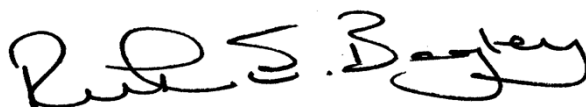


Date of issue: Tuesday, 3 November 2015

| | |
|---|---|
| MEETING: | SLOUGH WELLBEING BOARD Councillor Rob Anderson, Leader Naveed Ahmed, Business Representative Ruth Bagley, Chief Executive Superintendent Simon Bowden, Thames Valley Police Councillor Sabia Hussain, Health & Wellbeing Commissioner Ramesh Kukar, Slough CVS Lise Llewellyn, Strategic Director of Public Health Dr Jim O'Donnell, Slough Clinical Commissioning Group Les O'Gorman, Business Representative Colin Pill, Healthwatch Representative Dave Phillips, Royal Berkshire Fire and Rescue Service Rachel Pearce, NHS Commissioning Board Representative Jane Wood, Strategic Director of Wellbeing |
| DATE AND TIME: | WEDNESDAY, 11TH NOVEMBER, 2015 AT 5.00 PM |
| VENUE: | SAPPHIRE SUITE 5, THE CENTRE, FARNHAM ROAD, SLOUGH, SL1 4UT |
| DEMOCRATIC SERVICES OFFICER: (for all enquiries) | NICHOLAS PONTONE 01753 875120 |

NOTICE OF MEETING

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



RUTH BAGLEY
Chief Executive

AGENDA

PART I

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. Minutes of the last meeting held on 23rd September 2015 1 - 6

ITEMS FOR ACTION / DISCUSSION

- | | | |
|----|---|-----------|
| 3. | Heatherwood & Wexham Park Operational Resilience and Capacity Planning for Winter 2015/16 | 7 - 18 |
| 4. | Healthwatch Slough's Research on Access to Extended Hours Primary Care Appointments | 19 - 24 |
| 5. | Slough Local Safeguarding Children's Board (SLSCB) Draft Annual Report 2014/15 | 25 - 72 |
| 6. | Slough Safeguarding Adults Board Annual Report 2014/15 | 73 - 122 |
| 7. | Healthwatch Slough: Annual Review of Activities | 123 - 156 |

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

ITEMS FOR INFORMATION

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|-----|--|-----------|
| 8. | Better Care Fund 2015/16 - Quarter Two Report | 157 - 168 |
| 9. | Update on Outcomes and Visioning Workshop | 169 - 176 |
| 10. | Action Progress Report and Future Work Programme | 177 - 180 |
| | <i>To note.</i> | |
| 11. | Attendance Report | 181 - 182 |
| 12. | Date of Next Meeting | |

21st January 2016

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.

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Slough Wellbeing Board – Meeting held on Wednesday, 23rd September, 2015.

Present:- Councillors Anderson (Chair) and Hussain, Naveed Ahmed, Ruth Bagley, Superintendent Bowden (from 5.43pm), Jesal Dhokia (deputising for Ramesh Kukar), Lise Llewellyn, Dave Phillips and Colin Pill

Apologies for Absence:- Les O'Gorman, Alan Sinclair and Jane Wood

PART 1

25. Declarations of Interest

No declarations were made.

26. Minutes of the last meeting held on 15th July 2015

Resolved – That the minutes of the meeting held on 15th July 2015 be approved as a correct record.

27. Safer Slough Partnership (SSP) Strategic Assessment 2014/15

The Board considered a report on the work of the Safer Slough Partnership (SSP) in tackling crime and community safety priorities, including the annual Strategic Assessment 2014/15.

The assessment included headline performance information on crime types in 2014, reviewed key trends and identified risks, which allowed the Partnership understand and address crime and anti-social behaviour (ASB) issues in Slough. Reported crime had fallen by 7.3% in 2014 with burglary down by 27% and ASB by 22%. A small increase in violent crime was reported, the first rise since 2010, however it was reported that progress was being made and Slough was performing relatively well against its comparators. The Board noted that the assessment identified the priorities for 2015/16 which included reducing violent crime and the contribution alcohol made to violent crime and domestic abuse; supporting work around child sexual exploitation (CSE) and female genital mutilation (FGM); tackling serious and organised crime and reducing youth crime and re-offending.

The SSP had established a task and finish group to review the activities of the partnership including governance, strategic focus and operational working. The group would report back in November 2015 with recommendations for the proposed future structure. The Strategic Assessment would also be refreshed to ensure the priorities remained current. This would contribute to a new three-year rolling Community Safety Strategy from April 2016 setting out a clear plan and targets for the partnership.

The Board noted the Strategic Assessment and discussed a range of issues raised including the relative priority on CSE and FGM with honour based violence; the Community Alcohol Partnership pilot work in Slough; and the recent changes to crime recording statistics. The SSP used the evidence and data from partners in agreeing priorities and was undertaking research in assessing the prevalence of CSE, working with partners to understand emerging crime trends. In relation to crime statistics, the way the Police recorded violent crime had recently changed which effectively meant that the data was being rebased from 2014/15 and as all areas would be similarly effected it would still be possible to measure relative performance. Members agreed that it was important to clearly communicate the impact this would have on Slough's crime figures.

(Superintendent Bowden joined the meeting)

The Board recognised that Slough was performing well both in terms of reducing crime overall and in comparison to statistic neighbours, however, it was also felt that fear of crime remained a concern of residents. There was a significant opportunity to reduce the fear of crime, improve the image of the town to live and work in and boost business investment. Members agreed that the forthcoming three-year rolling strategy should be underpinned with a strong and proactive communication plan that emphasised the positive messages about falling crime in the town.

Resolved –

- (a) That the content of the Safer Slough Strategic Assessment for 2014/15 be noted.
- (b) That the comments of the Board, including on the focus of safeguarding activity and developing a communications strategy to promote Slough's positive story in terms of crime and community safety, be taken forward as part of the development of the new 3 year Community Safety Strategy.
- (c) That the proposed review of the SSP be noted.

28. Local Government Declaration on Tobacco Control

The Board considered a report seeking approval for Slough Borough Council to sign up to the Local Government Declaration on Tobacco Control and consider how the principles of the declaration could be promoted amongst partners.

Tobacco was the single biggest cause of premature death and of health inequalities. The latest figures for Slough indicated that 22% of adults over 16 smoked in 2014, equating to 22,850 people, and in addition to the health impacts there was a significant cost to the NHS. Cheap and illegal tobacco was a major problem as was the growing trend of shisha smoking, particularly by young people. Signing the Local Government Declaration on Tobacco

Control would be a statement of the council's commitment to ensure tobacco control was a mainstream part of its public health work and that it took appropriate action to protect its employees and the local community from the harm caused by smoking, for example through enforcement activity.

The Board asked what more could be done to raise awareness of the risks of shisha smoking amongst young people and it was agreed that more joint working could be done between smoking cessation teams, the council and health providers. It was also suggested that the negative impacts of chewing/spit tobacco also be included in the Council's public health activity and messaging.

Approximately 1000 people were utilising smoking cessation services locally and there was a clear link between deprivation and the prevalence of smoking. The Board discussed the evidence base and models which had proved successful in changing behaviour. It was suggested that a needs analysis be carried out of the barriers preventing 'hardened' smokers from stopping. A range of other issues were discussed including the use of e-cigarettes and the work being done in schools.

The Board agreed that the Council should sign the Declaration on Tobacco Control and noted that amongst other actions the Council had committed to be a smokefree council across all its sites from 1 April 2016. Members discussed the experiences of partner organisations that had implemented similar policies and agreed that good practice be shared in terms of PR, communication, operational issues and management approaches. The recent experience of Berkshire Healthcare NHS Foundation Trust was noted and their successful implementation had included a staged approach which also provided appropriate support and promoted positive messages to staff and patients.

Resolved –

- (a) That the Leader of the Council, Chief Executive and Assistant Director of Public Health sign the Local Government Declaration on Tobacco Control on behalf of the Council.
- (b) That partners and Council departments further consider how the principles of the Declaration could be developed and promoted more widely, including by working together to raise awareness of growing public health risks of shisha smoking and chewing tobacco.
- (c) That the experience and good practice of partners be shared as the Council implemented its commitment to become a smoke free council by 1st April 2016.

29. Mental Health Crisis Care Concordat

An update report was received on the Mental Health Crisis Care Concordat and the progress made on the Berkshire Action Plan that had been previously

considered by the Board. Members noted Appendix A to the report that set out the progress made to date and any further comments or queries to Slough Clinical Commissioning Group.

Resolved –

- (a) That the report be noted.
- (b) That any questions or comments from Board members be forwarded directly to officers at Slough CCG.

30. Climate Change Priority Delivery Group (PDG) - Climate Change and Carbon Management Projects and Achievements

The Chair of the Climate Change Priority Delivery Group introduced a comprehensive update on the current climate change and carbon management projects and achievements.

The key activities of the PDG during the period October 2014 to July 2015 were summarised and included the Council's adoption of a new Carbon Management Plan 2015-2020, tendering for Heat Network Funding and consideration about how the PDG could work more closely with local businesses to reduce CO2 emissions. The PDG was in the process of producing a new Climate Change Strategy. Progress made on carbon management and climate change contracts was detailed in Appendix A to the report, which was noted by the Board.

Members discussed a range of issues including the success of the Council's electric vehicle pilot, the work being done with First buses to introduce electric buses, electric taxis and the cycle hire scheme. Emissions from transport were also being tackled through key schemes such as the Slough Mass Rapid Transit bus system and investment in east-west cycle routes. Carbon emissions had reduced significantly over the period of the previous plan and the new plan was targeting a further 20% reduction. The Council had sought to reduce its emissions in a number of ways which included reducing the size and energy efficiency of its buildings, reducing waste and investing in new technology such as LED street lights. The PDG had an active membership and set of projects and any further ideas from the Wellbeing Board were invited.

The Board gave particular consideration to the further measures that could be taken to reduce the number of car journeys for school travel. In addition to the local transport problems caused by growing car use, the Board were concerned about the health impacts on children and parents arising from such inactivity. The Chair of Panel explained that actions undertaken included the use of mobile camera enforcement vehicles near to schools and support for travel planning but that there was significant resistance from parents to change behaviour. It was recognised that the 'school run' was a complex problem to solve, particularly given the fragmentation of school governance and pressures on school places, however partners were encouraged to give

consideration to the additional actions that could be taken. Suggestions included redoubling efforts with schools to spread good practice on school travel planning and working with the voluntary and community sector, through the current recommissioning process, and businesses to play a bigger role in providing new and innovative school transport schemes.

At the conclusion of the discussion, the Board noted the report and thanked the Chair of the PDG for the update. Members were invited to provide any further thoughts and ideas to the PDG. It was also requested that further information be circulated on progress towards the headline targets for carbon management and climate change.

Resolved –

- (a) That the report be noted.
- (b) That further action be considered in relation to school travel plans to minimise the number of journeys taken by car to reduce emissions and improve health and wellbeing.
- (c) That further information be circulated on the progress being made on the overarching strategic targets and outcomes in relation to climate change and carbon management.
- (d) That Board members provide any further ideas on potential projects to the Chair of the PDG.

31. 'Mental Health 4 Life: Building Resilient Communities' - Slough CAMHS Strategy (2015-19)

An information report was considered that updated Members on the Slough Child and Adolescent Mental Health Services (CAMHS) Strategy 2015-19: 'Mental Health 4 Life: Building Resilient Communities'. A draft of the strategy had been produced following consultation with key partners and service areas and further consultation was underway with a view to seeking the endorsement of the Children & Young People's Partnership Board and the Slough Wellbeing Board in January 2016.

Resolved – That the report be noted.

32. Care Act 2014 Progress Update

The Board considered a report that provided a progress update on the implementation of the Care Act 2014 and the Council's development plans in the social care reform programme.

The Act and subsequent reform programme would bring about a fundamental change in the way the Council delivered adult social care. The reform programme included a portfolio of projects such as the department's transformation, financial savings plans and embedding the new

responsibilities under the Act. There would be a shift from traditional care often delivered at a point of crisis to one where people were managing their own care and supported at an earlier stage. Significant progress had been made since the first phase of the Act came into force in April 2015 and it was noted that whilst demand for services was 'as expected' it was too early to fully understand the demand patterns and emerging trends.

The Board recognised the challenges and risks in undertaking the reform programme given the high demand and financial pressures across the country. Members asked what was being done to learn from other authorities about how they were remodelling services and it was noted that there were case studies and good practice sharing, and the emerging health and adult social care devolution deals starting the Manchester would be closely monitored. Members discussed the change of approach and the 'different conversation' with people to understand and provide the support people needed.

A range of other issues were discussed including the role of the VCS recommissioning, support for carers and the provision of information and advice. After discussion, the Board agreed to note the report.

Resolved – That the report be noted.

33. Action Progress Report and Future Work Programme

The Board noted the Action Progress Report and requested that the Work Programme for forthcoming meetings to be updated and circulated to the Board.

Resolved – That the Report and Future Work Programme be noted.

34. Date of Next Meeting

Resolved – That the next meeting be confirmed as 11th November 2015.

Chair

(Note: The Meeting opened at 5.08 pm and closed at 7.15 pm)

Heatherwood and Wexham Park Operational Resilience and Capacity Planning for Winter 2015/16.

System Resilience Groups (SRGs)

System Resilience Groups (SRGs) have now been established for just over a year and they are responsible for ensuring the effective delivery of elective as well as urgent care in their area for both physical and mental health. They have recently had their remit expanded to include the oversight of cancer target delivery. The Wexham SRG meetings are held on a monthly basis and provide a forum where all the partners across the health and social care system come together to undertake the regular planning of service delivery; they are chaired by the CCG's AO. This group has an operational delivery group reporting to it which meets twice a month to carry out pieces of work agreed by the SRG; this includes a number of key projects and the evaluation of schemes to support winter pressures. There is also a Frimley Park SRG which Bracknell & Ascot CCG are part of and includes CCGs from North East Hampshire and Surrey Heath. Other bordering SRGs such as West Berkshire and Aylesbury Vale/Chiltern within the Thames Valley area, these are now part of the Thames Valley Urgent and Emergency Care Network which has recently been established.

SRG Assurance Process

All SRGs have recently taken part in an assurance process with NHS England where they were required to review themselves against a number of standards. Annex A sets out the standards that were reviewed and the level of assurance. This return was extensively reviewed and signed off by SRG on 10 September and now is with NHS England for final confirmation of our position.

There were two areas rated as partially assured:-

- 1) *Winter readiness- Section 1.2 Can the SRG confirm that the funding for the schemes has been identified and fully allocated from the baseline funding for 2015/16?* This was because at the date of the assurance review now all funding had been allocated but it was confirmed that this was being actioned during September.
- 2) *Capacity & Demand Analysis – Section 3.1 Has expected service capacity and demand been reviewed and profiled using predictive tools and systems in line with expected A&E peaks? Is intelligent conveyancing techniques used across ambulance services? We confirmed that SCAS uses predictive tools to forecast expected demand and has the ability to notify Trusts on the number of patients they are likely to receive and when. Work is being progressed but not yet complete on whole systems demand and capacity.*

Where the Wexham SRG felt there was the greatest risk was in respect of capacity which was defined as improvements required to increase the flow of patients through the service in order to avoid patients spending inappropriate time in hospital beds than their condition requires. It was agreed that the proposals for winter pressures funding should be scored against their ability to improve flow across the system.

With regards to mental health services all the areas were assured with the exception of 24/7 MH liaison where the triage and intervention elements were not at the appropriate level and were therefore scored as partially assured. A bid for additional resources for these services has been made to NHS England and we are currently awaiting the result of this.

Winter Planning & Winter Pressures Funding

Because of the national high demand experience last winter and the outcomes from the urgent and emergency care review NHS England has required SRGs to confirm plans to improve patient flow, capacity and readiness by 5th October 2015. Funding for Winter Pressures (ORCP funding as it is now badged) amounted to a total of £2.3m across the 3 EB CCGs which is considerably less than the total resources received in 2014/15. The financial schedule is included at Annex B, these schemes were reviewed by the SRG Operational group which contained expertise from acute, community, social and primary care and each scheme was scored out of a total of 100. This schedule was then reviewed by the Wexham SRG to produce recommendations for approval by the Strategy and Planning Committee's meeting in September who took the decision to support these in order for mobilisation to commence. Subsequently, all CCGs have confirmed approval of these schemes and currently working with providers to ensure that are mobilised.

Last year a comprehensive review of the winter pressures schemes took place that resulted in a two of these being continued throughout the year; the first scheme was the introduction of a GP into the Wexham Park to support complex discharges and to act as a liaison point between primary, community and acute care. The second was the continuation of GP out of hours support to nursing homes which is now funding through the Prime Ministers Challenge funds. The review also highlighted the need to improve the 'real time' management of information across the system to support the flow of patients and our surge system wide response. Therefore the Alamac system commenced implementation in May and has now been fully implemented. It supports the daily review of capacity and demand to help maintain flow throughout the health and social care system and also helps us anticipate future peaks in requirements.

Bids for winter pressures schemes were encouraged from all providers. Frimley Health has not bid for any additional resources this year. Following the acquisition of the Trust there have been significant changes to the staffing structure within the A&E department and the implementation of various clinical streaming models. This is demonstrated by the Trusts continuous achievement of the 4 hour target each month from April 2015. It believes that the improvements in system flow required need to be with community and social care schemes rather than increasing hospital bed capacity.

The schemes that are being put in place for the winter include the following:-

Royal Borough Windsor & Maidenhead - There are a number of schemes being put in place to support people to leave hospital which include support for self-funders to find appropriate care and also community schemes to increase capacity. There are a number of schemes previously piloted during the winter period that will be established under the redesign of the STS&R development.

Slough Borough Council- To support additional social worker cover and increase enablement capacity for increased requirements during the winter period.

Berkshire Healthcare FT - There are number of schemes to increase capacity in community services these include

- Community Matron;- To fund 1x Band 5 Community Staff Nurse, 5 days a week to support Community Matrons in the management of patients with Long Term Conditions in Slough. The patients would continue to be "overseen" by the Community Matron but a community staff nurse could provide the more supportive and routine interventions needed, thus releasing capacity for the Community Matrons to develop, implement and monitor the escalation plans of the more complex

patients. In addition this role would release capacity for Community Matrons to case manage more patients in a responsive manner.

- Additional nursing capacity in WAM to ensure continuity of service in an area with increasing demand through the employment of three registered nurses who are coming to the end of fixed term contracts, covering substantive local staff secondments. This is a stretched service because of local demography and this recruitment will help secure service levels for next six months, during the winter period, when demand is anticipated to increase further, thus securing capacity to support prevention of avoidable hospital admissions and delays to discharge.
- To increase the opening hours of the community RACC service to include a Saturday service and to increase the capacity within the team to see more patients in order to avoid hospital admission.

Thames Valley Hospice –

- There are often delays in TV Hospice and Wexham Park Hospital's ability to discharge people home, due to, lack of care availability. Currently, care is commissioned from local authorities for people with a prognosis of less than 6 weeks who should be prioritised in order to facilitate discharge. Unfortunately all too often this is not the case. The impact of this is not only an inability to discharge people and therefore utilise much needed capacity for other people who need admission into the Hospice or Hospital, but most importantly an inability to meet people's wishes to die at home. This scheme will provide an additional 136 hours per week of End of Life Care. This will enable the Hospice at Home team to provide comprehensive end of life care at home for an average of 3 people per week. These people may be at home or in a hospital/Hospice bed.
- To increase the number of palliative care outreach nurses who will work alongside the palliative care team in Wexham Park Hospital, supporting them in the utilisation of Thames Hospice and the Community Palliative Care Team referral criteria.

Frimley Health/Berkshire Healthcare FT Combined

- To employ an additional Band 6 Nurse to work as part of the COPD admission avoidance team, increasing their capacity to be able to deliver the admission avoidance service over the winter period when demand is generally higher. This will be carried out as one of the first stages of mobilisation of the adult respiratory project.
- Work is also being progressed with both Trusts regarding rapid assessment models and community ambulatory care.

111/OOH Services: - A review and audit of the Directory of Services commencing in October that supports the 111 service to ensure that this is fully up to date and that we confident that NHS 111 is able to appropriately direct patients to the right service.

Communications: - Work is currently being progressed with NHS England and locally for a targeted communication plan for patients throughout the winter period. This will also include a flu campaign. Additional funding has also been provided to Slough CCG from NHS England to support a localised flu campaign.

Testing & Monitoring System Resilience

The capacity of the system to respond to increased demand is monitored daily throughout the year and each organisation has their own escalation plans in place The CCGs are currently in the process of planning a table top exercise to test surge demand requirements which will be carried out in November with all stakeholders. The learning from this exercise will help inform gaps in the services so that these can be supported during the winter period.

All winter pressures schemes will be monitored during their mobilisation period and monthly during the winter period to understand how the scheme is meeting system requirements. A small amount of funding is being held in reserve to support some schemes that are still being developed and any gaps identified that are exposed during the resilience exercise. It is anticipated that this will be complete by early December. We are still awaiting details of schemes that will be supported by the ambulance service and whether we will receive any additional resources to increase support for mental health 24/7 liaison services.

The Daily monitoring of the system by NHS England normally commences in November and in the light of the pressures experience last year it is anticipated to require more detailed than in previous years.

Rachel Wakefield
Associate Director 26/10/15
Bracknell & Ascot, Slough and Windsor, Ascot & Maidenhead CCGs



**System Resilience Group
Assurance Check**

| | |
|------------|-----------------|
| Wexham SRG | Assurance level |
|------------|-----------------|

| | | | |
|----------------------------|------------|--|-------------------|
| 1. Winter Readiness | 1.1 | Has the SRG reviewed last winter? Is there a shared diagnosis as to what went well, what didn't and what can be done to improve their 2015/16 winter plan? Has any support from the Intensive Support Team been sought? | Assured |
| | 1.2 | Can the SRG confirm that the funding for the schemes has been identified and fully allocated from the baseline funding for 2015/16? | Partially Assured |
| | 1.3 | If there are individual organisational escalation plans, are they aligned to the whole system plan, for example do all escalation plans have the same triggers and levels of escalation? | Assured |
| | 1.4 | Are SRGs assured that robust arrangements are in place to effectively manage surges in activity at both the start and the end of the patients time in care e.g. extended primary care and pharmacy opening hours, increased use of diagnostics, weekend discharges etc? Have policies and procedures been updated? | Assured |
| | 1.5 | Is the SRG confident that all their component organisations (including Public Health England) have a coordinated process for identifying vaccinating patients and staff of all ages for flu? | Assured |

2. Governance and Leadership

| | | |
|--|--|---------|
| 1.6 | Are there internal and external communication plans to ensure staff and the public are fully informed on the preparations for winter and of the services available to them? For example additional opening in primary care | Assured |
| 1.7 | Does the SRG receive routine reports showing key quality and performance indicators reflecting all critical parts of the system i.e. Delayed Transfers of Care; 12 hour breaches; cancelled urgent operations? Are delayed transfers of care numbers monitored? | Assured |
| 1.8 | Are SRGs assured that its component organisations have an infection control plan that would enable it to have mitigating actions should they experience an outbreak of infection such as norovirus? Has the SRGs flu plan been refreshed? | Assured |
| Overall Assurance Assessment: Winter Readiness | | Assured |
| 2.1 | Does the SRG membership include all stakeholders, including representation of key groups such as mental health, children and young people, local authority (adult social services) and voluntary sector partners, and is each stakeholder's role clear and does everyone attend regularly or send a deputy if the named attendee is unavailable? | Assured |
| 2.2 | Are there plans in place to review the SRG Terms of Reference regularly in order to reflect the requirements of the Urgent and Elective Care Review? | Assured |

| | | | |
|--|---|---|---------|
| | 2.3 | Is there an up-to-date local health economy urgent and emergency care strategy and does it fit with the requirements of the Urgent and Emergency Care Review? | Assured |
| | 2.4 | Does the SRG have a Risk Register and can it be shared with NHS England? Is it reviewed and updated regularly? | Assured |
| | Overall Assurance Assessment: Governance & Leadership | | Assured |

| | | |
|--|-----|---|
| 3. Capacity, Demand & Data Analysis | 3.1 | Has expected service capacity and demand been reviewed and profiled using predictive tools and systems in line with expected A&E peaks? Is intelligent conveyancing techniques used across ambulance services? |
| | 3.2 | Are you able to identify all beds that are available throughout your health economy including community beds (NHS and Local Authority), acute mental health beds and CAMHS Tier 4 beds? |
| | 3.3 | Is there an operational dashboard (using real-time information) that provides a recognised report showing performance and outcome metrics across the SRG health economy which is available to all stakeholders? |

Partially Assured

Assured

Assured

| | | | |
|--|---|--|-------------------|
| | 3.4 | Have you got an information sharing agreement that enables relevant patient information to be accessed across the system? Is the Summary Care Record and/or local shared care records available across the system, i.e. NHS 111, Ambulance, Acute Trust/s, Urgent Care Centre/Walk in Centre/MIU providers and crisis services. Has an SCR 'interoperability road map' been developed? | Assured |
| | Overall Assurance Assessment: Capacity, Demand & Analysis | | Partially Assured |

| | | | |
|----------------------------|--|--|---------|
| 4. Non Acute Demand | 4.1 | Is effective multidisciplinary support and individual resident care plans in place to ensure effective liaison with and support for Care Homes to avoid hospital admissions and provide treatment outside of hospital where appropriate (e.g. respiratory patients)? | Assured |
| | 4.2 | Has adequate training and support been provided to Care Home staff around both preventing and looking after patients with flu, and infectious diseases (e.g. norovirus)? | Assured |
| | 4.3 | What specific additional support is being made available to people of all ages with a learning disability who are admitted to hospital and may require additional support from health services? | Assured |
| | Overall Assurance Assessment: Non Acute Demand | | Assured |

ANNEX B

| ORCP 2015/16 | | | |
|--|--------------------|------------------|--------------------|
| | | | |
| | Frimley North | Frimley South | Total |
| | £ | £ | £ |
| FUNDING ALLOCATION | | | |
| Bracknell & Ascot | 224,000 | 507,000 | 731,000 |
| Slough | 824,000 | 2,000 | 826,000 |
| Windsor, Ascot and Maidenhead | 766,000 | 25,000 | 791,000 |
| TOTAL | 1,814,000 | 534,000 | 2,348,000 |
| EXPENDITURE | | | |
| | Frimley North | Frimley South | Total |
| | £ | £ | £ |
| Frimley Health NHSFT - 2nd Tranche (April 2015) | | | |
| <i>B&A</i> | (27,851) | (33,660) | (61,511) |
| <i>Slough</i> | (34,617) | | (34,617) |
| <i>WAM</i> | (34,617) | | (34,617) |
| Committed | | | |
| <i>Alamac</i> | (120,000) | | (120,000) |
| <i>GP Discharge Liaison at WPH</i> | (142,820) | | (142,820) |
| <i>Less: Chiltern contribution</i> | 36,000 | | 36,000 |
| Schemes Recommended for Approval (Appendix 1) | (997,530) | | (997,530) |
| Schemes Recommended for Approval (Appendix 2) | | (508,000) | (508,000) |
| TOTAL EXPENDITURE | (1,321,435) | (541,660) | (1,863,095) |
| BALANCE REMAINING | 492,565 | -7,660 | 484,905 |

Wexham SRG 2015/16 ORCP schemes

| No | Organisation | Scheme | Details | SRG Decision | Funding Request £ | Score total score |
|--|-----------------------|--|---|---|----------------------|----------------------|
| BIDS RECOMMENDED FOR APPROVAL | | | | | | 100 |
| 17 | CCGs | 111 review and update | This scheme intends to audit and test the process of transforming key elements of the DuS ahead of the winter period to ensure that we confident that NHS 111 is able to appropriately direct patients through the winter period. Chiltern contribution expected to be £2,500 | Funding Recommended by SRG This scheme will enhance flow through the hospital | 20,000 | 80 |
| 18 | RBWM | STS&R Development. | This funding would support redesign of STS&R enhancing and targeting services that will incorporate a number of the positive benefits previously piloted during periods of short term winter pressures funding, enabling greater service resilience and capacity to withstand the anticipated additional demand due to seasonal pressures. The service will play a key role in supporting the agenda for change set out the Collaborative Care for Older Citizens (COC) and work with the enhanced 7 day service delivery model set out in the Prime Ministers Challenge Fund which will be available to RBWM | Funding Recommended by SRG. This scheme will enhance flow through the hospital | 110,000 | 79 |
| 5 | BHFT | Community Matron | The proposal is to fund 1x Band 5 Community Staff Nurse, 5 days a week to support Community Matrons in the management of patients with Long Term Conditions. The patients would continue to be "overseen" by the Community Matron but a community staff nurse could provide the more supportive and routine interventions needed, thus releasing capacity for the Community Matrons to develop, implement and monitor the escalation plans of the more complex patients. In addition this role would release capacity for Community | Funding Recommended by SRG. | 21,079 | 75 |
| 9 | RBWM | total | All schemes as highlighted detailed table include support for discharge and community schemes to avoid admission | Funding Recommended by SRG This scheme will enhance flow through the hospital | 151,000 | 72 |
| 14 | SBC | social worker cover and additional reablement capacity | Additional social work cover for the continuity of hospital discharges and throughput out of the RRR service. Additional reablement assistants and additional external domiciliary care capacity to carry out additional reablement activity and domiciliary care placements (admission prevention and discharge facilitation) | Funding Recommended by SRG This scheme will enhance flow through the hospital | 150,000 | 72 |
| 2 | Thames Valley Hospice | Carer Capacity | There are often delays in ours and Wexham Park Hospitals ability to discharge people home, due to, lack of care availability. Currently, care is commissioned from local authorities for people with a prognosis of less than 6 weeks who should be prioritised in order to facilitate discharge. Unfortunately all too often this is not the case. The impact of this is not only an inability to discharge people and therefore utilise much needed capacity for other people who need admission into the Hospice or Hospital, but most importantly an inability to meet people's wishes to die at home. This scheme will provide an additional 136 hours per week of End of Life Care in patients own homes to facilitate discharge from Thames Hospice/Wexham Park Hospital and improve patient and family experience. This will enable the Hospice at Home team to provide comprehensive end of life care at home for an average of 3 people per week. These people may be | Funding Recommended by SRG This scheme will enhance flow through the hospital | 40,000 | 63 |
| 1 | Thames Valley Hospice | Outreach Nurse | To increase the number of palliative care outreach nurses who will work alongside the palliative care team in Wexham Park Hospital, supporting them in the utilisation of Thames Hospice and the Community Palliative Care Team referral criteria | Funding Recommended by SRG This scheme will enhance flow through the hospital | 45,000 | 58 |
| 7 | FHFT/BHFT | Respiratory project | An additional Band 6 Nurse to work as part of the COPD admission avoidance team, increasing their capacity to be able to deliver the admission avoidance service over the winter period when demand is generally higher. Band 6 Physiotherapist would work as part of the specialist respiratory physiotherapy service providing: • A prompt service to patients who require sputum clearance especially those exacerbating but also a wide range of patients who require specialist respiratory input for sputum clearance e.g. Motor neuromuscular conditions. • Help to patients who need assistance with breathing control expanding to provide some anxiety management with breathing techniques. • Home exercise programmes to those who are unable to attend pulmonary rehabilitation to introduce them to the importance of exercise. | Funding Recommended by SRG, with the following requirements:- This bid is agreed for funding with the following caveats: The scheme must work across all CCGs including Bracknell & Ascot, Slough & WAM. The bid must be signed off by the integrated adult respiratory services project group, acts as the first phase of recruitment and is seen to be a FHFT/BHFT integrated scheme. | 52,214 | 81 |
| 6 | BHFT | Registered Nursing Capacity uplift | To ensure continuity of service in an area with increasing demand through the employment of three registered nurses who are coming to the end of fixed term contracts, covering substantive local staff secondments. This is a stretched service because of local demography and this recruitment will help secure service levels for next six months, during the winter period, when demand is anticipated to increase further, thus securing capacity to support prevention of avoidable hospital admissions and delays to discharge. | Funding Recommended by SROG following further discussions on 22/9/15 | 63,237 | 63 |
| 4 | BHFT | Enhanced RACC | A Saturday Advanced Nurse Practitioner (ANP) Clinic 10:00 – 16:00 with GP cover. Increase in Monday-Friday Advanced Nurse Practitioner Clinics and domiciliary visits | Funding Recommended by SROG following further discussions on 22/9/15 and no developments presented at meeting in respect of MUDAS model. Also further information have been provided that indicates that if this additional funding is not agreed it would jeopardise the B&A RACC scheme. Both B&A and WAM Urgent Care leads support this additional funding. Further work required by Care of Elderly workstream regarding future RACC model, also further discussions required with Slough regarding their requirements and linkage with any model proposed by acute Trust | 245,000 | 77 |
| 15 | Slough/Frimley Health | GP in EDDU/Now MUDAS Model | The scheme builds on Slough Prime Ministers Challenge Fund initiative last winter which piloted the inclusion of experienced GP support at the front end of the Emergency Department, to support senior decision making and review. The pilot suggests that admission avoidance, earlier discharge and supported alignment of some pathways can be achieved with support from experienced GPs. Chiltern contribution expected to be £25,000. Following discussions at SRG Frimley Health reported that this model would not achieve the same benefits as previous years due to the staffing changes now made in A&E, agreement to look at alternative model of care. | Frimley health currently looking at model and not available for consideration at SROG. Agreed to hold £100k for possible scheme development with Slough CCG | 100,000 | 76 |
| Total Bids Recommended for deployment | | | | | 997,530 | |

| Frimley South SRG | | |
|--------------------------|---|--|
| Lead Provider | Scheme | Planned B&A spend for 2015/16 |
| | | £ |
| B&A CCG | Communications mailshot and GP as Providers | 30,000 |
| B&A CCG | Medicines | 0 |
| B&A CCG | Processes to minimise delayed discharge and good practice on discharge - voluntary sector | 36,000 |
| BFC | Reach further to prevent flu and pneumonia in the population with particular attention to residential homes and carers | 20,000 |
| Berkshire Healthcare FT | Seven day working arrangements- BACCG | 36,000 |
| Bracknell Forest Council | Improve services to provide more responsive and patient-centred delivery seven days a week | 70,000 |
| Bracknell Forest Council | Seven day working arrangements | 150,000 |
| Bracknell Forest Council | Social isolation is a major problem for older people and can adversely affect their health and well being | 10,000 |
| Bracknell Forest Council | To reduce the need for urgent hospital admissions for people with dementia who have an infection/short term physical health problem | 50,000 |
| SCAS | Ambulance contribution | 21,000 |
| Southern health | Psych liaison | 40,000 |
| TBC | Top slice for SRG management | 45,000 |
| | | 508,000 |

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 11 November 2015

CONTACT OFFICER: Nicola Strudley, Healthwatch Manager
(For all Enquiries) (01753) 325 333

WARD(S): All

PART I
FOR CONSIDERATION

HEALTHWATCH SLOUGH'S RESEARCH ON ACCESS TO EXTENDED HOURS PRIMARY CARE APPOINTMENTS

1. **Purpose of Report**

- To inform the Wellbeing Board of Healthwatch Slough's investigations into the impact that Prime Minister's Challenge Funding (PMCF) has had on residents being able to access to extended hours primary care appointments.
- Slough's Clinical Commissioning Groups (CCG received) £2.95m last year. Healthwatch looked specifically at access to GP appointments due to concern that Walk in Centre attendance figures were not dropping.
- Healthwatch are aware that the CCG recently submitted a report about the PMCF to the Board – this report is intended to complement the information previously presented but from a residents perspective.

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

The Committee is requested to note Healthwatch's main findings from their research summarised in section 6 of this report.

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

3a. **Slough Joint Wellbeing Strategy Priorities –**

This research supports specific delivery against each of the following Joint Wellbeing Strategy priorities:

Health - Reducing inequalities and improving the health and wellbeing of our residents will help them live more positive, active and resilient lives.

3b. **Five Year Plan Outcomes**

This research supports specific delivery against each of the following Five Year Plan outcomes:

- 6 - More people take responsibility and manage their own health care and support needs.

4. **Other Implications**

- (a) **Financial** There are no financial implications directly resulting from the recommendation of this report.
- (b) **Risk Management** -There are no risk management implications associated with this report.
- (c) **Human Rights Act and Other Legal Implications** - There are no Human Rights Act implications associated with the proposed action.
- (d) **Equalities Impact Assessment** - Not applicable.

5. **Supporting information**

5.1 ***Background***

Healthwatch Slough received a number of comments about people finding it difficult to access GP appointments. In addition, Healthwatch Slough received a greater number of comments about people presenting at Slough Walk-in Centre at Upton Hospital.

These observations prompted us to look in more details at what the 16 Slough GP surgeries that received some of the £2.95 million from the Prime Minister's Challenge Fund (PMCF) had done to improve access to GP services for patients.

Whilst the recent GP Survey¹ shows that 76% of Slough patients surveyed were able to get an appointment to see or speak to someone – an improvement of 3% on the previous year. Of those successful in getting an appointment 55% described their experience of making an appointment as good. 21 % stated their experience as neither good nor poor. This leaves a number of patients (25%) who are having a poor experience of making an appointment.

The plan was that the Slough Clinical Commissioning Group (CCG) would:

- Increase access to GP services by extending weekday and weekend opening times
- Deliver access to extended hours appointments via four hubs.
- Introduce a range of innovative new projects: This includes introducing a free opt-in text service to promote patient wellbeing and provide reminders about routine health checks to online web appointments.

£1.8m of the £2.95 million potentially equates to 922 additional appointments offered each week (341 on weekdays, 581 during weekends). Over a 12 month period this would total 48,000 additional GP appointments. This funding might also be used to offer longer appointments for patients with complex conditions.

5.2 ***What we did:***

Extended hours GP appointments (evenings and weekends) were made available in all 16 surgeries in Slough in 2014/15 as part of a successful bid for £2.95 million

¹ (Ipsos MORI, July 2015, <https://gp-patient.co.uk/slidepacks/July%202015#S>)

from the Prime Minister's Challenge Fund (PMCF) set up to improve access and innovation in the delivery of GP services.

Due to the number of comments that Healthwatch Slough received about patients finding it difficult to access GP appointments, we decided to investigate how well publicised extended hours appointments were and if patients were able to access these additional appointments.

Healthwatch Slough has carried out a four-pronged review:

1. We reviewed every practice website to see how well the scheme was promoted
2. We phoned every surgery after 6.30pm
3. We visited 11 surgeries to look at how the scheme was advertised
4. We spoke to 65 patients to find out about their knowledge of extended hours.

