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Date of issue: Friday, 3 January 2014

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| **MEETING:** | **HEALTH SCRUTINY PANEL**<br>(Councillors S K Dhaliwal (Chair), Chohan, Davis, Grewal, Mittal, Plimmer, Sandhu, Small and Strutton)<br><br>**NON-VOTING CO-OPTED MEMBER**<br>Slough LINk representative |
| **DATE AND TIME:** | MONDAY, 13TH JANUARY, 2014 AT 6.30 PM |
| **VENUE:** | MEETING ROOM 3, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP |
| **DEMOCRATIC SERVICES OFFICER:**<br>**(for all enquiries)** | GREG O'BRIEN<br><br>01753 875013 |

NOTICE OF MEETING

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

**RUTH BAGLEY**
Chief Executive

**AGENDA**

**PART I**

| AGENDA ITEM | REPORT TITLE | PAGE | WARD |
|---|---|---|---|
| | Apologies for absence. | | |

sustainable forest

| AGENDA ITEM | REPORT TITLE | PAGE | WARD |
|---|---|---|---|
| | **CONSTITUTIONAL MATTERS** | | |
| 1. | Declarations of Interest<br><br>*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.*<br><br>*The Chair will ask Members to confirm that they do not have a declarable interest.*<br><br>*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 Last Meeting held on 21st November 2013 | 1 - 6 | |
| | **SCRUTINY ISSUES** | | |
| 3. | Member Questions<br><br>*(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).* | | |
| 4. | Care Bill 2013-14 and Better Care Fund | 7 - 30 | |
| 5. | Carers Caring for Others - Slough's Joint Commissioning Strategy Refresh 2014-17 | 31 - 112 | |
| 6. | Tuberculosis (TB) in Slough | 113 - 126 | |
| | **FOR INFORMATION ITEMS** | | |
| 7. | Berkshire Health Clinical Services Reconfiguration - Progress with Mental Health In-patient Services Transfer | 127 - 134 | |
| 8. | Accident & Emergency Review Report | 135 - 152 | |
| 9. | Forward Work Programme | 153 - 156 | |
| 10. | Attendance Record | 157 - 158 | |

| AGENDA ITEM | REPORT TITLE | PAGE | WARD |
|---|---|---|---|

11. Date of Next Meeting

6th March 2014

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Special facilities may be made available for disabled or non-English speaking persons. Please contact the Democratic Services Officer shown above for further details.

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**Health Scrutiny Panel – Meeting held on Thursday, 21st November, 2013.**

**Present:-** Councillors Strutton (Vice-Chair in the Chair), Chohan, Davis, Grewal and Plimmer

Non-Voting Co-optee – Healthwatch Slough representative, Arvind Sharma

**Apologies for Absence:-** Councillor S K Dhaliwal, Mittal and Small

**PART I**

## 31. Declarations of Interest

None.

## 32. Minutes of the Last Meeting held on 17th September 2013

**Resolved -** That the minutes of the last meeting held on 17th September 2013 be approved as a correct record.

## 33. Member Questions

There were no questions received from members.

## 34. Healthwatch Business Plan Proposals

The Committee received a presentation from Healthwatch Slough representatives about activity and progress since coming into being on 1st April 2013. As the new independent consumer champion for health and social care services, it was the aim of Healthwatch to give advice and signpost people to information to help them make choices about care and to give residents a stronger voice to influence and challenge how health and social care services are provided locally.

The Committee was advised of the make-up of the Healthwatch Board that had been appointed and the staff engaged. A good deal of work had been done to set up the new organisation including induction training, establishing robust terms of reference and effective governance, engaging in the regional partnership with neighbouring Healthwatch organisations and developing a strategy on how to become Slough's independent consumer champion. Meetings had been held with all the key providers and projects had commenced on mapping access to GP appointments in Slough, sensory needs and Wexham Park Hospital.

The following points arose from discussion and questions from members:

- The Panel was disappointed to note that no detailed work on a business plan for Healthwatch Slough had been undertaken. The aim was to finalise the business plan early in the financial year 2014/15.
- The interim action plan for the remainder of 2013/14 included for the recruitment of Community Champions, a formal launch of Healthwatch Slough (for which advice and assistance from the Council's Communications team was offered), appointment of lay members and establishing and sharing key priorities.
- The number of complaints received to date was low, which may be due to the slow start-up. Experience showed that contacts or expressions of concern about issues did not always reach the status of a complaint unless the complainant could be supported and assisted in articulating their complaint. Some complaints were simply signposted to the relevant care service to deal with directly.
- A total of 21 complaints had been received about Wexham Park Hospital on issues such as cancelled appointments, dignity or privacy in relation to the care received, delays in diagnosis etc. These were all areas that Healthwatch was keen to follow up and seek positive outcomes.
- There had been delays in finalising the contract between Healthwatch and the Council but it was hoped this would be signed shortly.
- It would be useful for the Council to have regular reports from Healthwatch covering the main areas of complaints submitted, the findings from any recent reports/investigations, areas where difficulties had occurred, and details of current workstreams and projects to be undertaken.

**Resolved –**

(a) That the Healthwatch representatives be thanked for their presentation.

(b) That Healthwatch be requested to report to the Panel with their business plan early in 2014/15.

## 35. Dementia Care Strategy: A Progress Update

Consideration was given to a report on the implementation of the Dementia Strategy for Slough. This was being taken forward in the context of the National Dementia Strategy 2009-2014, the Prime Ministers Dementia Challenge 2012 and the drive to improve dementia care services.

During 2012, an exercise was undertaken to compare Slough's performance against each of the 17 National Dementia Strategy objectives. This highlighted a number of achievements but also identified areas for further action, resulting in the following developments:

- The diagnosis and treatment pathway had now been refreshed, and contained steps for primary care screening, referrals as appropriate through to carer assessment and support.
- Current data projections suggested that the diagnosis rate for dementia in Slough was around 36%, leaving a total of approximately 570 undiagnosed Slough residents. Work was being done to make GP

dementia registers more accurate, Slough CCG had invested to increase capacity in memory services, and a new updated system of recording coming into effect from January 2014 was expected to show a considerably improved diagnosis rate.

- Numbers of people with dementia from BAME groups were expected to rise faster than the rest of the population although this was not borne out by figures for Slough. The mental health service was due to employ a BAME Support Worker as a pilot project to investigate this.
- Because people with a learning disability who had a particular risk of developing dementia were not being identified, a streamlined pathway had been created to access diagnosis and treatment and a local database established for those at risk.
- Information, advice and support for service users and carers was being improved through the appointment of a Dementia advisor (who helped to ease the stress of diagnosis and signpost appropriate support) and the development of a Dementia Directory, a comprehensive web based directory of useful information.
- Using Dementia Challenge funding, dementia awareness training was to be delivered to 100 local businesses and services (including some of the Council's public facing services) to raise awareness, challenge stigma and encourage local organisations to do all they can to make services 'dementia friendly'.
- To meet deficiencies, the Council was developing an Extra Care Housing strategy and promoting access to assistive technology (telecare) to enable older people (including those with dementia) to stay in their own homes longer.

Arising from questions and discussion, the Panel recognised that making it easy for people to find information about and access to the services available was a challenge. It was important to use a range of media and provide a spread of information suitable for people at different stages of their condition. The real benefit of more Extra Care housing was noted: the aim was to provide two more schemes to add to the two existing successful developments, but this was dependent on identifying suitable sites and development funding. It was necessary to continue to work on getting a more accurate picture of the numbers of dementia sufferers in the town and their needs in order that services could be designed and provided in the most effective way.

**Resolved -** That the report be noted.

## 36. Healthy Lives, Healthy People, Healthy Slough - Public Health Strategy

The Panel considered a report outlining the strategic themes and objectives contained in the Public Health Strategy 2013 – 16, including a draft of the document which had been titled "Healthy Lives, Healthy People, Healthy Slough".

The strategy had been based on the priorities in the 2011-12 JSNA, reviewed and signed off by the Health Priority Development group, and concentrated on

issues not covered by other strategies of the Council. All the key objectives of the strategy supported the main aim which was to improve health and wellbeing outcomes and reduce inequalities. There were four themes to the strategy: prevention, early intervention, targeted provision and the reduction of unnecessary demand on local health and wellbeing services. It was proposed to measure outcomes of the Public Health Strategy by reference to national and local indicators related to the actions proposed under each theme.

A number of points arose from answer to questions and discussion at the meeting. Tuberculosis rates in Slough were higher than the national average reflecting the highly diverse population from countries in which TB was endemic. Approximately one third of the population is estimated to have latent TB and were liable to suffer a re-activation of the disease (which takes a long time to treat requiring a mixture of antibiotics). Immunisation of infants was a priority. Reducing the numbers of people smoking and consuming harmful tobacco products was a key objective. In some communities chewing tobacco was traditional and the importance of education about its harmful effects was stressed. The Panel was impressed by the range of advice available and programmes on offer for the promotion of healthy eating. Further details were given of the courses available, certificates provided and the programmes also arranged in Children's Centres.

In answer to a question about the issue of female genital mutilation (FGM), members were referred to information provided to a recent meeting of the Education and Children's Services Scrutiny Panel regarding the level of understanding amongst the council and its partners of the practice, the risk associated with FGM in Slough, and the safeguarding measures in place in Slough to tackle the issue. A question was also raised about the adequacy of care in the community provision for mental health sufferers. In particular, some concerns had been voiced about cross-border issues resulting in a patchy service. Further information/details on both these issues would be circulated to Panel members following the meeting.

**Resolved -**

(a) That the report be noted.

(b) That subject to careful proof-reading and minor corrections, a final version of the Public Health Strategy be approved and used to accompany the JSNA consultation in 2014.

## 37. Forward Work Programme

The Panel considered the work programme for the remainder of the 2013/14 year.

With reference to the agenda for the 13th January 2014 meeting, it was noted that the report on the Autism Strategy would be deferred to a later date and the report on the Mental Health In-patient Services Transfer would be for information only. If there were queries raised on the latter, Berkshire Healthcare would be invited to respond at a future meeting. An additional

meeting of the Panel was proposed for 6th March 2014 to consider the Public Health Commissioning Strategy and CCG Commissioning Plans.

An item to consider the Healthwatch Slough business plan would be inserted early in the 2014/15 work programme.

**Resolved -** That the work programme, as amended, be agreed.

**38. Attendance Record**

**Resolved -** That the attendance record be noted.

**39. Future Meetings**

**Resolved -** That the date of the next meeting be confirmed as 13th January 2014 and the date of the additional meeting be confirmed as 6th March 2014.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.50 pm)

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel

**DATE:** 13th January 2014

**CONTACT OFFICER:** Alan Sinclair, Assistant Director Adult Social Care, Commissioning and Partnerships

**(For all enquiries)** (01753) 875752

**WARD(S):** All

**PORTFOLIO:** Cllr James Walsh

**PART I**
**CONSIDERATION & COMMENT**

## THE CARE BILL 2013 – 14 AND BETTER CARE FUND

### 1 Purpose of Report

1.1. There are two items for Members; a report on the Care Bill 2013 -14 and its progress for consideration and comment and a report on the Better Care Fund (BCF) for information (attached at part A and part B respectively).

1.2. The purpose of the report on the Care Bill 2013 - 14 is to provide Health Scrutiny Panel Members with an update on the progress of the Care Bill 2013 – 14, give an overview of the wide ranging provisions contained in the latest draft of the Bill, and to summarise key aspects of the Care Bill 2013 – 14 and their implications for Slough Borough Council.

1.3. The purpose of the report on the BCF is to introduce Members to the BCF and give an update on the progress made so far by Adult Social Care (ASC) and Slough Clinical Commissioning Group (CCG) in aligning this funding.

1.4. Members are asked to note that the Care Bill 2013 – 14 and BCF are related in that the funding of the Care Bill will form part of the responsibilities of the BCF. Reference and further detail with regard to this link has been made throughout the report.

### 2 Recommendation

2.1 To note the report and the appendices setting out the implications for the Council of the Care Bill, the actions taken so far, and the lead officers that will be responsible for implementing the legislation; and to invite Members to give their views to help inform future development of the Council's approach.
2.2 Note the background to the BCF and current and future planned activity.
2.3 Note the sign off timetable for the BCF plan.

### 3 Slough Joint Wellbeing Strategy Priorities

The actions the local authority will take to address the requirements of the Care Bill 2013 - 14 and 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 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.

## 4 Joint Strategic Needs Assessment (JSNA)

The following key facts and figures have been taken from the JSNA 2013 relevant to this report. The aim of the local authority will be to address the potential needs identified from the JSNA through the enactment of the Care Bill 2013 - 14.

**Residential and Nursing Care Provision**

- The 2012 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 needs to consider alternative models of care and support.

**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 Director's 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.

**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. (Please see Appendix 1 for more information)

The BCF report addresses therefore a range of activities which focus on diversion from A&E and increasing community based support services. These services improve health and wellbeing outcomes for people in Slough. The services address key priorities listed above in the JSNA through addressing cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion.

## 5 Other Implications

(a) Financial

None arising from this report. A number of the provisions of the Care Bill 2013 – 14 could have significant financial implications for the Council and for the Medium Term Financial Strategy (MTFS). More detail on the resource implications for the Council of implementing the provisions of the Bill will be identified and advised to Cabinet when the Bill is enacted.

The funding associated with the activity contained within appendix 1, with regard to the BCF, is met entirely through a specific funding stream. If further CCG or SBC funding is agreed to be part of the BCF then this would also form part of the S75.

(b) Risk Management

The purpose of the report is to help ensure that the necessary action is being taken to prepare the Council for the implementation of the Care Bill 2013 - 14 when it becomes law and when the BCF is implemented. The risk to the Council in not keeping up to date on the progress of the Bill or BCF is that the Council may fail to properly implement the provisions of the Bill when it is enacted or when the BCF is implemented.

(c) Human Rights Act and Other Legal Implications

These implications will be clarified when the Bill is enacted and the Better Care Fund is developed.

(d) Equalities Impact Assessment

The equalities implications of any changes required as a result of the Bill enacted and the Better Care Fund will be reported as they are assessed and an impact assessment will be completed for both.

(e) Workforce

There are no immediate implications but these may arise at a later stage especially as options for integration are developed as part of the Better Care Fund work.

6 **Supporting Information**

Please see part A and part B.

7 **Comments of Other Committees**

None.

8 **Conclusion**

The aim of the report on the Bill is to ask Health Scrutiny Panel Members to consider and comment on the Care Bill 2013-14 and its implications for local authorities and that the Care Bill 2013 – 14 and BCF are related in that the funding of the Care Bill will form part of the responsibilities of the BCF.

Members are asked to note the BCF report and the following: as a minimum we will need to include the funding that has been identified for Slough in our plans for the BCF. But as part of work over the coming months we are looking at what other funding and services beyond the minimum we can include that will lead to increased benefits for SBC and the Slough CCG in using our funding in the best way possible and also improving health and social care outcomes.

9 **Appendices attached**

'1' - Slough Section 256 2013/14 agreement

10 **Background Papers**

‘1’ - The Care Bill; reforming care and support, department of health, ADASS South East TASCK Network, 30th October 2013

‘2’ - Delivering better services for people with long-term conditions – Building the house of care, The Kings Fund

‘3’ - Co-ordinated care for people with complex chronic conditions

‘4’ - The Care Bill explained; including a response to consultation and pre-legislative scrutiny on the Draft care and Support Bill, presented to Parliament by the Secretary of State for health by Command of Her majesty, May 2013

‘5’ - Next Steps on implementing the Integration Transformation Fund (LGA and NHS England).

‘6’ - Planning for a sustainable NHS: responding to the ‘call to action’ (NHS England).

‘7’ - Integrated Care and Support: Our Shared Commitment (DoH)

‘8’ - http://www.local.gov.uk/care-support-reform

‘9’ - http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE

**Part A**

## THE CARE BILL 2013 – 14

### Background

1. The Care Bill 2013 – 14 received its first reading in the House of Lords on 9 May 2013, and published on 10 May 2013. Parts 1 and 3 of the Bill were subject to a detailed process of public consultation, engagement and pre-legislative scrutiny which resulted in the 1st draft of the Bill. A 3rd Reading of the Bill in the House of Lords (i.e. the final chance for the Lords to change the Bill) took place on 29th October 2013. Subsequent to this, the Bill had its 1st Reading in the House of Commons on the 30th October 2013 and its 2nd Reading on the 16th December where MPs debated the main principles of the Bill. The next event in the Bill's timetable is the Committee stage where a detailed examination of the Bill will take place. This will take place on the 9th January 2014. It should be noted that the practical detail on how the Government's proposals are intended to work, will become clearer in the secondary legislation and subsequently, the statutory guidance. This will be required to enable the Council to fully assess the impact of the Government's proposals and plan ahead.

2. It is anticipated that the Bill will become law sometime in 2014, with the expectation then that the new legal framework will come into effect in April 2015. There is provision in the Bill for 20 to 30 sets of regulations for which new statutory guidance will be required. Draft regulations and guidance for these regulations will be published in May 2014 with the aim to publish the final regulations and guidance in October 2014 for local authorities to implement by April 2015.

### Proposals and details

3 The Coalition Government's aim for the Bill is to reform the law relating to care and support for adults and the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect, to make provision about care standards, to establish and make provision about Health Education England, to establish and make provision about the Health Research Authority. The Bill is divided into three parts as follows:

- Part 1 - Care and Support

Part1 of the Bill and also the one most relevant for local authorities focuses on the following:

- Bring care and support law into one statute.
- Is built around people and outcomes that matter to them.
- Clarifies entitlements to care and support.
- Provides for the development of national eligibility criteria.
- Puts carers on the same legal footing as the person they are caring for.
- Reforms how care and support is funded and creates a cap on care costs
- Re-focuses care and support by promoting wellbeing and preventing / delaying needs to reduce dependency instead of only intervening at crisis point.
- Provides new guarantees and reassurance for people needing care, to support them to move between areas and have the care that they need.
- Simplifies the care and support system and processes to provide local authorities and care professionals the freedom and flexibility to integrate with other local services.

- Part 2 - Care Standards

This is focused on delivering elements of the Governments response to the findings of the Francis Inquiry such as:

  - Care Quality Commission (CQC) to develop a system of performance review and assessments.
  - Powers to allow the Chief Inspector of Hospitals to instigate a new failure regime.
  - More transparency and accountability about the information providers produce about their own performance and outcomes.

- Part 3 - Health Education England (HEE) and the Health Research Authority (HRA)

This allows for the establishment of the HEE and HRA as a non-departmental public body (NDPB) to provide independence to enable local healthcare providers and professionals to plan and commission education and training and enable the protection and promotion of patient and public interests in health and social care research respectively.

The June Spending Round announced £335 million for local authorities in 2015 to support this reform. The funding is to help councils to prepare for reforms to the system of social care funding, including the introduction of a cap on people's care costs from April 2016, and a universal offer of deferred payment agreements from April 2015. This will mean that no-one will be forced to sell their home in their lifetime to pay for residential care.

The £335 million covers:

- £145 million for early assessments and reviews.
- £110 million for deferred payment (cost of administering the loans and the loans themselves).
- £20 million for capacity building including recruitment and training of staff.
- £10 million for an information campaign.
- £50 million for capital investment, including IT systems (which sits in the Better Care Fund).
- The Department for Health has also identified £130 million of other costs for 2015 / 16 relating to issues such as: putting carers on a par with users for assessment; implementing statutory Safeguarding Adults Boards; and setting national eligibility. The Department's position is that the Spending Round allocated funding to cover these costs as part of the Better Care Fund.

**Key areas of the Bill for Councils**

4 Part 1 of the Care Bill 2013 – 2014, focuses on care and support, details the responsibilities of local authorities and sets out the legal duties and powers. The Bill provides for a new capped costs system for funding care and support, based on the recommendations of the Dilnot commission and simplifies and clarifies over 60 years of legislation following a three year review by the law commission. The Bill will put carers on the same footing as those they care for and create a focus on preventing and delaying needs for care and support instead of intervening only at crisis point. Personal budgets will also be incorporated in legislation whereby people who are carers will be able to receive direct payments if they choose.

Part 1 of the Bill is organised into 11 topics as follows:

- **General responsibilities of local authorities** (Clause 1 - 7):

Sets out that the wellbeing principle underpinning the legal framework of the Bill and highlight the universal obligations towards local people focussing on; arranging services or facilities that prevent, reduce / delay needs for care and support, provision of information

and advice, promotion of diversity and quality in the market of providers. They also state the requirement to cooperate with other public authorities and a duty to promote integration with the NHS and other public services.

**Implications for Slough**:
The focus on early intervention and prevention to reduce and delay support is welcomed and SBC is currently reviewing its range of commissioned services to ensure that this is the focus of all services.

- **Assessment and eligibility** (Clause 8 - 13):

Focus on the single duty for assessment of people who may use services and expand on the duty to assess the needs of carers on the same basis as those they care for with an emphasis on outcomes i.e. whether the carer wishes to work as well as willing and able to care. The clauses place the eligibility framework in law, allowing regulations to establish a national minimum threshold for what needs are 'eligible' for local authority support. They also discuss the regulations to be drafted following the Spending Round to provide for a national eligibility threshold.

  - Clause 12, which also applies to carers, allows for regulations to specify further detail about the assessment process, including requiring the assessment to be appropriate and proportionate, specialist assessments, self-assessment, and considering the needs of the whole family. Regulations may also specify when a local authority should refer a person for assessment by the NHS when they believe that the person has NHS continuing healthcare needs.

  - Regulations will replace existing Directions in relation to assessment, with additional detail to provide further clarity on a number of issues, based on existing practice.

  - The clause requires local authorities to determine whether a person has eligible needs after they have carried out a needs assessment or a carer's assessment. It provides for regulations which will set out the eligibility criteria, including the minimum level of eligibility at which local authorities must meet a person's care and support needs.

  - The duty to determine eligible needs replaces an existing requirement to do so, following the assessment. The description of eligible needs within regulations will create a national minimum threshold, which replaces existing local thresholds and current statutory guidance.

**Implications for Slough**:
The clarity on assessment and eligibility for service is welcomed. The impact for Slough is not known yet and we await further guidance.

- **Charging and the cap on care costs** (Clause 14 - 17)

Explains powers for local authorities to charge for care and support for which regulations will specify certain services which will need to be provided free. They provide a clearer statement around carers, that they cannot be charged for any support provided directly to the person they care for. These clauses state the cap on care costs which an adult will pay in their lifetime to meet their eligible needs. There will be different levels of the cap for different ages and a process for indexing the level of the cap over time. They highlight the requirements for financial assessments to determine how much the person pays for care and support including paying for daily living costs when in a care home.

The most relevant changes include the following:

- Introduction of a cap on costs of meeting eligible needs for care and support (to be set at £72,000 for those of state pension age and above when it is introduced) including independent personal budgets and care accounts. The cap will be adjusted annually, as will the amount people have accrued towards the cap.

- No contribution expected for young people entering adulthood with an eligible care need.

- Lower cap for adults of working age (level to be determined).

- Increase in capital thresholds / extension to the means test providing more support to people with modest wealth.

- New legal basis for charging covering both residential and non-residential care.

- Consistent approach towards calculating a contribution towards living costs for people in residential care.

- New framework for eligibility with threshold to be set nationally (to be implemented in April 2015).

**Implications for Slough**:

- Financial and IT systems to establish and monitor care accounts.
- Arrangements for assessments for all self-funders who ask for a care account.
- The financial implications of the implementation of a care cap for Slough is not known yet and we await further guidance and analysis.
- There is provision for financial support to assist with setting up and other costs but it is highly likely that this will not be sufficient. Further work will need to be undertaken once the final details of the statutory guidance are known.

- **Meeting needs** (Clause 18 -23)

Sets out the entitlement to care and support based on eligible needs, ordinary residence and where relevant, the outcome of the financial assessment. The clauses discuss a new right to request the local authority's support for self-funders with eligible needs. The Bill includes the first right to support for carers on a par with the people they care for and wider powers for local authorities to meet needs in other circumstances. These clauses also highlight where the local authority may not meet needs, thus forming the boundary with the NHS, housing and other public services.

- Clause 20 establishes a legal obligation to meet a carer's needs for support, on a similar basis to those needing care in clause 18. The key conditions for a carer's entitlement is that they have assessed eligible needs for care and support and that the person for whom they care is ordinarily resident in the local authority area (or present there but of no settled residence).

- The duty to meet a carer's needs is a new entitlement to support for carers. This replaces the existing discretionary power for local authorities to provide services to carers, with a requirement based on meeting eligible needs. This will have a substantial impact on local authorities, which will vary based on their current arrangements for carers.

**Implications for Slough**:
SBC welcomes clarity in this area. A further right for carers is welcome but the demand for support may well be greater than the additional funding that local authorities will receive to meet this need. This will need to be monitored after implementation of this part of the Bill.

- **Care and support planning** (Clause 24 – 33)

Explain how to decide how needs should be met; provide entitlement to a care and support plan and requirement that local authority must assist the person in deciding how to meet their needs and that they have a right to a personal budget as part of the plan, right to a direct payment to meet some / all needs in the plan. Local authorities are also required to provide an independent personal budget to record care costs for those with eligible needs and want to arrange care with local authority support. However the local authority will have a duty to provide a care account for those with eligible need/s to record care costs and progress towards the cap. There will also be new duties to review care plans and Integrated Personal Budgets (IPBs) as well as duties to provide information and advice on meeting / preventing needs to those not entitled to support.

- Clause 28 establishes the concept of Independent Personal Budgets for adults who have eligible needs, and who choose not to have those needs met by their local authority. The independent budget is a statement recording how much of the adult's spending on care will count towards the cap.

- Both clause 28 and 29 are new provisions, which support funding reform and the capped costs system.

**Implications for Slough**:
SBC already operates a good support planning function and promoting of personal budgets and direct payments. A system to record independent personal budgets and costs towards the care cap will need to be developed.

- **Deferred payment agreements** (Clause 34 – 36)

Will allow powers for local authorities to offer deferred payment agreements for those with specific needs / circumstances to implement a universal deferred payments scheme to ensure people would not have to sell their homes to pay for residential care. The local authority will have the ability to specify conditions of the agreement and, for example, how the debt is secured, duration of agreement and information provided as well as ability to charge interest and administrative fees to ensure system is cot-neutral for the local authority.

- Clause 34 allows regulations to be made to state when a local authority may or must enter into a deferred payment or loan agreement which will allow people to defer paying their care fees or take out a loan to pay for care and support to avoid selling property or possessions.

- Clause 35 contains further provisions for deferred payment and loan agreements to help the authorities recover the costs involve in their provision and to ensure adequate protections for residents and their families. It includes powers to set out what administration costs and interest payments authorities can charge people, and the information or other consumer protection measures that must be provided to the resident.

- These provisions will replace the existing power to enter into deferred payment agreements (under the 2001 Act), which a requirement to enter such agreements in specified circumstances (to be set out in regulations).

**Implications for Slough**:
SBC already operates a deferred payment scheme and we will need to assess our scheme against the new regulations when these are published.

- **Moving between areas** (Clause 37 – 41)

There will be a new duty ensuring the continuity of care when moving between areas whereby the current local authority would share the care and support plan and the new local authority will review and assess care needs based on the previous care and support plan. The deeming rules will be clarified to ensure people will not be left between areas not knowing where they will be placed. A Schedule with new powers will be introduced for cross-border placements and the powers for the Secretary of State to resolve disputes between local authorities would be updated so that local authorities will be able to recoup costs from each other.

- Clause 37 sets out the duties that local authorities are under when an individual, and potentially their carer, notifies them that they intend to move from one local authority area to another.

- Clause 38 applies when the second authority has not carried out the assessment before the person moves. It requires the second authority to provide services based on the care and support plan provided by the first authority. The second authority must continue to provide this care until it has undertaken its own assessment.

- These clauses set out new legal duties, to provide for a new arrangement for notification, information-sharing and assessment, when a person moves between areas. The new duty to ensure continuity of care will impact on local authorities when a person moves to/from their area under the rules set out.

- These clauses help local authorities identify a person's ordinary residence (usually based on where they live) for the purposes of providing care and support.

- It also provides a mechanism for local authorities to reclaim money they have spent providing care and support to someone for whom they were not in fact responsible.

- The provisions in relation to ordinary residence replace the existing "deeming rules" under s.24(1) of the National Assistance Act 1948, and expand this principle to cover other forms of accommodation which are not residential care homes, as specified in the new regulations.

**Implications for Slough**:
SBC welcomes the clarity that these clauses will bring

- **Safeguarding** (Clause 42 – 48)

This set of clauses describe the first statutory framework for protecting adults from abuse and neglect; a new duty for local authorities to carry out enquiries where there is suspected abuse, requirement for areas to set up Safeguarding Adults Board. The boards would carry out safeguarding reviews, a new ability to require information sharing from other partners.

**Implications for Slough**:
SBC already has an effective Safeguarding Adults Board with an independent chair and published strategy and business plan. The Board already undertakes safeguarding reviews.

- **Market failure and oversight** (Clause 49 – 58)

These set of clauses clarify protections when a care and support provider fails as it updates the duty for local authorities to temporarily meet needs if a care provider fails which applies to all people in an area in spite of level of need. The introduction of further duties with regards to cross-border cases and for financial oversight of care providers and a new market oversight regime.

**Implications for Slough**:
This is welcomed by Slough. SBC will be publishing a market position statement soon that will set the commissioning intentions and quality standards for adult social care in Slough.

- **Transition from childhood** (Clause 59 – 67)

These are new provisions and give local authorities powers to assess young people and young carers under the adult statute, prior to their 18th birthday, powers and duties extended to young people who may need adult care support at 18, power to provide support for needs of adult carers of children. Local authorities will have a duty to assess the adult care of disabled children and no age limits to the assessment to allow for flexibility to assess whenever is best and a duty to ensure continuity of care around transition i.e. so that a young person continues to receive same service on 18th birthday if adult care and support is not ready.

**Implications for Slough**:
SBC has an effective transition strategy but this will be reviewed in the light of these new provisions.

- **Other provisions** (Clause 68 – 79)

Include duties to provide independent advocacy, restate existing powers for local authorities to recover debts, requirement for Secretary of State to carry out review of level of cap, living costs and financial limits. Amendments to provisions around after-care for mental disorder (under the Mental Health Act 1983), clarifies local authority responsibilities in relation to people, in prison, hold registers of blind and partially sighted people, and a new power for local authorities to delegate some functions to a third party whilst being responsible for duties.

  - Clause 68 and 69 place a duty on local authorities, in certain specified circumstances, to arrange an independent advocate to be available to facilitate the involvement of an adult or carer who is the subject of an assessment, care or support planning or review. This is a new duty to provide an independent advocate in specified circumstances. This reflects best practice in local authorities, but will extend practice in many areas to require the advocate to be provided.

  - Clause 78 provides for a new power for local authorities to delegate certain care and support functions to a third party. This is a new discretion for local authorities, to be determined locally. The Bill provides a power for local authorities to authorise a third party to carry out certain care and support functions.

- **Clause S1**

The clause makes provision for a person ordinarily resident in England, who has care and support needs and requires residential accommodation to meet those needs, to be provided with that accommodation in another part of the UK.

It also allows for such placements to be made in England for people who are ordinarily resident in Wales, or whose care and support is provided under the relevant Scottish or Northern Irish legislation.

It also makes similar arrangements for cross border placements not involving England i.e. Wales-Scotland, Scotland-Northern Ireland and Northern Ireland-Wales.

This Schedule sets out new arrangements in relation to placements made by local authorities in accommodation in another administration. This provides new powers to make such placements – currently, this power only extends in relation to placements made in Wales.

**Part B**

## BETTER CARE FUND

### 1. National context

1.1 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 Facilitates Grant
- £1.1 billion existing transfer from health to social care
- £1.9 billion new funding from NHS allocations, which includes £1billion performance related funding.

The funding of the Care Bill 2013 – 14 will also form part of the responsibilities of the Better Care Fund. It was announced as part of the Spending Round that the Better Care Fund would include funding for costs to councils resulting from care and support reform. This money is not ring-fenced, but local plans should show how the new duties are being met; £50m of the capital funding has been earmarked for the capital costs (including IT) associated with transition to the capped cost system, which will be implemented in April 2016; £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.

1.2 The Spending Review also agreed that £1bn of the total £3.8bn available nationally would be linked to achieving outcomes. These outcome measures are under development and are still to be determined. Current areas under consideration include measurement against:

- Delayed transfers of care;
- Emergency admissions;
- Effectiveness of re-ablement;
- Admissions to residential and nursing care;
- Patient and service user experience

1.3 The purpose of the BCF is to create a health and 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.

1.4 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.

1.5 Each upper tier Health and Wellbeing Board will be required to sign off the BCF plan for its constituent local authorities and CCGs.

1.6 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.

