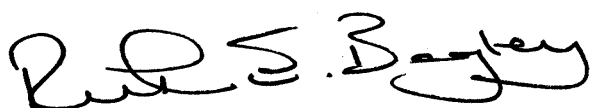


Date of issue: Friday, 20 June 2014

MEETING:	HEALTH SCRUTINY PANEL (Councillors Bains, Cheema, Chohan, Davis, Dhillon, M Holledge, Pantelic, Rana and Strutton) NON-VOTING CO-OPTED MEMBER Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	MONDAY, 30TH JUNE, 2014 AT 6.30 PM
VENUE:	MEETING ROOM 3, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	GREG O'BRIEN 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.

CONSTITUTIONAL MATTERS

1. Declarations of Interest

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

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

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

2. Election of Chair

3. Election of Vice-Chair

4. Minutes of the Last Meeting held on 24th March 2014 1 - 6

5. Forward Work Programme 7 - 10

SCRUTINY ISSUES

6. Member Questions

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

7. Frimley Park Hospital / Wexham Park Hospital Merger 11 - 18

Andrew Morris, Chief Executive, Frimley Park Hospital NHS Foundation Trust, and Lisa Glynn, Heatherwood and Wexham Park Hospitals NHS Foundation Trust, in attendance.

8. Slough CCG 2 Year Commissioning Plan 19 - 56

9. 'Joining the Dots: Slough's Joint Autism Strategy 2014-17' 57 - 128



AGENDA
ITEM

REPORT TITLE

PAGE

WARD

- | | | |
|-----|-----------------------------|-----------|
| 10. | Members' Attendance 2013/14 | 129 - 130 |
| 11. | Date of Next Meeting | |

Tuesday 29th July 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. Please contact the Democratic Services Officer shown above for further details.

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

This page is intentionally left blank

Health Scrutiny Panel – Meeting held on Monday, 24th March, 2014.

Present:- Councillors S K Dhaliwal (Chair), Chohan, Davis, Grewal, Plimmer and Strutton

Non-Voting Co-opted Member
Bucks Health and Adult Social Care Select Committee representative –
Cllr Lin Hazell

Apologies for Absence:- Councillor Small

PART I

52. Declarations of Interest

None.

53. Minutes of the Last Meeting held on 13th January 2014

Resolved - That the minutes of the last meeting held on 13th January 2014 be approved as a correct record.

54. Member Questions

There were no questions from Members.

55. Specialist Bladder Cancer Surgery in Berkshire

(The Chair agreed to include this item on the agenda as an urgent item).

The Committee considered a report about planned changes to specialist bladder cancer surgery in Berkshire over the next few weeks, which was introduced by Dr Bernadette Lavery and colleagues from the Thames Valley Strategic Clinical Network. It was proposed that from April 2014, patients from East Berkshire seeking specialist surgery to treat bladder cancer at Wexham Park Hospital will be offered this procedure at the Royal Berkshire Hospital, Reading. This related to Cystectomy operations, a procedure to remove all or part of the bladder as a result of the spread of cancer, which was very major surgery required for a relatively small number of people.

The change was proposed as part of the move to treat patients with the same condition in 'high volume centres' (where there was strong evidence that better outcomes for patients were achieved), to comply with national guidance (whereas the service at Wexham Park did not) and to restore the service to the Royal Berkshire Hospital where it had been successfully provided for all Berkshire patients between 2007 and 2012. The Royal Berkshire Hospital was a specialist centre which had a range of facilities to care for patients with cancer, including Radiotherapy. However, for the majority of East Berkshire patients, a specialist urology consultant surgeon from Heatherwood and

Health Scrutiny Panel - 24.03.14

Wexham Park Hospitals would work alongside consultant surgeons performing cystectomy surgery at the Royal Berkshire Hospital.

The Committee was also informed of the commencement of a project to determine the best longer term configuration of specialist urological cancer surgery across the Thames Valley. The project covered the provision of specialist prostate cancer and kidney cancer surgery and the Cancer Strategic Clinical Network would be working on it in conjunction with Thames Valley hospitals, patient representatives, specialist commissioners and local Clinical Commissioning Groups. The project was due to run over 12 – 18 months, and Health and Wellbeing Boards and Overview and Scrutiny Committees would be consulted throughout.

The Committee asked a number of questions and received clarification on matters of detail.

Resolved –

- (a) That the report be noted.
- (b) That the Cancer Strategic Clinical Network be requested to:
 - Also report to the Buckinghamshire Health and Adult Social Care Select Committee regarding South Bucks residents affected.
 - Keep the Panel informed of progress on the specialist service to be provided at the Royal Berkshire Hospital.
 - Report to the Panel on the results of the longer term review of specialist cancer surgery in due course.

56. Quality and Improvement at Heatherwood and Wexham Park Hospitals NHS Foundation Trust

The Panel considered the latest position regarding the Action Plan at Heatherwood and Wexham Park Hospitals NHS Foundation Trust to address warning notices issued by the Care Quality Commission (CQC) and Monitor. Grant MacDonald, Deputy Chief Executive of the Trust, was in attendance and introduced the schedule of completed, ongoing and new actions being pursued by the Trust's Executive Team. He confirmed that after publication of the second CQC report in January 2014, a follow up inspection had been made in February which would result in a further inspection report being issued around late April/early May.

The following points arose from answers to questions put by members:

- Approximately 220 qualified nurses had been recruited in the last year, but with a 14% turnover of staff this was the number needed to 'stand still'. The additional bed spaces provided had increased the staffing requirement it was anticipated that a further 290 nurses would need to be recruited in the year ahead to reduce the vacancy rate to about 10% (which was manageable).
- With regard to cleanliness, a second independent deep clean had been carried out and the recently appointed Facilities Director would have responsibility to oversee improved arrangements for a thorough

Health Scrutiny Panel - 24.03.14

ongoing routine cleaning programme. A comprehensive replacement programme for ward-based equipment had been carried out and a rolling programme for future replacements put in place.

- Examples of good practice from other hospitals trusts had been taken up, particularly in relation to customer care. A set of basic “Always” themes had been adopted and the Frimley Park customer care training model had been introduced.
- It was acknowledged that work on implementing improvements was resource intensive and required a big commitment from staff. However, the additional funding available in the last two years had enabled a continuing investment in the training and development of staff, and additional people had been brought in to assist the permanent staff.
- Improvements had been made to the discharge process and the liaison with colleagues in Social Care services was good. Results remained patchy because although the procedures were sound, they were not always followed. It was recognised that if a patient was discharged before adequate home arrangements were in place, then this could put a life at risk or lead to an early re-admission.
- The role of ward matrons had been strengthened to give them greater authority to act and to be effective advocates for the patients in their care. Nurse leaders were charged with embedding and monitoring agreed care standards.
- A lot of work had been done to enable the Trust Board to be kept fully informed of what was happening on each ward and to closely monitor key indicators. The compliance team put in place carried out monitoring of patient experience on a daily basis.

Sarah Bellars, Nurse Governor from Slough CCG, confirmed for the Panel that the Trust had shared information on the improvements taking place and progress was considered monthly by the Clinical Quality Review Group. There were also a number of other meetings at which progress was reviewed as well as physical inspections and receipt of patient feedback. A recent tour of wards with the Director of Nursing had shown a very different picture from that seen a year ago when the hospital was struggling to cope with capacity issues.

Colin Pill reported on behalf of Healthwatch on a community engagement visit at Wexham Park during in August 2013, when patients and visitors had been advised of the role of Healthwatch and a survey carried out to obtain views for the patients and public. Survey results confirmed that the majority of patients considered they had been treated with dignity, given privacy and treated with respect. Some had raised concerns about issues such as not being kept informed, long waiting times at Inpatients and A&E, lack of hygiene as well as the ongoing issue of lack of car parking. A start on a proposed piece of work relating to patient discharge was outstanding.

Resolved –

- (a) That Grant MacDonald be thanked for attending to report and answer questions on quality and improvement work at Wexham Park.

Health Scrutiny Panel - 24.03.14

- (b) Further information be considered in due course on progress regarding discharge procedures, including separate data for Slough and South Bucks residents, and results from the Healthwatch project to look at this.

57. Berkshire Healthcare NHS Foundation Trust Quality Account 2013/14

The Panel considered the Berkshire Healthcare NHS Foundation Trust draft Quality Account 2014 (as at Quarter 3). David Townsend, the Chief Operating Officer for the Trust presented the report, due for publication in June 2014, which set out progress made against quality priorities for the year and planned priorities for next year with respect to clinical effectiveness, patient experience and patient safety, and invited comments and questions.

The Panel asked a number of questions from which the following points arose:

- The 2013 National Staff Survey referred to comparisons with other (unnamed) mental health/learning disability trusts. It was suggested that an indication of the comparator Trusts be included, together with confirmation that the Trust was taking account of the survey results in its future planning. The Panel was pleased to note the improvement in the 'staff recommendation of the Trust as a place to work' compared to the previous year.
- The concept of Harm Free Care was designed to bring focus to the patient's overall experience and was measured by reference to four 'harms' (pressure ulcers; falls; urinary infection in patients with catheters; and venous thromboembolism). There had been a gradual increase in the number of patients receiving harm free care from the Trust although this was still a little below the national average.
- Clarification was given of the figures relating to absence without leave (AWOL) where a patient had failed to return after being given leave and the number of patients absconding whilst under a Mental Health Act Section. It was confirmed that the reasons for each case were investigated and reviewed to check for any emerging trends.
- Medication errors fluctuated but amounted to an average of 140 per month, with no clear trend. None had resulted in moderate or severe harm to patients.
- Additional information was to be included, relating to complaints and how they had been dealt with, which would be added as an appendix.

Resolved - That the draft Quality Account 2014 be noted and the suggestions made at the meeting and referred to above be included in a formal response to be sent to the Trust.

58. Progress Report on Local Response to Winterbourne View

Consideration was given to a report about a stocktake on progress made locally in response to the Winterbourne View Concordat published by the Department of Health in December 2012.

Health Scrutiny Panel - 24.03.14

The stocktake highlighted the need for the development of local care and support options for younger adults with complex needs. Health and social care commissioners were charged with ensuring that their systems for monitoring care quality were robust and effective.

There were currently only two people in Slough care in the cohort covered by the report (ie. living in hospital accommodation). Plans were in place to move one of the two into a community setting by June 2014, and a transition plan was in place for the other person.

Resolved - That the actions being taken locally to ensure delivery against the Winterbourne View requirements published in December 2012 be noted.

59. Attendance Record

Resolved - That the attendance record be noted.

60. Date of Next Meeting

Resolved - That the date of the next meeting be confirmed as 30th June 2014.

61. Last Meeting

As this was the last meeting of the Municipal Year, the Chair thanked Scrutiny Officer Sarah Forsyth for her support and assistance to the Panel.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 7.44 pm)

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 30 June 2014

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

WARDS: All

PART I

TO NOTE

HEALTH SCRUTINY – 2014/15 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 2014/15 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 2014/15 Municipal Year

7. **Background Papers**

None.

HEALTH SCRUTINY PANEL **WORK PROGRAMME 2014/2015**

Tuesday 29 July	
Scrutiny Items	<ul style="list-style-type: none"> • <u>Healthwatch Business Plan</u> – what are the identified priorities? • <u>GP Access and Prime Minister's Access Challenge Funding</u> – full account of proposals and expected impact • <u>CAMHs</u> – Council review and NHS commissioning plans (ECS Panel involvement tbc)
Monday 6 October	
Scrutiny Items	<ul style="list-style-type: none"> • <u>Adult Safeguarding Annual Report 2013/2014</u> – scrutinise achievement against aims • <u>Public Local Account</u> – scrutinise achievement against aims • <u>Impact of BCF Programme and Proposals for Integrated Services</u> – scrutinise implementation and preparedness
Wednesday 19 November	
Scrutiny Items	<ul style="list-style-type: none"> • <u>Care Bill</u>
Tuesday 20 January	
Scrutiny Items	<ul style="list-style-type: none"> • <u>Carers Strategy</u>
Monday 23 March	
Scrutiny Items	<ul style="list-style-type: none"> • <u>Berkshire Healthcare NHS Foundation Trust Quality Account 2014/15</u>

Currently Un-programmed:

Issue	Date
<u>Heatherwood and Wexham Park Hospital</u> <ul style="list-style-type: none"> ○ Improvement Programme ○ Discharge Procedures (possible T&F Group?) 	
<u>Transfer of Health Visitor Services</u>	
<u>Drug and Alcohol Misuse</u>	
<u>Cancer Services</u> – Thames Valley Cancer Strategic Clinical Network review of the provision of specialist surgery for patients with bladder, prostate or kidney cancer across the Thames Valley.	
<u>Out of Hours GP provision</u>	July (tbc)



**Update report for the proposed acquisition of
Heatherwood and Wexham Park Hospitals NHS Foundation Trust by
Frimley Park NHS Foundation Trust**

Author: Jane Hogg, Integration Director
Date: June 2014

PURPOSE

The purpose of the paper is to provide the Slough Health Scrutiny Panel with an update on progress towards a possible acquisition of Heatherwood and Wexham Park NHS Foundation Trust by Frimley Park NHS Foundation Trust. The transaction timeline is challenging and many elements are subject to change, but this paper gives a report of the state of play in early June 2014.

TIMELINE

- 2012/2013 – HWPH concludes they are unsustainable as a stand alone business. McKinsey report for Berkshire East commissioners concludes acquisition by FPH as a sustainable solution for HWPH
- April 2013 – OBC for the acquisition of HWP by FPH developed for FPH
- August 2013 – review by FPH board of OBC and conclusion to consider proceeding to FBC
- October 2013 to January 2014 – support from central bodies for consideration of the FBC
- February 2014 – FPH board decides to proceed to FBC
- March 2014 – submission of case to Competition and Markets Authority (formerly Office of Fair Trading)
- 1 May 2014 – Care Quality Commission releases inspection report rating HWPH as ‘inadequate’ and HWPH is placed in special measures by Monitor on 3 May
- 14 May 2014 – CMA clears the proposed acquisition
- Summer 2014 – proposals reviewed by boards and councils of governors of each hospital, and by Monitor the foundation trust regulator, who must approve the transaction

BACKGROUND AND CASE FOR CHANGE

HWPH is currently facing significant financial, operational & clinical challenges. In the absence of the transaction, ongoing financial and operational challenges may risk FPH’s sustainability in the medium term

- ▶ **Increasing financial and operational pressures** are being placed on acute Trusts. FPH is facing declining surpluses over the coming years and HWPH is in a continuing unsustainable financial position
- ▶ **There is a continued drive for high quality sustainable care in the NHS.** FPH is at risk of becoming clinically subscale in certain areas as the NHS consolidates to preserve and improve quality care. HWPH already has areas of poor quality in patient care and has lost certain services
- ▶ **FPH and HWPH are facing a growing and ageing population,** coupled with a forecast increase in chronic diseases, which will put additional strain on local services
- ▶ **The combined organisation provides the opportunity to achieve critical mass in clinical services** and achieve a sustainable financial position
- ▶ **Options appraisal has shown that acquisition offers the best opportunity for FPH** to maintain medium term sustainability at the current time
- ▶ **An Outline Business Case for the transaction was approved by the FPH Board in August 2013 and reviewed by Monitor in October 2013.** The FPH Board decided to proceed with a Full Business Case for the acquisition in February 2014

NATIONAL HEALTH CONTEXT

The national context breaks down into four areas which drive the rationale for the acquisition of HWPH.

- ▶ **Ongoing financial challenge.** NHS Trusts throughout England are required to deliver efficiency savings of circa 4-5% per annum. Increasingly it is recognised traditional CIP schemes alone will no longer deliver the required savings. Trusts will be expected to engage in wider transformational change and service reconfiguration with other agencies and providers in order to deliver the productivity improvements required.

- ▶ **Increasing operational pressures.** Trusts across England are encountering increasing demand for acute services, particularly through escalating ED attendances and unplanned admissions to hospital. Additionally, an ageing population with associated long-term conditions will demand more from health care providers year on year.
- ▶ **Increasing quality expectations.** There is ever increasing scrutiny of Trusts, hospitals, departments and individual healthcare professionals. Rolling CQC inspections, the Francis report, and more recently the Keogh Review, are increasing pressure to maintain high standards of care at all times, requiring changes to health service culture and working practices in the context of a constrained funding environment.
- ▶ **Doubts over the sustainability of smaller acute Trusts.** A series of reviews and guidance^{1,2} have recommended that increased specialisation of clinical teams serving larger populations deliver improved outcomes for patients. Another challenge for smaller Trusts is sustaining services as primary care and specialist secondary care providers increase market share. Additionally the recent report by Monitor on the performance of the Foundation Trust sector for the year ended 31 March shows, that out of 18 failing acute Trusts, 16 are small to medium (that is, have an income up to £400m).

LOCAL HEALTH ECONOMY CONTEXT

At a local level, health services will need to respond to anticipated changes in the demographic and health profile of the local population. Local councils have drawn up Joint Strategic Needs Assessments (JSNA) which identify some common themes that drive the health needs of the local populations. These are:

- ▶ **Population growth:** The population is expected to grow by a total of 3.3% between 2013 and 2018.
- ▶ **Ageing population:** Growth in the 75+ age group is forecast to be a total of 11.6% between 2013 and 2018. This is significant since more than 70% of people aged 75+ have one or more long term condition. The average person aged 85+ makes three times as many visits to primary care and is 14 times more likely to be admitted to hospital than the average 15-39 year old.
- ▶ **Levels of deprivation:** The FPH and HWPB catchment populations in general have low levels of deprivation. However, there are pockets of deprivation within the catchment area, such as parts of Camberley, Aldershot and particularly in Slough. Typically less affluent areas will have a disease profile that is more associated with deprivation such as respiratory disease and diabetes. Comparatively, the more affluent areas have a higher life expectancy, but face the associated disease and need for long term care that comes with an ageing population.
- ▶ **Health profiles:** Cardio-vascular disease is the leading cause of death in both males and females across the catchment area. The incidence of chronic conditions is expected to increase over the coming years, stroke continues to increase nationally, and dementia is predicted to increase by over 50% in the next 15 years.

All of the above means that there will be significantly more operational pressures over the coming years on both Trusts. Improved care of the elderly services and implementation of integrated models of care are key to reducing unplanned hospital admissions.

TRUST OVERVIEWS

Frimley Park Hospital NHS Foundation Trust is a district general hospital located in Surrey, close to the Hampshire and Berkshire borders. The Trust provides a full-range of district general hospital services for the population of North East Hampshire and West Surrey. The catchment population has grown significantly from 170,000 in 1974 when the hospital was built to between 400,000 and 500,000 today and this figure is expected to grow further.

¹ "Is volume related to outcome in healthcare? A systematic review and methodological critique of the literature", Ann. Intern. Med. 137: 511 – 520 Halm et al, 2002

² *Hospital volume and health care outcomes, costs and patient access*, NHS Centre for Reviews and Dissemination, systemic review 1996

Heatherwood and Wexham Park Hospital Foundation Trust serves a population of between 400,000 and 500,000 people from the areas of Ascot, Bracknell, Maidenhead, Slough, Windsor and south Buckinghamshire. The Trust delivers a wide range of healthcare services from two main sites; Heatherwood Hospital in Ascot opened in 1923, and Wexham Park Hospital in Slough opened in 1968.

FPH AND HWPB DRIVERS FOR CHANGE

The specific imperatives for change for both FPH and HWPB are outlined below:

FPH Hospital Drivers for Change

FPH is facing declining operating surpluses over the coming years, the consequence of annual efficiency targets and increasing clinical and demographic pressures affecting commissioners. The FPH leadership anticipate a real threat to the sustainability of patient services unless a fundamental strategic change takes place.

The leadership team consider the Trust is too small to meet the following future challenges:

- ▶ **Clinical:** FPH is at risk of becoming sub-scale as the NHS consolidates into fewer larger Trusts and hence losing services and income over the medium term. NHS England has outlined specialised services provided in centres of excellence as one of their key priorities for Trusts going forward³.

The implications of this are that there will be fewer specialist service providers with larger market shares. For FPH specifically, there is a risk of services being lost and volumes being reduced as specialist secondary providers increase market share in response to this.

FPH also wishes to maintain its current position as a centre of excellence, able to attract and retain the right high quality staff to maintain and improve services for its patients.

- ▶ **Financial sustainability:** In light of the scale point above FPH is forecast to suffer from declining surpluses from FY2014/15 onwards. Additionally FPH will find it increasingly difficult to meet the annual circa 4-5% efficiency requirement placed on Trusts, and will face pressure from a shift to move care into the community and a virtually flat funding settlement for the NHS anticipated over the next few years.

Heatherwood and Wexham Park Hospital Drivers for Change

HWPB is at present not financially sustainable and requires significant recurrent financial support and there is an acknowledged requirement to improve governance throughout the organisation. The Trust has been in breach of the terms of its authorisation since 2009 and continues to exist with a significant financial deficit. The Trust has struggled financially since 2009, with a deficit position in 2012/13 of £15.3m. In addition, Monitor announced the Trust had been placed in special measures in May 2014. As part of this process FPH has been invited to 'buddy' with HWPB.

Several attempts have been made to build a viable future, however, the HWPB board in January 2012 recognised that its position as a standalone organisation was unsustainable, chiefly due to the level of capital investment required to provide quality facilities.

The following challenges have been identified:

- ▶ **Clinical/ Financial Scale:** The board of HWPB has recognised that in its current position it is unsustainable and sub-scale, having already lost certain services including hyper-acute stroke; the 24/7 PCI service and Level 2+ neonatal care.
- ▶ **Patient Care:** HWPB had a red rating recorded on Oct, 2013 – the lowest governance rating since July 2009. The Care Quality Commission (CQC) found serious clinical failings at the Trust during its inspections over the course of 2013 and in a more recent inspection carried out in February 2014. The overall and most recent CQC findings of the Trust were rated as inadequate with a question continuing over its future sustainability. A total

³ NHS England 5 year planning strategy document 2014/15 – 2018/19

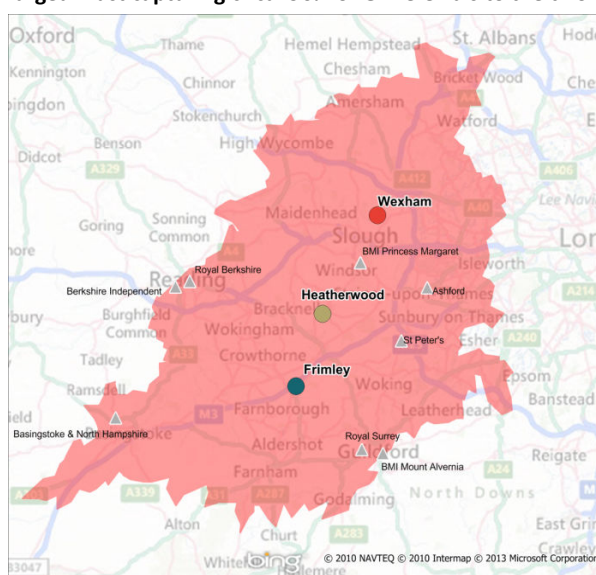
of twenty four actions were recommended – eighteen as ‘must’ happen and six as ‘should’ happen. On 3 May 2014 Monitor announced HWP had been placed in special measures.⁴

- ▶ **Financial sustainability:** The Trust has been in breach of the terms of its authorisation since 2009, and it continues to have a significant financial deficit, and is unable to deliver the necessary capital expenditure to improve the Wexham Park site. It has been classified by Monitor as having a FRR (Financial Risk Rating) of 1 (the lowest rating) since 2009 and now has a CSRR (Continuity of Service Risk Rating) of 2.
- ▶ **Governance:** The Trust has been classified by Monitor as a poor performer against its peers for governance standards, scoring a red rating since 2009. Despite several changes of leadership since the Trust was declared in breach of its Terms of Authorisation by Monitor, none have succeeded in resolving the issue. On 3 May 2014, Monitor announced the Trust had been placed in special measures.
- ▶ **Human Resources:** The Trust is also facing short-term challenges in providing increased Consultant-led service provision and managing with reduced numbers of junior doctors; while endeavouring to meet the surgical safety thresholds. For example, the new guidance on acute colorectal surgery and increased demand for specialised on-call rotas. It is also struggling to recruit staff, having high levels of agency staff across clinical and non-clinical areas.

