

Taking pride in our communities and town

Date of issue: Wednesday, 22 June 2016

MEETING: HEALTH SCRUTINY PANEL

(Councillors Chaudhry, Cheema, Chohan, M Holledge,

Mann, Pantelic, Qaseem, Smith and Strutton)

**NON-VOTING CO-OPTED MEMBERS** 

Healthwatch Representative

Buckinghamshire Health and Adult Social Care Select

Committee Representative

**DATE AND TIME:** THURSDAY, 30TH JUNE, 2016 AT 6.30 PM

**VENUE:** VENUS SUITE 2, ST MARTINS PLACE, 51 BATH

ROAD, SLOUGH, BERKSHIRE, SL1 3UF

**DEMOCRATIC SERVICES** 

OFFICER:

ITEM

**NICHOLAS PONTONE** 

(for all enquiries) 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.

) S S.B.

**RUTH BAGLEY** 

Chief Executive

**AGENDA** 

PART I

AGENDA REPORT TITLE PAGE WARD

Apologies for absence.



#### **AGENDA**

#### 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. Election of Chair for 2016/17
- 3. Election of Vice-Chair for 2016/17
- 4. Minutes of the Last Meeting held on 21st March and the Extraordinary Meeting held on 4th April 2016

1 - 12

#### SCRUTINY ISSUES

5. 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).

6. Introduction to Health Scrutiny 13 - 20

7. HSP Work Programme 2016/17 21 - 24

8. Slough's Learning Disability Plan 2016-19 25 - 56

9. Date of Next Meeting - 1st September 2016

#### Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

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



Health Scrutiny Panel – Meeting held on Monday, 21st March, 2016.

Present:- Councillors Ajaib (Chair), Strutton (Vice-Chair), Chahal, Chaudhry,

Chohan, M Holledge, Pantelic and Shah

Also present:- Councillor Hussain

**Apologies for Absence:-** Councillor Cheema and Colin Pill.

#### **PART I**

#### 50. Declarations of Interest

No declarations were made.

#### 51. Minutes of the Last Meeting held on 14th January 2016

#### Resolved -

- (a) That the minutes of the last meeting held on 14<sup>th</sup> January 2016 be approved as a correct record.
- (b) That the actions agreed at the health scrutiny development workshop be circulated to members of the Panel.

#### 52. Member Questions

There were no questions from members.

#### 53. CQC Inspection Report on Wexham Park Hospital

Sir Andrew Morris, Chief Executive of Frimley Health NHS Foundation Trust made a presentation on the findings of the recent Care Quality Commission inspection into Wexham Park Hospital and the wider developments to further improve services and facilities at the hospital.

(Councillor Shah joined the meeting)

Wexham Park Hospital has been rated as 'inadequate' upon acquisition by Frimley and it had been agreed that the CQC would conduct a further inspection after 12 months to assess progress. The re-inspection took place in October 2015 and the hospital received an overall rating 'good' and 'outstanding' for urgent and emergency services and critical care. The Chief Inspector of Hospitals had commended staff on the 'transformation' achieved and it was recognised that the improvement since the acquisition had been very substantial. Sir Andrew explained the approach taken in making such rapid improvement which included strong leadership at all levels, values and behaviours, engaging staff and a shared view of what 'good looked like'.

Despite the improvements, the hospital still faced many challenges such as sustaining and continuing to improve services and reducing the vacancy rate in view of the difficulties in recruiting staff. The hospital had a deficit of £30m at the point of the acquisition and whilst there had been £18m of support from the Department of Health to support the transition, the Trust continued to face a significant challenge in addressing the deficit as part of the three year programme to achieve financial balance. The Panel were also briefed on the future development plans at Wexham Park that included a £49m investment in a new emergency department, £10m investment in maternity facilities, additional car parking spaces a major programme to address a backlog of repairs. The Trust also had plans for a £72m redevelopment of the Heatherwood site to provide new and enhanced facilities. Part of the site would be sold to help fund the plans.

The Panel congratulated Sir Andrew, his management team and staff on the substantive improvements that had been delivered since the acquisition that were reflected in the CQC inspection findings and welcomed the future investment plans. Members asked a number of questions which are summarised as follows:

- <u>CQC inspection</u> several Members asked how the action plan arising from the inspection report would be taken forward and the plan to move from an overall rating of 'good' to 'outstanding'. Sir Andrew provided assurance that all of the areas for improvement identified by the CQC would be addressed and it was highlighted that there had been considerable improvement in areas identified previously such as patient discharge by working closely with social care partners. A new plan had been put in place for pharmacy support for the emergency department. The Trust were committed to continuing to improve through a strong and proactive approach to performance management and the development a new clinical strategy.
- <u>Clinical strategy</u> Members were briefed on the new Clinical Strategy across Wexham Park, Heatherwood and Frimley Park. For Wexham Park this included the provision of a paediatric high dependency unit, extension of the heart attack service, onsite radiotherapy and new ophthalmology provision. The Trust were seeking to secure additional elective activity at Wexham Park and this was important in moving towards financial balance.
- <u>Staff morale</u> previous inspections had identified a weakness in the levels of staff morale and Sir Andrew was asked how it was being measured and improved. It was responded that staff engagement had been a key part of the improvement plan upon the acquisition and there was stronger leadership and accountability on each ward which helped with morale.
- <u>Recruitment</u> the Panel had previously been informed of the actions being taken to address staff shortages for example the recruitment of nurses from the Philippines. 150 trained nurses had been interviewed

but the new requirement for an English exam had delayed the process as there was only one examination centre. Recruitment and retention remained a key priority for the Trust.

- 4 hour waiting time target a Member asked whether a shortage of doctors was resulting in longer waiting times for patients in A&E. Sir Andrew stated that there was not a shortage of doctors and nurses in the department and that 95% of people were seen at A&E within the national 4 hour target during the previous month which was considered to be strong performance. He explained that the primary reason for longer waiting times was the significant variations in demand.
- <u>Car parking at Wexham Park Hospital</u> Members highlighted that parking remained a major issue and asked when the additional parking would be available. Planning issues had delayed the project but work had started on the provision of 500 additional spaces. However, the new emergency department would take up around 200 existing spaces and these would need to be provided elsewhere on the site.
- <u>Future investment plans</u> A Member asked whether a covenant on the Heatherwood site may impact on the redevelopment plans, to which Sir Andrew responded that all such issues would be addressed through the planning process and the Trust were confident that the plans would be delivered.