1.7 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 forthcoming Care Bill which focuses on integrated health and ASC services, 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.

## 2. Local Context

2.1 The initial estimate for Slough's allocation of the BCF was £7.030. After the Autumn Statement this was revised to £8.762m. This is detailed in the table below.

| | Slough 1st Est. £m | Slough Revised LA £m | Slough Revised NHS s.256 £m | Slough Revised NHS balance £m | Slough Revised £m |
|---|---|---|---|---|---|
| **Pass through** | | | | | |
| 2013/14 s256 money | 1.850 | | 1.850 | | 1.850 |
| 2015/16 Govt Transfers (capital (2/3rds of which Disabled Facilities grant)) | 0.670 | | | | 0.000 |
| 2015/16 Disabilities Facilities Grant | | 0.407 | | | 0.407 |
| 2015/16 Social Care Capital Grant | | 0.287 | | | 0.287 |
| | **2.520** | **0.694** | **1.850** | **0.000** | **2.544** |
| **Impacting CCG Budgets** | | | | | |
| 2014/15 additional social care transfer | 0.380 | | 0.430 | | 0.430 |
| Carers break funding | 0.250 | | | | 0.000 |
| Reablement funding | 0.280 | | | | 0.000 |
| Core CCG Funding | 3.600 | | | 5.706 | 5.705 |
| Difference between historic s256 and 15/16 BCF alloc | | | | 0.082 | 0.082 |
| | **4.510** | **0.000** | **0.430** | **5.788** | **6.218** |
| **Total** | **7.030** | **0.694** | **2.280** | **5.788** | **8.762** |

2.2 In 2014/15 the existing £900m s.256 transfer to Local Authorities for social care to benefit health, and the additional £200m, will be distributed using the same formula as at present and will mean £1.85m plus an additional £0.430m for Slough.

2.3 50% of the pay-for-performance element for the BCF will be paid at the beginning of 2015/16, subject to Slough Wellbeing Board adopting a plan that meets the national conditions by April 2014, and on the basis of 2014/15 performance. The remaining 50% will be paid in the second half of the year and will be based on performance against nationally and locally determined metrics. The detail of how this will work is still being agreed nationally and will include any locally agreed measures.

2.4 There are already a range of local integrated arrangements and services between SBC and Slough CCG and Berkshire Health NHS Foundation Trust (BHFT). These include:

- Joint Learning Disability Team
- Joint Mental Health Team
- Intermediate Care Services including the Recovery, Rehabilitation and Reablement service
- Integrated Care Teams pilot project (multidisciplinary teams in GP practices focussed on supporting people with long term conditions)
- Berkshire Equipment Service – where SBC hosts and manages the equipment contract on behalf of the Berkshire Unitary Authorities and the Berkshire CCG's.
- Carers services

2.5 The current Section 256 of the NHS Act 2006 memorandum of agreement for transfer of allocation for social care outlines how the majority of NHS funds are transferred to SBC and how this funding is allocated for 2013/14. The S256 is attached as appendix 1.

2.6 The East Berkshire health and social care system has also received £6.644m from NHS England to enhance capacity in the urgent and emergency care system over the 2013 winter period. In Slough (and nationally) it has been acknowledged that additional community and acute capacity for the winter period is required to ensure effective, safe, quality services for patients.

2.7 In June 2013 an Urgent Care Programme Group (with representation across CCGs, community, ambulance and unitary authority) approved an A&E Recovery and Improvement Plan to improve performance and is continuing to monitor delivery. This recovery plan set out the actions put in place to meet a key NHS Constitution requirement to ensure 95% of patients can be seen in A&E at Wexham Park within four hours over the winter period.

2.8 In July 2013 Wexham Park achieved the 95% standard for the first time since September 2012.

2.9 The Heatherwood and Wexham Park Winter Programme has a budget of £6,644,540. Projects have started across three workstreams with the following allocation of the funding;

| | | |
|---|---|---|
| W1 | Urgent Care access | £1,834,540 |
| W2 | Wexham Park patient flow | £3,470,000 |
| W3 | Supporting discharge | £1,340,000 |
| **TOTAL** | | **£6,644,540** |

2.10 The BCF task force plans to utilise the learning from the Winter Planning process and subsequent delivery and activity to support the BCF delivery plan.

## 3. Current BCF planning activity

3.1 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 CCGs and Policy Manager (Health and Social Care).

3.2 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.

3.3 A further BCF engagement workshop to be hosted by Slough Wellbeing Board is currently being planned for 24th January 2014. The aims of this workshop will be 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 will be SWB members, Lead Members and Councillors, health and ASC professionals, health and social care providers, service users and carers and voluntary and community sector organisations.

3.4 Further engagement with service users will also be carried out by utilising the Slough CCG "Call to Action" engagement events that are planned, and will be taking place across the borough.

3.5 A joint BCF project action plan and risk register is in place.

3.6 The BCF delivery plan will be finalised for the SWB on the 29th January. A copy of the BCF delivery plan template can be found at appendix 2.

3.7 The timeline for sign off and agreement of the BCF delivery plan is as follows:

| | | |
|---|---|---|
| 1 | CMT | 18th December 2013 |
| 2 | Health PDG | 9th January 2014 |
| 3 | Health Scrutiny | 13th January 2014 |
| 4 | SWB*<br>* Sign off of delivery plan | 29th January 2014 |
| 5 | Submission of initial delivery plan to NHS England | 15th February 2014 |
| 7 | Commissioners and Directors | 25th February 2014 |
| 8 | Cabinet | 14th April 2014 |

3.8 Once Sec 75 and 256 agreements are developed, further sign off will be required by the SWB, the CCG Governing Body and the SBC Cabinet.

## 4. Implications

4.1 **SBC**: The Council will be in a formal partnership with the Slough CCG and management of the funds and services will need to be managed jointly with shared risks and shared opportunities. It is planned that SBC will also be the host organisation of the S75.

An increasing number of the services that SBC commissions or delivers will be commissioned jointly or on behalf of the CGG to deliver more integrated services and supports. This will also mean that some of our current SBC staffing will be working as part of an integrated health and social care service. The HR implications are unknown at this stage as formal proposals for the format of any integrated services have not been finalised. At present SBC staff working in already integrated services are still employed by SBC but form part of a multi-disciplinary team under a partnership agreement.

4.2 **Slough CCG**: It is expected that the BCF will lead to more of the CCG's commissioned services being commissioned jointly with SBC to deliver more integrated services. It is also the intention of the BCF to support CCG's and local councils to move funding from NHS acute services to more integrated community health and social care services.

4.3 **NHS Acute Services**: The intention of the BCF is to support the CCG in transforming the way that it supports people to receive more community services and to be less reliant on acute hospital services. This will mean over the next few years a move of CCG funding from acute hospital services to community health and social care services.

4.4 **Community Services**: The BCF will lead to an increase in the volume of community services but these will need to be developed to be provided in a more integrated way.

4.5 The BCF provides 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.

Appendix 1

**Section 256 NHS MEMORANDUM OF Agreement FOR TRANSFER OF ALLOCATION FOR SOCIAL CARE for 2013/14 between NHS England (Thames Valley) and Slough Borough Council together referred to as "the Parties"**

Giving effect to a transfer of monies from NHS England to the Slough Borough Council pursuant to Section 256 of the NHS Act 2006.

## Section A: Background and Principles

1. The purpose of this Memorandum of Agreement is to provide a framework within which the Parties will enable transfers of funding pursuant to Section 256 of the NHS Act 2006 and in line with the National Health Service (Conditions relating to payments by NHS Bodies to Local Authorities) Directions 2013, to enable those funds transferred to be invested by social care for the benefit of health and to improve overall health gain.
2. Gateway reference 00186 states that NHS England will transfer £859m from the 2013/14 mandate to local authorities. The funding must be used to support adult social care services in each local authority, which also has a health benefit.
3. NHS England Thames Valley, on the recommendation of Slough clinical commissioning group and the
   Slough Wellbeing Board ("through approval of s256 paper at its meeting on 15th May and is satisfied that:
   - The transfer of this funding is consistent with their Strategic Plan that it is likely to secure a more effective use of public funds than if the funds were used for solely NHS purposes, in line with the conditions relating to Section 256 payments the Act.
   - The transfer of these funds has had regard to the Joint Strategic Needs Assessment, the draft Health and Wellbeing Strategy and the commissioning plans of both the Clinical Commissioning Group and Local Authority.
   - The funding transfer will make a positive difference to social care services, and outcomes for users, compared to service plans in the absence of a funding transfer.

## Section B: Purpose of this Memorandum of Agreement

4. This Memorandum of Understanding gives effect to those arrangements to benefit the population of Slough; through the use of these monies the partners intend to secure more efficient and effective provision of services across the health and social care interface as outlined in Schedule 1.
5. Monies defined in Section C below will be transferred to the Local Authority under Section 256 and used in accordance with the terms of this agreement. If this subsequently changes, the memorandum must be amended and re-signed, as a variation to the original.
6. This Memorandum of Understanding governs the transfer, monitoring and governance arrangements for the monies and the projects associated with delivering the objectives.

## Section C: Terms of Agreement – The sums of money

7. The money, which shall be transferred from NHS England to Social Care, is shown below:

| | **2013/14** |
|---|---|
| **Allocations for social care** | £1.84 |

8. Payments will be made quarterly based on invoices issued by the Local Authority. The invoices must quote the relevant purchase order number.

Where a payment is made under this Agreement, the Council will provide an annual voucher in the form set out in Schedule 3 to Agreement. This voucher must be authenticated and certified by the Director of Finance or responsible officer of the recipient.

Recipients must send completed vouchers to their external auditor by no later than 30th September following the end of the financial year in question and arrange for these to be certified and submitted to the paying authority by no later than 31st December of that year. A Certificate of Independent Auditor opinion is set out in Schedule 3 to the Agreement.

**Section D: Terms of Agreement – The uses of money**

9. Uses of this funding will be as follows and will be subject to review as part of the joint governance arrangements set out in Section E below:

Table 1:

| Detail | Budget Allocated £s | Actual spend £s |
|---|---|---|
| **Enhanced Intermediate Care & End of Life Care**<br>Intermediate Care Services provide an outcome focused Intermediate Care/ Reablement programme for people who are referred by Hospitals, GPs, community health providers or social care services.<br><br>An End of Life Care service is provided for people who have a life expectancy of less than 6 weeks and who wish to spend their last days at home. | 624,760 | 624,760 |
| **Telecare Equipment & Careline**<br>The increase in reablement (Intermediate Care) is supported by the use of equipment, telecare and monitoring approaches to promoting independence and security including the provision of preventative pendant alarms. The funding will meet set up and expansion costs. | 47,676 | 27,676 |
| **Nursing Home Placements**<br>The profile of nursing home placements over the past 12 months show an increase in the number of placements and a reduced the length of stay in hospital this has been an increased budget pressure on the council. Funds are required to meet this ongoing demand for nursing home placements. During 2009/10 there were 40 Nursing placements, in 2010/11 there were 62 placements showing an increase of 55% the overall spend was 1.2 million. | 200,000 | 200,000 |
| **Reablement**<br>Provides intensive support to either prevent people from being admitted into hospital or for people leaving hospital to minimise the chances of re-admission, and is available to all adults who refer to adult social care | 436,800 | 436,800 |

| | | |
|---|---|---|
| services and meet adult social care eligibility criteria. The aim of this service is very similar to intermediate care. That is support to increase users' levels of independence and improve quality of life, while at the same time seeking to reduce the need for ongoing support. | | |
| **Project management & Support**<br>This funding has supported the commissioning and contracting activity involved in supporting the resource deployment. | 60,000 | 30,000 |
| **Total** | **1,369,236** | **1,319,236** |

**Part 2**

**The Additional 2013/2014 fund allocation is presented below:**
Table 2

| Details of scheme to be funded | LA (£) | Actual spend £ | Outcome |
|---|---|---|---|
| Increased funding for joint equipment | 20,000 | 10,000 | Prevention of DToC and admission avoidance |
| Increased social care packages as a result of the integrated care teams implementation | 20,000 | 20,000 | Avoidance of pressure on social care budgets |
| Additional Capacity for end of life care and extending beyond 6 weeks | 80,000 | 80,000 | Capacity to meet demand |
| Domiciliary care to prior to reablement to expedite discharge and avoidance | 30,000 | 30,000 | Timely discharge and prevent admissions |
| 2 extra Reablement Assistants to enhance the current cluster model | 40,000 | 40,000 | Avoiding admission to acute hospital |
| Additional therapist and social work capacity (Cluster model) | 50,000 | 50,000 | Facilitating earlier discharge and avoidance |
| 5 further nursing placements due to increased pressure as discussed in Para 27 | 200,000 | 200,000 | Maintain current performance - Meeting additional demand |
| Health investment/integration project officer **(alternative funding for year 1)** | 50,000 | 25,000 | Provide governance and integration support |
| Telecare responder service | 20,000 | 10,000 | Component missing from telecare/health take up |
| Telecare/health project lead (1 yr) | 50,000 | 50,000 | To ensure operational implementation and links to telehealth |
| **£530,000** | **£560,000** | £ 515,000 | (-£50k year 1) |
| **Total projected spend for 2013/14 table 1 & 2** | | £ 1,834,236 | |

**Section E: Terms of Agreement - Governance, Reporting and Monitoring**

10. In Slough Borough Council the Agreement shall be held by Director of Wellbeing and appointed nominees to manage, monitor and deliver.

11. In NHS England, the Agreement shall be held by the NHS England (Thames Valley) Director and appointed nominees to manage, monitor and deliver NHS interests.

12. In Slough CCG the appointed nominee for governance and monitoring purposes will be the Head of Operations.

13. The Slough integrated care governance group shall monitor and review the programme of work monthly and ensure corrective action where required. At least one officer of the CCG shall be a member of this Board. Slough Wellbeing board will receive quarterly reports on the progress of the programme of work from the Integrated Commissioning Board and ensure the programme supports the delivery of the Health and Wellbeing Strategy and Joint Strategic Needs Assessment. NHS England will be represented on the Slough Wellbeing Board. The Wellbeing Board will review the annual expenditure of the allocation.

14. Any under spend on the transfer money will be discussed by Slough Borough council and Slough CCG via the Integrated care governance group and agreement reached as to how the underspend should be dealt with. This may include retention of the under spend with Slough Borough Council for use on additional activity for the benefit of health or an alternative arrangement.

15. The Council will report expenditure plans on a monthly basis to NHS England (Thames Valley) categorised into the following service areas (Table 1) as agreed with the Department of Health.

Table 3

| **Analysis of the adult social care funding in 2013-14 for transfer to local authorities** |
|---|
| ***Service Areas- 'Purchase of social care'*** |
| Community equipment and adaptations |
| Telecare |
| Integrated crisis and rapid response services |
| Maintaining eligibility criteria |
| Re-ablement services |
| Bed-based intermediate care services |
| Early supported hospital discharge schemes |
| Mental health services |
| Other preventative services |
| Other social care (please specify) |

**Section F: Terms of Agreement - Renewal, Disputes, Variation and Alteration**

16. The agreement may be altered by mutual consent by an exchange of letters.

17. In relation to continuation beyond 1st April 2014, such provisions as shall be directed by the Secretary of State on continuation and transferral of agreements shall apply.

18. Disputes shall be resolved by informal means wherever possible and thence by formal meeting of the Integrated care governance group and referral to the Health and Wellbeing Board if agreement cannot be reached.

**Section G: Signatures**

**In respect whereof, the parties to this agreement have caused to be affixed their hands and seals.**

**Signature**_____

**Name**_____

**Date** _____

**FOR AND ON Slough Borough Council**

**Signature**_____

**Name**_____

**Date** _____

**FOR AND ON Slough Borough Council**

**Signature**_____

**Name**_____

**Date** _____

**FOR AND ON BEHALF NHS ENGLAND**

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel **DATE:** 13th January 2014

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

**(For all Enquiries)**
**WARD(S):** **All**

**PART I**

**FOR COMMENT & CONSIDERATION**

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

## 1. Purpose of Report

1.1 To provide the Health Scrutiny Panel 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).

## 2. Recommendation(s)/Proposed Action

2.1 Health Scrutiny Panel to comment on and approve the draft Joint Carers Commissioning strategy including resource allocation.

## 3. Slough Joint Wellbeing Strategy Priorities

3.1 The six priorities within the draft 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 places 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 Bill which adopts a 'whole family approach' thereby requiring increased collaboration between Adult and Children's services. The recent amendments to this Bill also include 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 2011[1]. 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

(a) Financial

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.

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. However it is anticipated that this will be an additional financial pressure that the Local Authority will need to manage. Likewise the Children and Families Bill will necessitate Children's Services having to plan for the increased numbers of Young Carers assessments and along with appropriate support to meet identified needs.

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 Bill.

*(b)* **Risk Management**

| Risk | Mitigating action | Opportunities |
|---|---|---|
| **Legal**<br>Slough Borough Council has not developed systems to cope with the additional Carers Assessments through legislative changes. | Guidance will be issued to local authorities by the Department of Health as to how to manage changing requirements.<br>Carers Assessments have been included within the new Adult Social care customer pathway. | To review how Carers are being supported from all groups within Slough's diverse community |
| **Property**<br>None | | |
| **Human Rights**<br>Carers not only have a right to a Carers Assessment but, where eligible, to choose services | The Carers and Support Framework also allows Carers to select a provider of their choice able to respond to their individual needs. | To stimulate the market by working with local providers to create more personalised and tailored opportunities for local Carers. |

| | | |
|---|---|---|
| including a personal budget.<br>If Carers are not listened to, then there is a possibility commissioned services do not meet the needs of Carers. | Carers can also use their personal budget to purchase services including through the framework | |
| **Health and Safety**<br>None | | |
| **Employment Issues**<br>Adult Social care and Children's services do not have staff in place to cope with the increased rights for Carers. | Plans in place to review extra duties for the Council. This will be reviewed following the issuing of DOH guidance and allocated resources, | To ensure all eligible Carers have access to tailored and personalised support. |
| **Equalities Issues**<br>Services commissioned do not meet the needs of Sloughs communities | Equalities Impact Assessment completed | Commissioning services to ensure responsive and personalised services that meet individual needs of Carers. |
| **Community Support**<br>Without full engagement with the local community there is a risk that locally based services will not be developed and or sustainable. | There has been full engagement with key stakeholders throughout the development of the Strategy.<br>This included regular feedback sessions with information updates. | 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 |
| **Communications**<br>If the publication of the strategy is not wide spread, there is a risk developed services will not meet the needs of Sloughs community. | Full engagement of key stakeholders throughout consultations.<br><br>Feedback sessions with information updates provided.<br><br>Summary of the strategy will be developed and circulated within the Slough Community | Keeping carers and key other stakeholders updated and involved in future service developments and commissioning processes. |
| **Community Safety**<br>Providers are not adequately monitored | All providers of the Carers Respite and Community support Framework have been evaluated through the | |

| | | |
|---|---|---|
| | tender process.<br>They will also continue to be monitored including providing quarterly performance data. | |
| **Financial**<br>Resources to support carers are not adequate to cope with increased duties of the Council to support Carers. | Plans in place to review anticipated increase in numbers along with budget allocation for Carers in order to plan effectively. | Opportunity to review Carers eligibility in light of new DOH guidance |
| **Timetable for delivery**<br>The strategy does not have a clear timetable for implementation | A detailed work plan has been developed to support the implementation of the strategy.<br>A strategy development group will be set up to oversee implementation of the strategy | This is a four year strategy. |
| **Project Capacity**<br>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 Group, accountable to the Wellbeing Board, it will be at risk of not being given adequate priority. | Plans in place to establish a strategy development group. | |
| **Other**<br><br>None | | |

(c) 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.

(d) 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 then to live more independently.

(e) 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 Bill 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. These increased duties will require a 'whole family approach' necessitating much closer collaboration between Children and Adult services and partner organisations including schools.

## 6. Supporting Information

### 6.1 Background to the strategy development

6.1.1 Slough's Carer's strategy has come to an end and 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 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 Bill
- The impact of Personalisation on both the cared for and their Carers
- Slough's changing demographics and health needs shown in the JSNA

- 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.

### 6.2 Consultation

6.2.1 This refreshed strategy has been developed though extensive consultation with Slough Carers and key stakeholders of 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.

- 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. Conclusion

7.1.1 The Joint Carers Commissioning Strategy clearly sets out the priorities for the Council and CCG to support Carers over the next three years. 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.

7.1.2 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.

7.1.3 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.

7.1.4 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. Appendices Attached

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

## 9. Background Papers

9.1.1 None

# Carers
# Caring for Others

## Slough's Joint Carers' Commissioning Strategy Refresh 2014-2017



NHS Slough Clinical Commissioning Group

## Table of Contents

## 1.0 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 refreshed joint Carers strategy sets out the future vision and priorities for the health and wellbeing of Carers within the Borough over the next three years. 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 | Dr Jim O'Donnell |
| Director, Wellbeing | Chair Slough Clinical Commissioning Group |

## 2.0 Introduction

## 2.1 Executive Summary

This refreshed 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.

## 2.2 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.

## 2.3 Aims of the strategy

This 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.

## 2.4 Priorities

This refreshed 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 Bill.

- 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**

## 2.5 Outcomes

The Carers' Hub is a model developed by the Princess Royal Trust for Carers and Crossroads Care[1] (now merged to form the Carers Trust), following the refreshed National Carers Strategy[2]. It adopts a personalised approach to meet the needs of

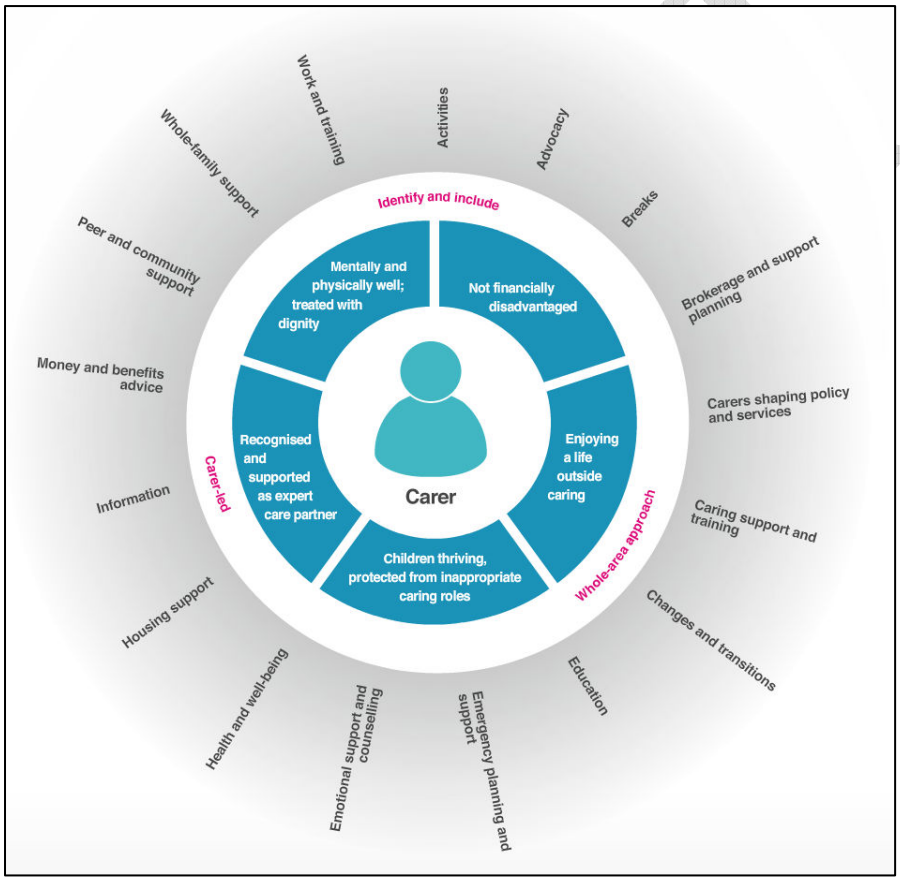
[1] 'Commissioning better outcomes for Carers –and knowing if you have'. Princess Royal Trust and ADASS 2010

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

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 over-looked 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.




## 3.0 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]

## 4.0 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 three years 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 Slough Older People's and Carers Partnership Board, other 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 a three year period commencing in February 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 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

[3] Commissioning framework for health and well-being Department of Heath 2007

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.


## 4.1 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.

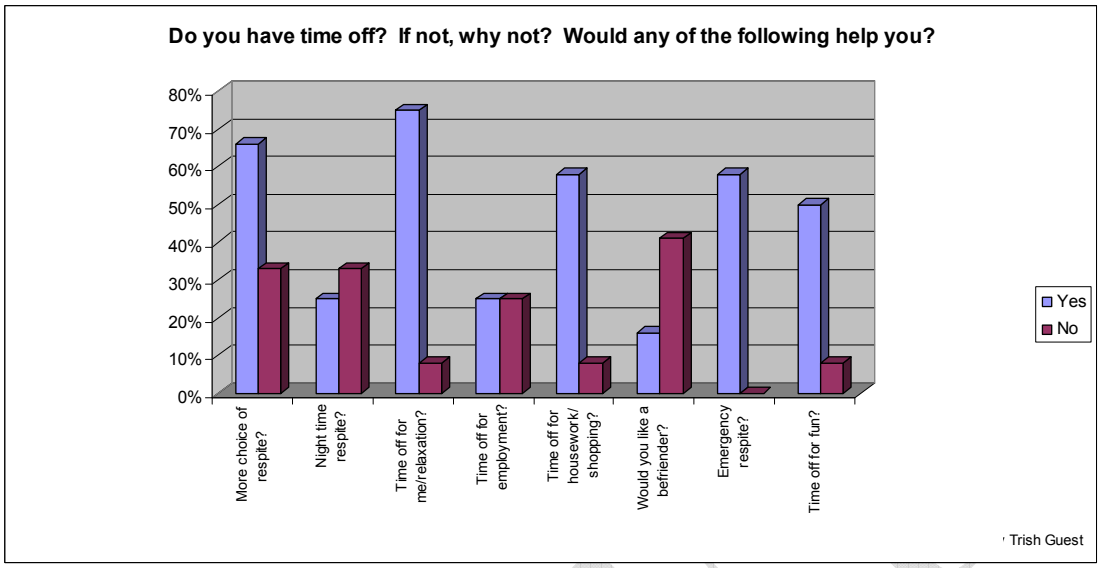
## 4.2 Local consultation

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

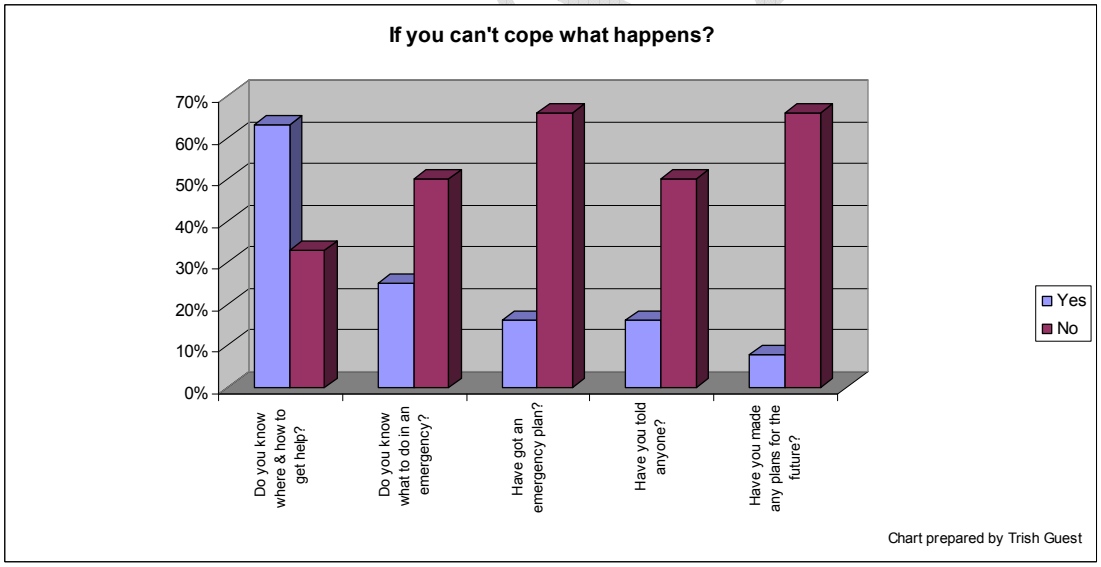
[4] [4] Full report available on request; 'Report on Carers Event in Slough'. Carers UK Slough, November 2012.

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



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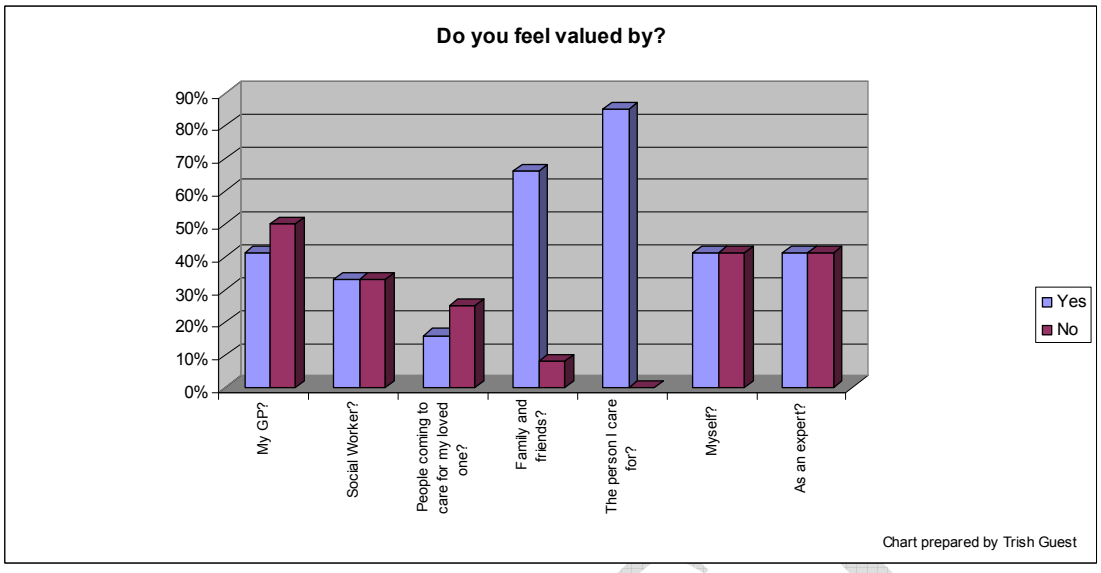
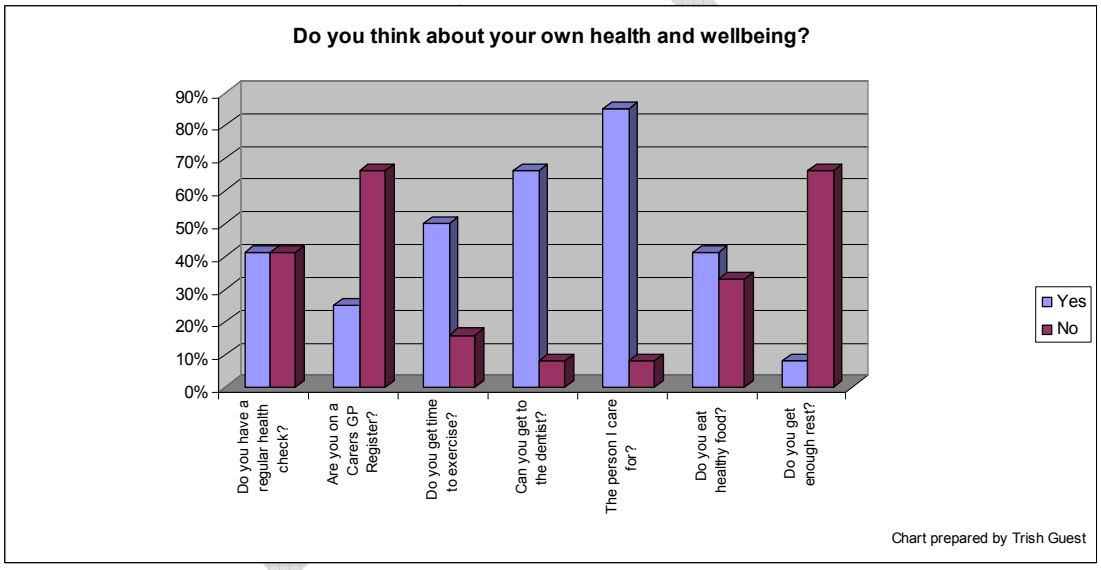



## Question 4




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.

