action

The Cabinet is requested to resolve that the list of contracts attached at Appendix A be endorsed and to determine whether there are any special requirements it wishes to agree, with regard to any particular contract.

3 Slough Joint Wellbeing Strategy Priorities

This report being entirely administrative in nature does not directly contribute to the SJWS priorities. However the contracts listed in the appendix will contribute to all of the priorities.

4 Joint Strategic Needs Assessment (JSNA)

The JSNA will be considered at the time of letting each contract.

5 Other Implications**(a) Financial**

The contracts set out in the Appendix are included in approved budgets. Officer delegations authorise Directors to approve expenditure within approved capital budgets and decisions on work programmes within those budgets. Authority to approve additional expenditure up to either 10% or £25,000, whichever is the lower of the total cost of the capital scheme subject to the annual capital payments of the additional expenditure not exceeding the annual amounts included within the capital programme by more than wither 10% or £25,000 whichever is the lowest.

(b) Risk Management

There are no specific issues arising directly from this report.

(c) Human Rights Act and Other Legal Implications

All contracts are let in accordance with the Council's agreed Contract Procedure Rules.

(d) Equalities Impact Assessment

This report being entirely administrative in nature and is not therefore applicable to the Equalities Impact Assessment (EIA). EIA's will be fully considered at the time that each contract is let.

(e) Workforce

Workforce implications will be considered upon the letting of each contract.

6 **Supporting Information**

Council's Constitution

Subject to consultations with the Strategic Director of Resources, Housing and Regeneration in respect of the acceptance of any tender exceeding £100,000, Strategic Directors are authorised to make all decisions on the approval of the select lists of tendered, the invitation, evaluation and acceptance of quotations and tenders and the entering into contracts or agreements for the supply of goods, equipments, materials or services subject to:-

- (a) The intention to tender or enter into a contract of a value exceeding £250,000 having been previously reported and approved by the Cabinet or the appropriate Committee of the Council.
- (b) Exemptions to competitive tendering being reported for information to the Cabinet or the appropriate Committee of the Council (half yearly).
- (c) Any special requirements or directions given by the Council, its Committees or the Cabinet.

Any amendments/addition to the list have to be reported to the Cabinet as they arise and this will be done as necessary in the course of 2014/15 financial year. A list of the contracts is set out at Appendix A to this report and the Cabinet is asked to consider the attached list and endorse it.

7 **Comments of Other Committees**

None.

8 **Conclusion**

Appendix A details contracts of an estimated value of over £250,000, that are proposed to be let in the 2014/15 financial year and any exemptions to competitive tendering that have been granted.

9 **Appendices Attached**

'A' - List of contracts to be let in 2014/15 in excess of £250,000.

APPENDIX A

CONTRACTS TO BE LET IN 2014/15 IN EXCESS OF £250,000

Customer and Community Services

1. Slough Mass Rapid Transit (SMaRT) (funded through LTB)
2. A355 improvement scheme (funded through LTB)
3. A332 widening scheme (funded through LTB)
4. Bailiff contract for enforcement value
5. ITS purchase and Maintenance Framework (Berkshire wide)
6. East-West cycle route
7. Pay on foot barrier scheme for Herschel and Hatfield MSCP
8. Herschel LED lighting

Resources, Housing & Regeneration

9. Bridge Maintenance Contract for July 2014 for 6 months at £1M
10. Communal Entrance Doors and Landlords' Lighting
11. Communal Entrance flooring upgrade programme to housing blocks
12. Communal/central boiler upgrade programme
13. Crematorium – roof replacement programme
14. Garage Demolition and Reconstruction
15. Internal Improvement Works
16. Corporate Roofing
17. Renewal of pitched and flat roofs
18. Windows and doors
19. SMP Accommodation & Refurbishment strategy
20. 3-Schools Expansion programme
21. Tower and Ashbourne Flats services upgrade
22. Landscaping to Kennedy Park and Monksfield Way Recreation Grounds
23. Professional Service Framework
24. Professional Services Infill Housing Sites
25. Provision of a Casualty and Motor Insurance Policy
26. Internal Audit Service

