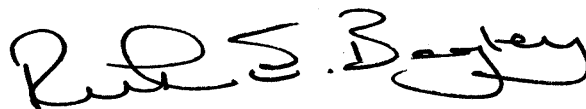


Date of issue: Monday, 20 July 2015

MEETING:	HEALTH SCRUTINY PANEL (Councillors Ajaib (Chair), Strutton (Vice-Chair), Chahal, Chaudhry, Cheema, Chohan, M Holledge, Pantelic and Shah) NON-VOTING CO-OPTED MEMBER Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	TUESDAY, 28TH JULY, 2015 AT 6.30 PM
VENUE:	MEETING ROOM 3, CHALVEY COMMUNITY CENTRE, THE GREEN, CHALVEY, SLOUGH, SL1 2SP
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NICHOLAS PONTONE 01753 875120

NOTICE OF MEETING

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



RUTH BAGLEY
Chief Executive

AGENDA

PART I

<u>AGENDA</u> <u>ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
	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 2nd July 2015 1 - 8

SCRUTINY ISSUES

3. Member Questions

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

4. Better Care Fund Programme 2015/16 Update 9 - 20

5. Care Act 2014 Progress Update 21 - 26

6. Voluntary Sector 2015-2020 Partnership Strategy 27 - 68

7. Forward Work Programme 69 - 72

8. Attendance Record 73 - 74

9. Date of Next Meeting - 1st October 2015

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.

Health Scrutiny Panel – Meeting held on Thursday, 2nd July, 2015.

Present:- Councillors Ajaib, Chahal, Chaudhry, Cheema, Chohan, M Holledge, Pantelic and Strutton

Non-Voting Co-optee – Colin Pill, Slough Healthwatch representative

Also present:- Councillors Hussain and Plenty

Apologies for Absence:- None

PART I

1. Declarations of Interest

No declarations were made.

2. Election of Chair

The nomination of Councillor Ajaib was moved and seconded. There being no other nominations it was:-

Resolved - That Councillor Ajaib be appointed Chair of the Health Scrutiny Panel for the ensuing year.

(Councillor Ajaib in the chair for the remainder of the meeting)

3. Election of Vice-Chair

The nomination of Councillor Strutton was moved and seconded. There being no other nominations it was:-

Resolved - That Councillor Strutton be appointed Vice-Chair of the Health Scrutiny Panel for the ensuing year.

4. Minutes of the Last Meeting held on 23rd March 2015

Resolved – That the minutes of the last meeting held on 23rd March 2015 be approved as a correct record.

5. Member Questions

There were no questions from Members.

6. GP Provision in Slough

The Panel considered a report provided by the Slough Clinical Commissioning Group (CCG) on GP provision in the borough. The report had been requested by Members at the previous meeting and sought to address a

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range of questions raised about the potential to provide GP services from the proposed community hub at Trelawney Avenue and access to GPs more generally in Slough.

Members noted the following:

- GP commissioning process – NHS England were responsible for commissioning primary care services, including GP services. From April 2015, the CCG entered into primary care joint co-commissioning arrangements with NHS England which offered an opportunity to improve local influence and access.
- Inspection – GP practices were inspected by the Care Quality Commission and the first review under this new scheme had very recently been published into Langley Health Centre which had been rated as outstanding.
- Prime Ministers Challenge Fund (PMCF) – in 2014, Slough had been awarded £2.95m over two years which had delivered an additional 44,000 GP appointment in Slough in the first 11 months in evenings and weekends. The second year would include a focus on providing longer appointments to people with complex conditions.
- GP premises – the process for funding GP practice premises was explained and it was noted that practices could bid to NHS England to access capital funds for improvement and expansion. Ten practices in Slough had successfully bid under the current funding arrangements.
- GP provision – there were 16 GP practices in Slough delivering services to 150,000 patients. There were 80 full time equivalent GPs in September 2014, up 4 on the previous year. Almost 20% were over the age of 55 which presented challenges for training and recruitment and the local population was expanding rapidly. There were numerous measures of GP/patient ratios and by any of these measures, Slough was 'under-doctored'.
- Direction of travel – the strategic approach of the CCG and NHS was towards supporting existing practices deliver at scale, particularly in areas of high deprivation which placed significant demands on health services. Proposals for new GP services, such as those put forward by the Council for a new health-led community hub as part of the Trelawney Avenue Redevelopment Plan, would have to be considered within this approach.

The Panel discussed the history and current position in relation to GP services in Langley in detail, particularly on Meadow Road/Trelawney Avenue, and Members asked the CCG a number of questions about their position. Several Members highlighted that people living in the area had to travel some distance to Chalvey or Langley Health Centre to visit a GP, which was particularly problematic for elderly residents, and expressed disappointment that the CCG had not support new GP services from the proposed hub. They asked the CCG to reconsider their support for the proposal.

Dr O'Donnell, Chair of Slough CCG reminded the Panel that the CCG was not the commissioner for primary care services and the specific proposal had

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been led by the Council without prior discussion with the CCG at an early stage of development. He stated that as an 'under-doctored' town there were unmet needs for GPs across Slough and that proposals for new GP services should be evidence based, address need and be prioritised in more deprived areas of the town such as Foxborough and Chalvey. The Panel were told that the new co-commissioning arrangements, which included a representation from the Slough Wellbeing Board, gave the local authority and partners more influence in shaping future provision and also encouraged councillors to enter into more regular dialogue with their local practices. Several Members stated that they already worked closely with GPs in their wards and welcomed this dialogue.

Addressing the Panel under Rule 30, Councillor Plenty, said he understood the logic of the CCG strategy in supporting practices that could offer the scale and capacity best able to support patients, however, he highlighted the advantages of providing GP services from a new hub such as parking and access and serving a local population who had no GP services in the community and currently had to travel for appointments. He also welcomed the recent improvements to the appointment booking system at Langley Health Centre which had been subject of long standing complaints from residents.

Dr Ali, a doctor at Langley Health Centre and director of the CCG, explained the operational arrangements between the various Langley and Colnbrook sites. He also informed the Panel that Orchard Surgery, formerly located in the proposed regeneration area on Trelawney Avenue, had apparently been told by the Council several years ago that there were "no plans for redevelopment in the area". The surgery eventually relocated to Willow Parade and were therefore now committed to leases at their current premises. A Member asked a number of further questions about the historic discussions and although no parties to those discussions were present at the meeting it was generally felt that it underlined the importance of regular communication and engagement between Council departments, including asset management, and health partners about future plans.

At the conclusion of the questions and discussion on the issues relating to GP services at the Langley hub, Members noted the current position and encouraged further discussion between the Council, CCG and other relevant partners to try find a solution.

The Panel asked a number of questions about other aspects of the report which are summarised below:

- *What was being done to make it easier to book appointments at Langley Health Centre and reduce the problems of early morning queues?* The CCG and practices recognised patient concerns about the difficulty in booking appointments at Langley Health Centre. Significant improvements had been made to the telephone system, online booking and reception facility.

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- *What was the CCG doing to improve the opportunities for young doctors including reducing the cost of becoming partners?* The CCG could not provide financial support directly but they did have role in terms of education, training and motivating GPs. It was stated that the Council could do more to support practices for example by resolving planning and parking issues.
- *What were the CCG doing to improve disabled access?* The CCG were responsible for promoting quality in primary care and encouraged improvements in disabled access as a priority. The significant capital funding secured through the current NHS England programme would help to further improve infrastructure in many practices across Slough.
- *What more could be done to increase GP provision alongside new housing developments in Upton and to secure suitable premises given high land and property values?* Rising house prices and land values made it difficult for health providers to compete with developers, however, capacity could be increased at existing surgeries to cater for more patients and this scale could potentially offer a wider range of services to better meet patients' needs. There were no current plans for new GP services in Upton and the primary consideration in shaping provision was clinical need not population growth.
- *A Panel Member recognised the pressures on GP appointments at many practices. What more could be done to educate patients to use the most appropriate healthcare provider?* A significant amount of work was being done including an increase in the number of telephone appointments; making more information available online and via videos on common conditions in different languages; the development of a new smartphone app; and engagement with schools on issues such as alcohol, exercise etc. The Panel offered their help and support if it was felt they could assist in this activity.
- *Were practices required to employ a certain number of GPs to meet local need?* There was no obligation to supply a specific ratio of GPs to patients. The contracts required practices to provide a range of services delivered at a certain standard during specified times. It was up to the practice to determine how many GPs it needed to employ to meet these criteria. The Panel were advised that there was a long term funding challenge around general practice which would impact on the recruitment and retention of GPs.
- *The Commissioner for Health & Wellbeing welcomed the additional evening and weekend appointments under the PMCF and asked whether work had been done to better understand how the programme had operated and could best be taken forward?* The CCG had responded to patient demand for more weekend appointments before PMCF by reallocated funding from other areas to deliver more appointments. The PMCF of £2.95m in Slough over two years had supported 48,000 additional appointments this year. Patients had

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welcomed the extra appointments, at more convenient times for those who worked, however, demand was low for appointments on Sunday afternoons. The programme would be refocused in year 2 to provide longer appointments for patients with complex and chronic conditions. Better care for these patients could then release resources for an expansion of community and other primary care services.

- *The December 2013 National GP Patient Survey results showed only 43.1% of patients would recommended Langley Health Centre to someone moving into the area. How were the results analysed to drive future improvements?* Historic performance and patient experiences created negative perceptions which would take time to turn around. The investments made to improve the experience of patients at Langley Health Centre were expected to be reflected in future surveys. It was noted that the most recent figures had been published on the day of the meeting and initial analysis showed a range of improvements.
- *What was being done in the medium to long term to make greater use of technology to improve health outcomes?* A range of improvements were being brought in or piloted such as online appointment booking systems; consultations delivered remotely via Skype; and smartphone apps to improve information and access to services. Good progress was being made but it recognised more needed to be done. Better information could improve self care, supported by greater use of telephone/online consultations. Such improvements would be more convenient to many patients who wished to access services in this way and was generally a more efficient way of delivering services.

The Panel asked a number of further questions about how engagement between the CCG, Council and individual councillors could be improved in the future. The Chair of the CCG proposed establishing a forum between councillors, GPs and the CCG to work together to improve communication and influence each others strategies. The Panel agreed to support the principle of such a forum, subject to consultation with political groups, but emphasised the importance of any such group having a very clear remit and outcomes. The Panel asked that the Commissioner for Health and Wellbeing and Chair of the CCG hold further discussions to explore the potential and outcomes of such a forum and that a progress report be received by the Panel in March 2016.

The Panel thanked representatives of the CCG for their report and attendance at the meeting. Members encouraged further discussions to seek a positive outcome regarding GP services at the proposed community hub in Langley and agreed to receive an update at a future meeting in relation to the concept as a forum to improve communication between councillors, GPs and the CCG.

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Resolved –

- (a) That the report provided by Slough CCG on GP provision in the borough be noted.
- (b) That the Panel encourage further discussions between the CCG and the Council to agree a solution to the proposed inclusion of GP/health facilities at a community hub in Langley.
- (c) That the Panel support the principle of establishing a forum comprising of local GPs and councillors to promote dialogue and joint working on primary care issues in Slough.
- (d) That the Commissioner for Health & Wellbeing and the Chair of Slough CCG further explore this concept, and consult with political groups to ensure any such forum had a clear purpose and focus on outcomes.
- (e) That a progress report on this forum and co-operation between the Council and CCG be received by the Panel in spring 2016.

7. Forward Work Programme

Members considered the work programme for the Panel for the forthcoming year and agreed to include the following items:

28th July 2015

- Better Care Fund
- Update on Implementation of Care Act
- Voluntary Sector Commissioning Strategy

1st October 2015

- Carers Strategy
- Mental Health Crisis Care Concordat Action Plan Update
- Frimley Health NHS Foundation Trust Update
- CAMHS Engagement Update (subject to confirmation and timing)

18th November 2015

- Cancer Services

21st March 2016

- GPs/Councillors Forum Progress Report

It was also agreed that the work programme be further considered by the Chair, Vice-Chair, Commissioner for Health & Wellbeing and Assistant Director, Adult Social Care.

Resolved – That the Forward Work Programme for 2015/16 be endorsed, subject to the amendments detailed above.

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8. Members' Attendance Record 2014/15

Resolved – That the record of Members' attendance in 2014/15 be noted.

9. Date of Next Meeting - 28th July 2015

The date of the next meeting was confirmed as 28th July 2015.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.31 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 28 July 2015

CONTACT OFFICER: Alan Sinclair, Acting Director, Adult Social Services
(For all Enquiries) 01753 875 752

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

BETTER CARE PROGRAMME 2015/16 - UPDATE**1. Purpose of Report**

- 1.1. This report updates the Health Scrutiny on developments of the Better Care Fund (BCF). It also outlines the implications, benefits and risks of the updated BCF.
- 1.2. 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.
- 1.3. The Better Care Fund is managed through a Pooled Budget agreement between Slough Borough Council and Slough CCG

2. Recommendation(s)/Proposed Action

- 2.1 The panel 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

- 3.1.1 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 which will see us working collaboratively with individuals and communities in advance and mitigating or reducing risk of deterioration or repetition of episodes of ill health.

Proactive Care requires 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. This also extends to Children and Young People which supports them to be healthy, resilient and have positive life chances.

