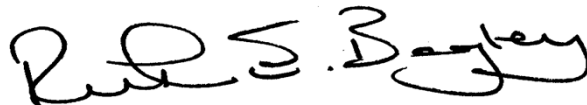


Date of issue: Wednesday, 23 September 2015

MEETING:	HEALTH SCRUTINY PANEL (Councillors Ajaib (Chair), Strutton, Chahal, Chaudhry, Cheema, Chohan, M Holledge, Pantelic and Shah) NON-VOTING CO-OPTED MEMBERS Healthwatch Representative Buckinghamshire Health and Adult Social Care Select Committee Representative
DATE AND TIME:	THURSDAY, 1ST OCTOBER, 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

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

Apologies for absence.

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

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 28th July 2015 1 - 6

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. Frimley Park Hospital NHS FT Acquisition of Heatherwood & Wexham Park Hospitals NHS FT: Update 7 - 12

5. Slough Caring for Our Carers: Joint Commissioning Strategy 2015-20 13 - 72

6. Adult Social Care Local Account 73 - 116

7. Adult Social Care Budget and Reform Programme 2015-19 117 - 124

8. Public Health Grant - Funding Cut Implications 125 - 138

ITEMS FOR INFORMATION

9. Forward Work Programme 139 - 142

10. Attendance Record 143 - 144

11. Date of Next Meeting - 18th November 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.

This page is intentionally left blank

Health Scrutiny Panel – Meeting held on Tuesday, 28th July, 2015.

Present:- Councillors Ajaib (Chair), Strutton (Vice-Chair), Chahal, Chaudhry, Cheema, Chohan, M Holledge, Pantelic (from 6.40pm) and Shah (from 6.35pm)

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

Apologies for Absence:- None.

PART I

10. Declarations of Interest

No declarations were made.

11. Minutes of the Last Meeting held on 2nd July 2015

Resolved – That the minutes of the last meeting held on 2nd July 2015 be approved as a correct record.

12. Member Questions

There were no questions from Members.

13. Better Care Fund Programme 2015/16 Update

The Panel received a report on the progress of the Better Care Fund (BCF) for the period since April 2015 when the programme became fully operational. The BCF aimed to improve social care by integrating activity to reduce emergency admissions and urgent health demands. The Council and Slough Clinical Commissioning Group (CCG) had agreed a pooled budget of £8.762m for 2015/16 to support this activity.

(Councillors Shah and Pantelic joined the meeting)

Members received a comprehensive update which can be summarised as follows:

- Five Year Plan – the BCF programme contributed to the Five Year Plan outcome of more people taking responsibility and managing their own health, care and support needs.
- Pooled Budget – an estimated 85% of BCF activity was existing services transferred into the pooled budget. New activities coming through were assessed on the basis of a robust business case.
- Finance – the key financial risk would be the failure to meet the targeted 3.5% reduction in non-elective admissions, which had been made even more challenging as a higher baseline had been set for Slough. It was expected that there was sufficient contingency available

Health Scrutiny Panel - 28.07.15

to mitigate this risk, however, failure to reach the target would reduce the resources available for additional activity.

- Risk register – the risk register was regularly updated. The key risks were that the activity did not translate into the required reductions in acute admissions, thus impact on the funding available; the uncertain financial outlook for health and social care; and the impacts of the Care Act and wider social care reform.
- Proactive Care – GPs were carrying out risk profiling activity on patient data to identify their most vulnerable patients to improve targeting of early intervention.
- Single Point of Access – good progress had been made to establish a single point of access for community health and social care services which would be made available for professional referrals in the first phase before being opened up more widely.
- Community Capacity – a Joint Voluntary Sector Strategy had been developed and subsequent recommissioning programme was underway.

The Panel asked a number of questions and considered key aspects of the report in detail. The way that patients accessed care and support across boundaries, including through the Single Point of Access was discussed. Members were informed that there was substantial cross border collaboration between Slough and neighbouring authorities to meet people's care needs.

The report referred to work underway across East Berkshire to improve data sharing arrangements, including the procurement of a new IT system to provide part of patient records to health and social care services. A Member commented that previous data sharing programmes had not been successful including difficulties introducing new IT systems. It was suggested that clear performance targets and sanctions be put in place with the software supplier in the event the system failed to meet its objectives. The risks in introducing any new IT system were recognised but significant development work on the specification and information governance arrangements were taking place. It was also noted that a pilot scheme was running partly to identify and resolve technical issues.

The Panel asked a number of questions about the performance, monitoring and auditing arrangements of the BCF programme. It was noted that the BCF programme clearly set out the Key Performance Indicators and reporting arrangements. It would also be independently audited and a management action plan would follow from the audits. Members noted that it was early in the programme to fully evaluate performance, but that good progress was being made on a number of key indicators such as reducing delayed transfers of care, admissions to residential care and reablement services. Performance against the non-elective admissions indicator was a key challenge as it had increased 5% in the year to March 2014 with a target reduction of 3.5% for 2015/16. The Panel asked for a summary of more detailed performance information and metrics on BCF projects/outcomes to be including in future reports and that Members be kept informed of both what was working well and what wasn't as delivery of the programme was rolled out.

Health Scrutiny Panel - 28.07.15

Engagement of the voluntary and community sector was also discussed and it was noted that the new Voluntary Sector strategy provided the platform for engagement with the sector to improve the alignment of activity and outcomes.

Members asked what more the Panel could do to support the delivery of the programme. A new evidence based programme on falls had recently been approved and Members could assist by spreading the message to local residents and communities. It was agreed that further information on new falls project would be circulated to Members of the Panel to enable this.

A question was asked about progress in addressing alcohol abuse and good practice was highlighted from Pendle. It was responded that significant work was being undertaken and it was suggested a report on these matters be added to the Panel's forward work programme.

At the conclusion of the discussion, the Panel thanked officers for the update and noted the report.

Resolved – That the update on the Better Care Fund programme be noted.

14. Care Act 2014 Progress Update

The Panel considered a report which provided an overview of the Care Act 2014 and updated on the progress of the Council in implementing the new legislation and the Council's development plans in the social care reform programme.

The Act aimed to re-balance the focus of social care to prevent and postpone the need for care rather than provide care at the point of crisis. Phase 1 of the Act had come into effect in April 2015 and brought additional financial costs to the Council associated with the increased demand for assessments and associated support costs for individuals and carers. Early indications were that the demands were as expected but it was too early to understand precise demand patterns. Phase 2 of the Act, which included changes to financial assessment thresholds and introduce a Care Cap of £72,000, were due to come into effect in April 2016 the Government had recently postponed until 2020.

The Council had utilised a modelling tool supported by the Local Government Association (LGA) and Association of Directors of Social Services (ADASS) to understand the potential cost implications of the Act. Additional funding had been made available through the New Burdens Grant and Better Care Fund, however initial estimates were that there would be shortfall of £100,000 in 2015/16. The financial and non-financial risks were being carefully monitored and reviewed as implementation progressed. The Panel noted the key areas of change introduced under the Act since April which included a new duty and protocols for multi-agency working on adult safeguarding; all new contacts to social care now receiving a prevention and support plan; a new financial

Health Scrutiny Panel - 28.07.15

advice service for self funders; and additional advocacy support. Implementation of the Act was part of the wider social care reform programme which included a wide portfolio of projects to focus on prevention, information & advice, personalised outcomes, building community capacity, workforce development & quality and integration.

The Panel asked a number of questions the responses to which are summarised as follows:

- *How were residents being involved?* A communication plan was being devised and work was ongoing with partners to promote the changes and offer.
- *What progress was being made to increase the use of direct payments?* Increasing direct payments was part of personalised outcomes strand of the wider social care reform programme and it was expected to be up to 350 by the end of the year.
- *What new duties and powers did the Council have under the Act and was sufficient funding in place?* The new responsibilities and powers included duties to integrate local services, promote the wellbeing of residents and new rights for carers. A new assessment framework had been introduced which brought in a lower eligibility threshold so the Council now had to assess people with low and moderate needs. These increased demands put pressure on limited budgets and the funding gap estimated for 2015/16 was likely to increase in future years if demand was higher than planned levels.
- *How would success be measured?* The objective of the reforms was to provide support earlier than crisis point to avoid or delay the need for care and deliver better outcomes for people. Implementation was at a very stage and it was proposed and agreed that a further update be provided to the Panel in six months reporting on key projects and performance.
- *What had been the impact on staff and had the changes had any negative effect on staff retention?* Staff had responded positively overall and there was no evidence of any abnormal or negative impacts on staff retention.

At the conclusion of the discussion the Panel noted the report and agreed to receive a further update in six months.

Resolved –

- (a) That the progress update on the implementation of the Care Act 2014 be noted.
- (b) That the Panel receive an update in six months on the progress made towards key outcomes.

Health Scrutiny Panel - 28.07.15

15. Voluntary Sector 2015-2020 Partnership Strategy

The Panel received a report on the 2015-2020 Partnership Strategy – promoting and supporting the wellbeing of residents with the voluntary sector. The strategy had been jointly produced by the Council and Slough Clinical Commissioning Group and aimed to enhance the wellbeing of adults by remodelling the provision and support provided by the community and voluntary sector in Slough.

The strategy set out a series of clear outcomes from which future services would be commissioned. These included access to good information, support and advice; services to help people change their lives and stay healthy; more joined up and person centred care; access to active and supportive communities; support for carers; maintaining people's independence; and improving economic wellbeing to support people to enter or maintain employment. The investment to support delivery of the strategy would be £3.6m over a proposed three year contract period, with the possibility of two year extensions, which gave voluntary and community sector organisations clarity about the expected outcomes and greater certainty about funding.

A detailed risk management plan had been developed and there had been extensive engagement with partners and voluntary and community sector organisations. A commissioning process was underway and the new contracts were expected to begin in January 2016. It was noted that there was a potential risk to existing providers who may not receive future funding following the commissioning process and work was ongoing to assess the impact.

Members noted that the strategy had already been considered by the Slough Wellbeing Board and approved by Cabinet, and therefore the Panel noted the report.

Resolved – That the report be noted.

16. Forward Work Programme

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

1st October 2015

- All items agreed as per the work programme, subject to any adjustments to timing made by the Scrutiny Officer, in consultation with the Chair and Vice-Chair, to accommodate the five listed items.

18th November 2015

- Drug and Alcohol Services

14th January 2015

- Care Act 2014: Update on Performance and Outcomes

Health Scrutiny Panel - 28.07.15

- Leisure Strategy: Get Active Slough – Commissioner for Community & Leisure to report on progress of implementing health outcomes from Leisure Strategy.

It was also noted the Overview & Scrutiny Committee had delegated to the Panel scrutiny of the Five Year Plan outcome – ‘more people will take responsibility and manage their own health, care and support needs’. This was currently an un-programmed item and the Scrutiny Officer would advise on the format and timing of this scrutiny.

Members also requested that reports be considered by the Panel at an appropriate stage of development to ensure proper scrutiny before decisions were made before Cabinet or Slough Wellbeing Board approval.

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

17. Attendance Record

Resolved – That the record Members’ attendance in 2015/16 be noted.

18. Date of Next Meeting - 1st October 2015

The date of the next meeting was confirmed as 1st October 2015.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.23 pm)

Health Scrutiny Panel
Slough Borough Council
01 October 2015

**Frimley Health NHS Foundation Trust:
Frimley Park Hospital NHS FT acquisition of Heatherwood & Wexham
Park Hospitals NHS FT: UPDATE**

Purpose of the report: For information

Following Monitor's approval of Frimley Park's (FPH) acquisition of Heatherwood & Wexham Park Hospitals (HWPH) the Committee wishes to receive an update on progress of the integration of Frimley Health NHS Foundation Trust.

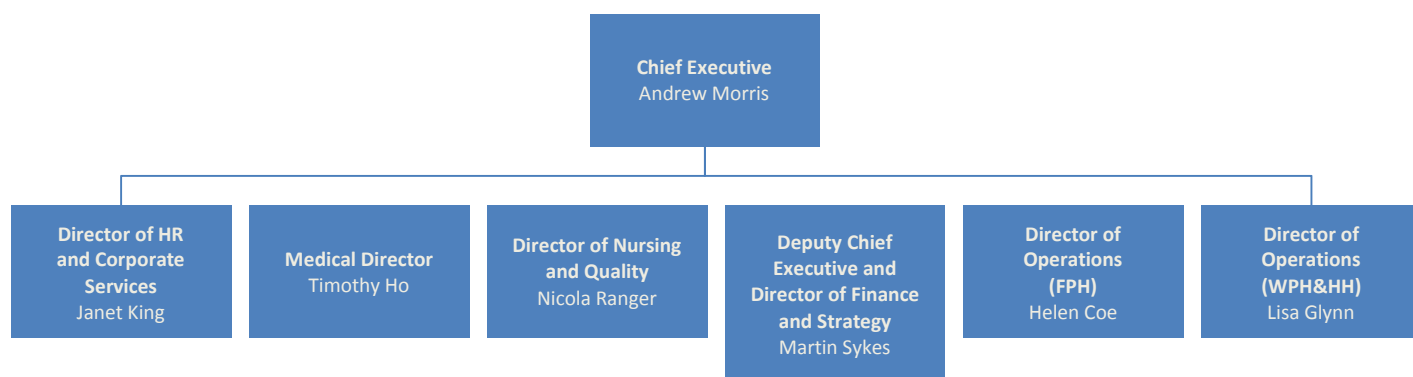
Introduction:

1. HWPH was facing significant financial, operational & clinical challenges. In the absence of the transaction, ongoing financial and operational challenges may have risked FPH's sustainability in the medium term
 - 1.1 Increasing financial and operational pressures are being placed on acute Trusts. FPH was facing declining surpluses over the coming years and HWPH was in a continuing unsustainable financial position
 - 1.2 There is a continued drive for high quality sustainable care in the NHS. FPH was at risk of becoming clinically sub-scale in certain areas as the NHS consolidates to preserve and improve quality care. HWPH already had areas of poor quality in patient care and had lost certain services
 - 1.3 Both trusts were facing a growing and ageing population, coupled with a forecast increase in long term conditions, which will put additional strain on local health and social services
 - 1.4 The combined organisation provides the opportunity to achieve critical mass in clinical services and achieve a sustainable financial position
 - 1.5 Options appraisal has shown that acquisition offered the best opportunity for FPH to maintain medium term sustainability at the current time
2. The acquisition of HWPH by FPH and the resulting increased population served of between 800,000 and 1,000,000 people creates the organisational scale necessary to establish robust, sustainable services for the people of Berkshire, South Buckinghamshire, North East Hampshire and Surrey.

3. The enlarged organisation enables a platform for change, driving forward clinical service changes where appropriate and providing the impetus to create new services to serve the growing and ageing population. FHFT is better placed to recruit and retain high quality clinical staff and to offer excellent training opportunities. Back-office and operational consolidation helps release resources for front-line services.
4. FHFT is committed to significantly improving the quality of care and delivery of performance on the Wexham Park and Heatherwood Hospital sites while maintaining and improving all aspects of care on the Frimley Park site. The longer term goal is to achieve the same standards of quality, performance and financial efficiency across the whole organisation.

Governance arrangements for Frimley Health NHS Foundation Trust:

5. FHFT is a single foundation trust incorporating Frimley Park Hospital, Heatherwood Hospital and Wexham Park Hospital. From 1 October 2014 the foundation trust had a single Board of Directors, made up of the Board of FPH plus two additional positions, one executive and one non-executive. Two new non-executives have been recruited in the last year.
6. The structure for the executive team (given below) includes a dedicated operations director for each acute site, to ensure that there is sufficient focus on maintaining and improving performance and delivery on each of the Frimley Park and Wexham Park sites:



7. The trust has established an organisation-wide clinical and corporate governance structure that supports the Board, executive team and the clinical and corporate leadership team. This is based on the most successful elements of the FPH approach to governance, with modifications to make it scalable and appropriate for a multi-site organisation.
8. Quality assurance arrangements include two site-specific quality committees currently, to ensure that there is no loss of focus on the Frimley Park site. A cross-site Corporate Governance Committee reviews arrangements at specialty level across the organisation, using an assessment framework reflecting the Care Quality Commission's five domains: safe, effective, caring, responsive and well-led. The Board of Directors has established a Quality Assurance Committee

of the Board, which provides the Board with the opportunity to gain greater assurance as required.

9. An integration programme board oversees the work plans that deliver the required changes across the organisation, and gives the Board and our regulators assurance that the benefits of the integration will be achieved. Both Monitor and the Care Quality Commission are working alongside our local commissioners to monitor progress, share learning from other acquisitions and mergers and provide assurance that patients will benefit from improved quality, performance and financial viability.
10. The trust is also committed to working with its partners on transformation across the broader health and social care system, and is working to achieve this through joint transformation initiatives with health and social care partners. Because of the trust's complex geography, it is involved in different discussions about how the systems need to transform with the relevant local partners within Hampshire, Surrey/Sussex and Thames Valley.

Progress so far:

11. Performance has been lifted at Wexham Park/Heatherwood Hospital sites. In the first quarter of 2015/16 Frimley Health achieved all the key standards set out by health service regulator Monitor over this three month period, including the A&E four hour waiting target. This is the first time that all these targets have been achieved at Wexham Park Hospital for a number of years.
12. The FHFT management has successfully introduced a single set of vision and principles among the staff on all three sites through significant communication activities and leadership engagement. The executive team has led the engagement work with teams, explaining the imperative for change and cascading this single set of core values across all sites through the local management teams and face to face meetings with the Executives.
13. Patient experience measures indicate that quality and patient experience of care are improving on the Wexham Park site, as complaints are dropping and the numbers of positive comments are increasing.
14. The organisation has a challenging financial savings programme to achieve financial balance, including a significant reduction in agency spend. The agency spend is continuing to decline in line with the plan but recruiting nursing staff is challenging.
15. Performance on the Frimley Park site has been maintained, and the executive remain committed to providing outstanding care on this site.
16. The 6 CCGs (North East Hampshire and Farnham CCG, Surrey Heath CCG, Bracknell and Ascot CCG, Windsor, Ascot and Maidenhead CCG, Slough CCG and Chiltern CCG) continue to work together across the large Frimley Health acute footprint in commissioning and integrating services.

Benefits for Slough residents:

17. FPH has been rated as 'outstanding' by the Care Quality Commission, the first trust in England to receive this rating. The acquisition provides a way forward to improve services for patients on all sites, ensure equity of services and parity of access for the population served by HWPH and FPH. The clinical model brings the following specific benefits:
 - 17.1 Improve the quality at Heatherwood Hospital and Wexham Park Hospital through a common culture based on FPH leadership through robust clinical governance
 - 17.2 Improving existing services and developing new services for patients based on sharing expertise and developing improved interfaces with community healthcare. The scale of the new organisation allows for greater subspecialisation.
 - 17.3 New model of elective care including a new centre of excellence for elective care at Heatherwood and enhanced patient centred models of care, for example 'one stop shop' services. Core elective services will also be provided from the main acute sites, offering patients choice on which site they wish to attend.
 - 17.4 Improved flexible capacity and ability to develop and transform services to meet the increasing demands on the system, particularly for frail and elderly patients.

18. Key specific changes envisaged within the proposed clinical model for the Wexham Park site include:
 - 18.1 Working in partnership with the CCGs around the Wexham Park system through a joint transformation board to improve care across a range of initiatives including developing a New Vision of Care across health and social care;
 - 18.2 Improve hyper acute services such as cardiology, vascular and renal services;
 - 18.3 Progress on 7-day consultant delivered service, improved high dependency care, new heart failure pathway and improved frail elderly service;
 - 18.4 Changes in the cancer networks to ensure that more local services are available for patients, including an increased range of chemotherapy and on site radiotherapy;
 - 18.5 New ED and assessment areas and rebuilt/refurbished women's services areas.
 - 18.6 Repatriate elective services and consider introducing new ophthalmology service.

19. Bringing together two Trusts with important complementarities will deliver improved clinical outcomes through larger clinical teams and improved access to services for patients. The ability to attract and retain high quality staff will support the delivery of these benefits across all sites.

20. All these changes will be supported by some enabling improvements, such as increasing the number of acute medical beds on both main sites, investing in additional car parking, IT infrastructure to underpin all new developments and improve ways of working.
21. The clinical model assumes that the mix of services currently offered to patients in their local area will remain locally. Should the enlarged organisation wish to make any substantial service changes in the future, it would follow an appropriate process of involving all local stakeholders in shaping plans and giving formal feedback on those plans.

Conclusions:

22. The formation of Frimley Health through the acquisition is required to provide Frimley Park, Wexham Park and Heatherwood Hospital with a sustainable future, given the challenging external environment.
23. Frimley Health is maintaining its successful governance structure of strong clinical leadership and an empowered and engaged culture to ensure the success of the enlarged organisation.
24. The governance structure has been developed to particularly ensure that there will be high quality services maintained and improved on the Frimley Park site, while integration is achieved and quality improved across Wexham Park and Heatherwood Hospital sites.
25. There are clinical benefits to being a larger organisation, able to provide more local services with greater sub-specialisation, and these benefits will be available to the residents of Surrey.
26. Early successes in improving performance at the Wexham Park site have been achieved, while maintaining performance at the Frimley Park site.
27. The organisation will also be better able to engage in the transformation agenda with its health and social care partners, including commissioners and the local authority. This will drive improved care for patients with more care intended to be delivered closer to home, and only the sickest patients being admitted to hospital for their care.

Recommendations:

28. The Health Scrutiny Panel is asked to note the update provided.

Report contact:

Jane Hogg, Integration Director, Frimley Health NHS Foundation Trust

Contact details: T: 01276 522620, jane.hogg@fhft.nhs.uk

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 1st October 2015

CONTACT OFFICER: Sally Kitson Commissioner Adult Social Care 01753 875594
(For all Enquiries) Mike Wooldridge Better Care Fund Programme Manager,
 Slough Clinical Commissioning Group 01753 477214

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

SLOUGH CARING FOR OUR CARERS: JOINT COMMISSIONING STRATEGY 2015-20

1. Purpose of Report

- 1.1 To provide Health Scrutiny Panel with the opportunity to review and contribute to the draft Joint Carers Commissioning Strategy for Slough Borough Council (SBC) and Slough Clinical Commissioning Group (CCG) 2015-20.
- 1.2 This new strategy will update the interim Joint Carers Strategy 2014-15 in light of changing legislation as well as build on recent progress to support carers.

2. Recommendation(s)/Proposed Action

- 2.1 Health Scrutiny Panel are requested to review and to contribute to the Joint Carers Commissioning strategy 2015-20 before it is presented to Cabinet.

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

- 3.1 The five year draft Joint Carers Commissioning strategy supports a number of national and local priorities and legislative changes.
- It aligns the local priorities with the four key national priorities in the '*Carers Strategy: the Second National Action Plan 2014 to 2016*' and the '*National Carers Strategy: Recognised, Valued and Supported: Next Steps for the Carers Strategy*' (2010). These priorities are:

Priority area 1: Identification and recognition

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

Priority area 2: Realising and releasing potential

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

Priority area 3: A life outside of caring

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

Priority area 4: Supporting Carers to stay healthy

Supporting carers to remain mentally and physically well.

- It responds to the major legislation changes to adult social care, introduced by the Care Act 2014. The Act and statutory guidance sets out the new duties

for local authorities and partners as well as new rights for service users and carers. The Act aims to achieve:

- Clearer and fairer care and support to both service users and carers
 - Improved physical, mental and emotional wellbeing of both the person needing care and their carer
 - Prevention and delay the need for care and support
 - Putting people in control of their lives
- It also responds to changes introduced by the Children and Families Act 2014. This Act requires increased collaboration between Adult and Children’s services through adopting a ‘whole family approach’. It places a specific duty onto local authorities to ensure young carers are identified and assessed. This gives young carers the same rights as adult carers. Parent carers also have the same rights to a stand alone assessment called a ‘parent carers needs assessment’.
 - This joint strategy supports the delivery of the Slough Joint Wellbeing Strategy (SJW Strategy) 2013-16 and work streams within the Priority Delivery Groups. The main priority which applies to carers within the SJW Strategy is health. It states:

"By 2028, Slough will be healthier, with reduced inequalities, improved wellbeing and opportunities for our residents to live positive, active and independent lives".

- The JSNA is currently being refreshed and includes needs assessment data relating to Slough carers extracted from the Census 2011. This is detailed in the table below. Slough carers amount to 14% of the local population compared to the national average which is 12%.

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

The refreshed JSNA identifies a number of key inequalities experienced by carers based on national and local information. This information suggests carers will often ignore their own financial, health and emotional needs, putting the needs of those they care for before themselves. As a consequence caring can impact on many aspects of their lives including, accessing and staying in employment, finances, health and emotional wellbeing, accessing social activities, relationships, achieving educational potential and juggling work and caring responsibilities. In order to address the unmet needs of carers, the JSNA identifies the following activity;

- Tackling health inequalities for carers
- Promoting social inclusion
- Improving employment, training and educational opportunities
- Improving access to mainstream and preventative services

¹ Office for National Statistics

- Improving advice and information including benefits advice
 - Ensuring carers are aware they are entitled to a Carers Assessment
 - Increasing training to support carers in their caring role.
 - Direct Payments for carers who meet the eligibility threshold, enabling increased personalised support
 - Developing the range and quality of preventative community based support for the carer and the person they care for.
- The Carers Strategy and supporting action plan will help to deliver the Councils five year plan. The relevant outcomes are:
 - 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. **Other Implications**

(a) Financial

- 4.1 As outlined in the draft strategy, for the period 2015-16, the total Slough SBC and Slough ASC budget for carer specific activity is £491,000. This includes the carers elements identified within the Better Care Fund and the Department of Health grant to support the implementation of the new duties and responsibilities introduced within the Care Act. This will fund the following activity:

Carers Assessments / Reviews/Support planning
Carers Direct Payments – adult carers
Community and Voluntary sector commissioning to support carers
Young Carers Support
Emergency respond service for carers – pilot initiative
Additional funding to support replacement care
Carers Information
Marie Curie - to support end of life care
Early Bird and Early Bird Plus - families with children with autism

The budget for commissioned respite care services which provide short breaks or overnight care 2014/5 is £578,000. In addition SBC manage a learning disability respite service which has a budget of £429,000. Respite services are chargeable to the cared for and will also benefit their carer/s.

SBC Children's Services budget to support parents of children with learning disabilities and difficulties as well as children with special educational needs is £1,377,300. This will support the following activity:

Disabled Children's respite
Short breaks services
Home from home respite
Home care
Direct payments

- 4.2 The full impact of the both the Care Act and Children and Families Act on the Council is unknown. However it is anticipated as carers become more aware of their entitlement to an assessment, the numbers coming forward will increase as will those meeting the eligibility threshold for support. The Department of Health (DOH) estimates that 48% of carers assessed or reviewed by local authorities will be eligible for a Direct Payment. (This is based on DOH information outlined in Care Act Equality Impact Assessment 16/10/14).
- 4.3 The 2013-14 Referrals, Assessment and Packages of Care (RAP) data for SBC reported that 309 carer assessments were completed for adults caring for another adult. As anticipated, early indications are that numbers of carers requesting an assessment are increasing. For the period April to June 2015, 189 carer assessments were completed for adults caring for another adult. This compares with 103 for the same period in 2014. Using the DOH modelling formula, SBC projects the estimated additional carers assessments for 2015/6 is likely to be between 500 and 850 depending on rate of take-up. The estimated number of adults caring for another adult known to Adult Social Care is likely to be between 900 and 1,250. Again these numbers are projected to further increase moving forward.
- 4.4 In line with the requirements of the Care Act, SBC has introduced Direct Payments for carers using a Resource Allocation System (RAS). Adult carers meeting the threshold for this support will be offered a Direct Payment based on their assessed needs. This will be used to help to meet the identified outcomes in their assessment. Three levels of payments have been introduced. These levels of payments will be monitored in light of numbers of carers coming forward and being assessed as eligible for support and long term affordability to the Council.
- 4.5 SBC does not currently charge for carers' support services and this position was reaffirmed by Cabinet earlier this year. However this will be reviewed in autumn 2016 as part of the council wide policy on charging in light of budget pressures including understanding the financial impact of the Care Act. This will include numbers of carers coming forward for assessments and being eligible for support. Any changes to existing policies would require a full equality impact assessment including consultation with carers. Targeted support will need to remain in place for those carers that are most at risk.

(b) Risk Management

Risk/Threat/Opportunity	Mitigation(s)
<ul style="list-style-type: none"> • Lack of resources to implement the strategy. (Risk) 	<ul style="list-style-type: none"> • Commission and support the community and voluntary sector to take a bigger role in the identification, assessment and support of carers (new contract commences Jan 2016) • Develop stronger partnerships to ensure a more cohesive approach in supporting carers • To monitor and develop systems to manage increase numbers to carers assessment • To monitor the impact of Direct Payment and adjust RAS bands if financially unsustainable • Review charging policy as required

<ul style="list-style-type: none"> • Increased numbers of carers indentified in Slough (Opportunity) • Carers receive increased support to help them in their caring role (Opportunity) • Help delay residential /hospital admissions and pressure on budgets(Opportunity) 	
---	--

(c) Human Rights Act and Other Legal Implications

This draft strategy will enable SBC and Slough CCG to work together with their partner organisations to meet new legal duties and responsibilities to adult and young carers. This includes assessing the needs of the carer in their own right as well as for those assessed as eligible, an entitlement to assistance to help meet their needs as a carer. It also commits to involving carers in the development and commissioning of future local services to meet both their needs and the people they care for.

(d) Equalities Impact Assessment

This strategy builds upon achievements developed within the interim strategy. it will continue to ensure it meets the needs of carers within Slough's diverse community. It also strive to ensure that the commissioning of future services will be responsive and personalised to meet the individual needs of all carers in Slough including carers from black and minority ethnic groups and working carers.