## 5.0 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.

## 5.1 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:

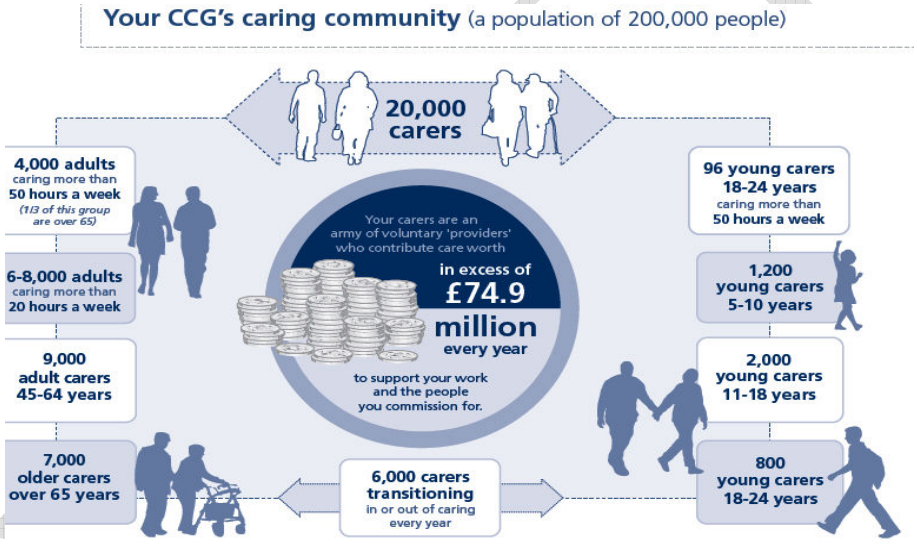
"… children and young people who assume inappropriate responsibilities to look after someone who has an illness, a disability, or is affected by mental ill-health or substance misuse. Young Carers often take on practical and/or emotional caring responsibilities that would normally be expected of an adult."[5]

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

## 6.0 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 estimate[6] 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.

## 7.0 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

- 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 theses 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.

## 8.0 National Context

## 8.1 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 Strategy[11]. 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 Strategy[12] and the further Coalition Government's refreshed strategy[13] 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.'

Personalisation[14]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 Carers[15] 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.

- 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.

## 8.2 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.

## 8.3 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.

## 8.4 The Care Bill 2012

The Care Bill is still awaiting Royal Assent and may be subject to further changes. However it will be a very significant piece of legislation for Local Authorities and 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 provide guidance to Local Authorities about a minimum threshold of care to trigger an assessment. However the anticipated impact of this Bill is that Local Authorities will be required to undertake an increased number of Carers assessments and therefore resources will be required to carry out this duty. The Government has committed to providing additional funding to Local Authorities to support increased duties to undertake these additional assessments and the duty to address Carers' needs.

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.

## 8.5 The Children and Families Bill 2013

The Children and Families Bill 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.

It is important to note at this time however, that both the Care Bill and the Children and Families Bill omit the duty to provide support and services to parent carers. This issue is currently being taken forward by Carers UK and discussions are taking place with central government to address this.

# 9.0 Local Context

## 9.1 Local drivers

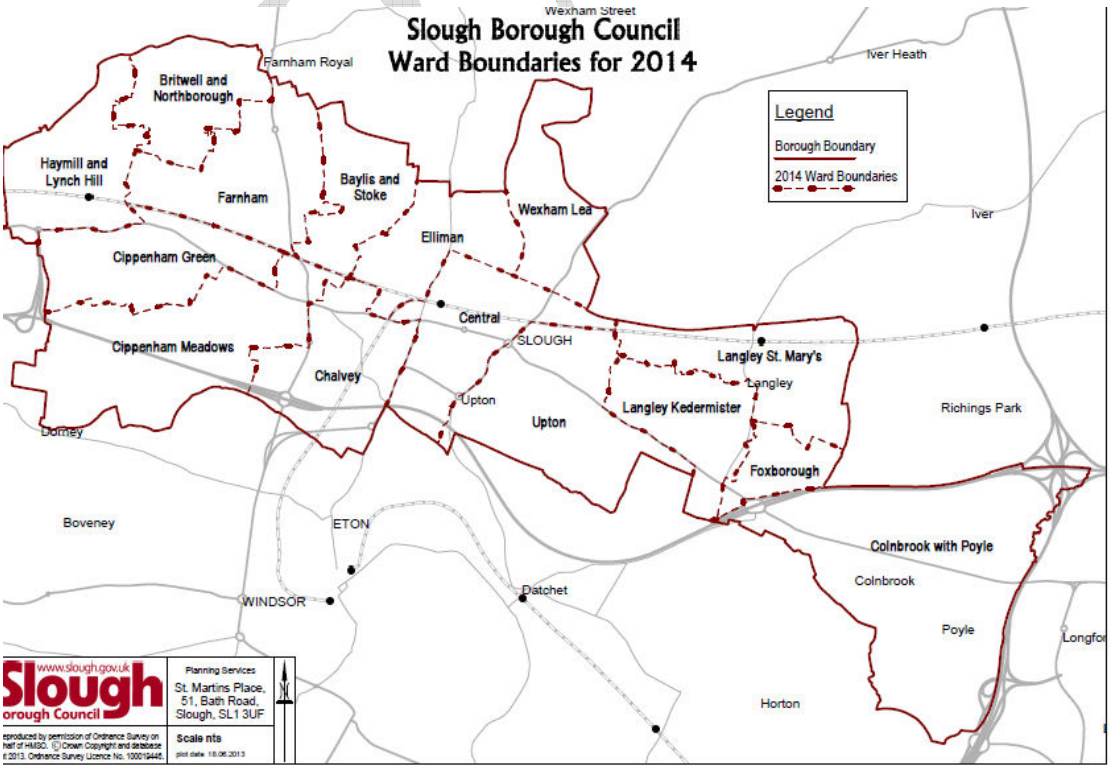
Slough has a number of key local strategies / policy documents which include:

- 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

## 9.2 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.

## 9.3 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 TB.
- 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.

## 10.0 Profile of Carers

## 10.1 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 UK[21]. 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 UK[22] 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.

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% men[23].

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.

### 10.1.1 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 counterparts[24]. This analysis of the 2001

[21] Carers UK 'The facts and figures about Carers' Policy briefing December 2012
[22] 'It could be you' Carers UK 2002
[23] [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

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 report[26] 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.

### 10.1.2 Young Carers

Recent analysis[27] of the 2011 census relating to young Carers comment:

"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

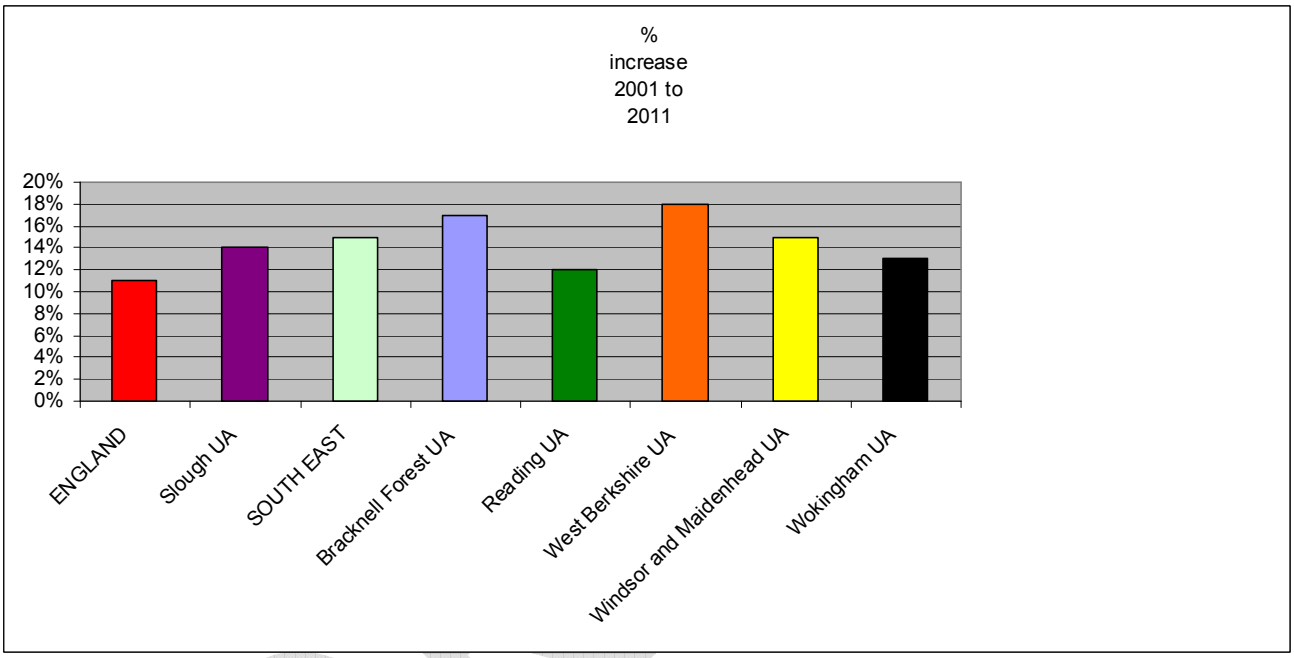
[25] State of Caring Carers UK 2013
[26] Half a million voices: Improving support for BAME Carers: Carers UK. March 2011
[27] Hidden from view: The experiences of young Carers in England.' Children's Society 2013

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.

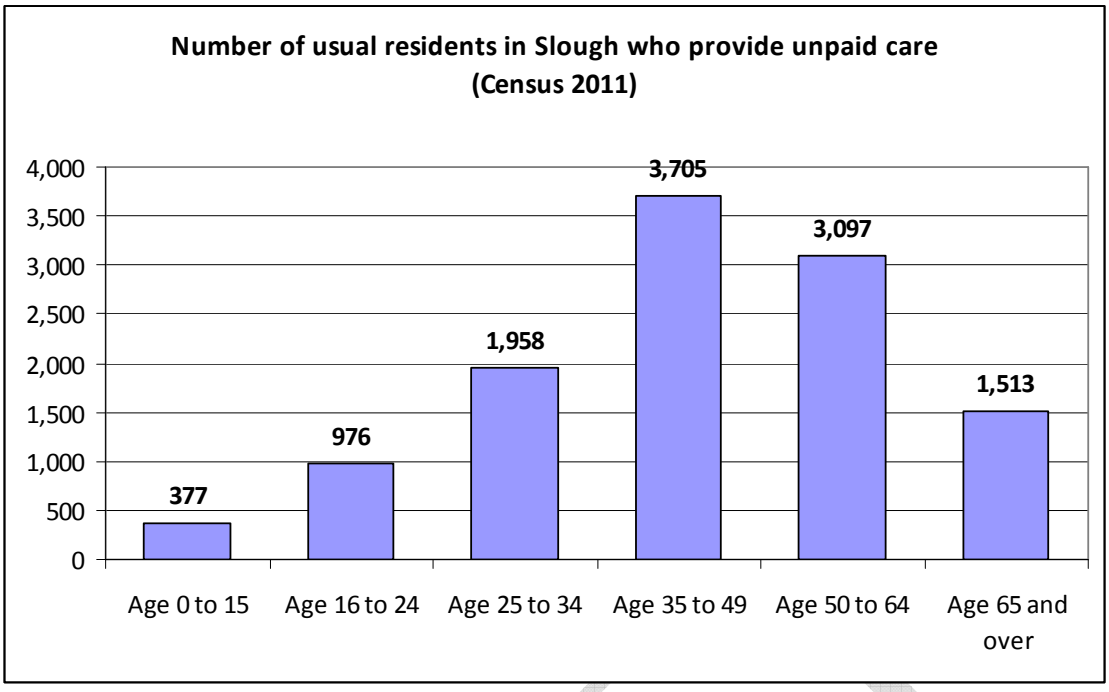
## 10.2 Local Picture

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.

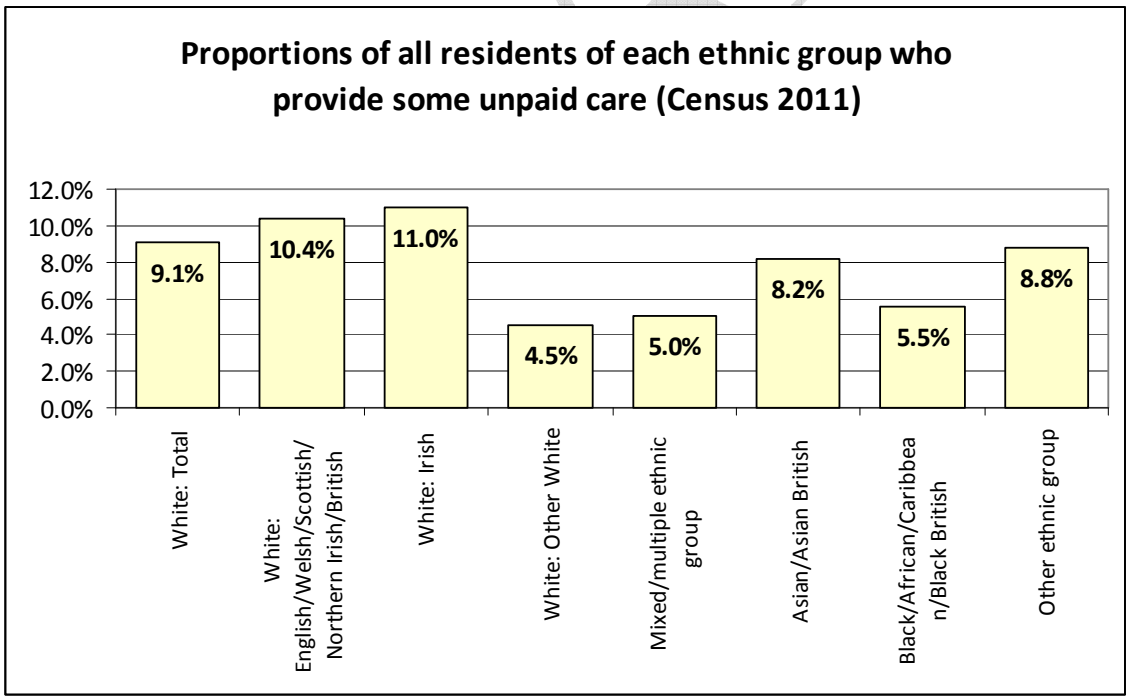



Using the 2011 census data, the tables below summaries the age of Slough Carers with the number of hours of care they provide.

| 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.



### 10.2.1 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.

### 10.2.2 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.

### 10.2.3 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 Carers[28] 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 indentified within this strategy is to ensure more resources are concentrated on this vulnerable group.

[28] Strategy for Young Carers and their Families 2009-2012

## 11.0 Local Commissioning Activity

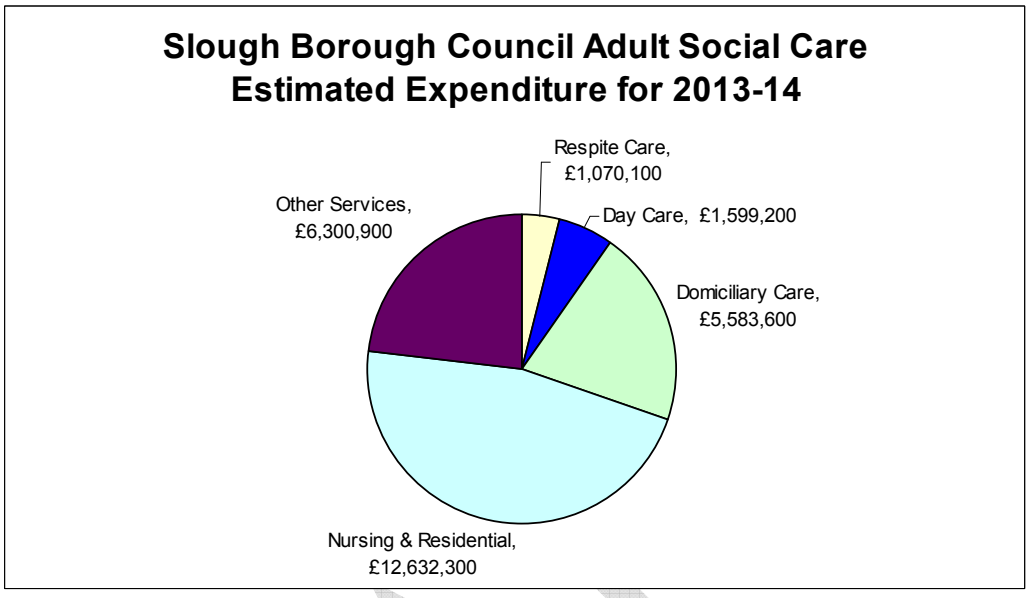
In line with the personalisation agenda there has been an increased shift towards commissioning a range of more flexible and innovative support as well as preventive provision. These services benefit both the Carer and cared for. This can be evidenced through the following activity:

- 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.

## 11.1 Slough Borough Council Support for Carers

### 11.1.1 Adult social care activity

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



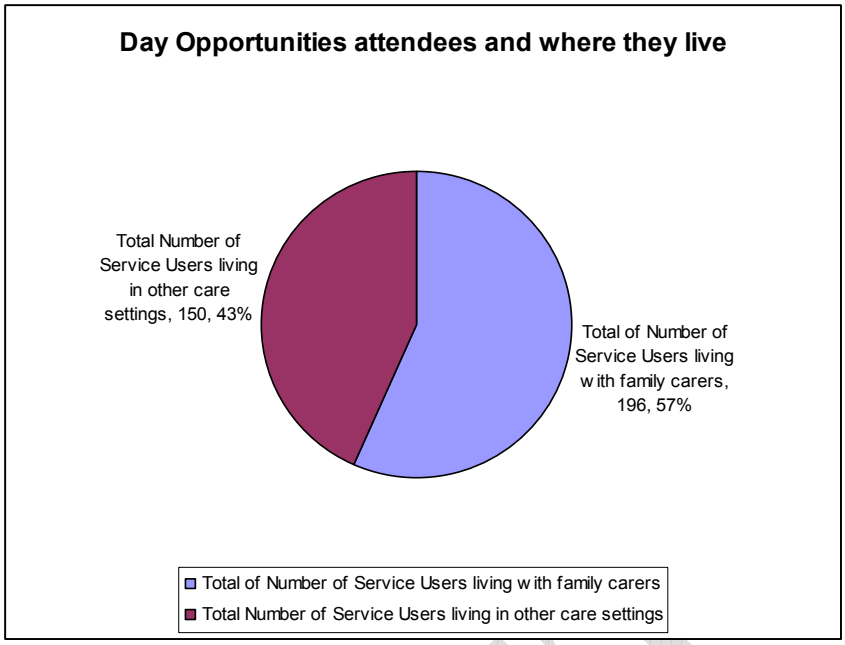

### 11.1.2 A range of support for Carers is currently in place. This includes:

- £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'.

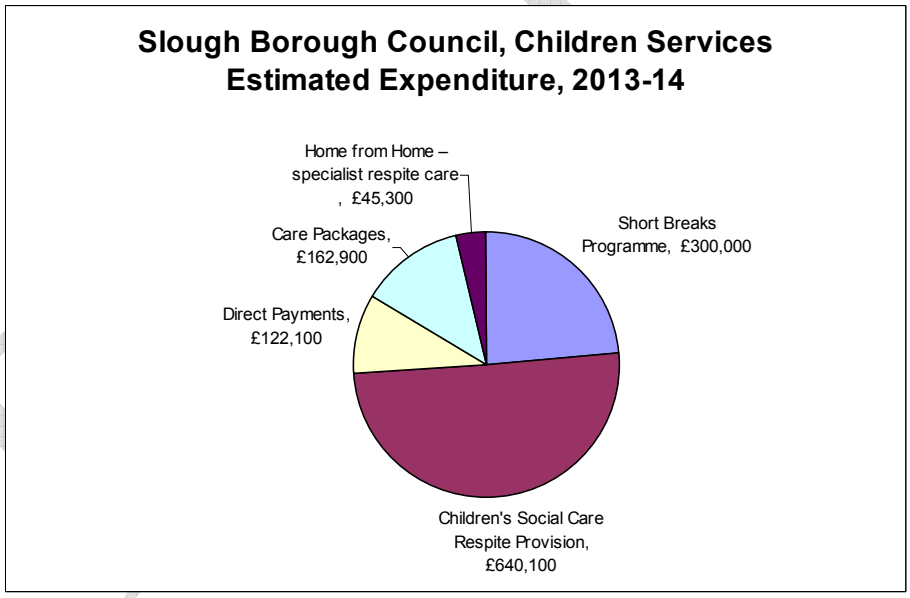
- Carers meeting the Fair Access to Care eligibility criteria access support through the £130,000 allocated to the Carers' Respite and Community Support from 'other services'. This also includes emergency respite. Direct Payments are also funded through this budget.

- 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.




### 11.1.3 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.

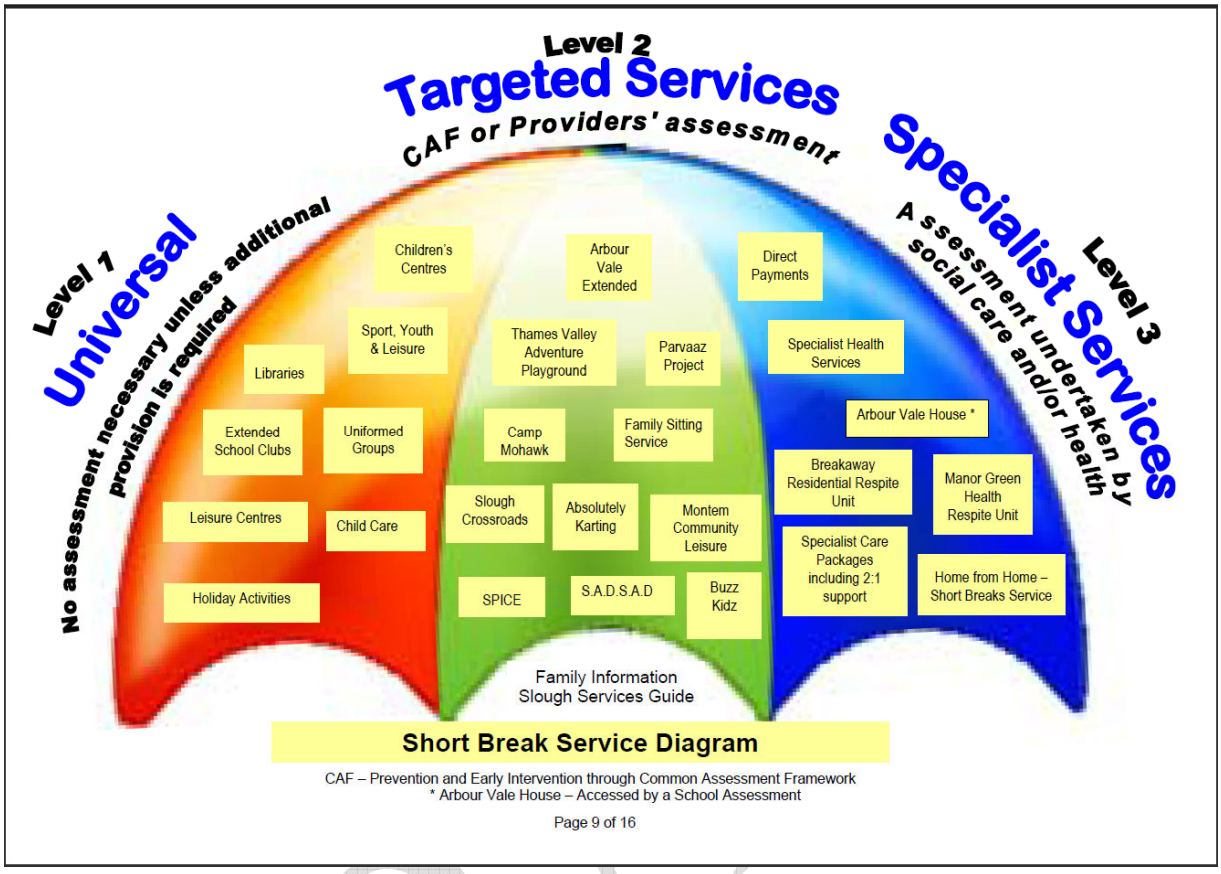
| Level | Service Description | Eligibility |
|---|---|---|
| **1 Universal Services** | Includes leisure centres, libraries, playgrounds, youth clubs, Children's Centre, extended school clubs, holiday clubs, childcare and uniformed clubs such as scouts and guides | Accessible to all children with or 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

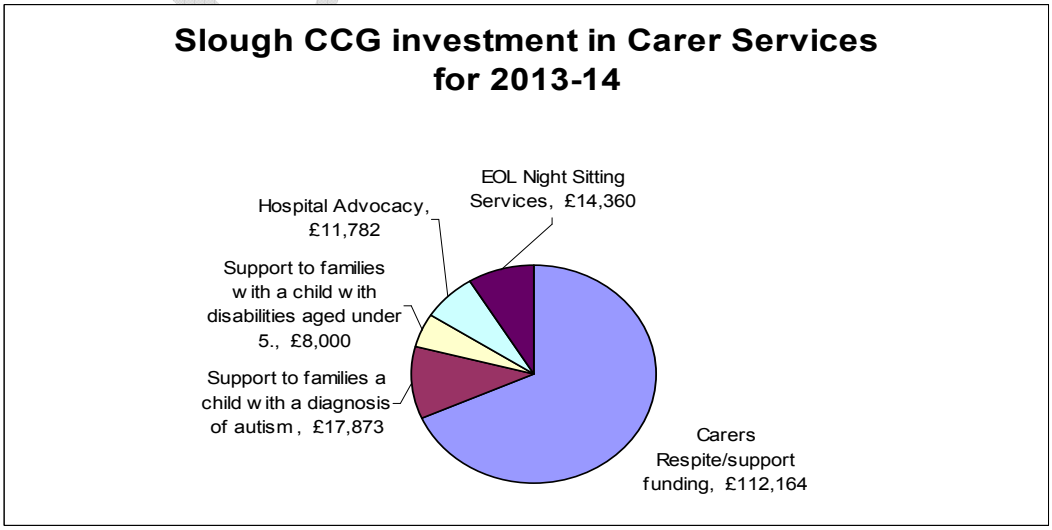
Berkshire Healthcare NHS Foundation Trust also delivers specialist respite for children up to aged 19 year at Manor Green Respite Care Unit.

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




## 11.2 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.



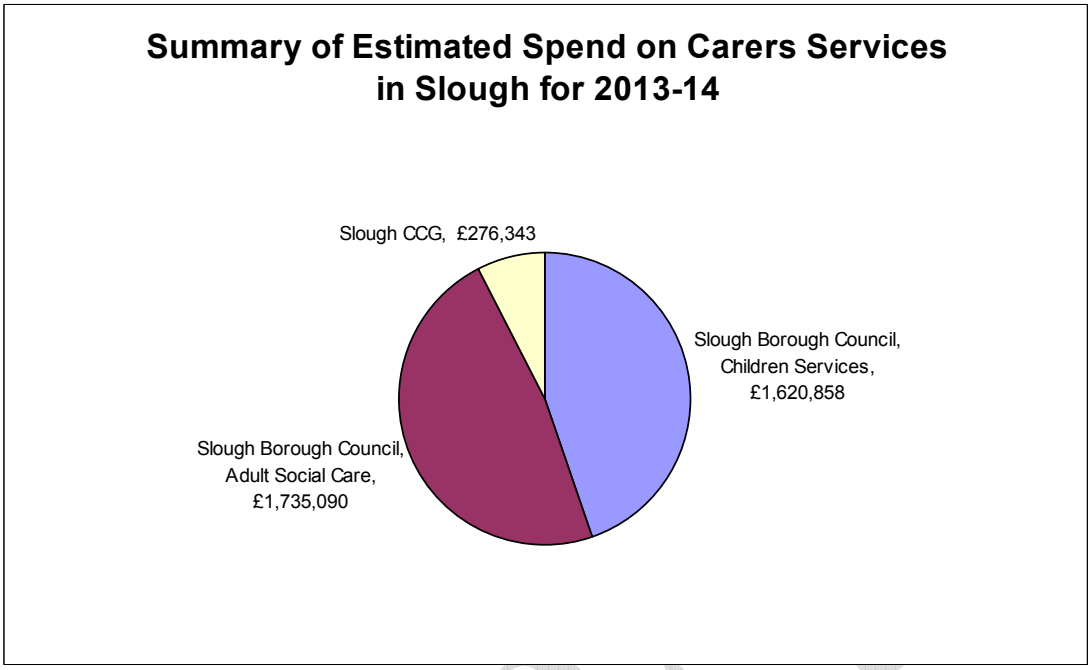

* A further £112,164 for Carers services have been carried forward for the period 2012/13.

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.