Wellbeing

27. Semi Independent Supported Accommodation for Young People
28. Residential and Special Educational Needs Services for Children and Young People
29. Home Start Family Service
30. Short Breaks
31. Accommodation for single homeless people with support needs
32. DAAT Clinical Provision
33. Mental Health Residential Care
34. Mental Health supported living
35. Older Peoples Domiciliary Care / Personal Assistants & Reablement
36. LD Residential and Respite Services
37. Care support to Extra Care Housing
38. Commissioning and Contracting for Voluntary Sector SLA's
39. Services for carers
40. LD Supporting Living
41. OP Residential Care
42. Intermediate Care (Better Care Fund –through pooled with CCG)

- 43. End of Life Care (Better Care Fund – through pooled budget with CCG)
- 44. Autism Services
- 45. Sexual Health contract (lead is Bracknell Forest Council with 6 Berkshire Unitaries)
- 46. Intensive support services for LAC
- 47. Community nursing review

Corporate (across one or more directorates)

- 48. Utilities – (Gas, Electric & Water)
- 49. MFD Programme (Multi Functional Devices)
- 50. Printing Services Framework

SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet **DATE:** 14 April 2014

CONTACT OFFICER: Sarah Forsyth (Scrutiny Officer)
(For all enquiries) (01753) 875657

WARD(S): All

PORTFOLIO: All

PART I
NON-KEY DECISION

REFERENCES FROM OVERVIEW AND SCRUTINY**1. Purpose of Report**

The purpose of this report is to advise Cabinet of recommendations from the Education and Children's Services Scrutiny Panel.

2. Recommendations

The Cabinet is requested to resolve that a piece of work be commissioned to investigate the options for increasing the number of apprentices employed by the council and/or its sub-contractors and report back to the Education and Children's Services Scrutiny Panel on proposals in six months.

3. Slough Wellbeing Strategy Priorities

Economy and Skills – Supporting local school leavers to access qualifications and work skills with employers.

4. Other Implications**(a) Financial**

There are no immediate financial implications to the recommendation; however, increasing the number apprenticeships employed by the council or its sub-contractors would require the identification of additional funding, which would need to be assessed as part of the development of proposals.

(b) Risk Management

There are no risks associated with this report.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act or Other Legal Implications associated with this report.

(d) Equalities Impact Assessment

The Apprentice scheme is specifically aimed at 16-18 year old Slough residents and recognises the difficulties some of our young people have in accessing vocational training and work experience. The scheme has a positive impact on improving equality of opportunity for young people. The application process encourages young people from a wide range of backgrounds and different religious, ethnic and socio economic groups are represented in previous apprentice cohorts. There is also a good balance between boys and girls; reasonable adjustments are made for applicants with disabilities both in the assessment process and during their work experience. The extension of the scheme would continue to promote this amongst SBC and other partner organisations.

5. Background

- 5.1 The Education and Children's Services Scrutiny Panel considered a report the council's Community Learning and Skills Service at its meeting on the 12 March 2014.
- 5.2 During the discussion, the Panel raised a question around the number of apprenticeships available at the council, and was informed that, through working with AVARTO the number of business administration apprenticeships currently at the council totalled 23, with five additional placements due to begin in August 2014.
- 5.3 Members felt there was a need to increase the number of apprentices employed by Slough Borough Council or through its sub-contractors to set the right example to other employers in the borough. These apprenticeships should not just be in business administration but provide broader opportunities for trade skills and other key growing sectors such as health and social care.

6. Conclusion

- 6.1 Having specified the need to increase the number of apprenticeships offered by the council, or through its sub-contracted services, the Education and Children's Services Scrutiny Panel would recommend the Cabinet review how this could be done and allow the Panel the opportunity to scrutinise proposals to implement such an increase.

7. Background Papers

- 1 - Community Learning and Skills – Review of 2012/13 – Performance and Development (Report to Education and Children's Services Scrutiny Panel, 12 March 2014)

SLOUGH BOROUGH COUNCIL

REPORT TO: Cabinet **DATE:** 14th April 2014

CONTACT OFFICER: Catherine Meek, Head of Democratic Services
(For all enquiries) 01753 875011

WARD(S): All

PORTFOLIO: Leader, Finance and Strategy – Councillor Anderson

PART I
NON-KEY DECISION

NOTIFICATION OF DECISIONS**1. Purpose of Report**

To seek Cabinet endorsement of the published Notification of Decisions, which has replaced the Executive Forward Plan.