(e) Workforce

The Adult Social Care workforce and practice is currently being re-modelled moving away from traditional building based care to increased community based preventive support. This will mean carers and the people they care for are indentified earlier and access support proportionate to their needs. This new model of working will require stronger links with community and voluntary organisations.

The transfer of management of Children's Services to the new Children's Trust will require the need to ensure parent and young carers are supported effectively within the new workforce arrangements as well as complying with new responsibilities for adults and children's services to work together under the Children and Families Act 2014.

5. **Supporting Information**

5.1 This draft strategy outlines progress to support carers over the last twelve months since the implementation of the interim strategy. A summary of these taken from the strategy include:

- Re-launching the Slough Carers Partnership Board with active representation from Slough carers, one of whom is a co- chair.
- Establishing the Slough Carer's Providers Forum to promote more integrated collaborative activity.
- Developed Care Act compliant carers assessment tools, processes and pathways. This includes the option of a combined assessment with the carers and cared for.

- Increased numbers of adult carers accessing a carers assessment since April 2015 (April-June 2015 189 completed compared with 103 for the same period in 2014).
- Introduced direct payments for carers assessed as eligible for this support.
- Together with carers, produced accessible material to ensure carers are aware of their rights.
- Consulted carers about their training needs and then rolled out a programme reflecting what they have told us.
- Developed Council wide 'whole family approach' processes and pathways to support young carers locally which is in line with the recently updated national guidance.
- Developed a young carers assessment/screening tool.
- Introduced carers GP registration within Slough to ensure health needs of carers are given a higher priority.

5.2 Carers and other key stakeholders have been involved in the development of the Strategy. Local carers have agreed our vision and local priorities. A small group of carers developed a questionnaire that was circulated to others (107 returned). Discussion also took place during national carers week (8-14 June 2015) and at the recent carers forum on 16th September 2015 where 27 carers were in attendance. As outlined in paragraph 3.1 the new proposed local priorities align with the national priorities, which are:

- **Priority area 1: Identification and recognition**
- **Priority area 2: Realising and releasing potential**
- **Priority area 3: A life outside of caring**
- **Priority area 4: Supporting Carers to stay healthy**

5.3 The action plan to support the new draft strategy has been developed in light of what carers have told us is important. It also responds to legal changes and building on recent progress to support carers. It will be reviewed regularly with carers in light of any changing priorities over the next 5 years.

6. Comments of Other Committees

6.1 This report will be presented to Cabinet for final approval.

7. Conclusion

7.1 This draft Joint Carers Commissioning Strategy builds upon the progress over the twelve months to support carers. This new strategy clearly sets out the priorities for the Council and Slough CCG to support Carers over the next five years. It aims to:

- Meet the legal duties and responsibilities to carers
- Provide a voice for local carers, putting them at the centre of designing the support that they need
- Collaboratively set out our vision for carers
- Provide a clear steer to the market, partners and local communities of our vision for carers in Slough
- Develop the market to ensure the right support is in place to support carers

7.2 The Panel are requested to review and comment on the draft strategy before this is presented to Cabinet.

8. Appendices Attached

- 1 - 'Slough Caring For Our Carers : Joint Carers' Commissioning strategy 2015-20' - draft

Slough Caring For Our Carers

Joint Carers' Commissioning Strategy 2015-2020

Table of Contents

Table of Contents	2
1.0 Welcome	3
2.0 Foreword	3
3.0 Introduction /Executive Summary.....	3
4.0 Progress since the last strategy	3
5.0 Vision.....	3
6.0 Local Priorities	3
7.0 Who is a Carer?	3
8.0 Value of Carers	3
9.0 The Impact of Caring	3
10.0 Summary to National Background.....	3
10.1 National Strategy for Carers.....	3
10.2 The Care Act 2014.....	3
10.3 The Children and Families Act 2014.....	3
11.0 The Profile of Carers	3
11.1 National Picture	3
11.2 Ethnicity	3
11.3 Young Carers.....	3
12.0 Profile of Slough	3
12.1 Slough's population	3
12.2 Health.....	3
13.0 Profile of Slough's Carers.....	3
13.1 Adult Carers	3
13.2 Parent Carers.....	3
13.3 Young Carers.....	3
14.0 Local views of carers.....	3
15.0 Commissioning activity to support carers and their families.....	3
15.1 How we spend the money	3
15.2 Future commissioning activity to support carers.....	3
16.0 Summary	3
Appendix A - Questionnaire	3
Appendix B - Responses to questionnaires	3
Appendix C - Responses questions at a Carer's event.....	3

1.0 Welcome

As a carer and co-chair of the Slough Carers Partnership Board, I am pleased to introduce the new Joint Carers Strategy for Slough. I know how difficult it is for people looking after parents, siblings, neighbours or friends to even recognise themselves as a carer. When I retired to look after my mother a few years ago, I thought I was 'just doing my duty as a daughter'. It was only after two years of looking after my mother and when a social worker asked "what about your needs?" that I then began to recognise myself as a carer.

I am really pleased that the Care Act 2014, which came into effect in April 2015, seeks to address the needs of carers. This strategy states how our local carers will be supported in Slough. I am passionate about raising awareness about the needs of carers within Slough including amongst health professionals. We do a very important job, often day in and day out in supporting the people we care about. We also collectively save over £119 billion to the UK economy. I also want to make sure we find all the hidden or forgotten carers in Slough, encouraging them to get the support they are entitled to by having a carers assessment and registering as a carer with their GP surgery.

Along with other carers, I have been involved in developing the strategy. Together we will continue to work with other colleagues on the Carers Partnership Board to make sure we oversee the changes and improvements for carers outlined in this important strategy.

Jadine Glitzenhirn

Co- Chair of Slough Carers Partnership Board

Add photo

2.0 Foreword

Caring for a relative, friend or partner is a role that many of us will take on at some point in our lives. The number of carers is growing as more people are living longer, often with complex support needs. Carers make an essential contribution to the local community, providing practical, emotional and financial support to others. Whilst we know a caring role can be very fulfilling, it can also lead to isolation, poverty, ill health and loneliness. It is crucial that carers receive timely and personalised support to help them carry out their caring duties.

This newly refreshed strategy has been developed at a time of great historical importance for carers. From April 2015 both adult and young carers are recognised in law as having the same rights as the people they care for through two very significant pieces of legislation, the Care Act 2014 and the Children and Families Act 2014. The changes introduce a duty to local authorities to identify, assess and support carers in their own right as well as a requirement to adopt a coordinated whole - family approach in how support is delivered. Carers also have a right to be consulted about decisions relating to the support and treatment received of the person they care for.

Slough Borough Council (SBC) and NHS Slough Clinical Commissioning Group (CCG) welcome the landmark legislative changes and with carers as our valued partners, have again joined forces to update this strategy. This outlines our continued shared commitment to proactively work with our local providers to help seek out carers to ensure they have access to universal, preventative and targeted support to help improve their lives. The Better Care Fund, a new single budget between health and social care, will help local commissioners work closer to deliver better services for the population of Slough including our carers. We have also ensured supporting carers is a high priority within the recently launched five year plans¹² for both our organisations. Our joint five year voluntary sector strategy³ also places great importance on the role this sector plays in identifying, valuing and supporting carers within Slough.

This strategy has also been developed at a time of change for children's social care in Slough. From October 2015 management of children's social care will be transferred to a newly established Children's Trust. Protocols are in place as to how SBC and the Trust will deliver children's social care. This will include ensuring parent carers and young carers are effectively supported within the new organisation that will be known as the Slough Children's Services Trust Ltd.

This new strategy builds upon the Carers Strategy 2014-15 which outlined our interim position for carers whilst we awaited national guidance to support the new legislation.

¹ SBC five year plan 2015-20 outcome 5& 6 <http://www.slough.gov.uk/council/strategies-plans-and-policies/five-year-plan.aspx>

² NHS Slough CCG 5 Year Strategic Plan June 2014

³ Promoting and supporting the wellbeing of residents with the voluntary sector 2015-2020

Our recent achievements include re-launching the Carers Partnership Board, delivering training to support carers, re-designing Care Act compliant carers assessments and support plans and introducing direct payments for carers. However we have much more to do to respond to legislative changes and as well as what carers are telling us will support them in their caring role.

However any strategy developed at this time must recognise the increasing austerity within the public sector. It is therefore even more critical that we recognise the crucial part carers contribute to supporting people to live in their own homes for longer by helping reduce or prevent hospital and residential care admissions.

This strategy has been driven by carer members of the Slough Carers Partnership Board who developed the questionnaire which was used to consult others as well as agree our vision and priorities.

We are very grateful to all our stakeholders but in particular our carers for helping us co-produce this strategy. Together we are striving to ensure services and opportunities are in place to improve the quality of lives for local carers and the people they support.

Cllr Rob Anderson

Chair of Slough Wellbeing Board

Dr Jim O'Donnell

Chair Slough Clinical Commissioning Group

Add picture

3.0 Introduction /Executive Summary

This Joint Carers Commissioning Strategy updates our interim position, setting out how carers and young carers will be supported by SBC and Slough CCG over the next five years. It responds to the voices of carers, changes introduced in the Care Act 2014 and the Children and Families Act 2014 and both organisations five year strategic plans. These national and local drivers promote wellbeing, prevention and independence. Supporting and encouraging people to take responsibility for their own health and wellbeing are central to these changes.

The strategy has been developed at a time of increasing challenges. In addition to the new duties and responsibilities for both local authorities and health to meet the needs of carers, there is ever increasing pressure on public sector budgets. The changing population means more people living longer with complex needs. A consequence is that there are increasing numbers of carers both nationally and in Slough.

It is anticipated that more carers are likely to come forward for assessment and be eligible for support as public awareness about the legislative changes spreads. It is essential that all carers have access to timely information, advice and other preventative support in order to maximise their well-being. Direct payments will be targeted at those carers where caring has the greatest impact on their lives.

Major reforms are planned within Adult Social Care over the next five year in order to respond to the changing and growing demands facing both the health and social care economy. This will deliver meaningful and long term change across six areas:

1. **Prevention** – The development of a local strategy, spanning voluntary, health and social care services to maintain a healthy population in the community, working with the local people through targeted wellbeing and prevention plans. This will include carers.
2. **Information & Advice** – to ensure that the right information is provided to the right people at the right time in their lives. Proactive care and supporting planning will become the norm and independent advice and advocacy provided to people to help develop their support plans.
3. **Personalised Outcomes** – Through developing 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.
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 requiring 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.

We know many carers do not always identify themselves as carers and thus remain “hidden” from services. It is crucial that these people also have information about both universal and targeted services to enable them to make informed choices about whether to seek support at times in their lives when they may benefit from it.

In order for this strategy to be both realistic and sustainable, commissioned services must be innovative, responsive to local needs, committed to strong partnerships and able to demonstrate value for money. They must show they have effectively support carers and the people they help to live as independently as possible in our local community.

The aim of this strategy is to:

- Provide a voice for local carers and put them at the centre of designing the support that they need.
- Collaboratively set out our vision for carers.
- Ensuring that we meet our legal responsibilities in supporting carers.
- Provide a clear steer about our local vision for carers in Slough with partners and local communities.
- Develop the market to ensure the right support is in place to support carers.

4.0 Progress since the last strategy

There have been a number of achievements to support our local carers since the last interim strategy. We have:

- Re-launched the Slough Carers Partnership Board. It now has active representation from Slough carers, one of whom is a co- chair.
- Established the Slough Carer’s Providers Forum to promote more integrated collaborative activity.
- Developed Care Act compliant carers assessment tools, processes and pathways. This includes the option of a combined assessment with the carers and cared for.
- Introduced direct payments for carers assessed. Between April and August 2015 64 carers were assessed as eligible for a direct payment.
- Seen an increase in the number of adult carers being assessed since April 2015 when the Care Act came into force. For the period April and June 2015, 189

carers assessments were completed. This compares with 103 for the same period in 2014.

- Together with carers, produced accessible material to ensure carers are aware of their rights.
- Consulted carers about their training needs and then rolled out a programme reflecting what they have told us.
- Commissioned a local provider to undertake young carer awareness raising within in local schools.
- Developed Council wide 'whole family approach' processes and pathways to support young carers locally which is in line with the recently updated Memorandum of Understanding (MOU)⁴. This will include, where appropriate, Adult Social Care undertaking the assessment of young carers where they are also assessing the cared for.
- Developed a young carers assessment/screening tool.
- Increased the take-up of assistive technology. Since December 2013, 855 people have been referred to and received telecare support. As a result, 112 carers have reported increased independence within the home environment and a further 98 carers reported feeling more at ease leaving the person they care, when they are away from their home.
- Introduced carers GP registration within Slough to ensure health needs of carers are given a higher priority.
- Facilitated sessions for carers to ensure they are aware of their increased rights as a result legislative changes.
- Beginning to engage with local employers to promote carers issues in the work place.
- Working with local pharmacies to help distribute information to carers.
- Continued to deliver information, advice and advocacy to carers
- Continued to develop the Slough Services Guide to ensure Slough residents have information about local provision.
- Coordinated partnership activities with carers and partners during National Carers Week 2015. The events were attended by 233 carers and 34 new carers were identified and signposted for support.

⁴ No wrong doors: working together to support young carers and their families" March 2015 ADCS, adass, the Children's Society, carerstrust

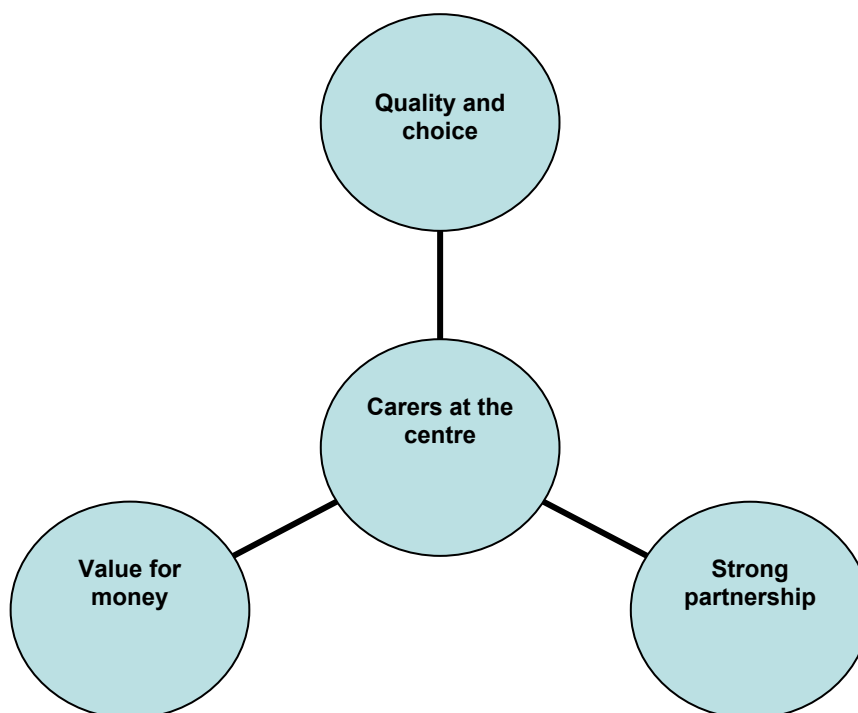
There has been significant progress over the last year but we will continue to build on these achievements in order to improve outcomes for carers in Slough.

5.0 Vision

Our vision for Slough carers is that through this strategy:

I know that I am a carer, I have a positive relationship with the person I care for and have a healthy and fulfilling life outside of my caring role. I am recognised and valued as a carer by my community and I know where to go to get the right support when I need it.

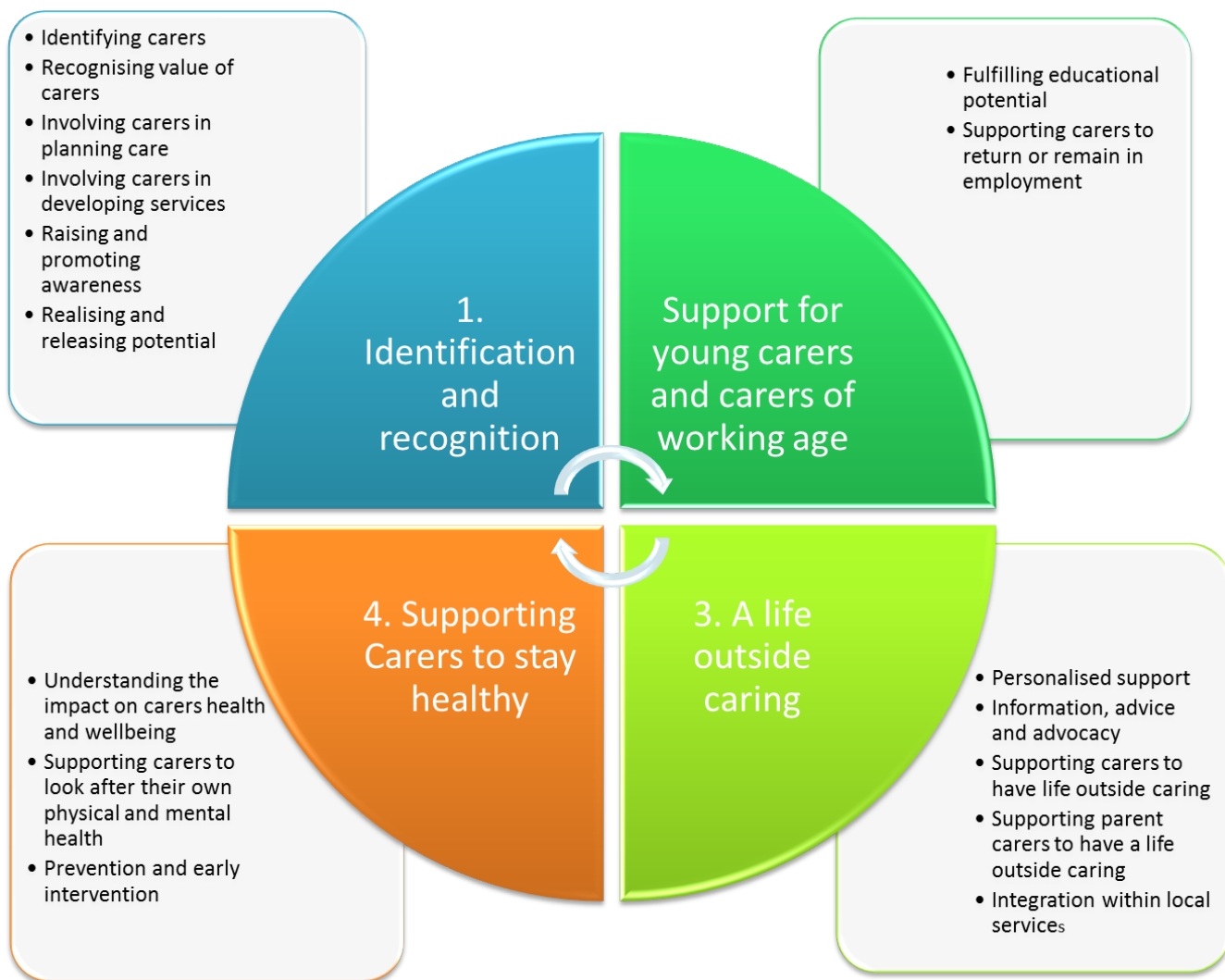
This strategy will only be successful if this vision is realised. We will achieve this through putting Slough carers at the centre through commissioning a range of personalised support by establishing strong partnerships which deliver choice, quality and value for money.



6.0 Local Priorities

The interim carers' strategy identified five local priorities for Slough. After further discussion with Slough's carers, we have reviewed these local priorities and aligned them with the four national priorities.

The diagram below outlines the newly adopted national priorities and the areas of activity through which they will be delivered.



7.0 Who is a Carer?

Most people will become a carer at some point in their lives or will know someone that will be caring. Caring might happen suddenly or gradually over a period of time with a slow deterioration in the health of the cared for person.

Carers will be from any ethnic, faith, social background or sexual orientation. They can care for more than one person, maybe working or unemployed and may have their own disabilities or illnesses.

The Care Act 2014 definition of a 'carer' is an adult who provides or intends to provide care for another adult needing care. A 'carer' should not be confused with "care worker" or "care staff" undertaking a caring role as part of paid employment or as a volunteer attached to a voluntary organisation.

Carers help and support others with a range of problems including illness, disability, dementia, and substance or alcohol abuse. They keep those they care for safe by giving physical, practical and emotional support and maybe for short periods, a lifetime, on a daily basis or from a distance.

A parent carer of a disabled child will be providing substantial and regular care beyond what is usually expected for a child of a similar age. When a disabled young person reaches age 18, the parent is considered to be the carer of an adult.

A young carer is defined under section 96 of the Children and Families Act as "... a person under 18 who provides or intends to provide care for another person." This includes both practical and emotional support to a family member who is physically or mentally ill, disabled, or misuses substances.

Like the Care Act, it excludes young people who in paid employment or undertaking voluntary work except, where the local authority consider that the relationship between the person cared, for and young person intending to provide care, is such that it would be appropriate for the person under 18 to be regarded as a young carer.

Tasks undertaken by young carers also vary considerably according to the nature of the illness or disability of the person they support, the level and frequency of need for their care as well as the structure of the family as a whole. Young carers may become vulnerable when the level of responsibility they take and the care they give becomes excessive or inappropriate for them. This can then impact on their childhood including their emotional, physical well-being, educational achievement, or life chances.

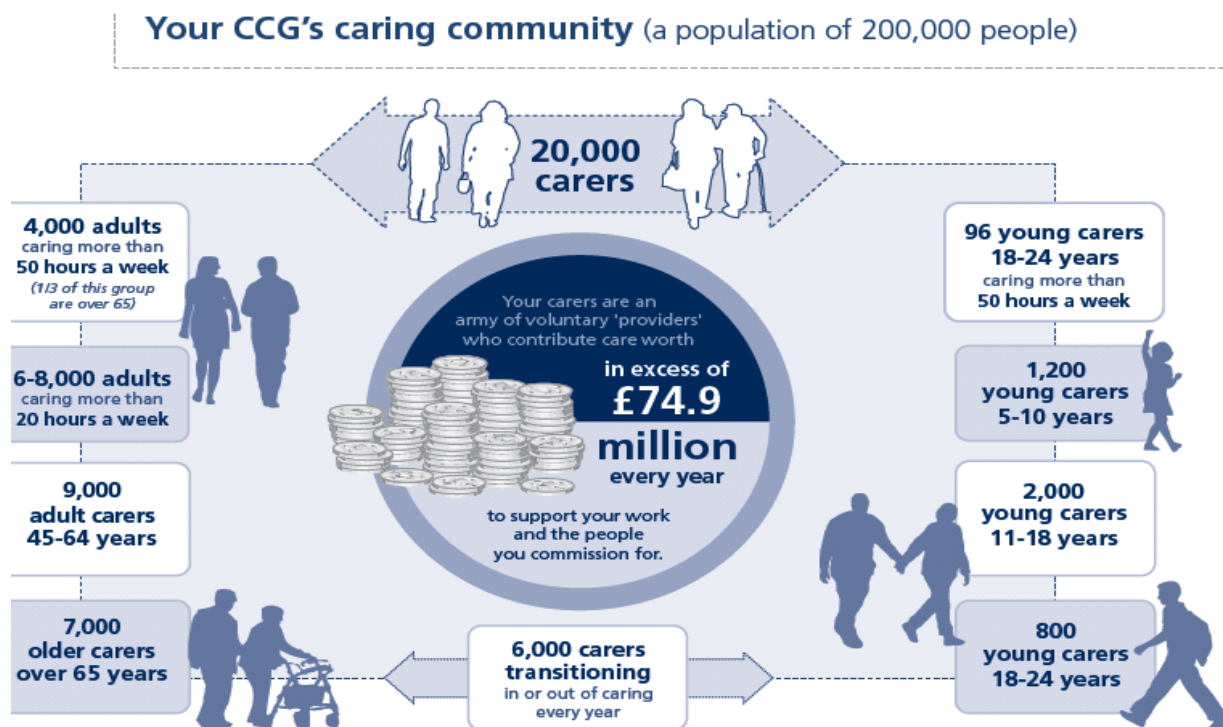
8.0 Value of Carers

Carers make a vital contribution to communities by helping the people they care for to live in their own homes for as long as possible. They also make a significant economic contribution to the UK economy; an estimate⁵ in 2011 put this at approximately £119 billion per year. This is higher than the annual net expenditure of the NHS for 2015/16 will be in the region of £116,574 billion. Carers help reduce the ever increasing pressures on both health and social care budgets by limiting numbers of hospital and residential admissions. There are significant economic benefits to support carers as well as legal and moral duties. A 2013 report by the Royal College of General Practitioners (RCGP)⁶ estimates in a population of 200,000 people, the average number of Carers is 20,000.

⁵ Valuing Carers - Calculating the value of Carers' Support Carers UK 2011

⁶ Commissioning for Carers, Royal College of General Practitioners 2013

The diagram below, taken from this report illustrates the average age of carers, the hours of care provided as well estimated annual savings they deliver.



9.0 The Impact of Caring

Caring can be very rewarding but it can also be both financially and emotionally demanding. It can impact on a carer's health, employment, education, and relationships. The extent of the impact depends on many factors such as the amount of caring undertaken, the age and health of the carer, their other responsibilities as well the needs of the person they support. Carers often ignore their own needs, putting those of the person they care for before themselves.

The RCGP report ⁷ says caring has a significant impact on the health of the carer. They reported:

- 40% of carers experience psychological distress or depression. Those caring for people with behavioral problems experience the highest levels of distress.
- 33% of carers providing more than 50 hours of care a week report depression and disturbed sleep.
- 44% of carers suffer verbal or emotional abuse and 28% endure physical aggression or violence from the person they care for.

⁷ Commissioning for Carers, Royal College of General Practitioners 2013

- Older carers who report 'strain' have a 63% higher likelihood of death over a four year period.

A guidance report ⁸ focusing on carers and safeguarding, listed situations when the carer is at increased risk of harm from the person they care for. Situations include when the person they support:

- Have health needs that exceed the carer's ability to meet them.
- Treats the person with a lack of respect.
- Rejects help and support from outside.
- Has a history of substance misuse, unusual or offensive behaviours.
- Refuses or is unable to be left alone at night.

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

"Having a child brings a lifelong commitment, but with an expectation that when your child grows up, they'll need less care from you. When your child is disabled things can be very different. You are both a parent and a carer. Accessing the help and support you need can be a battle".⁹

Another recent national carers survey ¹⁰ reported that 58% of the respondents had reduced the amount of exercise since starting caring and 45% found it hard to maintain a balanced diet as a result of caring. The survey also focused on how carers mental well-being was affected as a result of caring. 73% reported increased anxiety, 82% increased stress and 50% said they were affected by depression after taking on a caring role.

A report from the last national census¹¹ said people from white and Asian ethnic groups providing 50 hours of unpaid care per week were 4.3 times more likely to have 'Not Good' general health compared with those in the same ethnic groups providing no unpaid care.

BME carers providing at least 20 hours a week are less likely to be in employment than those without caring responsibilities. A survey undertaken Carers UK's 'State of Caring' highlighted the challenges faced by BME communities in accessing support. It concluded that this group are less likely to be consulted about hospital discharge or receive additional support from their GP around caring. They are also more likely to miss out on

⁸ Carers and safeguarding adults –working together to improve outcomes 2011

⁹ <http://www.carersuk.org/help-and-advice/who-do-you-care-for/item/960-caring-for-your-disabled-child>

¹⁰ State of Caring Survey 2014 Carers UK

¹¹ 2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001ONS

financial support. In addition they are more likely to be caring without any practical support from services, friends or family.¹²

The recent local carers survey conducted in 2014-15 as part of a national exercise considered the impact of caring. Results from the sample 160 Slough carers responding to the survey included the following;

- 30% indicated that they were unable to continue with paid employment because of the caring responsibilities.
- 15% reported feeling socially isolated.
- 17% reported not doing anything they value or enjoy with their time
- 15% felt they neglected looking after themselves- not sleeping or eating well.
- 27% indicated had long-term illnesses.

10.0 Summary to National Background

Over the last two decades, Governments have recognised the important contributions carers make by maintaining the wellbeing and independence of others. This is demonstrated in key legislation, guidance and strategies.

This Carers Strategy for Slough has been developed in light of these national drivers and our action plan will support delivery of these priorities at a local level.

10.1 National Strategy for Carers

The land mark National Carers Strategy¹³ sets out the vision that by 2018:

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

This was followed in 2010 by ‘Recognised, Valued and Supported: Next Steps for the Carers Strategy’ which introduced four key priorities upon which the Government, working in partnership with Local Authorities, the NHS, employers, the voluntary sector, local communities and carers should focus.

1. Identification and recognition

2. Realising and releasing potential

¹² State of Caring Carers UK 2013

¹³ Carers at the heart of 21st-century families and communities: “A caring system on your side. A life of your own.” June 2008 Department of Health

3. A life outside of caring

4. Supporting carers to stay healthy

These four priorities were again endorsed in the recent national plan for carers¹⁴, which summarised achievements in the support for carers and as well as identified future key actions.

In a recent report¹⁵ NHS England recognised carers as an invaluable asset to both itself as an organisation as well as the people they care for. The report makes a series of commitments to support carers based around eight priorities:

1. Raising the profile of carers
2. Education, training and information
3. Service development
4. Person-centred, well coordinated care
5. Primary care
6. Commissioning support
7. Partnership links
8. NHS England as an employer

10.2 The Care Act 2014

The overarching principle of the Care Act is that of promoting well-being. It introduced major changes for local authorities in how it delivers care and support for adults with care needs and carers. The Act and statutory guidance aims to achieve:

- Clearer and fairer care and support to both service users and carers.
- Improved physical, mental and emotional wellbeing of both the person needing care and their carer.
- Preventing and delaying the need for care and support.
- Putting people in control of their lives.