OPPORTUNITIES AS A COMBINED ORGANISATION

The acquisition of HWP by FPH and the resulting increased catchment area of between 800,000 and 1,000,000 people will create the organisational scale necessary to establish robust, sustainable services for the people of Berkshire, Buckinghamshire, North East Hampshire and Surrey. The current geographic catchment of the two Trusts is shown in Figure 1 below and is based on referral patterns and distance to the hospital sites. Figure 1 below shows a 30 minute drive time, and captures around 90% of all the GP referrals to both current Trusts.

Figure 1: Catchment area of the enlarged Trust capturing circa. 90% of GP referrals to the two current Trusts



The acquisition will enable a platform for change, driving forward clinical service changes where appropriate and providing the impetus to create new services to serve the growing and ageing population. The enlarged trust will be better placed to recruit and retain high quality clinical staff and to offer excellent training opportunities. Back-office and operational consolidation will help release resources for front-line services.

The enlarged organisation will benefit from a unique opportunity to focus finances, resources, expertise and equipment to better serve patients. It will provide the capacity and impetus to review and improve delivery models.

⁴ FPH has entered into a budding arrangement with HWP as part of Monitor's processes to provide support to them while they are in special measures. Should the transaction go ahead, this special measures arrangement would cease. It is separate from the preparations towards a potential acquisition.

VISION FOR THE NEW ORGANISATION

"United in the pursuit of the goal of continuous improvement and the ambition and passion to be the country's best"

- ▶ **The enlarged Trust will focus upon developing strong clinical leadership** across all sites, supported by a Board of the minimum size necessary to effectively manage the organisation
- ▶ **Effective values**, well established at FPH, will be promoted across all sites
- ▶ **A streamlined centralised back office function** will be implemented where possible
- ▶ **An integration plan and organisational development strategy have been developed** to support the acquisition.

Delivering the highest quality services for all patients remains the paramount aim for the FPH leadership team. In bringing together Heatherwood, Wexham Park and Frimley Park hospitals, the clinical and managerial leadership aim to deliver an organisation that provides service improvements and long-term benefits for patients and staff across the four counties of Berkshire, Buckinghamshire, Hampshire, Surrey and beyond. A key indicator of success will be the three sites operating together, genuinely integrated as if a single hospital unit.

The FPH management have successfully embedded their vision and principles among the staff through significant communication activities and leadership engagement. Following the acquisition, the executive team will lead the engagement work with teams, explain the imperative for change and cascade a single set of core values across all sites through the local management teams and face to face meetings with the Executives.

PROPOSED CLINICAL VISION

FPH has consistently delivered high standards of clinical quality and patient experience while HWPB is facing a number of clinical quality challenges that have been reported by both the CQC and FPH's clinical due diligence. The enlarged organisation will address these comprehensively.

- ▶ The proposed clinical model will bring the following improvements across the enlarged Trust:
 1. **Improve the quality at HWPB** through a common culture based on FPH leadership through robust clinical governance
 2. **Improve existing services and develop new services** for patients based on sharing expertise and developing improved interfaces with community healthcare and the scale of the new organisation will allow for greater subspecialisation
 3. **Provide a new model of elective care including a new centre of excellence** for elective care at Heatherwood and enhanced patient centred models of care e.g. 'one stop shop' services.
- ▶ **Implementation will be carried out in a way that clinical quality is maintained and improved at all three sites** throughout the transformation

It is widely recognised that HWPB is facing a number of challenges in clinical quality. These have been demonstrated in an ongoing challenge in delivery of national quality indicators such as the 4 hour Emergency Department target and the 18 week RTT target for elective patients. A number of patient experience measures including the Friends and Family measure and annual patient survey indicate that patients are not happy with the delivery of service. The Friends and Family Test results are poor, particularly in A&E, with a national promoter score of 23 in December 2013 against a national average of 56.

Members of the public expressed their concern to the CQC regarding poor care and loss of privacy and dignity that they and their relatives experienced following treatment at the Trust. The most detailed CQC inspection recommended 24 actions, 18 as 'must happen' priorities.

FPH has consistently delivered a financial risk rating of 4 or above⁵ and has won a series of awards⁶ for high standards of clinical quality and patient experience. This is supported by a stable management structure that has demonstrated its ability to deliver over a number of years. The acquisition provides a way forward to improve services for both organisations, ensure equity of services and parity of access for the population served by HWPB and FPH. The proposed clinical model will bring the following specific benefits:

1. **Improve the quality at HWPB** through a common culture based on FPH leadership through robust clinical governance
2. **Improving existing services and developing new services for patients** based on sharing expertise and developing improved interfaces with community healthcare. The scale of the new organisation will allow for greater subspecialisation.
3. **New model of elective care** including a new centre of excellence for elective care at Heatherwood and enhanced patient centred models of care e.g. 'one stop shop' services

Key specific changes envisaged within the proposed clinical model include:

- ▶ Changes in care of the elderly (CoE): proactive management of higher risk patients, provision of front-door CoE physicians, and greater integration with local health providers will create treatment pathways specifically for older adults and lead to both improved hospital care and early supported discharge;
- ▶ Changes in the ED model: excellent quality of care (in all 5 quality indicators) will be achieved through streamlined patient flows, 24/7 Consultant-delivered care, and closer integration with community services;
- ▶ One site to gain major emergency status
- ▶ The intention to deliver a hyper acute stroke unit (HASU) and pPCI at HWPB; and
- ▶ Changes in the urology and cancer networks to ensure that more local services are available for patients, including access to highly specialised services where possible.

Overall, the acquisition will significantly improve patient care across the catchment areas of FPH and HWPB. Bringing together two Trusts with important complementarities will deliver improved clinical outcomes through larger clinical teams and improved access to services for patients. The ability to attract and retain high quality staff will support the delivery of these benefits.

Implementation of the clinical model will be carried out to ensure that the existing excellent quality of services is maintained or enhanced, new services are developed and the clinical pathways are transformed over a pragmatic timeline so that senior leaders are able to devote adequate time to the integration. The focus will therefore be on delivering the short-term changes to 'business as usual' that address current clinical issues and preparing the medium- and long-term changes that will drive patient benefits.

This structured approach to stabilising and improving the delivery of services to patients will allow for services to be developed and delivered in appropriately planned ways, with good co-ordination between health and social care providers across the health communities. While HWPB is in an unstable position with an uncertain future, some patients are choosing to go to other parts of the health system in a less planned way, in some cases leading to pressure on services and difficulties in providing the appropriate capacity across the whole system.

The clinical model assumes that the mix of services currently offered to patients in their local area will remain locally. The clinical model is actually proposing that more services which have been lost from the HWPB sites be returned to be provided more locally on those core sites. This should become possible, with commissioner support, as the quality and financial stability of the enlarged organisation is delivered. Should the enlarged organisation wish to make any substantial service changes in the future, it would follow an appropriate process of involving all local stakeholders in shaping plans and giving formal feedback on those plans.

⁵Frimley Park Hospital NHS FT annual reports. Financial Risk Ratings of NHS Foundation Trusts:<http://www.monitor-nhsft.gov.uk/about-your-local-nhs-foundation-trust/nhs-foundation-trust-directory-and-register-licence-holders/he-0>

⁶ Baby Friendly full accreditation (UNICEF); CHKS Top 40 Hospital (awarded for 10 consecutive years); MHP Health Mandate Quality Index Top five acute trust 2013; NHS Staff Survey: Best acute trust in the country for staff engagement (2013); NHS Staff Survey: Best place to work (acute Trusts in England, 2012); NHS Staff Survey: Best job satisfaction of an acute trust (2011); Cancer patient experience survey top 20% of all Trusts (2012/2013); First chemo department to be adopted by McMillan Cancer Care

ENGAGEMENT PROCESS

Commissioner engagement

A commissioner engagement process has been undertaken, with local and national bodies, to elicit commissioners' views on the transaction and to work through and agree the key principles and finances underpinning it. The Chief Executive and the Medical Director of FPH have attended public CCG meetings to discuss the process of potential acquisition, the drivers for change and the process by which the clinical model has been discussed so far. Clinicians from HWPB and FPH have met on a specialty by specialty basis to discuss opportunities presented by an integrated organisation. Each area has met at least three times. There has also been a meeting with senior clinical leaders in CCGs to discuss and review emerging ideas for clinical services and future improvements in quality and service delivery.

This engagement process is ongoing. High level outcomes include:

- ▶ Supportive of plans to improve the elderly care services, including greater integration with community providers
- ▶ Supportive of improvements to the HWPB ED to reduce non-elective activity
- ▶ Majority supportive of an elective facility being developed at Heatherwood
- ▶ Comparison of baseline activity and financial assumptions has shown that there is a strong alignment on the overall forward assumptions for the enlarged Trust, but some difference in starting positions
- ▶ Several potential opportunities for repatriation of work such as Obstetrics and Ophthalmology have been identified.

Public and patient engagement

FPH has been discussing the proposed acquisition with its members, public and patients and the Council of Governors at Council of Governor meetings and at local constituency meetings. The core programme of health events held through the Trust's community includes a dedicated section outlining the Trust vision. These events are typically well attended with 100 to 200 guests.

At each meeting the reasons for considering this acquisition are presented and those attending are encouraged to ask questions and provide feedback. Across the range of meetings that have been undertaken so far, the majority of those present understand the reasons why FPH wants to consider the acquisition.

Public statements about the progress of the acquisition process continue to be shared with local media as appropriate. The Trust plans to utilise its strong and active social media community to engage the public as acquisition approaches.

Phased approach to engagement

FPH is taking a phased approach to engagement as the nature of engagement, messages and stakeholder impacts will change through pre-acquisition, integration and transformation.

CONCLUSION

We are very much aware of the complex issues at Heatherwood and Wexham Park Hospitals NHS Foundation Trust. In supporting HWPB through a buddying process we will do all we can to help lift the trust's performance and improve services for local people, while continuing to explore the potential acquisition of HWPB.

The board at Frimley Park Hospital NHS Foundation Trust continues to work on a full business case examining the prospects of the acquisition in great detail. This stage is due to be finished by the summer. Once completed, the full business case will form the basis of the case made to each trust's board and council of governors and to Monitor, the foundation trust regulator, in seeking their agreement for the acquisition to proceed.

The acquisition has been assessed and cleared by the Competition and Markets Authority, whose review was completed in mid-May 2014.

Operational Plan 2014-2016

NHS Slough CCG

Feb 2014

- This Plan sets out how Slough CCG intends to commission for its local population for the next 2 years, to ensure that working together with its stakeholders we will continually improve the health of Slough
- The plan outlines outcome ambitions for the next 5 years which will feed into the unit of planning 5 year strategy as we work towards June submission
- We will set an ambition to deliver 5 system objectives and will be measured on outcomes
- We will commit to a joint plan with Slough UA through the Better Care fund deliver integrated health and social care services to the residents of Slough
- We will strengthen delivery of primary care services by working together to achieve excellent primary care
- We will strengthen our clinical collaboration with our stakeholders to deliver a plan which is integrated and inclusive. Innovation will be embraced where there is a strong indication that this will be successful.
- The CCG will work closely with neighbouring CCGs where this will give an optimum outcome and use of resources.
- The CCG will work with local providers through contractual and clinical relationships to drive quality and sustainability in services.

Clinicians and patients working together within the NHS to continually improve the health of Slough and healthcare services. Delivering a comprehensive range of high quality services based on best practice

Slough will develop an integrated health and social care system My Health, My Care that provides consistent, high quality , personalised for residents at high risk of hospitalisation or care home admission

System Objectives Measured by Seven Outcome ambitions

1.To significantly reduce under 75 CVD mortality rates by 2% over 5 yrs

2.Increase people's confidence in managing their LTC to 80% (baseline 75%)

3.Increase number of older people living independently at home (as measured by reduction of NELA admissions)

4.Improve patient experience of access in Primary Care and Community services (as measured by Outcome Ambition 6)

5. improve patient experience (Friends & Family Test) and improve experience of care in a hospital setting

Delivered through Interventions

Cardiovascular deaths under 75 are significantly above England average. Program to deliver identification and primary prevention of CVD e.g. by increasing number of NHS Health checks for over 40. Optimise achievement of control of cholesterol by a series of life style and therapeutic interventions. In addition improve cancer screening, Increase efforts on smoking cessation uptake and improve management of familial hypercholesterolaemia especially in **women**

Greater use of shared decision making coupled with a joint management plan. Increasing the use of Telehealth and Telecare. **Advance management of diabetes.** Increase primary prevention and self care programs through structured patient education, Behavioural change management programmes, vision assessment for falls prevention. Care co-ordination through Integrated care teams and case management. Discharge support following patients back into the community and home from acute care. Rapid response with short term intermediate care and reablement. Improving management of end of life care.

During the winter months availability of 5% additional GP appointments, GP after hours paediatric clinic, and patient information regarding local services and 111. Local community gynaecology and dermatology services. Direct access to diagnostics e.g., echo, MRI. Services across primary and community available 7 days. Review of urgent care services to improve access and enable IT infrastructure for data sharing across all organisations

Improvements in quality e.g., maternity by using experience led commissioning .. Training professionals and highlighting safeguarding issues. Identification of improvements through Practice leads . Raising clinical concerns via patient experience. Following through practice audits.

Overseen through the following governance arrangements

- Slough Wellbeing Board
- CCG Governing Body
- Unit of planning (Berkshire East) and its federated committees
- Partnership Boards
- Locality of Member Practice
- Urgent Care Programme Group

Delivery of the following transformational model

- Maintain financial sustainability
- Achieve a modern model on integrated care by achieving our vision and ambition asset out in Better Care fund
- High quality urgent and emergency care by delivering our Urgent care Strategy
- Delivering a model of primary care operating over 7 days and with strengthened IT systems
- Patient / Citizen involvement using the model of experience led commissioning

System values and principles

- Focused on improving our patients' health and experience of health services
- GPs working together to deliver high quality services consistently in the community
- Reliable, trustworthy, respected, transparent and accountable
- Innovative – using best practice,
- evidence based
- Community focused on population needs

Meet local trajectories for Dementia, IAPT and C-Difficile. Meet the NHS Constitution requirements for Cancer, A&E, 18 wks, Cat A Red 1 ambulance calls.

Vision and Values

VISION : Clinicians and patients working together within the NHS to continually improve the health of Slough and healthcare services and making the best use of taxpayers' money.

Our Values

Reliable, trustworthy and respected

Transparent and accountable - Nolan Principles

Innovative – using best practice/evidence based

Community focused on population needs

Efficient and effective

Principles

Focussed on improving our patients' health and experience of health services through

Education; supporting our patients to make healthy choices and to understand and take control of their own illness

Listening: using patient experience and feedback to improve care locally

Communicating: giving clear and consistent message about our services

Clinicians working together to deliver high quality services consistently in the community through :

Education: supporting every practice to deliver consistently the best quality primary care

Listening: using real experiences of services to continuously improve services

Collaborating: working with hospital doctors to deliver the best range of services across the area

Delivering a comprehensive range of high quality services based on the best practices which:

Supports patients within the community, working to keep patients well and at home,

Delivers real integration between health and care services

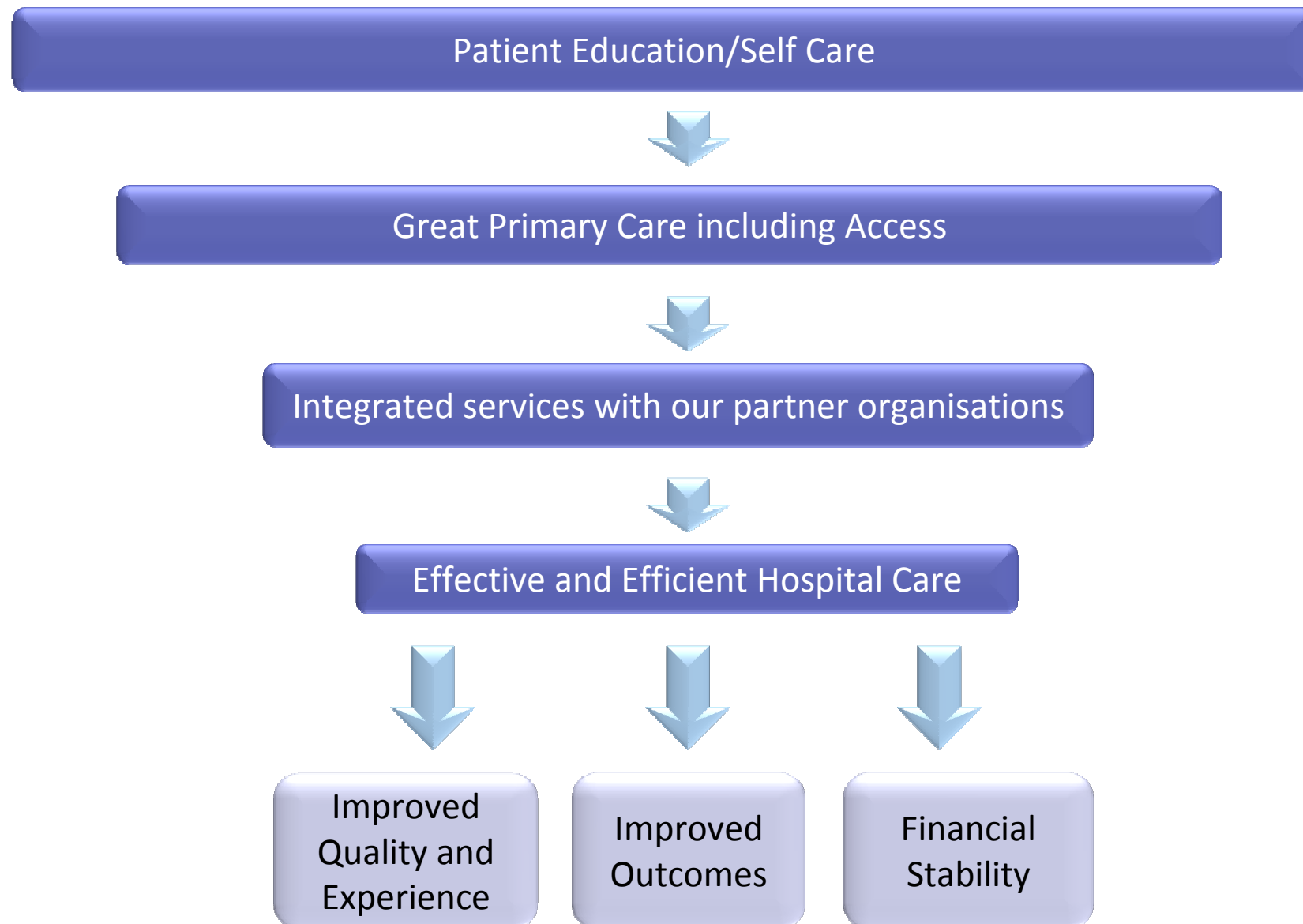
Ensures a **viable and stable** local hospital

Ensuring a **financially stable health economy** through:

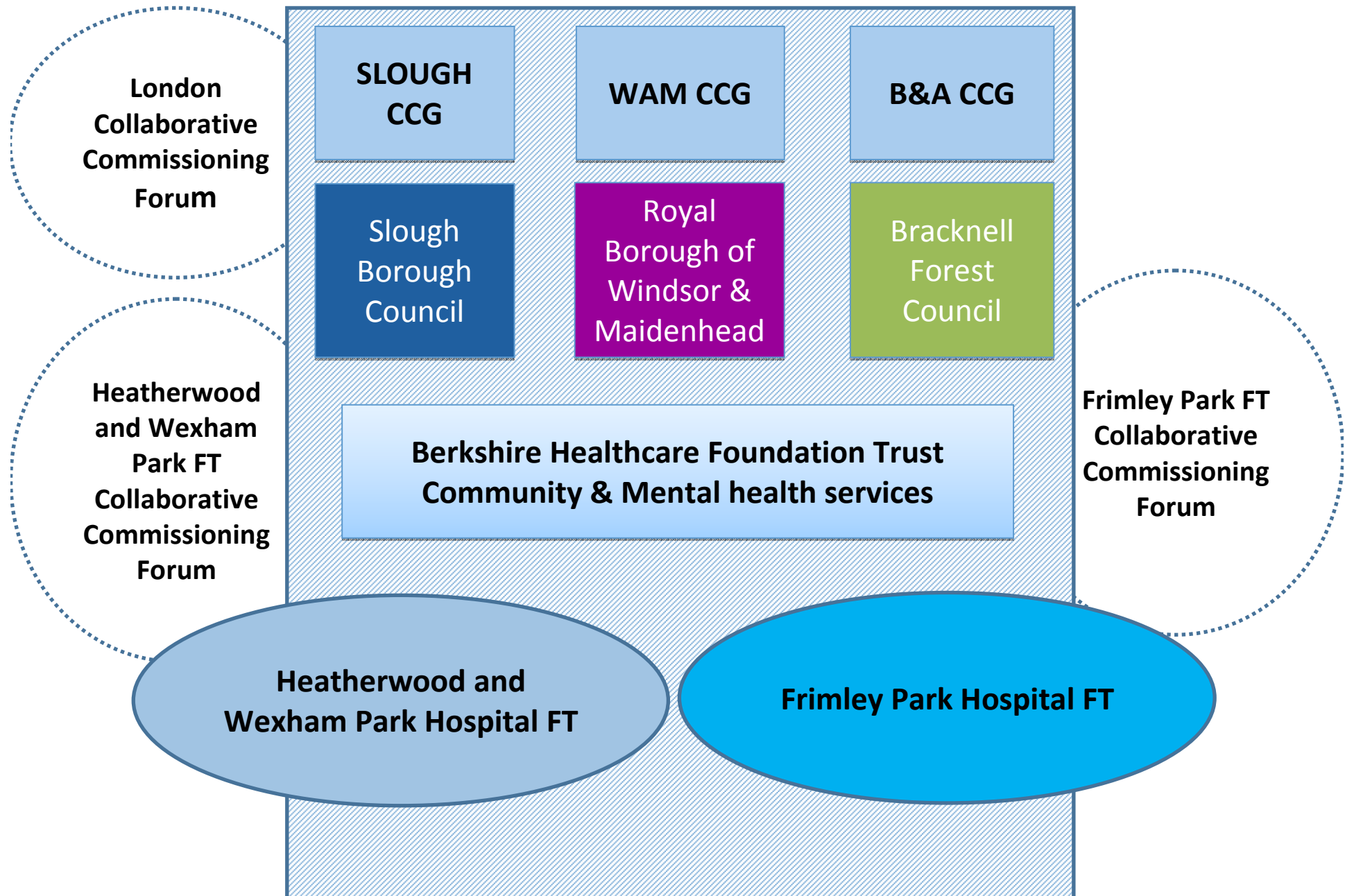
Improving services according to **best practice**

Commissioning service effectively with **our strategic partners** where this maximises the benefits for our patients