3.2.3 The Better Care programme also encompasses the bringing together of a range of health and social care services that focus on recovery and reablement to work better together to ensure that people are supported 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:

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

- 4.2 Change in policy and the late release of guidance for the BCF in 2014 meant little time to carry out detailed analysis of financial implications ahead of submission. Building the evidence case for financial benefits of our proposed schemes is an integral part of the review and approval of business cases for each project within the programme. 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 included a sum of £802,723 which was set against a target of 3.5% reduction in admissions (the Payment for Performance element of BCF).

The Better Care national programme has now reset the baseline of Non-elective admission activity across all Health and Wellbeing Board areas since the submission of the plan and supporting metrics in September 2014. Whilst the percentage target reduction of 3.5% remains the same for Slough, when calculated from a higher baseline (where non-electives have continued to rise) this now equates to a higher Payment for Performance figure of £867,180. Therefore failure to achieve the target reduction will now carry a higher financial risk. This can still be accommodated within the contingency funds Slough has identified but achieving the target reduction within this year remains high risk (see risk table below).

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.

(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 on proposed changes.	Improved wellbeing for all residents.
Community Support	Engage community services in BCF development.	Improved joint working and better value for money.
Communications	Utilise communication functions to keep stakeholders up to date.	Better understanding of BCF and health and wellbeing in Slough.
Community Safety	Engage community safety services in BCF development.	Improved joint working and better value for money.

Financial	Robust risk and project management in place.	Improved joint working and better value for money.
Timetable for delivery	Timetable agreed with SWB, CCG and SBC. 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 specific risks which were highlighted within the submitted 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 programme is set within a dynamic and fast evolving environment with many interdependencies and a proactive approach to risk mitigation and management is required.

4.5 The key risks to the BCF programme 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.

These are identified in the risk register together with other risks to the programme. They are being actively reviewed within the fortnightly BCF Delivery Group meetings and at the quarterly BCF Joint Commissioning Board against potential impact and any mitigating actions that can be taken 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.

5. **Supporting Information**

5.1 **National context**

In the 2013 Chancellor's Spending Round a £3.8 billion fund was announced for 2015-16 for integrating health and social care services. This fund is known as the 'Better Care Fund' (BCF).

The purpose of the BCF 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 will also form 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.

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 one further 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 to 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 has agreed on a pooled budget of £8.762 million for 2015/16. This is the minimum amount required for 2015/16 by NHS England.

Organisation	Contribution 2015/16 (£000's)
Slough Borough Council	£694
Slough CCG	£8,068
TOTAL	£8,762

The full expenditure plan for the Pooled Fund in 2015/16 is included in appendix 1.

There is a Pooled Budget manager appointed to oversee the management and reporting 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. The board will receive the financial report for the first quarter at the next meeting on 22 July.

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 centres 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.

Outline and progress update

GP practices across Slough are all carrying out risk profiling activity on their patient data to support proactive case finding of the top two percent of patients who are likely to have an admission to hospital in the next 12 months. There are now over two thousand patients on the case management register.

Recruitment is underway to appoint two specialist nurses to identify and support children and young people with respiratory problems who have had an admission to hospital. They will provide advice and support to better manage respiratory conditions as well as education and guidance to GP practices.

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

A working group has been meeting regularly to scope and design the model of a Single Point of Access into a detailed business case. This will be presented to the Joint Commissioning Board on 22 July and a wider group of stakeholders, including patients and public, consulted on the proposal.

In the first phase, the SPA will be open to professional referrals and subject to a period of stability phase two will encompass referrals from the public. The scope is to have:

- a co-located SPA and a service that is available 7/7 days,
- Shared and agreed initial assessments to enable professionals to screen and refer on to appropriate services. Response and service standards will be developed to reflect need and risks, this will be reflected through different response times for urgent and non-urgent care,
- Patients will enter the system with one phone call, and is exclusive to Slough residents 18years plus and/or registered with a GP,
- Strong interface between SPA and a host of services including intermediate care (RRR), community health services, integrated cluster teams, bed based services, domiciliary care, telehealth/telecare, palliative care and or nursing home provision to improve access
- Monitoring of outcomes, usage and capacity of each component of the service to assess impact on metrics/targets articulated in the BCF
- To gather intelligence on usage to design a full service for Integrated Care in Slough

The establishment of the SPA will be the first phase towards integrating services in Slough but we are now beginning discussions on the next phase already and how we can accelerate our plans for integration in parallel with the implementation of SPA. A workshop bringing together the Operational Leadership Team of the CCG and the BCF Joint Commissioning Board will take place on 14 July 2015. This will start to build consensus of our next steps and shape our plans towards integration between health and social care services.

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

Our BCF workstream for building capacity in the Community and Voluntary sector is being taken forward through the Joint Voluntary Sector strategy and the

recommissioning programme underway being led by SBC. The strategy and programme of work has been reported to the Slough Wellbeing Board in a separate report.

Within this workstream we also have support for Carers which we will be reviewing through the development of a new Carers Strategy for Slough in light of the changes within the Care Act.

7. Performance against key outcome measures

7.1 Performance against the non-elective admissions indicator has continued to climb in the last quarter of this year (January to March) and the outturn position was of an increase of 5% of Slough admissions above the same period in 2014.

Each Health and Wellbeing Board area has now had their baseline reset on actual outturn figures (see 4.2) but the target reduction for BCF is still 3.5% for 2015/16,

7.2 Performance against Delayed Transfers of Care (measured in bed days per 100,000 people 18+) continues to be good with outturn in the last quarter of 2014/15 (Jan- March) at 30% below that anticipated within the BCF plan.

7.3 The reablement service is still seeing 100% of people successfully reabled and at home 91 days after discharge. The 2014/15 outturn figures were of 61 people discharged into reablement all of whom were still at home 3 months later.

7.4 Performance activity in terms of admissions to residential care also performed well through 2014/15 with the outturn figure of 74 admissions through the year against the BCF plan of 76.

7.5 Slough has included a further performance metric within the BCF Plan on the health related quality of life for those people reporting having one or more long term condition. This is collected through the national GP survey every six months and local data is not yet available to report progress on this.

8. National conditions and national assurance process

8.1 The Better Care programme nationally continues to be monitored through a central support team. After several revisions on the information collection and reporting requirements the first quarterly reporting template was completed and returned to the Better Care Support Team on 29 May with sign off from the Chair of the Slough Wellbeing Board.

Progress was reported against each of the national conditions and whether they were on track as per the BCF Plan. All national conditions were being met through the BCF programme with the exception of the following two areas which are yet achieved but in progress. These are:

- The NHS number being used as the primary identifier for health and social care services
- Joint assessments and care planning taking place and, where funding is being used for integrated packages of care, there is an accountable professional.

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. An evaluation of the first year is now underway and this is being shared with patients. As the programme enters its second year there will be more focused approach on using additional time for patients with more complex needs and long term conditions. This should improve the intended outcomes of demonstrating health improvements and reducing the need for non-elective admissions to hospital.

The RRR and Intermediate Care services already work extended hours and seven day services but there has been additional funds (£159,000) identified within the BCF Pooled Budget for 2015/16 for additional staffing capacity to support seven day services where required.

8.4 Data sharing

There is a programme of work underway across the East of Berkshire ('Share Your Care') which is looking to procure a system which is able to provide 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.

9. **Comments of Other Committees**

The Slough Wellbeing Board discussed the Better Care update on 15 July and noted the progress.

There were comments on the need to recognise the whole family and wider circle of support when identifying people at risk and not just looking at medical interventions in order to be effective. There was also discussion on the more targeted use of additional GP capacity in the Prime Ministers Challenge fund and the system savings to be able to continue on a sustainable basis beyond a second year. These issues will be form part of discussion within the integrated care workshops currently underway bringing together BCF with other change management programmes within and across health and social care services locally.

10. **Conclusion**

This report provides an update on progress of the Slough Better Care programme at the end of its first quarter of 2015/16. Performance against the BCF metrics is good in most areas with the exception of non-elective admissions where this continues to rise. There is contingency funding in place to manage this financially within the expenditure plan in this year and risk against further increase is identified within the risk register. The expenditure plan has been agreed and set for the 2015/16 financial arrangements and is being actively monitored alongside the risk register.

It is planned that the programme will have a positive impact on non-elective activity for Slough through this year and this will continue to be regularly managed, monitored and reported going forward.

11. **Appendices Attached**

Appendix 1 – Better Care Expenditure Plan 2015/16

12. **Background Papers**

[Better Care Fund Planning Guidance, Templates and Allocations](#)

[Slough Better Care Fund Plan](#)

Appendix 1 – Better Care Fund Expenditure Plan 2015/16

Workstream	No.	SCHEME	Area of Spend	Commissioner	Provider	Source of Funds	2015/16	Full Budget	RISK	Category	CCG Fund	CCG Pay	SBC Fund	SBC pay
Proactive Care (adults)	1	Enhanced 7 day working	To be determined	CCG	System	CCG	159	Part	CCG	1	159	159		
	2	Falls Prevention (project)	Community (pilot)	Joint	GP/NHS Community	CCG	50	Part	CCG	3	50			50
	3	Footcare	Community Health	CCG	Voluntary sector	CCG	14	Full	CCG	1	14	14		
	4	Accountable professional	Primary Care	CCG	GP/NHS Community Health	CCG	-	Part						
	5	Stroke service	Voluntary sector	SBC	Stroke Association	CCG	40	Full	SBC	1	40			40
	6	Stroke service	Voluntary sector	CCG	Stroke Association	CCG	10	Part	CCG	1	10	10		
Proactive Care (children)	7	Children's respiratory pathway (project)	Community Health	CCG	NHS Community	CCG	88	Full	CCG	1	88	88		
	8	To be allocated	To be determined	CCG	NHS Community	CCG	177	Full	CCG	1	177	177		
Single Point of Access	9	Single Point of Access (project)	Other	Joint	Integrated service	CCG	200	Part	ALL	2	200	200		
Integrated Care	10	Telehealth (project)	Community (pilot)	SBC	Private sector	CCG	25	Full	SBC	1	25			25
	11	Telecare	Social Care	SBC	SBC/Private sector	CCG	62	Part	SBC	3	62			62
	12	Disabled Facilities Grant	Social Care	SBC	SBC	SBC	407	Full	SBC	4			407	407
Page 19	13	RRR Service (Reablement and Intermediate Care)	Social Care	SBC	SBC	CCG	2,184	Part	SBC	3	2184			2184
	14	Post acute reablement	Community Health	CCG	NHS Community	CCG	215	Full	CCG	1	215	215		
	15	Joint Equipment Service	Health equipment	CCG	Private sector	CCG	533	Full	CCG	1	533	533		
	16	Nursing care placements	Nursing Care	SBC	Private sector	CCG	400	Part	SBC	3	400			400
	17	Care Homes - improving quality (project)	Joint	Joint	Education and primary care	CCG	50	Full	ALL	2	50			50
	18	Domiciliary Care	Social Care	SBC	Private sector	CCG	30	Part	SBC	3	30			30
	19	Integrated Care Services / ICT Team	Joint	Joint	SBC/ NHS Community	CCG	748	Full	ALL	2	748	748		
	20	IT systems and shared assessment	Shared (enabler)	CCG	Private sector	CCG	208	Part	CCG	3	208	208		
	21	Intensive Community Rehabilitation service	Social Care	Joint	SBC	CCG	82	Part	ALL	3	82			82
		Intensive Community Rehabilitation service	Community Health	Joint	Community Health	CCG	170	Part	ALL	3	170	170		
Community Capacity	22	Carers	Various	SBC	Miscellaneous	CCG	196	Part	ALL	3	196			196
		End of life night sitting service	Community Health	CCG	Voluntary sector	CCG	14	Part	CCG	1	14	14		
	23	Community Capacity	To be determined	SBC	Joint	CCG	200	Part	ALL	3	200			200
Enablers	24	Project Management Office (Joint posts) & Governance	Joint	Joint	SBC/CCG	CCG	260	Part	ALL	2	260			260
	25	Social Care Capital Grant	Social Care	SBC	Local Authority	SBC	287	Full	SBC	4			287	287
Other	26	Contingency - Payment for Performance (NEL)	tbc	CCG	tbc	CCG	867	Full	ALL	2	867	867		
		Contingency - other	tbc	CCG	tbc	CCG	286	Full	ALL	2	286	286		
	27	Care Act implementation	Social Care	SBC	SBC	CCG	317	Part	SBC	3	317			317
	28	Additional social care protection	Social Care	SBC	SBC	CCG	483	Part	SBC	3	483			483
						Total	8,762				8,068	3,689	694	5,073

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 28 July 2015

CONTACT OFFICER: Alan Sinclair, Acting Director Adult Social Services
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WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

CARE ACT 2014 PROGRESS UPDATE**1. Purpose of Report**

To provide Panel members with a brief overview of the Care Act 2014 (the Act), an update on the progress of implementing this new legislation (the positive impacts and emerging pressure points) and the Councils development plans in the social care reform programme.

2. Recommendation(s)/Proposed Action

The Panel is requested to note and comment on the report and progress being made.

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

- 3.1 The Act and subsequent reform programme will through a number of key initiatives bring about a fundamental change in the way in which the Council delivers adult social care. Through the promotion of the Act compliant assessments and the commissioning of support services, the wellbeing principle will focus our work on wider client health and wellbeing issues related to quality of life and social isolation.