It adopts a whole family approach as well as more personalised support tailored to the carer and the person they support using a new national eligibility criteria. Carers are now recognised in law as having the same legal right to as assessment and support as the person they care for. They no longer have to demonstrate that they provide 'regular and substantial' care to have a carer assessment. The assessment must consider whether the carer is able or willing to carry on caring, their own needs, the impact caring has on their lives and what they want to achieve such as working, studying or do more socially.

¹⁴ Carers Strategy: Second National Action Plan 2014 - 2016

¹⁵ NHS England's Commitment to Carers 2014

The local authority then has a duty to agree a support plan with the carer which sets out how the carers eligible support needs will be met.

It is anticipated that the numbers of carers seeking an assessment will increase as carers become more aware of their entitlements.

The Act requires local authorities to provide, or arrange the provision of services, which will prevent or delay the need for care and support by unpaid carers as well as the person they care for in order to reduce the need for support by carers in their area. Local authorities must also establish and maintain a service for the provision of information and advice about care services and how to access them, including financial advice.

It also requires local authorities to focus on young carers by improving the recognition and support through transitional arrangements as they move from Children's to Adult services. Local authorities can also assess a young person's needs through adult care systems when they are nearing adulthood. This can help them understand what might be available to them and whether they are likely to be eligible for care and support when they turn 18 years of age.

The guidance that supports the implementation of the Act states:

“Local authorities should ensure that adults’ and children’s care and support services work together to ensure the assessment is effective – for example by sharing expertise and linking processes”¹⁶.

They must also consider whether any of the caring tasks the child is undertaking are inappropriate and if the caring undertaken impacts on their education, friendships and other aspects of their well-being.

The implications for this strategy include proactively identifying carers, assessing their needs and delivering preventive support.

10.3 The Children and Families Act 2014

The Children and Families introduces wide reforms to improve services and support for vulnerable children and families including adoption, looked after children, family justice, special educational needs and young carers.

Changes relating to young carers include ensuring they receive equal treatment to adult carers. This means local authorities must undertake an assessment of the child and their needs as a carer and provide support to meet their needs in order to safeguard and promote their welfare. They must consider whether the adult being cared for is eligible for assessment under the Care Act 2014 and whether if a child is being cared for, requires an assessment under the Children Act 1989. The local authority must also consider what is in the best interests of safeguarding or promoting the child's welfare.

¹⁶ Care and Support Statutory Guidance Issued under the Care Act 2014 Department of Health

This legislation also requires local authorities to ensure an improved focus on the needs of young carers and again reinforces the need for greater collaboration between Children and Adult services in line with the Government's 'whole family approach'.

Parent carers also now have the same rights to a stand-alone assessment as adult and young carers under this legislation. They no longer have to show they are providing a "substantial amount of care on a regular basis" in order to be assessed. The legislation now requires local authorities to assess on the appearance of need, as well as following a request by a parent carer.

The recently published regulations¹⁷ relating to young carers states that in carrying out the assessment, the local authority must have regard to the age, understanding and family circumstances of the young carer, their wishes, feelings and preferences and consider differences of opinion between them, their parents and the person cared for and the outcomes the young carer seeks from the assessment.

One of the key principles of the recently updated Memorandum of Understanding (MOU)¹⁸ relating to young carers, supporting the implementation of both this Act and the Care Act is that:

"The primary responsibility for responding to the needs of young carers and young adult carers and ensuring an appropriate assessment rests with the service responsible for assessing the person they support, rather than the age of the carer".

The implications of this Act include stronger collaboration between partners in ensuing a more cohesive approach in support young carers.

11.0 The Profile of Carers

11.1 National Picture

The 2011 national census reports there are 5.8 million carers in England, Wales and Northern Ireland. This is an increase of 629,000 in the ten year period since the last census. A report by Carers UK¹⁹ summarised key information from the census. This includes:

- 2.2 million people are now undertaking caring responsibilities in excess of 20 hours a week.
- 1.4 million people are providing care for more than 50 hours per week.
- 58% of Carers are female compared to 42% who are male.

¹⁷ The Young Carers (Needs Assessments) Regulations 2015

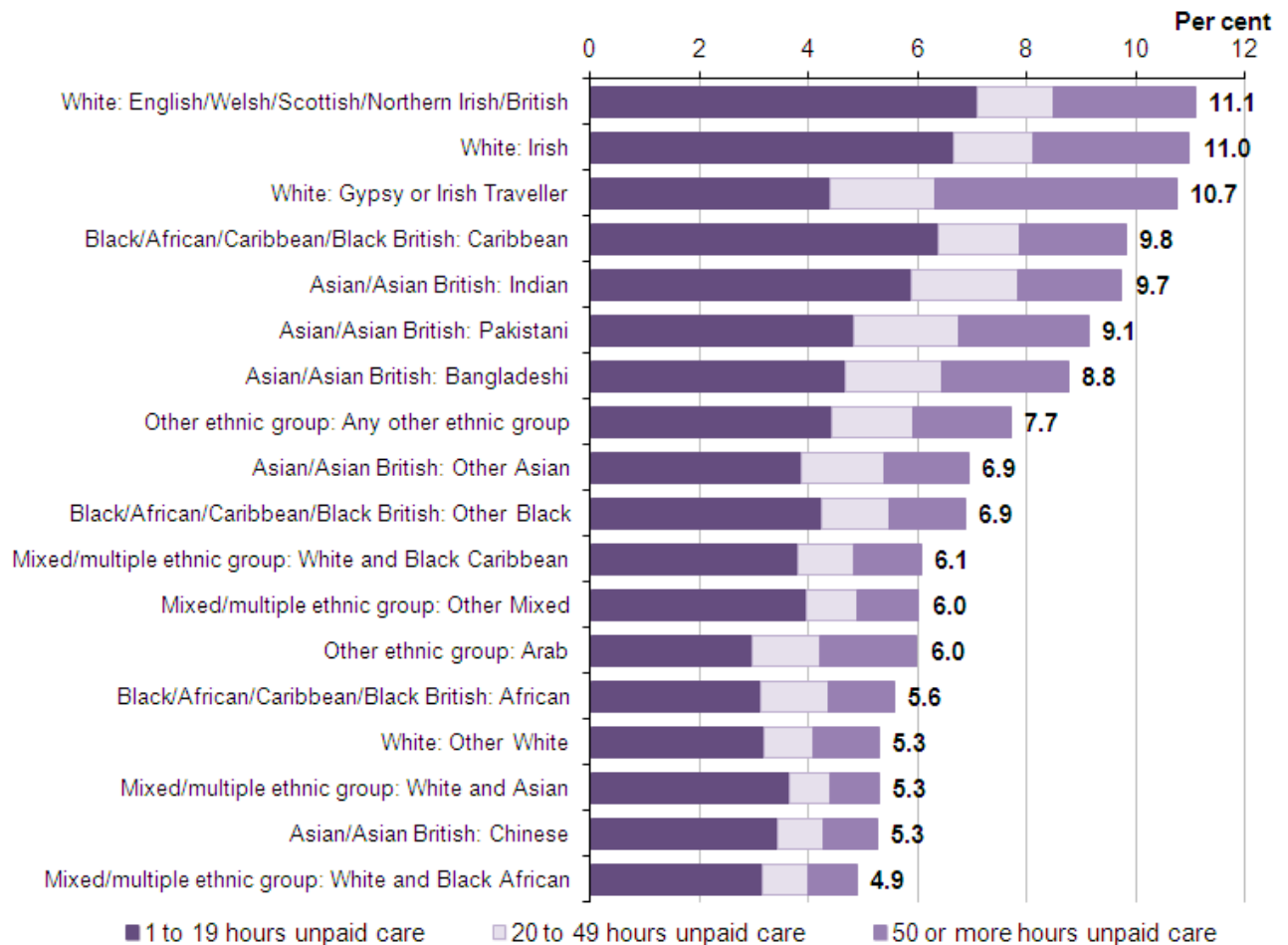
¹⁸ No wrong doors: working together to support young carers and their families" March 2015 ADCS, ADASS, the Children's Society, Carers Trust

¹⁹ Carers UK 'The facts and figures about Carers' Policy briefing December 2012

- The age profile shows the peak age for caring is 50 to 59.
- One in five people in this age group (1.5 million across the UK) are providing some unpaid care.

11.2 Ethnicity

The 2011 Census²⁰ showed that amount of care provided varied greatly among ethnic groups. British (11.1 per cent), Irish (11.0 per cent), and Gypsy or Irish Traveller (10.7 per cent) were among the highest providers of unpaid care. White and Black African (4.9 percent), Chinese (5.3 per cent), White and Asian (5.3 per cent) and Other White (5.3 per cent) ethnic groups were among the lowest providers of unpaid care. See below



11.3 Young Carers

Key findings from the 2011 census are:

- 177,918 young people aged between 5 to 17 years undertaking caring responsibilities of which 54% are girls and 46% are boys.
- The number of young carers increased by almost 19% in the ten year period since the last census. The largest increase in the South East.

²⁰ 2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001ONS

A report²¹ looking at the census 2011 data on young carers commented:

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

It states numbers of young carers identified in census are “the tip of the iceberg” as they fail to capture those caring for family members with mental illness or substance misuse. It also states that many young carers are marginalised and hidden from professionals for fear of stigma. Other key findings from this report are that:

- One in 12 young people undertake caring for more than 15 hours per week.
- Around one in twenty misses school because of their caring responsibilities.
- Young carers are 1.5 times more likely than their peers to be from BME communities, and are twice as likely to not speak English as their first language.
- Young carers are 1.5 times more likely than their peers to have special educational needs or a disability.
- The average annual income for families with a young carer is £5000 less than families who do not have a young carer.
- Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine B's and nine C's.
- Young carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19.

12.0 Profile of Slough

12.1 Slough's population

Slough thrives as an exciting and culturally diverse town. It is a densely populated with a population of around 142,000. It is the most ethnically diverse local authority area outside London and is home to a diverse community from over 80 different countries. Approximately 48 per cent of its adult residents are from a black or minority ethnic (BME) background (Census 2011). It has the highest percentage of Sikh residents across England and Wales, making up 10.6% of Slough's population, more than any other local authority. It also has the seventh highest percentage of Muslim (23.3%) and tenth highest percentage of Hindu residents (6.2%) across England and Wales. Support for Slough's carers needs to be developed in light of this context.

²¹ Hidden from view: The experiences of young Carers in England.' Children's Society 2013

12.2 Health

The following key themes are identified from the Public Health Outcomes Framework for Slough:

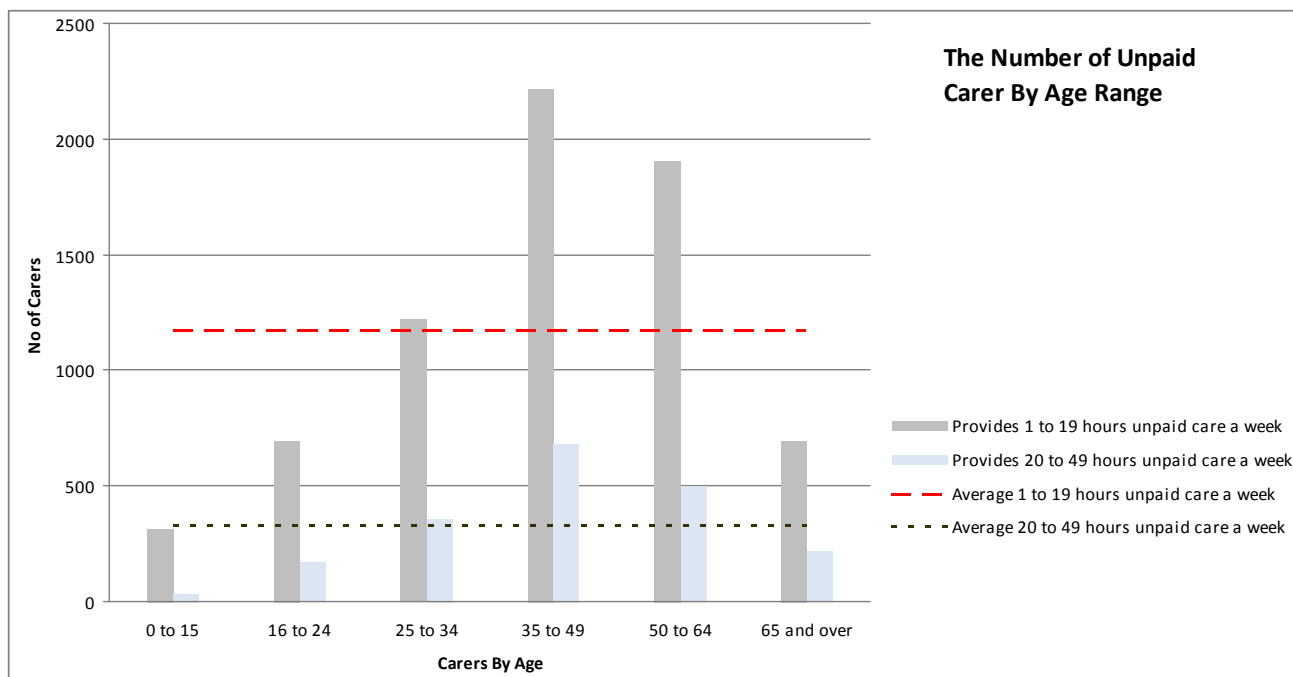
- The general health of many local people is poor compared to other local authorities and many people in Slough experience more years of ill health and disability when compared to national average.
- There are high rates of coronary heart disease and pulmonary disease (chest and lungs); this is the single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

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

13.0 Profile of Slough's Carers

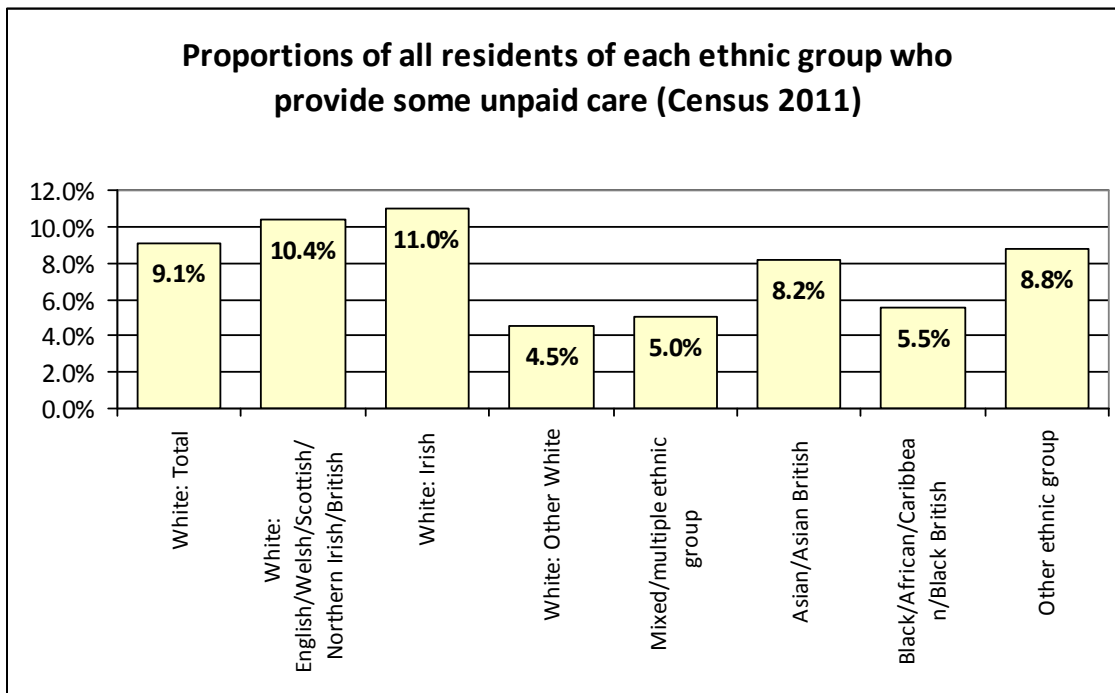
The 2011 Census data tells us there are 11,626 carers living for Slough. This amounts to 14% of the area's population compared to a national average of 12%. The number of carers entitled to carers allowance in 2013 in Slough was 1,700.

The graph and table below shows the number of hours of care provided by age band.



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

The next table illustrates the proportion of Slough carers within different ethnic groups.



13.1 Adult Carers

380 carers assessments were completed between April 2014 and March 2015. In addition, 141 reviews took place.

The introduction of the Care Act has brought a marked increase in numbers of carers assessments. Between April and June 2015 189 assessments were completed, which compares to 103 for the same period in 2014. For the first five months following the implementation of the Care Act (April-August 2014) 64 carers were assessed as eligible for a direct payment.

13.2 Parent Carers

There are currently 114 families in receipt of short break support within the Learning Disability and Difficulty service. Twelve families are currently being supported through a direct payment.

In 2014 over 900 short breaks were provided to parent carers of children with special educational needs.

13.3 Young Carers

As indicated earlier, the latest census recorded higher numbers in that 377 aged up to 15 years and 976 aged 16-24 years provide regular care.

A mapping activity exercise undertaken by SBC in late 2014 identified a total of 448 young carers living in the Borough. A further 7 have subsequently been identified totalling 455.

14.0 Local views of carers

Building on consultation for the interim strategy, a group of local carers developed a questionnaire around the four national priorities. With the support of local providers, this was used as the basis to seek the views of others carers about what is important within a local strategy (Appendix 1).

The questionnaire was distributed to carers with the support of local community groups and provider services during the period May and June 2015. 107 carers completed the questionnaire. The results of this survey together with the ethnicity of respondents are attached in Appendix 2.

Overall there were consistent themes from the responses which included:

- Late recognition of themselves as a carer and therefore delaying getting support at the time that they needed it.
- Maintaining a positive relationship with the person they care for in addition to their role as a carer.
- The need for timely advice and training to equip them in their caring role.
- Receiving information, help and support.
- Undertaking caring responsibilities that are appropriate to age and ability.
- Having their own emotional and physical needs met and being recognised as a carer by GP.

Carers were also consulted at a local event during national carer's week 8-14th June 2015. The views were largely in line with those expressed within the questionnaires and are attached in Appendix 3.

The vision and draft action plan was discussed and agreed at the Carers Forum in September 2015 which was attended by 27 carers.

Discussion also took place in August 2015 with a small focus group of young carers about what is important to them. Feedback was consistent with views expressed during previous the consultations. They identified the following:

- I know that I am a young carer.
- I am happy to be a young carer for the person I care for.
- People in my community know that I am a young carer and are willing to help me.
- I know where to go to get the right support when I need it.
- I help make decisions for the person I care for.
- I can have a young carer's assessment if I choose to.
- I have time to relax, and meet with my friends.
- I have time to do all my school work.
- I can take part in different activities and youth clubs if I choose to.
- I am able to share what I know with others.

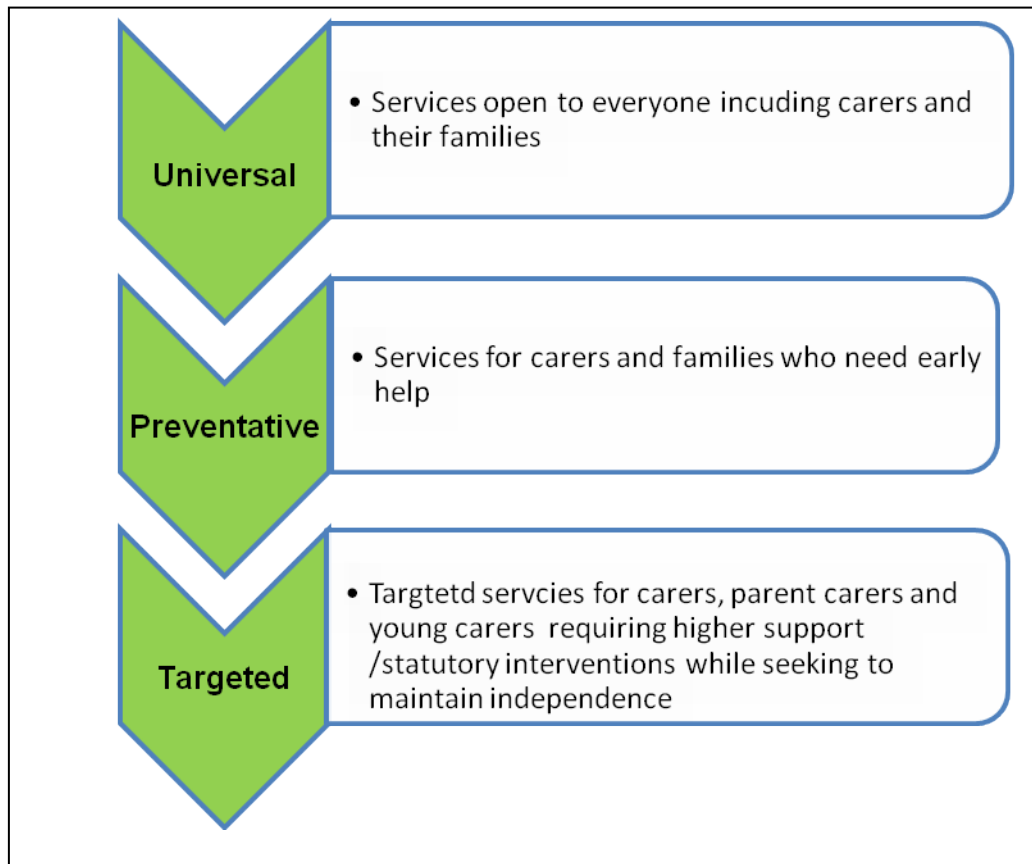
It is recognised that the majority of carers who participated in the engagements and development of this strategy were already known to services. A challenge for Slough is how we seek out carers unknown to services, including older carers, working carers, young carers and those across Slough's diverse community in order to understand their views to inform future commissioning.

15.0 Commissioning activity to support carers and their families

Commissioning activity to support carers in Slough will be in line with national and local drivers as well as our vision. This will require doing things differently through improved integration between health, social care and local providers as well listening to our carers. It will involve further shaping of the market to promote carer wellbeing as well as delay and prevent the need for intensive health and support services of those they support.

Local services will be commissioned to ensure the early identification of all carers. Services will support carers to use their knowledge, strengths and abilities to help them to continue caring for as long as they choose to do so. Newly commissioned services will be innovative, integrated, responsive to needs, promote active communities and real choices to people including targeted services when needed. They must be able to deliver value for money and demonstrate improvements in local outcomes for residents.

The model below illustrates how support will be delivered within a prevention model so that carers and the people they care for can access services appropriate to needs and circumstances.



The table below illustrates the type of activity contributes to each of the national and local four priorities.

Level of intervention	Examples of Proposed Activity	Priority 1 Identification and recognition	Priority 2 Realising and releasing potential	Priority 3 A life outside of caring	Priority 4 Supporting carers to stay healthy
Universal Services: Open to all including carers and families	Developing integrated methods of working across including Community Hubs	✓	✓		✓
	Ensuring access to generic information and advice	✓		✓	✓
	Supporting universal services to ensure carers and those whom they care for are actively enabled to participate	✓	✓		
	Promoting annual health check for those that are eligible	✓			✓
	Developing a local workforce confident in supporting carers and young carers from Slough's diverse community	✓			
Preventative Services : for all carers and families who need early help	Promoting carers assessment for adults that are proportionate to needs	✓	✓	✓	✓
	Promoting carers assessment and Early Help Assessment for young carer through a whole family approach	✓	✓	✓	✓
	Promoting Assistive Technology			✓	✓
	Ensuring access to carers training and information	✓	✓	✓	✓

Level of intervention	Examples of Proposed Activity	Priority 1 Identification and recognition	Priority 2 Realising and releasing potential	Priority 3 A life outside of caring	Priority 4 Supporting carers to stay healthy
	Providing advocacy for carers and young carers	✓	✓	✓	✓
	Ensuring access to peer support	✓	✓	✓	
	Providing age appropriate activities for young carers	✓	✓	✓	✓
	Awareness raising about the needs of carers within the local community e.g. health, schools, employers	✓	✓	✓	✓
Targeted Services: for carers, parent carers and young carers requiring higher support / statutory interventions while seeking to maintain independence	<ul style="list-style-type: none"> Ensuring direct payments are available for carers and families assessed as eligible 	✓	✓	✓	✓
	Ensuring respite provision for parent carers assessed as eligible	✓	✓	✓	✓

Support for Parent carers

Parent carers will continue to be supported through short breaks. SBC Short Breaks Statement 2014²² outlines the Council's duty and commitment to provide this support to disabled children and young people with learning difficulties and disabilities aged up to 19 years and their parent carers in Slough.

The aim is **“to enable as many disabled children and young people as possible to remain living at home with support from community services to lead normal family lives and have access to universal settings or more specialist local services in accordance with their wishes”**.

The strategy is to provide a range of activities based on feedback from parent/carers with the emphasis on developing the capacity of universal services. The purposes of short breaks are to give the child a valuable and enjoyable experience as well as the parent/carer a valuable break. The types of breaks available vary in length take the form of:

- Leisure activities inside or outside of the home (e.g. arts, crafts, music, day trips, sports)
- Developing independence skills (e.g. shopping, cooking and volunteering)
- Daytime care in the home or elsewhere
- Overnight care in the home or elsewhere
- Specialist activities during the evenings, weekends and school holidays.

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

Level	Service Description	Eligibility
1 Universal Services	Includes leisure centres, libraries, playgrounds, youth clubs, Children's Centre, extended school clubs, holiday clubs, childcare and uniformed clubs such as scouts and guides	Accessible to all children with or without a disability
2 Targeted Services	Targeted services deliver specialist short break provision for children and young people with disabilities. A range of organisations are funded to provide activities after school, at weekends and during the school holidays.	Access to these services ranges from no formal assessment to an assessment through an the Early Help Assessment tool

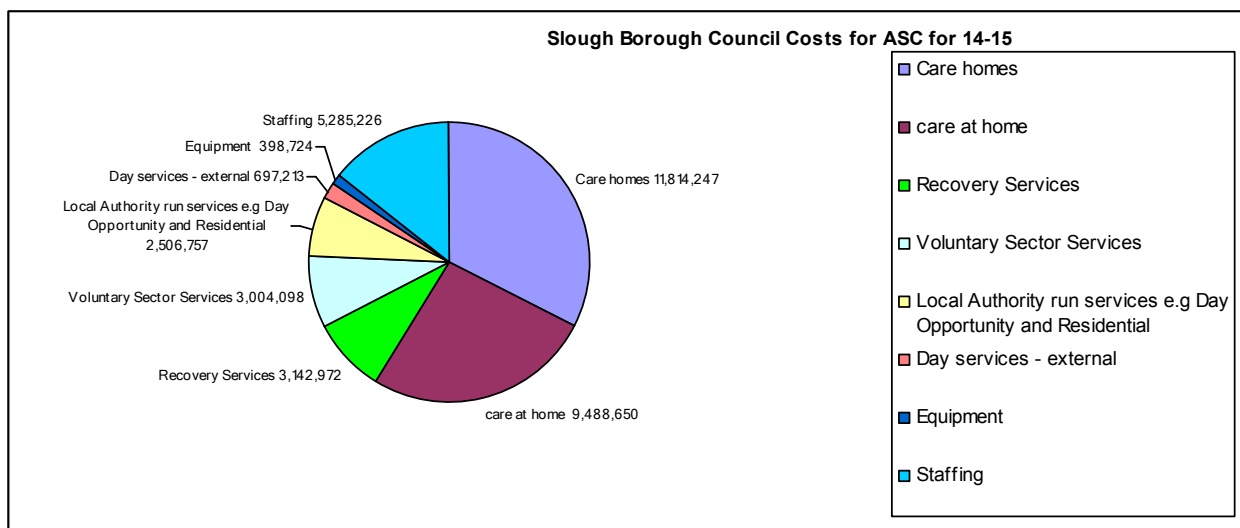
²² SBC short breaks statement 2014

Level	Service Description	Eligibility
3 Specialist Services	Designed for children/ young people with complex levels of need. Short breaks include specialist day care/ overnight stays with a trained Carer.	Access to level 3 require a social care and/or health assessment

15.1 How we spend the money

Carers support is integral to all aspects of the Councils services whether directly provided or commissioned. It does this through personalised assessment and support planning to improve outcomes for both carers and the person they care for. Therefore it is not always possible to isolate financial activity which supports just the carer.

Summary of Adult Social Care (ASC) expenditure 2014-15

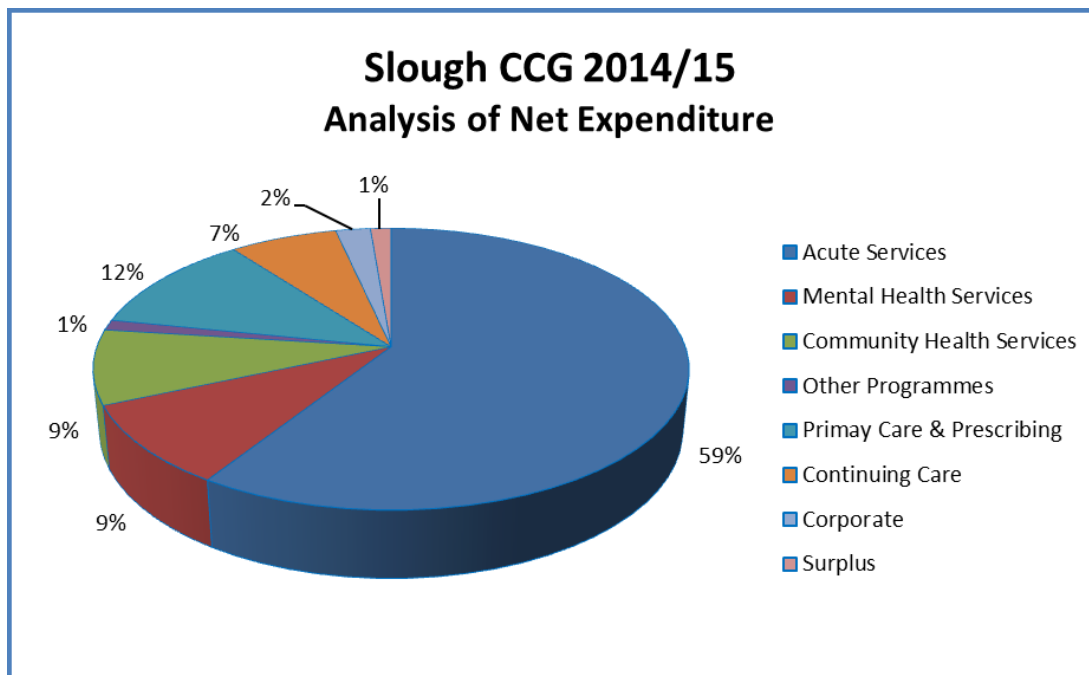


Summary of Slough CCG expenditure (net) 2014/15

The CCG expenditure for 2014/15 was £157.5 million. This equates to £1,059 for every person registered with a GP in Slough. Just over half of expenditure is spent on acute hospital services (£94 million).