Our Commissioning Approach



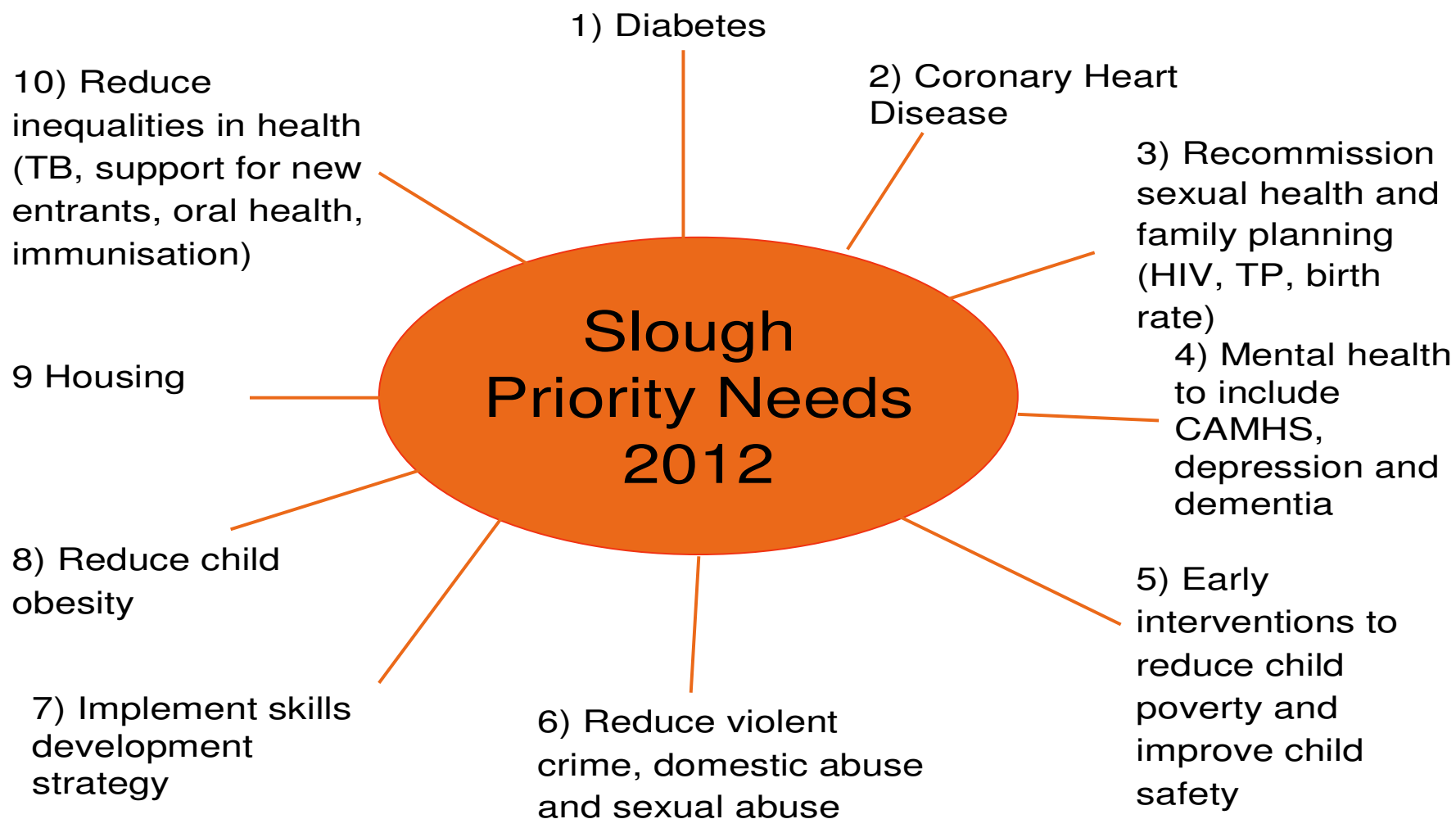
Unit of Planning



Joint Strategic Needs Assessment and NHS Outcomes

Joint Strategic Health Analysis
NHS Outcomes framework – Slough Baseline

Slough Identified Health Priorities



Link NHS Outcomes Framework to JSNA Priorities



Slough

Clinical Commissioning Group

	Health Priority	COF	Link to CCG Outcomes Indicator Set 2013/14
1.	Diabetes	2.1 2.3.1	People with diabetes who have received nine care processes People feeling supported to manage their health condition Reducing unplanned hospitalisation for diabetes in under 19s
2	Coronary Heart Disease	1.1 1.4 3.4 2.1	Reducing under 75 mortality rate from cardiovascular disease Increase 1 & 5 year survival rate from lung cancer Improving recovery from stroke (are admitted to a stroke unit within four hours of arrival to hospital) People feeling supported to manage their condition
3	Sexual health and family planning (HIV, TOP, birth rate, Cervical Smears)	1.4 1.13- 1.15	Increase 1 & 5 year survival rate from all cancers Reducing deaths in babies and young children (antenatal assessments <13 weeks, maternal smoking at delivery, breast feeding prevalence at 6-8 weeks)
4	Mental Health include CAMHS, depression inc. (dementia)	1..1.2 2.6(i) 2.6 2.10 2.11 2.12	People with severe mental illness who have received a list of physical checks Estimated diagnosis rate for people with dementia People with dementia prescribed antipsychotic medication Access to psychological therapy services be people fro BME groups Recovery following talking therapies for people of all ages Recovery following talking therapies for people older than 65
5	Early interventions to reduce child poverty, child obesity and improve child safety,	2.3(ii) 3.2 1.13- 1.15	Reduce unplanned hospitalisation for asthma & epilepsy in under 19s Preventing LRTI in children from becoming serious(emergency admissions for child with LRTI Reducing deaths in babies and young children (antenatal assessments <13 weeks, maternal smoking at delivery, breast feeding prevalence at 6-8 weeks)
6	Reduce violent crime, domestic abuse and sexual abuse	LA OF 4A	No CCG outcomes indicator available. LA indicator proportion of people who use the services who feel safe.
7	Reduce inequalities in health (TB, support for new entrants, oral health, immunisation	2.1 4.1	People feeling supported to manage their condition Patient experience of GP services

Slough - Stakeholder Assessment

Readiness of the Local System to Deliver the Change Agenda

- **Our Unit of Planning is complex as**
 - 3 CCGs in Berkshire east are working in a federation 3 broadly co-terminous Local Authorities
 - 1 Community/Mental Health Provider
 - 2 Main Acute Providers – one about to be the subject of an acquisition by the other to form a merged Trust
 - Other important providers
- **Collaborative Commissioning Forums created with fellow CCG Commissioners (outside UoP) for 2 main acute providers and London Providers**
- **Local context has made some relationships difficult –** challenging public consultation leading to unsuccessful Judicial Review and request for Independent Review panel- Acute provider the subject of ongoing risk summit.

Local Stakeholder development

Our first order of priority has been to create the environment for shared system leadership, while forging ahead with local integration strategies. The three CCGs have undertaken the following process to support development of our local stakeholders and overcome previous relationship difficulties.

Process of local stakeholder development	Timetable
CCGs engage the Kings Fund to support system wide relationship development. Telephone interviews of all system leaders, individual organisation feedback followed by facilitation of strategic workshops	November 2013 to January 2014
Area Team facilitate a series of Transaction meetings to enable co-ordination of commissioner response to the Acquisition	November 2014
CCG/Local Authority Partnerships consolidated, Joint Strategies developed and signed off by HWBs, BCF Governance agreed and in place.	January 2014
Commissioner/Provider Joint clinical strategic events – Frimley Park Hospital FT, Heatherwood and Wexham Park Hospital FT, Berkshire Healthcare FT. Workshop national strategies – 15% reduction emergency, 20% increase elective efficiency, 7 Day working	February 2014
Clinical Vision for merged acute trust created.	February and March 2014
Health and Social Care Leaders Forum created across the Unit of Planning.	2014

Our Joint Approach – Build Vision, Turn it into Action

With Local Authority Partners

- Consolidate existing strong relationships
- Create joint local vision and strategy for innovation
- Put BCF governance and programme support in place

With Acute Providers

- Share local BCF strategies Workshop local impact of national strategies
- 14/15 Contracting process includes year 1 impact within QIPP/Investment proposals
- Acquisition FBC to model impact of BCF and commissioner strategies. Due for completion by April 2014.
- Clinical vision of merged Trust to include new model of care for the elderly

With the system

- In finalising the 5 year strategy to turn vision into further action with clear programmes and plans

With Patients

- Use feedback from 'Call to Action' and other forms of engagement to develop vision & plans
- Engagement with future plan development and use of patient group to develop services

With the Voluntary Sector

- Share local BCF strategies
- Engagement With the Voluntary Sector
- Consider the opportunity in the design of future services to exploit opportunity presented by special interest groups

With Community Providers

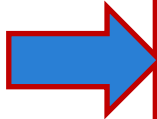
- Share local BCF strategies
- 14/15 Contracting process includes year 1 impact within QIPP/Investment proposals
- Engage Community Provider in design of solution
- vision into further action with clear programmes and plans

Call to Action Events

Slough CCG has continuously engaged with its patients and carers in a series of engagement events

Objectives

- To build continuous and meaningful engagement with the public, patients and carers to influence the shaping of services and improve the health of people in Slough.
- To deliver improvements in patient experience of health care services.
- To increase knowledge and awareness of the range of local services, increasing the appropriate use of these services.



Public and patients

General Public

Saturday morning road shows at Tesco Superstore held 25th January 2014

System wide workshop with providers, patients and local councillors to develop our vision for Better integrated services

Specific Patient Groups

Older People event including PPG representatives held 12th Feb 2014.

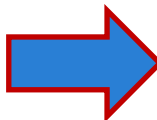
Community groups such as Somali and Pakistani held 13th Dec 2013

Patients at risk or suffering from long-term conditions such as diabetes, CVD planned for March

Maternity programme- Series of engagement events and co-design work specifically to improve outcomes in pregnancy and childbirth

Patients at GP Practices

Engagement with PPG members to support the build up of primary care strategy held 31st January 2014



Member practices and other clinicians

- Developing effective engagement and communications with member practices and practice representatives.
- Effective use of the CCG website
- Survey practice managers on best approach for newsletter
- Support role of practice representatives

Challenges in Local Health System



Slough
Clinical Commissioning Group

SYSTEM

Delivery of QIPP programme
Challenged provider
Development of the integration agenda with all partners and stakeholders
Risks around HWPB merger with Frimley

PROVIDERS

Over performance in secondary care hindering integration agenda
Implementation of the newly commissioned services
Quality concerns and patient experience in some areas

Slough CCG

PRIMARY CARE

Engagement in the Primary Care Strategy
Meeting the challenge of integration and extending hours of work
Access to primary care service in a deprived and high demand population

STAKEHOLDERS

Partnership working on safeguarding
Inclusive stakeholders engagement
Patients/ Citizen engagement to shape commissioned services

Response to our Challenges



Slough
Clinical Commissioning Group

SYSTEM

Rigorous monitoring of QIPP and excellent member engagement

Partnership with neighbouring CCGs to manage provider performance

Acquisition creates opportunity for clinical change

PROVIDERS

Over performance addressed through robust contract management by CSU

Working jointly on implementation of new services with providers new and existing

Quality systems embedded at CCG and Federated level

Slough CCG

PRIMARY CARE

Develop and implement the primary care strategy to meet the challenges set out in the framework: *Everyone Counts*

Continue to develop engagement with member practices and enable collaborative working and improve access to primary care services

STAKEHOLDERS

Co- designing commissioning plan with citizens and clinicians

Robust governance to deliver the Better care Fund

Enable provider engagement

Setting our Ambition

- The CCG and its member practices met to agree our objectives and areas of priority to deliver sustainable improvement in health in our population.
- The areas we developed broadly map into the 7 outcome ambitions as set out in the planning guidance NHS England 'Everyone Counts' 14-15
- The CCG therefore has taken the step to map our plan to the 7 outcome ambitions with an agreed trajectory of improvement over 5 years.
- We are engaging our citizens in this approach by using innovative methods e.g. experience led commissioning to co- design the plan and therefore truly enable our plan to be patient / citizen centred.
- The following slides set out our current baseline and sets out our challenges and informs system objectives.

Slough Outcome Ambitions – 5 year framework



Slough
Clinical Commissioning Group

The 7 ambitions	Do I have to submit a 5-year 'quantifiable' ambition figure?	What is the baseline measure to set the quantifiable ambition against?
1. Securing additional years of life for your local population with treatable conditions.	✓	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (Adults, children and young people)
2. Improving the health related quality of life of people with one or more long-term conditions	✓	Health-related quality of life for people with long-term conditions
3. Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital	✓	Quality Premium Composite Indicator
4. Increasing the proportion of older people living independently at home following discharge from hospital	No indicator available at CCG level to set quantifiable level of ambition against. However CCG plans on this ambition should be making explicit links to the related ambition as part the Better Care Fund, set for 2 years at Health & Wellbeing Board level.	
5. Increasing the number of people having a positive experience of hospital care	✓	Patient experience of hospital care
6. Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community	✓	Patient experience of GP services and GP Out of Hours services
7. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care	Baseline data not yet available at CCG level to set quantifiable level of ambition against. However 'case note review' data will be available to measure progress on local plans in the next few years.	

E.A.1	Potential Years Life Lost (PYLL) from causes considered amenable to healthcare (DSR per 100k population)
E.A.2	Average EQ-5D score for people reporting having one or more long-term conditions (Q34 GP survey, weighted)(out of 100)
E.A.4	Composite measure of avoidable emergency admissions (per 100k pop, indirectly standardised)

Better Care fund metric includes: Number of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services, Delayed transfers of care from hospital

E.A.5	Poor patient experience of inpatient care (2012 CQC inpatient survey; standardised by age, gender and NEL/EL; average number of 'poor' responses per 100 patients, 15 selected questions)
E.A.7	Proportion of 'poor' responses to GP survey overall experience questions for GP and out of hours.

QIPP PLAN 2014-2016

Preventing people from dying prematurely

Preventing people from dying prematurely - The focus will be on prevention in line with the priorities in the JSNA and Supported Self-management for people with long terms conditions such as CHD, diabetes and dementia following diagnosis and throughout the course of their condition. Targeted and evidence based programme with an emphasis on reducing NELs and A&E attendances

Project Name	Proposed Action	Intended impact
Smoking cessation prior to	This initiative will aim to increase the number of smokers quitting prior to elective surgery and reduce surgical complications	Reduction in OP follow ups Increase referrals to quit smoking services
Diabetes screening	Reduce the number of undiagnosed patients with diabetes through targeted screening of high risk groups and via collaboration between the CCG, public health, and other groups (e.g. industry, faith groups, charities).	Screen 20% appropriate Slough population by end 2014/15
Puffell	To adopt a free online platform (www.puffell.com) to local needs. The platform is designed to encourage individuals, families and communities to self manage their health and wellbeing. Primary focus is prevention and early intervention; helping to self-care and do more for themselves and for others, reducing burden on the system now and in the future.	2000 people to be signed up by month three from launch Nos of local courses held to promote the resource to those who do not own a computer or smart phone -3 per quarter in library settings following launch

Enhancing quality of Life for people with long term conditions-

This programme will focus on providing support for patients in the community to manage their conditions. This will be through excellence in crisis management, planning care closer to home, urgent care and enhanced intermediate care delivery. A focus on prevention and transfer of services from hospital to community settings to avoid admission and reduce lengths of stay will be key elements of the programme. From a patients perspective this will mean choice and personalisation of their care and a more integrated approach to the delivery of their care. This will support the QIPP for unplanned admissions and to manage the increasing demand on accident and emergency services.

Project Name	Proposed Action	Intended impact
Urgent care & LTC admission	To implement agreed urgent care and LTC models in Berkshire East .	Reduction in NEL admissions Reduction in length of stay -To improve performance to upper decile or 9th best in England for each CCG
Community integrated care teams for people with Long Term Conditions	To continue to provide community services in an integrated capacity so that the patients with LTC are managed in the community in timely manner.	Reduce NEL admissions Reduction in length of stay Increase the number of people with LTC are managed in the community
Medicine Optimisation in Asthma	To use clinical pharmacists to review patients with asthma and COPD in practices to see if therapy is optimised.	Appropriate and effective use of inhalers
Review of Congestive obstructive Pulmonary disease	To ensure that all patients receive the most cost effective care for COPD leading to an overall improvement in their quality of life and disease status.	A reduction in inappropriate A&E attendances and admissions. Facilitate early discharge Patients Patients will be diagnosed at an earlier stage Reduction in Non elective attendances. Increase in community contact
Community nursing services (All CCGs)	Review of community nursing services so that they are fully intergrated to provide seamless care for the patients in the community in particular for specialist nursing, mental health and district nursing including Leg Ulcers clinics	Increase in community contacts
Data sharing of GP Clinical records	To enable a solution to the sharing of patient information. from GP Clinical records to allow two-way communication between GP Practices and secondary care and other primary care services.	Patients will receive coordinated and integrated responses to their care needs reducing margin for error, saving time and making sure patients are given the appropriate treatment from the start.

Helping people to recover from episodes of ill health or following injury

Helping people to recover from episodes of ill health or following injury -The objective of this programme is to ensure that patients can access the right planned care in the right place based on need and best practice. The programme will improve patient choice, access and ensure patients are seen by appropriate clinicians using agreed planned care pathways. The focus of the programme is centred ensuring best practice and follow nice guidelines and reduce clinical variations in practice

Project Name	Proposed Action	Intended impact
Community Physiotherapy services	Procurement of a high quality, dedicated and professional physiotherapy MSK service which provides comprehensive assessment and treatment which is high in quality.	Improve access to Physiotherapy services Reduction in waiting times Improve in patient experience
GP Referral management	Reduce clinical variation in referrals to Acute providers for identified specialities	CCG to achieve the top decile performance
Benchmarked variation in elective procedures	Reduce Clinical variation in identified areas for elective procedures	Reduction in waiting times Improve in patient experience CCG to achieve the top decile performance for identified procedures
Ophthalmology	Review of current service with a view to commission more effective ophthalmology services, ensuring consistency and reducing clinical variation. Promotion of a model of co-ordinated care across secondary and primary care.	Provide timely access to specialist assessment, diagnosis and initiation of treatment. Improve in quality Improve patient experience Reduction in first OP and follow ups
Dermatology	The CCGs will commission dermatology services that can be provided in a community setting.	Provide local service Reduce waiting times Reduction in First Out patients and Follow up appointments
Cardiology	Service Redesign of cardiology services in Berkshire East. To ensure patients with a suspected non urgent cardiac condition can be receive consistent management in a community setting promote early diagnosis therefore increasing life expectancy in this group of patients	Provide timely access for cardiology services, appropriate diagnostics services . Early diagnosis Reduction in waiting times

Ensuring People have a positive experience of care

Helping people to recover from episodes of ill health or following injury -The objective of this programme is to ensure that patients can access the right planned care in the right place based on need and best practice. The programme will improve patient choice, access and ensure patients are seen by appropriate clinicians using agreed planned care pathways. The focus of the programme is centred ensuring best practice and follow nice guidelines and reduce clinical variations in practice

Project Name	Proposed Action	Intended impact
Pathology	Review of pathology referrals and use benchmarking data to highlight outlying GP practices to reduce clinical variation across Berkshire East.	Reduction in duplication of pathology referrals
Community Gynaecology service	The CCG will commission gynaecology services that can be provided in a community . To ensure that clinicians are using evidence based clinical protocols resulting in quicker and more appropriate care in an intermediate care setting	Improve access to services. Provide local services Reduction in inappropriate referrals from practices
Procedures of Limited Clinical Value	The CCGs will continue their schedule of low priority policies, ensuring adherence to these via the contracts. Have clear and transparent procedure for the treatment of patients on the PLCV pathways.	Reduction in secondary care surgical activity in line with best clinical practice
Reducing waste through inhaler exchange	The project will run as an "inhaler exchange". People collecting repeat prescriptions will be asked to return their used inhalers prior to issue of their next inhaler.	To reduce waste by identifying patients who order inhalers and don't use them. Identification of patients who's therapy needs optimising
Management of gastroenterology digestive systems in primary care.	Setting up a triage system of initial assessment and management whereby all upper GI related referrals will be reviewed by the Clinical Lead GI. Patient group will be classified according to the seriousness of their injuries or illnesses so that treatment priorities can be allocated between them.	Referrals in to secondary care are both timely and appropriate Better Patient Outcomes Reduction in inappropriate referrals from practices
Management of Urological Conditions	The new model of care will require collaborative partnership working across primary care, community and secondary care.	Reduce waiting times Out patient & Elective admissions
Audiology (micro suction) (All CCG)	The aim is to improve patients' experience of adult hearing rehabilitation by the provision of a service for the removal of earwax as part of an integrated adult hearing pathway by the provision of a 'one-stop' shop	Reducing the number of health care attendances required in the management of their condition Reduction in related Outpatient referrals
Wound Care Prescribing	Review of dressings and prescribing budgets	Effective use of resources of wound care products leading to improvement in wound treatment.

Treating and caring for people in a safe environment and protecting them from avoidable harm-

Treating and caring for people in a safe environment and protecting them from avoidable harm- To work with our partner agencies and provider organisations to ensure that those receiving commissioned services are safe and protected from avoidable harm, irrespective of where they receive their care. People should be enabled to live full lives as independently as possible. To co-ordinate joint services between health and social care system and where appropriate commission services jointly together within individual CCG's and through Health and Well Being Boards. We will be exploring greater integration of teams where possible to reduce avoidable harm.

Project Name	Proposed Action	Intended impact
Reduction in non elective admissions in care homes and improving quality of care delivered in our care homes	<p>The aim would is to set up a project review group within Slough BC and Slough CCG to develop the following:</p> <p>Consistent set of care home provision dataset including contact details of GP, pharmacist, care home managers to inform the group</p> <p>Develop a consistent framework of quality markers e.g. non elective admission rates, DNR records, SUIs .pressure sores and develop a dashboard</p> <p>Review current adherence to each marker of quality and address gaps by development of a training module with partners e.g BHFT</p>	<p>Earlier identification of need – eg hearing and eye care, diabetes assessment, memory loss</p> <p>Identification of nutrition needs and then support individuals to achieve optimal health</p> <p>Activities to reduce social isolation and depression</p> <p>Attendance at regular healthchecks and medication reviews</p> <p>Fall prevention strategies</p> <p>Access to and use of equipment and assistive living technologies</p> <p>Tissue viability – prevention and early identification of pressure sores and leg ulcers</p> <p>Reduction in NEL attendances</p>

Children and Young People Aims:

- Ensure active engagement with children, young people and families
- Coordinate the commissioning of children's health and social care across the whole spectrum of children's and young people's needs across the life course
- Improve the health and wellbeing of children and young people with a focus on early intervention and prevention
- Development of integrated care pathways including primary care, community children's services, public health and secondary care services
- Ensure that Child and Adolescent Mental Health Services meet the needs of the population

Mental Health

Project Name	Proposed Action	Expected Outcomes	Intended impact
Talking Health	To offer a service for patients that are outside IAPT service specification and for whom there is not a psychological support service to improve their physical health outcomes.	To improve self-care by teaching self-management CBT skills e.g.. Behavioural activation, motivational techniques, goal setting, anxiety management, adjustment to living to a LTC. Will focus on patients with COPD, Diabetes and Heart Disease in Year 1	Improve quality of life. Increase in self-management of diabetes and COPD . Reduction in isolation, patients are supported and consult less 250 patients seen
Medically Unexplained Symptoms Project (MUS)	The MUS project is designed to focus on a small number of complex and hard to define patients who make disproportionate use of primary care and acute hospital services. The Project will enable primary care to identify and address the complex agenda of MUS through: patient identification and management techniques, developing supporting services for psychological approaches, to optimize patient self-management	Reduction in Primary Care consultations; Skill GPs to manage MUS patients, supported by positive risk management and collaborative working with secondary care and liaison psychiatry to reduce unnecessary investigations, referrals and treatments; Develop specific multi-disciplinary pathways and management strategies. Develop clinical coding systems in primary care to flag at-risk patients and develop GP data processes to monitor the health of MUS patients. Establish the evidence base for improved management of MUS to deliver cost efficiencies through reduction in health care utilisation.	Reduction in symptoms of psychological distress and improvement in patient's quality of life , wellbeing and management of their own health Reduce frequent attenders in primary care and secondary care, reduce unnecessary referrals, investigations, treatment and the potential for iatrogenic complications Develop advanced consultation skills in primary care through GP training
Older people's Mental Health Liaison team	The proposal is to develop and provide a specialist Older People's Mental Health Liaison Team based in Heatherwood and Wexham Park hospitals (HWPH) that will work with inpatients from all three CCGs in east Berkshire. The main aim of the service is to reduce excess bed days in non-elective admissions in patients over 65 year whilst providing advice, diagnosis and signposting for effective treatment and management of mental health conditions including dementia.	The proposed service will support increasing the diagnosis rate of people with dementia in the area. Hospitalisation can give an opportunity to ensure proper diagnostic assessment and also to ensure that while in hospital and on discharge, reasonable adjustments are made to the person's care to take account of their dementia. These could have a positive impact on the length of stay and excess bed days Provide information and guidance for patients and carers in a range of appropriate formats. Support the delivery of junior doctor induction sessions, through contribution of specialist expertise	Provide rapid access to mental health professionals within agreed response times. Provide rapid, early and accurate detection and use of diagnostic tools and provisional diagnosis for dementia and exclusion of non-dementing illnesses in older people admitted to the hospital. Advise on inappropriate use of antipsychotics for behavioural symptoms in dementia. Reduce delayed discharges by liaising with relevant mental health and social care services. Outcomes of assessments and discharge or care plans will be communicated with relevant services

Financial Overview

- CCGs are expected to manage expenditure within the resources allocated by NHS England, and deliver a 1% surplus (which can be carried forward to future years). The Slough CCG financial plan delivers the required 1% surplus in each year and a minimum contingency of 0.5% is retained, in addition to a specific commissioning reserve of £1m. The plan also sets aside 2.5% for non-recurrent expenditure in 2014/15, including 1% for system transformation. The primary vehicle for decision making around use of this transformation money will be in partnership with Slough BC via the Better Care Fund. For 2015/16 the plan assumes that approximately 50% of the CCG monies contributing to the Better Care Fund will be uncommitted, with the balance covering existing services (primarily ones already managed by our local authorities via s75 agreements). This is however dependent on delivering savings in 2014/15.
- The Plan also allows for £5/head for the development of primary care services enabling the better identification and support of elderly patients in the community. In addition a reserve has been established for monies received from the “70% non-elective threshold calculation” (part of our contractual arrangements with local acute Trusts). Reinvestment is likely to be decided either through the Better Care Fund arrangements or the local Urgent Care Board. During recent months the system has benefited from additional Winter Pressures monies. Although the CCG is aware that monies have been retained centrally for winter 2014/15, we are not placing reliance on this and the continuation of some schemes may be agreed via the Better Care Fund.
- Running Costs are planned to continue at current levels during 2014/15, with a reduction of 10% in 2015/16 in line with the national guidance. This reduction has been applied equally across all areas of our Running Costs.
- Our Plan assumes that the reported surpluses for 2013/14 (as at the end of December) will be available in full in 2014/15
- In addition to the holding of contingencies, as one of three CCGs in the Berkshire East Federation, some risk will be managed through the pooling of budgets in areas such as Continuing Healthcare and high-cost out of area mental health placements.
- Medium terms plans are to achieve a 3% reduction in emergency activity year on year, to fund new services supporting care closer to home.