5.3 What we found:

We found good practice in some surgeries and have awarded them a “star rating”.

Areas that need attention:

One of the core principles that lie at the heart of Healthwatch’s work is that every single person matters and every single person is entitled to the highest quality of care. So, whilst it is good to be able to report good practice, at the same time there is still work to be done to ensure that all patients trying to get a GP appointment have a good experience. Some of the areas that we think need attention are:

1. Information available on **websites** varied greatly between surgeries. In particular it appeared that individual practices had not come together to deliver constant and clear information relating to access to extended hours appointments and planned improvements.
2. It would be good to see all Slough GPs to agree a **standard for telephone messages** for the Slough patients, that includes information on the 5 key areas we have identified (see below).
3. **Appointment-booking facilities and flexibility** vary depending on surgery. Patients at some surgeries (e.g. 242 Wexham Road) can have contact with a GP in the same day (in person or by telephone), and there is no limit on how far ahead they can book appointments. Patients at other surgeries have a longer wait for appointments and/or must comply with specific time limits (e.g. Crosby House - 1 week window). Some surgeries offer their patients the facility to book appointments online but others do not. We encourage all GP practices in Slough to work together to develop a consistent approach to appointment booking and online facilities.

Other recommendations include:

Surgery websites - we believe that an excellent GP surgery should include all of the following:-

1. General information about the surgery
2. Extended hours appointments
3. Innovative projects through the extended appointments
4. Emergency/A&E or 999

5. NHS 111
6. Patient Access/Patient online
7. Booking appointments online service
8. Cancelling appointments online service
9. Inviting feedback/comments
10. Complaints process information
11. Healthwatch Slough details

Surgery answer machine messages - We recommend that an information answer machine should provide:

- 1 – Surgery opening times
- 2 – Information on contacting the 111 Service
- 3 – Information on contacting the 999 service in life threatening emergencies
- 4 – GP extended hours information
- 5 - Ways to book and access extended hours appointments

Patient Information and feedback - We would like to see:

- More information screens being available with updated information (as observed in The Avenue & Langley Health Centre surgeries).
- Information available on Choose well, Health, Social Care & Community activities and resources.
- All surgeries to actively promote patient feed-back channels, displaying what patients have fed back and what they have done in response.

Extended hours appointments - We recommend that:

- All Slough surgeries provide their patients with clear information on how you book evening and week-end appointments.
- Details of extended hours to be displayed prominently in all Slough surgeries
- The details of surgery Hubs be shared in all surgeries including photos and local maps, showing how to get to there.
- All surgeries to consider providing patients with extended hours details (e.g. Phone number, locations etc.) in a business card format for convenient reference.

Booking appointments - We recommend:

- Surgery Specific information about Patient Access to support booking and cancelling appointments online.
- Surgeries across Slough review their advance booking arrangements to ensure they meet the patients' needs and are comparable with other surgeries; with a view to providing a more consistent standard of service across Slough.

Environment and display - We recommend that

- Surgeries have sound available to create background noise. This can be achieved via monitor screens and/or music in waiting or booking areas.
- We also recommend that practice staff look at other surgeries information displays (e.g. by visiting other surgeries) and implement the ideas in their own surgery environment.

6. Comments of Other Committees

Our report will be shared with council's Health Overview and Scrutiny Committee in January 2016.

7. **Conclusion**

- We found that the 16 surgeries in Slough operate as individual businesses and have differing processes. This lack of consistency is confusing for patients and means that patients have differing experiences accessing appointments.
- We have made a number of recommendations to all 16 surgeries. We have handed this work over to Patient Participation Groups (PPGs) and would encourage them to take the work forward in their own surgeries.
- We are attending the next Practice Managers Meeting and have put together a business case about how we could support the PPGs that need to develop further.
- We hope that the surgery PPGs will reflect on our findings and take some of our recommendations forward.
- We are also working in partnership with the CCG, Co Commissioning Board, Frimley Trust and BFHT about the use of Upton Walk in Centre and plans to develop Wexham site and the impact this will have on access to primary care.

8. **Appendices**

None

9. **Background Papers**

Briefing 4 - assessing knowledge of access to extended hours appointments

Briefing 3 - looking at the walk-in experience of GP surgeries

Briefing 2 - looking at GP telephone answering

Briefing 1 - looking at GP websites re access to appointments

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 11 November 2015

CONTACT OFFICER: Phil Picton, Independent Chair,
Slough Local Safeguarding Children's Board (SLSCB)
Jayne James, SLSCB Business Manager

For all enquiries: (01753 690924)

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

SLOUGH LOCAL SAFEGUARDING CHILDREN'S BOARD (SLSCB)
DRAFT ANNUAL REPORT 2014-2015

1. Purpose of Report

To update Slough Wellbeing Board (SWB) on the progress being made by and through the Slough Local Safeguarding Children Board (SLSCB) to ensure that partners improve safeguarding children practice in Slough.

2. Recommendation(s)/Proposed Action

To note and comment on the content of the Draft LSCB's Annual Report 2014/15.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

3a. Slough Joint Wellbeing Strategy (JSWS) Priorities

- The current 2015/16 SLSCB Plan focuses on four themes:
 1. **Theme 1: Evaluating the Impact of Early Help particularly for children:**
 - Involved in substance abuse or with mental health issues,
 - in families who have recently moved to Slough or
 - living in families where domestic abuse is a factor
 2. **Theme 2: Issues of Particular Public Concern – Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM)**
 3. **Theme 3: Developing the Capacity of Partners and the Board**, particularly regarding auditing of services and performance management, identifying risks, sharing information and hearing the voice of the child and professionals
 4. **Theme 4: Learning and Improvement from case reviews.**

Whilst these priorities indirectly impact across several priorities of the SJWS, they particularly challenge and contribute to the 'Health' and 'Safer Communities' priorities.

3b. Five Year Plan Outcomes

The SLSCB's work contributes to the delivery of the following Five Year Plan outcomes:

- Slough will be one of the safest places in the Thames Valley
- Children and young people in Slough will be healthy, resilient and have positive life chances

4. Other Implications

(a) Financial

Whilst there are no financial implications for the Wellbeing Board as a whole, the activities of the Safeguarding Board need increasing financial and resource commitment from individual partners.

(b) Risk Management

The annual report attached at Appendix A sets out the objectives of the SLSCB which are set in order to meet specific threats/risks that have been identified, and the actions being taken to address these.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications associated with the proposed action although the work of the Board contributes to a number of Human Rights, including the right to family life.

(d) Equalities Impact Assessment (EIA)

There is no requirement for an EIA attached to the proposed action.

5. Supporting Information

5.1 Slough's Local Safeguarding Children Board (SLSCB) is a statutory body established under the Children Act 2004. It is independently chaired (as required by statutory guidelines) and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people in the Borough.

5.2 Its statutory objectives are to:

- Co-ordinate local work to safeguard and promote the welfare of children; and
- to ensure the effectiveness of that work

5.3 Safeguarding is defined as any activity which prevents a child's health, welfare or development being impaired, and includes activity to protect them from abuse, (although that is only part of the SLSCB's responsibilities).

- 5.4 The Government's "Working Together to Safeguard Children" guidance (published in 2015) requires Local Safeguarding Children's Boards to publish an annual report evaluating the effectiveness of safeguarding arrangements for children and young people in their local area. This cover report therefore introduces the attached draft SLSCB Annual Report for 2014/15. The report is due to be formally agreed by partners at the LSCB's Executive meeting on 12th November. It will then be published.
- 5.5 The final report will (as required) be presented to the Council's Chief Executive, the Leader of the Council, the Police & Crime Commissioner, the Children and Young People's Partnership Board (CYPPB) and the SWB's Chair. It will also be published on the LSCB's website.
- 5.6 The attached draft report evaluates the effectiveness of safeguarding arrangements for children and young people in Slough during 2014/15, sets out the priorities that were agreed for delivery in 2105/16 and explains how the Board's work was further developed and expanded throughout 2015/16 to meet new and emerging challenges. It is drawn from a wide range of sources from across the children's partnership and reflects the continuation of an 'improvement journey' that has involved a high degree of multi-agency cooperation and collaboration.
- 5.7 The attached draft report also includes a comprehensive review of the SLSCB's performance, quality assurance and audit findings which clearly outlines the breadth and depth of work being undertaken to safeguard and promote the wellbeing of children and young people in Slough. The draft report illustrates the positive nature of the SLSCB improvement journey, for example it highlights the commitment and progress partners have made in joint working on child sexual exploitation (CSE).
- 5.8 The introduction to the report particularly highlights key issues which the Board agrees need to be addressed by partners if the Board and Children's Services are to reach sustained reliable performance and be able to guarantee effective safeguarding of all children:
- Partners need a much stronger commitment to quality assurance and show a greater willingness to resource the processes within their agencies which make performance management and auditing a benefit for everyone.
 - Overall, the Board is not sufficiently resourced bearing in mind the improvement journey which is needed to convince the public and stakeholders that children are well protected in Slough. Partners need to address this issue and agencies, such as the police need to give a stronger undertaking to resource both the Board and the staffing needs of functions, such as multi-agency auditing in the long term.
 - The new Children's Trust should give an impetus to improvement across Slough but it could also lead to confusion for partners about roles and responsibilities, duplication of effort and increased bureaucracy. The approach to this new commissioner-provider approach therefore needs determination to ensure that it does not make safeguarding more complex in a way which distracts professionals from their key role.

- The culture of agencies working within the Board needs to be one of ‘can-do’ and a willingness to challenge and be challenged at all times. Making commitments in meetings and then failing to deliver on them undermines confidence between partners and breeds a culture of failure rather than success. Accepting others failures without challenge enables poor commitment or performance to continue.

5.9 Local authorities are the lead partners on Safeguarding Children Boards. As members know, the Department for Education has intervened in Slough to remove the provision of Children’s Services from the Council, relocating it into the Slough Children’s Trust. This is a very significant transition which has slowed progress for the S LSCB partnership. However, the Board anticipates much speedier progress on the safeguarding agenda now that the Trust is in place and able to provide partners with greater clarity about future working arrangements.

5.10 The final draft of the report will be presented to the SLSCB Executive Board on 12 November 2015 for their approval/endorsement.

6. **Conclusion**

6.1 The SLSCB’s Annual Report shows that overall the Partners and the Board is becoming more effective but it also shows clearly how much more there is yet to do.

7. **Appendices Attached**

‘A’ - Slough Local Safeguarding Children’s Board (SLSCB) Annual Report 2014-15

8. **Background Papers**

None

APPENDIX A



Slough Local Safeguarding Children's Board

Annual Report 2014 - 2015

Published by:

Phil Picton – Independent Chair, Slough LSCB

October 2015



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B - Ofsted review of the effectiveness of the SLSCB – March 2014
C - Slough Local Safeguarding Children’s Board Business Plan 2015 -16

1. Foreword – Independent Chair’s Summary of Safeguarding Progress

Partnership working in Slough is a more complex business than in many other areas. A very diverse population is ‘safeguarded’ by agencies, such as the Council, which are relatively small and potentially lacking in resilience, particularly in management and support functions. Larger partners have to balance the demands of different authorities with trying to avoid the duplication created by similar meetings in different geographical areas.

Within this context, last year (2014-15) was a challenging year for the Safeguarding Children Board in Slough. In March 2014, Ofsted published the results of its 2013 inspection which judged both Children’s Services in Slough and the Board as ‘inadequate’. This was the second successive inadequate judgement for Children’s Services and not surprisingly, the Secretary of State for Education decided to take proactive action over the situation. Following further investigations, the Minister announced in Autumn 2014 that the provision of Children’s Services would be removed from the Council and placed with an independent organisation. Following this decision, extensive negotiations have taken place to establish this new organisation which will be launched in Autumn 2015 as ‘Slough Children’s Services Trust Ltd’.

During Summer 2014, the Board’s Independent Chair, Paul Burnett, its Business Manager and administrator left for a variety of reasons. An interim staff was appointed to manage the Board’s work and I was appointed in November 2014. Whilst the Board and its Executive Group continued to meet regularly through this period, the loss of the management team and Chair led to a significant loss of knowledge, understanding and continuity in its work. Normally such a hiatus in a Safeguarding Board is balanced by leadership from the most prominent and influential member of the Board – the Council’s Director of Children’s services. Unfortunately, the Director was taken ill in the Autumn and was herself replaced with an interim Director early in 2015. With such significant changes in personnel and structures, the leadership on improvement which can follow an inadequate judgement from Ofsted was disrupted.

The lack of effective quality assurance by the Board had been criticised by Ofsted. Efforts to improve the multi-agency aspects were floundering and in September 2014 the Board accepted a recommendation to dissolve the Quality Assurance sub-group, transferring its responsibilities to the Executive Group. However, this did not resolve the Board’s long-standing weakness in failing to ensure that analysed performance data is received and effective multi-agency auditing of partner casework takes place. Some progress has now been made to develop these processes and multi-agency audits recommenced in the last quarter of 2014-15.

The Board’s longer term viability was challenged by the decision of Thames Valley Police to reduce its financial contribution by 80% from 2015-16. Fortunately the local Slough police commander used his devolved budget to temporarily reinstate this funding. Surprisingly the other partners did not challenge the police decision. Without a funded, robust administrative process, the Board will be unable to ensure improvements in safeguarding. Partner contributions to the Board need resolving for the long term in the interests of all agencies.

The latter months of 2014-15 were spent reviewing plans and structures. Sub-groups on communication and participation which duplicated the responsibilities of the Slough Children and Young Persons Partnership Board were dissolved. The Board clarified its involvement with Child Sexual Exploitation (CSE), reinforcing its role as evaluating progress and coordinating strategic direction, rather than being involved in the management of operational cases. The 2014 -17 LSCB Business Plan, which was written in response to the Ofsted inspection, was very long and ambitious. With transition in Children’s Services and the disruption to the Board’s administration, many of the ambitions proved unachievable. Following review, a shorter and more focused business plan was developed for 2015-16 in anticipation that the new Children’s Trust, together

with stability in Board administration and membership would enable a clearer focus and significant progress for both Children's Services and the Board from Autumn 2015.

During the year, the Board only carried out one multi-agency audit (into 'Section 47 cases'). Although this did not highlight serious concerns about service delivery in safeguarding, there was significant learning for the Board about the development needs of effective multi-agency auditing processes. In November 2014, a team of LGA peer reviewers examined practice and processes in Children's Services. It showed significant improvement in performance, albeit on a relatively small sample of cases. The review also highlighted issues where faster progress was needed and Children's Services responded with increased focus on these issues, including establishing an embryonic Multi-Agency Safeguarding Hub (MASH) with the police and reinvigorating its recruitment campaigns for social workers. The peer review also highlighted that the commitment of partners is critical to the speed and level of improvement in the longer term.

The question remains: ***'How well are children safeguarded by agencies in Slough?'***

The data and case details coming before the Chair and the Board's Executive show two things:

- that the vast majority of children in Slough are safe and
- that problems are being effectively addressed in the vast majority of cases.

The work of the Board and its partners suggests that there has been some improvement from Ofsted's assessment of inadequate performance.

The following pages set out some of this work and the commitment of professionals to improving children's lives. With two judgements of inadequate combined with a very significant structural change programme, it could be expected that morale amongst staff would be very low – this does not appear to be the case. Levels of permanent staffing amongst professionals such as social workers and health visitors are increasing and this brings more stability and better networking within teams. Commitment to issues such as Child Sexual Exploitation and Early Help is good with attendance at meetings showing the willingness to work together to tackle individual cases. The introduction of the concept of MASH, although only in its early stages, will also enhance information sharing and good decision-making. However, there is significant progress to be made before such changes are embedded and the lack of strong quality assurance processes has caused real concern – if the partners do not know how effective their efforts are for children, it is very difficult to know if work to improve is being directed to the right place.

In summary, below are the key issues which in my view need to be addressed by the Board's partners if the Board and Children's Services are to reach sustained reliable performance and be able to guarantee effective safeguarding of all children:

- Partners need a much stronger commitment to quality assurance and show a greater willingness to resource the processes within their agencies which make performance management and auditing a benefit for everyone.
- Overall, the Board is not sufficiently resourced bearing in mind the improvement journey which is needed to convince the public and stakeholders that children are well protected in Slough. Partners need to address this issue and agencies, such as the police need to give a stronger undertaking to resource both the Board and the staffing needs of functions, such as multi-agency auditing in the long term.
- The new Children's Trust should give an impetus to improvement across Slough but it could also lead to confusion for partners about roles and responsibilities, duplication of effort and increased bureaucracy. The approach to this new commissioner-provider approach therefore needs determination to ensure that it does not make safeguarding more complex in a way

which distracts professionals from their key role.

- The culture of agencies working within the Board needs to be one of 'can-do' and a willingness to challenge and be challenged at all times. Making commitments in meetings and then failing to deliver on them undermines confidence between partners and breeds a culture of failure rather than success. Accepting others failures without challenge enables poor commitment or performance to continue.

These issues need to be tackled and guarded against, but I am far from pessimistic about the future. In the last year, I have seen considerable commitment to improve services by individuals at all levels. It is this which makes children in Slough safer and I would like to take this opportunity to thank staff in all agencies for their determination to improve the lives of individual children in 2014-15.

Phil Picton
Independent Chair, Slough Local Safeguarding Children's Board

DRAFT

2. Background to Slough

Slough is situated within 10 minutes of London's Heathrow Airport and with 3 exits off the M4 motorway which gives easy access to both London and the West Country.

The 2011 Census has indicated

- There are more young children (aged 0 to 9) living in Slough than the national average and overall 28% of the population is under 20. Coupled with a high proportion aged 25 to 44 living in the area, the prevalence of young families in Slough is significant.
- Population growth is also significant, with projections from 2011 to 2021 showing a 14% increase.
- The majority of the population is Asian or Asian British (39.7%) followed by White British (35.7%). The proportion of black and minority ethnic groups is higher amongst Slough's child and younger adult populations than amongst Slough's older population.
- Approximately 67% of households in Slough have all members of that household with English as their first language. This is a lower proportion than the national and South East regional averages. Over 15% of households in Slough have no-one living in them who have English as their first language, which is a much higher proportion than the national and regional averages.

Slough has long enjoyed good relations amongst its various communities and seeks to build on this and ensure that the diversity which characterises. Slough's goal is to encourage a town where all communities, irrespective of background, have a chance to succeed and prosper and where they have an equal stake in shaping the future direction of the town

Poverty risks are highest for children in lone parent families and Slough has a slightly higher rate of lone parents (1.5%) than the regional (1.0%) and national average (1.3%).

Summary of key data on Safeguarding Children in Slough Borough Council

In March 2015 the number of children who were subject to a Child Protection Plan was 237. This is equivalent to 60.7 per 10,000 children under the age of 18 in the Borough. This is 45% higher than the national position. At the end of March 2015, 62% of protection plans had been in place less than six months, 12% had been in place for one year or longer and none had been in place for two years or longer. These rates are very close to the national picture. The majority of plans (57%) were in the category of neglect, compared to a national figure of 42.1%. 33.5% of the plans were in the category of emotional abuse, which is similar to the national rate of 33% and 0.9% were in the category of sexual abuse, compared to a national figure of 5%.

Slough initiates a much higher volume of enquiries under Section 17 of the Children Act (1989) than similar areas. These are enquiries undertaken when there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm. At 243 per 10,000 children in the population, the rate is almost double the national average in 2013/14 of 124 per 10,000 children in the population. However, the proportion of these enquiries that result in an Initial Child Protection Conference is slightly below the average seen elsewhere. Social care managers are examining the reasons behind this data.

In 2014/15 153 young people were the victims of violent offences that caused injuries, 193 were victims of violent crimes that did not cause injury and 103 were victims of sexual offences.

Data from Berkshire Healthcare Foundation Trust indicates that number of children subject to a Child Protection Plan who was also a patient of the Child and Adolescent Mental Health Service remained at a similar level to that of the previous year at 16 young people.

3. Slough Local Safeguarding Children's Board

Governance

The functions of the Board are set out in primary legislation (sections 14 and 14(a) of the Children Act 2004) and statutory regulations (Local Safeguarding Children Regulations 2006). The work of the Board during the period covered in this report was governed by the statutory guidance in Working Together to Safeguard Children issued in March 2013, although this was updated with a new version issued in March 2015.

Along with Slough, all local authorities are legally obliged to have a children's safeguarding board which has two statutory objectives and functions:

- (a) To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) To ensure the effectiveness of what is done by each such person or body for those purposes.

The SLSCB seeks to achieve these functions by:

- monitoring the effectiveness of what is done to safeguard and promote the welfare of children
- establishing effective communication and information sharing across agencies
- undertaking reviews of individual cases, including 'Serious Case Reviews'
- collecting and analysing information about child deaths, and agreeing procedures to ensure a co-ordinated response to unexpected child deaths
- developing policies and procedures for safeguarding and promoting the welfare of children
- evaluating the effectiveness of agencies working together and advising on ways to improve these crucial relationships
- developing, coordinating and delivering relevant multi-agency training.

Accountability

In keeping with the guidelines, SLSCB is independently chaired by Phil Picton, who is accountable to the Chief Executive of the Council, Ruth Bagley, for fulfilling this role effectively. They meet regularly to discuss progress and issues in safeguarding. In addition, Phil has access to Directors of all the partner agencies and meets with them as appropriate on a one to one basis to discuss safeguarding issues and where necessary to challenge them on progress within their own sphere of influence. In the role of Chair of the Safeguarding Board, Phil is also a member and active participant in the Children and Young People's Partnership Board which also takes forward a range of work related to the safeguarding agenda, such as 'Early Help'.

A protocol exists with the Slough Health and Wellbeing Board and the Safeguarding Adult Board to ensure that the work of these Board complement each other rather than duplicating effort. The

Safeguarding Board's Annual Report is discussed at the Health and Wellbeing Board and provided to the Police and Crime Commissioner and the Chief executive of the Council..

The interim **Director of Children's Services** (DCS), Krutika Pau, has the delegated professional responsibility for the leadership, strategy and effectiveness of local authority children's services. She leads for the Council on Safeguarding Children. Krutika meets frequently with the Chair to discuss the progress of safeguarding and sometimes individual cases which have caused concern.

The elected councillor who is **Lead Member for Children's Services, Pavitar Mann**, is a 'participating observer' of the SLSCB She attends Board meetings and receives all of the Board papers. This enables her to join fully in Board discussions and to challenge the DCS and Board members on appropriate issues. She is also the Chair of the Children and Young Persons Partnership Board and is through this partnership active in ensuring progress on some of the key themes in safeguarding.

The work of SLSCB is reviewed annually by the SBC Overview and Scrutiny Committee. At that meeting, the Chair, key Board members and sub-group chairs explain the issues and risks to safeguarding children and what has been and will be achieved by the Board. The minutes of that meeting are publicly available through SBC's website: <http://www.slough.gov.uk/moderngov/mgCommitteeDetails.aspx?ID=105>

In addition the Chair occasionally attends other Children's Services Scrutiny meetings to give evidence to the Panel or to observe discussions on safeguarding issues.

Finance

Partner Agencies SLSCB Financial Contributions

| <i>Partner</i> | <i>Contribution</i> |
|---------------------------------------|---------------------|
| Slough Borough Council | 45,700 |
| NHS | |
| Berkshire East CCG Federation | 21,000 |
| Berkshire Healthcare NHS Trust | 1,000 |
| CAFCASS | 550 |
| Thames Valley Probation | 150 |
| Thames Valley Police | |
| Police Corporate Contribution | 2,000 |
| Slough Local Police Area Contribution | 8,000 |
| Schools Funding | 30,000 |
| Total Contributions | 108,400 |

The Board managed its expenditure within the £108,400 contribution in 2014/15. A significant part of its costs is the employment of its full time business manager and part time administrator. The Board retains a contingency of £15,000 which is likely to be used in 2015/16 to fund its current Serious Case Review and Annual Conference.

During the year the Slough Strategic Partnership made a one off contribution to fund a CSE coordinator. This money had been partly used by the end of the financial year and as a result £34,800 was 'rolled forward' into 2015/16 to pay for the remainder of this person's contract.

In addition to its financial contribution, the Council also provides resourcing 'in kind' for the Board through its hosting of the Board's administration and the provision of 50% of a training officer to

deliver multi-agency training. This training officer commitment is estimated as being the equivalent of £22,800.

The Child Death Overview Panel is funded through a central agreement with all six Berkshire Local Authorities. The service is commissioned by Bracknell Forest on behalf of all six Authorities. The service is hosted in Slough and all six Local Safeguarding Children's Boards have oversight of the work through the LSCB Business Managers. The Child Death Overview Panel Coordinator is funded as part of this agreement.

In Autumn 2014, Thames Valley Police announced that it would be reducing its contribution to the Board from £10,000 to £2000. This reflected a review by the Force of its commitment to LSCBs. Recognising the pressure the Board was experiencing, the Local Policing Commander, who sits on the Board, has agreed reinstate the £10,000 from local devolved police budgets for the 2015-16. The uncertainty on the police long-term financial commitment to the Partnership is of concern and will need to be resolved in 2016-17.

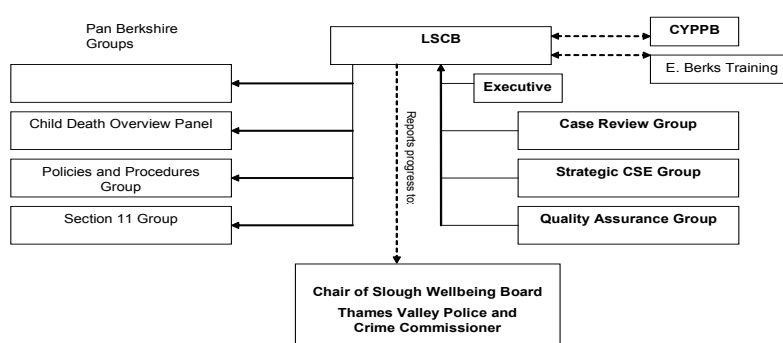
4. Slough Local Safeguarding Children's Board Structure

Structure of the LSCB

In March 2015, Slough Local Safeguarding Children's Board comprised of the main Board, an Executive Group and two Sub – Committees which focus on;
 Case Reviews,
 The Strategic Aspects of Child Sexual Exploitation and Missing Children.

In addition, it is represented on with the other Berkshire LSCBs in sub-groups addressing;
 Child Death Overview Panel, (across Berkshire)
 Section 11 Responsibilities, (across Berkshire)
 Policy and Procedures. (across Berkshire)
 Training and Development sub group (across East Berkshire).

Slough Local Safeguarding Children's Board



In Autumn 2014 the Board dissolved its Quality Assurance Sub-Group which was struggling to make effective progress and re-allocated its responsibilities to the Executive Group. This decision was reviewed towards the end of the year and the Quality Assurance group will recommence during 2015/16 with refreshed membership and terms of reference.

At the start of 2014/15 the Board also had three standing sub-groups which reported jointly to the Safeguarding Board and the Slough Children and Young Person's Partnership Board (CYPPB). These three groups had an overlapping remit to address communication, participation and engagement issues. During the year, the Board and the CYPPB reviewed their roles and responsibilities in order to reduce duplication in their work. As a result of this review the Board's decided to dissolve these three groups and consider participation, engagement and communication as a facet of other group's work rather than as a separate specific theme. From the Safeguarding Board's perspective this change released resources which will become available to support a stronger quality assurance function for the Board.

The Board also works closely with other Slough multi-agency partnerships particularly the Slough Children and Young Persons Partnership Board (CYPBB) which developed from the previous Children's Trust arrangements. The Chair of SSCB, DCS and Lead member sit on both Boards along with some other representatives of partner agencies. This enables close coordination of the work of the two Boards.

Membership; Attendance and Participation

In 2014/15 the Board met four times and the executive group met six times, to progress work between Boards.

For a list of attendance, please see Appendix A

5. Slough Local Safeguarding Children's Board (*The following pages summarise the work of the Board during 2014 – 15*)

Child Sexual Exploitation (CSE) and Missing Children

The work of the Board on Child Sexual Exploitation and Missing Children is managed by a well attended sub-group of the Board. The purpose of the sub group is to bring together key partners to ensure an effective, co-ordinated response to children and young people at risk of CSE, and to educate and inform those who may encounter CSE in their personal or professional lives.

At a lower level a separate Sexual Exploitation Risk Assessment Conference (SERAC) meets to discuss the circumstances of individual children and how risks can be managed and countered. This Group is not part of the Board, but a specialist operational case conferencing and strategy. The Board's role is to monitor the impact and effectiveness of this Group's work on a regular basis.

Over the last twelve months, the strategic group has overseen awareness raising visits to 24 Hotels and Bed & Breakfasts in the Slough Area with the "Say Something If You See Something (SSIYSS)" Campaign. In addition, visits to 250 Business Premises with CSE Awareness Campaign, SSIYSS, Barnardos and other CSE Awareness literature. In December 2014, the "party season" saw visits to licensed premises and major fast food premises (including hotels, B&Bs etc) re-emphasising the SSIYSS.

Successful Taxi Driver Campaign with cabs now displaying stickers regarding Human Trafficking and regular updates in their “news letter”.

The work of the Licensing splinter group was featured as best practice in an article in an LGA publication

The updated action plan ensures that data can be collated from agencies regarding, for example, training compliance, number of referrals made and how many become SERAC cases. This has not been collected in the last 12 months. There is anecdotal evidence that new referrals of CSE concerns have been made following awareness raising visits to hotels and guest houses

- Ensuring greater engagement and involvement from individuals and groups within our community so that we can be sure that our messages, training and education materials are reaching the right people and places
- Engage with more boys at risk of or potential risk of CSE through targeted input to schools. (Education splinter group setting plan)
- No return interviews for child missing persons are taking place and intelligence and evidence may be being lost. (CSC devising solution)
- Delayed implementation of the MASH is delaying the introduction of the CSE referral pathway. A work around interim solution may be implemented if the delay is likely to be significant.
- The sub group has two splinter groups; the Licensing and Education groups. These are currently chaired by a Police Inspector but this arrangement is under review to ensure that ownership of the sub and splinter groups is appropriately shared amongst partners.

CSE Priorities

- The strategy, work plan and group membership is currently under review and near to finalisation. The work of the sub group over the last 12 months, in particular Education and Licensing, is also under review to enable accurate planning for the next 12 months.
- The CSE communications plan has been re-written and should enable information to be made available to the public, parents and carers and professionals to educate them about CSE and the action to take should they identify the risk factors.

The purpose of the sub group is to bring together key partners to ensure an effective response to children and young people at risk of CSE and child trafficking or those that are being abused via CSE and trafficking.

The CSE sub group also hosted a Slough LSCB multi agency CSE conference and instigated the creation of a CSE co-ordinators post.

SLSCB Business Plan for 2015 includes CSE as an issue of particular concern and this report intends to bring you up to date on the work of two groups of professionals; the strategic group and the operational group, of which Inspector James Cosham is co-chair.

The original terms of reference of the CSE sub group are being revised and updated and will give rise to the new Slough CSE strategy, led by our CSE co-ordinator.

The strategy will be formed under headings which will allow us to set actions to Prevent CSE occurring through education and awareness raising activity, Protect children at risk of CSE through effective referral pathways and management of risk, Disrupt and Pursue people and locations where CSE may exist and ensure recovery pathways for victims.

Our aim is that we can ultimately engender the identification and response to CSE as core business for all the partners involved in dealing with crimes and concerns falling under the banner of Child Sexual Exploitation.

The revised strategy is currently in draft form and will include learning from serious case reviews, the NWG and other local, regional and national bodies.

The current action plan is also being refreshed and updated to include actions to ensure that we deal effectively with CSE, by that I mean that we all know what it is, we know what to do about it, and we commit to taking action to address concerns.

The revised and updated strategy and action plan will be ready for sign off by the board in the coming weeks.

CSE Challenges:

There are three new key areas of work that need to feature in the action plan; the need for greater engagement and involvement from individuals and groups within our community so that we can be sure that our messages, our training and education materials are reaching the right people and places, secondly to include actions in the plan to raise awareness of child trafficking, which we know has and is possibly happening in Slough but for which I want specific actions for agencies to be aware of the signs of trafficking, and third, to engage with more boys at risk of or potential risk of CSE.

Current concerns centre on the low number of return interviews for missing children, particularly those at risk of CSE.

Quality Assurance and Performance

Audit and Challenge -- External Inspection and Audit

As part of its desire for improving performance, the Board regularly contributes to and discusses a wide range of reports from external auditors, inspection authorities and peer reviewers on the safeguarding performance of both individual agencies and their partnership work.

In March 2014, Ofsted published the results of its 2013 inspection which judged both Children's Services in Slough and the Board as 'inadequate'. The Review of the effectiveness of the Slough Local Safeguarding Children Board is attached as Appendix B.

In November 2014, a team of LGA peer reviewers examined practice and processes in Children's Services. It showed significant improvement in performance, albeit on a relatively small sample of cases. The review also highlighted issues where faster progress was needed and Children's Services responded with increased focus on these issues, such as establishing an embryonic Multi-Agency Safeguarding Hub (MASH) with the police and reinvigorating its recruitment campaigns for social workers. The peer review also highlighted that the commitment of partners would be critical to the speed and level of improvement in the longer term.

Audit and Challenge Internal Auditing

LSCBs and Partners achieve internal quality assurance by carrying out multi-agency audits, single agency audits and by monitoring performance information. During 2014-15 Slough LSCB has struggled with this aspect of LSCB work. Although there were good intentions to carry out multi-agency audits at the start of the year, staffing issues led to a lack of progress on bringing the plans to fruition. As a result, no multi-agency audits were completed in the first nine months of the year.

A multi-agency audit of children who are subject to strategy meetings and enquiries in accordance with S47 of the Children Act was carried out in February and March 2015, and its findings were reported to the Board in March 2015. This audit highlighted some areas for improvement in Children's Services which will be used as learning as the Services move into the new Children's Trust during 2015/16. The work also highlighted difficulties in the approach to multi-agency audits

and audit reporting which led the Board to recognise that future audits would need to be overseen by a reconstituted Quality Assurance sub-group for the Board. This group will start work in 2015/16.

A new programme of potential multi-agency audits has been identified for 2015/16 which will include an audit of the effectiveness of partner working on Child Sexual Exploitation.

Although single agency auditing, particularly within health partners and Children Services' took place during the year, they were not reported in detail to the Board. In future, the Quality Assurance Group should receive the results of single agency audits and enable partners to understand the areas for improvement in each other's work.

Performance Management

The Board has received significant routine performance information from police, health and Children's Services partners. One of the challenges for the Quality Assurance Group before its dissolution was the attempt to build this into a coherent data set for the Board. Unfortunately, the movement of this responsibility to the Executive followed on shortly after the loss of the Chair, business manager, and administrator for the Board. Combined with difficulties in the information management within the Council, this led to the process for the regular monitoring of performance information breaking down. By the start of 2015, information was once again starting to come through, although initial discussions in the Executive focussed on identifying a pragmatic set of indicators and the process for receiving them rather than interpreting the data which was available.

By the end of 2014/15, the Executive Group had agreed an approach to the collection and presentation of data and in early 2015/16 it is anticipated that members will focus their discussions on analysis of data rather than developing a refined performance monitoring data set.

In the absence of an in-depth discussion within the partnership of multi-agency performance, since his appointment the new Chair of the Board has discussed performance in a number of meetings with individual directors of partner organisations, raising challenges and suggestions as appropriate.

Section 11 Self-Assessments

Section 11 of the Children Act places a statutory duty on key partners to ensure that they achieve national safeguarding standards. The Board receives assurance from these partners that they are achieving or improving to achieve these standards. Several partners of the Board such as Thames Valley Police and the NHS Trusts deliver services across a number of local authority areas and need to give assurance to a number of LSCBs. In order to reduce duplication, the Berkshire LSCBs have a joint s11 Audit Panel to receive the assurances for cross border agencies. This assurance is currently required from agencies on a three year cycle.

Partners, such as Slough Borough Council, which only deliver services in one LSCB area give this assurance to their local Board. In 2013-4 Slough Safeguarding Board did not request such assurance from the Council, but it will be doing this during 2014/15 once the new Slough Children's Trust structures are in place.

The terms of reference and membership of the Pan Berkshire Section 11 Audit Panel subgroup were reviewed at a workshop in December 2014. The panel now has an ongoing role in improving the self-assessment process for organisations. The self-assessment tool has been updated and will be used from 2015/16 onwards. The panel also decided to strengthen the process with organisations presenting their Section 11 audit results so that they can be more effectively scrutinised. In addition to receiving the results, the panel monitors progress against the action

plans at a mid-cycle (18 month) point and ensures processes of review are effective and thorough. New commissioning arrangements in health have proved to be an ongoing challenge. The plan is for the Panel Chair to write to the NHS England Local Area Team to clarify assurances of its compliance with s11 standards.

The priorities for the year ahead include commencing the new three-year audit cycle; implementing the agreed process; rolling out new assessment format and sharing learning across the six LSCBs through improved reporting processes.

Serious Case Review Strategic Group

Learning from Reviews

A Critical Case Review was completed in October 2014, following an allegation of a possible non-accidental fracture to a child of nursery school age. The review incorporated learning from historical professional involvement with the child and the investigation and intervention of agencies at the time the injury was diagnosed. A multi-agency practitioner learning event has been arranged to disseminate the lessons from the case.

The Board instigated a Serious Case Review in October 2014, following the death of a mother and son on a railway line. The report will be published 2015 – 2016.

6.

Policy and Procedures (Joint Working with other Berkshire Local Safeguarding Children's Boards)

The Sub - Group has met on four occasions during the year and was hosted by Slough Borough Council.

New procedures for responding to Child Sexual Exploitation, including a Pan Berkshire CSE Indicator Tool, were completed and implemented during the year, providing consistent guidance for all agencies which has linked to the continued development of SERAC (Sexual Exploitation Risk Assessment Conference) panels across the county.

The subgroup has remained sighted on the work of the Health-led FGM Task & Finish group, awaiting the conclusions of this piece of work before considering substantial changes to the existing procedural guidance in this area in 2015-16.

Similar to the previous year changes in management appointments within constituent agencies led to changes in membership and variation in attendance at subgroup meetings. This has a direct impact on the ability of the group to progress, complete and sign-off specific pieces of work.