At the conclusion of the discussion, the Panel welcomed the progress that was being made in improving services at Wexham Park and congratulated Sir Andrew and staff at the hospital.

#### Resolved -

- (a) That the finding of the CQC inspection report into Wexham Park Hospital and wider update be noted.
- (b) That the significant progress that had been made in improving services at the hospital be welcomed and that a further update be provided to the Panel at a later date.

#### 54. Berkshire Healthcare NHS Foundation Trust Quality Account 2015/16

The Panel received the Berkshire Healthcare NHS Foundation Trust Quality Account to end of the third quarter 2015/16. If Members had any comments or required further information, they should be made via the Scrutiny Officer by 25<sup>th</sup> April. Members briefly discussed the results of the Star Survey before formally noting the report.

**Resolved –** That the Berkshire Healthcare NHS Foundation Trust Quality Account be noted.

#### 55. Slough Walk in Centre Options for a Future Service

The Panel considered a further report from Slough Clinical Commissioning Group on the future options for the Slough Walk In Centre since the update received in January 2015. There had been significant activity and engagement in the past two months to further refine the options and these were set out in the report and explained to the Panel.

There had been significant support for Option 5 – a new model of integrated out of hospital care the key aspects of which were:

- Slough Local own GP practices for personalised care and the provide more support for people with long term conditions.
- Slough Talk digital advice and support on the telephone and online.
- Slough Central Upton based shared multidisciplinary primary care facility where locally registered patients could book same day appointments for minor illnesses and treatments. There would be minimal walk in provision.

The consultation process had also revealed support for some elements of option 4 – enhanced walk in service and further work would now be undertaken to further refine to proposal prior to commissioning of the new service in the summer. The advantages of the Slough Central model included better access to on the day booked appointments and longer access hours for primary care booked appointments. This approach would require an strong focus on educating people and self help and the implications for local GP practices would need to be carefully considered.

The Panel recognised the potential advantages of the Slough Central concept in terms of both improving access to same day appointments at a central hub at the same time as providing more support in local practices for people with the most need. A number of questions were asked including the financial appraisal of the Slough Central model. It was responded that detailed work on the costings was being undertaken at present and would be fully considered prior to any decisions being made. The Panel were informed that the financial pressures and demands on primary care meant that a different approach would be needed in future to best meet local need. The provision of same day appointments for relatively minor illnesses at a central hub would represent a very significant change to primary care provision locally and it was agreed by both the CCG and Panel that significant engagement and communication with residents would be needed and the Council and other partners would have a key supporting role in this regard. The model could only be successfully delivered if a strong partnership approach was taken.

Members discussed a number of other aspects of the proposal including the Slough Talk concept and increased use of digital technology to improve information and access to services. Local provision of primary care services was recognised as being vitally important and some concerns were expressed about the potential centralisation of services for some patients. However, the Panel recognised overall that healthcare was rapidly changing and some re-

modelling would be required. Further detail on the financial model and how the concept would work for patients would be required.

At the conclusion of the discussion, the Panel noted the report and offered to provide any further assistance it could to help shape and refine the model.

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

#### 56. East Berkshire CCGs' Stroke Service Reconfiguration Project

The Panel considered a report from Slough CCG proposed plans to reconfigure the way acute stroke services are delivered in East Berkshire and particularly in Windsor, Maidenhead and Slough.

The proposed plans were to reconfigure stroke services in East Berkshire to deliver a modified version of the 'London Model', which ensured that all suspected stroke patients are conveyed to a Hyper Acute Stroke Unit (HASU) for their care. Currently stroke patients from Slough were likely to be transferred to Wexham Park Hospital which was not a HASU, and following a detailed reviewed it was proposed that outcomes could be improved by treating them at the nearest HASU at Wycombe Hospital. Patients would receive acute care at the HASU for approximately 7-10 days before being transferred to a local centre for in patient care and rehabilitation.

The Panel asked a number of questions about why Wexham Park Hospital services couldn't be improved to become and HASU and whether any further risks to patients would be created by increasing the time to transfer stroke patients to Wycombe Hospital. Members were improved that the evidence clearly showed that improved outcomes for Slough patients could be achieved by transferring them to the nearest HASU. Stroke services at Wexham Park had not improved as quickly for other services and Slough did not have the scale to realistically become a HASU. Members asked about future provision, and it was responded that stroke services could be delivered at Wexham Park in the medium to long term future if further significant improvements could be made. The new approach would be closely monitored to ensure outcomes for patients from Slough were being delivered.

#### Resolved -

- (a) That the report be noted.
- (b) That the Panel receive an update report in March 2017.

#### 57. Forward Work Programme

**Resolved** – That the Forward Work Programme of the Panel, including the agenda for the extraordinary meeting of the Panel to be held on 4<sup>th</sup> April be noted.

#### 58. Attendance Record

**Resolved** – That the attendance report be noted.

#### 59. Date of Next Meeting - 4th April 2016 (Extraordinary)

The next meeting would be an extraordinary meeting held on 4<sup>th</sup> April 2016 at 6.30pm.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.37 pm)

Health Scrutiny Panel – Extraordinary Meeting held on Monday, 4th April, 2016.

Present:- Councillors Ajaib (Chair), Strutton (Vice-Chair), Chahal, Chaudhry,

Chohan, M Holledge and Shah

Also present:- Councillor Hussain

Apologies for Absence: Councillors Cheema and Pantelic

#### **PARTI**

#### 1. Declarations of Interest

No interests were declared.

2. Five Year Plan Outcome 6 - 'More people will take responsibility and manage their own health, care and support needs'

The Panel received a comprehensive presentation from the Interim Director for Adult Social Care on the activity being undertaken on the Five Year Plan Outcome 6 – 'More people will take responsibility and manage their own health, care and support needs'. It was the first time that progress made on the outcome had been presented in detail to the Panel and it also provided an opportunity to Members to shape the plan for 2016/17.