Funding Allocations 2014-15 and 2015-16



Slough
Clinical Commissioning Group

	Slough 2014/15 £m	Slough 2015/16 £m
Programme	153.0	158.8
Running Costs	3.5	3.2
Better Care Fund		2.4
	156.5	164.4
Transfers not yet actioned	-0.1	-0.1
	156.4	164.3
Growth on previous year	6.0	5.8
Percentage growth	4.12%	3.76%

NHS England has adopted a revised funding formula for CCGs recommended by the Advisory Committee on Resource Allocation. This formula allocates the overall national funding for CCGs based on the needs of the local population, and calculates a “target” allocation. Over time actual funding levels will be moved closer and closer to the “target” (this is sometimes referred to as the “Pace of Change”).

- Slough CCG is currently funded below its “target” allocation, and therefore is in receipt of an above average increase in funding.
- For 2014-15 the CCG is still 7.2% below target (which equates to £11.8m)
- As the CCG will still be more than 5% below target at the end of 2015-16, the CCG is anticipating further movement towards target in future years, but this has not built into our financial modelling as this is not yet confirmed.

	2014/15	2015/16
	£m	£m
Health Budgets		
Carers	0.210	0.210
Community Equipment (s.75)	0.583	0.583
Intermediate Care (s.75)	0.857	0.857
CCG match funding s256	0.430	0.430
Ward 8 & Early Supportive Discharge Service	0.724	0.724
Oaks EMI		0.076
Henley Suite		0.247
Foot care		0.014
CCG additional BCF contribution		2.647
Sub Total	2.804	5.788
Local Authority Budgets		
s256 money continued from 2013/14	1.850	1.850
Additional s256 transfer	0.430	0.430
Disabilities Facilities Grant		0.407
Social Care Capital Grant		0.287
Intermediate Care	1.000	1.000
Sub Total	3.280	3.974
Overall Total	6.084	9.762

- The Better Care Fund comprises a range of existing health and social care budgets, plus additional monies for new community based services, predominantly focused on enabling older people to stay well and at home for longer.
- In 2014/15 the Better Care Fund will be operating in a shadow form, prior to being established as a “pooled budget” in April 2015.
- The table shows the anticipated budgets for the Better Care Fund overseen by Slough Health and Wellbeing Board.
- Slough Borough Council are planning to include their Intermediate Care budgets within the scope of the Fund, and it is probable that the overall value of activity managed through the Better Care Fund will continue to grow over time.
- The amount of money available for investment in new services will depend on the ability to achieve offsetting savings in acute services.

2013/14 Budget & Spend

	£m
Funding Allocation	151.2
Forecast Spend	149.2
Surplus	2.0

2014/15 Funding

	£m	
	151.2	
Growth	6.0	}
Other	(0.8)	
Funding Allocation	156.4	
Previous Yr Surplus	2.0	}
	158.4	
		7.2

2015/16 Funding

	£m	
	156.4	
Growth	5.8	}
Better Care Fund	2.4	
Running Cost Reduction	(0.3)	
Funding Allocation	164.3	
Previous Yr Surplus	1.5	}
	165.8	
		9.4

- The tables on this page show how funding for the CCG is expected to change between 2013/14 and 2015/16, and the key changes between years.
- The tables on the next page show the key areas of expenditure within our budget, and also the planned reserves and contingencies. It is expected that reserves will be fully used for purchasing services for patients in year, but they have not been fully allocated or committed at this point

	£m
Growth	2.8
Inflation/Efficiency	(1.2)
NR Headroom	2.9
Support for Primary Care	0.7
Better Care Fund	
- Investment	0.3
- Offsetting Budgets	
QIPP	
- Investments	1.5
- Savings	(3.9)
Other	2.6
1% Surplus	1.5
	7.2

	£m
Growth	2.6
Inflation/Efficiency	(0.7)
NR Headroom (2.5% to 1%)	(2.3)
Better Care Fund	
- Investment	8.1
- Offsetting Budgets	(2.6)
QIPP	
- Investments	
- Savings	(1.8)
Other	4.5
1% Surplus	1.6
	9.4

Budget Summary

	13/14	14/15	15/16
	£m	£m	£m
Secondary Acute			
- Heatherwood & Wexham	68.5	69.7	69.5
- Royal Berkshire	4.0	4.0	4.0
- Frimley Park	0.1	0.1	0.1
- Other	13.0	13.0	13.0
Mental Health	14.6	14.8	14.9
Community Health	12.8	13.1	12.5
Other Programme	2.3	2.4	2.5
Primary Care	-	-	-
- Prescribing	15.7	16.3	17.0
- Other	2.6	3.5	3.6
Out of Hospital	10.5	11.0	11.8
Corporate	3.4	3.5	3.1
Reserves	1.7	5.0	6.5
Contingency	-	0.5	5.6
	149.2	156.9	164.2
Surplus	2.0	1.5	1.6
	151.2	158.4	165.8

Reserves

		14/15	15/16
		£m	£m
Gen Reserves	- Better Care Fund	-	5.4
	- CHC Reserve	0.7	0.7
	- Commissioning Reserve	1.0	1.0
	- Other Committed Reserves	0.8	0.8
	- Uncommitted	1.0	1.0
		3.4	8.9
NR Headroom	- Better Care Fund	0.4	-
	- Transformation Investment	1.1	-
	- QIPP Reserves	1.6	0.7
	- Committed Reserves	0.6	0.7
	- Uncommitted	0.2	0.2
		3.9	1.6
QIPP	- Investments	1.5	1.4
	- Savings	(3.9)	(5.3)
		(2.3)	(3.9)
		5.0	6.5

5 year system plan – Emerging strategy



Slough

Clinical Commissioning Group

- Better care fund
- Primary care strategy
- IMT strategy

Emerging strands include:

- 7 day working
- Integrated care model – with community teams and in alignment with the Better care fund model
- Specialist clinics e.g. diabetes, COPD, Falls prevention
- Urgent care model to include diagnostics
- Self care and support groups in practices to enable patients to manage their own health.

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 30th June 2014

CONTACT OFFICER: Sally Kitson, Commissioner, Wellbeing, Slough Borough Council
(01753) 875593/4
Pauline Hallam, Product Development Manager, Cambridge
Education with Slough Borough Council 01753 787692

(For all Enquiries)
WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

‘Joining the Dots: Slough’s Joint Autism Strategy 2014-17’

1. Purpose of Report

- 1.1 To provide the Health Scrutiny Panel with the opportunity to review and comment on the Autism 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 endorse the Slough Joint Autism Strategy.

3. Slough Joint Wellbeing Strategy Priorities

- 3.1 Autism is a life-long invisible condition that affects how a person communicates with, and relates to other people. It also affects how a person makes sense of the world around them. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. The three main areas of difference, which all people with autism share, are difficulties with social communication, social interaction and social imagination. Many people with autism also experience sensory issues which can cause increased levels of anxiety.
- 3.2 This is the first Joint Commissioning Autism Strategy for Slough. It identifies five key priorities to improve local outcomes for people with autism and their families. These are:

Local Priority Area 1: Improved Health and Wellbeing

Local Priority Area 2: Increased awareness and understanding of autism

Local Priority Area 3: Seamless transition processes

Local Priority Area 4: Improved social inclusion

Local Priority Area 5: Increased support for people with autism and their families

- 3.3 The five priorities within the draft strategy support a number of national and local priorities as well as responding to legislative changes. These include:
- **The Autism Act 2009**, the first disability specific legislation, placed a duty on the Secretary of State to publish a strategy for adults with autism providing guidance for health bodies and local authorities on its implementation.
 - **“Fulfilling and rewarding lives: the strategy for adults with autism in England 2010.”** This focused on five core areas:
 1. Increased awareness and understanding of autism amongst front line professionals.
 2. Develop a clear and consistent pathway for diagnosis in every area which is followed by the offer of a personalised needs assessment.
 3. Improving access to the services and support which adults with autism need to live independently in the community.
 4. Helping adults into work.
 5. Enabling local partners to plan and develop appropriate services for adults with autism to meet identified need and priorities.
 - **“Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update 2014”.** This updated strategy continues to focus on priorities outlined in the original strategy. However there is a renewed focus for cross government department activity in order to improve outcomes for people with autism. It outlines 15 priority challenges for action identified by people with autism. These are grouped under three areas :
 1. An equal part of my local community.
 2. The right support at the right time.
 3. Developing my skills and independence and working to the best of my ability.
 - **Equality Act 2010** which requires all organisations that provide a service to the public to make reasonable adjustments to ensure they are accessible to everyone. This includes people with autism.
 - **The Care Act 2014** which introduces new duties and responsibilities to local authorities in how care and support for adults is delivered. It embeds within statute national policy drivers which include a focus on well-being, prevention, independence and outcomes. The Act adopts a ‘whole family approach’, ensures more effective delivery of personalisation as well as increased rights for carers. The increased emphasis on preventive provision should improve outcomes for adults with autism as many people do not meet the eligibility threshold for adult social care support.
 - **The Children and Families Act 2014** which introduces a number of changes in order to improve services for vulnerable children and their families. This includes transforming the system for children and young people with Special Educational Needs (SEN) including autism through a new SEN Code of Practice.

4. Joint Strategic Needs Assessment (JSNA)

4.1 The JSNA summarises national and local research identifying inequalities experienced by people with autism. These inequalities become particularly significant for many young people as they move on from childhood, as often, they find themselves “falling through” local services if they do not have either a learning disability or mental health condition. Valuing People Now, the government’s strategy for people with learning disabilities (2009), highlights how people with autism are more likely to experience social and economic exclusion as well as poor health outcomes. Without adequate support, they are at high risk of severe health and mental health problems, homelessness, and descent into crime or addiction.

4.2 The estimated numbers of people with autism living in Slough are as follows:

Numbers of children diagnosed with autism in

Slough aged 2-18 years	2001	2013	2014
Total numbers (male and females)	58	403	450
Total school population		26,660	

Numbers predicted to be autism spectrum in Slough aged 18-64 years

	2012	2013	2014	2015	2016
Total males	833	846	862	871	882
Total females	90	91	92	93	94
Total population of adults with autism aged 18-64	923	937	954	964	976

4.3 A report by the National Autistic Society summarises the lack of support adults with autism experience. As a result of this lack of support, they conclude:

- Two thirds of adults with autism (67%) say they have experienced anxiety because of a lack of support
- One third of adults with autism (33%) say they have experienced serious mental health problems because of a lack of support.

4.4 A local survey to support this strategy (2013) reviewed the needs of Slough people with autism. A number of respondents indicated that whilst they were happy with the support they received from children’s services, they experienced more difficulty accessing support as they moved into adulthood. There was also a gap in signposting to appropriate support after a diagnosis. The most common area of need identified by respondents were:

- More support for parents and carers.
- More information about what support and services are available
- More support at school/college
- Increased opportunities to tackle social inclusion and befriending
- Increased help in finding employment
- Need to raise awareness and understanding about autism amongst professionals.

5. Other Implications

(a) Financial

5.1 Increasing pressure to use budgets more efficiently and effectively necessitates different approaches and more innovative ways of working. This includes greater collaboration between health and social care.

5.2 At the heart of this strategy is the need to ensure people with autism and their families have greater access to universal services in order to support their needs. Therefore in order to do this, there is a great emphasis on increasing local awareness and understanding about autism within Slough. Ensuring resources are allocated to deliver training and awareness programmes is critical to support the implementation of this strategy

5.3 The Children and Families Act necessitates the need to adopt a whole family approach through increased collaboration between Children and Adult services as well as health and education. Therefore there will need to be a continued emphasis on effective planning for young people as they move to adult services. The introduction of the single Education, Health and Care (EHC) Plan will support this process.

(b) Risk Management

Risk	Mitigating action	Opportunities
Legal SBC Council fails to <ul style="list-style-type: none">• have clear pathways in place to assess children and adults with autism	<ul style="list-style-type: none">• Currently established transition processes in place to support young people assessed as eligible for support as they move from children's to adult services.• Adult Social Care has recently reviewed and developed pathways for support.	Recently appointed Autism Lead is reviewing processes to agree care coordination arrangements with Adult social care teams.
Property None		
Human Rights <ul style="list-style-type: none">• Adults with autism that are not eligible for support fail to be signposted to preventative and mainstream services.	<ul style="list-style-type: none">• Active local programme of awareness raising about autism including working with mainstream services to improve access.• Social group established and promoted providing support to adults with high functioning autism that may not be eligible for adult social care.	To continue to stimulate the market by working with local providers to create more tailored opportunities for people with autism.

Health and Safety None		
Employment Issues Adult Social Care, Children's services and other frontline staff do not have appropriately trained workforce to meet the needs of children and adults with autism	Rolling training programme in place for SBC social care, frontline staff and commissioned providers to increase understanding and awareness of autism.	To review the impact of training to ensure it improves outcomes for people with autism and their families.
Equalities Issues Service commissioned do not meet the needs of local people with autism.	Equalities Impact Assessment completed	To engage with people with autism and their families in future commissioning including preventative services.
Community Support Lack of engagement with the local community could result in local based services being unresponsive to needs.	There has been full engagement with key stakeholders throughout the development of the Strategy.	Ensuring people with autism and their carers have their own needs meet.
Communications If the publication of the strategy is not wide spread, there is a risk that it will loose impetus and not be fully implemented.	<ul style="list-style-type: none"> • Full engagement of key stakeholders throughout consultations. • Summary of the strategy will be developed and circulated within the Slough Community. 	Keeping people with autism, their carers and key other stakeholders updated and involved in future service developments and commissioning processes.
Community Safety Local providers of services are not being adequately monitored and people with autism are not being appropriately safeguarded.	<ul style="list-style-type: none"> • Providers including supported living and preventative services have been evaluated through the tender process. • They will also continue to be monitored including providing quarterly performance data. 	Continue to develop supported living provision, employment and day opportunities through the Learning Disability Change programme.
Financial Resources to support people with autism are not adequate	Current review of how personal budgets are being organised within Adult Social Care. Will ensure more personalised opportunities for adults including those with autism and their carers eligible for	Opportunity to review personal budgets in view of the implementation of the Care Act.

	adult social care support.	
Timetable for delivery The strategy does not have a clear timetable for implementation	A detailed work plan has been developed to support the implementation of the strategy.	This is a three year strategy that will be reviewed regularly to ensure progress.
Project Capacity The strategy will require continued collaboration between different directorates within the Council and the CCG. Without 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.	Autism Lead will oversee the implementation of the strategy supported by the Autism Partnership Board.	
Other 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 Adult 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 them to live more independently.

(e) **Workforce**

- 5.4 The redesigned Adult Social Care Customer Pathway will ensure clearer processes for adults with autism assessed as eligible for adult social care. Further work is underway in light of changes within the Care Act 2014 to ensure the council meets the increased duties and responsibilities to carers.

5.5 As identified above, the Children and Families Act 2013 require closer collaboration between Children and Adult Services and partner organisations including schools and health. This will also require the early identification of young people currently in receipt of social care likely to be eligible for support from adult services. Arrangements will need to be in place to respond to changes relating to children and young people with Special Educational Needs (SEN) through the Code of Practice. The introduction of a single EHC plan will necessitate local authorities to jointly commission and plan services for children, young people and families. Parents and children eligible for support will also have the right to a personal budget.

6. Supporting Information

6.1 Background to the strategy development

6.1.1 Local Authorities are required to have local plans in place to support adults with autism. In Slough, it has been agreed to go beyond this requirement and adopt a more ambitious approach by developing a strategy relating to both children and adults. The reason for this is that people with autism often face obstacles starting at childhood. The aim is to take a more holistic approach, developing opportunities and realising potential for people with autism at all stages in their lives. This strategy also 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 introduced in the **Health & Social Care Act 2012**.
- The legislative drivers directly related to carers, namely **the Care Act 2014** and the **Children and Families Act 2014**.
- The impact of Personalisation on both the cared for and their Carers.
- Slough's changing demographics and health needs shown in the JSNA.

6.2 Consultation

6.2.1 This first strategy for autism has been developed through extensive consultation with people with autism who live in Slough, their carers and key stakeholders. This includes :

- SBC hosting a consultation event attended by over 80 people.
- Questionnaires undertaken to seek views of local people with autism and Carers.
- Partnership working with key stakeholders to identify priorities for future commissioning.
- Active contributions from the Slough Autism Partnership Board

7. Conclusion

- 7.1 The Autism Commissioning Strategy clearly sets out the priorities for the Council and CCG to support people with autism 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 people with autism
 - Ensure SBC and CCG are meeting responsibilities to people with autism and their Carers through changing legislation.
- 7.2 The strategy allows SBC and CCG to demonstrate commitment to the needs of people with autism to enable them to maximise their potential and lead fulfilling lives.
- 7.3 Extensive consultation has been undertaken with people with autism, their carers and other key stakeholders to inform the development of the Strategy. The results from the consultations have been reflected in the strategy's priorities.
- 7.4 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

A - 'Joining the Dots: Slough's Joint Autism Strategy 2014-17'

9. Background Papers

None



'Joining the Dots'

Slough's Joint Autism Strategy 2014-2017

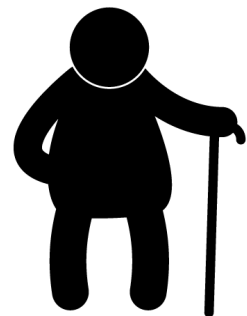


Table of Contents

Table of Contents	2
1.0 Foreword.....	4
1.0 Foreword.....	4
1.0 Introduction	5
1.1 Executive Summary.....	5
1.2 Vision	5
1.3 Aims of the strategy	5
1.4 Local Priorities	6
1.5 Outcomes	8
2.0 Purpose of commissioning	10
3.0 Agreed Approach	10
3.1 How the strategy was developed.....	11
3.2 Local Consultation	12
3.3 Definition of Autism.....	14
4.0 National Context	16
4.1 Key legislation, guidance and drivers	18
4.1.1 Valuing People Now 2009	18
4.1.2 The Autism Act 2009	18
4.1.3 Fulfilling and rewarding lives: the strategy for adults with autism in England	18
4.1.4 Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update 2014.....	19
4.1.5 Equality Act 2010.....	19
4.1.6 Health and Social Care Act 2012	19
4.1.7 The Children and Families Act 2014	20
4.1.8 The Care Act 2014	20
4.1.9 National Autistic Society (NAS)	21
4.1.10 The Autism Education Trust.....	21
5.0 Estimated prevalence rate in the UK.....	21
6.0 Local context.....	22
6.1 Local drivers	22
6.2 Overview of Slough's Population.....	22
6.3 Health Profile of Slough.....	23
7.0 Local Profile	24
7.1 Children and Young People with Autism	24
7.2 Adult population	25
8.0 Service Delivery	26
8.1 Service for Children and Young People with Autism.....	28
8.1.1 Specialist Autism service.....	28
8.1.2 Social care support.....	30
8.1.3 Summary of Slough Borough Council and CCG expenditure to support children and young people with autism 2013-14	31
8.2 Services for Adults with Autism	32
8.2.1 Summary of Slough Borough Council and CCG expenditure to support adults with autism 2013-14	33

9.0 Summary of services	35
10.0 Delivering the strategy	35
10.1 Future Commissioning Intentions	35
10.2 Monitoring our progress.....	36
10.3 Quality Assurance	37
11.0 Appendix 1	38
11.1 Slough Autism Partnership Board Consultation Event.....	38
12.0 Appendix 2	47
12.1 Joint Action Plan 2014-17	47

DRAFT

1.0 Foreword

People with autism are valued residents of Slough. Slough Borough Council and the recently formed NHS Slough Clinical Commissioning Group (CCG) have a shared commitment to work together to improve the lives and opportunities for children and adults with autism in Slough.

This joint strategy goes beyond the requirements set out in the Autism Act 2009 and the associated national policy guidance, which refers only to adults. Instead, in Slough we have adopted a more ambitious approach, developing a strategy that relates to both children and adults. Our reason for this is we know that people with autism often face obstacles starting at childhood. We also know that the transition from child to adulthood can be a particularly difficult stage for young people. By including both children and adults, we are aiming to take a more holistic approach, developing opportunities and realising potential for people with autism at all stages in their lives.

This strategy will set the scene for the next three years as to how Slough Borough Council and Slough CCG will work together along with the voluntary and private sector to develop opportunities to make significant improvements to the lives of people with autism and their families.

We would like to thank all our stakeholders who have contributed to the development of the strategy, in particular people with autism and their carers.

Jane Wood

Director, Wellbeing

Dr Jim O'Donnell

Chair

Slough Clinical Commissioning
Group

1.0 Introduction

1.1 Executive Summary

This is the first Joint Autism Commissioning Strategy for Slough. It has been developed by the Council, Slough Clinical Commissioning Group and members of the Slough Autism Partnership Board following extensive consultation with people with autism and their carers. It is based on what people with autism have told us as well building on current good practice. It responds to requirements within the national autism strategy¹, local priorities and locally identified areas of unmet needs. It has also been developed within the context of the growing financial pressures within the public sector and the requirement for integrated working between the NHS, local authorities and the third sector. The ever increasing requirement to demonstrate value for money in all aspects of education, health and social care means this strategy must be both realistic and sustainable and that commissioned services demonstrate value for money by delivering effective outcomes for people with autism and their families.