Through the voluntary sector outcome based contract one of the main aims of this work will be to nurture a strong and inclusive community, building on social support networks and allowing residents to make a contribution to their community.

A number of projects in the programme have involved residents in the development of initiatives related to online access to services through to the development of Council strategies. We will continue to build these relationships with the Residents of Slough.

- 3.2 The Adult Social Care Reform Programme supports outcome 6 of the Council's five year plan "People take more responsibility of their own care and support". This will be accomplished by supporting carers to carry out their caring role, promoting an individual's wellbeing, by building on the current social capital found in the community and increasing the provision of direct payments.

4. Financial Implications

- 4.1 The implementation of the Care Act will mean from April 2015 that there were additional financial costs, associated with the increase in demand for assessments and associated support costs for individuals and carers.
- 4.2 Consultation held earlier this year highlighted significant concerns about phase 2 of the Act. Consequently the proposed changes to financial assessment thresholds and the introduction of the Care Cap have been postponed until 2020.
- 4.2 The Council used a modelling tool supported by the Local Government Association and Association of Directors of Social Services to assist with understanding the potential cost implications of the Act. This analysis supplemented with local information has been factored in to the budget for 2015/16 and the subsequent financial savings plans.
- 4.3 Additional national funding has been made available in 2015/16 in the form of a new burdens grant of £454,000 and within the Better Care Fund allocation of £317,000. Our estimates are that this funding is £100,000 short in 2015/16 and the gap will increase over future years especially if demand is more than has been planned.
- 4.4 Early indications are that there are additional financial pressures to deliver the information technology requirements and for the general implementation of the wider social care reform programme. In relation to the IT costs approximately £95,000 of capital will be required to implement systems and hardware.

5. Risk Management

Risk	Mitigation
Uncertainty about additional demand from carers	<ul style="list-style-type: none">• New voluntary and community sector outcomes based contract• New carers strategy to be launched• Develop channel shift plans including digit capabilities• Remodel social care pathways to proactively find cases
Total implementation costs for 2016/17 and Total implementation costs for 2015/16	<ul style="list-style-type: none">• Monitor, review and escalated to the Council's cabinet• Strong programme and project management governance in place
Council financial position to 2020	<ul style="list-style-type: none">• Reform Programme• Raising of risks

5.1 Human Rights Act and Other Legal Implications

The Act is about ensuring that all people's rights including their human rights are met. The impact of the implementation of the Act will be monitored over the next two years.

5.2 Equalities Impact Assessment

Equality Impact Assessments will be undertaken as part of formal project initiation to assess the impact of any proposals on the protected characteristics.

5.3 Workforce

The social care reform programme has a strong focus on workforce development. The aim of this component of the programme will be to develop a sector wide strategy to develop the capacity and capability of informal carers, personal assistants, community groups, volunteers as well as paid care home workers and social care workers in the Borough.

The strategy will be implemented through a focussed plan that will bring long term and sustained change that will address recruitment, retention, capacity and competency issues of the care and support sector in Slough. Importantly opportunities to develop a system wide workforce development plan will be explored.

6. Supporting Information

6.1 Care Act Background

6.2 The Act received Royal assent on the 14th May 2014. The Department of Health intend to introduce the Act in two parts, the first part of the Act in April 2015 and the second part of the Act in April 2020.

6.3 The Act attempts to re-balance the focus of social care by postponing the need for care rather than providing care at the point of crisis. It introduces a number of new duties and powers for Local Authorities including duties to integrate local services, promote the wellbeing of residents and new rights for carers.

6.4 The first phase of the implementation consolidates and modernises the framework of social care law for adults in England that has stood for nearly 70 years and brings in new duties for local authorities and new rights for social care service users and carers, putting people and their carers in control of their care and support.

6.5 The Act introduces national eligibility criteria, removing previous eligibility thresholds which were applied locally for those clients with critical and substantial needs only. The new criteria require the department to now consider the preventative needs of people.

6.6 The Act also places duties upon councils to support shaping a vibrant market giving individuals real choice and control; a universal right to a deferred payment for residential care; and new duties to coordinate and provide information and advice and promote personalisation.

6.7 As a result of consultation on phase 2 of the Act the Minister of State for Community and Social Care announced on the 17th July a delay to the introduction of phase 2 of the Act until April 2020. The main reasons cited were the need to consolidate phase 1, the lack of a private insurance market, it not being the right time to implement expensive new commitments and gives time to better understand the impact on the care market.

- 6.8 Currently, the proposed second phase of the Act will introduce a new capped care cost system. This will provide more help to people with the cost of care by ensuring that people will not have to pay more than £72,000 for their care. This means that clients and self-funders that pay above this cap will have the full cost of their care met by the Council.
- 6.9 From April 2020, the means tested threshold for people going into a care home will also increase from £23,250 to £118,000. This means that the Council will not contribute towards the cost of a service user's care until they are below the asset threshold of £118,000 or they have reached the Care Cap of £72,000.
- 6.10 Presently other duties included for April 2020 are new appeals regulations and the duty to provide care accounts and an electronic market place.
- 6.11 Councils have discretionary powers within the Care Act in respect of charging for care services. One area of discretion is to apply charges to carers for services they have been assessed to need. In recognition of the valuable contribution made by carers, the March 2015 Cabinet agreed not to apply this charge for carers.

7. Progress since April 2015

- 7.1 The following areas of change have been noted over the first 110 days of the Act:
- The clarification on the coordination of safeguarding concerns has been appreciated. Whilst leading to an increase in the number of concerns made to the department it has in practice terms tightened protocols for multi-agency working.
 - Staff feedback on the changes to social work practice is positive in particular to the new duties and they have embraced the principles of wellbeing and prevention. They are keen to now develop these as we re-model the care and support pathways.
 - 100% of all new contacts to social care which would have previously ended with a signposting or information and advice outcomes, now result in a prevention and support plan being provided to the client.
 - A new financial advice service for self funders is in place
 - Additional advocacy support has been provided
 - The Slough Services Guide (online local service directory) has been refreshed and search engine optimised. It has been re-launched internally for use in the development of prevention support plans with voluntary sector partners and primary care social prescription services.

7.2 Initial Impacts

- Whilst the demand is largely “as expected” it is too early to understand the precise demand or any emerging trends for services to carers and eligible people under the new assessment framework.
- There has been a small increase on the numbers of carer assessments undertaken in April/ May of 2015 when compared to the same period in 2014.
- 150 prevention and support plans were recorded in line with new Prevention duties.
- In order to meet the new prevention and carers’ duties additional staff (2FTEs) have been recruited to manage the potential demand to the First Contact Team.
- There is a “hidden” demand of re-assessing clients under the Act by April 2016 against other departmental priorities such as the assessment of self-funders that have the same timescale.

8. The Adult Social Care Reform Programme

- 8.1 The Act provides clear opportunities for improvements in the provision of Adult Social Care and consequently a wider reform programme has been established to undertake this work.
- 8.2 This Adult Social Care Reform Programme governs a wider portfolio of projects including the Department’s transformation, financial activities as well as the second phase of the Act.
- 8.3 The inaugural programme board comprising of partner agencies, Council officers, voluntary sector and consumer representatives has been held and programme documentation approved.
- 8.4 This programme is to work within the spirit and ambition of the Act, building on the areas of good practice that exist in Slough and will modernise them still further in order to deliver services that will meet the needs of our population now and to ensure that these are fit for purpose for the next generation of service users.
- 8.5 This will result in a shift from traditional residential and domiciliary services, which are delivered to clients who tend only to be known to the department at the point of crisis to one where people are managing their own care and support needs at a much earlier stage.
- 8.6 Working closely with health, internal Council services, providers, the voluntary sector and the residents of Slough will be critical in the development of an offer that will meet the future social care and support needs.
- 8.7 The programme will focus on 6 main development domains:
1. **Prevention** – The development of a local system-wide strategy and action plan, spanning voluntary, health and social care services to maintain a healthy population in the community. We will work with high consumers of services

through targeted wellbeing and prevention plans and move our front door services to identify emerging cases more proactively.

2. **Information & Advice** – This component will ensure that the right information is provided to the right people, at the right trigger points in their lives. Proactive care and support planning will become the norm and independent advice and advocacy will be provided to people to help develop their support plans.
3. **Personalised Outcomes** – Through the development of the market place and safeguarding outcomes, people will have the choices of finding the right care and support at the right times in their lives. Increasing the use of direct payments is fundamental to enabling this change.
4. **Building Community Capacity** – Enabling people, voluntary organisations and the community to proactively manage their wellbeing and increase their resilience to succeed during periods of crisis.
5. **Workforce Development and Quality** – both internal and external workforces will be developed to deal with the changing and growing demands facing the health and social care economy over the next 5 years. This will require staff to adapt to flexible, multi-disciplinary ways of working.
6. **Integration** – the scale of the change required cannot be managed in isolation; people do not access care and support from just one single source. Slough services will continue to be commissioned from a whole systems perspective around the best outcomes for residents.

8.5 In summary the main benefits expected as a result of this programme of work include:

- People take more responsibility of their own care and support
- Reduction in operating costs for complex cases
- Increase in co-produced services that are more likely to achieve personal outcomes
- Reduction in admissions to care home and acute settings
- Reduction in re-admission rates to acute settings
- Cashable savings to both local Social Care and Health budgets
- Increase in self-directed support and direct payments as people take more control of their own care and support
- Operational workload management efficiencies
- Improvement in choice and outcomes for individuals
- Untapped social capital reduces local authority and NHS revenue and capital costs
- Staff are more fulfilled in their professional lives
- Reduction in staff absence and sickness
- Increase staff retention rates

9. **Conclusion**

Members of the Health Scrutiny Panel are asked to review this paper for information purposes, but note the significant level of transformational activity currently being undertaken in the Department and the recent changes to the timelines for the implementation of phase 2 of the Act.

10. **Appendices Attached**

None

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 28th July 2015

CONTACT OFFICER: Alan Sinclair Acting Director Adult Social Care
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WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

PROMOTING AND SUPPORTING THE WELLBEING OF RESIDENTS WITH THE VOLUNTARY SECTOR 2015 – 2020 PARTNERSHIP STRATEGY

1. **Purpose of Report**

The report presents the new strategy - Promoting and supporting the wellbeing of residents with the voluntary sector 2015 – 2020 Partnership Strategy. The aim of the strategy is to enhance the wellbeing of adults by meeting their health and social care needs by remodelling the provision and support provided by the community and voluntary sector in Slough. The strategy also aims to ensure that new duties on the Council arising from the Care Act; the priorities set out in the Council's Five Year Plan; integrated working and the need for more joined up prevention services that achieve key priority outcomes will all be met. This is a joint strategy with Slough Borough Council (Adult Social Care and Public Health) and Slough's Clinical Commissioning Group (CCG) and sets the direction for the work of the Council and the Slough CCG with the voluntary and community sector in Slough and the future funding that will be available.

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

The Committee is requested to:

- note the report
- make recommendations on future scrutiny of strategy implementation

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

The strategy relates to all aspects of the Slough Joint Wellbeing Strategy's (SJWS) priorities and cross cutting themes including civic responsibility.

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

Wellbeing priorities:

- Enables people to make positive informed choices about their care and support
- Intervene early to promote healthier lifestyles and choices
- Maintain a person centred approach to service provision
- Provide effective universal and tailored services for adults to allow them to live independent, socially inclusive lives

Safer Communities

- Improve public information and help people have an active role
- Focus on ensuring personal safety and high quality service provision

The Strategy also contributes to the cross-cutting theme:

Civic Responsibility (Community Cohesion)

- Promotes and enables involvement in community activities
- Reduces inequalities and promotes fair access to high quality services

Slough Joint Strategic Needs Assessment

- The strategy has been produced in alignment with the key needs assessment data in the Slough JSNA to ensure prevention services form a key part in reducing inequalities and effective demand management.

3b. Five Year Plan Outcomes

More people will take responsibility and manage their own health, care and support needs.

- The strategy has within it a focus on supporting people and communities to maintain or regain independence where possible and support a culture of greater self care and shared responsibility.

4. Other Implications

(a) Financial

Initially the level of funding is a continuation of existing funding levels to the Voluntary and Community sector. In year 1 £1.37 million will be committed to procuring services to deliver health and social care outcomes including £0.2m of Slough CCG funding in the Better Care Fund. In year 2 funding reduces to £1.2 million and in year 3 the funding will be £1.03 million. Funding over the three year contract term is £3.6m

Moving to an outcome based approach with joint funding will allow for improved integrated working and will deliver improved efficiencies through reducing duplication of provision and streamlining information sharing.

During the term of the strategy work will be carried out to attach monetised values to the outcomes to develop a payment by results methodology.

Service outcomes will be aligned with and contribute to Better Care Fund outcomes for a more proactive approach to intervention of support so as to avoid, delay or reduce likelihood of admission to hospital.

(b) Risk Management

Risk	Mitigating action	Opportunities
Legal - Infrastructure funding arrangement with one large commissioned provider may impact procurement process	Seeking expert advice from counsel decision on procurement route will be subject to advice to ensure procurement is in accordance with Procurement Regulations. Preferred method open tender process.	Tendering through outcomes based specification will open the market to potential new providers. Improved joint working and better value for money.