The group identified the need to seek a greater steer from the constituent LSCBs to ensure that the group's activity is consistent with the priorities in each LSCB's business plan. To begin resolution of this the Chair of the group attended the Pan-Berkshire LSCB Business Managers and Chairs meeting to secure commitment to a more active engagement with the subgroup's activities and work programme

Whilst there are clear benefits from coordinated and similar policies across the LSCBs, a pan Berkshire approach challenges the ability of LSCBs to develop policies quickly and flexibly. This has been aggravated by changes in membership of the Group as it reflects turnover in the various partner organisations.

The subgroup faces a number of challenges for the year ahead, including the need to renegotiate the contract for producing the policies and procedures manual and reviewing a wide range of policies to ensure that they are both up to date and appropriate in content.

Child Death Overview Panel (Joint Working with other Berkshire Local Safeguarding Children's Boards)

The Child Death Overview Panel comprises of all six Berkshire LSCBs operating together as a single panel.

In Berkshire as a whole, there has been an overall reduction in reviewed deaths from 58 in 2012/13 to 60 in 2013/14 to 50 in 2014/15. It is difficult to attribute causes for the reduction however the panel took consistent action to promote;

- neonatal reviews and thematic risk factor monitoring;
- the 'one at a time' message for those undergoing IVF treatment
- a consistent set of recommendations for 'safe sleeping' – which all agencies adopted

It is pleasing to note a similarly low number of deaths have been sustained in 2014/15 and a total of 59 child deaths have been recorded and 42 reviewed. (Deaths waiting for post mortems or police investigations may be delayed)

The annual number of child deaths reported in Slough in 2014-15 was 18 which compares with a total of 21 deaths in 2013-14

7 were classified as 'chromosomal, genetic and congenital anomalies'

5 were classified as 'perinatal/neonatal deaths'

2 were classified as 'malignancies' and 4 remain to be reviewed.

10 children were male and 8 female

Ethnicity: 3 Asian or Asian British: Any other background; 1 Mixed: White and Asian; 1 Mixed: White and Black Caribbean; 6 Asian or Asian British: Pakistan; 2 White British; 2 Black African; 1 Asian or Asian British: Indian; 1 Black: Caribbean and 1 Unknown.

The work of the multiagency subgroup set up to analyse the register of all child deaths related to neonatal anomalies has informed a paper reported at the National CDOP conference in December 2014. This made the following recommendations:

- Ensure continuing collection of data on ethnicity and consanguinity in the dataset
- Consider including collecting indices of deprivation in the dataset
- Continue existing genetic working party and educational initiatives
- Continue sharing information and learning with other CDOPs
- Continue to contribute to regional/national collaborations/meetings

The genetics programme has been disseminated through Slough secondary schools and an audit will be carried out in 2015-16 to explore whether this has been adopted into school curricula

As reported in the mid year report the panel has responded to two accidental drownings sharing advice from the Health and Safety Executive. Follow up work with the Environment Agency has

promoted improved signage at a range of bridges over the Jubilee River when young people may be tempted to jump in.

The panel have shared learning from the Thames Valley Cancer Network on culturally appropriate ways of marking a child's death. This has been circulated to social care and health staff and shared with education colleagues.

The panel are assured that work on reducing pre term births is also a regional health priority as many of the risk factors relates to the health of the mother antenatally and the care she receives within that period. Thames Valley Children's and Maternity network has been promoting training to increase awareness of the optimum way to measure fundal height through the midwifery services. This is one of many further actions that the Oxford Health Sciences Academic network will take forward which is also focussed on standard setting and the introduction of screening for cervical length. The aim is to achieve a consistent screening and treatment programme in all hospitals in the Thames Valley.

The service is effective in identifying the key priorities for action to prevent child deaths by:

- Reporting on risk and preventative factors for infant and child deaths through the CDOP newsletter and JSNA
- Facilitating the development of an asthma and viral wheeze website/ app for the Thames Valley as a response to two local child deaths in Berkshire in 2013-14. This is now live at www.puffell.com
- Facilitating the review of the school guidance on the use of emergency inhalers through the school nursing service
- Facilitate improvement in recognition and management of sepsis in response to a Berkshire death in 2013 – 14 by reviewing sepsis pathways across primary and secondary care and SCAS
- Designing and testing an emotional health and wellbeing website/app which includes sections on self harm, anxiety and depression, antibullying and domestic abuse as part of the public mental health approach to CAMHS service redesign.
- A paper was presented at the national CDOP conference based on a detailed analysis of all child deaths in relation to congenital anomalies and is planning to audit the implementation of the consanguinity programme in secondary schools this year
- All cancer deaths have been reviewed by an external expert panel and no trends of common modifiable factors have been found
- The service continues to promote safe sleeping advice
- The service is supporting the recommendations for improving nutrition and support to stop smoking among pregnant women to reduce pre term births through a pilot programme called Metime

Strategic Learning and Development (Joint Working with other Berkshire Local Safeguarding Children's Boards)

In January 2015, the existing Pan - Berkshire sub-group separated to smaller groups covering East and West Berkshire. East Berkshire LSCBs commenced planning for the new arrangements from January 2015, with a key decision being to have separate strategic and operational subgroups to ensure concerns about the lack of strategic direction were addressed and progressed as a matter of urgency.

The agreed aim of the East Berkshire arrangements is to ensure the provision of sufficient high-quality learning and development opportunities that are appropriate to local needs and have a positive impact on safeguarding outcomes, and holding partner organisations to account for operational delivery and uptake.

Training Programme 2014-15

The training programme was created by the Operational L&D Sub-Group, based on past trends and emerging needs, as identified by the L&D Sub-group Members and LSCBs through their LSCB Business Managers. As in previous years, the first courses of the year did not obtain sufficient numbers of candidates and had to be postponed until later in the year. This was despite no courses being planned for April. The rescheduled events had sufficient numbers to be held successfully.

The programme was delivered bar two courses which had insufficient interest and so were cancelled. These were both related to CSE. This could be due to other opportunities for such learning and development being available elsewhere, for example through the e-learning offer.

The headline figures associated with the programme include;

- 22 courses were run through the LSCB programme, equating to 92% of the planned programme
- 355 candidates attended the courses, which equates to over 16 candidates per course
- 46% of the places were taken by Local Authority workers, with 21% from Health and 33% from others (12% of these being from PVI)
- Allegations management was the most popular course for other agencies, including schools (32 candidates)
- 53% of people felt the immediate impact of the training was significant or very significant with 45% stating there was some immediate impact.

The figures show that awareness seems to be reasonable and attendance healthy, but that there may be issues in terms of course types or the times of year, due to two course cancellations. The courses appeared to offer sufficient places and opportunities as only one appeared to be challenged for sufficiency, this being the allegations management offer.

These figures would suggest another successful programme which has had a benefit to the workforce and as such an inferred positive impact on outcomes for Children and Young People. Furthermore, given the limited resources available to the sub-group, it would seem that the programme offers excellent value for money to all who use it.

e-Learning Programme 2014-15

The e-Learning offer for the LSCB Programme focused on two main learning opportunities, this being CSE (Child Sexual Exploitation) and USC (Universal Safeguarding). Both of these courses are provided through our contract with Kwango, an external provider, and due to cost limitations have limited management information available. However, a review has been undertaken of the courses and both were felt to remain relevant and appropriate.

The headline figures for the programme include;

- 1034 candidates completed the USC e-learning
- 73 candidate completed the CSE e-learning
- 21% of candidates who started the course completed it

The figures have highlighted an issue in the management information as well as behaviours, relating to candidates starting the courses but not completing them at the first attempt. This could be for a number of reasons, for example; not being fully aware of how long the course will take, not

being fully aware of the nature of the course and content, not providing sufficient space to complete the course in one attempt due to work commitments etc. This will be considered for the coming year, 2015-16.

SCR learning has been successfully shared within the subgroup and used to inform revisions to learning and development interventions (e.g. training courses or e-learning content). This has meant that candidates were aware of current cases and the learning they provide, thereby influencing work practices and behaviour and so having a positive impact on the outcomes for Children and Young People.

These figures would suggest the learning and development programme has had an impact on a significant number of attendees, meaning that that candidates work practices and behaviour are influenced, leading to a positive impact on the outcomes for Children and Young People

A criticism of the pan-Berkshire arrangements was a lack of focus on strategic direction and delivery of priorities. Moving to East/West arrangements created a timely opportunity to refocus this area of work. Development of the East Berkshire Strategic Learning and Development subgroup was based on the critical tasks at hand, including addressing a historic lack of Training Needs Analysis reports from partner agencies, and the commissioning of training comprising the East Berkshire Training Programme. The group developed a robust Terms of Reference for the group, which provided a clear structure and focus for the sub group going forward.

Past issues and different working practices within the cross-county sub-group were understood and addressed through separating the groups in to two providing greater geographic focus as well as accepting and fully utilising differences.

Partners have agreed to be active on the sub-group e.g. Thames Valley Police, Probation Service and the Fire Authority. However, after chasing several times it has not been possible to determine who was to be the lead from these partners or what their involvement would be. It is proposed that further work will be done through escalation, as necessary to define roles, responsibilities and membership.

The strategy has been revised by using examples from good and outstanding LSCBs across the country as well as the previous Berkshire strategy. This has been rewritten and released for comment and will be passed to all LSCBs for formal approval at the next available opportunity.

All agencies have actively engaged in communicating the training opportunities across their organisations, as well as sharing useful information as appropriate. The main route was through forwarding emails or adding the programme to existing websites, which relied on sound mailing list and the good will of agency representatives. However, this is not proving very successful as courses within the training programme had low numbers. Therefore, a revised approach is being proposed for the future to make better use of proactive engagement and marketing, as well as modern electronic communication methods.

Limited information has been available, with no regular reporting in place within the group or its draft Terms of Reference. Work on this stalled during 2014-15 due to the change in direction of the sub-group, however, it has been identified as a priority for 2015-16. This data will include the delivery of assurance to the LSCB with regards to the learning and development provision within agencies across Berkshire East. This has included a revised and well-received format for subgroup reporting to the main LSCBs at each meeting.

At present, S11 statements would appear to suggest compliance with required training, and indicative feedback from agencies at L&D Sub-group meetings provide such assurance across all

agencies. However, empirical evidence would provide a more robust demonstration of this hence the prioritisation of activity in 2015-16.

Key Training Priorities for 2015-18

Key priorities have been established in accordance with the priorities identified in East Berkshire LSCB Business Plans. Consequently, the priorities for this subgroup are:

- Receive and scrutinise Training Needs Analysis reports
- Undertake a strategic review the current provision of universal, targeted and specialist training provision in light of the Needs Analysis
- Develop and implement a Learning and Development Strategy for East Berkshire LSCBs
- Improve the awareness of the range of training available through the East Berkshire training programme
- Prioritise and agree jointly commissioned training across the region
- Evaluate the delivery model for training across East Berkshire, making recommendations for improvements as required
- Consider the findings provided by the Operational Learning & Development Subgroup's review of the evaluation processes for commissioned training
- Identify opportunities to increase multi-agency participation at learning and development opportunities across partner agencies
- Consider how to measure the return on investment and the impact of training on frontline practice and management

7. Other Specific Safeguarding Themes

Female Genital Mutilation (FGM)

National research carried out by City University has estimated that just fewer than 1100 women in Slough are likely to have been subjected to FGM in childhood. This reflects the demography of Slough and is one of the largest percentages of female population experiencing FGM outside London. Whilst it is not appropriate to presume from this data that girls living in Slough are very likely to be subjected to FGM now and in the future, the Board considers that the risk of FGM taking place for a Slough child is higher than in many other areas. Its FGM priority is led by the Director of Nursing for the CCG and is coordinated across East Berkshire

Bracknell, RBWM and Slough LSCB FGM Task and Finish Group

The group has met three times since the last report for the LSCB and has made some significant progress in the key areas of work it has been undertaking. The purpose of this report is to report progress to the three LSCBs and make recommendations for next steps.

The task and finish group has been working under the three key principles underpinning the national FGM strategy: that FGM is a violation of human rights, a form of violence against women and girl and that it is child abuse.

Local identification

Currently the acute trust is identifying approximately 6 women per month through the mandatory antenatal reporting route, this has also led to the identification of 3 young girls that had already had FGM prior to coming to live in the UK; CP procedures were followed and the new baby is subject to CIN plan.

The group is not aware of any women or children identified as have been subject to FGM outside of the antenatal route.

This information could indicate that there are other woman and girls that have had or at risk from FGM across East Berkshire, however the identification of cases has been mapped to a small geographical area within one of the three local authority boundaries.

Mandatory reporting for Primary Care is due to commence from October 2015, the CCG safeguarding team is raising awareness of this new requirement with GPs, it is anticipated that this will continue to raise the profile of this abuse and lead to greater reporting.

Key FGM areas of work and progress to date

The group has developed pathways for FGM and seeks approval from the LSCB for these to be included in the Berkshire procedures. In addition to the LSCBs in Berkshire East receiving the pathways the Chair of the FGM group has met with representatives in the West of the county who have agreed to take them to their LSCBs for approval.

| Area of work | Progress |
|--|--|
| Antenatal/ postnatal Adult Pathway | Pathway completed and being used at Frimley health Wexham and Frimley sites. |
| Adult Pathway | Pathway Completed- needs sharing awareness raising |
| Children's Pathway- | To use existing Child protection procedures |
| Social Care referral process | The FGM Task and Finish group sent representatives to view how other areas have tackled this issue (Oxford and London); the group then reviewed and narrowed it down to two risk assessments for referral, the Oxford and national tool. The group agreed that the national tool should be the recommended tool for use. The three local authorities worked together to develop a referral process and flow chart. |
| Staff Training | This is being reviewed by the relevant disciplines and feedback is due at the July meeting |
| Information for Children, families and victims | TBC |

Next steps

To create local strategies that encompasses the national aims of Prevention, Provision and Protection.

Plan for the International zero tolerance for FGM awareness day, 6th February 2016.

Continued Working with the LSCBs in the West of the county to share work completed with the aim of common procedures and pathways for inclusion within the Berkshire procedures.

Extremism and Radicalisation

In response to the increasing threat from extremism and terrorism, and in line with its statutory responsibilities under the Counter Terrorism Act (2015), the local area has specific safeguarding arrangements in place to protect those who may be vulnerable to extremism and radicalisation.

Slough Borough Council chairs a multi-agency Channel Panel, which supports individuals who may be at risk of becoming involved in extremist or terrorist activity and offers appropriate interventions.

Through Slough Borough Council's Corporate Induction and on-line learning resources, all council staff are made aware of the current terrorism risks that affect the UK and the processes that are in place to support staff who may have a concern about an individual or group. Additionally, all front line staff, attend the Home Office approved *Workshop to Raise Awareness of Prevent* courses. The council has a single point of contact for all Prevent –related referrals and staff are made aware of a range of local and national reporting systems.

Local partners, including schools, youth services, voluntary groups, health services, probation and police also work together through a Preventing Violent Extremism Co-ordination group, which meets regularly to address local issues and deliver a joint action plan.

An intensive period of staff awareness raising around the issues of radicalisation commenced in 2015, with the council and partners holding a Community Cohesion Conference to address local concerns around such subjects as CSE and extremism. A workshop on 'travel to Syria' considering the way to minimise the risks of individuals or families travelling into the Syrian war zone is planned for July 2015 with a follow up conference planned for October 2015.

Early Help

Progress on Early Help is led by the Children and Young People's Partnership Board (CYPPB) with the Safeguarding Board's role being to evaluate and monitor that progress. In 2014/15 this was achieved by performance reporting and in depth reports to the Board and Executive. In addition a number of the LSCB Board's members sit on the CYPPB Board and have a regular opportunity to scrutinize progress in those meetings.

Current objectives and progress within the Early Help Strategic Priority CYPPB Children and Young People's Plan 2013-15 are set out below

1. Multi-Agency Early Help Assessment process.

Each board member to be responsible for their agency using the EHA and system

Over the past 12 months this responsibility has been extensively reiterated through the Early Help Board, operations sub-group, engagement visits and activities coordinated by Head of Early Help. The majority of partner agencies are supportive of the EHA process and use of the system. Following concerted efforts during Q3 and Q4, Targeted Family Support, Children's Centres and Youth services now have all cases on the system.

Training programme rolled out across agencies

There has been a good uptake with over 180 multi-agency staff attending training since the roll out in July. There has been a direct correlation between training and increase of EHAs from particular agencies- notably schools.

Explore barriers to access and solutions

Users of the electronic system outside of SBC have found the system clumsy and time consuming. A system review has been undertaken which gave limited solutions, and 'workarounds' are being used to try and streamline access. Paper versions of the EHA can be used and members of SBC EH team have been made available to enter the information onto the system. This is not believed to be sustainable, and Head of Early Help is reviewing the impact of this workaround, as well as reviewing solutions identified elsewhere.

Early Help Champions Network

Front line 'Champions' have been identified from most agencies across the partnership and there is a regular membership of 20+ attending monthly network group. Where successful, champions have been able to act as a focal point for information and advice within their service, and support colleagues with practicalities of using the EHA system.

EHA Quality

16 Early Help Assessments were audited across all agencies, using East Sussex Audit tool, in November 2014. The quality was noted to be variable. At the time numbers were low and attention has been focused on increasing numbers. A second audit is due to be completed in March 2015 and audit action plan and cycle will be implemented.

Early Help Panel

Established July, the panel meets monthly to review complex cases where there are specific multi agency issues arising. Core attendees include Psychologists, Targeted Family Support, Youth services, Duty manager, Primary Mental Health, and Health Visitor.

Marketing and publicity

Leaflets and website have been updated; newsletter circulated.

Threshold document

This has been distributed and highlighted across agencies through the training roll out.

2. Integrated working processes and protocols between partner agencies,

Early Help Operations Group

This group is meeting regularly and has been instrumental in reviewing and embedding processes.

Engagement and awareness

Head of Early Help has led on an 'engagement and awareness' workstream, and with team members has visited agencies, attended team meetings and undertaken a troubleshooting role where there have been particular issues with the EHA system.

Pathways into Early Help

Pathways and flow chart have been devised and shared with all agencies. This will be re-defined through the MASH development. CAMHS pathways have also been reviewed and completed.

Data set

An Early Help scorecard was devised, intended to allow collation of data across the partnership, but has proved to be large and unwieldy and has not been regularly populated. Instead, key data items are regularly reviewed at the Early Help Board, and at each meeting a single agency data set is also selected and reviewed.

3. Impact Assessment Tool

Outcomes STAR

Representatives from services reviewed potential Impact tools and it has now been agreed that the STAR tool will be used from 1 April 2015. This is one of the suite of Outcomes Stars, widely used

and recognised as able to support and measure change with families. Training and licenses are being procured for key agencies.

Thresholds audit

A 'Threshold' audit is in train and due to be completed by end of March 2015. The intention is to audit 20 cases close to either side of the Children in Need threshold, to review what would have made the difference to hold the cases effectively within 'early help' and prevent the needs escalating.

Family Impact

Child and family feedback from closed cases will be gathered in a forthcoming review at year end March 2015.

4. Commissioning

Mapping and gap analysis

This is in train and has included review of current commissioning documentation and needs assessment. Partners have contributed to updating and mapping of available activity, and gaps have been highlighted. 'Parenting Programmes' was highlighted as a gap during 2014, and limited funding has now been identified in order for parenting programmes to be commissioned for Q4 2014-15 and from 15-16.

Needs assessment

Review of needs has been collated by Policy Team, drawing on existing needs assessment including the Child Poverty Needs assessment. This will be taken forward during 2015-16 and will link to 'Families First' programme and investment.

5. Families First

Slough has successfully achieved requirements of Phase1, i.e. has 'turned around' the required number of families (75%) from the original cohort of 330.

Progressing to Phase 2 means that Slough will receive a guaranteed attachment fee of 1.2m with the potential of a further 1.6m if outcomes are achieved. Work is in progress to define the outcomes against six problem/outcome areas.

A significant piece of analysis is being undertaken to review the outcomes from Phase 1, and test whether the appropriate range of interventions is available to support Slough families. This analysis will feed into commissioning, outcomes and partnerships work as outlined above.

Data monitoring

In the past quarter, data has been cleansed and we can now more reliably see the numbers of EH assessments being completed. Data shows that there is an increase in numbers completed in 2014-15 compared to 2013-14.

Early Help assessments completed:

| | 2013-14 | 2014-15 |
|--------------|----------------|----------------|
| Q1 | 50 | 59 |
| Q2 | 29 | 46 |
| Q3 | 30 | 91 |
| Q4 | 15 | 111 |
| Total | 124 | 307 |

Source of EHA by Agency – 2014-15

| Agency | Q1 | Q2 | Q3 | Q4 | |
|---------------------------------|-----------|-----------|-----------|------------|------------|
| Children's Centre - Early Years | 11 | 2 | 7 | 40 | 60 |
| Schools | 7 | 7 | 23 | 22 | 59 |
| Targeted Family Support | 37 | 36 | 31 | 24 | 128 |
| Health Visitor | 4 | 0 | 1 | 1 | 6 |
| Youth Service | 0 | 0 | 29 | 19 | 48 |
| Other | 0 | 1 | 0 | 5 | 6 |
| Total | 59 | 46 | 91 | 111 | 307 |

Benchmarking

Benchmarking data shows that in Q1 we would have ranked lowest performer amongst 14 other Local Authority areas in SE England. By Q4 Slough's performance has increased but still within the lower quartile based on the available benchmark data.

Investigation has shown that Local Authorities count different data for this submission and so the rankings may not give a true reflection. However we are aware that whilst we are moving in the right direction, Slough still has a significant challenge to increase and sustain numbers, as well as maintain quality and outcomes.

CIN and CP numbers

It is to be expected that an effective Early Help offer will impact on numbers of Children in Need and Child Protection numbers. No decrease in numbers has been observed to date.

Total numbers trained with breakdown by agency, July 2014– March 2015

| Agency | Numbers trained |
|---------------------------------------|-----------------|
| Voluntary sector (6 organisations) | 21 |
| Children's Centres | 6 |
| Health visitor | 21 |
| Youth service (SBC) | 26 |
| Housing (SBC) | 3 |
| Early help (SBC) | 25 |
| YOT (SBC) | 1 |
| Schools (34) | 56 |
| Other | 30 |
| Total | 189 |

A workshop was held in December 2014, for the EH Board to review progress and agree next steps.

Private Fostering

The Private Fostering Statement of Purpose has been revised to bring it into line with the national minimum standards. A Private Fostering Awareness Plan has been developed by the Council which includes a media plan to run throughout 2014/15 and the production of printed information to build awareness within the local community. In February 2014, a full page article was included in 'The Citizen' which is the Council's regular communication to the residents of Slough. In addition, the plan sets out a programme of professional awareness which includes online training for multi-agency staff who are not social workers and for social workers and a range of promotional materials for display and information, both printed and on line.

The online training for multi-agency staff who are not social workers can be accessed through the Children and Young People's Partnership Board web site and the training for social workers is part of the Council's Learning and Development programme for social workers.

Slough was inspected by Ofsted in November/December 2013 in respect of services for children in need of help and protection, children looked after and care leavers. Slough was judged as inadequate overall by Ofsted. However, inspectors acknowledged that improvements were beginning to be made against a legacy of previously poor practice. Whilst there were no immediate and priority actions or areas for development stated in the report (published in February 2014) in respect of private fostering, the report states that:

'Arrangements to raise awareness about private fostering have not been effective. The number of known private fostering arrangements has been consistently low'.

The Awareness Plan referred to above was in development at the time of the inspection and its focus is on ensuring that agencies who work directly with children and families understand what is meant by 'private fostering' and understand their responsibility to notify children's social care.

Private Fostering Activity in Slough 2014 to 2015.

The table below sets out the activity in 2014 -15 and shows comparison with the 2013 -14 activity

| | 2013 - 2014 | 2014 – 2015 |
|---|-------------|-------------|
| Number of notifications of new private fostering arrangements received during the year in accordance with Regulation 3(1) and Regulation 5(1) of the Children (Private Arrangements for Fostering) Regulations 2005 : | 2 | 1 |
| Number of cases where action was taken in accordance with the requirements of Regulation 4(1) and Regulation 7(1) of the Children (Private Arrangements for Fostering) Regulations 2005 for carrying out visits : | 2 | 1 |
| Of these, the number of cases where this action was taken within 7 working days of receipt of notification of the private fostering arrangement : | 2 | 0 |
| Number of new arrangements that began during the year : | 2 | 1 |
| The number of private fostering arrangements that began ON or AFTER 1 April 2014 where visits were made at intervals of not more than six weeks : | 2 | 1 |
| The number of private fostering arrangements that began BEFORE 1 April 2014 that were continuing on 1 April 2014: | 1 | 2 |
| The number of private fostering arrangements that began BEFORE 1 April 2014 that were continuing on 1 April | 1 | 1 |

| | | |
|---|---|---|
| 2014 where scheduled visits in the survey year were completed in the required timescale 1 : | | |
| Number of private fostering arrangements that ended during the year : | 1 | 1 |
| Number of children under private fostering arrangements | 2 | 2 |

The 2 children whose private fostering arrangements began between April 2013 and the end of March 2014 were both aged between 10 and 15 and were born in the UK.

The National Context

In January 2014, Ofsted published an analysis of inspections of Private Fostering undertaken in 2011 to 2013 (12 local authorities). The key findings from this analysis are as follows:

- Only one third of local authorities inspected were judged good.
- Low reporting of private fostering arrangements suggests there must be extensive 'unknown' private fostering in many areas.
- The annual DfE data collection produces little useful information and does not help manage risk
- Performance measures over-emphasise timely completion of set tasks rather than focusing on trends in the overall impact of local authority private fostering arrangements
- There is little evidence that awareness raising campaigns have any impact on self-referrals by the public, although strategies can help to raise awareness among professionals
- Annual Reports, whilst a requirement, are rarely of any significant value and do not address major strategic issues, such as how well they are performing against others or form an effective means of self-evaluation.
- A better system of classifying types of private fostering arrangements is well within the capabilities of local authorities.
- Risk assessment is hampered by the weakness of national data and the poor quality of local authority self-evaluation.

The report sets out a number of recommendations. The following are the relevant recommendations that could be carried out at a local level:

Data Collection:

The report makes recommendations for the DfE but consideration could be given at a local level to how we record and categorise private fostering arrangements:

- Recording how notifications were first made
- Categorise children by reason for placement (to enable the separation of high and low risk groups)
- How long children were living in the arrangement before notification
- The proportion of voluntary self-referral (by the adult private foster carer) being seen as the key indicator of effectiveness
- Schools being required to clarify numbers of children not living with their parents as part of the admissions process

Awareness Raising

- Re-branding Annual Reports as 'self-evaluation' and publishing them in full on the LA and LSCB web sites
- Place the emphasis on 'key contact' points such as school enrolment and GPs, verifying that children are living with their parents

- Make regular contacts with all language colleges in the LA area to check whether they have relevant young people on roll and where they are living and review such arrangements at regular intervals with the service provider

Objectives for 2014/15 are as follows:

To reduce unknown private fostering arrangements in Slough by:

- Raising awareness within the community and in all services working with children and families to ensure that private fostering arrangements are identified and appropriate referrals made to children's social care. In particular, to identify 'key contact' points and for those working with children and families to undertake the relevant on line training
- Publishing the Private Fostering Annual Report on the LSCB and CYPP websites and seek agreement from partners to ensure the Annual Report is discussed at relevant management meetings within organisations.

Target 'key' contact points:

- Identify language colleges within a 10 mile radius of Slough and initiate contact with these colleges in respect of any arrangements in place for students that might constitute private fostering within Slough. To consider with other LSCBs the benefits of undertaking this on a Berkshire wide basis
- Seek agreement from schools and GPs to identify situations where children are not living with their parents by seeking verification from the adults caring for children.

A scorecard that will help measure progress

- Consideration of a Slough scorecard for Private Fostering, taking account of the recommendations in the Ofsted report referenced above

Managing Allegations concerning persons who work with Children and Young People

In accordance with guidance, Local Authorities should have a Designated Officer or Team of Officers (previously referred to as LADO) to be involved in the management and oversight of allegations against people that work with children.

Slough LSCB has the responsibility to ensure there are clear Policies and Procedures within Slough in relation to the management of allegations concerning Staff, Carers and Volunteers who work with children and young people. Organisations and individuals working with children should have in place clear policies for dealing with allegations against people who work with children.

The Designated Officer in Slough is currently a vacant position, covered by an officer on an interim basis. It remains a priority for Slough to permanently recruit to this position.

Allegations for the period 2014 – 2015:

- 51 referrals were made during this period. An increase of 7 referrals from the previous year
- Education remains the sector with the highest number of referrals; which reflects national statistics.
- 72% of referrals falls within the category of Physical Abuse
- 45% of Investigations had an outcome of unsubstantiated
- No member of staff was suspended or dismissed
- 1 referral was made to the DBS

Progress 2014 – 2015

- Timescales for strategy discussions and meetings have improved
- Minutes of strategy meetings are distributed within 2 weeks and agreed actions are provided on conclusion of each meeting.
- Referrals are accurately recorded and monitored. Outcomes for each case are documented.
- A secure and restricted electronic database has been developed to assist accurate and timely recording of all allegations.
- Designated Officer attended Designated Teacher forum for Schools

Priorities for 2014 – 2015

- Permanent recruitment to the Designated Officer position
- Develop a mechanism to acquire feedback and evaluation from service users and professionals.
- Develop a dataset for Allegations Management
- Promote guidance and procedures to organisations that have not referred to the Designated Officer; to include all religious establishments and denominations.
- Prioritise delay in the resolution of allegation investigations is to be undertaken

8. Child's Voice

Corporate Parent Panel (CPP)

Children in Care Council (CiCC) Outcomes and Achievements 2014

As evidence of the way in which partners 'hear the Voice of the Child' in their work, the following paragraphs provide an overview of the outcomes and achievements of the Children in Care Council throughout 2014. They detail specific projects that young people have been involved in and how their views have contributed to the development of the CiCC and the services they receive.

Children in Care website

Young people presented their action plan to the Corporate Parent Panel in November 2013 which included the development of a website specifically for Slough's looked after children and care leavers.

- *The CiCC have been involved in all stages of the development of the site from the design to the content. Young people initially researched other similar sites to find out what information they offer and what information we should provide.*
- *Young people were involved in the launch of the website that took place at the 2014 award ceremony.*
- *Young people continue to be involved in the development of the site. One example of this is making the 'Staying Put' policy available to download from the site. - the group would now like to make a short film about the role of Slough's CiCC and use animation so that it can be viewed via the website.*

On-line looked after children's form

The Independent Reviewing Officer (IRO) service has consulted with the group about looked after children's reviews and what could make their reviews better.

- *Young people felt that if the current booklet was made available as an electronic form, that this would be more appealing to young people and encourage them to complete it.*
- *Following the groups recommendation, a new on-line form was developed and has been piloted with a cohort of young people, including the CiCC. Young people have been involved in testing the new form and providing their views on the questions, instruction details and whether*

they would continue to use the on-line form or the existing paper booklet.

- Overall, young people recommended the on-line form for all future reviews but the form should have a printable option.
- once the changes have been made to the new on-line form it will be available for young people to use via the children in care website.

Development of the children in care council

Marketing

During 2014, young people agreed to a new design for the CiCC branding.

- the purple image now appears on all documents that are produced for the CiCC.
- young people wanted to change from the traditional style of minutes to something more colourful that captured the main discussions and decisions made at their sessions.
- young people agreed that the main outcomes of their sessions should be made available on the children in care website so everyone can see what they do and this will also promote the importance of their group.

To engage all children and young people in the CiCC, the group wanted a designated area on the website for the CiCC to share details on getting involved, what the CiCC does and a link to the contact form for children and young people to share their ideas.
- this was created and the group are continually involved in the development of this area.

At each annual award ceremony, the CiCC group always put together a short performance or presentation to showcase their achievements from that year. The group also suggested that a CiCC flier is put into each child/young person's pack.
- this was arranged for the 2014 ceremony, to promote the CiCC and provide details on how children and young people can get involved.

Recognition

- Young people attended Corporate Parent Panel in September 2014 and shared their request for a 'children in care council offer' which detailed what young people would receive for being part of the Children in Care group.
- the 'offer' is now in place.
- following the groups request for a residential workshop; this has been agreed and will be taking place towards the end of 2015.
- Young people's dedication and commitment to the CiCC is recognised and celebrated at each annual award ceremony.

Review of the Contact Centre

This project was initiated by the young people having a general discussion about their contact and contact workers. The group all agreed that the equipment and décor was more suitable for younger children aged under 8. They also agreed that the centre needed to have areas that were more appealing and suitable for those older children and young people.

- The group began their review of the centre and its facilities at the beginning of this year by inviting the Contact Centre Manager, to their CiCC session. Young people were able to share their thoughts and comments direct to her. The project is now at a stage where the group have begun to create some artwork to display in the centre where they would like to base themselves as a group and transform a room, not only for their use, but for older teenagers that need a comfortable space for contact.
- this project is still on-going.

Mind of My Own (MOMO) application

The CiCC were involved in testing this app and were asked to share their feedback.

- Overall, the group liked the app but raised important questions, for example, the security of information, that needed to be investigated before we signed up to MOMO.
 - as MOMO is a form; a decision was taken that we would develop our own existing consultation system and trial this before purchasing the app.

Corporate Parent Panel (CPP)

Members of the CiCC group currently attend each CPP to feedback and present on outcomes of their sessions and represent the views of all Slough's looked after children. Following December's CiCC session, the group decided that young people who would like to sit on the CPP should nominate themselves.

- Three young people nominated themselves to sit on the CPP.
- Young people also requested that the Chair of the CPP meet with them 30 minutes before a panel.
 - this arrangement is now in place.

Taster days to recruit new young people

To engage more young people in the CiCC and ensure it is more widely represented, it was suggested to hold a number of taster sessions during the summer holidays, one in Slough and one in Kent. Young people would have time to relax with one another as well as take part in some consultative activities.

- Both days encouraged new young people to get involved.
 - as a result three new young people were recruited to the group and seven young people, currently placed in Kent, were able to get involved and find out more about the CiCC.
- Young people also created the 'CiCC offer' during this session. (see recognition below for details)

Other projects and consultations that the children in care council have been part of:

Annual Award Ceremony

The group are involved in the planning of each annual event and also involved in the evaluation. Over the past few years, the event has flourished and this is due to young people's feedback.

- Young people really liked the fact they could relate to the speaker/celebrity as he had also experienced being in foster care.
 - young people agreed that the outstanding achievement award was a good idea and definitely should be arranged for the 2015 event.

Young people's interview panel

- Some members of the CiCC group were involved in the young people's interview panel to recruit the Chief Executive of the new organisation.

Participation and engagement consultation day summer 2014

- Young people took part in a day of activities as well as a consultation to find out about their experiences of being in care.
 - two young people, who took part in this day, then joined the Children in Care Council.

Focus groups

- Young people took part in a focus group for the Department for Education.

Youth Voice and Youth Parliament

- *Young people took part in an activity to share their views on the Youth Voice; what should be offered to young people living in Slough and shared their comments on the branding.*
- *Following the Youth Voice group work, young people then took part in an information session to find out how they can get involved in the Youth Parliament either as a representative of the CiCC or via their secondary school.*
- one young person took up the opportunity to be part of the Slough Youth Parliament.

9. Priorities for 2015 - 2016

The detailed priorities for the LSCB in 2015-16 are contained in Appendix C. They can be summarised under four themes:

- 1. Theme 1: Evaluating the Impact of Early Help particularly for children:**
 - Involved in substance abuse or with mental health issues,
 - in families who have recently moved to Slough or
 - living in families where domestic abuse is a factor
- 2. Theme 2: Issues of Particular Public Concern – Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM)**
- 3. Theme 3: Developing the Capacity of Partners and the Board,** particularly regarding auditing of services and performance management, identifying risks, sharing information and hearing the voice of the child and professionals
- 4. Theme 4: Learning and Improvement from case reviews.**

Appendix: A

Partner Agencies SLSCB Attendance

| LSCB Executive Board | % of Attendance |
|-----------------------------|------------------------|
| Organisation: | |
| BHFT | 100 |
| CCG | 83 |
| SBC | 100 |
| Primary Education | 50 |
| Secondary Education | 67 |
| Thames Valley Police | 100 |
| Slough LSCB | % of Attendance |
| Organisation: | |
| Adults Safeguarding | 50 |
| BHFT | 100 |
| CAFCASS | 50 |
| CCG | 75 |
| CSC (SBC) | 100 |
| College | 75 |
| HWPH | 25 |
| Healthwatch | 0 |
| Home Start | 50 |
| Housing (SBC) | 50 |
| Lay Member | 75 |
| LSCB SBC | 100 |
| NHS England | 50 |
| Primary Education | 50 |
| Probation | 50 |
| Secondary Education | 50 |
| Slough Borough Council | 100 |
| TVP | 100 |
| Voluntary (VOL) | 50 |
| YOT (SBC) | 75 |

Appendix: B

Ofsted Review of the effectiveness of the Slough Local Safeguarding Children Board:

Inspection date: 19 November 2013 – 11 December 2013.

The effectiveness of the SLSCB was judged "inadequate"

| Priority and immediate action | Progress |
|---|--|
| <p>Ensure all partner agencies are engaged in the delivery of the early help strategy that children and families have equal access to the services they need as early as possible.</p> | <p><i>The Annual Report shows the increasing commitment of partners to the work of the Board. Whilst this has progressed, it is anticipated that the establishment of the Slough Children's Trust in Autumn 2015 will bring new clarity to partnership working and enable significant further progress in 2016..</i></p> |
| <p>Ensure that agencies take full responsibility for their roles as set out in Working Together to Safeguard Children (Department for Education 2013) and that they commit to multi-agency strategies and working groups, including sharing responsibility and resources where necessary.</p> | |
| Other Areas for improvement | Progress |
| <p>Include an evaluation of the effectiveness of arrangements for children who are missing from home and education in the LSCB annual report. This information should be accompanied by an overview of private fostering in order to help make decisions and plan service improvements.</p> | <p><i>An update regarding Child Sexual Exploitation and missing from home and education is included within this Annual Report. An overview of Private Fostering arrangements is also included within the main context of the report</i></p> |
| <p>Complete and implement a pathway for young people at risk of sexual exploitation, which clearly outlines multi-agency responses and interventions, setting out how risk will be continually reviewed on individual cases.</p> | <p><i>Details of the work to improve partnership performance on Child Sexual Exploitation is included in detail within this Annual Report. The work includes the adoption of new pathways to ensure that cases are proactively managed</i></p> |
| <p>Improve auditing activity and focus on evaluating the quality of interventions in order to draw the key lessons for improving management decision-making and oversight on cases.</p> | <p><i>During 2014-15 Slough LSCB has struggled with this aspect of LSCB work. Although intentions to carry out multi-agency audits were good at the start of the year, staffing issues led to a lack of progress on bringing the plans to fruition. As a result, no multi-agency audits were completed in the first nine months of the year. However by the end of the year a process for carrying out such audits had been established and the first audit into section 47 cases had taken place. Further details of progress are within the report.</i></p> |
| <p>Ensure operational staff are included in multi-agency audits to provide the required expertise to ensure rigorous scrutiny. Individual agencies must own the findings of audits and use this information effectively to promote improvement.</p> | |

Appendix: C

Slough Local Safeguarding Children's Board Business Plan 2015-16

Slough Local Safeguarding Children's Board (SLSCB) Business Plan 2015 -16 was agreed by Members of the Board on 19 March 2015.