1.2 Vision

At the heart of this strategy is a commitment to work towards ensuring all people with autism, whatever their age, have the same opportunities as anyone else in order to live rewarding and fulfilling lives. To achieve this, the strategy promotes a greater understanding and acceptance of autism.

'But real success will depend ultimately not only on transforming services, but on changing attitudes across our society. We need to build public and professional awareness and reduce the isolation and exclusion that people with autism too often face'

Secretary of State for Health²

1.3 Aims of the strategy

As mentioned earlier, this is the first local autism commissioning strategy for Slough. It aims to support the key priorities outlined within the national strategy as well as responds to what local people with autism and their families have told us are important to help improve their lives.

¹ Fulfilling and rewarding lives: the strategy for adults with autism in England (2010)

² Secretary of State for Health in the forward to 'Fulfilling and rewarding Lives: the strategy for adults with autism in England (2010)

This strategy aims to:

- Ensure early identification of people with autism in Slough.
- Ensure early diagnosis and interventions in order to maximise the life chances of people with autism.
- Ensure local services for children and young people with autism meet the spectrum of educational needs.
- Support people with autism at all stages in their lives to develop the necessary skills and confidence to achieve their full potential.
- Promote a greater local awareness, understanding and social acceptance of autism within Slough.
- Ensure smooth transitions for people with autism and their families at significant times in their lives.
- Develop an effective autism diagnosis pathway across all age ranges ensuring that it is timely personalised.
- Ensure children and adults with autism, assessed as eligible have access to a personal budget.
- Ensure there are clear and straightforward routes for people with autism not eligible for social care to access support through universal services.
- Help people with autism to become independent and socially included, living as fully participating members of the wider community.
- Involve people with autism to shape services designed to meet their specific needs.
- Help people with autism to make a positive contribution and achieve economic well-being.
- Ensure carers and/or siblings of people with autism access appropriate support to help meet their needs.
- Ensure people with autism have their health needs met.

1.4 Local Priorities

This strategy sets out the five local priorities to focus on over the next three years. These have been developed as a response to:

- The views of people with autism, their carers and other key stakeholders
- National priorities for people with autism and changing legislation.

The priorities are;

Local Priority Area 1: Improved Health and Wellbeing

Local Priority Area 2: Increased awareness and understanding of autism

Local Priority Area 3: Seamless transition processes

Local Priority Area 4: Improved social inclusion

Local Priority Area 5: Increased support for people with autism and their families

An action plan has been developed to support the implementation of these priorities. This is included within the appendices document, which supports this strategy. This identifies where activities will be focussed in order to achieve these priorities.

1.5 Outcomes

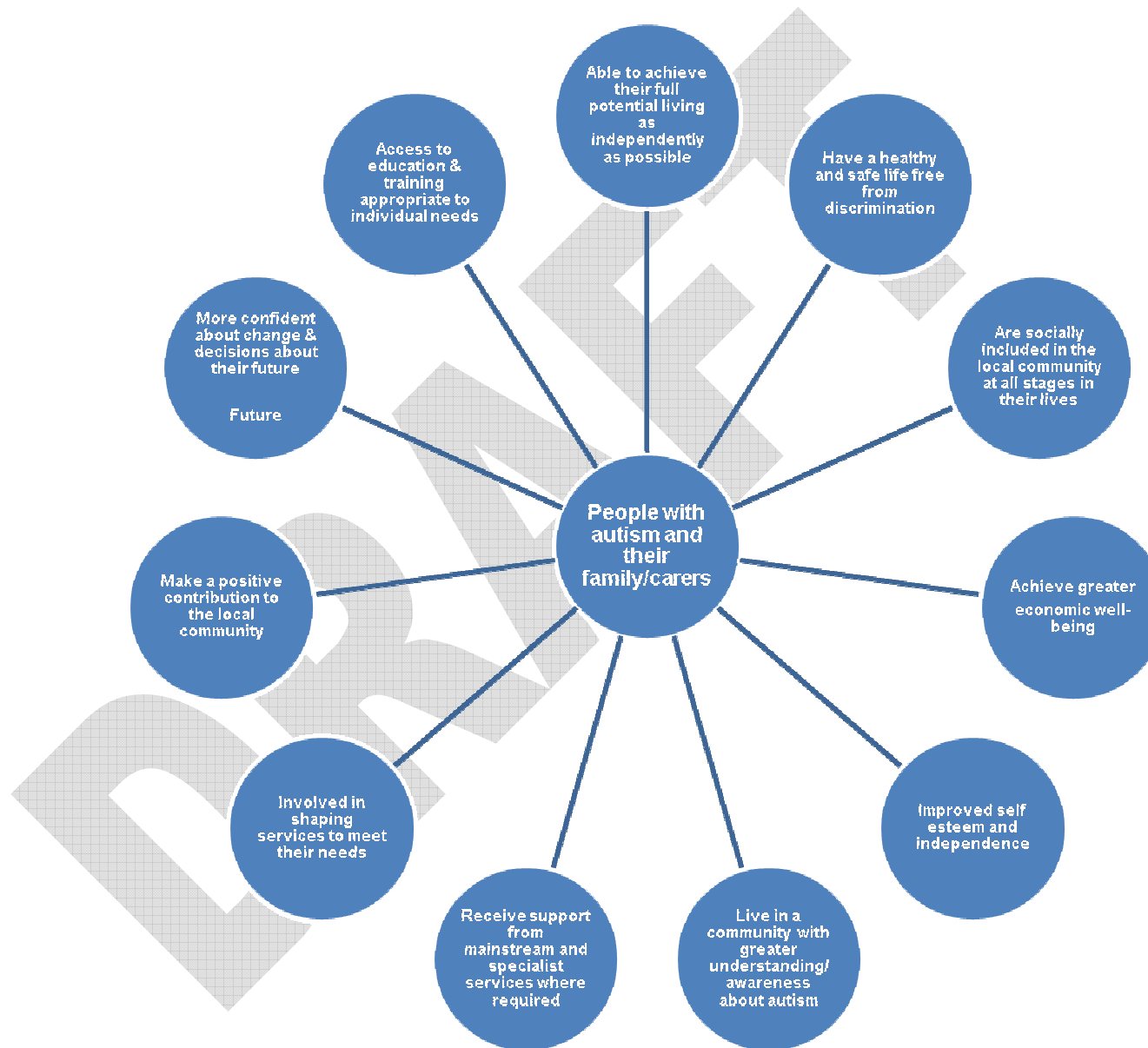
The diagram below details the agreed local outcomes for Slough people with autism identified through consultation with them, their families and carers along with other key stakeholders. These incorporate the five outcomes in Every Child Matters³ and the Adult Social Care Outcomes Framework.⁴

The identified priorities within this strategy will help achieve these agreed outcomes. Specialist support will continue to be commissioned for children and adults with autism. However, it is recognised that this approach alone will not help achieve the agreed outcomes. Instead a more holistic approach will be adopted where by the needs of people with autism are integrated into the commissioning and development of mainstream and preventative services including education, health, social care, leisure, housing and employment.

³ Every child matters: Change for children Department , the Department for Education (November 2004)

⁴ Department of Health Adult Social Care Outcomes Framework 2014 to 2015 (November 2013)

Diagram 1: Slough's outcomes to meet Fulfilling and Rewarding Lives



2.0 Purpose of commissioning

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

- Deliver the best possible education, health and well-being outcomes, including promoting equality.
- Provide the best possible education, health and social care provision.
- Achieve this within the best use of available resources.⁵

3.0 Agreed Approach

In line with the commitment by Slough Borough Council and Slough CCG to work collaboratively, opportunities will be sought to jointly fund and commission services in order to improve outcomes for people with autism and their families. The strategy will be reviewed over the next three years and people with autism and their 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 Autism Partnership Board, the Learning Disability Partnership Board, the Older People's Partnership Board, the Carers Partnership Board, other Slough Carers forums, including the Early Help Board and the 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 August 2014. It will be reviewed as required in light relevant legislative, policy changes and local priorities.
- The priorities, vision and outcomes outlined in this strategy will shape and steer the commissioning and delivery of services to support people with autism
- There will be a continued investment in preventative services.
- Strong partnerships with the independent 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

⁵ Commissioning framework for health and well-being Department of Health 2007

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 people with autism are supported at every stage in their lives to enable them to reach their potential. To support this, it is critical that the community they are part of have a greater understanding about autism. We are committed to working with partners to design and deliver flexible, responsive and high quality local services. Services need to be wide ranging, universal and preventative and where appropriate targeted. 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.

Diagram 2: Targeting resources into promoting health, wellbeing and prevention



3.1 How the strategy was developed

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

- Holding a consultation event with local people with autism, their Carers and other key stakeholders.
- A sample survey being undertaken to seek the views of people with autism and their Carers.
- Priorities agreed with people with autism and their carers at consultation events as well with other key stakeholders including the Slough’s Autism Partnership Board

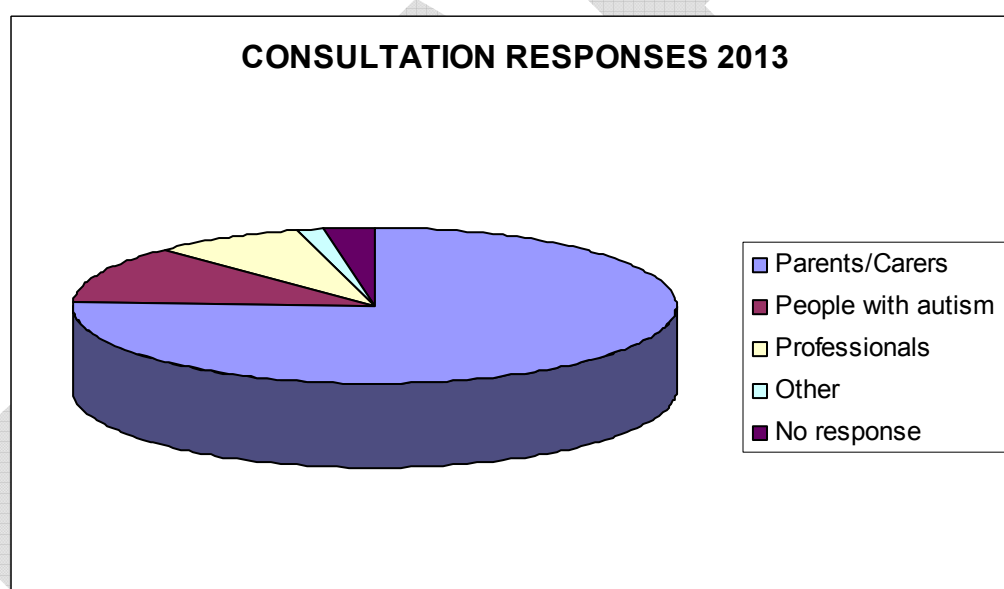
and the Children and Young People's Partnership Board prior to this final version being approved.

3.2 Local Consultation

Consultation with local with people with autism and their Carers commenced in 2009 when Slough Borough Council commissioned Berkshire Autistic Society to undertake a mapping of the numbers and needs of people in Slough on the Autism Spectrum⁶. One of the outcomes of the study was the establishment of the Slough Autism Steering Group, which has recently re-structured to form the Slough Autism Partnership Board.

To support the development of this strategy, a questionnaire was completed in 2013 to seek views of local parents/carers, people with autism and other stakeholders about local services supporting people with autism. 74 questionnaires were returned. The responses are illustrated in the chart below.

Diagram 3: Summary of Respondents



The questionnaire was developed focusing on seven themes. These were

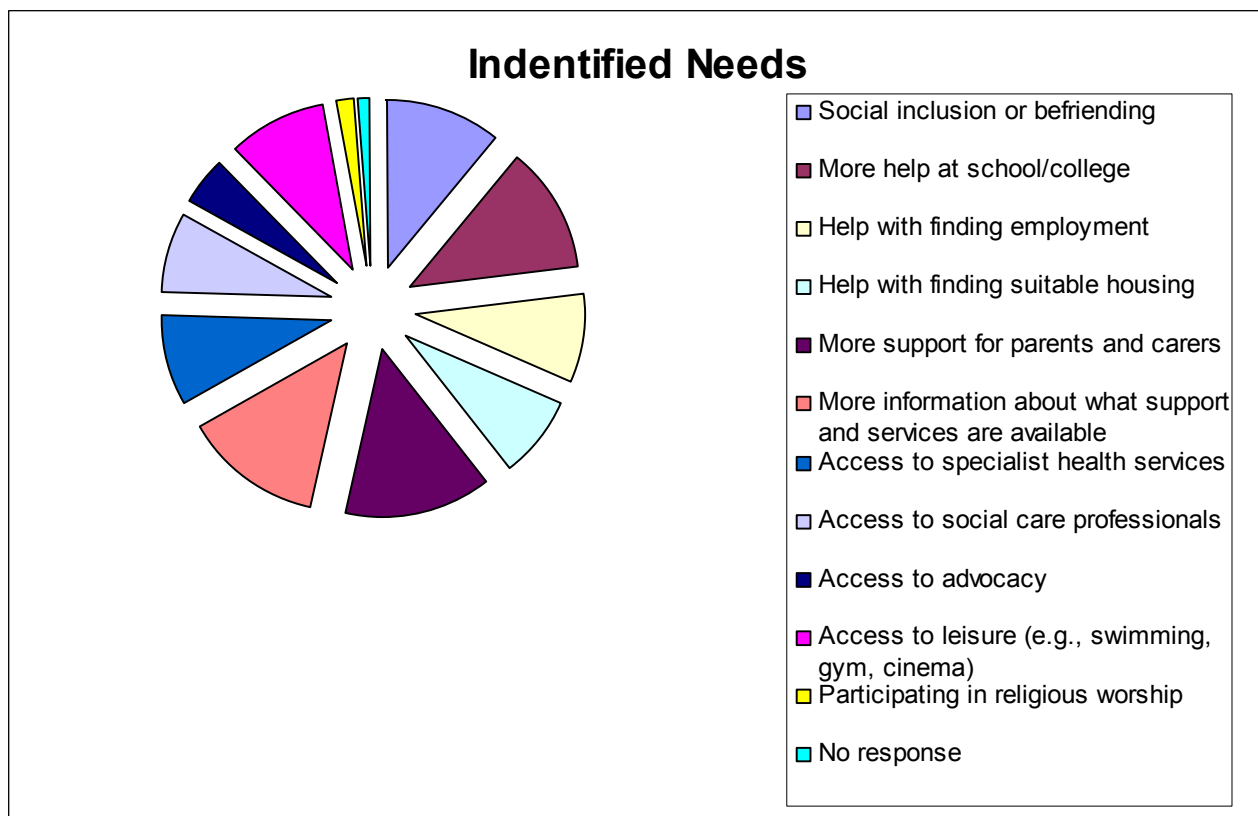
- social care
- education
- employment
- housing
- finances

⁶ Slough Autism Spectrum Review': Berkshire Autistic Society 2009

- health
- social inclusion

A summary of responses is illustrated in the pie chart below.

Diagram 4: Identified Needs from Respondents



Other consistent emerging themes resulting from the questionnaire included the following:

- Increased autism awareness amongst professionals within social care, health, education, housing, leisure and employment services.
- The need for improved partnership working including increased communication between services.
- The need for an early diagnosis
- Targeted intervention at all stages in a person's life following diagnosis.
- Improved transition arrangements between children and Adult services.
- Regular consultation with people with autism to support the future design of services.

- Easier access to advice and information about available services.

The Slough Autism Partnership Board also hosted a Strategy consultation event attended by 85 people in order to review and approve local priorities. Details about the event are attached in appendix 1.

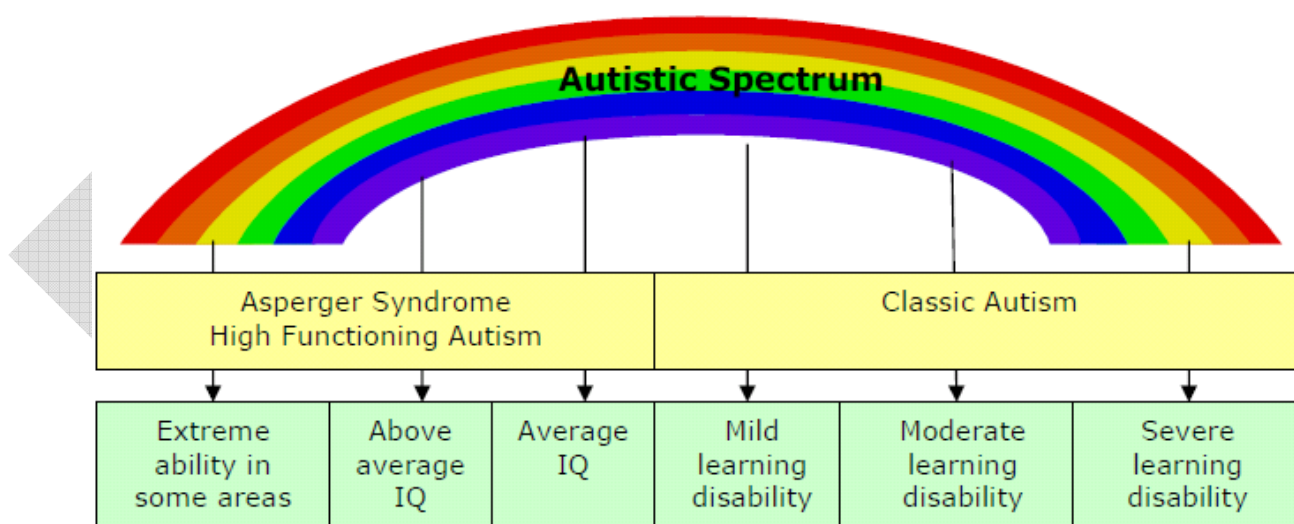
3.3 Definition of Autism

'When you have met one person with autism, you have met one person with autism'⁷

For the purposes of this strategy the term 'autism' reflects the full spectrum and includes the diagnostic categories of Asperger Syndrome, High Functioning Autism, Pervasive Developmental Disorder, Autistic Spectrum Disorder and Autism Spectrum Condition.

The diagram below illustrates the nature of the spectrum of autism. However as condition is so complex, each individual will present with their own characteristics and therefore unique needs.

Diagram 5: Autism Spectrum

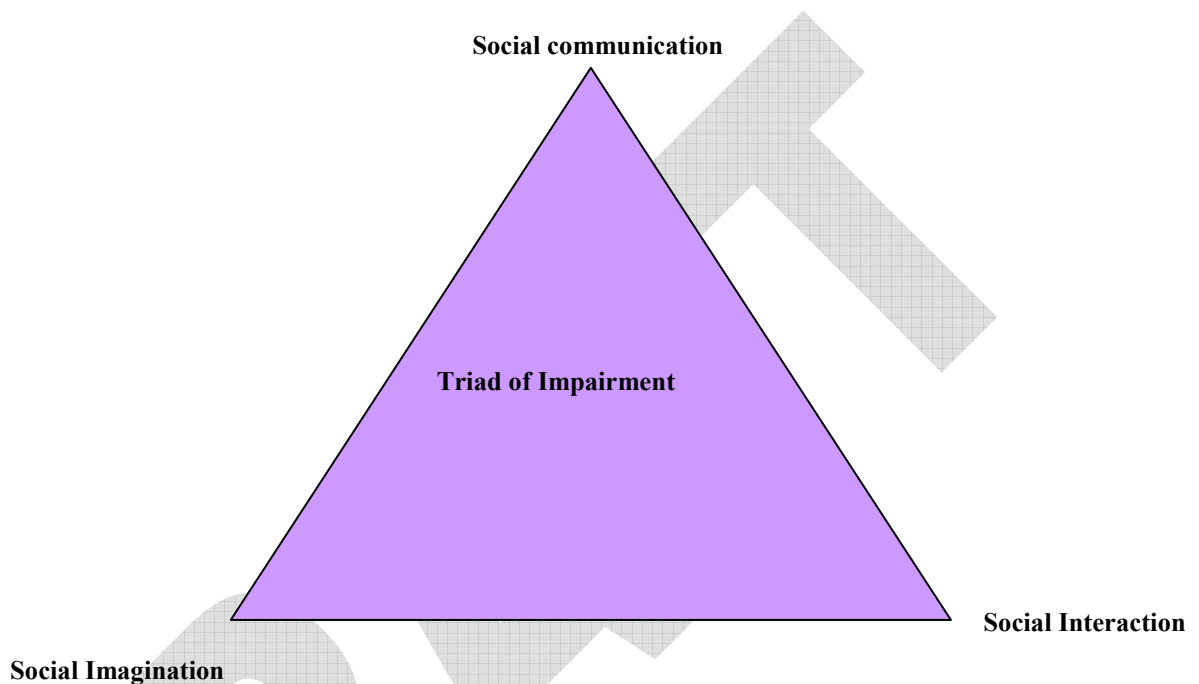


Some people with autism may also have other conditions, such as dyslexia, dyspraxia and Attention Deficit Hyperactivity Disorder (ADHD), which may impact on diagnosis and future intervention.

⁷ Cited in the 'Survival Guide for Kids with Autism Spectrum Disorders' 2012. E. Verdick and E Reeve MD

Autism is defined as a life-long developmental 'hidden' condition that affects how a person communicates with, and relates to other people. It also affects how a person makes sense of the world around them. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. The three main areas of difference, which all people with autism share, are known as the 'triad of impairments'⁸.

Diagram 6: Autism Spectrum



The differences are in relation to:

- Social communication (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice).
- Social interaction (e.g. problems in recognising and understanding other people's feelings and managing their own).
- Social imagination (e.g. problems in understanding and predicting other people's intentions and behaviour, adapting to new or unfamiliar situations and imagining situations outside their own routine).

Many people with autism may also experience sensory issues such as over or under-sensitivity, for example to sounds, touch, tastes, smells, light or colours. They may also experience difficulties with fine and gross motor activities. In addition they may demonstrate enhanced skills in relation to attention to detail and memory.

⁸ 'The Triad of Impairments, past present and future' Wing and Gould (1979)

Autism is a spectrum condition because although all people with autism share certain characteristics, their condition will affect them in very different ways. There is no 'cure', however for some people its impact can be better managed with early diagnosis, advice and intervention.

Individuals with autism vary in the level of impairment shown in each of the three areas of difficulty and in their level of intellectual functioning. Estimates of the proportion of people with autism who have a learning disability (IQ less than 70) vary considerably and it is not possible to give an accurate figure. It is likely that over 50% of those with autism have an IQ in the average to above average range and a proportion of these will be very able intellectually.

As illustrated in diagram 5, Asperger syndrome is a form of autism. People with Asperger syndrome typically have fewer problems with speech than others on the spectrum. However they do still have significant difficulties with communication that can be masked by their ability to speak fluently. They are also often of average or above average intelligence which may impact on timely diagnosis and assessed eligibility for social care.

Whilst those with less severe symptoms and no learning disability may appear to 'get by', they are often subject to less obvious difficulties such as social exclusion, isolation and bullying. People with autism may be at risk of harm because they misunderstand others' intentions and are unable to protect themselves from exploitation or abuse. They may also display behaviours that bring them into contact with the police or criminal justice system.

National research indicates that, as people with autism get older, they are more likely to develop mental health problems due to heightened levels of anxiety.

The study published by the National Autistic Society (NAS)⁹ found that 71% of children with autism developed mental health problems at some point in their lives.

4.0 National Context

Over the past few years, there has been a greater public awareness of autism. There has also been an increase in diagnosis and identification in children and young people. Adults with autism are now formally recognised as having a disability through the Autism Act 2009.

There are a number of challenges facing organisations responsible for commissioning and developing services for children and adults with autism. Whilst the National Autism Strategy as the driver for change is welcomed, the current

⁹ National Autistic Society You Need to Know Campaign (2010)

economic environment to support its implementation make it challenging. It therefore requires mainstream services to operate more flexibly and creatively to ensure people with autism are included.