Property - some existing provision utilises council owned buildings	On going consultation with asset management on future use of buildings.	More service users will access universal services rather than use specialist provision only.
Human Rights	Engage service users and potential service users in strategy development.	Improved wellbeing for residents and positive experience of services.
Health and Safety	None	None
Employment Issues	Consultation with existing providers including impact assessment of funding ceasing.	Opportunity for a wider range of organisations to receive funding. Increased volunteering will raise employability of more individuals.
Equalities Issues	EIA carried out	Reduce health inequalities. More access to universal services.
Community Support	Engagement of key stakeholders through out the process.	Improved opportunities for co-production.
Communications	Full engagement with key stakeholders. Comprehensive programme of workshops with VCS sector. Report to Health & Wellbeing Board.	Raise profile of VCS in reducing care and support needs.
Community Safety	None	Reduced number of socially isolated vulnerable people
Financial	Robust risk and project management in place	Improved joint working and better social value
Timetable for delivery	Implementation 04/01/2016 with regular monitoring and good project governance	Meeting the timetable will enable the services to be in place asap and start to deliver sooner to meet the agreed outcomes.
Project Capacity - Complex project that needs to configure to disparate requirements in short period of time.	Project steering group and delivery group in place.	Improved partnership working and market development.
Other - failure of existing providers to receive on-going funding may result in reputational damage.	Consultation with service users, stakeholders and existing providers including impact assessment of funding ceasing underway.	Organisations may lever in alternative sources of funding.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications that will arise from the strategy.

(d) Equalities Impact Assessment

The Equalities Impact Assessment examines how the strategy and framework will ensure equality of access to council support and funding.

The new outcome based commissioning model sets out how the Council will deliver on the Strategy in order to achieve the best possible outcomes for the residents of Slough.

(e) Workforce

In the immediate short term there will be no workforce implications for SBC staff. There is likely to be an impact on the existing workforce working and volunteering in the current services funded by the council and Slough CCG if there is a change of providers or services as a result of this re-commissioning work.

5. **Supporting Information**

The strategy document sets out a number of challenges facing the Council, Slough CCG and the Voluntary Sector in supporting adults with health and social care needs to live independently at home. It aims to provide an overarching framework for the future relationship between the council, our partners and Slough's voluntary and community sector. We will use it to guide how we will work with the boroughs voluntary and community sector to deliver these priorities.

In the current economic environment, the way the council, its partners and the community and voluntary sector work together, will need to change if we are to deliver improved outcomes for the benefit of our residents and communities. For example, with increasing demand for health and social care services in Slough there is huge potential for the voluntary sector to step in and meet needs, by acting more entrepreneurially, and to be able to compete with the private sector in tapping into new and growing markets.

As a consequence we need to create a significant change in our relationship with the sector, based on clear priorities and outcomes that improve people's lives - rather than simply funding individual organisations and services as we have been doing for sometime. This does not mean that we do not value each and every one of the organisations operating in our community but we will need to concentrate resources on the highest priorities.

Therefore our emphasis will be on preventing future demand on public services through prioritising prevention.

Whilst these are significant changes we still wish to develop the conditions which will allow the voluntary and community sector in Slough to thrive and this Strategy represents the first step in that process.

- 5.1 The strategy sets out the following vision for working with the community and voluntary sector:

'To promote a healthy and thriving voluntary and community sector that focuses on meeting the needs of the most vulnerable adult residents living in Slough'

- 5.2 To help us achieve this, the strategy has 4 key aims:

- Find innovative and effective ways to provide high quality services and support with and for residents.

- Focus on shared outcomes which enhance wellbeing through promoting prevention services which avoid, delay and reduce the need for care and support.
- Support the community and individuals to be more resilient and do more to help themselves to meet their health and care needs.
- To improve social value by taking into account social, economic and environmental value when choosing suppliers rather than focussing solely on cost. The expectation is that this will enable smaller organisations or those from the charitable and voluntary sectors to compete more successfully.

5.3 To deliver the key aims we will work in partnership with the local voluntary sector, community groups and networks to develop services that achieve the following positive outcomes for people in Slough:

- Access to good information, support, advice and, for those that need it, advocacy so that **people have more choice and control in making decisions about their lives while reducing inequalities in accessing services and in achieving positive outcomes.**
- Services and support that enable people to change their lives for the better so they **stay healthy and actively involved for longer while reducing the need for more intensive targeted services.**
- Providing **joined up and person centred care and support that enables people to plan all aspects of their lives using personal budgets and direct payments.**
- **Access to active and supportive communities** that offer better personal and social support networks and membership of groups; welcoming and inclusive local communities; opportunities to participate and make a contribution and support for carers
- **Carers are supported to carry out their caring role and supported to have a life of their own**
- Maintaining independence with help for **people to stay, or get back, home**
- **Improving economic wellbeing, financial inclusion** with support to develop the skills and knowledge to enter or maintain employment.

5.4 There is already considerable good practice shown by many within Slough's voluntary and community sector and we need to continue to build on this expertise to help develop new projects and services that meet the needs of individuals, groups and communities. In this way Slough's voluntary and community sector can add social value - by improving the well-being and quality of life of our communities and developing the skills and resilience of local people.

5.5 The strategy sets out how SBC and Slough CCG will work together to fund the voluntary and community organisations to deliver health, social care and wellbeing outcomes for the people of Slough.

5.6 The joint strategy will lead to the investment from SBC and Slough CCG of approximately £3.6m over a proposed 3 year contract period (with option to extend for up to a further two years). This commissioning model will enable our partners in the Voluntary and Community Sector to take a preventative approach to meeting care

and support needs in our local communities over a longer timescale rather than the in year contacts and agreements they currently have.

We are using an outcome based approach to commission services from voluntary and community organisations which will enable us to enhance the capacity of individuals and the wider community to provide personalised preventative support that builds on people's strengths and assets to reduce the demand on social care and health services.

6. **Comments of Other Committees**

The strategy was presented to Cabinet on the 22nd June and the strategy was approved.

The Director of Wellbeing, following consultation with the Leader of the Council and Commissioner for Finance & Strategy, were given delegated authority to approve the outcome of the tender process to deliver the strategy.

The strategy was also considered at the Slough Wellbeing Board meeting on 13th May 2015. The strategy was well received with a caveat that given the unique structure of the voluntary and community sector close support and communication is provided by the Council to effectively manage the process of change that will take place through the commissioning process.

7. **Conclusion**

This report outlines how we will work with the voluntary and community sectors to deliver key outcomes to improve the health and wellbeing of adult residents living in Slough. The strategy aims to ensure that the outcomes which have been informed through engagement with the voluntary and community sector are delivered working in partnership with residents, Slough CCG and public health. The change of focus from current services and supports provided by the voluntary and community sector to commissioning outcomes will deliver greater health and social care benefits and longer term savings in health and social care as well as enhancing individuals' quality of life.

8. **Appendices Attached**

'A' - Promoting and supporting the wellbeing of residents with the voluntary sector 2015 – 2020 Partnership Strategy

9. **Background Papers**

None

Promoting and supporting the wellbeing of residents with the voluntary sector

2015-2020 Partnership Strategy



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Foreword

Thank you for taking the time to read Slough Borough Council's Partnership Strategy. The strategy is very much the start of a conversation and part of a wider review of the council's relationship with the voluntary sector in supporting vulnerable adults living in Slough. We face many challenges and opportunities ahead and we can best face these by working together in a strong partnership.

Slough has a long tradition of working with its local neighbourhoods and with voluntary and community organisations to improve the quality of life for everyone who lives, works, studies or does business in the borough.

Slough Borough's Voluntary Sector Strategy 2015-2020 is a key document outlining how the local authority will work to support the development and success of Voluntary and Community Sector (VCS) organisations over the next four years. Community organisations, voluntary bodies and neighbourhood action all contribute towards building social capital, civic engagement and community cohesion; providing valuable services to improve the quality of life for many of our communities.

Although 2015 -2020 will be an extremely difficult period for the local authority; with the onset of unprecedented levels of budget reductions forcing us to review significantly the way we provide services and support residents, we are still firmly committed to developing a strong, sustainable and independent voluntary and community sector with whom we can work in partnership to support the communities we serve. It is anticipated that all our statutory partners, including public health (as part of the local authority), the Slough Clinical Commissioning Group (CCG) and others will see the Strategy equally applicable to how they manage their relationships with the VCS .

This strategy draws upon the council's overarching 5 Year Plan and background of the VCS in the borough; addresses local and national drivers behind our work with the VCS, and sequentially addresses key thematic areas of work we will be undergoing during the next five years.



We see the vital work the voluntary sector does on a day-to-day basis all around us and as a resident of the borough, for example, the charities which provide much-needed care and support to families going through difficult times, or the Sunday morning sports clubs and the fantastic culture and heritage opportunities that exist in the borough. Many of these things are made possible by local people willing to give up their spare time and make a difference in our community through volunteering.

This document sets out how the council proposes to work with community groups and larger voluntary sector organisations, to meet the needs of the community in different ways, in times of significantly reducing public funding.

The Strategy sets out our vision for working with the VCS. We are all under pressure to deliver high quality services that people want and need, with fewer resources. Our intention is to support and enable VCS organisations to play a significant part in this.

Cllr Rob Anderson

Executive summary

The strategy sets out how Slough Borough Council, including public health, and Slough CCG will work together to fund voluntary and community organisations to deliver health, social care and wellbeing outcomes for vulnerable adults living in Slough. Even during this challenging economic climate for the public sector we are planning to invest circa £3,600,000 over the next three years. This commissioning model will enable our partners in the VCS to take a preventative approach to meeting care and support needs in our local communities.

The council and partners have been mindful of national and local priorities detailed in the Care Act 2014, the council's Five Year Plan, Slough CCG's 5 Year Plan, Wellbeing and Public Health Strategies and the Better Care Fund.

We are using an outcome based approach to purchase services from voluntary and community organisations which will enable us to enhance the capacity of individuals and the wider community to provide personalised preventative support that builds on people's strengths and assets to reduce the demand on social and health care services.

This strategy document sets out a number of challenges facing both the council and the voluntary sector. It sets out both the local and national context and is the start of a discussion between the sectors about how we can move forward in the light of these changes and how we can develop the relationship.

Whilst these are significant changes we still wish to develop the conditions which will allow the voluntary and community sector in Slough to thrive and this strategy represents the first step in that process.

The overall vision for this strategy is:

To promote a healthy and thriving voluntary and community sector that focuses on meeting the needs of the most vulnerable adult residents living in Slough.

By working more effectively with Slough's voluntary and community sector to deliver best value for money outcomes for residents at a time of limited resources we are planning to achieve the following key aims:

- Find innovative and effective ways to provide high quality services and support with and for residents
- Focus on shared outcomes which enhance wellbeing through promoting prevention services which avoid, delay and reduce the need for care and support
- Support the community and individuals to be more resilient and do more to help themselves to meet their health and care needs
- To improve social value by taking into account social, economic and environmental value when choosing suppliers rather than focussing solely on cost. The expectation is that this will enable smaller organisations or those from the charitable and voluntary sectors to compete more successfully.



To deliver the key aims we will work closely in partnership with the local voluntary sector, community groups and networks to develop services that achieve the following positive outcomes for people in Slough:

- Access to good information, support, advice and, for those that need it, advocacy so that **people have more choice and control in making decisions about their lives while reducing inequalities in accessing services and in achieving positive outcomes**
- Services and support that enable people to change their lives for the better so they **stay healthy and actively involved for longer while reducing the need for more intensive targeted services**
- Providing **joined up and person centred care and support that enables people to plan all aspects of their lives using personal budgets and direct payments**
- **Access to active and supportive communities** that offer better personal and social support networks and membership of groups; welcoming and inclusive local communities; opportunities to participate and make a contribution and support for carers

- **Carers are supported to carry out their caring role and supported to have a life of their own**
- Maintaining independence with help for **people to stay, or get back, home**
- **Improving economic wellbeing, financial inclusion** with support to develop the skills and knowledge to enter or maintain employment.

There is already considerable entrepreneurship shown by many within Slough's voluntary and community sector and we need to continue to build on this expertise to help develop new projects and services that meet the needs of individuals, groups and communities. In this way Slough's voluntary and community sector can add social value - by improving the well-being and quality of life of our communities and developing the skills and resilience of local people.

1. Introduction

This strategy sets out a number of challenges and opportunities facing the council, local NHS and the voluntary and community sector.

Throughout the strategy we will focus on achieving positive outcomes by working with the voluntary sector to ensure more people take responsibility and manage their own health, care and support needs. As a consequence we need to create a significant change in our relationship with the sector, based on clear priorities and outcomes that improve people's lives - rather than to simply fund individual organisations for specific services.

It is a time of significant change for adult health and social care nationally and locally with a fundamental shift in the way that health and social care services and support are purchased and delivered to adults. In line with the personalisation agenda, people are being put in control of the support and care they receive and purchasing power is shifting from the local authority to the individual. Personalisation will give people greater control, choice and flexibility to live as independently as possible.

In summary we will change our approach to the following:

- Switch from commissioning for services to commissioning for outcomes
- Improve governance and contract management
- Develop better partnership working and the integration of the support available across the whole health and care sector
- Improve our ability to demonstrate value, impact and outcomes
- Improve the resilience of the voluntary sector to respond and deliver to meet local needs.