Members of the Board are required to provide outcome performance measures on actions for which they hold lead responsibility.

The Business Plan incorporates the priority areas identified at the SLSCB Executive Meeting held in December 2014 and considered by Members of the SLSCB during the same month. It is designed to be concise and based on SMART principles. It is work in progress and Board Members are expected to amend or add to it when they meet.

This Plan replaces the 2013 -17 SLSCB Business Plan and the Board will revert to an annual planning cycle for the foreseeable future.

This Plan addresses four themes:

- **Theme 1: Impact of Early Help**
- **Theme 2: Issues of Particular Public Concern – Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM)**
- **Theme 3: Developing the Capacity of Partners and the Board**
- **Theme 4: Learning and Improvement**

Slough Local Safeguarding Children's Board Business Plan 2015-16

Theme 1: Impact of Early Help

| What is the issue | What will SLSCB do | Who will lead it | Received or Completed By/ When | How will we know the SLSCB action is effective | Outcome Performance Measures | |
|--|---|--|---------------------------------------|---|--|---|
| <ul style="list-style-type: none"> Working Together (WT) 2015 requires LSCBs to evaluate the impact of Early Help Early Help is Coordinated by Children & Young People Partnership Board (CYPPB) SLSCB needs to understand how effective early help is and therefore needs to evaluate its impact | Monitor Progress on Early Help | Susannah Yeoman – Deputy Locality Director (Health) | Quarterly | SLSCB discussions will assess the progress of Early Help and comments from the Board will be fed back to CYPPB for action | Professionals across the partnership appropriately apply the LSCB Threshold Document (April 2014) | |
| | Receiving from CYPPB and discussing regular reports of progress of the Early Help Project | | | | There is a significant increase in the number of Early Help Assessments undertaken with good representation from all agencies. Early Help Assessments are appropriately stepped up or down | |
| | Commission and consider the conclusions of evaluation work on the impact of early help on particular target groups of children | Chair of SLSCB Quality Assurance Group | | | | |
| | 1. Adolescents involved in substance abuse and/or with mental health issues | | | October 2015 | Evaluation work completed and action plans implemented by SLSCB or CYPPB as appropriate | DNA Rates Waiting Times A and E attendances National Indicators re Adolescent Drugs and Alcohol Service % of children who |

Theme 1: Impact of Early Help

| What is the issue | What will SLSCB do | Who will lead it | Received or Completed By/ When | How will we know the SLSCB action is effective | Outcome Performance Measures |
|-------------------|---|------------------|--------------------------------|---|---|
| | | | | | attend following action by professionals % of children who self harm % decrease in incidents of self harm Number of children referred to CAHMS Tiers 3 and 4 |
| | 2. Families who have recently moved into Slough | | March 2016 | Evaluation work completed and action plans implemented by SLSCB or CYPPB as appropriate | No's of New Families registering with GP CAF outcome data v length of residency |
| | 3. Children living in households where Domestic Abuse (DA) is a known factor. | | December 2016 | Evaluation work completed and action plans implemented by SLSCB, CYPPB or Safer Slough Partnership (SSP) as appropriate | DA Incidents DA incidents with child in household Repeat DA incidents with child CAF Outcomes for DA Households MASH data re DA |

| Theme 2: Issues of Particular Public Concern – Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM) | | | | | |
|--|--|--|---------------------------------|---|--|
| What is the issue | What will SLSCB do | Who will lead it | Received or Completed By / When | How will we know the SLSCB action is effective | Outcome Performance Measures |
| <ul style="list-style-type: none"> Nationally and locally there is considerable public and professional concern about the risks to Children from Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and Domestic Abuse (DA). SLSCB needs coordinate strategic multi-agency responses to these issues and evaluate the outcome of those services. | CSE: Coordinate the development of services addressing CSE by: | Simon Bowden – Supt Local Police Area (LPA) Commander | | | <p>Children at risk of CSE are effectively identified and protected by a clear referral pathway</p> <p>Children who go missing are interviewed by an independent and skilled practitioner on their return</p> <p>Victims of CSE are appropriately and effectively supported</p> <p>Perpetrators are prosecuted</p> |
| | <ul style="list-style-type: none"> Reviewing and implementing the multi-agency CSE Strategy | | July 2015 | Strategy Approved by SLSCB Strategy used to decide activity by partnerships and agencies | |
| | <ul style="list-style-type: none"> Reviewing the CSE Action Plan for Slough Agencies | | July 2015 | Action Plan approved by CSE Strategic Group | |
| | <ul style="list-style-type: none"> Implement the CSE Action Plan for Slough Agencies | | March 2016 | Action Plan used to implement activity | |

| | | | | | |
|--|--|--|-------------------|--|--|
| | <ul style="list-style-type: none"> Evaluate the impact of CSE measures in specific cases through multi-agency audit | Chair of SLSCB QA Group | March 2016 | Outcomes for general public, CSE victims and perpetrators are achieved | |
| | FGM: | Sarah Bellars – Director of Nursing | | | |
| | Develop and implement a Slough Multi-Agency Strategy for FGM | | July 2015 | Strategy Approved by SLSCB and used to decide activity by partnerships and agencies | <i>Children at risk of FGM are identified and subject to a safeguarding referral pathway</i> |
| | Develop and implement a Multi-Agency Action Plan for FGM in Slough | | July 2015 | Action Plan approved by LSCB and referred to across relevant partnerships and operating safeguarding groups. | <i>Potential criminal activity is referred for criminal investigation</i> |
| | Evaluate the impact of FGM measures in specific cases through Multi-Agency audit | | March 2016 | Outcomes for general public, FGM victims and perpetrators are achieved | <i>Victims receive appropriate services</i> |

| Theme 3: Developing the Capacity of Partners and the Board | | | | | |
|---|--|-----------------------------------|--|--|---|
| What is the issue | What will SLSCB do | Who will lead it | Received or Completed By/ When | How will we know the SLSCB action is effective | Outcome Performance Measures |
| Audits/Performance SLSCB needs to be assured that safeguarding performance is following procedures, managing risks appropriately and achieving good outcomes for children. In addition to Multi-Agency auditing (see above) this is achieved by: <ul style="list-style-type: none"> Monitoring performance information Discussing the findings of Single-Agency audits, and s11 audits within agencies. | | | | | |
| | Performance Monitoring Working with CYPFB, develop and receive regular performance reports containing relevant analysed data | Chair of SLSCB Audit Group | Quarterly | SLSCB receives and discusses regular performance reports which inform decision-making and actions by the Board and Executive | Risks identified, decisions made and actions initiated as a result of performance reports The Board receives regular performance information from all partners All partners contribute to the work of the Board by means of regular attendance at Board and sub group meetings and contributions to actions |
| | Single-Agency Audits SLSCB receives the findings of performance audits carried out by single agencies as part of their own assurance processes | Chair of SLSCB Audit Group | Regularly as per audit timetable. Audits completed; 1)Strategy meetings and s47 enquiries(March | Findings are received and discussed. Themes from audit findings are used to develop actions for partners | Risks identified, decisions made and actions initiated as a result of single agency audit reports |
| | | | | | |

| | | | | | |
|--|---|-----------------------------------|---|--|--|
| | | | 2015) 2) CSE (June 2015) Programme for the year has been sent to partners | | |
| | Section 11 Audits | | | | |
| | SLSCB participates in joint s11 processes with other LSCBs and, if appropriate, requires other s11 audits to take place | Chair of SLSCB Audit Group | As per agreed timetable | Section 11 Audits reports and progress on action plans are received and discussed by SLSCB | Risks identified, decisions made and actions initiated as a result of s11 audit reports |
| Impact of Multi Assessment Service Hub (MASH) | Evaluation of Mash Impact | | | | |
| SLSCB should ensure that MASH arrangements are reducing risk to children | SLSCB carries out or receives a report evaluating Slough MASH against its desired outcomes | Simon Bowden | January 2016 | Evaluation Report received and used to decide further MASH improvements | MASH has working arrangements that enable more effective risk assessment and information sharing. % of repeat referrals No of s47 enquiries per 10 k of the population under 18 % of s47 enquiries that led to Initial Child Protection Conference (ICPC) No of children subject to a CP Plan per 10k of the population |
| What is the issue | What will SLSCB do | Who will lead it | Received or Completed By / When | How will we know the SLSCB action is effective | Outcome Performance Measures |
| Child's and Professional's Voice | | | | | |

| | | | | | |
|--|---|-----------------------------------|--------------------------------------|--|--|
| In keeping with its assurance framework, SLSCB should ensure that the child and professionals' 'voice' is used to improve service delivery | SLSCB ensures that auditing and evaluation reports include analysis of the contribution that the child's and professionals' voice is making to service delivery | Chair of SLSCB Audit Group | As per agreed audit timetable | The voice aspects of audit reports are used to decide future actions by the Board and agencies | Evidence of Childs Voice leading to improved outcomes |
| Risk Register | | | | | |
| In order to manage strategic safeguarding, SLSCB needs to ensure that strategic decisions fully consider risks to children. | Develop and use a strategic risk register | Phil Picton | July 2015 | SLSCB will regularly review the risks and their mitigation and use the risk register to assist in strategic decision-making. | Evidence of outcomes changing as a result of actions taken on specific risks |

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Theme 4: Learning and Improvement

| What is the issue | What will SLSCB do | Who will lead it | Received or Completed By / When | How will we know the SLSCB action is effective | Outcome Performance Measures |
|---|---|--|---------------------------------|--|--|
| SLSCB needs to ensure that agencies fully learn from: The Serious Case Review (SCR) commissioned in January 2015 | Identify appropriate action for improvement from the SCR findings | Kitty Ferris Assistant Director Children & Young People | September 2015 | Actions will have been identified | |
| | Implement or monitor the implementation of these SCR actions | Kitty Ferris | December 2015 | Actions will have been implemented | |
| | Evaluate the impact of the SCR actions | Kitty Ferris | March 2016 | Outcomes of actions will have been evaluated and discussed by SLSCB | |
| SLSCB needs to ensure that the lessons are learned from the Significant Incident Learning Process (SILP) Case Review which reported in January 2015 | Identify appropriate action for improvement from the SILP findings | Kitty Ferris | July 2015 | Learning events scheduled for July 2015 and September 2015 | |
| | Implement or monitor the implementation of these SILP actions | Kitty Ferris | September 2015 | Actions will have been implemented | |
| | Evaluate the impact of the actions from the SILP review | Kitty Ferris | December 2016 | Outcomes of actions will have been evaluated and discussed by SLSCB | |
| SLSCB should understand the impact of the Single and Multi-Agency training programme on performance | SLSCB will consider evaluation reports coming from the East Berks Strategic and Operational training groups, using them to decide the future direction of Multi-Agency training | SLSCB Business Manager | October 2016 | Evaluation reports will have been discussed, with appropriate decisions about future development | Agencies will have completed Training Needs Analysis (TNA) Agencies will ensure |

Theme 4: Learning and Improvement

| What is the issue | What will SLSCB do | Who will lead it | Received or Completed By / When | How will we know the SLSCB action is effective | | Outcome Performance Measures |
|-------------------|--|-------------------------------|---------------------------------|--|--|---|
| | | | | | | that learning outcomes are incorporated into practice |
| | SLSCB will receive reports from single agencies explaining the impact of their training programmes and plans for future development. | SLSCB Business Manager | March 2016 | Evaluation reports will have been discussed, with appropriate decisions about future development | | |

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SLOUGH BOROUGH COUNCIL**REPORT TO:** Slough Wellbeing Board **DATE:** 11 November 2015**CONTACT OFFICER:** Nick Georgiou
Independent Chair, Slough Safeguarding Adults Board

(01753) 875202

WARD(S): All**PART I**
FOR COMMENT & CONSIDERATION**SLOUGH SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014/15****1. Purpose of Report**

To make the Slough Wellbeing Board (SWB) aware of the work of the Slough Safeguarding Adults Board (SSAB) during 2014/15 and to present the main areas of common concern to the board.

2. Recommendation(s)/Proposed Action

The Board is requested to note and comment on the report and any actions relevant to both partnership boards.

3. The Slough Safeguarding Adults Board Annual Report

Although the annual report has been presented to the SWB in previous years, with the introduction of the Care Act in April 2015 this is the first time that the SSAB has had a statutory responsibility to prepare and present the annual report.

As part of putting Adult Safeguarding on a statutory footing the Care Act also identified the local authority as the lead authority with both the local police force and CCG sharing responsibility for local safeguarding arrangements as core board members.

The six key safeguarding principles outlined in the Care Act underpin all our adult safeguarding work; they are consistent with the SWB priorities, particularly in regard to Health, Housing and Safer Communities. These principles are:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

They are described more fully in the introduction to the Annual Report.

As well as describing both national and local developments through the year, this annual report is a retrospective that reflects the work carried out in 2014/15. The report is presented in a different way from previous annual reports focusing on the

issues and work carried through in relation to the objectives in the Board's strategic business plan. By taking this approach our intention is to generate a more readable and coherent picture of the work undertaken, the shared objectives of this work across the partner agencies and their respective contributions.

3a. **Issues in the annual report of specific relevance to the SWB**

As will be expected there are significant areas of common interest and overlap in the priorities of the SWB and SSAB. This is also the case between the SSAB and the Safer Slough Partnership (SSP), and this was reinforced in the Care Act with the introduction of three new categories of abuse, two of which are directly relevant to the SSP: Modern Slavery and Domestic Violence. This has been drawn out in the report of this annual report to the SSP in November 2015. The third category of Self Neglect will be of significance to this board and has been a consideration in Serious Case Reviews (now referred to as Safeguarding Adult Reviews) and is often a factor in mental capacity assessments.

Two of the SSAB's strategic objectives referred to in the annual report are emphasised here:

Strategic Objective 3: Making Safeguarding Personal

This work has been referred to in last year's annual report but the initiative has been advanced both at the national and local level. This is the national direction for safeguarding work with a lesser emphasis on the safeguarding process and stronger focus on achieving, with the individual, what they would like to see as an outcome from the safeguarding involvement. This is not always easy to progress but contains the potential for a much more effective and relevant service to people at risk. This approach is endorsed and promoted in the Care Act and both the borough council, as the lead safeguarding agency, and the SSAB seek to embed this way of working in all adult safeguarding work, the majority of which is multiagency work with partners.

Strategic Objective 4: All agencies will ensure that there is consistent compliance with the Mental Capacity Act, including Deprivation of Liberty Safeguards where relevant

Working within the mental capacity framework is an important aspect of Making Safeguarding Personal. It is a counter to any tendency to want to make risk averse decisions for people rather than the agency working with the person and their families and friends to make positive decisions that may generate greater risk as the outcome of consideration by that person of their own situation and what they want for themselves. There is no doubt that this does require a changed working model that professionals across the agencies have struggled with since the introduction of the Mental Capacity Act in 2007. This view is reflected nationally, and Slough is active in the Berkshire Mental Capacity Implementation Group and awareness raising training underway locally.

There are however, very difficult resource and practice implications in regard to the Deprivation of Liberty Safeguards (DOLS) as the definition of those subject to DOLS has been extended following judgements in the Supreme Court in 2014. This has led to a significant increase in the numbers of DOLS applications, from 28 in 2013/14 to 391 in 2014/15. It is anticipated that the number in the current year will exceed 400. Each application requires assessment by a limited pool of qualified Best Interest Assessors (BIA).

This is a major national issue with all local authority areas affected, some more than others depending on their demographic and the resources in the area. Slough is working with neighbouring local authorities to share BIA capacity as necessary, and while there is significant local pressure and an unavoidable budget overspend, by careful prioritisation the pressure is being managed though with extended waiting times for assessment where the situation is not urgent.

3b. **Five Year Plan Outcomes**

The work of the SSAB directly contributes to the following outcomes in the Councils Five Year Plan:

- Slough will be one of the safest places in the Thames Valley
- More people will take responsibility and manage their own health, care and support needs

4. **Other Implications**

(a) Financial

The Care Act identified the local authority police authority and Clinical Commissioning Group for each area as core members of the statutory Adult Safeguarding Board. As part of their core membership an expectation of funding for the board was set out with each agency making a contribution to the costs incurred in delivering the board’s responsibilities. Each agency does make a contribution; for the current year, 2015/16 Thames Valley Police has contributed £5,000, the CCG £5,000 and the borough council as the lead authority meeting the costs of staff members with specific safeguarding responsibilities.

As independent chair I am conscious of the significant financial and resource strains all the partners are under. While it is not possible to quantify a specific and direct impact on safeguarding work, as agencies continue to make savings it is probable that the risk will be increased if support resources decrease and pressures on staff increases. While the SSAB is awareness of this, its responsibility to seek assurance of the quality of safeguarding within and between local agencies remains of primary importance to the SSAB.

There is a specific financial pressure faced by the borough council from the increased DOLS work referred to above with an overspend in 2014/15 of £15,000. This has been recognised by central government who have agreed a one off increase in the DoLS grant to local authorities this year resulting in an on target budget projection.

(b) Risk Management

In large measure all safeguarding work is about risk management, and as identified above there is a concern that further savings and continuing pressure on resources, for all agencies, will increase safeguarding risks.

| Recommendation | Risk/Threat/Opportunity | Mitigation(s) |
|----------------|--|--|
| | Increase in safeguarding activity following addition of new categories set out in the Care Act 2014. | Ensure triaging system for receiving safeguarding concerns is through with clear management oversight. |

| | | |
|--|---|---|
| | Responding to DoLS in a timely fashion | Train more BIAs and develop retention strategies. |
| | Increase in Safeguarding Adult Reviews for Self Neglect cases | Further embed risk management training and tools for operational staff. |
| | Increase in costs in relation to Serious Case Reviews | This would be an additional cost pressure to SBC unless partners increased their financial contribution,. |

(c) Human Rights Act and Other Legal Implications

The working principle of the Board is that:

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

(d) Equalities Impact Assessment

Equalities Impact Assessment will be undertaken for as and when required for specific programmes of work as directed by the SSAB.

5. Comments of Other Committees

The SSAB has considered and endorsed this Annual Report which will also be presented to the safer Slough Partnership at the end of November. Partner agencies of the SSAB will also be presenting to their respective Boards over the next few weeks.

6. Conclusion

The SWB is asked to consider and note the Annual Report of the SSAB

7. Appendices Attached

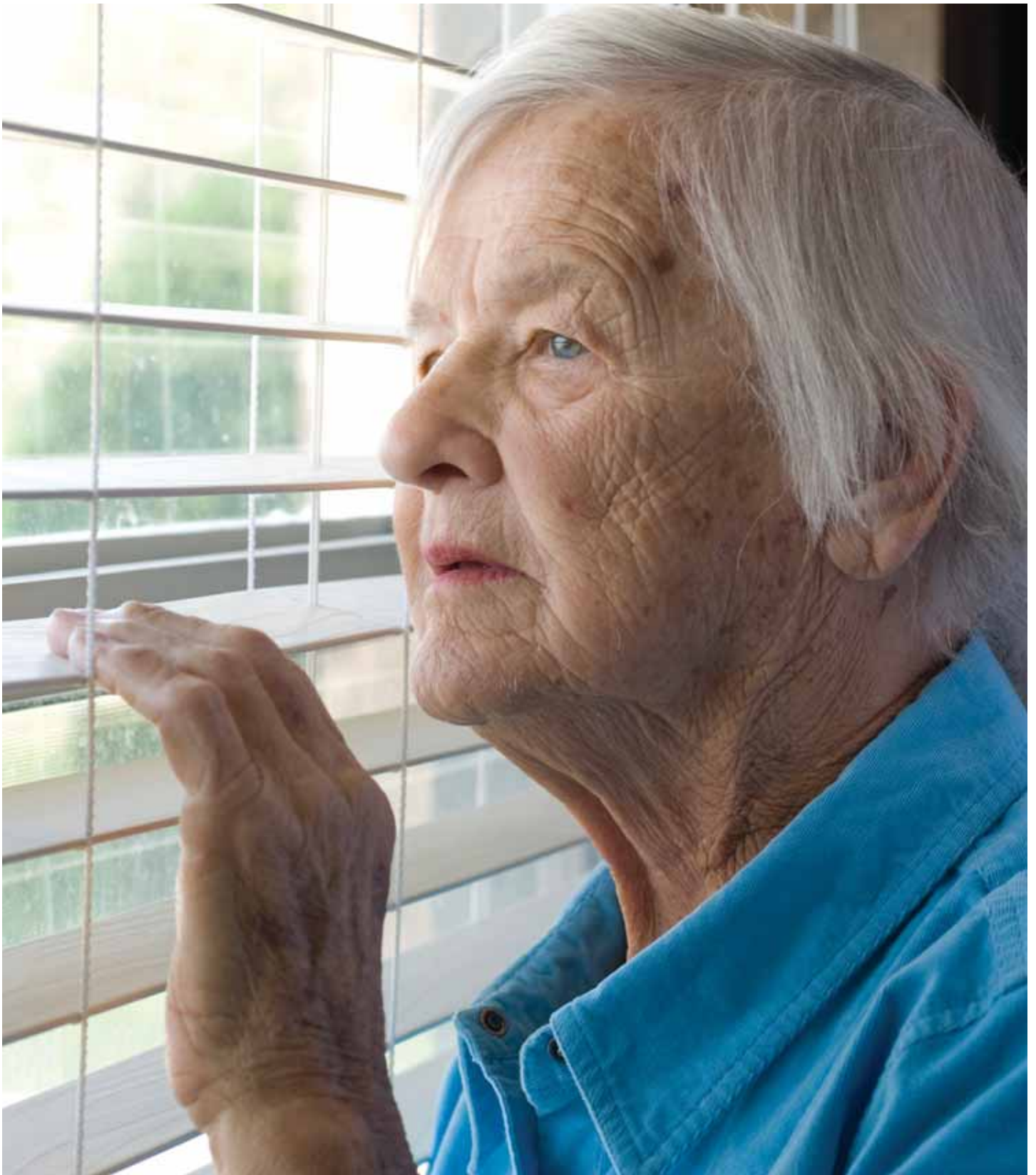
A - Slough Safeguarding Adults Board Annual Report April 2014 to March 2015

8. Background Papers

None

Annual Report

Slough Safeguarding Adults Partnership Board
April 2014 to March 2015



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Foreword

Although this report relates to the year before the introduction of the Care Act in April 2015, our anticipation, planning and introducing changes prior to its introduction have been major features of the Board's work, and that of all the partners working in Slough.

There is a changed focus to the objectives in safeguarding with our stronger focus on involving the person in the process and seeking to achieve the outcomes they want from the protective intervention and involvement with statutory services. I hope this is reflected in this annual report, and also that the report drafted to show progress against our strategic objectives conveys the breadth of local safeguarding work and the Board's collective response and drive to tackle the range of local challenges.

The commitment of staff working across the agencies, statutory and voluntary, is as impressive as ever as they work in ever more challenging financial circumstances and with higher levels of expectation placed on them.

We know that there is always a lot more to do to ensure that the service is as positive and inclusive as possible. With the new demands and possibilities in the Care Act we look forward to rising to this challenge.

Nick Georgiou
Independent Chair
Slough Safeguarding Adults Board



Introduction

This is an exciting time for Adult Social Care and for Adult Safeguarding with the introduction of the Care Act 2014 (implemented 2015). For the first time the Care Act puts Adult Safeguarding on a legal footing, making requirements of the local authority and its partner agencies to protect our most vulnerable citizens. The Act re-enforces the principles developed in the ADASS guidance 2005 and reaffirms that they are central to adult safeguarding:

Six key principles underpin all adult safeguarding work

1. **Empowerment** - People being supported and encouraged to make their own decisions and informed consent. *"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*
2. **Prevention** - It is better to take action before harm occurs. *"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*
3. **Proportionality** - The least intrusive response appropriate to the risk presented. *"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*
4. **Protection** - Support and representation for those in greatest need. *"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*
5. **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *"I know that staff treats any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*

6. **Accountability** - Accountability and transparency in delivering safeguarding. *"I understand the role of everyone involved in my life and so do they."*

(Care Act 2014, Section 14.13)

The Act then goes on to describe the context of Adult Safeguarding and provides a new definition of whom these safeguards relate to.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible; prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and address what has caused the abuse or neglect.

(Care Act 2014, section 14.11)

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect;
- and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

(Care Act 2014, section 14.2)

The definition is interesting in that it replaces the one described in "No Secrets" (2000) which talks about different service user groups and widens the scope of the people whom locally authorities now have a duty to protect. The Act further widens this again with the types of abuse that are now covered by the Act and these include:

- *Physical abuse - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.*
- *Sexual abuse - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.*
- *Psychological abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.*
- *Financial or material abuse - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.*
- *Discriminatory abuse - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.*

- *Organisational abuse - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.*
- *Neglect and acts of omission - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating*

(Care Act 2014, 14.17)

The Care Act also introduces three new categories of abuse:

1. *Self-neglect - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.*
2. *Modern slavery - encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.*
3. *Domestic violence - including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.*

(Care Act 2014, 14.17)

Slough Safeguarding Team together with Slough Safeguarding Adults Board are looking at how we adapt our services to meet these new categories of abuse, in particular the issues related to self-neglect which has always sat outside of Adult Safeguarding. This will be referred to again later on in the Annual Report in terms of future work for the Board.

3) National developments 2014/15

The Care Act 2014

The Care Act 2014 is an historic piece of legislation, not only because it includes the first overhaul of social care statute in England for more than 60 years, but also because of the collaborative nature of its passage through parliament.

Local councils' new duty to promote people's wellbeing will now apply not just to users of services, but also to carers. And not only to carers of adults: a corresponding duty in respect of parent carers of disabled under-18s has been included in the Children and Families Act 2014, which was proceeding in parallel.

People receiving care and support from a regulated provider and arranged by their council, whether in a residential setting or at home, will now be covered by the Human Rights Act.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

Local authorities have new safeguarding duties. They must:

- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them

- **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested.

Orchid View Serious Case Review

Orchid View was a care home in West Sussex that was registered with the Care Quality Commission (CQC) from September 2009 to October 2011. The home, run by Southern Cross, provided care and nursing for up to 87 people who were elderly, frail, had nursing, or dementia care needs. The home closed in October 2011 following a number of serious safeguarding concerns over the two years that it was open.

In October 2013 a coroner's report ruled that neglect had contributed to five resident deaths, with other residents suffering 'sub-optimal' care. The report said that the home was mismanaged and understaffed. The coroner also criticised CQC for failing to identify the failings at the home prior to its inspection in September 2011 and not taking action to close the home prior to its voluntary application to cancel its registration resulting in closure in October 2011.

Following the coroner's report, a Serious Case Review (SCR) commenced to consider the practices of all the agencies that had a role in safeguarding residents at the nursing home and to ensure that the lessons learned are being auctioned by all the agencies involved. CQC submitted an Individual Management Review to support the SCR in December 2013. The overall report from the SCR published in June 2014 and the further recommendations for CQC arising from the SCR are being taken into account.

This Serious Case Review had many recommendations which could apply to all local authorities and many of the recommendations have been taken on board by Slough Adult Safeguarding Board.

Operation Yewtree

This was a police investigation into sexual abuse allegations, predominantly the abuse of children, against the British media personality Jimmy Saville and others. The investigation, led by the Metropolitan Police Service, started in October 2012. After a period of assessment it became a full criminal investigation, involving inquiries into living people as well as Saville.

On 19 October 2012 the Metropolitan Police reported that more than 400 lines of enquiry had been assessed and over 200 potential victims had been identified. By 19 December, eight people had been questioned; the total number of alleged victims was 589, of who 450 alleged abuse by Saville. The report of the investigations into the activities of Saville himself was published, as Giving Victims a Voice, in January 2013. Operation Yewtree continued as an investigation into others, some but not all linked with Saville.

Although this investigation related to child sexual allegations it does have implications for Adult Safeguarding in that it shows how organisations allowed people access to vulnerable children without supervision or monitoring and this has

been known to happen to adults. Secondly a lot of the victims of Saville are now adults and the abuse will obviously have an impact on their adult lives.

Oxfordshire Children's Serious Case Review - Bullfinch

The independent Serious Case Review into Child Sexual Exploitation in Oxfordshire was published on Tuesday 3 March 2015 by the Oxfordshire Safeguarding Children Board. The serious case review followed a trial in 2013 in which seven men were imprisoned for a total of 95 years for their crimes which took place from 2005-2011.

Again although this is a report around Child abuse, the lessons learnt which are important for adult safeguarding especially with the widening of the definition of Adult Safeguarding to include Slavery, Domestic abuse and Self-Harm.

In Slough like other authorities we are working closely with our colleagues in Children's services to devise plans to ensure that our children and young adults are protected from such exploitation and grooming. This form of grooming is as likely to happen to young children to some of our most vulnerable adults, in particular those who have a learning disability or a mental health problem.

4) Local developments 2014/15

Multi-Agency Safeguarding Hub (MASH)

The protection of our most vulnerable children or adults, is a fundamental responsibility of all public agencies whether statutory, non-statutory or from the third sector. There is a key acknowledgement that services engaged in the safeguarding of children and adults should work together in a structured way to keep them safe.

In 2014/15 it was decided that there should be a Multi-Agency Safeguarding Hub (MASH) in Slough. Working with our partners at Slough Borough Council, Health and Thames Valley Police a plan has

been put in place to have their key safeguarding teams together to physically work in the same place. It is anticipated that this service will go live in April 2015 for Children's service with Adult service coming on line in 2015/16.

The MASH takes a 'whole family' approach to safeguarding. Our partners share and analyse key information about each family to inform safeguarding decisions. This enhanced data sharing across the partnership joins up all the available information to support vulnerable people, and may inform interventions to protect them.

5) Strategic Business Plan 2014-15

Strategic objective 1

All agencies individually and collectively will have a process for identifying and managing risk.

Quality recording will enable details of concerns and actions taken to be seen clearly. All agencies will have an audit process which will identify areas of good practice and areas for improvement.

The governing principle behind good approaches to choice and risk is that people have the right to live their lives to the full as long as that does not stop others from doing the same:

By taking account of the benefits in terms of independence, well-being and choice, it should be possible for a person to have a support plan which enables them to manage identified risks and to live their lives in ways which best suit them." Independence, choice and risk: a guide to best practice in supported decision making - DOH 2007

Slough Safeguarding Adults Board recognised the importance of good risk assessments in all areas of work with vulnerable adults, but particularly in relation to Safeguarding Work. The importance of good risk assessments was highlighted to the Board from a Serious Case Review commissioned by the Board in 2012/13. The Board decided that risk would form an area of work for the Board and its members.

What have we achieved?

1. Slough Safeguarding Adults Board - Multi-Agency Risk Framework

The first piece of work that was undertaken was a refreshing of the Boards Multi-Agency Audit Framework. This Framework had been in place for several years but it was felt that this needed to be updated in line with the forthcoming Care Act and to ensure it took into account the philosophy and values of "Making Safeguarding Personal".

This Framework was updated and ratified by the Board in February 2015 and compliance with the Framework will form part of the work of the Board over the following year.

2. Slough Adult Social Care Risk Tool and Guidance

It was decided that this Guidance also needed to be updated in line with the Care Act and "Making Safeguarding Personal", (see MSP Section below). The Board also wanted to re assure itself that this Guidance was now part of everyday practice and not just in Safeguarding work of all Adult Social Care staff. A training plan has been devised which will ensure that all staff will receive this training relevant to their role, but due to the implementation of the Care Act this training will be delivered between May and July 2015.

3. Multi-Agency Audit

The Safeguarding Board wanted to reassure itself that risk assessments were part of all Safeguarding cases and therefore two multi-agency audits were undertaken to by Board members looking at over 20 Safeguarding Cases with the main focus being on the quality of risk assessments in individual cases, one in March and one in October 2014/15. These audits used a particular audit tool that had been recently developed looking at an outcome focused approach. A report regarding the outcome of the first audit was available to Board members and Adult Social Care staff (January 2014) and highlighted the need for further work in this area. A report for the second audit is due out for the Board in June 2015.

4. Internal Safeguarding Audits

Slough Borough Council carries out internal audits of Adult Safeguarding cases. This year we moved away from our old audit tool which focused primarily on timescales and moved towards a tool which looked at the outcomes for the Adult involved and what change it made to their lives.

This means that our staff will be asking people at the beginning of their safeguarding enquiries what they want out of the case and how we can work with them to achieve these goals. These outcomes will be continually updated as the case progresses and at the end of the case the Adult will be asked if they feel their outcomes have been met and if not what else could or should be done to help them to achieve them. This work may need to be done outside of safeguarding as it could relate to housing, counselling etc.

These audits are carried out on a one to one basis, with a member of the Safeguarding Team meeting with a Designated Safeguarding Manager (DSM) to audit a case and the feedback from these audits are then given to the DSM and Level Two worker involved in the case. Any general patterns regarding practice that arise from the audits are fed into the training strategy.

5. Fire Safety Checks

Royal Berkshire Fire and Rescue Service (RBFRS) are members of the Safeguarding Board and were keen for the Board to look at one specific area of risk, fire deaths. The key aim of Royal Berkshire Fire and Rescue Service is to reduce deaths and injuries from fires and other emergencies. RBFRS have a free fire safety check service which is available to all clients. In order to try and address this issue the RBFRS are offering free Home Fire Safety Checks to all vulnerable adults in Berkshire and they have produced a leaflet to promote this service. The Board agreed to distribute this leaflet to all of the agencies involved in the Board to forward to their front line staff.

The leaflet was distributed to all users of Adult Social Services and now forms part of the pack of information pack that Slough Adult Social Care sends out to all people who contact the service. A fire safety check is also offered to all adults where there is a risk of fire due to the condition of their property, such as in cases of hoarding or neglect of property.

It is hoped that this approach will help to reduce the risk of fire deaths within Slough.

Way forward

Management of risk will continue to remain high on the Boards Strategic Objective's for 2015/16 and this will be taken forward again into the Board's Business plan for the coming year.

Slough Safeguarding Adults Board Member Gavin Wong, Deputy Commander for Slough local police area

My role is to support the Commander who has responsibility for front line policing and this means that I will deputise in his absence and take on that responsibility when required. In addition to a significant administrative role, I also work closely with partner agencies which reflects the need for all agencies to work together to achieve their own goals.

Policing has changed significantly over the last 20 years since I joined the Service, and safeguarding is now a significant aspect. We have always tried to protect people but it used to be very much about catching criminals. It is now clear that the Police Service has a responsibility for ensuring that our communities are protected from the dangers from many different types of harm.

Because we recognise the importance of protecting the vulnerable that is why 'Protecting Our Communities from the Most Serious harm' is one of our core objectives.

Thames Valley Police has itself changed over the years to reflect this need and there are a number of specialist roles to provide support which has been created. This includes the Protecting Vulnerable Persons department, development of Specially Trained Officers to support victims and the creation of Multi Agency Safeguarding Hubs (MASH). All officers receive specific training in relation to safeguarding. We certainly didn't have this level of focus when I joined and I feel that the Police are much better placed for it.

Safeguarding Adults is now a statutory responsibility and as with children, it is an opportunity to hold all agencies to account. I hope that it will encourage agencies to work together which will mean we are all in a better position to identify and safeguard the most vulnerable in our community.

Strategic objective 2

All agencies will have a clear process for managing safeguarding cases. All agencies will have a working knowledge of safeguarding adults.

Slough Safeguarding Adults Board has signed up to the Berkshire Safeguarding Policies and Procedures which are available on the internet <http://berksadultsg.proceduresonline.com/index.htm>. These provide clear guidance on the Safeguarding process in regard to Adults who are/ or at risk of abuse or neglect. All board members and partner agencies have agreed to follow these procedures.

What have we achieved?

The Board decided this year to focus on looking at agencies and their trigger processes for Safeguarding. This was done through a variety of processes including training, leaflet and information sharing as well as auditing and monitoring individual cases.

A new Performance Subgroup of the Board was set up with the remit to provide a more effective performance report which would enable the Board to reassure itself that agencies were correctly identifying and reporting allegations of abuse and neglect.

The Performance Subgroup is made up of a range of agencies and it was decided by the group that the report that was produced needed to include a range of information including:

- Safeguarding information - numbers of reports, location of abuse, type of abuse etc.
- Training Statistics - numbers of staff trained in relevant positions.
- Incidents of Hate Crime
- Numbers of prosecutions and outcomes of criminal and civil investigations
- Details of any Serious Case Reviews, Adults Reviews, Domestic Homicide Reviews, Children's Serious Case Reviews in area.
- Details of any serious untoward incidents or other agencies serious incidents involving adults in need of care and support.

Due to the complexity of obtaining the data from various sources the first copy of this report will be available for the September Board in 2015. The report will be available on a quarterly basis and will direct the forward planning to the Board and targeting its resources.

Way forward

- Performance report to be collated and disseminated to board
- Report to be used to determine board priorities for 2015/16
- Re-evaluation of report to ensure that it meets the working needs of the Board.

**Slough Safeguarding Adults Board Member
Jo Barnett, Named Nurse for Safeguarding
Adults at Frimley Health NHS Foundation Trust**

As Named Nurse for Safeguarding Adults at Frimley Health NHS Foundation Trust, I provide a point of contact for staff, patients and external agencies, identifying and supporting adults at risk and supporting patients with a learning disability. I ensure that the best interests of patients are upheld and that the Mental Capacity Act is implemented where necessary and regulatory standards are met. Training our staff in the different aspects of safeguarding adults is key to the success of keeping people safe in hospital

I really hope that adult safeguarding will continue to attract more attention as child protection does, to empower our patients to be confident about reporting abuse and not 'putting up' with a situation because they have little support or are too frightened to report it. I look forward to new statutory powers to safeguard adults, and to protect the most vulnerable using existing law, which will facilitate this.