(Councillor Shah joined the meeting)

The actions undertaken to deliver against the outcome aimed to encourage people to take more responsibility for managing their own health and social care needs; a stronger focus on prevention; encouraging physical activity, improving health outcomes and reducing social isolation. The Panel received an update on current and future activities in relation to the following areas:

- 1. Encourage all residents to manage and improve their health including a new TB screening service and bowel cancer pilot.
- 2. Target those individuals at risk of poor health to become more active more often including major capital investment in leisure facilities and new neighbourhood activity programmes.
- 3. Develop preventative approaches to ensure that vulnerable people are more able to support themselves including activities undertaken through the Better Care Fund such as the new falls service and more support for people with complex needs.
- 4. Build capacity within the community and voluntary sector to enable more people to manage own care needs through the new outcomes based strategy and re-commissioning of voluntary sector services.
- 5. Put in place new models of social care for adults with a focus on asset based approaches and direct payments including new direct

- payments support services and innovative approaches to change the way social care worked.
- 6. Ensure people are at the centre of the adult safeguarding process and are supported to manage risks by ensuring compliance with new Care Act responsibilities and reviewing all contracted services.

#### (Councillor Chahal joined the meeting)

Work on the new action plan for 2016/17 was well underway and would include a further priority on the integration of health and social care. By March 2017 a new local plan would be needed about the future shape of health and social care services to embed integration ahead of the ending of the Better Care Fund in 2020.

The Panel asked a number of questions about the VCS commissioning process and the communication with local communities and organisations about the implications for services locally. It was responded that the SPACE consortium were well placed to connect with local communities to try to ensure residents had a better understanding of the services and support available than they had been in the past. The contract was in its early stages in this process would take time. A Member asked about the key performance indicators for the SPACE contract, including how they would be compared to the performance of previous contractors and whether there was specific target to identify more carers in Slough. The contract included a number of clear targets and performance indicators and further information could be provided to the Panel if required. In relation to the direct payments, there was a target to increase the figure from circa 20% to 60% over the next three years.

The Panel discussed the information and advice service formerly provided by Citizens Advice Bureau and was assured that the new provider, Shelter, had the necessary expertise and experience to further information the service available. The SPACE consortium was unique to Slough and was designed to meet the specific needs locally, based a new strategy which was clearly focused on outcomes rather than activity. The Panel was informed that CAB locally had chosen not to be part of the SPACE consortium; however, Officers had held discussions with the CAB nationally about the future opportunities to provide services in Slough.

A Member raised the future of learning disabilities services and it was noted that the SPACE information and advice service was the first port of call for residents to access services. More generally, the service was being remodelled from residential care to supported living and a review of day centre provision was underway. Mental health services for people at crisis point were discussed in relation to reducing suicides. Mental health services in Slough were generally considered to be good and the Panel were briefed on the wide range of activity underway to further improve services by identifying and supporting the most vulnerable people. Specific online services were available for young people.

A range of other issues were discussed including the implementation of the leisure strategy; the 'road map' for the next year in moving towards the outcomes and the role of the Panel in scrutinising and support delivery. Members would have an ongoing role in reviewing progress in the next municipal year and a further report would be considered at a future meeting on the 'road map'. At the conclusion of the discussion, the Panel thanked Officers for the presentation and noted progress to date.

#### Resolved -

- (a) That the activity undertaken to support the delivery of Outcome 6 of the Five Year Plan be noted.
- (b) That the Panel receive a further report in the new municipal year detailing the 'roadmap' of activity in 2016/17 to contribute to the overarching 5-year outcome.

## 3. Update on nationally mandated health visitor service and the planned redesign to 0-19 services

The Assistant Director of Public Health updated the Panel on the nationally mandated health visitor service which transferred to local authorities in October 2015.

The service provided expert information, assessments and interventions for babies, children and families and their role was central in improving health outcomes and tackling inequalities. The service provided four levels of service – community, universal, universal plus and universal partnership plus. The Panel noted the data provided on the number of new births per ward, which totalled ,1979 across Slough in the first three quarters of 2015/16. Thirty-seven health visitors were required to provide the service for Slough population, and whilst the number of births remained less than planned at transition, this gap was filled by the new families arriving in the borough. Maintaining workforce levels was recognised as being crucial to the successful delivery of the service and plans were in place to recruit to a number of vacancies.

The Panel discussed a number of aspects of the report including the working relationship with other partners. At the conclusion of the discussion, the update was noted.

**Resolved –** That the update on the delivery of the nationally mandated health visiting service be noted.

## 4. Progress report on formal co-operation between Slough Borough Council and Slough CCG

The Commissioner for Health & Wellbeing updated the Panel on the progress made to date on joint working and co-operation with Slough Clinical Commissioning Group (CCG) on the health and wellbeing agenda at a local

level. A positive meeting involving ward Members, public health, CCG representatives and other partners had been held in November in Colnbrook and a further session was scheduled for 18<sup>th</sup> April in Langley.

The first session had highlighted a number of gaps in locality based information which needed to be addressed and representation from GPs was considered to be important for future events. The early activities had shown there was potentially a role for such forums to link community need and local issues in wards or neighbouring clusters of wards. There was limited resource to organise the events and it was proposed that further testing on the arrangements and format take place before any recommendations are made on how to proceed. The presentation and documents from the session were provided to the Panel to consider.

The invitations to the event on 18<sup>th</sup> April hadn't yet been circulated, and Panel Members were encouraged to attend the session. It was requested that that the invitation list be circulated to the Panel to promote engagement of Members and local partners. At the conclusion of the discussion, the update was noted.

#### Resolved -

- (a) That the progress report on the model of community engagement in local joint health and wellbeing planning be noted.
- (b) To further develop the model of local community engagement and bring a report back to the Panel seeking endorsement of how it could be rolled out across the borough.

#### 5. Slough Wellbeing Board's Annual Report 2015/16

The Panel noted the latest draft of the Slough Wellbeing Annual Report for 2015/16 that had previously been circulated to Members of the Panel. No comments had been received. The Wellbeing Board was currently refreshing the Slough Joint Wellbeing Strategy and some of the Board's ways of working and further information would be circulated to Panel members.