The chart below²³ illustrated the percentage of the overall CCG budget on different services

²³ Slough CCG Annual report 2014/5

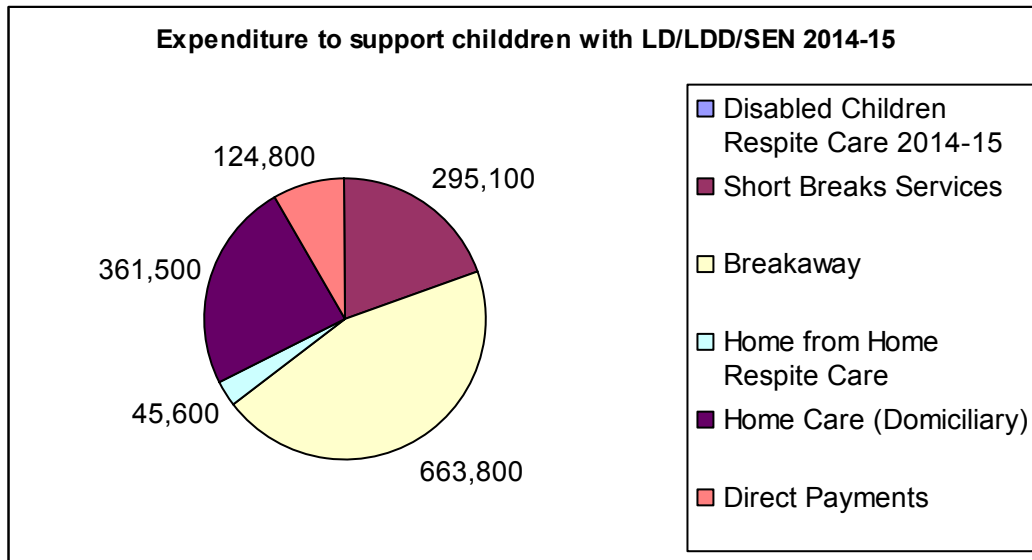


Specific commissioning activity to support carers through funding from SBC and Slough CCG (including Better Care Fund) for 2014/15 is outlined below:

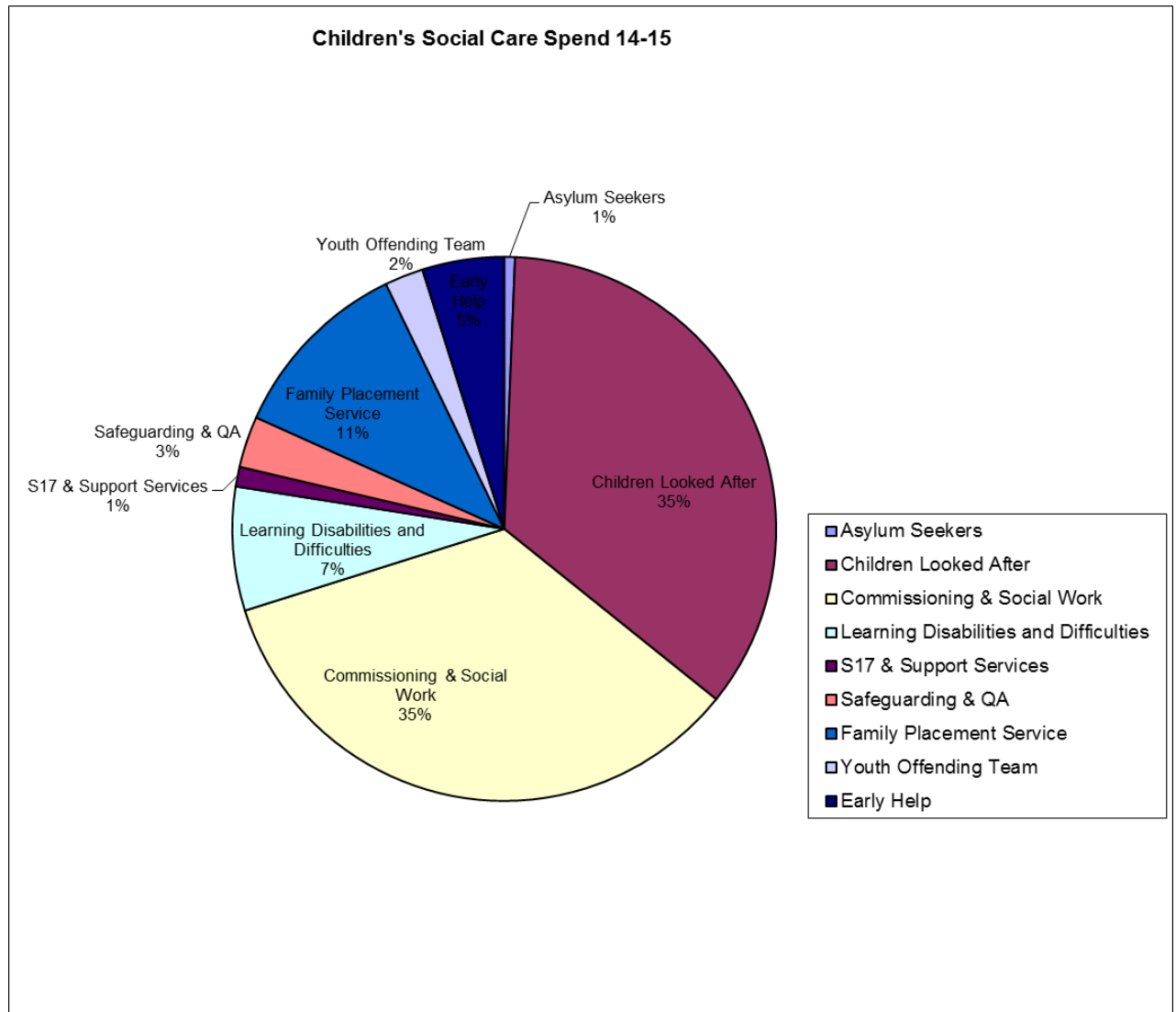
Activity	Detail
Carers short breaks/ respite care/ Direct Payments	Personalised support based on needs identified
Carers training	Targeted training programme based on identified needs of carers- includes Carers Rights, Safeguarding Adults, Dealing with Stress & Improving Well-being, Essential First Aid.
Contribution to commissioned voluntary sector services	Carers support element includes Information, advice, advocacy, peer support, carers training, carers newsletter and carers week support
Young Carers Support	<ul style="list-style-type: none"> Recruited young carer strategic lead for 12 months to support development of pathways, assessments tools Commissioned voluntary sector organisation to run young carers awareness session within schools
Information for Carers	Includes developing material to support implementation of the Care Act, promote GP Carers register and training
Early Bird and Early Bird Plus	Provides support to parent carers of children with autism

Marie Curie end of life care	Funds support to carers and those people who are at the end of life.
------------------------------	--

The chart below summarises Children’s Service expenditure 2014-15 to support children with learning disabilities and difficulties and those with special educational needs. This will also support parent carers of these children.



The following pie chart illustrates the total Children's social care expenditure for 2014-15. The overall expenditure is £24 million.



15.2 Future commissioning activity to support carers

For the period 2015-16 the total Slough CCG and SBC ASC budget for carer specific activity is £491,000. This funding includes the Carers elements identified within the Better Care Fund and the Department of Health grant to support the implementation of the new duties and responsibilities introduced within the Care Act.

This will fund the following activity in 2015-16

Activity	Detail
Carers Assessments / Reviews	To meet requirements of Care Act to support additional carers' assessments
Carers Direct Payments – adult carers	To meet requirement of Care Act

Activity	Detail
Voluntary sector commissioning	To meet prevention and wellbeing element of Care Act: includes Information, advice, advocacy, peer support, carers training etc
Young Carers Support	Recruit operations post, commission and develop Young carers support
Emergency respond service for carers – pilot initiative	To develop a service to put in short term contingency plans to support person in need of care. This provides peace of mind to carers at times of crisis.
Additional funding to support replacement care	Replacement care is a service for the cared for. However it is also recognised as a critical service for the carer. The cared for will be financially assessed for this support.
Carers Information	Includes developing material to ensure carers aware about their increased rights under the Care Act
Marie Curie	End of life care
Early Bird and Early Bird Plus	Support to parents of children with autism

The budget for commissioned respite care services which provide short breaks or overnight care 2014/5 is £578,000. In addition SBC manage a learning disability respite service which has a budget of £429,000. Respite services are chargeable to the cared for and will also benefit their carer/s.

SBC does not currently charge for carers' support services and this position was reaffirmed by SBC elected members earlier this year. Any future changes to the charging policy would involve full consultation with carers and other stakeholders as part of a full equality impact assessment. The future funding position of local authorities throughout the country is unclear as is the impact of Care Act including the increased numbers of carers who are eligible for support. It is important that where resources become increasingly limited, these are used to support those carers who are most at risk.

SBC and Slough CCG are re-commissioning the Voluntary and Community Sector (VCS) services in order to fulfil statutory duties within Care Act as well meet local priorities for carers.

The VCS will have an important role in delivering a range of support to carers. This includes the following activities:

- Proactive approaches in supporting the early identification of carers including hidden carers
- Providing information and advice
- Undertaking carers assessments and support plans
- Supporting carers with self-assessments
- Supporting carers to register as a carer with GP surgeries
- Enabling carers to access support from a range of sources within Slough
- Supporting carers to stay physically and emotionally well
- Supporting carers to get into work or study, or carry on working or studying
- Enabling carers to enjoy a life of their own outside of caring
- Identifying and facilitating carers training
- Signposting carers, including young carers to access appropriate support
- Coordinating carers activity through range of means including Carers Forum, Carers week and newsletter
- Supporting carers to access breaks
- Undertaking awareness raising of carers with Slough e.g. employers

Other commissioning and development activities benefiting carers include;

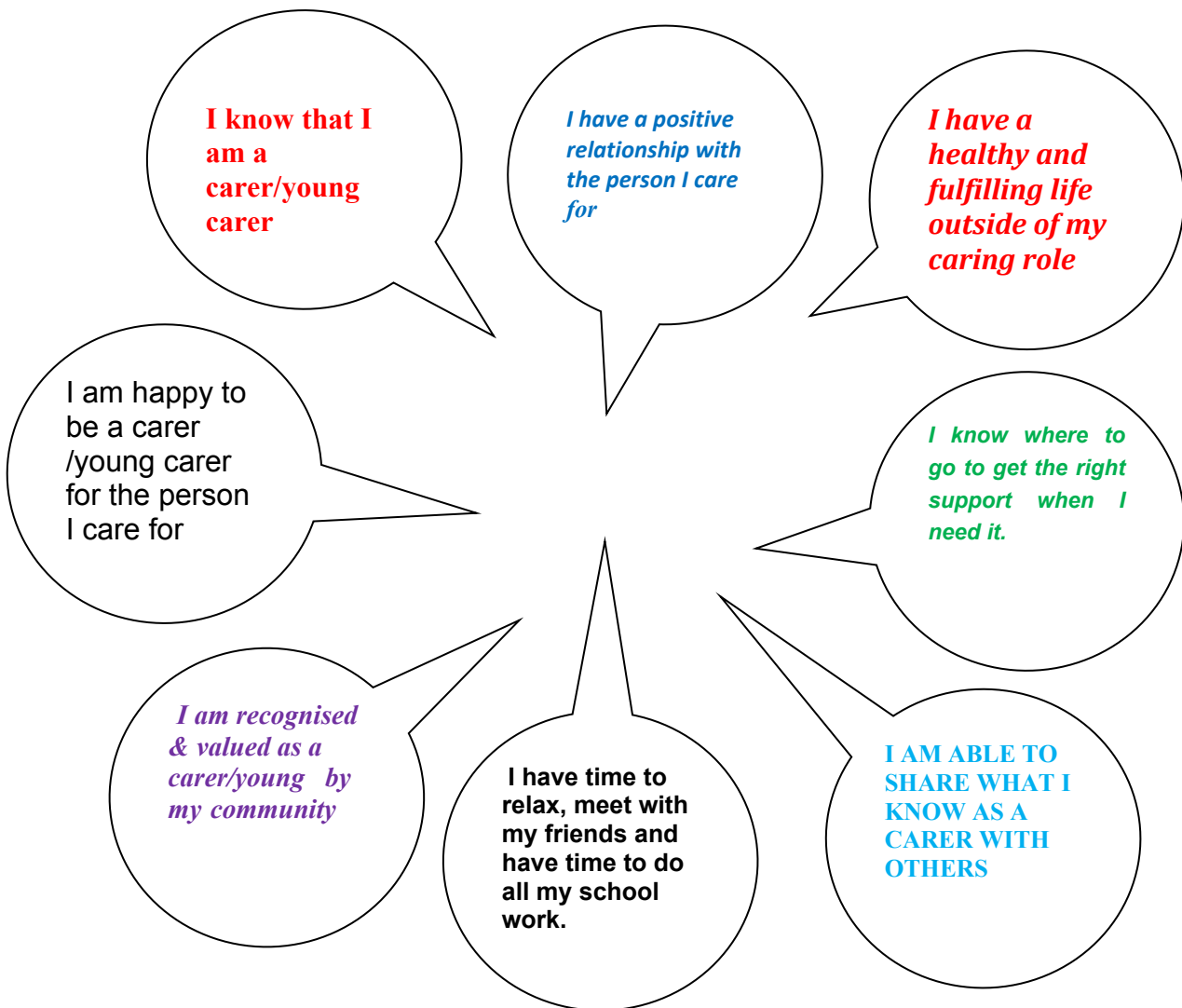
- Re-focusing adult social care practice towards a community based support in tandem with developing local links with community and voluntary organisations.
- Re-commissioning of Slough CCG and SBC advocacy services to meet statutory and non statutory needs. It will be Care Act compliant and will include advocacy for carers.
- Review and re-commissioning a range of services including personalised homecare, re-placement care, housing related support, supported living respite, residential and day opportunities through a dynamic purchasing framework/model. Carer specific services will be identified through the model which they can purchase via their direct payment.
- Introducing a pre-paid card service to support people manage their direct payments.
- Increased the offer for enhanced integrated intermediate care and re-ablement services to help people return home following a hospital admission.
- Re-tendering the Berkshire Community Equipment Service which supports and enables independence.

- Commissioning local voluntary groups and schools to provide short breaks for children with disabilities to enable their parent carers and siblings who may be young carers to have breaks from their caring duties.
- Developed a pathway to facilitate access to financial information and advice for self funders which is impartial and independent of the Council.
- Continue to promote and develop the range of range of telecare equipment for service users and their carers.
- Commissioned a personal assistant matching service for service users and carers in receipt of direct payments or funding their own care. This also offers employer advice and payroll support.
- Developing options for increased coordination between health and social care support for people in care homes and residential placements. This will include their carers where appropriate.
- Continue to work closely with parent carers of children and young people with special/additional needs, to ensure their involvement in decisions made during planning or developing services. This will include re-commissioning the short- breaks service for children and young people with special/additional needs commencing 2016.
- Commissioning a pilot responder service to support people using telecare equipment in times of crisis.

16.0 Summary

This Joint Carers Strategy outlines our vision of how carers will be supported in Slough. It describes how the local market will be shaped over the next three years through developing universal, preventive and targeted services as well as the response to the new legislation. It is anticipated that there will be increased demand for support from carers and therefore vitally important that support services are accessible, affordable, responsive and targeted. We will deliver this strategy by developing a local market with a wide range of sustainable, high-quality care and support services for carers.

We will know we are successful in delivering this strategy when, using words of some of our local adult and young carers we have achieved the following:



‘Slough Caring for our Carers’

Joint Carers Commissioning Strategy 2015-20

Following the Care Act 2014, Slough Borough Council and NHS Slough CCG (the body that commissions local hospital and community NHS services) are in the process refreshing its Carers Strategy with local Carers and other partner organisations. This is an important plan which states how together, we will support Slough’s Carers over the next five years.

Valuing our Carers

We recognise Carers provide a very important role in promoting and maintaining the wellbeing of others in our local community. It is therefore important that as a Carer **you** are supported to lead as full a life as possible alongside your caring role.

The Government has set out four national priorities as to how Carers should be supported. Working together with local Carers, we have identified some local outcomes as to how these priorities will be put into action in Slough.

We want to know what your needs are as a carer so we can work to achieve the best outcomes for you and the people you care for. A Slough carer has described an outcome as “the destination, not the journey”, so think about what you would like to achieve, not how you could do it.

Under each priority please select the 4 outcomes that are most important to you, and number them 1-4, with 1 being most important.

We also want to hear anything else that we might have missed, please write any further suggestions below.

National Priority Area 1: Identification and Recognition

Local outcomes for Slough’s Carers

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I know I am a carer |
| <input type="checkbox"/> | People appreciate what I do as a carer |
| <input type="checkbox"/> | The support I receive meets my cultural and language needs |
| <input type="checkbox"/> | I am consulted / involved in the support of the person I care for |
| <input type="checkbox"/> | I can have a carers assessment if I choose to |
| <input type="checkbox"/> | I have choices about the support I receive |

National Priority Area 2: Realising and Releasing Potential

Local outcomes for Slough’s Carers

	I have a positive relationship with the person I care for
	I am able to fulfil my role as a carer
	I am able to share what I know with others
	I am able to recognise my own needs
	I get advice and training to support the person I care for
	I meet the needs of the person I care for with dignity and respect
	I know where to go for employment opportunities, education and training

National Priority Area 3: A Life Outside of Caring
Local outcomes for Slough's Carers

	The care I give is appropriate to my age and abilities
	I will receive information about Direct Payments
	I feel part of my community
	I have opportunities to do things for myself
	I know where to go for information, help and support
	My employer understands my caring responsibilities
	I know other carers to share experiences, get support and learn from each other
	I have a life outside of caring
	It isn't assumed that my family will take on the caring role
	I am recognised as an individual and a carer

National Priority Area 4: Supporting Carers to Stay Healthy
Local outcomes for Slough's Carers

	My emotional needs are met
	My carers assessment is all about me
	My GP knows I am a carer

<input type="checkbox"/>	I feel safe in my caring role
<input type="checkbox"/>	My physical health needs are met
<input type="checkbox"/>	I am in control of the care I give
<input type="checkbox"/>	I recognise my own needs as a carer
<input type="checkbox"/>	I can have flexible appointments with organisations that fit around my caring role
<input type="checkbox"/>	I can have a break when I need it

Any further comments or suggestions...

Demographic Information

You are not required to complete the next section, but telling us about your background will help us make sure we are meeting the needs of all our communities.

If you feel the group you identify with is not listed, please feel free to write this in.

All responses will be treated in confidence.

Are you:

- Male
- Female
- Prefer not to say

Date of Birth (dd/mm/yyyy)

Age:

- Prefer not to say

What is your Ethnic Group?

White

- British
- Irish

Any other White background, please state:

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian

Any other Mixed background, please state:

Black or Black British

- Caribbean
- African

Any other Black background, please state:

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Sikh

Any other Asian background, please state:

Chinese or other ethnic group

- Chinese
- Other, please state:

What is your religion / faith / belief?

- | | | |
|------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> None | <input type="checkbox"/> Prefer not to say | |

Other (please state):

Do you have a disability?

The Equality Act 2010 defines disability as a physical or mental impairment with substantial and long- term, adverse effects on ability to perform day to day activities.

- None
- I have a specific learning difficulty (for example dyslexia)
- I am blind or partially sighted
- I am deaf or hard of hearing
- I use a wheelchair or have mobility difficulties
- I have mental health difficulties
- I have a disability that cannot be seen, e.g. diabetes, epilepsy or a heart condition
- I have Autistic Spectrum Condition or Asperger's Syndrome
- I have a disability, special need or medical condition that is not listed above
- I have two or more of the above
- I do not wish to provide this information

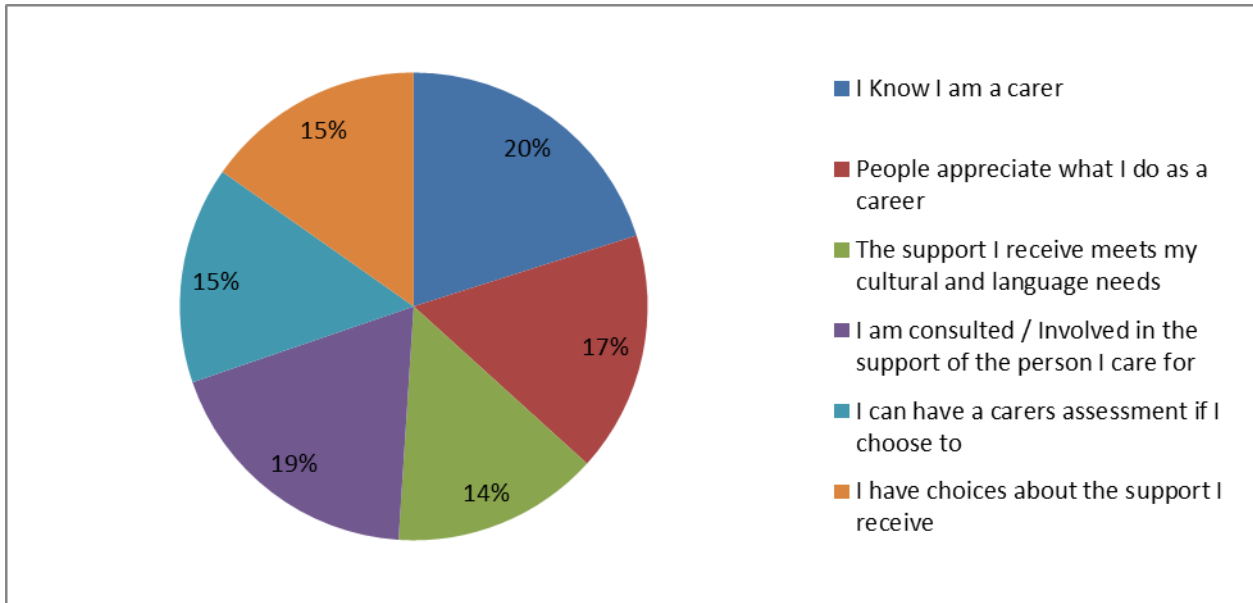
Thank you for taking the time to complete this survey.

If you would like further information or to be kept up-to-date with the progress of the Carers Strategy please call Beth Reed on 01753 875538 or email beth.reed@slough.gov.uk
Please return forms by 26th June 2015

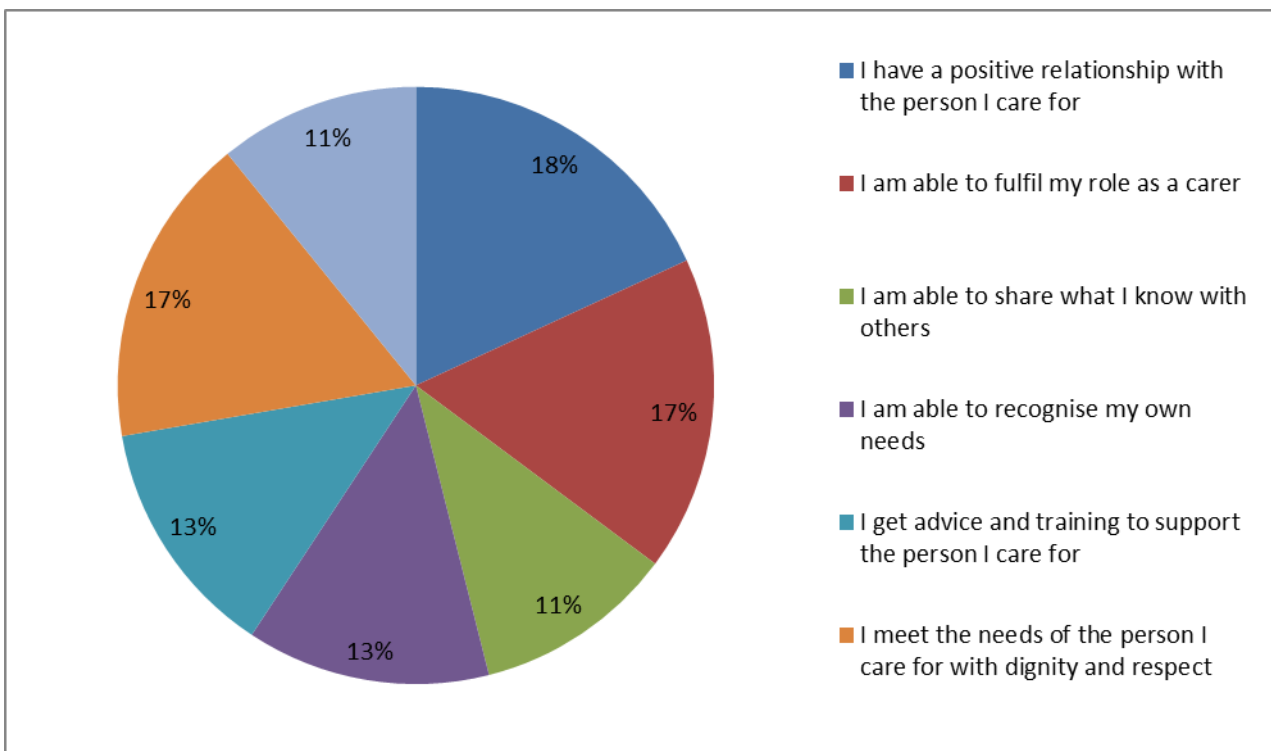
Appendix B - Responses to questionnaires

The charts below illustrate the responses to the questionnaire (appendix 1). 107 carers completed the questionnaire (89 women, 2 men and 6 not specified).