2. Recommendation

The Cabinet is requested to resolve that the Notification of Decisions be approved.

3. Slough Joint Wellbeing Strategy Priorities

The Notification of Decisions sets out when key decisions are expected to be taken and a short overview of the matters to be considered. The decisions taken will contribute to all of the following Slough Joint Wellbeing Strategy Priorities:

- Health
- Economy and Skills
- Housing
- Regeneration and Environment
- Safer Slough

4. Other Implications**(a) Financial**

There are no financial implications.

(b) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications. The Local Authorities (Executive Arrangements) (Meetings and Access to Information)(England) Regulations 2012 require the executive to publish a notice of the key decisions, and those to be taken in private under Part II of the agenda, at least 28 clear days before the decision can be taken. This notice replaced the legal requirement for a 4-month rolling Forward Plan.

5. Supporting Information

5.1 The Notification of Decisions replaces the Forward Plan. The Notice is updated each month on a rolling basis, and sets out:

- A short description of matters under consideration and when key decisions are expected to be taken over the following three months;
- Who is responsible for taking the decisions and how they can be contacted;
- What relevant reports and background papers are available; and
- Whether it is likely the report will include exempt information which would need to be considered in private in Part II of the agenda.

5.2 The Notice contains matters which the Leader considers will be the subject of a key decision to be taken by the Cabinet, a Committee of the Cabinet, officers, or under joint arrangements in the course of the discharge of an executive function during the period covered by the Plan.

5.3 Key Decisions are defined in Article 14 of the Constitution, as an Executive decision which is likely either:

- to result in the Council incurring expenditure which is, or the making of savings which are, significant, having regard to the Council's budget for the service or function to which the decision relates; or
- to be significant in terms of its effects on communities living or working in an area comprising two or more wards within the Borough.

The Council has decided that any expenditure or savings of £250,000 or more shall be significant for the purposes of a key decision.

5.4 There are provisions for exceptions to the requirement for a key decision to be included in the Notice and these provisions and necessary actions are detailed in paragraphs 15 and 16 of Section 4.2 of the Constitution.

5.5 To avoid duplication of paperwork the Member Panel on the Constitution agreed that the Authority's Notification of Decisions would include both key and non key decisions – and as such the document would form a comprehensive programme of work for the Cabinet. Key decisions are highlighted in bold.

6. Appendices Attached

'A' - Notification of Decisions

7. Background Papers

None.

NOTIFICATION OF DECISIONS

1 APRIL 2014 TO 30 JUNE 2014

SLOUGH BOROUGH COUNCIL

NOTIFICATION OF DECISIONS

Slough Borough Council has a decision making process involving an Executive (Cabinet) and a Scrutiny Function.

As part of the process, the Council will publish a Notification of Decisions which sets out the decisions which the Cabinet intends to take over the following 3 months. The Notice includes both Key and non Key decisions. Key decisions are those which are financially significant or have a significant impact on 2 or more Wards in the Town. This Notice supersedes all previous editions.

Whilst the majority of the Cabinet's business at the meetings listed in this document will be open to the public and media organisations to attend, there will inevitably be some business to be considered that contains, for example, confidential, commercially sensitive or personal information.

This is formal notice under The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the Cabinet meetings listed in this Notice will/may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it.

¹ This document provides a summary of the reason why a matter is likely to be considered in private / Part II. The full reasons are listed alongside the report on the Council's website.

² If you have any queries, or wish to make any representations in relation to the meeting being held in private for the consideration of the Part II items, please email catherine.meek@slough.gov.uk (no later than 15 calendar days before the meeting date listed).

What will you find in the Notice?

For each decision, the plan will give:

- The subject of the report.
- Who will make the decision.
- The date on which or the period in which the decision will be made.
- Contact details of the officer preparing the report.
- A list of those documents considered in the preparation of the report (if not published elsewhere).
- The likelihood the report would contain confidential or exempt information.

What is a Key Decision?

An executive decision which is likely either:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards within the borough.

Who will make the Decision?