Strategic objective 3

Making Safeguarding Personal

This objective is mentioned specifically within safeguarding elements within the Care Act 2015.

The LGA/ADASS Making Safeguarding Personal development project was drawn up in response to feedback from people using safeguarding services, stakeholders and practitioners that the focus of safeguarding work was on process and procedure.

People using safeguarding services wanted a focus on a resolution of their circumstances, with more engagement and control. Practitioners and safeguarding adult's board members want to know what difference they are making, but find it difficult to get this information from national indicators and data, which measure inputs, processes and outputs.

In 2009 the Improvement and Development Agency (IDeA, now LGA), SCIE, British Association of Social Workers (BASW) and Women's Aid worked together to form a body of knowledge, to assist empowerment and support for people making difficult decisions.

This initial work resulted in, 'Review of literature on safeguarding adults supporting 'vulnerable people' who have experienced abuse with difficult decision making' (Deborah Klèe, LGA 2009). The literature review found that there was very little evidence in this field, so we neither know what works best nor have evaluations of methods used. Following this literature review the LGA developed a toolkit with ADASS and academics, 'Making Safeguarding Personal - a tool kit of responses' (Ogilvie and Williams, LGA 2010), which identified a range of interventions that could be appropriate for adult safeguarding practice.

"Making Safeguarding Personal" in Slough

What did we do? In Slough we first entered the "Making Safeguarding Project" MSP in 2013 at Bronze level and as part of this we worked with a small group of staff, who represented all the Adult Services teams to look at embedding outcome focused work in Safeguarding. We completed this pilot project in March 2014. The outcomes of which was a resounding success from those staff and service users involved. As a consequence of this we decided to take part in the next stage of the Programme, and entered at Silver Level. In 2014/15 we decided to focus on three areas and these are recorded below. Slough Safeguarding Adult's Board endorsed the three areas above and have monitored progress of MSP in Slough.

What have we achieved?

1) Embedding current good practice

Slough like most authorities had set the Safeguarding service up in line with the requirements of the Department of Health, in terms of outcomes, so that we were deciding whether an allegation of abuse was substantiated or not, rather than deeming whether it was meeting the needs or outcomes of the service user. This did not mean that work we were doing was not client focused but that our recording systems were not outcome focused. Therefore one of the first pieces of work that needed to be undertaken was updating our client recording system "IAS" to ensure that it was able to record outcomes.

It must be remembered that not all outcomes will be achievable or are in the Best interest of the client, or in the power of the local authority to achieve but it is anticipated that through the Safeguarding process the Level 2 worker, who will work alongside the Adult at Risk will be able to help them to identify more realistic and achievable outcomes.

It is still early days in terms of being able to report on Outcomes and we are at present looking at setting up electronic reporting systems in order that we will be able to report outcomes to the Safeguarding Board on a quarterly basis.

The second part of embedding outcome focused work was undertaken through awareness raising and we have done this in several ways. Firstly, we have updated our materials on the intranet (our internal website for practitioners) with guidance and a range of support tools to assist workers in working alongside Adults at Risk of abuse and neglect. We have also produced three newsletters for our staff informing them of the changes in systems in relation to Safeguarding and how they can get involved in MSP.

We have also undertaken two Multi-Agency Audits on Safeguarding cases with a focus on Outcome focused work.

Reports have been made available to the Safeguarding Adults Board regarding the findings of these audits. The findings from the above audits have been taken into account and have been fed into the work streams in Adult Safeguarding as well as informing training programmes for staff.

Case Study - Making Safeguarding Personal

Mary is a 79 year old female who has a mild learning disability, she is a sociable lady and she likes telling jokes, she is affectionate to her soft toys namely her large rag doll and monkeys. Her family share a close relationship with her.

Mary is an insulin dependent diabetic; she has diabetic retinopathy, suffers with depression and has poor mobility. Concerns were raised in relation to recurrent pressure sores that were not identified by care workers and their failure to take appropriate actions by care staff. Concern was also raised by the family that the care workers could not identify when Mary's blood glucose levels dropped significantly leaving her drowsy. Mary was left for a few hours whilst she deteriorated without help which led to a hospital admission. Family raised concerns about the poor quality of care that Mary received by the care workers and their failure to react promptly. Mary stated that care workers did not respond to her calls for toileting which led to her becoming incontinent and at other times she attempted to mobilise to the toilet which resulted in numerous falls and hospital admissions. Mary disclosed allegations to her family during a hospital admission and stated that she did not want to return to her flat.

Social worker met with Mary to inform Mary that a safeguarding alert was raised by the Hospital team and shared information on the allegations which were disclosed by her daughters. Mary listened carefully to the information, nodding her head and agreeing with the content of the allegation, she also cried and described incidents of poor care.

The safeguarding process was explained to Mary requesting whether she wanted the allegations to be investigated. Mary agreed that the allegations should be investigated. The Social worker presented information to Mary in simple language to enable her to understand the information and make a decision about her engagement with the safeguarding process.

Mary was deemed to have mental capacity to make a decision regarding the safeguarding; she was encouraged to share information which also included her views on what she wanted out of the process. The aim of determining Mary's outcomes were to improve Mary's circumstances rather than being process driven to find a conclusion without making a difference in Mary's life. The engagement with Mary reflected a person centred approach; decisions were being taken with her and not for her.

Mary stated that she is now happy in the nursing home; she also commented that she likes the residential care workers, they respect her and most importantly they listen to her. Mary shared that she feels safe. The outcome of this safeguarding case has improved the life of Mary.

2) Implementing the Positive Risk Tool. This is reported on in Strategic Objective One of this Report

3) Working with our statutory partners to influence their approach to positive risk taking

This involved developing a Safeguarding Board Multi-Agency Risk guidance document which was signed off and ratified by the Board in 2014/5. The Board recognises that it needs to do more work in this area and is looking to undertake a Multi-Agency file audit focusing on Risk and Outcomes in 2015/16.

Way forward

- Making Safeguarding Personal is now no longer a project but is firmly embedded in the Care Act, and Slough's Safeguarding Adult's Board will be reviewing the impact of these changes throughout 2015/16 both within Safeguarding investigations but also within the work of partner agencies.
- The Board will be looking at the preventative work done by all agencies and to try and form closer working relationships i.e. Berkshire Fire Safety Checks and Housing/Adult Social Care.
- Slough Safeguarding Adult's Team will be focusing on the MSP tool kit to see what tools they can bring into practice to support people suffering from abuse and neglect.



**Anthony Heselton - South Central Ambulance
NHS Foundation Trust**

1) Tell us about yourself and your role.

I'm Tony Heselton the Head of Safeguarding for South Central Ambulance service (SCAS). My role in SCAS is to ensure that we have safeguarding at the heart of our business and that our policies and procedures are relevant in all parts of 4.6 million square miles population of just over 4 million in the SCAS area.

2) Why is safeguarding important to you and what have you achieved?

Safeguarding is core in all of our daily work life. We come across some of the most vulnerable persons daily and frequently as they are the ones in most need of our service. The biggest achievement for SCAS over the last year is we are now vertical members of number of MASH and as such we are now contributing far more to safeguarding the most vulnerable of those million persons we cover. I now have a safeguarding manager who is responsible for the day to day running of the small but effective safeguarding team and this has improved our ability to support Local Authorities safeguarding teams across the Trust in any way needed.

During the end of last year we developed and delivered a train the trainer course for the Trusts education department which has now enabled level 2 children and safeguarding adults to be delivered face to face to all of our 4000 staff that needs it. This training will be rolled out during 2015.

3) What do you hope to achieve with Slough Safeguarding Adults Board in the future?

Raise awareness of the importance of safeguarding and the vital role the ambulance service play in this to all partner agencies

Utilise some of the good practises championed by the board like the SAR template

To be a useful partner in safeguarding sloughs vulnerable persons and bring good practise from other areas for the board to consider.

Strategic objective 4

All agencies will ensure that there is consistent compliance with the Mental Capacity Act, including Deprivation of Liberty Safeguards where relevant.

Mental Capacity Act

The Mental Capacity Act came into force in 2007 and sets out the processes by which an assessment of capacity must be undertaken to be legally valid. The associated code of practice sets out guidance for professionals who support people who lack capacity. The Mental Capacity Act also introduced the role of independent mental capacity advocates (IMCA).

In March 2014 the House of Lords post-legislative scrutiny committee met and reported on the implementation of the Mental Capacity Act. The committee found that the Act was held in high regard. However, its implementation had not met the expectations that it had raised. They found that the Act had suffered from a lack of awareness and a lack of understanding. They found that it had been seen as an add on and found that instead there still existed a culture of paternalism and risk aversion amongst professionals. They had many recommendations to make which including tasking local authorities and other organisations to make sure that the Act became embedded in practice. They also recommended that they set up a central body to manage this process and at the same times requested a review of the Deprivation of Liberty Safeguards.

What have we achieved?

Slough is part of the Berkshire Mental Capacity Implementation group which continues to meet on a quarterly basis to manage the implementation of the Mental Capacity Act, with specific relation to the Deprivation of Liberty Safeguards.

As a direct consequence of the House of Lords a new Mental Capacity Steering group has been set up and is hosted by the Clinical Commissioning group (CCG) looking at how the Mental Capacity Act can be further embedded into practice. The CCG had been successful in obtaining a grant from the government to provide training for health staff and the steering group will look at how to spend this money to provide the most effective training.

Over 2014/2015 Slough Borough Council has continued to provide training on the Mental Capacity Act and Deprivation of Liberty Safeguards in line with the Berkshire Training Strategy <http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-multi-agency-workforce-development-strategy.aspx>.

We continue to hold an annual Deprivation of Liberty Briefing for Care Homes and other providers which also encompasses the Mental Capacity Act. In 2014 the event was held on 7th August 2015 and over 40 people attended, these included representatives from hospitals, care homes and care agencies within Slough.

A Mental Capacity Audit was undertaken by Slough Borough Council of cases held by Adult Social Care. A report on the findings of the Audit will be presented to the Safeguarding Board in June 2014. The findings will be taken into account when designing training plans for 2015/16.

Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards are part of the Mental Capacity Act and were added to the Act in 2009. Since their inception there have been concerns about how they have been implemented as this has varied widely around the country. When the impact of the Safeguards was first scoped it was thought that thousands of people in England and Wales would fall under this Act, however the reality was that only a very small number of people were ever placed on a Deprivation of Liberty authorisation this was in part due to the lack of a definition for what constituted a deprivation but also due to the involving case law which had suggested that there was a very high threshold for what constituted a deprivation.

In 2009 it was also anticipated that the Deprivation of Liberty Safeguards would only apply to people over 18 years of age in Care Homes and Hospitals. In Slough there were only 28 people on a Deprivation of Liberty Authorisation in 2012/13. This was consistent with applications across the south east in relation to the number of people in care homes in those areas.

In March 2014 this all changed with two landmark cases from the Supreme Court:-

MIG and MEG (2010) EWHC 785 (Fam) Cheshire West and Chester Council v P (2011) EWCA Civ 1257

These cases provided what have now become known as the "acid test" which provides a much lower threshold of what constitutes a deprivation of. That is "someone free to leave" and are they "under constant supervision and control". This has led to a significant increase across the country in the number of successful authorisations under these safeguards.

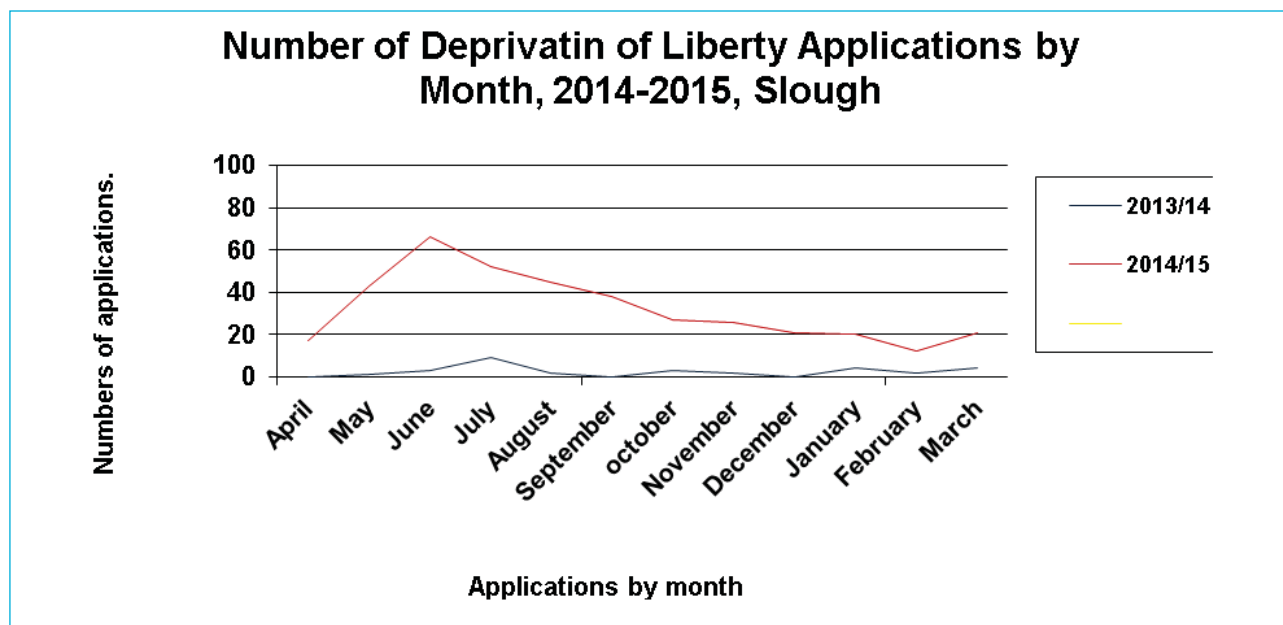
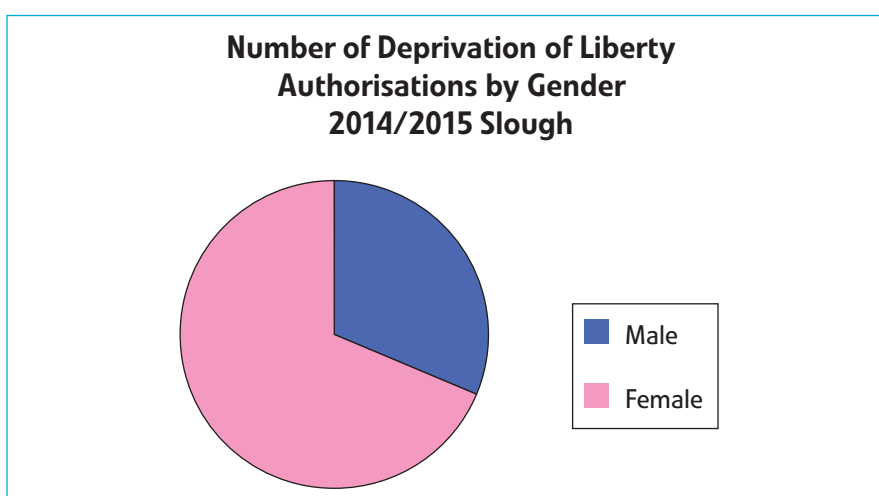
Deprivation of Liberty in Care Homes and Hospitals

In January 2015 the Care Quality Commission produced its fifth report on the Deprivation of Liberty Safeguards. This report highlighted the impact of House of Lords post-legislative scrutiny committee report on the MCA and the Supreme Court Judgment on the number of Deprivation of Liberty Authorisations around the country which have increased from under 15,000 applications for the whole of 2013/14 to over 20,000 up to January 2015 which represents an eight fold increase. It is interesting to note that although all local authorities are reporting an increase some of these are at a much lower rate than others, still therefore illustrating a discrepancy in the way in which the legislation is implemented in each area. There appears to be no correlation between population numbers and the numbers of Deprivation of Liberty applications in an area.

What have we achieved?

The number of Deprivation of Liberty applications in Slough over the last twelve months is as follows:

| Deprivation of Liberty Applications - Slough Borough Council 2014/5 | |
|---|-----------|
| Number of standard applications received | 320 |
| Number of standard applications granted | 213 |
| Number of urgent applications | 71 |
| Number of urgent applications granted | 45 |
| Total number of applications received | 391 |
| Total number of applications granted | 258 |
| Average length of order | 10 months |



Case Study - Deprivation of Liberty Safeguards

Jane is a 45 year old Caribbean woman who has lived in care for most of her adult life. She has a learning disability and experiences mental health problems, schizophrenia she is also blind. She currently lives in a care home outside of Slough and has no contact from her family.

The Care Home manager was aware of that Jane lacks the mental capacity to make decisions around her care and treatment and that she would not be free to leave the care home and she is under continuous supervision and control. She therefore put in for an application for a Deprivation of Liberty Authorisation.

On receipt of the applicant the local authority appointed a Section 12 Doctor, IMCA (Independent Mental Capacity Advocate) and a Best Interest Assessor.

The IMCA's report stated that although they felt that the placement was in Jane's best interest they were concerned by the lack of activities that were on offer to Jane and felt that she needed more opportunities to engage with the community. This recommendation was then included in the Best Interest Assessors report and was put forward to the care home as part of the conditions of the order that the care home needed to comply with.

An authorisation was put in place for three months in order to enable the home to put the necessary changes in place. At the three month period it was clear that the home had put some changes in place but it was clear that Jane could still become more independent and therefore a further short order was put in place.

Jane remains under a Deprivation of Liberty Authorisation at the care home but there are plans to move Jane to supported living were it is hoped that she will have more independence.

The increase in requests for authorisations has had a major impact both in terms of finances and staff for the local authority. In Slough like other local authorities because of the low take up of the scheme in previous years there were only 10 people who were trained as Best Interest Assessors, many of these having other significant roles, which meant that there were not enough assessor around to meet the legal deadlines for authorisations. The impact on the budget was also significant, with an increase of over £70,000 over the original budget, which has had to come out of other funds. It is anticipated that if the numbers to continue as they are the budget for 2015/16 will be over £100,000, with some possible additional one off findings.

Deprivation of Liberty in the Community

In 2014 the courts also ruled that Deprivation of Liberty Safeguards should apply to people in their own homes and in supported living. In November 2014 the Court of Protection provided a system known as parte X process where applications could be made to the Court of Protection for people who were being deprived of their liberty in their own homes. It is obviously difficult to ascertain how many people are being deprived of their liberty in their own homes and one of the difficulties relates to the fact that the deprivation can only relate to people who are being deprived of their liberty by the state but what that means in practice is difficult to determine, as it could apply to people who have home care or those have district nurses etc.

What have we achieved?

In Slough like many local authorities we have started to apply for authorisations related to people living in supported living as these represent people who are being deprived of their liberty often with extensive control and supervision. These applications are currently being made to the Court of Protection and we are awaiting outcomes.

In 2014/15 we made one application to the Court of Protection for Deprivation of Liberty in the Community using the parte X process and we are still awaiting the outcome of this application. We anticipate in 2015/16 we will make around 40 applications using this process.

In order to help families with understanding what a Deprivation of Liberty is in the community, Slough Borough Council have devised a leaflet which is available on our website

Further information on Deprivation of Liberty Safeguards can be found on Slough Website. <http://www.slough.gov.uk/council/strategies-plans-and-policies/deprivation-of-liberty-safeguards.aspx>.

Way forward

In 2015/16 we anticipate a continued increase in the number of requests for Deprivation of Liberty Authorisations so we will as a Board is looking at how it can reassure itself that the Local Authority and its partner agencies are able to meet the increased needs. As well as looking across Berkshire at developing effective training in regard to both Deprivation of Liberty Safeguards and the Mental Capacity Act.

Slough Safeguarding Adult's Board Member Carol Clegg, Business Continuity and Response Manager (Slough Borough Council, Housing)

1) Tell us about yourself and your role.

I am Carol Clegg, Business Continuity and Response Manager. I have corporate responsibility for emergency planning and business continuity. I am based in the housing and neighbourhood services teams where I have responsibility for safeguarding lone workers in the team and safeguarding of the services' children and adults in need of care and support.

2) Why is safeguarding important to you and what have you achieved?

Part of my role as Business Continuity and Response Manager is to monitor the housing and neighbourhood services team's safeguarding of the services' children and adults in need of care and support. Customers of our services often have vulnerability issues and our frontline staff are in a position to identify people who need help.

I have acted as the lead officer in housing and neighbourhood services in raising awareness of the need to ensure that those in need of care and support are given the early attention required to help resolve their issues.

3) What do you hope to achieve with Slough Safeguarding Adults Board in the future?

Raise awareness of the importance of safeguarding with housing and neighbourhood service staff so they are aware of their responsibilities.

Monitor a programme of mandatory training for housing and neighbourhood service to include:

- Safeguarding for children and adults
- Understanding mental capacity
- Domestic abuse
- Hoarding
- Self-neglect

Ensure that with housing and neighbourhood service staff are aware of and able to recognise the unseen factors that might indicate that an individual is experiencing or vulnerable to abuse.

Develop and implement processes to safeguard the business and reputation of SBC as well as the wellbeing of the services' residents

Keep and monitor a Safeguarding Register detailing cases that have been referred to relevant safeguarding teams and in partnership with safeguarding teams - ensuring that they are appropriately followed up and actioned.

Strategic objective 5

All relevant staff have safeguarding appropriate training and the effectiveness of that training is evidenced. This will include learning from Serious Case Reviews.

Safeguarding Adults Training 2014-15

Safeguarding Adults training during 2014-15 included the following topics:

| | |
|--|---|
| Safeguarding Adults Level 2 (Investigations & Assessments) | <i>Member Development</i> |
| <i>Management of Challenging Behaviours/Positive Behaviour Support</i> | Safeguarding Adults Level 1 Generic and Bespoke programmes |
| | <i>ELearning</i> |
| Domestic Abuse Parental Drug Misuse Honour Based Violence Female Genital Mutilation | <i>DOLs Forums</i> |
| MARAC and DASH | <i>Safe Moving of People</i> |
| <i>Loan Shark Awareness</i> | Administration of Medication |
| | <i>RIPfA Safeguarding Conferences</i> |
| | <i>Court of Protection</i> |
| Safeguarding Seminars | <i>Safeguarding Adults Level 3 (Designated Safeguarding Managers)</i> |
| <i>MCA/Dols Introduction and MCA Practical Implications</i> | Safeguarding Adults Minute Taking |

What have we achieved?

1) Safeguarding Adults Level 1:

Generic training:

All Safeguarding courses at Slough Borough Council follow the National Competency Framework for Safeguarding Adults¹. SBC provided 9 generic sessions at Level 1 last year, which were aimed at all services, and not just those within adult social care.

- 180 places offered with 153 places taken (85% attendance rate).

Services attending generic training included children's services, CCTV control operators, customer services and more. Attendance from external services included many of the same provider services as in previous years, although there was attendance from some new organisations such as the Arts Class group for older people in Slough.

2) Bespoke training:

A total of 25 bespoke sessions were delivered, accessed by 271 people.

The Bespoke safeguarding courses were accessed by 18 services, listed in Table 1, with 5 new services this year: Building Control, Property Services, and Unpaid Carer Groups, Martin Conway Bed and Breakfast and CID officers from Thames Valley Police.

3) Safeguarding Adults Level 2:

Safeguarding Adults Level 2 is targeted at social workers and similar qualified roles in health services that are required to investigate and risk assess safeguarding enquiries.

- Two courses were needed at Foundation level, and 19 staff attended from both SBC and Berkshire Health Foundation Trust. The majority of these staff went on to the Safeguarding Rota.

¹ Bournemouth and Learn to Care production

4) Safeguarding Adults Level 3:

There was a need to increase the availability of Designated Safeguarding Managers at SBC.

- Eight staff were trained, which included our internal Provider Manager's.
- Safeguarding Adults Minute Taking
- Two refresher courses were required for staff within SBC and BHFT who carried out both a minute taking and SA administrative role.
- 20 staff attended training.

5) Safeguarding Adults Member Development:

14 Members attended refresher training this year. An eLearning programme for Members is also available.

6) Additional training to support Safeguarding Adults (shown below).

| Course | Attendance |
|---|--|
| Administration of Medication | Attendance from both internal and external care services. 160 places offered with 92 places taken (58%) |
| Best Practice Seminars related to Safeguarding: Do Not Resuscitate Deprivation of Liberty Safeguards Update for Social Workers Forced Marriage Update Human Rights Assessment x 2 sessions No Resource to Public Funds | 6 sessions, 113 adult social care staff attended: |
| Court of Protection | 32 Social workers |
| Dols Provider Forum | 15 Provider Managers and Health staff |
| Introduction to Dols (Deprivation of Liberty Safeguards) | 2 courses offered to internal and external services. 28 people attended. |
| Introduction to Domestic Abuse | 25 staff from Adults and Children's social care services |
| Introduction to the Mental Capacity Act (MCA) | 2 courses offered to all, 32 people attended. |
| Loan Shark Awareness | 4 staff from SBC Drug and Alcohol, Licensing and Adult Social Services, 1 external from Citizens Advice Bureau |
| MARAC and DASH | Attendance from adults and children's social services and Thames Valley Police. 32 places available. (complete attendance figures unavailable) |
| MCA - Practical Implications for Care Homes | 24 people from internal and external services. |
| Positive Behaviours/Managing Challenging Behaviour | 63 staff attended from internal provider services. |
| Safe Moving of Clients | Attendance from both internal and external care services. 156 places offered with 111 places taken (71%) |

The following sessions led by Children's Social Care training were open to SBC adult services:

- Domestic Abuse and Violence: Honour based killing, FGM and Forced Marriage
- Advanced Domestic Abuse
- Parental Drug Misuse
- Honour Based Violence

Research in Practice for Adults (RIPfA)

Seven representatives from SBC attended the following RIPfA seminars, to share information with colleagues on the following topics:

- Supporting people who self-neglect research messages workshop
- Working preventatively in adult social care
- Putting people at the heart of services; making outcomes meaningful Partnership Conference

eLearning

Log on to care: Slough's usage of eLearning on Log on to Care more than doubled compared to the year before, from 633 completions in 2013-14 to 1826 in 2014-15. Courses in Log on to Care (www.logontocare.org.uk) are adult social care focused and range from Induction courses such as the Care Certificate, Dementia, Communication Skills, Loss and Bereavement, Mental Capacity Act, Parental Substance Misuse, Safeguarding and more.

Learning Pool: Learning Pool is an eLearning platform for internal staff. Last year 51 staff completed Safeguarding Adults eLearning training from across all council departments.

Additional eLearning courses are also available on learning pool, including the Mental Capacity Act, Deprivation of Liberty Safeguards, Carer Awareness and Autism Awareness.

Best Interest Assessors (BIA's)

To meet the Dols requirements in 2014 SBC required an increase in the number of available BIA's. An additional 7 staff were trained during the year. There are plans for a further 13 staff to complete the qualification during 2015-16 in order to continue to meet the demand for Dols applications and reviews.

Impact of Training and Workforce Development

There have been some examples of where training has made an impact on workforce development and the services provided. There are some examples of referrals made following training, for example, after briefing groups of unpaid carers, two alerts were raised, which were then investigated. It is not however, easy to determine the effectiveness of training and work will be done in 2015/16 to look at how we can evidence the impact of training in relation to concerns being raised and quality of investigations and outcomes for service users.

External care provider services

A survey was sent to external provider services requesting information about the impact of their workforce development activities. Six care homes responded.

"Staff have confidence in the raising and reporting of safeguarding. Staff are more confident and are challenging practices that they feel can lead to abuse or neglect"

"Knowledge of procedures has improved greatly and safeguarding is regularly discussed at team meetings and in supervision sessions. The low number of referrals seems to suggest that staff are preventing abuse and keeping people safe"

"Staff feel able to openly report any concerns to the manager they openly make suggestions for improvements. Staff are more aware how to record things factually and with detail"

Way forward

With Making Safeguarding Personal now a key theme for safeguarding within the Care Act, the social care workforce needs to continue reviewing their safeguarding work with the person as the centre of their work and the decisions that they make.

All development activities will need to have an emphasis on person centred working, and within SBC there needs to be a particular emphasis on joint training with children's services. Training themes for joint working are:

- Neglect
- Think Family
- Drug/Alcohol
- Forced Marriage/FGM/Honour Based Violence
- Independent Management Reviews
- All Safeguarding Adults courses will continue to incorporate the Care Act duties and new terminology. SA Level 2 training in SBC will include the Adult Social Care Risk Tool, and learning from Serious Case Reviews.
- Children's services will receive Mental Capacity Act and Dols training
- The need for Best Interest Assessors will continue.
- Bespoke training will need to be driven and increased in particular to care provider services.

These themes will be explored by the East Berkshire Training subgroup and delivered during 2015/16.

Slough Safeguarding Adults Board Member Slough Clinical Commissioning Group Partner (CCG) Deputy Director of Nursing - Safeguarding and Infection Control

Why is safeguarding important to you?

The CCG are committed to protecting and safeguarding vulnerable people from abuse and harm and are committed to work in partnership to achieve this aim. The CCG is an active partner in the Slough Safeguarding Adult board.

The CCG has continued to work with its providers to enable it to undertake its responsibility for ensuring that the organisations from which they commission services provide a safe system that safeguards vulnerable adults. Slough CCG has done this through strengthening contractual requirements and working closely with the Safeguarding leads.

Development of the safeguarding dashboard in anticipation of the Care Act implementation has assisted in analysis of safeguarding activity and provider status of safeguarding adult assurance; particularly for training, DOLs, Mental Capacity Act training, prevent and alert notifications. This has resulted in increasing awareness of the need to detect abuse as early as possible and encourages multiagency collaboration.

Close liaison between the deputy director of nursing (safeguarding) and provider safeguarding leads has established specialised supervision pathways and support for innovation in safeguarding as a firm part of provider planning. Swift notifications and liaison regarding concerns between the CCG and providers have meant timely interventions to keep people safer.

Primary care has an increased awareness of adult safeguarding responsibilities which will be further supported 2015/16.

The continuing healthcare team has undertaken specialised prevent training and MCA training updates. The deputy director of nursing (safeguarding) offers safeguarding supervision on a regular basis which has resulted in more consideration of a potential safeguarding issue and resulting actions.

Successfully winning a bid for funds to develop an MCA train the trainers programme across Berkshire and a Berkshire wide MCA conference will further assist in awareness of adult safeguarding across the health economy.

What are your organisations planned development during 2014-2015?

- *New safeguarding lead to work with Deputy Director of Nursing (safeguarding) April 2015.*
- *Commitment to remain a key and active member of the board and appropriate subgroups.*
- *Chair the Safeguarding Adult Review Panel.*
- *Self-assessment tool adult safeguarding tool will be developed and rolled out to providers and analysed by the CCG safeguarding team for gap analysis/improvement planning.*
- *Led by the Deputy Director of Nursing, development of MCA train the trainers programme for health and social care providers; including ongoing support for the trainer pool.*
- *Working with West Berkshire CCG's plan and implement a MCA cross Berkshire conference.*
- *Ongoing monitoring of provider safeguarding activity at the CCG Quality Committee.*
- *Primary care safeguarding STEPs training with emphasis on the Care Act implications prevent training, MCA/DOLs and lessons from national and Berkshire serious case reviews.*

How will the success of the project or development be measured?

1. *Minutes of board minutes demonstrating active CCG involvement of board and sub committees.*
2. *Self-assessment will be rolled out to providers to complete as part of contracting arrangements and analysed for progress by the CCG*
3. *Two train the trainer courses will be rolled out and evaluated and a trainer pool will be established and reported to the Board.*
4. *A cross Berkshire MCA conference will be held and evaluation analysis presented to the Safeguarding Adult Board.*
5. *The CCG quality committee will continue to have safeguarding as a standing agenda item were provider safeguarding data and reports will be analysed.*
6. *Primary care safeguarding adult training assisted by partner agencies will be carried out, evaluated and reported to the Board.*



Strategic objective 6

The Board will promote safeguarding messages and public awareness with regard to preventing abuse and how to report abuse.

Slough's Safeguarding Adult's Board is aware of the importance of raising awareness around safeguarding both amongst professionals and members of the public and in order to facilitate this the board has established a subgroup of the board, "Communication Subgroup" whose function is to develop a communication strategy for the board.

The Communication Subgroup is made up of staff from the various partner agencies that have a communication function within their organisation. The partners currently taking part in the subgroup are as follows:

- Slough Borough Council
- Thames Valley Police
- Women's Aid
- Voluntary Sector

There are now terms of reference for the subgroup which are available on the Board's website page. The group has met twice since being formed and it is planned that the group will meet four times a year, to coincide with the work of the board.

What have we achieved?

The first piece of work that the subgroup carried out was to ensure that all leaflets and material produced by the board was available on the website and that the website was updated. This was to ensure that all the current contact numbers were on the leaflets and that the material was compliant with the Care Act 2014.

One area of work that the group was particularly concerned about came out of a recent Serious Case Review in Mid Sussex, "Orchid View". The board wanted to re assure itself that public and professionals in Slough were aware of how to report concerns about both poor practice and abuse. It was agreed that one way to do this was by raising awareness. The Communications subgroup was tasked into looking into how this could be achieved.

The group met and looked at how they could raise awareness and agreed that a new leaflet needed to be developed to give to service users and their families when they were looking to receive care either at home, or in a care home. Slough Borough Council had already got a leaflet entitled "What good care looks like" and it was decided to refresh this leaflet and then use this as a starting point for a local campaign. Due to the implementation of the Care Act the production of the leaflet had to be delayed to ensure that it was compliant with the requirements of the Care Act and it is hoped that this will be ready to be launched by December 2015.

Outside of the work of the Communications subgroup the Adult Safeguarding Team within Slough Borough Council, organised events to mark "World Elder Abuse Day" on 15.6.2015. Their event focused on raising awareness of abuse and neglect within care homes in the area. Each care home within Slough was issued with a pack of information and leaflets so that they could set up display boards within their care homes and provide leaflets to residents and family members. This event was a great success and one home even managed to have cakes and balloons.

"World Elder Abuse Awareness Day" is now an international event and is marked around the world. The event is organised and co-ordinated through Action on Elder Abuse who are a charity who have been instrumental in raising issues around abuse of vulnerable adults, in particular older people for many years and this event has now grown in stature is celebrated around the world.

With the introduction of the Care Act the Board produced a Fact Sheet on the impact of the Care Act on the role of the Safeguarding Board and Safeguarding which was shared with all partner agencies and all service providers within Slough, to ensure that everyone was now aware of the new statutory responsibilities around Adult Safeguarding in particular the new duty to make enquiries and the new roles of the Safeguarding Adults Board.

Way forward

To widen the membership of the Communication subgroup

- To develop a communication strategy
- To complete the campaign about encouraging people to report poor care and abuse using the newly designed leaflet.

Slough Safeguarding Adults Board Member Helen Buckland - Safeguarding Co-ordinator Slough Borough Council Safeguarding Team

1) Tell us about yourself and your role

I originally trained as a learning disability nurse and then moved on to manage services for people who have learning disabilities, both as a registered manager and a service manager. I have worked for SBC for 5 years as Safeguarding Co-ordinator. My role was initially to work with external providers to increase their knowledge and practice around safeguarding issues. Over the time that I have been in this role, it has diversified significantly. I still work with providers; I provide training on safeguarding and associated issues to a wide range of agencies; I give advice to colleagues both internally and externally on safeguarding and preventative measures; I attend a variety of multi-agency meetings to give advice; I have supported a Peer Review of Safeguarding arrangements as well as three Safeguarding Adult Reviews; I am also a Best Interest Assessor.

2) Why is safeguarding important to you and what have you achieved?

I believe that everyone has the right to live a life safely and free of fear. I also firmly believe in "doing the right thing" and ensuring that as professionals that is what we do. I enjoy watching a multi-agency response in action, with each agency playing its' part in supporting someone to live their lives safely, and one of my favourite parts of my role is to encourage multi-agency working and communication. I particularly enjoy working in Slough as it is a diverse area with a range of issues, and its' small geographical area means that you can build really effective working relationships with other agencies.

3) What do you hope to achieve with Slough Safeguarding Adults Board in the future?

I would like to see the multi-agency working arrangements strengthened even further, and I feel that we have a good base for this already. I am keen to see processes in place via the board for addressing some of the newer areas covered in the Care Act, such as Domestic Abuse and Self-neglect, and effective responses to the recommendations from Safeguarding Adults Reviews.

Strategic objective 7

Governance arrangements are in place to ensure that the quality of services is thorough and effective.

The monitoring of the quality and safety of Care services (both residential and home care providers) within Slough is undertaken by a range of agencies including the Care Quality Commission, contract and commissioning teams from Local Authorities and Clinical Commissioning Group who contract with these providers. In order to pull this work together Slough has a Care Governance Board which ensures that these agencies share any concerns and good practice. The governance framework for monitoring the quality of commissioned and contracted services was reviewed during 2014/15 and proposals for future monitoring activity arrangements to be undertaken by Care Group Commissioning and Contracts Team staff considered at the Care Governance Board. The new framework provides a range of quality monitoring recording tools that can be used during monitoring and sets out the framework of planned and reactive measures to monitor and report on the quality of service provision from contracted providers.



What have we achieved?

During the year, planned onsite monitoring visits have taken place with contracted providers and annual contract monitoring meetings have been held. Reactive onsite visits and contract review meetings are also undertaken where information has been passed from safeguarding or social work teams which indicate that there may be contractual compliance, safeguarding or quality concerns.

The highlight reports from concerns raised, quality monitoring visits and contract review meetings held throughout the year are discussed at monthly Care Governance Board meetings and services allocated to either Green, Amber or Red status. Amber and Red status providers concerns are reported to internal team managers for circulation to team members and reported externally to other Berkshire area commissioning or contracting teams.

- Green status represents organisations with no significant concerns raised and no restrictions on the commissioning of placements.
- Amber status represents that concerns raised warranted increased monitoring until action plans to resolve issues have been addressed and placements made with caution or restricted numbers of placements to be authorised, and
- Red status represents providers where there have been serious concerns raised and have been embargoed until such time as the concerns have been addressed.

The status of providers is reviewed monthly at Care Governance Board Meetings.