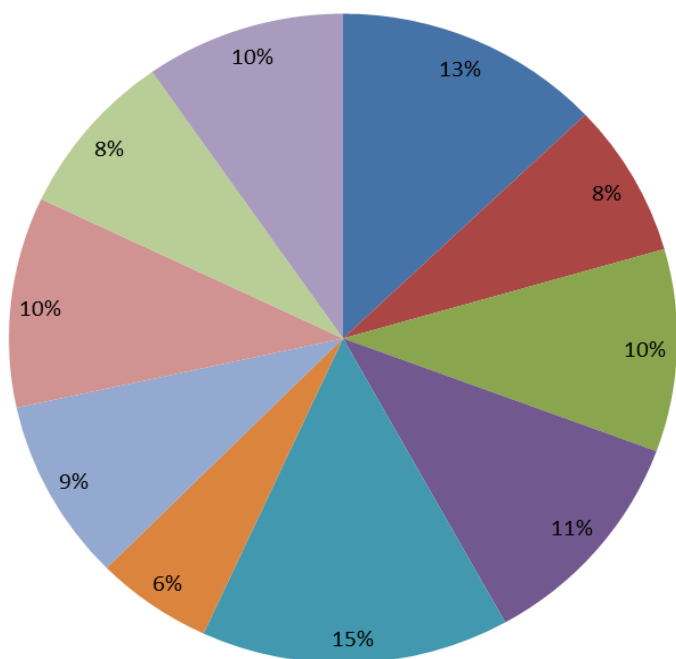
Priority 1 Identification and recognition



Priority 2 Realising and releasing potential

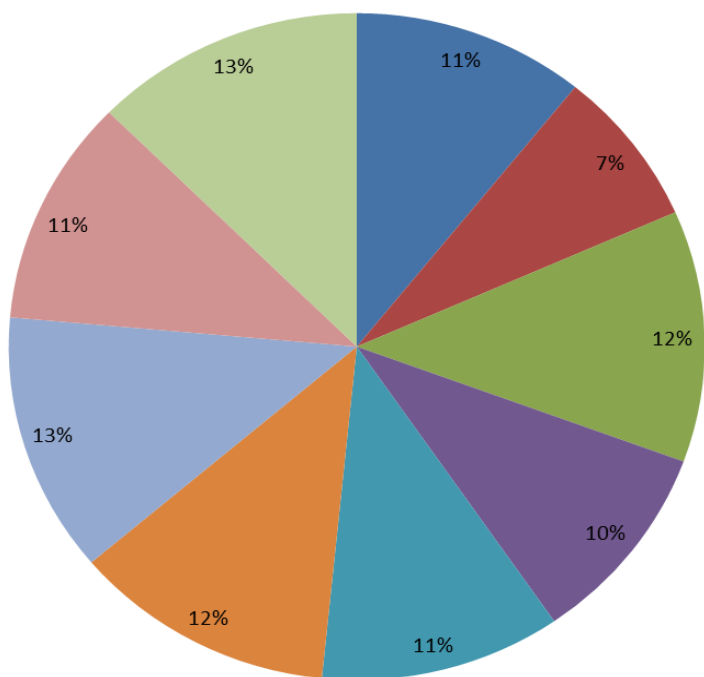


Priority 3 A Life Outside Caring



- The care I give is appropriate to my age and abilities
- I will receive information about Direct Payments
- I feel part of my community
- I have opportunities to do things myself
- I know where to go for information, help and support
- My employer understands my caring responsibilities
- I know other carers to share experiences, get support and learn from each other
- I have a life outside of caring
- it isn't assumed that my family will take on the caring role
- I am recognised as an individual and a carer

Priority 4 Supporting Carers to Stay Healthy



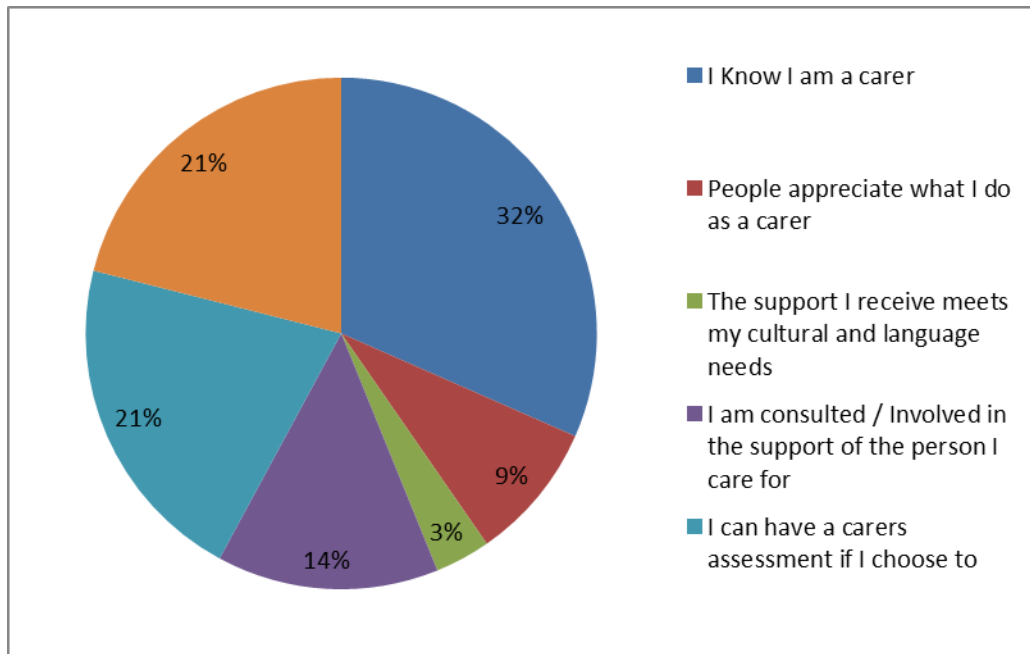
- My emotional needs are met
- My carers assessment is all about me
- My GP knows I am a carer
- I feel safe in my caring role
- My physical health needs are met
- I am in control of the care I give
- I recognise my own needs as carer
- I can have flexible appointments with organisations that fit around my caring role
- I can have a break when I need it

althy

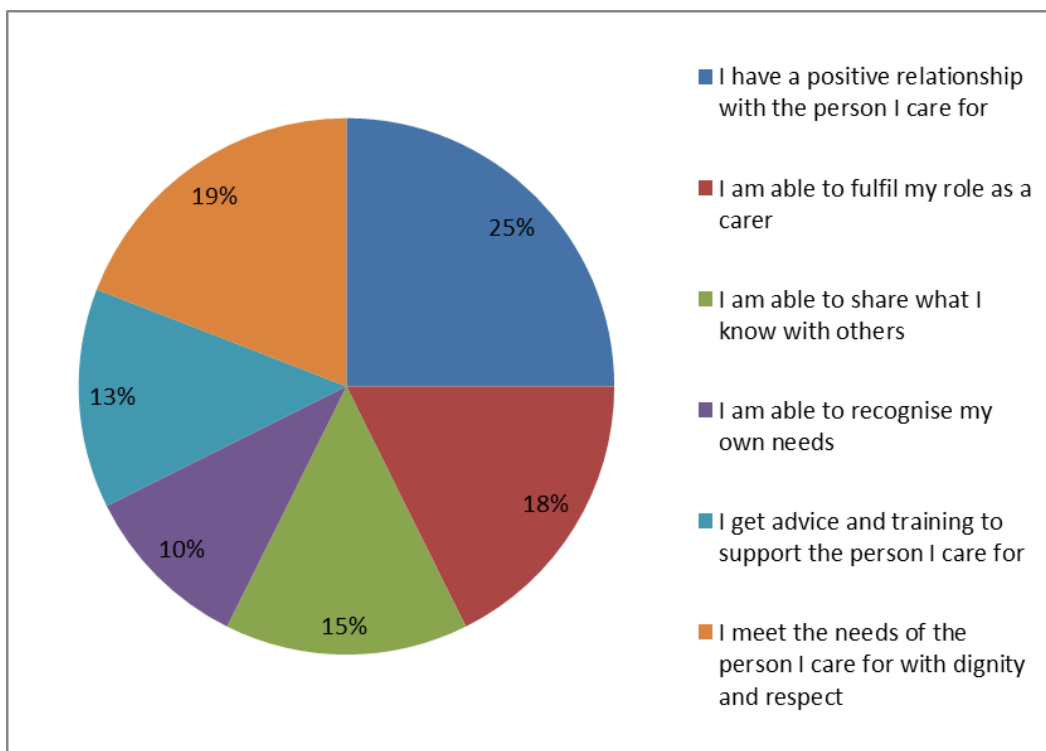
Appendix C - Responses questions at a Carer's event

The data below are responses to a group exercise at a carer's event during national carers week attended by 37 carers. It follows the same format to that in questionnaire in Appendix 1.

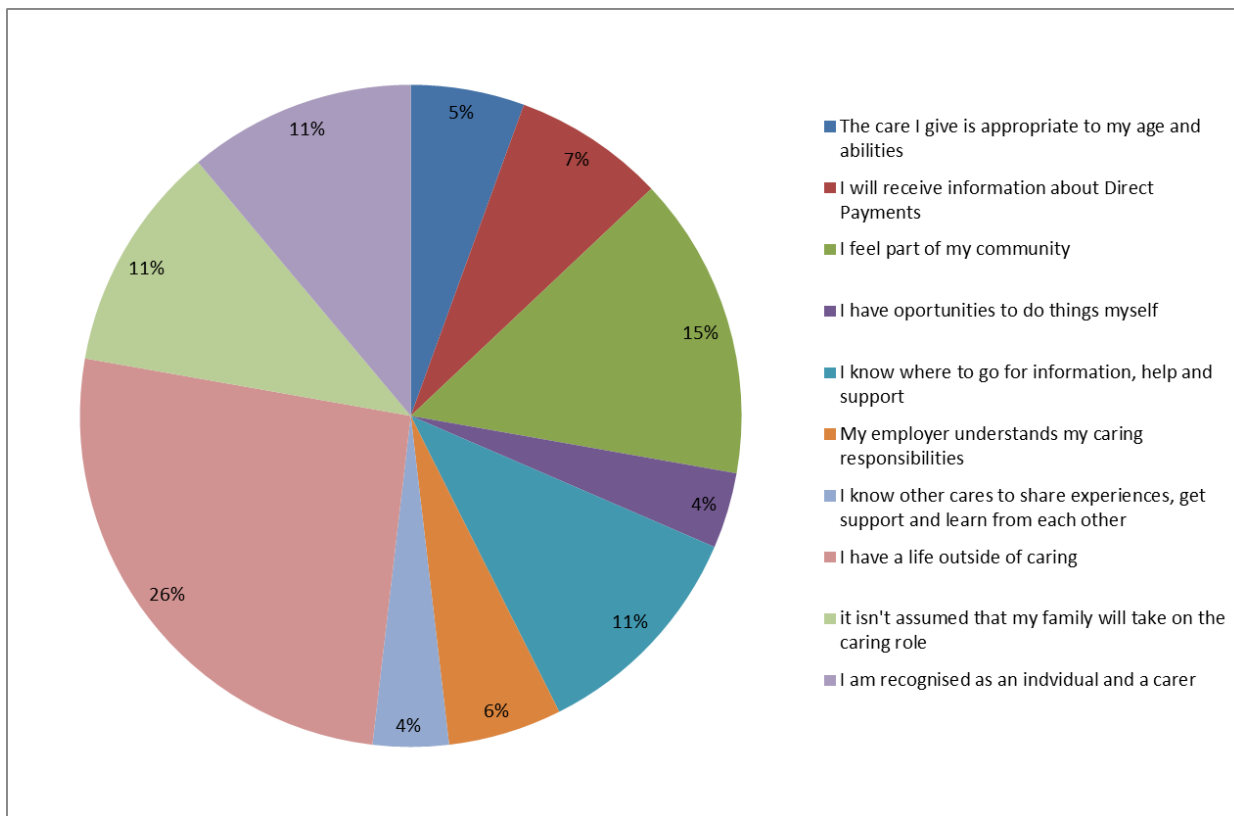
National Priority Area 1: Identification and Recognition



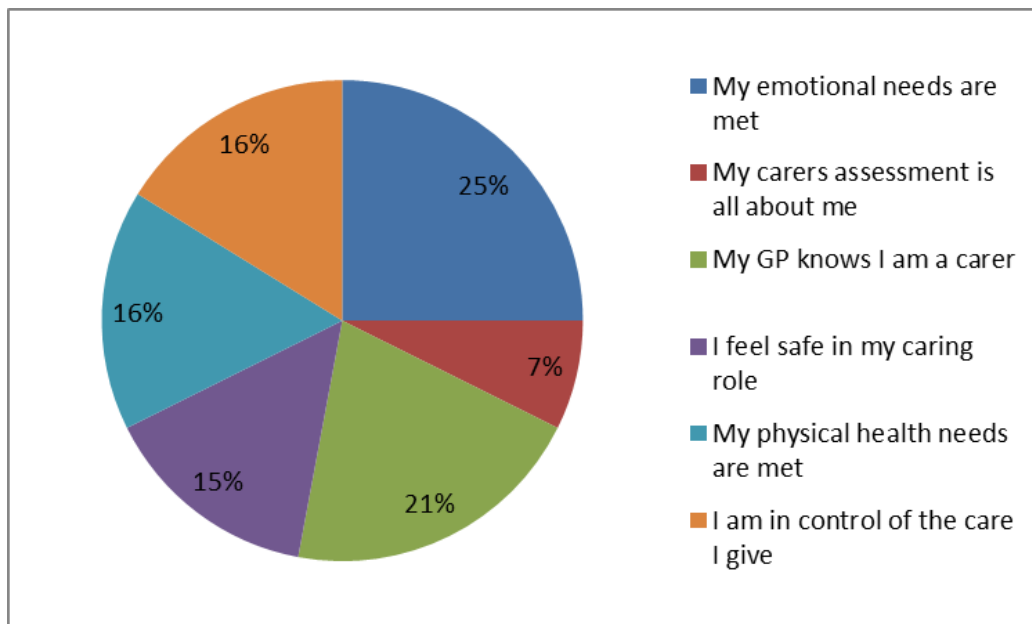
National Priority Area 2: Realising and Releasing Potential



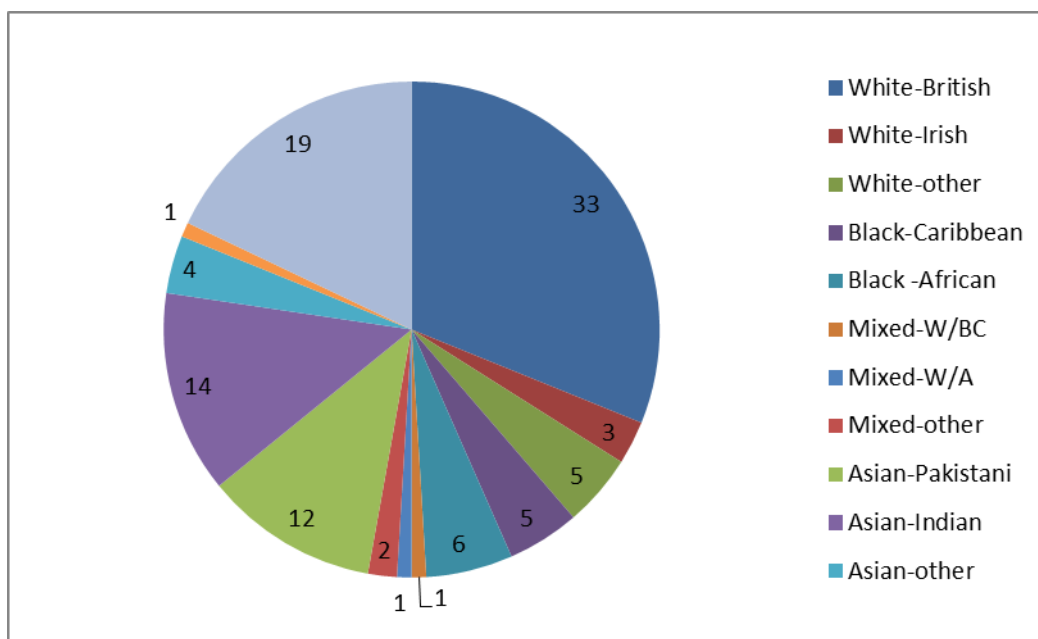
National Priority Area 3: A Life Outside of Caring



National priority Area 4: Support Carers to Stay Healthy



Ethnicity of the carers completing the questionnaire



Appendix D - Slough's Joint Carers' Commissioning Strategy 2015-20 Action Plan

This action plan has been developed in response to feedback from carers and young carers on what they say will help support them in their caring role.

The delivery and monitoring of the action plan will be overseen by the Carers Partnership Board with progress reports to the Slough Wellbeing Board. It will be updated as required during the life of the strategy.

Key Actions	Outcome	Measure	Lead	Timescale
Priority area 1: Identification and recognition				
<ul style="list-style-type: none"> Commissioned voluntary and community sector (VCS) to deliver preventive and targeted support to carers - includes information, advice, advocacy, carers assessments, support planning. Continue to develop Slough Services Guide and CCG websites to provide information for carers 	<p>Increased number of carers who are identified in Slough including older/ working and/or from slough's diverse community.</p> <p>Carers will:</p> <ul style="list-style-type: none"> understand they are carers and are entitled to support access information and advice in order to make informed decisions engage in co-commissioning and development of new services be involved in care and support planning that meets their individual needs and the person they care for. 	<ul style="list-style-type: none"> Number of carer assessments /support plans Numbers of carers identified from all communities Carer feedback through service reviews, forums and questionnaires 	Commissioner-ASC	<p>January 2016</p> <p>(April '16 for newly commissioned advocacy services)</p>
Effective monitoring of commissioned services	<ul style="list-style-type: none"> Services meet outcomes within service specification 	<ul style="list-style-type: none"> Quantitative data:- e.g. numbers of people 	Commissioner - ASC	August 2016

Key Actions	Outcome	Measure	Lead	Timescale
	and deliver value for money	supported, activities, <ul style="list-style-type: none"> • Qualitative data: e.g. Support plans meeting individual outcomes , carers feedback, reduced number of carer break downs 		
To monitor numbers and quality of adult and young carers assessments and support plans	Compliance with duties and responsibilities of the Care Act and Children and Families Act	Carers feedback/improved outcomes/ reduced carers breakdowns	Commissioner-ASC Head of Early Help Head of ASC Operations	April 2016
<ul style="list-style-type: none"> • Map and profile number of carers currently known and assessing support • Identify gaps • Develop coordinated approach to identifying carers who are currently unknown to services. 	<ul style="list-style-type: none"> • Increase support for local carers • Reduce carer break down 	Increased numbers of new carers identified	Commissioner-ASC Head of Early Help and Young Peoples Services	July 2016
<ul style="list-style-type: none"> • Implement locally the MOU to support young carers outlining responsibilities for identification assessment and transition arrangements. • Establish a young carers steering group to oversee implementation 	Effective arrangements in place to <ul style="list-style-type: none"> • identify and support young carers • record numbers supported across local services. 	<ul style="list-style-type: none"> • Increased number of young carers identified and accessing support • Views of young carers and their families 	Commissioner-ASC Head of Early Help Young Peoples Services Head of ASC Operations	April 2016
Consult carers about the planned re-modelling of Adult Social Care	The public including carers access support in line with the Care Act (wellbeing, prevention	Carers report their views have been heard in design of	Programme Manager – Social	Jan 2016

Key Actions	Outcome	Measure	Lead	Timescale
support pathways including assessments and support opportunities	and personalisation)	the new model	Care Reform	
Involving carers as expert partners in reviewing and developing future health and social care services	<ul style="list-style-type: none"> Support for carers is sustainable and targeted effectively Carers recognised as valued partners Effective support in place to meet local needs 	Carer feedback and evidence of engagement	Commissioner ASC CCG BCF Manager Programme Manager – Social Care Reform Slough CCG Carers lead & GP Carer lead (<i>to be identified</i>)	April 2016
Involving carers as expert partners in development of future services - e.g. short breaks	Support for carers is sustainable and targeted effectively	Carers feedback	Commissioner- ASC Children's services Commissioner	November 2016
Scope and design carers/young carers awareness training to deliver to professionals across health, social care, young people's services and partner organisations	<ul style="list-style-type: none"> Increased about awareness of the needs of both adult and young carers knowledge of local support available including assessment processes/pathways for both adult and young carers 	<ul style="list-style-type: none"> Carers feedback Higher numbers of carers will have their needs assessed for support 	Commissioner- ASC CCG Programme manager Training Officer Carers Partnership Board	April 2016

Key Actions	Outcome	Measure	Lead	Timescale
<ul style="list-style-type: none"> Children's' Services to undertake an assessment where it appears that a carer may have needs when caring for a disabled child Social Workers in the Children's Learning Disabilities and Disabilities Service incorporate carers assessment as a discrete section of the Child and Family Assessment 	<p>All Child and Family Assessments will lead to agreed:</p> <ul style="list-style-type: none"> outcomes about services to be provided processes for review (an integral part of the assessment and Children In Need plan) 	<p>Reduced numbers of family break downs Parent carer views</p>	Head of LDD	December 2015
Monitor Protocols between SBC and the new Children's Trust to ensure needs of parent carers are given a high priority in the new arrangements	<ul style="list-style-type: none"> Parent carers are effectively supported to carry on their caring role Reduced family breakdown /children in care 	Parent carer feedback	Children's Services Commissioner/ Slough Children's Trust	April 2016
Priority area 2: Realising and releasing potential				
A coordinated training and information programme based on the identified needs of local carers, including peer support	Carers equipped to meet their caring responsibilities	Carers feedback Reduced carer breakdown	Commissioner - Adults	April - rolling 2016
Quality and effectiveness of carer support plans reviewed	The individual outcomes of carers are met.	Carer feedback. Reported outcomes and carer satisfaction.	Head of ASC Operations Commissioner - Adults	April 2016
To continue to work with schools to ensure young carers are effectively identified and supported	Young carers protected from inappropriate caring that impacts on their education and	<ul style="list-style-type: none"> School attendance GCSE/A Level results School have database of 	Head of Youth Services	

Key Actions	Outcome	Measure	Lead	Timescale
<ul style="list-style-type: none"> To monitor impact of the work with schools to measure impact 	employment opportunities	young carers		
To build on and promote good practice activities with local employers to raise awareness about the needs of working carers and promote their skills.	<ul style="list-style-type: none"> Carer feel supported to maintain their employment Increased employment opportunities for carers 	Numbers of carers in employment	Commissioner - Adults	April 2017
Review and promote employment/ skills-based opportunities for carers with local partners - job centre plus, lifelong learning.	<ul style="list-style-type: none"> Carers access opportunities available to them 	Numbers of carers in employment accessing training	JCP Manager Head of Life Long Learning? Commissioner - Adults	April 2017
Priority area 3: A life outside of caring				
<ul style="list-style-type: none"> To further consult young carers about their needs To commission and develop opportunities to meet needs in light of consultation 	Young carers are supported through accessing universal and targeted support	Young carer feedback	Head of Early Help Head of Youth Services Targeted Support Manager (Young Peoples Services)	April 2016
Increased personalised support for carers	Direct Payments support carers to meet the identified outcomes with their personalised support plan	<ul style="list-style-type: none"> Increased numbers of carers receiving a direct payment Carer survey Carer Annual Reviews 	Commissioner - Adults Head of Adult Social Care	In progress To be reviewed.
Carers are directed to information and advice relevant to their needs (e.g. welfare benefits, financial/debt advice, housing and employment)	Carers receive advice and information to meet individual needs	<ul style="list-style-type: none"> Carer feedback Numbers receiving carers allowance 	Commissioner - Adults	In progress. To be reviewed 2016
Review of respite/replacement care	<ul style="list-style-type: none"> The carer receives a break from their caring role 	<ul style="list-style-type: none"> Reduced carer breakdown 	Commissioner - Adults	April 2016

Key Actions	Outcome	Measure	Lead	Timescale
	<ul style="list-style-type: none"> The cared for is in receipt of replacement care depending on their assessed need 	<ul style="list-style-type: none"> Reduced hospital admissions due to carer breakdown 		
<ul style="list-style-type: none"> Review demand and impact for emergency response service Develop pathway/processes 	<ul style="list-style-type: none"> Carers have increased peace of mind at time of crisis Contingency plans in place to support the cared for 	<ul style="list-style-type: none"> Reduced hospital admissions due to carer breakdown Reduced admissions to care homes 	Commissioner - Adults	December 2015
Continue to develop and promote telecare options for service users and carers	<ul style="list-style-type: none"> Increased independence for both carer and cared for 	<ul style="list-style-type: none"> Number of people accessing telecare Carer feedback 	Commissioner - Telecare	October 2016
Priority area 4: Supporting Carers to stay healthy				
<ul style="list-style-type: none"> Continue to develop and promote the GP carers register within local surgeries, including young carers Encourage carers to register with their GP Report and monitor the impact of GP carers register 	<ul style="list-style-type: none"> Recognition of carers and their health needs at GP practices GP support to carers is consistent within Slough Timely access for carers to GP appointments 	<ul style="list-style-type: none"> Numbers of carers on GP registers Reduction in non-elective admissions to hospital Patient /carer feedback 	Slough CCG Carers lead & GP Carer lead (<i>to be identified</i>)	July 2016

Key Actions	Outcome	Measure	Lead	Timescale
<ul style="list-style-type: none"> Promote annual health checks for eligible groups and flu vaccinations Helping carers to identify their own health needs and those of the people they care for 	<ul style="list-style-type: none"> Carers health needs are met Early identification and prevention of health conditions Carers are better able to manage their health and wellbeing, including stress 	<ul style="list-style-type: none"> Increase take up annual health checks and flu vaccinations Screening activity and early detection of illness Reduction in hospital admissions Reduce number of carer breakdown Carer feedback Carers participating in health awareness programmes 	Slough Public Health lead	January 2016
<ul style="list-style-type: none"> GP practices refer carers to local services to help meet identified needs. GPs to promote local services 	Carers receive improved support through integrated working between health, social care and voluntary sector.	<ul style="list-style-type: none"> Increased numbers of carers referred for carers assessments and sign posted to other agencies Increased number of Carers receiving appropriate support including carers assessment 	Slough CCG Carers lead & GP Carer lead <i>(to be identified)</i> Commissioner - Adults	April 2016
<ul style="list-style-type: none"> Ensuring carers are appropriately safeguarded according to local multi-agency policy and procedures Commissioned services have robust safeguarding procedures in place and comply with local policies and procedures. 	<ul style="list-style-type: none"> Carers have a clear understanding of what safeguarding means Carers have access to appropriate support to prevent safeguarding concerns Carers are appropriately engaged and involved in safeguarding investigations 	<ul style="list-style-type: none"> Number of safeguarding alerts involving carers Numbers of carers attending safeguarding training 	Head of Safeguarding and Learning Disability	April 2016

Key Actions	Outcome	Measure	Lead	Timescale
<ul style="list-style-type: none"> To improve admissions and discharge arrangements for carers between hospital and community. Carers identified on discharge and signposted for support 	<p>Carers are fully involved in admissions and discharge arrangements resulting in smooth transitions for carer and cared for.</p> <p>Carers accessing timely support</p>	<p>Carer and patient feedback</p>	<p>Slough CCG Carers lead & GP Carer lead Commissioner – Adults</p>	<p>April 2016</p>

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 1st October 2015
CONTACT OFFICER: Alan Sinclair, Acting Director Adult Social Services
(For all Enquiries) (01753) 87 5752
WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

ADULT SOCIAL CARE LOCAL ACCOUNT1. **Purpose of Report**

To provide the Health Scrutiny Panel with a brief overview of the draft Adult Social Care Local Account 2014-2015; to note the achievements made in 2014-2015 and to comment on the draft priorities for 2015-2016.

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

That the panel is asked to comment on the Local Account for wider publication.

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

The Local Account for 2014/2015 reports on the progress Adult Social Care during 2014/15 and reflects the priorities set out in Slough's Wellbeing Strategy:

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

3.1 The Slough JSNA highlights the following key trends relevant to the content of the Local Account

- Deprivation is lower than average although over half the population live in areas classified as deprived;
- The health of the town is poor, the town is experiencing increasingly high rates of TB, and the number of premature deaths due to cardiovascular and cancer is worse than the national average. 25.7% of our adult population is classified as obese and this is expected to continue to increase.
- Estimated levels of adult smoking and physical activity are worse than the England average;
- The estimated level of smoking is above the national average at 22%;

- In the last ten years, all cause mortality rates have fallen. The early death rate from heart disease and stroke has fallen but is worse than the England average;
- The proportion of people aged 85 years and above in Slough is expected to increase by 27% over the next five years; this includes a growing percentage of a population which is diverse with complex health and social care needs.

This means that local health and social care services must change to meet the growing number of people with complex and long term needs.

3.2. **Five Year Plan Outcomes**

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

- The Local Account has within it priorities for 2015-2016 supporting people and communities to maintain or regain independence and where possible, to create an environment where people are taking responsibility for their own health and support needs.

4. **Other Implications**

(a) Financial

The Local Account includes a brief section on expenditure during 2014-2015

(b) Risk Management

The Local Account is an opportunity to increase awareness of the good work undertaken by Adult Social Care services in Slough and includes, a description of the wider financial and policy challenges of the previous year, and outlines the ambitions for the year ahead.

(c) Human Rights Act and Other Legal Implications

There are no implications as a result of this report.

(d) Equalities Impact Assessment

There are no implications as a result of this report.

5. **Supporting Information**

5.1 **What is the Local Account?**

The Local Account is an important aspect of our commitment to improving quality of services and transparency. The Account highlights key achievements in Adult Social Care and demonstrates progress the Council is making towards positive outcomes for local vulnerable residents who depend on health and social care services.

- 5.2 Local accounts are used by councils across the country to assess how well adult social care services are performing and includes information on how the money is spent, achievements over the past year and priorities for the year ahead.

This is the Council's fourth Local Account and is a meaningful way of reporting back to residents and service users about performance. In recent years, government policy has encouraged a trend away from reporting to central government. Instead, councils report directly to local residents via the Local Account.

- 5.3 The report notes a number of significant developments and achievements in the way Adult Social Care services are delivered in Slough. A new and wider range of services were commissioned to enhance the range of choice available to people requiring support and to ensure the availability of high quality services. In this year's Local Account we have:

- Provided facts and figures about how we have spent our money and how we compare to other Local Authorities
- Explained what adult social care is and have provided case studies about people who have used our services
- Reviewed our activities for the previous year and outlined our priorities for the year ahead
- Explained the national and local landscape for adult social care, this includes the Care Act, Better Care Fund and Safeguarding.
- Invited local residents to provide feedback and help shape priorities for the next year

This year's Local Account also has a focus upon the current transformational work we are doing around new operating models for social care. The ambition of the Adult Social Care Reform Programme is to build on areas of good practice to ensure they are fit for purpose for the next generation of service users; this will be managed through six development domains:

1. Prevention
2. Information & Advice
3. Personalised outcomes
4. Building community capacity
5. Workforce development and quality
6. Integration

5.4 The Local Account also outlines the key priorities for the year ahead; a summary has been listed below:

1. Prevention

- Develop preventative approaches to ensure that vulnerable people become more able to support themselves
- Deliver effective Reablement services to more people
- Provide more equipment and assistive technology
- To work in partnership with local groups to bring together services that reduce isolation, review quality of services and use an evidence based approach to drive up quality
- To support local residents through personalised prevention support plans

2. Information & Advice

- Promote the Slough Services Guide as the primary source for information for local services
- Information and advice will form part of new commissioning intentions for voluntary sector strategy
- We will offer appropriate information and advice to all local people about the help that is available to help them stay independent, safe and well
- Residents will be assisted in the successful navigation of the complex health and social care system

3. Personalised outcomes

- Put in place new models of social care for adults where direct payments will be the norm
- Reform the Social Care system through system redesign and transformation to promote independence
- Redesign of social care pathways and restructure of the service – With the aim of supporting as many people as possible to manage their care and support needs and meeting new burdens under the Care Act 2014
- Development of a range of value for money services available to meet people's needs in using a direct payment.
- Develop existing safeguarding arrangements to ensure people are at the centre of the safeguarding process and are supported to manage any risks

4. Building Community Capacity

- Commission for a range of outcomes to be delivered by the voluntary and community sector that support the delivery of social care, public health and health outcomes – supporting people not to require health and social care services and ensure that those that need support get it early to avoid crisis

5. Workforce development and quality

- Develop the market to become more flexible and offer more choice to allow personal budget holders to choose for themselves where they spend their money
- Co-produce a Slough wide workforce development strategy so that we are able to meet the challenges of increasing demand and complexity of peoples lives

6. Integration

- Transform Slough's community based care and support system by 2019, supporting people to live longer, healthier lives and be less reliant on the health and social care system.
- Develop the Single Point of Access for health and social care services
- Work with our neighbouring authorities to redesign services supplying community equipment

A full list of priorities and achievements can be found in the Local Account Appendix A

6. **Conclusion**

Slough has produced its Account of adult social care for 2014/15 in line with national requirements. The local account highlights key achievements made during the past year which has resulted in delivering value for money and better services for vulnerable residents. The report also identifies a number of areas for improvement; and notes that the local authority will continue to face new challenges over the coming years. However with planned implementation of the Social Care Reform Programme, we are confident that investment into having the right health and social care infrastructure will support us to meet the needs of our increasing older and more vulnerable population.