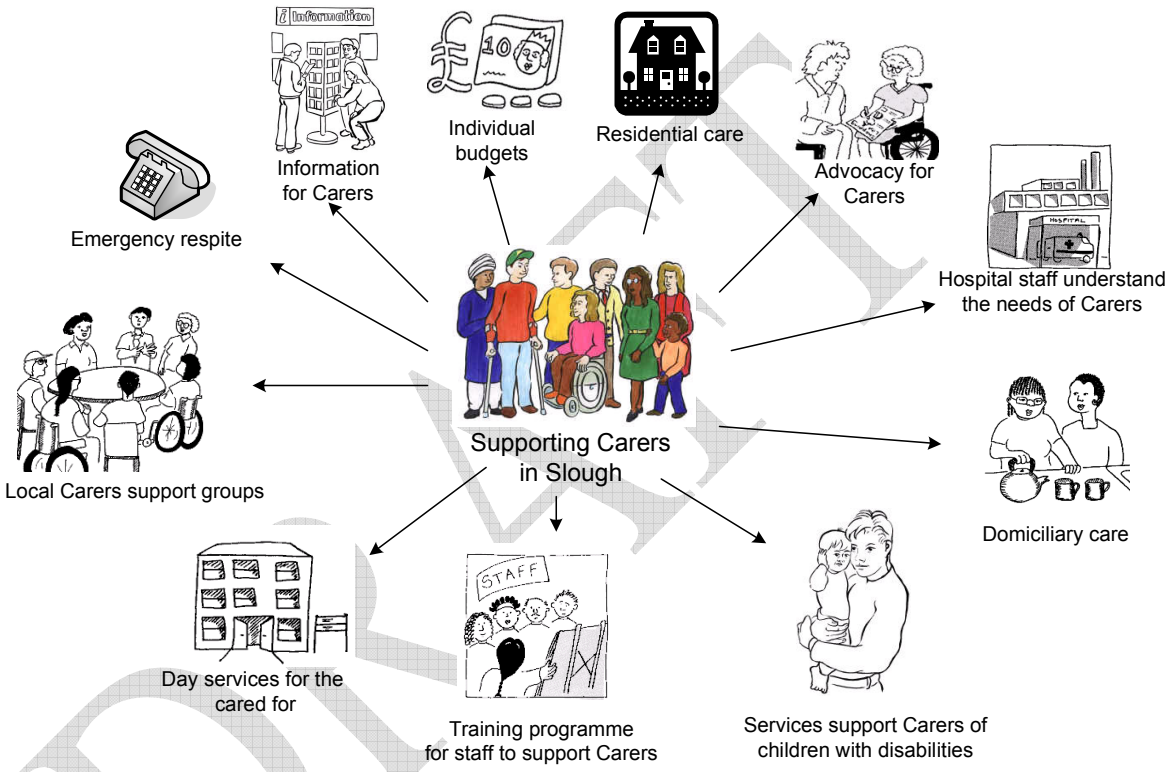
## 11.3 Combined expenditure on activities to support Slough Carers




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

## 11.4 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.



## 12.0 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**<br>Improved health and wellbeing (**P1**)<br>**National**<br>Supporting Carers to stay healthy **(P4)** | • An Emergency Alert Card Scheme being available. | • Emergency card has been re-launched. | • Ensure the scheme is included as part of Carers' assessment.<br>• Promote the scheme amongst Carers within Slough.<br>• Review take-up and impact of the scheme. |
| **Local**<br>Improved health and wellbeing (**P1**)<br>**National**<br>Supporting Carers to stay healthy **(P4)** | • Ensure an Emergency Respite Service can be maintained.<br>• Ensure support is available out of hours. | • Commissioned Carers Respite and Community Framework - includes emergency respite.<br>• Providers identified to deliver the flexible services.<br>• Quarterly monitoring of providers delivering respite services.<br>• SBC Adult Social Care Learning Disability Change programme includes reviewing respite provision to support Carers. | • Review the need for local respite including emergency respite for all Carers including those caring for people with dementia and adults with learning disabilities.<br>• Ensure clear and transparent processes in place for Carers to access respite based on their eligibility of need.<br>• 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 |
|---|---|---|---|
| **Local**<br>Improved health and wellbeing (**P1**)<br>**National**<br>Supporting Carers to stay healthy **(P4)** | • Carers receive a break from caring.<br>• Flexible breaks are in place for Carers of all care groups including those with dementia.<br>• Carers receive practical help e.g. gardening, shopping and cleaning. | • Carers Respite and Community Support Framework in place offering flexible support.<br>• Range of short breaks in place benefitting disabled children and parent Carers.<br>• SBC has introduced more targeted monitoring arrangements.<br>• Range of day, residential and supported living opportunities benefitting the cared for and Carers. | • SBC transformation of adult social care programme to develop and embed personal budgets for Carers<br>• Develop the market by working with providers to increase range of support for Carers.<br>• Ensure systems are in place to monitor take up of Carers assessment and services. |
| **Local**<br>Improved health and wellbeing (**P1)**<br>**National**<br>Realising and releasing potential (**P2**)<br>Life outside of caring. (**P3)** | • Increased leisure, recreational and educational opportunities for Carers. | • Carers have access to 'taster' recreational / leisure activities through Carers Support groups e.g. Thai Chi, arts. | • Promote the needs of Carers within universal services- e.g. flexible and competitive leisure memberships.<br>• Within the Slough Economic Development Strategy promote the needs of Carers through local partnerships including the Slough Business community.<br>• 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 |
|---|---|---|---|
| **Local**<br>Improved health and wellbeing (**P1**)<br>**National**<br>Supporting Carers to stay healthy **(P4)** | • Increased use of Telecare to support Carers in their caring role. | • SBC telecare lead in place developing an action plan.<br>• Work commenced to embed telecare processes into Adult social care.<br>• Telecare equipment provider contract in place (NRS).<br>• Training events planned for Carers to increase knowledge and understanding of telecare. | • Role out awareness raising training amongst professionals/providers and Carers.<br>• Review impact of training including improved access to telecare.<br>• Telecare assessment to be included as part of all Carers assessment.<br>• Monitor use of telecare delivered by Providers in Carers Respite Frameworks.<br>• 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 |
|---|---|---|---|
| **Local**<br>Primary Health Care Services **(P4)**<br>**National**<br>Identification and recognition (**P1**)<br>Supporting Carers to stay healthy (**P4**) | • All GP surgeries to be 'Carer friendly.'<br>• GPs sign post Carers to other services.<br>• Carers able to sign up GP's Carers register.<br>• Carers Information available at GP surgeries. | • Carers of patients with long term conditions are indentified (e.g. dementia and mental health).<br>• 13 out of 16 Slough GP Practices offer extended hours services. | • Carers of patients with Long-term conditions included under GP's Quality Outcome Framework.<br>• Carers identified including those from hard to reach groups at GP registration.<br>• GPs work with voluntary organisations to deliver educational programmes.<br>• Carers on GP Carers register supported to have 18 month health checks.<br>• GPs refer Carers to SBC for Carer's assessment / signpost to voluntary organisations<br>• 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 |
|---|---|---|---|
| **Local**<br>Hospital and Carers **(P3)**<br><br>**National**<br>Identification and recognition (**P1**)<br>Supporting Carers to stay healthy (**P4**) | The Hospital Trust should:<br>• Contribute to Carers forums and be actively involved in solving Carers issues.<br>• Engage in Carers awareness training.<br>• Ensure Carers including those caring for person with complex needs are equal partners in discharge arrangements.<br>• Hospitals understand and recognise the role of young Carers. | | Develop protocols with acute trust to ensure :<br>• Carers identified at Admission /Registration<br>• Improved admission/ discharge arrangements<br>• Carers receive adequate information about the cared for<br>• Carers awareness training in place for hospital staff |

| Local/National Priorities | What Carers would like to happen | Current position | Further areas for development |
|---|---|---|---|
| **Local**<br>Involving Carers **(P6)**<br>**National**<br>A life outside caring **(P3)**<br>Supporting Carers to stay healthy **(P4)** | • Carers of people with the most complex needs engaged in service planning.<br>• Increased opportunities for Carers to access self management programmes.<br>• Carer's awareness training is mandatory for professionals.<br>• Carers' assessments and support planning training for professionals. Includes meeting needs of those from minority groups.<br>• Increased number of direct payments to Carers. | • All SBC recently commissioned adult social care services have involved consultation with all care groups including Carers.<br>• Carers consulted in the development of the Carers strategy. | • Continue to ensure Carers consulted in development of future health and social care services.<br>• Continue to involve Carers in the implementation of the Carers' strategy.<br>• Develop a training programme for Carers.<br>• Develop Carers awareness training programme for health and social care staff including on e-learning.<br>• Monitor numbers and quality of Care assessments.<br>• Review and plan for the new duties to Carers in light of the Care Bill and the Children and Families Bill.<br>• 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 |
|---|---|---|---|
| **Local**<br>Improved health and wellbeing (**P1)**<br>**National**<br>Supporting Carers to stay healthy **(P4)** | • Increased extra care and supported living housing to meet needs of older Carers. | • Commissioned learning disability supported living framework for adults with learning disabilities and autism.<br>• Carers have been addressed as a priority group within the SBC housing strategy. | Work with SBC housing to<br>• Identify and promote housing needs of Carers and the person they care for.<br>• Ensure needs of Carers are considered within future planning including developing extra care housing. |
| **Local**<br>Improved health and wellbeing (**P1)**<br>**National**<br>Identification and recognition (**P1**)<br>Supporting Carers to stay healthy (**P4**). | • Improved and maintained access to information and advocacy.<br>• Consult with Black, Minority and Ethnic (BME) Carers Groups.<br>• Carers consulted about new service development.<br>• Awareness raising to identify hidden Carers across Borough.<br>• Carers' partnership board linked to Wellbeing Board.<br>• Carer representative on all Partnership Boards | • Commissioned Information, Advice and Advocacy service (IAAS).<br>• 'Carers involved in commissioning of services including IAAS.<br>• Range of Carers support groups available to all carers through IAAS and other voluntary organisations.<br>• Developing governance between Partnership Boards and the HWB.<br>• Safe Place Scheme been rolled out within Slough offering immediate reassurance to vulnerable groups and their Carers. | • Maintain funding for information advice and advocacy for Carers.<br>• Ensure through the monitoring of IAAS includes ensuring access to it by Slough's diverse community.<br>• Map current support services to identify duplication and gaps in provision.<br>• Undertake review of all Partnership Boards including Carers involvement.<br>• 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 |
|---|---|---|---|
| **Local** - Improved support for Young Carers **(P4)** **National** Identification and recognition (**P1**) Supporting Carers to stay healthy (**P4)** Life outside of caring (**P3** ), Supporting Carers to stay healthy (**P4**) | • Increased support for young Carers<br>• Young Carers access the right support including focused groups<br>• Young Carers involved in developing training material.<br>• Hospitals understand and recognise the role of young Carers.<br>• Schools support young Carers.<br>• Young Carers entitled to annual health check.<br>‘ | • Commenced mapping exercise of young Carers known to services.<br>• Some limited group holiday activities delivered by the voluntary sector through Children in Need funding.<br>• Varying support available through schools-(School Carers charter been in place in the past). | • Complete mapping of young people with caring responsibilities.<br>• Undertake consultation with young people and key stakeholders about how to meet needs.<br>• Ensure resources are in place to develop and commission services.<br>• Engage with schools/universal services to ensure consideration of needs of young Carers.<br>• Promote partnership working as part of the Families First programme. |

## 13.0 Delivering the Strategy

## 13.1 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. In addition, if as anticipated, the Care Bill becomes legislation, it is likely there will be an increase in numbers of Carers seeking a Carers assessment and services and we will need to reconfirm the offer of support to carers alongside the confirmation of any additional government funding. 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 Bill 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 finding beyond 2013/14 has not been agreed at this stage and ideally this strategy would outline financial commitments beyond the first year.

| Service | Description | SBC ASC Budget 2013/17 | SBC Children Budget 2013/14 | CCG Core Funding for Carers 2013/14 | Section 256 2012/13 Carryover |
|---|---|---|---|---|---|
| **Carers respite and Community Support Framework** | Carers meeting eligibility through Fair Access to Care can:<br>• Choose where to seek support including from one of the 16 provider on the Carers Respite and Community Support Framework.<br>• Access a Direct Payment enabling Carers to have increased choices in meeting individual needs | £130,000 | | £40,000 | |

| Service | Description | SBC ASC Budget 2013/17 | 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<br>• Access to a range of flexible support and/or<br>• a personal budget from September 2014 | | £300,000 | | |
| **Young Carers** | Improve local support to meet the needs of Young Carers by;<br>• Implementation of a 'whole family' support approach through the 'Local Memorandum of Understanding' (MoU)'[29].<br>• In line with the MoU, ensure systems are in place to identify young people with caring responsibilities in Slough.<br>• Undertake mapping of numbers and needs of Young Carers.<br>• Review current support available through schools, social care and other universal services.<br>• Consult with Young Carers, their families and other key stakeholders as how best to meet needs.<br>• Following the outcome of consultation, commission tailored support to meet needs of young Carers.<br>• 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 2013/17 | SBC Children Budget 2013/14 | CCG Core Funding for Carers 2013/14 | Section 256 2012/13 Carryover |
|---|---|---|---|---|---|
| | • Increase knowledge and understanding of Young Carers amongst GPs, schools and other local services. | | | | |
| **Training Carers** | 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:<br>• Dealing with stress<br>• Carers Rights (me and the law)<br>• Looking after my health<br>• Safe moving of people<br>• Dementia Awareness<br>• Safeguarding awareness<br>• Pressure sore/ulcers<br>• Nutrition / Diet<br>• Bereavement<br><br>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. | £8,000 | | £12,000 | |
| **Developing Health provision** | • Develop respite support for Carers via GP s through the Carers Respite and Community Support Framework. | | | | £52,000 |

| Service | Description | SBC ASC Budget 2013/17 | 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 |

## 13.2 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 contributories. These partnerships will be maintained to implement the strategy, commission future services as well as quality assurance and monitoring.

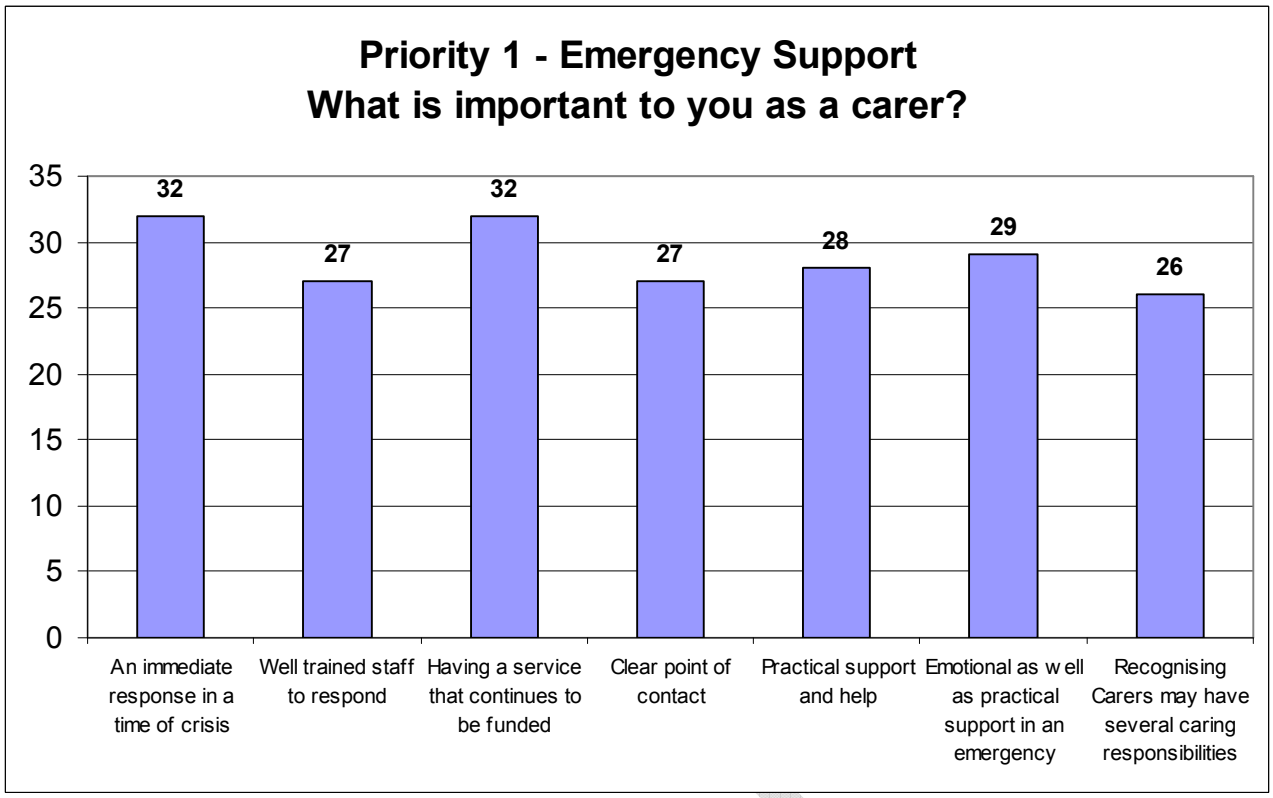
## 13.3 Quality Assurance

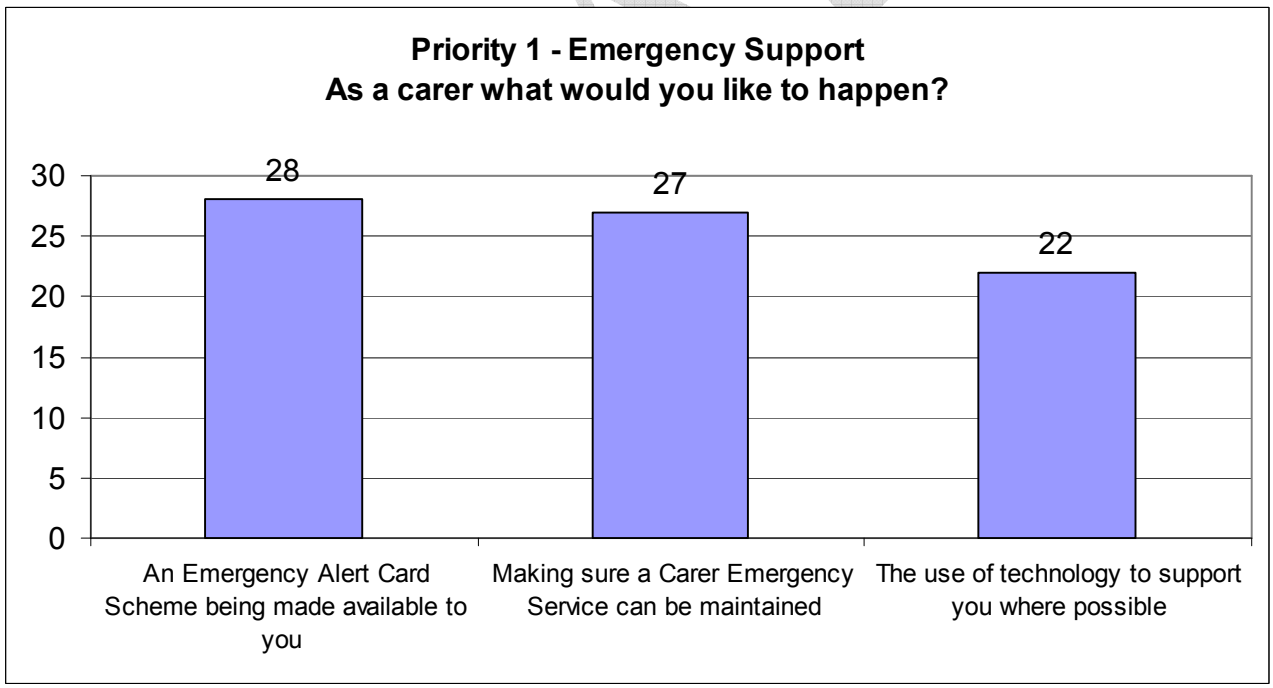
In addition to the Care Quality Commission and OFSTED, the Adult Social Care Outcomes Framework and the NHS Outcomes Frameworks, Slough will also have processes in place to monitor progress and create regular feedback opportunities for Carers and the people they support. Outcome-based contract and monitoring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

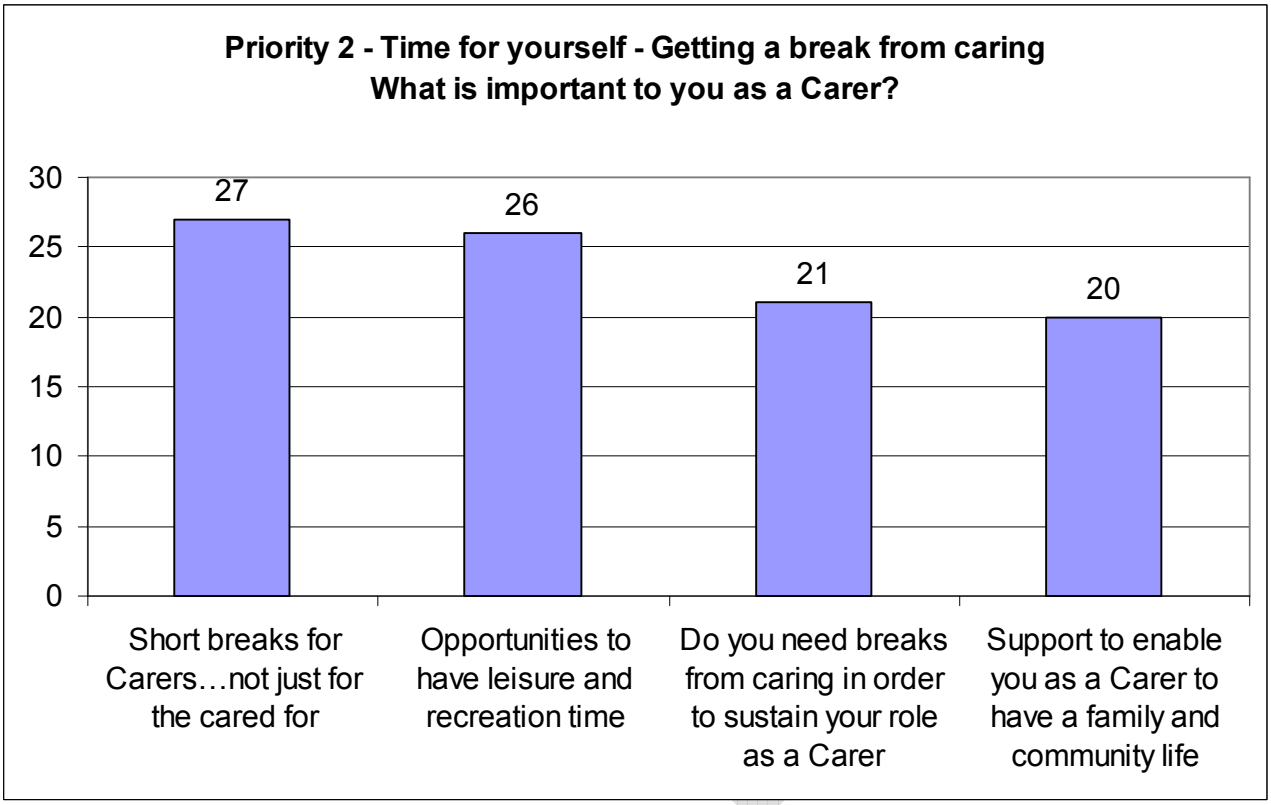
## Appendix 1 - Summary responses to questionnaires (adult Carers)

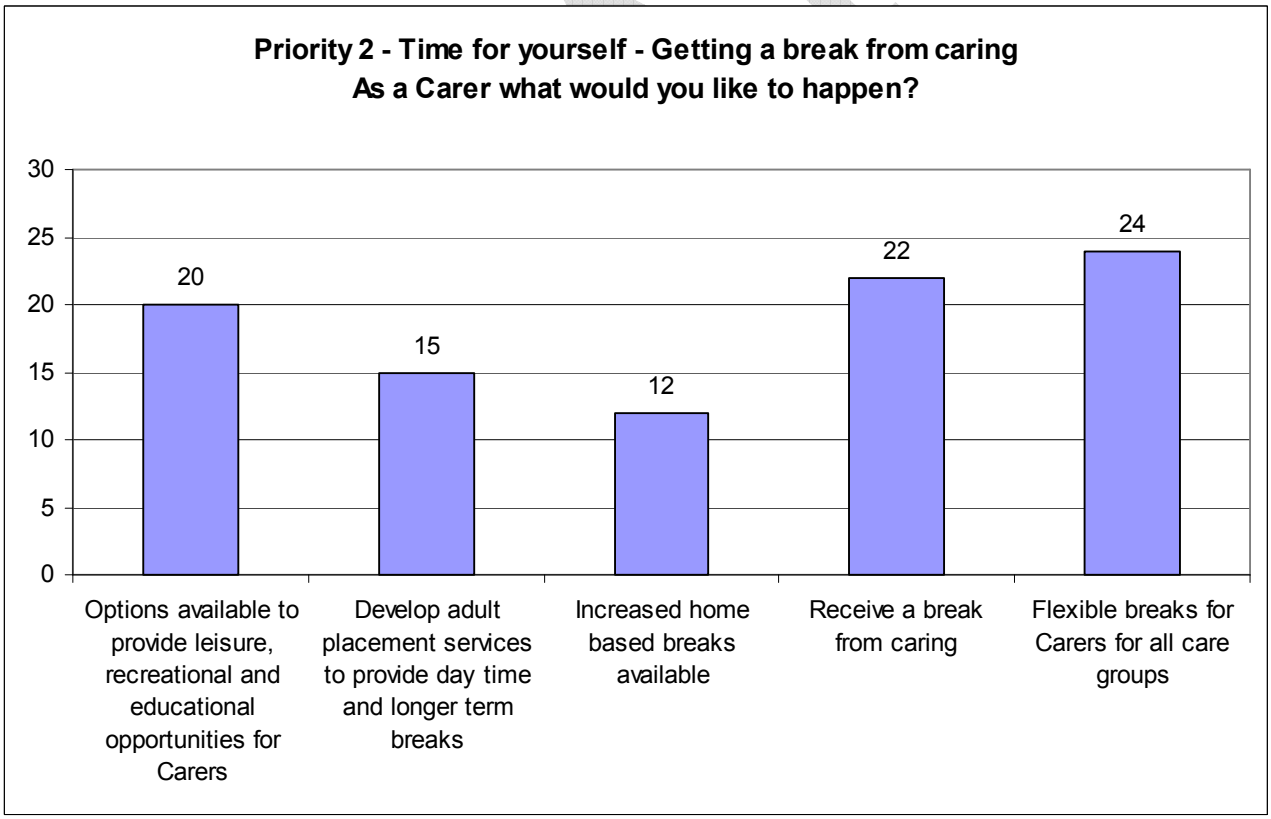
The tables below illustrate responses to questionnaire completed by Carers. It focused on eight priority areas linked to national priorities. Responses to these questions have helped in the development of the six local priorities.

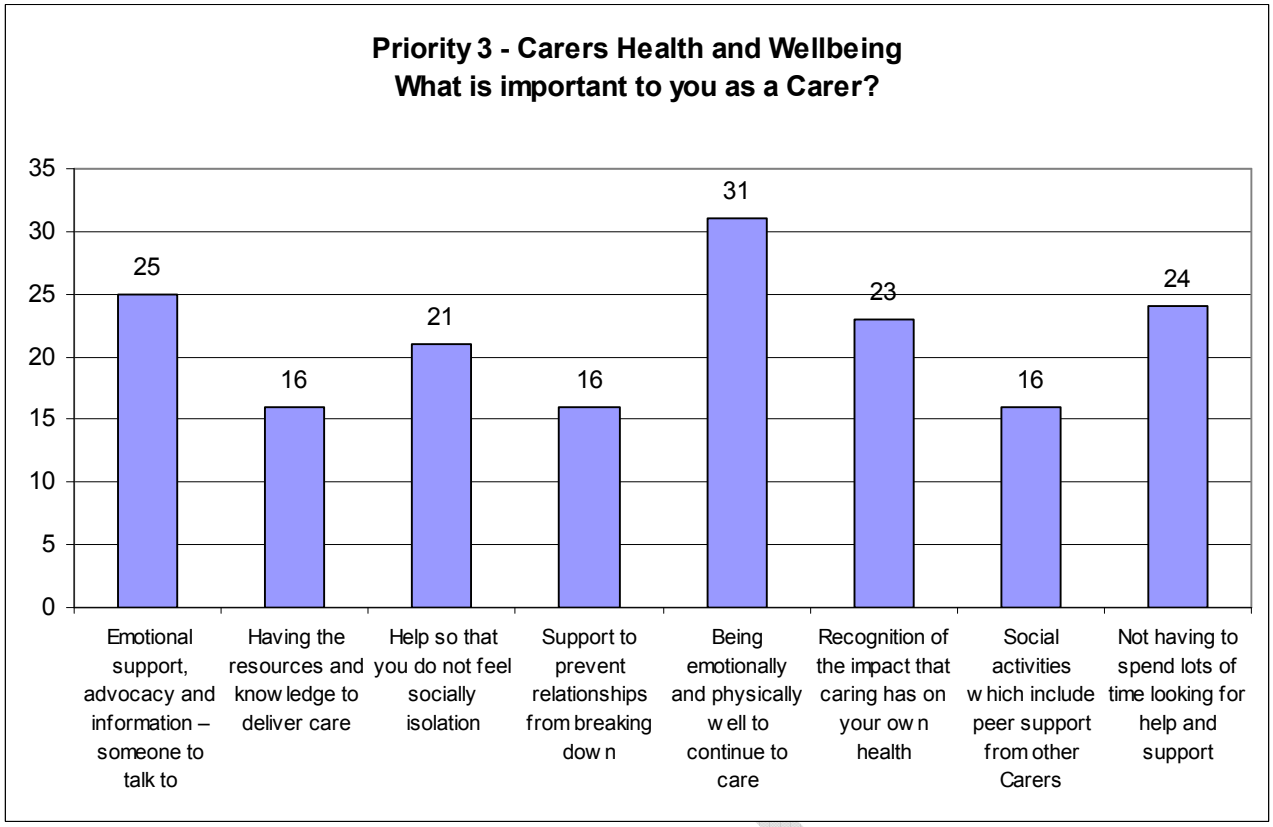
- Emergency support
- Time for yourself
- Carer's Health and wellbeing
- Primary Healthcare services
- Hospital and Carers
- Carers of adults with disability or illness
- Training and Information for professionals
- Involving cares (including advocacy)

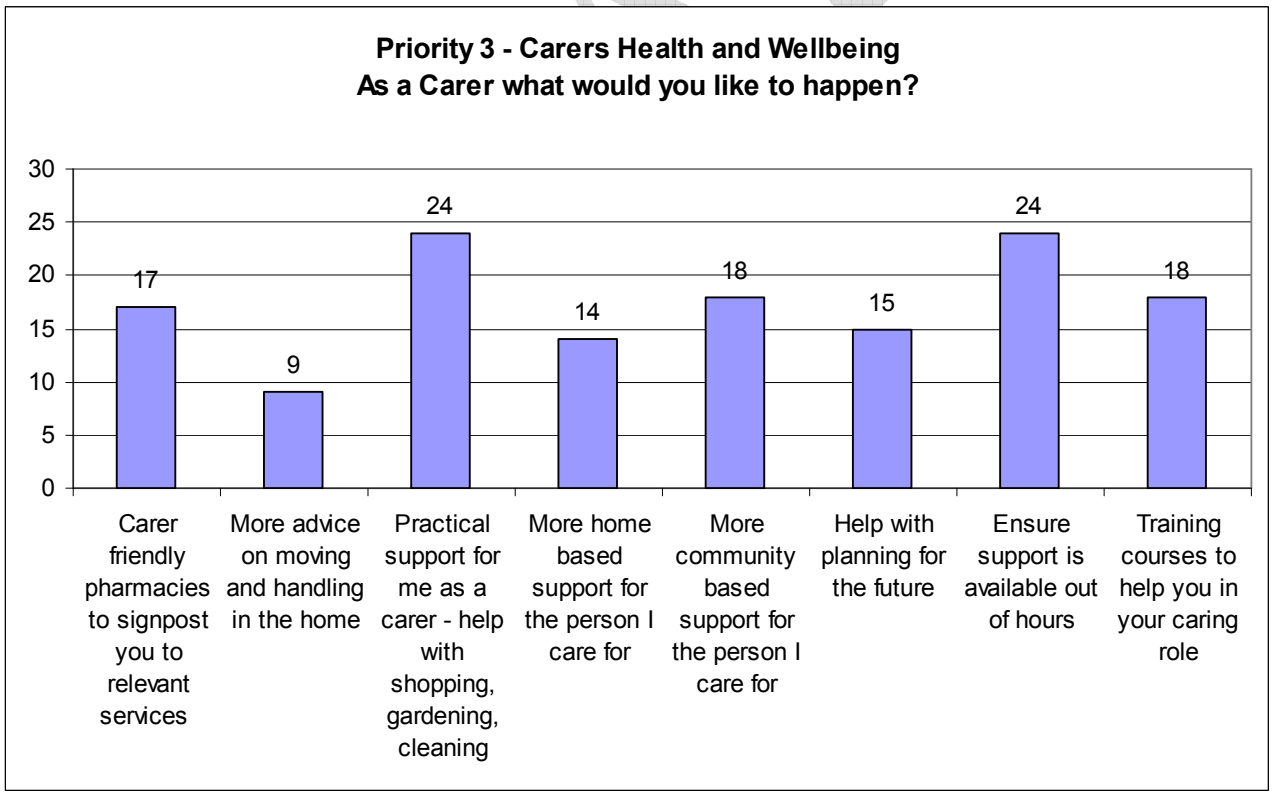

Priority 1 - Emergency Support
What is important to you as a carer?
35
30
25
20
15
10
5
0
32
27
32
27
28
29
26
An immediate response in a time of crisis
Well trained staff to respond
Having a service that continues to be funded
Clear point of contact
Practical support and help
Emotional as well as practical support in an emergency
Recognising Carers may have several caring responsibilities

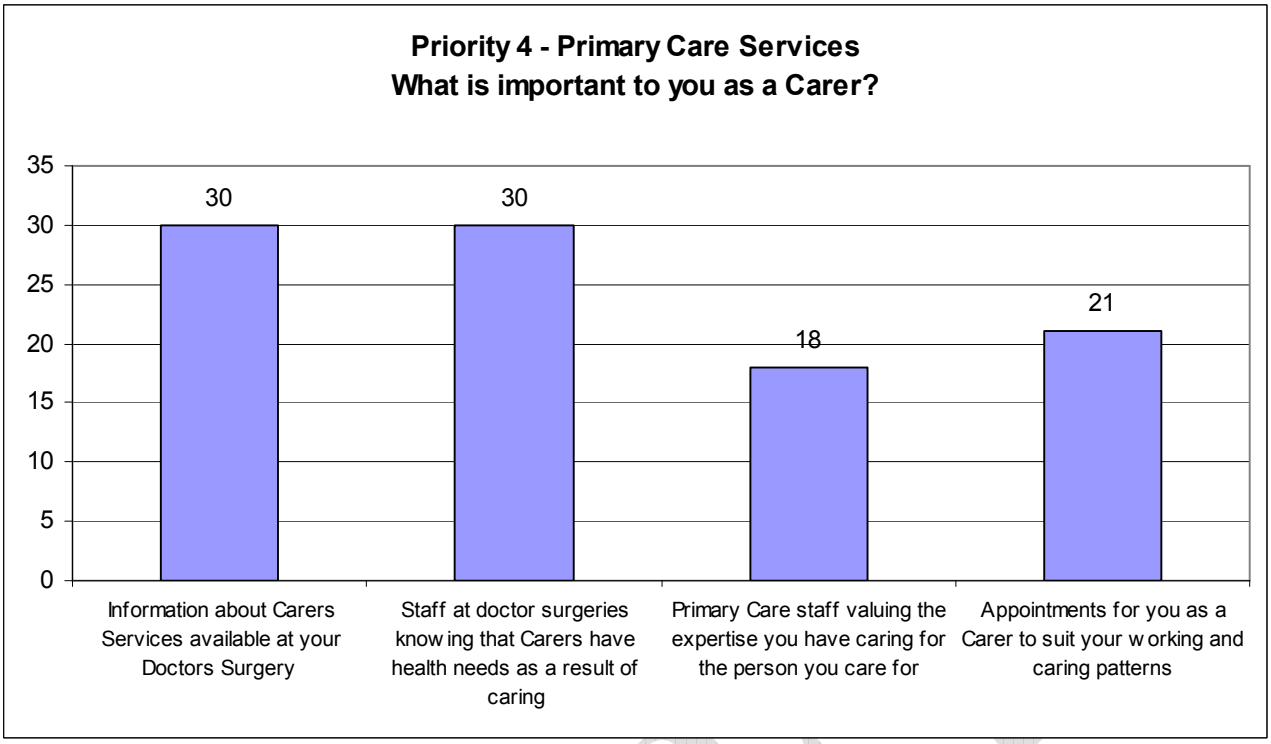

Priority 1 - Emergency Support
As a carer what would you like to happen?
30
25
20
15
10
5
0
28
27
22
An Emergency Alert Card Scheme being made available to you
Making sure a Carer Emergency Service can be maintained
The use of technology to support you where possible