2. Defining the voluntary and community sector

The National Council for Voluntary Organisations (NCVO) defines the characteristics of the VCS as groups that are “value-driven, reinvest surpluses to further their aims and are committed to reflecting user need”.

Their work includes:

- delivering services
- advocating or lobbying on behalf of community causes
- facilitating international, community and economic development
- advancing religious faith and practice
- raising funds
- providing financial and other support to other voluntary and community organisations.

This strategy encompasses the full range of voluntary and community sector services that exist in the borough, not just those which currently receive grant aid or provide commissioned/contracted services.

By ‘voluntary and community’ organisations, we are talking about the following types of organisation:

- Registered charities
- Faith groups
- Voluntary organisations
- Community groups
- Community associations
- Tenants and residents groups
- Housing associations
- Co-operatives and social enterprises and mutual's
- Sports, environmental, arts and heritage organisations
- Grant making trusts
- Non-constituted groups of residents working together to make a difference in their local communities.

The voluntary and community sector in Slough is extremely diverse, ranging from larger registered charities and national organisations (such as Age Concern and Citizen's Advice Slough) to smaller community based groups often led by volunteers such as ‘friends of parks’ groups.

Many of these groups focus on a particular group or community - whether they are older people, carers, disabled people, the homeless, refugees and asylum seekers, people with learning disabilities, victims of crime or those living on low incomes.

Data from the Slough Council for Voluntary Service (SCVS) estimates that there are nearly 201 active registered charities in Slough, employing 425 employees, with a total turnover of over £57 million. With an estimate of the amount spent in Slough is £23.6 million.

Broadly speaking the voluntary and community groups currently operating in Slough can be categorised in the following ways:

1. Specialist support organisations: Larger organisations which operate regionally and county-wide to provide services, with specialist areas of expertise e.g. older people, advice, environment, enterprise, disability, children and young people.

Example

Age Concern, Red Cross

2. Infrastructure: Organisations which provide generic support to front-line groups, including governance and financial advice, support in identifying and applying for funding opportunities and help and training for volunteers.

Example

Slough's Council for Voluntary Service (SCVS), Slough Volunteer Centre

3. Front line: Localised organisations and community groups, providing services which support individuals within local communities.

Example

Neighbourhood Groups

See www.servicesguide.slough.gov.uk

Many voluntary and community sector organisations in Slough source a significant amount of their income from a mix of:

- local/national charitable fundraising
- external grant funding
- external (local/national/regional) contracts commissioned following national and local procurement legislation and guidance
- consortia bidding for service delivery from the public sector
- service level agreements on specialist areas of delivery from various services in the council and departments within the NHS and Police
- earned income.

As well as grants and other funding arrangements, the council also currently provides a range of 'in-kind' support to the borough's voluntary and community sector organisations. This has included free or subsidised premises, subsidised utilities costs, subsidised use of community halls and support with quality assurance.

Other areas of support provided include:

- Supporting funding applications
- Support on governance issues and compliance
- Capacity building through support to a range of organisations including start ups
- Maintaining relationships with the sector through SCVS, community navigators, commissioned organisations both private and voluntary.

The mix and proportions of funding sources is however changing and reducing therefore it is now more important than ever to try and create a climate for entrepreneurship to grow and for more co-ordinated and collaborative approaches to develop amongst and between Slough's voluntary and community sector.



3. Why do we need this strategy?

Slough is facing many challenges ahead. We are seeing significant changes in our population which are increasing demands on services (e.g. the number of younger adults with complex disabilities and the growing number of older people with multiple health and care needs) whilst at the same time we are facing unprecedented financial challenges, resulting in the council needing to find over £36million of savings over the next four years, equating to approximately 34% of its budget.

This strategy is therefore primarily about the strategic relationship between the council and the borough's voluntary and community sector, the general financial relationship with the sector and how together we can meet the challenges which lie ahead and which are set out in this document.

What is clear is that these challenges can be tackled more effectively in partnership - which is why we wish to engage in a conversation with the sector about how we move forward together.

However, it is not all negative: this strategy also sets out where there might be new opportunities for the sector and how these might be developed.

The council does recognise the huge role which the voluntary sector plays in supporting communities. We also recognise that the voluntary sector plays an important role in engaging 'hard to reach' sections of the population and has an excellent understanding of the people who live in Slough and some of the challenges local people face in their day-to-day lives.

For these reasons, the voluntary sector often has unique advantages over the public and private sectors, and adds value through volunteering opportunities which enhance community life.

4. Drivers for change

There has been a drive from central government to create a local environment which will enable the voluntary sector to contribute and to thrive. Slough Borough Council is about to experience a fundamental change in the way services are delivered, alongside a reduction in funding. There is a clear intention to give residents more powers in making decisions about their communities and encouraging people to take an active role. This includes supporting the creation and expansion of co-operatives, mutuals, charities and the growth of social enterprise capacity, enabling them to play a greater role in the delivery of public services.

It is recognised that some eighty per cent of voluntary sector organisations work in the health and social care field. We recognise that the council needs to support voluntary sector organisations in moving into a personalised care market place, through market development and stimulation, to enable them to respond to priorities that emerge from national and local commissioning arrangements across health and social care and other areas which are prevalent in Slough.

Further detail on the national context can be found in Appendix 1.

5. Local Context

The council is committed to working creatively with the voluntary sector during these continued times of financial austerity, to help ensure that organisations providing valuable services to our communities are able to survive, and continue their good work in supporting those in need and in making Slough a place where people continue to want to live, work and play.

This strategy applies to the whole sector, but for those organisations in receipt of funding from the council, grants or contracts will now only be given which deliver outcomes which are strongly tied to the delivery of the outcomes set out in the council's five year plan or any replacement thereof. See appendix two for further details on the plan.

This strategy also takes into account the borough's **Wellbeing Strategy** and the council's vision for the future of social care in which we need to move away from a more traditional model of service delivery to one in which we are more responsive to local needs and in which users will self-fund, self manage and have greater choice than ever before. To enable this to happen we need to take steps to grow the market and this may well involve new opportunities for the sector.

See appendix two for further details about the borough's Wellbeing Strategy and local context.

6. Our vision

To promote a healthy and thriving voluntary and community sector that focuses on meeting the needs of the most vulnerable adult residents living in Slough.

7. Strategic aims

- Find innovative and effective ways to provide high quality services and support with and for residents
- Focus on shared outcomes which enhance wellbeing through promoting prevention services which avoid, delay and reduce the need for care and support
- Support the community and individuals to be more resilient and do more to help themselves to meet their health and care needs
- To improve social value by taking into account social, economic and environmental value when choosing suppliers rather than focussing solely on cost. The expectation is that this will enable smaller organisations or those from the charitable and voluntary sectors to compete more successfully.

8. Outcomes and the expected benefits for health and social care in Slough

To deliver the key aims we will work closely in partnership with the local voluntary sector, community groups and networks to develop services that achieve the following positive outcomes for people in Slough.

- Access to good information, support, advice and, for those that need it, advocacy so that **people have more choice and control in making decisions about their lives while reducing inequalities in accessing services and in achieving positive outcomes**
- Services and support that enable people to change their lives for the better so they **stay healthy and actively involved for longer while reducing the need for more intensive targeted services**
- Providing **joined up and person centred care and support that enables people to plan all aspects of their lives using personal budgets and direct payments**
- **Access to active and supportive communities** that offer better personal and social support networks and membership of groups; welcoming and inclusive local communities; opportunities to participate and make a contribution and support for carers
- **Carers are supported to carry out their caring role and supported to have a life of their own**
- Maintaining independence with help for **people to stay, or get back, home**
- **Improving economic wellbeing, financial inclusion** with support to develop the skills and knowledge to enter or maintain employment.

This will deliver the following benefits:

For people

- Reducing social isolation especially for people with long term conditions
- Improving access to early health and social care support leading less people into crisis
- Reducing hospital and care home admissions and reducing delayed hospital discharges
- More people are able to influence and have control over decisions about their lives
- More people have improved social networks and involvement
- More vulnerable people are supported to live with greater independence.

Process benefits

- Increasing web-based access
- Supporting more people to “self-serve”
- Reducing unnecessary referrals to the council and the NHS
- Optimising collaboration between providers (i.e. to eliminate duplication, ensure effective signposting and make better overall use of expertise)
- Developing shared databases, to eliminate duplication and reduce maintenance costs
- Resolving more queries at the first point of contact, and reducing the overall number of repeat referrals to all agencies
- Maximising the use of IT to streamline processes (e.g. through the use of shared records, improved referral systems etc)
- Reducing bureaucracy (e.g. by ensuring that assessment and support planning processes and documentation are flexible and proportionate)
- Optimising the use of capital assets (including buildings) and infrastructure
- Making best use of the skills of the workforce including volunteers
- Developing new skills, including the skills of volunteers and peer support.

Strategic benefits

- Reducing health inequalities; targeting people and groups who find it difficult to access and use information, advice and advocacy
- Early intervention: giving people early health promotion advice, or resolving simple issues, to ensure their problems don't escalate
- Promoting independence and resilience: helping people to fulfil their own potential, to manage their own health and care and to plan ahead
- Promoting informed choice; empowering people, by letting them know about the range of local providers and what support they offer
- Supporting people at home; helping people understand what support can be made available at home, as an alternative to residential care
- Safeguarding: ensuring people know where and how to report concerns they may have
- Finding better value solutions: helping people (including those receiving direct payments) to access informal sources of support, and to make optimum use of assets in communities
- Reaching self-funders; offering advice including financial advice to help them manage the costs of their care.

In Slough, recent engagement with the voluntary sector and consultation with our stakeholders has shown us that our local infrastructure services are highly valued; however the sector is in agreement that services could be more effective and accessible.

Encouragingly, when asked about the outcomes we need to deliver many said that 'Services would be improved through collaborative working for all clients, the council and voluntary organisations and wider services'. See appendix three.

We want to work more effectively with Slough's voluntary and community sector to deliver the best value for money outcomes at a time of limited resources.



9. Thematic priorities

To achieve the vision, aims and outcomes it is expected that the following themes will need to be addressed by the voluntary and community sector.

Theme 1: Commissioning

Involving the voluntary and community sector in prevention and early intervention can lead to significant benefits for people and improved spend of public funding.

As public bodies are looking for new and different ways to deliver their services many are taking a commissioning approach.

Commissioning can be defined as the formal arrangements made to provide services to meet agreed priority needs. It is not the same as outsourcing, and reflects an ever-stronger focus on achieving value for money, through a smaller state sector, and greater use of the Private and Voluntary Sectors as service providers.

In Slough this approach is reflected in the move towards an integrated approach to joint commissioning between the council's Adult Social Care and Public Health teams, Slough's Clinical Commissioning Group (SCCG) and the voluntary sector.

Moving to this approach will not only encourage commissioners to look more critically at what difference a service makes to the lives of its users, and to the wider community, but it will also involve identifying what savings could be made by moving to alternative delivery models i.e. consortiums and alliances.

It will also help widen the discussion from a relatively common notion of unit costs to include ideas of social value, so that good value investments will bring about more economic benefits for residents and the town as a whole.

In order to achieve this shift in approach, the council is reviewing a number of grants and contracts in existence to ensure that these arrangements continue to deliver improved outcomes for our residents. This work will also consider what has been commissioned in the past and which is no longer required in the new environment and will be de-commissioned or re-commissioned.

Due to specialist skills, local knowledge and awareness of the needs of certain sectors and groups, Slough's voluntary and community sector is ideally placed to:

- respond to this commissioning approach and help influence the future design of accessible, flexible and responsive services
- the acquiring of services (through competitive tendering) and
- the bidding for contracts, whether through formal or more informal processes, where appropriate, so that all the benefits of voluntary and community sector run services are not lost to the community.

They also have a significant role to play in signposting users to these and other partner's services.

Slough's voluntary and community sector are also ideally placed to identify emerging need across the borough and fill in the 'information gaps' that may not yet have come to the attention of the statutory services.

Suggested actions that could be undertaken to achieve this priority:

- Reviewing existing voluntary commissioned services in social care and health
- Working in partnership to meet health, social care and public health outcomes and to reduce health inequalities
- Working in partnership to take a whole neighbourhood approach to meet the needs of the most vulnerable
- Exploring new models of funding such as social investment
- Opportunities for the VCS to increase their delivery of public services through tendering
- Increased recognition by commissioners of the value of involving VCS organisations at all stages of the commissioning process
- Services that are responsive to community need, user led, flexible and accessible
- Market development - increased diversity of suppliers particularly amongst the VCS

- Good return on investment; value for money and the additional benefits from social and environmental considerations as set out in the Social Value Act
- Developing a new process and criteria which the council will use when awarding grants, which will now heavily focus on the outcomes based delivery and ensuring that the process is fair and transparent and represents best value for money
- Developing a 'community chest' funding option that will give smaller community organisations the opportunity to deliver the aims and outcomes.

Theme 2: Capacity building

Investing in the voluntary and community sector can result in better local services that meet the needs of communities.

Strengthening the relationship between local communities and local bodies will enable everyone to take part in finding solutions to and resolving issues that affect their lives.

Capacity building is about developing the skills and knowledge within organisations in order to increase their ability to deliver services.

The council has a long history of carrying out a number of activities which provide Slough's voluntary and community sector with skills which can be used to ensure organisational sustainability well into the future.