7. **Appendices**

'1' - Slough Adult Social Care Local Account 2014-2015

8. **Background Papers**

None

This page is intentionally left blank

Slough Adult Social Care

Local Account 2014/15

FOREWORD

Welcome to this fourth edition of Slough Borough Council's Account for Adult Social Care. The Local Account is our way of sharing information with you about how we have supported people to live long, healthy and fulfilling lives.

It has been another challenging year as the Council has faced further financial pressure at a time when we are experiencing a growth in demand for local services. The Council has met expectations and demands presented by national government of reduced funding whilst implementing changes to national policy and reform to social care services. We have met these challenges, with limited impact on service provision as we have focussed our efforts on prevention, reducing or delaying the need for care by enabling more people to be supported at home.

We have successfully implemented the changes required by the Care Act, have increased support to Carers, and have improved our information, advice and guidance offer. Placing the person at the centre of care has allowed the Council to achieve better outcomes for residents as well as change services to reflect local need. Over the next year we will continue to work with our partners to provide support and care based on individual circumstances.

The Council have made further progress to integrate services with our health partners, including the pooling of budgets to enable a more joined up and cost effective approach, we will continue to integrate health and social care services for the year ahead. Avoiding hospital admissions and keeping people in their own home is a shared priority for us all.

The year ahead will be challenging; the Council is expected to make savings and continue to implement the changes as set out by Government in the Care Act 2014. However with investment made in preventative services we are confident we will do our best to continue to improve care and provide a positive experience for residents who use our services. We will continue to improve outcomes for local residents (carers and cared for) by focusing our efforts away from traditional services to one that is underpinned by:

- Prevention to delay the need for care and a focus away from crisis intervention
- Personalised services
- Integrated services with the NHS

Throughout this document you will see examples of the changes we have made in 2014/15 to achieve value for money and to improve outcomes for local residents. This document is only a snapshot of our performance and achievements; details of how you can find further information are provided throughout the Account.

Finally, may we thank our service users and their families, and all the staff and providers involved in the changes that have taken place, and look forward to their continued support for the further changes that lie ahead.

Councillor Sabia Hussain Commissioner for Health and Wellbeing

Introduction: What is the Local Account?

Councils are now responsible for reporting on their performance on adult social care and how well they serve the communities that they work with. The Local Account is equivalent to an Adult Social Care Services annual report; it is our way of telling you how we have performed over the past year, and whether we have met our targets. The local account also outlines our plans and priorities for the coming year.

This document contains information on our performance for the year beginning 1st April 2014 and ending 31st March 2015.

We hope this Local Account provides you with the information that you need to understand how Adult Social Care Services is performing.

Slough, like other Councils with Adult Social Care responsibilities, is required to be open and transparent about information and data; which in turn promotes local accountability and allows us to identify the wider health and wellbeing agenda. Hence, this Local Account is reviewing the year 2014-15 and summarising priorities for 2015-16.

Attached to this report in Annex 1 is a summary of the Care Act and what is happening in Slough on topics such as Safeguarding and Deprivation of Liberty, Annex 2 is a summary of the Adult Social Care Outcomes Framework 2014/15.

Factors relevant to the Health and Social Care needs in Slough

Long known for being a welcoming town, Slough has one of the most ethnically diverse populations outside of London. The town represents a rich and culturally diverse urban environment with an estimated 144,600 people living in a densely populated area of 7 miles long and 3 miles wide. Over 40% of our population was born outside the UK; this demographic makeup of Slough presents opportunities as well as challenges to ensure equality of access, to provide preventative and targeted health and social care services.

Slough is unique and presents a stark contrast where over half the population live in areas classified as deprived, against a significant number living in areas of affluence similar to the rest of Berkshire. The health of local people in Slough is varied with wide differentials between the deprived and least deprived areas of the town; life expectancy as a whole is lower than the national average, but within the town, this is 4.5 years lower for men and 3 years lower for women in the most deprived areas of Slough.

The health of the town is poor, the town is experiencing increasingly high rates of TB, and the number of premature deaths due to cardiovascular and cancer is worse than the national average. 25.7% of our adult population is classified as obese and this is expected to continue to increase. The estimated level of smoking is above the national average at 22%, and Slough

Local Account DRAFT v8

has low levels of physical activity, which results in a significant impact on health and disability.

There have been some successes in tackling the health of the local area; premature deaths arising from heart disease and stroke have fallen since 2003. The rate of alcohol related harm hospital stays is better than the national average, this also true for self-harm and hip fractures. The proportion of local residents who have more choice and control over their care is increasing; and a larger percentage of our more vulnerable residents are being cared for in their own home rather than a care home.

Looking ahead and perhaps more significantly, the proportion of people aged 85 years and above in Slough is expected to increase by 27% over the next five years; this includes a growing percentage of a population which is diverse with complex health and social care needs. This means that local health and social care services must change to meet the growing number of people with complex and long term needs.

Adult Social Care Outcome Framework (ASCOF)

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

There are 22 indicators across 3 domains:

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support

You can find more information about ASCOF on the following link:

<http://ascof.hscic.gov.uk>

Financial Overview

The annual budget for Slough Adult Social Care in 2014/15 was approximately £36.3 million. This money is spent on a variety of services to support local residents to take control of their care and support needs, maintain their independence, integrity and dignity as valued members of our community as well as supporting people to be safe from harm.

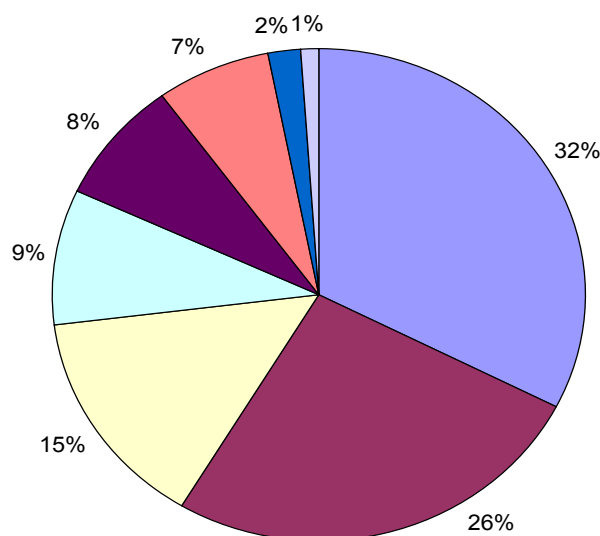
The support given by Adult Social Care includes:

- Information, advice and guidance
- supporting people to be independent in their own home including managing their care and support via a direct payment
- equipment to help with daily living and independence
- residential care and nursing care
- day activities and opportunities
- supporting people home from hospital
- working with young people in transition from children's services
- helping disabled people into employment

As well as the above, we provide support to local people with complex needs, during 2014/15 we supported 1827 people. Our delivery is split between six distinct client groups who require support:

- Older people and frailty: During 2014/15 this was equivalent to 483 clients. Services include the provision of rehabilitation and reablement, dementia support, support at home, direct payments and care homes.
- Carers: During 2014/15 this was equivalent to 465 carers. Services include the provision of short term respite, support through information, advice, and advocacy, direct payments and training.
- Learning Disabilities: During 2014/5 this was equivalent to 324 clients. Services include the provision of day services, supported living, support at home, direct payments, residential services, information, advice and guidance, support with speech and language, occupational therapy and physiotherapy.
- Mental Health: During 2014/15 this was equivalent to 328 clients. Services include the provision of a memory clinic-diagnosis and support, joint clinical and psychiatric liaison assessments for individuals in hospital and in the community, support at home, supported living, residential care, day services plus a range of interventions to treat mental health crises in the community.
- Physical Disabilities: During 2014/15 this was equivalent to 210 clients. Services include the provision of support at home, direct payments and residential placements, both short and long term.

Adult Social Care 2014/15 – where the money went



- 32% or £11.8m is spent on ongoing support to people in care homes
- 26% or £9.4m is spent on ongoing support to people so they can live independently at home
- 15% or £5.2m is spent on staffing costs: we employ a range of specialist workers, occupational therapist, commissioners and contract managers to safeguarding officers and care workers
- 9% or £3.1m is spent on our intermediate care service; Rehabilitation, Reablement and Recovery services
- 8% or £3m is spent on working with local services provided by the voluntary sector to provide ongoing support to maintain independence to stay in their own home
- 7% or £2.5m is spent on directly provided services in line with support and care plan needs
- 2% or £0.7m is spent on day services to reduce isolation and maintain independence
- 1% or £0.4m is spent on equipment to ongoing support to maintain independence to stay in their own home

The austerity measures from Central Government continue to reduce the amount of money available to Councils to spend on local services. This year the council has had to make further reductions in its adults social care budgets of approximately £1.5m net. Most of the savings (83%) will come from continued transformation activities, with 10% being made via service efficiencies and 7% from income generation.

Over the 12 months between April 2014 and March 2015, the Council has¹



Responded to 3793 contacts to Adult Social Care, 2227 of these contacts resulted in a new case and 462 were contacts made in person



Completed 2612 Adult Assessments of which:

- 550 were Occupational Therapy assessments
- 450 assessments made in the hospital to prepare for a community discharge



Reviewed 1127 Client Care Plans to ensure services they receive are still appropriate and meet client needs



Supported 1152 people in the intermediate care service; Rehabilitation, Reablement and Recovery Service

- 1003 were supported in their own home
- 41 in our intermediate care bed service
- 68 end of life patients were supported to die outside a hospital setting



Supported 601 dementia patients through the memory clinic



Supported 192 dementia clients and their families to access local services, including information and advice



Placed 74 residents aged 65 years and over into a Care Home



Supplied 3747 pieces of equipment to 528 clients to remain independent and supported 451 residents to be cared for the community through the provision of Telecare; this included 1167 pieces of equipment



Completed 291 Carers assessments and 140 Carer Reviews



Supported 127 local residents and their families to access support services after a stroke



Helped 17 people with learning disabilities to move into independent supported settings

¹ Includes multiple-episodes by service users

Our vision for Social Care

Despite the financial challenges the future for social care services is exciting; the national drive for integration with health provides an opportunity to deliver in partnership, the health and wellbeing needs of local residents, carers and their families. Both health and social care budgets and resources will be amalgamated under pooled budget arrangements; this will remove duplication and provide better outcomes in a cost effective way. Local residents will receive a cohesive service and will be supported to have maximum choice and control over how they receive services.

Slough is embracing the change and challenges brought on by integration and the Care Act; this is demonstrated through the [Councils Five Year Plan](#) which outlines our ambition for:

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

To achieve this we will focus our investment on:

- **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, working with the high consumers of services through targeted prevention and wellbeing plans
- **Information & Advice:** This component will ensure 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
- **Personalised outcomes:** Through the development of the market place and focus on personalised safeguarding outcomes, people will have the choices of finding the right care and support at the right times of their lives
- **Building community capacity:** we will focus on nurturing strong communities by developing good social networks, increasing peer support and volunteer relationships, valuing the roles of carers and striving to ensure that everyone is able to make a contribution. This will increase the breadth of choice people have well beyond traditional social care services.
- **Workforce development and quality:** A consistent approach will be developed across social and health care for both internal and external workforces so that we can deal with the changing complexity and demand facing the health and social care economy in the next 5 years
- **Integration:** The scale of the change required cannot be managed in isolation; people do not access care and support just from one single source. Slough services will continue to be commissioned from a whole system perspective around the best outcomes for residents

Prevention

We said in 2013/14

We did in 2014/15

Continue the advance of telecare take-up in order to provide assurance to those who access services and their carers

We have increased our take-up of telecare and have installed equipment to 451 new residents

Mr K's Story: Mr K's elderly uncle lives alone and due to multiple strokes his Uncle can no longer look after himself and is at risk of injury from falls. On one occasion the Uncle took a fall and was left unaided for 3 hours. In response to Mr K's concerns his Uncle was assessed and is in receipt of a home care service as well as telecare. Since the install Mr K's Uncle has fallen five times, and Mr K has been able to respond quickly (20 mins) thanks to the alert system in place. Mr K has told us the equipment "provides him with peace of mind" and "no longer worries about his Uncle as the telecare equipment instantly tells me if my Uncle is safe and well".

PHOTO

Improve services and develop partnership response to address isolation

We have facilitated community events & forums to bring communities together to increase understanding and awareness

In collaboration with Public Health and Slough CCG help people stay healthy, feel less isolated and stopping or delaying their need for health and social care services

Recruited Autism, Domestic Abuse and Mental Health Champions; and through our reablement service; have delayed need for care for 1003 people

Our priorities for 2015/16

- Develop preventative approaches to ensure that vulnerable people become more able to support themselves
- Deliver effective Reablement services to more people
- Provide more equipment and assistive technology
- Continue to deliver the National drug and alcohol strategy at a local level to prevent individuals engaging in illicit and harmful drug use and support individuals to become drug and alcohol free
- Identify people on the autistic spectrum not known to social care but through a network of local champions and develop offer of services to avoid isolation
- To work in partnership with local groups to bring together services that reduce isolation, review quality of services and use an evidence based approach to drive up quality
- To support local residents through a personalised prevention support plan

Add photo

Be involved we value your opinion, to find out how you can be involved in our user led groups contact beinvolved@slough.gov.uk or phone 01753 87 5538

Information and Advice

We said in 2013/14

We did in 2014/15

Support more people with a learning disability to live independently

We helped 17 people to move into supported living accommodation as a way to maintain their independence

Autism Partnership Board story: "I am a member of the Autism Partnership Board, the Board is very friendly and doesn't judge. I get to find out a lot of different things and can ask questions and get good answers. People there know about autism and I get to know different people. It is good to be involved and I can tell people that I am involved in it which is good. It helps me know what is going on and I can give my point of view. Not everyone always agrees on everything but that's O.K. it has helped me learn who people are and what they do and how the council works. That way you know where to go and who to go to for help and advice."

PHOTO

Ensure that good information, advice and advocacy are available

We have refreshed our online web pages to ensure accurate information is provided and have refreshed the Service Directory

Our priorities for 2015/16

Develop Information and Advice and Advocacy Services

- Promote the Slough Services Guide as the primary source for information for local services
- Review and promote the Advocacy services to ensure it provides the right information for people to use this service
- Promote the Independent Financial Advisor services to ensure it provides the right information for people to use this service
- Information and advice will form part of new commissioning intentions for voluntary sector strategy
- We will offer appropriate information and advice to all local people about the help that is available to help them stay independent, safe and well
- Residents will be assisted in the successful navigation of the complex health and social care system
- Use the Autism Capital Fund to develop an Autism Accessible Hub to support information, advice, and advocacy. To house resources, and offer surgeries, drop ins, and a group and 1:1 setting that is accessible to those on the Autism Spectrum

Further information on the Slough Services Guide can be found here:

<http://servicesguide.slough.gov.uk/kb5/slough/services/home.page>

Under the Care Act, the Council is required to support local people in making their own decisions about how they receive care. If a person appears to have substantial difficulty in making decisions, an independent advocate must be appointed to assist and represent them.

Age Concern Slough & Berkshire East provides generic advocacy and access to specialist advocacy for residents who are unable to receive support from the council.

To access this service please contact My Council (01735 475111)

Add
photo

Under the Care Act, the Council provides residents with Independent Financial Advice and information to enable local people to make well informed choices about how they pay for their care and support.

From April 2015 local people have access to financial information and advice which is impartial and independent of the local authority. To access this service please contact My Council (01735 475111)

Be involved we value your opinion, to find out how you can be involved in our user led groups contact beinvolved@slough.gov.uk or phone 01753 87 5538

Personalised Outcomes

We said in 2013/14

We did in 2014/15

Increase the number of people in receipt of self directed support and a direct payment

89% are in receipt of self directed support which is higher than the national average; but direct payment is low at 197

Mrs E experienced depression but quickly realised medication only did so much. She began to attend stress control workshops and then accessed support from the Link Group. This was for her “step 1 of my recovery journey... because I met other people like me and.. was diagnosed with Bi-polar disorder which was a big relief “

From this Mrs E joined the WAVE project through the volunteer centre in Slough and began volunteering and mentoring other people, as she gained confidence Mrs E successfully gained employment 13hrs a week. Mrs E graduated from the BHFT Peer Mentor Project and is now supporting other clients to reach their recovery goals.

PHOTO

Promote the development of Personal Assistants to support people in meeting their needs with a direct payment

We have commissioned a Personal Assistant service and will implement changes over the next year

Work in partnership with service users and carers to improve services around local needs

4 sessions of carer training delivered at the Gateway Partnership Mental Health to help define services plus Carers Week held in July 2014

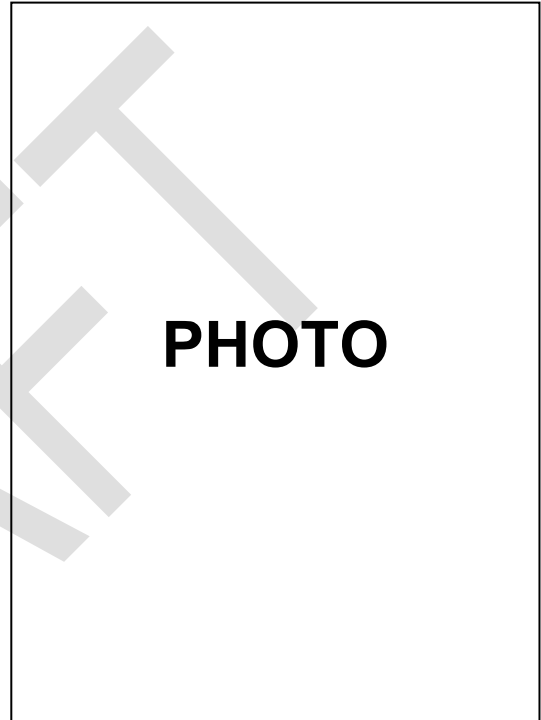
Further development of our Extra Care Housing Services in Slough to support independent living

We have met with a range of Extra Care Housing developers and are evaluating options to ensure the best outcomes

Mum's story of S:

"My son was placed in the same home for 12 years; our only concern was that it was the 3hour drive as he was missing out on family activities. When a local house came up we were very happy but concerned how is it all going to work out in the long run....."

My son is very happy, he comes home every week, we pop round whenever we want to and staff are always very helpful with any questions we have. At the moment my son and I as his family are very happy. He seems to be really chilled out and more engaged when he comes home. I am always sharing ideas with staff about foods he likes etc."



Regular partnership meetings to develop community based services to avoid hospital admissions for people with learning disabilities

Develop an enhanced quality assurance programme to support delivery of actions to meet the Winterbourne View Report

To do more joint working with partner agencies and service providers in making the safeguarding of vulnerable people more personalised

Delivered a framework of training with partners and staff to ensure routine involvement in safeguarding alerts

Our priorities for 2015/16

Put in place new models of social care for adults where direct payments will be the norm

- Reform the Social Care system through system redesign and transformation to promote independence
- Redesign of social care pathways and restructure of the service – With the aim of supporting as many people as possible to manage their care and support needs and meeting new burdens under the Care Act 2014
- Development of a range of value for money services available to meet people's needs in using a direct payment.
- Redesign of remaining SBC provided services – to either outsource or close
- Development of a Direct Payments support service

Develop existing safeguarding arrangements to ensure people are at the centre of the safeguarding process and are supported to manage any risks

- Maintain accurate records which clearly evidence assessment and people's involvement in management of risks
- Ensure compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards

Develop day opportunities for people with learning disabilities including respite

Develop a programme of work for Extra Care

Add photos

Be involved we value your opinion, to find out how you can be involved in our user led groups contact beinvolved@slough.gov.uk or phone 01753 87 5538

Building Community Capacity

We said in 2013/14

We did in 2014/15

Encourage service providers to work together to provide an improved level of care to vulnerable adults in Slough

We have continued to fund the Slough Gateway to ensure provider collaboration and in partnership with health and launched the Navigator Scheme

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

The vision of the 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. It has four clear aims:

- Provide innovative and effective support
- Focus on prevention services that enhance wellbeing and deliver shared outcomes that avoid, delay or reduce the need for care and support
- Support people to manage their care needs better
- Focus on commissioning for social value

Mr C has multiple health and mental health needs as well as gambling problems and lived in an overcrowded flat. This resulted in him being a frequent visitor at A&E and to his GP; who referred him to the Navigator scheme. His Navigator organised a case meeting to review his care in light of his I statements. An action plan was developed involving his GP, housing, voluntary services, community mental health team, psychologist, and ambulance service. This led to a reduction in ambulance calls, better management of medication and support to tackle his debt and gambling problems. His housing problem has also been resolved.

PHOTO

Our priorities for 2015/16

Commission for a range of outcomes to be delivered by the voluntary and community sector that support the delivery of social care, public health and health outcomes – supporting people not to require health and social care services and ensure that those that need support get it early to avoid crisis

- Nurture strong communities by developing good social networks, increasing peer support and volunteer relationships, valuing the roles of carers
- Work with communities to co-produce and run services to ensure that everyone is able to make a contribution
- Change our procurement and contract arrangements so it is more outcomes focused
- Develop the market and improve supplier relations around compliance, value for money and efficiency
- To co-produce with carers an updated Carers Strategy in light of the Care Act, the Children and Families Act and national Carers Strategy
- To continue to increase knowledge and understanding about the needs of carers and young carers in Slough by working with a range of local stakeholders including health, places of worship, employers and schools
- To increase the numbers of adult and young carers having a carers assessment and support plan
- To increase numbers of Direct Payments for carers meeting eligibility for support

Supporting Carers through

SHaRON: this is a web based communication site has been set up with BHFT to improve carer experience and support. The service offers training and information in multiple languages such as Mental Health First Aid/Lite Training and have engaged with Carers to improve services. In partnership with SCVS, have facilitated a 'Community Engagement Event' to understand the main barriers that Black and Minority Ethnic (BME) communities face when accessing health services

ADD PHOTO

Be involved we value your opinion, to find out how you can be involved in our user led groups contact beinvolved@slough.gov.uk or phone 01753 87 5538

Workforce Development & Quality

We said in 2013/14

Continue our good work in identifying and supporting adults with safeguarding concerns and managing the increase of Deprivation of Liberty request

We did in 2014/15

We made 394 Authorisations last year, compared to 24 the previous year. This is due to a change in case law which lowered the threshold

“My son was due for his annual care review and we were both worried due to previous experiences with people who had no understanding of autism. However, when the social worker arrived, from the onset of the meeting we could both tell he was aware of A.S.D and had received some level of training, his questions and manner of speaking clearly indicated this. We both felt at ease throughout the whole meeting and the social worker made a point of talking to my son. When I spoke to the social worker afterwards he told me that he had really enjoyed carrying out the review and that his autism awareness training had helped immensely.”

PHOTO

Develop Supported Living units to address people with high complex needs in drug and alcohol, high forensic histories and challenging behaviour

70 people with mental health needs have accessed supported living units; and we have supported 14 people for inpatient drug & alcohol rehabilitation

Address the requirement for Specialist Nursing Placements – to meet needs to people with complex mental health need, combined with physical need

We have supported 23 people with physical disabilities and 29 people with mental health needs to access specialist nursing placements

Our priorities for 2015/16

- Develop the market to become more flexible and offer more choice to allow personal budget holders to choose for themselves where they spend their money
- Co-produce a Slough wide workforce development strategy so that we are able to meet the challenges of increasing demand and complexity of peoples lives
- Work with providers to ensure that there is a consistent quality of services on offer and that these are at a reasonable price for the residents of Slough
- Ensure systems are in place to meet significant demand in DOL's referrals through training and raising awareness
- Reform the Social Care system through system redesign of the work force to fit the needs of local people
- Improve quality of our services through the Care Governance process

Care Governance: Slough has in place a strict framework for monitoring the quality of commissioned services. During 2014/15 164 planned and unannounced visits were taken to assess the quality of care in Slough Care Homes, Domiciliary Care and Supported Living services. Any concerns are addressed and discussed at monthly Care Governance Board meetings and shared externally with other local authorities, particularly if the provider has been given a red status (serious concerns and have been embargoed until such time as the concerns have been addressed). At the end of 2014/15 a total of 9 providers (6 domiciliary care and 2 residential and nursing home providers) have been permanently removed from the list of authorised providers.

ADD PHOTO

Be involved we value your opinion, to find out how you can be involved in our user led groups contact beinvolved@slough.gov.uk or phone 01753 87 5538

Integration

We said in 2013/14

We did in 2014/15

Delivery of integration plans in the Better Care Fund

The Better Care Fund has been approved with a pooled budget. A review of services is currently underway

The telehealth project has been a success and has allowed health and social care teams to work together through remote technology. Patients record their reading via Bluetooth and this is then shared with Nurses.

One patient has reported weight loss as “someone is always looking at my stats” and another has reported they “feel more confident” and are able to understand when and how their condition worsens.

Since the launch there have been 213 client contacts and seven GP appointments made in response to changing circumstances.

PHOTO

Redesign the Intermediate Care Service in light of the Better Care Fund

We have changed some parts of the services to improve intensive rehabilitation post an acute admission

Introduce a Telehealth model in collaboration with the CCG to address the needs of people with long term conditions

We have launched the Telehealth service with 15 patients receiving support

Our priorities for 2015/16

- Radically transform Slough's community based care and support system by 2019, supporting people to live longer, healthier lives
- Social and care options are more flexible and responsive to the client and patient needs through appropriate integration of delivery models with partners, VSO, providers and Borough Council services.
- Develop the Single Point of Access for health and social care services
- Redesign intermediate care services to meet local needs
- Ensure residents placed in Care Homes receive the right service at the right time to improve outcomes
- Work with our neighbouring authorities to redesign services supplying community equipment

Add photos

Be involved we value your opinion, to find out how you can be involved in our user led groups contact beinvolved@slough.gov.uk or phone 01753 87 5538

Care Act 2014

The Act received royal assent on the 14th May 2014 and introduced the following duties and powers for local authorities:

- duty to integrate local services, promote wellbeing of residents and established new rights for carers
- introduced national eligibility criteria, removing previous eligibility thresholds which were applied locally; the new criteria require local authorities to consider the preventative needs of people
- duty to support shaping a vibrant market to give individuals real choice and control; a universal right to a deferred payments for residential care
- duty to co-ordinate and provide information and advice, and
- duty to promote personalisation.

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. In accordance with the Act, the Council has:

- assess all cases in accordance with the new national eligibility criteria
- tightened multi-agency working protocols for safeguarding
- ensured all new contacts to social care receive a prevention and support plan, prior to the Act, this would have previously ended with a signposting or information outcome
- implemented a new financial advice service for self funders
- increased the provision of independent advocacy support
- refreshed the Slough Services Guide (on-line service directory)

Changes in April 2016

The government announced on Friday 17 July 2015 that Care Act Phase 2 elements due to be delivered on 1 April 2016 have now been delayed until April 2020. See the [full written statement here](#). In summary, there are a number of areas within the Care Act 2014 legislation that will not be implemented until April 2020, including:

- The £72,000 cap on care costs: this means the current assessment rules continue to apply
- The extension to the means tested threshold: this means the current means-tested threshold regarding how much someone will pay towards their care continues to apply
- A new appeals system for care and support: this means the existing compliments and complaints procedure for adult social care remain in place
- Meeting the eligible needs for self funders: this means anyone is entitled to an assessment of their care and support needs from the Council. If someone who is eligible for care and support but is financially assessed as a full cost payer (self funder), we will signpost them to the relevant information and advice.

Looking Ahead: Despite the delay announced, the Act provide clear opportunities for improving our services for local residents and in response to the Act we have launched a wider reform programme. The Adult Social Care Reform Programme will, in spirit of the Act modernise our practices to meet the needs of our population; this will be delivered through a focus on six domains:

1. Prevention
2. Information & Advice
3. Personalised Outcomes
4. Building Community Capacity
5. Workforce Development and Quality
6. Integration

Better Care Fund

The Better Care Fund promotes integration between Health and Social Care; outcomes to measure the success of BCF in local areas take the form of:

- Reduction in delayed transfers of care
- Reduction in emergency admissions
- Increasing the effectiveness of reablement
- Reducing admissions to residential and nursing care
- Increasing patient/service user quality of life and experience

To achieve this in Slough, a pooled budget of £8.762 million for 2015/16 has been agreed between the Council and the Slough Clinical Commissioning Group, the budget has a joint expenditure plan outlining how we will deliver against our shared 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.”

To do this we will deliver on the following priority areas:

- **Proactive Care:** we will identify vulnerable residents and those at risk to provide intensive support so people can receive the right care at the right time in the right place.
 - GP practices across Slough are undertaking a risk profiling activity to identify patients who can benefit from this service. To date there are over two thousand patients on the case management register
 - We are also recruiting two specialist nurses to identify and work with children and young people with respiratory problems
- **A single point of access into integrated care services:** we will establish a single contact of access for accessing community health and social care services that will support those in crisis and direct them in to the right services in a co-ordinated and timely way.
 - The scope for the first phase is under development, this will be open to professional referrals and subject to a period of stability phase two will expand to include further referral points.
- **Community Capacity – building resilient people, communities’ people and places:** we will work with residents and communities to take control of their own lives and working with health and care professionals to jointly plan their health and care needs.
 - This is being taken forward by the Joint Voluntary Sector strategy and recommissioning programme underway. Within this programme of work; we have included, support for Carers, information, advice and advocacy, as well as seeking contributions from voluntary agencies on how they will integrate with health and social care services.