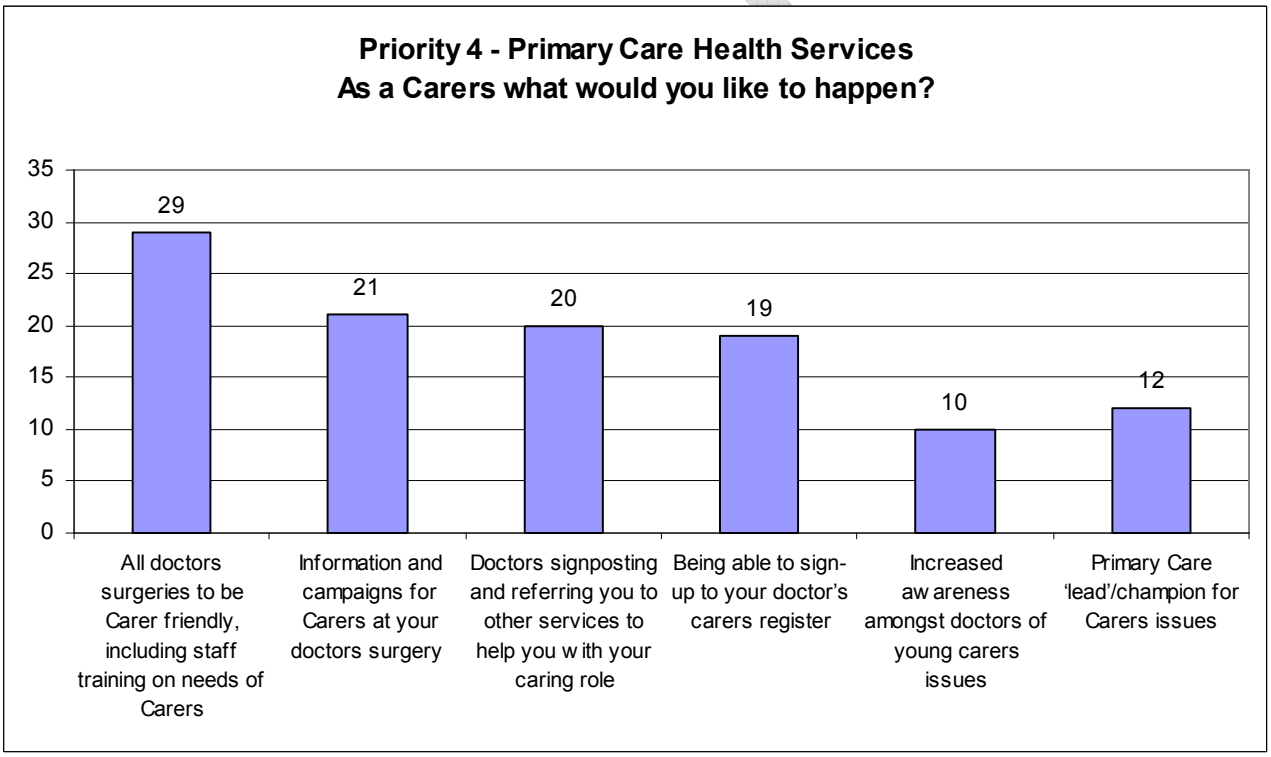

Priority 2 - Time for yourself - Getting a break from caring
What is important to you as a Carer?
30
25
20
15
10
5
0
27
26
21
20
Short breaks for Carers…not just for the cared for
Opportunities to have leisure and recreation time
Do you need breaks from caring in order to sustain your role as a Carer
Support to enable you as a Carer to have a family and community life

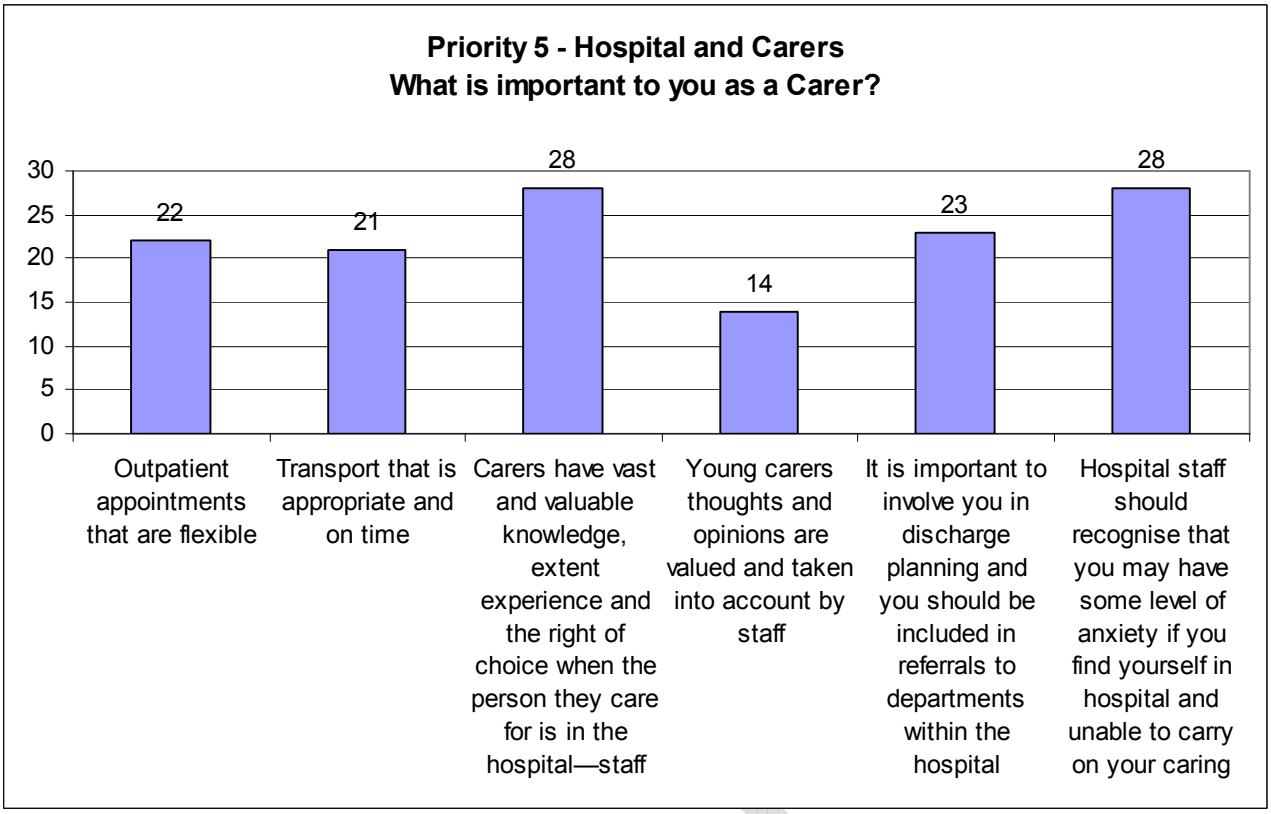

Priority 2 - Time for yourself - Getting a break from caring
As a Carer what would you like to happen?
30
25
20
15
10
5
0
20
15
12
22
24
Options available to provide leisure, recreational and educational opportunities for Carers
Develop adult placement services to provide day time and longer term breaks
Increased home based breaks available
Receive a break from caring
Flexible breaks for Carers for all care groups

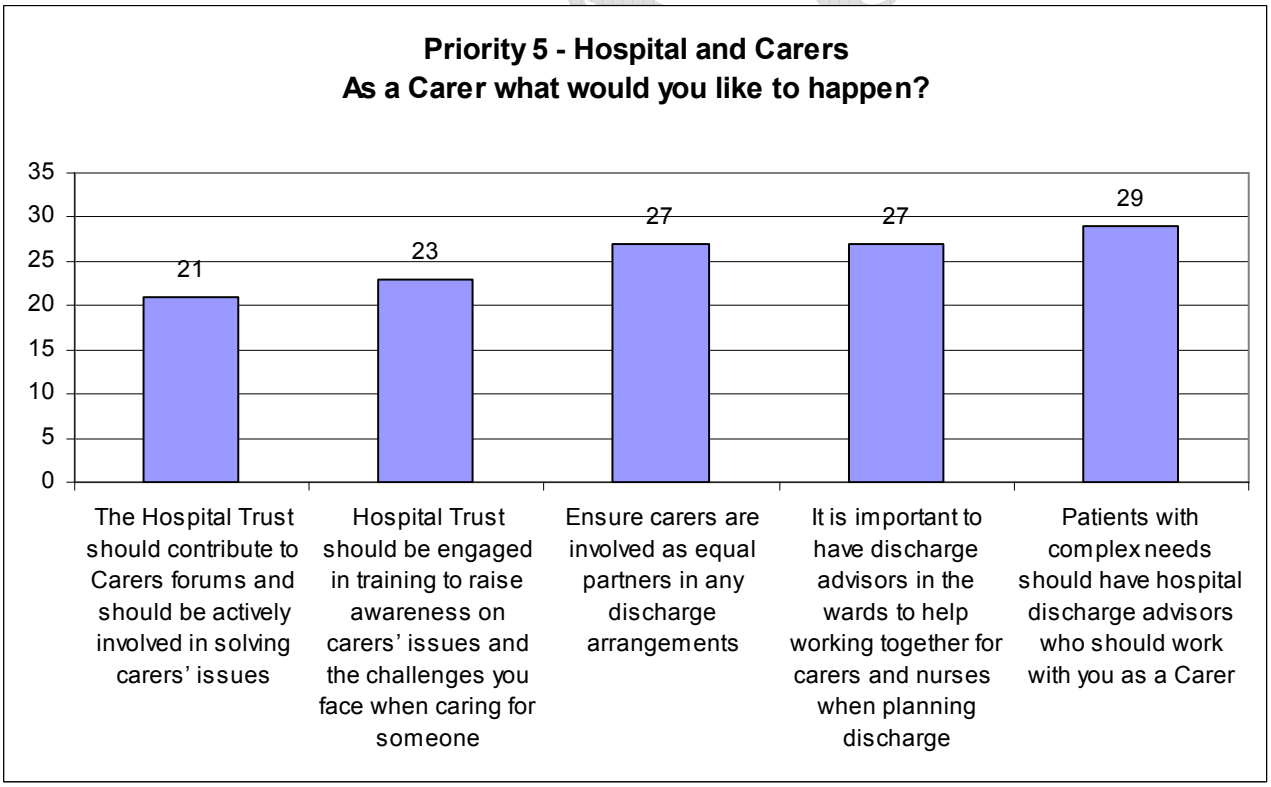

Priority 3 - Carers Health and Wellbeing
What is important to you as a Carer?
35
30
25
20
15
10
5
0
25
16
21
16
31
23
16
24
Emotional support, advocacy and information – someone to talk to
Having the resources and know ledge to deliver care
Help so that you do not feel socially isolation
Support to prevent relationships from breaking dow n
Being emotionally and physically w ell to continue to care
Recognition of the impact that caring has on your ow n health
Social activities w hich include peer support from other Carers
Not having to spend lots of time looking for help and support

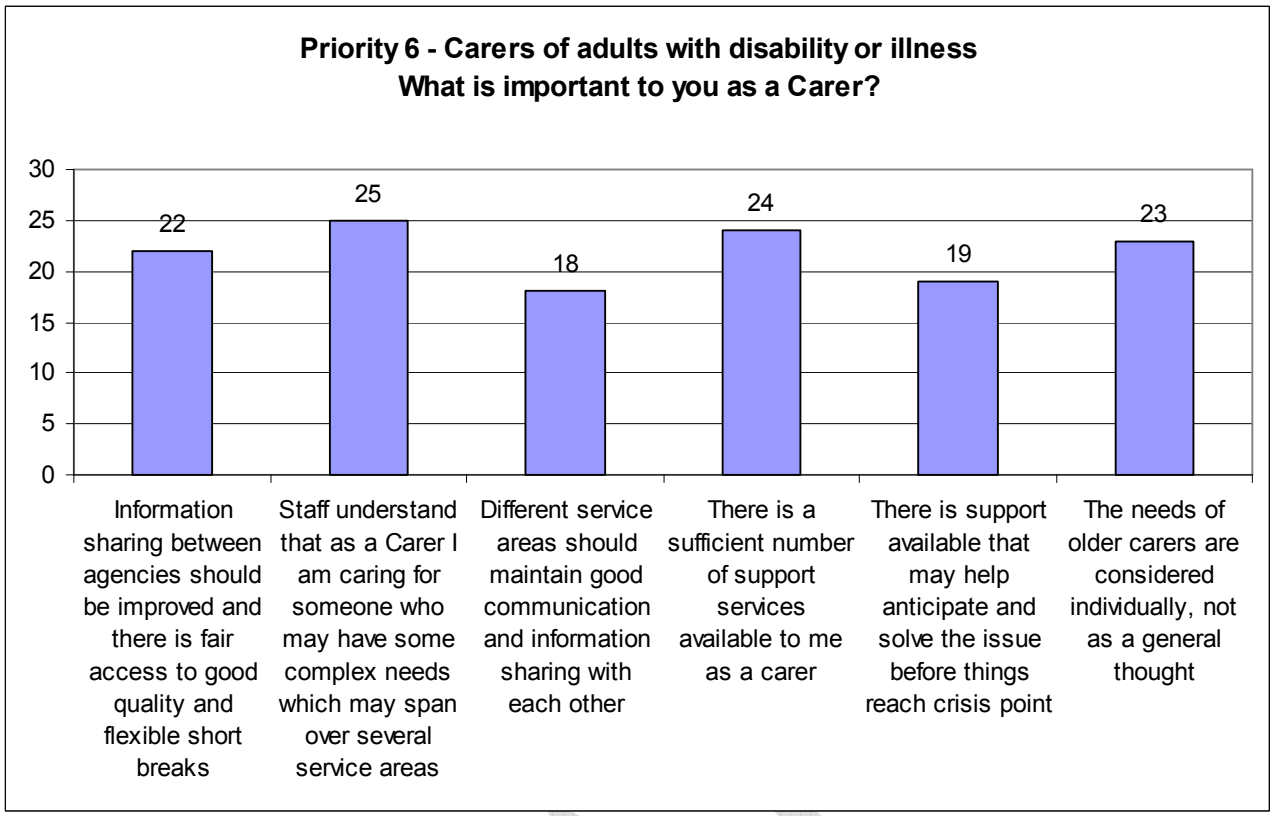

Priority 3 - Carers Health and Wellbeing
As a Carer what would you like to happen?
30
25
20
15
10
5
0
17
9
24
14
18
15
24
18
Carer friendly pharmacies to signpost you to relevant services
More advice on moving and handling in the home
Practical support for me as a carer - help with shopping, gardening, cleaning
More home based support for the person I care for
More community based support for the person I care for
Help with planning for the future
Ensure support is available out of hours
Training courses to help you in your caring role


Priority 4 - Primary Care Services
What is important to you as a Carer?
35
30
25
20
15
10
5
0
30
30
18
21
Information about Carers Services available at your Doctors Surgery
Staff at doctor surgeries know ing that Carers have health needs as a result of caring
Primary Care staff valuing the expertise you have caring for the person you care for
Appointments for you as a Carer to suit your w orking and caring patterns


Priority 4 - Primary Care Health Services
As a Carers what would you like to happen?
35
30
25
20
15
10
5
0
29
21
20
19
10
12
All doctors surgeries to be Carer friendly, including staff training on needs of Carers
Information and campaigns for Carers at your doctors surgery
Doctors signposting and referring you to other services to help you w ith your caring role
Being able to sign-up to your doctor's carers register
Increased aw areness amongst doctors of young carers issues
Primary Care 'lead'/champion for Carers issues


Priority 5 - Hospital and Carers
What is important to you as a Carer?
30
25
20
15
10
5
0
22
21
28
14
23
28
Outpatient appointments that are flexible
Transport that is appropriate and on time
Carers have vast and valuable knowledge, extent experience and the right of choice when the person they care for is in the hospital—staff
Young carers thoughts and opinions are valued and taken into account by staff
It is important to involve you in discharge planning and you should be included in referrals to departments within the hospital
Hospital staff should recognise that you may have some level of anxiety if you find yourself in hospital and unable to carry on your caring


Priority 5 - Hospital and Carers
As a Carer what would you like to happen?
35
30
25
20
15
10
5
0
21
23
27
27
29
The Hospital Trust should contribute to Carers forums and should be actively involved in solving carers' issues
Hospital Trust should be engaged in training to raise awareness on carers' issues and the challenges you face when caring for someone
Ensure carers are involved as equal partners in any discharge arrangements
It is important to have discharge advisors in the wards to help working together for carers and nurses when planning discharge
Patients with complex needs should have hospital discharge advisors who should work with you as a Carer


Priority 6 - Carers of adults with disability or illness
What is important to you as a Carer?
30
25
20
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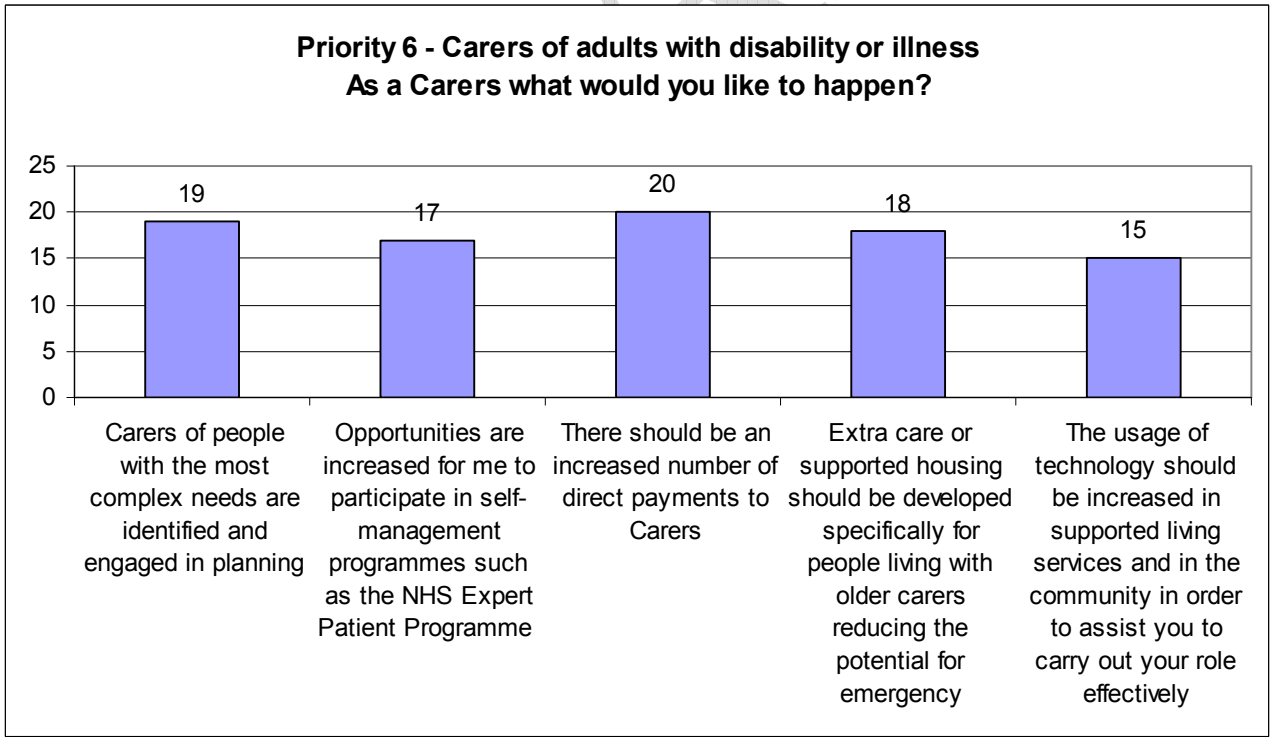
23
Information sharing between agencies should be improved and there is fair access to good quality and flexible short breaks
Staff understand that as a Carer I am caring for someone who may have some complex needs which may span over several service areas
Different service areas should maintain good communication and information sharing with each other
There is a sufficient number of support services available to me as a carer
There is support available that may help anticipate and solve the issue before things reach crisis point
The needs of older carers are considered individually, not as a general thought


Priority 6 - Carers of adults with disability or illness
As a Carers what would you like to happen?
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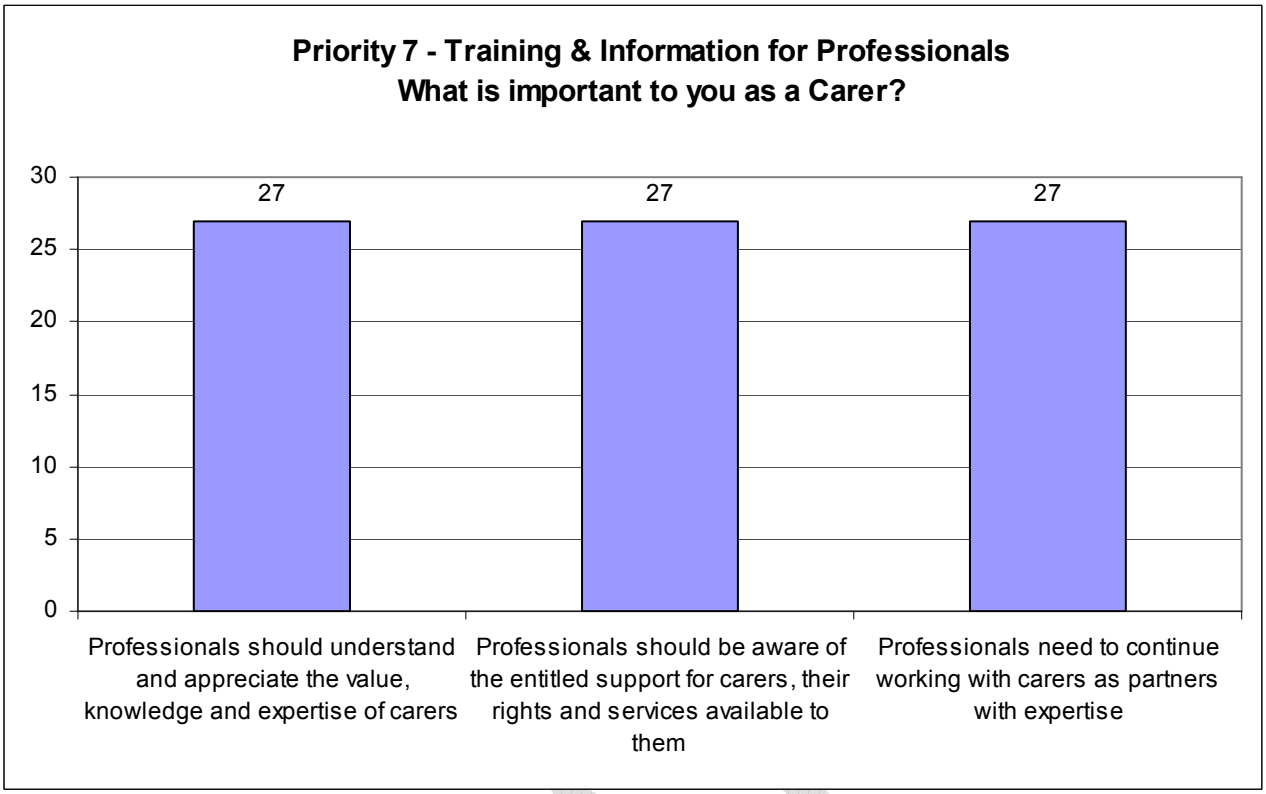
15
Carers of people with the most complex needs are identified and engaged in planning
Opportunities are increased for me to participate in self-management programmes such as the NHS Expert Patient Programme
There should be an increased number of direct payments to Carers
Extra care or supported housing should be developed specifically for people living with older carers reducing the potential for emergency
The usage of technology should be increased in supported living services and in the community in order to assist you to carry out your role effectively


Priority 7 - Training & Information for Professionals
What is important to you as a Carer?
30
25
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27
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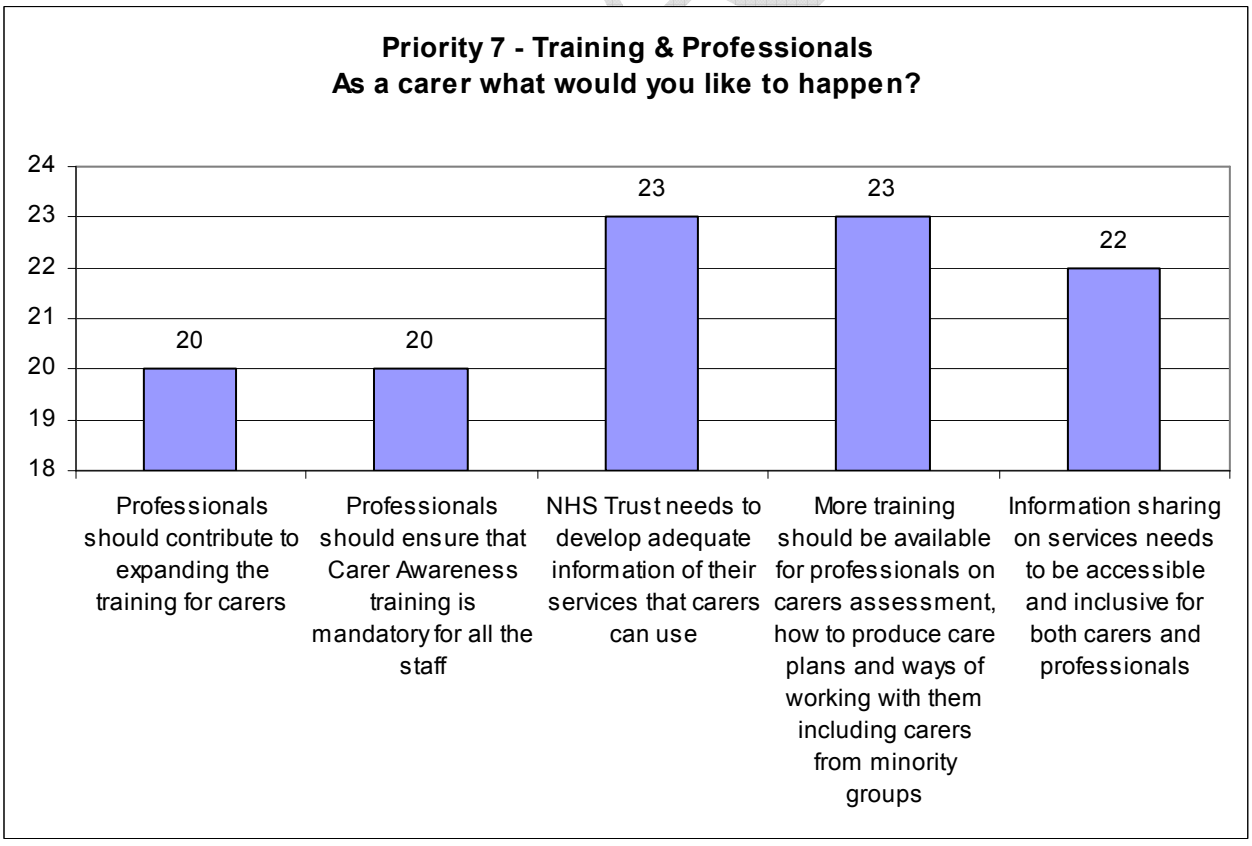
27
Professionals should understand and appreciate the value, knowledge and expertise of carers
Professionals should be aware of the entitled support for carers, their rights and services available to them
Professionals need to continue working with carers as partners with expertise


Priority 7 - Training & Professionals
As a carer what would you like to happen?
24
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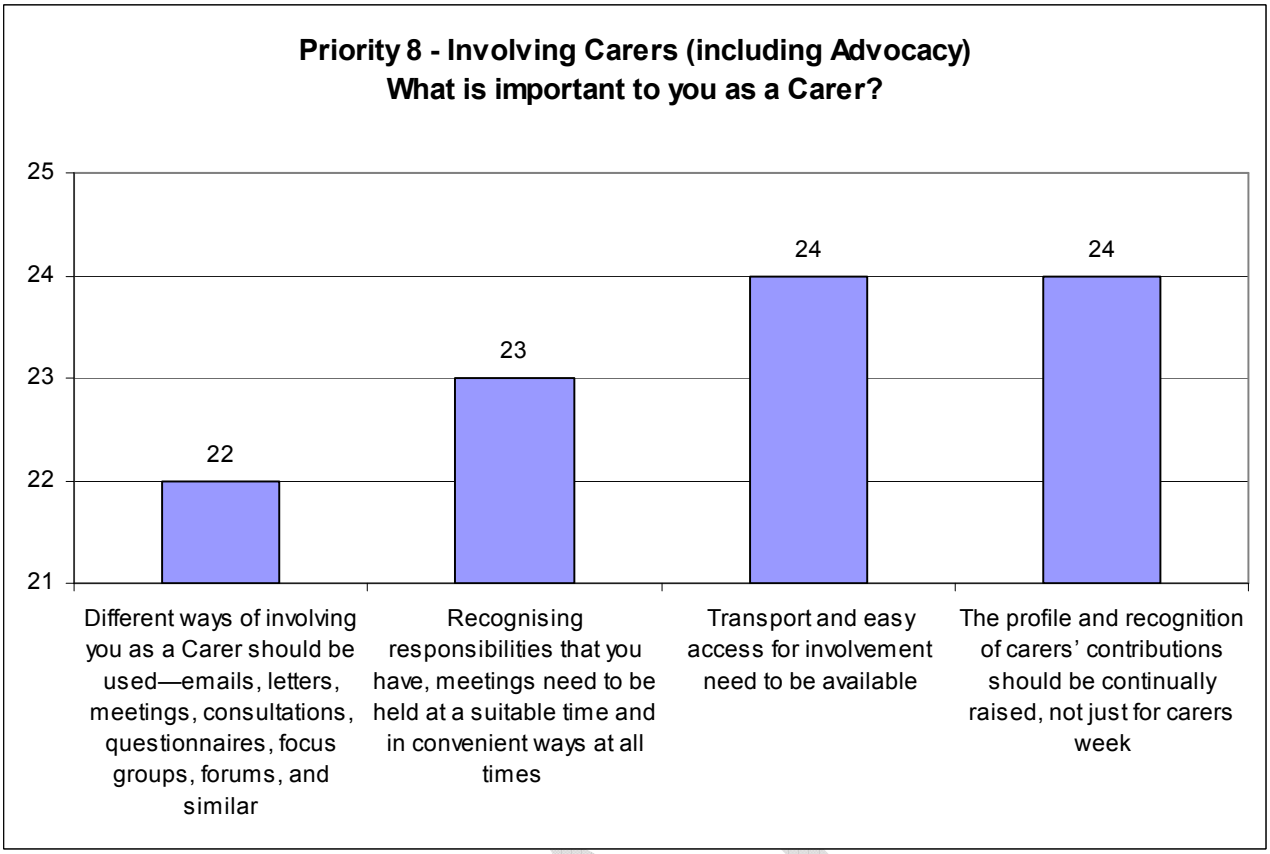
22
Professionals should contribute to expanding the training for carers
Professionals should ensure that Carer Awareness training is mandatory for all the staff
NHS Trust needs to develop adequate information of their services that carers can use
More training should be available for professionals on carers assessment, how to produce care plans and ways of working with them including carers from minority groups
Information sharing on services needs to be accessible and inclusive for both carers and professionals