Embedded within the recent National Autistic Society guide for Local Authorities¹⁰ are concerns as to how many adults with autism are 'falling through the gap' between adult services. Autism itself is neither a learning disability nor a mental health problem and therefore does not 'fit' into either category.

A third of adults with autism responding to the NAS 'I Exist' survey said that they had developed serious mental health problems due to a lack of support.¹¹

The National Audit Office report states:

'Beside the negative impact of such crisis on a person's life, acute services are also expensive, with inpatient mental health care costing between £200 and £300 per day'.¹²

Transition from Child and Adolescent Mental Health Services (CAHMS) to adult mental health services was also a key issue highlighted that the NAS highlighted in their 'You Need to Know Campaign'.¹³

The transition process can be made easier through good communication between children's and adult services, with plans being developed from an early stage. It is therefore worrying that for many children with autism and mental health problems, transition planning simply is not happening. The vast majority (84%) of parents of children aged 14-17 told us that their child requires ongoing mental health support. Most of these parents and parents of 18-21 year olds requiring ongoing mental health support said that there was no plan in place to determine what support their child would receive when they got too old for support from CAMHS (70%). Almost all parents (92%) worried about what mental health support their child would get when they turned 18.

New guidance has been published for health services to help improve the transition from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services¹⁴ by the Joint Commissioning Panel for Mental Health (JC-MH), a recently formed collaborative body co-chaired by the Royal College of General Practitioners and the Royal College of Psychiatrists. The guidance also highlights how children

¹⁰ Push for action, National Autistic Society (2013)

¹¹ 'I Exist' National Autistic Society (2008)

¹² Briefing on National Audit Office Memorandum on implementation of the autism strategy National Autistic Society (2013)

¹³ 'You Need to Know Campaign', National Autistic Society (2013)

¹⁴ Guidance for Commissioners of Child and Adolescent Mental Health Services - Joint commissioning Panel for Mental Health

and young people with autism spectrum disorders are more likely to develop mental health problems than other children without the condition.

NAS highlighted how a number of people with autism are involved in the Criminal Justice System (CJS) as either victims, witnesses or offenders.¹⁵ They report that there is no evidence of an association between autism and criminal offending and due to the rigid way many people with autism keep to rules and regulations, they are usually more law-abiding than the general population. People with autism are more at risk as victims of crime rather than as offenders.

A recent article by Browning and Caulfield¹⁶ highlight a number of failings within the criminal justice system. This includes a dearth of information about numbers of people with autism within it, the need for increased research focussing on autism and criminality, the lack of understanding and awareness by staff working within it as well environment itself which can cause increased fear and anxiety.

4.1 Key legislation, guidance and drivers

There are number of key national guidance and drivers relating to children and adults with autism.

4.1.1 Valuing People Now 2009

In this national strategy for people with learning disabilities¹⁷, there was recognition that adults with autism are some of the most excluded and least heard people in society. The strategy highlighted how commissioners, service providers and policy makers are failing to address the needs of people with autism effectively.

4.1.2 The Autism Act 2009

This landmark Act which is the first disability specific legislation places a duty on the Secretary of State to prepare and publish a strategy for adults with autism providing guidance for health bodies and local authorities on it's implementation.

4.1.3 Fulfilling and rewarding lives: the strategy for adults with autism in England

This first national strategy¹⁸ for autism was as a response to the Autism Act and focuses on five following core areas of activity:

1. Increased awareness and understanding of autism amongst front line professionals

¹⁵ <http://www.autism.org.uk/working-with/criminal-justice/criminal-justice-system-and-asds.aspx>

¹⁶ 'The prevalence and treatment of people with Asperger's Syndrome in the Criminal Justice System- Criminology and Criminal Justice 2011

¹⁷ Valuing People Now: A New Three Year Strategy for People with Learning Disabilities , 2009, Department of Health

¹⁸ Fulfilling and rewarding lives: The strategy for adults with autism in England, Department of Health (2010)

2. Develop a clear and consistent pathway for diagnosis in every area which is followed by the offer of a personalised needs assessment
3. Improving access to the services and support which adults with autism need to live independently in the community
4. Helping adults into work
5. Enabling local partners to plan and develop appropriate services for adults with autism to meet identified need and priorities

4.1.4 Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update 2014¹⁹

This updated strategy continues to focus on priorities outlined in the original strategy. However there is a renewed focus for cross government department activity in order to improve outcomes for people with autism. It also outlines 15 priority challenges for action identified by people with autism. These are grouped under three areas:

- An equal part of my local community
- The right support at the right time
- Developing my skills and independence and working to the best of my ability.

4.1.5 Equality Act 2010

This Act requires all organisations that provide a service to the public to make reasonable adjustments to ensure they are accessible to everyone. This includes people with autism

4.1.6 Health and Social Care Act 2012

This Act introduced major changes in the way health and social care services health services are commissioned, provided and monitored.

It gives local government a new set of duties to protect and improve public health and to tackle health inequalities at a local level. The Government requires the NHS

¹⁹ Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update Department of Health (April 2014)

Commissioning Board to reduce health inequalities and advance equality. This includes people with disabilities and long-term mental health conditions²⁰.

4.1.7 The Children and Families Act 2014

This significant piece of legislation introduces a number of changes in order to improve services for vulnerable children for children and their families. This includes transforming the system for children and young people with Special Educational Needs (SEN) through a new SEN Code of Practice expected to come into force in September 2014. The changes for children with SEN including autism and their families are:

- Replacing Statements of Special Educational Needs with a single assessment process and an Education, Health and Care Plan
- Placing a requirement on health services and local authorities to jointly commission and plan services for children, young people and families
- Providing statutory protection comparable to those in Statements of Special Educational Needs for young people who are in education or training up to the age of 25 instead of ending at 16.
- Giving parents or young people the right to a personal budget for their support

4.1.8 The Care Act 2014

The Care Act 2014 is a very significant piece of legislation, placing a series of new duties and responsibilities about how care and support for adults is delivered. It embeds within statute the recent nation policy drivers which focus on well-being, prevention, independence and outcomes. It introduces clearer and fairer processes including caps to care costs for individuals. The Act adopts a 'whole family approach' as well as ensuring a more effective delivery of personalisation.

Enshrined within the Act are increased rights for Carers to receive support from Local Authorities. It introduces a duty on them to meet eligible Carers' support needs. Carers will no longer have to show they provide substantial care and on a regular basis in order to request a Carers assessment.

The increased emphasis on preventive provision should improve outcomes for adults with autism as many people do not meet the threshold for adult social care support.

²⁰ Equality Analysis – A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015

4.1.9 National Autistic Society (NAS)

The NAS has led a number of high profile campaigns aimed at raising awareness and promoting positive change for people with autism. These include

- **Make School Make Sense** (2006) – what families want from the education system
- **I Exist** (2007) – understanding the needs of adults with autism
- **You need to know** (2009) – mental health of children with autism
- **Don't write me off** (2009) – Support into employment
- **Supporting adults with autism** (2009) – Good practice guidance for NHS and local authorities
- **Great Expectations** (2011) – developing an education system that sets children up for life
- **Push for Action** (2013) – getting the right services and support in place
- **Getting on** (2013) – growing older with autism

4.1.10 The Autism Education Trust

The Autism Education Trust was launched in November 2007 dedicated to co-ordinating and improving education support for all children on the autism spectrum in England. They have developed a comprehensive training programme delivered across the country to those educating children with autism.

5.0 Estimated prevalence rate in the UK

Recent national studies indicate an estimated prevalence rate of 1 in 100 children with a diagnosis of autism. Currently no prevalence studies have been carried relating to adults.²¹

It is estimated that about 700,000 people in the UK have autism. This is equivalent to about one in every hundred people or 1% of the population. Together with their families they make up 2.5 million people whose lives are affected by autism.

Autism is three to four times more common in males than females however campaign groups believe the condition may currently be under-diagnosed in females.

²¹ National Autistic Society (2010)

6.0 Local context

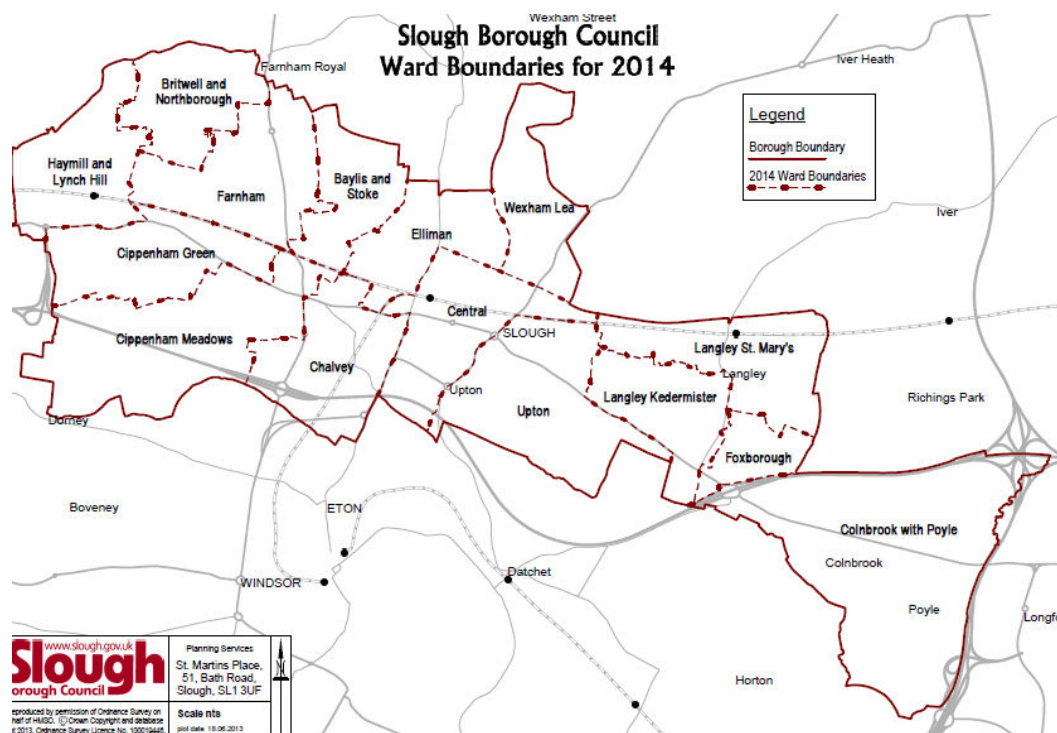
6.1 Local drivers

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

- Slough Joint Wellbeing Strategy 2013-16
- Slough Joint Strategic Needs Assessment 2013.
- 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
- Slough's Local Offer for children to be in place by September 2014

6.2 Overview of Slough's Population

Diagram 7: 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.

6.3 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 2012.

- 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 people with autism and their families as other members of Slough's community. It is crucial that they are actively supported to seek medical assessment and treatment when required.

7.0 Local Profile

7.1 Children and Young People with Autism

The School census undertaken in May 2013 identified that there are currently 26,660 children educated within Slough schools ranging from nursery age to year 14 (age group 2- 18). In July 2013, 403 Children and Young People were known to the Slough Service for Autism. This is broken down as follows:

- 31 in Nursery schools
- 139 in Primary schools
- 89 in Secondary schools
- 104 in Special schools
- 15 in alternative local provision
- 25 in out of authority provision

This data indicates that there are more children in Slough with a diagnosis of autism than in the population of the country as a whole (1.5%), compared to the national

73 young people with autism within Slough aged between 13-19 years have been indentified through transition planning arrangements as either currently or likely to be in receipt of support from adult social care as they move into adulthood.

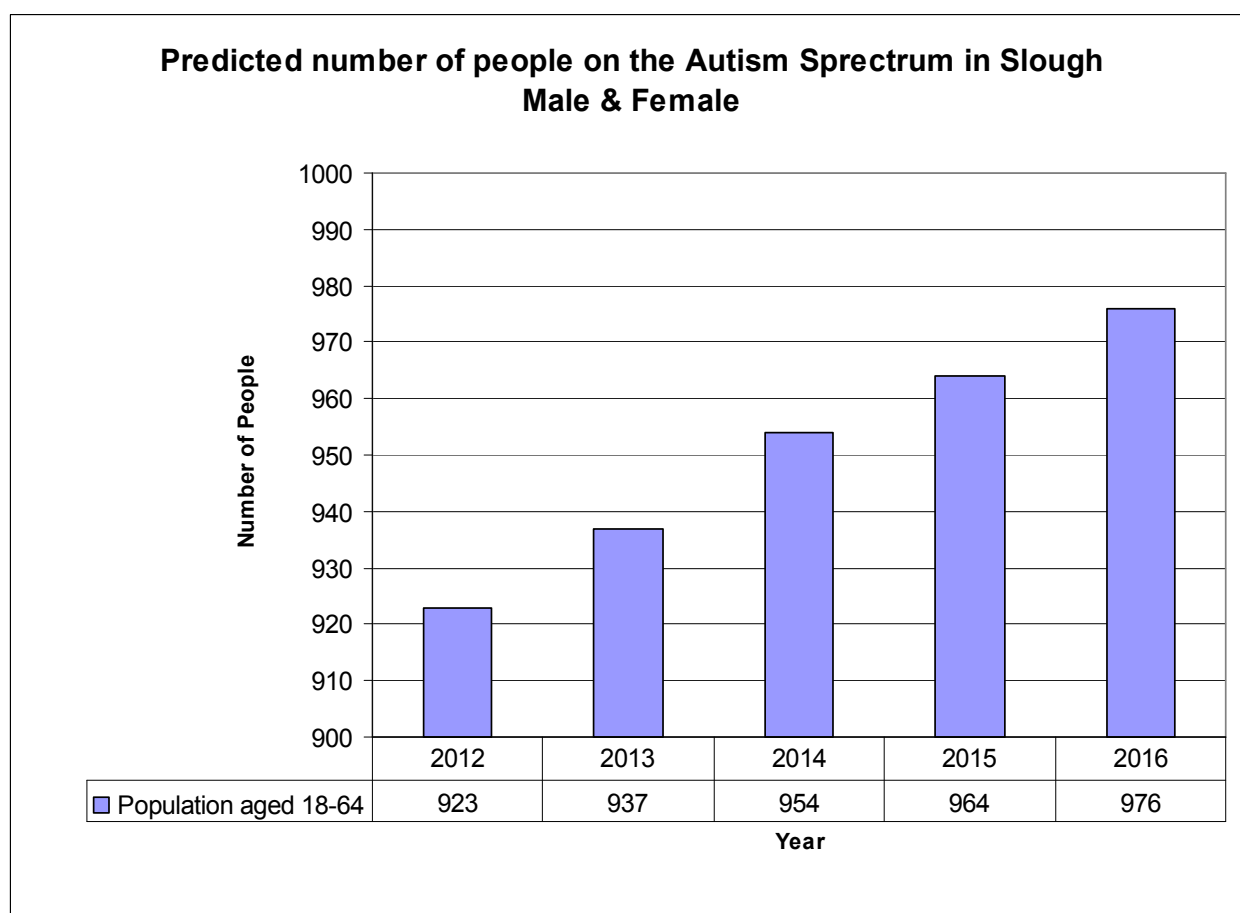
7.2 Adult population

The Projecting Adult Needs and Services Information (PANSI) System using Office for National Statistics population projections provide estimates of the number of adults on the autistic spectrum aged 18 to 64. This is based on 1% of adult population having autism. Estimated numbers from this source for Slough are illustrated in below. Numbers are predicted to increase slightly year on year.

Numbers predicted to be autism spectrum in Slough aged 18-64 years

	2012	2013	2014	2015	2016
Total males	833	846	862	871	882
Total females	90	91	92	93	94
Total population of adults with autism aged 18-64	923	937	954	964	976

Diagram 7: Total predicted numbers of people on the Autism Spectrum in Slough aged between 18-64



Currently there are 44 adults with a diagnosis of autism that meet SBC assessed eligibility criteria for social care. Of these, 35 have also been identified as having a learning disability and 9 as having mental health problems. In addition 42 people with a learning disability in receipt of adult services are believed to be showing autistic traits. However they do not have a formal diagnosis.

8.0 Service Delivery

Slough Borough Council in partnership with other statutory and third sector bodies is working to improve outcomes for local people with autism. The approach adopted is to raise awareness and understanding about autism as well as improve opportunities and support through greater accessibility mainstream services. Recent local initiatives include;

- Establishing the Autism Partnership Board to support and oversee the implementation of the Autism Strategy. Membership includes representation from statutory and non statutory bodies, people with autism and their family Carers.

- Developing and rolling out a training programme for SBC staff and partner organisations to raise awareness and understanding about autism.
- Working with universal services- to raise awareness about the needs of people with autism to improve communication and access.
- Supporting the Autism Alert Card developed by the Berkshire Autistic Society in partnership with local authorities, the police and other statutory and voluntary organisations. It is carried by people with autism and can be shown when the person may have difficulties in certain situations. It helps those presented with it to identify they are dealing with a person with autism. Currently 50 people with autism in Slough have been issued with the card
- NHS Berkshire CCG Federations collaborated with adult social care and developed a project board to deliver some key actions of the Winterbourne Concordat. One the agreed actions, is to move people out of the Assessment and Treatment Units (hospitals) into appropriate community based placements by June 2014. These moves will require the development of a joint health and social care strategic plan/s to show how Berkshire CCGs and the local authorities will pool resources to support people in crisis and provide intensive support for people with a learning disability, severe challenging behaviour and autism. The Winterbourne project board will also scope the development of an appropriate service model to this group of people with complex needs which will aim to provide proactive support to avoid crisis management and future hospital admissions.
- Job centre Plus provide personalised support to Slough people with disabilities including those with autism.
- East Berkshire College delivers a Personal Options Programme accessible to Slough young people with autism.
- Berkshire Agricultural College deliver a range of programmes accessible to Slough young people with autism.
- Youth Services currently provide support to young people with autism aged 18-25 that may not be eligible for adult social.
- The National Probation Service, Thames Valley Area, is currently undertaken local activity to identify possible people with autism coming into the Criminal Justice System. The Court Team in East Berkshire, in partnership with the Work Health Trainer, funded by the National Probation Service, is identifying offenders with a possible diagnosis of autism either whilst in the police custody prior to being charged for an offence or at their first court appearance. This enables an initial screening for autism and then if required a further advanced screening. The

outcome is to reduce numbers of inappropriate sentencing. In addition, a three month pilot scheme is also in operation, whereby the Work Health Trainer is screening all new offenders on orders and licences in Slough for autism. Comparisons are being carried out with a similar exercise being undertaken in Milton Keynes.

8.1 Service for Children and Young People with Autism

8.1.1 Specialist Autism service

In 2001 Slough Borough Council Education Department established a specialist Autism Service for children up to the age of 19yrs. It was established in response to local parent consultation.

This service was outsourced in 2013 to Cambridge Education, a national provider, to work in partnership delivering support, advice and training to schools, nurseries, parents/carers and professionals. It comprises of a full-time Head of Service for Autism, an Advisory Outreach teacher, a teacher of Social Understanding and an EarlyBird Outreach worker.

The service supports children and young people with a diagnosis of autism. Children are referred by the paediatric consultant based at Fir Tree House and Child and Adolescent Mental Health Service (CAMHS), following diagnosis and also by Slough schools supporting children and young people with the condition. The service includes:

- A variety of educational provision to meet the wide ranging demands of this spectrum disorder.
- Outreach Support to schools in the Borough by supplementing the schools own provision and assisting them in fulfilling their statutory responsibilities as outlined in the code of Practice, by encouraging a whole school approach to meeting pupil's individual needs and promoting inclusion.
- In-service training, visits to specific children, written reports, advice on management issues, attendance at Annual Review meetings, 'Team Around the Child' (TACs) and guidance on appropriate resources and relevant publications.
- The National Autistic Society EarlyBird Programme for parents/carers of pre-school children with a diagnosis of autism.
- The National Autistic Society EarlyBird Plus Programme for parents/carers and professionals supporting children aged 4-8yrs.
- Evening information sessions for parents of children receiving a late diagnosis.

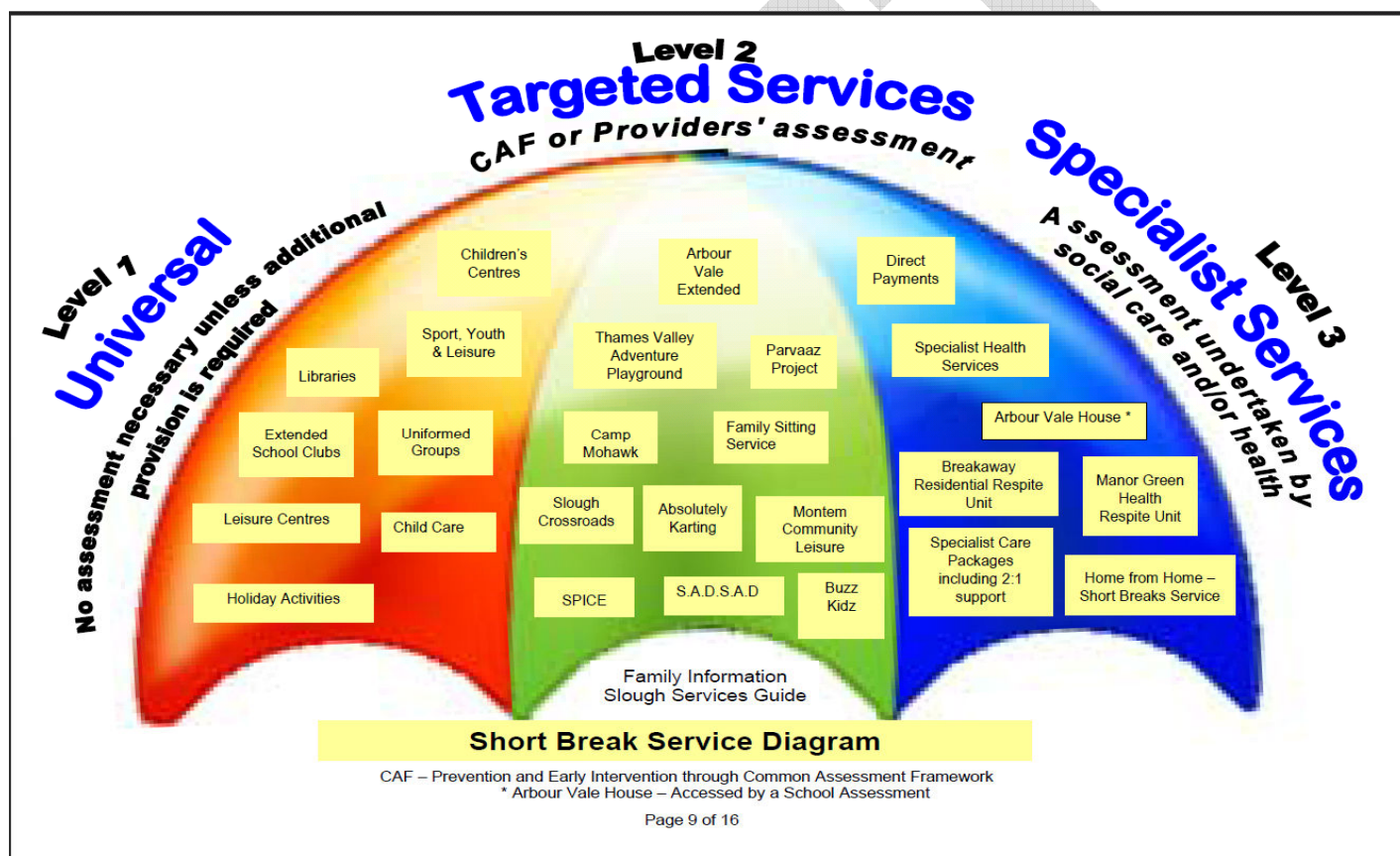
- Delivering the Autism Education Trust Level 1 hub training materials to schools on behalf of the National Autistic Society.
- Mainstream Resource Bases at Slough Centre Nursery, Baylis Nursery, Godolphin Infant School, Godolphin Junior School, Ryvers, Castleview, Priory and Marish Primary Schools and Wexham Secondary School. Pupils benefit from person centred plans with trained staff and a high staff pupil ratio.
- Specialist Resource Bases at Arbour Vale School for pupils with autism and more complex needs.
- Residential provision at Arbour Vale House.
- A comprehensive training programme including bespoke training for Newly Qualified Teacher, Social Care staff, Special Educational Needs Coordinators, Learning Support Assistants , lunchtime supervisors, school governors and other relevant staff.
- Half-termly support surgeries for all school staff within the Borough and consultation on individual pupils as required.
- An autism handbook for schools providing information on autism and strategies for successful inclusion.
- Access to and guidance about the Inclusion Development Programme (IDP) materials.
- Access to and guidance about the National Autism Standards and competency framework.
- Access to and guidance about the Autism Education Trust (AET) Tools for Teachers and Teacher's Toolkit.
- An Autism Review Group that meets termly to ensure local need is identified and met.
- Multi - disciplinary partnerships with the Disabled Children's Team and Health, Education, Social services, Transition services and the third sector staff.
- Signposting to local and national support groups and Information about holiday schemes.
- Information about access to short break provision – see diagram below.