This has traditionally included:

- Neighbourhood working initiatives
- Tenant and Resident participation groups
- Area Panels
- Funding workshops delivered by local and national funders
- Community champions and navigators.

A number of other organisations in the borough have also/and are continuing to carry out capacity building activities in the form of training, external funding support and governance advice to name but a few.

As such there is the potential for duplication of work to take place surrounding these activities and it is imperative that mechanisms are put in place to ensure that duplication is minimised, local services are strengthened and the voluntary and community sector is strengthened to build its organisational capacity and sustainability.

A strategic approach to capacity building across the borough could significantly improve the impact, effectiveness and sustainability of any activities undertaken and lead to stronger more influential communities. We need to shift from singularly supporting groups to working more effectively to develop co production in order to support more organisations together. With over 400 groups the support will be focused on groups who are actually capable of delivering outcomes for the borough in return for the investment rather than support for support sake.

Suggested actions that could be undertaken to achieve this priority:

- Develop capacity building programmes
- Support and encourage innovation programmes
- Market development
- Community Navigator programmes
- Commissioning support
- Opportunities to develop a business giving model which could engage business expertise to help develop organisations in the sector
- Support to the sector to develop evidence based approaches that demonstrate impact, value for money and which measure effectiveness
- Development of a reduced dependency on council funds by provision of suitable support (such as identification of potential external funding sources, creation of funding strategies and development of applicable forward plans)
- Health promotion training funded by public health.

We are keen to explore new models with the sector including:

- Social enterprises
- Mutuals
- Co-operatives
- Community Interest Companies
- Outsourcing of council services where improved outcomes can be delivered and where this represents best value for money
- Co production which involves citizens in collaborative relationships with more empowered frontline staff that are able and confident to share power and accept user expertise. It refers to active input by the people who use services, as well as - or instead of - those who have traditionally provided them.

Community Navigator

Delivery of the health and social care outcomes within the strategy will be supported by community navigators. The role of a community navigator is and should be embedded into everything we do in our roles; we are all navigators in our own right. We support, respond, direct and inform residents of day to day issues.

The navigator model will:

- Build community capacity
- Promote self-care and encourage take up of community based services
- Connect people to support early delaying/reducing demand e.g. help with shopping after a hospital discharge
- Increase take up of personal budgets
- Deliver and direct residents to appropriate information and advice services
- Signposting to other appropriate services and opportunities.

Theme 3: Community engagement

It is particularly important that the voices of more marginalised communities are heard and the independence of the voluntary and community sector plays a key role in this.

This encompasses a wide range of activities designed to empower people and communities to bring about change to improve the quality of life for everyone. It is not a drop down approach but is more about removing barriers that prevent people from acting on the issues that affect their lives.

In its simplest form, community engagement is the process of involving people in decisions that affect them. This can mean involving communities in the planning, development and management of services (see theme 1 above). Or, it might be about tackling the problems of a neighbourhood such as crime, drug misuse or lack of sports/activity resources.

Historically, engagement with Slough's VCS has been undertaken in a variety of ways and using a variety of different techniques and media.

Now different and more innovative ways in which the council and the voluntary and community sector can engage with each other and external agencies needs to be developed in order to respond appropriately to the changing structures and cultures of all organisations.

This engagement is particularly important in helping to understand and respond to the factors that influence the health and wellbeing of our local communities. Slough's VCS has a pivotal role to play in identifying these factors and informing and influencing strategies and policies such as the borough's Joint Strategic Needs Assessment (JSNA) and its Joint Wellbeing Strategy (SJWS).

Due to the front-line nature of much of the voluntary and community sectors work, they are ideally placed to provide valuable information about the needs and priorities of Slough's diverse communities at a grass roots level. Their knowledge and experience constitutes a valuable asset in the borough's policy making process and can help build transparency, legitimacy and buy-in for public decisions.

Evidence suggests that shared priorities and effective partnerships with the public sector, combined with efforts to engage with local people, are crucial to tackling health inequalities.

Running in parallel with and feeding into the development of this strategy is the ongoing refinement and development of the council's community engagement policy and toolkit. These documents help ensure council staff take a consistent and pragmatic approach to maximising community engagement and consultation opportunities across the borough

Suggested actions that could be undertaken to achieve this priority:

- Joining up and sharing engagement mechanisms to improve coordination and avoid duplication
- Ensure that the local community are involved in, and where possible, leading on regeneration initiatives in their areas through effective engagement and consultation, empowering local groups and individuals
- Developing expertise in finding the views and opinions of people and groups who are often missed out of community engagement activities
- Implementing a system to evaluate the outcome and impact of consultation on the development of policies and services
- Providing training on good quality engagement, consultation and feedback for practitioners working with the community.

Theme 4: Volunteering

Volunteering is recognised both locally and nationally as making a critical contribution to building a strong and cohesive society.

It has been described as a means to combat social exclusion and as an important contributor to the delivery of high quality public services.

The promotion of volunteering is therefore seen of high importance within the borough and is supported by the council through its support of Slough Volunteer Centre and other capacity building activities.

Slough volunteer centre and Slough Council for Voluntary Service currently work closely with the council providing the necessary support and referrals to services and community groups and organisations across the borough.

Suggested actions that could be undertaken to achieve this priority:

- Encourage more volunteering opportunities where they are most needed, e.g. befriending and better co-ordination of volunteering to organise themselves to fundraise and make change happen themselves
- Develop more effective ways of recruiting, training and developing volunteers and their talent.



10. Communications

Effective communication is vital to the successful implementation and delivery of this strategy and its joint action plan.

There is a duty for all statutory bodies to inform, consult and involve the people they serve in the development and delivery of their services. This is known as the 'Duty to Involve' and influences all of the council's and NHS engagement and communication activities.

The role of Slough's voluntary and community sector is therefore crucial to this approach because of their

position as advocates for local people and their expertise in reaching out to marginalised and specialised groups.

It is therefore important that all stakeholders are aware of this strategy and what is intended to achieve.

A joint action plan will outline how this strategy and its achievements will be communicated. This will be done using a variety of methods and media to encourage participation and ownership of the strategy by all stakeholders.

11. Joint action plan

This strategy sets out how we can all work together for the benefit of local people and communities.

However what is important is how this strategy will be implemented.

A joint action plan will be developed setting out the specific and measurable, outcome focused actions and activities that the council and partners will undertake to deliver this strategy's aims within the life of the strategy.

All partners, including those from within Slough's voluntary and community sector will be involved in developing and implementing this joint action plan.

We will also ensure that local organisations have an opportunity to contribute to the identification of further actions and their delivery.

We anticipate that the vast majority of actions comprising the joint action plan will be taken up and delivered by individual partners and organisations.

These actions will be reflected in their action plans and/or multi organisational joint commissioning plans that will sit underneath this strategy.

Lead partnership groupings will be identified and established where necessary to build on the actions and develop specific targets to achieve the desired outcomes over the life of this strategy.

This means that our joint action plan will remain a live document which will be updated for the duration of this strategy.

12. Implementation and governance

Responsibility for the implementation of this strategy rests with the Slough Wellbeing Board and its associated working groups.

Decision making in relation to the commitment of statutory funding rests with Slough Borough Council's cabinet and Slough CCG Governing Body.

13. Review

The continued funding of organisations will be dependent on effective delivery against agreed targets and outcomes. Monitoring arrangements will be in place to assess performance against these outcomes.

This strategy and its joint action plan will be in place from 2015-2020 and will be reviewed annually to:

- Review the effectiveness of the actions/programmes undertaken
- Respond to national, regional and local change
- Identify new priorities that have emerged since the implementation of this strategy
- Reassess priorities' actions and initiatives
- Plan for future development and/or amendment.

14. Equality impact assessment

This Equalities Impact Assessment will examine how the strategy and framework will ensure equality of access to council support and funding.

The new outcome based commissioning model sets out how the council will deliver on the Strategy in order to achieve the best possible outcomes for the residents of Slough see Appendix four.

15. Contact information

For queries relating to this document please contact:
adultsocialcare@slough.gov.uk.

This strategy was produced by a core team representing the following organisations:

- Adult social care
- Community and skills
- Public health
- Policy
- SCVS
- Slough CCG
- Healthwatch Slough
- Voluntary and community sector.

16. Glossary

Best Value Guidance - Statutory guidance, published in September 2011, which sets out some reasonable expectations of the way councils should work with voluntary and community groups and small businesses when facing difficult funding decisions.

Big Society - The Big Society is a policy initiative which involves three key aims:

- an emphasis on decentralisation ('Community empowerment') with more power devolved to local councils and neighbourhoods;
- public services reform ('opening up public services') enabling charities, social enterprises, co-operatives, but also private companies, to compete to deliver public services; and thirdly programmes to encourage people to play more of an active role in communities ('social action').

Capacity Building - Capacity Building generally refers to a process to increase the skills and resources of individuals, organisations and communities.

Commissioning - Commissioning is the process through which needs are identified and assessed, and appropriate solutions designed to meet those needs. It is linked to procurement - the distinction being that commissioning involves deciding what should be purchased, whilst procurement is the process which determines how it will be purchased.

Community assets - this term often refers to community building, but it can also describe other resources in the local area including individuals, associations, organizations and open spaces.

Community budgeting - Transferring some powers to the community so that they can take direct decisions on what should happen locally and influence how public money should be spent.

Community based services - Services that are located in the community (at health or community centers or in peoples homes) rather than in institutions such as hospitals.

Community Interest Company - A Community Interest Company (CIC) is a type of social enterprise company for those who want to use their profits and assets for the public good rather than being driven by the need to maximise profits for shareholders and owners. An organisation cannot be both a charity and a CIC but a charity may operate a CIC as a trading subsidiary.

Co-operatives - Co-operatives are businesses that are fully or majority owned by their members, who may be employees, consumers, others in the community or a mix of these. Co-operatives work on one member, one vote, rather than one share, one vote - and sign up to an agreed set of values and principles.

Co-production - Joint working between service users, providers and commissioners to plan and deliver services for the benefit of every one.

Early intervention and prevention - this is the process of identifying issues at an early stage so that prompt action can be taken to avoid them becoming more difficult (and costly) to solve. The term can also be used to mean taking action at the earliest stage of a child's life to increase their life chances.

External funding - External funding can be defined as income which is additional to any statutory income provided by central government. These additional funding sources are often received as a result of a competitive bidding process and can be used to develop existing activities, projects or services in addition to allowing new ones to take place.

External funding sources can be differentiated into a number of forms, including Lottery funding, from trusts and foundations, European funding and funding from private sources (for example the Lloyds TSB Foundation for England and Wales). More recently, funding from central government requires some form of bidding process and therefore a clear direction with regards to co-ordinating external funding is required at a local level.

Governance - This term refers to the frameworks that organisations adopt (e.g. constitutions) to make sure they are operating in accordance with legal, financial and other requirements. Governance can also refer to reporting mechanisms within a project or piece of work.

Infrastructure - The infrastructure of an organisation refers to the management structure and systems that enable it to function and deliver and develop its services or activities

Joint Strategic Needs Assessment (JSNA) - Slough's JSNA provides the evidence which tells commissioners and service providers what the health and social care needs of the communities are. See appendix two for further details.

Market development - Commissioners refer to the pool of providers who could potentially deliver services as the market. Where there are only a few potential providers (or even just one), market developments are needed to encourage a greater number of providers to bid for work so that the procurement process is more competitive.

Mutuals - Mutuals are organisations that are owned by, and run for the benefit of, their current and future members. In the UK, the mutual sector is highly diverse and includes organisations ranging from housing associations to employee owned businesses.

Outcomes - Outcomes are the difference made by any service or activity; what we want to achieve as a result of a project or intervention. Outcomes are increasingly being used to assess the impact of a service rather than focusing on outputs (what it does).

Outsourcing - This is where a public service was previously delivered by a public body (e.g. local authority or health service) but is now to be commissioned from an external provider.

Personal budgets - Personal budgets are a new way of getting social care support. It is a sum of money from the council offered to people entitled to help so that they can decide what services they need and buy them from providers of their own choosing.

Procurement - Procurement is the process through which an organisation establishes contracts for goods, works and services. Procurement is part of the council's commissioning cycle, starting with an identified need and seeking to put in place a contract, or contracts, which effectively meet that need. This involves research, planning and market engagement, the conducting of procurement exercises such as tenders, the formal award of contracts, and the management and monitoring of contracts once in place. It is connected to, but separate from, purchasing - which is the process of ordering and paying for goods and services.

Public Services (Social Value) Act 2012 - The Act places a duty on public bodies to consider, prior to undertaking a procurement exercise, how that exercise, in terms of what is being procured, might improve 'the economic, social and environmental well-being of the relevant area'. See Appendix 2 for further details.

Right to Bid - The Community Right to Bid aims to keep valued land and buildings in community in use by giving local people the opportunity to bid to buy them when they come onto the market.

Right to challenge - The Community Right to Challenge provides residents with the right to challenge who should deliver local services. Expressions of interest can be submitted at set times and if a persuasive business case is made, the service can be put out to tender.

Slough's Joint Wellbeing Strategy (SJWS) - The SJWS is a legal requirement to ensure that NHS and social care agencies work together and agree the services that should be prioritised for Slough. It has been developed with local stakeholders including service users, patients and carers, the voluntary and community sector, National Health Service (NHS), Slough's Clinical Commissioning Group (CCG) and Local Authority partners. It sets out where we would like Slough to be heading in terms of health and wellbeing. It outlines the 4 year vision for improving health and addressing health inequalities across the Borough. See appendix 2 for further details.