Further information on how we plan to deliver joined up health and social care services can be found here: <http://www.slough.gov.uk/council/strategies-plans-and-policies/slough-better-care-fund.aspx>

Safeguarding: What is safeguarding adults?

Those who need safeguarding help are often elderly and frail, living on their own in the community, or without much family support in care homes. They are often people with physical or learning disabilities and people with mental health needs at risk of suffering harm both in institutions and in the community.

Safeguarding encompasses six key concepts: empowerment, protection, prevention, proportionate responses, partnership and accountability. Social care organisations play an important role in the protection of members of the public from harm and are responsible for ensuring that services and support are delivered in ways that are high quality and safe.

Adult safeguarding is about protecting adults with needs for care and support from abuse by others. Abuse can be something that is done to a person or something that is omitted from being done. It is a violation of an individual's rights and can happen anywhere, including in someone's home, a residential home, a nursing home, a day centre or hospital. It can happen once or repeatedly.

Abuse includes physical abuse, sexual abuse, financial abuse, psychological abuse, neglect in an institution (such as a care home) or discriminatory (because of someone's disability, age or sexuality).

Abuse can be intentional or it can be because someone is doing what they think is right, such as locking the front door to stop an adult suffering from dementia leaving the house unaccompanied. This is actually not in the best interests of the vulnerable individual.

Any concerns about possible abuse should not be ignored.

Find out how to contact us here: [Report suspected adult abuse](#)

What is happening in Slough?

Slough has a robust Safeguarding Service which adheres to the Berkshire wide Safeguarding Adults Policy and Procedures. Over the last twelve months we have been working with ADASS and Local Government Association on a project called "Making Safeguarding Personal". This project challenges the way in which we work with people in the Safeguarding process. The project tries to ensure that the person being safeguarded remains central to the process. That we work with them to develop the skills and abilities they already have to keep them safe.

During 2014/15 we have had the introduction of the Care Bill and then the Act in April 2015 which has put Adult Safeguarding on a statutory footing. The Care Act has also taken on board the "Making Safeguarding Personal" project and this is now integral to the Safeguarding Process.

The Care Act also has implications for the Safeguarding Adults Board. Slough has had a Safeguarding Adults Board for a long time but again this is now on a statutory footing and we are looking forward to the work of the Board developing over the coming year.

Deprivation of Liberty Safeguards: What is it?

The Mental Health Act 2007 has amended the Mental Capacity Act 2005 introducing the deprivation of liberty safeguards from 1st April 2009. They were introduced to prevent breaches of the European Convention of Human Rights. The Deprivation of Liberty Safeguards (DoLS) provide legal protection for vulnerable people in hospital or a care home registered under the Care Standards Act 2000, whether placed under public or private arrangements.

What is deprivation of liberty?

There is no single definition of a deprivation of liberty. However, in March 2014 two cases went before the Supreme Court these were:-

P v Cheshire West and Chester Council and another P and Q v Surrey County Council

[Read the full judgment on the Supreme Court website.](#)

The Supreme Court has clarified that there is a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights in the following circumstances:

The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements.

What is happening in Slough?

Slough like other authorities has seen a massive increase in the number of requests for authorisations from care homes and hospitals. In 2013/14 we received 24 requests for Deprivation of Liberty Safeguards authorisations, whereas in 2014/15 we received 388. This was due to the change in case law outlined above. At present we have completed 354 of those cases, although like most councils we have not been to complete the authorisations within the legal time frames. However, in order to ensure that we have continued to protect the most vulnerable every application is risk assessed to ensure that the most vulnerable and high risk cases are seen as soon as possible.

As a response to the increased demand, Slough is currently training more staff so that we will be able to meet the increasing demand over 2015/2016 and going forward.

Deprivation of Liberty in the Community

In November 2014 the Court of Protection released a new process for those people being deprived of their liberty in the community. This process is different to the Deprivation of Liberty requests in care homes and hospitals and involves an application to the Court of Protection.

Our response to this in Slough has been to scope out how many of our clients would meet this criteria and again risk assess them starting with those considered to be high risk clients and sending applications to the Court.

We have also devised a leaflet for members of the public on this new area to give them some guidance about the new process and why we may need to apply to the Court of Protection to enable their relative or friend to remain safe in the community.

Under the Care Act duties the council becomes responsible for providing residents with Independent Financial information and advice, which is fundamental to enabling people to make well informed choices about how they pay for their care and support.

Independent Financial Advice

Slough Borough Council is facilitating a pilot IFA provision for the year 2015/2016, where residents have access to financial information and advice which is impartial and independent of a local authority.

Why might you need Independent Financial Advice (IFA)?

If you have savings or assets above those that permit the council to support you with your care and support costs an independent adviser can help you maximise the choices you are able to make. An independent adviser will provide impartial and unbiased information during an initial consultation, which will be provided free of charge allowing you to start to explore possible avenues, but should you wish to engage the independent adviser on a more permanent basis, there are a range of costed options that shall be outlined to you.

The Independent Advisor will have expertise on planning your care financing and can help you plan not just for now, but also into the future. Planning ahead can help avoid problems, such as having to move in to a care home for the first time or how to maximize use of your current savings and assets.

If a resident requires financial advice to help you plan your care and support needs, please contact My Council (01735 475111) and we will be able to advise on how to access appropriate Independent Financial Advice. If a resident wishes to contact the providers ***My Care My Home***, ***Carematters*** and the ***Society of Later Life Advisers (SOLLA)*** directly, contact details are available on SBC website; <http://www.slough.gov.uk/health-and-social-care/independent-financial-advice.aspx>

Advocacy

The current existing contract with ***Age Concern Slough & Berkshire East (ACSABE)*** provides generic advocacy for residents who are unable to receive support from the council. Age Concern's 'Gateway Project' provides tailored advocacy support via a triage of community organisations, including:

- ***United Voices*** (who provide advocacy support for residents with learning disabilities).
- ***Deaf Positives*** (who provide advocacy support for residents with deaf/hearing impairments).
- ***Voice of the Child*** (who providing advocacy support for families with disabled children).
- ***Thames Valley Positive*** (who provide advocacy support for individuals who may have concerns about HIV).

Support Empower Advocate Promote (SEAP) provides the Independent Mental Health Advocacy (IMHA) and general mental health advocacy until the mid-next year.

POhWER provide advocacy for Independent Mental Capacity Advocacy (IMCA) and Deprivation of Liberty Safeguards (DoLS) until the mid-next year.

Moving forward, the council is reviewing and developing long term plans to cover all service provisions of advocacy from 1 April 2016 (including advocacy), in order to comply with the Care Act, the Mental Health Act 1983 and the Mental Capacity Act 2005.

DRAFT

Appendix One: **Adult Social Care Outcome Framework (ASCOF) 2014/15**

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

There are 22 indicators across 3 domains



- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support

Domain 1 Enhancing quality of life for people with care and support needs					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
Social Care related quality of life	High Number	18.4	18.2	↔	18.9	19.1	<p>This is measured through a survey and respondents are asked score how well their needs are met on a range of factors relating to quality of life. These are: control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation.</p> <p>There has been a slight reduction on last year and is reflective of the low number of responses to the survey. This will be a focus for 2015/16 and will increase our efforts to promote direct payments and personal budgets</p>
Proportion of people who use services have control over their daily lives	High number	72.2	70.3	↔	76.00	80.1	<p>It is important people have control over their daily life and wellbeing. Care services are designed to match the needs and wishes of the individual, putting them in control of their care and support. This leads to better outcomes.</p> <p>There has been a slight reduction on last year</p>

Local Account DRAFT v8

Domain 1 Enhancing quality of life for people with care and support needs					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
							which is reflective of the low number of responses to the survey.
Proportion of <u>people</u> using social care services who receive self directed support	High number	N/A	89.9	N/A	86.9	82.6	<p>We are keen for local residents to use self directed services as we know this allows for more control over their care and makes a positive impact on happiness, social isolation as well as promoting a speedier recovery.</p> <p>Slough is performing better than our comparator group and the national average, this will continue to be a priority focus for 2015/16</p>
Proportion of <u>carers</u> receiving self directed support	High number	N/A	1.3	N/A	80.3	76.6	<p>NEW Indicator</p> <p>Personal budgets have a positive impact by empowering carers to have increased choice and control; with the implementation of the Care Act, personal budgets or self directed support has a statutory status.</p> <p>The assessment process is joint; carers and the cared for are offered personal budgets as standard; the low outturn is a reflection of our data capture process rather than our operational process.</p>
Proportion of <u>adults</u> receiving direct payments	High number	N/A	16.8	N/A	24.7	26.0	<p>For the reasons above we want our residents to use direct payments. What this means is more people can manage their support as much as they wish, and are therefore are in control of what, how and when support is delivered to match their needs.</p>

Local Account DRAFT v8


Domain 1 Enhancing quality of life for people with care and support needs					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
							A new service for Direct Payment and Personal Assistants have been commissioned from September 2015. This will support the increase required.
Proportion of <u>carers</u> receiving direct payments for support to a direct carer	High number	N/A	1.3	N/A	64.5	91.2	This is a new addition to the ASCOF and is a poor result for Slough. The outturn is not reflective of the way we manage people; the assessment process is joint and the score is a reflection of our data capture processes. This will be a priority for 2015/16
Carer related quality of life	High number	8.3	7.9		7.9	7.9	This is measured through a survey where respondents are asked to score how well their needs are met on a range of factors relating to quality of life. These are: occupation, control, personal care, safety, social participation and encouragement and support. There has been a slight reduction on last year. We will continue to engage with carers and make links with local services. This is a priority for 2015/16
Proportion of adults with <u>learning disabilities</u> in paid employment	High number	5.7	6.4		8.3	7.9	This is indicative of quality of life and control; if people are able to find employment and contribute to their local community they feel better. This improves wellbeing and avoids loneliness or isolation This is a good improvement for Slough compared with last year and is above the average for England. We will continue to make links with the

Local Account DRAFT v8




Domain 1 Enhancing quality of life for people with care and support needs					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
							local job market to provide further opportunities.
Proportion of adults in contact with <u>secondary mental health</u> services in paid employment	High number	6.4	6.7	↑	7.0	6.8	This is a good improvement for Slough compared with last year and is on par with the average for England.
Proportion of adults with <u>Learning Disabilities</u> who live in their own home or with their family	High number	79.3	77.4	↔	75.8	73.9	<p>We want local residents to be supported at home (own home or otherwise) for as long as possible. Not only does this positively impact quality of life and control, but if people are able maintain a family and social life, this avoids loneliness or isolation</p> <p>There has been a slight reduction on last year and is due to changes in the definition, which has restricted the cohort to those receiving long term support.</p>
Proportion of adults in contact with <u>secondary mental health</u> services who live independently, with or without support	High number	85	86.9	↑	57.6	59.7	<p>This is indicative of quality of life and control; if people are to live independently they have better outcomes.</p> <p>This is a good score for Slough and reflects work that supports people to be part of the community rather than in care homes or hospital beds.</p>
Proportion of <u>people</u> who use services who reported that they had as much social contact as they would like	High number	37.5	39.5	↑	42.8	44.7	<p>There is a clear link between loneliness and wellbeing.</p> <p>This is a good improvement for Slough compared with last year but we are below our comparators.</p>

Local Account DRAFT v8

Domain 1 Enhancing quality of life for people with care and support needs					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
							Addressing issues of social isolation will continue to be a priority area of work for 2015/16
Proportion of carers who use services who reported that they had as much social contact as they would like	High number	N/A	39	N/A	38.8	38	As before, there is a clear link between loneliness and wellbeing. Given the valuable service provided by our carers, it is important they feel supported to develop connections to local services, friends and their families. This is a new addition to the ASCOF and the results show we fare better than our comparators.

Domain 2 Delaying and reducing the need for care and support					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
Permanent admission of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	LOW number	11.1	16.5		15.2	13.7	Avoiding admissions in residential and nursing care homes is a good indication of how local health and social care services work together to delay needs. Where possible, people prefer to stay in their own home rather than move into residential care. Providing support in the community is cost effective and has better outcomes. Values for small authorities such as Slough can spike quickly based on relatively small numbers of admissions, for 2014/15 this was for 15 people; an increase of 5 from the previous year.

Local Account DRAFT v8

Domain 2 Delaying and reducing the need for care and support					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
Permanent admission of older people (aged 65 and over) to residential and nursing care homes per 100,000 population	LOW number	555.6	570.6		706.5	658.5	<p>Where possible, people prefer to stay in their own home rather than move into residential care and this indicator provides a benchmark how well health and social care work together to delay dependency.</p> <p>There has been a reduction in performance compared with last year but we are performing better than our comparators. The number of older people admitted to a care home during 2014/15 is 76, an increase of 2 from the previous year.</p>
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (effectiveness of services)	High number	100	100		81.8	80.7	<p>This captures joint working arrangements between health and social care services to support people after a period of illness. We will work with individuals to help them regain independence and control over their life.</p> <p>This is an excellent score for Slough and reflects the priority given to this area of work.</p>
Proportion of older people aged 65 and offered reablement services following discharge from hospital	High number	2.7	2.9		3.0	3.1	<p>This captures joint working arrangements between health and social care following an admission to hospital to ensure people are discharged home and get the support they need and help people maintain or recover their independence as soon as possible.</p> <p>This is an improvement on last year and remains a priority area for improvement for Slough in 2015/16 to increase the number of people using this service.</p>

Local Account DRAFT v8

Domain 2 Delaying and reducing the need for care and support					Performance comparison		Comments
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
Delayed transfers of care from hospital per 100,000 population	LOW number	6.5	5.9	↑	12.3	11.2	<p>When people develop care needs and require additional support, we aim to minimise delayed transfers of care from a hospital setting in order to promote a quick recovery and enable independence</p> <p>We have improved on our performance last year and have at the same time, increased our commitment to offer reablement services to more people.</p>
Delayed transfers of care from hospital which are attributable to adult social per 100,000 population	LOW number	0.3	0.1	↑	4.0	3.7	<p>When people develop care needs, it is important they receive the right type of support at the right time in order to regain their independence. We will support vulnerable people after a hospital discharge to maintain their integrity, independence and control over their daily life.</p> <p>This is a continued improvement area for Slough and reflects this area of work being a priority.</p>
Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level	High number	N/A	72.6	N/A	68.8	74.9	<p>Short-term services are aimed to maximise independence to delay the need for care or supporting recovery after a period of illness.</p> <p>This is a new addition the results show we fare better than our comparators. This will continue as a priority area of work for 2015/16</p>

Local Account DRAFT v8

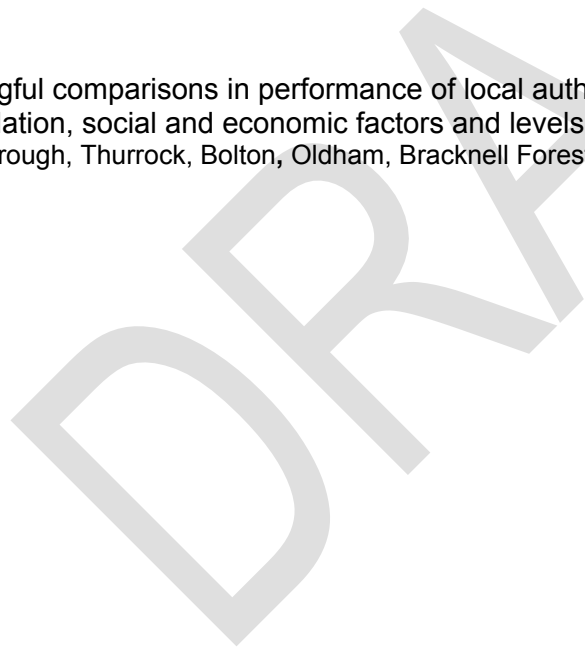
Domain 3 Ensuring that people have a positive experience of care and support					Performance comparison		
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
Overall satisfaction of <u>people</u> who use services with their care and support	High number	57.8	55.2	↔	62.5	64.7	Providing high quality services is a priority for Slough. Satisfaction with services is a good indicator of quality. This is low score Slough and is a priority focus area for 2015/16
Overall satisfaction of <u>carers</u> with care and support	High number	34.9	43.9	↑	40.7	41.3	This is an improvement on last year and remains a priority area for improvement for Slough in 2015/16
Proportion of <u>carers</u> who report that they have been included or consulted in discussion	High number	72.1	67.6	↓	70.3	71.7	There has been a reduction in the proportion of Carers who felt involved or consulted in service delivery, this remains a priority area for improvement for Slough in 2015/16
Proportion of <u>people</u> who use services who find it easy to find information about services	High number	N/A	72.5	N/A	73.3	74.5	This reflects experience of access to information and advice about social care and is a key factor in early intervention and reducing dependency.
Proportion of <u>carers</u> who use services who find it easy to find information about services	High number	N/A	58.8	N/A	63.2	66	This is a continued good performance for Slough and will remain a priority during 2015/16 with the launch of the Slough service directory.
Proportion of people who use services who feel safe	High number	65.3	64.7	↔	65.8	68.5	There has been a slight reduction for Slough, and is reflective of the work of community safety rather than social care where the perceived high levels of the 'fear of crime' are higher than the actual levels of crime and disorder.
Proportion of people who use services who say that those services have made	High number	82.4	81.3	↔	83.7	84.5	We will work with our vulnerable residents and respond to their care needs so they are protected as far as possible from avoidable harm, disease

Local Account DRAFT v8

Domain 3 Ensuring that people have a positive experience of care and support					Performance comparison		
	Good is a..	Slough 2013-14	Slough 2014-15	Direction of travel	Family Group Average	England	
them feel safe and secure							and injury This is a stable performance for Slough and reflects the good work that has been undertaken working with care agencies to improve service quality.

Note: Family Group

Family groups allow for meaningful comparisons in performance of local authorities. It allows you to compare our performance against other areas which are similar in population, social and economic factors and levels of deprivation. Our family group contains of the following areas: Leicester, Bedford, Luton, Peterborough, Thurrock, Bolton, Oldham, Bracknell Forest, Milton Keynes, Reading, Southampton, Bristol, Swindon, Coventry, Bradford.



Local Account DRAFT v8

Your feed back is useful to us.

We hope you have found this local account interesting. We encourage feedback on all our activity and services, positive or negative it helps us to address problems and shape the services for the future. With specific reference to this document we would like to know:

- Do you agree with the priorities we have set for ourselves for the coming year? What would you add or remove?
- Are there any other areas of adult social care you feel we should focus on as a priority?
- Have you found the Local Account easy to access and understand? What changes would you like to see in the future?

Please also feel free to comment on any aspect of adult social care in Slough.

Please make it clear whether you are a service user, a carer, a family member, or other interested party.

We will incorporate these views in our planning and preparation of next years local account, and where applicable notify our partners of these issues.

By e-mail: beinvolved@slough.gov.uk

By Telephone: 01753 87 5538

By Post:
Slough Borough Council
Care Group Commissioning
St Martins Place
Bath Road
Slough
SL1 3UF

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 1st October 2015

CONTACT OFFICERS: Alan Sinclair, Acting Director Adult Social Services

(For all Enquiries) (01753) 875752

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

ADULT SOCIAL CARE BUDGET AND REFORM PROGRAMME 2015-2019**1. Purpose of Report**

To provide Panel members with a summary of the challenges facing adult social care (ASC), the impact on the budget and the ASC reform programme 2015-19.

2. Recommendation(s)/Proposed Action

The Panel is requested to note and comment on the financial position facing ASC and the proposed future plans for reforming ASC over the next four years.

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

- 3.1 The ASC 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 wellbeing and prevention principles of the Care Act the changes will focus our work on wider client health and wellbeing issues related to quality of life and social isolation. The actions in the reform programme aim to improve, directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities of the Wellbeing strategy but especially the Health priority.

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.

- 3.2 The Slough JSNA highlights the following key trends relevant to the content of the Local Account

- Deprivation is lower than average although over half the population live in areas classified as deprived;
- The health of the town is poor, the town is experiencing increasingly high rates of TB, and the number of premature deaths due to cardiovascular and cancer is worse than the national average. 25.7% of our adult population is classified as obese and this is expected to continue to increase.
- Estimated levels of adult smoking and physical activity are worse than the England average;

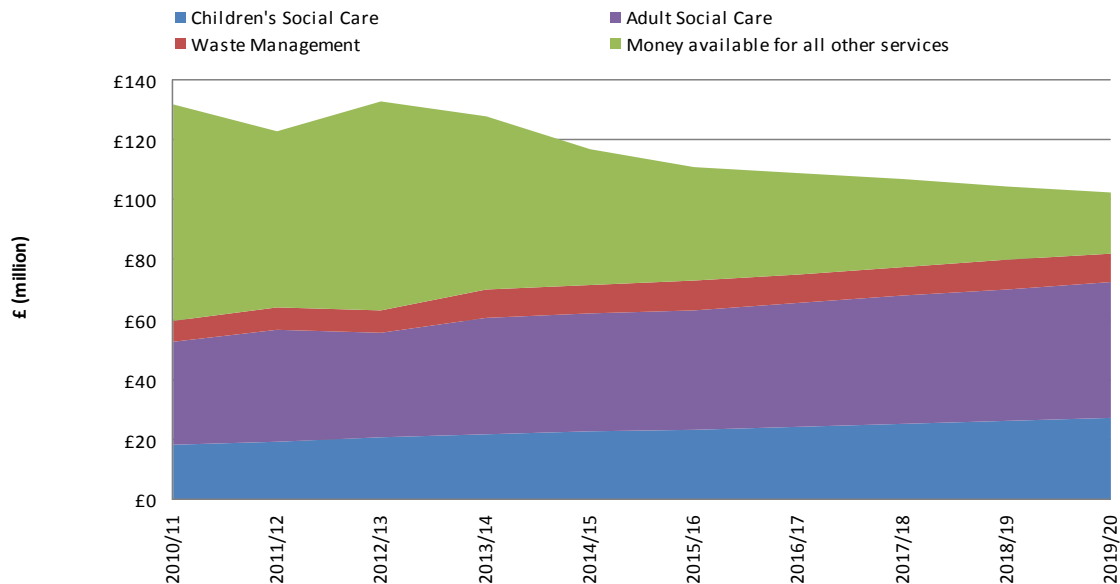
- The estimated level of smoking is above the national average at 22%;
- In the last ten years, all cause mortality rates have fallen. The early death rate from heart disease and stroke has fallen but is worse than the England average;
- The proportion of people aged 85 years and above in Slough is expected to increase by 27% over the next five years; this includes a growing percentage of a population which is diverse with complex health and social care needs.

This means that local health and social care services must change to meet the growing number of people with complex and long term needs.

- 3.3 The ASC 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 budget for ASC has been reducing, like all council budgets, over the last few years at a time when there is both an increasing demand for social care support and new burdens placed on all councils through the implementation of the Care Act 2014.
- 4.2 Although there has been some additional national ring fenced funding to cover some of the costs of the new burdens, the Panel would have heard at its last that this funding is likely to be insufficient for the potential increase in demand.
- 4.3 The current budget for ASC is projecting an overspend of approx £0.6m for 2015-16; with efficiency savings of £2.714m being delivered this year. There are further planned savings of £5.14m to be delivered by March 2019 by work in the ASC reform programme.
- 4.4 The financial gap that the council is facing over the next 4 years is estimated at £31m. These estimates are based in a mid point (between worst and best case scenarios) with regard to the impending government spending review. The efficiencies proposed by ASC are a contribution to this overall funding gap but if further savings are not found from the rest of the Council's expenditure or the financial gap grows due the outcome of the spending review ASC will need to identify further savings. If the Council continues to provide the comparative protection afforded to Children's and Adult Social Care in the past, the summary split of budgets by the end of the decade will be per the below:



4.5 The overall national picture for ASC is similar to the position faced by this Council. The LGA and ADASS estimate that since 2010 national spending on adult social care has fallen by 12% at a time when the population of those looking for support has increased by 14% requiring savings of 26% to be made, totalling £3.53bn over the last 4 years. The funding gap for social care is estimated to reach £4.3bn by 2020. Demography is the biggest single pressure, requiring an additional 3% per year to maintain services at their current level. The estimate assumes savings of 1.5% in each of the next two years and 1% thereafter as savings become much harder to make. This is in addition to the 12% savings achieved during the current spending review period. It also assumes that the additional costs of the Care Act will be fully reflected in central government support and a £500million net benefit from continuation of the BCF.

5. Risk Management

Risk	Mitigation
Managing demand	<ul style="list-style-type: none"> Targeted actions in the Reform Programme and Better Care Fund.
Care Act burdens	<ul style="list-style-type: none"> Regular monitoring of the impact of the Act and escalation to programme board
Reform programme actions and savings plans not on target	<ul style="list-style-type: none"> Programme and project management discipline – regular review of each project. Escalation to Adults DMT and Programme board and corrective/alternative actions in place
Savings Plans not delivered	<ul style="list-style-type: none"> Regular review of each saving plan objective Escalation to Adults DMT and Programme board and corrective/alternative actions in place
Council financial position to 2020	<ul style="list-style-type: none"> Monitor and review national and local position

5.1 Human Rights Act and Other Legal Implications

The ASC reform programme and the implementation of the Care 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 as the reform programme is implemented. Impact assessments have been undertaken on all savings plans and no significant impacts identified.

5.3 Workforce

The ASC 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.

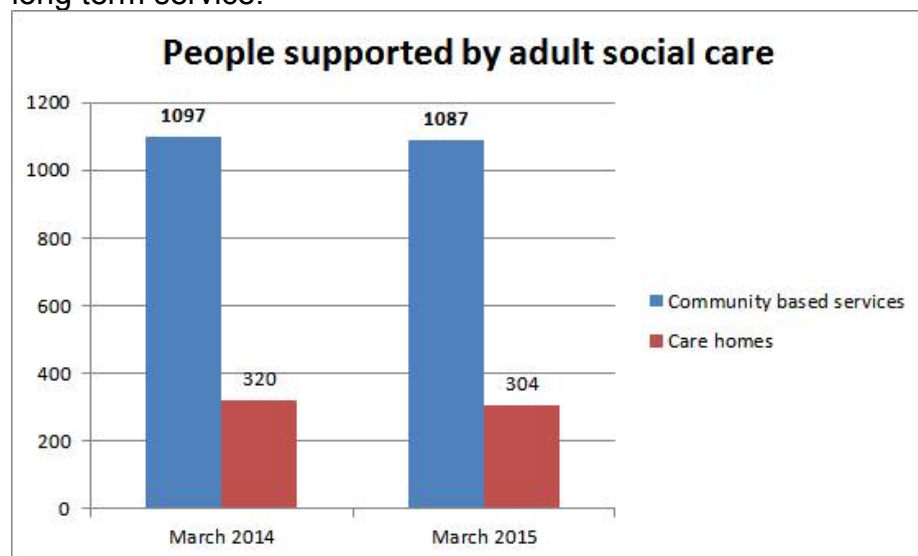
The strategy will be implemented through a focussed plan that will bring long term and sustained change that will address recruitment, retention, capacity and competency issues of the care and support sector in Slough. Importantly opportunities to develop a system wide workforce development plan will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

Supporting Information

6. **What is Adult Social Care**

Adult social care provides a range of supports and services to adults living in the borough who have a social care need due to their age, disability or illness. The service supports older people, people with a learning disability, people with a physical disability, people with mental health issue and carers.

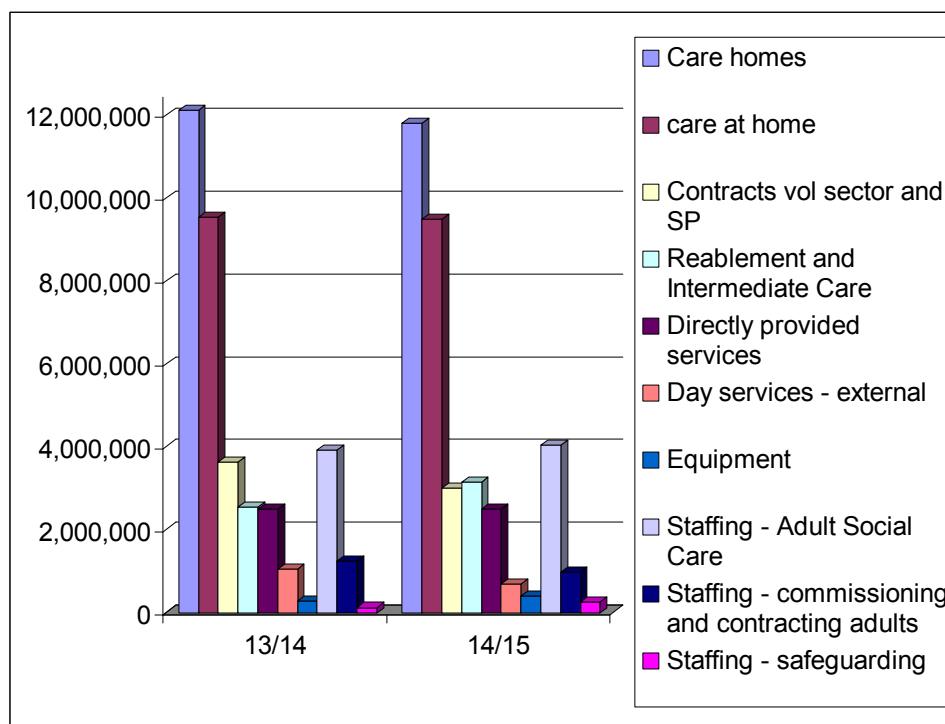
In 2014/15 ASC services in Slough supported approximately 1,400 people with a long term service.



The types of support that people receive include:
- information, advice and advocacy

- prevention services – including reablement
- carers services
- direct payments to arrange and manage their own care and support
- care at home via domiciliary care, supported living, extra care and supported housing
- day services and employment support
- nursing and residential care

Below is a table that shows the spend in the main service areas in ASC in 2013/14 and 2014/15.