Decisions set out in this Notice will be taken by the Cabinet, unless otherwise specified. All decisions (unless otherwise stated) included in this Notice will be taken on the basis of a written report and will be published on the Council's website before the meeting.

The members of the Cabinet are as follows:

- | | |
|---|-------------------------|
| • Leader of the Council – Finance & Strategy | Councillor Anderson |
| • Commissioner for Community & Leisure | Councillor Pantelic |
| • Commissioner for Education & Children | Councillor P K Mann |
| • Commissioner for Environment & Open Spaces | Councillor Parmar |
| • Commissioner for Neighbourhoods & Renewal (& Deputy Leader) | Councillor Swindlehurst |
| • Commissioner for Performance & Accountability | Councillor Sharif |
| • Commissioner for Social & Economic Inclusion | Councillor Munawar |

Where can you find a copy of the Notification of Decisions?

The Plan will be updated and republished monthly. A copy can be obtained from Democratic Services at St Martin's Place, 51 Bath Road on weekdays between 9.00 a.m. and 4.45 p.m., from MyCouncil, Landmark Place, High Street, or Tel: (01753) 875120, email: catherine.meek@slough.gov.uk. Copies will be available in the Borough's libraries and a copy will be published on Slough Borough Council's Website.

How can you have your say on Cabinet reports?

Each Report has a contact officer. If you want to comment or make representations, notify the contact officer before the deadline given.

What about the Papers considered when the decision is made?

Reports relied on to make key decisions will be available before the meeting on the Council's website or are available from Democratic Services.

Can you attend the meeting at which the decision will be taken?

Where decisions are made by the Cabinet, the majority of these will be made in open meetings. Some decisions have to be taken in private, where they are exempt or confidential as detailed in the Local Government Act 1972. You will be able to attend the discussions on all other decisions.

When will the decision come into force?

Implementation of decisions will be delayed for 5 working days after Members are notified of the decisions to allow Members to refer the decisions to the Overview and Scrutiny Committee, unless the decision is urgent, in which case it may be implemented immediately.

What about key decisions taken by officers?

Many of the Council's decisions are taken by officers under delegated authority. Key decisions will be listed with those to be taken by the Cabinet. Key and Significant Decisions taken under delegated authority are reported monthly and published on the Council's website.

Are there exceptions to the above arrangements?

There will be occasions when it will not be possible to include a decision/report in this Notice. If a key decision is not in this Notice but cannot be delayed until the next Notice is published, it can still be taken if:

- The Head of Democratic Services has informed the Chair of the Overview and Scrutiny Committee or relevant Scrutiny Panel in writing, of the proposed decision/action. (In the absence of the above, the Mayor and Deputy Mayor will be consulted);
- Copies of the Notice have been made available to the Public; and at least 5 working days have passed since public notice was given.
- If the decision is too urgent to comply with the above requirement, the agreement of the Chair of the Overview and Scrutiny Committee has been obtained that the decision cannot be reasonably deferred.
- If the decision needs to be taken in the private part of a meeting (Part II) and Notice of this has not been published, the Head of Democratic Services will seek permission from the Chair of Overview & Scrutiny, and publish a Notice setting out how representations can be made in relation to the intention to consider the matter in Part II of the agenda.

For further information, contact Democratic Services as detailed above.

Cabinet - 14th April 2014

Item	Portfolio	Ward	Priority	Contact Officer	Other Committee	Background Documents	New Item	Likely to be Part II
<p><u>Trelawney Avenue Redevelopment Plan</u></p> <p>To provide an update on the Trelawney Avenue Redevelopment Plan. The objective of the plan is to establish a local strategy to make effective use of Housing Revenue Account land and assets to improve housing choice, enhance the amenity of the area and improve accessibility to key services.</p>	N&R	Kedermister	All	Stephen Gibson, Interim Head of Asset Management Tel: 01753 875852	-	None		
<p><u>Corporate Plan 2014/15</u></p> <p>To agree the Council's Corporate Plan for 2014/15, which sets out the Council's objectives and key work areas over the forthcoming year.</p>	F&S	All	All	Amanda Renn, Policy Officer Tel: 01753 875560	Overview & Scrutiny Committee, 8th April 2014	None		
<p><u>Joint Commissioning Carers Strategy</u></p> <p>The purpose of the report is to provide Cabinet with the opportunity to review and comment on the draft refreshed Joint Carers Commissioning Strategy for Slough Borough Council (SBC) and Slough Clinical Commissioning Group (CCG). This outlines key local priorities in order to improve outcomes for carers as well as outline how resources will be allocated.</p>	H&W	All	All	Alan Sinclair, Assistant Director, Adult Social Care Tel: (01753) 875752	Health Scrutiny Panel, 13th January 2014	None		