Concerns have been identified in relation to a range of matters including but not limited to:

- Poor staff practice and response times
- Staff understanding of the principles of the Mental Capacity Act 2005
- Deprivation of Liberties and Safeguarding concerns
- Staffing ratios

- Building compliance issues
- Safe storage and administration of medicines
- Risk assessments and falls prevention
- Tissue viability and weight monitoring
- Business continuity issues
- Financial processes

During the year April 14 to March 15 the following number of planned visits, unplanned visits and contract review meetings were held with contracted providers.

| | Planned Visits | Reactive Visits | Contract Review Meetings |
|--|----------------|-----------------|--------------------------|
| Residential and Nursing Home Providers | 12 | 88 | |
| Supported Living Providers | 10 | | 3 |
| Domiciliary Care Providers | 49 | 5 | 6 |

At the end of 2014/15 a total of 9 providers (6 domiciliary care and 2 residential and nursing home providers) have been permanently removed from the list of authorised providers and the following number of providers are on Amber or Red status at the end of March 2015.

| | AMBER | RED |
|--|-------|-----|
| Residential and Nursing Home Providers | 3 | 1 |
| Supported Living Providers | 0 | 1 |
| Domiciliary Care Providers | 1 | 0 |

Contract monitoring visits continue to be provided to monitor the progress of service improvement action plans.

Commissioning and Contracts staff have worked in conjunction with representatives of the Procurement Team to procure supporting services to allow the Council to meet its duties to provide Direct Payments under the Care Act 2015. Such services include, Independent Financial Advice, Advocacy, Personal Assistant Register and Matching Service, Prepayment Cards, Payroll and Managed Account services.

Way forward

The Contracts Team is required to carry out procurement, contract management and quality monitoring functions. Allocated staffing roles and responsibilities are being considered under the current Care Group Commissioning and Contracts Team review. The functions of staff will be defined and the teams will be reconfigured to ensure adequate resources are available. This may include the use of temporary secondments to meet peak activity alongside core team staffing arrangements.

A number of frameworks used by contracting and commissioning will expire in 2015/16 and arrangements are required to re-procure services using methods appropriate to the new public procurement regulations that came into effect on 26th February 2015. This exercise will provide an opportunity to review existing procurement and commissioning methods as well as introducing more flexible procurement systems that enable the Market Shaping required under The Care Act 2015 and underpin Market Failure strategies.

As departmental strategies to increase the use of supported living rather than residential care placements are implemented, there is an identified need for formal monitoring processes to be extended to include the growing number of supported living providers within the area. Similarly with the strategies to move from traditional day care to more flexible day opportunities a range of new providers will be entering the local marketplace.

In response, Care Group Commissioning and Contract Team staff will be jointly developing new purchasing systems with the Procurement Team that provide more flexibility and allow an extended range of services and providers to become authorised suppliers throughout the year and enable the quality of providers to be assessed through a formal process.

**Slough Safeguarding Adults Board Member
Malcolm Rigg - Health watch**

My role

My role is solely to represent patient and public safeguarding on the board. This includes highlighting aspects of safeguarding that appear to be inadequate. Another dimension to be a critical friend. All board members are of course concerned about the public and patients but they are also responsible and accountable for policy and delivery.

Why safeguarding is important to me and what have I achieved?

The scale of abuse appears to be rising in the UK which makes it all the more important to detect signs of problems. I now have a better holistic understanding of safeguarding and how to engage more effectively with those responsible for addressing safeguarding.

Strategic objective 8

There will be a clear understanding about the scope of safeguarding activity and agency responsibilities specific to Slough's diverse population and demographic.

Slough Local Context

Slough is a predominantly urban area situated in the east of Berkshire which developed as a result of the Old London Road (now the A4), connecting Bath to London. The town now straddles the Great West Road and the Great Western Mainline, 35 kilometres (22 miles), west of Central London and covers an area of 32.5 square kilometres (or 12.6 square miles).

From the Census 2011, Slough is estimated to have a total population estimate of 140,203, an increase of 17.7% from 2001 (the population of Slough was 119,070). At the time of the 2001 Census, the borough area was the most ethnically diverse local authority area outside of London in the United Kingdom, with the highest proportion of religious adherents in England.

Gender is split evenly between men and women (50%). The borough has a younger than average population structure, with the highest proportion of 0-4 year olds, 5-9 year olds, 30-34 and 35-39 year olds amongst any of the South East local authorities.

As a result of having a smaller older population in comparison to our neighbouring authorities this has resulted in there only being a few care homes within Slough which affects the number of safeguarding referrals that we have regarding abuse in care homes and also explains why we have very few large scale investigations in comparison to our neighbours.

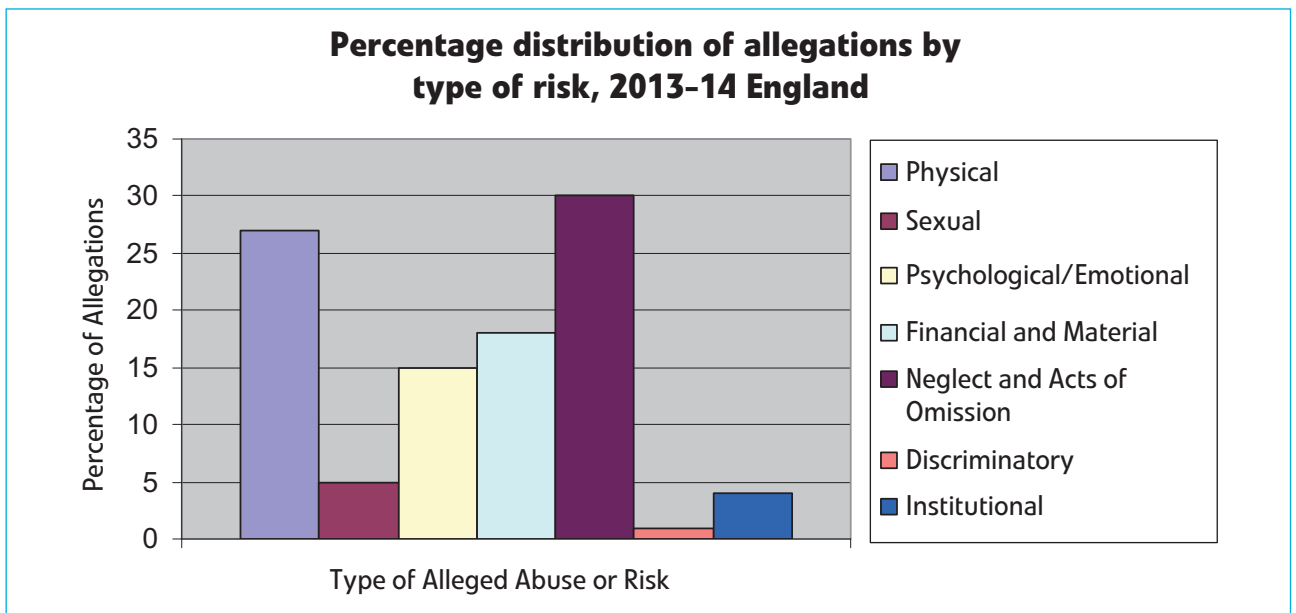
Safeguarding Performance Data

Slough Borough Council maintains a Safeguarding Database which records all the Safeguarding Activity regarding Adults in Slough. This database is used to provide statistical information for the Health and Social Care Information Centre as well as providing the Safeguarding Adult's Board with information to use to inform their work.

National Comparison

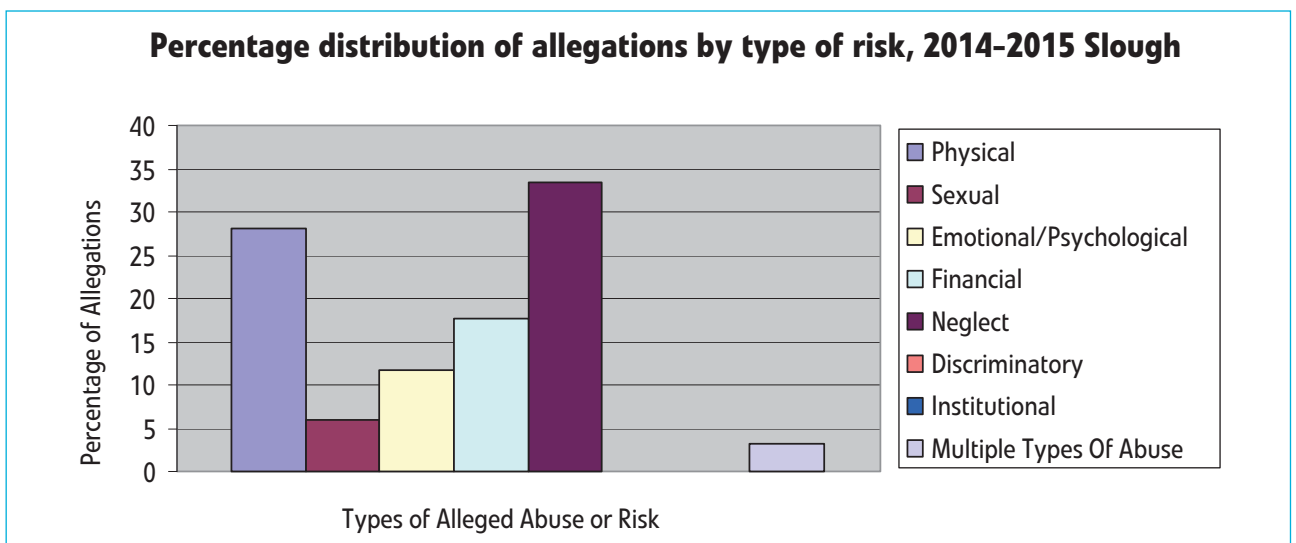
Every year each local authority has to provide data relating to Adult Safeguarding to the Health and Social Care Information Centre (HSCIC) and they then produce a report which attempts to make comparisons across the country regarding safeguarding activity. In March 2014 the HSCIC

produced key findings from the Abuse of Vulnerable Adults data collection for the period 1 April 2013 to 31 March 2014 this is a comprehensive national analysis of adult safeguarding based on returns from 152 councils. This is the latest set of data that is currently available we are still awaiting the publication of 2014/15 data.



The headline information from that report is used here to assess how Slough compares with the wider national picture for the same period. Using the same national baseline we can compare our 2014-15 data to see how trends are developing in Slough.

The national figures published for 2013-14 are almost identical to those published in 2013-14. The table below outlines the proportions of alleged abuse reported nationally during 2013-14 and in Slough during 2013-14 and 2014-15:



Slough's statistics appear in relation to types of abuse appear to mirror the national picture. In Slough we have around 400 allegations of abuse reported to the Safeguarding Team. The one area that appears to be slightly different relates to institutional abuse which is relatively low nationally but lower in Slough, this may relate to the fact that we have very few care homes in Slough in comparison to other authorities.

In regard to the alleged victim of adult safeguarding the national figures break down as follows:

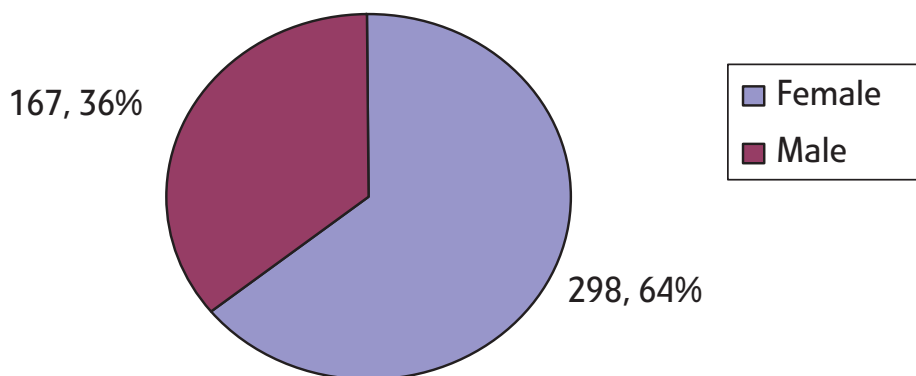
Nationally it is reported that females are more likely to have a safeguarding referral than males, with 285 and 204 individuals per 100,000 populations respectively. This compares to Slough where there were 2014/15 Female - 298, 64% and Male - 167, 36%.

Nationally 51% of safeguarding referrals were for adults with a physical disability, frail or temporary illness. In Slough for 2014/15 the figure is 42%

Nationally 24% of safeguarding referrals were for adults with a mental health diagnosis. In Slough for 2014/15 the figure is 30%

Nationally 18% of safeguarding referrals were for adults with a learning disability. In Slough for 2014/15 the figure is 15%. Nationally 1% of safeguarding referrals were for adults with a substance misuse. In Slough for 2015/16 the figure is 1%. So again there is a similar picture in Slough to the national picture.

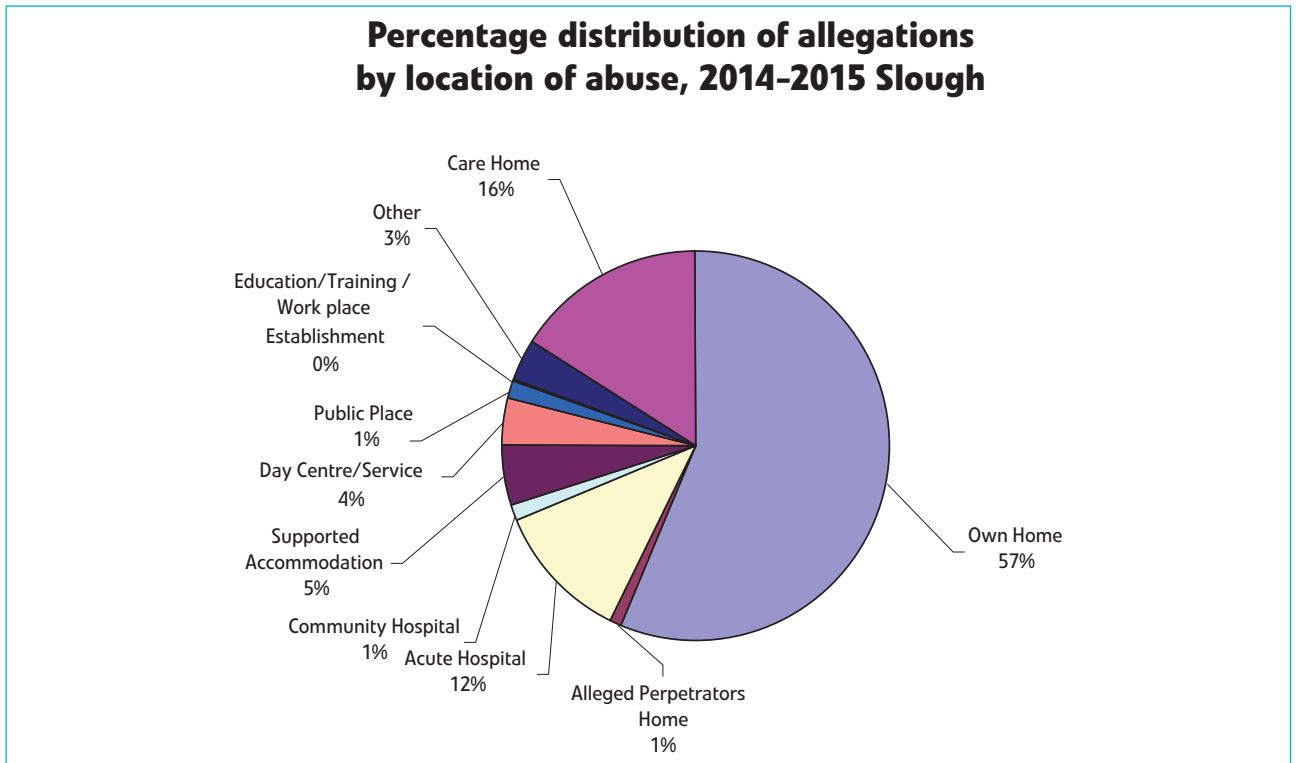
Percentage distribution of referrals by gender, 2014/2015 Slough



Location of abuse

In regard to the location of abuse it was found nationally that 42% were abused in their own

homes, 36% in care homes, 6% in hospitals, 5% in community services and 11% in other settings. In Slough we had the following figures for 2014/15:

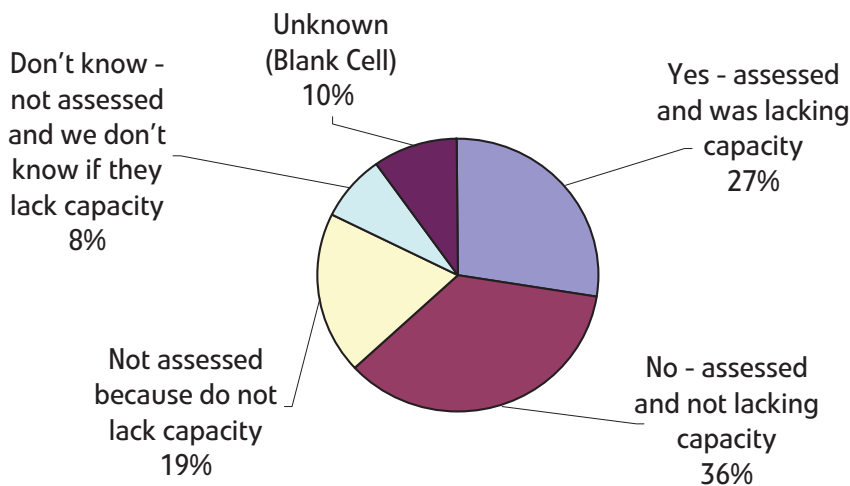


So in Slough as nationally the most likely setting for abuse to take place is in a person's own home. Isolation and social exclusion have been identified as risk factors for abuse. What is interesting perhaps is that there's still thought to be a massive under reporting of abuse and as people are more likely to be abused in their own homes it is interesting that although people are isolated in their homes that these cases still manage to get reported which suggests that there are many people out there who are being abused in their own homes that we never hear about. What is also reassuring is that although we have had some high profile cases of abuse in care homes that actually abuse in care settings is much less than being at home so it is a relatively safe environment. In Slough we work with our contracts and commissioning team to ensure that our providers are supported to provide safe and good quality care for our service users.

Mental Capacity

One new area that was reported on last year was mental capacity and how this related to safeguarding. Research has shown, such as that carried out by Action on Elder Abuse that those people who lack mental capacity in protecting themselves are more likely to be abused than those people who have the mental capacity to protect themselves. Therefore it is interesting to look at the first tranche of statistics on this subject. The HSCIC data set looks at the mental capacity of those involved in cases which went through the whole safeguarding process. This shows that 28% of people who were abused lacked mental capacity, 44% had capacity and more worryingly 29% it was not known whether someone had capacity. There are no national figures to use to compare Slough with at present.

Percentage distribution of cases where mental capacity was assessed, 2014-2015 Slough



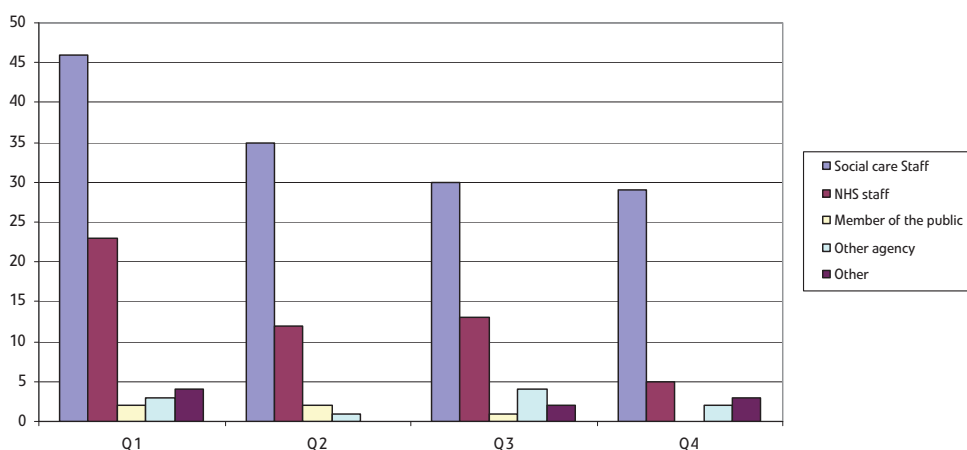
In Slough the following figures were recorded:

Referral Source

A lot of work has been done in Slough in regard to making sure that staff in various partner agencies are trained in Safeguarding so that they know how to make referrals. As well as formal training a newsletter is circulated internally to all social care staff to assist to keep up to date with regard to

safeguarding and the changes. A guidance sheet was sent out earlier this year prior to the Care Act informing our partner agencies of the new categories of abuse and the new responsibilities both on the local authority and partner agencies regarding safeguarding and this was circulated to staff within those agencies. It is therefore anticipated that this should increase the number of referrals from different agencies.

Percentage distribution of allegations by referral source, 2014-15



Ethnicity of victim of abuse

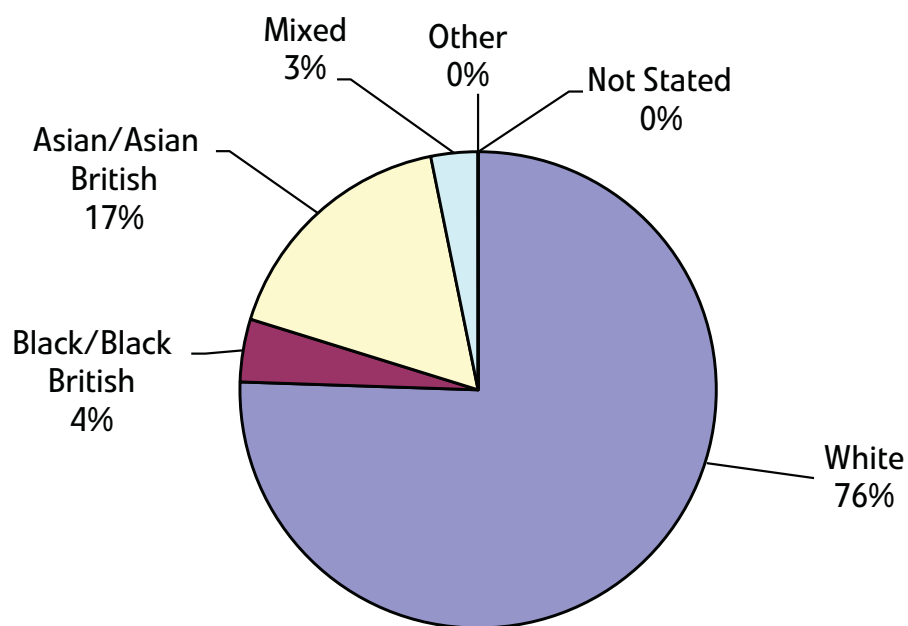
When looking at the ethnicity of alleged victims both nationally and locally, there is an obvious gap between national and local figures:

- Nationally 85% of alleged victims were white, in Slough for 2014/15 the figure is 72% Nationally this is not broken down into different white groups, but in Slough we have a high number of referrals from the Polish community.
- Nationally 1% of alleged victims were from mixed ethnic minority groups, 3% from Asian groups 3% from Black Caribbean groups; in Slough for 2014/15 the figures are 22%. Slough does however have a higher than average population of residents from ethnic minority groups compared to the number of people referred to Adult Safeguarding.
- In Slough 3% of alleged victims declined to state their ethnicity.

The figures for Slough in 2014-15 show no variation to those for 2012-13. The engagement of minority communities in safeguarding is a national issue, not one that is specific to Slough; however local work is being planned to engage minority ethnic groups in a whole range of Adult Social Care work not just in Safeguarding.

Slough is unique in not having one dominate ethnic group and has a translate population due to being so close to London and having two major airports nearby. This creates interesting issues within Safeguarding particularly regarding working with families and the communities themselves.

Percentage distribution of allegations by ethnicity of abuse, 2014-15 Slough



Way forward

- 1) The board is always concerned about the source of referrals and has focused its attention on this area at several board meetings, in particular trying to understand why there is a large number of referrals from social care staff compared to other staff groups. One reason for this is that the referral may have been made to the social care member of staff but as they are putting it on the system then they made record it as coming from social care staff. But clearly this is not the reason for the low referrals from some groups and work will need to be done to try and re assure the board that all agencies are aware of how to report and this may be a task for the communication group in conjunction with the performance subgroup.
- 2) The Board wants to engage with different ethnic groups and this has always been an issue for the Adult Safeguarding board not only in Slough but across the country, various different methods have been tried in the past with little evidence of success. Due to the complexity and the different ways in which different communities operate there is not one size fits all solution to this problem. The communications subgroups have started to look at this issue and will hope to start to look at how to address these issues over the coming year.
- 3) The Board will be monitoring how the new categories of abuse and the new wider definition of abuse will affect the people who report abuse to adult safeguarding. One area of work that the board is looking at is how we may have to deal with more people with substance misuse under safeguarding particularly in the area of self-neglect and how this will be dealt with through community teams.

Slough Safeguarding Adults Board Member David Philips - Head of prevention and protection Berkshire Fire and Rescue Service

I am the head of prevention and protection for Royal Berkshire Fire and Rescue Service. Responding to incidents of fire or other emergencies such as road traffic collisions remains a very important part of the fire and rescue service's work. However the service has transformed itself, placing prevention and protection as its primary consideration. Fire-fighters and specialist staff now perform a wider range of educational, technical and regulatory roles than ever before. The fire and rescue service is also having a much greater impact on wider social outcomes, such as anti-social behaviour, health and wellbeing and community cohesion. Building upon our popularity with the public and particularly young people, we've been able to help partners in meeting their aims which also results in us achieving our own

RBFRS carries out activities such home fire safety checks for residents who are deemed to be most at risk of experiencing a fire in the home. The visit includes the provision of advice on how prevent fires occurring, the installation of smoke alarms and guidance on how to escape if a fire actually occurred. Whilst in the home RBFRS staff are able to identify additional risk factors and have an impact on the wider health and wellbeing of vulnerable people in our communities by for example referring residents for falls prevention advice. At political level, we are also lobbying hard on the issue of domestic sprinkler systems and sprinkler systems for care homes

RBFRS uses predictive geographical data to target its work in areas where residents may be at greater risk from fire. However in order to continuously improve the impact of its work, RBFRS is working with partners whose staff also visit people in their homes in order to raise awareness of the home fire risk check offer to increase the number of referrals received for the home fire safety check to be provided for those most in need. RBFRS staff are working with

partners through the work of the safeguarding adult partnership board to further develop its work to support the 'make every visit count' approach, to reinforce a robust programme of joint social intervention and safeguarding of vulnerable individuals.

Strategic objective 9

The Board will ensure that the safeguarding elements of the Care Act 2014 are fully implemented.

The Care Act 2014 (implemented 2015) makes radical changes to Adult Safeguarding particularly in relation to the way in which Safeguarding investigations are carried out and to the work of the board. In order to ensure the implementation of these new requirements Slough's Safeguarding Adults Board directed the Safeguarding Adults Manager to develop a Care Act implementation plan in relation to Adult Safeguarding.

The Care Act has a specific section relating to Adult Safeguarding, chapter 14, which looks at ten areas relating to safeguarding and these are listed below:

1. Overall safeguarding issues
2. Information sharing
3. Policies and Procedures
4. Advocacy
5. Abuse in Provider settings
6. Information and record keeping
7. Roles and Responsibilities
8. Recruitment and training of staff and volunteers
9. Setting up of Safeguarding Board
10. Communication of Care Act changes

Each of the above areas have been worked on by the Board and the Safeguarding Adults Team, as the Act is still relatively new some of these areas are still in progress and should be completed within the 2015/16.

What have we achieved?

1) Overall Safeguarding Issues

This area is broken down into several areas including ensuring that staff in all agencies are aware of their roles within Safeguarding and this is embedded in the Local Berkshire Safeguarding Adults Policies and Procedures which makes clear that Safeguarding is everyone's business and also outlines the roles of agencies and their staff within safeguarding.

This part of the Act also states which agencies are mandatory members of safeguarding boards including Local Authority, Police and Health, but it also recommends other agencies such as fire, ambulance, housing, voluntary sector and the private sector etc. The Act also suggests that the Board needs to have the involvement of service users and carers and this is something that the Board in Slough is very keen to progress on and will be looking at this further in 2015/16.

The Act also suggests that the remit of Adult Safeguarding is far wider than just those who are being abused but should include looking at developing the local community in order to make people feel safer and increase social inclusion. This is an area that the Board again will be focusing on in 2015/16 with its partner agencies and other Boards in Slough such as the "Wellbeing Board" and "Safer Slough Partnership".

2) Information Sharing

As part of Berkshire, Slough has signed up to the Berkshire Safeguarding Adults Policy and Procedures these cover all the six unitary authorities. There is one policy and procedure for Adults and one for children. As part of the Adult Safeguarding policy there is an information sharing protocol which relates to adult safeguarding and it is in operation across the whole of Berkshire which is particularly useful for those agencies that go across council boundaries, such as the Thames Valley Police etc.

These policies are in the process of being updated and as part of this update the information sharing protocol will be updated. Once the policy and procedures have been updated they will be taken to the Slough Safeguarding Adults Board for sign off in September 2015.

3) Policy and Procedures

As mentioned in section 2 above, Slough has signed up to the Berkshire Safeguarding Policy and Procedures and these are currently being updated. At the same time each local authority has its own internal procedures which provide more detailed advice to staff on how to carry out investigations etc. In Slough these are stored on our intranet and accessible by all staff. These have been updated in line with the Care Act as has the data recording system that is used by Slough Adult Care staff. These changes were ratified by the Adult Safeguarding Board in March 2015.

4) Advocacy

Advocacy is central to the Care Act and the requirement for the local authority and its partner agencies to provide access to advocates is a core requirement of the Care Act. In Slough we already have advocates available to people accessing Social Care, this includes safeguarding investigations. At present there is a very low take up of this service and this might be because the service is not well prompted or easily accessible to service users and staff. A working group has been set up to look at re commissioning the advocacy service to make sure it is fit for purpose and Safeguarding is integral to their delivery. The outcome of this group will be reported in 2015/16.

5) Abuse in Provider settings

In Slough there is a Care Governance group which is made of health, social care inspectorate. The group meets on a 6 weekly basis and looks at the quality and safety of services within Slough, particularly focusing on care homes and home care agencies.

6) Information sharing and record keeping

The Care Act is clear that staff in all agencies need to be aware of the requirements around record keeping and information sharing. As mentioned above we have a Berkshire wide information sharing protocol which all staff is made of aware of during either their induction or training.

The Care Act makes a requirement of local authorities and partner agencies to provide information to the public and this includes Safeguarding The Safeguarding team in Slough Borough Council have developed a range of leaflets which are available to the public in hard format as well as available on line from the Safeguarding internet web pages. These leaflets include:

- Safeguarding Adults from abuse and neglect
- What are the Deprivation of Liberty Safeguards?
- What is safeguarding adults?
- What is the Mental Capacity Act?
- Don't suffer in Silence

We also have a range of contacts such as Action on Elder Abuse and Age Concern phone numbers and web contacts on our web page which provide further advice re adult safeguarding.

7) Roles and Responsibilities

The Care Act makes it clear that each agency should have clearly prescribed roles in relation to Adult Safeguarding. In order to ensure that this is happening within Adult Social Care the internal Safeguarding procedures have been updated and are now in line with the Care Act. A new section on supervision has been added to ensure that when people have supervision that any safeguarding cases are now formally recorded and discussed.

8) Recruitment and Training of staff and volunteers

Slough has signed up to the Berkshire Training strategy which sets out levels of training for all staff groups, in line with the training levels from the "Bournemouth competencies". This lays down what training each staff group should have and how frequently the training should be repeated. All board members have agreed that their staff will be trained in line with the strategy.

9) Each Local Authority MUST set up a Safeguarding Adults Board (SAB)

Slough like many authorities has had a Safeguarding Board in place for many years and the board had decided to use the Care Act as a way to refresh its membership to ensure that all the key players are part of the board and at the right level in their agencies.

The Board decided to update the terms of reference relating to the Board and its role in line with the Care Act and these have been ratified by their Board and are available on the website
www.slough.gov.uk/council/strategies-plans-and-policies/slough-safeguarding-adults-board.aspx.

10) Communication of the Care Act and changes in relation to Safeguarding

Although the Care Act won't formally come into place until April 2015, the Safeguarding Adults Board decided that it was essential that agencies working in Slough with vulnerable adults were aware of the Act prior to implementation so that they could prepare for the Act.

The Safeguarding Adults Team devised a briefing for Board members to disseminate to their staff outlining the major changes in relation to Adult Safeguarding and their responsibilities. This went out to all members in January 2015 and was discussed at the March 2014 Board.

At the same time as communicating with partners the Board recognised the importance of informing the public around the changes to the Care Act. Though there will be a National launch of the Care Act with its associated publicising in the next financial year. The Board decided to update all its publications in relation to Adult Safeguarding and to task the Communications subgroup with looking at how best to disseminate this information to the vulnerable adults within Slough.

This is obviously an area which will be picked up and developed further in the next financial year.

Way forward

The Board recognised that although a lot of hard work had gone into making the Board and the Safeguarding Services in Slough Care Act compliant there is still work to do to enable the Board to meet all the objectives of the Care Act. Some of the areas that the Board will be focusing on in 2015/16 are as follows:

- Developing the relationship between Adult Safeguarding and other areas of work within Slough.
- Widening the membership of the Safeguarding Board to include representatives from service users and their carers.
- To look at how the Board is holding members to account and looking at more examples of collaborative working.
- Looking at how to most effectively spread the message regarding safeguarding to the communities within Slough.
- Looking at moving away from a paternalistic approach in regard to safeguarding to one which is person centred and enables the person to safeguard themselves with the support of agencies.

**Slough Safeguarding Adults Board Member
Simon Broad - Head of Safeguarding and
Learning Disabilities, Slough Borough Council
Safeguarding Team**

1. Tell us about yourself and your role.

My name is Simon Broad and I am employed by Slough Borough Council as the Head of Safeguarding and Learning Disabilities. My role is to be part of a team that makes sure that safeguarding arrangements in Slough are thorough and understood by people who live and work in Slough. I started work in Adult Social Care in 1989 as a day centre worker for people with learning disabilities. During that time I witnessed verbal abuse being directed at some people with learning disabilities and that had a lasting effect on the sense of unfairness within society and strengthened my determination to challenge these prejudices and abuses.

2) Why is safeguarding important to you and what have you achieved?

Safeguarding is important to me as I believe that no person should be subject to abuse or poor care as a result of their vulnerabilities. Some abuse is deliberate and I make sure that the Council works hard with the Police and other partner agencies to respond appropriately when this has been disclosed or noticed. This could mean seeking convictions through the courts when a crime has been committed or where abuse is not deliberate making sure that staff are trained properly and treat people with dignity and respect.

3) What do you hope to achieve with Slough Safeguarding Adults Board in the future?

I would like the Board to be passionate about safeguarding and be effective leaders in ensuring that people who work for the organisations they represent are made fully aware of issues effecting safeguarding and clear pathways for reporting abuse.

Strategic objective 10

The Board will monitor the effectiveness and quality of arrangements for transfers of care. This will include people going into and out of an acute hospital setting as well as transfers of care from their own home to care home.

The Transfer of Care Policy Implementation Group has been established and being led by East Berkshire commissioners. Frimley Health NHS Foundation Trust is a member of this group and its purpose is to develop, agree and approve a single common transfer of care policy that clearly defines the processes that will transfer a patient to their home or other care provider from the acute hospital setting.

Key responsibilities of this group include:

- Agreeing clear, efficient and safe pathways that show the pathway from Frimley North to the patient's home or receiving organisation.
- The definition of clear roles and responsibilities for each organisation involved in complex and simple discharges.
- Recommending and implementing changes to partner organisations' current discharge policies and processes.
- The creation of an agreed "directory of services" that will support patients on transfer to and from any environment.
- The incorporation of a clear communications plan into the process to ensure that patients are kept informed and involved at all times.

The Trust will also be re-establishing its own Discharge Steering group. This is a multi-disciplinary group that will coordinate improvement activity with the Trust discharge process; facilitating the improvement of patient flow and consistent safe transfers of care.

Throughout the year issues relating to the transfer of care that have been investigated within the safeguarding adults framework, are reported to the Trust's Safeguarding Adults and Paediatric Group, chaired by the Deputy Director of Nursing. This group meets bi-monthly to oversee the development, implementation and monitoring of systems, processes and policies to ensure Adults that are subject to safeguarding and Children are safeguarded whilst in Wexham Park and Heatherwood hospitals.

**Slough Safeguarding Adults Board Member
Becky Spiller - Head of Service, Dash Charity**

1. Tell us about yourself and your role.

I'm Becky Spiller and I'm Head of Services at the Dash Charity, a local charity providing specialist support, advice and advocacy to men, women and children experiencing domestic abuse. I'm a qualified Independent Domestic Violence Advocate and have worked in the field of domestic abuse for over 10 years. I started life in the sector as a volunteer in our refuges in 2005 and have had significant experience on the 'frontline' working directly with families, as well as delivering specialist training to a variety of multi-agency professionals and managing services. As Head of Services, I sit on the senior management team of the Dash Charity and oversee our three main service departments, those being refuge provision, outreach and advocacy and children's services. My role is to ensure that we are delivering quality and continually developing services in response to local need and changing landscapes. I'm proud to work with a very passionate and dedicated team who are committed to changing lives for the better.

2) Why is safeguarding important to you and what have you achieved?

Working with clients experiencing domestic abuse, many of which are still at a high risk of continued harm, safety is at the very core of our work and as such safeguarding plays an integral part in our day to day roles.

We believe that everyone has the right to live their lives free from maltreatment and abuse and should be empowered to live lives that are fulfilling and safe. We work hard to ensure that the rights and voices of our clients are heard and work within a supportive network of multi-agency partners to ensure a co-ordinated approach to support and safeguarding. We recognise that some of our clients will have additional vulnerabilities requiring statutory intervention and have recently received funding for a specialist complex needs IDVA to work with clients who may have multiple additional needs, including issues with substance misuse, mental health and sex working.

3) What do you hope to achieve with Slough Safeguarding Adults Board in the future?

Slough Safeguarding Adults Board is a great platform for developing networks, sharing information and ensuring safeguarding remains a priority in the agendas of key partners. As part of the voluntary sector, its great be involved, have a voice and work alongside our statutory partners. Moving forward, we hope to work with the Board members to proactively engage a greater proportion of hidden victims with additional barriers to disclosure in order to offer our specialist support.



Strategic objective 11

Board Development

Slough has a well-established Safeguarding Board with a wide ranging membership from the main statutory agencies including representation from health, fire service, ambulance service and the police. The Board also has representation from voluntary organisations including DASH and Health Watch.

What have we achieved?