Members discussed the progress the Wellbeing Board was making since it's inception in 2013 and it was generally felt that there was strong engagement from a range of partners but that the next few years would have a greater focus on delivery. Scrutiny therefore had an important role to play both in terms of monitoring Council activity, and that of other health partners.

#### Resolved -

- (a) That the Slough Wellbeing Board Annual Report 2015/16 be noted and endorsed.
- (b) That details of the consultation on the refresh of the Wellbeing Board be circulated to the Panel.

#### 6. Date of Next Meeting - 30th June 2016

As it was the final meeting of the municipal year, the Chair thanked Members, officers and partners for their contribution to the Panel during the year.

The next meeting of the Panel would be held on 30th June, 2016.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.00 pm)





**Adult Social Care** 

# What is Adult Social Care?

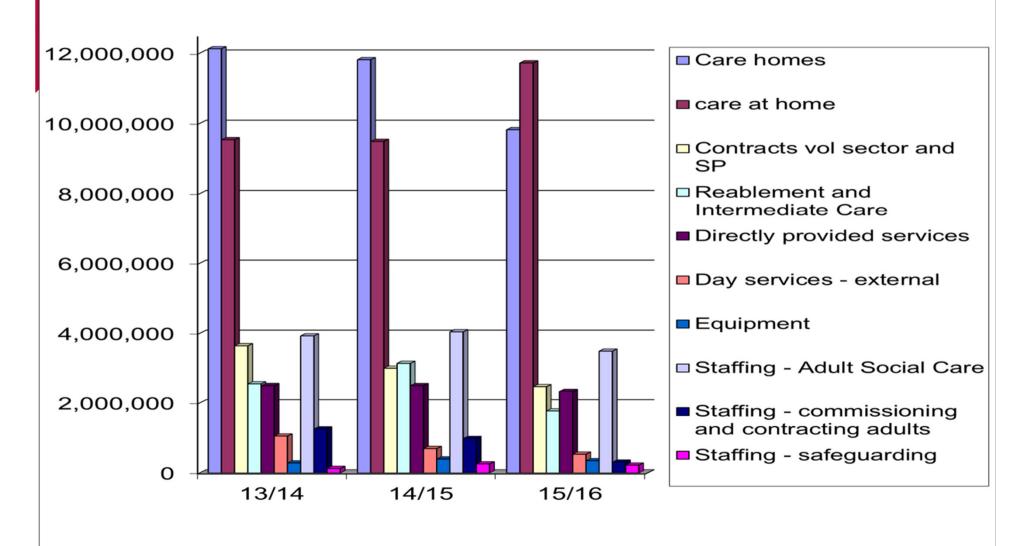
- Provision of social work, personal social care, protection, social support for adults at risk or who have needs arising from illness, disability or ageing.
- Providing personal and practical support to help people live their lives
- Supporting people to maintain their independence, dignity and control
- Care Act 2014 sets the legislative framework
- Types of support include Assessments, Social Work, Occupational Therapy, Information and Advice, Advocacy, Prevention Services, Direct Payments, Care at Home, Day Services, Care Homes, Equipment, Carers Support.

# Adult Social Care Budget

- Nationally estimated to be a £4.3bn shortfall in adult social care budgets by 2020
- Last 5 years has seen a £4.6bn reduction in ASC budgets – 31% in real terms
- Only 7% of Directors are fully confident they will balance their budgets this year
- Slough ASC net budget 16/17 is £31m was £40m in 13/14
- ASC Reform Programme planned savings 2015-2020 £7.8m
- £2.1m savings this year
- ASC precept for Slough 2%



#### Analysis of Spend over last 3 years



# **Key Performance Indicators**

- Reablement 91 day indicator and numbers receiving
- Delayed transfers of care
- People supported by the voluntary sector
- Social isolation
- Direct Payments
- Number of carers supported
- Safeguarding outcomes
- People who use services who say that those services have made them feel safe and secure
- Adult Social Care Outcomes Framework
- Annual Local Account



# Our strategy 2015-2020

- Prevent, support and delay the need for social care services by good information and advice, prevention, reablement and building community capacity
- Asset based approach 3 tier conversation
- Community based approach
- Avoid people being in crisis
- Support to carers
- Support people to live at home and reduce/maintain number of people living in care homes
- Personalisation support people to manage their own care and support through direct payments
- Making safeguarding personal
- Working in partnership with the NHS and others to deliver integrated support
- Improve quality and workforce development
- Reducing the average spend per head

# Key Challenges and Opportunities

- Delivering the planned efficiency savings
- Further potential savings
- Meeting our statutory responsibilities under the Care Act
- Increasing demand and complexity
- Rising costs national living wage, pension and NI
- Reform programme changes don't deliver as planned
- Workforce and provider issues
- Integration with the NHS

Sustainability and Transformation Plan – Frimley footprint

Better Care Fund - Slough

Transforming Care Plan – Berkshire

Crisis Care Concordat - Berkshire



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#### **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel

**DATE:** 30<sup>th</sup> June 2016

**CONTACT OFFICER:** Dave Gordon – Scrutiny Officer

(For all Enquiries) (01753) 875411

WARDS: All

#### **PART I**

#### TO CONSIDER AND COMMENT

#### HEALTH SCRUTINY PANEL - 2016/17 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 2016/17 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 2016/17 Municipal Year

#### 7. **Background Papers**

None.

#### **HEALTH SCRUTINY PANEL**

#### **WORK PROGRAMME 2016/17**

Meeting Date
30 June 2016
<ul> <li>Introduction to health scrutiny and forward work programme</li> <li>Slough's Learning Disability Plan</li> </ul>
1 September 2016
6 October 2016
23 November 2016
40
19 January 2017
27 March 2017

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#### **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel **DATE**: 30<sup>th</sup> June 2016

**CONTACT OFFICER:** Simon Broad, Head of Safeguarding & Learning Disabilities

(For all Enquiries) (01753) 875202

WARD(S): All

#### **PART I**

#### **FOR COMMENT & CONSIDERATION**

#### SLOUGH'S LEARNING DISABILITY PLAN 2016 - 2019

#### 1. Purpose of Report

Slough's Learning Disability Plan is a partnership approach to help us to continue to improve and develop services for people with learning disabilities in Slough to enable people to live their lives in the way they choose.