8.1.2 Social care support

The number of children with autism in Slough currently in receipt of social care packages is as follows:

Home from Home	Children's Social Care Respite Provision	Direct Payments
10	20	10

Diagram 8: Short Breaks



8.1.3 Summary of Slough Borough Council and CCG expenditure to support children and young people with autism 2013-14

Activity	Description	Expenditure
Social care packages	Person centred packages to meet individual needs of children with autism. This Includes Direct Payments.	£120,000
Short Breaks	Accessible to all children including those with autism and their families meeting eligibility criteria for short break support.	£272,000
Home to Home support	Respite provision for children with autism delivered by foster care families.	£37,000
Breakaway	In-house respite provision supporting all disabled children included those with autism and their families meeting eligibility criteria for the service. Currently 20 children with a diagnosis of autism access the service.	£662,000
Autism Team	Specialist team providing a range of services as identified in 8.1.1	£181,184

8.2 Services for Adults with Autism

Adults with autism are currently supported through the following:

- All adults with autism will be entitled to an assessment of their needs under community care legislation.
- Early intervention and transition planning for young people with a diagnosis of autism known to children's services as they move into adulthood.
- Care management for adults with autism who meet the threshold for adult social care.
- All adults with a diagnosis of autism that are eligible for adult social care are entitled to a personal budget including direct payments. This enables them to purchase individually tailored support to meet their needs.
- All adults without a clear diagnosis but believed to be showing autistic traits meeting the Fair Access to Care eligibility are entitled to a personal budget including direct payments.
- Independent advocacy provision is available through the Gateway Service for all adults including those with autism that meets adult social care eligibility criteria.
- Carers support is also provided through the Gateway Service.
- All adults, including those with autism regardless of eligibility threshold, are entitled to information and advice through the Gateway Service.
- A support group has been commissioned for adults with autism.
- A training awareness programme has been developed and being rolled out relevant to their roles and responsibilities including adult social care staff, support providers those staff working in a general; customer support roles.
- A framework of supported living providers is in place meeting the housing and support needs of adults with autism.
- A framework of respite and community support providers are available for the Carer and for those with Autism. Providers can deliver all types of community base support services.
- Slough Employ-Ability is a specialist employment service delivered by SBC, supporting people that meet the assessed eligibility for social care into meaning part time or full time employment. The aim is to help people with disabilities and mental health needs into paid work or work placements/experience that can be seen as a

step towards paid work. Currently 7 adults with a diagnosis are receiving support through this service

- An Autism Diagnostic and Treatment Service commissioned by CCG and delivered by Berkshire Healthcare Foundation Trust. Depending on the outcome of the assessment, support is available through a six week post diagnostic support group. For the period April 2013- February 2014 , 15 adults were referred to the service.

8.2.1 Summary of Slough Borough Council and CCG expenditure to support adults with autism 2013-14

Activity	Description	Expenditure
SBC Adult Support packages 77 adults with a diagnosis of autism or believed to be on the autism spectrum are in receipt of Adult social care funding	Range of personalised support in place to meet individual needs. Includes : <ul style="list-style-type: none"> • Supported living • Residential • Day opportunities • Direct payments • Slough Employ-Ability Service 	£3,907,570
SBC Information , Advice and Advice service	<ul style="list-style-type: none"> • Adults with autism meeting FAC eligibility have access to advocacy • Adults with autism not meeting FAC criteria have access to Information and advice • Adults with autism have access to a local support group 	£200,000
Autism Lead post and activity to support implementation of the	Strategic Lead for Autism. Role includes implementing Autism Strategy	£100,000

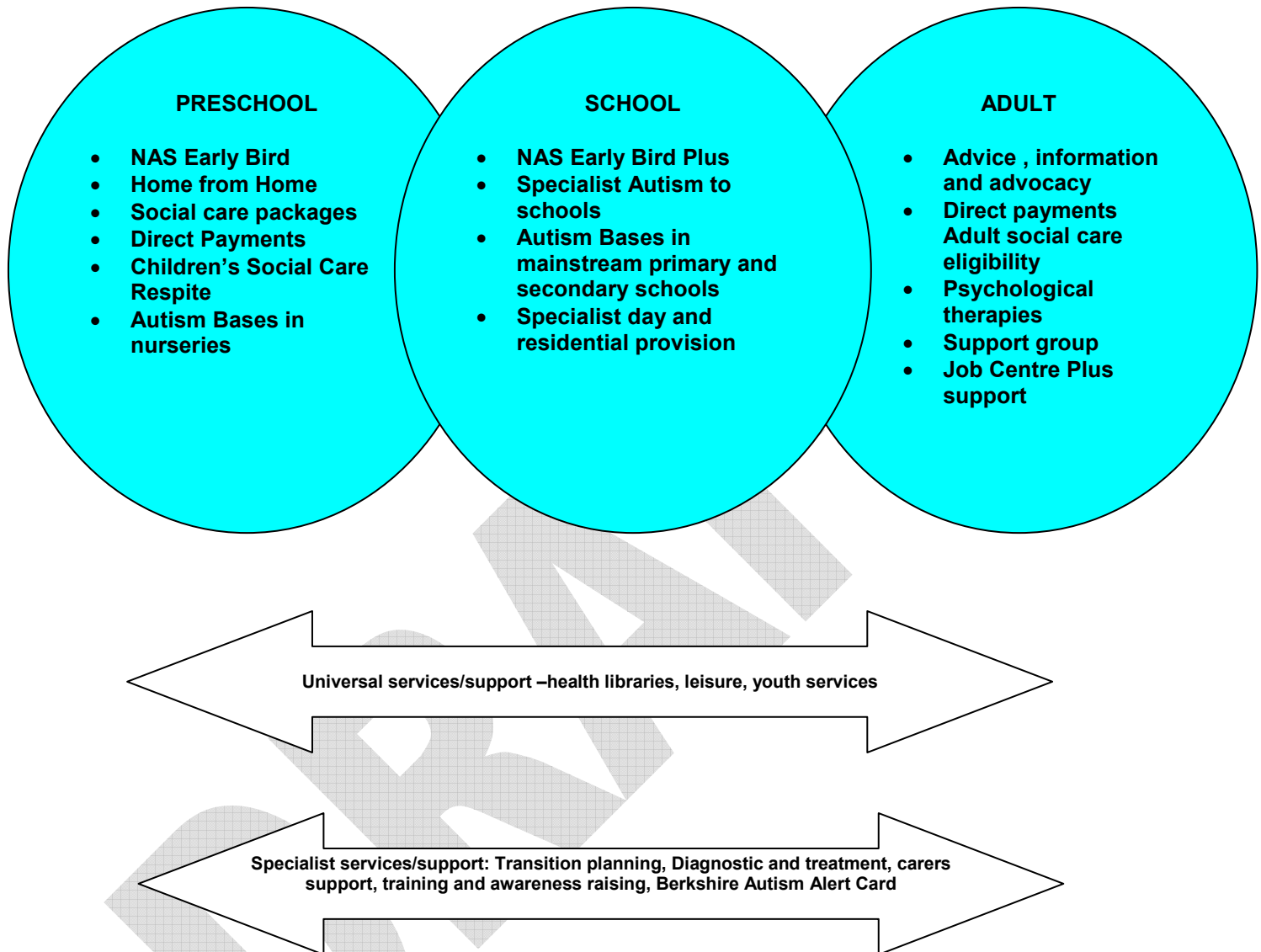
strategy		
Diagnosis and treatment service	<p>The CCG commission Berkshire Healthcare foundation trust to</p> <ul style="list-style-type: none"> • Deliver an assessment and treatment service – numbers. 15 people have been referred between April 2013 and February 2014 • Post Diagnosis support group “Being Me” 	£60,000 **
Staff training and awareness	A comprehensive training programme is in place to support SBC staff working in both children and adult services and across departments. It is also delivered to partner organisation to raise awareness and understanding of autism	£4,000

* Contract in place until November 2014

** This includes CCG commissioning Berkshire East activity to support the Autistic Spectrum Disorder Service and the Attention Deficit Hyperactivity Disorder Service. It is not broken down by service or local authority

9.0 Summary of services

Local services to improve outcomes for people with autism and their carers



10.0 Delivering the strategy

10.1 Future Commissioning Intentions

Future commissioning activity will be focus on the following:

- Having a highly skilled workforce in place that understand and able to respond to the needs of people with autism and their families.
- Continuing to developing clear and consistent pathway for diagnosis of autism.

- Developing post diagnosis support to people with autism and their families at all stages in their lives.
- Supporting access to Health Services for people with autism.
- Developing clear and smooth pathways within adult social care to ensure people assessed as eligible get appropriate support.
- Developing and maintaining robust transition pathways as young people move from children's to adult services.
- Ensuring systems are in place whereby people with autism and their families meeting eligibility to social care have access to a person budget, enabling tailored support meeting individual needs.
- Developing the right housing is place to meet the needs of people with autism.
- Ensuring children and young people with autism have access to suitable education and training.
- Creating opportunities to enable people with autism to get supported to find and sustain employment into work.
- Raising awareness about autism to support people become more fully included within the local community.
- Developing and monitoring systems to ensuring people with autism are safeguarded from harm including hate crime.
- Raising awareness and understanding about autism at all stages within the Criminal Justice System.
- Providing high quality information, advice and advocacy to people with autism and their Carers.
- Supporting the Carers and Families of People with Autism.
- Specialist commissioned services are outcomes based.
- Having robust governance processes in place to oversee the implementation of the action plan supporting the strategy.

10.2 Monitoring our progress

An action plan has been developed to support the five agreed local priorities. In line with aims of Health and Social Care Act 2012 and the "no decision about me,

without me” culture, people with autism and their families will continue to be consulted throughout the implementation of it. The Autism Partnership Board accountable to the Wellbeing Board will oversee the implementation of the strategy, commissioning of future services as well as quality assurance and monitoring.

10.3 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 people with autism and their families. Outcome-based contract and monitoring arrangements will ensure services are based on best practice and provide value for money.

11.0 Appendix 1

11.1 Slough Autism Partnership Board Consultation Event



In March 2014 the Slough Autism Partnership Board hosted a consultation event to support the development of the Autism Strategy. The event was attended by 85 people including people with autism, parents and carers and other key stakeholders. The aim of the day was to discuss and agree the five proposed local priorities to focus on within the Strategy . These were:

Local Priority Area 1: Improved Health and Wellbeing

Local Priority Area 2: Increased awareness and understanding of autism

Local Priority Area 3: Seamless transition processes

Local Priority Area 4: Improved social inclusion

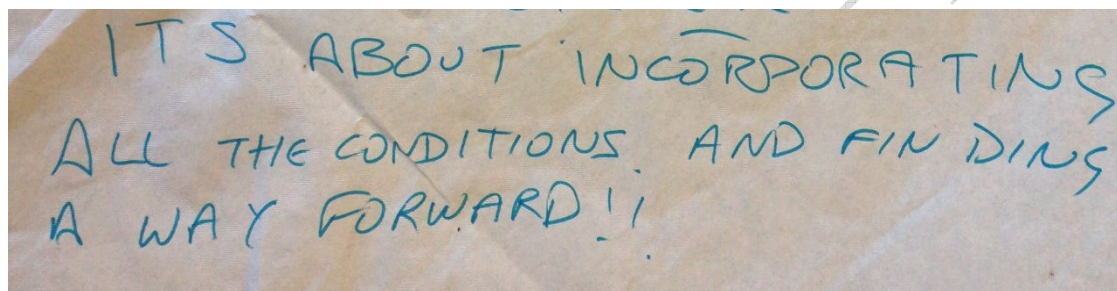
Local Priority Area 5: Increased support for people with autism and their families

A summary of points identified as important to people attending the conference are listed below under each proposed priority.

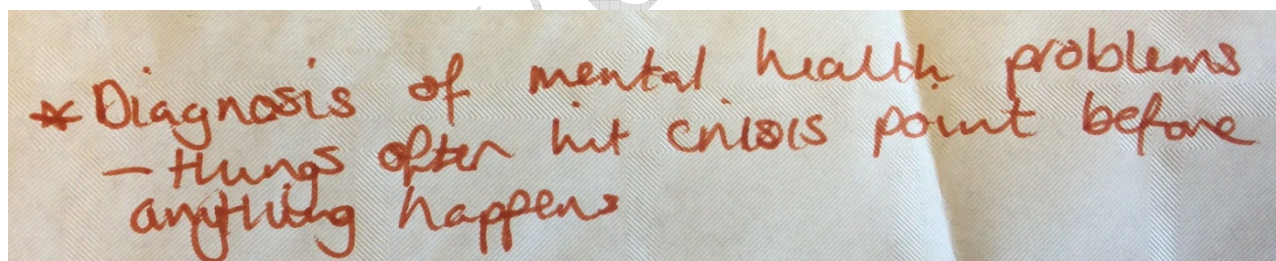
1. Health and Wellbeing

Looking after the physical, mental and emotional health of people with autism.

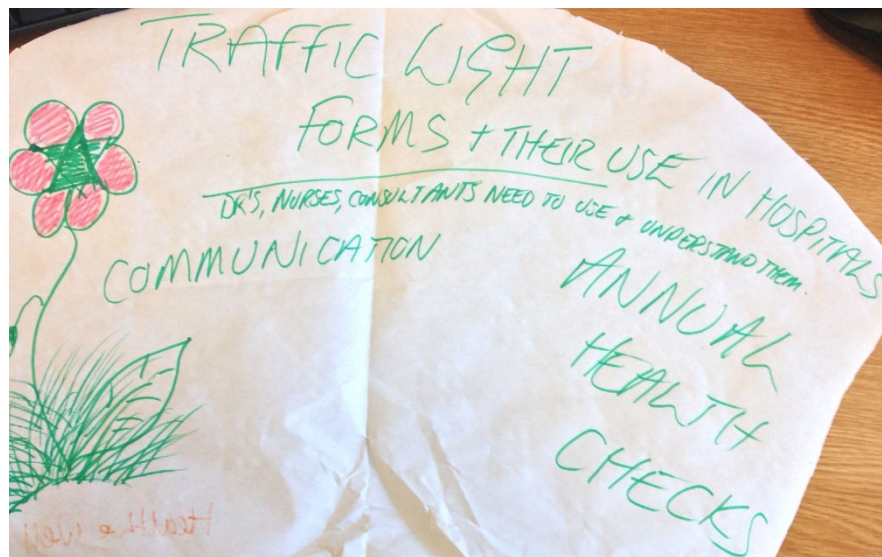
- It is important that all medical staff have a good awareness and understanding of autism and the sensory needs which may come with it.
- Sensory problems shouldn't be automatically attributed to the person's autism; there may be an underlining medical problem.
- There needs to be an increased focus on the mental health needs of someone with autism. Anxiety and depression can cause increased 'behavioural issues' which are often assumed to be a part of their autism.
- Continuity of care – one social worker, one doctor, and one nurse will make the journey through health and social care a more successful one for someone with autism.



ITS ABOUT INCORPORATING
ALL THE CONDITIONS AND FINDING
A WAY FORWARD!!



*Diagnosis of mental health problems
— things often hit crisis point before
anything happens



2. Increased awareness and understanding of autism

Helping local communities to understand and be aware of autism.

- Improved training and awareness about autism for everyone.

- Sessions at the cinema, swimming pool and other local activities should be autism-friendly. However, there was debate around whether the sessions should be identified as 'autism-friendly'. Should all public activities be more autism-friendly?
- Public services should ensure that their staff know how to support their customers with autism.

* Educating The Public

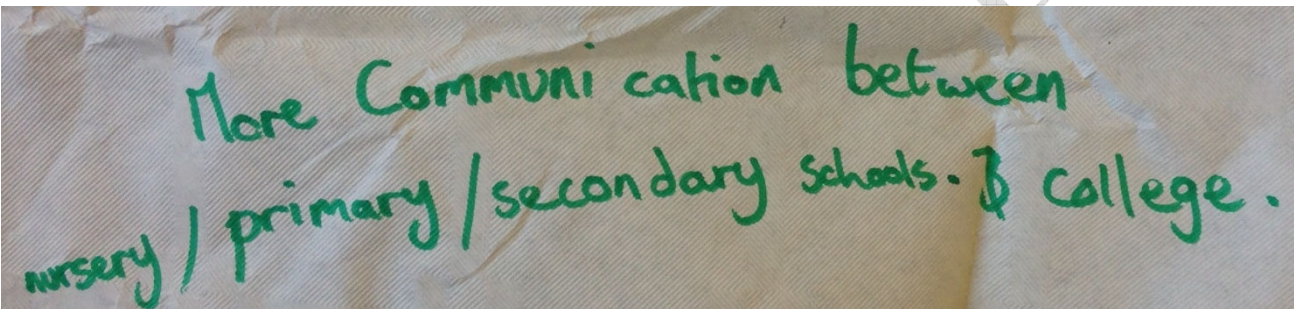
* Supporting Community groups to be able to ask for help - improving culture / awareness

More Autism Awareness
↓
Social
Clubs for Children

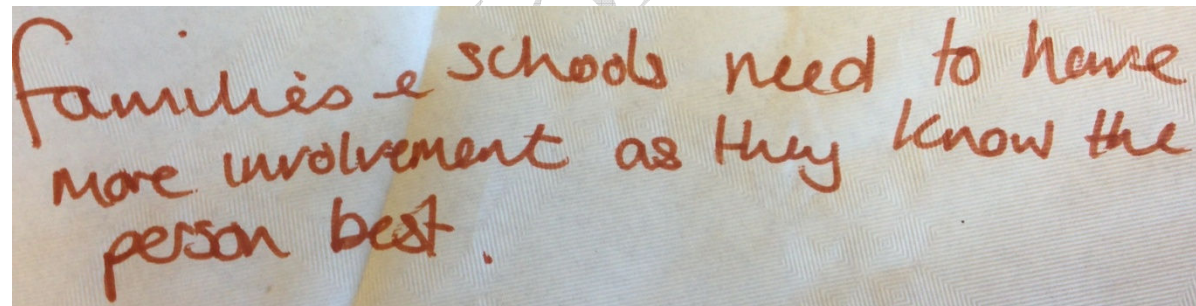
3. Seamless transition processes

Supporting people with autism through changes in life.

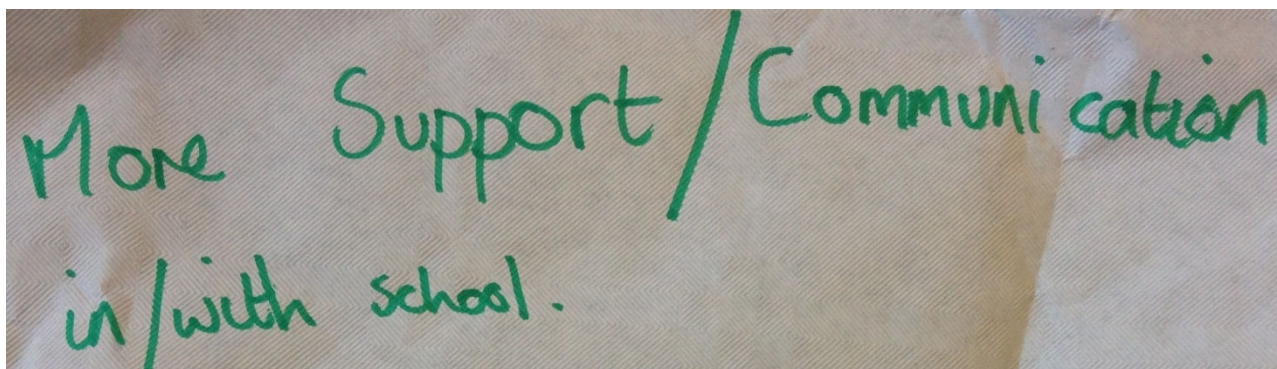
- Increased support through education – primary, secondary and college. Communication needs to be better, and families need to be listened to.
- Training for parents and families so they are better equipped to support their loved ones.
- Increased support through the move from children's to adult services, with better communication and more parent / carer involvement.
- Transition plans need to be holistic and think about the whole day.
- Consistent communication.



More Communication between
nursery / primary / secondary schools & college.



Families & schools need to have
more involvement as they know the
person best.

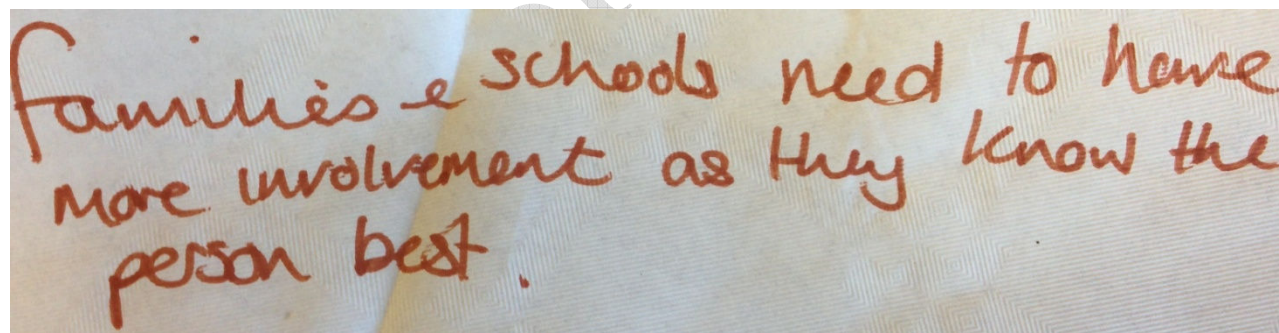


More Support / Communication
in / with school.