A review of the terms of reference of the board has led to a widening of the membership to include representation from the private sector in particular from care providers. The terms also suggest that there should be representation from service users and carers and this work is still in progress and will remain an objective for the Board in 2015/16.

The second objective set by the Board was around developing the Boards' subgroups. These have now been refreshed and have been given work streams for the next twelve months. The subgroups that are now in place are:

- 1) Executive Subgroup
- 2) Communications Subgroup
- 3) Performance and Quality Subgroup
- 4) Workforce Development Subgroup (East Berkshire)
- 5) Safeguarding Adults Review Panel
- 6) Care Act Implementation Group (This is a task and finish group and will be disbanded in April 2015 with the implementation of the Act)

Each of the subgroup will report to the Board on a quarterly basis their progress on their various work streams.

The third and final objective of the Board in regards to its development was to ensure that it has a robust strategy that addressed all the current issues regarding Safeguarding within Slough and that this was available to the public. The Strategy is updated on a quarterly basis following each Board meetings is available on the Slough Safeguarding Adults web page www.slough.gov.uk/council/strategies-plans-and-policies/slough-safeguarding-adults-board.aspx.

Way forward

There are various areas of work that the Board still needs to develop and these will form the Strategic Business Plan for 2015/16. However, one of the main challenges has to be how to involve service users and carers in the work of the board and in designing and approving board strategies.

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- Mental Capacity Act 2005



This document can be made available on audio tape, braille or in large print, and is also available on the website where it can easily be viewed in large print.



Slough Safeguarding Adults Partnership Board Annual Report

If you would like assistance with the translation of the information in this document, please ask an English speaking person to request this by calling 01753 475111.

यदि आप इस दस्तावेज में दी गई जानकारी के अनुवाद कए जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लिए 01753 475111 पर बात करके कहें.

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ 01753 475111 ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਹੋ।

Aby uzyskać pomoc odnośnie tłumaczenia instrukcji zawartych w niniejszym dokumencie, należy zwrócić się do osoby mówiącej po angielsku, aby zadzwoniła w tej sprawie pod numer 01753 475111.

Haddii aad doonayso caawinaad ah in lagu turjibaano warbixinta dukumeentigaan ku qoran, fadlan weydiiso in qof ku hadla Inriis uu ku Waco 01753 475111 si uu kugu codsado.

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Healthwatch Slough

Annual Report 2014/15





Healthwatch Trade Mark

Healthwatch Slough has been using the Healthwatch trade mark and has the necessary licence agreement in place to enable us to use the Healthwatch trade mark in our work.



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Note from the Chair



Colin Pill, Healthwatch Slough Chair

Another year has passed, and it seems that so many changes have taken place with our health service. We now have 8am to 8pm GP cover as well as 8am to 1pm at weekends for appointments. This was mainly due to Slough CCG (Clinical Commissioning Group) putting a bid together and winning £2.9 million pounds from the Prime Ministers Challenge Fund. WELL DONE SLOUGH CCG!

We also had the acquisition of Wexham Park Hospital by Frimley Health NHS Foundation Trust; changes in preparation for the Care Act; and the build up to the Better Care Fund - all very important to the people of Slough.

I would now like to convey my thanks to the people of Slough, patients, service users and members of the public who have shared their stories, concerns and experiences of their pathways using the NHS and social care services. It is not easy for people to talk about the service they have received, and at times it can be very emotional. Most people just want to forget. However, telling these stories to

the Healthwatch Team can, and does, make a difference. With your information we can make sure that other people have a smoother pathway in the process.

We should also remember that the people providing these services are only human and do make mistakes just like we all do. But how ever bad or good the experience, talking about it to us, the team at Healthwatch, will help people to learn and forge a better future.

As you read this annual report, you will see how effective Healthwatch Slough has been and how, together, we can make it so much better and make better use of what we have now. In this time of constant change and financial restraints we need to be strong.

In the year to come I would like to see greater integration with our Slough community, and for the patients and public of Slough to put their faith and trust in Healthwatch.

Some people often ask why we all give our time so freely. For myself, it is because I am passionate about the NHS. We have to look to the future for our children, and our children's children's future. I say this because I have a son and when he was a youngster he needed the NHS. Now he is older he, like many others does not give health a second thought. I strongly believe it is up to us to create a legacy that will last. Lastly, I would like to thank my wife for the help and patience she shows me day by day.

About Healthwatch

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

The population of Slough is now 143,024. The number of young children aged 0 to 9 years old living in the Borough is higher than the national average. There are also a higher proportion of young adults (aged 25 to 44). This suggests that there are a lot of young families living in Slough.

Everything we say and do is informed by our connections to Slough residents and our expertise is grounded in their experience. We are the only body looking solely at Slough residents' experience across all health and social care.

As a statutory watchdog our role is to ensure that Slough health and social care services, and Slough decision makers, put the experiences of Slough people at the heart of their care.

Our purpose

Local Healthwatch was created under the Health and Social Care Act 2012 and our role is outlined in the following eight statutory activities:

1. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
2. Enabling local people to monitor the standard of local care services and whether and how local care services could and ought to be improved;

3. Obtaining the views and experiences of local people regarding care services and to make these views known;

4. Making reports and recommendations about how local care services could be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services;

5. Providing advice and information about access to local care services so choices can be made about local care services;

6. Formulating views on the standard of provision, and on whether and how the local care services could and ought to be improved;

7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations;

8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Our vision

Our vision is to empower **all** the residents of Slough to speak up and realise that their views, comments and stories are valued and important.

We will achieve this by:

- Vigorously campaigning to raise and maintain awareness of Healthwatch throughout the Borough, utilising every available communication channel that we are able to within our budget

- Understanding what matters most to all Slough residents
- Influencing those who have the power to change, design and deliver services for the benefit of the users

All organisations are being pressed to ‘do more for less.’ This has made Healthwatch Slough consider what is the value and impact of our work.

Our strategic priorities

- In everything that we do, to work to make sure the consumer’s voice is always heard and helps shape the provision of health and social care services in Slough
- To look at the discharge process at Wexham Park Hospital
- To understand how Slough Clinical Commissioning Group spent the £2.95 million Prime Minister’s Challenge Fund money and determine whether made a positive difference to people accessing primary care.

Our Year in Numbers

Number of stories told to us **551**

Number of calls to our helpline **257**

Number of calls signposted **113**

Average time per phone call **60 minutes**

Number of volunteers **18**

Number of tweets **303**

Number on mailing list **414**

Number of Slough Express adverts **4** reaching **44,846** people each time

Number of community engagements attended **40**

Number of people spoken to through community engagement **800**

Number of talks given **25**

Number of website visitors **3,220**

Numbers are undoubtedly a crucial part of the story but a true understanding of what is happening in health and social care lies with the people.



Some of the Healthwatch Team (from left to right): Najeeb Rehman, Equality and Diversity Manager, Frimley Health NHS Foundation Trust (Healthwatch volunteer), Arunjot Mushiana, Dolly Bhaskaran, Nicola Strudley, Mike Connolly

'Other Healthwatch Slough staff members not pictured':
Caris Thomas, Manvinder Sagoo,

As a publicly funded body, Healthwatch Slough must be able to demonstrate that it is achieving its objectives and making a difference to health and social care services for local people. Throughout this report we aim to be able to show what difference Healthwatch Slough has made using the following visual table;

OUR IMPACT

| | |
|---------|--|
| PROBLEM | |
| ACTION | |
| OUTCOME | |

Engaging with people who use health and social care services

Understanding people's experiences

Healthwatch Slough has engaged with the following groups of people;

- Young people
- Parents of young children
- Patients in Wexham Park Hospital
- Older people
- Carers
- Deaf or hard of hearing people
- Health and social care professionals
- Gypsy and traveller communities

To highlight some of our engagement with the following groups:

Young people (under 21)

Healthy and Happy Workshop

Healthwatch Slough delivered a Healthy and Happy workshop to 15 young children aged 4-13 years. The aim of the event was to introduce Healthwatch and find out the children's ideas of being healthy and keeping well. The workshop included a Healthwatch talk, art activity and a chat session with the staff. The children could write, draw or share their ideas with the staff team.

What makes you happy?

- I'm happy when my baby brother laughs at me
- When you can watch TV
- School and my friends
- When we play sports
- When my mum is happy

What keeps you well?

- Eating healthy
- Exercise
- My friends

If I am unhappy who can I talk to?

- My friends
- My teacher
- My family
- My brother

The majority of children who attended the Healthwatch workshop were not born in England - their parents moved to England and have settled in Slough. The children could all confidently speak and write English. Many reported that they translate school and doctors' information for their parents. They are aware of the main health services such as A&E, hospitals, GPs and dentists.

The children all took home Healthwatch packs which contained leaflets, pens, balloons, a postcard, magnets and stickers.

The Great Food Fight

Public Health and Slough Libraries, along with five schools organised 'Food Fight activities'. Healthwatch Slough supported



two of these activities in conjunction with James Elliman Academy and Montem Academy.

We asked the children six questions. The majority of the children (33 children) provided responses.

| | | |
|--|--|---|
| <p>Question</p>  | <p>What keeps you happy?</p> | <p>52% of children reported family, friends and 'people being nice'</p> <p>15% reported playing</p> |
| <p>Question</p>  | <p>What makes you healthy?</p> | <p>63% reported healthy eating including fruit and water</p> <p>21% reported healthy exercise</p> |
| <p>What would you do</p>  | <p>If you were the leader of the council for the day what would you do to make people in the town happy?</p> | <p>75% making sure people have healthy food and drink</p> <p>15% access to sports and exercise</p> <p>6% for people to have enough money</p> |

By delivering a Healthwatch talk to children and teachers, running a fun Healthwatch quiz and distributing Healthwatch fun bags which included free fruit and Healthwatch goodies.

Healthwatch as YES Associate

Youth Engagement Slough (YES) is a consortium of Slough based providers of services to young people led by Aik Saath (Together As One), Resource Productions and SWIPE. Healthwatch was appointed a YES Associate and worked with/regularly met with the consortium in 2014/15 to help the voices of young service users to get heard.



Older people (over 65)

Healthwatch Slough had a stall at Slough Older People's Forum annual public event promoting 'Active Mature Life'. Our Chair took part as a member of the panel. We also gave a talk to the Older People's Forum in Sept 2014. We were represented at International Older People's Day celebrations on 1 Oct 2014

Salt Hill Care Home visit


As part of the patient discharge project, we contacted four care homes in Slough. We carried out a visit to one of these homes - Salt Hill Care Centre.


The purpose of the visit was to inform staff, residents and family members about Healthwatch Slough and to collect views and experiences on the patient discharge system at Wexham Park Hospital.


We spoke to 10 residents at the care home. They were mainly frail, elderly, and had various degrees of mental capacity.

The residents that we spoke to were quite confused for the majority of the time. The concept of hospital discharge was difficult for them to talk about. However the Healthwatch visiting team were able to engage with them via general conversation in which the residents were able to talk about topics of interest to them.

We left every resident with a letter to share with their family members. The letter gave information about the purpose of our visit and ways to contact Healthwatch Slough.

PROBLEM  Collecting the views of residents in a care home on hospital patient discharge service

ACTION  Contacted 4 Care Homes in Slough to arrange a visit

OUTCOME  Visited one care home in Slough. Introduced HWS. Shared information with family members on how to share their family member's story.



Salt Hill Care Home, Slough

People volunteering or working in your area but who may not live in your area.

All our volunteers are Slough residents.

Disadvantaged people or people you believe to be vulnerable.

2,870 people were seen by a Citizens Advice Slough advisor last year in total. They are people in a variety of situations who are dealing with problems such as:

- Benefits 26%
- Debt 15%
- Housing 13%
- Employment 13%
- Legal 8%

Every case is passed to the Healthwatch Coordinator for consideration. We have found that whatever their presenting issue (why they came to talk us), the majority of people have underlying health or care related issues relevant to Healthwatch.

People who are seldom heard.

Traveller testimony:

"I took some letters in to Arunjot [the Healthwatch Supervisor] to read for me. I found out about hospital appointments to do with my husband's illness."

PROBLEM



Official communication with Gypsy Romani Traveller community not appropriate

ACTION

Healthwatch Supervisor able to read out letters



OUTCOME



Woman was able to get her husband to his medical appointment to receive treatment



Healthwatch Slough has also been hearing the voice of deaf and disabled people

Physically accessing some GP and dentist surgeries can be difficult for wheelchair users.

Patients with disabilities can have practical problems making a GP appointment. One patient told us how making an appointment was difficult for her because her GP surgery would not bend their policy of 'on the day'-only appointments. This did not allow the time she needed to arrange for a carer to take her to her appointments. We also know that elsewhere in Berkshire, deaf patients are being told they can only book over the phone.

There are problems with communication. We have found that not all surgeries provide a sign language facility. We heard of one incident where a deaf patient's five year old daughter had to translate for her due to a lack of British Sign Language translation services.

By law, under the Equality Act 2010, all health and social care providers are required to make 'reasonable adjustments' to make sure that a disabled person can access and use the service as close as possible to the way a non-disabled person would.

This means that all GP and dental surgeries should aim to provide suitable access for patients with hearing, visual and mobility impairments, including those in wheelchairs, as well as older people and those with learning disabilities. In addition, they should provide suitable means of communication which allows people to book appointments easily in the first place.

Healthwatch are now using this evidence and working with local commissioners to address these issues on the ground and improve the experience of patients whose views are not always heard.

Social Media and Website

We have 717 Twitter followers and have posted 292 tweets.

We have used Streetlife to ascertain the views of Slough residents, and started several conversations and polls;

- Can you see your GP after hours? (23 comments and 53 votes in a poll)

- How do you prefer to access information? (8 comments)
- How confident do you feel complaining? (18 comments)
- 20% of children in Slough living in poverty (1 comment)

Pop Up Shops

In order to raise our profile we held a number of pop-up shops between Jan - March 2014 at the following venues;

- The YES Shop, Slough High Street
- Slough Library
- Cippenham Library
- Langley Library

We wanted to make a visual impact on parts of the Slough community and hear new or seldom-heard voices.



Healthwatch Pop up shop

PROBLEM To increase the visibility of Healthwatch Slough



ACTION Pop up in busy local venues in order to raise profile and collect stories.



OUTCOME The YES Shop - made Healthwatch information visual in the Slough town shopping centre.



Slough Library: 20 comments, 50 people spoken to and given magnets

Cippenham Library: 10 comments, 30 people spoken to & given magnets

Langley Library: 12 comments, 25 people spoken to and given magnets

Enter & View

Healthwatch Slough have a team of trained Enter and View Authorised Representatives, who are able to visit publically funded health or social care premises to observe what goes on. However, Healthwatch Slough did not undertake any official Enter & View visits during this period. We prefer to work in conjunction with providers.

Our main project this year focused on discharge from Wexham Park Hospital.

Over 100 people were asked about their discharge experiences from Wexham Park Hospital. The work was conducted in May - July 2014, this project is described in more detail later on in the report.

Our team of Enter & View Authorised Representatives



We decided to work jointly with Healthwatch Wokingham Borough to recruit, train and support a group of volunteers to undertake visits. As smaller Healthwatches this created an efficient resource.

We held four Enter and View training sessions

We now have 25 trained volunteers that are able to go into publically funded premises such as hospitals, care homes or day centres and talk to people about their experiences;

Annette Drake

Tony Allen

Jackie Bastow

Myrleene Beckford

Nikk Brown

Nick Campbell White

Margaret Campbell White

Rebecca Day

David Chaffee

Dean Corcoran

Martin Connibear

Ros Croy

Carole Dawson

Vera Doe

Maureen Erdwin

Clare Jacklin (resigned 15.1.15)

Roger Kemp

Sarah Bowring

Sheila Laws

Shirley Stoddart (resigned)

Ulla Isaken

Jenny Wicks

Jane Lord

Estelle Myrlyn

Colin Pill

Jim Stockley

Heather Young

Assistance to Eat and Drink Study at Wexham Park Hospital

Healthwatch WAM (Windsor, Ascot & Maidenhead) were invited by Elaine Strachan-Hall, then the Director of Nursing Standards at Wexham Park Hospital, to conduct a study on patients' experience of obtaining assistance to eat and drink by *Enter & View*. Several of our volunteers have expressed an interest in helping with this project and we are awaiting confirmation of visit dates.



Providing information and acting as a signpost for people who use health and social care services

People often tell Healthwatch Slough how complex the health and care system is. At times of need people find it difficult to know where to turn to. We give information about Slough health and care services and how to access them.

People can get in touch with our service by calling our telephone helpline (01753 325 333) or through our web site or on Twitter and Facebook, or in person at Citizens Advice Slough.

In this, our second year we took 257 calls and Citizens Advice Slough spoke face to face with 101 people about their health and social care queries.

We took 257 calls to our helpline and spoke face to face with 101 people.

An example of the calls we received

"I need to make a complaint - my wife should not have been discharged from Wexham Park so early. She was in a terrible state"

Information is key! Here in Slough is no exception. We provide help with:

- Navigating through the complex NHS system
- Finding non-clinical information about local health or social care services
- Giving feedback/comments and experiences of local services
- Understanding the services available • guidance on how to make a complaint
- other sources of help such as CAB, the NHS Complaints Advocacy Services, etc.

Often our Information Support Workers are able to give the required information to the caller immediately, but on some occasions more detailed research is needed. We aim to resolve any telephone call within 1 to 45 minutes depending on the level of research we need to undertake. If research is needed, then we will always take details of the caller and call them back.

As well as recording callers' feedback and enquiries throughout the year, our Information Support Workers have signposted or referred people to appropriate organisations able to offer further information and support appropriate to their needs. This includes organisations such as the NHS Complaints Service, NHS 111, Thames Valley Police, Social Services, PALS (Patient Liaison Service), and Berkshire Women's Aid.


How we connect with people


It is important to give Slough residents a variety of ways to get in touch with us and share their experiences.


As well as receiving telephone calls, we are also contacted through all of our social media channels, by email and in person. As explained above, most people

who visit Citizens Advice Slough have, irrespective of their presenting problem (i.e. the specific issue they came to talk about), an underlying health or social care issue. Each and every enquiry received, whatever the communication channel, is recorded in our CRM system.

What has changed as a direct result?

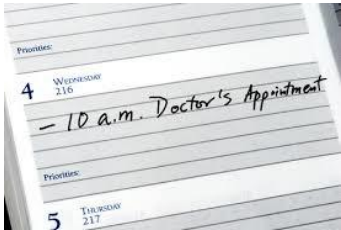
PROBLEM  Client’s mother in law and husband are both in care homes and have dementia. Client was struggling to understand condition and how to manage it. Client said she had not been offered any practical support or information.

ACTION  The Healthwatch Co-ordinator contacted the Alzheimer’s Society for information on the condition to be sent to client in their own language and also contacted Age Concern to enquire about running a course on Dementia.

OUTCOME  Client to attend course when available and attend Asian Carer’s Group.

“There is a real problem for carers when they are trying to book appointments for the people they are caring for. The doctor’s surgeries could help carers a lot more if they understood carers. We should all be able to see a doctor whenever we need one and the doctors should be aware of carers needs. Getting a doctor’s appointment in Slough is terrible.”

Slough Resident



The most popular methods of contacting Healthwatch Slough were through Surveys (246), Citizens Advice Slough (101) and Face to Face (48).

Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

Healthwatch Slough has produced four reports

- 'Consumer Voices' Wexham Park Hospital Discharge Report, August 2014
- Experience of parents with young children, February 2015
- Experience of deaf and hard of hearing people using health services, February 2015
- What will make a difference for people in Slough living with long term conditions? March 2015

Consumer Voices Report and Conference

60% of all feedback received by Healthwatch Slough is about Wexham Park Hospital.

73 people filled out questionnaires, 40 other people shared their stories and views.

63% of people didn't know how they could make a complaint

1 in 3 people said their discharge plan did not meet their needs

This investigation into hospital discharge highlighted the fact that some people are being discharged too early; others are being kept in for too long. In both cases discharge is happening without the right care, information and ongoing support

The Report highlighted six areas as needing improvement:

- Poor coordination
- Lack of clarity about discharge plan
- Discharge delays
- Caring attitude not shown by all staff
- Queries over discharge decisions
- Patients not aware of complaints channels

“We waited for five hours for discharge papers and medication”

And

It's always a big rush to get you out but nothing is ever ready”

Relatives of patients






A 'Consumer Voices' conference was held in November 2014 with over 40 people attending. This conference made real the stories of patients and moved several Frimley Trust staff to tears! The Consumer Voices conference and report made it clear that there was also positive feedback from patients as well, with compliments about staff, care and progress. The calm and caring environment of the discharge lounge observed by the team during its visits was commended as an example of good practice.

Following the release of our Wexham Park Hospital Discharge Report 'Consumer Voices', and our recommendations, the hospital are now:

- Developing relationships with other organisations to ensure improved communication and coordination.
- Planning, via its Discharge Performance Implementation Group, to work with the Care Home Forum in the coming the year and develop a trusted assessor scheme with a number of pilot homes.
- strengthening support to clinically-led services, and introducing changes to clinical practice to increase focus on patient flow, thanks to increased resources within the medical directorate.. More than eight consultants have been recruited as well as a full portfolio of junior doctors to support them.
- carrying out more frequent ward and board rounds, and undertaking ward rounds earlier in the day. This ensures that discharge planning is also started earlier – both in terms of overall stay and in the day.
- Improving processes to increase the time available for the pharmacy and medical team to clarify any queries and for the medicine to be prepared correctly and timely.
- Ensuring there is clear communication internally at the morning bed meetings concerning patients who will be discharged during the day.
- More actively involving members of the patient flow team in transferring patients from the wards to the discharge lounge. This has increased the number of patients discharged earlier in the day.
- Preparing to introduce new nursing documentation on the Wexham Park site. This will ensure that staff are documenting what is required in a clear format. This will include discharge planning.
- Continuing customer training all levels of staff; and commissioning leadership development programmes for senior team members across the Trust.
- Ensuring patients are aware of how to give feedback and how to make a complaint. An explanatory poster and leaflets are available across the Trust, and a bedside folder has been introduced recently to every bed that includes information on the feedback/ complaint procedures.





| | |
|---|--|
| PROBLEM  | Hospital discharge delays at Wexham |
| ACTION  | 100 patients surveyed |
| OUTCOME  | It was recommended that the hospital create an action plan which gives greater understanding to patients about the discharge process. The hospital has now produced a comprehensive action plan on how to improve the patient discharge dress. |

Child friendly posters were also suggested.

Overall parents were satisfied with maternity services, rating them good or better. Continuity of care was important throughout pregnancy. Parents suggested that more information be made available for patients to understand conditions and medications.

Parents would like to Health Visitors to be more visible and attached to the GP surgeries as well as at the children centres.

Our findings were fed in to Slough Borough Council’s consultation on child poverty, and to the Children and Young People’s Partnership Board which had been seeking evidence on the improvement of Children’s Centres ahead of a re-inspection by Ofsted.

Experience of parents with young children

A sample of 30 parents with children under the age of five were surveyed. These parents’ views on their GP services, maternity services and social care services were collated.

Nearly all of the parents said they always or nearly always get a GP appointment for their children when they needed one. However, just 56% said they always or nearly always were able to get an appointment for themselves. This suggests a good service for the children but less than satisfactory for adults. A number of suggestions for improved service were made, This included well-trained, well-informed, receptionists able to advise the patients of the best course of action regarding seeing the most appropriate professional, whilst demonstrating sensitivity and discretion, respecting confidentiality.

Experience of deaf and hard of hearing people using health services

There are an estimated 127 deaf people in Slough (many more hearing impaired) and an estimated 390 people with a visual impairment. These numbers are set to increase year on year.

Just think how difficult you find it to make yourself heard by medical professionals sometimes, and how difficult it can be to digest information you are being told by a clinician. Imagine how much harder it is if you had a hearing impairment.

Deaf people and their families are a group of people who are likely to experience difficulties in accessing health and social care services.

Deaf Positives Action, on behalf of Healthwatch Slough, conducted a survey with eight Deaf people to find



out about their experiences when dealing with GPs and Hospitals. We sat down with our eight Deaf volunteers and asked them to share the experiences of accessing GPs or hospitals in the Slough area. We wanted to identify areas that need improvements. We recognise that this focus group is not representative of all deaf patients' experiences but nevertheless it provided useful insight.

It was apparent that there is a clear and urgent need for deaf awareness training for professionals and support staff, as our volunteers reported problems such as not maintaining eye contact, failing to write important information down, and not allowing extra time for appointments. We took the results of this report to the Slough Wellbeing Board at its May 2015 meeting.



“What will make a positive difference for people in Slough living with long term conditions?”

The diabetic population of Slough is reaching 9,000 (not including the many more people with undiagnosed or undetected diabetes). This is 7.5% of the population, significantly higher than the national average of 5.5%. In Slough, diabetes continues to be a leading health priority for the GPs as well as the local authority. The additional GP appointments created by the Prime Minister's Challenge Fund has meant that GPs are able to track higher-risk patients and spend more time looking holistically at the person, not just focusing on the medical condition.

Living with a long-term condition brings challenges.

A total of 25 people were interviewed. Healthwatch Researcher, Dolly Bhaskaran, conducted interviews with a random sample of people living with long term medical conditions. Patients made a number of recommendations including the following.

Access to information

- More information about long term medical conditions (e.g. diabetes, arthritis, heart disease, lung problems, asthma, stomach problems, and skin disorders) easily accessible in convenient community places, such as places of worship. such as

Medical support

- Regular reviews so information is up to date.
- Develop single comprehensive care plan agreed between individuals, GP and all other professionals, with everyone involved having a copy.

Education & Training to better manage condition

- More free training for use of the internet
- Role of the community pharmacist promoted

Peer or community support

- Commissioners to encourage innovative responses in Slough and enable support groups to develop
- People would like to take ownership of their own health if suggestions and support given

Following the publication of our investigation the Frimley Trust Equalities Officer has initiated discussions with Healthwatch Slough about undertaking a



further piece of work on stroke in 2015/16.

Healthwatch Researcher & Board Member,
Dolly Bhaskaran

Putting local people at the heart



of improving services

Healthwatch Slough has questioned Slough Borough Council about how they have communicated and involved local residents in the plans for the Care Act and Better Care Fund.

A national Department of Health leaflet about the changes was sent to some households in Slough via Royal Mail. However many people mistook it for junk mail and threw it away. (a similar thing happened to NHS England's 'Care. Data' leaflet last year).

Slough Borough Council have distributed Care Act material to providers of Adult Social Care, GP surgeries, the local hospital, care homes in Slough, and community and voluntary groups via Slough CVS. But is this enough to make people aware of what is being called “the biggest reform to the social care system in the UK since the NHS was created 66 years ago”?

PROBLEM



People not knowing about major social care reforms

ACTION



Offered Council support in publication and reviewing implementation

OUTCOME



Yet to be seen

We have questioned Slough Borough Council on what they know about how people access information. Plans to develop the online Slough Services Guide as a one-stop directory are well-meaning - but is this what people really want?

PROBLEM



Council investment in online resource not necessarily going to work for all residents

ACTION



Asked Council to show how people currently use Slough Services Guide

OUTCOME



Met with project manager to look at joint working and reduce duplication

We also raised concerns duplication. SBC's 'Be Involved' project is aiming to create a reference group of service users.



In fact, Healthwatch Slough already has access to such a resource, but we were not consulted or asked to be involved!



Healthwatch representation at Wellbeing Board

Taking an active part in committees is an important element in being able to influence local decision-making and ensuring the consumer voice is represented. We use our seat on the Slough Wellbeing Board to keep patient and service user voices at the forefront of discussions. Key approaches to influencing commissioning include:

- sharing data and intelligence; for example, raising issues of concern and reporting on findings of ‘enter and view’ visits
- challenging commissioners on the improvements they are putting in place
- escalating issues to commissioners when we feels the response of the provider has been inadequate
- challenging commissioners on their engagement and consultation activities
- being involved in commissioners’ tendering and contracting processes



Working with others to improve local services

One in four children in Slough is living in poverty.

An independent trust has been set up to run Slough’s Children Services following

last year’s critical OFSTED report which rated the service inadequate.

We developed a relationship with Home Start Slough and asked them to investigate within their network the experiences of parents with young children.



PROBLEM



Voice of young person difficult to access

ACTION



Worked with Home Start to capture voice

OUTCOME



More voices of young people being amplified

Working with Slough Clinical Commissioning Group (CCG)

The CCG Board’s lay member for public and patient involvement, Mike Connolly, is a member of our Healthwatch Slough Board. This has been particularly helpful with our focus on how the £2.95 million Prime Minister’s Challenge Fund money has been spent to increase access to primary care services.

Looking ahead, we are delighted that the CCG will be awarding £6,000 to Healthwatch Slough in 2015/16 to undertake the Slough Citizen Medallion Project.

Working with the Care Quality Commission

The Care Quality Commission invited Healthwatch Slough to submit information



prior to its planned inspection of the Clinical Commissioning Group in March 2015. We submitted an intelligence report containing all the data that we had gathered on all 16 Slough GP surgeries over the course of the last year.

No other recommendations have been made to the Care Quality Commission (CQC) to undertake special reviews.

Working with Healthwatch England

Healthwatch Slough took part in the Healthwatch England Special Review on Discharge, along with 100 other local Healthwatch organisations. In total, over 3,000 people across the UK shared their stories and experiences of the discharge process. Throughout the enquiry there was a focus on hearing the experiences of elderly people, homeless people and people with mental health conditions.

We found five core reasons people felt their discharged had not been handled properly;

1. People are experiencing delays and a lack of coordination between different services;
2. People are feeling left without the services and support they need after discharge
3. People feel stigmatized, discriminated against and that they are not treated with appropriate respect because of their conditions and circumstances
4. People feel they are not involved in decisions about their care or given the information they need
5. People feel that their full range of needs is not considered.

“I was told I could go home without the assessment, but when I got home I couldn’t get up the stairs. I had to

sleep downstairs for nearly six weeks”
(Slough patient)

Taking part in the enquiry showed that the need to get discharge right is a theme across the country. When discharge goes wrong, it has a significant physical and emotional impact on individuals and a financial impact on statutory organisations.



Impact Stories -

Case Study One

The saga of Mrs Dean's knee replacement*



Patients should be supported post-discharge

The journey started in June 2014, when Mrs Dean went for an appointment at Heatherwood Hospital to see a consultant. Mrs Dean was told she would need knee replacements on both legs and that they would be done one at a time. An appointment for a pre-operative assessment was arranged and duly took place

The date for the operation, to be carried out at Heatherwood Hospital, came through. However, just a few days beforehand, the operation was cancelled. A new date was sent to Mrs Dean. The letter explained that she would need to have another pre-operative assessment as the last one was no longer valid.

Since her last pre-operative appointment she had suffered two bouts of chest pain and had fallen over once. It was

therefore decided that the operation would be carried out at Wexham Park Hospital and not Heatherwood.

In September, the day of the operation arrived in September. It was a Monday morning, and Mrs Dean was asked to arrive early and report to ward one, which she did. She tried to stay calm but inevitably felt nervous about the surgery. After waiting nearly four hours, Mrs Dean was told there were no beds available and she was sent home.

“I had psyched myself up to have this operation and been let down yet again ... disappointed was not the word!”

On Thursday morning of the same week, the hospital telephoned. They asked if she could come in straightaway because a bed was now available and the operation would take place that very day. Her church friends rallied around and got her there. The operation went ahead that day, and the surgery went smoothly.

The day after the operation, at 6pm on the Friday of that same week, she was told that she was being transferred to Heatherwood hospital. She arrived around 10.30pm that evening, not feeling too well given it was so soon after her operation. Over the weekend she started

to feel a little better although she still had significant knee pain.

On Monday morning she was told she was being discharged. She arrived home later that day. During those first two or three days Mrs Dean, a widow in her 60s living by herself, was bedridden. At that stage she was unable to walk and in pain. She was not able to stand to prepare food and not able to use the bathroom. By Friday, Mrs Dean could stand no more. A friend arrived and called an out of hours doctor on her behalf. The doctor visited Mrs Dean and prescribed antibiotics as the knee had become infected. The next day, Mrs Dean contacted Healthwatch Slough (via an active volunteer and board member who was known personally to her) for advice because she could not cope and needed help.

How did Healthwatch help?

In talking with Mrs Dean, it was quite apparent that she had been discharged without any plan being put in place, no reablement, no district nurses and no plan for physiotherapy.

Colin Pill, the volunteer whom she contacted, comments "Having listened to her I felt a sense of disbelief and knew that someone just couldn't make this up."

Colin knew which GP Mrs Dean used, and he happened to be visiting the surgery that day to see his own GP. Given Mrs Dean's situation, time was important, so Colin spoke in person with her GP who had no idea about Mrs Dean's situation and showed great concern. Within a few hours the GP had managed to put everything in place and she visited Mrs Dean that very afternoon.

Mrs Dean is recovering now but still needs the other knee replacement.

Observations

- Why were so many appointments made and then broken?
- Why was Mrs Dean moved from Wexham Park Hospital by ambulance to Heatherwood for a weekend?
- Why was Mrs Dean discharged on the Monday?
- Why was Mrs Dean discharged without a care plan being put in place?
- How will Mrs Dean build up enough courage to have the second knee operation?

Colin writes: *'When people have a bad experience, there is always that thought will the same thing happen again. Mrs Dean has lost confidence in the hospital system! How can we reassure people who ask "If I complain, will it affect my future treatment? Many people fear this, but it could not be further from the truth. People's experiences are how we learn and improve the services of the future.'*

"I spoke with Mrs Dean's GP in person who had no idea about her situation and showed great concern. Within a few hours the GP had managed to put everything in place and visited Mrs Dean that very afternoon"

Collin Pill, Healthwatch Slough Chair

*Pseudonym has been used so as not to reveal identity





Case Study Two

Client from the Travelling Community



People need support in navigating the complex NHS system

A client from the travelling community, with whom the Healthwatch Coordinator had built a good level of trust in the past through the provision of information and some advocacy, came in to the CAB office one day. Her husband was in hospital in London suffering from multiple spinal injuries after being involved in a life-threatening motor vehicle accident.

This client is a very capable and accomplished woman, but she had never learnt to read and write. She was extremely agitated because she had learnt that her husband was about to be discharged and sent home. She had no idea how she would cope with his care, or even how she would get his wheelchair through the door or move him around the house. She was under the impression that he would be simply discharged and left at the front door.

The client said she was not aware of or been told about a 'discharge plan. She explained that she didn't feel comfortable talking to the nurses and

asking questions she thought she should know the answers to or that would demonstrate her inability to read forms.

With the consent of the client, Healthwatch Slough contacted Social Services to get an update on what was being planned for her husband. Subsequently the 'Section 2 notification' procedure was explained to the client. It was explained to the client that this notification was the trigger for social services to get the re-enablement team involved, who would ensure the home was suitably adapted to meet her husband's needs.

Healthwatch Slough also called the ward manager at the London Hospital. The ward manager explained that the decision whether to discharge the patient to Wexham Park Hospital or the family home would be made the next day, but that they were keen to ensure the client, as the main carer, would be fully involved in the discharge planning. The client was given this information and reassured.

“The client didn't feel comfortable talking to the nurses and asking questions she thought she should know the answers to, or that would demonstrate her inability to read forms”

Arunjot Mushiana, Healthwatch Slough Coordinator

Case Study Three

Client with Mobility Issues

A Slough resident contacted the Healthwatch Coordinator as he wanted help filling out an allowance he was entitled to. The client explained that he could not come to Citizens Advice Slough for a form-filling appointment as he has a lot of difficulty walking and getting transport. The Healthwatch Coordinator gave him the appropriate helpline number for the Department of Work and Pensions so they could arrange for someone to come to his house to help him complete the form.

However, the client was subsequently very distressed and upset to learn that the Department of Work and Pensions would not be able to provide a home visit for another eight weeks. The Healthwatch Co-ordinator contacted Age Concern to see if there was anything that they could offer sooner than eight weeks. The client was informed of their drop-in sessions during which his form could be filled in on the same day.

The Healthwatch Coordinator encouraged the client to call Age Concern personally to explain his mobility issues and ask if they were able to provide extra support. The client was very reluctant to do so as

he felt very hopeless but was persuaded to make the phone call.

The client then called the Healthwatch Co-ordinator a short while later in a much more positive tone, saying that Age Concern had arranged to visit him at his home. The client seemed much happier and was very grateful.



Our plans for 2015/16

Opportunities and challenges for the future

The Healthwatch Board sets the priority issues they want the operational team to investigate, whilst leaving some capacity to respond to additional issues that may emerge throughout the year. Our work programme includes the following activities:



- Report on how well the £2.95 million Prime Minister's Funding has been spent on extending access to primary care and what could have been done better
- Programme manage the pilot Youth Citizen Medallion scheme with one secondary school
- Carry out further piece of work on long term conditions in conjunction with Frimley Trust
- carry out a schedule of 'Enter and View' visits to care homes
- Monitor the Council's implementation of the Care Act and Better Care Fund projects

Our governance and decision-making

Our board

Healthwatch Board oversees, contributes to and supports all activities and functions of Healthwatch. It is made up of the following individuals:

Colin Pill, Chair



Arvind Sharma, Non-Executive Director



(Equality & Diversity)



Sarah Brown, Non-Executive Director (Governance) [left January 2014]



marianne Storey, Executive Director for Help & Care (until October 2014)



Claire Forman Executive Director for Help & Care (from November 2014)



Malcolm Rigg, Executive Director for Citizens Advice Slough



Chaitra Dinesh, Lay Member (Young People)



Dolly Bhaskaran, Lay Member (Long Term Conditions)



Mike Connolly, Lay Member (Slough Clinical Commissioning Group)



Bilal Akhtar, Non-Executive Director (Finance) [joined March 2015]



Healthwatch Slough Board members with manager Nicola Strudley and local GP Dr Paporee Das

Preeti Sandhu

How we involve lay people and volunteers

When deciding which issues to investigate and what to focus our resources on, particularly where consumer priorities may be different from those of commissioners and providers, we use a prioritisation matrix (available on our website).

This also helps us to manage consumers' expectations of what Healthwatch can do. It enables us give a better understanding of how we take forward our work to individuals or organisations who have a particular passion or topic they think Healthwatch should look into.

We have a number of Healthwatch volunteer roles to suit all lifestyles and levels of commitment. All volunteers are recruited through a process of application forms or CVs and interviews. We also identify and seek to address any training needs for volunteers.