Priority 8 - Involving Carers (including Advocacy)
What is important to you as a Carer?
25
24
23
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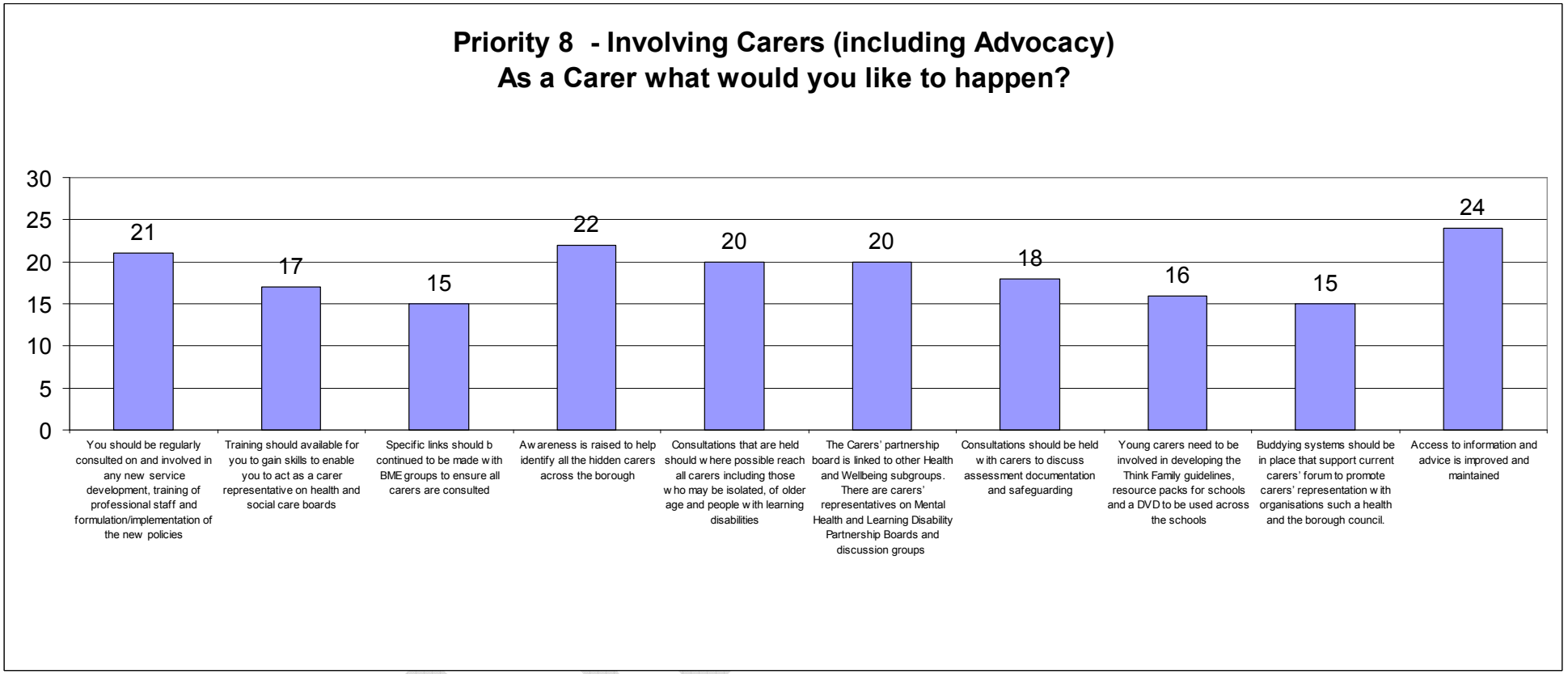
24
Different ways of involving you as a Carer should be used—emails, letters, meetings, consultations, questionnaires, focus groups, forums, and similar
Recognising responsibilities that you have, meetings need to be held at a suitable time and in convenient ways at all times
Transport and easy access for involvement need to be available
The profile and recognition of carers' contributions should be continually raised, not just for carers week


Priority 8 - Involving Carers (including Advocacy)
As a Carer what would you like to happen?
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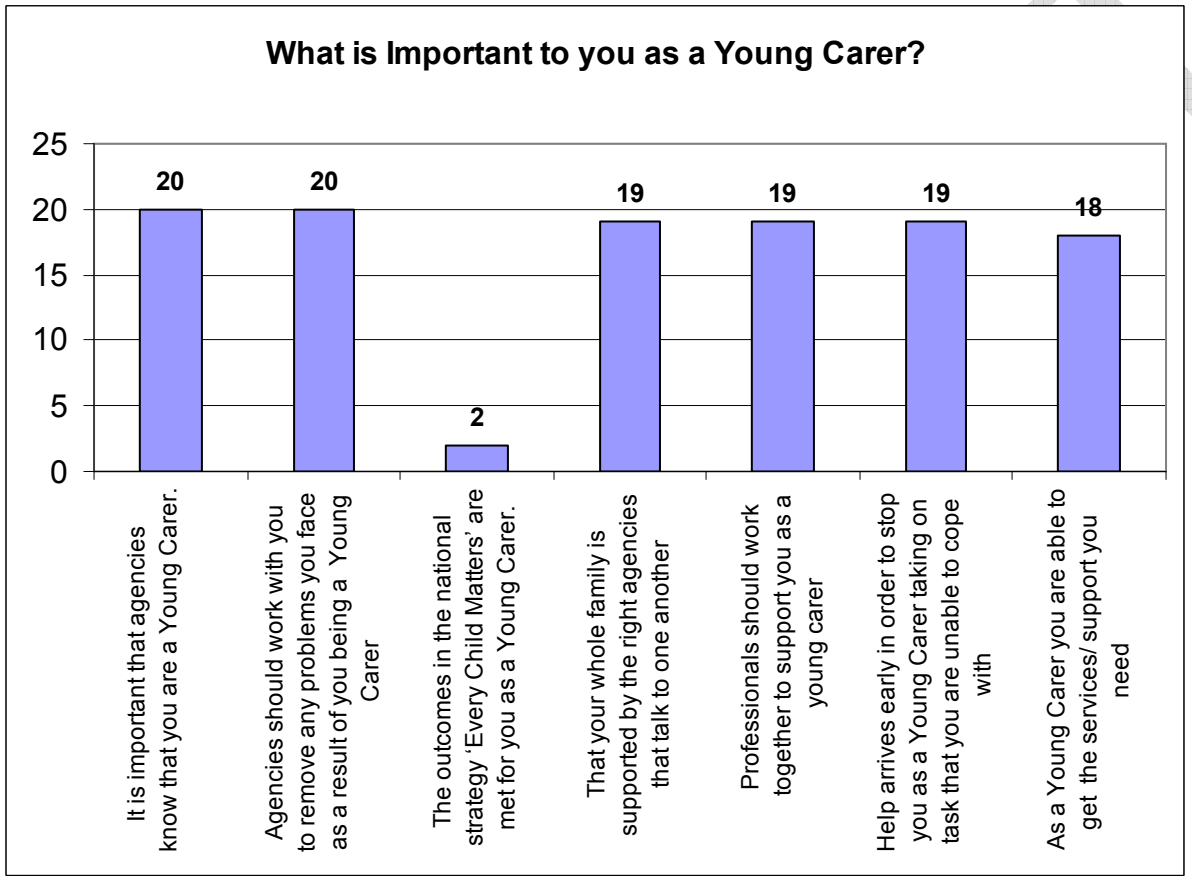
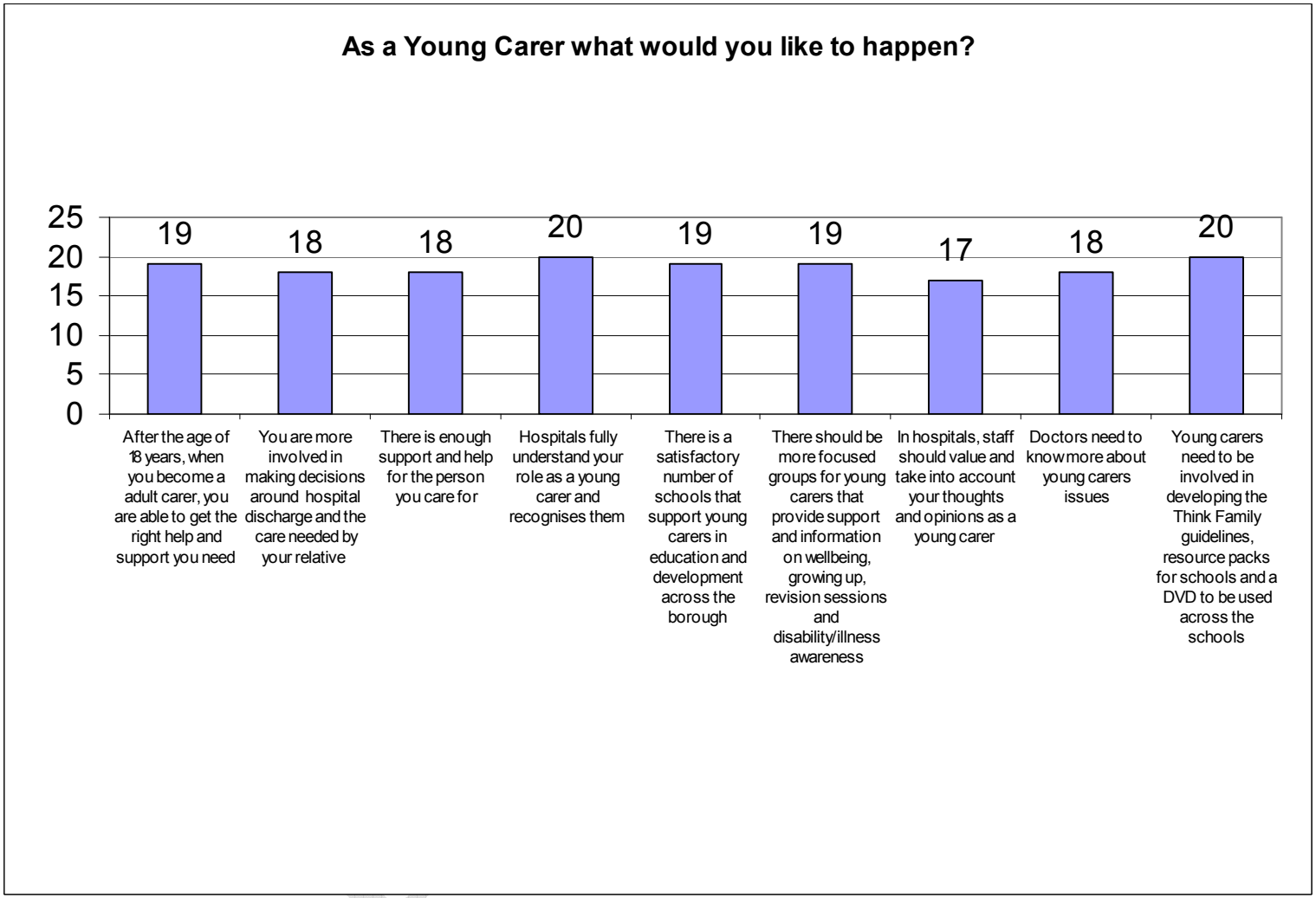
You should be regularly consulted on and involved in any new service development, training of professional staff and formulation/implementation of the new policies
Training should available for you to gain skills to enable you to act as a carer representative on health and social care boards
Specific links should b continued to be made with BME groups to ensure all carers are consulted
Awareness is raised to help identify all the hidden carers across the borough
Consultations that are held should where possible reach all carers including those who may be isolated, of older age and people with learning disabilities
The Carers' partnership board is linked to other Health and Wellbeing subgroups. There are carers' representatives on Mental Health and Learning Disability Partnership Boards and discussion groups
Consultations should be held with carers to discuss assessment documentation and safeguarding
Young carers need to be involved in developing the Think Family guidelines, resource packs for schools and a DVD to be used across the schools
Buddying systems should be in place that support current carers' forum to promote carers' representation with organisations such a health and the borough council.
Access to information and advice is improved and maintained

## Appendix 2 Summary responses to questionnaires (young Carers)

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




As a Young Carer what would you like to happen?
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20
After the age of 18 years, when you become a adult carer, you are able to get the right help and support you need
You are more involved in making decisions around hospital discharge and the care needed by your relative
There is enough support and help for the person you care for
Hospitals fully understand your role as a young carer and recognises them
There is a satisfactory number of schools that support young carers in education and development across the borough
There should be more focused groups for young carers that provide support and information on wellbeing, growing up, revision sessions and disability/illness awareness
In hospitals, staff should value and take into account your thoughts and opinions as a young carer
Doctors need to know more about young carers issues
Young carers need to be involved in developing the Think Family guidelines, resource packs for schools and a DVD to be used across the schools

## Appendix 3 Slough's Joint Carers' Commissioning Strategy 2014- 17 Action Plan

| Key Actions | Outcome | Lead | Timescale |
|---|---|---|---|
| **Priority 1 – Improved Health and Wellbeing** | | | |
| • The second phase of Slough Borough Council (SBC) Adult Social care Transformation Programme develops and embeds personal budgets for Carers. | • Needs of Carers given a higher profile within SBC and partner organisations<br>• Carers meeting the Fair Access to Care (FAC) eligibility criteria have access to a personal budget<br>• Increased number of Carers in receipt of Direct Payments | Assistant Director Adult Social Care, Commissioning and Partnerships<br>Head of Service Care Group Commissioning<br>Service Manager- Transformation, Performance & Practice | July 2014 |
| • Ensure Carers from all Carer groups within Slough's diverse community have access to quality information, advice and advocacy<br>• Continue to monitor Information, advice advocacy service | • Carers are better supported to help them in their caring role<br>• Carers receive emotional and practical support to help in their caring role. | Commissioner | February 2014 |
| • Map local support groups for Carers to identify overlaps and gaps in provision | • Target future support to ensure the needs of all Carers from Slough's culturally diverse communities are meet | Commissioner | July 2014 |
| • To consult carers about training needs<br>• Develop and roll out a joint training programme between SBC and CCG | • Carers feel more confident and supported in meeting their caring responsibilities | SBC Training officer<br>Commissioner-Adults<br>Consultant Public Health<br>CCG General Manager | March 2014 |

| Key Actions | Outcome | Lead | Timescale |
|---|---|---|---|
| to support Carers | | | |
| • Review progress of the Care and Support Bill and any impact for local authorities in the planning and delivery of Carers assessments.<br>• Identify resources to manage anticipated increase in take up of Carers assessments.<br>• Develop pathways to help manage possible increase in take up of Carers Assessments<br>• Review quality of Carers assessments undertaken<br>• Ensure publication of the Carers Offer outlining local services to meet their needs. | • Clear processes in place for Carers assessments including clear definitions about eligibility.<br>• Clear recordable systems in place to monitor take-up of Carers assessments<br>• Carers that meet FAC access an assessment/ support.<br>• 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 | April 2014 |
| • Review the need for respite and emergency respite for those caring for people with dementia and adults with learning disabilities.<br>• Ensure clear and transparent processes in place for carers accessing respite based on their eligibility of needs.<br>• Develop the Carers Respite and Community Support Framework | • Carers including those caring for a person with dementia and learning disabilities have access to flexible respite and community support tailored to their needs.<br>• 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.<br>• Carers feel reassured by having an emergency respite plan in place should a crisis arise resulting in them being unable to provide care.<br>• Social workers/Brokers indentify current gaps in service provision to help inform future commissioning | Commissioner-Adults, Head of Services, Senior Broker | August 2014 |

| Key Actions | Outcome | Lead | Timescale |
|---|---|---|---|
| Develop material to support Carers in their caring role | • Carers access appropriate support and services to support them in their caring role<br>• 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.<br>SBC web development lead | August I 2014 |
| Promote and monitor Emergency Carers Alert Card | • 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 | July 2014 |
| Increase use of telecare for Carers in Slough | • Quality of life for Carers and cared for is enhanced through assistive technology | Commissioner – Adults | April 2014 |
| • Analyse numbers of Safeguarding alerts involving Carers<br>• Processes accurately able to identify intentional and unintentional safeguarding incidents<br>• support and to provide assistance accordingly<br>• Support a communication Safeguarding campaign to raise awareness amongst general public<br>• Targeted interventions to raise awareness for Carers about Safeguarding<br>• Range of measures in place to prevent safeguarding. | • Carers have a clear understanding of what safeguarding means.<br>• Carers have access to appropriate support in order to prevent safeguarding concerns arising (including access to a Carers assessment , advocacy and respite provision)<br>• More appropriately targeted intervention is in place following identification of intentional and unintentional safeguarding incidents | Head of Adult Safeguarding and Learning Disabilities | July 2014 |
| • Within the Job Opportunities Group facilitate a local campaign to raise | • Employers have increased understanding as to the economic benefits of flexible | Commissioner – Adults<br>Policy Assistant | Oct 2014 |

| Key Actions | Outcome | Lead | Timescale |
|---|---|---|---|
| awareness as to the benefits of economic benefits of flexible working to employers.<br>• Raise benefits of recruiting and retaining carers through local business seminars. | working to their organisation.<br>• Increases employment options for Carers which are compatible with their caring responsibilities. | (facilitator of Job Opportunities Group ) | |
| • Ensure Carers have access to the range of work preparation programmes run by SBC and partner organisations | • Carers have increased skills thereby enabling wider range of employment opportunities | Commissioner – Adults | Oct 2014 |
| **Priority 2 – Primary Health Care Services** | | | |
| • Populate a Carers Register<br><br>**HOW**<br><br>• The Carers of patients with long term conditions are identified through GP Quality Outcome Framework<br><br>• Carers are identified by GP surgeries at patient registration<br><br>• Carers are identified by GP surgeries from hard to reach groups i.e. ageing, blind and deaf patients, children with special | • Increased numbers of Carers referred for Carers assessments and sign posted to other agencies.<br><br>• Carers access respite options through GP services.<br><br>• Fast track GP appointments – maximum 3 days for an appointment<br><br>• Recognition of carers and their health needs at GP Surgeries<br><br>• Invites for appropriate training (self-care) | Slough CCG Management | July 2014 |

| Key Actions | Outcome | Lead | Timescale |
|---|---|---|---|
| needs | | | |
| • GP surgeries promote relevant information to Carers<br>• Sign posting of services in Slough for Carers | • Increased number of Carers receiving appropriate support | Slough CCG Management | July 2014 |
| • GPs in partnership with voluntary organisations facilitate educational programmes for Carers and cared<br>• GP Reception staff training for Carers<br>• Training for GPs and Nurses<br>• Standardisation of services across Slough Practices | • Increased prevention and self-care amongst Carers and cared<br>• Better awareness of Carers needs by Practice staff and clinicians<br>• Equality of care | Slough CCG Management<br>Slough Borough Council | July 2014 |
| • GPs to actively promote NHS health checks for all registered patients aged 45 years plus with no long term conditions | • Increased prevention and early identification of health conditions amongst Carers | Slough CCG Management | Commenced July 2013: on going |
| • To undertake a review of current commissioned health services for Carers<br>• Ensure CCG involve Carers in | • More targeted Carers support in place meeting needs of Carers<br>• Carers have influenced types of services | Slough CCG Management | Commenced August 2013<br>Commence April |

| Key Actions | Outcome | Lead | Timescale |
|---|---|---|---|
| commissioning decisions | that better meet their needs. | | 2014: on going |
| • Training programme to be in place to help Carers manage their caring responsibility | • Increase number of Carers accessing training and support<br>• Increased numbers of Carers able to self manage health conditions including 'expert care' training programme | Training Officer SBC<br>General Manager CCG<br>Consultant Public Health | May 2014 |
| • Ensure CCG involves Carers in Patient Participation groups and Carers Forum | • Carers have influenced types of services that better meet their needs | Slough CCG Management | Commence April 2014 |
| **Priority 3 – Hospital and Carers** | | | |
| • Improve admission and discharge arrangements | • Carers are fully involved in admission and discharge arrangements resulting in smoother arrangements for both the Carer and cared for.<br>• Increased understanding of carers needs by hospital staff | CCG & Wexham Park Management | Commence April 2014 |
| **Priority 4 – Improved support for Young Carers** | | | |
| 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 : | • Have increased local knowledge about the numbers and needs of young people providing care<br>• The needs of young Carers are met through schools, universal and specifically | Assistant Director - Children, Young People & Families, | January 2014 |

| Key Actions | Outcome | Lead | Timescale |
|---|---|---|---|
| • Undertake mapping exercise of young Carers – numbers and needs<br>• Undertake consultation with young people, schools and other key stakeholders agree how best to meet the needs of this group<br>• Ensure resources and commissioned services following outcome of consultation<br>• Promote partnership with schools and other agencies to increase opportunities for young Carers<br>• Re-launch – Carers charter in schools<br>• Implement the 'memo of understanding' to support young carers<br>• To develop a tool to assess young carers | targeted services<br>• Slough is providing increased and tailored support to the needs of young carers | Head of service care group commissioning, Commissioner – Adults and Children | |
| **Priority 5- Training and Information for Professional** | | | |
| • Develop a local three year 'Carers matter' staff training program for SBC, Health and partner | • Carers receive increased support<br>• Staff are more confident and responsive in meeting needs of Carers.<br>• Increased number of Carers receiving g | Training officer<br>Commissioner –Adults | April 2014 |

| Key Actions | Outcome | Lead | Timescale |
|---|---|---|---|
| organisations.<br>• Develop and target intervention according to staff roles and responsibilities.<br>• Roll out –e-learning program. | carers assessments and targeted services | | |
| **Priority 6 – Involving Carers** | | | |
| • Ensure Carers consulted in all health and SBC commissioning activity – includes identifying and designing services. | • Service that are commissioned meet the needs of Carers and the people they support | Strategic Commissioning Manager | Ongoing |
| • Ensure Slough Wellbeing Board and other SBC /CCG strategic planning boards include and consult Carers about future delivery of services and policies<br>• Monitor how Carers are consulted in these processes | • The needs of local Carers are considered in planning and allocation of resources | Assistant Director Adult Social Care, Commissioning and Partnerships.<br>Consultant Public Health, Slough CCG Head of operations | April 2014 |
| • Ensure Carers involved in development of council wide housing polices<br>• Have a clearer view about the housing needs of Carers and those whom they care for | • Housing needs of Carers and those they care for are met<br>• Provide assurance to older carers that the longer –term needs of the person they care for will be met. | Head of Service Care Group Commissioning, ,<br>Assistant Director housing and environment<br>Commissioner- Adults | December 2014 |

| Key Actions | Outcome | Lead | Timescale |
|---|---|---|---|
| | | | |

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel

**DATE:** 13th January 2014

**CONTACT OFFICER:** Dr Davina Cavallaro
07850209096

Dr Angela Snowling
(01753) 875142

**WARD(S):** All

**FOR INFORMATION & CONSIDERATION***

# TUBERCULOSIS (TB) IN SLOUGH

## 1.Purpose of Report

The purpose of this report is to inform the Board of the following

- What TB is and how it is spread
- What happens to people infected with TB
- Why this is an important Public Health issue
- Current TB services in the Slough area
- How services could be improved
- Why continued funding is necessary for the continued well being and safety of the population

## 2. Recommendation(s)/Proposed Action

The committee is requested to note that;

- Many services in Slough are contributing to the; prevention, early identification and the effective treatment of Tuberculosis.

- Slough's incidence of TB has continued to rise to a peak of 56.7 per 100,000 compared to 15.1 in England. (Public Health Outcomes Framework 2010-2012)

- The treatment completion rates have continued to improve as 89% completed treatment in 2011 compared to 80% in 2007, as described by the 2013-2014 report into Health Protection Priorities in the Thames Valley. The Chief Medical Officer's target is 85%.

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

Tuberculosis (TB) was a key health issue in the 2011-2012 JSNA and remains so in the 2013 JSNA as TB rates remain high within Slough.

### Slough Wellbeing Strategy Priorities

Increased access to TB screening is one of the aims of the Slough Joint Wellbeing Strategy 2013-2016. Meeting the population needs for identification and treatment of TB has wider implications for many public health priorities within the SWS including, but not limited to:

- Health – improving physical health of those with, or at risk of, TB
- Housing – improving housing among high risk groups, for example reducing transmission in high occupancy residences
- Economy and skills- enable skilled workers to return to the workplace after successful treatment without threat of transmitting disease to colleagues

Slough has the highest incidence of TB in the South East. This high incidence leads to a negative stigma about the health of the population, especially migrant communities. Reducing the rates of tuberculosis has the potential to improve the overall image of Slough, thus ensuring it remains a desirable place to work and live.

### Other Implications

(a) Financial

There are no financial implications of proposed action. Funding for tuberculosis services is from local CCG's.

*(b)* Risk Management

| Risk | Mitigating action | Opportunities |
|---|---|---|
| Untreated can lead to debilitating disease and/or death | **1.** Continued efforts in identifying and treating TB | **2.** New Entrants Screening Service<br>**3.** GP Education<br>**4.** Raising awareness in 2º care |
| Multi-drug resistant TB | **5.** Early identification, isolation and appropriate treatment | **6.** Raising awareness amongst GP's to refer if no symptom improvement<br>**7.** Use of recommended drug regimes |

## 4.Supporting Information

### Facts and Figures

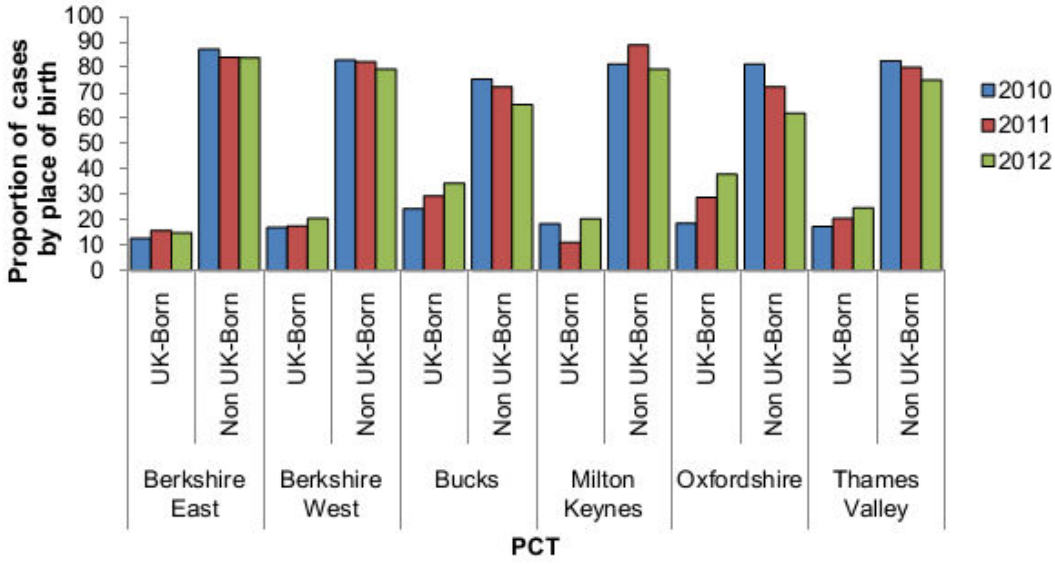
Tuberculosis is an infection caused by any of the four strains that comprise the Mycobacterium (M) tuberculosis complex, M. tuberculosis, M.bovis or M. africanum. The bacteria are oxygen dependent and characteristically resistant to acid preparations for microscopic identification. In most cases, TB is a disease of the lungs but it can infect almost any where else in the body including the brain (in the meninges where it can cause meningitis), bone and bowel. Rarely, it can spread all over the body (called military TB). Any person with symptoms from the tuberculosis bacteria is said to have 'active tuberculosis.'

Symptoms of active pulmonary TB include; productive cough lasting three months or longer, weight loss, night sweats, chills, fever, and blood in sputum.

Latent TB refers to a patient who is infected with tuberculosis but shows no symptoms (remains asymptomatic). Infection will not be visible on chest x-ray, though patients will still test positive on skin and blood tests. Latent TB is not infectious but can further develop into active disease.

TB occurs mostly in residents who have been born in or visited overseas countries where TB is endemic. The latest results from 2010-13 from the Thames Valley Health Protection unit show the rate of TB is much higher in those born outside of the UK (Figure 1).

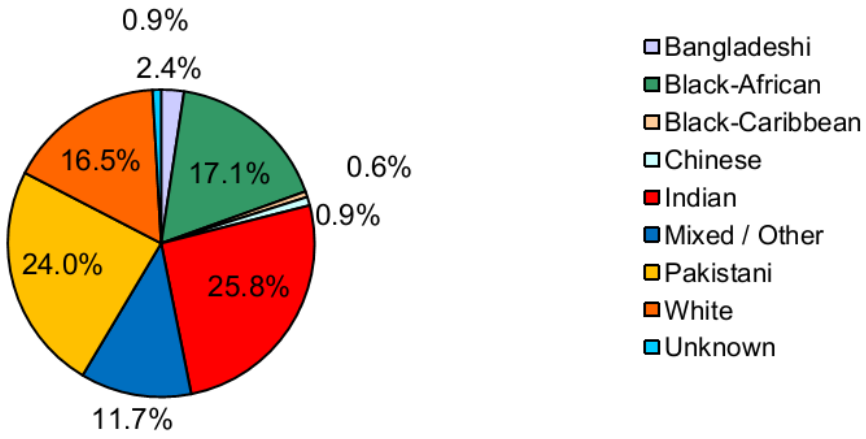
**Figure 1; Country of origin of those infected with TB in Thames Valley PCTs**.




**Source: ETS**
*Provisional data for 2012

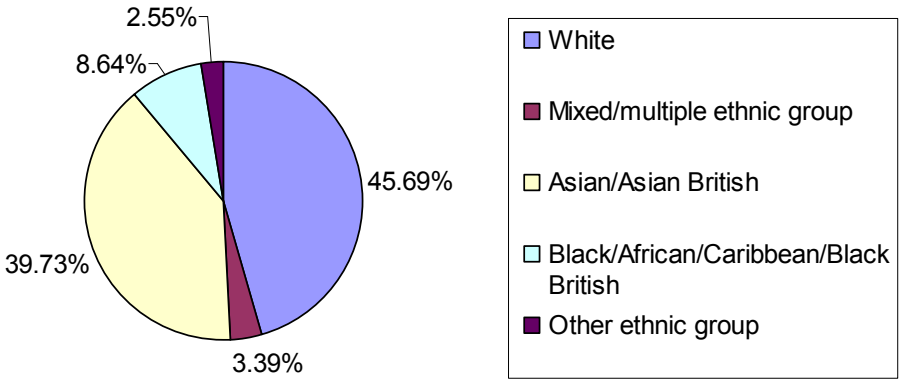
Slough has a high rate of immigration and many of the new entrants are arriving from countries where TB incidence is high (defined as >40 cases per 100,000 population). (See Appendix 1)
According to the 2011 census, 27.8% of the population was born outside the UK and EU and almost 10% were born in the EU. Figure 2 clearly shows the incidence of TB is higher in specific ethnic groups. Figure 3, from the latest Census data release demonstrates the main ethnic groups within Slough's population as a whole.

**Figure 2. Tuberculosis cases by ethnic group, Thames Valley 2011**




**Source: Enhanced TB Surveillance System (ETS), TVHPU**
*Provisional data for 2011

**Figure 3. Ethnic Groups within the Slough Population, 2011 (Data from Nomis, 2011 census data)**




While this diversity plays a major role in Slough's rich cultural community, the high risk countries these residents are emigrating from increase the TB burden. Therefore, immunisation of newborn children, TB screening of new entrants, identification of and timely treatment of people with active disease remain a high priority for Slough Borough Council.

## TB services in Slough

### Immunisation of newborn children in high risk areas

Preventing infection of TB in early childhood in high risk children is a key public health issue. Neonates deemed high risk by the Health Visitors will receive the BCG vaccination. High risk neonates are defined by NICE as those born in an area with high incidence of TB, with one or more parents or grandparents who are from a high incidence country or a family history of TB in the last five years. NICE also recommends that GP's consider vaccinating all neonates should they be born within a particularly high incidence area such as Slough. All newborns at risk are vaccinated at Wexham Park Hospital.

### TB screening

GP's are encouraged to opportunistically screen older children who would have qualified for the neonatal BCG vaccination but have recently immigrated or not been previously vaccinated in the UK prior to guidance change.

### TB screening for new entrants service at Upton Hospital

The New Entrants Screening Service is based at Upton Hospital and is responsible for all New Entrants to East Berkshire. New Entrants are referred in to the service from the Home Office at the ports of entry, GP's and self referrals. NESS aims to offer a comprehensive service for new immigrants to Slough that includes screening for Tuberculosis. Ongoing research is underway to better inform Slough Borough Council how New Entrant Screening Services are being run, how effective they are and how we can redesign the service to reflect increased demands.. The service uses a choice of screening methods according to the results of a risk assessment.

### TB treatment services

The King Edward VIIth Hospital in Windsor has a dedicated Tuberculosis service which is a service offered by Wexham Park respiratory teams. The team is comprised of three Nurse Practitioners and a named TB consultant whose role it is to cover patients in the hospital, community and through home visits. The majority of their case load is confirmed cases of Tuberculosis and less of screening, although at times when a child in a school is thought to be infected they will conduct contact tracing and risk assessments in conjunction with the Public Health England communicable disease team at Chilton in Oxford. The Nurse Practitioners take referrals directly from the New Entrants Screening Service at Upton Hospital.