7. Summary of the current budget and expenditure

The table below shows the budget, underlying budget pressure and forecast outturn for ASC for 2015/16 at end of month 5.

Service Area	Budget	Underlying Outturn	Underlying Variance	Variance %	Forecast Outturn	Forecast Variance	Variance %
ASC	34,384	36,229	1,845	5.4%	35,002	618	1.8%

The forecast position is dependent on the delivery of the planned savings targets and new additional measures to manage the underlying budget pressure and slippage on the achievement of some of the savings targets.

8. Reasons for current overspend

There are two main reasons for the current underlying overspend:

- slippage on the delivery of savings
- increasing demand and complexity of needs of individuals

9. Main areas of savings 2015-2019

Savings Area	Descriptor	Value £m
2015/16		
Learning Disability change programme	Move from residential to supported living	£1m
Mental health	Review of existing support packages and services	£0.1m
Internal services	New models of delivery	£0.35m
Voluntary sector	Reduction in funding in contracts	£0.275m
Fees and charges	Increase client charging with inflation	£0.189m
Transformation 1	Care act principles – early intervention and prevention, community capacity, personalisation and direct payments	£0.5m
Transformation 2	Staffing restructure	£0.3m
2016/17		
Internal services	New models of delivery (year 2)	£0.3m
Extra care housing	New service	£0.5m
Transformation 1	Year 2 of the reform programme	£0.75m
Transformation 2	Year 2 of staffing restructure	£0.3m
2017/18		
Transformation 1	Year 3 of reform programme	£1m
2018/19		
Transformation 1	Final year of reform programme	£2.25m
Total		£7.814

10. Summary of ASC Reform Programme

The ASC reform programme governs a portfolio of projects including the Department's transformation, financial activities as well as the embedding of the Care Act.

The programme works 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. 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.

10.1 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.

10.2 The programme will focus on 6 main development domains:

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.

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.

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.

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.

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.

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.

10.3 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
- Increase staff retention rates and staff satisfaction

11. **Conclusion**

Adult social care is facing a significant challenge over the coming years with increasing demand and reducing expenditure. Members of the Health Scrutiny Panel are asked to review and comment on this financial challenge, the ASC reform programme and planned changes and savings as described in this report.

12. **Appendices Attached**

None

13. **Background Papers**

None

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 1st October 2015

CONTACT OFFICER: Dr Angela Snowling, (Assistant Director of Public Health)
(For all enquiries). 01753 875142

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

PUBLIC HEALTH GRANT – FUNDING CUT IMPLICATIONS**1. Purpose of Report**

To inform the Health Scrutiny Panel (HSP) of the level and impact of the impending 'in year' reduction to the Public Health Grant following central government consultation.

To share the local response to the national consultation and the options being explored for reducing costs in year and the choices being considered.

2. Recommendation(s)/Proposed Action

Members are requested to consider the report and its implications for public health services in Slough. As part of this, the Panel should consider the options for in year cost reductions which include; staffing levels and a reduction of contributions to other council services that have supported public health functions to date.

The supporting evidence on comparative funding and priorities can be found in Appendices 1a and A respectively.

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

The public health grant funds a wide range of mandated and non-mandated activities within the Health Strategy, which sits under the Slough Wellbeing Strategy and also supports the health ambitions within the Children's and Young Peoples Plan (CYPP). Expenditure follows the priorities set within the Public Health Outcomes Framework.

The funding supports the Slough Wellbeing Strategy in the following ways

Health – the priorities in the CYPP aims to improve children and young people's emotional and physical health and encourage healthy eating and tackle poor dental health.

Safer Communities – the funding supports the Safer Slough Partnership through the work of the drug and alcohol team's commissioned services. It also supports vulnerable children through the children's services improvement programme and early help agenda

3b Five Year Plan Outcomes

The Public Health Grant supports Outcome 5 of Slough Borough Council's Five Year Plan (Children and Young People in Slough will be healthy, resilient and have positive life chances). There are a series of key actions underneath Outcome 5, which the funding will help to deliver:

- Develop more preventative approaches to ensure children, young people and families are safe, independent and responsible.
- Slough Children's Services will be one of the best providers of children's services in the country, providing timely, purposeful support that brings safe, lasting and positive change.
- Ensure vulnerable children and young people are safe and feel safe.
- Ensure children and young people are emotionally and physically healthy.
- Ensure children and young people enjoy life and learning so that they are confident about the future and aspire to achieve to their individual potential.
- Ensure children and young people with SEND and their families receive comprehensive, personalised support from childhood to adulthood.

The public health grant also supports Outcome 6 (More people will take responsibility and manage their own health, care and support needs).

- Encourage all residents to manage and improve their health
- Target those residents most at risk of poor health and wellbeing outcomes to become more active more often
- Build capacity in the voluntary sector to enable a focus on supporting more people to manage their own care needs

The work of the Drug Alcohol Action Team (DAAT), funded through public health grant supports Outcome 6 and a review of the DAAT is currently being undertaken in order to identify programmes of work that could reasonably be implemented in order to meet the desired impact of this outcome,

The public health grant also supports Outcome 7 (maximise savings from procurement, commissioning and contract management).

4. Other Implications

(a) Financial

The financial implications are outlined in section 5 and represent the impact of a 6.2% cut in year to the total grant of £5.48m plus the half year effect of the transfer of the health visiting service valued at £1.5m. The total new savings required in year are £400,000 in addition to savings of £950,000 already achieved. Despite taking considerable preventative action there is likely to be a shortfall of £427,000 which can be moderated in 2016-17 and 2017-18 through a planned process of contract closures.

(b) Risk Management

The main risks are financial and staffing related.as shown in section 5

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications to the proposed action.

(d) Equalities Impact Assessment

An EIA has been conducted for the team redesign

5. Supporting Information

5.1 The Public Health Grant supported the following prescribed and non prescribed functions in 2014-15 as shown in Table 1 below

Table 1 Public Health Revenue Outturn 2014-15

61 Sexual health services - STI testing and treatment (prescribed functions)	1,738,312.95
62 Sexual health services - Contraception (prescribed functions)	37,010.90
63 Sexual health services - Advice, prevention and promotion (non-prescribed functions)	8,983.29
65 NHS health check programme (prescribed functions)	64,447.50
66 Health protection - Local authority role in health protection (prescribed functions)	81,142.89
68 National child measurement programme (prescribed functions)	92,000.00
70 Public health advice (prescribed functions)	316,600.00
71 Obesity – adults	96,756.39
72 Obesity – children	59,000.00
73 Physical activity – adults	140,648.00
74 Physical activity – children	12,900.00
76 Substance misuse - Drug misuse – adults	1,777,600.00
77 Substance misuse - Alcohol misuse – adults (within figure above)	0.00
78 Substance misuse - (drugs and alcohol) - youth services	81,400.00
80 Smoking and tobacco - Stop smoking services and interventions	387,350.00
81 Smoking and tobacco - Wider tobacco control	0.00
83 Children 5–19 public health programmes	268,860.00
85 Miscellaneous public health services	663,485.04

5.2 The Public Health Grant is set by central government as part of the Council's annual spending review. At the point of transfer of Public Health services from the NHS, the funding was set on the basis of historical expenditure within the NHS. This was 43% below the funding target agreed by central government as necessary to meet the health inequalities needs of Slough.

5.3 The national reduction of 6.2% of the total public health grant imposed 'in year' will effectively create a shortfall in 2015-16 of £427,000 if the grant reduction is implemented, increasing the funding gap from target to 50%.

5.4 £950,000 savings have already been made in year to date to meet the requirements of the Council to transform services within reducing resources. Every new public health service commissioned is tested rigorously against the needs of Slough, the expected rates of return on interest and the quality of the evidence that it can deliver the desired outcomes

5.5 The long term goal is to reduce costs within the greatest areas of spend (drugs and sexual health) to increase investment in four main areas of prevention (obesity, tobacco, inactivity and alcohol consumption) but that this change will need to be managed within contract periods and in collaboration with partners in the CCG who contribute to shared pathways.

5.6 The scope for reducing spend in traditionally high cost mandated services is set out in sections 5.7 to 5.25 and that the options presented are illustrative at this stage.

5.7 Prescribed functions (table 1, section 5.1)

- 5.8 Line 61 refers to sexual health services which are free at the point of contact anywhere in England. Residents can attend the Upton Hospital service locally (which is under a block contract to 2018) or visit out of area hospitals. Rigorous monitoring of out of area costs has enabled a reduction to be achieved in 2014-15. There is limited scope to remove further costs with the exception of outreach chlamydia services. The earliest this can take place is from 2016-17 onwards and the choice would be based on comparative cost effectiveness and the preference young people have made for a web based ordering service, which aims to provide a more inclusive service covering not just chlamydia, but also access to an HIV self-testing kit on line ordering system.
- 5.9 Line 62 refers to family planning services which are provided holistically alongside the above. These are provided by some local GPs as well as via the block contract in line 61 above – the latter cannot be changed until 2018.
- 5.10 Line 63 refers to condom provision which is an essential barrier to HIV and other sexually transmitted infections. This provision is made only to the most vulnerable groups and supports an East Berkshire wide delivery model.
- 5.11 Line 65 refers to the mandated health checks for all 40-74 year olds that do not have an existing heart, kidney or diabetes condition. They are recalled once every five years. This check is carried out by the GPs and there is scope to limit activity in year to the desired threshold set nationally which is 66% of those eligible.
- 5.12 Line 66 refers to the requirement to have a lead consultant for health protection. This function sits within the central team staff costs in Bracknell which will see a fall of 7% in costs.
- 5.13 Line 68 refers to the requirement to weigh and measure every child on reception into school and at year six. A small team within the school nursing service implements these essential checks which in reception also include vision and hearing screening.
- 5.14 Line 70 refers to the requirement to provide public health advice to the council and its partners for a range of health improvement, health and social care service improvements, action on the wider determinants of health and reduction of health inequalities. Under the national memorandum of understanding, there is a requirement to provide an updated Joint Strategic Needs Assessment and to support the development of updates to the Joint Wellbeing Strategy. There are two separate staff costs; the SBC team and the central Bracknell Forest costs for the Information team, the strategic DPH and consultant in health protection. There is scope to reduce the costs of both teams.
- 5.15 Line 71 refers to the non-mandated option to provide adult obesity programmes (weight management programmes). There is scope to reduce investment within this line as other funding in the council is providing support to adults for physical activity. There is also a large backlog as this service is proving popular and is used as a referral when people are identified as at risk from the health checks programme. Scrutiny may wish to debate the benefits of charging for these services to enable a wider group of people to benefit.

- 5.16 Line 72 refers to the non-mandated option to provide childhood obesity programmes (universal and targeted lifestyle and weight management programmes rather than specialist interventions which are the domain of the CCG to fund). There is no scope to reduce investment within this line as the service has just been commissioned following a tender process. This service will be critical to deliver the national directive to produce an integrated childhood obesity management plan. Although childhood obesity levels in reception have improved (awaiting national validation) Slough remains in the highest fifth in England for obesity rates in children in year 6.
- 5.17 Line 73 refers to the non-mandated option to provide physical activity programmes for adults. Although adult physical activity levels have improved in year one of the leisure strategy Slough remains in the lowest fifth in England on this measure.
- 5.18 Line 74 refers to the non-mandated option to provide physical activity programmes for children. This line is now combined with line 72.
- 5.19 Lines 76, 77 and 78 refers to the non-mandated option to provide drug misuse and alcohol services. These services are fully integrated and this line has already been reduced in year. There is scope to end some small contracts. Further scope remains for 2017-18 when contracts are due to be renewed and a full cross Berkshire devolved model of service is in place.
- 5.20 Lines 80 and 81 refers to the non-mandated option to provide smoking cessation and tobacco control services. The service has been actively retendered to ensure costs are capped going forward into 2016-2019 and this also will yield a cost reduction.
- 5.21 Line 83 refers to the non-mandated option to provide services in line with the Healthy Child programme for those aged 5-19. This includes school nursing services (less the cost of the weighing and measuring programme). Notice has been given of the intention to re-contract a 0-19 health child programme.
- 5.22 The final line (85) refers to all other services that are optional; for Slough this includes a contribution to the voluntary sector strategy, a contribution to cross council services that deliver public health outcomes and small services that provide data on outcomes from the GP provided services
- 5.23 The priorities for Slough are set out in Appendix 1 which shows that there is not enough funding to meet the needs of Slough. The response to the public consultation will not be clear until late November 2015 when the allocations are announced for 2016-17.
- 5.24 The Panel should consider that the existing in year recovery plan valued at £750,000 has already been met through strong performance management and validation of payments. A further £200,000 will also be delivered to the council.
- 5.25 A case for retaining the level of funding has been presented to the national consultation as shown in Appendix 1. The difficulty rests with meeting the new in year demand of an additional 6.2% cost reduction imposed in July 2015. It is likely that unless some key contracts underperform a shortfall of £427k is predicted. This will require an agreement with the Corporate Management Team and then Commissioners and Directors when the full grant allocation is known.

6. Conclusion

- 6.1 The funding impacts of an in year 6.2% cut are severe in a local authority which is already the lowest funded amongst equivalent areas of deprivation in the country as shown in Appendix 1
- 6.2 Much has been done to limit costs and to review contract performance throughout the year and the suggestions made in section 5.2 are based on these
- 6.3 Suggested areas for further reducing costs in year include; staffing costs, reductions in contributions to internally funded services and for 2016-17 the outreach Chlamydia screening service (based on the evidence). Warnings have been sent to all providers about the impact of this national cut.
- 6.4 Longer term savings plans for 2017-18 will bring the budget into balance and support outcome 5 to deliver an integrated 0-19 service.
- 6.5 The goal in the next few years is to move expenditure closer to need. The key priority is to reflect the local CYP plan and new government priority to support a multifactorial prevention programme for tackling the risk factors for childhood obesity. This will require cross cutting work to tackle risk factors within housing, the environment (via travel and transport) as well as through education. It is important to note that obesity in adults has now overtaken tobacco in terms of early deaths. The third area of harm which is being addressed is the need to progress the alcohol strategy to rebalance expenditure on prevention and the physical activity elements of the leisure strategy.

7. Appendices

- 1 - Public Health Grant cut: a response to the government consultation

8. Background Papers

None

APPENDIX 1. Public Health Grant cut: a response to the government consultation

Introduction

This paper outlines our response to the consultation on the cut to the Public Health Grant as set out by the Department of Health. (Department of Health. *Local Authority Circular* LAC(DH)(2014)2. Department of Health. London. 2014) The deadline for response was 28 August 2015 and the actual response can be found in Appendix 1a with additional details of Sloughs Public Health priorities in Appendix A.

Overview

Nationally, the 2015/16 public health grant to local authorities (LAs) will be reduced by £200m. The cut is not negotiable and the consultation concerns the technical options for implementation. DH's preferred option is a flat-rate 6.2% cut to the current grant (including the health visitor 0-5 year old service grant due to transfer on 1 October) across all LAs (Option c) Were there to be a differential cut to LAs (say, options A / B / D) then the cut will be higher for other authorities so that £200m is still saved.

1.1.2 Consultation scope

There are three questions in the consultation:

1. How should DH spread the £200 million saving across the LAs involved?

- A. devise a formula that claims a larger share of the saving from LAs that are significantly above their target allocation;
- B. identify LAs that carried forward unspent reserves into 2015/16 and claim a correspondingly larger share of the savings from them;
- C. reduce every LA's allocation by a standard, flat rate percentage. Nationally the £200m saving amounts to about 6.2% of the total grant for 2015/16, so that would also be the figure DH applied to individual LAs; or
- D. reduce every LA's allocation by a standard proportion unless an authority can show that this would result in particular hardship, taking account of:
 - an inability to deliver savings legally due to binding financial commitments;
 - substantial, disproportionate and unavoidable adverse impact on people who share a protected characteristic within the meaning of section 149 of the Equality Act 2010;
 - a high risk that, because of its impact, the decision would be incompatible with the Secretary of State's duties under the NHS Act 2006 (in particular the duty to have regard to the need to reduce inequalities between people with regard to the benefits they can receive from public health services);
 - the availability of funding from public health or general reserves; or
 - any other exceptional factors.

2. How can DH, Public Health England and NHS England help LAs to implement the saving and minimise any possible disruption to services?

DH says that it welcomes proposals noting that:

- LAs' duties in primary legislation will remain in place;

- it would not be realistic to amend the existing regulations that require LAs to take particular steps, or the regulations that will mandate the universal aspects of commissioning of public health services for children aged 0-5 years, or any other secondary legislation, in time to influence spending in the current financial year; and
- the conditions attached to the grant will stay in place for the rest of 2015/16.

3. How best can DH assess and understand the impact of the saving?

Again, DH says that it welcomes proposals especially as it needs to understand the effect of this cut, including its effect on health visitor services. It sees potential ways to do this as being to:

- undertake a national survey of directors of public health and other key stakeholders;
- commission Public Health England centre directors to review the local impact and contribute to a national report for DH; or
- work through representative bodies to gather feedback on local impact.

2. **Discussion of context**

Whilst, strictly, out of the consultation's scope, it may be worthwhile commenting on the following:

- historically, whilst public health interventions rather than health care have had the greatest beneficial impact on improved life expectancy, and despite a plethora research and policy initiatives, there has been only limited progress in tackling the UK's health inequalities and this is why front line public health services were transferred from the NHS to local authorities;
- to cut the public health grant to local authorities will compromise their ability to reduce health inequalities for which they were given responsibility under the Health and Social Care Act 2012;
- the timing of the cut is counter to the priority given to prevention in the NHS 5 year forward view and this approach will compromise our ability to respond to growing request for prevention from our CCG colleagues
- especially at a time of increasing demand for both health and social care services when budgets for these are being overspent and/or cut, it is counterproductive to reduce funding for prevention which is the cornerstone of public health interventions.

In terms of the consultation questions (see Appendix 1a for the format of the required response), the following is suggested

Question 1

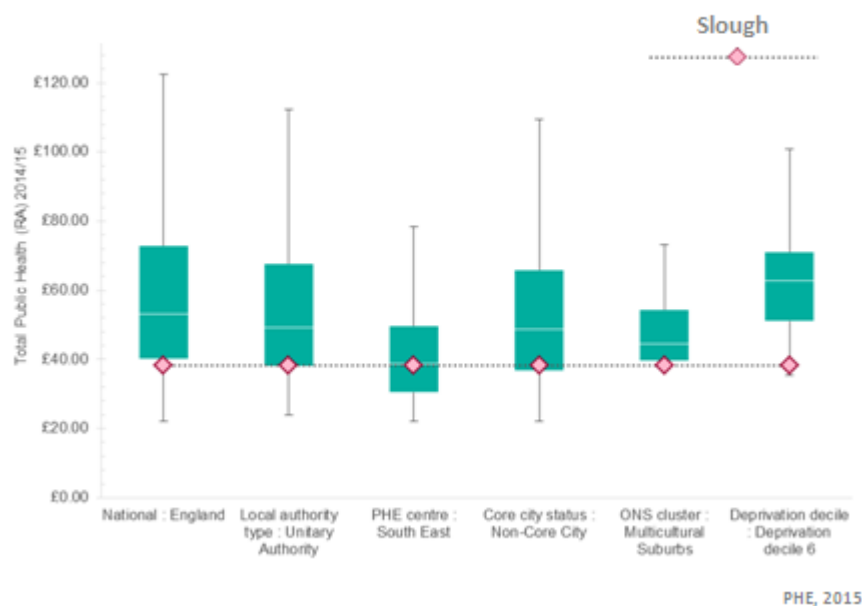
A – that is, DH should devise a formula that claims a larger share of the saving from LAs that are significantly above their target allocation.

The rationale for this suggestion is that:

- this council is below its fair share allocation of the PH grant - *the distance from target in 2014-15 in percentage terms was 43% equal to an absolute amount of £37 per head compared to £48 for our ONS cluster, £57 per head nationally and £63 for our deprivation decile as shown in the 2014-5 Public Health Spend and Outcomes tool see Figure 1 overleaf*

Figure 1 public health spend per resident population

Public Health spend per resident population (2014/15)



- *Discussions have already been undertaken and agreed with ACRA to resolve a fair share for the health visiting allocation and the results of that consultation should inform the whole grant as the principles remain the same*

To apply a flat-rate cut across all LAs irrespective of position against their fair allocation will

- (i) disadvantage the people of *Slough still further*
- ii) tend to perpetuate rather than help to redress persisting health inequalities (the main reason that public health responsibilities were transferred from the NHS to LAs), and
- (iii) be inequitable (it is treating people with unequal needs equally, which is unethical),
- (iv) runs counter to the NHS approach to growth which has been to focus on areas which are below their fare share allocation
- To make any in-year budget cut is, in any case, counter to the government’s commitment that Public Health Grant underspends can be carried over, as part of a public health reserve, into the next financial year and that only if there are repeated large underspends would DH consider whether allocations should be reduced in future yearsⁱ – the £200m cut is based on a national underspend in the first year of the public health transfer to LAs and is being effected in-year and not ‘in future years
- Locally the transfer of PH into local government was complicated with resources moving from two PCTs into 6 unitary authorities and so the first year was planned against an unknown baseline. A prudent position was taken to ensure all existing commitment could be honoured. This prudence would be penalised if option B was taken e.g Slough has not underspent in either of the first two years and has had to absorb much higher sexual health costs than planned at transfer from the PCT to the UA in addition to adoption of a risk share approach across Berkshire until accurate activity and costs could be achieved.
- We also believe that option D would be unworkable and that it would be possible in this financial climate for every PH department to construct arguments that would demonstrate that the

decision would be incompatible with the Secretary of State's duties under the NHS Act 2006 (in particular the duty to have regard to the need to reduce inequalities between people with regard to the benefits they can receive from public health services) Moreover this approach would introduce further delay regarding the announcement the consultation results and make the in year savings even more difficult.

Question 2

Any cut to the grant in-year will disrupt services and it is difficult to see how DH, Public Health England or NHS England could help to ameliorate this.

Health visitor services are to be transferred in October 2015 and a requirement for the safe transfer was that local government was required to sign contracts from the service in April for the October transfer . Thus making an in-year cut impossible for those services because contracts are already in place and there will be insufficient time to negotiate with providers. However it would help a review of this service if there was absolute clarity that upon transfer the target number of health visitors was no longer key but that the focus was on the outcomes and delivery of the mandated services.

Clarity on the performance assessment or management for the PHOF and assurance concerning the PH grant would also be useful .

Question 3

DH will probably best be able to understand the impact of this in-year cut by both undertaking a national survey of directors of public health and other key and commissioning Public Health England centre directors to review the local impact and contribute to a national report for DH. Linking this knowledge to any changes in the PHOF framework would be useful in the longer term to assess the impact on outcomes

It is inevitable that an in-year cut of this magnitude, because it will not be possible to apportion it equally across all public health-commissioned services, will focus on services without legal running contacts or where activity can be varied e.g :

- fewer people beneficially changing their lifestyles (for example, quitting smoking) and thus experiencing poorer health;
- more people developing avoidable ill-health and disability;
- greater operational and financial pressures on both health and social care services; and
- some smaller providers, especially in the voluntary sector, ceasing to provide services and possibly going bankrupt.

Appendix 1a: Actual response to the consultation questions

Question: 1

Do you agree with DH's preferred option (C) for applying the £200 million saving across LAs? If not, which is your preferred option?

Please tick your preferred option or describe an alternative :

A This is Slough's preferred option as Slough has the biggest gap in spend per head of the population compared to target and because long term outcomes such as early deaths from cardiovascular disease; which require a higher expenditure on health improvement remain significantly higher than the England average.

B not preferred

C not preferred

D (LAs are invited to include any such evidence in responses to this consultation. Should the Department opt to implement option D, it will rely on this evidence in making decisions on its application and will not mount a separate consultation to gather this evidence.)

This is Slough's second preference. Factors which make Slough more deserving than others are shown in Appendix A and below

- i. it is in the fifth most deprived group in England on the PHOF profiles
- ii. it has the fifth highest birth rate in England placing continuing demands on the whole early years, housing and education sectors
- iii. it has the highest population churn exacerbated by the now common practice of London boroughs and other areas to export families with complex needs to the poorest accommodation in the private rented sector within the borough
- iv. the ethnic diversity of the population is equivalent to many London boroughs who are receiving far higher rates per head of the population
- v. employment rates whilst low are in the lowest paid sectors
- vi. violent crime is reducing but remains the highest in the Thames Valley
- vii. our population has one of the highest recorded rates of diabetes in primary care and the poorest outcomes for cardiovascular disease for which funding cuts to key lifestyle interventions would further increase demand on the health care system

Question: 2

How can DH, PHE and NHS England help LAs to implement the saving and minimise any possible disruption to services?

Allow the LAs to offset the reductions through the health visiting grant in 2016-17 to fund more integrated services within the Slough Childrens Trust

Question: 3

How best can DH assess and understand the impact of the saving?

Through the spend and outcome tool and PHOF results

APPENDIX A

Data in support of Slough's position being more deserving than comparators

Demography

- Total population: 149,145 (ONS projected 2015)
- Slough is in the fifth most deprived quintile with a deprivation ranking of 93 out of 326 local authority areas (Based on 2010 IMD). 10 LSOAs fall below the 20th percentile & 1, Slough 013B, below the 10th (IMD 48.79). 60 of the 78 LSOAs fall below the average for England
- Around 65.5% of residents are from BME backgrounds, the largest group being Asian/Asian British at 39.7% (55, 767). Black/Black British make up 8.6% (12, 115).
- Some 1,682 people are over the age of 85, this is 1.2% of the population, significantly below the SE and England averages (Census 2011)
- Slough has over 19,000 children aged 0-7 (13.6%). This is the second highest proportion of 0-7 year olds in England
- Relates to outer London rather than Berkshire and has a similar profile to statistical neighbours in Bradford and Luton.

Key Public Health Challenges for Slough

The key challenges are

Slough has one of the highest recorded rates of diabetes (8.2% in 2013-14 compared to 6.2% in England) in persons aged 17+ primary care and preventable early deaths from cardiovascular disease, for which funding cuts to key lifestyle interventions would further increase demand on the health care system

- The under 75 mortality rate (2011-13) from cardiovascular diseases considered preventable (71.7) is significantly higher than England average (50.2)
- 31.4% of adults are inactive compared to 27.7% England average
- Smoking prevalence is 22% compared to 18.6% England (2013)
- 10.5% of the population have diabetic eye disease (in persons aged 12+) compared to 3.5% in England 2013/14
- Self reported wellbeing; the percentage of people with a low satisfaction score was 7.1% compared to 5.6% in England (2013-14)
- Injuries (2013-14) due to falls in people aged 65 and over were 2435 per 100000 compared to 2064
- The fraction of mortality attributable to air pollution was 6.4% compared to 5.1% (2012)
- Infant mortality (2011-13) 5.9% compared to 4.0% in England
- In 2013, there were over 99 conceptions per 1,000 females in Slough, much higher than the national average of 78 per 1000 females.
- Low birth weight of term babies was 4% compared to 2.8% England (2012)
- The level of child poverty is worse than the England average with 19.1% of children aged under 16 years living in poverty (South East: 13.6%. England 18.6%)
- Tooth decay rates in three year olds are the highest in the Southeast (2013)
- 36% of children aged 10-11 years are classified in the excess weight category in 2013/14, this is above the national average of 33.5%

-
- Uptake of preventative screening is lower than the England average; e.g
 - Breast cancer screening: 68.3% screened adequately in 2014 compared to 75.9% England
 - Cervical cancer screening: 68.8% of eligible women screened adequately in 2014 compared to 74.2% England
 - Population vaccine coverage (2014/15) remains below the recommended levels on all indicators
 - TB incidence is higher than the UK average at 58.3:100,000 compared to 14.8:100,000 – 2011/13
 - Slough has above England rates of late diagnoses for HIV at 49.2% compared to 45% nationally

Other determinants of health

- Slough has the fifth highest birth rate in England placing continuing demands on the early years, housing and education sectors
- Slough has double the regional average of private rented sector housing (23% compared to 11% regionally) with the highest occupancy rates among the poorest and most transient populations
- Slough has high rates of population churn exacerbated by the now common practice of London boroughs and other areas to export families with complex needs to the poorest accommodation in the private rented sector within the borough.
- the ethnic diversity of the population is equivalent to many London boroughs who are receiving far higher rates per head of the population
- employment rates whilst average are in the lowest paid sectors
- violent crime is reducing but remains the highest in the Thames Valley
- there are four air quality zones in the area two of which are impacted by proximity to the M4.

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 1st October 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
1 October 2015
<ul style="list-style-type: none"> • Heatherwood and Wexham Park Hospitals NHS Trust acquisition update • Carers Strategy • Budget implications – public health and adult social care • Adult Social Care Local Account
18 November 2015
<ul style="list-style-type: none"> • Thames Valley Cancer Strategic Clinical Network review of the provision of specialist surgery • Drug and alcohol services • Mental Health Crisis Care Concordat Action Plan • Child and Adult Mental Health Services (CAMHS tier 2) Engagement Update
14 January 2016
<ul style="list-style-type: none"> • Care Act 2014: Update on Performance and Outcomes • Leisure Strategy: Get Active Slough – Commissioner for Community & Leisure
21 March 2016
<ul style="list-style-type: none"> • Measurable outcomes from formal co-operation between Slough Borough Council and CCGs (Forum?)

Currently Un-programmed:

Issue	Directorate	Date
<u>Transfer of health visitor services</u>		
Five Year Plan outcome: More people will take responsibility and manage their own health, care and support needs		
Slough alcohol strategy		18 th Nov – provisional
Berkshire Healthcare NHS Foundation Trust Quality Account 2014/15		Likely for March 2016

MEMBERS' ATTENDANCE RECORD 2015/16

HEALTH SCRUTINY PANEL

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

P = Present for whole meeting
Ap = Apologies given

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

(Ext*- Extraordinary)

This page is intentionally left blank