Our Volunteers

Researchers

Mark Hooper, Deaf Positives Action

Healthwatch Champions - Community Engagement

Zhora Jefferies

Sarah Shahid

Alexa Connor

Alan Rose

HealthWatchers & Doers

Charlotte Hazeldane

Deslie Thomas

Monique Thomas

Mandy Gunn

Tracey Bowen

Kulwinder Mann

Bethan Way



Tasneem Pill

Our Volunteer Roles

Researcher

To support Healthwatch Slough to deliver robust, valid and reliable research reports. To ensure that strong evidence and research influences the organisation's priorities and actions.

Champion

To support Healthwatch Slough to develop and deliver the Healthwatch Slough messages through a range of media, marketing and promotion.

Information Postie



To support Healthwatch Slough by delivering publicity materials in and around Slough.

- To provide regular meetings and support to volunteers.

Healthwatcher and Doer

To support Healthwatch Slough by spreading the word about what we do and be the eyes and ears to connect us with what is going on at ground level in the local community. Healthwatcher & Doers encourage people to share their experiences of using health and social care services.

Volunteer Coordinator

To manage and co-ordinate our team of volunteers.

Mystery Shoppers

To support Healthwatch Slough by undertaking mystery shopping exercises to test out health and social care services.

Our plans for volunteers over the next year

- Increase the number of agencies and organisations which support Healthwatch Slough with volunteers.
- To further promote all Healthwatch Slough volunteer roles.
- Increase recruitment of volunteers.
- To set up a training matrix for all volunteers, and arrange training sessions to support volunteers.
- To provide opportunities for volunteers to communicate with each other through social media, social networks and forums.
- To create a newsletter for volunteers and share engagement plans for the coming year.

Financial information

| | |
|---|----------------|
| Funding received from local authority to deliver local Healthwatch statutory activities | 115,879 |
| Additional income | - |
| Total income | 115,879 |
| EXPENDITURE | |
| Office costs | 2,286 |
| Staffing costs | 66,952 |
| Direct delivery costs | 44,075 |
| Total expenditure | 113,313 |
| Balance brought forward | 2,566 |

Contact us

Healthwatch Slough

c/o Citizens Advice Slough

27 Church Street

Slough, Berkshire, SL1 1PL

Our two sub-contractors

- Citizens Advice Slough
27 Church Street
Slough, Berkshire, SL1 1PL
- Help and Care
The Pokesdown Centre
896 Christchurch Road
Bournemouth, BH7 6DL

Get in touch

enquiries@healthwatchslough.co.uk

Tel: 01753 325 333

www.healthwatchslough.co.uk

www.facebook.com/HealthwatchSlough

www.twitter.com/HWslough

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Slough Clinical Commissioning Group, Slough Overview and Scrutiny Committee, Slough Wellbeing Board and Slough Borough Council.



We confirm that we are using the Healthwatch trade mark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 11th November 2015

CONTACT OFFICER: Alan Sinclair, Assistant Director Adult Social Care, Slough Borough Council
Mike Wooldridge, Better Care Fund Programme Manager, Slough CCG

(For all Enquiries) (01753) 875752

WARD(S): All

PART I
FOR INFORMATION**BETTER CARE FUND 2015/16 – QUARTER TWO REPORT****1. Purpose of Report**

This report updates the Slough Wellbeing Board (SWB) on developments of the Better Care Fund (BCF). It outlines the mid-year position at the end of quarter two in delivery of the 2015/16 plan including the financial position and performance against BCF metrics.

The BCF plan was approved by the SWB on the 24th September 2014 and then also approved on 19th December 2014 following the NHS England National Consistent Review Process.

The Better Care Fund is managed through a Pooled Budget agreement between Slough Borough Council and Slough CCG.

2. Recommendation(s)/Proposed Action

The SWB is asked to note this progress report of the Better Care Programme for Slough.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

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

3.1 Slough Joint Wellbeing Strategy Priorities

The actions the local authority and CCG will take to address the requirements of the BCF, will aim to both improve, directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities of the strategy but especially the Health priority.

- 3.1.2 It will do this by promoting people's wellbeing, enabling people and families to prevent and postpone the need for care and support, and putting people in control of their lives so they can pursue opportunities underpinned by the theme of civic responsibility.
- 3.1.3 The BCF plan addresses a range of activities which focus on diversion from A&E and increasing community based support services. These services improve health and wellbeing outcomes for people in Slough. The plan seeks to address key cross cutting themes such as prevention, early intervention and management of conditions which limit inclusion.

3.2 **Five Year Plan Outcomes**

- 3.2.1 The Better Care programme will contribute towards the outcome of more people taking responsibility and managing their own health, care and support needs.
- 3.2.2 Working together with the CCG and provider partners there is a strong focus on a Proactive Care approach within the Slough BCF plan working with individuals and communities to identify and reduce risk of deterioration or repetition of episodes of ill health.

Proactive Care involves forecasting to anticipate what may happen to someone in the future, preparing for that change and putting a plan into action. It also puts the individual at the centre of their care so that NHS and social care staff work together with the person in planning and supporting them to manage their own care as well as help identify other sources of help. Slough's BCF plan also extends to community respiratory care of Children and Young People which supports them to be healthy, resilient and have positive life chances.

- 3.2.3 The Better Care programme also covers the bringing together of a range of health and social care services that focus on recovery and reablement to work better and more effectively together to support people to regain and maximise their independence. Integrating these areas of joint working will bring efficiencies and benefits financially but also in avoiding duplication and delivering better outcomes for people in Slough.
- 3.2.4 The Better Care programme contributes funding to the Community and Voluntary sector recommissioning project aligning health and social care strategic priorities with the work of the third sector to help deliver better outcomes for individuals and communities. These include an independent information and advice service but also practical support and activities which promote self-management, peer support, prevention and use of personal budgets.

4. **Other Implications**

(a) Financial

- 4.1 The development of the BCF has financial implications for both the Council and the CCG for the following reasons:
- Its contribution to managing ongoing financial and demographic pressures facing Councils and the NHS
 - The combining of CCG funds and SBC funds into a pooled budget, and the changed status this subsequently brings for the governance and risks related to the identified funds

- Its contribution to delivering elements of the Care Act and new health and social care responsibilities
- The releasing of funding from the hospital sector over the next 5 years to build capacity in community based services
- The risk the fund carries if agreed outcomes measures are not delivered
- Costs arising from an escalation of non-elective admissions into the acute sector hospitals

4.2 The 2015/16 BCF expenditure plan brings together £8,762m health and social care funding. Whilst this was not new investment into the health and social care economy the design of the national programme was structured so that achievement against reducing non-elective admission activity to hospital releases performance funds that can be spent on capacity building in community based services.

Building and monitoring the evidence case for financial benefits of activities within the programme is an integral part of the governance process and so the expenditure plan is subject to change. Financial risks are reviewed and managed within the risk and issues log and overseen by the BCF Joint Commissioning Board with escalation to the Wellbeing Board, CCG Governing Body and SBC Cabinet as appropriate.

The BCF Plan has identified £1.158m contingency monies within the pooled budget to cover areas of risk. This includes £867,180 which was set against a target of 3.5% reduction in admissions (the Payment for Performance element of BCF). This equates to a reduction 582 non-elective admissions in this year.

The Better Care Pooled Budget expenditure plan also includes £483,000 for additional protection of social care services. This is one of the national conditions set in the BCF planning guidance.

The government have made a recent announcement outlining its commitment to continuing with the Better Care Fund programme into 2016/17 to allow areas to start planning but details around the minimum size of the fund will not be confirmed until after the Spending Review reports on 25 November.

(b) Risk Management

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

| Risk | Mitigating action | Opportunities |
|-------------------|--|---|
| Legal | A Section 75 (Pooled Budget) agreement in place for 2015/16. | Improved joint working and better value for money. |
| Property | None | None |
| Human Rights | Engage residents and service users in BCF development. | Improved wellbeing for residents and positive experience of services. |
| Health and Safety | None | None |
| Employment Issues | Consultations will be carried out with staff if necessary. | Improved joint working and better value for money. |

| | | |
|------------------------|--|---|
| Equalities Issues | EIA to be carried out in respect of proposed changes. | Improved wellbeing for all residents. |
| Community Support | Engage community services in BCF development. | Improved joint working and better value for money. |
| Communications | Utilise communication functions to keep stakeholders up to date. | Better understanding of BCF and health and wellbeing in Slough. |
| Community Safety | Engage community safety services in BCF development. | Improved joint working and better value for money. |
| Financial | Robust risk and project management in place. | Improved joint working and better value for money. |
| Timetable for delivery | Timetable agreed with SWB, CCG and SBC. Programme managed to deliver on agreed milestones on time. | Improved joint working. |
| Project Capacity | BCF Programme Manager for Slough in post | Improved joint working and better value for money. |
| Acute Sector. | Ensure that Acute Health Sector is part of planning and delivery of BCF priorities. | Improved joint working and better value for money. |

4.4 There are risks which were highlighted within the 2015/16 plan which identified the high level risks in relation to overall delivery of the plan and the financial and policy context in which it operates.

The three key risks are:

- Improvements through the delivery of the programme do not translate in to the required reductions in acute and social care activity impacting on the funding available to invest in further alternative capacity
- The financial outlook for the health and care economy continues to be uncertain and challenging with a knock on effect on the ability to invest on a sustained basis to alter patterns of care.
- The introduction of the Care Act and wider social care reform will result in unanticipated consequences including additional unforeseen costs.

Risks are reviewed regularly by the BCF Delivery Group and then at quarterly meetings of the BCF Joint Commissioning Board in order to assess potential impact and take any mitigating actions to reduce the risk.

(c) Human Rights Act and Other Legal Implications

No Human Rights implications arise.

There are legal implications arising from how funds are used, managed and audited within a Pooled Budget arrangement under section 75 of the NHS Act 2006.

The Care Act 2014 provides the legislative basis for the Better Care Fund by providing a mechanism that allows the sharing of NHS funding with local authorities.

(d) Equalities Impact Assessment

The BCF aims to improve outcomes and wellbeing for the people of Slough through effective protection of social care and integrated activity to reduce emergency and urgent health demand. Impact assessments will be undertaken within each project to ensure that there is a clear understanding of how various groups are affected.

(e) Workforce

There will be workforce implications within the programme as we move forward with integration which leads to new ways of working in partnership with others. Changes will be aligned together with other change programme activities such as that described in the New Vision of Care being led across the East of Berkshire and the Social Care reforms within SBC.

This will include moving towards a joint asset based approach to care planning and empowering individuals to actively participate and manage their care. Staff working in multidisciplinary teams will have greater understanding of their responsibilities and boundaries and that of other professionals they work alongside in order to use their expertise and other networks around the individual.

5. Supporting Information

5.1 **National context**

The funding for Better Care was announced within the 2013 Chancellor's Spending Round for purpose of integrating health and social care services. Its purpose is to create a health and social care pooled budget which brings together services for adults in order to improve integrated and holistic working and improve outcomes for service users.

The funding of the Care Act 2014 also forms part of the responsibilities of the BCF. It was announced as part of the Spending Round that the BCF included funding for some of the costs to councils resulting from care and support reform.

The government has indicated its commitment to the BCF in to 2016/17 but the minimum contributions to pooled budgets in each Health and Wellbeing Board area will not be announced until after the Spending Review announcement in November 2015.

5.2 Key outcome measures for the BCF are:

- Reducing emergency admissions;
- Reducing delayed transfers of care;
- Increasing the effectiveness of re-ablement;
- Reducing admissions to residential and nursing care;
- Improving patient and service user experience;
- And locally agreed outcome measure from a pick list provided by NHS England. Slough's chosen measure is *improving the health-related quality of life for people with long-term conditions*.

5.3 Key conditions also be met as part of the BCF plan are:

- A jointly agreed local plan approved by each areas Health and Wellbeing Board
- Protection for social care services (not spending);
- 7-day working in health and social care to support patient discharge and prevent unnecessary admissions at weekends;
- Improved data sharing between health and social care, using the NHS patient number;
- Joint assessments and care planning;
- One point of contact (an accountable professional) for integrated packages of care;
- Risk-sharing principles and contingency plans in place if targets are not met – including redeployment of the funding if local agreement is not reached; and
- Agreement on the consequential impact of changes in the acute sector.

6. Local Context

6.1 In the final BCF plan Slough agreed on a pooled budget of £8.762 million for 2015/16. This is the minimum amount required for 2015/16 by NHS England. The full expenditure plan for the Pooled Fund was included in the July SWB report.

6.2 The Pooled Budget manager oversees the management and monitoring of the financial progress against the agreed expenditure plan. The Joint Commissioning Board receives quarterly financial reports against the plan and the voting members of the Board agree any variation to the plan, use of any potential underspends or virement of funding between schemes.

6.3 At the mid-year position there has been agreed variation within the expenditure plan.

Two areas of expenditure (identified as ‘schemes’) have been closed and the money released to invest into other areas in this year. These are:

- £177k of Proactive Care funding where proposed business cases did not demonstrate they could deliver required impact on NELs
- £179k from the closure of the post-acute reablement (PACE) service by BHFT in May 2015.

There has also been slippage in planned expenditure of project and commissioning activity within the programme. The Joint Commissioning Board has agreed to support the following pilot or one-off expenditure:

- A Complex Case Management pilot project which includes funds for a post to identify patients at risk of non-elective admission through analysis of GP records and target proactive intervention.
- A Care Homes pilot project which will commission an enhanced GP offer of support provided into Care Homes within the Slough borough.
- A Responder Service pilot project of support to people who need a quick response for care and support alerted through telecare equipment

- Funding towards supporting the integrated care development work in this year and strengthening capacity into Intermediate Care to avoid admissions and minimise delays over the winter period.
- A contribution of additional funding towards equipment services that support people to live independently at home in this year.

6.2 The BCF expenditure plan has been agreed to deliver the Slough BCF vision of:

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

6.3 Slough’s BCF delivery continues to centre on the following priority areas:

Proactive Care

Identifying those people in our community who are the most vulnerable and supporting them through care planning and providing access to an accountable professional. This includes the targeting of effective intervention and support to those most at risk of ill health and would most benefit from the interventions.

Progress update

Complex case management pilot project (above) is being supported with BCF funding for case finding activity which will support GP practices across Slough to improve risk profiling activity on their patient data and offer proactive interventions and extended appointments.

The two specialist nurses are now in post as part of the community respiratory project. They are identifying and supporting children and young people with respiratory problems who have had an admission to hospital as well as provide education and guidance to GP practices on how to better manage respiratory conditions.

A Single Point of Access into Integrated Care Services

Establishing and running a single contact point (with a single phone number) for accessing community health and social care services that will support those in crisis and direct them into the right services in a co-ordinated and timely way. Through this there will be greater co-ordination of the range of services locally that support people in crisis or short term need. This will lead into the integration of local care teams and services where appropriate and will bring greater benefit.

The ambition is to establish our single point of access in response to the needs of the local community, it will operate 7 days a week, initially as a screening and referral service streamlining access to community based health and social care.

Outline and progress update

Since July the model for a Single Point of Access for Slough has been scoped and an options appraisal carried out. The proposal agreed through the Commissioning Board is to build and develop on the existing Health Hub which is operated by Berkshire Healthcare Foundation Trust (BHFT).

Wokingham Borough Council are currently working with BHFT to develop a single point of access for health and social care services, with Slough following this lead in phase two. Slough will be part of Wokingham's implementation board for the project to share learning and experience with a view to implementing a similar route to access services in Slough. This has advantages of working closely with another authority and will help minimise problems and pitfalls but it does defer the implementation until after April 2016.

In parallel to this shadowing of the process in Wokingham, Slough will now focus on the bringing together its response arm to the Single Point of Access, in particular the delivery of short term care and support. These include Intermediate Care provided by the Reablement, Recovery and Rehabilitation (RRR) services by SBC and rehabilitation services in the community provided by BHFT. Both the RRR service and BHFT already work collaboratively to ensure that the disciplines within each organisation benefit local residents regardless of whether they are a RRR or BHFT client, this has improved patient experience and outcomes, particularly for clients who transfer over to longer term services. The aim of this project is to integrate the local intermediate care offer through the creation of a multidisciplinary team underpinned by a single assessment and a shared IT infrastructure. It is expected this will lead to better outcomes for local residents, reduce the confusion currently with partners about local services and increase the number of local residents supported by intermediate care through increased efficiency.

Strengthening Community Capacity

Greater utilisation and development of the voluntary and community sector through a more co-ordinated and integrated commissioning approach under a potential prospectus based approach to help deliver better outcomes for vulnerable people by supporting them within the community. This will encourage contribution from the community and voluntary sector to integrated care services locally and improving and maintaining the health of Slough residents.

Outline and progress update

The commissioning of our voluntary sector services under the new strategy is currently underway. The invitation to tender has been issued and responses received. These are currently in the process of being evaluated.

A new Carers Strategy for Slough has been developed in light of changes in legislation (Care Act and Children and Families Act) and consultation with carers in the borough. The draft strategy is now out for wider consultation with other stakeholders and will come to the SWB in January 2016.

7. Performance against key outcome measures

| | Quarter 4 Jan – Mar 15 | | Quarter 1 (Apr – Jun 15) | | Quarter 2 (Jul – Sep 15) | | Quarter 4 (Jan – Mar 16) | |
|---|---------------------------|--------|-----------------------------|--------|-----------------------------|----------|-----------------------------|----------|
| | Plan | Actual | Plan | Actual | Plan | Forecast | Plan | Forecast |
| Non Elective admissions (all ages) | 3,798 | 3,969 | 3,991 | 3,974 | 4,161 | 4,080 | 3,665 | 4,285 |
| Delayed Transfers of Care (18+ delayed bed days) | 480 | 336 | 496 | 759 | 493 | 462 | 485 | 485 |

| Care Home admissions (65+, per 100,000) | Baseline 2013/14 | Outturn 2014/15 | Quarter 1 - actual | Quarter 2 - actual |
|---|------------------|-----------------|--------------------|--------------------|
| | | 572.5 | 546 | 533 |

| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Baseline 2013/14 | Outturn 2014/15 | Quarter 1 - actual | Quarter 2 - actual |
|---|------------------|-----------------|--------------------|--------------------|
| | | 100% (55) | 100% | 98% |

The performance activity against the non-elective admissions indicator has been close to that within the plan for quarter one and two of this year (April to September). The quarter four outturn position however is still presently forecast at an estimated 17% above plan. This forecast figure is projected from the current run rate of baseline pattern of activity in 2014/15 and the first six months of 2015/16. The difference between plan and forecast is due in part to our having weighted our improvements toward the end of the year after the anticipated pressures over the winter period and our BCF projects gaining greater traction in terms of impact. In addition there is also the requirement to use an increased population denominator in the calculations from January 2016 (as the admission rate is calculated per 100,000). To manage and mitigate risk of achieving our planned improvement target the payment for performance element of the BCF plan is not currently being released for expenditure in community based activity and is held as contingency.

Delayed Transfers of Care have varied significantly in this year. Although in quarter four or 2014/15 delays were 30% below target they increased in quarter one to 53% above plan. They have since then reduced in line with planned levels through quarter two. The increase in the second quarter were health related delays and attributable to a variety of factors including completion of assessments, accessing care and nursing home provision and patient/family choice. Generally whilst our non-elective admission activity is low the level of need of those who are admitted is rising and therefore this also impacts on safe and timely discharge.

Reablement activity has increased in volume and there continues to be a very high proportion of people successfully reabled and remaining at home 91 days after discharge. 104 people have accessed local reablement services between April 2015 and September 2015.

Care Home admissions to residential care were below plan in 2014/15 with the outturn figure of 74 admissions through the year against the BCF plan of 76. In quarters one and two there have been 34 care home admissions.

Both the user and patient experience metrics for the Better Care Fund are reported annually and so there is no regular reporting currently for monitoring or forecasting performance in these indicators. The ASCOF Social Care related quality of life indicator is used as a proxy, this is measured through a survey and respondents are asked to score how well their needs are met on a range of factors relating to quality of life. The 2014/15 outcome is 18.2, this is a slight reduction on last year figure of 18.4, and is reflective of the low number of responses to the survey.

8. National conditions and national assurance process

- 8.1 The Better Care programme nationally continues to be monitored through a central support team. The second quarter monitoring return is due at the end of November with a return to the NHS South Central team by 9.00am Monday 23 November ahead of reporting to the national BCF support team by Friday 27 November.

Progress is reported against each of the national conditions and whether they are on track as per the BCF Plan. Slough has achieved most of the conditions with the exception of the following two areas which are in progress. These are:

- The NHS number being used as the primary identifier for health and social care services

This work is part of a joint project between 3 CCG's and 3 LA's - Share your care project. NHS numbers are now collected for all new entrants to services but we are in the process of updating historical records through our review processes. We are also looking to implement a tool to enable us to routinely check and match NHS numbers pending completion of the IG toolkit to enable us to move towards getting an N3 connection (health), which is required in order to implement.

- Joint assessments and care planning taking place and, where funding is being used for integrated packages of care, there is an accountable professional.

A single assessment operating within a multidisciplinary team is part of the plans for our integrated intermediate care and reablement services in the next few months. We aim to be piloting this by January 2016 and fully implement by April 2016.

8.2 Protecting social care services

Within the pooled budget for 2015/16 there has been a proportion of funding specifically assigned for the implementation of the Care Act (£317,000) but locally there has also been a further £483,000 identified for additional social care protection to ensure the ability to continue meeting statutory requirements and the maintenance of essential services.

8.3 Seven day services to support discharge and avoid admissions

Slough CCG has a programme using the Prime Ministers Challenge Fund (PMCF) which has been used in part, to deliver additional GP appointments in the evenings (Monday to Friday) and at weekends. This is working well and was positively received by patients and GPs. After the evaluation of the first year the programme is now taking a more focused approach on using additional time for patients with more complex needs and long term conditions. Together with the complex case finding activity this should improve the outcomes and demonstrate health improvements for people with complex conditions and contribute to reducing non-elective admissions to hospital. The RRR and Intermediate Care services already work extended hours and seven day services but as outlined above some additional resource will come from within the BCF Pooled Budget for 2015/16 for avoiding admissions and supporting discharge over the winter period.

8.4 Data sharing

There is a programme of work underway across the East of Berkshire ('Share Your Care') to procure a system which is able to share part of patient records to view by professionals working together across health and social care services. A pilot has been running across parts of the system to see how this can work and assess the benefits as well as identify technical issues. There is a need for strong information governance around the use of a system which connects separate databases which contain personal and confidential data. In this respect there has been concerns raised by some clinicians around the sharing of patient records. This is requiring further work and assurance around the programme and the system requirements. Feedback in consultation with people receiving care from a variety of different providers has been the desire to only tell their story once.

6. **Comments of Other Committees**

An update report on the BCF programme was presented to the Health Scrutiny Panel on 28 July 2015. The committee asked for further information on the falls projects and a summary of the performance information on the BCF projects and outcomes metrics to be circulated to the Panel.

7. **Conclusion**

This report provides an update on progress of the Slough Better Care programme at the end of its second quarter of 2015/16. Performance of BCF against metrics is good in most areas. NEL admissions appear good at the end of the period but there is still significant risk of not achieving the 3.5% target at the year end and so the Payment for Performance element is still currently held as contingency.

There has been variance to the 2015/16 expenditure plan agreed through the Joint Commissioning Board to reinvest funding into new projects and areas of activity that will contribute to performance against the BCF metrics in this year. The quarter two return for BCF will be completed and signed off by the Chair of SWB for submission on 23 November to the NHS South Central team and 27 November to the BCF support team.

8. **Appendices Attached**

None

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SLOUGH BOROUGH COUNCIL**REPORT TO:** Slough Wellbeing Board **DATE:** 11 November 2015**CONTACT OFFICER:** Amanda Renn, Corporate Policy Officer, Policy Team,
Slough Borough Council**(For all Enquiries)** (01753) 875560**WARD(S):** All**PART I**
FOR INFORMATION**SLOUGH WELLBEING BOARD (SWB) OUTCOMES AND VISIONING WORKSHOP****1. Purpose of Report**

The purpose of this report is to confirm the arrangements that have been put in place for the SWB's forthcoming development workshop, which is being held to agree a new vision and set of updated priorities and outcomes for the SWB and a refreshed Slough Joint Wellbeing Strategy (SJWS) for 2016 – 2019.

2. Recommendation(s)/Proposed Action

The Committee is requested the note the plans for this workshop.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**3a. Slough Joint Wellbeing Strategy (SJWS) Priorities**

This workshop will support the refresh of the current SJWS priorities:

- Economy and skills
- Health
- Regeneration and the environment
- Housing
- Safer communities

3b. Joint Strategic Needs Assessment (JSNA)

The workshop will utilise an updated needs analysis (called the Slough Story) informed by Slough's JSNA.

3c. Five Year Plan Outcomes

Agreeing future SWB outcomes and vision will support delivery against each of the following Five Year Plan outcomes:

- 1 - Slough will be the premier location in the south east for businesses of all sizes to locate, start, grow and stay.
- 2 - There will be more homes in the borough, with quality improving across all tenures to support our ambitions for Slough.
- 4 - Slough will be one of the safest places in the Thames Valley.
- 5 - Children and young people will be healthy, resilient and have positive life chances.
- 6 - More people take responsibility and manage their own health care and support needs.

4. Other Implications

(a) Financial - There are no financial implications directly resulting from the recommendation of this report. The workshop will be facilitated free of charge by the Local Government Association (LGA).

(b) Risk Management - No risk management implications associated with this report.

(c) Human Rights Act and Other Legal Implications - There are no Human Rights Act implications associated with the proposed action.

(d) Equalities Impact Assessment (EIA) – A full EIA will be completed for the subsequent refresh of the SJWS, which will be informed by the proposed workshop.

5. Supporting Information

5.1 Pre-workshop Questionnaire

- The Policy team have developed an online pre-workshop questionnaire to allow SWB members to self evaluate how effectively the Board's current working arrangements, priorities and relationship with its Priority Delivery Groups (PDGs) is working in the run up to the workshop.
- This questionnaire was sent to members on 29 October with a deadline of 19 November for completion.
- The latest draft of the Slough Story, which highlights the current opportunities and challenges (including new or/and emerging trends facing the borough) was circulated to members along with the questionnaire, to help inform the discussion at the workshop.
- A separate, but related, online survey has also been circulated to PDG members for their completion by the same deadline in order to enable them to evaluate their Group's relationship to the Board and the contribution they have made to the delivery of the SWB's current priorities and the SJWS.
- The key messages from both of these questionnaires will be circulated to members by 23 November and will be used to help identify the key themes and issues for discussion at the workshop.

5.2 Workshop

- The workshop will take place in closed session (i.e. not open to the public) on Friday 4 December at Chalvey Community Centre, between 2:00pm – 5:00pm.
- Liam Hughes from the LGA will facilitate this workshop on behalf of the Board.

- PDG chairs and their lead officers have also been invited to attend alongside SWB members.
- The aim of this workshop is to agree a number of recommendations about the SWB's future work programme and operating arrangements for 2016 - 2019, including:
 - A statement of purpose/vision for SWB
 - A root and branch review of SWB/SJWS (current) priorities
 - Agreement about the SWB's/SJWS's future priorities and outcomes for delivery for the period 2016 – 2019
 - Agreement about the possible structure and content of the next SJWS
 - A comprehensive review of the substructures reporting into the SWB to support future delivery
 - Agreement about what good performance for the SWB (and its substructures) looks like

5.3 Post workshop activities

- A report summarising participants' recommendations concerning the SWB's future work programme etc. will be circulated to members, PDG chairs and lead officers immediately after the workshop. It will also be discussed at the Board's meeting in January 2016.
- An initial project plan, setting out all of the various work strands that need to be initiated to successfully deliver the above outcomes (and their various milestones and suggested dates for delivery dates) has been previously scoped out and is attached to this report for members' information.
- This plan is very much a 'work in progress' and will be updated to reflect workshop participants' deliberations and recommendations (and recirculated to members) immediately after the workshop. It has been included with this report for illustrative purposes only and the dates suggested are indicative at this stage.
- Members will however note that it is the Policy Team's ambition to have a refreshed SJWS, delivery substructure and Terms of Reference for Board etc. agreed and available for the start of the next municipal year i.e. on 17 May 2016.

6. Conclusion

The questionnaire and workshop will assist with shaping further development of the SWB, its sub structures and inform the refresh of the forthcoming SJWS.

7. Appendices Attached

A – Draft project plan and time line

8. Background Papers

1 - Slough Wellbeing Board (SWB) Outcomes and Visioning Workshop Report - July 2015 Report

2 - Slough Development workshop June 2014 – Final report

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Appendix A: Project plan for refresh of SJWS

| Activity | Deadline | Status | Laed Officer | Oct | Nov | Dec | Jan | Feb | Mar | Apr |
|--|-----------------|--------|--------------|------------|--------------|------------|------------|--------------|------------|------------|
| | | | | 5 12 19 26 | 2 9 16 23 30 | 7 14 21 28 | 4 11 18 25 | 1 8 15 22 29 | 7 14 21 28 | 4 11 18 25 |
| 1. Finalise arrangements for workshop | | | | | | | | | | |
| Finalise date | 09-Oct | Done | AR | █ | | | | | | |
| Agree deadlines with LGA | 09-Oct | Done | AR | █ | | | | | | |
| Inform members, PDG chairs and lead officers of final details | 09-Oct | Done | AR | █ | | | | | | |
| 2. Slough Story refresh | | | | | | | | | | |
| 1st Draft | 16-Oct | Done | AR | █ | | | | | | |
| Clear with DT & TL | 27 Oct - 30 Oct | Done | DT & TL | | █ | | | | | |
| Final draft | 30-Oct | Done | AR | | █ | | | | | |
| Send out to SWB members and PDG Chairs via LGA | 30-Oct | Done | AR | | █ | █ | | | | |
| Discuss at workshop | 04-Dec | | LGA | | | █ | █ | | | |
| Finalise draft for publication online | 7 - 11 Dec | | AR | | | █ | █ | | | |
| Publish refreshed Slough Story on www.slough.gov.uk | 01-Jan | | AR | | | | █ | | | |
| 3. Self assessment questionnaires for Workshop | | | | | | | | | | |
| Prepare 1st Drafts of both questionnaires | 02-Oct | Done | AR | █ | | | | | | |
| Consultation with PDG lead officers | 09-Oct | Done | AR | █ | | | | | | |
| Clear with DT & TL | 12 Oct - 30 Oct | Done | AR | █ | █ | | | | | |
| Send alert email and link and invitation to complete | 30-Oct | Done | | | █ | | | | | |
| Closing date for surveys | 23-Nov | | AR | | █ | | | | | |
| Collate responses into single report for use at workshop | 15-Nov | | AR | | █ | █ | | | | |
| Circulate survey results report to members | 23-Nov | | AR | | | █ | | | | |
| Discuss report at workshop | 04-Dec | | All | | | █ | | | | |
| Prepare report on workshop conclusions and recommendations | 5 - 18 Dec | | AR | | | █ | █ | | | |
| Circulate workshop conclusions and recommendations report to SWB and PDG members | 21 Dec - 8 Jan | | AR | | | | █ | | | |
| Include in progress report to SWB in January (information paper) | 21-Jan | | AR | | | | | | | █ |

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SLOUGH WELLBEING BOARD – 23rd SEPTEMBER 2015

ACTION PROGRESS REPORT and FUTURE WORK PROGRAMME

Progress key √√ **C** - Action completed
 √ **P** - Action commenced but not yet complete
 A - Awaiting action

| Meeting date | Action agreed | Progress / comment | Lead member/officer |
|---------------------|---|---|----------------------------|
| 12/11/14 | <p>Slough Wellbeing Board (SWB) Development Plan 2014/15 That the Slough Wellbeing Board Development Plan 2014/15 be agreed.</p> <ul style="list-style-type: none"> • A review of the Slough Joint Wellbeing Strategy in 2015 which would include a review of the vision, priorities and workplan for the Board. • Update the Board’s terms of reference including a ‘Welcome to SWB’ guide and implementation of a SWB newsletter. • A review of the membership of the Board, including acute sector representation. | <p>√ P</p> <p>√ P</p> <p>√ P</p> | Amanda Renn |
| 12/11/14 | <p>Transfer of Commissioning Responsibilities for Health Visiting and Family Nurses to Slough Borough Council</p> <ul style="list-style-type: none"> • That the plans for the transfer of Health Visitors and Family Nurse services to Slough Borough Council be noted. • That the Board receive a further report on progress in due course. | <p>√√ C</p> <p>√ P</p> | Angela Snowling |
| 25/03/15 | <p>Mental Health Crisis Care Concordat Action Plan That the Wellbeing Board note the following:</p> <ul style="list-style-type: none"> • The Crisis Care Concordat is a national requirement and the joint action plan has been produced through a steering group with invitees from all partner agencies and signatories. • The Action Plan was in alignment with the Mandate previously authorised. • There was a requirement to monitor implementation of the action plan and that that the Board be updated in six months followed by annual updates. | <p>√√ C</p> | Carrol Crowe |

| | | | |
|----------|--|---------------------------|-----------------|
| 13/05/15 | Deaf and hard of hearing people's experience when accessing health services in Slough That the report on "Deaf and hard of hearing people's experience when accessing health services in Slough" be noted. That partners consider the practical steps they could take to improve access to their services for deaf and hard of hearing people. | √ P | All |
| 13/05/15 | Get Active Slough – A 5-Year Leisure Strategy for Slough That the Board note the report and support its objectives as described. That partners give due consideration to how they could provide proactive support, and where possible budget, to assist in delivering the proposed outcomes. | √ P | All |
| 15/07/15 | Children & Young People's Plan 2015-16 That the Children & Young People's Plan 2015-2016 be agreed. That a progress report be received by the Wellbeing Board in early 2016. | √ P | Krutika Pau |
| 15.07/15 | Child Poverty Strategy That Slough's Child Poverty Strategy 2015-2018, as at Appendix A to the report, be agreed. That the Board be updated on the progress of delivery alongside the Children & Young People's Plan reporting process. | √ P | Sarah Forsyth |
| 15/07/15 | Overarching Information Sharing Protocol That the Overarching Information Sharing Protocol and the roll out of a common information sharing approach be agreed. That arrangements be made for members/partners of the Slough Wellbeing Board sign the Protocol. That a progress report be received by the Board in six months time. | √√ C √ P | Amanda Renn |
| 15/07/15 | Slough Wellbeing Board, Local Safeguarding Children Board and Adult Safeguarding Board Protocol That the adoption of the Protocol be approved, subject to the addition of an approval date and suitable review period. | √√ C | Amanda Renn |
| 23/09/15 | Local Government Declaration on Tobacco Control That the Leader of the Council, Chief Executive and Assistant Director of Public Health sign the Local Government Declaration on Tobacco Control on behalf of the Council. That partners and Council departments further consider how the principles of the Declaration could be developed and promoted more widely, including | √√ C √ P | Angela Snowling |

| | | | |
|----------|--|-----------------------------------|--------------|
| | <p>by working together to raise awareness of growing public health risks of shisha smoking and chewing tobacco.</p> <p>That the experience and good practice of partners be shared as the Council implemented its commitment to become a smoke free council by 1st April 2016.</p> | √ P | |
| 23/09/15 | <p>Climate Change Priority Delivery Group (PDG) - Climate Change and Carbon Management Projects and Achievements</p> <p>That further action be considered in relation to school travel plans to minimise the number of journeys taken by car to reduce emissions and improve health and wellbeing.</p> <p>That further information be circulated on the progress being made on the overarching strategic targets and outcomes in relation to climate change and carbon management.</p> | <p>√ P</p> <p>A</p> | Roger Parkin |

PROVISIONAL FUTURE WORK PROGRAMME

| Meeting date | Business Items |
|--|---|
| 21 January 2016 <i>(report deadline: 11th January)</i> | <ul style="list-style-type: none"> • Better Care Fund - integration between health and social care (Alan Sinclair) • Adult social care reform programme (Alan Sinclair) • Carers Strategy (sign off) (Sally Kitson) • CAMHS Strategy (sign off) (Angela Snowling) • Mental Health Triage Programme (Gavin Wong) • Sexual health services (Angela Snowling) • TB (Angela Snowling) • Place shaping update report (Mervin Msaya) • 12 month update on childhood immunisation update (Lise Llewellyn) • 6 month update on CYPP and Child Poverty Strategy (Krutika Pau) • 6 month update on Overarching Information Sharing (Amanda Renn) • Performance update of SWB, LSCB and ASB following sign off of joint protocol (Amanda Renn) • General update on refresh of SWB rewrite of SJWS and TOR following workshop (Amanda Renn) • 1st Annual Report 2015/16 (Amanda Renn) • Cumberland institute presentation (tbc) |
| 23 March 2016 | <ul style="list-style-type: none"> • Annual Review of SWB Terms of Reference |
| 11 May 2016 | |
| July 2016 (date tbc) | <ul style="list-style-type: none"> • Election of Chair and Vice-Chair |
| September 2016 (date tbc) | <ul style="list-style-type: none"> • Healthwatch 2015/16 Annual Report • Mental Health Care Concordat Annual Update • Operational Resilience and Capacity Planning for Winter 2016/17 |
| November 2016 (date tbc) | |
| January 2017 (date tbc) | <ul style="list-style-type: none"> • Annual Report 2016/17 |
| March 2017 (date tbc) | <ul style="list-style-type: none"> • Review of Terms of Reference |
| Currently unscheduled | Standing items |
| <ul style="list-style-type: none"> • Progress report on Slough CCG 5 Year Final Plan • Outcome of CQC Inspection of Wexham Park Hospital | <ul style="list-style-type: none"> • Action Progress Report and Work Programme • Attendance Report |

SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2015/16

| MEMBER | 13/05 | 15/07 | 23/09 | 11/11 | 21/01 | 23/03 |
|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Naveed Ahmed | P | Ap | P | | | |
| Cllr Rob Anderson | P | Ap | P | | | |
| Ruth Bagley | P | P | P | | | |
| Simon Bowden | Sub | Sub | P | | | |
| Cllr Sabia Hussain | P | Ap | P | | | |
| Ramesh Kukar | Ap | P | Sub | | | |
| Lise Llewellyn | P | P | P | | | |
| Jim O'Donnell | Sub | Sub | Ab | | | |
| Les O'Gorman | Ap | P | Ap | | | |
| Dave Phillips | P | P | P | | | |
| Colin Pill | P | P | P | | | |
| NHS England representative | Ap | Ab | Ab | | | |
| Jane Wood | Sub | Sub | Ap | | | |

P = Present
Ap = Apologies given

Sub = Substitute sent
Ab = Absent, no apologies given

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