### Antibiotic Treatment of TB

Treatment of *active* TB is an arduous task requiring a minimum 6 months of antibiotic treatment; two months of isoniazid, rifampicin, ethambutol, and pyrazinamide followed by 4 months of isoniazid and rifampicin alone. These antiobiotics are not without side-effects.

Symptoms of treatment include interactions with other drugs (rifampicin, specifically, can alter the liver's metabolism of other medications), liver damage, damage to eyes (liver function and visual acuity are monitored during treatment) as well as nausea, chills and bone pain. Rifampicin characteristically causes red discoloration of sweat, urine and tears. Because of the large side effect profile of each drug, concordance (the name given to how well a patient keeps on taking their prescribed drugs) needs close follow up with a named TB nurse and Health Visitor.

Treatment for *latent* TB is recommended for

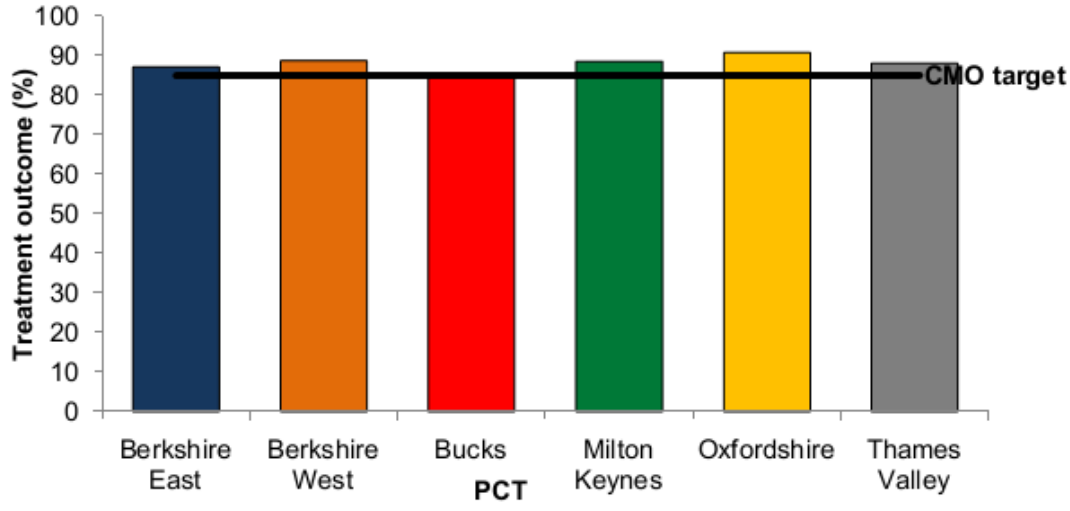
- Those under 35 years old
- HIV positive patients
- Healthcare workers
- Those with a chest x-ray indicative of active TB in that past who has not before received treatment

A specialist consultant may treat others on an individual case basis (i.e immunosuppressed patients) but with increasing age, the risk of permanent liver damage from the drugs increases and therefore risks often outweigh the benefits. However, should a patient diagnosed with latent TB subsequently develop active disease, treatment is a must. Treatment regimes for latent TB vary but are based on 3 to 6 months of isoniazid +/- rifampicin. As these patients are asymptomatic and the medications they are now taking have a severe side effect burden, concordance is a key issue that should be followed up individually.

## Treatment outcomes in Slough

Treatment completion rates have increased in the last few years in Slough. The average rates from 2007-2011 remain above the CMO's target of 85% as demonstrated by Figure 4.

**Figure 4. Tuberculosis treatment completion rate at 12 months by PCT, Thames Valley, (2007-2011 average).**




**Source: ETS**

## 5.Comments of Other Committees / Priority Delivery Groups (PDGs)

This paper will be presented to both the Overview and Scrutiny Panel and the Wellbeing Board.

## 6. Conclusion

Tuberculosis prevention, identification and treatment should remain a high priority in the interest of maintaining good health. Whilst current treatment outcomes exceed national averages another public health outcome measure is 'early deaths from conditions amenable to healthcare' in which TB as one of the contributing diseases. Slough CCG is tasked with improving this measure and improving the TB service would improve this outcome in the longer term.

The panel is requested to note the actions underway to audit the New Entrants Screening Service against NICE Guidance and further updates will be supplied when required..

## 7. Appendices Attached

1. WHO Estimates of tuberculosis incidence by rate, 2011

## 8.Background Papers


1. National Institute for Health and Care Excellence (2013) [Clinical diagnosis and management of tuberculosis, and measures for its prevention and conrol]. [CG0117]. London: National Institute for Health and Care Excellence.

2. Migrant Health Guide: Tuberculosis. Public Health England Online. http://www.hpa.org.uk/MigrantHealthGuide/HealthTopics/InfectiousDiseases/Tuberculosis/#prevention_and_control

3. National Institute for Health and Care Excellence (2012). [Identifying and managing tuberculosis among hard-to-reach groups. Nice Public Health Guidance [ph37]. London:National Institue for Health and Care Excellence

4. The Green Book: Chapter 32 Tuberculosis. 2013. Public Health England. Available online https://www.gov.uk/government/publications/tuberculosis-the-green-book-chapter-32

5. Tunbridge, Anne. Screening International Migrants for Infection. Paper presented to NICE Programme Development Group on Identifying and Managing Tuberculosis among hard-to-reach-groups. Manchester. November 2010. Available for download from http://guidance.nice.org.uk/PH37/SupportingEvidence/ExpertTestimonyPapers/pdf/English

6. Cocksedge Malcolm. Nurse Led Triage. Paper presented to NICE Programme Development Group on Identifying and Managing Tuberculosis among hard-to-reach-groups. Manchester. November 2010. Available for download from http://guidance.nice.org.uk/PH37/SupportingEvidence/ExpertTestimonyPapers/pdf/English

7. National Institute for Health and Care Excellence (2013). Screening for latent tuberculosis in a person who is a new entrant from a high-incidence country. NICE Pathway. Available online http://pathways.nice.org.uk/pathways/tuberculosis/screening-for-latent-tuberculosis-in-new-entrants-from-a-high-incidence-country#content=view-node%3Anodes-new-entrant-from-high-incidence-country

*8.* [1] National Institute for Health and Care Excellence (2013). Managing active tuberculosis. NICE Pathway. Available online http://pathways.nice.org.uk/pathways/tuberculosis/managing-active-tuberculosis#content=view-node:nodes-treating-respiratory-tuberculosis

9. NHS Choices. 2012. Tuberculosis (TB)-Treatment. http://www.nhs.uk/Conditions/Tuberculosis/Pages/Treatment.aspx

10. Health Protection Priorities in the Thames Valley 2013-14. PHE England..

For extra reading on Tuberculosis and it's implications on health world wide :

WHO Fact Sheet. October 2013. Available online at http://www.who.int/mediacentre/factsheets/fs104/en/index.html

# Appendix 1 World Health Organization (WHO) estimates of tuberculosis incidence by rate, 2011 (sorted by rate)

These WHO estimates are also available sorted by country.

**Definition of high incidence**
With reference to the National Institute for Health and Clinical Excellence (NICE) recommendations for BCG vaccination and screening in England and Wales, countries/territories with an estimated incidence rate of 40 per 100,000 or greater are considered to have a high incidence of tuberculosis.

International incidence of tuberculosis

| Country/Territory | WHO Region | Estimated number of cases | Estimated rate per 100,000 population |
|---|---|---|---|
| Swaziland | Africa | 16000 | 1317 |
| South Africa | Africa | 500000 | 993 |
| Namibia | Africa | 17000 | 723 |
| Sierra Leone | Africa | 43000 | 723 |
| Lesotho | Africa | 14000 | 632 |
| Djibouti | Eastern Mediterranean | 5600 | 620 |
| Zimbabwe | Africa | 77000 | 603 |
| Mozambique | Africa | 130000 | 548 |
| Marshall Islands | Western Pacific | 290 | 536 |
| Timor-Leste | South-East Asia | 5700 | 498 |
| Botswana | Africa | 9200 | 455 |
| Gabon | Africa | 6900 | 450 |
| Zambia | Africa | 60000 | 444 |
| Cambodia | Western Pacific | 61000 | 424 |
| Central African Republic | Africa | 18000 | 400 |
| Congo | Africa | 16000 | 387 |
| Myanmar | South-East Asia | 180000 | 381 |
| Kiribati | Western Pacific | 360 | 356 |
| Papua New Guinea | Western Pacific | 24000 | 346 |
| Democratic People's Republic of Korea | South-East Asia | 84000 | 345 |
| Mauritania | Africa | 12000 | 334 |
| Democratic Republic of the Congo | Africa | 220000 | 327 |
| Angola | Africa | 61000 | 310 |
| Liberia | Africa | 12000 | 299 |
| Kenya | Africa | 120000 | 288 |
| Somalia | Eastern Mediterranean | 27000 | 286 |
| Gambia | Africa | 4900 | 279 |

International incidence of tuberculosis

| Country/Territory | WHO Region | Estimated number of cases | Estimated rate per 100,000 population |
|---|---|---|---|
| Philippines | Western Pacific | 260000 | 270 |
| Ethiopia | Africa | 220000 | 258 |
| Cameroon | Africa | 49000 | 243 |
| Guinea-Bissau | Africa | 3700 | 238 |
| Madagascar | Africa | 51000 | 238 |
| Pakistan | Eastern Mediterranean | 410000 | 231 |
| Tuvalu | Western Pacific | 22 | 228 |
| Bangladesh | South-East Asia | 340000 | 225 |
| Mongolia | Western Pacific | 6200 | 223 |
| Haiti | The Americas | 22000 | 220 |
| Lao People's Democratic Republic | Western Pacific | 13000 | 213 |
| Equatorial Guinea | Africa | 1500 | 202 |
| Micronesia (Federated States of) | Western Pacific | 220 | 200 |
| Viet Nam | Western Pacific | 180000 | 199 |
| Tajikistan | Europe | 13000 | 193 |
| Uganda | Africa | 67000 | 193 |
| Bhutan | South-East Asia | 1400 | 192 |
| Côte d'Ivoire | Africa | 38000 | 191 |
| Malawi | Africa | 29000 | 191 |
| Afghanistan | Eastern Mediterranean | 61000 | 189 |
| Indonesia | South-East Asia | 450000 | 187 |
| Guinea | Africa | 19000 | 183 |
| India | South-East Asia | 2200000 | 181 |
| Greenland | Europe | 100 | 178 |
| United Republic of Tanzania | Africa | 78000 | 169 |
| Nepal | South-East Asia | 50000 | 163 |
| Republic of Moldova | Europe | 5700 | 161 |
| Palau | Western Pacific | 32 | 153 |
| Chad | Africa | 17000 | 151 |
| South Sudan | Eastern Mediterranean | 15000 | 146 |
| Cape Verde | Africa | 730 | 145 |
| Burundi | Africa | 12000 | 139 |
| Senegal | Africa | 17000 | 136 |
| Bolivia (Plurinational State of) | The Americas | 13000 | 131 |
| Kazakhstan | Europe | 21000 | 129 |
| Kyrgyzstan | Europe | 6900 | 128 |
| Georgia | Europe | 5400 | 125 |
| Thailand | South-East Asia | 86000 | 124 |

International incidence of tuberculosis

| Country/Territory | WHO Region | Estimated number of cases | Estimated rate per 100,000 population |
|---|---|---|---|
| Nigeria | Africa | 19000 | 118 |
| Sudan | Eastern Mediterranean | 40000 | 117 |
| Azerbaijan | Europe | 11000 | 113 |
| Guyana | The Americas | 830 | 110 |
| Niger | Africa | 17000 | 108 |
| Morocco | Eastern Mediterranean | 33000 | 103 |
| Solomon Islands | Western Pacific | 570 | 103 |
| Peru | The Americas | 30000 | 101 |
| Romania | Europe | 22000 | 101 |
| Uzbekistan | Europe | 28000 | 101 |
| Republic of Korea | Western Pacific | 48000 | 100 |
| Eritrea | Africa | 5200 | 97 |
| Russian Federation | Europe | 140000 | 97 |
| Rwanda | Africa | 10000 | 94 |
| Sao Tome and Principe | Africa | 160 | 94 |
| Algeria | Africa | 32000 | 90 |
| Ukraine | Europe | 40000 | 89 |
| Malaysia | Western Pacific | 23000 | 81 |
| Ghana | Africa | 20000 | 79 |
| China, Hong Kong SAR | Western Pacific | 5500 | 78 |
| China | Western Pacific | 1000000 | 75 |
| Turkmenistan | Europe | 3800 | 74 |
| China, Macao SAR | Western Pacific | 410 | 73 |
| Togo | Africa | 4500 | 73 |
| Belarus | Europe | 6700 | 70 |
| Benin | Africa | 6300 | 70 |
| Brunei Darussalam | Western Pacific | 280 | 70 |
| Vanuatu | Western Pacific | 160 | 67 |
| Sri Lanka | South-East Asia | 14000 | 66 |
| Dominican Republic | The Americas | 6500 | 65 |
| Guam | Western Pacific | 120 | 65 |
| Ecuador | The Americas | 9100 | 62 |
| Mali | Africa | 9800 | 62 |
| Guatemala | The Americas | 9000 | 61 |
| Northern Mariana Islands | Western Pacific | 37 | 60 |
| Lithuania | Europe | 1900 | 59 |
| Burkina Faso | Africa | 9700 | 57 |
| Armenia | Europe | 1700 | 55 |
| Bosnia and Herzegovina | Europe | 1800 | 49 |
| Panama | The Americas | 1700 | 48 |
| Iraq | Eastern Mediterranean | 15000 | 45 |
| Paraguay | The Americas | 3000 | 45 |

International incidence of tuberculosis

| Country/Territory | WHO Region | Estimated number of cases | Estimated rate per 100,000 population |
|---|---|---|---|
| Suriname | The Americas | 230 | 44 |
| Yemen | Eastern Mediterranean | 11000 | 44 |
| Honduras | The Americas | 3400 | 43 |
| Brazil | The Americas | 83000 | 42 |
| Latvia | Europe | 930 | 42 |
| Belize | The Americas | 130 | 40 |
| Libyan | Eastern Mediterranean | 2600 | 40 |
| Nicaragua | The Americas | 2400 | 40 |
| Niue | Western Pacific | <1 | 40 |

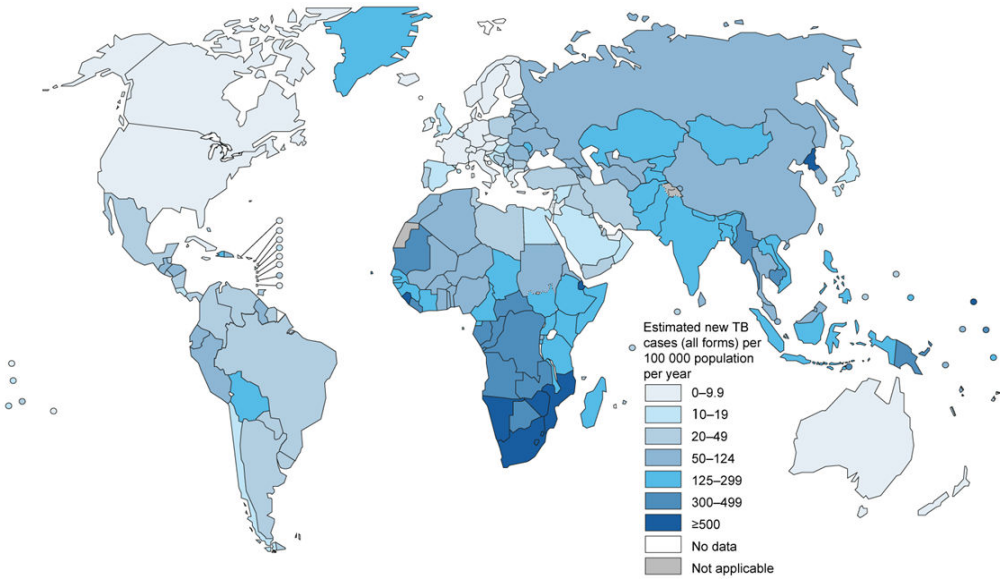
**Note:** Data presented here are an extract of data available for download from the WHO website. Only 'best estimate' figures of incidence are included here. Uncertainty bounds for these estimates are included in data downloadable from the WHO website and should be referred to if further interpretation of the figures is required. Details of the methods used for the estimation of incidence can be found in the WHO 'Global tuberculosis report 2012' [external link].

**Sources:** WHO TB burden estimates [external link] and 'Global tuberculosis report 2012' [external link]. Accessed 02/12/2012.

**Prepared by:** TB Section, Health Protection Services - Colindale

**Please note. The above table has been amended to show only the countries that are considered to have high incidence.**

**Estimated TB incidence rates, 2012**



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Berkshire Healthcare NHS
NHS Foundation Trust

Mental Health
Clinical Services
Reconfiguration

# Clinical Services Reconfiguration (CSR Programme)

## Progress Briefing to Slough Health Overview and Scrutiny Committee

## January 2014

Prepared by: Karen Watkins/Susanna Yeoman
Programme Executive: David Townsend

**Date of Report** 30th December 2013

## 1. Introduction

The purpose of this report is to provide the Slough Health Overview and Scrutiny Committee with an update report on the progress in transferring the mental health inpatient services from the three East Berkshire Wards (one each at Wexham Park Hospital in Slough, St Marks Hospital in Maidenhead and Heatherwood Hospital in Ascot). These sites were recognised as not fit for purpose for the provision of specialist inpatient services and following a great deal of work to consider the best way of meeting the needs of patients within available resources, NHS Berkshire Primary Care Trust approved the transfer of these services to Prospect Park Hospital with the support of the GP Commissioners and specialist mental health clinicians in January 2012.

This report supplements the previous reports presented to the Slough Overview and Scrutiny Committee in January 2013 and May 2013. Progress against the work

**Prospect Park Transition**

This work is focused on the preparation of Prospect Park Hospital to provide refurbished wards, en-suite bedrooms and the additional beds required, and includes reconfiguration of the existing services and necessary changes to the buildings on site.

**East Community Services Transition**

This work to vacate the accommodation at Wexham Park and Heatherwood Hospitals is almost complete and will enable a number of community services to remain in East Berkshire when the inpatient services moves to Reading are complete. These services include the Therapeutic Day Unit, Complex Needs and Eating Disorders services Outpatient services and medical records, memory clinics and community mental health services for older people.

**National Dementia Bid Funding**

In the summer of 2013 BHFT were successful in bidding for £1m of capital funds under the Dementia Friendly Environments National Pilot Capital Improvement Initiative. The money is being used to provide extensive improvements to two wards at Prospect Park. Rowan Ward has been transformed into a state of the art Dementia ward with a vastly improved environment for patients suffering from dementia including sensory gardens and lighting, specialist flooring to prevent and reduce the impact of falls. Dementia friendly décor, fixtures and fittings and artwork to stimulate memory and discussion are also part of the investment. This work has resulted in a slight delay to the relocation of Charles Ward from Maidenhead but will result in improvements to the environment that is greatly above those originally planned under the CSR Programme. The new ward will be complete on the 6th January 2014.

The remaining money is being spent on providing similar improvements to the Oakwood Community Ward which also caters for patients with dementia. This work will be complete by the end of March 2014.

**Completion Business Case Conditions**

Approval of the CSR programme included a number of business case conditions:

1. The completion of an implementation plan with clear gateways to mark achievement of key targets prior to progression to the next stage.

2. The establishment of appropriate community services to minimise the need for admission to hospital prior to the closure of East Berkshire Inpatient beds.

3. The phasing of closure of East Berkshire facilities to prioritise Ward 10.

4. The establishment of transport support, prior to transfer of any inpatient services, in line with the outlines provided to date.

5. Completion of feedback to CCGs on patient experience at Prospect Park Hospital, Ward 10 at Wexham Park Hospital, Ward 12 at Heatherwood Hospital and Charles Ward at St Marks Hospital

6. The inclusion of required quality improvement of inpatient services in contractual arrangements, either through CQUIN or quality schedules. The provision of transport support will also be included in the contractual arrangements with Berkshire Healthcare Trust, ensuring a transparent approach to use of funding, patient and carer satisfaction with the support and an understanding of the level of need.

**Programme Management**

BHFTs Chief Operating Officer (David Townsend) is the Senior Responsible Officer for the programme and is supported by a dedicated Programme Manager (Karen Watkins). A project Team and Programme Board are in place to manage and oversee delivery of the programme. A Commissioner Monitoring Group is in place to ensure that the programme is progressing and that the business case conditions are being met.

The Commissioner Monitoring Group monitors overall delivery of the programme and the conditions above. The group includes the commissioning leads from the Berkshire Commissioning Support Unit, GP commissioning leads for Mental Health in East Berkshire and Programme Leads from Berkshire Healthcare NHS Foundation Trust. Key programme milestones and agreed measures of service performance are monitored by the group.

A Communications Strategy is in place and a communications lead identified for the programme. Periodic newsletters and stakeholder updates are regularly circulated across the health system and to various user and carer groups.

## 2. Programme Status

A summary of the status of the remaining workstreams and business case conditions is as follows:

| Workstream / Business Case Condition | RAG Status | Comments |
|---|---|---|
| **Workstreams** | | |
| Prospect Park Transition | | Transition works is almost complete. Work to create a new state of the art dementia ward is complete and Charles Ward is due to relocate to Prospect Park on the 9th January. The work to transform Hazelwood Ward for the move of Ward 12 from Heatherwood has started, but the major 14 week build programme cannot start till a new Deed of Variation with the Prospect park PFI Provider is completed. This work is currently expected to |

| | | |
|---|---|---|
| | | be complete by May |
| East Community Services Transition | | All Mental Health services at Wexham Park hospital have been relocated, apart from the A&E liaison team which remain on site to provide support for people entering the A&E department with mental health needs. Vacation of community services based at Heatherwood Hospital is in progress and will be complete by the end of January 2014. The inpatient ward (Ward 12) will remain on site until works on the new ward (to be called Snowdrop) at Prospect Park are complete. |
| Dementia Bid | | Works on Rowan Ward are due to be complete by the 6th January when an official opening day is planned. Jasmine Ward (the existing dementia ward at Prospect Park) will relocate into Rowan on the 7th January with remaining dementia patients form Charles ward relocating on the 9th Jan (non-dementia patients will transfer to Orchid ward). Works on Oakwood are commencing and are planned to be complete by the end of March 2014. |
| **Business Case Conditions** | | |
| 1. Implementation plan | | Complete – programme monitoring systems and a Commissioner Monitoring Group is in place to ensure delivery of the programme. |
| 2. Community Services | | East Berkshire Assertive Stabilisation Team for people with Emotional Intensity and instability (ASSiST) has been operational since June 2013, to minimise the need for hospital admissions for east Berkshire residents. |
| 3. Phased closure of Wards with Ward 10 prioritised. | | The ward moves were phased across 2013/early 2014 with ward 10 being the first ward moved on the 4th June 2013. Charles ward will move on the 9th Jan 2014 and Ward 12 is planned to be complete in the spring 2014 |
| 4. Transport support | | Transport scheme is in operation with further roll out currently being undertaken. |
| 5. Patient experience | | A survey was carried out by the RAISE organisation in January 2014. PCT/CCG colleagues are in receipt of the report. |
| 6. Quality schedules | | These were included in the 2013/14 contract. |
| **Overall Project Status** | | The programme remains a green/amber due to continued delays with the Deed of Variation for the Hazelwood /Ward 12 move. |

The overall status of the CSR programme is **GREEN**/**AMBER** due to:

| **Issue** | **Mitigating actions** |
|---|---|
| Continued delays in completion of the legal aspects of the Deed of Variation for works to commence have led to a delay in | The Trust has worked with legal teams, the building contractors and Prospect Healthcare management company to address all issues |

| | |
|---|---|
| commencement of the works to provide new facilities for the transfer of ward 12 from Heatherwood Hospital. | agree legal terms and approval of the Deed is now in the hands of the PFI funders.<br>In anticipation of the Deed being approved preliminary drainage works were undertaken at risk in September to enable commencement of main works immediately on approval of the Deed. |

## 3. Areas for more detailed update to the Health Overview and Scrutiny Committee

The Slough Health Overview and Scrutiny Committee have previously requested more detailed feedback on two key elements of the programme, Visitor Transport Assistance and the establishment of additional community services. Both of these elements are now in operation and progress reports on them are presented below.

**Visitor Transport Assistance Scheme**

The proposal to provide:

- Mileage reimbursement for additional mileage from existing hospitals to Prospect Park
- A private hire taxi service for visitors who are elderly or disabled, medically unfit, on benefits, reliant on public transport or who otherwise would not be able to visit.

was endorsed by all stakeholders in December 2012, implemented and available to visitors from the 4th June 2013.

Criteria for accessing the scheme is as follows:

a) Have a disability or medical condition that would make it difficult travel the additional miles to Prospect Park Or;
b) Are over 65 years of age Or;
c) Are in receipt of state benefits Or;
d) Are otherwise in need of assistance - BHFT understands that there will be occasions where a visitor is not of pensionable age, disabled or on benefits but has difficulty in getting to Prospect Park. These visitors will be assisted wherever possible.

The Trust took a decision to implement the scheme in a phased way to co-ordinate with the ward transfers. The current programme is as follows:

- Phase 1 - assistance available to visitors of patients who would have previously been admitted to Ward 10 (Implemented from 4th June 2013)
- Phase 2 – scheme to be extended to provide assistance to visitors of patients who would have previously been admitted to Charles Ward St Marks following the ward transfer.

- Phase 3 – scheme to be extended to provide assistance to visitors of patients who would have previously been admitted to ward 12 at Heatherwood Hospital following the ward transfer.

a. Phase 1 - Transfer of Ward 10 from Wexham Park Hospital

Phase 1 of the scheme went live in conjunction with the transfer of ward 10. In preparation for the move letters and information leaflets were sent to all patients on Ward 10 and patients that were currently in the system.

Posters were also placed on and around Ward 10 at Wexham Park and on the new ward (Rose) at Prospect Park. Information leaflets were placed in new patient admission packs on Rose Ward.

A Cashier was appointed to administer the scheme. Following transfer to Prospect Park the cashier phoned relatives of patients on the ward to ensure that they were fully aware of the scheme and leaflets were re-distributed.

b. Post Ward 10 Transfer Review

When the Transport scheme was developed and implemented there was no way of anticipating what the take up of the scheme was likely to be. Consensus of opinion was that the scheme should be available to those most in need and the criteria for accessing the scheme were set accordingly for move of ward 10. There was agreement that the scheme would be monitored and fully reviewed prior to the next planned ward move and adjustments made if required. The second ward move (Charles Ward) is scheduled for the 9th January 2014 and so a review of the scheme was carried out in November 2013.

The Prospect Park Clinical Operational Steering Group monitor the uptake of the scheme to assess the performance of the scheme and how it could be improved and developed.

Due to the low uptake a meeting was held with the Inpatient Service and Slough CMHT in July 2013 to see what might help to both promote the scheme and assist both patients and families. It was agreed that the scheme should be extended and used for patients going on or coming back from leave as well as attending day passes to home address which could prove more difficult if reliant on Care Managers or public transport to facilitate the journeys.

Up to 31st October 2013 only £260 had been paid back to visitors using the scheme. However a further £1,060 has been used in providing taxis for patients undertaking these types of journeys.

Review of the scheme by the Prospect Park Clinical Operational Steering Group has resulted in the following additional actions being agreed:

- Open the scheme up visitors of any patient admitted to PPH from east Berkshire – Posters and information leaflets have been updated to reflect this (see appendices) and are currently being distributed.
- Survey of numbers of visitors to patients from east Berkshire – to be carried out in December.

- Updating of new patient information booklets (given to patients on admittance) to include information about the Transport Scheme and how to access it - new booklets will be available shortly.
- Focused communication with patients and carers from the east during the admission process to ensure that they are fully aware that they can get help with transport if required – this will be implemented during December.
- Additional communications to specifically highlight the fact that the scheme is not just available for visitors that are elderly or on benefits or disabled but for anyone that requires assistance (access criteria D as specified above) – visitors will be encouraged to talk to staff if they are having problems – this will be implemented during December.
- Every CMHT and CMHTE in East Berkshire to be provided with the new posters and leaflets to display in their reception areas - All DSNs/Managers have been updated about the scheme being extended to all from East Berks and the CMHTs/CMHTEs in East Berkshire have been sent posters and leaflets advising/reminding them about their localities eligibility to use the scheme.
- Individual letters with information about the scheme (see appendices) to be sent to each relative of patients that will transfer from Charles Ward.
- Communications Team to publicise the scheme on the public website – highlighting the fact that the scheme is open to anyone in need not just those that are elderly, disabled or on benefits.
- Consideration as to whether the scheme should be opened up to more than two visitors per patient – the Trust will review this in January following the move of Charles Ward.
- Letters have now been sent to all relatives on Charles Ward about the move date of 9th January and have also been sent info on the Transport Scheme.

Review of the scheme will be continued over the next few months during the moves of Charles ward and ward 12.

**Establishment of Community Services to minimise the need for admission**

The Trust identified a budget of £225K per annum for investment in east Berkshire community mental health services, to minimise the requirement for hospital admission. Various options were considered. Evidence collected from previous patterns of admissions, indicated that the greatest impact in reducing hospital admissions could be made by providing a service specifically for people with personality disorder, and similar presentations, many of whom may have had lengthy previous hospital admissions. Evidence shows that hospital admission for these patients frequently does not result in the best outcomes, and can lead to lengthy in-patient stays and frequent readmissions. The ASSiST service was designed to provide an 'Assertive Stabilisation' team for people with Emotional Intensity and Instability, and by providing intensive, tailored support in the community, to produce better outcomes and reduce the use of in-patient beds. It is intended that this service will support people who can be amongst the most vulnerable, and can present the greatest challenge to primary and secondary care services

The ASSiST service commenced on the 4th June 2013. The approach is to provide intensive community support including stabilisation of symptoms, risk management and crisis planning, alongside development of coping strategies through therapeutic programmes of individual sessions

and group work. These sessions are aimed at enabling individuals to manage their emotions, symptoms and impulsive behaviors, including self- harm and substance misuse.

ASSiST also collaborates closely with other services, including substance misuse services, social care and mainstream employment, education and leisure facilities, with the objective to support service users to develop productive roles and routines, and thus promote sustained recovery.

The service is provided for residents of east Berkshire, with diagnosis of personality disorder, or with emotional intensity difficulties, and with a pattern of high use of in patent mental health services, and/ or high reliance on urgent care or emergency services.

ASSiST has an office base and clinical space at Upton Hospital, and operates on a 'hub and satellite' model. There are facilities for group and individual therapy on site at Upton, and therapy sessions are also held at locations convenient to the patients across east Berkshire, including the patients' homes or other preferred location.

The team is now fully staffed and includes a core team of four full time clinicians (clinical psychologist, community psychiatric nurse, social worker, Support Time and Recovery- STR- worker) as well as sessional psychiatrist, psychology and administration support. The service operates Monday – Friday, and interfaces with the existing Crisis Resolution Home Treatment team, which provides support out of hours.

In the initial phase, the service has focussed on engaging with services users who are currently or recently admitted to hospital, in order to provide immediate interventions on discharge, with the objective of providing intervention to maintain successful discharge. It is expected that numbers accessing the service will be small with intensive support packages offered.

The expectation is that patients will be supported by ASSiST for a time limited period to allow stabilisation of symptoms and creation of a clear on going care pathway to sustain mental health within the community.

During the first 5 months of operations, the service has worked with 11 individuals: 6 from Slough; 2 from Bracknell and 3 from Windsor/Ascot/Maidenhead (WAM). In total, these 11 patients have a combined total of almost 1,200 inpatient bed days in the 12 months preceding the ASSiST intervention. This number has reduced to a combined total of 30 bed days in the 5 months since ASSiST go live.

Service user feedback has been positive. Outcome measures are being collected and a monitoring review of the service will take place in January 2014.

**Conclusion**

This report has been presented to provide the Slough Health Overview and Scrutiny Committee with and update on progress of the relevant areas of the CSR Programme. If you require any further information please contact the Programme Manager: Karen.watkins@berkshire.nhs.uk

**SLOUGH BOROUGH COUNCIL**

| | |
|---|---|
| **REPORT TO:** | Health Scrutiny Panel **DATE:** 13 January 2014 |
| **CONTACT OFFICER:**<br>**(For all enquiries)** | Colin Pill (Chair, A&E Task and Finish Group)<br>Sarah Forsyth (Scrutiny Officer)<br>(01753) 875657 |
| **WARD(S):** | All |
| **PORTFOLIO:** | All |

**PART I**
**NON-KEY DECISION**

## ACCIDENT AND EMERGENCY REVIEW

### 1. Purpose of Report

To present the Panel with the final report of the A&E Task and Finish Group review into accident and emergency provision at Wexham Park Hospital.

### 2. Recommendations

That the Panel endorse the report and recommendations as set out in Appendix 1.