The Plan will also contribute to the Councils % efficiency targets for 2016/17 and 2017/18.

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

The Health Scrutiny Panel is requested to comment on the report

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

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

Slough's Learning Disability Plan aims to enable local people with learning disabilities to have more choice and control and to take responsibility for their own health and wellbeing as much as possible. It was written and will be delivered by the Slough Learning Disability Partnership Board, which is made up of residents with a learning disability and family carers as well as a variety of provider and voluntary organisation representatives.

The number of adults with learning disabilities known to Slough's Adult Social Care is 356. The numbers of people with learning disabilities are projected to increase. In Slough, there were estimated to be 2,153 adults with learning disabilities in 2007. This number is predicted to increase to 2,644 in 2017 and to 2943 by 2027.

Slough's Learning Disability Plan addresses a number of the priorities identified in Slough's Joint Wellbeing Strategy.

#### Health

The JSNA acknowledges that people with learning disabilities are more likely to have additional health needs and are less likely to access health services. The

health and wellbeing of people with learning disabilities in Slough will be enhanced and improved by:

- Increasing community engagement to improve involvement in activities that promote active and healthy lifestyles
- Improving support for people to manage long term health conditions
- Developing opportunities for people to learn key skills, e.g. healthy cooking on a budget to promote healthy eating
- Supporting residents to take responsibility for their own health and wellbeing

#### Housing

The JSNA recognises that people with learning disabilities experience inequalities in housing compared to the rest of the population. People with learning disabilities should have more choice and control about where they live and who they live with. The Slough Learning Disability Plan aims to continue to improve the variety of housing options available and develop a training flat to support people to gain the skills needed to live independently.

#### Safer Slough

Slough's Learning Disability Plan aims to promote a positive image of Slough as a safe place by:

- Refreshing the Safe Place scheme
- Promoting awareness and understanding about learning disabilities locally
- Sharing positive messages about Slough

#### 3b. Five Year Plan Outcomes

Slough's Learning Disability Plan will help to deliver Outcome Six of the Five Year Plan; more people will take responsibility and manage their own health, care and support needs.

#### 4. Other Implications

#### (a) Financial

In 2015/2016 £650,000 savings were achieved through moving Slough people with a learning disability based in out of borough residential care back to supported living accommodation in Slough. The Learning Disability Change Programme have estimated that there may be potential savings to be made in the region of £300,000 by reconfiguring the in house residential and respite units and a further £350,000 a year if there was a reduction in the number of building based day centres. A detailed analysis of the potential savings that could be made would be completed and regularly updated once further work is done to remodel the borough's activities offer to people with learning disabilities.

Each year there are growing numbers of young people, averaging five per year, transitioning into adulthood and £350,000 growth monies are budgeted to account for this increased demand.

#### (b) Risk Management

Risk	Mitigating action	Opportunities
Legal- Judicial reviews	Reassessments of all people	

have been issued to some local authorities when reconfiguring their in house learning disability services offer which has then delayed the implementation of services.	currently using in house services will be completed and support plans produced. This will determine the people that will continue to need these services and those people that can be supported to access mainstream or community based activities. Families and advocates will be involved in the reassessments. Families were advised in September 2015 that a review of in house services will be taking place. Further communications will take place with staff, service users and families.	
Property-minimal risk	None	If cabinet agree with the recommendation to close the Elliman Resource Centre, there would be an opportunity for the Council to redevelop the site.
Human Rights-minimal risk	None	
Health and Safety- minimal risk	None	
Employment Issues- Staff could leave whilst uncertainty remains about the future of in- house services. Vacancies would need to be filled by agency staff which would increase the staffing costs.	Staff will be kept informed about the review of in-house services, its recommendations and the potential implications for them.	There will be opportunities for staff to change their role and will be trained to support people with complex and challenging needs.
Equalities Issues- minimal risk	None	
Community Support- minimal risk	None	
Communications- The need to reconfigure the activities offer is not understood/ not accepted by staff, people and families	Managers will continue to keep their staff informed about the review. Engagement with people and families has included letters, presentations and meetings. These communications will be repeated once the future offer of in house services has been decided.	
Community Safety- minimal risk	None	

Financial – increasing demand, options for future running of the service may prove to costly and increasing costs due to national living wage.	The Local Authority will continue to deliver services.  If an external provider is appointed to deliver services, the Local Authority will work closely with the provider to monitor and assess the impact.  Regular monitoring of demand and costs.	Supporting people to become involved with the community, reduces social isolation, develops independent living and job related skills whilst still safeguarding people and supporting carers.
Timetable for delivery- New models of activities may not be in place in time to meet the savings target within the set timescales	A project group has been set up to complete the tasks by the dates outlined in the project plan. The work will be overseen by the Learning Disabilities Change Programme Board.	
Project Capacity- Staff allocated to the project will face the challenge of competing priorities whilst delivering this project	Additional staffing resources will have to be identified to ensure that the work to complete the project continues.	There is an opportunity to work with the external leaning disabilities market in further developing community based services.

#### (c) <u>Human Rights Act and Other Legal Implications</u>

This Plan aims to promote increased choice and control for people with a learning disability in Slough and to ensure that people are afforded the same rights as everyone else in terms of how they live their lives and their quality of lives.

#### (d) Equalities Impact Assessment

This has been completed and no issues were identified.

#### 5. **Supporting Information**

The Plan has seven parts with each part describing what stakeholders have told us, what could make things better and what we are going to do. The seven parts of the plan are as follows;

#### My Day

People have told us that they would like to participate in activities close to where they live and also in the evenings and the weekends. To this end we are in the process of reviewing the in house day services for people with learning disabilities in Slough and a report will be presented to the Cabinet meeting in July 2016 outlining a recommendation to increase the amount of community based activities and decreasing the number of building based services. The in-house day centres Elliman, Phoenix and Priors support approximately fifty two, twenty and forty-seven service users respectively. The Phoenix day centre in addition also

supported people from Windsor and Maidenhead and South Bucks. A notice has been issued to both boroughs to end these placements. Approximately, a further twenty one people are accessing a day centre managed by an external provider.