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Bold – Key Decision Non-Bold – Non-Key Decision *Italics* – Performance/Monitoring Report

<u>Better Care Fund Delivery Plan</u> To consider a report on the Better Care Fund Delivery Plan which sets out how health and social care services in Slough will be better integrated.	H&W	All	All	Alan Sinclair, Assistant Director, Adult Social Care Tel: (01753) 875752	Health Scrutiny Panel 13th January 2014 SWB, 29th January and 26th March 2014	None	
<u>Future Use of Gurney House</u> To consider a report on the outcomes of the Options Appraisal following the Cabinet decisions taken in October 2013 and February 2014.	N&R	Upton	All	Neil Aves, Assistant Director of Housing Tel: (01753) 875527	-	None	Yes, p3 LGA
<u>SRP Partnership Business Plan</u> To consider a report seeking agreement of the Slough Regeneration Partnership (SRP) Partnership Business Plan.	N&R	All	All	Sarah Richards, Strategic Director, Regeneration, Housing and Resources Tel: 01753 875301	-	None	
<u>Contracts over £250k</u> To report those contracts in excess of £250k likely to be awarded in 2014/15.	F&S	All	All	Catherine Meek, Head of Democratic Services Tel: 01753 875011	-	None	
<u>References from Overview & Scrutiny</u> <i>To consider any recommendations from the Overview & Scrutiny Committee and Scrutiny Panels.</i>	P&A	All	-	Shabana Kauser, Senior Democratic Services Officer Tel: 01753 787503	-	None	
<u>Notification of Forthcoming Decisions</u> <i>To present to Cabinet the latest published Notification of Decisions.</i>	F&S	All	-	Catherine Meek, Head of Democratic Services Tel: 01753 875011	-	None	

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Italics – Performance/Monitoring Report

Cabinet - 23rd June 2014

Item	Port- folio	Ward	Priority	Contact Officer	Other Committee	Background Documents	New Item	Likely to be Part II
<p><u>Simplified Planning Zone 2014-24</u></p> <p>Approval for adoption of the Simplified Planning Zone for Slough Trading Estate. This grants planning permission in advance for a range of uses including data centres, warehouses and industrial units. This excludes offices, major retail development and the Power Station on the Trading Estate. This will run for a 10 year period from 2014-2024. This is an important tool for attracting inward investment.</p>	N&R	Baylis & Stoke; Farnham ; Haymill	Economy & Skills	Paul Stimpson, Strategic Lead Planning Policy & Projects Tel: (01753) 875820	Planning Committee	Simplified Planning Zone 2004-14 The Core Strategy DPD 2008 Site Allocations DPD (SSA4)		
<p><u>Provisional Financial and Performance Outturn Report: 2013-14 Financial Year</u></p> <p>To provide Members with the provisional financial outturn information for the 2013-14 financial year and summarise the Council's performance against the balanced scorecard indicators and 'Gold' projects.</p>	F&S	All	All	Joseph Holmes, Assistant Director, Finance & Audit Tel: 01753 875358	-	None	√	
<p><u>References from Overview & Scrutiny</u></p> <p><i>To consider any recommendations from the Overview & Scrutiny Committee and Scrutiny Panels.</i></p>	P&A	All	-	Shabana Kauser, Senior Democratic Services Officer Tel: 01753 787503	-	None	√	

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Item	Port-folio	Ward	Priority	Contact Officer	Other Committee	Background Documents	New Item	Likely to be Part II
<p><u>Notification of Forthcoming Decisions</u></p> <p><i>To present to Cabinet the latest published Notification of Decisions.</i></p>	F&S	All	-	Catherine Meek, Head of Democratic Services Tel: 01753 875011	-	None	√	