### 3. Appendices

1 - Draft final report for Accident and Emergency Review

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**Appendix 1**

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# Accident and Emergency Provision at Wexham Park Hospital

## Findings of Health Scrutiny Panel Task and Finish Group

## July – December 2013

**Contents**

**Foreword**

It gives me great pleasure to introduce the findings of the Health Scrutiny Panel Task and Finish Group looking at the Accident and Emergency provision at Wexham Park Hospital.

It is hoped that this report will bring many of the issues facing the Department to light, and the opportunities for supporting work to reduce the pressure on services through improvements at Wexham Park Hospital, access to GPs and public understanding of what urgent care services are available in the borough.

The Task and Finish Group worked extremely hard to draw out the different elements of this complex picture, and I would like to thank Councillors Chohan, Davis, S Dhaliwal, Mittal and Strutton for their contributions to this work. In addition, I would like to thank, on behalf of the whole Task and Finish Group, Grant MacDonald from Heatherwood and Wexham Park Hospitals NHS Foundation Trust and David Williams from the Clinical Commissioning Group for providing invaluable information to our discussions; and Sarah Forsyth and Amanda Renn for their support in drawing our discussions and conclusions together.

**Colin Pill**
**Chair, Accident and Emergency Task and Finish Group**

**Recommendations**

Demand and Capacity

a) That the Health Scrutiny Panel assess the impact of the redesign of the A&E department's layout on the capacity of the Department to manage high levels of demand over the winter period following the end of the financial year 2013/14.

b) That the Health Scrutiny Panel undertake a line of questioning in March 2014, when discussing improvements in the quality of care provision at the Trust, on the effectiveness of the discharge processes at the hospital and how the hospital staff and social care staff co-ordinate ongoing care needs.

Staffing

c) That the Health Scrutiny Panel monitor the effectiveness of the Trust's plans for recruiting qualified, skilled, experienced staff and retaining them; and how the Trust is being established as employee of choice in a highly competitive market?

d) That Heatherwood and Wexham Park Trust consider using HCAs, Porters and other support staff in A&E to improve the overall patient experience through the provision of 'hotel'-type strands of work, such as providing drinks to patients or ensuring patients are comfortable and properly clothed etc.

Patient Flow

e) That the Health Scrutiny Panel assesses the impact of the Rat-ing triage system after six months.

f) That the introduction of an electronic patient records system, currently within the medium term plans of the Trust, is brought forward.

g) That plans for improving diagnostic and pharmaceutical support in order to speed up the flow of patients through the hospital system are considered by the Health Scrutiny Panel, particularly in relation to weekend service provision, in the 2014/15 municipal year.

Avoiding Unnecessary Attendances

h) That the Health Scrutiny Panel review the Urgent Care Action Plan at 6 monthly intervals in order to assess the impact of changes are having on service delivery and levels of attendances at Wexham Park Hospital Accident and Emergency.

i) That the CCG review the accessibility of surgery numbers in Slough and work with individual surgeries where the 084 numbers are still in operation to phase these out, and confirm to the Health Scrutiny Panel a timetable for completing.

j) That a public survey is undertaken one year after the launch of the Talk Before you Walk campaign to begin to assess the penetration of the campaign and the understanding of the messages being given. This can then be used by the Health Scrutiny Panel to inform and evaluate how behaviour may be changing over time to assess the effectiveness of the campaign.

k) That the CCG consider a pilot scheme, along the lines of that undertaken in Walsall, to introduce a payment to surgeries who will provide an additional 3 hour evening session,

weekly, offering a range of clinical appointments (GP, nurse practitioner, practice nurse) for that period. The advertising of this pilot scheme should be targeted specifically at full time workers. The pilot would enable an assessment of need for this particular patient-group, and once the need has been judged and decision could be taken as to whether the additional service hours should be permanently introduced across the borough, with surgeries deciding individually whether to opt out of providing the service.

## 1 Background

1.1 Accident and Emergency departments are specialised units within acute hospitals, providing access to treatment for life threatening emergency injuries and illnesses 24 hours a day. Across the UK there are over 20 million attendances at A&E departments each year, where an A&E doctor or nurse assess a patients condition and decide on further action, whether this be treatment within the department or admission to the hospital.

1.2 Over the past year the condition of A&E departments across the UK has come under intense scrutiny. It has been reported in the press that the pressures on A&E departments has been growing, culminating in a level of crisis during the winter of 2012/13. A review by The King's Fund in autumn 2012 found that the number of people facing long waits when attending A&E departments had risen by 21% over the previous year. The national target for A&E departments is to see 95% of patients within four hours, and whilst this target was met across the UK as a whole, individual hospitals, Wexham Park among them, have struggled.

1.3 There are different types of A&E departments, and the data collated by the Department of Health breaks attendance and admissions down according to type. The three types are:

- Type 1 – A consultant-led 24-hour service with full resuscitation facilities and designated accommodation for the reception of A&E patients. Known as Major A&E.

- Type 2 – A consultant-led single specialty A&E services (e.g. ophthalmology, dental) with designated accommodation for the reception of patient.

- Type 3 – Other types of A&E/Minor Injury Units/Walk-In Centres, primarily designed for the receiving of A&E patients. A Type 3 department may be doctor-led or nurse-led; and it may be co-located with a major Type 1 or 2 A&E or sited in the community. A defining characteristic of a Type 3 department is that it treats, at least, minor injuries and illnesses and can be routinely accessed without appointment.

1.4 Wexham Park Hospital has a Type 1 facility (Heatherwood Hospital currently operates a Type 3 facility). Due to the unplanned nature of patient attendance, the A&E department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. The department operates 24 hours a day, and staff levels are adjusted regularly in an attempt to mirror patient volume/need. On average, Heatherwood and Wexham Park Hospitals NHS Foundation Trust deals with more than 100,000 A&E attendances every year.

1.5 On 17 July 2013, the Care Quality Commission (CQC) published its findings from an inspection of Wexham Park Hospital in May 2013. This report set out a series of issues relating to A&E which the Hospital was required to address:

- That people's privacy, dignity and independence was not always respected.
  - The design of the A&E department was cited as a particular challenge in this regard, with those arriving by ambulance entering the building via the resuscitation area, during which time they were able to observe patients already being treated.
  - Patients were queuing on ambulance trolleys in corridors as there was no place to them when they arrived.
  - Doubling up of bays meant staff were unable to keep conversations confidential and patients' dignity was not respected.
- That patients did not always have their care needs adequately assessed, planned, and delivered.
  - In relation to A&E the particular focus was the pressure that staff were under due to the high level of attendances and lack of in-patient beds available. This meant that the

quality of care could be inconsistent, and there were delays in assessment and treatment, long patient waiting times and queues of patients on ambulance trolleys waiting to be triaged. This lead to a concern that patient safety could be compromised.
    - The A&E department was noted, however, for having a real sense of teamwork.
- That standards of cleanliness and infection control were not satisfactory in some areas.
    - In A&E concerns raised during a July 2012 infection control standards audit had not been addressed, including: intravenous (IV) fluids stored in an open corridor which was unsupervised and unlocked; vials of emergency drugs left on countertops when they should have been stored in locked cupboards; lack of a cleaning schedule or checklist for cleaning trolleys; and equipment being visibly unclean.
    - In addition, CQC raised concerns about inappropriate storage of dirty linen and a lack of storage space in general, and 45% compliance with hand hygiene standards (from a further audit in April 2013).
- That there were not enough qualified, skilled and experienced staff to meet people's needs.
    - Whilst this was a concern trust-wide, CQC felt there were sufficient numbers of consultants and doctors in A&E, however, there was a concern (raised during a Joint Clinical Quality Review Group) that A&E staff were working additional hours, and throughout the inspection concerns were raised about the pressure on staff in the department.
- That the Trust had failed to ensure the quality of patient care in managing the high demand in A&E and knock on effect on in-patient beds.
    - This meant that the Trust had struggled to meet the four-hour A&E waiting time and ambulance handover targets.
    - CQC noted that the Trust had brought in an external A&E improvement group to look at ways to improve patient flow through the department.
- That accurate and appropriate patient records were not maintained.
    - A specific concern relating to A&E in this regard was that records were not bound together to prevent sections being lost.

The findings of the CQC inspection, in many ways mirrored the concerns of the A&E Task and Finish Group, and therefore, the Group agreed to set out the Review through four key areas:

- Demand and Capacity
- Resources/Staffing
- Patient Flow
- Unnecessary attendances at A&E

- Patient views – whilst recognising the importance of patient views, with Healthwatch newly established the timing of this Review did not allow for a joint piece of work to gather patient views. Such a piece of work should be looked at as part of any follow up pieces of work that come from this Review.

1.6 In order to inform these areas, the Group met with the following witnesses:

- Grant MacDonald (Deputy Chief Executive, Heatherwood and Wexham Park Hospitals NHS Foundation Trust)
- David Williams (Director of Strategy and Development, East Berkshire Clinical Commissioning Groups)

## 2 Demand and Capacity

2.1 The nature of the demand for unscheduled care means it cannot be regulated. By nature it is unpredictable and volatile. Wexham Park A&E deals with approximately 280 patients per day (104,000 per year); but these attendances are not consistently spread out through the day, and the levels of required activity vary in each case making capacity planning extremely challenging.

2.2 The general rising trend in Wexham Park A&E attendances saw a rise of approximately 3% in 2012, with the current year looking at a further increase of approximately 6% if the trend continues. This leads to the challenge of capacity planning, which must be dealt with through two general elements:

- Capacity within the A&E department
- Capacity of admitting departments (as this is often the key to the waiting time for admittance)

2.3 Wexham Park has attempted to address first the issue of capacity within the A&E department. CQC highlighted the difficulties presented by the layout of the department, so there has been a reorganisation which, it is hoped, will increase capacity whilst also dealing with the issue of patient dignity and privacy. There has been a new modular unit brought in to house the waiting area, which has freed up the previous waiting area for clinical space, with the reconfigured layout ensuring that those arriving by ambulance no longer need to be brought in through the resuscitation area. With the creation of 40% more private bays in adult A&E[1], there should no longer be the need to stack patients because of a physical lack of capacity.

2.4 The reorganisation of the layout of A&E should also be used to provide an appropriate collation area for those patients returning to the department on completion of tests. Previously, these patients have been left without knowing where to go and waiting for a member of the nursing staff to notice them and direct them appropriately. A collation area would lessen this stressful situation for the patient, as well as improving the process for the nursing staff who will know where these patients are.

2.5 As we have said previously, capacity within the hospital's admitting departments is often the key to the target of 4 hours being met. Following the difficulties experienced last winter, Wexham Park Hospital has undertaken a bed capacity review, using the midnight bed status over the past 6 months, and the past 38 months (this has enabled an understanding of the impact of the closure of A&E at Wycombe Hospital to be developed), and using a queuing theory model to understand where escalation is needed.

2.6 With the admission rate for the next 6 months predicted to require an extra 8 beds, and a target to reduce those staying longer (28+ days group which has grown) by 16 beds, and using an estimated 85-92% occupancy rate, the calculations estimate the requirement of an additional 2 beds on top of the baseline planning number.

2.7 This all means that an additional 57 beds were required. With Ward 17 providing 28 beds, this still leaves a shortage of approximately 26 beds. Wards 10 and 11 are scheduled to be refurbished and opened in March/April 2014 with approximately 55 beds, as a new surgical block. In the meantime, the Trust has identified a range of options to meet the planning shortfall.

2.8 What is clear from this exercise is the need for the whole system to work together. With improvements in primary and social care to limit those needing to go into hospital in the first place, and then providing suitable care in homes to allow those admitted to leave hospital at the earliest possible time.

[1] There has also been a 40% increase in private bays in the children's A&E but this is not within the scope of this Review.

Recommendations

a) That the Health Scrutiny Panel assess the impact of the redesign of the A&E department's layout on the capacity of the Department to manage high levels of demand over the winter period following the end of the financial year 2013/14.

b) That the Health Scrutiny Panel undertake a line of questioning in March 2014, when discussing improvements in the quality of care provision at the Trust, on the effectiveness of the discharge processes at the hospital and how the hospital staff and social care staff co-ordinate ongoing care needs.

## 3 Staffing

3.1 The Review was provided with a breakdown of staffing levels in A&E at all times. The table below sets this out:

| SHIFTS | Early | | mid | | Late | | Twilight | | Night | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Trained | HCA | Trained | HCA | Trained | HCA | Trained | HCA | Trained | HCA | |
| Shift Leader | 1 x 7 | | | | 1 x 7 | | | | 1 x 7 | | |
| Triage | 1 x 5/6 | | | | 1 x 5/6 | | | | 1 x 5/6 | | |
| Resuscitation | 1 x 6 | | | | 1 x 6 | | | | 1 x 6 | | |
| | 1 x 5 | | 1 x 5 | | 1 x 5 | | | | 1 x 5 | | |
| Majors A | 1 x 7 | 1 | | | 1 x 7 | 1 | | | 1 x 6 | 1 | |
| | 1 x 5 | | 1 x 5 | | 2 x 5 | | | | 2 x 5 | | |
| Majors B | 1 x 6 | | | | 1 x 6 | | | | | | |
| | 1 x 5 | | | | 1 x 5 | | *1 x 5 | | 2 x 5 | | *18.00 - 02.00 |
| Majors C | | | | | | | | | | | |
| Paediatrics | 1 x 6 | | | | 1 x 6 | | | | | | |
| | 1 x 5 | | | | 1 x 5 | | | | 2 x 5 | | |
| EDDU | 2 x 5 | | | | 2 x 5 | | | | 2 x 5 | | |
| UCC | 1 x ANP | | | | 1 x ANP | | 1 x ANP | | | | |
| | 1 x 5 | | | | 1 x 5 | | *1 x 5 | | | | *16.00 - 00.00 |
| | | | | | | | | | | | |
| **Total** | **14** | **1** | **2** | | **15** | **1** | **3** | **1** | **13** | **1** | |
| | | | | | | | | | | | |
| Total | 14 | | 2 | | 15 | | 3 | | 13 | | |
| | | | | | | | | | | | |
| 2012/13 (pre Wycombe) | 13 | | | | 15 | | | | 11 | | |
| | | | | | | | | | | | |
| **Peak periods** | | | | | | | | | | | |
| Stacking | 2 x 5 | | | | | | 2 x 5 | | | | |
| | 08.00-16.00 | | | | | | 15.00-23.00 | | | | |

3.2 Wexham Park A&E operates on a staffing rota split into shifts. In addition to the standard early, late and night shifts there are mid and twilight shifts. This system means that on an average day there are 14 trained nurses on an early shift with support from one health care assistant (HCA), these will be supplemented with two trained nurses on the mid shift (starting between 10 and 12). The late shift consists of 15 trained nurses and one HCA, supplemented by three nurses and one HCA on the twilight shift.

3.3 In terms of doctors, Wexham Park A&E operates with at least one consultant on the early shift and one on the late shift. There are also, currently, five doctors on the early shift (consisting of two middle grade (registrars) and three juniors, known as Senior House Officers (SHOs). On the mid shift, there is a supplementary doctor, usually an SHO. The late shift in split in two for the doctors, between them comprising of six doctors (three registrars and three SHOs). The twilight shift adds an additional registrar and SHO, and on the night shift there is one registrar and four SHOs. The Trust confirmed that the staffing levels remain the same during weekends and bank holidays.

3.4 During identified peak periods a further two trained nurses (known as stack or queue nurses) work shifts of 8 a.m. – 4 p.m. and 3 p.m. – 11 p.m. with the hours being extended or varied as appropriate. In addition to the nursing team, there is an additional registrar on the rota and additional SHOs between 10 a.m. – 6 p.m.

3.5 It is noted that there has been an increase in the number of permanent consultants in the department and that the recruitment for the middle grade (registrars) has been successful.

3.6 A concern, which it is recognised is not necessarily controllable, is that whilst there has been an overall increase in nursing levels (across the Trust) that turnover has also been high, meaning that there are still a number of vacancies, although this does not necessarily impact directly on staffing levels in A&E. The continuous nursing recruitment through open advert, campaigns (both local, national and international) and the use of recruitment firms should all be noted for how the Trust is attempting to deal with this issue. There are however still concerns about international recruitment and the need to ensure that language and cultural barriers do not interfere with the effective provision of service, particularly in the high pressure environment of A&E.

3.7 There is recognition that when compared against the national acuity tool, Wexham Park staffing levels are above the national average, and this Review Group expects this to continue with the necessary levels of staff on shift to meet the increased physical capacity of the A&E department. However, the Trust does need to improve the optimisation of staff in individual shifts. An example of this could be the use of HCAs in A&E. The allocation of one HCA per shift is due to the limited work for them in this environment, however, there is the potential to use this role to provide more 'hotel'-type strands of work, such as providing drinks to patients or ensuring patients are comfortable and properly clothed etc., which will improve the overall patient experience, and take pressure off of the nursing staff when such requests are made by patients. It is felt that more focus on the traditional elements of care, in addition to high quality clinical treatment, will help Wexham Park A&E becoming a leader of A&E provision, maximising the patient experience.

Recommendations

c) That the Health Scrutiny Panel monitor the effectiveness of the Trust's plans for recruiting qualified, skilled, experienced staff and retaining them; and how the Trust is being established as employee of choice in a highly competitive market?

d) That Heatherwood and Wexham Park Trust consider using HCAs, Porters and other support staff in A&E to improve the overall patient experience through the provision of 'hotel'-type strands of work, such as providing drinks to patients or ensuring patients are comfortable and properly clothed etc.

## 4 Patient Flow

4.1 The flow of a patient through the service is key to patient experience and a measure of staffing effectiveness.

4.2 The first stage for A&E is the effectiveness of the triage system. An effective triage process will ensure that patients are directed quickly to appropriate areas for treatment, such as urgent care, minors or majors. Wexham Park A&E is currently trialling the use of 'Rat-ing', this Rapid Assessment and Treatment (RAT) process typically involves the early assessment of 'majors' patients in the Emergency Department, by a team led by a senior doctor, with the initiation of investigations and/or treatment. This approach consciously removes 'triage' and initial junior medical assessment from the care pathway, and the first doctor a patient sees is one who is fully

qualified to make a competent initial assessment, define a care plan and make a decision as to whether a patient requires admission or referral to an in-taking specialist team. Nurses and junior doctors allocated to the RAT team then implement the initial stages of the care plan. At the time of writing we do not have any feedback from this trial.

4.3 A lack of electronic patient records at Wexham Park could also be seen as an issue, particularly following the findings of the CQC inspection. Wexham Park is looking at ways of improving this, and it is noted that the introduction of electronic records is part of the Trust's 'medium term plans', the timescale for which is unclear. This is a key element for improving service provision. Records should follow patients automatically through the system which means that patients would not need to repeat information, and provides additional assurance that accurate treatment for the individual's circumstances would be administered. The Trust does have a bed management tracking system in place on the wards, but this does not apply to A&E (where a bespoke system would be required). It is also noted that the Trust does have good working processes for the transfer of patient records to GPs, however, this does not address the issue of record keeping within the hospital or the effectiveness of the transfer of patient records from A&E to admitting wards. An effective patient records system is required at Wexham Park. Staff in A&E need the support of up to date technology, to streamline records management, and reduce the problems over safeguarding information; creating efficiency savings through realtime completion, and a more effective system for records to follow the patient through each stage of the system.

Recommendations

e) That the Health Scrutiny Panel assesses the impact of the Rat-ing triage system after six months.

f) That the introduction of an electronic patient records system, currently within the medium term plans of the Trust, is brought forward.

g) That plans for improving diagnostic and pharmaceutical support in order to speed up the flow of patients through the hospital system are considered by the Health Scrutiny Panel, particularly in relation to weekend service provision, in the 2014/15 municipal year.

## 5 Avoiding Unnecessary Attendances

5.1 The increases in pressure on Wexham Park Hospital's A&E department are consistent with the general pattern across the UK. However, for Slough's residents it is important that the system, as a whole, works together to target this problem and bring about a more sustainable future for the service. In this regard, the Slough Clinical Commissioning Group (CCG) is vital to ensuring that only those who truly need to use A&E attend, by making primary care options more effective, accessible and better understood by the local population.

5.2 The Slough CCG commissioned a report (Verve Report) by Verve Communications Limited with the central purpose of understanding the public's awareness, perceptions and motivations for accessing A&E services and how the CCG could enable, support and encourage patients to make the right choices about where they access urgent and unplanned care.[2]

5.3 The CCG recognised the key patient patterns that emerged from the Verve Report findings, specifically:

[2] Urgent and unplanned care in east Berkshire (Verve Communications Limited, June 2013)

- that A&E is a strong brand and a popular choice for urgent care, with patients often not contacting their GPs at all in such circumstances for diagnosis and/or treatment;
- that 999 is also a strong brand;
- that GP services are perceived as a routine service, and not for urgent or emergency cases; and
- that there is an issue around GP access in Slough.

5.4 In order to tackle pressures on A&E specifically over the winter period, Slough had been awarded a £6.6m grant from the Department of Health (DoH) to support the service. With HWPT having already undertaken steps to increase the physical capacity of the department, there are three specific areas the Urgent Care Action Plan (developed by the CCG, HWPT and Social Services) aims to target with this money:

1) GPs and access to urgent care alternatives
2) boosting staffing in A&E alongside the increases in ward capacity; and
3) the introduction of measures to speed up the discharge process to move patients safely back into the community at the earliest opportunity.

5.5 In addition, the CCG are putting in place:

- 5% additional appointments daily at each surgery across the borough using innovation funding;
- linking NHS 111 with the GP appointment systems so that patients do not have to make a further call to organise an appointment;
- launching the 'Talk Before You Walk' campaign to better sign post residents to the most appropriate service for their needs;
- increasing the coverage of flu jabs across the NHS and social care sector to protect frontline staff;
- provide funding for two additional ambulances specifically to deal with GP call outs over the winter period; and
- investing in additional community matrons who would be able to effectively treat patients in their own homes.

5.6 Whilst recognising the recognition of the pressure on A&E across the primary, secondary and social care sectors, and the scale of work that is taking place to try and mitigate these problems, this Task and Finish Group does have concerns as to whether the Urgent Care Action Plan (UCAP) of the CCG will provide a robust enough response over the winter period. The Group is also concerned about the sustainability of improvements in the system's ability cope with these pressures as the additional DoH funding has only been confirmed for the current year, with the likelihood of a further year's funding being made available, but nothing beyond this.

5.7 A particular area of concern around the UCAP is how effective it would be at dealing with the problem of GP accessibility in Slough, which is a central factor in people going straight to A&E for urgent care diagnosis and treatment.

5.8 Even before they ask for a GP appointment, there is, at least, one GP surgery in Slough using an 084 number which charges at a higher call rate than a local number. This Task and Finish Group understands that NHS England recently wrote to the Local Area Team asking them remind all practices in their areas of their contractual obligations regarding the possible impact on health inequalities and access to health care, and the need to take all possible steps to phase out the use of such numbers. This Task and Finish Group supports this position and would ask that the CCG specifically take up this matter with the one surgery in Slough affected.

5.9 In addition, the Task and Finish Group understand from anecdotal evidence that the NHS 111 system thresholds may default patients to the emergency category. The CCG confirmed that the thresholds used by NHS 111 in Slough are based on national pathways.

5.10 Whilst it is good news that the CCG has agreed to fund an additional 5% of appointments at each surgery in the borough, there are some concerns as to how these additional appointments will be made available, how they will be distributed across the working day, and what the longer term options are as the funding is only guaranteed for one year (with an assumption of a secondary year over the 2014/15 winter period) and therefore will not address the broader GP accessibility problems in Slough.

5.11 The CCG has confirmed that these appointments will not be actively communicated to patients beyond a generic statement that additional capacity is being provided. The reason for this is that these extra appointments are to be ring fenced for NHS 111 and A&E to offer to patients. Whilst linking up NHS 111 with the GP appointments system is a positive step, the accessibility issues around GP appointments will not be mitigated if additional appointments are not widely available to the public contacting their surgery, and therefore the additional 5% appointments would not assist with a number of the issues this Review has highlighted. As yet, the issue around timely and convenient access to GP appointments for full-time workers has not been dealt with and therefore this large patient group may feel the only viable option available to them is to attend their local A&E department. None of the plans made available to this Group have indicated how this will be addressed, and therefore this appears to be a weakness in the current plans.

5.12 There has been a recent pilot in Walsall, where the local CCG introduced a scheme that paid individual surgeries to stay open later at night, specifically for those who work during normal business hours. The Walsall CCG scheme paid surgeries £570 for a weekly three hour session, providing a variety of clinical services (GP, nurse practitioner, practice nurse) in order to divert patients from A&E to their local GP. The Walsall pilot was then rolled out across the borough, although some GP practices opting out. Such a pilot in Slough would enable the CCG to effectively assess the demand for such a service provision.

5.13 The Talk Before You Walk campaign should raise awareness of other options for urgent care rather than using A&E as a first port of call. It is making use of a wide range of approaches through more traditional leafleting, newspaper and radio messaging, as well as social media. The Slough-specific programmes of work include mass mail-outs to households registered with a Slough GP, television information screens in surgeries and information packages on children's health distributed through children's centres.

5.14 Whilst this approach is a good start, particularly the element around children's centres, the mail-out should be to all households in the borough rather than just those already registered with a GP. A particular problem around attendances at A&E is by those not registered with a GP and therefore a mail-out to all households would also look to engage those not currently registered with a GP and could be used to provide information on the benefits of doing so. It will also be important to ensure that all those within the health care service, primary, secondary and community must be delivering the same message.

5.15 The Task and Finish Group would like to see how the campaign is really going to influence patients' every day actions, and successfully ingrain the messages into normal practice over the longer term, and assessment of this can only be done in hindsight.

<u>Recommendations</u>

h) That the Health Scrutiny Panel review the Urgent Care Action Plan at 6 monthly intervals in order to assess the impact of changes are having on service delivery and levels of attendances at Wexham Park Hospital Accident and Emergency.

i) That the CCG review the accessibility of surgery numbers in Slough and work with individual surgeries where the 084 numbers are still in operation to phase these out, and confirm to the Health Scrutiny Panel a timetable for completing.

j) That a public survey is undertaken one year after the launch of the Talk Before you Walk campaign to begin to assess the penetration of the campaign and the understanding of the messages being given. This can then be used by the Health Scrutiny Panel to inform and evaluate how behaviour may be changing over time to assess the effectiveness of the campaign.

k) That the CCG consider a pilot scheme, along the lines of that undertaken in Walsall, to introduce a payment to surgeries who will provide an additional 3 hour evening session, weekly, offering a range of clinical appointments (GP, nurse practitioner, practice nurse) for that period. The advertising of this pilot scheme should be targeted specifically at full time workers. The pilot would enable an assessment of need for this particular patient-group, and once the need has been judged and decision could be taken as to whether the additional service hours should be permanently introduced across the borough, with surgeries deciding individually whether to opt out of providing the service.

## 6 System Link Up

6.1 The Task and Finish Group welcomes the good collaborative approach to the issues around A&E involving HWPT, the Slough CCG and adult social care, culminating in the UCAP; this includes regular joint meetings to discuss pressures on A&E, daily GP/A&E consultant audits of unnecessary attendances at A&E, and monthly performance reviews. With GPs writing to their registered patients who use A&E unnecessarily, there is also an opportunity to include messages around appropriate alternative services for their specific circumstances.

## 7 Conclusion

7.1 This Review recognises that a lot of work has been done to improve Wexham Park A&E's level of preparation for the winter period, but also that much of the effectiveness of this preparation will only be known under testing.

7.2 There is also a recognition of the need for the system to work as whole, and we are particularly keen to see quick progress made by the CCG on their work to cut the number of attendances at A&E through better access to, and understanding of the services available in, primary care. However, to be successful the three elements of this system (primary, social and secondary care) must work together, with no 'passing the buck' to the other areas. It would be good to see this partnership clearly, transparently working effectively to reassure the public of the good processes that are being put in place for the whole of the pathway. It is hoped that the recommendations made by this Review can inform and support those strains of work already underway to improve the service provision that Slough residents receive when access urgent and emergency care in the borough.

**Appendix A – The Committee agreed the following Terms of Reference for this Review:**

| | |
|---|---|
| Review Title | Accident and Emergency Provision at Wexham Park Hospital |
| Membership | Health Scrutiny Panel Task and Finish Group – Councillors Chohan, Davis, S Dhaliwal, Mittal and Strutton, and Colin Pill (Healthwatch Slough) |
| Chairing | Colin Pill |
| Lead Executive Member | Councillor Walsh – Commissioner for Health and Wellbeing |
| Strategic Director | Jane Wood – Strategic Director for Wellbeing |
| Officers | Sarah Forsyth – Scrutiny Officer<br>Amanda Renn – Corporate Policy Officer |
| Objectives | To review the provision of accident and emergency Services at Wexham Park Hospital. |
| Key Lines of Enquiry | 1) How busy is the A&E department at Wexham Park and what impact is this having on waiting times?<br><br>2) Does the A&E department have the necessary resources (including staffing levels and make-up) and what investment is scheduled for A&E to meet changing needs?<br><br>3) What other programmes of work are being done to assist with attendance levels?<br><br>4) What is the patient experience of A&E at Wexham Park? |
| Operation | The Task and Finish Group to produce a report following evidence gathering, detailing its findings and any recommendations. |
| Schedule of Meeting(s) | Task and Finish Group meetings |
| Duration of Review | July – November 2013 |

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# SLOUGH BOROUGH COUNCIL

**REPORT TO:** Health Scrutiny Panel **DATE:** 13 January 2014

**CONTACT OFFICER:** Sarah Forsyth – Scrutiny Officer
**(For all Enquiries)** (01753) 875657

**WARDS:** All

**PART I**

**TO NOTE**

## HEALTH SCRUTINY – 2013/14 WORK PROGRAMME

1. **Purpose of Report**

1.1 For Members to review the current work programme for the Panel.

2. **Recommendations/Proposed Action**

2.1 That the Panel note its current work programme for the 2013/14 municipal year.

3. **Joint Slough Wellbeing Strategy Priorities**

- **Health and Wellbeing**

3.1 The Council's decision-making, and the effective scrutiny of it, underpins the delivery of all the Joint Slough Wellbeing Strategy priorities; however the Health Scrutiny Panel holds a specific remit to scrutinise and provide public transparency for health and wellbeing issues across Slough.

4. **Supporting Information**

4.1 The current work programme is based on the discussions of the Panel at its previous meetings, looking at requests for consideration of issues from officers and issues that have been brought to the attention of Members outside of the Panel's meetings.

4.2 The work programme is a flexible document which will be continually open to review throughout the municipal year.

5. **Conclusion**

5.1 The Health Scrutiny Panel plays a key role in ensuring the transparency and accountability of healthcare provision in the Borough.

5.2 This report is intended to provide the Panel with the opportunity to review its upcoming work programme and make any amendments it feels are required.

## 6. Appendices Attached

A - Work Programme for 2013/14 Municipal Year

## 7. Background Papers

None.

**Appendix A**

# HEALTH SCRUTINY PANEL
# WORK PROGRAMME 2013/14

| Meeting Date |
|---|
| **6 March 2014** |
| **Scrutiny Items**<br>• Public Health Commissioning Strategy<br>• CCG Commissioning Plans |
| **24 March 2014** |
| **Scrutiny Items**<br>• Quality and Improvement at Heatherwood and Wexham Park Trust<br>  • Implementation of Improvement Plans<br>  • Heatherwood and Wexham Park Hospitals NHS Foundation Trust Quality Account 2013/14<br>  • Impact of/Implementation of Shaping the Future<br>  • Progress on implementing Dr Foster recommendations<br>• Berkshire Healthcare NHS Foundation Trust Quality Account 2013/14<br>• Winterbourne Action Plan Implementation |

Additional:

- Workshop (all members) on Francis Recommendations – impact and implementation (date tbc)

Currently Un-programmed:

- Vascular Services – full details of proposals
- Drug and Alcohol Misuse
- Diabetes Strategy

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## MEMBERS' ATTENDANCE RECORD 2013/14

## HEALTH SCRUTINY PANEL

| COUNCILLOR | 12/06 | 24/07 | 17/09 | 21/11 | 13/01 | 6/03 | 24/03 |
|---|---|---|---|---|---|---|---|
| Chohan | P | P | P | P | | | |
| Davis | P | P | P | P | | | |
| S K Dhaliwal | P | Ap | P | Ap | | | |
| Grewal | Ap | Ap | P | P | | | |
| Mittal | P | P | P | Ap | | | |
| Plimmer | P | P | P | P | | | |
| Sandhu | Ab | Ap | P | Ab | | | |
| Small | Ap | P | P | Ap | | | |
| Strutton | P | P | Ap | P | | | |

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

(Ext*- Extraordinary)

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