It is recognised that people with high needs that are living at home with their families or in supported living services will continue to need building based day centres at this current time. Families caring for individuals with high needs will require breaks from their caring role in order to sustain their caring responsibilities.

At the same time, an analysis of people using building based day centres has revealed that there are people who are attending building based day centres and accessing services within the community. For example, some of the service users attending the Elliman Resource Centre are also doing work experience, have the support of a personal assistant, have support services in the family home and also have a direct payment or a personal budget.

Consequently permission is being sought from Cabinet to retain the Priors and Phoenix services for people with high needs enabling their Carers to have breaks from their caring roles and to close the Elliman Resource Centre. Service users with less complex needs will be supported to access activities within the community.

This work will include a review of current transport arrangements to ensure that people are able to access activities as independently as possible.

#### The right place to live

Through the Learning Disability Change Programme we have been steadily increasing the number of supported living opportunities in Slough. This has resulted in a wider choice for people regarding who they live with and what type of accommodation they are supported in.

#### The right support

The Learning Disability Partnership Board has recently endorsed a Support Workers Charter which provides standards for all people working to support people with learning disabilities

#### Relationships and family

The Plan aims to support people with learning disabilities maintain and develop the relationships they want and need, particularly with families and friends. We recognise that parents/relatives caring for someone with a learning disability need a break and following a review we have increased replacement care options available to families in line with their specific needs.

#### Keeping safe

We aim to ensure that awareness of safeguarding is high on all stakeholder's agendas and support people with learning disabilities to report abuse when they experience or observe it.

#### Staying healthy

Data tells us that people with learning disabilities are more prone to a range of condition than others and we need to be vigilant in ensuring that regular health checks are undertaken by appropriate clinicians and that people with learning disabilities are encouraged and supported to live healthy lifestyles.

#### Positive support for challenging behaviour

Through the Transforming Care Partnership we are working with all of the Clinical Commissioning Groups and local authorities across Berkshire to reduce the reliance of in and out of county hospital placements for those people whose behaviour can be challenging. This will include developing more localised specialist responses and decreasing the number of inpatient beds in Berkshire.

#### 6. Comments of Other Committees

The Plan has been endorsed by the Slough Clinical Commissioning Group through their Operational Leadership Team and is being tabled for the next Health Priority Delivery Group of the Wellbeing Board. A report on the future of day activities is on the Cabinet agenda for July 2016.

#### 7. Conclusion

Slough's Learning Disability Plan 2016 - 19 is a positive step in describing Slough's vision for people with learning disabilities. It covers all areas to support healthy, fulfilling and active lives.

#### 8. Appendices Attached

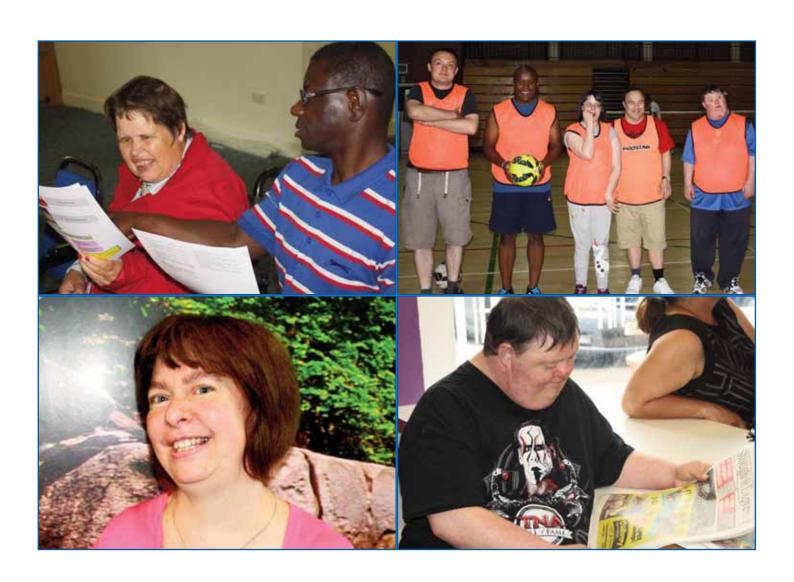
Slough Learning Disability Plan 2016 - 19

#### 9. **Background Papers**

None



# Slough's Learning Disability Plan 2016-2019









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### **About this Plan**

Slough's Learning Disability Plan will help us to continue to improve and develop services for people with learning disabilities in Slough to enable them to live their lives in the way they choose.

There have been lots of changes for people with learning disabilities since the Government produced a strategy called Valuing People Now in 2009.



Valuing People Now said that people with learning disabilities should:

- Have the same rights and choices as everyone else
- Have the right to be treated with dignity and respect
- Be given the same chances and responsibilities as everyone else
- Give family carers and families of people with learning disabilities the right to the same hopes and choices as other families.



All of these principles are included in our Plan.

This Plan also takes into account the current and future challenging financial climate and only states actions we believe to be achievable by working creatively and in partnership with others.

This Plan was written by the Learning Disability Partnership Board. The board is made up of:



- People with learning disabilities
- Advocates
- Learning disability support providers
- Slough Borough Council officers
- · Health representatives
- Local college representatives
- Voluntary sector organisations

The Board is chaired by the Head of Service of Learning Disabilities, Safeguarding and Autism and co-chaired by a person with a learning disability.



#### Who is this Plan for?

This Plan is for every adult with a learning disability and their family living in Slough, even if they do not have their support paid for by Adult Services.

This Plan includes people with a learning disability who are from black and ethnic minority communities.

This Plan includes all people with learning disabilities no matter how complex their needs are or if they also have a mental health problem or physical disability.



#### What people told us

In February 2015 we held an event to find out what local people think the priorities for this Plan should be. We spoke to 140 people including 70 people with a learning disability and their family carers. Their feedback told us what needs to go in this Plan.

We have also been working with a forum for adults with learning disabilities called Speak Out. Over the past year 53 adults with learning disabilities have been to the group, and they have been telling us more about what they think.