Social Capital - Social capital refers to a community/area where people have the confidence and capability to participate in, local affairs and have the skills to take action as appropriate.

Social Enterprise - Social enterprises are businesses with primarily social objectives that reinvest their surpluses back into service delivery and have social and environmental as well as economic objectives.

Stakeholder - A person, group or organisation with an interest in a project or action that may either affect how it works or be affected by it.

Trusts and Foundations - The terms 'trust' and 'foundation' are often used inter-changeably. All charitable foundations are trusts - that is, they are managed by trustees who may or may not be supported by paid staff. A foundation is a trust whose income derives from an endowment of land or invested capital. Not all foundations make grants; some use their income to finance charitable activity of their own. Not all grant-making charities have an endowment.

Voluntary and Community Sector - The use of the term voluntary and community sector (VCS) in this strategy refers to groups and organisations that are:

- Independent and constitutionally self-governing, usually with an unpaid voluntary management committee, sometimes accessing or receiving public sector funding for their day to day operations
- Value-driven - they exist for the good of the community, to promote social, environmental or cultural objectives in order to benefit society as a whole, or particular groups within it
- Not for financial gain, re-investing any surpluses in order to meet their objectives.

Voluntary and community sector organisations are also sometimes known as 'the third sector' or 'civil society organisations' and can vary enormously in size, from small local groups run exclusively by volunteers, who may also be members or service users, to large national charities that are household names such as Age UK and Barnardo's.

Voluntary and community sector organisations operate in diverse and wide-ranging fields including many that work in health and social care, community leisure and recreation activities, environmental work, arts, sport, education, campaigning and advocacy and many are faith based organisations. They may be registered with the Charity Commission, and may include trusts and foundations, social enterprises, community interest companies, mutuals and co-operatives.



Appendix 1: National Context

There are a number of things happening nationally that impact on this strategy:

The Office of the Third Sector (OTS) - The OTS was established in 2006 as the key political unit for the voluntary and community sector. **The Office for Civil Society**, which replaced OTS in 2010, is a living example of the sector's ever increasing recognition and importance in shaping political agenda.

In 2002, a Treasury review found that VCS organisations did not have the appropriate skills and resources to contribute to the delivery of public services to the extent that the government wanted. In response to this report, two programmes were introduced to build the capacity of the VCS - ChangeUp and Futurebuilders.

In 2010, the newly instigated Conservative-Liberal Democrat coalition government launched 'the Big Society' agenda which seeks to enhance the role of social enterprises, charities and co-operatives in supporting the transfer of influence into the hands of communities; encouraging local people to come together and respond to the social, political and economic challenges facing them.

The Office for Civil Society is the main deliverer of this agenda, and is championing the voluntary and community sector in the heart of government.

The Care Act 2014 - the Care Act sets out a number of major changes in the way health and social care is to be commissioned, regulated and delivered in England.

The Act creates a range of new duties and responsibilities (which came into effect in April 2015), that will:

- Put people first - through giving them choice and control over care, and shared decision making
- Focus on prevention rather crisis
- Improve the quality of services delivered and outcomes achieved
- Make systems more accountable by empowering people, organisations and professionals.

There will be significant opportunities for the voluntary organisations providing care and preventative services to expand their operations, as there will be new markets and potentially more people with personal budgets to sell services to. There may also be opportunities to carry out assessments and to identify new and hidden carers and to support them. The Act introduces new duties on local authorities to facilitate a vibrant, diverse and sustainable market for high quality support and care, for the benefit of the local population.

Slough is likely to have a significant number of self-funders and carers. This will generate spend and is a real opportunity for the sector. The council will need to provide market intelligence to support the sector to know where demand is growing and thus to inform business planning.

The council will also have a duty to provide comprehensive information and advice about care and support services in Slough. This will enable people to understand how care and support services work locally, the care and funding options available and how people can access care and support services they need. Again, this provides an opportunity for new forms of service provision which help signpost and manage demand.

However, the Care Act also offers challenges to the sector, in terms of the need to have capacity in the right areas, be able to act more commercially (such as bidding for contracts), developmental support around working through consortia and developing new innovative service offers that local people want.

Better Care Fund (BCF) - this is designed to support transformation and integration of health and social care services to enable local people to receive better care. The BCF is a pooled budget that shifts resources into social care and community services.

A joint plan between Slough CCG and the council sets out how we will use this fund to:

- Drive forward the integration of services
- Improve local outcomes for patients, service users and carers
- Support more people to live independently at home
- Help people avoid crisis and avoid unnecessary admissions to hospital or care homes.

The voluntary sector will be a key partner in delivering these outcomes under the borough's BCF programme and could, for example:

- Help us to ensure that those people not yet experiencing acute need, but requiring support are helped to remain healthy, independent and well
- Help us to co-produce community based solutions with the voluntary sector to support and sustain service user self-empowerment and management and providing better support to carers
- Help us to provide local information and advice.

The Children and Families Act 2014 - over the next 2/3 years statements of special educational need will be replaced by a single Education, Health and Care (EHC) Plan drawing together all the support required by a child or young person up to the age of 25 with special educational needs or disabilities (SEND).

The Social Value Act 2012 - this enables social value criteria to be taken into account when awarding service contracts. The Act requires public authorities to take into account economic, social and environmental criteria when choosing suppliers, rather than focusing solely on cost. As a result social value needs to be considered at the different stages of a procurement process and the hope is that more charities and small businesses will get a bigger share of the public services opportunities.

Infrastructure - there are some changes to the national volunteering infrastructure through 'Do It' and also national and regional work to consider voluntary sector infrastructure needs and provision, including the NAVCA Independent Commission on the future of local infrastructure. There are a number of models which could be explored and the sector's views are invited on what might be appropriate for Slough.

The Public Sector Equality Duty 2011 - this duty is designed to support good decision making by encouraging public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs.

Localism Act 2011 - this Act encourages the devolution of service delivery, community ownership of assets (through the Community 'Right to Bid' and Community 'Right to Challenge'), the exploration of new models of delivering public services through e.g. mutuals. Along with the power of general competence it gives a mandate to explore new models of delivery in conjunction with ideas emerging from the sector. A similar approach to the spin off of public services has been taken in the health sector.

The Health and Social Care Act 2012 - this Act was the most extensive reorganisation of the NHS since its inception in 1948. With the dissolution of Primary Care Trusts and Strategic Health Authorities it transferred health care funding to Clinical Commissioning Groups. This puts clinicians at the heart of commissioning and gave them responsibility for the primary medical care for everyone resident in their area. It also strengthened patient and public involvement and provided a framework to providers to innovate and empower service users. The Act also provides a basis for better collaboration, partnership working and integration across local government and the NHS.

There are a number of implications of the current economic climate and the move to a more commissioning led approach, notably:

- Growing societal needs at a time of reducing expenditure requiring resources to be focused on areas of greatest need through commissioning arrangements and for individuals and communities to become more resilient and self-reliant providing support for one another rather than relying on local funding
- More of a focus on prevention and early intervention activity to help improve outcomes for local people and reduce and manage demand on public services rather than reactive solutions which are often more costly and less effective
- Wider private market and self-funding
- Personalisation and the use of personal budgets.

New methods of service delivery need to be explored including using trained volunteers to play more of a significant role in delivering services.



Appendix 2: Local Context

About Slough

Area profile

In common with the rest of the UK, Slough is experiencing an unprecedented period of growing demand on current services, with limited resources to meet these demands the resulting pressures are being reflected daily across hospitals, GP surgeries and social care services. As the population grows and people live longer, so the challenge of balancing available resources and meeting local needs will continue to grow. The starting point in responding to this challenge is to work in partnership as pressures in one part of the public services cannot be solved in isolation from the others. In Slough partnership working is happening through the Better Care Fund programme overseen by the Slough Wellbeing Board. This approach sees integration as a key driver to secure better outcomes for the population and deliver the financial efficiencies that are required given the ever increasing demand for support and the budget restrictions that are in place. The intention of this strategy is to broaden partnership working further by involving the voluntary and community sector in developing and delivering prevention services that have a positive impact on demand management and provide more personalised services to people in Slough.

Demographics

Slough Borough Council and Slough Clinical Commissioning Group serve a diverse population. The estimated resident population of 144,575 is one of the fastest growing populations in the UK with the population due to rise by 6.8% by 2020.

Summary population profile

- 45.7% of residents are white of which 35.7% are white British.
- 39.7% are Asian or Asian British in origin (17.7% are Pakistani, 15.6% are Indian).
- 67.7% of pupils in Slough primary schools are non white
- 68.8% of pupils in Slough secondary schools are non white
- 50% have English as a second language
- 15.5% of households have no one who can speak English and Slough now has the second highest population in England where Polish is the first language.
- Slough's population is also highly mobile
 - 60% of residents were born in Slough
 - 10% were born in the European Union
 - 20% have been resident in Slough for less than 10 years
- It has the highest percentage of Sikh residents in the UK making up 10.6% percent of Slough's population
- It has the seventh highest percentage of Muslim residents (23.3%) and at (6.2%) the tenth highest proportion of Hindu residents across England and Wales

Increased complexity of need: In part due to a growing ageing population the diagnosis of dementia is above the national average with an expected increase of 8% in the number of people with Dementia by 2020. The volume of younger adults with learning disabilities is also due to increase by 3.6%. The increasingly complex nature of needs that social care and health need to respond to is also leading to an increase in unit cost per service user and with the increased volume of service users; the costs are exceeding the funding levels.

Poor health challenges: The latest Joint Strategic Needs Assessment shows that Slough has significantly more deaths from heart disease and stroke than the England average, and that the proportion of our residents with diabetes is expected to rise significantly in the next ten years. We also have high rates of smoking, alcohol and obesity-related hospital admissions. It is estimated there will be a 22% increase in the over 65 population likely to have a limiting long term illness by 2020. We have underdeveloped community based alternatives for some groups in our population. We must find ways of addressing these long-term challenges.

Carers: Both national and local profiles of carers show a projected overall increase in the numbers of those caring, and in those carers with physical and mental health needs.

Housing: with a target to reduce the need for residential care, there will be an emergent need for specialist housing including Extra Care and community based solutions with more support needed for people to remain living independently at home.

Financial: There are also significant financial challenges for the Council and CCG with additional funding reductions expected in future years.

Sustainability: The health and social care system is facing unprecedented challenges. One reason for the need to think about the long-term future of health and social care spending pressures is the sustainability of rising spending trends.

Profile of social care

The following areas of social care provision are below the national and regional averages and are drivers for remodelling and recommissioning provision in a more joined up and cross cutting way to improve the local offer.

Figures below are for 2013/14, 2014/15 figures will be available in the autumn of 2015.

- **People feel their quality of life could be better** - the social care quality of life in Slough at 18.4 out of a measure of 24 is slightly below both the national 19.0 and regional 19.1 score.
- **People in Slough would like more social contact** - 37.5% of social care service users in Slough have as much social contact as they would like. This is lower than both the national 44.5% and the regional average 45.3%.
- **The quality of care and support** - client satisfaction with their care and support is lower in Slough 58% than both the national 64.8% and the regional 65.2% averages. Similarly carer satisfaction with care and support at 34.9% is also lower than the national 42.7% and regional 41.8% averages.
- **People want more choice and control** - service users who report they have control over their daily lives at 72.3% is lower than both the national 76.8% and the regional 79.1% averages.



More positively

The **provision of information and advice and carer reported quality of life** are at or above the national average. We want to improve these further.

- 74.7% of service users in Slough report that they find it easy to get information. This is above both the national 74.5% and regional 74.4% averages.
- Carer reported quality of life at 8.3 out of 12 is slightly higher than both the national and regional average 8.1 for both.

We are performing well at some areas of demand reduction and maintaining independence by helping people get and stay at home from hospital or not having to enter a care home on a permanent basis but we have set ambitious targets to improve our performance further.

- There are **fewer delayed transfers of care** in Slough 6.5 per 100,000 people than both the national 9.8 and regional 9.8 averages.
- Similarly there are **less permanent admissions to care homes** in Slough 11 per 100,000 than national 14.4 and regional 15.0 averages. This trend is also the case for people 65 and over where the admissions in Slough are 555.6 compared to 650.6 nationally and 625.8 regionally.
- Finally **older people at home 91 days after leaving hospital** into reablement at 100% in Slough is much higher than both the national 82.5% and the regional 80.1% figures.

Slough's Joint Wellbeing Strategy (SJWS) - Slough's Wellbeing Board has a duty to improve the health and wellbeing of Slough's residents. Its Joint Wellbeing Strategy (SJWS) is based on the needs identified by Slough's Joint Strategic Needs Assessment (JSNA) (see below). The overall vision set out in the SJWS is that by 2028...

"Slough will be healthier, with reduced inequalities, improved wellbeing and opportunities for our residents to live positive, active and independent lives".

A key focus of SJWS is on prevention and early intervention. This strategy identifies the activities required to deliver the SJWS' vision, with particular focus on reducing inequality and improving the life chances of the borough's most vulnerable and disadvantaged residents.