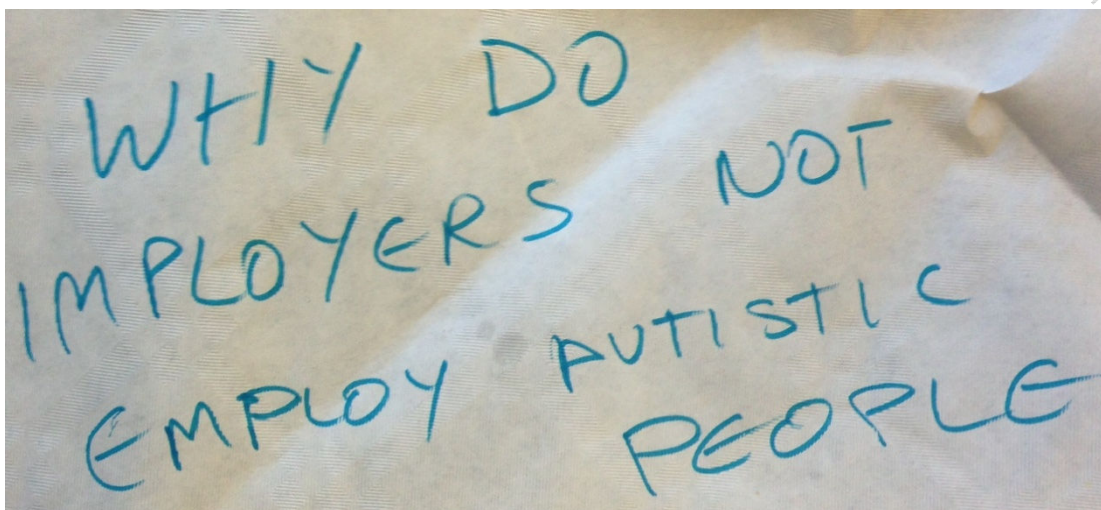
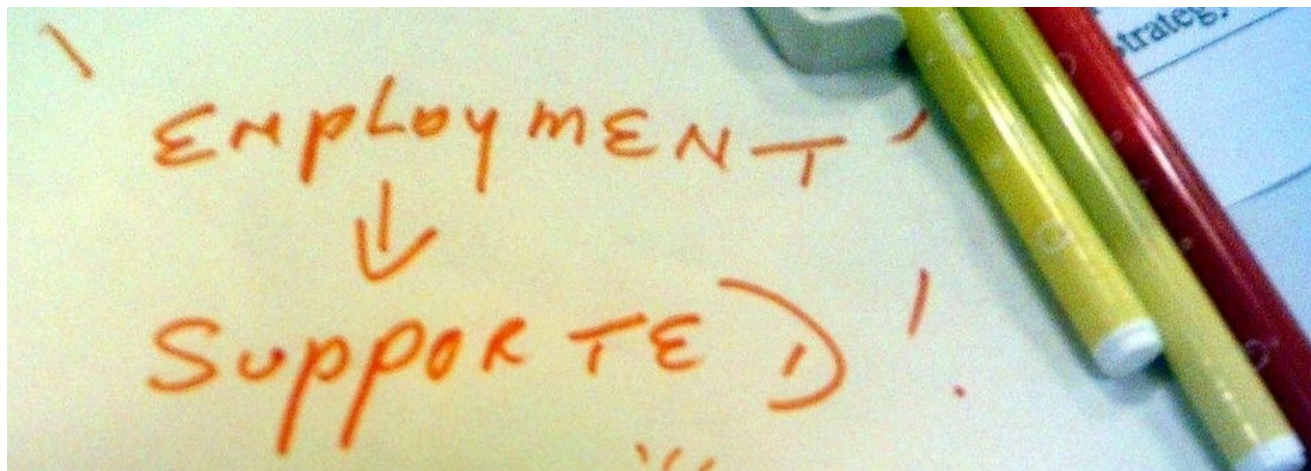
4. Improved Social inclusion

Supporting people with autism to build and maintain relationships as a valued member of society.

- More social clubs specifically for people with autism and their families – also through increased understanding and awareness it should be easier for people with autism to get involved with activities for the general public.
- Employment; people with autism are often very talented and capable. Employers need to be more open-minded and willing to employ people with autism.
- There need to be more support services for people with autism to find work. These services need to support all people with autism, not just those who are eligible for Social Care services.
- Training and support groups for people with autism about building relationships and coping methods.



Families & schools need to have
more involvement as they know the
person best.



5. Increased support for people with autism and their families

Improving and increasing support for people with autism and their families.

- Help and support through the diagnosis process, with clear guidance on the next steps.
- Consistent and easy to access information in a language that is easy to understand – no jargon.

- More information for families and carers about respite services available locally.
- Consistent support staff; it takes time to build a trusting relationship, this needs to be respected.
- Support Services specific to problems often faced by people with autism, such as; agoraphobia, hoarding, anxiety, social activities, values, personal relationships.

Practical Advice
for Parents and Carers.

* EARLY DIAGNOSIS
Closely followed by
appropriate support
for child/adult
& families

* Support for new parents to
understand signs of autism.

TO MANY SOCIAL WORKERS = EACH TIME HAD TO
EXPLAIN OVER & OVER AGAIN MY SON'S NEEDS
NO COMMUNICATIONS BETWEEN EACH OTHER

lack of information. → 'HELP Line'
↓ DIRECT AS
REQUIRED!

The consensus view from people attending the event was approval of the identified priorities.

Attendees were also given the opportunity to individually identify which priority they considered to be was most important. The results were as follows:

- **Health and Wellbeing** – 25 votes
- **Improved knowledge and awareness of autism** – 26 votes
- **Positive transitions** – 21 votes
- **Social inclusion** – 28 votes
- **Better support for people with autism** – 30 votes

Feedback from the event showed that:

- 86% of people attending felt they were able to express their views.
- 90% felt they contributed to plans for the future.

12.0 Appendix 2

12.1 Joint Action Plan 2014-17

Key Actions	Outcomes	Lead	Timescale
Local Priority Area 1: Improved Health and Wellbeing			
<p>Develop a clear local Diagnostic Pathway utilising the NICE clinical guidelines. Promote and implement the Diagnostic Pathway</p> <ul style="list-style-type: none"> Ensure systems in place to monitor number of Slough residents being referred and then diagnosed with autism 	<ul style="list-style-type: none"> More people are aware of the route for diagnosis. More Slough people receive an accurate diagnosis for autism. Increased demand for diagnostic assessments. Increased number of people accessing post diagnostic services. 	<p>CCG</p> <p>Transformation, Performance and Practice Manager</p> <p>Autism Practice Lead</p>	December 2014
<ul style="list-style-type: none"> Increased awareness about autism amongst GPs and other agencies. GPs and other agencies better informed to make appropriate referrals. 	<ul style="list-style-type: none"> GPs receive relevant training. People are appropriately referred by GPs and other agencies for a diagnostic assessment 	<p>CCG</p> <p>Autism Practice Lead</p>	April 2015
<ul style="list-style-type: none"> Ensure people with a diagnosis of autism that meet the eligibility criteria for adult social care have access to an assessment and 	<ul style="list-style-type: none"> People with autism receive personalised support to meet individual needs Increase in numbers of adults with 	<p>Head of Care Group Commissioning</p>	December 2014

Key Actions	Outcomes	Lead	Timescale
<ul style="list-style-type: none"> support where appropriate Ensure people with a diagnosis of autism that do not meet the eligibility for adult social care are signposted effectively. 	autism have access to a personal budget	Autism Practice Lead.	
<ul style="list-style-type: none"> Health and social care receive appropriate training and supervision about autism in line with roles and responsibilities 	<ul style="list-style-type: none"> Reduction in avoidable hospital admissions Reduction in out of area placements and residential provision Reduction in admissions to acute Mental Health Services 	CCG commissioner Head of Adult Safeguarding and Learning Disabilities Autism Practice Lead Head of Mental Health Services SBC and CCG s Training officers	January 2015 ongoing
<ul style="list-style-type: none"> Identify and map specialist and universal services to support people with autism and their families Promote specialist and universal services accessible to people with autism and their families 	<ul style="list-style-type: none"> Clear and accessible information in place People with autism and their families access support 	Autism Practice Lead Autism Partnership Board	December 2014
Local Priority Area 2: Increased awareness and understanding of autism			

Key Actions	Outcomes	Lead	Timescale
<ul style="list-style-type: none"> Slough Borough Council(SBC) develop and deliver a training for in-house partner organisations Training to be incorporated within SBC staff induction and equality and diversity programmes. Launch of on-line autism training for SBC staff SBC to review the impact of staff training on service delivery 	<ul style="list-style-type: none"> Increased inclusion for people with autism and their families Improved access to services for people with autism Staff feel more confident in meeting the needs of people with autism 	<p>Cambridge Education</p> <p>Training Officer</p>	Jan 2014
<ul style="list-style-type: none"> Develop robust and reliable data collection processes to capture information about people with autism 	<ul style="list-style-type: none"> Have a clearer understanding about numbers of people with autism in order to facilitate future planning of services for people with autism. 	<p>Transformation, Performance and Practice Manager</p> <p>Autism Practice Lead,</p> <p>Head of Early Years, School Services and Special Needs</p>	Jan 2015
<ul style="list-style-type: none"> Ensure that needs of people with autism and their carers are included within all appropriate Slough strategies, policies and plans. 	<ul style="list-style-type: none"> The needs of people with autism and their carers are embedded within the planning and delivery of local services. Increased local awareness of autism within Slough More people with autism and their families receiving appropriate 	<p>Head of Adult Safeguarding and Learning Disabilities.</p> <p>Head of Service Care Group Commissioning</p>	Jan 2015

Key Actions	Outcomes	Lead	Timescale
	support		
<ul style="list-style-type: none"> Ensure the needs of people with autism are included in the Joint Strategic Needs Assessment (JSNA) 	<ul style="list-style-type: none"> The needs of people with autism have been identified and highlighted as a local priority 	Commissioner , Consultant Public Health	Jan 2015
<ul style="list-style-type: none"> Facilitate local autism awareness events Re-launch Autism Alert Card Develop, promote and distribute local and national autism material 	<ul style="list-style-type: none"> People with autism have access to information and receive greater support Increased safeguarding of people with autism 	Head of Adult Safeguarding and Learning Disabilities. Autism Practice Lead. Communications Officer. Head of Service Care Group Commissioning	March 2015
<ul style="list-style-type: none"> Provide autism awareness training to include specialist training for Adult Social Care & Health staff and where applicable to staff in joint teams Ensure Basic ASC Awareness is part of Equality & Diversity training Look at feasibility of an online ASC awareness programme within SBC 	<ul style="list-style-type: none"> Increase in interest in ASC from staff and employees Feedback from public and service users and service providers 	Head of Adult Safeguarding and Learning Disabilities Autism Practice Lead Training Officer, Adult Health &	April 2014 ongoing

Key Actions	Outcomes	Lead	Timescale
		Social Care Cambridge Education in regards to CYP	
<div>Page 115</div> <ul style="list-style-type: none"> To ensure that patient information is clear and easy to understand Diagnosis of autism included in medical records To ensure patient experience of people with autism in all aspects of health and social care services, is equal, accessible and with reasonable adjustments 	<ul style="list-style-type: none"> People with autism receive good quality health and social care Improved satisfaction in patient/service user experience for people with autism 	CCG General Manager CCG Lead Autism Practice Lead LD liaison Nurses WPH – Nursing Manager / Nursing Leads	December 2014
Local Priority Area 3: Seamless transition processes			
<ul style="list-style-type: none"> Work with Children's Services to ensure that autism strategy 	<ul style="list-style-type: none"> (Leads in) Both services to continue to work together to ensure that both 	Head of Adult Safeguarding and Learning	April 2014

Key Actions	Outcomes	Lead	Timescale
(Children and Adults) incorporates needs of children, young people and adults.	<p>services work together to improve services for people with autism in Slough</p> <ul style="list-style-type: none"> All services have regard to the Autism Education Trust transition advice and resources 	<p>Disabilities</p> <p>Cambridge Education in regards to CYP</p>	
<ul style="list-style-type: none"> Work together across Children and Adult services to ensure that the single assessment process is effective for young people with autism. 	<ul style="list-style-type: none"> Work from the Children and Families Bill needs to take account and plan for young people with autism The new EHC plans replacing Statements of SEN will take account of the specific needs of people with autism 	<p>Autism Children's Lead</p> <p>Cambridge Education in regards to CYP.</p>	February 2015
<ul style="list-style-type: none"> Continue to plan for children with autism as they transition into adulthood 	<ul style="list-style-type: none"> Continue to have regular transition planning meetings for young people aged 14-17 within the disabled children's social care team who will move to adult services. Transition advisers attend the Annual Review meetings of CYP with autism at significant times in their education Coordinate services and plan for young people outside of the Disabled Children's Social Care Team – plan and ensure young people enter the correct pathway from Children's to Adult services. Transition advisers available to offer information about 	<p>Autism Children's Lead</p> <p>Cambridge Education in regards to CYP.</p>	December 2014 June 2015 - ongoing

Key Actions	Outcomes	Lead	Timescale
	relevant/appropriate pathways and funding implications		
<ul style="list-style-type: none"> Work to utilise existing children's data to project and model adult future health and social care needs. Develop and maintain a database / record of children and young people with ASC known to services and their status to support ongoing needs analysis 	<ul style="list-style-type: none"> The Board will develop systems to collect and monitor this data and use it to predict future needs. Existing Information about CYP with autism held by Education, Health and Social Care shared with adult services 	<p>Head of Adult Safeguarding and Learning Disabilities</p> <p>Autism Practice Lead</p> <p>Service Manager-Transformation, Performance & Practice CCG lead</p> <p>Head of Performance – children's / adult services</p> <p>Cambridge Education in regards to CYP.</p>	September 2014 – March 2015 – ongoing
<ul style="list-style-type: none"> All young people with a diagnosis of autism be given support for their transition to adulthood, even where they are not attending school 	<ul style="list-style-type: none"> Out of education CYP referred by attendance officer to Integrated Youth Support Services Linear plan in line with national legislation – SEND reforms? Multi agency working clear and apparent in smooth transitions 	<p>Cambridge Education in regards to CYP.</p> <p>Autism Practice Lead</p>	April 2014 – April 2015 ongoing

Key Actions	Outcomes	Lead	Timescale
<ul style="list-style-type: none"> Ensure that the Transition policy (from Childhood to Adulthood) encompasses the needs of people with ASC and their Carers 	<ul style="list-style-type: none"> All services have regard to the Autism Education Trust transition advice and resources 	Policy Lead Autism Practice Lead Autism Children's Lead	September 2014 – September 2015
<ul style="list-style-type: none"> Improved partnership between agencies / increased autism awareness training among schools / better information for carers 	<ul style="list-style-type: none"> Autism Education Trust training delivered to all Slough schools All families aware of Berkshire Autistic Society as a supportive agency 	Cambridge education in regards to CYP Berkshire Autistic Society	April 2015
Promote awareness of Autism within the Criminal Justice system.	<ul style="list-style-type: none"> Better outcomes for clients with autism from CJS Clearer probation pathways into supported employment / housing / living 	Autism Practice Lead Probation Lead	September 2015
Local Priority Area 4: Improved social inclusion			
<ul style="list-style-type: none"> Delivery of ongoing awareness sessions / training to local employers 	<ul style="list-style-type: none"> Increase In job opportunities Increase in autism clients in paid employment Increase in autism clients in apprenticeships and work placements 	Employment services – Employability / Job centre Plus / Graft / Aspire	September 2016

Key Actions	Outcomes	Lead	Timescale
		Autism Practice Lead EBC Employment Officers	
<ul style="list-style-type: none"> • Accessible form of the Joint Commissioning Strategy 	<ul style="list-style-type: none"> • Feedback • Input uptake • Request for information 	Autism Practice Lead Participation Officer	September 2014
Support to develop social interaction opportunities and developing natural sustainability	<ul style="list-style-type: none"> • Reduction in requests for social care support • Increase in social groups attendance • Increase in network opportunities 	Commissioning Lead for Preventative Services Head of Adult Safeguarding and Learning Disabilities Autism Practice Lead	September 2015 ongoing
<ul style="list-style-type: none"> • Improve links with support / services provided by a range of partner agencies 	<ul style="list-style-type: none"> • Clearer pathway for people with autism 	Autism Practice Lead	December 2015 - ongoing

Key Actions	Outcomes	Lead	Timescale
(Directions / Job Centre / Further Education etc) and local providers and identify Opportunities for wider support for people with autism. (supported by the development of a Directory of Services)	<ul style="list-style-type: none"> • Increase in referrals / walk ins / support given by included services • More linear support process evident 	<p>Cambridge Education in regards to CYP.</p> <p>Employment Agency Leads</p>	
<ul style="list-style-type: none"> • Identify the number of people with autism requiring support into employment locally 	<ul style="list-style-type: none"> • Data sets to use for comparison on action plan implementation • Clear evidenced need 	<p>Service Manager- Transformation, Performance & Practice</p> <p>Employment Service Leads</p> <p>Autism Practice Lead</p>	December 2014 - ongoing
<ul style="list-style-type: none"> • Liaise with FE establishments to identify further education training opportunities and apprenticeships to meet and support needs of people autism. 	<ul style="list-style-type: none"> • Measured progression of opportunities appropriate for people with autism • Clearer links form FE courses and employment opportunities • Clearer links from FE and university courses 	<p>Autism Practice Lead</p> <p>Cambridge Education in regards to CYP?</p>	Jan 2016- ongoing

Key Actions	Outcomes	Lead	Timescale
		EBC / BCA lead	
<ul style="list-style-type: none"> Promote the work of the supported employment services and ASPIRE Slough - identify best practice in removing barriers in recruitment and employment Support services provided by a range of partner agencies (FE, job centre +, employability, charitable and voluntary agencies) are reviewed to ensure all needs are addressed but minimising duplication of work and resource. 	<ul style="list-style-type: none"> Measured progression of opportunities appropriate for people with autism Increase In job opportunities Increase in autism clients in paid employment Increase in autism clients in apprenticeships and work placements 	<p>Autism Practice Lead</p> <p>Children's Service Lead Education and Autism</p> <p>Cambridge Education in regards to CYP.</p> <p>Employment Service Leads</p> <p>Head of Adult Safeguarding and Learning Disabilities</p> <p>EBC / BCA lead</p>	Jan 2016 ongoing
<ul style="list-style-type: none"> Begin Mapping future needs of people with autism from an earlier age 	<ul style="list-style-type: none"> More linear and clear single assessment plan from child to adult services Joint transition boards 	<p>Policy Lead</p> <p>Autism Practice Lead</p>	Jan 2016 ongoing

Key Actions	Outcomes	Lead	Timescale
	<ul style="list-style-type: none"> Joint reviews Clear referral and transition process 	<p>Cambridge Education in regards to CYP.</p> <p>Head of Adult Safeguarding and Learning Disabilities</p> <p>Transition Policy Officer / Project Officer</p> <p>Education Lead</p> <p>CCG Lead</p>	
<ul style="list-style-type: none"> Identification and Promotion of services supporting adults and children with autism to access mainstream services 	<ul style="list-style-type: none"> Significant increase in clients with autism accessing mainstream services – children and adults 	<p>Autism Practice Lead</p> <p>Cambridge Education in regards to CYP.</p>	April 2016 ongoing
<ul style="list-style-type: none"> Improve access to Psychological therapies involving Mental Health Services 	<ul style="list-style-type: none"> Increase in people with autism on waiting lists and treatment lists within IAPT and talking therapies 	<p>CCG Lead</p> <p>Head of Mental</p>	April 2015 - ongoing

Key Actions	Outcomes	Lead	Timescale
	<ul style="list-style-type: none"> Decrease in open Mental Health caseloads within Mental Health Services Feedback from people with autism and their families and carers. 	Health Services CAMHS lead IAPT lead Autism Practice Lead	
Local Priority Area 5: Increased support for people with autism and their families			
Identify the number of people in receipt of Personal Budgets Personal budgets created and managed in a person centred way. <ul style="list-style-type: none"> Personal Budgets and Planning reach meaningful outcomes. Service Providers deliver consistent person centred and positive outcome based support. 	<ul style="list-style-type: none"> Increase of service users with Autism in receipt of personal budget Increase of personal assistants Increase of person centred planning and personalised support Decrease of adults with autism accessing higher level support Increase of independent living in people with autism 	Service Manager-Transformation, Performance & Practice Head of Adult Safeguarding and Learning Disabilities Commissioning / Contracts / Procurement lead Autism Practice Lead	January 2017 ongoing
<ul style="list-style-type: none"> Ensure that more adults with Autism 	<ul style="list-style-type: none"> Decrease in people not eligible for 	Commissioning	June 2016 ongoing

Key Actions	Outcomes	Lead	Timescale
<p>who do not meet eligibility criteria have access to preventative services to include social inclusion and awareness</p> <ul style="list-style-type: none"> Ensure that there is appropriate signposting and information for those who do not meet eligibility criteria. Create and Promote a Directory of Services for people with autism 	<p>services deteriorating and becoming more socially isolated.</p> <ul style="list-style-type: none"> Decrease in people with autism needing to access Mental Health Services. Increased uptake in people with autism accessing charitable and voluntary organisations and groups. Increase of people with autism accessing lower level and preventative services. 	<p>Lead</p> <p>Head of Adult Safeguarding and Learning Disabilities</p> <p>Autism Practice Lead</p>	
<p>Enable a clearer distinction between current Service Groups (Learning Disabilities and Mental Health) and Autism by providing a clearer support pathway.</p>	<ul style="list-style-type: none"> Clear Linear pathway of diagnosis, referral and support Increased knowledge, information and signposting from individual services Cascaded expertise throughout teams in Autism Decrease in confusion over where Autism sits in regards to support and advice 	<p>Head of Adult Safeguarding and Learning Disabilities</p> <p>Autism Practice Lead</p>	Jan 2017
<ul style="list-style-type: none"> Have dedicated autism champions in Learning Disability, Mental Health Services, Children's and CAMHS Services 	<ul style="list-style-type: none"> Clear Linear pathway of diagnosis, referral and support Increased knowledge, information and signposting from individual services 	<p>Service leads for Learning Disability, Mental Health, and CAMHS & Children's.</p>	Jan 2015

Key Actions	Outcomes	Lead	Timescale
	<ul style="list-style-type: none"> Cascaded expertise throughout teams in autism 	Autism Practice Lead	
<ul style="list-style-type: none"> Advocacy support commissioned and available for Adults / Carers / Families with autism Increase awareness and understanding of autism for affected family 	<ul style="list-style-type: none"> Increase of opportunities appropriate for people with autism Increase in autism clients accessing appropriate advocacy services Decrease in complaints, difficulties faced by families and carers and people with autism 	Commissioning Lead Autism Practice Lead Cambridge Education regarding CYP.	June 2016
Identify areas of Learning and Development needs to support ongoing person centred support to adults with autism.	<ul style="list-style-type: none"> Wider and clearer understanding of autism and its implication for support and care. Appropriate brokerage and signposting service for autism – leading to appropriate provision and help. 	Procurement / Brokerage Team Leads. Service Leads Autism Practice Lead	June 2017 - ongoing
<ul style="list-style-type: none"> Carry out a mapping process with Housing Services and providers to identify appropriate supported/independent accommodation and collate a database of those in Order to meet corporate priorities. 	<ul style="list-style-type: none"> LDD change programme incorporating needs of people with autism and their families. Reduction of adults and children being placed out of county Reduction of children and clients being placed in residential services 	Housing Manager and/ or Project Officers Autism Practice Lead	July 2018 – ongoing

Key Actions	Outcomes	Lead	Timescale
	inappropriately <ul style="list-style-type: none"> Reduction of people with autism accessing mental health services unnecessarily. 		
<ul style="list-style-type: none"> Commence mapping and needs analysis based on current local provision and numbers of diagnosed with autism locally. 	<ul style="list-style-type: none"> Service gaps identified Service gaps filled Pathway of diagnosis and support is clear and efficient 	Autism Practice Lead CCG Leads.	May 2014 - ongoing
<ul style="list-style-type: none"> Based on needs analysis commission for appropriate services that can deliver and meet the needs of people with autism locally Autism self and peer advocacy groups supported and developed 	<ul style="list-style-type: none"> Service gaps identified Service gaps filled Pathway of diagnosis and support is clear and efficient Cost effectiveness and efficiency, appropriateness and positive outcomes evidenced. 	Commissioning Lead. Autism Practice Lead	Jan 2015 ongoing
<ul style="list-style-type: none"> Identify, plan and implement use of co-production, peer support and community engagement to bridge gaps in provision due to funding cuts and limitations 	<ul style="list-style-type: none"> Service gaps identified Service gaps filled Pathway of diagnosis and support is clear and efficient Cost effectiveness and efficiency, appropriateness and positive outcomes evidenced. 	Commissioning Lead Autism Practice Lead	Jan 2016 ongoing

Working Document

This page is intentionally left blank

MEMBERS' ATTENDANCE RECORD 2013/14

HEALTH SCRUTINY PANEL

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

P = Present for whole meeting
Ap = Apologies given

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

This page is intentionally left blank