#### Our Plan

Our Plan has seven parts. Each part shows:

- · What people think of things now
- What people told us could make things better
- What we are going to do

All of the work carried out as part of this Plan will be person-centred, and people with learning disabilities and their carers will be involved in the work we do.

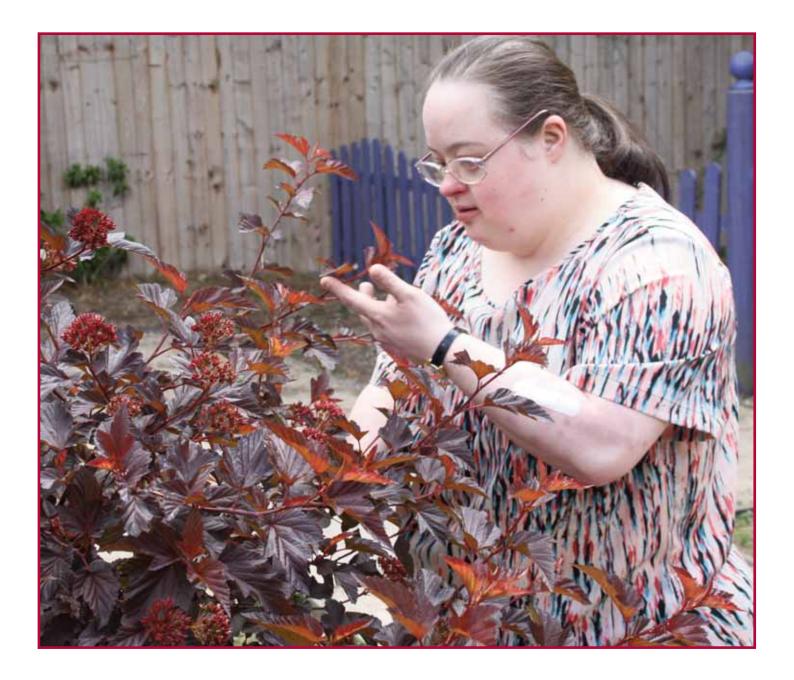
This Plan works alongside the Autism Strategy, and we will work together with the Autism Partnership Board when it is appropriate to do so.



This Plan gives an overview of the work we want to do in Slough. There will also be a detailed action plan which will tell us things like:

- Who is leading a piece of work
- When the work needs to be finished by
- What the outcome will be when the work is done

This action plan will change and develop as work is completed. The Learning Disability Partnership will use this action plan to oversee Slough's Learning Disability Plan.





# My day

What people told us about what they do during the day in Slough:



I like to go out only when we have something on, some weeks there isn't anything I like listening to music and going to college

I like to stay at home

I'd like to do more

I like going to see my friends I volunteer for 10 hours a week



### What people said could make things better:

- · More social clubs in the evenings
- More meaningful activities that help people build new skills and move on
- · I'd like there to be more clubs and activities during the day
- I need to know what there is to do, so I can choose
- I would like a paid job
- I would like to do volunteering
- I would like to do more things on my own, like going to town and bowling

# **Transport**

Transport is an important part of people's day, especially if they have a learning disability. We asked local people what they thought about transport, and what could make it better.

## They told us:



It can be
hard to go out
because of the buses.
I'm not confident
enough to go out by
myself

I can't get from A to B without support. Public transport I'm not sure if I can have a bus pass because I am fit and healthy I would like to do more things on my own like going to town and bowling

There needs to be more support for transport

I would like travel training so I could get the bus by myself



✓ Improve the way information is shared about the activities available for people with learning disabilities in Slough



- ✓ Improve partnership working with learning disability support providers in order to develop shared activities and an interestmatching/buddy system
- ✓ Make sure the Slough Services Guide is up-to-date and accessible
- ✓ Support staff at community hubs and libraries to understand how to assist people with learning disabilities to access information



✓ Improve processes and increase employment or volunteering opportunities for people with learning disabilities within our own organisations and through existing relationships with the Slough business community



✓ Improve the way information about community transport options is shared with people with learning disabilities and their families or carers



- ✓ Develop opportunities for travel training to enable people with learning disabilities to gain the skills needed to travel independently
- Develop a range of activities that people with learning disabilities can choose to access during the day or evening



# The right place to live

### What people told us about where they live:



I like where I live, I want to stay where I am I like the accommodation, I am living with good support

I like having my own flat because I have my own space, but I do get kind of lonely

I have good support in my flat I am happy living with my family

I don't get on with the people I live with, I'd like to move out

I live with Mum and Dad, I used to visit a friend who lives by herself, I sometimes think I would like to too

# What people said could make things better:

- Culturally sensitive homes and supported living
- I want more independence in the future with support that suits me
- If things go wrong in the house I'd like them fixed quickly
- I want to live in Slough with my girlfriend
- There needs to be more shared houses
- Somewhere suitable for my needs without negative behaviour from other people



✓ Improve the variety of housing options available locally for people with learning disabilities in Slough, including the option to stay at home with your family



✓ Improve our links with Neighbourhood Services and housing associations

✓ Explore Shared Lives as an option for supported living

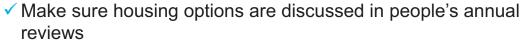




Work with people with learning disabilities who are living with older family carers to plan for their future



Support families going through Transition to plan for the future by improving the way we work with local schools and Slough Children's Services Trust





Consider ways to develop a training flat for independent living, where people could learn key skills and be assessed for how much support they would really need



# The right support

## What people told us about the staff who support them:



I can go to staff with my problems

I get involved with interviewing staff

I don't like it when the staff choose what is on TV and where we go out to Staff listen to me and understand me

Staff cheer me up when I'm upset

## What people said could make things better:



- Support workers should be helping people to engage with the activity
- I would like the staff to talk to me more often



- · I would like to be treated the same as everyone without a disability
- I don't like people shouting at me
- Choice and flexibility match what 'I' want to do



- Sometimes the staff help me too much
- People taking on board how I feel and listening to me



- ✓ Develop a Support Worker Charter for Slough
- ✓ Explore ways to recognise the good work support workers do