Slough's Joint Strategic Needs Assessment (JSNA) - Slough's Joint Strategic Needs Assessment (JSNA) pulls together information about local health and care and support, and is a vital tool to help the Wellbeing board and partners plan future services. The JSNA is made up of a number of documents covering a range of health and social care topics, including cancer, diet and nutrition, end of life and carers. It aims to put these issues in context, exploring how Slough compares with other areas locally, regionally and nationally. The SWB uses this document to assess what services are currently being provided, what is working well and what could be improved in order to meet the current and future healthcare and wellbeing needs of Slough's residents - and how these needs can best be met by the council, Slough's Clinical Commissioning Group (CCGs), the NHS and other partners.

- Sloughs over 65's population will increase by 17% to 2020 and over 80's by 18%
- People aged 55-64 with a physical disability will increase by 15% to 2020
- Over 65's population with a long term condition will increase by 17% by 2020.

Slough Borough Council's Five year plan - The council has agreed a five year plan, which replaces the corporate plan for 2014/15. The plan includes the following themes and outcomes to respond to the opportunities and challenges facing the town, along with key actions to deliver those outcomes:

Changing, retaining and growing

- Slough will be the premier location in the south east for businesses of all sizes to locate, start, grow, and stay
- There will more homes in the borough, with quality improving across all tenures to support our ambition for Slough
- The centre of Slough will be vibrant, providing business, living, and cultural opportunities.

Enabling and preventing

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

Using resources wisely

- The council's income and the value of its assets will be maximised
- The council will be a leading digital transformation organisation.

This strategy includes measures to address each of the plans themes - although its main focus will be on early intervention and prevention.

Slough Clinical Commission Group's (CCG) Five 5 Year Plan - The CCG have developed a five year plan to deliver on a collective vision for the town, which is a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

The plan is based on a thorough analysis of the strengths and weaknesses of Slough's local health and social care system, and the needs of our changing population. It also recognises the need to improve the quality of people's experiences of the boroughs health and social care services.

In order to address these issues the plan sets out a strategy for moving Slough to a position where it can deliver high quality standards of health and social care in all settings, whilst also delivering financial sustainability. It also focuses on improving outcomes for older people, people with chronic diseases and those suffering from the consequences of health inequality. It focuses particularly on improving the access for these patient groups to urgent and emergency services, in order to help them avoid unnecessary hospital admissions.

Appendix 3: Feedback from the Building Stronger Communities workshop

Outcome 1: Access to independent information, advice and advocacy to make positive choices, stay in control and remain safe	Outcome 2: Access to joined up personalised services that improves health and wellbeing	Outcome 3: Healthy and Active Lifestyle	Outcome 4: Part of an active and supportive community
Comments	Comments	Comments	Comments
<p>Services would be improved through collaborative working for all client, the council and voluntary organisation's and wider services.</p> <p>Less anxious clients.</p> <p>Advocates well informed and more able to support.</p> <p>Organisation's have one place to go to get information.</p> <p>Clients are supported to access a range of services.</p> <p>Consistent service standards.</p> <p>Every individual contact counts for everyone, we all need to become enablers.</p>	<p>Social community involvement of people helping each other.</p> <p>Clear pathway to make the process easier for the client individuals whose wellbeing and health has been improved by both their own activity and in collaboration with their local community.</p> <p>Seamless progression groups, more active citizenship involved in community, community cohesion - breaking barriers and bring communities together, awareness of local services and how they can be accessed, volunteer programmes with employability and active engagement.</p> <p>Help to support fellow patients in our self help/support groups towards feeling better about themselves with regards to health/ healthy eating/weight loss and getting exercise.</p>	<p>Education - how to be healthy and active link with other health organisations to create a more holistic approach (Health checks).</p> <p>Improved knowledge and signposting.</p> <p>GP's need to know what there is out there.</p> <p>Transport - people struggle to get out.</p> <p>Encourage more residents to be active.</p> <p>Marketing.</p> <p>Target 'at risk' groups.</p> <p>Engage with other organisations to provide physical activities.</p>	<p>Focused support needs.</p> <p>Define community.</p> <p>Identify common themes and linkages for collective working.</p> <p>Funding.</p> <p>Increased choice.</p> <p>Training, supervision, mentoring, networking.</p> <p>Knowledge of what is out there, increased awareness.</p> <p>Volunteers - engage people - challenging.</p>

<p>Outcome 5: Promoting financial well being including through the greater take up of personal budgets and direct payments</p>	<p>Outcome 6: Carers are supported and have a life of their own</p>	<p>Outcome 7: Maintaining independence and resilience with help to stay or get back home and/or developing skills to enter or maintain employment</p>
<p>Comments</p>	<p>Comments</p>	<p>Comments</p>
<p>Understand how personal budgets help service users achieve personal outcomes and then promote the use of these to service users.</p> <p>Service users choose their own support services and achieve their own personal outcomes.</p> <p>Service users who choose to have personal budgets using them to purchase their own support services that help them achieve their personal outcomes.</p> <p>Educate service users on how personal budgets and direct payments could be used to promote wellbeing.</p> <p>Signpost service users towards independent advocacy services.</p>	<p>Getting the information out there so people know you are there.</p> <p>Carers don't ID themselves as carers and it's working with them to recognise they are and what their choices are.</p> <p>Lack of linkages with GPs/ Pharmacies.</p> <p>Carers are not recognising MH/illness. More education to help carers understand the diagnosis.</p>	<p>There is not a collective arena would like to see a better civic public platform to collaborate with.</p> <p>Organisations need better information about other groups/societies.</p> <p>Better communication.</p> <p>Face to face meetings for the sector.</p> <p>Cross border provision difficult.</p>

Appendix 4: Equality Impact Assessment

The Equality Act 2010 legally requires all public bodies, including local authorities, to carry out equality analysis and to publish their results.

This Equalities Impact Assessment will examine how the strategy and framework will ensure equality of access to council support and funding.

Background

The council's responsibility in the delivery of social care is changing. In future social care will move from a focus on deficits linked to people's needs to one that maximises people's assets with greater responsibility for the broader wellbeing of the whole population.

To do this the council will focus on empowering people and developing stronger joined up communities that will work together to support people to retain or regain their independence throughout their lives.

In this new model for social care the council and its key stakeholders and partners will work together to enable people, their carers, families and communities to support and maintain full and independent lives including by unlocking the potential of local support networks to reduce vulnerability.

The new model seeks to address the limitations of the current system in dealing with prevention. Faced with a number of significant challenges such as an ageing population, shrinking budgets and changes to the make up of the local community the existing model is unsustainable. This is because while raising the eligibility criteria for health and social care may be inevitable it will leave a growing number of ineligible adults vulnerable to risk factors that could see them rapidly deteriorate into substantial and critical need.

To achieve this, the council and Slough CCG have agreed a series of commissioning intentions to improve and reshape the current market to a new agreed model of delivery that utilises an Outcomes Based approach to build community capacity, enabling the development of strong, supportive communities to grow social capital, whilst delivering for its customers universal services, personalisation and community based support.

The outcomes will deliver:

- Improved access independent information, advice and advocacy to help meet people's health and care needs
- Joined-up personalised services that improves their health and wellbeing
- Improved access to personal budgets and direct payments
- More support and encouragement to live healthy and active lifestyles
- People will be part of an active and supportive community
- Better support to maximise financial wellbeing and to enter employment
- Carers are supported and have a life of their own
- People can live as independently as possible.

Universal access to the right quality information, the information people need to self-manage should, we believe, be easily accessible and available in ways which make sense to the individual. This will include its availability in a range of formats including for those people who may have the resources to pay for their care and support needs.

In addition to the simple provision of information, older, BME and disabled people can benefit hugely from having support to 'navigate' around 'the system'. Joined up access routes and information systems is key to achieving a situation where 'no door is the wrong door'.

The investment in preventative services is designed to reduce demand on specialist services in the long term, help people to improve their quality of life, increase people's choice and control, their economic wellbeing, improve their health and emotional wellbeing and help and encourage people to make a positive contribution with freedom from discrimination or harassment, maintaining their dignity and respect.

During the re-commissioning process the council has extended the existing funding arrangements for the VCS to 31/12/2015 to maintain service provision while full consultation and review takes place.

Equality Impact Assessment

Protected Characteristics	Adverse	Positive	Neutral	Comments
Age		✓		The current provision has more services for older people than other protected characteristic groups. Individual consultation will take place with service users at the relevant services as part of the commissioning process. £1.2m of the Adult Social care budget will be ring-fenced to deliver universal or personalised preventative services that enhance wellbeing in line with the Care Act 2014 requirements. Under the proposed commissioning model there is a Community Chest element of funding that will be available for specific good practice provision for a time limited period to facilitate sustainable models of provision.
Disability		✓		The focus of the strategy will be on health and wellbeing and will have a positive impact on their lives.
Gender reassignment			✓	No specific impact identified
Marriage and civil partnership			✓	No specific impact identified
Pregnancy and maternity			✓	No specific impact identified
Race		✓		The current provision has more services for people from specific BME groups. Individual consultation will take place with service users at the relevant services as part of the commissioning process. £1.2m of the Adult Social care budget will be ring-fenced to deliver universal or personalised preventative services that enhance wellbeing in line with the Care Act 2014 requirements. Under the proposed commissioning model there is a Community Chest element of funding that will be available for specific good practice provision for a time limited period to facilitate sustainable models of provision.
Religion and belief			✓	No specific impact identified
Gender			✓	No specific impact identified
Sexual orientation			✓	No specific impact identified

Further Mitigation Actions

- A full consultation process is underway with VCS organisations and organisations commissioned to represent the views of service users over the period 25th January 2015 to end of July 2015. The consultation was launched with a consultation and engagement meeting attended by 40 VCS representatives on 29 January 2015
- A series of monthly consultation meetings are underway facilitated by SCVS. The meetings are designed to ensure VCS organisations and groups are included in the market options
- A separate service user survey will be developed and be available to complete on-line and in hard copy format. An easy read version of the service user survey will be developed and made available to service users
- Support smaller VCS groups to comply with tendering/admin/reporting requirements for SBC
- Ensure partners and providers are aware of and complying with our standards on equality and there are quality assurance mechanisms
- Consideration to be given to extending the remit of this strategy to cover services that support children and young people and also supported housing services at first review.

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.

Promoting and supporting the wellbeing of residents with the voluntary sector

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 किए 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.

اگر آپ کو اس دستاویز میں دی گئی معلومات کے ترجمے کے سلسلے میں مدد چاہئے تو، براہ کرم ایک انگریزی بولنے والے شخص سے 01753 475111 پر کال کر کے اس کی درخواست کرنے کے لئے کہیں۔

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 28th July 2015

CONTACT OFFICER: Dave Gordon – Scrutiny Officer
(For all Enquiries) (01753) 875411

WARDS: All

**PART I
TO NOTE****HEALTH SCRUTINY PANEL – 2015/16 WORK PROGRAMME****1. Purpose of Report**

1.1 For the Health Scrutiny Panel (HSP) to discuss its current work programme.

2. Recommendations/Proposed Action

2.1 That the Panel note the current work programme for the 2015/16 municipal year.

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

3.1 The Council's decision-making and the effective scrutiny of it underpins the delivery of all the Joint Slough Wellbeing Strategy priorities. The HSP, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The work of the HSP also reflects the priorities of the Five Year Plan, in particular the following:

- More people will take responsibility and manage their own health, care and support needs
- Children and young people in Slough will be healthy, resilient and have positive life chances

4. Supporting Information

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

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

5. **Conclusion**

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

6. **Appendices Attached**

A - Work Programme for 2015/16 Municipal Year

7. **Background Papers**

None.

HEALTH SCRUTINY PANEL
WORK PROGRAMME 2015 – 2016

Meeting Date
28 July 2015
<ul style="list-style-type: none"> • <u>Better Care Fund</u> • <u>Update on Implementation of the Care Act 2014</u> • <u>Health and Adult Social Care Voluntary Sector Commissioning strategy</u>
1 October 2015
<ul style="list-style-type: none"> • <u>Heatherwood and Wexham Park Hospitals NHS Trust acquisition update</u> • <u>Carers Strategy</u> • <u>Mental Health Crisis Care Concordat Action Plan</u> • <u>Child and Adult Mental Health Services (CAMHS tier 2) Engagement Update</u> • <u>Adult Social Care Local Account</u>
18 November 2015
<ul style="list-style-type: none"> • <u>Thames Valley Cancer Strategic Clinical Network review of the provision of specialist surgery</u>
14 January 2016
<ul style="list-style-type: none"> •
21 March 2016
<ul style="list-style-type: none"> • <u>Measurable outcomes from formal co-operation between Slough Borough Council and CCGs (Forum?)</u>

Currently Un-programmed:

Issue	Directorate	Date
<u>Transfer of health visitor services</u>		
<u>Five Year Plan outcome:</u> More people will take responsibility and manage their own health, care and support needs		

MEMBERS' ATTENDANCE RECORD 2015/16

HEALTH SCRUTINY PANEL

COUNCILLOR	02/07	28/07	01/10	18/11	14/01	21/03
Ajaib	P					
Chahal	P					
Chaudhry	P					
Cheema	P					
Chohan	P					
M Holledge	P					
Pantelic	P					
Shah	Ab					
Strutton	P					

P = Present for whole meeting
Ap = Apologies given

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

(Ext*- Extraordinary)

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