- ✓ Improve partnership working between learning disability support providers
- ✓ Empower people with learning disabilities to understand the role and responsibilities of their support workers



Involve people with learning disabilities in the recruitment process of staff who will be working with them



- Make sure that people with learning disabilities know how to make a complaint
- ✓ Monitor learning disability support providers to make sure they are practicing safe recruitment processes







# Relationships and family

## What people told us about their family and relationships:



Mum visits me every other week

I go to different clubs to socialise with my friends

I keep in touch with my friends on Facebook

I like seeing my friends

I have lots of friends and a boyfriend

# That people said could make things better:



- · I would like to see more of my friends and family, and go out more
- I need more support about having a relationship



- I need some friends to keep me company
- I'd like to visit my friends more or invite them to my house



- I would like to make more friends I don't know how
- I am really worried about what will happen to my daughter when I am gone



# Replacement care

For those supporting a family member with a learning disability to live at home it can be really important for them to have a break, to make sure they can carry on providing the support that is needed. We spoke to people who provide unpaid care to a loved one to find out what respite means to them.

## What does replacement care mean to you?



We need enough support to help us carry on caring

It is a chance to relax

It is some time for myself

Families are so desperate for respite, it makes us willing to take anything!



 Explore more options for replacement care in order to offer more choice and variety



Explore how to improve the support for people with learning disabilities to develop and maintain different relationships



Explore and develop ways for people with learning disabilities to safely maintain relationships through social and digital media

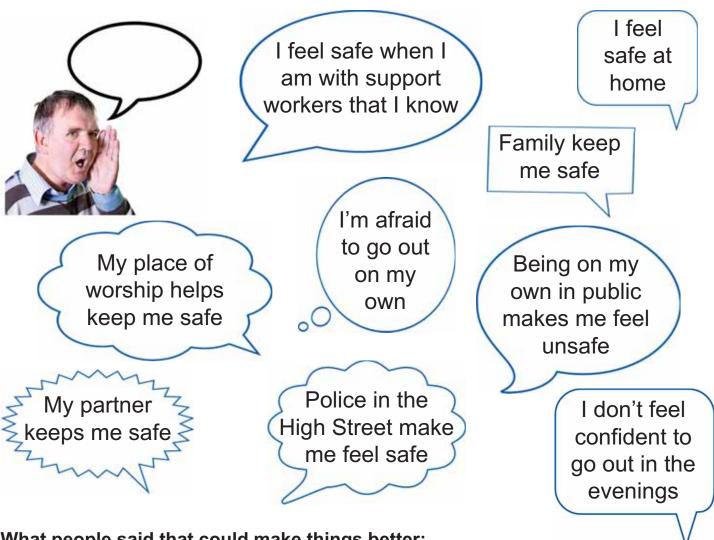


Explore ways to support people with learning disabilities to meet others with similar interests to have a more independent social life



# Keeping safe

## What people told us about keeping safe:



## What people said that could make things better:

- There need to be trained people in the community who understand learning disabilities
- Self defence or personal safety training
- · Internet safety training
- More co-operation with the police
- · More support for victims of antisocial behaviour
- Making sure community services are welcoming and friendly



✓ Refresh the Safe Place Scheme and develop a system for managing it



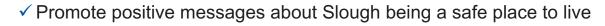
✓ Increase the understanding about abuse and safeguarding so people with learning disabilities can keep themselves safe



✓ Promote understanding and awareness about learning disabilities



✓ Develop internet safety training for people with learning disabilities





✓ Explore ways to promote a positive approach to risk





# Staying healthy

## What people told us about staying healthy:



I'm supported to go swimming

My GP takes time to listen to me

0

The doctors in hospital ignored my Health Passport and I didn't get the care I needed

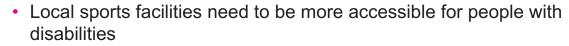
I can't do exercise anymore because of arthritis in my knee It's relatively easy to ask for information

You need to get plenty of exercise

# What people said that could make things better:



More exercise sessions for people with learning disabilities and their families



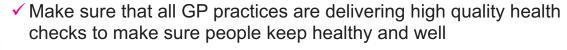


Weight loss group for people with disabilities



Better information about health checks



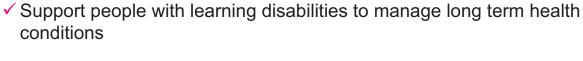




✓ Promote and support people with learning disabilities to access the Get Active programme and other exercise opportunities



Develop courses to teach about healthy cooking on a budget and review how this is being transferred to daily life





✓ Make sure people with learning disabilities are supported to have regular dentist and optician appointments

✓ Develop health action plans for people with learning disabilities



✓ Promote the Health Passport with Health staff in hospitals

✓ Raise awareness of learning disabilities with GPs and other health professionals







# Positive support for challenging behaviour



In East Berkshire the number of people with challenging behaviour is quite small compared to other people with a learning disability, and we don't expect this to change too much.

We want to make sure that people with challenging behaviour are supported to live in their local communities.



It can be difficult to meet the needs of people with challenging behaviour.

We need to improve our understanding of the needs of people with challenging behaviour and work to improve services in a number of ways.



There is a lot of information and expertise available locally that will help us to make sure that people with challenging behaviour are supported to live as ordinarily in their communities as possible.







✓ Improve the way we collect information so we can find out more about the needs of local people with challenging behaviour



✓ Work to ensure that people receiving support in long term hospitals have a person-centred support plan with clear outcomes based on the principles set out in the Model of Care in the Transforming Care report



✓ Develop specialist support in the community for people with behaviour that challenges, to help people get care in the right place



Work to improve the way people with long term needs are being monitored and reviewed



Improve the way we commission services by identifying the needs of children and young people with challenging behaviour through Transition to make sure we have the right services in place

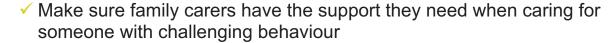


Consider using pooled budgets to deliver better integrated care











✓ Work with providers to develop a competency framework and workforce development initiatives to make sure they are able to meet the needs of people with challenging behaviour and their families



 Ensure all commissioned provider contracts are monitored and reviewed on a regular basis







# To find out more about this plan or to get involved contact:



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